SourceRx 1.0 Four Tier Prescription Drug List

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The Prescription Drug List is regularly updated.

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

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Introduction

The attached SourceRx 1.0 Four Tier Prescription Drug List shows covered drugs for a broad range of diseases.

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

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

The SourceRx 1.0 Four Tier Prescription Drug List is organized into broad categories (e.g. anti-infective drugs). Within most categories, drugs are sub-grouped by drug class (e.g. penicillins) or by use for a specific medical condition (e.g. diabetes).

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

If you have any questions, please contact the phone number on the back of your ID card.

How Drugs are Selected for Coverage and Tier Placement

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

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

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

Additional Coverage Considerations

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

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

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

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

Member Prescription Benefit

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

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

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

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

Brand Drugs and Generic Drugs

Classification

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

Generic Substitution

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

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

• Contains the same active ingredient(s) as the brand drug;

• Is identical in strength, dosage form and route of administration; and
• Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile.

Compound Drugs

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

Contraceptives

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

Specialty Drugs

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

Some members must obtain their specialty drugs from the Pharmacy Select Network as the preferred provider. If the preferred provider is not utilized you may be responsible for up to 100 percent of the drug cost. If you have questions about your coverage for specialty drugs or your prescription drug benefit, call the number on the back of your ID card.

Utilization Management

Your plan is committed to supporting proper selection and use of drugs for its members. To help assure these goals are met, several programs have been developed to promote drug selection that encourages both cost-effectiveness and safety. Drugs requiring Prior Authorization or Step Therapy, or drugs with Dispensing Limits will be noted in the Therapeutic Class Drug List portion of the Prescription Drug List.

Step Therapy

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

Prior Authorization

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

Dispensing Limits

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

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

Limited Distribution Drugs

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

Notice

The purpose of the SourceRx 1.0 Four Tier Prescription Drug List is to provide a guide to coverage. This SourceRx 1.0 Four Tier Prescription Drug List is not intended to dictate to physicians how to practice medicine. Physicians should exercise their medical judgment in providing the care they feel is most appropriate for their patients.

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

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ANTI-INFECTIVE AGENTS					
PENICILLINS					
AMOXICILLIN- amoxicillin (trihydrate) chew tab 125 mg	3				
AMOXICILLIN- amoxicillin (trihydrate) chew tab 250 mg	3				
amoxicillin (trihydrate) cap 250 mg	1				
amoxicillin (trihydrate) cap 500 mg	1				
amoxicillin (trihydrate) for susp 125 mg/5ml	1				
amoxicillin (trihydrate) for susp 200 mg/5ml	1				
amoxicillin (trihydrate) for susp 250 mg/5ml	1				
amoxicillin (trihydrate) for susp 400 mg/5ml	1				
amoxicillin (trihydrate) tab 500 mg	1				
amoxicillin (trihydrate) tab 875 mg	1				
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1				
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)	1				
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1				
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	1				
amoxicillin & k clavulanate tab 250-125 mg	1				
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	1				
amoxicillin & k clavulanate tab 875-125 mg (Augmentin)	1				
AMOXICILLIN/CLAVULANATE P- amoxicillin & k clavulanate chew tab 200-28.5 mg	3				
AMOXICILLIN/CLAVULANATE P- amoxicillin & k clavulanate chew tab 400-57 mg	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
AMOXICILLIN/CLAVULANATE P- amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	3				
AMPICILLIN- ampicillin cap 500 mg	3				
AUGMENTIN- amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	3				
dicloxacillin sodium cap 250 mg	1				
dicloxacillin sodium cap 500 mg	1				
PENICILLIN V POTASSIUM- penicillin v potassium for soln 125 mg/5ml	3				
PENICILLIN V POTASSIUM- penicillin v potassium for soln 250 mg/5ml	3				
penicillin v potassium tab 250 mg	1				
penicillin v potassium tab 500 mg	1				
CEPHALOSPORINS					
CEFACLOR- cefaclor cap 250 mg	3				
CEFACLOR- cefaclor cap 500 mg	3				
CEFACLOR- cefaclor for susp 125 mg/5ml	NC				
CEFACLOR- cefaclor for susp 250 mg/5ml	NC				
CEFACLOR- cefaclor for susp 375 mg/5ml	NC				
CEFACLOR ER- cefaclor monohydrate tab er 12hr 500 mg	NC				
CEFADROXIL- cefadroxil tab 1 gm	3				
cefadroxil cap 500 mg	1				
cefadroxil for susp 250 mg/5ml	1				
cefadroxil for susp 500 mg/5ml	1				
cefdinir cap 300 mg	1				
cefdinir for susp 125 mg/5ml	1				
cefdinir for susp 250 mg/5ml	1				
cefixime cap 400 mg (Suprax)	1				
cefixime for susp 100 mg/5ml (Suprax)	1				
cefixime for susp 200 mg/5ml (Suprax)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
cefpodoxime proxetil for susp 50 mg/5ml	1				
cefpodoxime proxetil for susp 100 mg/5ml	1				
cefpodoxime proxetil tab 100 mg	1				
cefpodoxime proxetil tab 200 mg	1				
cefprozil for susp 125 mg/5ml	1				
cefprozil for susp 250 mg/5ml	1				
cefprozil tab 250 mg	1				
cefprozil tab 500 mg	1				
cefuroxime axetil tab 250 mg	1				
cefuroxime axetil tab 500 mg	1				
CEPHALEXIN- cephalexin tab 250 mg	NC				
CEPHALEXIN- cephalexin tab 500 mg	NC				
cephalexin cap 250 mg (Keflex)	1				
cephalexin cap 500 mg (Keflex)	1				
cephalexin cap 750 mg (Keflex)	1				
cephalexin for susp 125 mg/5ml	1				
cephalexin for susp 250 mg/5ml	1				
SUPRAX- cefixime chew tab 100 mg	NC				
SUPRAX- cefixime chew tab 200 mg	NC				
SUPRAX- cefixime for susp 500 mg/5ml	NC				
MACROLIDES					
AZITHROMYCIN- azithromycin powd pack for susp 1 gm	2				
azithromycin for susp 100 mg/5ml (Zithromax)	1				
azithromycin for susp 200 mg/5ml (Zithromax)	1				
azithromycin tab 250 mg (Zithromax)	1				
azithromycin tab 500 mg (Zithromax)	1				
azithromycin tab 600 mg (Zithromax)	1				
CLARITHROMYCIN- clarithromycin for susp 125 mg/5ml	3				
CLARITHROMYCIN- clarithromycin for susp 250 mg/5ml	3				
clarithromycin tab er 24hr 500 mg	1				
clarithromycin tab 250 mg	1				
clarithromycin tab 500 mg (Biaxin)	1				
DIFICID- fidaxomicin for susp 40 mg/ml	3				
DIFICID- fidaxomicin tab 200 mg	3				
E.E.S. 400- erythromycin ethylsuccinate tab 400 mg	3				
ERYTHROCIN STEARATE- erythromycin stearate tab 250 mg	2				
ERYTHROMYCIN- erythromycin w/ delayed release particles cap 250 mg	3				
ERYTHROMYCIN ETHYLSUCCINA- erythromycin ethylsuccinate tab 400 mg	3				
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	1				
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	1				
erythromycin tab delayed release 250 mg	1				
erythromycin tab delayed release 333 mg	1				
erythromycin tab delayed release 500 mg	1				
erythromycin tab 250 mg	1				
erythromycin tab 500 mg	1				
ZITHROMAX- azithromycin powd pack for susp 1 gm	3				
TETRACYCLINES					
demeclocycline hcl tab 150 mg	1				
demeclocycline hcl tab 300 mg	1				
DORYX- doxycycline hyclate tab delayed release 80 mg	NC			•	
DORYX MPC- doxycycline hyclate tab delayed release 120 mg	NC			•	

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
DOXYCYCLINE HYCLATE- doxycycline hyclate tab delayed release 80 mg	NC			•	
doxycycline hyclate cap 50 mg	1				
doxycycline hyclate cap 100 mg (Vibramycin)	1				
doxycycline hyclate tab delayed release 50 mg (Doryx)	NC			•	
doxycycline hyclate tab delayed release 75 mg	NC			•	
doxycycline hyclate tab delayed release 100 mg	NC			•	
doxycycline hyclate tab delayed release 150 mg	NC			•	
doxycycline hyclate tab delayed release 200 mg (Doryx)	NC			•	
doxycycline hyclate tab 20 mg	1				
doxycycline hyclate tab 50 mg	NC				
doxycycline hyclate tab 75 mg (Acticlate)	NC				
doxycycline hyclate tab 100 mg	1				
doxycycline hyclate tab 150 mg (Acticlate)	NC				
doxycycline monohydrate cap 50 mg	1				
doxycycline monohydrate cap 75 mg	NC				
doxycycline monohydrate cap 100 mg (Monodox)	1				
doxycycline monohydrate cap 150 mg	NC				
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	1				
doxycycline monohydrate tab 50 mg	1				
doxycycline monohydrate tab 75 mg	1				
doxycycline monohydrate tab 100 mg	1				
doxycycline monohydrate tab 150 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
minocycline hcl cap 50 mg (Minocin)	1				
minocycline hcl cap 75 mg (Minocin)	1				
minocycline hcl cap 100 mg (Minocin)	1				
minocycline hcl tab er 24hr 45 mg	NC			•	
minocycline hcl tab er 24hr 55 mg (Solodyn)	NC			•	
minocycline hcl tab er 24hr 65 mg (Solodyn)	NC			•	
minocycline hcl tab er 24hr 80 mg (Solodyn)	NC			•	
minocycline hcl tab er 24hr 90 mg	NC			•	
minocycline hcl tab er 24hr 105 mg (Solodyn)	NC			•	
minocycline hcl tab er 24hr 115 mg (Solodyn)	NC			•	
minocycline hcl tab er 24hr 135 mg	NC			•	
minocycline hcl tab 50 mg	NC				
minocycline hcl tab 75 mg	NC				
minocycline hcl tab 100 mg	NC				
MINOCYCLINE HYDROCHLORIDE- minocycline hcl cap er 24hr 45 mg (base equivalent)	NC			•	
MINOCYCLINE HYDROCHLORIDE- minocycline hcl cap er 24hr 90 mg (base equivalent)	NC			•	
MINOCYCLINE HYDROCHLORIDE- minocycline hcl cap er 24hr 135 mg (base equivalent)	NC			•	
MINOLIRA- minocycline hcl tab er 24hr biphasic release 105 mg	NC			•	
MINOLIRA- minocycline hcl tab er 24hr biphasic release 135 mg	NC			•	
NUZYRA- omadacycline tosylate tab 150 mg (base equivalent)	3				
SEYSARA- sarecycline hcl tab 60 mg (base equivalent)	NC			•	
SEYSARA- sarecycline hcl tab 100 mg (base equivalent)	NC			•	

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SEYSARA- sarecycline hcl tab 150 mg (base equivalent)	NC			•	
tetracycline hcl cap 250 mg (Tetracycline hcl)	1				
tetracycline hcl cap 500 mg (Tetracycline hcl)	1				
VIBRAMYCIN- doxycycline calcium syrup 50 mg/5ml	NC			•	
XIMINO- minocycline hcl cap er 24hr 45 mg (base equivalent)	NC			•	
XIMINO- minocycline hcl cap er 24hr 90 mg (base equivalent)	NC			•	
XIMINO- minocycline hcl cap er 24hr 135 mg (base equivalent)	NC			•	
FLUOROQUINOLONES					
BAXDELA- delafloxacin meglumine tab 450 mg (base equiv)	3				
CIPRO- ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	3				
CIPRO- ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	3				
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	1				
levofloxacin tab 250 mg (Levaquin)	1				
levofloxacin tab 500 mg (Levaquin)	1				
levofloxacin tab 750 mg (Levaquin)	1				
moxifloxacin hcl tab 400 mg (base equiv) (Avelox)	1				
OFLOXACIN- ofloxacin tab 300 mg	2				
ofloxacin tab 400 mg	1				
AMINOGLYCOSIDES					
ARIKAYCE- amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	4	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
KITABIS PAK- tobramycin nebu soln 300 mg/5ml	4	•			
neomycin sulfate tab 500 mg	1				
paromomycin sulfate cap 250 mg	1				
TOBI PODHALER- tobramycin inhal cap 28 mg	4	•			
TOBRAMYCIN- tobramycin nebu soln 300 mg/5ml	4	•			
tobramycin nebu soln 300 mg/5ml (Tobi)	4	•			
tobramycin nebu soln 300 mg/4ml (Bethkis)	4	•			
SULFONAMIDES					
SULFADIAZINE- sulfadiazine tab 500 mg	2				
ANTIMYCOBACTERIAL AGENTS					
CYCLOSERINE- cycloserine cap 250 mg	3				
ethambutol hcl tab 100 mg (Myambutol)	1				
ethambutol hcl tab 400 mg (Myambutol)	1				
ISONIAZID- isoniazid syrup 50 mg/5ml	3				
ISONIAZID- isoniazid tab 100 mg	3				
isoniazid tab 300 mg	1				
PASER- aminosalicylic acid er granules packet 4 gm	3				
PRETOMANID- pretomanid tab 200 mg	3				
PRIFTIN- rifapentine tab 150 mg	2				
pyrazinamide tab 500 mg	1				
rifabutin cap 150 mg (Mycobutin)	1				
rifampin cap 150 mg (Rifadin)	1				
rifampin cap 300 mg	1				
SIRTURO- bedaquiline fumarate tab 20 mg (base equiv)	4	•			
SIRTURO- bedaquiline fumarate tab 100 mg (base equiv)	4	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
TRECATOR- ethionamide tab 250 mg	3				
ANTIFUNGALS					
CRESEMBA- isavuconazonium sulfate cap 186 mg (isavuconazole 100 mg)	3				
fluconazole for susp 10 mg/ml (Diflucan)	1				
fluconazole for susp 40 mg/ml (Diflucan)	1				
fluconazole tab 50 mg (Diflucan)	1				
fluconazole tab 100 mg (Diflucan)	1				
fluconazole tab 150 mg (Diflucan)	1				
fluconazole tab 200 mg (Diflucan)	1				
flucytosine cap 250 mg (Ancobon)	1				
flucytosine cap 500 mg (Ancobon)	1				
griseofulvin microsize susp 125 mg/5ml	1				
griseofulvin microsize tab 500 mg	1				
griseofulvin ultramicrosize tab 125 mg (Gris-peg)	1				
griseofulvin ultramicrosize tab 250 mg (Gris-peg)	1				
itraconazole cap 100 mg (Sporanox)	1				
itraconazole oral soln 10 mg/ml (Sporanox)	1				
ketoconazole tab 200 mg	1				
NOXAFIL- posaconazole susp 40 mg/ml	2				
nystatin tab 500000 unit	1				
posaconazole tab delayed release 100 mg (Noxafil)	1				
terbinafine hcl tab 250 mg (Lamisil)	1				
TOLSURA- itraconazole cap 65 mg	NC				
voriconazole for susp 40 mg/ml (Vfend)	1				
voriconazole tab 50 mg (Vfend)	1				
voriconazole tab 200 mg (Vfend)	1				
ANTIVIRALS					

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	1				•
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	1				•
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	1				•
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (Trizivir)	1				•
acyclovir cap 200 mg (Zovirax)	1				
acyclovir susp 200 mg/5ml (Zovirax)	1				
acyclovir tab 400 mg (Zovirax)	1				
acyclovir tab 800 mg (Zovirax)	1				
adefovir dipivoxil tab 10 mg (Hepsera)	1				
APTIVUS- tipranavir cap 250 mg	3				•
atazanavir sulfate cap 150 mg (base equiv) (Reyataz)	1				•
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	1				•
atazanavir sulfate cap 300 mg (base equiv) (Reyataz)	1				•
BARACLUDE- entecavir oral soln 0.05 mg/ml	2				
BIKTARVY- bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	2				•
CIMDUO- lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2				•
COMPLERA- emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	3				•
CRIXIVAN- indinavir sulfate cap 400 mg	3				•
DELSTRIGO- doravirine-lamivudine-tenofovir df tab 100-300-300 mg	2				•
DESCOVY- emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	2				•
DOVATO- dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
EDURANT- rilpivirine hcl tab 25 mg (base equivalent)	3				•
efavirenz cap 50 mg (Sustiva)	1				•
efavirenz cap 200 mg (Sustiva)	1				•
efavirenz tab 600 mg (Sustiva)	1				•
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)	1				•
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)	1				•
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	1				•
emtricitabine caps 200 mg (Emtriva)	1				•
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (Truvada)	1				•
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (Truvada)	1				•
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (Truvada)	1				•
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	1				•
EMTRIVA- emtricitabine soln 10 mg/ml	3				•
entecavir tab 0.5 mg (Baraclude)	1				
entecavir tab 1 mg (Baraclude)	1				
EPCLUSA- sofosbuvir-velpatasvir tab 200-50 mg	4	•	•		•
EPCLUSA- sofosbuvir-velpatasvir tab 400-100 mg	NC	•	•		•
EPIVIR HBV- lamivudine oral soln 5 mg/ml (hbv)	3				
etravirine tab 100 mg (Intelence)	1				•
etravirine tab 200 mg (Intelence)	1				•
EVOTAZ- atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	2				•
famciclovir tab 125 mg	1				
famciclovir tab 250 mg	1				
famciclovir tab 500 mg	1				
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	1				•
FUZEON- enfuvirtide for inj 90 mg	4	•			•
GENVOYA- elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	2				•
HARVONI- ledipasvir-sofosbuvir pellet pack 33.75-150 mg	4	•	•		•
HARVONI- ledipasvir-sofosbuvir pellet pack 45-200 mg	4	•	•		•
HARVONI- ledipasvir-sofosbuvir tab 45-200 mg	4	•	•		•
HARVONI- ledipasvir-sofosbuvir tab 90-400 mg	NC	•	•		•
INTELENCE- etravirine tab 25 mg	2				•
INTELENCE- etravirine tab 100 mg	2				•
INTELENCE- etravirine tab 200 mg	2				•
INVIRASE- saquinavir mesylate tab 500 mg	3				•
ISENTRESS- raltegravir potassium chew tab 25 mg (base equiv)	2				•
ISENTRESS- raltegravir potassium chew tab 100 mg (base equiv)	2				•
ISENTRESS- raltegravir potassium packet for susp 100 mg (base equiv)	2				•
ISENTRESS- raltegravir potassium tab 400 mg (base equiv)	2				•
ISENTRESS HD- raltegravir potassium tab 600 mg (base equiv)	2				•
JULUCA- dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	2				•
KALETRA- lopinavir-ritonavir tab 100-25 mg	2				•
KALETRA- lopinavir-ritonavir tab 200-50 mg	2				•
lamivudine oral soln 10 mg/ml (Epivir)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
lamivudine tab 100 mg (hbv) (Epivir hbv)	1				
lamivudine tab 150 mg (Epivir)	1				•
lamivudine tab 300 mg (Epivir)	1				•
lamivudine-zidovudine tab 150-300 mg (Combivir)	1				•
LEDIPASVIR/SOFOSBUVIR- ledipasvir-sofosbuvir tab 90-400 mg	4	•	•		•
LEXIVA- fosamprenavir calcium susp 50 mg/ml (base equiv)	3				•
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	1				•
lopinavir-ritonavir tab 100-25 mg (Kaletra)	1				•
lopinavir-ritonavir tab 200-50 mg (Kaletra)	1				•
MAVYRET- glecaprevir-pibrentasvir tab 100-40 mg	4	•	•		•
NEVIRAPINE ER- nevirapine tab er 24hr 100 mg	3				•
nevirapine susp 50 mg/5ml (Viramune)	1				•
nevirapine tab er 24hr 400 mg (Viramune xr)	1				•
nevirapine tab 200 mg (Viramune)	1				•
NORVIR- ritonavir oral soln 80 mg/ml	2				•
NORVIR- ritonavir powder packet 100 mg	3				•
ODEFSEY- emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	2				•
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	1				•
oseltamivir phosphate cap 45 mg (base equiv) (Tamiflu)	1				•
oseltamivir phosphate cap 75 mg (base equiv) (Tamiflu)	1				•
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	1				•
PEGASYS- peginterferon alfa-2a inj 180 mcg/ml	4	•	•		
PEGASYS- peginterferon alfa-2a inj 180 mcg/0.5ml	4	•	•		
PIFELTRO- doravirine tab 100 mg	NC				•
PREVYMIS- letermovir tab 240 mg	3				•
PREVYMIS- letermovir tab 480 mg	3				•
PREZCOBIX- darunavir-cobicistat tab 800-150 mg	2				•
PREZISTA- darunavir ethanolate susp 100 mg/ml (base equiv)	2				•
PREZISTA- darunavir ethanolate tab 75 mg (base equiv)	2				•
PREZISTA- darunavir ethanolate tab 150 mg (base equiv)	2				•
PREZISTA- darunavir ethanolate tab 600 mg (base equiv)	2				•
PREZISTA- darunavir ethanolate tab 800 mg (base equiv)	2				•
RELENZA DISKHALER- zanamivir aero powder breath activated 5 mg/ blister	3				•
REYATAZ- atazanavir sulfate oral powder packet 50 mg (base equiv)	3				•
ribavirin cap 200 mg (Rebetol)	4	•			
ribavirin for inhal soln 6 gm (Virazole)	4	•			
ribavirin tab 200 mg (Copegus)	4	•			
RIMANTADINE HYDROCHLORIDE- rimantadine hydrochloride tab 100 mg	NC				
ritonavir tab 100 mg (Norvir)	1				•
RUKOBIA- fostemsavir tromethamine tab er 12hr 600 mg	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	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SOFOSBUVIR/VELPATASVIR- sofosbuvir-velpatasvir tab 400-100 mg	4	•	•		•
SOVALDI- sofosbuvir pellet pack 150 mg	4	•	•		•
SOVALDI- sofosbuvir pellet pack 200 mg	4	•	•		•
SOVALDI- sofosbuvir tab 200 mg	4	•	•		•
SOVALDI- sofosbuvir tab 400 mg	4	•	•		•
STAVUDINE- stavudine cap 15 mg	1				•
STAVUDINE- stavudine cap 20 mg	1				•
STAVUDINE- stavudine cap 30 mg	1				•
STAVUDINE- stavudine cap 40 mg	1				•
STRIBILD- elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	3				•
SYMTUZA- darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	2				•
TEMIXYS- lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2				•
tenofovir disoproxil fumarate tab 300 mg (Viread)	1				•
TIVICAY- dolutegravir sodium tab 10 mg (base equiv)	2				•
TIVICAY- dolutegravir sodium tab 25 mg (base equiv)	2				•
TIVICAY- dolutegravir sodium tab 50 mg (base equiv)	2				•
TIVICAY PD- dolutegravir sodium tab for oral susp 5 mg (base equiv)	2				•
TRIUMEQ- abacavir-dolutegravir-lamivudine tab 600-50-300 mg	2				•
TYBOST- cobicistat tab 150 mg	3				•
valacyclovir hcl tab 500 mg (Valtrex)	1				
valacyclovir hcl tab 1 gm (Valtrex)	1				
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	1				
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
VEMLIDY- tenofovir alafenamide fumarate tab 25 mg	3				
VIEKIRA PAK- ombitas-paritapre-riton & dasab tab pak 12.5-75-50 & 250 mg	NC	•	•		•
VIRACEPT- nelfinavir mesylate tab 250 mg	3				•
VIRACEPT- nelfinavir mesylate tab 625 mg	3				•
VIREAD- tenofovir disoproxil fumarate oral powder 40 mg/gm	2				•
VIREAD- tenofovir disoproxil fumarate tab 150 mg	2				•
VIREAD- tenofovir disoproxil fumarate tab 200 mg	2				•
VIREAD- tenofovir disoproxil fumarate tab 250 mg	2				•
VOSEVI- sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	4	•	•		•
XOFLUZA- baloxavir marboxil tab therapy pack 2 x 20 mg (40 mg dose)	3				•
XOFLUZA- baloxavir marboxil tab therapy pack 2 x 40 mg (80 mg dose)	3				•
XOFLUZA- baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	3				•
XOFLUZA- baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	3				•
ZEPATIER- elbasvir-grazoprevir tab 50-100 mg	NC	•	•		•
zidovudine cap 100 mg (Retrovir)	1				•
zidovudine syrup 10 mg/ml (Retrovir)	1				•
zidovudine tab 300 mg	1				•
ANTIMALARIALS					
ARAKODA- tafenoquine succinate tab 100 mg (base equivalent)	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
atovaquone-proguanil hcl tab 62.5-25 mg (Malarone)	1				
atovaquone-proguanil hcl tab 250-100 mg (Malarone)	1				
CHLOROQUINE PHOSPHATE- chloroquine phosphate tab 500 mg	3				
chloroquine phosphate tab 250 mg	1				
COARTEM- artemether-lumefantrine tab 20-120 mg	3				
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	1				
KRINTAFEL- tafenoquine succinate tab 150 mg (base equivalent)	3				
MEFLOQUINE HCL- mefloquine hcl tab 250 mg	2				
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	1				
pyrimethamine tab 25 mg (Daraprim)	1				
quinine sulfate cap 324 mg (Qualaquin)	1				•
AMEBICIDES					
SOLOSEC- secnidazole granules packet 2 gm	NC				
ANTHELMINTICS					
albendazole tab 200 mg (Albenza)	1				
BENZNIDAZOLE- benznidazole tab 12.5 mg	2				
BENZNIDAZOLE- benznidazole tab 100 mg	2				
EMVERM- mebendazole chew tab 100 mg	NC				
ivermectin tab 3 mg (Stromectol)	1				
praziquantel tab 600 mg (Biltricide)	1				
ANTI-INFECTIVE AGENTS - MISC.					
AEMCOLO- rifamycin sodium tab delayed release 194 mg (base equiv)	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ALINIA- nitazoxanide for susp 100 mg/5ml	2				•
atovaquone susp 750 mg/5ml (Mepron)	1				
CAYSTON- aztreonam lysine for inhal soln 75 mg (base equivalent)	4	•			
clindamycin hcl cap 75 mg (Cleocin)	1				
clindamycin hcl cap 150 mg (Cleocin)	1				
clindamycin hcl cap 300 mg (Cleocin)	1				
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	1				
dapsone tab 25 mg	1				
dapsone tab 100 mg	1				
FIRVANQ- vancomycin hcl for oral soln 25 mg/ml (base equivalent)	3				
FIRVANQ- vancomycin hcl for oral soln 50 mg/ml (base equivalent)	3				
fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)	1				
IMPAVIDO- miltefosine cap 50 mg	2				
LAMPIT- nifurtimox tab 30 mg	3				
LAMPIT- nifurtimox tab 120 mg	3				
linezolid for susp 100 mg/5ml (Zyvox)	1				
linezolid tab 600 mg (Zyvox)	1				
methenamine hippurate tab 1 gm (Hiprex)	1				
metronidazole cap 375 mg (Flagyl)	1				
metronidazole tab 250 mg (Flagyl)	1				
metronidazole tab 500 mg (Flagyl)	1				
nitazoxanide tab 500 mg (Alinia)	1				•
nitrofurantoin macrocrystalline cap 25 mg (Macrodantin)	1				
nitrofurantoin macrocrystalline cap 50 mg (Macrodantin)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
nitrofurantoin macrocrystalline cap 100 mg (Macrodantin)	1				
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	1				
nitrofurantoin susp 25 mg/5ml	1				
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	1				
PRIMSOL- trimethoprim hcl oral soln 50 mg/5ml (base equiv)	3				
SIVEXTRO- tedizolid phosphate tab 200 mg	3				
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1				
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	1				
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	1				
tinidazole tab 250 mg	1				
tinidazole tab 500 mg (Tindamax)	1				
trimethoprim tab 100 mg	1				
vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)	1				
vancomycin hcl cap 250 mg (base equivalent) (Vancocin hcl)	1				
VANCOMYCIN HYDROCHLORIDE- vancomycin hcl for oral soln 50 mg/ml (base equivalent)	NC				
XENLETA- lefamulin acetate tab 600 mg	4	•			
XIFAXAN- rifaximin tab 200 mg	3				
XIFAXAN- rifaximin tab 550 mg	2				
BIOLOGICALS					
VACCINES					
ACTHIB- haemophilus b polysaccharide conjugate vaccine for inj	2				
AFLURIA QUADRIVALENT 2020- influenza virus vac split quadrivalent susp pref syr 0.25 ml	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
AFLURIA QUADRIVALENT 2020- influenza virus vac split quadrivalent susp pref syr 0.5ml	2				
AFLURIA QUADRIVALENT 2020- influenza virus vaccine split quadrivalent im inj	2				
AFLURIA QUADRIVALENT 2021- influenza virus vac split quadrivalent susp pref syr 0.25 ml	2				
AFLURIA QUADRIVALENT 2021- influenza virus vac split quadrivalent susp pref syr 0.5ml	2				
AFLURIA QUADRIVALENT 2021- influenza virus vaccine split quadrivalent im inj	2				
BEXSERO- meningococcal vac b (recomb omv adjuv) inj prefilled syringe	2				
ENGERIX-B- hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml	2				
ENGERIX-B- hepatitis b vaccine (recombinant) susp 20 mcg/ml	2				
FLUAD QUADRIVALENT INFLUE- influenza vac type a&b surface ant adj quad pref syr 0.5 ml	2				
FLUAD QUADRIVALENT 2021-2- influenza vac type a&b surface ant adj quad pref syr 0.5 ml	2				
FLUAD 2020-2021- influenza vac type a&b surface ant adj susp pref syr 0.5 ml	2				
FLUARIX QUADRIVALENT 2021- influenza virus vac split quadrivalent susp pref syr 0.5ml	2				
FLUBLOK QUADRIVALENT 2021- influenza vac recomb ha quad pf soln pref syr 0.5 ml	2				
FLUCELVAX QUADRIVALENT 20- influenza vac tiss-cult subunt quad susp pref syr 0.5 ml	2				
FLUCELVAX QUADRIVALENT 20- influenza vac tissue-cultured subunit quadrivalent im susp	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FLULAVAL QUADRIVALENT 202- influenza virus vac split quadrivalent susp pref syr 0.5ml	2				
FLUZONE HIGH-DOSE PF 2021- influenza vac split high-dose quad pf susp pref syr 0.7 ml	2				
FLUZONE QUADRIVALENT 2021- influenza virus vac split quadrivalent susp pref syr 0.5ml	2				
FLUZONE QUADRIVALENT 2021- influenza virus vaccine split quadrivalent im inj	2				
FLUZONE QUADRIVALENT 2021- influenza virus vaccine split quadrivalent inj 0.5 ml	2				
GARDASIL 9- human papillomavirus (hpv) 9-valent recomb vac im susp	2				
GARDASIL 9- human papillomavirus (hpv) 9-valent recomb vac susp pref syr	2				
HAVRIX- hepatitis a vaccine inj susp 720 el unit/0.5ml	2				
HAVRIX- hepatitis a vaccine inj susp 1440 el unit/ml	2				
HEPLISAV-B- hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	2				
HIBERIX- haemophilus b polysaccharide conjugate vac for inj 10 mcg	2				
IMOVAX RABIES (H.D.C.V.)- rabies virus vaccine, hdc inj	2				
IPOL INACTIVATED IPV- poliovirus vaccine, ipv injection	2				
JANSSEN COVID-19 VACCINE- covid-19 (sars-cov-2) ad26 vector vaccine-janssen im 0.5 ml	2				
M-M-R II- measles-mumps-rubella virus vaccines for inj soln	2				
MENACTRA- meningococcal (a, c, y, and w-135) conjugate vaccine inj	2				
MENQUADFI- meningococcal (a, c, y, and w-135) conjugate vaccine inj	2				
MENVEO- meningococcal (a, c, y, and w-135) oligo conj vac for inj	2				
MODERNA COVID-19 VACCINE- covid-19 (sars-cov-2)mrna vacc-moderna im susp 100 mcg/0.5ml	2				
PEDVAX HIB- haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	2				
PFIZER-BIONTECH COVID-19- covid-19 (sars-cov-2) mrna vacc-pfizer im susp 30 mcg/0.3ml	2				
PNEUMOVAX 23- pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	2				
PNEUMOVAX 23/1 DOSE- pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	2				
PREVNAR 13- pneumococcal 13-valent conjugate vaccine inj	2				
PROQUAD- measles-mumps-rubella-varicella virus vaccines for susp	2				
RABAVERT- rabies vaccine, pcec for inj	2				
RECOMBIVAX HB- hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	2				
RECOMBIVAX HB- hepatitis b vaccine (recombinant) susp 10 mcg/ml	2				
RECOMBIVAX HB- hepatitis b vaccine (recombinant) susp 40 mcg/ml	2				
ROTARIX- rotavirus vaccine, live for oral susp	2				
ROTATEQ- rotavirus vaccine, live oral pentavalent soln	2				
SHINGRIX- zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	2				
TRUMENBA- meningococcal group b vac (recomb) im susp prefilled syr	2				
TWINRIX- hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	2				
VAQTA- hepatitis a vaccine inj susp 25 unit/0.5ml	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
VAQTA- hepatitis a vaccine inj susp 50 unit/ml	2				
VARIVAX- varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	2				
TOXOIDS					
ADACEL- tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	2				
BOOSTRIX- tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	2				
DAPTACEL- diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	2				
DIPHTHERIA/TETANUS TOXOID- diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	2				
INFANRIX- diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	2				
KINRIX- diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	2				
PEDIARIX- diph-tetanus tox-acell pert-hepatitis b-polio ipv vac inj	2				
PENTACEL- diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	2				
QUADRACEL- diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	2				
TDVAX- tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	2				
TENIVAC- tetanus-diphtheria toxoids (td) inj 5-2 lfu	2				
VAXELIS- diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	2				
VAXELIS- diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	2				
PASSIVE IMMUNIZING AGENTS					
CUTAQUIG- immune globulin (human)-hipp subcutaneous inj 1 gm/6ml	4	•	•		
CUTAQUIG- immune globulin (human)-hipp subcutaneous inj 1.65 gm/10ml	4	•	•		
CUTAQUIG- immune globulin (human)-hipp subcutaneous inj 2 gm/12ml	4	•	•		
CUTAQUIG- immune globulin (human)-hipp subcutaneous inj 3.3 gm/20ml	4	•	•		
CUTAQUIG- immune globulin (human)-hipp subcutaneous inj 4 gm/24ml	4	•	•		
CUTAQUIG- immune globulin (human)-hipp subcutaneous inj 8 gm/48ml	4	•	•		
GAMUNEX-C- immune globulin (human) iv or subcutaneous soln 1 gm/10ml	4	•	•		
GAMUNEX-C- immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	4	•	•		
GAMUNEX-C- immune globulin (human) iv or subcutaneous soln 5 gm/50ml	4	•	•		
GAMUNEX-C- immune globulin (human) iv or subcutaneous soln 10 gm/100ml	4	•	•		
GAMUNEX-C- immune globulin (human) iv or subcutaneous soln 20 gm/200ml	4	•	•		
GAMUNEX-C- immune globulin (human) iv or subcutaneous soln 40 gm/400ml	4	•	•		
HIZENTRA- immune globulin (human) subcutaneous inj 1 gm/5ml	4	•	•		
HIZENTRA- immune globulin (human) subcutaneous inj 2 gm/10ml	4	•	•		
HIZENTRA- immune globulin (human) subcutaneous inj 4 gm/20ml	4	•	•		
HIZENTRA- immune globulin (human) subcutaneous inj 10 gm/50ml	4	•	•		
HIZENTRA- immune globulin (human) subcutaneous soln pref syr 1 gm/5ml	4	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
HIZENTRA- immune globulin (human) subcutaneous soln pref syr 2 gm/10ml	4	•	•		
HIZENTRA- immune globulin (human) subcutaneous soln pref syr 4 gm/20ml	4	•	•		
HYQVIA- immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit	4	•	•		
HYQVIA- immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit	4	•	•		
HYQVIA- immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit	4	•	•		
HYQVIA- immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit	4	•	•		
HYQVIA- immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit	4	•	•		
BIOLOGICALS MISC					
GRASTEK- timothy grass pollen allergen ext sl tab 2800 bau	3				
ODACTRA- dust mite mixed ext sl tab 12 sq-hdm	3				
ORALAIR- grass mixed pollen ext sl tab 300 ir (index of reactivity)	3				
PALFORZIA INITIAL DOSE ES-peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 & 6 mg	4	•	•		•
PALFORZIA LEVEL 1- peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose)	4	•	•		•
PALFORZIA LEVEL 10- peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose)	4	•	•		•
PALFORZIA LEVEL 11 (MAINT-peanut allergen powder-dnfp maintenance packet 300 mg	4	•	•		•
PALFORZIA LEVEL 11 (TITRA-peanut allergen powder-dnfp titration packet 300 mg	4	•	•		•
PALFORZIA LEVEL 2- peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose)	4	•	•		•
PALFORZIA LEVEL 3- peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose)	4	•	•		•
PALFORZIA LEVEL 4- peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose)	4	•	•		•
PALFORZIA LEVEL 5- peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose)	4	•	•		•
PALFORZIA LEVEL 6- peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose)	4	•	•		•
PALFORZIA LEVEL 7- peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose)	4	•	•		•
PALFORZIA LEVEL 8- peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose)	4	•	•		•
PALFORZIA LEVEL 9- peanut powder-dnfp pack 2 x 100 mg (200 mg dose)	4	•	•		•
RAGWITEK- short ragweed pollen allergen extract sl tab 12 amb a 1-u	3				
ANTINEOPLASTIC AGENTS					
ANTINEOPLASTICS					
abiraterone acetate tab 250 mg (Zytiga)	4	•	•		•
abiraterone acetate tab 500 mg (Zytiga)	4	•	•		•
ACTIMMUNE- interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	4	•			
AFINITOR- everolimus tab 10 mg	4	•	•		•
AFINITOR DISPERZ- everolimus tab for oral susp 2 mg	4	•	•		•
AFINITOR DISPERZ- everolimus tab for oral susp 3 mg	4	•	•		•
AFINITOR DISPERZ- everolimus tab for oral susp 5 mg	4	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ALECENSA- alectinib hcl cap 150 mg (base equivalent)	4	•	•		•
ALUNBRIG- brigatinib tab initiation therapy pack 90 mg & 180 mg	4	•	•		•
ALUNBRIG- brigatinib tab 30 mg	4	•	•		•
ALUNBRIG- brigatinib tab 90 mg	4	•	•		•
ALUNBRIG- brigatinib tab 180 mg	4	•	•		•
anastrozole tab 1 mg (Arimidex)	1				
AYVAKIT- avapritinib tab 25 mg	4	•	•		•
AYVAKIT- avapritinib tab 50 mg	4	•	•		•
AYVAKIT- avapritinib tab 100 mg	4	•	•		•
AYVAKIT- avapritinib tab 200 mg	4	•	•		•
AYVAKIT- avapritinib tab 300 mg	4	•	•		•
BALVERSA- erdafitinib tab 3 mg	4	•	•		•
BALVERSA- erdafitinib tab 4 mg	4	•	•		•
BALVERSA- erdafitinib tab 5 mg	4	•	•		•
bexarotene cap 75 mg (Targretin)	4	•	•		
bicalutamide tab 50 mg (Casodex)	1				
BOSULIF- bosutinib tab 100 mg	4	•	•		•
BOSULIF- bosutinib tab 400 mg	4	•	•		•
BOSULIF- bosutinib tab 500 mg	4	•	•		•
BRAFTOVI- encorafenib cap 75 mg	4	•	•		•
BRUKINSA- zanubrutinib cap 80 mg	4	•	•		•
CABOMETYX- cabozantinib s-malate tab 20 mg (base equivalent)	4	•	•		•
CABOMETYX- cabozantinib s-malate tab 40 mg (base equivalent)	4	•	•		•
CABOMETYX- cabozantinib s-malate tab 60 mg (base equivalent)	4	•	•		•
CALQUENCE- acalabrutinib cap 100 mg	4	•	•		•
capecitabine tab 150 mg (Xeloda)	4	•	•		
capecitabine tab 500 mg (Xeloda)	4	•	•		
CAPRELSA- vandetanib tab 100 mg	4	•	•		•
CAPRELSA- vandetanib tab 300 mg	4	•	•		•
COMETRIQ- cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	4	•	•		•
COMETRIQ- cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	4	•	•		•
COMETRIQ- cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	4	•	•		•
COPIKTRA- duvelisib cap 15 mg	4	•	•		•
COPIKTRA- duvelisib cap 25 mg	4	•	•		•
COTELLIC- cobimetinib fumarate tab 20 mg (base equivalent)	4	•	•		•
CYCLOPHOSPHAMIDE- cyclophosphamide tab 25 mg	2				
CYCLOPHOSPHAMIDE- cyclophosphamide tab 50 mg	2				
cyclophosphamide cap 25 mg (Cyclophosphamide)	1				
cyclophosphamide cap 50 mg (Cyclophosphamide)	1				
DAURISMO- glasdegib maleate tab 25 mg (base equivalent)	4	•	•		•
DAURISMO- glasdegib maleate tab 100 mg (base equivalent)	4	•	•		•
ELIGARD- leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	4	•			
ELIGARD- leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	4	•			
ELIGARD- leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	4	•			
ELIGARD- leuprolide acetate for subcutaneous inj kit 7.5 mg	4	•			
EMCYT- estramustine phosphate sodium cap 140 mg	2				
ERIVEDGE- vismodegib cap 150 mg	4	•	•		•
ERLEADA- apalutamide tab 60 mg	4	•	•		•
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	4	•	•		•
erlotinib hcl tab 100 mg (base equivalent) (Tarceva)	4	•	•		•
erlotinib hcl tab 150 mg (base equivalent) (Tarceva)	4	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ETOPOSIDE- etoposide cap 50 mg	2				
everolimus tab 2.5 mg (Afinitor)	4	•	•		•
everolimus tab 5 mg (Afinitor)	4	•	•		•
everolimus tab 7.5 mg (Afinitor)	4	•	•		•
exemestane tab 25 mg (Aromasin)	1				
FARYDAK- panobinostat lactate cap 10 mg (base equivalent)	4	•	•		•
FARYDAK- panobinostat lactate cap 15 mg (base equivalent)	4	•	•		•
FARYDAK- panobinostat lactate cap 20 mg (base equivalent)	4	•	•		•
FLUTAMIDE- flutamide cap 125 mg	1				
FOTIVDA- tivozanib hcl cap 890 mcg (base equivalent)	4	•	•		•
FOTIVDA- tivozanib hcl cap 1340 mcg (base equivalent)	4	•	•		•
GAVRETO- pralsetinib cap 100 mg	4	•	•		•
GILOTRIF- afatinib dimaleate tab 20 mg (base equivalent)	4	•	•		•
GILOTRIF- afatinib dimaleate tab 30 mg (base equivalent)	4	•	•		•
GILOTRIF- afatinib dimaleate tab 40 mg (base equivalent)	4	•	•		•
GLEOSTINE- lomustine cap 10 mg	2				
GLEOSTINE- lomustine cap 40 mg	2				
GLEOSTINE- lomustine cap 100 mg	2				
HYCAMTIN- topotecan hcl cap 0.25 mg (base equiv)	4	•	•		
HYCAMTIN- topotecan hcl cap 1 mg (base equiv)	4	•	•		
hydroxyurea cap 500 mg (Hydrea)	1				
IBRANCE- palbociclib cap 75 mg	4	•	•		•
IBRANCE- palbociclib cap 100 mg	4	•	•		•
IBRANCE- palbociclib cap 125 mg	4	•	•		•
IBRANCE- palbociclib tab 75 mg	4	•	•		•
IBRANCE- palbociclib tab 100 mg	4	•	•		•
IBRANCE- palbociclib tab 125 mg	4	•	•		•
ICLUSIG- ponatinib hcl tab 10 mg (base equiv)	4	•	•		•
ICLUSIG- ponatinib hcl tab 15 mg (base equiv)	4	•	•		•
ICLUSIG- ponatinib hcl tab 30 mg (base equiv)	4	•	•		•
ICLUSIG- ponatinib hcl tab 45 mg (base equiv)	4	•	•		•
IDHIFA- enasidenib mesylate tab 50 mg (base equivalent)	4	•	•		•
IDHIFA- enasidenib mesylate tab 100 mg (base equivalent)	4	•	•		•
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	4	•	•		•
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	4	•	•		•
IMBRUVICA- ibrutinib cap 70 mg	4	•	•		•
IMBRUVICA- ibrutinib cap 140 mg	4	•	•		•
IMBRUVICA- ibrutinib tab 140 mg	4	•	•		•
IMBRUVICA- ibrutinib tab 280 mg	4	•	•		•
IMBRUVICA- ibrutinib tab 420 mg	4	•	•		•
IMBRUVICA- ibrutinib tab 560 mg	4	•	•		•
INLYTA- axitinib tab 1 mg	4	•	•		•
INLYTA- axitinib tab 5 mg	4	•	•		•
INQOVI- decitabine-cedazuridine tab 35-100 mg	4	•	•		•
INREBIC- fedratinib hcl cap 100 mg	4	•	•		•
INTRON A- interferon alfa-2b inj 6000000 unit/ml	4	•			
INTRON A- interferon alfa-2b inj 10000000 unit/ml	4	•			
INTRON A- interferon alfa-2b for inj 10000000 unit	4	•			
INTRON A- interferon alfa-2b for inj 18000000 unit	4	•			
INTRON A- interferon alfa-2b for inj 50000000 unit	4	•			
IRESSA- gefitinib tab 250 mg	4	•	•		•
JAKAFI- ruxolitinib phosphate tab 5 mg (base equivalent)	4	•	•		•
JAKAFI- ruxolitinib phosphate tab 10 mg (base equivalent)	4	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
JAKAFI- ruxolitinib phosphate tab 15 mg (base equivalent)	4	•	•		•
JAKAFI- ruxolitinib phosphate tab 20 mg (base equivalent)	4	•	•		•
JAKAFI- ruxolitinib phosphate tab 25 mg (base equivalent)	4	•	•		•
KISQALI- ribociclib succinate tab pack 200 mg daily dose	4	•	•		•
KISQALI- ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	4	•	•		•
KISQALI- ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	4	•	•		•
KISQALI FEMARA 200 DOSE- ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	4	•	•		•
KISQALI FEMARA 400 DOSE- ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	4	•	•		•
KISQALI FEMARA 600 DOSE- ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	4	•	•		•
KOSELUGO- selumetinib sulfate cap 10 mg	4	•	•		•
KOSELUGO- selumetinib sulfate cap 25 mg	4	•	•		•
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	4	•	•		•
LENVIMA 10 MG DAILY DOSE- lenvatinib cap therapy pack 10 mg (10 mg daily dose)	4	•	•		•
LENVIMA 12MG DAILY DOSE- lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	4	•	•		•
LENVIMA 14 MG DAILY DOSE- lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	4	•	•		•
LENVIMA 18 MG DAILY DOSE- lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	4	•	•		•
LENVIMA 20 MG DAILY DOSE- lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	4	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
LENVIMA 24 MG DAILY DOSE- lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	4	•	•		•
LENVIMA 4 MG DAILY DOSE- lenvatinib cap therapy pack 4 mg (4 mg daily dose)	4	•	•		•
LENVIMA 8 MG DAILY DOSE- lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	4	•	•		•
letrozole tab 2.5 mg (Femara)	1				
leucovorin calcium tab 5 mg	1				
leucovorin calcium tab 10 mg	1				
leucovorin calcium tab 15 mg	1				
leucovorin calcium tab 25 mg	1				
LEUKERAN- chlorambucil tab 2 mg	2				
leuprolide acetate inj kit 5 mg/ml	4	•			
LONSURF- trifluridine-tipiracil tab 15-6.14 mg	4	•	•		•
LONSURF- trifluridine-tipiracil tab 20-8.19 mg	4	•	•		•
LORBRENA- lorlatinib tab 25 mg	4	•	•		•
LORBRENA- lorlatinib tab 100 mg	4	•	•		•
LUPRON DEPOT (1-MONTH)- leuprolide acetate for inj kit 3.75 mg	4	•			
LUPRON DEPOT (1-MONTH)- leuprolide acetate for inj kit 7.5 mg	4	•			
LUPRON DEPOT (3-MONTH)- leuprolide acetate (3 month) for inj kit 11.25 mg	4	•			
LUPRON DEPOT (3-MONTH)- leuprolide acetate (3 month) for inj kit 22.5 mg	4	•			
LUPRON DEPOT (4-MONTH)- leuprolide acetate (4 month) for inj kit 30 mg	4	•			
LUPRON DEPOT (6-MONTH)- leuprolide acetate (6 month) for inj kit 45 mg	4	•			
LYNPARZA- olaparib tab 100 mg	4	•	•		•
LYNPARZA- olaparib tab 150 mg	4	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
LYSODREN- mitotane tab 500 mg	4	•	•		
MATULANE- procarbazine hcl cap 50 mg	4	•	•		
megestrol acetate susp 40 mg/ml (Megace oral)	1				
megestrol acetate tab 20 mg	1				
megestrol acetate tab 40 mg	1				
MEKINIST- trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	4	•	•		•
MEKINIST- trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	4	•	•		•
MEKTOVI- binimetinib tab 15 mg	4	•	•		•
melphalan tab 2 mg (Alkeran)	1				
mercaptopurine tab 50 mg	1				
MESNEX- mesna tab 400 mg	2				
METHOTREXATE SODIUM- methotrexate sodium inj 250 mg/10ml (25 mg/ml)	3				
methotrexate sodium for inj 1 gm	1				
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1				
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1				
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1				
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1				
methotrexate sodium tab 2.5 mg (base equiv)	1				
MYLERAN- busulfan tab 2 mg	2				
NERLYNX- neratinib maleate tab 40 mg (base equivalent)	4	•	•		•
NEXAVAR- sorafenib tosylate tab 200 mg (base equivalent)	4	•	•		•
nilutamide tab 150 mg (Nilandron)	1				
NINLARO- ixazomib citrate cap 2.3 mg (base equivalent)	4	•	•		•
NINLARO- ixazomib citrate cap 3 mg (base equivalent)	4	•	•		•
NINLARO- ixazomib citrate cap 4 mg (base equivalent)	4	•	•		•
NUBEQA- darolutamide tab 300 mg	4	•	•		•
ODOMZO- sonidegib phosphate cap 200 mg (base equivalent)	4	•	•		•
ONUREG- azacitidine tab 200 mg	4	•	•		•
ONUREG- azacitidine tab 300 mg	4	•	•		•
ORGOVYX- relugolix tab 120 mg	4	•	•		•
PEMAZYRE- pemigatinib tab 4.5 mg	4	•	•		•
PEMAZYRE- pemigatinib tab 9 mg	4	•	•		•
PEMAZYRE- pemigatinib tab 13.5 mg	4	•	•		•
PIQRAY 200MG DAILY DOSE- alpelisib tab therapy pack 200 mg daily dose	4	•	•		•
PIQRAY 250MG DAILY DOSE- alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	4	•	•		•
PIQRAY 300MG DAILY DOSE- alpelisib tab pack 300 mg daily dose (2x150 mg tab)	4	•	•		•
POMALYST- pomalidomide cap 1 mg	4	•	•		•
POMALYST- pomalidomide cap 2 mg	4	•	•		•
POMALYST- pomalidomide cap 3 mg	4	•	•		•
POMALYST- pomalidomide cap 4 mg	4	•	•		•
PURIXAN- mercaptopurine susp 2000 mg/100ml (20 mg/ml)	4	•			
QINLOCK- ripretinib tab 50 mg	4	•	•		•
RETEVMO- selpercatinib cap 40 mg	4	•	•		•
RETEVMO- selpercatinib cap 80 mg	4	•	•		•
ROZLYTREK- entrectinib cap 100 mg	4	•	•		•
ROZLYTREK- entrectinib cap 200 mg	4	•	•		•
RUBRACA- rucaparib camsylate tab 200 mg (base equivalent)	4	•	•		•
RUBRACA- rucaparib camsylate tab 250 mg (base equivalent)	4	•	•		•
RUBRACA- rucaparib camsylate tab 300 mg (base equivalent)	4	•	•		•
RYDAPT- midostaurin cap 25 mg	4	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SOLTAMOX- tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	3				
SPRYCEL- dasatinib tab 20 mg	4	•	•		•
SPRYCEL- dasatinib tab 50 mg	4	•	•		•
SPRYCEL- dasatinib tab 70 mg	4	•	•		•
SPRYCEL- dasatinib tab 80 mg	4	•	•		•
SPRYCEL- dasatinib tab 100 mg	4	•	•		•
SPRYCEL- dasatinib tab 140 mg	4	•	•		•
STIVARGA- regorafenib tab 40 mg	4	•	•		•
SUTENT- sunitinib malate cap 12.5 mg (base equivalent)	4	•	•		•
SUTENT- sunitinib malate cap 25 mg (base equivalent)	4	•	•		•
SUTENT- sunitinib malate cap 37.5 mg (base equivalent)	4	•	•		•
SUTENT- sunitinib malate cap 50 mg (base equivalent)	4	•	•		•
SYNRIBO- omacetaxine mepesuccinate for inj 3.5 mg	4	•			
TABLOID- thioguanine tab 40 mg	2				
TABRECTA- capmatinib hcl tab 150 mg	4	•	•		•
TABRECTA- capmatinib hcl tab 200 mg	4	•	•		•
TAFINLAR- dabrafenib mesylate cap 50 mg (base equivalent)	4	•	•		•
TAFINLAR- dabrafenib mesylate cap 75 mg (base equivalent)	4	•	•		•
TAGRISSO- osimertinib mesylate tab 40 mg (base equivalent)	4	•	•		•
TAGRISSO- osimertinib mesylate tab 80 mg (base equivalent)	4	•	•		•
TALZENNA- talazoparib tosylate cap 0.25 mg (base equivalent)	4	•	•		•
TALZENNA- talazoparib tosylate cap 1 mg (base equivalent)	4	•	•		•
tamoxifen citrate tab 10 mg (base equivalent)	1				
tamoxifen citrate tab 20 mg (base equivalent)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
TASIGNA- nilotinib hcl cap 50 mg (base equivalent)	4	•	•		•
TASIGNA- nilotinib hcl cap 150 mg (base equivalent)	4	•	•		•
TASIGNA- nilotinib hcl cap 200 mg (base equivalent)	4	•	•		•
TAZVERIK- tazemetostat hbr tab 200 mg	4	•	•		•
temozolomide cap 5 mg (Temodar)	4	•	•		
temozolomide cap 20 mg (Temodar)	4	•	•		
temozolomide cap 100 mg (Temodar)	4	•	•		
temozolomide cap 140 mg (Temodar)	4	•	•		
temozolomide cap 180 mg (Temodar)	4	•	•		
temozolomide cap 250 mg (Temodar)	4	•	•		
TEPMETKO- tepotinib hcl tab 225 mg	4	•	•		•
TIBSOVO- ivosidenib tab 250 mg	4	•	•		•
toremifene citrate tab 60 mg (base equivalent) (Fareston)	1				
tretinoin cap 10 mg	4	•	•		
TREXALL- methotrexate sodium tab 5 mg (base equiv)	NC				
TREXALL- methotrexate sodium tab 7.5 mg (base equiv)	NC				
TREXALL- methotrexate sodium tab 10 mg (base equiv)	NC				
TREXALL- methotrexate sodium tab 15 mg (base equiv)	NC				
TUKYSA- tucatinib tab 50 mg	4	•	•		•
TUKYSA- tucatinib tab 150 mg	4	•	•		•
TURALIO- pexidartinib hcl cap 200 mg (base equivalent)	4	•	•		•
UKONIQ- umbralisib tosylate tab 200 mg	4	•	•		•
VENCLEXTA- venetoclax tab 10 mg	4	•	•		•
VENCLEXTA- venetoclax tab 50 mg	4	•	•		•
VENCLEXTA- venetoclax tab 100 mg	4	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
VENCLEXTA STARTING PACK- venetoclax tab therapy starter pack 10 & 50 & 100 mg	4	•	•		•
VERZENIO- abemaciclib tab 50 mg	4	•	•		•
VERZENIO- abemaciclib tab 100 mg	4	•	•		•
VERZENIO- abemaciclib tab 150 mg	4	•	•		•
VERZENIO- abemaciclib tab 200 mg	4	•	•		•
VITRAKVI- larotrectinib sulfate cap 25 mg (base equivalent)	4	•	•		•
VITRAKVI- larotrectinib sulfate cap 100 mg (base equivalent)	4	•	•		•
VITRAKVI- larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	4	•	•		•
VIZIMPRO- dacomitinib tab 15 mg	4	•	•		•
VIZIMPRO- dacomitinib tab 30 mg	4	•	•		•
VIZIMPRO- dacomitinib tab 45 mg	4	•	•		•
VOTRIENT- pazopanib hcl tab 200 mg (base equiv)	4	•	•		•
XALKORI- crizotinib cap 200 mg	4	•	•		•
XALKORI- crizotinib cap 250 mg	4	•	•		•
XATMEP- methotrexate oral soln 2.5 mg/ml	NC				
XOSPATA- gilteritinib fumarate tablet 40 mg (base equivalent)	4	•	•		•
XPOVIO- selinexor tab therapy pack 40 mg (40 mg once weekly)	4	•	•		•
XPOVIO- selinexor tab therapy pack 40 mg (40 mg twice weekly)	4	•	•		•
XPOVIO- selinexor tab therapy pack 40 mg (80 mg once weekly)	4	•	•		•
XPOVIO- selinexor tab therapy pack 50 mg (100 mg once weekly)	4	•	•		•
XPOVIO- selinexor tab therapy pack 60 mg (60 mg once weekly)	4	•	•		•
XPOVIO 60 MG TWICE WEEKLY- selinexor tab therapy pack 20 mg (60 mg twice weekly)	4	•	•		•
XPOVIO 80 MG TWICE WEEKLY- selinexor tab therapy pack 20 mg (80 mg twice weekly)	4	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
XTANDI- enzalutamide cap 40 mg	4	•	•		•
XTANDI- enzalutamide tab 40 mg	4	•	•		•
XTANDI- enzalutamide tab 80 mg	4	•	•		•
YONSA- abiraterone acetate tab 125 mg	4	•	•		•
ZEJULA- niraparib tosylate cap 100 mg (base equivalent)	4	•	•		•
ZELBORAF- vemurafenib tab 240 mg	4	•	•		•
ZOLINZA- vorinostat cap 100 mg	4	•	•		•
ZYDELIG- idelalisib tab 100 mg	4	•	•		•
ZYDELIG- idelalisib tab 150 mg	4	•	•		•
ZYKADIA- ceritinib tab 150 mg	4	•	•		•
ENDOCRINE AND METABOLIC DRUGS					
CORTICOSTEROIDS					
ALKINDI SPRINKLE- hydrocortisone cap sprinkle 0.5 mg	NC				
ALKINDI SPRINKLE- hydrocortisone cap sprinkle 1 mg	NC				
ALKINDI SPRINKLE- hydrocortisone cap sprinkle 2 mg	NC				
ALKINDI SPRINKLE- hydrocortisone cap sprinkle 5 mg	NC				
budesonide delayed release particles cap 3 mg (Entocort ec)	1				
budesonide tab er 24hr 9 mg (Uceris)	NC				
DEXABLISS- dexamethasone tab therapy pack 1.5 mg (39)	NC				
DEXAMETHASONE- dexamethasone soln 0.5 mg/5ml	3				
DEXAMETHASONE- dexamethasone tab 1 mg	2				
DEXAMETHASONE- dexamethasone tab 2 mg	2				
dexamethasone elixir 0.5 mg/5ml	1				
DEXAMETHASONE INTENSOL- dexamethasone conc 1 mg/ml	3				
dexamethasone tab therapy pack 1.5 mg (21) (Dexpak 6 day)	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
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				
DEXAMETHASONE 10-DAY DOSE- dexamethasone tab therapy pack 1.5 mg (35)	NC				
DEXAMETHASONE 13-DAY DOSE- dexamethasone tab therapy pack 1.5 mg (51)	NC				
DXEVO 11-DAY- dexamethasone tab therapy pack 1.5 mg (39)	NC				
EMFLAZA- deflazacort susp 22.75 mg/ml	NC	•	•		
EMFLAZA- deflazacort tab 6 mg	NC	•	•		•
EMFLAZA- deflazacort tab 18 mg	NC	•	•		•
EMFLAZA- deflazacort tab 30 mg	NC	•	•		
EMFLAZA- deflazacort tab 36 mg	NC	•	•		
fludrocortisone acetate tab 0.1 mg	1				
HEMADY- dexamethasone tab 20 mg	NC	•			
hydrocortisone tab 5 mg (Cortef)	1				
hydrocortisone tab 10 mg (Cortef)	1				
hydrocortisone tab 20 mg (Cortef)	1				
MEDROL- methylprednisolone tab 2 mg	3				
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	1				
methylprednisolone tab 4 mg (Medrol)	1				
methylprednisolone tab 8 mg (Medrol)	1				
methylprednisolone tab 16 mg (Medrol)	1				
methylprednisolone tab 32 mg (Medrol)	1				
MILLIPRED- prednisolone tab 5 mg	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ORAPRED ODT- prednisolone sod phos orally disintegr tab 10 mg (base eq)	NC				
ORAPRED ODT- prednisolone sod phos orally disintegr tab 15 mg (base eq)	NC				
ORAPRED ODT- prednisolone sod phos orally disintegr tab 30 mg (base eq)	NC				
ORTIKOS- budesonide cap er 24hr 6 mg	NC				
ORTIKOS- budesonide cap er 24hr 9 mg	NC				
PREDNISOLONE- prednisolone syrup 15 mg/5ml (usp solution equivalent)	3				
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	1				
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1				
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv) (Millipred)	1				
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv) (Veripred 20)	1				
PREDNISOLONE SODIUM PHOSP- prednisolone sod phos orally disintegr tab 10 mg (base eq)	NC				
PREDNISOLONE SODIUM PHOSP- prednisolone sod phos orally disintegr tab 15 mg (base eq)	NC				
PREDNISOLONE SODIUM PHOSP- prednisolone sod phos orally disintegr tab 30 mg (base eq)	NC				
PREDNISOLONE SODIUM PHOSP- prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	3				
PREDNISONE- prednisone oral soln 5 mg/5ml	2				
PREDNISONE INTENSOL- prednisone conc 5 mg/ml	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
prednisone tab therapy pack 5 mg (21)	1				
prednisone tab therapy pack 5 mg (48)	1				
prednisone tab therapy pack 10 mg (21)	1				
prednisone tab therapy pack 10 mg (48)	1				
prednisone tab 1 mg	1				
prednisone tab 2.5 mg	1				
prednisone tab 5 mg	1				
prednisone tab 10 mg	1				
prednisone tab 20 mg	1				
prednisone tab 50 mg	1				
RAYOS- prednisone tab delayed release 1 mg	NC				
RAYOS- prednisone tab delayed release 2 mg	NC				
RAYOS- prednisone tab delayed release 5 mg	NC				
TAPERDEX 12-DAY- dexamethasone tab therapy pack 1.5 mg (49)	NC				
TAPERDEX 7-DAY- dexamethasone tab therapy pack 1.5 mg (27)	NC				
ZCORT 7-DAY- dexamethasone tab therapy pack 1.5 mg (25)	NC				
ANDROGEN-ANABOLIC					
ANDRODERM- testosterone td patch 24hr 2 mg/24hr	NC		•		•
ANDRODERM- testosterone td patch 24hr 4 mg/24hr	NC		•		•
AVEED- testosterone undecanoate im inj in oil 750 mg/3ml (250mg/ml)	NC				
danazol cap 50 mg	1		•		
danazol cap 100 mg	1		•		
danazol cap 200 mg	1		•		
JATENZO- testosterone undecanoate cap 158 mg	NC		•		•
JATENZO- testosterone undecanoate cap 198 mg	NC		•		•
JATENZO- testosterone undecanoate cap 237 mg	NC		•		•
METHITEST- methyltestosterone oral tab 10 mg	3		•		•
METHYLTESTOSTERONE- methyltestosterone cap 10 mg	3		•		•
NATESTO- testosterone nasal gel 5.5 mg/act	NC		•		•
oxandrolone tab 2.5 mg (Oxandrin)	1		•		
oxandrolone tab 10 mg (Oxandrin)	1		•		
TESTOSTERONE- testosterone td gel 50 mg/5gm (1%)	NC		•		•
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	1				
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	1				
TESTOSTERONE ENANTHATE- testosterone enanthate im inj in oil 200 mg/ml	3				
TESTOSTERONE PUMP- testosterone td gel 12.5 mg/act (1%)	NC		•		•
testosterone td gel 25 mg/2.5gm (1%) (Androgel)	1		•		•
testosterone td gel 50 mg/5gm (1%) (Androgel)	1		•		•
testosterone td gel 12.5 mg/act (1%)	1		•		•
testosterone td gel 20.25 mg/1.25gm (1.62%) (Androgel)	1		•		•
testosterone td gel 40.5 mg/2.5gm (1.62%) (Androgel)	1		•		•
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	1		•		•
testosterone td gel 10mg/act (2%) (Fortesta)	NC		•		•
testosterone td soln 30 mg/act (Axiron)	1		•		•
VOGELXO- testosterone td gel 50 mg/5gm (1%)	NC		•		•
VOGELXO PUMP- testosterone td gel 12.5 mg/act (1%)	NC		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
XYOSTED- testosterone enanthate solution auto-injector 50 mg/0.5ml	NC				
XYOSTED- testosterone enanthate solution auto-injector 75 mg/0.5ml	NC				
XYOSTED- testosterone enanthate solution auto-injector 100 mg/0.5ml	NC				
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	3				•
ALORA- estradiol td patch twice weekly 0.1 mg/24hr	3				•
ANGELIQ- drospirenone-estradiol tab 0.25-0.5 mg	3				
ANGELIQ- drospirenone-estradiol tab 0.5-1 mg	3				
BIJUVA- estradiol-progesterone cap 1-100 mg	NC				
CLIMARA PRO- estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	2				•
COMBIPATCH- estradiol-norethindrone ace td pttw 0.05-0.14 mg/day	3				•
COMBIPATCH- estradiol-norethindrone ace td pttw 0.05-0.25 mg/day	3				•
DELESTROGEN- estradiol valerate im in oil 10 mg/ml	3				
DEPO-ESTRADIOL- estradiol cypionate im in oil 5 mg/ml	3				
DIVIGEL- estradiol td gel 0.25 mg/0.25gm (0.1%)	2				•
DIVIGEL- estradiol td gel 0.5 mg/0.5gm (0.1%)	2				•
DIVIGEL- estradiol td gel 0.75 mg/0.75gm (0.1%)	2				•
DIVIGEL- estradiol td gel 1 mg/gm (0.1%)	2				•
DIVIGEL- estradiol td gel 1.25 mg/1.25gm (0.1%)	2				•
DUAVEE- conjugated estrogens-bazedoxifene tab 0.45-20 mg	2				
ELESTRIN- estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)	3				•
estradiol & norethindrone acetate tab 0.5-0.1 mg (Activella)	1				
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	1				
estradiol tab 0.5 mg (Estrace)	1				
estradiol tab 1 mg (Estrace)	1				
estradiol tab 2 mg (Estrace)	1				
estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot)	1				•
estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot)	1				•
estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot)	1				•
estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot)	1				•
estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot)	1				•
estradiol td patch weekly 0.025 mg/24hr (Climara)	1				•
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara)	1				•
estradiol td patch weekly 0.05 mg/24hr (Climara)	1				•
estradiol td patch weekly 0.06 mg/24hr (Climara)	1				•
estradiol td patch weekly 0.075 mg/24hr (Climara)	1				•
estradiol td patch weekly 0.1 mg/24hr (Climara)	1				•
estradiol valerate im in oil 20 mg/ml (Delestrogen)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
estradiol valerate im in oil 40 mg/ml (Delestrogen)	1				
ESTROGEL- estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	2				•
EVAMIST- estradiol transdermal spray 1.53 mg/spray	3				•
MENEST- esterified estrogens tab 0.3 mg	3				
MENEST- esterified estrogens tab 0.625 mg	3				
MENEST- esterified estrogens tab 1.25 mg	3				
MENOSTAR- estradiol td patch weekly 14 mcg/24hr	3				•
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt low dose)	1				
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1				
ORIAHNN- elagolix-estrad-noreth 300-1-0.5mg & elagolix 300mg cap pack	2		•		•
PREFEST- estradiol tab 1 mg(15)/ estrad-norgestimate tab 1-0.09mg(15)	3				
PREMARIN- estrogens, conjugated tab 0.3 mg	2				
PREMARIN- estrogens, conjugated tab 0.45 mg	2				
PREMARIN- estrogens, conjugated tab 0.625 mg	2				
PREMARIN- estrogens, conjugated tab 0.9 mg	2				
PREMARIN- estrogens, conjugated tab 1.25 mg	2				
PREMPHASE- conj est 0.625(14)/ conj est-medroxypro ac tab 0.625-5mg(14)	2				
PREMPRO- conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg	2				
PREMPRO- conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg	2				
PREMPRO- conjugated estrogen-medroxyprogest acetate tab 0.625-2.5 mg	2				
PREMPRO- conjugated estrogen-medroxyprogest acetate tab 0.625-5 mg	2				
CONTRACEPTIVES					
ANNOVERA- segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr	NC				
BALCOLTRA- levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	NC				
DEPO-SUBQ PROVERA 104- medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	3				
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	1				
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Cyclessa)	1				
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen)	1				
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	1				
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)	1				
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	1				
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	1				
ELLA- ulipristal acetate tab 30 mg	2				
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1				
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Nuvaring)	NC				
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Quartette)	1				
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	1				
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	1				
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1				
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1				
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1				
levonorgestrel tab 1.5 mg	1				
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1				
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1				
LO LOESTRIN FE- norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	3				
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	1				
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	1				
NATAZIA- estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	3				
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1				
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Ovcon-35)	1				
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Brevicon-28)	1				
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35)	1				
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Femcon fe)	1				
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	1				
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	1				
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)	1				
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21)	1				
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)	1				
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30)	1				
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)	1				
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)	NC				
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	1				
norethindrone tab 0.35 mg (Ortho micronor)	1				
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Ortho-novum 7/7/7)	1				
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Tri-norinyl 28)	1				
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen)	1				
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen)	1				
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1				
NUVARING- etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	1				
SLYND- drospirenone tab 4 mg	NC				
TWIRLA- levonorgestrel-ethinyl estradiol td ptwk 120-30 mcg/24hr	NC				
TYBLUME- levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	3				
PROGESTINS					
medroxyprogesterone acetate tab 2.5 mg (Provera)	1				
medroxyprogesterone acetate tab 5 mg (Provera)	1				
medroxyprogesterone acetate tab 10 mg (Provera)	1				
megestrol acetate susp 625 mg/5ml (Megace es)	1				
norethindrone acetate tab 5 mg (Aygestin)	1				
progesterone cap 100 mg (Prometrium)	1				
progesterone cap 200 mg (Prometrium)	1				
progesterone im in oil 50 mg/ml	1				
ANTIDIABETICS					
Antidiabetics					
acarbose tab 25 mg (Precose)	1				
acarbose tab 50 mg (Precose)	1				
acarbose tab 100 mg (Precose)	1				
ADLYXIN- lixisenatide soln pen-injector 20 mcg/0.2ml (100 mcg/ml)	NC			•	•
ADLYXIN STARTER PACK- lixisenatide pen-inj starter kit 10 mcg/0.2ml & 20 mcg/0.2ml	NC			•	•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ALOGLIPTIN- alogliptin benzoate tab 6.25 mg (base equiv)	NC			•	•
ALOGLIPTIN- alogliptin benzoate tab 12.5 mg (base equiv)	NC			•	•
ALOGLIPTIN- alogliptin benzoate tab 25 mg (base equiv)	NC			•	•
ALOGLIPTIN/METFORMIN HCL- alogliptin-metformin hcl tab 12.5-500 mg	NC			•	•
ALOGLIPTIN/METFORMIN HCL- alogliptin-metformin hcl tab 12.5-1000 mg	NC			•	•
ALOGLIPTIN/PIOGLITAZONE- alogliptin-pioglitazone tab 12.5-15 mg	NC			•	•
ALOGLIPTIN/PIOGLITAZONE- alogliptin-pioglitazone tab 12.5-30 mg	NC			•	•
ALOGLIPTIN/PIOGLITAZONE- alogliptin-pioglitazone tab 12.5-45 mg	NC			•	•
ALOGLIPTIN/PIOGLITAZONE- alogliptin-pioglitazone tab 25-15 mg	NC			•	•
ALOGLIPTIN/PIOGLITAZONE- alogliptin-pioglitazone tab 25-30 mg	NC			•	•
ALOGLIPTIN/PIOGLITAZONE- alogliptin-pioglitazone tab 25-45 mg	NC			•	•
BAQSIMI ONE PACK- glucagon nasal powder 3 mg/dose	2				
BAQSIMI TWO PACK- glucagon nasal powder 3 mg/dose	2				
BYDUREON BCISE- exenatide extended release susp auto-injector 2 mg/0.85ml	3			•	•
BYETTA- exenatide soln pen-injector 5 mcg/0.02ml	NC			•	•
BYETTA- exenatide soln pen-injector 10 mcg/0.04ml	NC			•	•
CYCLOSET- bromocriptine mesylate tab 0.8 mg (base equivalent)	NC				
diazoxide susp 50 mg/ml (Proglycem)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FARXIGA- dapagliflozin propanediol tab 5 mg (base equivalent)	2				•
FARXIGA- dapagliflozin propanediol tab 10 mg (base equivalent)	2				•
glimepiride tab 1 mg (Amaryl)	1				
glimepiride tab 2 mg (Amaryl)	1				
glimepiride tab 4 mg (Amaryl)	1				
glipizide tab er 24hr 2.5 mg (Glucotrol xl)	1				
glipizide tab er 24hr 5 mg (Glucotrol xl)	1				
glipizide tab er 24hr 10 mg (Glucotrol xl)	1				
glipizide tab 5 mg (Glucotrol)	1				
glipizide tab 10 mg (Glucotrol)	1				
glipizide-metformin hcl tab 2.5-250 mg	1				
glipizide-metformin hcl tab 2.5-500 mg	1				
glipizide-metformin hcl tab 5-500 mg	1				
GLUCAGEN HYPOKIT- glucagon hcl (rdna) for inj 1 mg (base equiv)	3				
glucagon (rdna) for inj kit 1 mg (Glucagon emergency k)	1				
GLUCAGON EMERGENCY KIT FO- glucagon hcl for inj 1 mg	2				
glyburide micronized tab 1.5 mg (Glynase)	1				
glyburide micronized tab 3 mg (Glynase)	1				
glyburide micronized tab 6 mg (Glynase)	1				
glyburide tab 1.25 mg	1				
glyburide tab 2.5 mg	1				
glyburide tab 5 mg	1				
glyburide-metformin tab 1.25-250 mg	1				
glyburide-metformin tab 2.5-500 mg (Glucovance)	1				
glyburide-metformin tab 5-500 mg (Glucovance)	1				
GLYXAMBI- empagliflozin-linagliptin tab 10-5 mg	2				•
GLYXAMBI- empagliflozin-linagliptin tab 25-5 mg	2				•
GVOKE HYPOPEN 1-PACK- glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	2				
GVOKE HYPOPEN 1-PACK- glucagon subcutaneous solution auto-injector 1 mg/0.2ml	2				
GVOKE HYPOPEN 2-PACK- glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	2				
GVOKE HYPOPEN 2-PACK- glucagon subcutaneous solution auto-injector 1 mg/0.2ml	2				
GVOKE PFS- glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml	2				
GVOKE PFS- glucagon subcutaneous soln pref syringe 1 mg/0.2ml	2				
INVOKAMET- canagliflozin-metformin hcl tab 50-500 mg	NC			•	•
INVOKAMET- canagliflozin-metformin hcl tab 50-1000 mg	NC			•	•
INVOKAMET- canagliflozin-metformin hcl tab 150-500 mg	NC			•	•
INVOKAMET- canagliflozin-metformin hcl tab 150-1000 mg	NC			•	•
INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr 50-500 mg	NC			•	•
INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr 50-1000 mg	NC			•	•
INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr 150-500 mg	NC			•	•
INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr 150-1000 mg	NC			•	•
INVOKANA- canagliflozin tab 100 mg	NC			•	•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
INVOKANA- canagliflozin tab 300 mg	NC			•	•
JANUMET- sitagliptin-metformin hcl tab 50-500 mg	2				•
JANUMET- sitagliptin-metformin hcl tab 50-1000 mg	2				•
JANUMET XR- sitagliptin-metformin hcl tab er 24hr 50-500 mg	2				•
JANUMET XR- sitagliptin-metformin hcl tab er 24hr 50-1000 mg	2				•
JANUMET XR- sitagliptin-metformin hcl tab er 24hr 100-1000 mg	2				•
JANUVIA- sitagliptin phosphate tab 25 mg (base equiv)	2				•
JANUVIA- sitagliptin phosphate tab 50 mg (base equiv)	2				•
JANUVIA- sitagliptin phosphate tab 100 mg (base equiv)	2				•
JARDIANCE- empagliflozin tab 10 mg	2				•
JARDIANCE- empagliflozin tab 25 mg	2				•
JENTADUETO- linagliptin-metformin hcl tab 2.5-500 mg	NC			•	•
JENTADUETO- linagliptin-metformin hcl tab 2.5-850 mg	NC			•	•
JENTADUETO- linagliptin-metformin hcl tab 2.5-1000 mg	NC			•	•
JENTADUETO XR- linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	NC			•	•
JENTADUETO XR- linagliptin-metformin hcl tab er 24hr 5-1000 mg	NC			•	•
KAZANO- alogliptin-metformin hcl tab 12.5-500 mg	NC			•	•
KAZANO- alogliptin-metformin hcl tab 12.5-1000 mg	NC			•	•
KOMBIGLYZE XR- saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	NC			•	•
KOMBIGLYZE XR- saxagliptin-metformin hcl tab er 24hr 5-500 mg	NC			•	•
KOMBIGLYZE XR- saxagliptin-metformin hcl tab er 24hr 5-1000 mg	NC			•	•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
KORLYM- mifepristone tab 300 mg	4	•	•		•
metformin hcl oral soln 500 mg/5ml (Riomet)	NC				
metformin hcl tab er 24hr 500 mg (Glucophage xr)	1				
metformin hcl tab er 24hr 750 mg (Glucophage xr)	1				
metformin hcl tab er 24hr osmotic 500 mg (Fortamet)	NC			•	
metformin hcl tab er 24hr osmotic 1000 mg (Fortamet)	NC			•	
metformin hcl tab er 24hr modified release 500 mg (Glumetza)	NC			•	
metformin hcl tab er 24hr modified release 1000 mg (Glumetza)	NC			•	
metformin hcl tab 500 mg (Glucophage)	1				
metformin hcl tab 850 mg (Glucophage)	1				
metformin hcl tab 1000 mg (Glucophage)	1				
miglitol tab 25 mg (Glyset)	1				
miglitol tab 50 mg (Glyset)	1				
miglitol tab 100 mg (Glyset)	1				
nateglinide tab 60 mg (Starlix)	1				
nateglinide tab 120 mg (Starlix)	1				
NESINA- alogliptin benzoate tab 6.25 mg (base equiv)	NC			•	•
NESINA- alogliptin benzoate tab 12.5 mg (base equiv)	NC			•	•
NESINA- alogliptin benzoate tab 25 mg (base equiv)	NC			•	•
ONGLYZA- saxagliptin hcl tab 2.5 mg (base equiv)	NC			•	•
ONGLYZA- saxagliptin hcl tab 5 mg (base equiv)	NC			•	•
OSENI- alogliptin-pioglitazone tab 12.5-15 mg	NC			•	•
OSENI- alogliptin-pioglitazone tab 12.5-30 mg	NC			•	•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
OSENI- alogliptin-pioglitazone tab 12.5-45 mg	NC			•	•
OSENI- alogliptin-pioglitazone tab 25-15 mg	NC			•	•
OSENI- alogliptin-pioglitazone tab 25-30 mg	NC			•	•
OSENI- alogliptin-pioglitazone tab 25-45 mg	NC			•	•
OZEMPIC- semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)	2			•	•
OZEMPIC- semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml)	2			•	•
OZEMPIC- semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	2			•	•
pioglitazone hcl tab 15 mg (base equiv) (Actos)	1				
pioglitazone hcl tab 30 mg (base equiv) (Actos)	1				
pioglitazone hcl tab 45 mg (base equiv) (Actos)	1				
pioglitazone hcl-glimepiride tab 30-2 mg (Duetact)	NC				
pioglitazone hcl-glimepiride tab 30-4 mg (Duetact)	NC				
pioglitazone hcl-metformin hcl tab 15-500 mg (Actoplus met)	1				
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)	1				
QTERN- dapagliflozin-saxagliptin tab 5-5 mg	NC			•	•
QTERN- dapagliflozin-saxagliptin tab 10-5 mg	NC			•	•
repaglinide tab 0.5 mg	1				
repaglinide tab 1 mg (Prandin)	1				
repaglinide tab 2 mg (Prandin)	1				
RYBELSUS- semaglutide tab 3 mg	2			•	•
RYBELSUS- semaglutide tab 7 mg	2			•	•
RYBELSUS- semaglutide tab 14 mg	2			•	•
SEGLUROMET- ertugliflozin-metformin hcl tab 2.5-500 mg	NC			•	•
SEGLUROMET- ertugliflozin-metformin hcl tab 2.5-1000 mg	NC			•	•
SEGLUROMET- ertugliflozin-metformin hcl tab 7.5-500 mg	NC			•	•
SEGLUROMET- ertugliflozin-metformin hcl tab 7.5-1000 mg	NC			•	•
SOLIQUA 100/33- insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2			•	•
STEGLATRO- ertugliflozin l-pyroglutamic acid tab 5 mg (base equiv)	NC			•	•
STEGLATRO- ertugliflozin l-pyroglutamic acid tab 15 mg (base equiv)	NC			•	•
STEGLUJAN- ertugliflozin-sitagliptin tab 5-100 mg	NC			•	•
STEGLUJAN- ertugliflozin-sitagliptin tab 15-100 mg	NC			•	•
SYMLINPEN 120- pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	NC				
SYMLINPEN 60- pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	NC				
SYNJARDY- empagliflozin-metformin hcl tab 5-500 mg	2				•
SYNJARDY- empagliflozin-metformin hcl tab 5-1000 mg	2				•
SYNJARDY- empagliflozin-metformin hcl tab 12.5-500 mg	2				•
SYNJARDY- empagliflozin-metformin hcl tab 12.5-1000 mg	2				•
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 5-1000 mg	2				•
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 10-1000 mg	2				•
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 25-1000 mg	2				•
TOLBUTAMIDE- tolbutamide tab 500 mg	3				
TRADJENTA- linagliptin tab 5 mg	NC			•	•
TRIJARDY XR- empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	2				•
TRIJARDY XR- empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	2				•
TRIJARDY XR- empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg	2				•
TRIJARDY XR- empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg	2				•
TRULICITY- dulaglutide soln pen-injector 0.75 mg/0.5ml	2			•	•
TRULICITY- dulaglutide soln pen-injector 1.5 mg/0.5ml	2			•	•
TRULICITY- dulaglutide soln pen-injector 3 mg/0.5ml	2			•	•
TRULICITY- dulaglutide soln pen-injector 4.5 mg/0.5ml	2			•	•
VICTOZA- liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	2			•	•
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg	2				•
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 5-500 mg	2				•
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 5-1000 mg	2				•
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 10-500 mg	2				•
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 10-1000 mg	2				•
XULTOPHY 100/3.6- insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	2			•	•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ZEGALOGUE- dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	2				
ZEGALOGUE- dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	2				
Rapid-Acting Insulins					
ADMELOG- insulin lispro inj 100 unit/ml	NC				
ADMELOG SOLOSTAR- insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	NC				
APIDRA- insulin glulisine inj 100 unit/ml	NC				
APIDRA SOLOSTAR- insulin glulisine soln pen-injector inj 100 unit/ml	NC				
FIASP- insulin aspart (with niacinamide) inj 100 unit/ml	2				
FIASP FLEXTOUCH- insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2				
FIASP PENFILL- insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2				
HUMALOG- insulin lispro inj 100 unit/ml	NC				
HUMALOG- insulin lispro soln cartridge 100 unit/ml	NC				
HUMALOG JUNIOR KWIKPEN- insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	NC				
HUMALOG KWIKPEN- insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	NC				
HUMALOG KWIKPEN- insulin lispro soln pen-injector 200 unit/ml	NC				
INSULIN ASPART- insulin aspart inj 100 unit/ml	2				
INSULIN ASPART FLEXPEN- insulin aspart soln pen-injector 100 unit/ml	2				
INSULIN ASPART PENFILL- insulin aspart soln cartridge 100 unit/ml	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
INSULIN LISPRO- insulin lispro inj 100 unit/ml	NC				
INSULIN LISPRO JUNIOR KWI- insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	NC				
INSULIN LISPRO KWIKPEN- insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	NC				
LYUMJEV- insulin lispro-aabc inj 100 unit/ml	NC				
LYUMJEV KWIKPEN- insulin lispro-aabc soln pen-injector 200 unit/ml	NC				
LYUMJEV KWIKPEN- insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	NC				
NOVOLOG- insulin aspart inj 100 unit/ml	2				
NOVOLOG FLEXPEN- insulin aspart soln pen-injector 100 unit/ml	2				
NOVOLOG PENFILL- insulin aspart soln cartridge 100 unit/ml	2				
Short-Acting Insulins					
AFREZZA- insulin regular (human) inh powd 90 x 8 unit & 90 x 12 unit	NC				
AFREZZA- insulin regular (human) inh powd 4 & 8 & 12 unit/cart (60)	NC				
AFREZZA- insulin regular (human) inhal powd 90 x 4 unit & 90 x 8 unit	NC				
AFREZZA- insulin regular (human) inhalation powder 4 unit/cartridge	NC				
AFREZZA- insulin regular (human) inhalation powder 8 unit/cartridge	NC				
AFREZZA- insulin regular (human) inhalation powder 12 unit/cartridge	NC				
HUMULIN R- insulin regular (human) inj 100 unit/ml	NC				
HUMULIN R U-500 (CONCENTR- insulin regular (human) inj 500 unit/ml	2				
HUMULIN R U-500 KWIKPEN- insulin regular (human) soln pen-injector 500 unit/ml	2				
NOVOLIN R- insulin regular (human) inj 100 unit/ml	2				
NOVOLIN R FLEXPEN- insulin regular (human) soln pen-injector 100 unit/ml	2				
Intermediate-Acting Insulins					
HUMALOG MIX 50/50- insulin lispro protamine & lispro inj 100 unit/ml (50-50)	NC				
HUMALOG MIX 50/50 KWIKPEN- insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	NC				
HUMALOG MIX 75/25- insulin lispro prot & lispro inj 100 unit/ml (75-25)	NC				
HUMALOG MIX 75/25 KWIKPEN- insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	NC				
HUMULIN N- insulin nph (human) (isophane) inj 100 unit/ml	NC				
HUMULIN N KWIKPEN- insulin nph (human) (isophane) susp pen-injector 100 unit/ml	NC				
HUMULIN 70/30- insulin nph isophane & regular human inj 100 unit/ml (70-30)	NC				
HUMULIN 70/30 KWIKPEN- insulin nph & regular susp pen-inj 100 unit/ml (70-30)	NC				
INSULIN ASPART PROTAMINE/- insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2				
INSULIN ASPART PROTAMINE/- insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2				
INSULIN LISPRO PROTAMINE/- insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	NC				
NOVOLIN N- insulin nph (human) (isophane) inj 100 unit/ml	2				
NOVOLIN N FLEXPEN- insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
NOVOLIN 70/30- insulin nph isophane & regular human inj 100 unit/ml (70-30)	2				
NOVOLIN 70/30 FLEXPEN- insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2				
NOVOLOG MIX 70/30- insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2				
NOVOLOG MIX 70/30 PREFILL- insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2				
Basal Insulins					
BASAGLAR KWIKPEN- insulin glargine soln pen-injector 100 unit/ml	NC				
LANTUS- insulin glargine inj 100 unit/ml	2				
LANTUS SOLOSTAR- insulin glargine soln pen-injector 100 unit/ml	2				
LEVEMIR- insulin detemir inj 100 unit/ml	2				
LEVEMIR FLEXTOUCH- insulin detemir soln pen-injector 100 unit/ml	2				
SEMGLEE- insulin glargine inj 100 unit/ml	NC				
SEMGLEE- insulin glargine soln pen-injector 100 unit/ml	NC				
TOUJEO MAX SOLOSTAR- insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2				
TOUJEO SOLOSTAR- insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2				
TRESIBA- insulin degludec inj 100 unit/ml	2				
TRESIBA FLEXTOUCH- insulin degludec soln pen-injector 100 unit/ml	2				
TRESIBA FLEXTOUCH- insulin degludec soln pen-injector 200 unit/ml	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
THYROID AGENTS					
ARMOUR THYROID- thyroid tab 15 mg (1/4 grain)	3				
ARMOUR THYROID- thyroid tab 30 mg (1/2 grain)	3				
ARMOUR THYROID- thyroid tab 60 mg (1 grain)	3				
ARMOUR THYROID- thyroid tab 90 mg (1 1/2 grain)	3				
ARMOUR THYROID- thyroid tab 120 mg (2 grain)	3				
ARMOUR THYROID- thyroid tab 180 mg (3 grain)	3				
ARMOUR THYROID- thyroid tab 240 mg (4 grain)	3				
ARMOUR THYROID- thyroid tab 300 mg (5 grain)	3				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 13 mcg	3				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 25 mcg	3				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 50 mcg	3				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 75 mcg	3				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 88 mcg	3				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 100 mcg	3				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 112 mcg	3				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 125 mcg	3				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 137 mcg	3				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 150 mcg	3				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 175 mcg	3				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 200 mcg	3				

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

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
thyroid tab 15 mg (1/4 grain) (Armour thyroid)	1				
thyroid tab 30 mg (1/2 grain) (Armour thyroid)	1				
thyroid tab 60 mg (1 grain) (Armour thyroid)	1				
thyroid tab 90 mg (1 1/2 grain) (Armour thyroid)	1				
thyroid tab 120 mg (2 grain) (Armour thyroid)	1				
TIROSINT- levothyroxine sodium cap 13 mcg	3				
TIROSINT- levothyroxine sodium cap 25 mcg	3				
TIROSINT- levothyroxine sodium cap 50 mcg	3				
TIROSINT- levothyroxine sodium cap 75 mcg	3				
TIROSINT- levothyroxine sodium cap 88 mcg	3				
TIROSINT- levothyroxine sodium cap 100 mcg	3				
TIROSINT- levothyroxine sodium cap 112 mcg	3				
TIROSINT- levothyroxine sodium cap 125 mcg	3				
TIROSINT- levothyroxine sodium cap 137 mcg	3				
TIROSINT- levothyroxine sodium cap 150 mcg	3				
TIROSINT- levothyroxine sodium cap 175 mcg	3				
TIROSINT- levothyroxine sodium cap 200 mcg	3				
TIROSINT-SOL- levothyroxine sodium oral solution 13 mcg/ml	3				
TIROSINT-SOL- levothyroxine sodium oral solution 25 mcg/ml	3				
TIROSINT-SOL- levothyroxine sodium oral solution 37.5 mcg/ml	3				
TIROSINT-SOL- levothyroxine sodium oral solution 44 mcg/ml	3				
TIROSINT-SOL- levothyroxine sodium oral solution 50 mcg/ml	3				
TIROSINT-SOL- levothyroxine sodium oral solution 62.5 mcg/ml	3				
TIROSINT-SOL- levothyroxine sodium oral solution 75 mcg/ml	3				
TIROSINT-SOL- levothyroxine sodium oral solution 88 mcg/ml	3				
TIROSINT-SOL- levothyroxine sodium oral solution 100 mcg/ml	3				
TIROSINT-SOL- levothyroxine sodium oral solution 112 mcg/ml	3				
TIROSINT-SOL- levothyroxine sodium oral solution 125 mcg/ml	3				
TIROSINT-SOL- levothyroxine sodium oral solution 137 mcg/ml	3				
TIROSINT-SOL- levothyroxine sodium oral solution 150 mcg/ml	3				
TIROSINT-SOL- levothyroxine sodium oral solution 175 mcg/ml	3				
TIROSINT-SOL- levothyroxine sodium oral solution 200 mcg/ml	3				
WESTHROID- thyroid tab 32.5 mg	3				
WESTHROID- thyroid tab 65 mg	3				
WESTHROID- thyroid tab 97.5 mg	3				
WESTHROID- thyroid tab 130 mg	3				
WESTHROID- thyroid tab 195 mg	3				
WP THYROID- thyroid tab 16.25 mg	3				
WP THYROID- thyroid tab 32.5 mg	3				
WP THYROID- thyroid tab 48.75 mg (3/4 grain)	3				
WP THYROID- thyroid tab 65 mg	3				
WP THYROID- thyroid tab 81.25 mg	3				
WP THYROID- thyroid tab 97.5 mg	3				
WP THYROID- thyroid tab 113.75 mg	3				
WP THYROID- thyroid tab 130 mg	3				
OXYTOCICS					

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
CERVIDIL- dinoprostone vaginal inserts 10 mg	3				
methylergonovine maleate tab 0.2 mg	1				
PREPIDIL- dinoprostone cervical gel 0.5 mg/3gm	3				
PROSTIN E2- dinoprostone vaginal suppos 20 mg	3				
ENDOCRINE and METABOLIC AGENTS - MISC.					
ACTHAR- corticotropin inj gel 80 unit/ml	4	•	•		
ALENDRONATE SODIUM- alendronate sodium tab 5 mg	3				
alendronate sodium oral soln 70 mg/75ml	1				
alendronate sodium tab 10 mg	1				
alendronate sodium tab 35 mg	1				
alendronate sodium tab 70 mg (Fosamax)	1				
BINOSTO- alendronate sodium effervescent tab 70 mg	NC				
cabergoline tab 0.5 mg	1				
calcitonin (salmon) inj 200 unit/ml (Miacalcin)	1				
calcitonin (salmon) nasal soln 200 unit/act	1				
calcitriol cap 0.25 mcg (Rocaltrol)	1				
calcitriol cap 0.5 mcg (Rocaltrol)	1				
calcitriol oral soln 1 mcg/ml (Rocaltrol)	1				
CARBAGLU- carglumic acid tab 200 mg	4	•	•		
CETROTIDE- cetrorelix acetate for inj kit 0.25 mg	NC	•			
CHORIONIC GONADOTROPIN- chorionic gonadotropin for im inj 10000 unit	4	•			
cinacalcet hcl tab 30 mg (base equiv)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
cinacalcet hcl tab 60 mg (base equiv)	1				
cinacalcet hcl tab 90 mg (base equiv)	1				
CLOMIPHENE CITRATE- clomiphene citrate tab 50 mg	2				
CYSTADANE- betaine powder for oral solution	4	•			
desmopressin acetate inj 4 mcg/ml (Ddavp)	1				
desmopressin acetate nasal spray soln 0.01% (Ddavp)	1				
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1				
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)	1				
desmopressin acetate tab 0.1 mg (Ddavp)	1				
desmopressin acetate tab 0.2 mg (Ddavp)	1				
doxercalciferol cap 0.5 mcg (Hectorol)	1				
doxercalciferol cap 1 mcg (Hectorol)	1				
doxercalciferol cap 2.5 mcg (Hectorol)	1				
EGRIFTA SV- tesamorelin acetate for inj 2 mg (base equiv)	NC				
FOLLISTIM AQ- follitropin beta inj 300 unit/0.36ml	4	•			
FOLLISTIM AQ- follitropin beta inj 600 unit/0.72ml	4	•			
FOLLISTIM AQ- follitropin beta inj 900 unit/1.08ml	4	•			
FORTEO- teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml	4	•	•		•
FOSAMAX PLUS D- alendronate sodium-cholecalciferol tab 70-2800 mg-unit	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FOSAMAX PLUS D- alendronate sodium-cholecalciferol tab 70-5600 mg-unit	NC				
GALAFOLD- migalastat hcl cap 123 mg (base equivalent)	4	•	•		•
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Ganirelix acetate)	4	•			
GENOTROPIN- somatropin for inj 12 mg (13.8 mg overfill)	NC	•	•		
GENOTROPIN- somatropin for subcutaneous inj 5 mg	NC	•	•		
GENOTROPIN MINIQUICK- somatropin for inj 0.2 mg	NC	•	•		
GENOTROPIN MINIQUICK- somatropin for inj 0.4 mg	NC	•	•		
GENOTROPIN MINIQUICK- somatropin for inj 0.6 mg	NC	•	•		
GENOTROPIN MINIQUICK- somatropin for inj 0.8 mg	NC	•	•		
GENOTROPIN MINIQUICK- somatropin for inj 1 mg	NC	•	•		
GENOTROPIN MINIQUICK- somatropin for inj 1.2 mg	NC	•	•		
GENOTROPIN MINIQUICK- somatropin for inj 1.4 mg	NC	•	•		
GENOTROPIN MINIQUICK- somatropin for inj 1.6 mg	NC	•	•		
GENOTROPIN MINIQUICK- somatropin for inj 1.8 mg	NC	•	•		
GENOTROPIN MINIQUICK- somatropin for inj 2 mg	NC	•	•		
GONAL-F- follitropin alfa for inj 450 unit	NC	•			
GONAL-F- follitropin alfa for inj 1050 unit	NC	•			
GONAL-F RFF- follitropin alfa for subcutaneous inj 75 unit	NC	•			
GONAL-F RFF REDIJECT- follitropin alfa inj 300 unit/0.5ml	NC	•			
GONAL-F RFF REDIJECT- follitropin alfa inj 450 unit/0.75ml	NC	•			
GONAL-F RFF REDIJECT- follitropin alfa inj 900 unit/1.5ml	NC	•			
HUMATROPE- somatropin for inj 6 mg (18 unit)	NC	•	•		
HUMATROPE- somatropin for inj 12 mg (36 unit)	NC	•	•		
HUMATROPE- somatropin for inj 24 mg	NC	•	•		
HUMATROPE COMBO PACK- somatropin for inj 5 mg	NC	•	•		
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	1				
INCRELEX- mecasermin inj 40 mg/4ml (10 mg/ml)	4	•			
ISTURISA- osilodrostat phosphate tab 1 mg	4	•	•		•
ISTURISA- osilodrostat phosphate tab 5 mg	4	•	•		•
ISTURISA- osilodrostat phosphate tab 10 mg	4	•	•		•
JYNARQUE- tolvaptan tab therapy pack 15 mg	4	•	•		•
JYNARQUE- tolvaptan tab therapy pack 30 & 15 mg	4	•	•		•
JYNARQUE- tolvaptan tab therapy pack 45 & 15 mg	4	•	•		•
JYNARQUE- tolvaptan tab therapy pack 60 & 30 mg	4	•	•		•
JYNARQUE- tolvaptan tab therapy pack 90 & 30 mg	4	•	•		•
JYNARQUE- tolvaptan tab 15 mg	4	•	•		•
JYNARQUE- tolvaptan tab 30 mg	4	•	•		•
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	1				
levocarnitine tab 330 mg (Carnitor)	1				
LUPANETA PACK- leuprolide (1 mon) inj 3.75 mg & norethindrone tab 5 mg kit	4	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
LUPANETA PACK- leuprolide (3 mon) inj 11.25 mg & norethindrone tab 5 mg kit	4	•			
LUPRON DEPOT-PED (1-MONTH- leuprolide acetate for inj pediatric kit 7.5 mg	4	•			
LUPRON DEPOT-PED (1-MONTH- leuprolide acetate for inj pediatric kit 11.25 mg	4	•			
LUPRON DEPOT-PED (1-MONTH- leuprolide acetate for inj pediatric kit 15 mg	4	•			
LUPRON DEPOT-PED (3-MONTH- leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	4	•			
LUPRON DEPOT-PED (3-MONTH- leuprolide acetate (3 month) for inj pediatric kit 30 mg	4	•			
MENOPUR- menotropins for subcutaneous inj 75 unit	4	•			
MIACALCIN- calcitonin (salmon) inj 200 unit/ml	3				
MYALEPT- metreleptin for subcutaneous inj 11.3 mg	4	•	•		
MYCAPSSA- octreotide acetate cap delayed release 20 mg	4	•			
NATPARA- parathyroid hormone (recombinant) for inj cartridge 25 mcg	4	•	•		•
NATPARA- parathyroid hormone (recombinant) for inj cartridge 50 mcg	4	•	•		•
NATPARA- parathyroid hormone (recombinant) for inj cartridge 75 mcg	4	•	•		•
NATPARA- parathyroid hormone (recombinant) for inj cartridge 100 mcg	4	•	•		•
nitisinone cap 2 mg (Orfadin)	4	•			
nitisinone cap 5 mg (Orfadin)	4	•			
nitisinone cap 10 mg (Orfadin)	4	•			
NITYR- nitisinone tab 2 mg	4	•			
NITYR- nitisinone tab 5 mg	4	•			
NITYR- nitisinone tab 10 mg	4	•			
NOCDURNA- desmopressin acetate sublingual tab 27.7 mcg	NC		•		•
NOCDURNA- desmopressin acetate sublingual tab 55.3 mcg	NC		•		•
NORDITROPIN FLEXPRO- somatropin solution pen-injector 5 mg/1.5ml	4	•	•		
NORDITROPIN FLEXPRO- somatropin solution pen-injector 10 mg/1.5ml	4	•	•		
NORDITROPIN FLEXPRO- somatropin solution pen-injector 15 mg/1.5ml	4	•	•		
NORDITROPIN FLEXPRO- somatropin solution pen-injector 30 mg/3ml	4	•	•		
NOVAREL- chorionic gonadotropin for im inj 5000 unit	4	•			
NOVAREL- chorionic gonadotropin for im inj 10000 unit	4	•			
NULIBRY- fosdenopterin hydrobromide for iv soln 9.5 mg	3				
NUTROPIN AQ NUSPIN 10- somatropin solution pen-injector 10 mg/2ml	NC	•	•		
NUTROPIN AQ NUSPIN 20- somatropin solution pen-injector 20 mg/2ml	NC	•	•		
NUTROPIN AQ NUSPIN 5- somatropin solution pen-injector 5 mg/2ml	NC	•	•		
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (Sandostatin)	4	•			
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (Sandostatin)	4	•			
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) (Sandostatin)	4	•			
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin)	4	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
octreotide acetate inj 1000 mcg/ml (1 mg/ml) (Sandostatin)	4	•			
OMNITROPE- somatropin for inj 5.8 mg	NC	•	•		
OMNITROPE- somatropin solution cartridge 5 mg/1.5ml	NC	•	•		
OMNITROPE- somatropin solution cartridge 10 mg/1.5ml	NC	•	•		
ORFADIN- nitisinone cap 20 mg	4	•			
ORFADIN- nitisinone susp 4 mg/ml	4	•			
ORILISSA- elagolix sodium tab 150 mg (base equiv)	2		•		•
ORILISSA- elagolix sodium tab 200 mg (base equiv)	2		•		•
OSPHENA- ospemifene tab 60 mg	NC				
OVIDREL- choriogonadotropin alfa inj 250 mcg/0.5ml	NC	•			
PALYNZIQ- pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml	4	•	•		
PALYNZIQ- pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml	4	•	•		
PALYNZIQ- pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	4	•	•		
paricalcitol cap 1 mcg (Zemplar)	1				
paricalcitol cap 2 mcg (Zemplar)	1				
paricalcitol cap 4 mcg	1				
PREGNYL W/DILUENT BENZYL- chorionic gonadotropin for im inj 10000 unit	4	•			
raloxifene hcl tab 60 mg (Evista)	1				
RAVICTI- glycerol phenylbutyrate liquid 1.1 gm/ml	4	•	•		
RAYALDEE- calcifediol cap er 30 mcg	NC				
REVCOVI- elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	2				
risedronate sodium tab delayed release 35 mg (Atelvia)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
risedronate sodium tab 5 mg (Actonel)	1				
risedronate sodium tab 30 mg (Actonel)	1				
risedronate sodium tab 35 mg (Actonel)	1				
risedronate sodium tab 150 mg (Actonel)	1				
SAIZEN- somatropin (non-refrigerated) for inj 5 mg	NC	•	•		
SAIZEN- somatropin (non-refrigerated) for inj 8.8 mg	NC	•	•		
SAIZENPREP RECONSTITUTION- somatropin (non-refrigerated) for inj 8.8 mg	NC	•	•		
SAMSCA- tolvaptan tab 15 mg	4	•	•		•
sapropterin dihydrochloride powder packet 100 mg (Kuvan)	4	•	•		
sapropterin dihydrochloride powder packet 500 mg (Kuvan)	4	•	•		
sapropterin dihydrochloride tab 100 mg (Kuvan)	4	•	•		
SEROSTIM- somatropin (non-refrigerated) for subcutaneous inj 4 mg	NC	•	•		
SEROSTIM- somatropin (non-refrigerated) for subcutaneous inj 5 mg	NC	•	•		
SEROSTIM- somatropin (non-refrigerated) for subcutaneous inj 6 mg	NC	•	•		
SIGNIFOR- pasireotide diaspartate inj 0.3 mg/ml (base equiv)	4	•	•		•
SIGNIFOR- pasireotide diaspartate inj 0.6 mg/ml (base equiv)	4	•	•		•
SIGNIFOR- pasireotide diaspartate inj 0.9 mg/ml (base equiv)	4	•	•		•
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	4	•	•		
sodium phenylbutyrate tab 500 mg (Buphenyl)	4	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SOMAVERT- pegvisomant for inj 10 mg (as protein)	4	•			
SOMAVERT- pegvisomant for inj 15 mg (as protein)	4	•			
SOMAVERT- pegvisomant for inj 20 mg (as protein)	4	•			
SOMAVERT- pegvisomant for inj 25 mg (as protein)	4	•			
SOMAVERT- pegvisomant for inj 30 mg (as protein)	4	•			
STIMATE- desmopressin acetate nasal soln 1.5 mg/ml	2				
STRENSIQ- asfotase alfa subcutaneous inj 18 mg/0.45ml	4	•	•		
STRENSIQ- asfotase alfa subcutaneous inj 28 mg/0.7ml	4	•	•		
STRENSIQ- asfotase alfa subcutaneous inj 40 mg/ml	4	•	•		
STRENSIQ- asfotase alfa subcutaneous inj 80 mg/0.8ml	4	•	•		
SYNAREL- nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	3				
TERIPARATIDE- teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml	NC	•	•		•
TOLVAPTAN- tolvaptan tab 15 mg	4	•	•		•
tolvaptan tab 30 mg (Samsca)	4	•	•		•
TYMLOS- abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	4	•	•		•
XURIDEN- uridine triacetate oral granules packet 2 gm	NC	•			
ZOMACTON- somatropin for inj 10 mg	NC	•	•		
ZOMACTON- somatropin for subcutaneous inj 5 mg	NC	•	•		
ZORBTIVE- somatropin (non-refrigerated) for subcutaneous inj 8.8 mg	NC	•	•		
CARDIOVASCULAR AGENTS					
CARDIOTONICS					
DIGOXIN- digoxin oral soln 0.05 mg/ml	3				
digoxin oral soln 0.05 mg/ml (Digoxin)	1				
digoxin tab 125 mcg (0.125 mg) (Lanoxin)	1				
digoxin tab 250 mcg (0.25 mg) (Lanoxin)	1				
LANOXIN- digoxin tab 62.5 mcg (0.0625 mg)	3				
LANOXIN- digoxin tab 125 mcg (0.125 mg)	3				
LANOXIN- digoxin tab 250 mcg (0.25 mg)	3				
ANTIANGINAL AGENTS					
DILATRATE SR- isosorbide dinitrate cap er 40 mg	3				
GONITRO- nitroglycerin sublingual powder packet 400 mcg	NC				
isosorbide dinitrate tab 5 mg (Isordil titradose)	1				
isosorbide dinitrate tab 10 mg	1				
isosorbide dinitrate tab 20 mg	1				
isosorbide dinitrate tab 30 mg	1				
isosorbide dinitrate tab 40 mg (Isordil titradose)	1				
isosorbide mononitrate tab er 24hr 30 mg	1				
isosorbide mononitrate tab er 24hr 60 mg	1				
isosorbide mononitrate tab er 24hr 120 mg	1				
isosorbide mononitrate tab 10 mg	1				
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				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
NITRO-TIME- nitroglycerin cap er 2.5 mg	3				
NITRO-TIME- nitroglycerin cap er 6.5 mg	3				
NITRO-TIME- nitroglycerin cap er 9 mg	3				
nitroglycerin sl tab 0.3 mg (Nitrostat)	1				
nitroglycerin sl tab 0.4 mg (Nitrostat)	1				
nitroglycerin sl tab 0.6 mg (Nitrostat)	1				
nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur)	1				
nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)	1				
nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur)	1				
nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur)	1				
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	1				
NITROMIST- nitroglycerin lingual aerosol 400 mcg/spray	3				
ranolazine tab er 12hr 500 mg (Ranexa)	1				
ranolazine tab er 12hr 1000 mg (Ranexa)	1				
BETA BLOCKERS					
acebutolol hcl cap 200 mg	1				
acebutolol hcl cap 400 mg	1				
atenolol tab 25 mg (Tenormin)	1				
atenolol tab 50 mg (Tenormin)	1				
atenolol tab 100 mg (Tenormin)	1				
betaxolol hcl tab 10 mg	1				
betaxolol hcl tab 20 mg	1				
bisoprolol fumarate tab 5 mg	1				
bisoprolol fumarate tab 10 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
BYSTOLIC- nebivolol hcl tab 2.5 mg (base equivalent)	NC				
BYSTOLIC- nebivolol hcl tab 5 mg (base equivalent)	NC				
BYSTOLIC- nebivolol hcl tab 10 mg (base equivalent)	NC				
BYSTOLIC- nebivolol hcl tab 20 mg (base equivalent)	NC				
carvedilol phosphate cap er 24hr 10 mg (Coreg cr)	NC				
carvedilol phosphate cap er 24hr 20 mg (Coreg cr)	NC				
carvedilol phosphate cap er 24hr 40 mg (Coreg cr)	NC				
carvedilol phosphate cap er 24hr 80 mg (Coreg cr)	NC				
carvedilol tab 3.125 mg (Coreg)	1				
carvedilol tab 6.25 mg (Coreg)	1				
carvedilol tab 12.5 mg (Coreg)	1				
carvedilol tab 25 mg (Coreg)	1				
HEMANGEOL- propranolol hcl oral soln 4.28 mg/ml (3.75 mg/ml base equiv)	NC				
INDERAL XL- propranolol hcl sustained-release beads cap er 24hr 80 mg	NC				
INDERAL XL- propranolol hcl sustained-release beads cap er 24hr 120 mg	NC				
INNOPRAN XL- propranolol hcl sustained-release beads cap er 24hr 80 mg	NC				
INNOPRAN XL- propranolol hcl sustained-release beads cap er 24hr 120 mg	NC				
KAPSPARGO SPRINKLE- metoprolol succ cap er 24hr sprinkle 25 mg (tartrate equiv)	NC				
KAPSPARGO SPRINKLE- metoprolol succ cap er 24hr sprinkle 50 mg (tartrate equiv)	NC				

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

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
CONSENSI- amlodipine besylate-celecoxib tab 5-200 mg	NC				
CONSENSI- amlodipine besylate-celecoxib tab 10-200 mg	NC				
diltiazem hcl cap er 12hr 60 mg	1				
diltiazem hcl cap er 12hr 90 mg	1				
diltiazem hcl cap er 12hr 120 mg	1				
diltiazem hcl cap er 24hr 120 mg	1				
diltiazem hcl cap er 24hr 180 mg	1				
diltiazem hcl cap er 24hr 240 mg	1				
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)	1				
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)	1				
diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)	1				
diltiazem hcl coated beads cap er 24hr 300 mg	1				
diltiazem hcl coated beads cap er 24hr 360 mg (Cardizem cd)	1				
diltiazem hcl coated beads tab er 24hr 180 mg (Cardizem la)	1				
diltiazem hcl coated beads tab er 24hr 240 mg (Cardizem la)	1				
diltiazem hcl coated beads tab er 24hr 300 mg (Cardizem la)	1				
diltiazem hcl coated beads tab er 24hr 360 mg (Cardizem la)	1				
diltiazem hcl coated beads tab er 24hr 420 mg (Cardizem la)	1				
diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac)	1				
diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac)	1				
diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac)	1				
diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac)	1				
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac)	1				
diltiazem hcl tab 30 mg (Cardizem)	1				
diltiazem hcl tab 60 mg (Cardizem)	1				
diltiazem hcl tab 90 mg	1				
diltiazem hcl tab 120 mg (Cardizem)	1				
felodipine tab er 24hr 2.5 mg	1				
felodipine tab er 24hr 5 mg	1				
felodipine tab er 24hr 10 mg	1				
isradipine cap 2.5 mg	1				
isradipine cap 5 mg	1				
KATERZIA- amlodipine benzoate oral susp 1 mg/ml (base equivalent)	NC				
nicardipine hcl cap 20 mg	1				
nicardipine hcl cap 30 mg	1				
nifedipine cap 10 mg (Procardia)	1				
nifedipine cap 20 mg	1				
nifedipine tab er 24hr 30 mg (Adalat cc)	1				
nifedipine tab er 24hr 60 mg (Adalat cc)	1				
nifedipine tab er 24hr 90 mg (Adalat cc)	1				
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)	1				
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl)	1				
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl)	1				
nimodipine cap 30 mg	1				
NISOLDIPINE ER- nisoldipine tab er 24hr 20 mg	3				
NISOLDIPINE ER- nisoldipine tab er 24hr 25.5 mg	3				
NISOLDIPINE ER- nisoldipine tab er 24hr 30 mg	3				
NISOLDIPINE ER- nisoldipine tab er 24hr 40 mg	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
nisoldipine tab er 24hr 8.5 mg (Sular)	NC				
nisoldipine tab er 24hr 17 mg (Sular)	NC				
nisoldipine tab er 24hr 34 mg (Sular)	NC				
NYMALIZE- nimodipine oral soln 6 mg/ml	3				
verapamil hcl cap er 24hr 120 mg (Verelan)	1				
verapamil hcl cap er 24hr 180 mg (Verelan)	1				
verapamil hcl cap er 24hr 240 mg (Verelan)	1				
VERAPAMIL HCL ER- verapamil hcl cap er 24hr 100 mg	3				
VERAPAMIL HCL ER- verapamil hcl cap er 24hr 300 mg	3				
VERAPAMIL HCL SR- verapamil hcl cap er 24hr 360 mg	3				
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				
VERAPAMIL HYDROCHLORIDE E- verapamil hcl cap er 24hr 200 mg	3				
VERELAN PM- verapamil hcl cap er 24hr 100 mg	3				
VERELAN PM- verapamil hcl cap er 24hr 200 mg	3				
VERELAN PM- verapamil hcl cap er 24hr 300 mg	3				
ANTIARRHYTHMICS					
amiodarone hcl tab 100 mg	1				
amiodarone hcl tab 200 mg	1				
amiodarone hcl tab 400 mg	1				
disopyramide phosphate cap 100 mg (Norpace)	1				
disopyramide phosphate cap 150 mg (Norpace)	1				
dofetilide cap 125 mcg (0.125 mg) (Tikosyn)	1				
dofetilide cap 250 mcg (0.25 mg) (Tikosyn)	1				
dofetilide cap 500 mcg (0.5 mg) (Tikosyn)	1				
flecainide acetate tab 50 mg	1				
flecainide acetate tab 100 mg	1				
flecainide acetate tab 150 mg	1				
mexiletine hcl cap 150 mg	1				
mexiletine hcl cap 200 mg	1				
mexiletine hcl cap 250 mg	1				
MULTAQ- dronedarone hcl tab 400 mg (base equivalent)	2				
NORPACE- disopyramide phosphate cap 100 mg	3				
NORPACE- disopyramide phosphate cap 150 mg	3				
NORPACE CR- disopyramide phosphate cap er 12hr 100 mg	3				
NORPACE CR- disopyramide phosphate cap er 12hr 150 mg	3				
propafenone hcl cap er 12hr 225 mg (Rythmol sr)	1				
propafenone hcl cap er 12hr 325 mg (Rythmol sr)	1				
propafenone hcl cap er 12hr 425 mg (Rythmol sr)	1				
propafenone hcl tab 150 mg	1				
propafenone hcl tab 225 mg	1				
propafenone hcl tab 300 mg	1				
quinidine gluconate tab er 324 mg	1				
QUINIDINE SULFATE- quinidine sulfate tab 200 mg	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
QUINIDINE SULFATE- quinidine sulfate tab 300 mg	2				
ANTIHYPERTENSIVES					
aliskiren fumarate tab 150 mg (base equivalent) (Tekturna)	NC				
aliskiren fumarate tab 300 mg (base equivalent) (Tekturna)	NC				
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1				
amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel)	1				
amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel)	1				
amlodipine besylate-benazepril hcl cap 5-40 mg	1				
amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel)	1				
amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel)	1				
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Azor)	1				
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (Azor)	1				
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Azor)	1				
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Azor)	1				
amlodipine besylate-valsartan tab 5-160 mg (Exforge)	1				
amlodipine besylate-valsartan tab 5-320 mg (Exforge)	1				
amlodipine besylate-valsartan tab 10-160 mg (Exforge)	1				
amlodipine besylate-valsartan tab 10-320 mg (Exforge)	1				
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (Exforge hct)	1				
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Exforge hct)	1				
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Exforge hct)	1				
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (Exforge hct)	1				
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Exforge hct)	1				
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	1				
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	1				
benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)	1				
benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)	1				
benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)	1				
benazepril hcl tab 5 mg	1				
benazepril hcl tab 10 mg	1				
benazepril hcl tab 20 mg (Lotensin)	1				
benazepril hcl tab 40 mg (Lotensin)	1				
BENAZEPRIL HCL/HYDROCHLOR- benazepril & hydrochlorothiazide tab 5-6.25 mg	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)	1				
candesartan cilexetil tab 8 mg (Atacand)	1				
candesartan cilexetil tab 16 mg (Atacand)	1				
candesartan cilexetil tab 32 mg (Atacand)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct)	1				
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct)	1				
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct)	1				
captopril tab 12.5 mg	1				
captopril tab 25 mg	1				
captopril tab 50 mg	1				
captopril tab 100 mg	1				
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)	1				
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	1				
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	1				
doxazosin mesylate tab 1 mg (Cardura)	1				
doxazosin mesylate tab 2 mg (Cardura)	1				
doxazosin mesylate tab 4 mg (Cardura)	1				
doxazosin mesylate tab 8 mg (Cardura)	1				
DUTOPROL- metoprolol & hydrochlorothiazide tab er 24hr 25-12.5 mg	NC				
DUTOPROL- metoprolol & hydrochlorothiazide tab er 24hr 50-12.5 mg	NC				
DUTOPROL- metoprolol & hydrochlorothiazide tab er 24hr 100-12.5 mg	NC				
EDARBI- azilsartan medoxomil tab 40 mg	NC			•	
EDARBI- azilsartan medoxomil tab 80 mg	NC			•	
EDARBYCLOR- azilsartan medoxomil-chlorthalidone tab 40-12.5 mg	NC			•	
EDARBYCLOR- azilsartan medoxomil-chlorthalidone tab 40-25 mg	NC			•	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1				
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	1				
enalapril maleate tab 2.5 mg (Vasotec)	1				
enalapril maleate tab 5 mg (Vasotec)	1				
enalapril maleate tab 10 mg (Vasotec)	1				
enalapril maleate tab 20 mg (Vasotec)	1				
EPANED- enalapril maleate oral soln 1 mg/ml	3				
eplerenone tab 25 mg (Inspra)	1				
eplerenone tab 50 mg (Inspra)	1				
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1				
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1				
fosinopril sodium tab 10 mg	1				
fosinopril sodium tab 20 mg	1				
fosinopril sodium tab 40 mg	1				
guanfacine hcl tab 1 mg	1				
guanfacine hcl tab 2 mg	1				
hydralazine hcl tab 10 mg	1				
hydralazine hcl tab 25 mg	1				
hydralazine hcl tab 50 mg	1				
hydralazine hcl tab 100 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
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- methyldopa tab 250 mg	1				
METHYLDOPA- methyldopa tab 500 mg	1				
metoprolol & hydrochlorothiazide tab 50-25 mg (Lopressor hct)	1				
metoprolol & hydrochlorothiazide tab 100-25 mg	1				
METOPROLOL/HYDROCHLOROTHI- metoprolol & hydrochlorothiazide tab 100-50 mg	3				
metyrosine cap 250 mg (Demser)	NC				
minoxidil tab 2.5 mg	1				
minoxidil tab 10 mg	1				
moexipril hcl tab 7.5 mg	1				
moexipril hcl tab 15 mg	1				
olmesartan medoxomil tab 5 mg (Benicar)	1				
olmesartan medoxomil tab 20 mg (Benicar)	1				
olmesartan medoxomil tab 40 mg (Benicar)	1				
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct)	1				
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct)	1				
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct)	1				
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (Tribenzor)	1				
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (Tribenzor)	1				
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (Tribenzor)	1				
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (Tribenzor)	1				
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (Tribenzor)	1				
perindopril erbumine tab 2 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
perindopril erbumine tab 4 mg (Aceon)	1				
perindopril erbumine tab 8 mg (Aceon)	1				
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	1				
prazosin hcl cap 1 mg (Minipress)	1				
prazosin hcl cap 2 mg (Minipress)	1				
prazosin hcl cap 5 mg (Minipress)	1				
PRESTALIA- perindopril arginine-amlodipine besylate tab 3.5-2.5 mg	NC				
PRESTALIA- perindopril arginine-amlodipine besylate tab 7-5 mg	NC				
PRESTALIA- perindopril arginine-amlodipine besylate tab 14-10 mg	NC				
QBRELIS- lisinopril oral soln 1 mg/ml	3				
quinapril hcl tab 5 mg (Accupril)	1				
quinapril hcl tab 10 mg (Accupril)	1				
quinapril hcl tab 20 mg (Accupril)	1				
quinapril hcl tab 40 mg (Accupril)	1				
quinapril-hydrochlorothiazide tab 10-12.5 mg (Accuretic)	1				
quinapril-hydrochlorothiazide tab 20-12.5 mg (Accuretic)	1				
quinapril-hydrochlorothiazide tab 20-25 mg (Accuretic)	1				
ramipril cap 1.25 mg (Altace)	1				
ramipril cap 2.5 mg (Altace)	1				
ramipril cap 5 mg (Altace)	1				
ramipril cap 10 mg (Altace)	1				
TEKTURNA HCT- aliskiren-hydrochlorothiazide tab 150-12.5 mg	NC			•	
TEKTURNA HCT- aliskiren-hydrochlorothiazide tab 150-25 mg	NC			•	
TEKTURNA HCT- aliskiren-hydrochlorothiazide tab 300-12.5 mg	NC			•	
TEKTURNA HCT- aliskiren-hydrochlorothiazide tab 300-25 mg	NC			•	

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
telmisartan tab 20 mg (Micardis)	1				
telmisartan tab 40 mg (Micardis)	1				
telmisartan tab 80 mg (Micardis)	1				
telmisartan-amlodipine tab 40-5 mg (Twynsta)	1				
telmisartan-amlodipine tab 40-10 mg (Twynsta)	1				
telmisartan-amlodipine tab 80-5 mg (Twynsta)	1				
telmisartan-amlodipine tab 80-10 mg (Twynsta)	1				
telmisartan-hydrochlorothiazide tab 40-12.5 mg (Micardis hct)	1				
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)	1				
telmisartan-hydrochlorothiazide tab 80-25 mg (Micardis hct)	1				
terazosin hcl cap 1 mg (base equivalent)	1				
terazosin hcl cap 2 mg (base equivalent)	1				
terazosin hcl cap 5 mg (base equivalent)	1				
terazosin hcl cap 10 mg (base equivalent)	1				
trandolapril tab 1 mg (Mavik)	1				
trandolapril tab 2 mg (Mavik)	1				
trandolapril tab 4 mg	1				
trandolapril-verapamil hcl tab er 2-180 mg (Tarka)	1				
trandolapril-verapamil hcl tab er 2-240 mg (Tarka)	1				
trandolapril-verapamil hcl tab er 4-240 mg (Tarka)	1				
TRANDOLAPRIL/VERAPAMIL HC- trandolapril-verapamil hcl tab er 1-240 mg	3				
valsartan tab 40 mg (Diovan)	1				
valsartan tab 80 mg (Diovan)	1				
valsartan tab 160 mg (Diovan)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
valsartan tab 320 mg (Diovan)	1				
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)	1				
valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)	1				
valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct)	1				
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)	1				
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)	1				
VECAMYL- mecamylamine hcl tab 2.5 mg	4	•			
DIURETICS					
acetazolamide cap er 12hr 500 mg (Diamox)	1				
acetazolamide tab 125 mg	1				
acetazolamide tab 250 mg	1				
ALDACTAZIDE- spironolactone & hydrochlorothiazide tab 50-50 mg	3				
amiloride & hydrochlorothiazide tab 5-50 mg	1				
amiloride hcl tab 5 mg	1				
bumetanide tab 0.5 mg (Bumex)	1				
bumetanide tab 1 mg (Bumex)	1				
bumetanide tab 2 mg (Bumex)	1				
CAROSPIR- spironolactone susp 25 mg/5ml	NC				
chlorthalidone tab 25 mg	1				
chlorthalidone tab 50 mg	1				
DIURIL- chlorothiazide susp 250 mg/5ml	3				
ethacrynic acid tab 25 mg (Edecrin)	NC				
FUROSEMIDE- furosemide oral soln 8 mg/ml	NC				
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				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
hydrochlorothiazide cap 12.5 mg (Microzide)	1				
hydrochlorothiazide tab 12.5 mg	1				
hydrochlorothiazide tab 25 mg	1				
hydrochlorothiazide tab 50 mg	1				
indapamide tab 1.25 mg	1				
indapamide tab 2.5 mg	1				
KEVEYIS- dichlorphenamide tab 50 mg	NC		•		•
methazolamide tab 25 mg (Neptazane)	1				
methazolamide tab 50 mg (Neptazane)	1				
metolazone tab 2.5 mg	1				
metolazone tab 5 mg	1				
metolazone tab 10 mg	1				
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	1				
spironolactone tab 25 mg (Aldactone)	1				
spironolactone tab 50 mg (Aldactone)	1				
spironolactone tab 100 mg (Aldactone)	1				
torsemide tab 5 mg	1				
torsemide tab 10 mg (Demadex)	1				
torsemide tab 20 mg (Demadex)	1				
torsemide tab 100 mg	1				
triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide)	1				
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	1				
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	1				
triamterene cap 50 mg (Dyrenium)	1				
triamterene cap 100 mg (Dyrenium)	1				
VASOPRESSORS					

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
AUVI-Q- epinephrine solution auto-injector 0.1 mg/0.1ml	NC				
AUVI-Q- epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	NC				
AUVI-Q- epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	NC				
droxidopa cap 100 mg (Northera)	NC	•	•		•
droxidopa cap 200 mg (Northera)	NC	•	•		•
droxidopa cap 300 mg (Northera)	NC	•	•		•
EPINEPHRINE- epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	NC				
EPINEPHRINE- epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	NC				
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	1				
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	1				
midodrine hcl tab 2.5 mg	1				
midodrine hcl tab 5 mg	1				
midodrine hcl tab 10 mg	1				
SYMJEPI- epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)	2				
SYMJEPI- epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)	2				
ANTIHYPERLIPIDEMICS					
ALTOPREV- lovastatin tab er 24hr 20 mg	NC			•	
ALTOPREV- lovastatin tab er 24hr 40 mg	NC			•	
ALTOPREV- lovastatin tab er 24hr 60 mg	NC			•	
ANTARA- fenofibrate micronized cap 30 mg	NC				
ANTARA- fenofibrate micronized cap 90 mg	NC				
atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)	1				
atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)	1				
atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)	1				
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	1				
cholestyramine light powder packets 4 gm	1				
cholestyramine light powder 4 gm/dose (Questran light)	1				
cholestyramine powder packets 4 gm (Questran)	1				
cholestyramine powder 4 gm/dose (Questran)	1				
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (Trilipix)	NC				
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) (Trilipix)	NC				
colesevelam hcl packet for susp 3.75 gm (Welchol)	1				
colesevelam hcl tab 625 mg (Welchol)	1				
colestipol hcl granule packets 5 gm (Colestid flavored)	1				
colestipol hcl granules 5 gm (Colestid)	1				
colestipol hcl tab 1 gm (Colestid)	1				
EZALLOR SPRINKLE- rosuvastatin calcium sprinkle cap 5 mg (base equivalent)	NC			•	
EZALLOR SPRINKLE- rosuvastatin calcium sprinkle cap 10 mg (base equivalent)	NC			•	
EZALLOR SPRINKLE- rosuvastatin calcium sprinkle cap 20 mg (base equivalent)	NC			•	
EZALLOR SPRINKLE- rosuvastatin calcium sprinkle cap 40 mg (base equivalent)	NC			•	
ezetimibe tab 10 mg (Zetia)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ezetimibe-simvastatin tab 10-10 mg (Vytorin)	1				
ezetimibe-simvastatin tab 10-20 mg (Vytorin)	1				
ezetimibe-simvastatin tab 10-40 mg (Vytorin)	1				
ezetimibe-simvastatin tab 10-80 mg (Vytorin)	1				
FENOFIBRATE- fenofibrate cap 50 mg	NC				
FENOFIBRATE- fenofibrate cap 150 mg	NC				
fenofibrate micronized cap 43 mg	NC				
fenofibrate micronized cap 67 mg (Lofibra)	1				
fenofibrate micronized cap 130 mg	NC				
fenofibrate micronized cap 134 mg (Lofibra)	1				
fenofibrate micronized cap 200 mg (Lofibra)	1				
fenofibrate tab 40 mg (Fenoglide)	NC				
fenofibrate tab 48 mg (Tricor)	1				
fenofibrate tab 54 mg (Lofibra)	1				
fenofibrate tab 120 mg (Fenoglide)	NC				
fenofibrate tab 145 mg (Tricor)	1				
fenofibrate tab 160 mg (Lofibra)	1				
FENOFIBRIC ACID- fenofibric acid tab 35 mg	NC				
FENOFIBRIC ACID- fenofibric acid tab 105 mg	NC				
FIBRICOR- fenofibric acid tab 35 mg	NC				
FIBRICOR- fenofibric acid tab 105 mg	NC				
FLOLIPID- simvastatin susp 20 mg/5ml (4 mg/ml)	NC			•	
FLOLIPID- simvastatin susp 40 mg/5ml (8 mg/ml)	NC			•	
fluvastatin sodium cap 20 mg (base equivalent)	NC				
fluvastatin sodium cap 40 mg (base equivalent)	NC				
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	NC				
gemfibrozil tab 600 mg (Lopid)	1				
icosapent ethyl cap 1 gm (Vascepa)	1				
JUXTAPID- lomitapide mesylate cap 5 mg (base equiv)	4	•	•		•
JUXTAPID- lomitapide mesylate cap 10 mg (base equiv)	4	•	•		•
JUXTAPID- lomitapide mesylate cap 20 mg (base equiv)	4	•	•		•
JUXTAPID- lomitapide mesylate cap 30 mg (base equiv)	4	•	•		•
LIPOFEN- fenofibrate cap 50 mg	NC				
LIPOFEN- fenofibrate cap 150 mg	NC				
LIVALO- pitavastatin calcium tab 1 mg	NC			•	
LIVALO- pitavastatin calcium tab 2 mg	NC			•	
LIVALO- pitavastatin calcium tab 4 mg	NC			•	
lovastatin tab 10 mg	1				
lovastatin tab 20 mg	1				
lovastatin tab 40 mg	1				
NEXLETOL- bempedoic acid tab 180 mg	2		•		•
NEXLIZET- bempedoic acid-ezetimibe tab 180-10 mg	2		•		•
NIACIN- niacin (antihyperlipidemic) tab 500 mg	NC				
niacin tab er 500 mg (antihyperlipidemic) (Niaspan)	1				
niacin tab er 750 mg (antihyperlipidemic) (Niaspan)	1				
niacin tab er 1000 mg (antihyperlipidemic) (Niaspan)	1				
NIACOR- niacin (antihyperlipidemic) tab 500 mg	NC				
omega-3-acid ethyl esters cap 1 gm (Lovaza)	NC				
PRALUENT- alirocumab subcutaneous solution auto-injector 75 mg/ml	NC		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
PRALUENT- alirocumab subcutaneous solution auto-injector 150 mg/ml	NC		•		•
pravastatin sodium tab 10 mg	1				
pravastatin sodium tab 20 mg (Pravachol)	1				
pravastatin sodium tab 40 mg (Pravachol)	1				
pravastatin sodium tab 80 mg (Pravachol)	1				
REPATHA- evolocumab subcutaneous soln prefilled syringe 140 mg/ml	2		•		•
REPATHA PUSHTRONEX SYSTEM- evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	2		•		•
REPATHA SURECLICK- evolocumab subcutaneous soln auto-injector 140 mg/ml	2		•		•
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				
ROSZET- ezetimibe-rosuvastatin calcium tab 10-5 mg	NC			•	
ROSZET- ezetimibe-rosuvastatin calcium tab 10-10 mg	NC			•	
ROSZET- ezetimibe-rosuvastatin calcium tab 10-20 mg	NC			•	
ROSZET- ezetimibe-rosuvastatin calcium tab 10-40 mg	NC			•	
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				
VASCEPA- icosapent ethyl cap 0.5 gm	2				
VASCEPA- icosapent ethyl cap 1 gm	2				
ZYPITAMAG- pitavastatin magnesium tab 2 mg (base equiv)	NC			•	
ZYPITAMAG- pitavastatin magnesium tab 4 mg (base equiv)	NC			•	
CARDIOVASCULAR AGENTS - MISC.					
ADEMPAS- riociguat tab 0.5 mg	4	•	•		•
ADEMPAS- riociguat tab 1 mg	4	•	•		•
ADEMPAS- riociguat tab 1.5 mg	4	•	•		•
ADEMPAS- riociguat tab 2 mg	4	•	•		•
ADEMPAS- riociguat tab 2.5 mg	4	•	•		•
ambrisentan tab 5 mg (Letairis)	4	•	•		•
ambrisentan tab 10 mg (Letairis)	4	•	•		•
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	NC				
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	NC				
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	NC				
amlodipine besylate-atorvastatin calcium tab 5-10 mg (Caduet)	NC				
amlodipine besylate-atorvastatin calcium tab 5-20 mg (Caduet)	NC				
amlodipine besylate-atorvastatin calcium tab 5-40 mg (Caduet)	NC				
amlodipine besylate-atorvastatin calcium tab 5-80 mg (Caduet)	NC				
amlodipine besylate-atorvastatin calcium tab 10-10 mg (Caduet)	NC				
amlodipine besylate-atorvastatin calcium tab 10-20 mg (Caduet)	NC				
amlodipine besylate-atorvastatin calcium tab 10-40 mg (Caduet)	NC				
amlodipine besylate-atorvastatin calcium tab 10-80 mg (Caduet)	NC				
BIDIL- isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	3				
bosentan tab 62.5 mg (Tracleer)	4	•	•		•
bosentan tab 125 mg (Tracleer)	4	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
CORLANOR- ivabradine hcl oral soln 5 mg/5ml (base equiv)	2		•		•
CORLANOR- ivabradine hcl tab 5 mg (base equiv)	2		•		•
CORLANOR- ivabradine hcl tab 7.5 mg (base equiv)	2		•		•
ENTRESTO- sacubitril-valsartan tab 24-26 mg	2				
ENTRESTO- sacubitril-valsartan tab 49-51 mg	2				
ENTRESTO- sacubitril-valsartan tab 97-103 mg	2				
OPSUMIT- macitentan tab 10 mg	4	•	•		•
ORENITRAM- treprostinil diolamine tab er 0.125 mg (base equiv)	4	•	•		
ORENITRAM- treprostinil diolamine tab er 0.25 mg (base equiv)	4	•	•		
ORENITRAM- treprostinil diolamine tab er 1 mg (base equiv)	4	•	•		
ORENITRAM- treprostinil diolamine tab er 2.5 mg (base equiv)	4	•	•		
ORENITRAM- treprostinil diolamine tab er 5 mg (base equiv)	4	•	•		
sildenafil citrate for suspension 10 mg/ml (Revatio)	4	•	•		•
sildenafil citrate tab 20 mg (Revatio)	4	•	•		•
tadalafil tab 20 mg (pah) (Adcirca)	4	•	•		•
TRACLEER- bosentan tab for oral susp 32 mg	4	•	•		•
TYVASO- treprostinil inhalation solution 0.6 mg/ml	4	•	•		•
TYVASO REFILL- treprostinil inhalation solution 0.6 mg/ml	4	•	•		•
TYVASO STARTER- treprostinil inhalation solution 0.6 mg/ml	4	•	•		•
UPTRAVI- selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	4	•	•		•
UPTRAVI- selexipag tab 200 mcg	4	•	•		•
UPTRAVI- selexipag tab 400 mcg	4	•	•		•
UPTRAVI- selexipag tab 600 mcg	4	•	•		•
UPTRAVI- selexipag tab 800 mcg	4	•	•		•
UPTRAVI- selexipag tab 1000 mcg	4	•	•		•
UPTRAVI- selexipag tab 1200 mcg	4	•	•		•
UPTRAVI- selexipag tab 1400 mcg	4	•	•		•
UPTRAVI- selexipag tab 1600 mcg	4	•	•		•
VENTAVIS- iloprost inhalation solution 10 mcg/ml	4	•	•		•
VENTAVIS- iloprost inhalation solution 20 mcg/ml	4	•	•		•
VERQUVO- vericiguat tab 2.5 mg	2		•		•
VERQUVO- vericiguat tab 5 mg	2		•		•
VERQUVO- vericiguat tab 10 mg	2		•		•
VYNDAMAX- tafamidis cap 61 mg	4	•	•		•
VYNDAQEL- tafamidis meglumine (cardiac) cap 20 mg	4	•	•		•
ERECTILE DYSFUNCTION					
CAVERJECT- alprostadil for inj 40 mcg	3				
CAVERJECT IMPULSE- alprostadil for inj kit 10 mcg	3				
CAVERJECT IMPULSE- alprostadil for inj kit 20 mcg	3				
EDEX- alprostadil for inj kit 10 mcg	3				
EDEX- alprostadil for inj kit 20 mcg	3				
EDEX- alprostadil for inj kit 40 mcg	3				
MUSE- alprostadil urethral pellet 250 mcg	3				
MUSE- alprostadil urethral pellet 500 mcg	3				
MUSE- alprostadil urethral pellet 1000 mcg	3				
sildenafil citrate tab 25 mg (Viagra)	1				•
sildenafil citrate tab 50 mg (Viagra)	1				•
sildenafil citrate tab 100 mg (Viagra)	1				•
STENDRA- avanafil tab 50 mg	3				•
STENDRA- avanafil tab 100 mg	3				•
STENDRA- avanafil tab 200 mg	3				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
tadalafil tab 2.5 mg (Cialis)	1				•
tadalafil tab 5 mg (Cialis)	1				•
tadalafil tab 10 mg (Cialis)	1				•
tadalafil tab 20 mg (Cialis)	1				•
vardenafil hcl orally disintegrating tab 10 mg (Staxyn)	1				•
vardenafil hcl tab 2.5 mg (Levitra)	1				•
vardenafil hcl tab 5 mg (Levitra)	1				•
vardenafil hcl tab 10 mg (Levitra)	1				•
vardenafil hcl tab 20 mg (Levitra)	1				•
RESPIRATORY AGENTS					
ANTIHISTAMINES					
CARBINOXAMINE MALEATE- carbinoxamine maleate soln 4 mg/5ml	3				
CARBINOXAMINE MALEATE- carbinoxamine maleate tab 6 mg	NC				
carbinoxamine maleate tab 4 mg	1				
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	NC				
CLEMASTINE FUMARATE- clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)	NC				
CLEMASTINE FUMARATE- clemastine fumarate tab 2.68 mg	3				
cyproheptadine hcl syrup 2 mg/5ml	1				
cyproheptadine hcl tab 4 mg	1				
DESLORATADINE ODT- desloratadine tab orally disintegrating 2.5 mg	NC				
DESLORATADINE ODT- desloratadine tab orally disintegrating 5 mg	NC				
desloratadine tab 5 mg (Clarinex)	NC				
DEXCHLORPHENIRAMINE MALEA- dexchlorpheniramine maleate oral soln 2 mg/5ml	NC				
diphenhydramine hcl elixir 12.5 mg/5ml	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
KARBINAL ER- carbinoxamine maleate extended release susp 4 mg/5ml	NC				
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	NC				
levocetirizine dihydrochloride tab 5 mg	NC				
promethazine hcl suppos 12.5 mg	1				
promethazine hcl suppos 25 mg	1				
promethazine hcl syrup 6.25 mg/5ml	1				
promethazine hcl tab 12.5 mg	1				
promethazine hcl tab 25 mg	1				
promethazine hcl tab 50 mg	1				
PROMETHEGAN- promethazine hcl suppos 50 mg	3				
RYCLORA- dexchlorpheniramine maleate oral soln 2 mg/5ml	NC				
RYVENT- carbinoxamine maleate tab 6 mg	NC				
NASAL AGENTS - SYSTEMIC and TOPICAL					
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1				•
azelastine hcl nasal spray 0.15% (205.5 mcg/spray) (Astepro)	NC				•
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (Dymista)	NC				•
BECONASE AQ- beclomethasone dipropionate monohyd nasal susp 42 mcg/spray	NC				•
FLUNISOLIDE- flunisolide nasal soln 25 mcg/act (0.025%)	NC				•
fluticasone propionate nasal susp 50 mcg/act	1				•
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1				•
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1				•
mometasone furoate nasal susp 50 mcg/act (Nasonex)	NC				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
olopatadine hcl nasal soln 0.6% (Patanase)	NC				•
OMNARIS- ciclesonide nasal susp 50 mcg/act	NC				•
QNASL- beclomethasone dipropionate nasal aerosol 80 mcg/act	NC				•
QNASL CHILDRENS- beclomethasone dipropionate nasal aerosol 40 mcg/act	NC				•
XHANCE- fluticasone propionate nasal exhaler susp 93 mcg/act	3		•		•
ZETONNA- ciclesonide nasal aerosol soln 37 mcg/act (50 mcg/valve)	NC				•
COUGH/COLD/ALLERGY					
acetylcysteine inhal soln 10%	1				
acetylcysteine inhal soln 20%	1				
benzonatate cap 100 mg (Tessalon perles)	1				
benzonatate cap 150 mg	NC				
benzonatate cap 200 mg	1				
CLARINEX-D 12 HOUR- desloratadine & pseudoephedrine tab er 12hr 2.5-120 mg	NC				
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml (Tussionex pennkineti)	1				•
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	1				
hydrocodone w/ homatropine tab 5-1.5 mg	1				
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1				
promethazine w/ codeine syrup 6.25-10 mg/5ml	1				
promethazine-dm syrup 6.25-15 mg/5ml	1				
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	1				
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
sodium chloride soln nebu 3%	1				
TUSSICAPS- hydrocod polst-chlorphen polst cap er 12hr 10-8 mg	NC				•
TUXARIN ER- codeine phos-chlorpheniramine maleate tab er 12hr 54.3-8 mg	NC				•
TUZISTRA XR- codeine polist-chlorphen polist er susp 14.7-2.8 mg/5ml	NC				•
ANTIASTHMATIC and BRONCHODILATOR AGENTS					
ADVAIR DISKUS- fluticasone-salmeterol aer powder ba 100-50 mcg/dose	1				•
ADVAIR DISKUS- fluticasone-salmeterol aer powder ba 250-50 mcg/dose	1				•
ADVAIR DISKUS- fluticasone-salmeterol aer powder ba 500-50 mcg/dose	1				•
ADVAIR HFA- fluticasone-salmeterol inhal aerosol 45-21 mcg/act	2				•
ADVAIR HFA- fluticasone-salmeterol inhal aerosol 115-21 mcg/act	2				•
ADVAIR HFA- fluticasone-salmeterol inhal aerosol 230-21 mcg/act	2				•
AIRDUO DIGIHALER 113/14- fluticasone-salmeterol aer powder ba 113-14 mcg/act w/sensor	NC				•
AIRDUO DIGIHALER 232/14- fluticasone-salmeterol aer powder ba 232-14 mcg/act w/sensor	NC				•
AIRDUO DIGIHALER 55/14- fluticasone-salmeterol aer powder ba 55-14 mcg/act w/ sensor	NC				•
AIRDUO RESPICLICK 113/14- fluticasone-salmeterol aer powder ba 113-14 mcg/act	NC				•
AIRDUO RESPICLICK 232/14- fluticasone-salmeterol aer powder ba 232-14 mcg/act	NC				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
AIRDUO RESPICLICK 55/14- fluticasone-salmeterol aer powder ba 55-14 mcg/act	NC				•
ALBUTEROL SULFATE HFA- albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	NC				•
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	1				•
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1				
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1				
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1				
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1				
albuterol sulfate syrup 2 mg/5ml	1				
albuterol sulfate tab 2 mg	1				
albuterol sulfate tab 4 mg	1				
ALVESCO- ciclesonide inhal aerosol 80 mcg/act	NC				•
ALVESCO- ciclesonide inhal aerosol 160 mcg/act	NC				•
ANORO ELLIPTA- umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh	2				•
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	1				
ARMONAIR DIGIHALER- fluticasone propionate aer pow ba 55 mcg/act with sensor	NC				•
ARMONAIR DIGIHALER- fluticasone propionate aer pow ba 113 mcg/act with sensor	NC				•
ARMONAIR DIGIHALER- fluticasone propionate aer pow ba 232 mcg/act with sensor	NC				•
ARNUITY ELLIPTA- fluticasone furoate aerosol powder breath activ 50 mcg/act	2				•
ARNUITY ELLIPTA- fluticasone furoate aerosol powder breath activ 100 mcg/act	2				•
ARNUITY ELLIPTA- fluticasone furoate aerosol powder breath activ 200 mcg/act	2				•
ASMANEX HFA- mometasone furoate inhal aerosol suspension 50 mcg/act	2				•
ASMANEX HFA- mometasone furoate inhal aerosol suspension 100 mcg/act	2				•
ASMANEX HFA- mometasone furoate inhal aerosol suspension 200 mcg/act	2				•
ASMANEX TWISTHALER 120 ME- mometasone furoate inhal powd 220 mcg/inh (breath activated)	2				•
ASMANEX TWISTHALER 30 MET- mometasone furoate inhal powd 110 mcg/inh (breath activated)	2				•
ASMANEX TWISTHALER 30 MET- mometasone furoate inhal powd 220 mcg/inh (breath activated)	2				•
ASMANEX TWISTHALER 60 MET- mometasone furoate inhal powd 220 mcg/inh (breath activated)	2				•
ATROVENT HFA- ipratropium bromide hfa inhal aerosol 17 mcg/act	3				•
BEVESPI AEROSPHERE- glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act	NC				•
BREO ELLIPTA- fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh	2				•
BREO ELLIPTA- fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh	2				•
BREZTRI AEROSPHERE- budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	2				•
BROVANA- arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
budesonide inhalation susp 0.25 mg/2ml (Pulmicort)	1				
budesonide inhalation susp 0.5 mg/2ml (Pulmicort)	1				
budesonide inhalation susp 1 mg/2ml (Pulmicort)	1				
BUDESONIDE/FORMOTEROL FUM- budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	NC				•
BUDESONIDE/FORMOTEROL FUM- budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	NC				•
COMBIVENT RESPIMAT- ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	2				•
cromolyn sodium soln nebu 20 mg/2ml	1				
DALIRESP- roflumilast tab 250 mcg	3				
DALIRESP- roflumilast tab 500 mcg	3				
DUAKLIR PRESSAIR- aclidinium br-formoterol fum aero pow br act 400-12 mcg/act	NC				•
DULERA- mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act	2				•
DULERA- mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	2				•
DULERA- mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	2				•
ELIXOPHYLLIN- theophylline elixir 80 mg/15ml	3				
FASENRA PEN- benralizumab subcutaneous soln auto-injector 30 mg/ml	4	•	•		•
FLOVENT DISKUS- fluticasone propionate aer pow ba 50 mcg/ blister	2				•
FLOVENT DISKUS- fluticasone propionate aer pow ba 100 mcg/ blister	2				•
FLOVENT DISKUS- fluticasone propionate aer pow ba 250 mcg/ blister	2				•
FLOVENT HFA- fluticasone propionate hfa inhal aero 44 mcg/ act (50/valve)	2				•
FLOVENT HFA- fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	2				•
FLOVENT HFA- fluticasone propionate hfa inhal aer 220 mcg/ act (250/valve)	2				•
FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol aer powder ba 55-14 mcg/act	1				•
FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol aer powder ba 113-14 mcg/act	1				•
FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol aer powder ba 232-14 mcg/act	1				•
fluticasone-salmeterol aer powder ba 100-50 mcg/dose (Advair diskus)	NC				•
fluticasone-salmeterol aer powder ba 250-50 mcg/dose (Advair diskus)	NC				•
fluticasone-salmeterol aer powder ba 500-50 mcg/dose (Advair diskus)	NC				•
formoterol fumarate soln nebu 20 mcg/2ml (Perforomist)	NC				
INCRUSE ELLIPTA- umeclidinium br aero powd breath act 62.5 mcg/inh (base eq)	2				•
ipratropium bromide inhal soln 0.02%	1				
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1				
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (Xopenex)	1				
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (Xopenex)	1				
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (Xopenex)	1				
LEVALBUTEROL TARTRATE HFA- levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	NC				•
LONHALA MAGNAIR REFILL KI- glycopyrrolate inhal solution 25 mcg/ml	NC				
LONHALA MAGNAIR STARTER K- glycopyrrolate inhal solution 25 mcg/ml	NC				
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)	NC				
montelukast sodium tab 10 mg (base equiv) (Singulair)	1				
NUCALA- mepolizumab subcutaneous solution auto-injector 100 mg/ml	4	•	•		•
NUCALA- mepolizumab subcutaneous solution pref syringe 100 mg/ml	4	•	•		•
PROAIR DIGIHALER- albuterol sulfate aer pow ba 108 mcg/act with sensor	NC				•
PROAIR RESPICLICK- albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv)	NC				•
PULMICORT FLEXHALER- budesonide inhal aero powd 90 mcg/act (breath activated)	NC				•
PULMICORT FLEXHALER- budesonide inhal aero powd 180 mcg/act (breath activated)	NC				•
QVAR REDIHALER- beclomethasone diprop hfa breath act inh aer 40 mcg/act	2				•
QVAR REDIHALER- beclomethasone diprop hfa breath act inh aer 80 mcg/act	2				•
SEREVENT DISKUS- salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv)	2				•
SPIRIVA HANDIHALER- tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	2				•
SPIRIVA RESPIMAT- tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	2				•
SPIRIVA RESPIMAT- tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	2				•
STIOLTO RESPIMAT- tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	2				•
STRIVERDI RESPIMAT- olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	2				•
SYMBICORT- budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	2				•
SYMBICORT- budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	2				•
terbutaline sulfate tab 2.5 mg	1				
terbutaline sulfate tab 5 mg	1				
THEO-24- theophylline cap er 24hr 100 mg	3				
THEO-24- theophylline cap er 24hr 200 mg	3				
THEO-24- theophylline cap er 24hr 300 mg	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
THEO-24- theophylline cap er 24hr 400 mg	3				
THEOPHYLLINE ER- theophylline tab er 12hr 300 mg	3				
THEOPHYLLINE ER- theophylline tab er 12hr 450 mg	3				
theophylline soln 80 mg/15ml	1				
theophylline tab er 24hr 400 mg	1				
theophylline tab er 24hr 600 mg	1				
TRELEGY ELLIPTA- fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh	2				•
TRELEGY ELLIPTA- fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh	2				•
TUDORZA PRESSAIR- aclidinium bromide aerosol powd breath activated 400 mcg/act	NC				•
VENTOLIN HFA- albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1				•
XOPENEX HFA- levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	NC				•
YUPELRI- revefenacin inhalation solution 175 mcg/3ml	NC				
zafirlukast tab 10 mg (Accolate)	1				
zafirlukast tab 20 mg (Accolate)	1				
zileuton tab er 12hr 600 mg (Zyflo cr)	NC				
ZYFLO- zileuton tab 600 mg	NC				
RESPIRATORY AGENTS - MISC.					
BRONCHITOL- mannitol inhal cap 40 mg	NC	•			
BRONCHITOL TOLERANCE TEST- mannitol inhal cap 40 mg	NC	•			
ESBRIET- pirfenidone cap 267 mg	4	•	•		•
ESBRIET- pirfenidone tab 267 mg	4	•	•		•
ESBRIET- pirfenidone tab 801 mg	4	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
GLASSIA- alpha1-proteinase inhibitor (human) inj 1000 mg/50ml	4	•			
KALYDECO- ivacaftor packet 25 mg	4	•	•		•
KALYDECO- ivacaftor packet 50 mg	4	•	•		•
KALYDECO- ivacaftor packet 75 mg	4	•	•		•
KALYDECO- ivacaftor tab 150 mg	4	•	•		•
OFEV- nintedanib esylate cap 100 mg (base equivalent)	4	•	•		•
OFEV- nintedanib esylate cap 150 mg (base equivalent)	4	•	•		•
ORKAMBI- lumacaftor-ivacaftor granules packet 100-125 mg	4	•	•		•
ORKAMBI- lumacaftor-ivacaftor granules packet 150-188 mg	4	•	•		•
ORKAMBI- lumacaftor-ivacaftor tab 100-125 mg	4	•	•		•
ORKAMBI- lumacaftor-ivacaftor tab 200-125 mg	4	•	•		•
PULMOZYME- dornase alfa inhal soln 1 mg/ml	4	•			
SYMDEKO- tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	4	•	•		•
SYMDEKO- tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	4	•	•		•
TRIKAFTA- elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	4	•	•		•
TRIKAFTA- elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	4	•	•		•
GASTROINTESTINAL AGENTS					
LAXATIVES					
CLENPIQ- sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/160ml	NC				
GAVILYTE-C- peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
KRISTALOSE- lactulose oral crystal packet 10 gm	NC				
KRISTALOSE- lactulose oral crystal packet 20 gm	NC				
LACTULOSE- lactulose oral crystal packet 10 gm	NC				
lactulose solution 10 gm/15ml	1				
OSMOPREP- sod phos mono-sod phos di tabs 1.102-0.398 gm(1.5gm na phos)	NC				
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	NC				
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)	1				
PEG-PREP- bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	1				
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1				
PLENVU- peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm	NC				
SUPREP BOWEL PREP KIT- sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	3				
SUTAB- sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	NC				
ANTIDIARRHEALS					
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	1				
DIPHENOXYLATE/ATROPINE- diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3				
loperamide hcl cap 2 mg	NC				
MOTOFEN- difenoxin w/ atropine tab 1-0.025 mg	3				
MYTESI- crofelemer tab delayed release 125 mg	3				
ULCER DRUGS					
ACIPHEX SPRINKLE- rabeprazole sodium capsule sprinkle dr 5 mg	NC			•	•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ACIPHEX SPRINKLE- rabeprazole sodium capsule sprinkle dr 10 mg	NC			•	•
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack (Prevpac)	NC				
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg (Librax)	NC				
cimetidine hcl soln 300 mg/5ml	NC				
cimetidine tab 200 mg	NC				
cimetidine tab 300 mg	NC				
cimetidine tab 400 mg	NC				
cimetidine tab 800 mg	NC				
CUVPOSA- glycopyrrolate oral soln 1 mg/5ml	3				
DEXILANT- dexlansoprazole cap delayed release 30 mg	NC			•	•
DEXILANT- dexlansoprazole cap delayed release 60 mg	NC			•	•
dicyclomine hcl cap 10 mg (Bentyl)	1				
dicyclomine hcl oral soln 10 mg/5ml	1				
dicyclomine hcl tab 20 mg	1				
esomeprazole magnesium cap delayed release 20 mg (base eq) (Nexium)	NC				•
esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)	NC				•
esomeprazole magnesium for delayed release susp packet 10 mg (Nexium)	1				•
esomeprazole magnesium for delayed release susp packet 20 mg (Nexium)	1				•
esomeprazole magnesium for delayed release susp packet 40 mg (Nexium)	1				•
ESOMEPRAZOLE STRONTIUM- esomeprazole strontium cap delayed release 49.3 mg	NC			•	•
famotidine for susp 40 mg/5ml	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
famotidine tab 20 mg (Pepcid)	NC				
famotidine tab 40 mg (Pepcid)	1				
GLYCATE- glycopyrrolate tab 1.5 mg	NC				
GLYCOPYRROLATE- glycopyrrolate tab 1.5 mg	NC				
glycopyrrolate tab 1 mg (Robinul)	1				
glycopyrrolate tab 2 mg (Robinul forte)	1				
HELIDAC THERAPY- metronidaz tab-tetracyc cap-bis subsal chew tab therapy pack	NC				
lansoprazole cap delayed release 15 mg (Prevacid)	NC				•
lansoprazole cap delayed release 30 mg (Prevacid)	NC				•
lansoprazole tab delayed release orally disintegrating 15 mg (Prevacid solutab)	NC				•
lansoprazole tab delayed release orally disintegrating 30 mg (Prevacid solutab)	NC				•
LIBRAX- chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	NC				
methscopolamine bromide tab 2.5 mg (Pamine)	1				
methscopolamine bromide tab 5 mg (Pamine forte)	1				
misoprostol tab 100 mcg (Cytotec)	1				
misoprostol tab 200 mcg (Cytotec)	1				
NEXIUM- esomeprazole magnesium for delayed release susp packet 5 mg	2			•	•
NEXIUM- esomeprazole magnesium for delayed release susp pack 2.5 mg	2			•	•
NIZATIDINE- nizatidine cap 150 mg	NC				
NIZATIDINE- nizatidine cap 300 mg	NC				
NIZATIDINE- nizatidine oral soln 15 mg/ml	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
OMECLAMOX-PAK- amoxicillin cap-clarithro tab w/ omepraz cap dr therapy pack	NC				
omeprazole cap delayed release 10 mg	1				•
omeprazole cap delayed release 20 mg	1				•
omeprazole cap delayed release 40 mg	1				•
omeprazole-sodium bicarbonate cap 20-1100 mg (Zegerid)	NC			•	•
omeprazole-sodium bicarbonate cap 40-1100 mg (Zegerid)	NC			•	•
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg (Zegerid)	NC			•	•
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg (Zegerid)	NC			•	•
pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)	1				•
pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)	1				•
pantoprazole sodium for delayed release susp packet 40 mg (Protonix)	NC				•
PRILOSEC- omeprazole magnesium for delayed release susp packet 2.5 mg	NC			•	•
PRILOSEC- omeprazole magnesium for delayed release susp packet 10 mg	NC			•	•
PYLERA- bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	NC				
RABEPRAZOLE SODIUM DR SPR- rabeprazole sodium capsule sprinkle dr 10 mg	NC			•	•
rabeprazole sodium ec tab 20 mg (Aciphex)	NC				•
sucralfate susp 1 gm/10ml (Carafate)	NC		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
sucralfate tab 1 gm (Carafate)	1				
TALICIA- amoxicillin-rifabutin-omeprazole cap dr 250-12.5-10 mg	NC				
ANTIEMETICS					
AKYNZEO- netupitant-palonosetron cap 300-0.5 mg	NC				•
ANTIVERT- meclizine hcl tab 50 mg	NC				
aprepitant capsule therapy pack 80 & 125 mg (Emend)	1				•
aprepitant capsule 40 mg (Emend)	1				
aprepitant capsule 80 mg (Emend)	1				•
aprepitant capsule 125 mg (Emend)	1				•
BONJESTA- doxylamine-pyridoxine tab er 20-20 mg	NC		•		•
doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)	NC		•		•
dronabinol cap 2.5 mg (Marinol)	1				
dronabinol cap 5 mg (Marinol)	1				
dronabinol cap 10 mg (Marinol)	1				
EMEND- aprepitant for oral susp 125 mg (125 mg/5ml)	2				•
granisetron hcl tab 1 mg	1				•
meclizine hcl chew tab 25 mg	NC				
meclizine hcl tab 12.5 mg	NC				
meclizine hcl tab 25 mg	NC				
ONDANSETRON HCL- ondansetron hcl tab 24 mg	3				•
ondansetron hcl oral soln 4 mg/5ml (Zofran)	1				•
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)	1				•
SANCUSO- granisetron td patch 3.1 mg/24hr (contains 34.3 mg)	NC			•	•
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SYNDROS- dronabinol soln 5 mg/ml	NC				
trimethobenzamide hcl cap 300 mg (Tigan)	1				
VARUBI- rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	2				•
ZUPLENZ- ondansetron oral soluble film 4 mg	NC			•	•
ZUPLENZ- ondansetron oral soluble film 8 mg	NC			•	•
DIGESTIVE AIDS					
CREON- pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	2				
CREON- pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	2				
CREON- pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	2				
CREON- pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	2				
CREON- pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	2				
PANCREAZE- pancrelipase (lip-prot-amyl) dr cap 2600-8800-15200 unit	NC				
PANCREAZE- pancrelipase (lip-prot-amyl) dr cap 4200-14200-24600 unit	NC				
PANCREAZE- pancrelipase (lip-prot-amyl) dr cap 10500-35500-61500 unit	NC				
PANCREAZE- pancrelipase (lip-prot-amyl) dr cap 16800-56800-98400 unit	NC				
PANCREAZE- pancrelipase (lip-prot-amyl) dr cap 21000-54700-83900 unit	NC				
PANCREAZE- pancrelipase (lip-prot-amyl) dr cap 37000-97300-149900 unit	NC				
PERTZYE- pancrelipase (lip-prot-amyl) dr cap 4000-14375-15125 unit	NC				
PERTZYE- pancrelipase (lip-prot-amyl) dr cap 8000-28750-30250 unit	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
PERTZYE- pancrelipase (lip-prot-amyl) dr cap 16000-57500-60500 unit	NC				
PERTZYE- pancrelipase (lip-prot-amyl) dr cap 24000-86250-90750 unit	NC				
SUCRAID- sacrosidase soln 8500 unit/ml	4	•	•		•
VIOKACE- pancrelipase (lip-prot-amyl) tab 10440-39150-39150 unit	NC				
VIOKACE- pancrelipase (lip-prot-amyl) tab 20880-78300-78300 unit	NC				
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	2				
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	2				
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	2				
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	2				
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	2				
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	2				
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	2				
GASTROINTESTINAL AGENTS- MISC.					
alosetron hcl tab 0.5 mg (base equiv) (Lotronex)	NC				
alosetron hcl tab 1 mg (base equiv) (Lotronex)	NC				
AMITIZA- lubiprostone cap 8 mcg	NC		•		•
AMITIZA- lubiprostone cap 24 mcg	NC		•		•
AURYXIA- ferric citrate tab 1 gm (210 mg ferric iron)	3				
balsalazide disodium cap 750 mg (Colazal)	1				
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1				
calcium acetate (phosphate binder) tab 667 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
CHENODAL- chenodiol tab 250 mg	4	•			
CHOLBAM- cholic acid cap 50 mg	4	•			
CHOLBAM- cholic acid cap 250 mg	4	•			
CIMZIA- certolizumab pegol inj kit 2 x 200 mg/ml	4	•	•		•
CIMZIA STARTER KIT- certolizumab pegol inj kit 6 x 200 mg/ml	4	•	•		•
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	1				
DIPENTUM- olsalazine sodium cap 250 mg	NC				
FOSRENOL- lanthanum carbonate oral powder pack 750 mg (elemental)	3				
FOSRENOL- lanthanum carbonate oral powder pack 1000 mg (elemental)	3				
GATTEX- teduglutide (rdna) for inj kit 5 mg	4	•	•		
GIMOTI- metoclopramide hcl nasal spray 15 mg/act	NC				
lactulose (encephalopathy) solution 10 gm/15ml	1				
lanthanum carbonate chew tab 500 mg (elemental) (Fosrenol)	1				
lanthanum carbonate chew tab 750 mg (elemental) (Fosrenol)	1				
lanthanum carbonate chew tab 1000 mg (elemental) (Fosrenol)	1				
LINZESS- linaclotide cap 72 mcg	NC		•		•
LINZESS- linaclotide cap 145 mcg	NC		•		•
LINZESS- linaclotide cap 290 mcg	NC		•		•
LUBIPROSTONE- lubiprostone cap 8 mcg	NC		•		•
LUBIPROSTONE- lubiprostone cap 24 mcg	NC		•		•
mesalamine cap dr 400 mg (Delzicol)	1				
mesalamine cap er 24hr 0.375 gm (Apriso)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
mesalamine enema 4 gm	1				
mesalamine suppos 1000 mg (Canasa)	1				
mesalamine tab delayed release 800 mg (Asacol hd)	1				
mesalamine tab delayed release 1.2 gm (Lialda)	1				
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1				
metoclopramide hcl tab 5 mg (base equivalent) (Reglan)	1				
metoclopramide hcl tab 10 mg (base equivalent) (Reglan)	1				
METOCLOPRAMIDE ODT- metoclopramide hcl orally disintegrating tab 5 mg (base eq)	3				
METOCLOPRAMIDE ODT- metoclopramide hcl orally disintegrating tab 10 mg (base eq)	3				
MOTEGRITY- prucalopride succinate tab 1 mg (base equivalent)	NC		•		•
MOTEGRITY- prucalopride succinate tab 2 mg (base equivalent)	NC		•		•
MOVANTIK- naloxegol oxalate tab 12.5 mg (base equivalent)	2		•		•
MOVANTIK- naloxegol oxalate tab 25 mg (base equivalent)	2		•		•
OCALIVA- obeticholic acid tab 5 mg	4	•	•		•
OCALIVA- obeticholic acid tab 10 mg	4	•	•		•
PENTASA- mesalamine cap er 250 mg	NC				
PENTASA- mesalamine cap er 500 mg	NC				
PHOSLYRA- calcium acetate (phosphate binder) oral soln 667 mg/5ml	3				
RELISTOR- methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml)	NC		•		•
RELISTOR- methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml)	NC		•		•
RELISTOR- methylnaltrexone bromide tab 150 mg	NC		•		•
RELTONE- ursodiol cap 200 mg	NC				
RELTONE- ursodiol cap 400 mg	NC				
sevelamer carbonate packet 0.8 gm (Renvela)	1				
sevelamer carbonate packet 2.4 gm (Renvela)	1				
sevelamer carbonate tab 800 mg (Renvela)	1				
sevelamer hcl tab 800 mg (Renagel)	1				
SEVELAMER HYDROCHLORIDE- sevelamer hcl tab 400 mg	3				
SFROWASA- mesalamine sulfite-free (sf) enema 4 gm/60ml	3				
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	1				
sulfasalazine tab 500 mg (Azulfidine)	1				
SYMPROIC- naldemedine tosylate tab 0.2 mg (base equivalent)	2		•		•
TRULANCE- plecanatide tab 3 mg	2		•		•
ursodiol cap 300 mg (Actigall)	1				
ursodiol tab 250 mg (Urso 250)	1				
ursodiol tab 500 mg (Urso forte)	1				
VELPHORO- sucroferric oxyhydroxide chew tab 500 mg	2				
VIBERZI- eluxadoline tab 75 mg	2				
VIBERZI- eluxadoline tab 100 mg	2				
XERMELO- telotristat ethyl tab 250 mg (as telotristat etiprate)	4	•	•		•
ZELNORM- tegaserod maleate tab 6 mg (base equivalent)	NC		•		•
GENITOURINARY AGENTS					
URINARY ANTISPASMODICS					
bethanechol chloride tab 5 mg (Urecholine)	1				
bethanechol chloride tab 10 mg (Urecholine)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
bethanechol chloride tab 25 mg (Urecholine)	1				
bethanechol chloride tab 50 mg (Urecholine)	1				
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) (Enablex)	NC				
darifenacin hydrobromide tab er 24hr 15 mg (base equiv) (Enablex)	NC				
flavoxate hcl tab 100 mg	NC				
GELNIQUE- oxybutynin chloride td gel 10%	NC				
GEMTESA- vibegron tab 75 mg	NC				
MYRBETRIQ- mirabegron tab er 24 hr 25 mg	2				
MYRBETRIQ- mirabegron tab er 24 hr 50 mg	2				
oxybutynin chloride syrup 5 mg/5ml	1				
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	1				
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	1				
oxybutynin chloride tab er 24hr 15 mg	1				
oxybutynin chloride tab 5 mg	1				
OXYTROL- oxybutynin td patch twice weekly 3.9 mg/24hr	NC				
solifenacin succinate tab 5 mg (Vesicare)	1				
solifenacin succinate tab 10 mg (Vesicare)	1				
tolterodine tartrate cap er 24hr 2 mg (Detrol la)	1				
tolterodine tartrate cap er 24hr 4 mg (Detrol la)	1				
tolterodine tartrate tab 1 mg (Detrol)	1				
tolterodine tartrate tab 2 mg (Detrol)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
TOVIAZ- fesoterodine fumarate tab er 24hr 4 mg	NC				
TOVIAZ- fesoterodine fumarate tab er 24hr 8 mg	NC				
trospium chloride cap er 24hr 60 mg	1				
trospium chloride tab 20 mg	1				
VESICARE LS- solifenacin succinate susp 5 mg/5ml (1 mg/ml)	NC				
VAGINAL PRODUCTS					
CLEOCIN- clindamycin phosphate vaginal suppos 100 mg	NC				
clindamycin phosphate vaginal cream 2% (Cleocin)	1				
CLINDESSE- clindamycin phosphate (one dose) vaginal cream 2%	3				
CRINONE- progesterone vaginal gel 4%	NC				
CRINONE- progesterone vaginal gel 8%	NC				
ENCARE- nonoxynol-9 vaginal suppos 100 mg	2				
ENDOMETRIN- progesterone vaginal insert 100 mg	2				
estradiol vaginal cream 0.1 mg/gm (Estrace)	1				
estradiol vaginal tab 10 mcg (Vagifem)	NC				
ESTRING- estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	2				•
FEMRING- estradiol acetate vaginal ring 0.05 mg/24hr	NC				•
FEMRING- estradiol acetate vaginal ring 0.1 mg/24hr	NC				•
GYNAZOLE-1- butoconazole nitrate (one dose) vaginal cream 2%	3				
IMVEXXY MAINTENANCE PACK- estradiol vaginal insert 4 mcg	NC				•
IMVEXXY MAINTENANCE PACK- estradiol vaginal insert 10 mcg	NC				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
IMVEXXY STARTER PACK- estradiol vaginal insert starter pack 4 mcg	NC				•
IMVEXXY STARTER PACK- estradiol vaginal insert starter pack 10 mcg	NC				•
INTRAROSA- prasterone vaginal insert 6.5 mg	NC				
metronidazole vaginal gel 0.75% (Metrogel-vaginal)	1				
MICONAZOLE 3- miconazole nitrate vaginal suppos 200 mg	3				
NUVESSA- metronidazole vaginal gel 1.3%	3				
OPTIONS GYNOL II VAGINAL- nonoxynol-9 gel 3%	2				
PHEXXI- lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	NC				
PREMARIN- estrogens, conjugated vaginal cream 0.625 mg/gm	3				
SHUR-SEAL- nonoxynol-9 gel 2%	2				
terconazole vaginal cream 0.4% (Terazol 7)	1				
terconazole vaginal cream 0.8%	1				
terconazole vaginal suppos 80 mg	1				
TODAY SPONGE- nonoxynol-9 vaginal sponge 1000 mg	2				
VAGIFEM- estradiol vaginal tab 10 mcg	1				
VCF VAGINAL CONTRACEPTIVE- nonoxynol-9 gel 4%	3				
VCF VAGINAL CONTRACEPTIVE- nonoxynol-9 film 28%	2				
VCF VAGINAL CONTRACEPTIVE- nonoxynol-9 foam 12.5%	2				
GENITOURINARY AGENTS - MISC.					
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	1				
CARDURA XL- doxazosin mesylate tab er 24 hr 4 mg (base equiv)	NC				
CARDURA XL- doxazosin mesylate tab er 24 hr 8 mg (base equiv)	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
CYSTAGON- cysteamine bitartrate cap 50 mg	4	•			
CYSTAGON- cysteamine bitartrate cap 150 mg	4	•			
dutasteride cap 0.5 mg (Avodart)	1				
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	1				
ELMIRON- pentosan polysulfate sodium caps 100 mg	3		•		
finasteride tab 5 mg (Proscar)	1				
LITHOSTAT- acetohydroxamic acid tab 250 mg	3				
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	1				
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	1				
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	1				
PROCYSBI- cysteamine bitartrate cap delayed release 25 mg (base equiv)	4	•	•		
PROCYSBI- cysteamine bitartrate cap delayed release 75 mg (base equiv)	4	•	•		
PROCYSBI- cysteamine bitartrate delayed release granules packet 75 mg	4	•			
PROCYSBI- cysteamine bitartrate delayed release granules packet 300 mg	4	•			
silodosin cap 4 mg (Rapaflo)	NC				
silodosin cap 8 mg (Rapaflo)	NC				
sodium citrate & citric acid soln 500-334 mg/5ml (Shohls solution modi)	1				
tamsulosin hcl cap 0.4 mg (Flomax)	1				
THIOLA- tiopronin tab 100 mg	3				
THIOLA EC- tiopronin tab delayed release 100 mg	3				
THIOLA EC- tiopronin tab delayed release 300 mg	3				
tiopronin tab 100 mg (Thiola)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
CENTRAL NERVOUS SYSTEM DRUGS					
ANTIANXIETY AGENTS					
ALPRAZOLAM INTENSOL- alprazolam conc 1 mg/ml	3				
alprazolam orally disintegrating tab 0.25 mg	1				
alprazolam orally disintegrating tab 0.5 mg	1				
alprazolam orally disintegrating tab 1 mg	1				
alprazolam orally disintegrating tab 2 mg	1				
alprazolam tab er 24hr 0.5 mg (Xanax xr)	1				
alprazolam tab er 24hr 1 mg (Xanax xr)	1				
alprazolam tab er 24hr 2 mg (Xanax xr)	1				
alprazolam tab er 24hr 3 mg (Xanax xr)	1				
alprazolam tab 0.25 mg (Xanax)	1				
alprazolam tab 0.5 mg (Xanax)	1				
alprazolam tab 1 mg (Xanax)	1				
alprazolam tab 2 mg (Xanax)	1				
buspirone hcl tab 5 mg	1				
buspirone hcl tab 7.5 mg	NC				
buspirone hcl tab 10 mg	1				
buspirone hcl tab 15 mg	1				
buspirone hcl tab 30 mg	1				
chlordiazepoxide hcl cap 5 mg	1				
chlordiazepoxide hcl cap 10 mg	1				
chlordiazepoxide hcl cap 25 mg	1				
clorazepate dipotassium tab 3.75 mg	1				
clorazepate dipotassium tab 7.5 mg (Tranxene t)	1				
clorazepate dipotassium tab 15 mg	1				
diazepam conc 5 mg/ml	1				
diazepam oral soln 1 mg/ml	1				
diazepam tab 2 mg (Valium)	1				
diazepam tab 5 mg (Valium)	1				
diazepam tab 10 mg (Valium)	1				
hydroxyzine hcl syrup 10 mg/5ml	1				
hydroxyzine hcl tab 10 mg	1				
hydroxyzine hcl tab 25 mg	1				
hydroxyzine hcl tab 50 mg	1				
HYDROXYZINE PAMOATE- hydroxyzine pamoate cap 100 mg	3				
hydroxyzine pamoate cap 25 mg (Vistaril)	1				
hydroxyzine pamoate cap 50 mg (Vistaril)	1				
lorazepam conc 2 mg/ml	1				
lorazepam tab 0.5 mg (Ativan)	1				
lorazepam tab 1 mg (Ativan)	1				
lorazepam tab 2 mg (Ativan)	1				
meprobamate tab 200 mg	NC				
meprobamate tab 400 mg	NC				
oxazepam cap 10 mg	1				
oxazepam cap 15 mg	1				
oxazepam cap 30 mg	1				
ANTIDEPRESSANTS					
amitriptyline hcl tab 10 mg	1				
amitriptyline hcl tab 25 mg (Elavil)	1				
amitriptyline hcl tab 50 mg	1				
amitriptyline hcl tab 75 mg	1				
amitriptyline hcl tab 100 mg	1				
amitriptyline hcl tab 150 mg	1				
AMOXAPINE- amoxapine tab 25 mg	NC				
AMOXAPINE- amoxapine tab 50 mg	NC				
AMOXAPINE- amoxapine tab 100 mg	NC				
AMOXAPINE- amoxapine tab 150 mg	NC				
APLENZIN- bupropion hbr tab er 24hr 174 mg	NC			•	•
APLENZIN- bupropion hbr tab er 24hr 348 mg	NC			•	•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
APLENZIN- bupropion hbr tab er 24hr 522 mg	NC			•	•
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)	1				•
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)	1				•
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)	1				•
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)	1				•
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)	1				•
bupropion hcl tab 75 mg	1				•
bupropion hcl tab 100 mg	1				•
BUPROPION HYDROCHLORIDE E- bupropion hcl tab er 24hr 450 mg	NC			•	•
citalopram hydrobromide oral soln 10 mg/5ml	1				•
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)	1				•
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)	1				•
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)	1				•
clomipramine hcl cap 25 mg (Anafranil)	1				
clomipramine hcl cap 50 mg (Anafranil)	1				
clomipramine hcl cap 75 mg (Anafranil)	1				
desipramine hcl tab 10 mg (Norpramin)	1				
desipramine hcl tab 25 mg (Norpramin)	1				
desipramine hcl tab 50 mg	1				
desipramine hcl tab 75 mg	1				
desipramine hcl tab 100 mg	1				
desipramine hcl tab 150 mg	1				
DESVENLAFAXINE ER- desvenlafaxine tab er 24hr 50 mg	NC			•	•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
DESVENLAFAXINE ER- desvenlafaxine tab er 24hr 100 mg	NC			•	•
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Pristiq)	1				•
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq)	1				•
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)	1				•
DOXEPIN HCL- doxepin hcl cap 150 mg	3				
doxepin hcl cap 10 mg	1				
doxepin hcl cap 25 mg	1				
doxepin hcl cap 50 mg	1				
doxepin hcl cap 75 mg	1				
doxepin hcl cap 100 mg	1				
doxepin hcl conc 10 mg/ml	1				
DRIZALMA SPRINKLE- duloxetine hcl cap delayed release sprinkle 20 mg (base eq)	NC			•	•
DRIZALMA SPRINKLE- duloxetine hcl cap delayed release sprinkle 30 mg (base eq)	NC			•	•
DRIZALMA SPRINKLE- duloxetine hcl cap delayed release sprinkle 40 mg (base eq)	NC			•	•
DRIZALMA SPRINKLE- duloxetine hcl cap delayed release sprinkle 60 mg (base eq)	NC			•	•
duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)	1				•
duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)	1				•
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	NC				•
duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta)	1				•
EMSAM- selegiline td patch 24hr 6 mg/24hr	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
EMSAM- selegiline td patch 24hr 9 mg/24hr	3				
EMSAM- selegiline td patch 24hr 12 mg/24hr	3				
escitalopram oxalate soln 5 mg/5ml (base equiv)	1				•
escitalopram oxalate tab 5 mg (base equiv) (Lexapro)	1				•
escitalopram oxalate tab 10 mg (base equiv) (Lexapro)	1				•
escitalopram oxalate tab 20 mg (base equiv) (Lexapro)	1				•
FETZIMA- levomilnacipran hcl cap er 24hr 20 mg (base equivalent)	3			•	•
FETZIMA- levomilnacipran hcl cap er 24hr 40 mg (base equivalent)	3			•	•
FETZIMA- levomilnacipran hcl cap er 24hr 80 mg (base equivalent)	3			•	•
FETZIMA- levomilnacipran hcl cap er 24hr 120 mg (base equivalent)	3			•	•
FETZIMA TITRATION PACK- levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	3			•	•
FLUOXETINE DR- fluoxetine hcl cap delayed release 90 mg	3			•	•
fluoxetine hcl cap 10 mg (Prozac)	1				•
fluoxetine hcl cap 20 mg (Prozac)	1				•
fluoxetine hcl cap 40 mg (Prozac)	1				•
fluoxetine hcl solution 20 mg/5ml	1				•
fluoxetine hcl tab 10 mg	NC				•
fluoxetine hcl tab 20 mg	NC				•
fluoxetine hcl tab 60 mg (Fluoxetine hcl)	NC				•
fluvoxamine maleate cap er 24hr 100 mg	NC				•
fluvoxamine maleate cap er 24hr 150 mg	NC				•
fluvoxamine maleate tab 25 mg	1				•
fluvoxamine maleate tab 50 mg	1				•
fluvoxamine maleate tab 100 mg	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FORFIVO XL- bupropion hcl tab er 24hr 450 mg	NC			•	•
imipramine hcl tab 10 mg (Tofranil)	1				
imipramine hcl tab 25 mg (Tofranil)	1				
imipramine hcl tab 50 mg (Tofranil)	1				
imipramine pamoate cap 75 mg	NC				
imipramine pamoate cap 100 mg	NC				
imipramine pamoate cap 125 mg	NC				
imipramine pamoate cap 150 mg	NC				
MARPLAN- isocarboxazid tab 10 mg	3				
mirtazapine orally disintegrating tab 15 mg (Remeron soltab)	1				•
mirtazapine orally disintegrating tab 30 mg (Remeron soltab)	1				•
mirtazapine orally disintegrating tab 45 mg (Remeron soltab)	1				•
mirtazapine tab 7.5 mg	1				•
mirtazapine tab 15 mg (Remeron)	1				•
mirtazapine tab 30 mg (Remeron)	1				•
mirtazapine tab 45 mg (Remeron)	1				•
NEFAZODONE HCL- nefazodone hcl tab 100 mg	NC				
NEFAZODONE HCL- nefazodone hcl tab 150 mg	NC				
NEFAZODONE HYDROCHLORIDE- nefazodone hcl tab 50 mg	NC				
NEFAZODONE HYDROCHLORIDE- nefazodone hcl tab 200 mg	NC				
NEFAZODONE HYDROCHLORIDE- nefazodone hcl tab 250 mg	NC				
NORTRIPTYLINE HCL- nortriptyline hcl soln 10 mg/5ml	3				
nortriptyline hcl cap 10 mg (Pamelor)	1				
nortriptyline hcl cap 25 mg (Pamelor)	1				
nortriptyline hcl cap 50 mg (Pamelor)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
nortriptyline hcl cap 75 mg (Pamelor)	1				
paroxetine hcl tab er 24hr 12.5 mg (Paxil cr)	NC				•
paroxetine hcl tab er 24hr 25 mg (Paxil cr)	NC				•
paroxetine hcl tab er 24hr 37.5 mg (Paxil cr)	NC				•
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)	NC			•	•
PEXEVA- paroxetine mesylate tab 10 mg (base equiv)	NC			•	•
PEXEVA- paroxetine mesylate tab 20 mg (base equiv)	NC			•	•
PEXEVA- paroxetine mesylate tab 30 mg (base equiv)	NC			•	•
PEXEVA- paroxetine mesylate tab 40 mg (base equiv)	NC			•	•
phenelzine sulfate tab 15 mg (Nardil)	1				
protriptyline hcl tab 5 mg	1				
protriptyline hcl tab 10 mg	1				
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	1				•
sertraline hcl tab 25 mg (Zoloft)	1				•
sertraline hcl tab 50 mg (Zoloft)	1				•
sertraline hcl tab 100 mg (Zoloft)	1				•
tranylcypromine sulfate tab 10 mg (Parnate)	1				
trazodone hcl tab 50 mg	1				
trazodone hcl tab 100 mg	1				
trazodone hcl tab 150 mg	1				
trazodone hcl tab 300 mg	NC				
trimipramine maleate cap 25 mg (Surmontil)	1				
trimipramine maleate cap 50 mg (Surmontil)	1				
trimipramine maleate cap 100 mg (Surmontil)	1				
TRINTELLIX- vortioxetine hbr tab 5 mg (base equiv)	3			•	•
TRINTELLIX- vortioxetine hbr tab 10 mg (base equiv)	3			•	•
TRINTELLIX- vortioxetine hbr tab 20 mg (base equiv)	3			•	•
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)	1				•
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)	1				•
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)	1				•
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	NC				•
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	NC				•
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	NC				•
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	NC				•
venlafaxine hcl tab 25 mg (base equivalent)	1				•
venlafaxine hcl tab 37.5 mg (base equivalent)	1				•
venlafaxine hcl tab 50 mg (base equivalent)	1				•
venlafaxine hcl tab 75 mg (base equivalent)	1				•
venlafaxine hcl tab 100 mg (base equivalent)	1				•
VIIBRYD- vilazodone hcl tab 10 mg	3			•	•
VIIBRYD- vilazodone hcl tab 20 mg	3			•	•
VIIBRYD- vilazodone hcl tab 40 mg	3			•	•
VIIBRYD STARTER PACK- vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	3			•	•
ANTIPSYCHOTICS					

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ABILIFY MAINTENA- aripiprazole im for er susp prefilled syringe 300 mg	3			•	•
ABILIFY MAINTENA- aripiprazole im for er susp prefilled syringe 400 mg	3			•	•
ABILIFY MAINTENA- aripiprazole im for extended release susp 300 mg	3			•	•
ABILIFY MAINTENA- aripiprazole im for extended release susp 400 mg	3			•	•
ABILIFY MYCITE- aripiprazole tab 2 mg with sensor	NC			•	•
ABILIFY MYCITE- aripiprazole tab 5 mg with sensor	NC			•	•
ABILIFY MYCITE- aripiprazole tab 10 mg with sensor	NC			•	•
ABILIFY MYCITE- aripiprazole tab 15 mg with sensor	NC			•	•
ABILIFY MYCITE- aripiprazole tab 20 mg with sensor	NC			•	•
ABILIFY MYCITE- aripiprazole tab 30 mg with sensor	NC			•	•
ABILIFY MYCITE MAINTENANC- aripiprazole tab 2 mg with sensor&strips (for pod) maint pak	NC			•	•
ABILIFY MYCITE MAINTENANC- aripiprazole tab 5 mg with sensor&strips (for pod) maint pak	NC			•	•
ABILIFY MYCITE MAINTENANC- aripiprazole tab 10 mg with sensor&strips(for pod) maint pak	NC			•	•
ABILIFY MYCITE MAINTENANC- aripiprazole tab 15 mg with sensor&strips(for pod) maint pak	NC			•	•
ABILIFY MYCITE MAINTENANC- aripiprazole tab 20 mg with sensor&strips(for pod) maint pak	NC			•	•
ABILIFY MYCITE MAINTENANC- aripiprazole tab 30 mg with sensor&strips(for pod) maint pak	NC			•	•
ABILIFY MYCITE STARTER KI- aripiprazole tab 2 mg with sensor, strips & pod starter pak	NC			•	•
ABILIFY MYCITE STARTER KI- aripiprazole tab 5 mg with sensor, strips & pod starter pak	NC			•	•
ABILIFY MYCITE STARTER KI- aripiprazole tab 10 mg with sensor, strips & pod starter pak	NC			•	•
ABILIFY MYCITE STARTER KI- aripiprazole tab 15 mg with sensor, strips & pod starter pak	NC			•	•
ABILIFY MYCITE STARTER KI- aripiprazole tab 20 mg with sensor, strips & pod starter pak	NC			•	•
ABILIFY MYCITE STARTER KI- aripiprazole tab 30 mg with sensor, strips & pod starter pak	NC			•	•
ADASUVE- loxapine aerosol powder breath activated 10 mg	3				
aripiprazole oral solution 1 mg/ml	1				•
aripiprazole orally disintegrating tab 10 mg	1				•
aripiprazole orally disintegrating tab 15 mg	1				•
aripiprazole tab 2 mg (Abilify)	1				•
aripiprazole tab 5 mg (Abilify)	1				•
aripiprazole tab 10 mg (Abilify)	1				•
aripiprazole tab 15 mg (Abilify)	1				•
aripiprazole tab 20 mg (Abilify)	1				•
aripiprazole tab 30 mg (Abilify)	1				•
ARISTADA- aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml	3			•	•
ARISTADA- aripiprazole lauroxil im er susp prefilled syr 662 mg/2.4ml	3			•	•
ARISTADA- aripiprazole lauroxil im er susp prefilled syr 882 mg/3.2ml	3			•	•
ARISTADA- aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	3			•	•
ARISTADA INITIO- aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	3			•	•
asenapine maleate sl tab 2.5 mg (base equiv) (Saphris)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
asenapine maleate sl tab 5 mg (base equiv) (Saphris)	1				•
asenapine maleate sl tab 10 mg (base equiv) (Saphris)	1				•
CAPLYTA- lumateperone tosylate cap 42 mg	NC			•	•
CHLORPROMAZINE HCL- chlorpromazine hcl inj 50 mg/2ml	3				
chlorpromazine hcl inj 25 mg/ml	3				
chlorpromazine hcl tab 10 mg	1				
chlorpromazine hcl tab 25 mg	1				
chlorpromazine hcl tab 50 mg	1				
chlorpromazine hcl tab 100 mg	1				
chlorpromazine hcl tab 200 mg	1				
CHLORPROMAZINE HYDROCHLOR- chlorpromazine hcl inj 50 mg/2ml	3				
CLOZAPINE ODT- clozapine orally disintegrating tab 12.5 mg	3			•	•
CLOZAPINE ODT- clozapine orally disintegrating tab 150 mg	3			•	•
CLOZAPINE ODT- clozapine orally disintegrating tab 200 mg	3			•	•
clozapine orally disintegrating tab 25 mg (Fazaclo)	1				•
clozapine orally disintegrating tab 100 mg (Fazaclo)	1				•
clozapine tab 25 mg (Clozaril)	1				•
clozapine tab 50 mg	1				•
clozapine tab 100 mg (Clozaril)	1				•
clozapine tab 200 mg	1				•
EQUETRO- carbamazepine (antipsychotic) cap er 12hr 100 mg	3				
EQUETRO- carbamazepine (antipsychotic) cap er 12hr 200 mg	3				
EQUETRO- carbamazepine (antipsychotic) cap er 12hr 300 mg	3				
FANAPT- iloperidone tab 1 mg	3			•	•
FANAPT- iloperidone tab 2 mg	3			•	•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FANAPT- iloperidone tab 4 mg	3			•	•
FANAPT- iloperidone tab 6 mg	3			•	•
FANAPT- iloperidone tab 8 mg	3			•	•
FANAPT- iloperidone tab 10 mg	3			•	•
FANAPT- iloperidone tab 12 mg	3			•	•
FANAPT TITRATION PACK- iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	3			•	•
fluphenazine decanoate inj 25 mg/ml	1				
FLUPHENAZINE HCL- fluphenazine hcl inj 2.5 mg/ml	3				
FLUPHENAZINE HCL- fluphenazine hcl oral conc 5 mg/ml	3				
fluphenazine hcl tab 1 mg	1				
fluphenazine hcl tab 2.5 mg	1				
fluphenazine hcl tab 5 mg	1				
fluphenazine hcl tab 10 mg	1				
FLUPHENAZINE HYDROCHLORID- fluphenazine hcl elixir 2.5 mg/5ml	3				
haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50)	1				
haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100)	1				
haloperidol lactate inj 5 mg/ml (Haldol)	1				
haloperidol lactate oral conc 2 mg/ml	1				
haloperidol tab 0.5 mg	1				
haloperidol tab 1 mg	1				
haloperidol tab 2 mg	1				
haloperidol tab 5 mg	1				
haloperidol tab 10 mg	1				
haloperidol tab 20 mg	1				
INVEGA SUSTENNA- paliperidone palmitate er susp pref syr 39 mg/0.25ml	3			•	•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
INVEGA SUSTENNA- paliperidone palmitate er susp pref syr 78 mg/0.5ml	3			•	•
INVEGA SUSTENNA- paliperidone palmitate er susp pref syr 117 mg/0.75ml	3			•	•
INVEGA SUSTENNA- paliperidone palmitate er susp pref syr 156 mg/ml	3			•	•
INVEGA SUSTENNA- paliperidone palmitate er susp pref syr 234 mg/1.5ml	3			•	•
INVEGA TRINZA- paliperidone palmitate er susp pref syr 273 mg/0.875ml	3			•	•
INVEGA TRINZA- paliperidone palmitate er susp pref syr 410 mg/1.315ml	3			•	•
INVEGA TRINZA- paliperidone palmitate er susp pref syr 546 mg/1.75ml	3			•	•
INVEGA TRINZA- paliperidone palmitate er susp pref syr 819 mg/2.625ml	3			•	•
LATUDA- lurasidone hcl tab 20 mg	2				•
LATUDA- lurasidone hcl tab 40 mg	2				•
LATUDA- lurasidone hcl tab 60 mg	2				•
LATUDA- lurasidone hcl tab 80 mg	2				•
LATUDA- lurasidone hcl tab 120 mg	2				•
LITHIUM CARBONATE- lithium carbonate cap 150 mg	3				
LITHIUM CARBONATE- lithium carbonate cap 600 mg	3				
lithium carbonate cap 150 mg (Lithium carbonate)	1				
lithium carbonate cap 300 mg	1				
lithium carbonate cap 600 mg (Lithium carbonate)	1				
lithium carbonate tab er 300 mg (Lithobid)	1				
lithium carbonate tab er 450 mg	1				
lithium carbonate tab 300 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
LITHOBID- lithium carbonate tab er 300 mg	3				
loxapine succinate cap 5 mg	1				
loxapine succinate cap 10 mg	1				
loxapine succinate cap 25 mg	1				
loxapine succinate cap 50 mg	1				
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)	NC		•		•
NUPLAZID- pimavanserin tartrate tab 10 mg (base equivalent)	NC		•		•
olanzapine for im inj 10 mg (Zyprexa)	1				
olanzapine orally disintegrating tab 5 mg (Zyprexa zydis)	1				•
olanzapine orally disintegrating tab 10 mg (Zyprexa zydis)	1				•
olanzapine orally disintegrating tab 15 mg (Zyprexa zydis)	1				•
olanzapine orally disintegrating tab 20 mg (Zyprexa zydis)	1				•
olanzapine tab 2.5 mg (Zyprexa)	1				•
olanzapine tab 5 mg (Zyprexa)	1				•
olanzapine tab 7.5 mg (Zyprexa)	1				•
olanzapine tab 10 mg (Zyprexa)	1				•
olanzapine tab 15 mg (Zyprexa)	1				•
olanzapine tab 20 mg (Zyprexa)	1				•
paliperidone tab er 24hr 1.5 mg (Invega)	1				•
paliperidone tab er 24hr 3 mg (Invega)	1				•
paliperidone tab er 24hr 6 mg (Invega)	1				•
paliperidone tab er 24hr 9 mg (Invega)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
perphenazine tab 2 mg	1				
perphenazine tab 4 mg	1				
perphenazine tab 8 mg	1				
perphenazine tab 16 mg	1				
PROCHLORPERAZINE EDISYLAT- prochlorperazine edisylate inj 50 mg/10ml	1				
prochlorperazine edisylate inj 10 mg/2ml	1				
prochlorperazine maleate tab 5 mg (base equivalent)	1				
prochlorperazine maleate tab 10 mg (base equivalent)	1				
prochlorperazine suppos 25 mg	1				
quetiapine fumarate tab er 24hr 50 mg (Seroquel xr)	1				•
quetiapine fumarate tab er 24hr 150 mg (Seroquel xr)	1				•
quetiapine fumarate tab er 24hr 200 mg (Seroquel xr)	1				•
quetiapine fumarate tab er 24hr 300 mg (Seroquel xr)	1				•
quetiapine fumarate tab er 24hr 400 mg (Seroquel xr)	1				•
quetiapine fumarate tab 25 mg (Seroquel)	1				•
quetiapine fumarate tab 50 mg (Seroquel)	1				•
quetiapine fumarate tab 100 mg (Seroquel)	1				•
quetiapine fumarate tab 200 mg (Seroquel)	1				•
quetiapine fumarate tab 300 mg (Seroquel)	1				•
quetiapine fumarate tab 400 mg (Seroquel)	1				•
REXULTI- brexpiprazole tab 0.25 mg	3				•
REXULTI- brexpiprazole tab 0.5 mg	3				•
REXULTI- brexpiprazole tab 1 mg	3				•
REXULTI- brexpiprazole tab 2 mg	3				•
REXULTI- brexpiprazole tab 3 mg	3				•
REXULTI- brexpiprazole tab 4 mg	3				•
RISPERDAL CONSTA- risperidone microspheres for im extended rel susp 12.5 mg	3			•	•
RISPERDAL CONSTA- risperidone microspheres for im extended rel susp 25 mg	3			•	•
RISPERDAL CONSTA- risperidone microspheres for im extended rel susp 37.5 mg	3			•	•
RISPERDAL CONSTA- risperidone microspheres for im extended rel susp 50 mg	3			•	•
RISPERIDONE ODT- risperidone orally disintegrating tab 0.25 mg	3			•	•
risperidone orally disintegrating tab 0.5 mg (Risperdal m-tab)	1				•
risperidone orally disintegrating tab 1 mg (Risperdal m-tab)	1				•
risperidone orally disintegrating tab 2 mg (Risperdal m-tab)	1				•
risperidone orally disintegrating tab 3 mg (Risperdal m-tab)	1				•
risperidone orally disintegrating tab 4 mg (Risperdal m-tab)	1				•
risperidone soln 1 mg/ml (Risperdal)	1				•
risperidone tab 0.25 mg (Risperdal)	1				•
risperidone tab 0.5 mg (Risperdal)	1				•
risperidone tab 1 mg (Risperdal)	1				•
risperidone tab 2 mg (Risperdal)	1				•
risperidone tab 3 mg (Risperdal)	1				•
risperidone tab 4 mg (Risperdal)	1				•
SECUADO- asenapine td patch 24 hr 3.8 mg/24hr	3			•	•
SECUADO- asenapine td patch 24 hr 5.7 mg/24hr	3			•	•
SECUADO- asenapine td patch 24 hr 7.6 mg/24hr	3			•	•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
thioridazine hcl tab 10 mg	NC				
thioridazine hcl tab 25 mg	NC				
thioridazine hcl tab 50 mg	NC				
thioridazine hcl tab 100 mg	NC				
thiothixene cap 1 mg	1				
thiothixene cap 2 mg	1				
thiothixene cap 5 mg	1				
thiothixene cap 10 mg	1				
trifluoperazine hcl tab 1 mg (base equivalent)	1				
trifluoperazine hcl tab 2 mg (base equivalent)	1				
trifluoperazine hcl tab 5 mg (base equivalent)	1				
trifluoperazine hcl tab 10 mg (base equivalent)	1				
VERSACLOZ- clozapine susp 50 mg/ml	3			•	•
VRAYLAR- cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6)	3			•	•
VRAYLAR- cariprazine hcl cap 1.5 mg (base equivalent)	3			•	•
VRAYLAR- cariprazine hcl cap 3 mg (base equivalent)	3			•	•
VRAYLAR- cariprazine hcl cap 4.5 mg (base equivalent)	3			•	•
VRAYLAR- cariprazine hcl cap 6 mg (base equivalent)	3			•	•
ziprasidone hcl cap 20 mg (Geodon)	1				•
ziprasidone hcl cap 40 mg (Geodon)	1				•
ziprasidone hcl cap 60 mg (Geodon)	1				•
ziprasidone hcl cap 80 mg (Geodon)	1				•
ZYPREXA RELPREVV- olanzapine pamoate for extended rel im susp 210 mg (base eq)	3			•	•
ZYPREXA RELPREVV- olanzapine pamoate for extended rel im susp 300 mg (base eq)	3			•	•
ZYPREXA RELPREVV- olanzapine pamoate for extended rel im susp 405 mg (base eq)	3			•	•
HYPNOTICS					
BELSOMRA- suvorexant tab 5 mg	NC				•
BELSOMRA- suvorexant tab 10 mg	NC				•
BELSOMRA- suvorexant tab 15 mg	NC				•
BELSOMRA- suvorexant tab 20 mg	NC				•
DAYVIGO- lemborexant tab 5 mg	NC				•
DAYVIGO- lemborexant tab 10 mg	NC				•
DORAL- quazepam tab 15 mg	NC				
doxepin hcl (sleep) tab 3 mg (base equiv) (Silenor)	NC				•
doxepin hcl (sleep) tab 6 mg (base equiv) (Silenor)	NC				•
EDLUAR- zolpidem tartrate sl tab 5 mg	NC				•
EDLUAR- zolpidem tartrate sl tab 10 mg	NC				•
estazolam tab 1 mg	1				
estazolam tab 2 mg	1				
eszopiclone tab 1 mg (Lunesta)	1				•
eszopiclone tab 2 mg (Lunesta)	1				•
eszopiclone tab 3 mg (Lunesta)	1				•
FLURAZEPAM HCL- flurazepam hcl cap 15 mg	3				
FLURAZEPAM HCL- flurazepam hcl cap 30 mg	3				
HALCION- triazolam tab 0.25 mg	NC				
HETLIOZ- tasimelteon capsule 20 mg	4	•	•		•
HETLIOZ LQ- tasimelteon oral susp 4 mg/ml	4	•	•		•
phenobarbital elixir 20 mg/5ml	1				
phenobarbital tab 15 mg	1				
phenobarbital tab 16.2 mg	1				
phenobarbital tab 30 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
phenobarbital tab 32.4 mg	1				
phenobarbital tab 60 mg	1				
phenobarbital tab 64.8 mg	1				
phenobarbital tab 97.2 mg	1				
phenobarbital tab 100 mg	1				
QUAZEPAM- quazepam tab 15 mg	NC				
ramelteon tab 8 mg (Rozerem)	NC				•
temazepam cap 7.5 mg (Restoril)	NC				
temazepam cap 15 mg (Restoril)	1				
temazepam cap 22.5 mg (Restoril)	NC				
temazepam cap 30 mg (Restoril)	1				
triazolam tab 0.125 mg	NC				
triazolam tab 0.25 mg (Halcion)	NC				
zaleplon cap 5 mg (Sonata)	1				•
zaleplon cap 10 mg (Sonata)	1				•
zolpidem tartrate sl tab 1.75 mg (Intermezzo)	1				•
zolpidem tartrate sl tab 3.5 mg (Intermezzo)	1				•
zolpidem tartrate tab er 6.25 mg (Ambien cr)	1				•
zolpidem tartrate tab er 12.5 mg (Ambien cr)	1				•
zolpidem tartrate tab 5 mg (Ambien)	1				•
zolpidem tartrate tab 10 mg (Ambien)	1				•
ZOLPIMIST- zolpidem tartrate oral spray 5 mg/act	NC				•
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS					
ADDERALL XR- amphetamine-dextroamphetamine cap er 24hr 5 mg	1				•
ADDERALL XR- amphetamine-dextroamphetamine cap er 24hr 10 mg	1				•
ADDERALL XR- amphetamine-dextroamphetamine cap er 24hr 15 mg	1				•
ADDERALL XR- amphetamine-dextroamphetamine cap er 24hr 20 mg	1				•
ADDERALL XR- amphetamine-dextroamphetamine cap er 24hr 25 mg	1				•
ADDERALL XR- amphetamine-dextroamphetamine cap er 24hr 30 mg	1				•
ADHANSIA XR- methylphenidate hcl cap er 24hr 25 mg	NC				•
ADHANSIA XR- methylphenidate hcl cap er 24hr 35 mg	NC				•
ADHANSIA XR- methylphenidate hcl cap er 24hr 45 mg	NC				•
ADHANSIA XR- methylphenidate hcl cap er 24hr 55 mg	NC				•
ADHANSIA XR- methylphenidate hcl cap er 24hr 70 mg	NC				•
ADHANSIA XR- methylphenidate hcl cap er 24hr 85 mg	NC				•
ADZENYS ER- amphetamine extended release susp 1.25 mg/ml	NC				•
ADZENYS XR-ODT- amphetamine tab extended release disintegrating 3.1 mg	NC				•
ADZENYS XR-ODT- amphetamine tab extended release disintegrating 6.3 mg	NC				•
ADZENYS XR-ODT- amphetamine tab extended release disintegrating 9.4 mg	NC				•
ADZENYS XR-ODT- amphetamine tab extended release disintegrating 12.5 mg	NC				•
ADZENYS XR-ODT- amphetamine tab extended release disintegrating 15.7 mg	NC				•
ADZENYS XR-ODT- amphetamine tab extended release disintegrating 18.8 mg	NC				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
AMPHETAMINE ER- amphetamine extended release susp 1.25 mg/ml	NC				•
amphetamine sulfate tab 5 mg (Evekeo)	NC				•
amphetamine sulfate tab 10 mg (Evekeo)	NC				•
amphetamine-dextroamphetamine cap er 24hr 5 mg (Adderall xr)	NC				•
amphetamine-dextroamphetamine cap er 24hr 10 mg (Adderall xr)	NC				•
amphetamine-dextroamphetamine cap er 24hr 15 mg (Adderall xr)	NC				•
amphetamine-dextroamphetamine cap er 24hr 20 mg (Adderall xr)	NC				•
amphetamine-dextroamphetamine cap er 24hr 25 mg (Adderall xr)	NC				•
amphetamine-dextroamphetamine cap er 24hr 30 mg (Adderall xr)	NC				•
amphetamine-dextroamphetamine tab 5 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 7.5 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 10 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 12.5 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 15 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 20 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 30 mg (Adderall)	1				•
armodafinil tab 50 mg (Nuvigil)	1				
armodafinil tab 150 mg (Nuvigil)	1				
armodafinil tab 200 mg (Nuvigil)	1				
armodafinil tab 250 mg (Nuvigil)	1				
atomoxetine hcl cap 10 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 18 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 25 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 40 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 60 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 80 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 100 mg (base equiv) (Strattera)	1				•
BENZPHETAMINE HCL- benzphetamine hcl tab 25 mg	NC		•		•
benzphetamine hcl tab 50 mg	NC		•		•
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1				
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	1				•
CONTRAVE- naltrexone hcl-bupropion hcl tab er 12hr 8-90 mg	4+		•		•
COTEMPLA XR-ODT- methylphenidate tab extended release disintegrating 8.6 mg	NC				•
COTEMPLA XR-ODT- methylphenidate tab extended release disintegrating 17.3 mg	NC				•
COTEMPLA XR-ODT- methylphenidate tab extended release disintegrating 25.9 mg	NC				•
DAYTRANA- methylphenidate td patch 10 mg/9hr	NC				•
DAYTRANA- methylphenidate td patch 15 mg/9hr	NC				•
DAYTRANA- methylphenidate td patch 20 mg/9hr	NC				•
DAYTRANA- methylphenidate td patch 30 mg/9hr	NC				•
dexmethylphenidate hcl cap er 24 hr 5 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 35 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 40 mg (Focalin xr)	1				•
dexmethylphenidate hcl tab 2.5 mg (Focalin)	1				•
dexmethylphenidate hcl tab 5 mg (Focalin)	1				•
dexmethylphenidate hcl tab 10 mg (Focalin)	1				•
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	1				•
dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine)	1				•
dextroamphetamine sulfate cap er 24hr 15 mg (Dexedrine)	1				•
dextroamphetamine sulfate oral solution 5 mg/5ml (Procentra)	1				•
dextroamphetamine sulfate tab 5 mg	1				•
dextroamphetamine sulfate tab 10 mg	1				•
DIETHYLPROPION HCL ER- diethylpropion hcl tab er 24hr 75 mg	NC		•		•
diethylpropion hcl tab 25 mg (Diethylpropion hcl)	NC		•		•
DYANAVEL XR- amphetamine extended release susp 2.5 mg/ml	NC				•
EVEKEO ODT- amphetamine sulfate orally disintegrating tab 5 mg	NC				•
EVEKEO ODT- amphetamine sulfate orally disintegrating tab 10 mg	NC				•
EVEKEO ODT- amphetamine sulfate orally disintegrating tab 15 mg	NC				•
EVEKEO ODT- amphetamine sulfate orally disintegrating tab 20 mg	NC				•
guanfacine hcl tab er 24hr 1 mg (base equiv) (Intuniv)	1				•
guanfacine hcl tab er 24hr 2 mg (base equiv) (Intuniv)	1				•
guanfacine hcl tab er 24hr 3 mg (base equiv) (Intuniv)	1				•
guanfacine hcl tab er 24hr 4 mg (base equiv) (Intuniv)	1				•
IMCIVREE- setmelanotide acetate subcutaneous soln 10 mg/ml	4	•	•		•
JORNAY PM- methylphenidate hcl cap delayed er 24hr 20 mg (pm)	NC				•
JORNAY PM- methylphenidate hcl cap delayed er 24hr 40 mg (pm)	NC				•
JORNAY PM- methylphenidate hcl cap delayed er 24hr 60 mg (pm)	NC				•
JORNAY PM- methylphenidate hcl cap delayed er 24hr 80 mg (pm)	NC				•
JORNAY PM- methylphenidate hcl cap delayed er 24hr 100 mg (pm)	NC				•
LOMAIRA- phentermine hcl tab 8 mg	4+		•		•
methamphetamine hcl tab 5 mg (Desoxyn)	NC				•
methylphenidate hcl cap er 10 mg (cd)	1				•
methylphenidate hcl cap er 20 mg (cd)	1				•
methylphenidate hcl cap er 30 mg (cd)	1				•
methylphenidate hcl cap er 40 mg (cd)	1				•
methylphenidate hcl cap er 50 mg (cd)	1				•
methylphenidate hcl cap er 60 mg (cd)	1				•
methylphenidate hcl cap er 24hr 10 mg (la) (Ritalin la)	NC				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
methylphenidate hcl cap er 24hr 20 mg (la) (Ritalin la)	1				•
methylphenidate hcl cap er 24hr 30 mg (la) (Ritalin la)	1				•
methylphenidate hcl cap er 24hr 40 mg (la) (Ritalin la)	1				•
methylphenidate hcl cap er 24hr 60 mg (la)	NC				•
methylphenidate hcl cap er 24hr 10 mg (xr) (Aptensio xr)	NC				•
methylphenidate hcl cap er 24hr 15 mg (xr) (Aptensio xr)	NC				•
methylphenidate hcl cap er 24hr 20 mg (xr) (Aptensio xr)	NC				•
methylphenidate hcl cap er 24hr 30 mg (xr) (Aptensio xr)	NC				•
methylphenidate hcl cap er 24hr 40 mg (xr) (Aptensio xr)	NC				•
methylphenidate hcl cap er 24hr 50 mg (xr) (Aptensio xr)	NC				•
methylphenidate hcl cap er 24hr 60 mg (xr) (Aptensio xr)	NC				•
methylphenidate hcl chew tab 2.5 mg	1				•
methylphenidate hcl chew tab 5 mg	1				•
methylphenidate hcl chew tab 10 mg	1				•
methylphenidate hcl soln 5 mg/5ml (Methylin)	1				•
methylphenidate hcl soln 10 mg/5ml (Methylin)	1				•
methylphenidate hcl tab er osmotic release (osm) 18 mg (Concerta)	1				•
methylphenidate hcl tab er osmotic release (osm) 27 mg (Concerta)	1				•
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	1				•
methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta)	1				•
methylphenidate hcl tab er 10 mg	1				•
methylphenidate hcl tab er 20 mg	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
methylphenidate hcl tab er 24hr 27 mg	NC				•
methylphenidate hcl tab er 24hr 36 mg	NC				•
methylphenidate hcl tab er 24hr 54 mg	NC				•
methylphenidate hcl tab 5 mg (Ritalin)	1				•
methylphenidate hcl tab 10 mg (Ritalin)	1				•
methylphenidate hcl tab 20 mg (Ritalin)	1				•
METHYLPHENIDATE HYDROCHLO- methylphenidate hcl tab er osmotic release (osm) 72 mg	NC				•
METHYLPHENIDATE HYDROCHLO- methylphenidate hcl tab er 24hr 18 mg	NC				•
modafinil tab 100 mg (Provigil)	1				
modafinil tab 200 mg (Provigil)	1				
MYDAYIS- amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	NC				•
MYDAYIS- amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	NC				•
MYDAYIS- amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	NC				•
MYDAYIS- amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	NC				•
PHENDIMETRAZINE TARTRATE- phendimetrazine tartrate cap er 24hr 105 mg	NC		•		•
phendimetrazine tartrate tab 35 mg	NC		•		•
phentermine hcl cap 15 mg	1+		•		•
phentermine hcl cap 30 mg	1+		•		•
phentermine hcl cap 37.5 mg (Adipex-p)	1+		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
phentermine hcl tab 37.5 mg (Adipex-p)	1+		•		•
QELBREE- viloxazine hcl cap er 24hr 100 mg	NC				•
QELBREE- viloxazine hcl cap er 24hr 150 mg	NC				•
QELBREE- viloxazine hcl cap er 24hr 200 mg	NC				•
QSYMIA- phentermine hcl-topiramate cap er 24hr 3.75-23 mg	4+		•		•
QSYMIA- phentermine hcl-topiramate cap er 24hr 7.5-46 mg	4+		•		•
QSYMIA- phentermine hcl-topiramate cap er 24hr 11.25-69 mg	4+		•		•
QSYMIA- phentermine hcl-topiramate cap er 24hr 15-92 mg	4+		•		•
QUILLICHEW ER- methylphenidate hcl chew tab extended release 20 mg	NC				•
QUILLICHEW ER- methylphenidate hcl chew tab extended release 30 mg	NC				•
QUILLICHEW ER- methylphenidate hcl chew tab extended release 40 mg	NC				•
QUILLIVANT XR- methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml)	NC				•
RELEXXII- methylphenidate hcl tab er osmotic release (osm) 72 mg	NC				•
SAXENDA- liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml)	4+		•		•
SUNOSI- solriamfetol hcl tab 75 mg (base equiv)	2		•		•
SUNOSI- solriamfetol hcl tab 150 mg (base equiv)	2		•		•
VYVANSE- lisdexamfetamine dimesylate cap 10 mg	2				•
VYVANSE- lisdexamfetamine dimesylate cap 20 mg	2				•
VYVANSE- lisdexamfetamine dimesylate cap 30 mg	2				•
VYVANSE- lisdexamfetamine dimesylate cap 40 mg	2				•
VYVANSE- lisdexamfetamine dimesylate cap 50 mg	2				•
VYVANSE- lisdexamfetamine dimesylate cap 60 mg	2				•
VYVANSE- lisdexamfetamine dimesylate cap 70 mg	2				•
VYVANSE- lisdexamfetamine dimesylate chew tab 10 mg	2				•
VYVANSE- lisdexamfetamine dimesylate chew tab 20 mg	2				•
VYVANSE- lisdexamfetamine dimesylate chew tab 30 mg	2				•
VYVANSE- lisdexamfetamine dimesylate chew tab 40 mg	2				•
VYVANSE- lisdexamfetamine dimesylate chew tab 50 mg	2				•
VYVANSE- lisdexamfetamine dimesylate chew tab 60 mg	2				•
WAKIX- pitolisant hcl tab 4.45 mg (base equivalent)	NC	•	•		•
WAKIX- pitolisant hcl tab 17.8 mg (base equivalent)	NC	•	•		•
XENICAL- orlistat cap 120 mg	4+		•		•
ZENZEDI- dextroamphetamine sulfate tab 2.5 mg	NC				•
ZENZEDI- dextroamphetamine sulfate tab 7.5 mg	NC				•
ZENZEDI- dextroamphetamine sulfate tab 15 mg	NC				•
ZENZEDI- dextroamphetamine sulfate tab 20 mg	NC				•
ZENZEDI- dextroamphetamine sulfate tab 30 mg	NC				•
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.					
acamprosate calcium tab delayed release 333 mg	1				
ADDYI- flibanserin tab 100 mg	3		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ADUHELM- aducanumab-avwa iv soln 170 mg/1.7ml (100 mg/ml)	NC				
ADUHELM- aducanumab-avwa iv soln 300 mg/3ml (100 mg/ml)	NC				
AUBAGIO- teriflunomide tab 7 mg	4	•		•	•
AUBAGIO- teriflunomide tab 14 mg	4	•		•	•
AUSTEDO- deutetrabenazine tab 6 mg	4	•	•		•
AUSTEDO- deutetrabenazine tab 9 mg	4	•	•		•
AUSTEDO- deutetrabenazine tab 12 mg	4	•	•		•
AVONEX- interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	4	•		•	•
AVONEX PEN- interferon beta-1a im auto-injector kit 30 mcg/0.5ml	4	•		•	•
BAFIERTAM- monomethyl fumarate capsule delayed release 95 mg	NC	•		•	•
BETASERON- interferon beta-1b for inj kit 0.3 mg	4	•		•	•
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban)	1				
CHANTIX- varenicline tartrate tab 0.5 mg (base equiv)	2				
CHANTIX- varenicline tartrate tab 1 mg (base equiv)	2				
CHANTIX CONTINUING MONTH- varenicline tartrate tab 1 mg (base equiv)	2				
CHANTIX STARTING MONTH PA- varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	2				
CHLORDIAZEPOXIDE/AMITRIPT- chlordiazepoxide-amitriptyline tab 5-12.5 mg	3				
CHLORDIAZEPOXIDE/AMITRIPT- chlordiazepoxide-amitriptyline tab 10-25 mg	3				
dalfampridine tab er 12hr 10 mg (Ampyra)	4	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	4	•			•
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	4	•			•
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	4	•			•
disulfiram tab 250 mg (Antabuse)	1				
disulfiram tab 500 mg (Antabuse)	1				
donepezil hydrochloride orally disintegrating tab 5 mg	1				
donepezil hydrochloride orally disintegrating tab 10 mg	1				
donepezil hydrochloride tab 5 mg (Aricept)	1				
donepezil hydrochloride tab 10 mg (Aricept)	1				
donepezil hydrochloride tab 23 mg (Aricept)	1				
ERGOLOID MESYLATES- ergoloid mesylates tab 1 mg	NC				
EXTAVIA- interferon beta-1b for inj kit 0.3 mg	NC	•		•	•
FLUOXETINE HYDROCHLORIDE- fluoxetine hcl (pmdd) tab 10 mg	NC				
FLUOXETINE HYDROCHLORIDE- fluoxetine hcl (pmdd) tab 20 mg	NC				
GALANTAMINE HYDROBROMIDE- galantamine hydrobromide oral soln 4 mg/ml	3				
galantamine hydrobromide cap er 24hr 8 mg (Razadyne er)	1				
galantamine hydrobromide cap er 24hr 16 mg (Razadyne er)	1				
galantamine hydrobromide cap er 24hr 24 mg (Razadyne er)	1				
galantamine hydrobromide tab 4 mg (Razadyne)	1				
galantamine hydrobromide tab 8 mg (Razadyne)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
galantamine hydrobromide tab 12 mg (Razadyne)	1				
GILENYA- fingolimod hcl cap 0.5 mg (base equiv)	4	•		•	•
glatiramer acetate soln prefilled syringe 20 mg/ml (MYLAN PRODUCTS) (Copaxone)	4	•		•	•
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	NC	•		•	•
glatiramer acetate soln prefilled syringe 40 mg/ml (MYLAN PRODUCTS) (Copaxone)	4	•		•	•
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	NC	•		•	•
GRALISE- gabapentin (once-daily) tab 300 mg	NC				•
GRALISE- gabapentin (once-daily) tab 600 mg	NC				•
HORIZANT- gabapentin enacarbil tab er 300 mg	NC				•
HORIZANT- gabapentin enacarbil tab er 600 mg	NC				•
INGREZZA- valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	4	•	•		•
INGREZZA- valbenazine tosylate cap 40 mg (base equiv)	4	•	•		•
INGREZZA- valbenazine tosylate cap 60 mg (base equiv)	4	•	•		•
INGREZZA- valbenazine tosylate cap 80 mg (base equiv)	4	•	•		•
KESIMPTA- ofatumumab soln auto-injector 20 mg/0.4ml	4	•		•	•
LUCEMYRA- lofexidine hcl tab 0.18 mg (base equivalent)	3		•		•
MAVENCLAD- cladribine tab therapy pack 10 mg (4 tabs)	4	•		•	•
MAVENCLAD- cladribine tab therapy pack 10 mg (5 tabs)	4	•		•	•
MAVENCLAD- cladribine tab therapy pack 10 mg (6 tabs)	4	•		•	•
MAVENCLAD- cladribine tab therapy pack 10 mg (7 tabs)	4	•		•	•
MAVENCLAD- cladribine tab therapy pack 10 mg (8 tabs)	4	•		•	•
MAVENCLAD- cladribine tab therapy pack 10 mg (9 tabs)	4	•		•	•
MAVENCLAD- cladribine tab therapy pack 10 mg (10 tabs)	4	•		•	•
MAYZENT- siponimod fumarate tab 0.25 mg (base equiv)	4	•		•	•
MAYZENT- siponimod fumarate tab 2 mg (base equiv)	4	•		•	•
MAYZENT STARTER PACK- siponimod fumarate tab 0.25 mg (12) starter pack	4	•		•	•
memantine hcl cap er 24hr 7 mg (Namenda xr)	NC				
memantine hcl cap er 24hr 14 mg (Namenda xr)	NC				
memantine hcl cap er 24hr 21 mg (Namenda xr)	NC				
memantine hcl cap er 24hr 28 mg (Namenda xr)	NC				
memantine hcl oral solution 2 mg/ml (Namenda)	1				
memantine hcl tab 5 mg (Namenda)	1				
memantine hcl tab 10 mg (Namenda)	1				
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	1				
NAMZARIC- memantine hcl-donepezil hcl cap er 24hr 7-10 mg	NC				
NAMZARIC- memantine hcl-donepezil hcl cap er 24hr 14-10 mg	NC				
NAMZARIC- memantine hcl-donepezil hcl cap er 24hr 21-10 mg	NC				
NAMZARIC- memantine hcl-donepezil hcl cap er 24hr 28-10 mg	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
NAMZARIC- memantine-donepezil cap er 24hr 7 & 14 & 21 & 28-10 mg pack	NC				
nicotine polacrilex gum 2 mg	1				
nicotine polacrilex gum 4 mg	1				
nicotine polacrilex lozenge 2 mg	1				
nicotine polacrilex lozenge 4 mg	1				
nicotine td patch 24hr 7 mg/24hr	1				
nicotine td patch 24hr 14 mg/24hr	1				
nicotine td patch 24hr 21 mg/24hr	1				
NICOTINE TRANSDERMAL SYST- nicotine td patch 24 hr kit 21-14-7 mg/24hr	2				
NICOTROL INHALER- nicotine inhaler system 10 mg (4 mg delivered)	2				
NICOTROL NS- nicotine nasal spray 10 mg/ml (0.5 mg/spray)	2				
NUEDEXTA- dextromethorphan hbr-quinidine sulfate cap 20-10 mg	3		•		•
olanzapine-fluoxetine hcl cap 3-25 mg (Symbyax)	NC				
olanzapine-fluoxetine hcl cap 6-25 mg (Symbyax)	NC				
olanzapine-fluoxetine hcl cap 6-50 mg (Symbyax)	NC				
olanzapine-fluoxetine hcl cap 12-25 mg (Symbyax)	NC				
olanzapine-fluoxetine hcl cap 12-50 mg (Symbyax)	NC				
paroxetine mesylate cap 7.5 mg (base equiv) (Brisdelle)	NC				
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	3				
PIMOZIDE- pimozide tab 2 mg	3				
PLEGRIDY- peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	4	•		•	•
PLEGRIDY- peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	4	•		•	•
PLEGRIDY- peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	4	•		•	•
PLEGRIDY STARTER PACK- peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	4	•		•	•
PLEGRIDY STARTER PACK- peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	4	•		•	•
PONVORY- ponesimod tab 20 mg	NC	•		•	•
PONVORY 14-DAY STARTER PA- ponesimod tab starter pack 2,3,4,5,6,7,8,9 &10 mg	NC	•		•	•
pregabalin tab er 24hr 82.5 mg (Lyrica cr)	NC		•		•
pregabalin tab er 24hr 165 mg (Lyrica cr)	NC		•		•
pregabalin tab er 24hr 330 mg (Lyrica cr)	NC		•		•
REBIF- interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml)	4	•		•	•
REBIF- interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml)	4	•		•	•
REBIF REBIDOSE- interferon beta-1a soln auto-inj 22 mcg/0.5ml (12mu/ml)	4	•		•	•
REBIF REBIDOSE- interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml)	4	•		•	•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
REBIF REBIDOSE TITRATION- interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	4	•		•	•
REBIF TITRATION PACK- interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	4	•		•	•
rivastigmine tartrate cap 1.5 mg (base equivalent)	1				
rivastigmine tartrate cap 3 mg (base equivalent)	1				
rivastigmine tartrate cap 4.5 mg (base equivalent)	1				
rivastigmine tartrate cap 6 mg (base equivalent)	1				
rivastigmine td patch 24hr 4.6 mg/24hr (Exelon)	1				
rivastigmine td patch 24hr 9.5 mg/24hr (Exelon)	1				
rivastigmine td patch 24hr 13.3 mg/24hr (Exelon)	1				
SAVELLA- milnacipran hcl tab 12.5 mg	NC				•
SAVELLA- milnacipran hcl tab 25 mg	NC				•
SAVELLA- milnacipran hcl tab 50 mg	NC				•
SAVELLA- milnacipran hcl tab 100 mg	NC				•
SAVELLA TITRATION PACK- milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	NC				•
TEGSEDI- inotersen sod subcutaneous pref syr 284 mg/1.5ml (base eq)	4	•	•		•
tetrabenazine tab 12.5 mg (Xenazine)	4	•	•		•
tetrabenazine tab 25 mg (Xenazine)	4	•	•		•
VUMERITY- diroximel fumarate capsule delayed release 231 mg	NC	•		•	•
VYLEESI- bremelanotide acet subcutaneous soln auto-inj 1.75 mg/0.3ml	4	•	•		•
XYREM- sodium oxybate oral solution 500 mg/ml	4	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
XYWAV- calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	4	•	•		•
ZEPOSIA- ozanimod hcl cap 0.92 mg	4	•	•		•
ZEPOSIA STARTER KIT- ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 30 x 0.92 mg	4	•	•		•
ZEPOSIA 7-DAY STARTER PAC- ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	4	•	•		•
ANALGESICS AND ANESTHETICS					
ANALGESICS - NON-NARCOTIC					
ALLZITAL- butalbital-acetaminophen tab 25-325 mg	NC				•
aspirin chew tab 81 mg	1				
aspirin tab delayed release 81 mg	1				
butalbital-acetaminophen cap 50-300 mg (Butalbital/acetamino)	NC				•
butalbital-acetaminophen tab 50-300 mg	NC				•
butalbital-acetaminophen tab 50-325 mg	1				•
butalbital-acetaminophen-caffeine cap 50-300-40 mg (Fioricet)	NC				•
butalbital-acetaminophen-caffeine cap 50-325-40 mg	NC				•
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	1				•
butalbital-aspirin-caffeine cap 50-325-40 mg (Fiorinal)	1				•
BUTALBITAL/ACETAMINOPHEN- butalbital-acetaminophen tab 25-325 mg	NC				•
diflunisal tab 500 mg	1				
TENCON- butalbital-acetaminophen tab 50-325 mg	3				•
VTOL LQ- butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml	NC				•
ANALGESICS - NARCOTIC					
acetaminophen w/ codeine soln 120-12 mg/5ml	1		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	1		•		•
acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3)	1		•		•
acetaminophen w/ codeine tab 300-60 mg (Tylenol/codeine #4)	1		•		•
ACETAMINOPHEN/CAFFEINE/ DI- acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	NC		•		•
ACETAMINOPHEN/CAFFEINE/ DI- acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg	NC		•		•
APADAZ- benzhydrocodone hcl-acetaminophen tab 4.08-325 mg	NC		•		•
APADAZ- benzhydrocodone hcl-acetaminophen tab 6.12-325 mg	NC		•		•
APADAZ- benzhydrocodone hcl-acetaminophen tab 8.16-325 mg	NC		•		•
BELBUCA- buprenorphine hcl buccal film 75 mcg (base equivalent)	2		•		•
BELBUCA- buprenorphine hcl buccal film 150 mcg (base equivalent)	2		•		•
BELBUCA- buprenorphine hcl buccal film 300 mcg (base equivalent)	2		•		•
BELBUCA- buprenorphine hcl buccal film 450 mcg (base equivalent)	2		•		•
BELBUCA- buprenorphine hcl buccal film 600 mcg (base equivalent)	2		•		•
BELBUCA- buprenorphine hcl buccal film 750 mcg (base equivalent)	2		•		•
BELBUCA- buprenorphine hcl buccal film 900 mcg (base equivalent)	2		•		•
BENZHYDROCODONE/ ACETAMINO- benzhydrocodone hcl-acetaminophen tab 4.08-325 mg	NC		•		•
BENZHYDROCODONE/ ACETAMINO- benzhydrocodone hcl-acetaminophen tab 6.12-325 mg	NC		•		•
BENZHYDROCODONE/ ACETAMINO- benzhydrocodone hcl-acetaminophen tab 8.16-325 mg	NC		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
BUNAVAIL- buprenorphine-naloxone buccal film 4.2-0.7 mg (base equiv)	NC				•
BUNAVAIL- buprenorphine-naloxone buccal film 6.3-1 mg (base equiv)	NC				•
buprenorphine hcl sl tab 2 mg (base equiv)	1		•		•
buprenorphine hcl sl tab 8 mg (base equiv)	1		•		•
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	1				•
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone)	1				•
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	1				•
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone)	1				•
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1				•
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1				•
buprenorphine td patch weekly 5 mcg/hr (Butrans)	NC		•		•
buprenorphine td patch weekly 7.5 mcg/hr (Butrans)	NC		•		•
buprenorphine td patch weekly 10 mcg/hr (Butrans)	NC		•		•
buprenorphine td patch weekly 15 mcg/hr (Butrans)	NC		•		•
buprenorphine td patch weekly 20 mcg/hr (Butrans)	NC		•		•
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (Fioricet/codeine)	NC		•		•
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1		•		•
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Fiorinal/ codeine #3)	1		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
butorphanol tartrate nasal soln 10 mg/ml	1		•		•
CODEINE SULFATE- codeine sulfate tab 15 mg	3		•		•
CODEINE SULFATE- codeine sulfate tab 60 mg	3		•		•
codeine sulfate tab 30 mg (Codeine sulfate)	1		•		•
CONZIP- tramadol hcl cap er 24hr biphasic release 100 mg	NC		•		•
CONZIP- tramadol hcl cap er 24hr biphasic release 200 mg	NC		•		•
CONZIP- tramadol hcl cap er 24hr biphasic release 300 mg	NC		•		•
FENTANYL CITRATE- fentanyl citrate buccal tab 100 mcg (base equiv)	NC		•		•
FENTANYL CITRATE- fentanyl citrate buccal tab 200 mcg (base equiv)	NC		•		•
FENTANYL CITRATE- fentanyl citrate buccal tab 400 mcg (base equiv)	NC		•		•
FENTANYL CITRATE- fentanyl citrate buccal tab 600 mcg (base equiv)	NC		•		•
FENTANYL CITRATE- fentanyl citrate buccal tab 800 mcg (base equiv)	NC		•		•
fentanyl citrate lozenge on a handle 200 mcg (Actiq)	1		•		•
fentanyl citrate lozenge on a handle 400 mcg (Actiq)	1		•		•
fentanyl citrate lozenge on a handle 600 mcg (Actiq)	1		•		•
fentanyl citrate lozenge on a handle 800 mcg (Actiq)	1		•		•
fentanyl citrate lozenge on a handle 1200 mcg (Actiq)	1		•		•
fentanyl citrate lozenge on a handle 1600 mcg (Actiq)	1		•		•
fentanyl td patch 72hr 12 mcg/hr (Duragesic)	1		•		•
fentanyl td patch 72hr 25 mcg/hr (Duragesic)	1		•		•
fentanyl td patch 72hr 37.5 mcg/hr	NC		•		•
fentanyl td patch 72hr 50 mcg/hr (Duragesic)	1		•		•
fentanyl td patch 72hr 62.5 mcg/hr	NC		•		•
fentanyl td patch 72hr 75 mcg/hr (Duragesic)	1		•		•
fentanyl td patch 72hr 87.5 mcg/hr	NC		•		•
fentanyl td patch 72hr 100 mcg/hr (Duragesic)	1		•		•
FENTORA- fentanyl citrate buccal tab 100 mcg (base equiv)	NC		•		•
FENTORA- fentanyl citrate buccal tab 200 mcg (base equiv)	NC		•		•
FENTORA- fentanyl citrate buccal tab 400 mcg (base equiv)	NC		•		•
FENTORA- fentanyl citrate buccal tab 600 mcg (base equiv)	NC		•		•
FENTORA- fentanyl citrate buccal tab 800 mcg (base equiv)	NC		•		•
HYDROCODONE BITARTRATE ER- hydrocodone bitartrate cap er 12hr 10 mg	NC		•		•
HYDROCODONE BITARTRATE ER- hydrocodone bitartrate cap er 12hr 15 mg	NC		•		•
HYDROCODONE BITARTRATE ER- hydrocodone bitartrate cap er 12hr 20 mg	NC		•		•
HYDROCODONE BITARTRATE ER- hydrocodone bitartrate cap er 12hr 30 mg	NC		•		•
HYDROCODONE BITARTRATE ER- hydrocodone bitartrate cap er 12hr 40 mg	NC		•		•
HYDROCODONE BITARTRATE ER- hydrocodone bitartrate cap er 12hr 50 mg	NC		•		•
hydrocodone bitartrate tab er 24hr deter 20 mg (Hysingla er)	NC		•		•
hydrocodone bitartrate tab er 24hr deter 30 mg (Hysingla er)	NC		•		•
hydrocodone bitartrate tab er 24hr deter 40 mg (Hysingla er)	NC		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
hydrocodone bitartrate tab er 24hr deter 60 mg (Hysingla er)	NC		•		•
hydrocodone bitartrate tab er 24hr deter 80 mg (Hysingla er)	NC		•		•
hydrocodone bitartrate tab er 24hr deter 100 mg (Hysingla er)	NC		•		•
hydrocodone bitartrate tab er 24hr deter 120 mg (Hysingla er)	NC		•		•
hydrocodone-acetaminophen soln 7.5-325 mg/15ml (Hycet)	1		•		•
hydrocodone-acetaminophen soln 10-325 mg/15ml	NC		•		•
hydrocodone-acetaminophen tab 10-325 mg (Norco)	1		•		•
hydrocodone-acetaminophen tab 5-300 mg (Xodol)	1		•		•
hydrocodone-acetaminophen tab 7.5-300 mg (Xodol)	1		•		•
hydrocodone-acetaminophen tab 5-325 mg (Norco)	1		•		•
hydrocodone-acetaminophen tab 7.5-325 mg (Norco)	1		•		•
hydrocodone-acetaminophen tab 10-300 mg (Xodol)	1		•		•
hydrocodone-ibuprofen tab 7.5-200 mg	1		•		•
hydrocodone-ibuprofen tab 10-200 mg (Ibudone)	1		•		•
HYDROCODONE/IBUPROFEN- hydrocodone-ibuprofen tab 5-200 mg	1		•		•
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	1		•		•
hydromorphone hcl tab er 24hr 8 mg	NC		•		•
hydromorphone hcl tab er 24hr 12 mg	NC		•		•
hydromorphone hcl tab er 24hr 16 mg	NC		•		•
hydromorphone hcl tab er 24hr 32 mg	NC		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
hydromorphone hcl tab 2 mg (Dilaudid)	1		•		•
hydromorphone hcl tab 4 mg (Dilaudid)	1		•		•
hydromorphone hcl tab 8 mg (Dilaudid)	1		•		•
LAZANDA- fentanyl citrate nasal spray 100 mcg/act (base equiv)	NC		•		•
LAZANDA- fentanyl citrate nasal spray 400 mcg/act (base equiv)	NC		•		•
levorphanol tartrate tab 2 mg	NC		•		•
levorphanol tartrate tab 3 mg (Levorphanol tartrate)	NC		•		•
LORTAB- hydrocodone-acetaminophen soln 10-300 mg/15ml	NC		•		•
MEPERIDINE HCL- meperidine hcl oral soln 50 mg/5ml	NC		•		•
MEPERIDINE HCL- meperidine hcl tab 50 mg	NC		•		•
methadone hcl conc 10 mg/ml (Methadose)	1		•		•
methadone hcl soln 5 mg/5ml (Methadone hcl)	1		•		•
methadone hcl soln 10 mg/5ml (Methadone hcl)	1		•		•
methadone hcl tab for oral susp 40 mg	1		•		•
methadone hcl tab 5 mg (Dolophine)	1		•		•
methadone hcl tab 10 mg (Dolophine)	1		•		•
MORPHINE SULFATE- morphine sulfate tab 15 mg	2		•		•
MORPHINE SULFATE- morphine sulfate tab 30 mg	2		•		•
morphine sulfate cap er 24hr 10 mg (Kadian)	1		•		•
morphine sulfate cap er 24hr 20 mg (Kadian)	1		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
morphine sulfate cap er 24hr 30 mg (Kadian)	1		•		•
morphine sulfate cap er 24hr 50 mg (Kadian)	1		•		•
morphine sulfate cap er 24hr 60 mg (Kadian)	1		•		•
morphine sulfate cap er 24hr 80 mg (Kadian)	1		•		•
morphine sulfate cap er 24hr 100 mg (Kadian)	1		•		•
MORPHINE SULFATE ER- morphine sulfate beads cap er 24hr 30 mg	NC		•		•
MORPHINE SULFATE ER- morphine sulfate beads cap er 24hr 45 mg	NC		•		•
MORPHINE SULFATE ER- morphine sulfate beads cap er 24hr 60 mg	NC		•		•
MORPHINE SULFATE ER- morphine sulfate beads cap er 24hr 75 mg	NC		•		•
MORPHINE SULFATE ER- morphine sulfate beads cap er 24hr 90 mg	NC		•		•
MORPHINE SULFATE ER- morphine sulfate beads cap er 24hr 120 mg	NC		•		•
MORPHINE SULFATE ER- morphine sulfate cap er 24hr 40 mg	NC		•		•
morphine sulfate oral soln 10 mg/5ml	1		•		•
morphine sulfate oral soln 20 mg/5ml	1		•		•
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1		•		•
morphine sulfate tab er 15 mg (Ms contin)	1		•		•
morphine sulfate tab er 30 mg (Ms contin)	1		•		•
morphine sulfate tab er 60 mg (Ms contin)	1		•		•
morphine sulfate tab er 100 mg (Ms contin)	1		•		•
morphine sulfate tab er 200 mg (Ms contin)	1		•		•

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

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
oxycodone hcl tab 5 mg (Roxicodone)	1		•		•
oxycodone hcl tab 10 mg	1		•		•
oxycodone hcl tab 15 mg (Roxicodone)	1		•		•
oxycodone hcl tab 20 mg	1		•		•
oxycodone hcl tab 30 mg (Roxicodone)	1		•		•
OXYCODONE HYDROCHLORIDE E- oxycodone hcl tab er 12hr deter 10 mg	NC		•		•
OXYCODONE HYDROCHLORIDE E- oxycodone hcl tab er 12hr deter 20 mg	NC		•		•
OXYCODONE HYDROCHLORIDE E- oxycodone hcl tab er 12hr deter 40 mg	NC		•		•
OXYCODONE HYDROCHLORIDE/A- oxycodone w/ acetaminophen soln 10-300 mg/5ml	NC		•		•
oxycodone w/ acetaminophen tab 2.5-325 mg (Percocet)	1		•		•
oxycodone w/ acetaminophen tab 5-325 mg (Percocet)	1		•		•
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	1		•		•
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	1		•		•
OXYCODONE/ACETAMINOPHEN- oxycodone w/ acetaminophen tab 2.5-300 mg	NC		•		•
OXYCODONE/ACETAMINOPHEN- oxycodone w/ acetaminophen tab 5-300 mg	NC		•		•
OXYCODONE/ACETAMINOPHEN- oxycodone w/ acetaminophen tab 10-300 mg	NC		•		•
OXYCONTIN- oxycodone hcl tab er 12hr deter 10 mg	NC		•		•
OXYCONTIN- oxycodone hcl tab er 12hr deter 15 mg	NC		•		•
OXYCONTIN- oxycodone hcl tab er 12hr deter 20 mg	NC		•		•
OXYCONTIN- oxycodone hcl tab er 12hr deter 30 mg	NC		•		•
OXYCONTIN- oxycodone hcl tab er 12hr deter 40 mg	NC		•		•
OXYCONTIN- oxycodone hcl tab er 12hr deter 60 mg	NC		•		•
OXYCONTIN- oxycodone hcl tab er 12hr deter 80 mg	NC		•		•
oxymorphone hcl tab 5 mg (Opana)	1		•		•
oxymorphone hcl tab 10 mg (Opana)	1		•		•
OXYMORPHONE HYDROCHLORIDE- oxymorphone hcl tab er 12hr 5 mg	3		•		•
OXYMORPHONE HYDROCHLORIDE- oxymorphone hcl tab er 12hr 7.5 mg	3		•		•
OXYMORPHONE HYDROCHLORIDE- oxymorphone hcl tab er 12hr 10 mg	3		•		•
OXYMORPHONE HYDROCHLORIDE- oxymorphone hcl tab er 12hr 15 mg	3		•		•
OXYMORPHONE HYDROCHLORIDE- oxymorphone hcl tab er 12hr 20 mg	3		•		•
OXYMORPHONE HYDROCHLORIDE- oxymorphone hcl tab er 12hr 30 mg	3		•		•
OXYMORPHONE HYDROCHLORIDE- oxymorphone hcl tab er 12hr 40 mg	3		•		•
pentazocine w/ naloxone tab 50-0.5 mg	NC		•		•
PROLATE- oxycodone w/ acetaminophen soln 10-300 mg/5ml	NC		•		•
PROLATE- oxycodone w/ acetaminophen tab 5-300 mg	NC		•		•
PROLATE- oxycodone w/ acetaminophen tab 7.5-300 mg	NC		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
PROLATE- oxycodone w/ acetaminophen tab 10-300 mg	NC		•		•
QDOLO- tramadol hcl oral soln 5 mg/ ml	NC		•		•
SUBSYS- fentanyl sublingual spray 100 mcg	NC		•		•
SUBSYS- fentanyl sublingual spray 200 mcg	NC		•		•
SUBSYS- fentanyl sublingual spray 400 mcg	NC		•		•
SUBSYS- fentanyl sublingual spray 600 mcg	NC		•		•
SUBSYS- fentanyl sublingual spray 800 mcg	NC		•		•
SUBSYS- fentanyl sublingual spray 1200 mcg (600 mcg x 2)	NC		•		•
SUBSYS- fentanyl sublingual spray 1600 mcg (800 mcg x 2)	NC		•		•
TRAMADOL HCL ER- tramadol hcl cap er 24hr biphasic release 100 mg	NC		•		•
TRAMADOL HCL ER- tramadol hcl cap er 24hr biphasic release 200 mg	NC		•		•
TRAMADOL HCL ER- tramadol hcl cap er 24hr biphasic release 300 mg	NC		•		•
tramadol hcl tab er 24hr 100 mg	1		•		•
tramadol hcl tab er 24hr 200 mg	1		•		•
tramadol hcl tab er 24hr 300 mg	1		•		•
tramadol hcl tab er 24hr biphasic release 100 mg	1		•		•
tramadol hcl tab er 24hr biphasic release 200 mg	1		•		•
tramadol hcl tab er 24hr biphasic release 300 mg	1		•		•
tramadol hcl tab 50 mg (Ultram)	1		•		•
TRAMADOL HYDROCHLORIDE- tramadol hcl tab 100 mg	NC		•		•
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	1		•		•
TREZIX- acetaminophen-caffeine- dihydrocodeine cap 320.5-30-16 mg	NC		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 9 mg	3		•		•
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 13.5 mg	3		•		•
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 18 mg	3		•		•
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 27 mg	3		•		•
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 36 mg	3		•		•
ZUBSOLV- buprenorphine hcl- naloxone hcl sl tab 0.7-0.18 mg (base eq)	NC				•
ZUBSOLV- buprenorphine hcl- naloxone hcl sl tab 1.4-0.36 mg (base eq)	NC				•
ZUBSOLV- buprenorphine hcl- naloxone hcl sl tab 2.9-0.71 mg (base eq)	NC				•
ZUBSOLV- buprenorphine hcl- naloxone hcl sl tab 5.7-1.4 mg (base eq)	NC				•
ZUBSOLV- buprenorphine hcl- naloxone hcl sl tab 8.6-2.1 mg (base eq)	NC				•
ZUBSOLV- buprenorphine hcl- naloxone hcl sl tab 11.4-2.9 mg (base eq)	NC				•
ANALGESICS - ANTI-INFLAMMATORY					
ACTEMRA- tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	4	•	•		•
ACTEMRA ACTPEN- tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	4	•	•		•
ARCALYST- rilonacept for inj 220 mg	4	•	•		•
celecoxib cap 50 mg (Celebrex)	1				
celecoxib cap 100 mg (Celebrex)	1				
celecoxib cap 200 mg (Celebrex)	1				
celecoxib cap 400 mg (Celebrex)	1				
DICLOFENAC- diclofenac cap 35 mg	NC				
diclofenac potassium tab 50 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
diclofenac sodium tab delayed release 25 mg	1				
diclofenac sodium tab delayed release 50 mg	1				
diclofenac sodium tab delayed release 75 mg	1				
diclofenac sodium tab er 24hr 100 mg	NC				
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	1				
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	1				
DUEXIS- ibuprofen-famotidine tab 800-26.6 mg	NC				
ENBREL- etanercept for subcutaneous inj 25 mg	4	•	•		•
ENBREL- etanercept subcutaneous inj 25 mg/0.5ml	4	•	•		•
ENBREL- etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	4	•	•		•
ENBREL- etanercept subcutaneous soln prefilled syringe 50 mg/ml	4	•	•		•
ENBREL MINI- etanercept subcutaneous solution cartridge 50 mg/ml	4	•	•		•
ENBREL SURECLICK- etanercept subcutaneous solution auto-injector 50 mg/ml	4	•	•		•
etodolac cap 200 mg	1				
etodolac cap 300 mg	1				
etodolac tab er 24hr 400 mg	1				
etodolac tab er 24hr 500 mg	1				
etodolac tab er 24hr 600 mg	1				
etodolac tab 400 mg (Lodine)	1				
etodolac tab 500 mg	1				
FENOPROFEN CALCIUM- fenoprofen calcium cap 200 mg	NC				
FENOPROFEN CALCIUM- fenoprofen calcium cap 400 mg	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
fenoprofen calcium tab 600 mg	NC				
FENORTHO- fenoprofen calcium cap 200 mg	NC				
FLURBIPROFEN- flurbiprofen tab 50 mg	3				
flurbiprofen tab 100 mg	1				
HUMIRA- adalimumab prefilled syringe kit 10 mg/0.1ml	4	•	•		•
HUMIRA- adalimumab prefilled syringe kit 20 mg/0.2ml	4	•	•		•
HUMIRA- adalimumab prefilled syringe kit 40 mg/0.8ml	4	•	•		•
HUMIRA- adalimumab prefilled syringe kit 40 mg/0.4ml	4	•	•		•
HUMIRA PEDIATRIC CROHNS D- adalimumab prefilled syringe kit 80 mg/0.8ml	4	•	•		•
HUMIRA PEDIATRIC CROHNS D- adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml	4	•	•		•
HUMIRA PEN- adalimumab pen-injector kit 40 mg/0.8ml	4	•	•		•
HUMIRA PEN- adalimumab pen-injector kit 40 mg/0.4ml	4	•	•		•
HUMIRA PEN- adalimumab pen-injector kit 80 mg/0.8ml	4	•	•		•
HUMIRA PEN-CD/UC/HS START- adalimumab pen-injector kit 40 mg/0.8ml	4	•	•		•
HUMIRA PEN-CD/UC/HS START- adalimumab pen-injector kit 80 mg/0.8ml	4	•	•		•
HUMIRA PEN-PEDIATRIC UC S- adalimumab pen-injector kit 80 mg/0.8ml	4	•	•		•
HUMIRA PEN-PS/UV STARTER- adalimumab pen-injector kit 40 mg/0.8ml	4	•	•		•
HUMIRA PEN-PS/UV STARTER- adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	4	•	•		•
ibuprofen susp 100 mg/5ml	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ibuprofen tab 400 mg	1				
ibuprofen tab 600 mg	1				
ibuprofen tab 800 mg	1				
INDOCIN- indomethacin suppos 50 mg	NC				
INDOCIN- indomethacin susp 25 mg/5ml	NC				
INDOMETHACIN- indomethacin cap 20 mg	NC				
indomethacin cap er 75 mg	1				
indomethacin cap 25 mg	1				
indomethacin cap 50 mg	1				
KETOPROFEN- ketoprofen cap 25 mg	NC				
KETOPROFEN- ketoprofen cap 50 mg	NC				
KETOPROFEN- ketoprofen cap 75 mg	NC				
KETOPROFEN ER- ketoprofen cap er 24hr 200 mg	NC				
KETOROLAC TROMETHAMINE- ketorolac tromethamine nasal spray 15.75 mg/spray	NC				
ketorolac tromethamine tab 10 mg	1				
KEVZARA- sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml	4	•	•		•
KEVZARA- sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	4	•	•		•
KEVZARA- sarilumab subcutaneous solution auto-injector 150 mg/1.14ml	4	•	•		•
KEVZARA- sarilumab subcutaneous solution auto-injector 200 mg/1.14ml	4	•	•		•
KINERET- anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	NC	•	•		•
leflunomide tab 10 mg (Arava)	1				
leflunomide tab 20 mg (Arava)	1				
MECLOFENAMATE SODIUM- meclofenamate sodium cap 50 mg	NC				
MECLOFENAMATE SODIUM- meclofenamate sodium cap 100 mg	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
mefenamic acid cap 250 mg	NC				
meloxicam cap 5 mg (Vivlodex)	NC				
meloxicam cap 10 mg (Vivlodex)	NC				
meloxicam tab 7.5 mg (Mobic)	1				
meloxicam tab 15 mg (Mobic)	1				
nabumetone tab 500 mg	1				
nabumetone tab 750 mg	1				
NALFON- fenoprofen calcium cap 400 mg	NC				
NAPRELAN- naproxen sodium tab er 24hr 750 mg (base equiv)	NC				
NAPROXEN SODIUM- naproxen sodium tab er 24hr 750 mg (base equiv)	NC				
naproxen sodium tab er 24hr 375 mg (base equiv) (Naprelan)	NC				
naproxen sodium tab er 24hr 500 mg (base equiv) (Naprelan)	NC				
naproxen sodium tab 275 mg	1				
naproxen sodium tab 550 mg (Anaprox ds)	1				
naproxen susp 125 mg/5ml (Naprosyn)	NC				
naproxen tab ec 375 mg (Ec-naprosyn)	NC				
naproxen tab ec 500 mg (Ec-naprosyn)	NC				
naproxen tab 250 mg	1				
naproxen tab 375 mg	1				
naproxen tab 500 mg (Naprosyn)	1				
naproxen-esomeprazole magnesium tab dr 375-20 mg (Vimovo)	NC				
naproxen-esomeprazole magnesium tab dr 500-20 mg (Vimovo)	NC				
OLUMIANT- baricitinib tab 1 mg	NC	•	•		•
OLUMIANT- baricitinib tab 2 mg	NC	•	•		•
ORENCIA- abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	NC		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ORENCIA- abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	NC		•		•
ORENCIA- abatacept subcutaneous soln prefilled syringe 125 mg/ml	NC	•	•		•
ORENCIA CLICKJECT- abatacept subcutaneous soln auto-injector 125 mg/ml	NC	•	•		•
OTEZLA- apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	4	•	•		•
OTEZLA- apremilast tab 30 mg	4	•	•		•
OTREXUP- methotrexate soln pf auto-injector 10 mg/0.4ml	2			•	
OTREXUP- methotrexate soln pf auto-injector 12.5 mg/0.4ml	2			•	
OTREXUP- methotrexate soln pf auto-injector 15 mg/0.4ml	2			•	
OTREXUP- methotrexate soln pf auto-injector 17.5 mg/0.4ml	2			•	
OTREXUP- methotrexate soln pf auto-injector 20 mg/0.4ml	2			•	
OTREXUP- methotrexate soln pf auto-injector 22.5 mg/0.4ml	2			•	
OTREXUP- methotrexate soln pf auto-injector 25 mg/0.4ml	2			•	
oxaprozin tab 600 mg (Daypro)	1				
piroxicam cap 10 mg (Feldene)	1				
piroxicam cap 20 mg (Feldene)	1				
QMIIZ ODT- meloxicam orally disintegrating tab 7.5 mg	NC				
QMIIZ ODT- meloxicam orally disintegrating tab 15 mg	NC				
RASUVO- methotrexate soln pf auto-injector 7.5 mg/0.15ml	NC			•	
RASUVO- methotrexate soln pf auto-injector 10 mg/0.2ml	NC			•	
RASUVO- methotrexate soln pf auto-injector 12.5 mg/0.25ml	NC			•	
RASUVO- methotrexate soln pf auto-injector 15 mg/0.3ml	NC			•	
RASUVO- methotrexate soln pf auto-injector 17.5 mg/0.35ml	NC			•	
RASUVO- methotrexate soln pf auto-injector 20 mg/0.4ml	NC			•	
RASUVO- methotrexate soln pf auto-injector 22.5 mg/0.45ml	NC			•	
RASUVO- methotrexate soln pf auto-injector 25 mg/0.5ml	NC			•	
RASUVO- methotrexate soln pf auto-injector 30 mg/0.6ml	NC			•	
REDITREX- methotrexate soln prefilled syringe 7.5 mg/0.3ml	2			•	
REDITREX- methotrexate soln prefilled syringe 10 mg/0.4ml	2			•	
REDITREX- methotrexate soln prefilled syringe 12.5 mg/0.5ml	2			•	
REDITREX- methotrexate soln prefilled syringe 15 mg/0.6ml	2			•	
REDITREX- methotrexate soln prefilled syringe 17.5 mg/0.7ml	2			•	
REDITREX- methotrexate soln prefilled syringe 20 mg/0.8ml	2			•	
REDITREX- methotrexate soln prefilled syringe 22.5 mg/0.9ml	2			•	
REDITREX- methotrexate soln prefilled syringe 25 mg/ml	2			•	
RELAFEN DS- nabumetone tab 1000 mg	NC				
RIDAURA- auranofin cap 3 mg	3				
RINVOQ- upadacitinib tab er 24hr 15 mg	4	•	•		•
SIMPONI- golimumab subcutaneous soln auto-injector 50 mg/0.5ml	NC	•	•		•
SIMPONI- golimumab subcutaneous soln auto-injector 100 mg/ml	4	•	•		•
SIMPONI- golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml	NC	•	•		•
SIMPONI- golimumab subcutaneous soln prefilled syringe 100 mg/ml	4	•	•		•
SPRIX- ketorolac tromethamine nasal spray 15.75 mg/spray	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
sulindac tab 150 mg	1				
sulindac tab 200 mg	1				
TIVORBEX- indomethacin cap 20 mg	NC				
XELJANZ- tofacitinib citrate oral soln 1 mg/ml (base equivalent)	4	•	•		•
XELJANZ- tofacitinib citrate tab 5 mg (base equivalent)	4	•	•		•
XELJANZ- tofacitinib citrate tab 10 mg (base equivalent)	4	•	•		•
XELJANZ XR- tofacitinib citrate tab er 24hr 11 mg (base equivalent)	4	•	•		•
XELJANZ XR- tofacitinib citrate tab er 24hr 22 mg (base equivalent)	4	•	•		•
ZIPSOR- diclofenac potassium cap 25 mg	NC				
ZORVOLEX- diclofenac cap 18 mg	NC				
ZORVOLEX- diclofenac cap 35 mg	NC				
MIGRAINE PRODUCTS					
AIMOVIG- erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	2		•		•
AIMOVIG- erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	2		•		•
AJOVY- fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	NC		•		•
AJOVY- fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	NC		•		•
almotriptan malate tab 6.25 mg (Axert)	NC				•
almotriptan malate tab 12.5 mg (Axert)	NC				•
CAMBIA- diclofenac potassium (migraine) packet 50 mg	NC				
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	1				
dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal)	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)	1				•
eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)	1				•
EMGALITY- galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	2		•		•
EMGALITY- galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	2		•		•
EMGALITY- galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	2		•		•
ERGOMAR- ergotamine tartrate sl tab 2 mg	3				
ergotamine w/ caffeine tab 1-100 mg (Cafergot)	1				
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	NC				•
MIGERGOT- ergotamine w/ caffeine suppos 2-100 mg	3				
naratriptan hcl tab 1 mg (base equiv) (Amerge)	1				•
naratriptan hcl tab 2.5 mg (base equiv) (Amerge)	1				•
NURTEC- rimegepant sulfate tab disint 75 mg	3		•		•
ONZETRA XSAIL- sumatriptan succinate exhaler powder 11 mg/ nosepiece	NC			•	•
REYVOW- lasmiditan succinate tab 50 mg	3		•		•
REYVOW- lasmiditan succinate tab 100 mg	3		•		•
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) (Maxalt-mlt)	1				•
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	1				•
rizatriptan benzoate tab 5 mg (base equivalent) (Maxalt)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	1				•
sumatriptan nasal spray 5 mg/act (Imitrex)	1				•
sumatriptan nasal spray 20 mg/act (Imitrex)	1				•
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	1				•
sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)	1				•
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)	1				•
sumatriptan succinate solution cartridge 4 mg/0.5ml (Imitrex statdose ref)	1				•
sumatriptan succinate solution cartridge 6 mg/0.5ml (Imitrex statdose ref)	1				•
sumatriptan succinate tab 25 mg (Imitrex)	1				•
sumatriptan succinate tab 50 mg (Imitrex)	1				•
sumatriptan succinate tab 100 mg (Imitrex)	1				•
sumatriptan-naproxen sodium tab 85-500 mg (Treximet)	NC				•
TOSYMRA- sumatriptan nasal spray 10 mg/act	NC			•	•
UBRELVY- ubrogepant tab 50 mg	3		•		•
UBRELVY- ubrogepant tab 100 mg	3		•		•
ZEMBRACE SYMTOUCH- sumatriptan succinate solution auto-injector 3 mg/0.5ml	NC			•	•
ZOLMITRIPTAN- zolmitriptan nasal spray 2.5 mg/spray unit	NC			•	•
ZOLMITRIPTAN- zolmitriptan nasal spray 5 mg/spray unit	NC			•	•
zolmitriptan orally disintegrating tab 2.5 mg (Zomig zmt)	1				•
zolmitriptan orally disintegrating tab 5 mg (Zomig zmt)	1				•
zolmitriptan tab 2.5 mg (Zomig)	1				•
zolmitriptan tab 5 mg (Zomig)	1				•
ZOMIG- zolmitriptan nasal spray 2.5 mg/spray unit	NC			•	•
ZOMIG- zolmitriptan nasal spray 5 mg/spray unit	NC			•	•
GOUT AGENTS					
allopurinol tab 100 mg (Zyloprim)	1				
allopurinol tab 300 mg (Zyloprim)	1				
COLCHICINE- colchicine cap 0.6 mg	NC				
colchicine tab 0.6 mg (Colcrys)	1				
colchicine w/ probenecid tab 0.5-500 mg	1				
febuxostat tab 40 mg (Uloric)	NC				
febuxostat tab 80 mg (Uloric)	NC				
GLOPERBA- colchicine oral soln 0.6 mg/5ml	NC				
MITIGARE- colchicine cap 0.6 mg	2				
probenecid tab 500 mg	1				
NEUROMUSCULAR DRUGS					
ANTICONVULSANTS					
APTIOM- eslicarbazepine acetate tab 200 mg	2				
APTIOM- eslicarbazepine acetate tab 400 mg	2				
APTIOM- eslicarbazepine acetate tab 600 mg	2				
APTIOM- eslicarbazepine acetate tab 800 mg	2				
BANZEL- rufinamide tab 200 mg	3				
BANZEL- rufinamide tab 400 mg	3				
BRIVIACT- brivaracetam oral soln 10 mg/ml	NC				
BRIVIACT- brivaracetam tab 10 mg	NC				
BRIVIACT- brivaracetam tab 25 mg	NC				
BRIVIACT- brivaracetam tab 50 mg	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
BRIVIACT- brivaracetam tab 75 mg	NC				
BRIVIACT- brivaracetam tab 100 mg	NC				
carbamazepine cap er 12hr 100 mg (Carbatrol)	1				
carbamazepine cap er 12hr 200 mg (Carbatrol)	1				
carbamazepine cap er 12hr 300 mg (Carbatrol)	1				
carbamazepine chew tab 100 mg	1				
carbamazepine susp 100 mg/5ml (Tegretol)	1				
carbamazepine tab er 12hr 100 mg (Tegretol-xr)	1				
carbamazepine tab er 12hr 200 mg (Tegretol-xr)	1				
carbamazepine tab er 12hr 400 mg (Tegretol-xr)	1				
carbamazepine tab 200 mg (Tegretol)	1				
CARBATROL- carbamazepine cap er 12hr 100 mg	3				
CARBATROL- carbamazepine cap er 12hr 200 mg	3				
CARBATROL- carbamazepine cap er 12hr 300 mg	3				
CELONTIN- methsuximide cap 300 mg	3				
clobazam suspension 2.5 mg/ml (Onfi)	1				
clobazam tab 10 mg (Onfi)	1				
clobazam tab 20 mg (Onfi)	1				
clonazepam orally disintegrating tab 0.125 mg	1				
clonazepam orally disintegrating tab 0.25 mg	1				
clonazepam orally disintegrating tab 0.5 mg	1				
clonazepam orally disintegrating tab 1 mg	1				
clonazepam orally disintegrating tab 2 mg	1				
clonazepam tab 0.5 mg (Klonopin)	1				
clonazepam tab 1 mg (Klonopin)	1				
clonazepam tab 2 mg (Klonopin)	1				
DIACOMIT- stiripentol cap 250 mg	4	•			
DIACOMIT- stiripentol cap 500 mg	4	•			
DIACOMIT- stiripentol packet 250 mg	4	•			
DIACOMIT- stiripentol packet 500 mg	4	•			
DIASTAT ACUDIAL- diazepam rectal gel delivery system 10 mg	2				
DIASTAT ACUDIAL- diazepam rectal gel delivery system 20 mg	2				
DIASTAT PEDIATRIC- diazepam rectal gel delivery system 2.5 mg	2				
DIAZEPAM RECTAL GEL- diazepam rectal gel delivery system 2.5 mg	3				
DIAZEPAM RECTAL GEL- diazepam rectal gel delivery system 10 mg	3				
DIAZEPAM RECTAL GEL- diazepam rectal gel delivery system 20 mg	3				
DILANTIN- phenytoin sodium extended cap 30 mg	2				
DILANTIN- phenytoin sodium extended cap 100 mg	3				
DILANTIN INFATABS- phenytoin chew tab 50 mg	3				
DILANTIN-125- phenytoin susp 125 mg/5ml	3				
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	1				
divalproex sodium tab delayed release 125 mg (Depakote)	1				
divalproex sodium tab delayed release 250 mg (Depakote)	1				
divalproex sodium tab delayed release 500 mg (Depakote)	1				
divalproex sodium tab er 24 hr 250 mg (Depakote er)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
divalproex sodium tab er 24 hr 500 mg (Depakote er)	1				
ELEPSIA XR- levetiracetam tab er 24hr 1000 mg	NC				
ELEPSIA XR- levetiracetam tab er 24hr 1500 mg	NC				
EPIDIOLEX- cannabidiol soln 100 mg/ml	4	•	•		
ethosuximide cap 250 mg (Zarontin)	1				
ethosuximide soln 250 mg/5ml (Zarontin)	1				
felbamate susp 600 mg/5ml (Felbatol)	1				
felbamate tab 400 mg (Felbatol)	1				
felbamate tab 600 mg (Felbatol)	1				
FINTEPLA- fenfluramine hcl oral soln 2.2 mg/ml	4	•	•		•
FYCOMPA- perampanel susp 0.5 mg/ml	3				
FYCOMPA- perampanel tab 2 mg	3				
FYCOMPA- perampanel tab 4 mg	3				
FYCOMPA- perampanel tab 6 mg	3				
FYCOMPA- perampanel tab 8 mg	3				
FYCOMPA- perampanel tab 10 mg	3				
FYCOMPA- perampanel tab 12 mg	3				
gabapentin cap 100 mg (Neurontin)	1				•
gabapentin cap 300 mg (Neurontin)	1				•
gabapentin cap 400 mg (Neurontin)	1				•
gabapentin oral soln 250 mg/5ml (Neurontin)	1				•
gabapentin tab 600 mg (Neurontin)	1				•
gabapentin tab 800 mg (Neurontin)	1				•
LAMICTAL ODT- lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	3				
LAMICTAL ODT- lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	3				
LAMICTAL XR- lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit	3				
LAMICTAL XR- lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit	3				
LAMICTAL XR- lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit	3				
lamotrigine orally disintegrating tab 25 mg (Lamictal odt)	NC				
lamotrigine orally disintegrating tab 50 mg (Lamictal odt)	NC				
lamotrigine orally disintegrating tab 100 mg (Lamictal odt)	NC				
lamotrigine orally disintegrating tab 200 mg (Lamictal odt)	NC				
lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di)	1				
lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di)	1				
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (Lamictal odt)	NC				
lamotrigine tab er 24hr 25 mg (Lamictal xr)	1				
lamotrigine tab er 24hr 50 mg (Lamictal xr)	1				
lamotrigine tab er 24hr 100 mg (Lamictal xr)	1				
lamotrigine tab er 24hr 200 mg (Lamictal xr)	1				
lamotrigine tab er 24hr 250 mg (Lamictal xr)	1				
lamotrigine tab er 24hr 300 mg (Lamictal xr)	1				
lamotrigine tab 25 mg (Lamictal)	1				
lamotrigine tab 100 mg (Lamictal)	1				
lamotrigine tab 150 mg (Lamictal)	1				
lamotrigine tab 200 mg (Lamictal)	1				
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	1				
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak)	1				
levetiracetam oral soln 100 mg/ml (Keppra)	1				
levetiracetam tab er 24hr 500 mg (Keppra xr)	1				
levetiracetam tab er 24hr 750 mg (Keppra xr)	1				
levetiracetam tab 250 mg (Keppra)	1				
levetiracetam tab 500 mg (Keppra)	1				
levetiracetam tab 750 mg (Keppra)	1				
levetiracetam tab 1000 mg (Keppra)	1				
MYSOLINE- primidone tab 50 mg	3				
MYSOLINE- primidone tab 250 mg	3				
NAYZILAM- midazolam nasal spray soln 5 mg/0.1 ml	3				•
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	1				
oxcarbazepine tab 150 mg (Trileptal)	1				
oxcarbazepine tab 300 mg (Trileptal)	1				
oxcarbazepine tab 600 mg (Trileptal)	1				
OXTELLAR XR- oxcarbazepine tab er 24hr 150 mg	NC				
OXTELLAR XR- oxcarbazepine tab er 24hr 300 mg	NC				
OXTELLAR XR- oxcarbazepine tab er 24hr 600 mg	NC				
PHENYTEK- phenytoin sodium extended cap 200 mg	3				
PHENYTEK- phenytoin sodium extended cap 300 mg	3				
phenytoin chew tab 50 mg (Dilantin infatabs)	1				
phenytoin sodium extended cap 100 mg (Dilantin)	1				
phenytoin sodium extended cap 200 mg (Phenytek)	1				
phenytoin sodium extended cap 300 mg (Phenytek)	1				
phenytoin susp 125 mg/5ml (Dilantin-125)	1				
pregabalin cap 25 mg (Lyrica)	1				•
pregabalin cap 50 mg (Lyrica)	1				•
pregabalin cap 75 mg (Lyrica)	1				•
pregabalin cap 100 mg (Lyrica)	1				•
pregabalin cap 150 mg (Lyrica)	1				•
pregabalin cap 200 mg (Lyrica)	1				•
pregabalin cap 225 mg (Lyrica)	1				•
pregabalin cap 300 mg (Lyrica)	1				•
pregabalin soln 20 mg/ml (Lyrica)	1				•
primidone tab 50 mg (Mysoline)	1				
primidone tab 250 mg (Mysoline)	1				
QUDEXY XR- topiramate cap er 24hr sprinkle 25 mg	3		•		•
QUDEXY XR- topiramate cap er 24hr sprinkle 50 mg	3		•		•
QUDEXY XR- topiramate cap er 24hr sprinkle 100 mg	3		•		•
QUDEXY XR- topiramate cap er 24hr sprinkle 150 mg	3		•		•
QUDEXY XR- topiramate cap er 24hr sprinkle 200 mg	3		•		•
rufinamide susp 40 mg/ml (Banzel)	1				
rufinamide tab 200 mg (Banzel)	1				
rufinamide tab 400 mg (Banzel)	1				
SPRITAM- levetiracetam tab disintegrating soluble 250 mg	3				
SPRITAM- levetiracetam tab disintegrating soluble 500 mg	3				
SPRITAM- levetiracetam tab disintegrating soluble 750 mg	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SPRITAM- levetiracetam tab disintegrating soluble 1000 mg	3				
SYMPAZAN- clobazam oral film 5 mg	NC	•			
SYMPAZAN- clobazam oral film 10 mg	NC	•			
SYMPAZAN- clobazam oral film 20 mg	NC	•			
TEGRETOL- carbamazepine susp 100 mg/5ml	3				
TEGRETOL- carbamazepine tab 200 mg	3				
TEGRETOL-XR- carbamazepine tab er 12hr 100 mg	3				
TEGRETOL-XR- carbamazepine tab er 12hr 200 mg	3				
TEGRETOL-XR- carbamazepine tab er 12hr 400 mg	3				
tiagabine hcl tab 2 mg (Gabitril)	1				
tiagabine hcl tab 4 mg (Gabitril)	1				
tiagabine hcl tab 12 mg (Gabitril)	1				
tiagabine hcl tab 16 mg (Gabitril)	1				
topiramate cap er 24hr sprinkle 25 mg (Qudexy xr)	1		•		•
topiramate cap er 24hr sprinkle 50 mg (Qudexy xr)	1		•		•
topiramate cap er 24hr sprinkle 100 mg (Qudexy xr)	1		•		•
topiramate cap er 24hr sprinkle 150 mg (Qudexy xr)	1		•		•
topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)	1		•		•
topiramate sprinkle cap 15 mg (Topamax sprinkle)	1				
topiramate sprinkle cap 25 mg (Topamax sprinkle)	1				
topiramate tab 25 mg (Topamax)	1				
topiramate tab 50 mg (Topamax)	1				
topiramate tab 100 mg (Topamax)	1				
topiramate tab 200 mg (Topamax)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
TROKENDI XR- topiramate cap er 24hr 25 mg	3		•		•
TROKENDI XR- topiramate cap er 24hr 50 mg	3		•		•
TROKENDI XR- topiramate cap er 24hr 100 mg	3		•		•
TROKENDI XR- topiramate cap er 24hr 200 mg	3		•		•
valproate sodium oral soln 250 mg/5ml (base equiv) (Depakene)	1				
valproic acid cap 250 mg (Depakene)	1				
VALTOCO- diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	3				•
VALTOCO- diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	3				•
VALTOCO- diazepam nasal spray 5 mg/0.1 ml	3				•
VALTOCO- diazepam nasal spray 10 mg/0.1 ml	3				•
vigabatrin powd pack 500 mg (Sabril)	1				
vigabatrin tab 500 mg (Sabril)	1				
VIMPAT- lacosamide oral solution 10 mg/ml	2				
VIMPAT- lacosamide tab 50 mg	2				
VIMPAT- lacosamide tab 100 mg	2				
VIMPAT- lacosamide tab 150 mg	2				
VIMPAT- lacosamide tab 200 mg	2				
XCOPRI- cenobamate tab pack 50 mg & 200 mg tabs (250 mg daily dose)	3				
XCOPRI- cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	3				
XCOPRI- cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	3				
XCOPRI- cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
XCOPRI- cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg	3				
XCOPRI- cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg	3				
XCOPRI- cenobamate tab 50 mg	3				
XCOPRI- cenobamate tab 100 mg	3				
XCOPRI- cenobamate tab 150 mg	3				
XCOPRI- cenobamate tab 200 mg	3				
ZARONTIN- ethosuximide cap 250 mg	3				
ZARONTIN- ethosuximide soln 250 mg/5ml	3				
zonisamide cap 25 mg (Zonegran)	1				
zonisamide cap 50 mg	1				
zonisamide cap 100 mg (Zonegran)	1				
ANTIPARKINSON AGENTS					
amantadine hcl cap 100 mg	1				
amantadine hcl syrup 50 mg/5ml	1				
amantadine hcl tab 100 mg	NC				
APOKYN- apomorphine hcl soln cartridge 30 mg/3ml	4	•			
benztropine mesylate tab 0.5 mg	1				
benztropine mesylate tab 1 mg	1				
benztropine mesylate tab 2 mg	1				
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	1				
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	1				
carbidopa & levodopa tab er 25-100 mg (Sinemet cr)	1				
carbidopa & levodopa tab er 50-200 mg (Sinemet cr)	1				
carbidopa & levodopa tab 10-100 mg (Sinemet)	1				
carbidopa & levodopa tab 25-100 mg (Sinemet)	1				
carbidopa & levodopa tab 25-250 mg (Sinemet)	1				
carbidopa tab 25 mg (Lodosyn)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
CARBIDOPA/LEVODOPA ODT- carbidopa & levodopa orally disintegrating tab 10-100 mg	1				
CARBIDOPA/LEVODOPA ODT- carbidopa & levodopa orally disintegrating tab 25-100 mg	1				
CARBIDOPA/LEVODOPA ODT- carbidopa & levodopa orally disintegrating tab 25-250 mg	1				
CARBIDOPA/LEVODOPA/ENTACA- carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	3				
CARBIDOPA/LEVODOPA/ENTACA- carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	3				
CARBIDOPA/LEVODOPA/ENTACA- carbidopa-levodopa-entacapone tabs 25-100-200 mg	3				
CARBIDOPA/LEVODOPA/ENTACA- carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	3				
CARBIDOPA/LEVODOPA/ENTACA- carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	3				
CARBIDOPA/LEVODOPA/ENTACA- carbidopa-levodopa-entacapone tabs 50-200-200 mg	3				
DUOPA- carbidopa-levodopa enteral susp 4.63-20 mg/ml	3				
entacapone tab 200 mg (Comtan)	1				
GOCOVRI- amantadine hcl cap er 24hr 68.5 mg (base equivalent)	NC	•	•		•
GOCOVRI- amantadine hcl cap er 24hr 137 mg (base equivalent)	NC	•	•		•
INBRIJA- levodopa inhal powder cap 42 mg	4	•			
KYNMOBI- apomorphine hydrochloride film 10 mg	2				
KYNMOBI- apomorphine hydrochloride film 15 mg	2				
KYNMOBI- apomorphine hydrochloride film 20 mg	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
KYNMOBI- apomorphine hydrochloride film 25 mg	2				
KYNMOBI- apomorphine hydrochloride film 30 mg	2				
NEUPRO- rotigotine td patch 24hr 1 mg/24hr	3				
NEUPRO- rotigotine td patch 24hr 2 mg/24hr	3				
NEUPRO- rotigotine td patch 24hr 3 mg/24hr	3				
NEUPRO- rotigotine td patch 24hr 4 mg/24hr	3				
NEUPRO- rotigotine td patch 24hr 6 mg/24hr	3				
NEUPRO- rotigotine td patch 24hr 8 mg/24hr	3				
NOURIANZ- istradefylline tab 20 mg	NC	•			
NOURIANZ- istradefylline tab 40 mg	NC	•			
ONGENTYS- opicapone cap 25 mg	NC				
ONGENTYS- opicapone cap 50 mg	NC				
OSMOLEX ER- amantadine hcl tab er 24hr pak 129 mg & 193 mg (322 mg dose)	NC		•		•
OSMOLEX ER- amantadine hcl tab er 24hr 129 mg (base equivalent)	NC		•		•
OSMOLEX ER- amantadine hcl tab er 24hr 193 mg (base equivalent)	NC		•		•
OSMOLEX ER- amantadine hcl tab er 24hr 258 mg (base equivalent)	NC		•		•
pramipexole dihydrochloride tab er 24hr 0.375 mg (Mirapex er)	NC				
pramipexole dihydrochloride tab er 24hr 0.75 mg (Mirapex er)	NC				
pramipexole dihydrochloride tab er 24hr 1.5 mg (Mirapex er)	NC				
pramipexole dihydrochloride tab er 24hr 2.25 mg (Mirapex er)	NC				
pramipexole dihydrochloride tab er 24hr 3 mg (Mirapex er)	NC				
pramipexole dihydrochloride tab er 24hr 3.75 mg (Mirapex er)	NC				
pramipexole dihydrochloride tab er 24hr 4.5 mg (Mirapex er)	NC				
pramipexole dihydrochloride tab 0.125 mg (Mirapex)	1				
pramipexole dihydrochloride tab 0.25 mg (Mirapex)	1				
pramipexole dihydrochloride tab 0.5 mg (Mirapex)	1				
pramipexole dihydrochloride tab 0.75 mg (Mirapex)	1				
pramipexole dihydrochloride tab 1 mg (Mirapex)	1				
pramipexole dihydrochloride tab 1.5 mg (Mirapex)	1				
rasagiline mesylate tab 0.5 mg (base equiv) (Azilect)	1				
rasagiline mesylate tab 1 mg (base equiv) (Azilect)	1				
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	NC				
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (Requip xl)	NC				
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	NC				
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (Requip xl)	NC				
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	NC				
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				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ropinirole hydrochloride tab 5 mg (Requip)	1				
RYTARY- carbidopa & levodopa cap er 23.75-95 mg	3				
RYTARY- carbidopa & levodopa cap er 36.25-145 mg	3				
RYTARY- carbidopa & levodopa cap er 48.75-195 mg	3				
RYTARY- carbidopa & levodopa cap er 61.25-245 mg	3				
SELEGILINE HCL- selegiline hcl tab 5 mg	3				
selegiline hcl cap 5 mg (Eldepryl)	1				
STALEVO 100- carbidopa-levodopa-entacapone tabs 25-100-200 mg	3				
STALEVO 125- carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	3				
STALEVO 150- carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	3				
STALEVO 200- carbidopa-levodopa-entacapone tabs 50-200-200 mg	3				
STALEVO 50- carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	3				
STALEVO 75- carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	3				
tolcapone tab 100 mg (Tasmar)	1				
trihexyphenidyl hcl oral soln 0.4 mg/ml	1				
trihexyphenidyl hcl tab 2 mg	1				
trihexyphenidyl hcl tab 5 mg	1				
XADAGO- safinamide mesylate tab 50 mg (base equiv)	NC				
XADAGO- safinamide mesylate tab 100 mg (base equiv)	NC				
ZELAPAR- selegiline hcl orally disintegrating tab 1.25 mg	NC				
NEUROMUSCULAR AGENTS					
AMONDYS 45- casimersen iv soln 100 mg/2ml (50 mg/ml)	NC				
EVRYSDI- risdiplam for soln 0.75 mg/ml	4	•	•		•
EXONDYS 51- eteplirsen iv soln 100 mg/2ml (50 mg/ml)	NC				
EXONDYS 51- eteplirsen iv soln 500 mg/10ml (50 mg/ml)	NC				
riluzole tab 50 mg (Rilutek)	4	•			
TIGLUTIK- riluzole susp 50 mg/10ml	NC	•			
VILTEPSO- viltolarsen iv soln 250 mg/5ml (50 mg/ml)	NC				
VYONDYS 53- golodirsen iv soln 100 mg/2ml (50 mg/ml)	NC				
MUSCULOSKELETAL THERAPY AGENTS					
baclofen tab 5 mg	NC				
baclofen tab 10 mg	1				
baclofen tab 20 mg	1				
carisoprodol tab 250 mg (Soma)	NC				
carisoprodol tab 350 mg (Soma)	NC				
CARISOPRODOL/ASPIRIN/CODE- carisoprodol w/ aspirin & codeine tab 200-325-16 mg	NC				
CHLORZOXAZONE- chlorzoxazone tab 250 mg	NC				
chlorzoxazone tab 375 mg	NC				
chlorzoxazone tab 500 mg	1				
chlorzoxazone tab 750 mg	NC				
cyclobenzaprine hcl cap er 24hr 15 mg (Amrix)	NC				
cyclobenzaprine hcl cap er 24hr 30 mg (Amrix)	NC				
cyclobenzaprine hcl tab 5 mg	1				
cyclobenzaprine hcl tab 7.5 mg (Fexmid)	NC				
cyclobenzaprine hcl tab 10 mg	1				
dantrolene sodium cap 25 mg (Dantrium)	1				
dantrolene sodium cap 50 mg (Dantrium)	1				
dantrolene sodium cap 100 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
metaxalone tab 400 mg	NC				
metaxalone tab 800 mg (Skelaxin)	NC				
methocarbamol tab 500 mg (Robaxin)	1				
methocarbamol tab 750 mg (Robaxin-750)	1				
orphenadrine citrate tab er 12hr 100 mg	1				
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (Norgesic forte)	NC				
OZOBAX- baclofen oral soln 5 mg/5ml	NC				
SOMA- carisoprodol tab 250 mg	NC				
SOMA- carisoprodol tab 350 mg	NC				
tizanidine hcl cap 2 mg (base equivalent) (Zanaflex)	NC				
tizanidine hcl cap 4 mg (base equivalent) (Zanaflex)	NC				
tizanidine hcl cap 6 mg (base equivalent) (Zanaflex)	NC				
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)	4	•	•		•
PYRIDOSTIGMINE BROMIDE- pyridostigmine bromide tab 30 mg	NC				
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	1				
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	1				
pyridostigmine bromide tab 60 mg (Mestinon)	1				
RUZURGI- amifampridine tab 10 mg	4	•	•		•
NUTRITIONAL PRODUCTS					
VITAMINS					
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	1				
phytonadione tab 5 mg (Mephyton)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
MULTIVITAMINS					
NEONATAL VITAMIN- prenatal vit w/ fe fumarate-fa tab 27-0.8 mg	NC				
MINERALS and ELECTROLYTES					
FLORIVA- sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml	3				
GALZIN- zinc acetate cap 25 mg (elemental zinc)	3				
GALZIN- zinc acetate cap 50 mg (elemental zinc)	3				
K-TAB- potassium chloride tab er 8 meq (600 mg)	3				
potassium chloride cap er 8 meq (Micro-k)	1				
potassium chloride cap er 10 meq (Micro-k)	1				
POTASSIUM CHLORIDE ER- potassium chloride tab er 8 meq (600 mg)	3				
potassium chloride microencapsulated crys er tab 10 meq	1				
potassium chloride microencapsulated crys er tab 15 meq	1				
potassium chloride microencapsulated crys er tab 20 meq	1				
potassium chloride oral soln 10% (20 meq/15ml)	1				
potassium chloride oral soln 20% (40 meq/15ml)	1				
potassium chloride powder packet 20 meq	1				
potassium chloride tab er 8 meq (600 mg)	1				
potassium chloride tab er 10 meq (K-tab)	1				
potassium chloride tab er 20 meq (1500 mg) (K-tab)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SODIUM FLUORIDE- sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	2				
SODIUM FLUORIDE- sodium fluoride tab 1 mg f (from 2.2 mg naf)	2				
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	1				
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	1				
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	1				
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	1				
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1				
NUTRIENTS					
DOJOLVI- triheptanoin oral liquid 100%	NC		•		
HEMATOLOGICAL AGENTS					
HEMATOPOIETIC AGENTS					
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 25 mcg/ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 40 mcg/ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 60 mcg/ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 100 mcg/ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 200 mcg/ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 300 mcg/ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	4	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	4	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 500 mcg/ml	4	•			
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1				
CERDELGA- eliglustat tartrate cap 84 mg (base equivalent)	4	•	•		•
cyanocobalamin inj 1000 mcg/ml	1				
DOPTELET- avatrombopag maleate tab 20 mg (base equiv)	4	•	•		•
DROXIA- hydroxyurea cap 200 mg	4	•			
DROXIA- hydroxyurea cap 300 mg	4	•			
DROXIA- hydroxyurea cap 400 mg	4	•			
ENDARI- glutamine (sickle cell) powd pack 5 gm	4	•	•		
EPOGEN- epoetin alfa inj 2000 unit/ml	4	•			
EPOGEN- epoetin alfa inj 3000 unit/ml	4	•			
EPOGEN- epoetin alfa inj 4000 unit/ml	4	•			
EPOGEN- epoetin alfa inj 10000 unit/ml	4	•			
EPOGEN- epoetin alfa inj 20000 unit/ml	4	•			
FERROUS SULFATE- ferrous sulfate liquid 220 mg/5ml (44 mg/5ml elemental fe)	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	1				
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	1				
ferrous sulfate syrup 300 mg/5ml (60 mg/5ml elemental fe)	1				
folic acid cap 0.8 mg	1				
folic acid tab 400 mcg	1				
folic acid tab 800 mcg	1				
folic acid tab 1 mg	1				
FULPHILA- pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	4	•			
GRANIX- tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	4	•			
GRANIX- tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	4	•			
GRANIX- tbo-filgrastim subcutaneous inj 300 mcg/ml	4	•			
GRANIX- tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml)	4	•			
HYDROXOCOBALAMIN- hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	3				
IRON UP- polysaccharide iron complex liquid 15 mg/0.5ml (fe equiv)	2				
LEUKINE- sargramostim lyophilized for inj 250 mcg	4	•			
miglustat cap 100 mg (Zavesca)	4	•	•		•
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml	3				
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 50 mcg/0.3ml	3				
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 75 mcg/0.3ml	3				
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 100 mcg/0.3ml	3				
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 150 mcg/0.3ml	3				
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 200 mcg/0.3ml	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
MULPLETA- lusutrombopag tab 3 mg	4	•	•		•
NASCOBAL- cyanocobalamin nasal spray 500 mcg/0.1ml	NC				
NEULASTA- pegfilgrastim soln prefilled syringe 6 mg/0.6ml	4	•			
NEULASTA ONPRO KIT- pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml	4	•			
NEUPOGEN- filgrastim inj 300 mcg/ml	4	•			
NEUPOGEN- filgrastim inj 480 mcg/1.6ml (300 mcg/ml)	4	•			
NEUPOGEN- filgrastim soln prefilled syringe 300 mcg/0.5ml	4	•			
NEUPOGEN- filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml)	4	•			
NIVESTYM- filgrastim-aafi inj 300 mcg/ml	4	•			
NIVESTYM- filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	4	•			
NIVESTYM- filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	4	•			
NIVESTYM- filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	4	•			
NOVAFERRUM PEDIATRIC DROP- polysaccharide iron complex liquid 15 mg/ml (fe equiv)	2				
NYVEPRIA- pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	4	•			
OXBRYTA- voxelotor tab 500 mg	4	•	•		•
PROCRIT- epoetin alfa inj 2000 unit/ml	4	•			
PROCRIT- epoetin alfa inj 3000 unit/ml	4	•			
PROCRIT- epoetin alfa inj 4000 unit/ml	4	•			
PROCRIT- epoetin alfa inj 10000 unit/ml	4	•			
PROCRIT- epoetin alfa inj 20000 unit/ml	4	•			
PROCRIT- epoetin alfa inj 40000 unit/ml	4	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
PROMACTA- eltrombopag olamine powder pack for susp 25 mg (base equiv)	4	•	•		•
PROMACTA- eltrombopag olamine powder pack for susp 12.5 mg (base eq)	3		•		•
PROMACTA- eltrombopag olamine tab 12.5 mg (base equiv)	4	•	•		•
PROMACTA- eltrombopag olamine tab 25 mg (base equiv)	4	•	•		•
PROMACTA- eltrombopag olamine tab 50 mg (base equiv)	4	•	•		•
PROMACTA- eltrombopag olamine tab 75 mg (base equiv)	4	•	•		•
RETACRIT- epoetin alfa-epbx inj 2000 unit/ml	4	•			
RETACRIT- epoetin alfa-epbx inj 3000 unit/ml	4	•			
RETACRIT- epoetin alfa-epbx inj 4000 unit/ml	4	•			
RETACRIT- epoetin alfa-epbx inj 10000 unit/ml	4	•			
RETACRIT- epoetin alfa-epbx inj 20000 unit/ml	4	•			
RETACRIT- epoetin alfa-epbx inj 40000 unit/ml	4	•			
SIKLOS- hydroxyurea tab 100 mg	4	•			
SIKLOS- hydroxyurea tab 1000 mg	4	•			
UDENYCA- pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	4	•			
ZARXIO- filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	4	•			
ZARXIO- filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	4	•			
ZIEXTENZO- pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	4	•			
ANTICOAGULANTS					
ELIQUIS- apixaban tab 2.5 mg	2				•
ELIQUIS- apixaban tab 5 mg	2				•
ELIQUIS STARTER PACK- apixaban tab starter pack 5 mg	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
enoxaparin sodium inj 30 mg/0.3ml (Lovenox)	1				•
enoxaparin sodium inj 40 mg/0.4ml (Lovenox)	1				•
enoxaparin sodium inj 60 mg/0.6ml (Lovenox)	1				•
enoxaparin sodium inj 80 mg/0.8ml (Lovenox)	1				•
enoxaparin sodium inj 100 mg/ml (Lovenox)	1				•
enoxaparin sodium inj 120 mg/0.8ml (Lovenox)	1				•
enoxaparin sodium inj 150 mg/ml (Lovenox)	1				•
enoxaparin sodium inj 300 mg/3ml (Lovenox)	1				•
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (Arixtra)	1				•
fondaparinux sodium subcutaneous inj 5 mg/0.4ml (Arixtra)	1				•
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (Arixtra)	1				•
fondaparinux sodium subcutaneous inj 10 mg/0.8ml (Arixtra)	1				•
FRAGMIN- dalteparin sodium inj 10000 unit/ml	3				•
FRAGMIN- dalteparin sodium inj 2500 unit/0.2ml	3				•
FRAGMIN- dalteparin sodium inj 5000 unit/0.2ml	3				•
FRAGMIN- dalteparin sodium inj 7500 unit/0.3ml	3				•
FRAGMIN- dalteparin sodium inj 12500 unit/0.5ml	3				•
FRAGMIN- dalteparin sodium inj 15000 unit/0.6ml	3				•
FRAGMIN- dalteparin sodium inj 18000 unit/0.72ml	3				•

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

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

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 250 unit	4	•	•		
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 500 unit	4	•	•		
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 1000 unit	4	•	•		
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 1500 unit	4	•	•		
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 2000 unit	4	•	•		
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 2500 unit	4	•	•		
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 3000 unit	4	•	•		
ALPHANATE- antihemophilic factor/ vwf (human) for inj 250 unit	4	•	•		
ALPHANATE- antihemophilic factor/ vwf (human) for inj 500 unit	4	•	•		
ALPHANATE- antihemophilic factor/ vwf (human) for inj 1000 unit	4	•	•		
ALPHANATE- antihemophilic factor/ vwf (human) for inj 1500 unit	4	•	•		
ALPHANATE- antihemophilic factor/ vwf (human) for inj 2000 unit	4	•	•		
ALPHANINE SD- coagulation factor ix for inj 500 unit	4	•	•		
ALPHANINE SD- coagulation factor ix for inj 1000 unit	4	•	•		
ALPHANINE SD- coagulation factor ix for inj 1500 unit	4	•	•		
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 250 unit	4	•	•		
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 500 unit	4	•	•		
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 1000 unit	4	•	•		
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 2000 unit	4	•	•		
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 3000 unit	4	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 4000 unit	4	•	•		
anagrelide hcl cap 0.5 mg (Agrylin)	1				
anagrelide hcl cap 1 mg	1				
aspirin-dipyridamole cap er 12hr 25-200 mg (Aggrenox)	1				
ASPIRIN/OMEPRAZOLE- aspirin-omeprazole tab delayed release 81-40 mg	NC				
ASPIRIN/OMEPRAZOLE- aspirin-omeprazole tab delayed release 325-40 mg	NC				
BENEFIX- coagulation factor ix (recombinant) for inj kit 250 unit	4	•	•		
BENEFIX- coagulation factor ix (recombinant) for inj kit 500 unit	4	•	•		
BENEFIX- coagulation factor ix (recombinant) for inj kit 1000 unit	4	•	•		
BENEFIX- coagulation factor ix (recombinant) for inj kit 2000 unit	4	•	•		
BENEFIX- coagulation factor ix (recombinant) for inj kit 3000 unit	4	•	•		
BERINERT- c1 esterase inhibitor (human) for iv inj kit 500 unit	4	•	•		•
BRILINTA- ticagrelor tab 60 mg	2				
BRILINTA- ticagrelor tab 90 mg	2				
CABLIVI- caplacizumab-yhdp for inj kit 11 mg	4	•			•
cilostazol tab 50 mg	1				
cilostazol tab 100 mg	1				
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1				
clopidogrel bisulfate tab 300 mg (base equiv) (Plavix)	1				
COAGADEX- coagulation factor x (human) for inj 250 unit	4	•	•		
COAGADEX- coagulation factor x (human) for inj 500 unit	4	•	•		
CORIFACT- factor xiii concentrate (human) for inj kit 1000-1600 unit	4	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
dipyridamole tab 25 mg	1				
dipyridamole tab 50 mg	1				
dipyridamole tab 75 mg	1				
DURLAZA- aspirin capsule er 24hr 162.5 mg	NC				
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 250 unit	4	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 500 unit	4	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 750 unit	4	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 1000 unit	4	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 1500 unit	4	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 2000 unit	4	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 3000 unit	4	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 4000 unit	4	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 5000 unit	4	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 6000 unit	4	•	•		
ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 500 unit	4	•	•		
ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 1000 unit	4	•	•		
ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 1500 unit	4	•	•		
ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 2000 unit	4	•	•		
ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 3000 unit	4	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FEIBA- antiinhibitor coagulant complex for iv soln 500 unit	4	•	•		
FEIBA- antiinhibitor coagulant complex for iv soln 1000 unit	4	•	•		
FEIBA- antiinhibitor coagulant complex for iv soln 2500 unit	4	•	•		
FIBRYGA- fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	4	•			
HAEGARDA- c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	4	•	•		•
HAEGARDA- c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	4	•	•		•
HEMLIBRA- emicizumab-kxwh subcutaneous soln 30 mg/ml	4	•	•		
HEMLIBRA- emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml)	4	•	•		
HEMLIBRA- emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml)	4	•	•		
HEMLIBRA- emicizumab-kxwh subcutaneous soln 150 mg/ml	4	•	•		
HEMOFIL M- antihemophilic factor (human) for inj 250 unit	4	•	•		
HEMOFIL M- antihemophilic factor (human) for inj 500 unit	4	•	•		
HEMOFIL M- antihemophilic factor (human) for inj 1000 unit	4	•	•		
HEMOFIL M- antihemophilic factor (human) for inj 1700 unit	4	•	•		
HUMATE-P- antihemophilic factor/vwf (human) for inj 250-600 unit	4	•	•		
HUMATE-P- antihemophilic factor/vwf (human) for inj 500-1200 unit	4	•	•		
HUMATE-P- antihemophilic factor/vwf (human) for inj 1000-2400 unit	4	•	•		
icatibant acetate inj 30 mg/3ml (base equivalent) (Firazyr)	4	•	•		•
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 250 unit	4	•	•		
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 500 unit	4	•	•		
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 1000 unit	4	•	•		
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 2000 unit	4	•	•		
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 3500 unit	4	•	•		
IXINITY- coagulation factor ix (recombinant) for inj 250 unit	4	•	•		
IXINITY- coagulation factor ix (recombinant) for inj 500 unit	4	•	•		
IXINITY- coagulation factor ix (recombinant) for inj 1000 unit	4	•	•		
IXINITY- coagulation factor ix (recombinant) for inj 1500 unit	4	•	•		
IXINITY- coagulation factor ix (recombinant) for inj 2000 unit	4	•	•		
IXINITY- coagulation factor ix (recombinant) for inj 3000 unit	4	•	•		
JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	4	•	•		
JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit	4	•	•		
JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 2000 unit	4	•	•		
JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 3000 unit	4	•	•		
KOATE- antihemophilic factor (human) for inj 250 unit	4	•	•		
KOATE- antihemophilic factor (human) for inj 500 unit	4	•	•		
KOATE- antihemophilic factor (human) for inj 1000 unit	4	•	•		
KOATE-DVI- antihemophilic factor (human) for inj 500 unit	4	•	•		
KOATE-DVI- antihemophilic factor (human) for inj 1000 unit	4	•	•		
KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 250 unit	4	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 500 unit	4	•	•		
KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 1000 unit	4	•	•		
KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 2000 unit	4	•	•		
KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 3000 unit	4	•	•		
KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 250 unit	4	•	•		
KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 500 unit	4	•	•		
KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 1000 unit	4	•	•		
KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 2000 unit	4	•	•		
KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 3000 unit	4	•	•		
MONONINE- coagulation factor ix for inj 1000 unit	4	•	•		
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit	4	•	•		
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 500 unit	4	•	•		
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 1000 unit	4	•	•		
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 1500 unit	4	•	•		
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 2000 unit	4	•	•		
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 3000 unit	4	•	•		
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 1 mg (1000 mcg)	4	•	•		
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 2 mg (2000 mcg)	4	•	•		
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 5 mg (5000 mcg)	4	•	•		
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 8 mg (8000 mcg)	4	•	•		
NUWIQ- antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit	4	•	•		
NUWIQ- antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 500 unit	4	•	•		
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit	4	•	•		
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2000 unit	4	•	•		
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2500 unit	4	•	•		
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 3000 unit	4	•	•		
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 4000 unit	4	•	•		
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit	4	•	•		
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2000 unit	4	•	•		
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2500 unit	4	•	•		
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 3000 unit	4	•	•		
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 4000 unit	4	•	•		
NUWIQ- antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit	4	•	•		
NUWIQ- antihemophilic factor rcmb (bdd-rfviii,sim) for inj 500 unit	4	•	•		
OBIZUR- antihemophilic factor (recomb porc) rpfviii for inj 500 unit	4	•	•		
ORLADEYO- berotralstat hcl cap 110 mg	NC	•	•		•
ORLADEYO- berotralstat hcl cap 150 mg	NC	•	•		•
pentoxifylline tab er 400 mg	1				
prasugrel hcl tab 5 mg (base equiv) (Effient)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
prasugrel hcl tab 10 mg (base equiv) (Effient)	1				
PROFILNINE- factor ix complex for inj 500 unit	4	•	•		
PROFILNINE- factor ix complex for inj 1000 unit	4	•	•		
PROFILNINE- factor ix complex for inj 1500 unit	4	•	•		
REBINYN- coagulation factor ix recomb glycopegylated for inj 500 unt	4	•	•		
REBINYN- coagulation factor ix recomb glycopegylated for inj 1000 unt	4	•	•		
REBINYN- coagulation factor ix recomb glycopegylated for inj 2000 unt	4	•	•		
RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 220-400 unit	4	•	•		
RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 401-800 unit	4	•	•		
RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 801-1240 unit	4	•	•		
RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 1241-1800 unit	4	•	•		
RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 1801-2400 unit	4	•	•		
RIASTAP- fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	4	•			
RIXUBIS- coagulation factor ix (recombinant) for inj 250 unit	4	•	•		
RIXUBIS- coagulation factor ix (recombinant) for inj 500 unit	4	•	•		
RIXUBIS- coagulation factor ix (recombinant) for inj 1000 unit	4	•	•		
RIXUBIS- coagulation factor ix (recombinant) for inj 2000 unit	4	•	•		
RIXUBIS- coagulation factor ix (recombinant) for inj 3000 unit	4	•	•		
RUCONEST- c1 esterase inhibitor (recombinant) for iv inj 2100 unit	4	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SEVENFACT- coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg)	4	•	•		
SEVENFACT- coagulation factor viia (recom)-jncw for inj 5 mg (5000 mcg)	4	•	•		
TAKHZYRO- lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	4	•	•		•
TAVALISSE- fostamatinib disodium tab 100 mg (base equivalent)	4	•	•		•
TAVALISSE- fostamatinib disodium tab 150 mg (base equivalent)	4	•	•		•
TRETTEN- coagulation factor xiii a-subunit for inj 2000-3125 unit	4	•	•		
VONVENDI- von willebrand factor (recombinant) for inj 650 unit	4	•	•		
VONVENDI- von willebrand factor (recombinant) for inj 1300 unit	4	•	•		
WILATE- antihemophilic factor/vwf (human) for inj 500-500 unit kit	4	•	•		
WILATE- antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	4	•	•		
XYNTHA- antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit	4	•	•		
XYNTHA- antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit	4	•	•		
XYNTHA- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit	4	•	•		
XYNTHA- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit	4	•	•		
XYNTHA SOLOFUSE- antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit	4	•	•		
XYNTHA SOLOFUSE- antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit	4	•	•		
XYNTHA SOLOFUSE- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit	4	•	•		
XYNTHA SOLOFUSE- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit	4	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
XYNTHA SOLOFUSE- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 3000 unit	4	•	•		
YOSPRALA- aspirin-omeprazole tab delayed release 81-40 mg	NC				
YOSPRALA- aspirin-omeprazole tab delayed release 325-40 mg	NC				
ZONTIVITY- vorapaxar sulfate tab 2.08 mg (base equivalent)	3				
TOPICAL PRODUCTS					
OPHTHALMIC AGENTS					
ACUVAIL- ketorolac tromethamine (pf) ophth soln 0.45%	NC				
AKTEN- lidocaine hcl ophth gel 3.5%	3				
ALOCRIL- nedocromil sodium ophth soln 2%	NC				
ALOMIDE- lodoxamide tromethamine ophth soln 0.1%	NC				
ALPHAGAN P- brimonidine tartrate ophth soln 0.1%	NC				
ALREX- loteprednol etabonate ophth susp 0.2%	2				
apraclonidine hcl ophth soln 0.5% (base equivalent) (lopidine)	1				
ATROPINE SULFATE- atropine sulfate ophth soln 1%	3				
AZASITE- azithromycin ophth soln 1%	NC				
azelastine hcl ophth soln 0.05%	1				
AZOPT- brinzolamide ophth susp 1%	NC				
BACITRACIN- bacitracin ophth oint 500 unit/gm	2				
bacitracin-polymyxin b ophth oint	1				
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1				
bepotastine besilate ophth soln 1.5% (Bepreve)	NC				
BEPREVE- bepotastine besilate ophth soln 1.5%	NC				
BESIVANCE- besifloxacin hcl ophth susp 0.6% (base equiv)	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
BETADINE OPHTHALMIC PREP- povidone-iodine ophth soln 5%	NC				
betaxolol hcl ophth soln 0.5%	1				
BETIMOL- timolol ophth soln 0.25%	NC				
BETIMOL- timolol ophth soln 0.5%	NC				
BETOPTIC-S- betaxolol hcl ophth susp 0.25%	NC				
bimatoprost ophth soln 0.03%	NC				•
BLEPHAMIDE- sulfacetamide sodium-prednisolone ophth susp 10-0.2%	NC				
BLEPHAMIDE S.O.P.- sulfacetamide sodium-prednisolone ophth oint 10-0.2%	NC				
brimonidine tartrate ophth soln 0.15% (Alphagan p)	NC				
brimonidine tartrate ophth soln 0.2%	1				
brinzolamide ophth susp 1% (Azopt)	NC				
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1				
BROMSITE- bromfenac sodium ophth soln 0.075% (base equivalent)	NC				
CARTEOLOL HCL- carteolol hcl ophth soln 1%	3				
CEQUA- cyclosporine (ophth) soln 0.09% (pf)	NC		•		•
CILOXAN- ciprofloxacin hcl ophth oint 0.3%	NC				
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)	1				
COMBIGAN- brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	NC				
cromolyn sodium ophth soln 4%	1				
CYCLOMYDRIL- cyclopentolate w/ phenylephrine ophth soln 0.2-1%	3				
cyclopentolate hcl ophth soln 0.5% (Cyclogyl)	1				
cyclopentolate hcl ophth soln 1% (Cyclogyl)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
cyclopentolate hcl ophth soln 2% (Cyclogyl)	1				
CYSTADROPS- cysteamine hcl ophth soln 0.37% (base equivalent)	4	•			
CYSTARAN- cysteamine hcl ophth soln 0.44% (base equivalent)	4	•			
DEXAMETHASONE SODIUM PHOS- dexamethasone sodium phosphate ophth soln 0.1%	2				
diclofenac sodium ophth soln 0.1%	1				
dorzolamide hcl ophth soln 2% (Trusopt)	1				
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt)	1				
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (Cosopt pf)	NC				
DUREZOL- difluprednate ophth emulsion 0.05%	NC				
epinastine hcl ophth soln 0.05%	NC				
erythromycin ophth oint 5 mg/gm	1				
EYSUVIS- loteprednol etabonate ophth susp 0.25%	NC		•		•
FLAREX- fluorometholone acetate ophth susp 0.1%	3				
fluorometholone ophth susp 0.1% (Fml liquifilm)	1				
FLURBIPROFEN SODIUM- flurbiprofen sodium ophth soln 0.03%	3				
FML- fluorometholone ophth oint 0.1%	NC				
FML FORTE- fluorometholone ophth susp 0.25%	NC				
gatifloxacin ophth soln 0.5% (Zymaxid)	1				
GENTAK- gentamicin sulfate ophth oint 0.3%	3				
gentamicin sulfate ophth soln 0.3%	1				
ILEVRO- nepafenac ophth susp 0.3%	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
INVELTYS- loteprednol etabonate ophth susp 1%	NC				
IOPIDINE- apraclonidine hcl ophth soln 1% (base equivalent)	NC				
ISOPTO ATROPINE- atropine sulfate ophth soln 1%	3				
ketorolac tromethamine ophth soln 0.4% (Acular ls)	1				
ketorolac tromethamine ophth soln 0.5% (Acular)	1				
LACRISERT- artificial tear ophth insert	3				
LASTACAFT- alcaftadine ophth soln 0.25%	NC				
latanoprost ophth soln 0.005% (Xalatan)	1				•
LEVOBUNOLOL HCL- levobunolol hcl ophth soln 0.5%	3				
levofloxacin ophth soln 0.5%	1				
LOTEMAX- loteprednol etabonate ophth oint 0.5%	2				
LOTEMAX SM- loteprednol etabonate ophth gel 0.38%	2				
loteprednol etabonate ophth gel 0.5% (Lotemax)	1				
loteprednol etabonate ophth susp 0.5% (Lotemax)	1				
LUMIGAN- bimatoprost ophth soln 0.01%	NC				•
MAXIDEX- dexamethasone ophth susp 0.1%	3				
MITOSOL- mitomycin for ophth soln kit 0.2 mg	NC				
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	1				
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (Moxeza)	NC				
NATACYN- natamycin ophth susp 5%	2				
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	1				
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	1				
NEOMYCIN/POLYMYXIN/GRAMIC- neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3				
NEOMYCIN/POLYMYXIN/HYDROC- neomycin-polymyxin-hc ophth susp	NC				
NEVANAC- nepafenac ophth susp 0.1%	NC				
ofloxacin ophth soln 0.3% (Ocuflox)	1				
olopatadine hcl ophth soln 0.1% (base equivalent)	NC				
olopatadine hcl ophth soln 0.2% (base equivalent) (Pataday)	NC				
OXERVATE- cenegermin-bkbj ophth soln 0.002% (20 mcg/ml)	4	•	•		•
phenylephrine hcl ophth soln 2.5%	1				
phenylephrine hcl ophth soln 10%	1				
pilocarpine hcl ophth soln 1% (Isopto carpine)	1				
pilocarpine hcl ophth soln 2% (Isopto carpine)	1				
pilocarpine hcl ophth soln 4% (Isopto carpine)	1				
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	1				
PRED FORTE- prednisolone acetate ophth susp 1%	NC				
PRED MILD- prednisolone acetate ophth susp 0.12%	NC				
PRED-G- gentamicin-prednisolone ace ophth susp 0.3-1%	3				
PRED-G S.O.P.- gentamicin-prednisolone ace ophth oint 0.3-0.6%	3				
PREDNISOLONE ACETATE- 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)	NC				
proparacaine hcl ophth soln 0.5%	1				
RESTASIS- cyclosporine (ophth) emulsion 0.05%	NC		•		•
RESTASIS MULTIDOSE- cyclosporine (ophth) emulsion 0.05%	NC		•		•
RHOPRESSA- netarsudil dimesylate ophth soln 0.02%	NC			•	•
ROCKLATAN- netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	NC			•	•
SIMBRINZA- brinzolamide-brimonidine tartrate ophth susp 1-0.2%	2				
SULFACETAMIDE SODIUM- sulfacetamide sodium ophth oint 10%	3				
sulfacetamide sodium ophth soln 10% (Bleph-10)	1				
SULFACETAMIDE SODIUM/PRED- sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	3				
tetracaine hcl ophth soln 0.5%	1				
timolol maleate ophth gel forming soln 0.25% (Timoptic-xe)	NC				
timolol maleate ophth gel forming soln 0.5% (Timoptic-xe)	NC				
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)	NC				
timolol maleate preservative free ophth soln 0.5% (Timoptic ocudose)	NC				
TIMOPTIC OCUDOSE- timolol maleate preservative free ophth soln 0.25%	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
TOBRADEX- tobramycin-dexamethasone ophth oint 0.3-0.1%	NC				
TOBRADEX ST- tobramycin-dexamethasone ophth susp 0.3-0.05%	NC				
tobramycin ophth soln 0.3% (Tobrex)	1				
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	1				
TOBREX- tobramycin ophth oint 0.3%	NC				
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	NC				•
TRIFLURIDINE- trifluridine ophth soln 1%	2				
UPNEEQ- oxymetazoline hcl ophth soln 0.1%	NC				
VYZULTA- latanoprostene bunod ophth soln 0.024%	NC				•
XELPROS- latanoprost ophth emulsion 0.005%	NC				•
XIIDRA- lifitegrast ophth soln 5%	NC		•		•
ZERVIATE- cetirizine hcl ophth soln 0.24% (base equiv)	NC				
ZIOPTAN- tafluprost preservative free (pf) ophth soln 0.0015%	NC				•
ZIRGAN- ganciclovir ophth gel 0.15%	NC				
ZYLET- loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	NC				
OTIC AGENTS					
acetic acid otic soln 2%	1				
CETRAXAL- ciprofloxacin hcl otic soln 0.2% (base equivalent)	3				
CIPRO HC- ciprofloxacin-hydrocortisone otic susp 0.2-1%	NC				
CIPROFLOXACIN- ciprofloxacin hcl otic soln 0.2% (base equivalent)	3				
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	1				
CIPROFLOXACIN/FLUOCINOLON- ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	NC				
CORTISPORIN-TC- neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	NC				
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	1				
hydrocortisone w/ acetic acid otic soln 1-2%	1				
neomycin-polymyxin-hc otic soln 1%	1				
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1				
ofloxacin otic soln 0.3% (Floxin otic)	1				
OTOVEL- ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	NC				
MOUTH/THROAT/DENTAL AGENTS					
ARESTIN- minocycline hcl subgingival powder cartridge 1 mg	NC				
cevimeline hcl cap 30 mg (Evoxac)	1				
chlorhexidine gluconate soln 0.12% (Peridex)	1				
clotrimazole troche 10 mg	1				
lidocaine hcl viscous soln 2%	1				
NAFRINSE DAILY/ACIDULATED- sodium fluoride-phosphoric acid for soln 1 mg/5ml (f equiv)	3				
NAFRINSE DAILY/NEUTRAL- sodium fluoride for soln rinse 0.05%	3				
NAFRINSE WEEKLY- sodium fluoride for soln rinse 0.2%	3				
nystatin susp 100000 unit/ml	1				
ORAVIG- miconazole buccal tab 50 mg (mouth-throat)	3				
pilocarpine hcl tab 5 mg (Salagen)	1				
pilocarpine hcl tab 7.5 mg (Salagen)	1				
PREVIDENT RINSE- sodium fluoride rinse 0.2%	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
sodium fluoride cream 1.1% (Prevident 5000 plus)	1				
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	1				
sodium fluoride paste 1.1% (Prevident 5000 boost)	1				
sodium fluoride rinse 0.2% (Prevident rinse)	1				
sodium fluoride-potassium nitrate paste 1.1-5% (Prevident 5000 sensi)	1				
stannous fluoride conc 0.63% (Gel-kam oral care ri)	1				
stannous fluoride gel 0.4%	1				
triamcinolone acetonide dental paste 0.1%	1				
ANORECTAL AGENTS					
ANALPRAM-HC- hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%	3				
CORTIFOAM- hydrocortisone acetate perianal foam 10% (90 mg/dose)	2				
hydrocortisone acetate w/ pramoxine perianal cream 1-1% (Analpram-hc)	1				
hydrocortisone enema 100 mg/60ml (Cortenema)	1				
hydrocortisone perianal cream 1% (Proctocort)	1				
hydrocortisone perianal cream 2.5% (Anusol-hc)	1				
PROCTOFOAM HC- hydrocortisone acetate w/ pramoxine perianal foam 1-1%	3				
RECTIV- nitroglycerin oint 0.4%	3				
UCERIS- budesonide rectal foam 2 mg/act	3				
DERMATOLOGICALS					
ABSORICA- isotretinoin cap 10 mg	NC				
ABSORICA- isotretinoin cap 20 mg	NC				
ABSORICA- isotretinoin cap 25 mg	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ABSORICA- isotretinoin cap 30 mg	NC				
ABSORICA- isotretinoin cap 35 mg	NC				
ABSORICA- isotretinoin cap 40 mg	NC				
ABSORICA LD- isotretinoin micronized cap 8 mg	NC				
ABSORICA LD- isotretinoin micronized cap 16 mg	NC				
ABSORICA LD- isotretinoin micronized cap 24 mg	NC				
ABSORICA LD- isotretinoin micronized cap 32 mg	NC				
acitretin cap 10 mg (Soriatane)	1				
acitretin cap 17.5 mg (Soriatane)	1				
acitretin cap 25 mg (Soriatane)	1				
acyclovir cream 5% (Zovirax)	NC				
acyclovir oint 5% (Zovirax)	NC				
ACZONE- dapsone gel 7.5%	NC				
ADAPALENE- adapalene pads 0.1%	NC				
ADAPALENE- adapalene soln 0.1%	NC				
adapalene cream 0.1% (Differin)	NC				
adapalene gel 0.1%	NC				
adapalene gel 0.3% (Differin)	NC				
adapalene-benzoyl peroxide gel 0.1-2.5% (Epiduo)	NC				
AKLIEF- trifarotene cream 0.005%	NC				
ALA-SCALP- hydrocortisone lotion 2%	NC				
alclometasone dipropionate cream 0.05%	1				
alclometasone dipropionate oint 0.05%	1				
ALTABAX- retapamulin oint 1%	NC				
ALTRENO- tretinoin lotion 0.05%	NC				
AMCINONIDE- amcinonide cream 0.1%	NC				
AMCINONIDE- amcinonide lotion 0.1%	NC				
AMCINONIDE- amcinonide oint 0.1%	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
AMELUZ- aminolevulinic acid hcl gel 10%	NC				
AMZEEQ- minocycline hcl micronized foam 4%	NC				
APEXICON E- diflorasone diacetate emollient base cream 0.05%	NC				
ARAZLO- tazarotene (acne) lotion 0.045%	NC				
AUGMENTED BETAMETHASONE D- betamethasone dipropionate augmented gel 0.05%	3				
azelaic acid gel 15% (Finacea)	1				
AZELEX- azelaic acid cream 20%	NC				
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	NC				
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	1				
betamethasone dipropionate augmented lotion 0.05% (Diprolene)	1				
betamethasone dipropionate augmented oint 0.05% (Diprolene)	1				
betamethasone dipropionate cream 0.05%	1				
betamethasone dipropionate lotion 0.05%	1				
betamethasone dipropionate oint 0.05%	1				
betamethasone valerate aerosol foam 0.12% (Luxiq)	1				
betamethasone valerate cream 0.1% (base equivalent)	1				
betamethasone valerate lotion 0.1% (base equivalent)	1				
betamethasone valerate oint 0.1% (base equivalent)	1				
BRYHALI- halobetasol propionate lotion 0.01%	NC				
CALCIPOTRIENE- calcipotriene foam 0.005%	NC				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
calcipotriene cream 0.005% (Dovonex)	1				•
calcipotriene oint 0.005%	1				•
calcipotriene soln 0.005% (50 mcg/ml)	1				•
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)	NC				•
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex)	NC				•
CALCITRIOL- calcitriol oint 3 mcg/gm	NC				•
CAPEX- fluocinolone acetonide shampoo 0.01%	NC				
CARAC- fluorouracil cream 0.5%	NC		•		•
CENTANY- mupirocin oint 2%	NC				
ciclopirox gel 0.77%	1				
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	1				
ciclopirox olamine susp 0.77% (base equiv) (Loprox)	1				
ciclopirox shampoo 1% (Loprox shampoo)	1				
ciclopirox solution 8% (Penlac Nail Lacquer)	1		•		•
CLINDAGEL- clindamycin phosphate gel 1%	NC				
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac)	1				
CLINDAMYCIN PHOSPHATE- clindamycin phosphate gel 1%	NC				
clindamycin phosphate foam 1% (Evoclin)	NC				
clindamycin phosphate gel 1% (Cleocin-t)	1				
clindamycin phosphate lotion 1% (Cleocin-t)	1				
clindamycin phosphate soln 1% (Cleocin-t)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
clindamycin phosphate swab 1% (Cleocin-t)	1				
clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin)	NC				
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (Acanya)	NC				
clindamycin phosphate-tretinoin gel 1.2-0.025% (Ziana)	NC				
clobetasol propionate cream 0.05% (Temovate)	1				
clobetasol propionate emollient base cream 0.05%	1				
clobetasol propionate emulsion foam 0.05% (Olux-e)	NC				•
clobetasol propionate foam 0.05% (Olux)	NC				•
clobetasol propionate gel 0.05% (Temovate)	1				
clobetasol propionate lotion 0.05% (Clobex)	1				•
clobetasol propionate oint 0.05% (Temovate)	1				
clobetasol propionate shampoo 0.05% (Clobex)	1				•
clobetasol propionate soln 0.05% (Temovate)	1				
clobetasol propionate spray 0.05% (Clobex)	NC				•
CLOCORTOLONE PIVALATE- clocortolone pivalate cream 0.1%	NC				
CLODERM- clocortolone pivalate cream 0.1%	NC				
clotrimazole cream 1%	NC				
clotrimazole soln 1%	NC				
clotrimazole w/ betamethasone cream 1-0.05% (Lotrisone)	1				
clotrimazole w/ betamethasone lotion 1-0.05%	1				
CONDYLOX- podofilox gel 0.5%	NC				
CORDRAN- flurandrenolide cream 0.025%	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
CORDRAN- flurandrenolide tape 4 mcg/sqcm	NC				
COSENTYX- secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	4	•	•		•
COSENTYX- secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	4	•	•		•
COSENTYX- secukinumab subcutaneous soln prefilled syringe 150 mg/ml	4	•	•		•
COSENTYX SENSOREADY PEN- secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	4	•	•		•
COSENTYX SENSOREADY PEN- secukinumab subcutaneous soln auto-injector 150 mg/ml	4	•	•		•
CROTAN- crotamiton lotion 10%	3				
DAPSONE- dapsone gel 7.5%	NC				
dapsone gel 5% (Aczone)	NC				
DENAVIR- penciclovir cream 1%	NC				
desonide cream 0.05% (Desowen)	1				
desonide gel 0.05% (Desonate)	NC				
desonide lotion 0.05% (Desowen)	1				
desonide oint 0.05%	1				
desoximetasone cream 0.05% (Topicort)	NC				
desoximetasone cream 0.25% (Topicort)	1				
desoximetasone gel 0.05% (Topicort)	NC				
desoximetasone oint 0.05% (Topicort)	NC				
desoximetasone oint 0.25% (Topicort)	1				
desoximetasone spray 0.25% (Topicort)	NC				
DICLOFENAC EPOLAMINE- diclofenac epolamine patch 1.3%	NC		•		•
diclofenac sodium (actinic keratoses) gel 3% (Solaraze)	1		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
diclofenac sodium gel 1% (Voltaren)	NC				
diclofenac sodium soln 1.5%	1				
DIFFERIN- adapalene lotion 0.1%	NC				
DIFLORASONE DIACETATE- diflorasone diacetate cream 0.05%	NC				
diflorasone diacetate oint 0.05%	NC				
DOXEPIN HYDROCHLORIDE- doxepin hcl cream 5%	NC		•		•
DOXYCYCLINE- doxycycline (rosacea) cap delayed release 40 mg	NC			•	
DUOBRII- halobetasol propionate-tazarotene lotion 0.01-0.045%	NC				•
DUPIXENT- dupilumab subcutaneous soln pen-injector 200 mg/1.14ml	4	•	•		•
DUPIXENT- dupilumab subcutaneous soln pen-injector 300 mg/2ml	4	•	•		•
DUPIXENT- dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	4	•	•		•
DUPIXENT- dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	4	•	•		•
econazole nitrate cream 1%	1				
ECOZA- econazole nitrate foam 1%	NC				
ENSTILAR- calcipotriene-betamethasone dipropionate foam 0.005-0.064%	2				•
EPIDUO FORTE- adapalene-benzoyl peroxide gel 0.3-2.5%	NC				
EPIFOAM- pramoxine-hc aerosol foam 1-1%	NC				
ERTACZO- sertaconazole nitrate cream 2%	NC				
ERY- erythromycin pads 2%	3				
erythromycin gel 2% (Erygel)	1				
erythromycin soln 2%	1				
EUCRISA- crisaborole oint 2%	NC			•	
EXELDERM- sulconazole nitrate cream 1%	NC				
EXELDERM- sulconazole nitrate solution 1%	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FABIOR- tazarotene (acne) foam 0.1%	NC				
FINACEA- azelaic acid foam 15%	NC				
FLECTOR- diclofenac epolamine patch 1.3%	NC		•		•
fluocinolone acetonide cream 0.01%	1				
fluocinolone acetonide cream 0.025% (Synalar)	1				
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	1				
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	1				
fluocinolone acetonide oint 0.025% (Synalar)	1				
fluocinolone acetonide soln 0.01% (Synalar)	1				
fluocinonide cream 0.05%	1				
fluocinonide cream 0.1% (Vanos)	1				
fluocinonide emulsified base cream 0.05%	1				
fluocinonide gel 0.05%	1				
fluocinonide oint 0.05%	1				
fluocinonide soln 0.05%	1				
FLUOROPLEX- fluorouracil cream 1%	NC		•		•
FLUOROURACIL- fluorouracil cream 0.5%	NC		•		•
FLUOROURACIL- fluorouracil soln 2%	3				
FLUOROURACIL- fluorouracil soln 5%	3				
fluorouracil cream 5% (Efudex)	1		•		•
flurandrenolide cream 0.05% (Cordran)	NC				
flurandrenolide lotion 0.05% (Cordran)	NC				
flurandrenolide oint 0.05% (Cordran)	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
fluticasone propionate cream 0.05% (Cutivate)	1				
fluticasone propionate lotion 0.05% (Cutivate)	NC				
fluticasone propionate oint 0.005%	1				
gentamicin sulfate cream 0.1%	1				
gentamicin sulfate oint 0.1%	NC				
halcinonide cream 0.1% (Halog)	NC				
HALOBETASOL PROPIONATE- halobetasol propionate foam 0.05%	NC				
halobetasol propionate cream 0.05% (Ultravate)	1				
halobetasol propionate oint 0.05% (Ultravate)	1				
HALOG- halcinonide oint 0.1%	NC				
HALOG- halcinonide soln 0.1%	NC				
HYDROCORTISONE BUTYRATE- hydrocortisone butyrate cream 0.1%	1				
HYDROCORTISONE BUTYRATE- hydrocortisone butyrate soln 0.1%	3				
hydrocortisone butyrate hydrophilic lipo base cream 0.1% (Locoid lipocream)	NC				
hydrocortisone butyrate lotion 0.1% (Locoid)	NC				
hydrocortisone butyrate oint 0.1% (Locoid)	1				
hydrocortisone cream 1%	NC				
hydrocortisone cream 2.5%	1				
hydrocortisone lotion 2.5%	1				
hydrocortisone oint 1%	NC				
hydrocortisone oint 2.5%	1				
hydrocortisone valerate cream 0.2%	1				
hydrocortisone valerate oint 0.2% (Westcort)	1				
imiquimod cream 3.75% (Zyclara)	NC		•		•
imiquimod cream 5% (Aldara)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
IMPEKLO- clobetasol propionate lotion 0.15 mg/act (0.05%)	NC				
IMPOYZ- clobetasol propionate cream 0.025%	NC				
isotretinoin cap 10 mg	1				
isotretinoin cap 20 mg	1				
isotretinoin cap 25 mg (Absorica)	1				
isotretinoin cap 30 mg	1				
isotretinoin cap 35 mg (Absorica)	1				
isotretinoin cap 40 mg	1				
IVERMECTIN- ivermectin lotion 0.5%	1				
ivermectin cream 1% (Soolantra)	NC				
JUBLIA- efinaconazole soln 10%	NC		•		•
ketoconazole cream 2%	1				
ketoconazole foam 2% (Extina)	NC				
ketoconazole shampoo 2% (Nizoral)	1				
KLISYRI- tirbanibulin ointment 1%	NC		•		•
lactic acid (ammonium lactate) cream 12% (Lac-hydrin)	NC				
lactic acid (ammonium lactate) lotion 12%	NC				
LEVULAN KERASTICK- aminolevulinic acid hcl for soln 20% (stick applicator)	NC				
LEXETTE- halobetasol propionate foam 0.05%	NC				
LICART- diclofenac epolamine patch 24hr 1.3%	NC		•		•
LIDOCAINE AND TETRACAINE- lidocaine-tetracaine cream 7-7%	NC				
LIDOCAINE HCL JELLY- lidocaine hcl urethral/mucosal gel 2%	NC				
lidocaine hcl soln 4% (Xylocaine)	1				
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	NC				
lidocaine oint 5%	NC				
lidocaine patch 5% (Lidoderm)	1				
lidocaine-prilocaine cream 2.5-2.5%	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
LIDOCAINE/TETRACAINE- lidocaine-tetracaine cream 7-7%	NC				
LINDANE- lindane shampoo 1%	3				
LULICONAZOLE- luliconazole cream 1%	NC				
LUZU- luliconazole cream 1%	NC				
mafenide acetate packet for topical soln 5% (50 gm) (Sulfamylon)	NC				
malathion lotion 0.5% (Ovide)	1				
MENTAX- butenafine hcl cream 1%	NC				
METHOXSALEN- methoxsalen rapid cap 10 mg	1				
metronidazole cream 0.75% (Metrocream)	1				
metronidazole gel 0.75%	1				
metronidazole gel 1% (Metrogel)	1				
metronidazole lotion 0.75% (Metrolotion)	1				
MICONAZOLE NITRATE/ZINC O- miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	NC				
MIRVASO- brimonidine tartrate gel 0.33% (base equivalent)	3				
mometasone furoate cream 0.1% (Elocon)	1				
mometasone furoate oint 0.1% (Elocon)	1				
mometasone furoate solution 0.1% (lotion) (Elocon)	1				
mupirocin calcium cream 2% (Bactroban)	NC				
mupirocin oint 2%	1				
NAFTIFINE HCL- naftifine hcl cream 1%	NC				
naftifine hcl cream 2% (Naftin)	NC				
NAFTIN- naftifine hcl gel 2%	NC				
NATROBA- spinosad susp 0.9%	3				
NEO-SYNALAR- neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
NORITATE- metronidazole cream 1%	NC				
nystatin cream 100000 unit/gm	1				
nystatin oint 100000 unit/gm	1				
nystatin topical powder 100000 unit/gm	1				
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	NC				
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	NC				
ONEXTON- clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	NC				
ORACEA- doxycycline (rosacea) cap delayed release 40 mg	NC			•	
oxiconazole nitrate cream 1% (Oxistat)	NC				
OXISTAT- oxiconazole nitrate lotion 1%	NC				
PANDEL- hydrocortisone probutate cream 0.1%	NC				
PANRETIN- alitretinoin gel 0.1%	NC				
PENNSAID- diclofenac sodium soln 2%	NC				
permethrin cream 5% (Elimite)	1				
pimecrolimus cream 1% (Elidel)	NC			•	
PLIAGLIS- lidocaine-tetracaine cream 7-7%	NC				
podofilox soln 0.5% (Condylox)	1				
PRAMOSONE- pramoxine-hc cream 1-1%	NC				
PRAMOSONE- pramoxine-hc lotion 1-1%	NC				
PRAMOSONE- pramoxine-hc lotion 1-2.5%	NC				
PREDNICARBATE- prednicarbate oint 0.1%	3				
PRUDOXIN- doxepin hcl cream 5%	NC		•		•
PSORCON- diflorasone diacetate cream 0.05%	NC				
QBREXZA- glycopyrronium tosylate pad 2.4% (base equivalent)	NC				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
REGRANEX- becaplermin gel 0.01%	3				
RETIN-A MICRO- tretinoin microsphere gel 0.06%	NC				
RETIN-A MICRO PUMP- tretinoin microsphere gel 0.08%	NC				
RHOFADE- oxymetazoline hcl cream 1%	NC				
SANTYL- collagenase oint 250 unit/gm	3				
selenium sulfide lotion 2.5%	1				
SERNIVO- betamethasone dipropionate spray emulsion 0.05% (base equiv)	NC				•
SILIQ- brodalumab subcutaneous soln prefilled syringe 210 mg/1.5ml	NC	•	•		•
silver sulfadiazine cream 1% (Silvadene)	1				
SKYRIZI- risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit	4	•	•		•
SKYRIZI- risankizumab-rzaa soln prefilled syringe 150 mg/ml	4	•	•		•
SKYRIZI PEN- risankizumab-rzaa soln auto-injector 150 mg/ml	4	•	•		•
SOOLANTRA- ivermectin cream 1%	1				
SORILUX- calcipotriene foam 0.005%	NC				•
SPINOSAD- spinosad susp 0.9%	3				
STELARA- ustekinumab inj 45 mg/0.5ml	4	•	•		•
STELARA- ustekinumab soln prefilled syringe 45 mg/0.5ml	4	•	•		•
STELARA- ustekinumab soln prefilled syringe 90 mg/ml	4	•	•		•
SULCONAZOLE NITRATE- sulconazole nitrate cream 1%	NC				
SULCONAZOLE NITRATE- sulconazole nitrate solution 1%	NC				
sulfacetamide sodium lotion 10% (acne) (Klaron)	1				
SULFAMYLON- mafenide acetate cream 85 mg/gm	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SYNERA- lidocaine-tetracaine topical patch 70-70 mg	NC				
tacrolimus oint 0.03% (Protopic)	1			•	
tacrolimus oint 0.1% (Protopic)	1			•	
TALTZ- ixekizumab subcutaneous soln auto-injector 80 mg/ml	NC	•	•		•
TALTZ- ixekizumab subcutaneous soln prefilled syringe 80 mg/ml	NC	•	•		•
TARGRETIN- bexarotene gel 1%	NC	•	•		
tavaborole soln 5% (Kerydin)	NC		•		•
TAZAROTENE- tazarotene (acne) foam 0.1%	NC				
tazarotene cream 0.1% (Tazorac)	1				
TAZORAC- tazarotene cream 0.05%	2				
TAZORAC- tazarotene gel 0.05%	2				
TAZORAC- tazarotene gel 0.1%	2				
TEXACORT- hydrocortisone soln 2.5%	NC				
TREMFYA- guselkumab soln pen-injector 100 mg/ml	4	•	•		•
TREMFYA- guselkumab soln prefilled syringe 100 mg/ml	4	•	•		•
tretinoin cream 0.025% (Retin-a)	1				
tretinoin cream 0.05% (Retin-a)	1				
tretinoin cream 0.1% (Retin-a)	1				
tretinoin gel 0.01% (Retin-a)	1				
tretinoin gel 0.025% (Retin-a)	1				
tretinoin gel 0.05% (Atralin)	NC				
tretinoin microsphere gel 0.04% (Retin-a micro)	NC				
tretinoin microsphere gel 0.1% (Retin-a micro)	NC				
triamcinolone acetonide aerosol soln 0.147 mg/gm (Kenalog)	NC				
triamcinolone acetonide cream 0.025%	1				
triamcinolone acetonide cream 0.1%	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
triamcinolone acetonide cream 0.5%	1				
triamcinolone acetonide lotion 0.025%	1				
triamcinolone acetonide lotion 0.1%	1				
triamcinolone acetonide oint 0.025%	1				
triamcinolone acetonide oint 0.05%	NC				
triamcinolone acetonide oint 0.1%	1				
triamcinolone acetonide oint 0.5%	1				
ULTRAVATE- halobetasol propionate lotion 0.05%	NC				
VALCHLOR- mechlorethamine hcl gel 0.016% (base equivalent)	4	•			
VECTICAL- calcitriol oint 3 mcg/gm	NC				•
VERDESO- desonide foam 0.05%	NC				
VEREGEN- sinecatechins oint 15%	NC				
VUSION- miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	NC				
WINLEVI- clascoterone cream 1%	NC			•	
WYNZORA- calcipotriene-betamethasone dipropionate cream 0.005-0.064%	NC				•
XEPI- ozenoxacin cream 1%	NC				
XERESE- acyclovir-hydrocortisone cream 5-1%	NC				
XOLEGEL- ketoconazole gel 2%	NC				
ZILXI- minocycline hcl micronized foam 1.5%	NC				
ZONALON- doxepin hcl cream 5%	NC		•		•
ZTLIDO- lidocaine patch 1.8% (36 mg)	NC				
ZYCLARA PUMP- imiquimod cream 2.5%	NC		•		•
MISCELLANEOUS PRODUCTS					
ANTIDOTES					
CHEMET- succimer cap 100 mg	2				
deferasirox granules packet 90 mg (Jadenu sprinkle)	4	•	•		•
deferasirox granules packet 180 mg (Jadenu sprinkle)	4	•	•		•
deferasirox granules packet 360 mg (Jadenu sprinkle)	4	•	•		•
deferasirox tab for oral susp 125 mg (Exjade)	4	•	•		•
deferasirox tab for oral susp 250 mg (Exjade)	4	•	•		•
deferasirox tab for oral susp 500 mg (Exjade)	4	•	•		•
deferasirox tab 90 mg (Jadenu)	4	•	•		•
deferasirox tab 180 mg	4	•	•		•
deferasirox tab 360 mg (Jadenu)	4	•	•		•
deferiprone tab 500 mg (Ferriprox)	4	•			
FERRIPROX- deferiprone oral soln 100 mg/ml	4	•			
FERRIPROX- deferiprone tab 1000 mg	4	•			
FERRIPROX TWICE-A-DAY- deferiprone (twice daily) tab 1000 mg	NC	•			
NALOXONE HCL- naloxone hcl soln cartridge 0.4 mg/ml	3				
naloxone hcl inj 0.4 mg/ml	1				
naloxone hcl inj 4 mg/10ml	1				
naloxone hcl soln prefilled syringe 2 mg/2ml	1				
naltrexone hcl tab 50 mg	1				
NARCAN- naloxone hcl nasal spray 4 mg/0.1ml	2				
RADIOGARDASE- prussian blue insoluble cap 0.5 gm	3				
VISTOGARD- uridine triacetate oral granules packet 10 gm	NC	•			
DIAGNOSTIC PRODUCTS					
ACCU-CHEK AVIVA PLUS- glucose blood test strip	NC				•
ACCU-CHEK COMPACT PLUS- glucose blood test strip	NC				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ACCU-CHEK COMPACT STRIPS- glucose blood test strip	NC				•
ACCU-CHEK COMPACT TEST DR- glucose blood test strip	NC				•
ACCU-CHEK GUIDE- glucose blood test strip	NC				•
ACCU-CHEK SMARTVIEW STRIP- glucose blood test strip	NC				•
ACCUTREND GLUCOSE- glucose blood test strip	NC				•
ADVANCE INTUITION TEST ST- glucose blood test strip	NC				•
ADVANCE MICRO-DRAW TEST S- glucose blood test strip	NC				•
ADVOCATE REDI-CODE- glucose blood test strip	NC				•
ADVOCATE REDI-CODE+ TEST- glucose blood test strip	NC				•
ADVOCATE TEST STRIPS- glucose blood test strip	NC				•
AGAMATRIX AMP NO CODE TES- glucose blood test strip	NC				•
AGAMATRIX JAZZ TEST STRIP- glucose blood test strip	NC				•
AGAMATRIX KEYNOTE TEST ST- glucose blood test strip	NC				•
AGAMATRIX PRESTO TEST STR- glucose blood test strip	NC				•
ASSURE II- glucose blood test strip	NC				•
ASSURE II CHECK STRIP- glucose blood test strip	NC				•
ASSURE II TEST STRIPS- glucose blood test strip	NC				•
ASSURE PLATINUM TEST STRI- glucose blood test strip	NC				•
ASSURE PRISM MULTI TEST S- glucose blood test strip	NC				•
ASSURE PRO TEST STRIPS- glucose blood test strip	NC				•
ASSURE 3 TEST STRIPS- glucose blood test strip	NC				•
ASSURE 4 TEST STRIPS- glucose blood test strip	NC				•
AT LAST TEST STRIPS- glucose blood test strip	NC				•
BIOSCANNER GLUCOSE TEST S- glucose blood test strip	NC				•
BLOOD GLUCOSE TEST STRIPS- glucose blood test strip	NC				•
BLULINK GLUCOSE TEST STRI- glucose blood test strip	NC				•
CAREONE BLOOD GLUCOSE TES- glucose blood test strip	NC				•
CARESENS N BLOOD GLUCOSE- glucose blood test strip	NC				•
CARETOUCH BLOOD GLUCOSE T- glucose blood test strip	NC				•
CLEVER CHEK AUTO-CODE TES- glucose blood test strip	NC				•
CLEVER CHEK AUTO-CODE VOI- glucose blood test strip	NC				•
CLEVER CHEK TEST STRIPS- glucose blood test strip	NC				•
CLEVER CHOICE AUTO-CODE P- glucose blood test strip	NC				•
CLEVER CHOICE MICRO TEST- glucose blood test strip	NC				•
CLEVER CHOICE NO CODING T- glucose blood test strip	NC				•
CLEVER CHOICE TALK NO COD- glucose blood test strip	NC				•
CONTOUR BLOOD GLUCOSE TES- glucose blood test strip	2				•
CONTOUR NEXT BLOOD GLUCOS- glucose blood test strip	2				•
COOL BLOOD GLUCOSE TEST S- glucose blood test strip	NC				•
CVS ADVANCED GLUCOSE METE- glucose blood test strip	NC				•
CVS GLUCOSE METER TEST ST- glucose blood test strip	NC				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
DIATHRIVE BLOOD GLUCOSE T- glucose blood test strip	NC				•
DIATHRIVE+ BLOOD GLUCOSE- glucose blood test strip	NC				•
DIATRUE PLUS BLOOD GLUCOS- glucose blood test strip	NC				•
DUO-CARE TEST STRIPS- glucose blood test strip	NC				•
EASY PLUS II BLOOD GLUCOS- glucose blood test strip	NC				•
EASY STEP TEST STRIPS- glucose blood test strip	NC				•
EASY TALK BLOOD GLUCOSE T- glucose blood test strip	NC				•
EASY TOUCH GLUCOSE TEST S- glucose blood test strip	NC				•
EASY TOUCH HEALTHPRO GLUC- glucose blood test strip	NC				•
EASY TRAK BLOOD GLUCOSE T- glucose blood test strip	NC				•
EASY TRAK II BLOOD GLUCOS- glucose blood test strip	NC				•
EASYGLUCO- glucose blood test strip	NC				•
EASYMAX TEST STRIPS- glucose blood test strip	NC				•
EASYMAX 15 TEST STRIPS- glucose blood test strip	NC				•
EASYPRO BLOOD GLUCOSE TES- glucose blood test strip	NC				•
EASYPRO PLUS- glucose blood test strip	NC				•
ELEMENT COMPACT TEST STRI- glucose blood test strip	NC				•
ELEMENT TEST STRIPS- glucose blood test strip	NC				•
EMBRACE BLOOD GLUCOSE TES- glucose blood test strip	NC				•
EMBRACE EVO BLOOD GLUCOSE- glucose blood test strip	NC				•
EMBRACE PRO BLOOD GLUCOSE- glucose blood test strip	NC				•
EMBRACE TALK BLOOD GLUCOS- glucose blood test strip	NC				•
EQ BLOOD GLUCOSE TEST STR- glucose blood test strip	NC				•
EVENCARE BLOOD GLUCOSE TE- glucose blood test strip	NC				•
EVOLUTION AUTOCODE- glucose blood test strip	NC				•
EXACTECH R-S-G TEST STRIP- glucose blood test strip	NC				•
EXACTECH TEST STRIPS- glucose blood test strip	NC				•
FIFTY50 GLUCOSE TEST STRI- glucose blood test strip	NC				•
FORA BLOOD GLUCOSE TEST S- glucose blood test strip	NC				•
FORA D15G BLOOD GLUCOSE T- glucose blood test strip	NC				•
FORA D20 BLOOD GLUCOSE TE- glucose blood test strip	NC				•
FORA D40/G31 BLOOD GLUCOS- glucose blood test strip	NC				•
FORA GD20 TEST STRIPS- glucose blood test strip	NC				•
FORA GD50 BLOOD GLUCOSE T- glucose blood test strip	NC				•
FORA GTEL BLOOD GLUCOSE T- glucose blood test strip	NC				•
FORA G20 BLOOD GLUCOSE TE- glucose blood test strip	NC				•
FORA G30/PREMIUM V10 BLOO- glucose blood test strip	NC				•
FORA TN'G ADVANCE PRO BLO- glucose blood test strip	NC				•
FORA TN'G/TN'G VOICE BLOO- glucose blood test strip	NC				•
FORA V10 BLOOD GLUCOSE TE- glucose blood test strip	NC				•
FORA V12 BLOOD GLUCOSE TE- glucose blood test strip	NC				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FORA V20 BLOOD GLUCOSE TE- glucose blood test strip	NC				•
FORA V30A BLOOD GLUCOSE T- glucose blood test strip	NC				•
FORA 6 CONNECT- glucose blood test strip	NC				•
FORACARE GD40- glucose blood test strip	NC				•
FORACARE PREMIUM V10 TEST- glucose blood test strip	NC				•
FORACARE TEST N GO TEST S- glucose blood test strip	NC				•
FORTISCARE BLOOD GLUCOSE- glucose blood test strip	NC				•
FORTISCARE G1 BLOOD GLUCO- glucose blood test strip	NC				•
FREESTYLE INSULINX BLOOD- glucose blood test strip	NC				•
FREESTYLE LITE TEST STRIP- glucose blood test strip	NC				•
FREESTYLE PRECISION NEO B- glucose blood test strip	NC				•
FREESTYLE TEST STRIPS- glucose blood test strip	NC				•
GENULTIMATE TEST STRIPS- glucose blood test strip	NC				•
GE100 BLOOD GLUCOSE TEST- glucose blood test strip	NC				•
GHT TEST STRIPS- glucose blood test strip	NC				•
GLUCO PERFECT 3 TEST STRI- glucose blood test strip	NC				•
GLUCOCARD EXPRESSION BLOO- glucose blood test strip	NC				•
GLUCOCARD SHINE TEST STRI- glucose blood test strip	NC				•
GLUCOCARD VITAL TEST STRI- glucose blood test strip	NC				•
GLUCOCARD X-SENSOR- glucose blood test strip	NC				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
GLUCOCARD 01 SENSOR PLUS- glucose blood test strip	NC				•
GLUCOCOM TEST STRIPS- glucose blood test strip	NC				•
GLUCONAVII BLOOD GLUCOSE- glucose blood test strip	NC				•
GLUCOSE METER TEST STRIPS- glucose blood test strip	NC				•
GNP EASY TOUCH GLUCOSE TE- glucose blood test strip	NC				•
GOJJI BLOOD GLUCOSE TEST- glucose blood test strip	NC				•
GOODSENSE PREMIUM BLOOD G- glucose blood test strip	NC				•
HW EMBRACE PRO BLOOD GLUC- glucose blood test strip	NC				•
HW EMBRACE TALK BLOOD GLU- glucose blood test strip	NC				•
IGLUCOSE BLOOD GLUCOSE TE- glucose blood test strip	NC				•
IN TOUCH BLOOD GLUCOSE TE- glucose blood test strip	NC				•
INFINITY BLOOD GLUCOSE TE- glucose blood test strip	NC				•
INFINITY VOICE- glucose blood test strip	NC				•
KROGER BLOOD GLUCOSE TEST- glucose blood test strip	NC				•
KROGER HEALTHPRO GLUCOSE- glucose blood test strip	NC				•
KROGER PREMIUM BLOOD GLUC- glucose blood test strip	NC				•
KROGER TEST STRIPS- glucose blood test strip	NC				•
LIBERTY NEXT GENERATION B- glucose blood test strip	NC				•
LIBERTY TEST STRIPS- glucose blood test strip	NC				•
MEIJER BLOOD GLUCOSE TEST- glucose blood test strip	NC				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
MEIJER ESSENTIAL BLOOD GL- glucose blood test strip	NC				•
MEIJER PREMIUM BLOOD GLUC- glucose blood test strip	NC				•
MEIJER TRUETEST BLOOD GLU- glucose blood test strip	NC				•
MEIJER TRUETRACK BLOOD GL- glucose blood test strip	NC				•
MICRODOT TEST STRIPS- glucose blood test strip	NC				•
MICRODOT XTRA TEST STRIPS- glucose blood test strip	NC				•
MM EASY TOUCH GLUCOSE TES- glucose blood test strip	NC				•
MYGLUCOHEALTH BLOOD GLUCO- glucose blood test strip	NC				•
NEUTEK 2TEK TEST STRIPS- glucose blood test strip	NC				•
NOVA MAX GLUCOSE TEST STR- glucose blood test strip	NC				•
ONE DROP BLOOD GLUCOSE TE- glucose blood test strip	NC				•
ONETOUCH ULTRA- glucose blood test strip	NC				•
ONETOUCH ULTRA BLUE- glucose blood test strip	NC				•
ONETOUCH ULTRA TEST STRIP- glucose blood test strip	NC				•
ONETOUCH VERIO TEST STRIP- glucose blood test strip	NC				•
OPTIUM TEST STRIPS- glucose blood test strip	NC				•
OPTIUMEZ TEST STRIPS- glucose blood test strip	NC				•
PHARMACIST CHOICE AUTOCOD- glucose blood test strip	NC				•
PHARMACIST CHOICE NO CODI- glucose blood test strip	NC				•
POCKETCHEM EZ BLOOD GLUCO- glucose blood test strip	NC				•
POGO AUTOMATIC TEST CARTR- glucose blood test automatic cartridge	NC				
PRECISION PCX- glucose blood test strip	NC				•
PRECISION PCX PLUS TEST S- glucose blood test strip	NC				•
PRECISION POINT OF CARE T- glucose blood test strip	NC				•
PRECISION QID TEST STRIPS- glucose blood test strip	NC				•
PRECISION SOF-TACT TEST S- glucose blood test strip	NC				•
PRECISION XTRA BLOOD GLUC- glucose blood test strip	NC				•
PREMIUM BLOOD GLUCOSE TES- glucose blood test strip	NC				•
PRESTIGE TEST STRIPS- glucose blood test strip	NC				•
PRO VOICE V8/V9 BLOOD GLU- glucose blood test strip	NC				•
PRODIGY NO CODING BLOOD G- glucose blood test strip	NC				•
PTS PANELS GLUCOSE TEST- glucose blood test strip	NC				•
QUICKTEK TEST STRIPS- glucose blood test strip	NC				•
QUINTET AC BLOOD GLUCOSE- glucose blood test strip	NC				•
QUINTET BLOOD GLUCOSE TES- glucose blood test strip	NC				•
REFUAH PLUS BLOOD GLUCOSE- glucose blood test strip	NC				•
RELION BLOOD GLUCOSE TEST- glucose blood test strip	NC				•
RELION CONFIRM/MICRO TEST- glucose blood test strip	NC				•
RELION PREMIER BLOOD GLUC- glucose blood test strip	NC				•
RELION PRIME BLOOD GLUCOS- glucose blood test strip	NC				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
RELION TRUE METRIX BLOOD- glucose blood test strip	NC				•
RELION ULTIMA BLOOD GLUCO- glucose blood test strip	NC				•
REXALL BLOOD GLUCOSE TEST- glucose blood test strip	NC				•
RIGHTEST GS100 BLOOD GLUC- glucose blood test strip	NC				•
RIGHTEST GS300 BLOOD GLUC- glucose blood test strip	NC				•
RIGHTEST GS550 BLOOD GLUC- glucose blood test strip	NC				•
SMART SENSE PREMIUM BLOOD- glucose blood test strip	NC				•
SMART SENSE VALUE BLOOD G- glucose blood test strip	NC				•
SMARTEST BLOOD GLUCOSE TE- glucose blood test strip	NC				•
SOLUS V2 AUDIBLE TEST- glucose blood test strip	NC				•
SUPREME TEST STRIPS- glucose blood test strip	NC				•
SURE-TEST EASYPLUS MINI B- glucose blood test strip	NC				•
TGT BLOOD GLUCOSE TEST ST- glucose blood test strip	NC				•
TRUE FOCUS SELF MONITORIN- glucose blood test strip	NC				•
TRUE METRIX BLOOD GLUCOSE- glucose blood test strip	NC				•
TRUE METRIX SELF MONITORI- glucose blood test strip	NC				•
TRUETEST STRIPS- glucose blood test strip	NC				•
TRUETRACK BLOOD GLUCOSE T- glucose blood test strip	NC				•
TRUETRACK TEST- glucose blood test strip	NC				•
UNISTRIP1 GENERIC- glucose blood test strip	NC				•
VERASENS BLOOD GLUCOSE TE- glucose blood test strip	NC				•
VIVAGUARD INO BLOOD GLUCO- glucose blood test strip	NC				•
MEDICAL DEVICES					
ADULT MASK- respiratory therapy supplies - devices	2				
AEROBIKA- respiratory therapy supplies - devices	2				
AEROCHAMBER MINI AEROSOL- spacer/aerosol-holding chambers - device	2				
AEROCHAMBER MV- spacer/ aerosol-holding chambers - device	2				
AEROCHAMBER PLUS FLOW-VU- spacer/aerosol-holding chambers - device	2				
AEROCHAMBER PLUS FLOW-VU/- spacer/aerosol-holding chambers - device	2				
AEROCHAMBER Z-STAT PLUS V- spacer/aerosol-holding chambers - device	2				
AEROCHAMBER Z-STAT PLUS/F- spacer/aerosol-holding chambers - device	2				
AEROCHAMBER Z-STAT PLUS/L- spacer/aerosol-holding chambers - device	2				
AEROCHAMBER Z-STAT PLUS/M- spacer/aerosol-holding chambers - device	2				
AEROCHAMBER Z-STAT PLUS/S- spacer/aerosol-holding chambers - device	2				
AEROVENT PLUS HOLDING CHA- spacer/aerosol-holding chambers - device	2				
ALL FLOW 1000 PFT FILTER- respiratory therapy supplies - devices	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ALL FLOW 2000 PFT FILTER- respiratory therapy supplies - devices	2				
ALL FLOW 3000 PFT FILTER- respiratory therapy supplies - devices	2				
ALL FLOW 4000 PFT FILTER- respiratory therapy supplies - devices	2				
ALL FLOW 5000 PFT FILTER- respiratory therapy supplies - devices	2				
ALL FLOW 6000 PFT FILTER- respiratory therapy supplies - devices	2				
ALL FLOW 7000 PFT FILTER- respiratory therapy supplies - devices	2				
BREATHE EASE/LARGE MASK- spacer/aerosol-holding chambers - device	2				
BREATHE EASE/MEDIUM MASK- spacer/aerosol-holding chambers - device	2				
BREATHE EASE/SMALL MASK- spacer/aerosol-holding chambers - device	2				
BREATHERITE VALVED MDI CH- respiratory therapy supplies - devices	2				
CAYA- diaphragm arc-spring	2				
CLEVER CHOICE ANTI-STATIC- spacer/aerosol-holding chambers - device	2				
CO MONITOR- respiratory therapy supplies - devices	2				
COMPACT SPACE CHAMBER/ANT- spacer/aerosol-holding chambers - device	2				
CONTOUR HIGH CONTROL- blood glucose calibration - liquid - high	2				
CONTOUR LOW CONTROL- blood glucose calibration - liquid - low	2				
CONTOUR NEXT CONTROL LEVE- blood glucose calibration - liquid - low	2				
CONTOUR NEXT CONTROL LEVE- blood glucose calibration - liquid - normal	2				
CONTOUR NORMAL CONTROL- blood glucose calibration - liquid - normal	2				
DEXCOM G5 MOBILE RECEIVER- continuous blood glucose system receiver	NC			•	•
DEXCOM G5 MOBILE TRANSMIT- continuous blood glucose system transmitter	NC			•	•
DEXCOM G5 MOBILE/G4 PLATI- continuous blood glucose system sensor	NC			•	•
DEXCOM G5 RECEIVER KIT- continuous blood glucose system receiver	NC			•	•
DEXCOM G6 RECEIVER- continuous blood glucose system receiver	NC			•	•
DEXCOM G6 SENSOR- continuous blood glucose system sensor	NC			•	•
DEXCOM G6 TRANSMITTER- continuous blood glucose system transmitter	NC			•	•
EASIVENT- spacer/aerosol-holding chambers - device	2				
EASIVENT/MASK-LARGE- spacer/ aerosol-holding chambers - device	2				
EASIVENT/MASK-MEDIUM- spacer/ aerosol-holding chambers - device	2				
EASIVENT/MASK-SMALL- spacer/ aerosol-holding chambers - device	2				
EQ SPACE CHAMBER ANTI-STA- spacer/aerosol-holding chambers - device	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FC FEMALE CONDOM- condoms - female	2				
FC2 FEMALE CONDOM- condoms - female	2				
FEMCAP- cervical cap 22 mm	2				
FEMCAP- cervical cap 26 mm	2				
FEMCAP- cervical cap 30 mm	2				
FLEXICHAMBER- spacer/aerosol-holding chambers - device	2				
FLEXICHAMBER ADULT MASK/S- spacer/aerosol-holding chamber supplies - masks	2				
FLEXICHAMBER CHILD MASK/L- spacer/aerosol-holding chamber supplies - masks	2				
FLEXICHAMBER CHILD MASK/S- spacer/aerosol-holding chamber supplies - masks	2				
FREESTYLE LIBRE 14 DAY/RE- continuous blood glucose system receiver	2			•	•
FREESTYLE LIBRE 14 DAY/SE- continuous blood glucose system sensor	2			•	•
FREESTYLE LIBRE 2/READER/- continuous blood glucose system receiver	2			•	•
FREESTYLE LIBRE 2/SENSOR/- continuous blood glucose system sensor	2			•	•
FREESTYLE LIBRE/READER/FL- continuous blood glucose system receiver	2			•	•
FREESTYLE LIBRE/SENSOR/FL- continuous blood glucose system sensor	2			•	•
IN-CHECK DIAL INSPIRATORY- respiratory therapy supplies - devices	2				
IN-CHECK INSPIRATORY FLOW- respiratory therapy supplies - devices	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
INSPIRACHAMBER/ANTI-STATI- spacer/aerosol-holding chambers - device	2				
INSPIRACHAMBER/LARGE- spacer/aerosol-holding chambers - device	2				
INSPIRACHAMBER/SOOTHERMAS- spacer/aerosol-holding chambers - device	2				
INSPIREASE DRUG DELIVERY- spacer/aerosol-holding chambers - device	2				
INSPIREASE RESERVOIR BAGS- spacer/aerosol-holding chamber supplies - bags	2				
INSULIN PEN NEEDLES – VARIOUS	2				
INSULIN SYRINGES – VARIOUS	2				
LANCETS – VARIOUS	2				
MASK VORTEX/CHILD/FROG- spacer/aerosol-holding chamber supplies - masks	2				
MASK VORTEX/TODDLER/LADY- spacer/aerosol-holding chamber supplies - masks	2				
MICROCHAMBER- spacer/aerosol-holding chambers - device	2				
MISC NEEDLES & SYRINGES – VARIOUS	2				
NEBULIZER CUP/TUBING- respiratory therapy supplies - devices	2				
OMBRA TABLE TOP COMPRESSO- respiratory therapy supplies - devices	2				
OMNIFLEX DIAPHRAGM- diaphragms	2				
ONE FLOW FVC MONITORING S- respiratory therapy supplies - devices	2				
OPTICHAMBER- spacer/aerosol-holding chambers - device	2				
OPTICHAMBER DIAMOND- spacer/aerosol-holding chambers - device	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
OPTICHAMBER DIAMOND/LARGE- spacer/aerosol-holding chambers - device	2				
OPTICHAMBER DIAMOND/MEDIU- spacer/aerosol-holding chambers - device	2				
OPTICHAMBER DIAMOND/SMALL- spacer/aerosol-holding chambers - device	2				
PANDA MASK LARGE- spacer/ aerosol-holding chamber supplies - masks	2				
PANDA MASK MEDIUM- spacer/ aerosol-holding chamber supplies - masks	2				
PANDA MASK SMALL- spacer/ aerosol-holding chamber supplies - masks	2				
PARI MANUAL INTERRUPTER- respiratory therapy supplies - devices	2				
PARI TREK S COMBO PACK- respiratory therapy supplies - devices	2				
PEDIATRIC PANDA MASK- spacer/ aerosol-holding chamber supplies - masks	2				
POCKET CHAMBER- spacer/aerosol-holding chambers - device	2				
POCKET SPACER- spacer/aerosol-holding chambers - device	2				
PRO COMFORT INHALER SPACE- spacer/aerosol-holding chambers - device	2				
PROCARE SPACER CHAMBER W/- spacer/aerosol-holding chambers - device	2				
PULMONEB LT COMPRESSOR/NE- nebulizers	2				
RITEFLO- spacer/aerosol-holding chambers - device	2				
SPIRO PD- respiratory therapy supplies - devices	2				
THRESHOLD PEP- respiratory therapy supplies - devices	2				
VORTEX HOLDING CHAMBER/ MA- respiratory therapy supplies - devices	2				
VORTEX VALVED HOLDING CHA- spacer/aerosol-holding chambers - device	2				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 60 mm	2				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 65 mm	2				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 70 mm	2				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 75 mm	2				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 80 mm	2				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 85 mm	2				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 90 mm	2				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 95 mm	2				
ASSORTED CLASSES					
ASTAGRAF XL- tacrolimus cap er 24hr 0.5 mg	3				
ASTAGRAF XL- tacrolimus cap er 24hr 1 mg	3				
ASTAGRAF XL- tacrolimus cap er 24hr 5 mg	3				
AZASAN- azathioprine tab 75 mg	3				
AZASAN- azathioprine tab 100 mg	3				
azathioprine tab 50 mg (Imuran)	1				
BENLYSTA- belimumab subcutaneous solution auto-injector 200 mg/ml	4	•	•		•
BENLYSTA- belimumab subcutaneous solution prefilled syringe 200 mg/ml	4	•	•		•
CELLCEPT- mycophenolate mofetil cap 250 mg	3				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
CELLCEPT- mycophenolate mofetil for oral susp 200 mg/ml	3				
CELLCEPT- mycophenolate mofetil tab 500 mg	3				
cyclosporine cap 25 mg (Sandimmune)	1				
cyclosporine cap 100 mg (Sandimmune)	1				
cyclosporine modified cap 25 mg (Neoral)	1				
cyclosporine modified cap 50 mg (Cyclosporine modifie)	1				
cyclosporine modified cap 100 mg (Neoral)	1				
cyclosporine modified oral soln 100 mg/ml (Neoral)	1				
ENSPRYNG- satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	4	•	•		•
ENVARSUS XR- tacrolimus tab er 24hr 0.75 mg	3				
ENVARSUS XR- tacrolimus tab er 24hr 1 mg	3				
ENVARSUS XR- tacrolimus tab er 24hr 4 mg	3				
everolimus tab 0.25 mg (Zortress)	1				
everolimus tab 0.5 mg (Zortress)	1				
everolimus tab 0.75 mg (Zortress)	1				
IMURAN- azathioprine tab 50 mg	3				
LOKELMA- sodium zirconium cyclosilicate for susp packet 5 gm	2				
LOKELMA- sodium zirconium cyclosilicate for susp packet 10 gm	2				
LUPKYNIS- voclosporin cap 7.9 mg	4	•	•		•
mycophenolate mofetil cap 250 mg (Cellcept)	1				
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	1				
mycophenolate mofetil tab 500 mg (Cellcept)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic)	1				
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic)	1				
MYFORTIC- mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	3				
MYFORTIC- mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	3				
NEORAL- cyclosporine modified cap 25 mg	3				
NEORAL- cyclosporine modified cap 100 mg	3				
NEORAL- cyclosporine modified oral soln 100 mg/ml	3				
penicillamine cap 250 mg (Cuprimine)	NC	•			
penicillamine tab 250 mg (Depen titratabs)	4	•			
PROGRAF- tacrolimus cap 0.5 mg	3				
PROGRAF- tacrolimus cap 1 mg	3				
PROGRAF- tacrolimus cap 5 mg	3				
PROGRAF- tacrolimus packet for susp 0.2 mg	3				
PROGRAF- tacrolimus packet for susp 1 mg	3				
RAPAMUNE- sirolimus oral soln 1 mg/ml	3				
RAPAMUNE- sirolimus tab 0.5 mg	3				
RAPAMUNE- sirolimus tab 1 mg	3				
RAPAMUNE- sirolimus tab 2 mg	3				
REVLIMID- lenalidomide caps 2.5 mg	4	•	•		•
REVLIMID- lenalidomide cap 5 mg	4	•	•		•
REVLIMID- lenalidomide cap 10 mg	4	•	•		•
REVLIMID- lenalidomide cap 15 mg	4	•	•		•
REVLIMID- lenalidomide cap 20 mg	4	•	•		•
REVLIMID- lenalidomide cap 25 mg	4	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SANDIMMUNE- cyclosporine cap 25 mg	3				
SANDIMMUNE- cyclosporine cap 100 mg	3				
SANDIMMUNE- cyclosporine oral soln 100 mg/ml	3				
sirolimus oral soln 1 mg/ml (Rapamune)	1				
sirolimus tab 0.5 mg (Rapamune)	1				
sirolimus tab 1 mg (Rapamune)	1				
sirolimus tab 2 mg (Rapamune)	1				
sodium polystyrene sulfonate powder (Kayexalate)	1				
SPS- sodium polystyrene sulfonate oral susp 15 gm/60ml	3				
tacrolimus cap 0.5 mg (Prograf)	1				
tacrolimus cap 1 mg (Prograf)	1				
tacrolimus cap 5 mg (Prograf)	1				
THALOMID- thalidomide cap 50 mg	4	•	•		•
THALOMID- thalidomide cap 100 mg	4	•	•		•
THALOMID- thalidomide cap 150 mg	4	•	•		•
THALOMID- thalidomide cap 200 mg	4	•	•		•
trientine hcl cap 250 mg (Syprine)	4	•			
VELTASSA- patiromer sorbitex calcium for susp packet 8.4 gm (base eq)	2				
VELTASSA- patiromer sorbitex calcium for susp packet 16.8 gm (base eq)	2				
VELTASSA- patiromer sorbitex calcium for susp packet 25.2 gm (base eq)	2				
ZOKINVY- lonafarnib cap 50 mg	4	•	•		•
ZOKINVY- lonafarnib cap 75 mg	4	•	•		•
ZORTRESS- everolimus tab 0.25 mg	3				
ZORTRESS- everolimus tab 0.5 mg	3				
ZORTRESS- everolimus tab 0.75 mg	3				
ZORTRESS- everolimus tab 1 mg	3				

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