BlueCross BlueShield of Texas

Health Insurance Marketplace 6 Tier Drug List

December 2023 (Plan Year 2022)

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

The drug list is regularly updated. Please visit **bcbstx.com** or **myprime.com** for the most up-to-date information.

To find a contracting pharmacy, please access the link below: https://www.myprime.com/en/find-pharmacy.html

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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**.

Shoppers: To find drug estimates go to https://www.myprime.com/en/plan-preview/medicines/find-medicine.html
Members: Log in to your plan to find current drug pricing at https://www.myprime.com/en/medicines.html#find-medicine

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Summary of Drug List Benefits

The information in this document is designed to help you understand the prescription drug benefits offered under this plan and compare these benefits to those offered by other plans. Information contained in this summary is designed to help you compare, both the value and scope of drug list benefits

How to Find Information on the Cost of Prescription Drugs: Your Summary of Benefits and Coverage (SBC) document lists information about your plan, including pharmacy deductibles, tiers, out of pocket maximums, and a link to this drug list document. This drug list document lists drugs covered by your plan, the coverage tiers and any special requirements for each drug. This drug list document includes a link on the bottom of each page to the Find a Medicine web-based tool on myPrime.com, which you may use to search for drugs for information on drug list coverage and estimate prices. Price estimates include total cost, plan and member cost share amounts (excluding any deductible requirements), and are based on the most recent actual network pricing. You may also use Pharmacy finder to review differences in estimated pricing between pharmacies**.**

Toll free number to obtain drug list information, including specific cost-sharing information for any drug list drug: 1-800-423-1973

Drug List by Health Benefit Plan: 2022 Blue Cross and Blue Shield of Texas employer-offered small group plans use the Health Insurance Marketplace 6 Tier Drug List. These plans are offered off the Texas Health Insurance Marketplace.

All 2022 Individual Plans use the Health Insurance Marketplace 6 Tier Drug List

Plan *(Select plan name to view plan Summary of Benefits & Coverage)*	**Associated Drug List**
Blue Advantage Gold HMO 206 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Gold HMO 206 - Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Gold HMO 206 - Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Gold HMO 206 - Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Gold HMO 207 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 306 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 205 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 205 - Two $25 PCP Visits - Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 205 - Native American Zero	Health Insurance Marketplace 6 Tier Drug List

Shoppers: To find drug estimates go to https://www.myprime.com/en/plan-preview/medicines/find-medicine.html
Members: Log in to your plan to find current drug pricing at https://www.myprime.com/en/medicines.html#find-medicine

Plan *(Select plan name to view plan Summary of Benefits & Coverage)*	**Associated Drug List**
Blue Advantage Silver HMO 205 - Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 205 - Marketplace 73% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 205 - Marketplace 87% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 205 - Marketplace 94% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Bronze HMO 302 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Bronze HMO 204 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Bronze HMO 204 - Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Bronze HMO 204 - Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Bronze HMO 204 - Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Bronze HMO 301 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Bronze HMO 301 - Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Bronze HMO 301 - Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Bronze HMO 301 - Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Security HMO 200 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Security HMO 200 - Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Gold 203 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Gold 203 - Marketplace	Health Insurance Marketplace 6 Tier Drug List

Shoppers: To find drug estimates go to https://www.myprime.com/en/plan-preview/medicines/find-medicine.html
Members: Log in to your plan to find current drug pricing at https://www.myprime.com/en/medicines.html#find-medicine

Plan *(Select plan name to view plan Summary of Benefits & Coverage)*	**Associated Drug List**
Blue Advantage Plus Gold 203 - Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Gold 203 - Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 306 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 202 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 202- Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 202 - Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 202 - Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 202 - Marketplace 73% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 202 - Marketplace 87% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 202 - Marketplace 94% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Bronze 201 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Bronze 303 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Bronze 303 - Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Bronze 303 - Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Bronze 303 - Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Bronze 305 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Bronze 305 - Marketplace	Health Insurance Marketplace 6 Tier Drug List

Shoppers: To find drug estimates go to https://www.myprime.com/en/plan-preview/medicines/find-medicine.html
Members: Log in to your plan to find current drug pricing at https://www.myprime.com/en/medicines.html#find-medicine

Plan *(Select plan name to view plan Summary of Benefits & Coverage)*	**Associated Drug List**
Blue Advantage Plus Bronze 305 - Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Bronze 305 - Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Bronze 501 – Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Gold 403 – Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Gold 403 – Marketplace	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Gold 403 –Native American Zero	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Gold 403 –Native American Limited	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Silver 405 – Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Silver 405 – Marketplace	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Silver 405 –Native American Zero	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Silver 405 –Native American Limited	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Silver 405 – Marketplace 73% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Silver 405 – Marketplace 87% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Silver 405 – Marketplace 94% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Bronze 402 – Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Bronze 402 – Marketplace	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Bronze 402 – Native American Zero	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Bronze 402 – Native American Limited	Health Insurance Marketplace 6 Tier Drug List

Shoppers: To find drug estimates go to https://www.myprime.com/en/plan-preview/medicines/find-medicine.html
Members: Log in to your plan to find current drug pricing at https://www.myprime.com/en/medicines.html#find-medicine

Plan *(Select plan name to view plan Summary of Benefits & Coverage)*	**Associated Drug List**
Blue Advantage Plus Silver 605 – Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 605 – Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 605 – Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 605 – Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 605 – Marketplace 73% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 605 – Marketplace 87% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 605 – Marketplace 94% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Gold HMO 603 – Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Gold HMO 603 – Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Gold HMO 603 – Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Gold HMO 603 – Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 601 – Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List

Shoppers: To find drug estimates go to https://www.myprime.com/en/plan-preview/medicines/find-medicine.html
Members: Log in to your plan to find current drug pricing at https://www.myprime.com/en/medicines.html#find-medicine

Drugs by Cost-Sharing Tier:

Tier	Percentage of Drugs
ACA	2.6%
Tier 1	15.9%
Tier 2	28.7%
Tier 3	6.6%
Tier 4	29.9%
Tier 5	11.8%
Tier 6	4.5%

Drug List Composition: This drug list (also known as a formulary) is a closed drug list**;** a closed drug list is a type of benefit design in which only medicines included on the drug list are covered. You may be able to get a medicine that is not on the drug list. But, you may have to pay 100% of the cost, unless a coverage exception is submitted and your health plan approves it.

The drug list is designed to provide you and your physician with the most safe, effective drugs at the most reasonable cost. The drug list is developed by a Pharmacy and Therapeutics (P&T) committee. The P&T committee is made up of a diverse group of doctors and pharmacists. When adding or removing drugs from the drug list, the P&T committee reviews each drug for its safety, effectiveness, and uniqueness. Health plans use the drug list to provide their members with effective drug therapies at reasonable costs. For this reason, using drugs from a drug list is important for both you and your health plan. Often, many drugs are available to treat the same condition. If two drugs are equivalent in effectiveness and safety, the drug list will include the lower cost drug. You are not limited to purchasing only those drugs that appear on your health plan's drug list. However, you may pay more out-of-pocket for a drug that is not on the drug list. You may need to pay the full cost of a drug if it is not covered by your benefit plan. Changes in a drug list result from decisions made at P&T committee meetings. The Prime P&T committee meets at least quarterly to consider changes to the drug list. For example, if a new drug is found to be more effective than one already on the drug list, the new drug may replace the less effective drug. A drug may also be removed from a drug list for safety reasons. The Food and Drug Administration (FDA) tracks drug safety information. The FDA issues reports about side effects, warnings or contraindications. Prime monitors these reports because they may trigger a change in a drug list.

Right to Request a Coverage Determination: If a drug is not covered under the drug list or requires utilization review prior to coverage, but your physician has determined that the drug is medically necessary, you have the right to request a coverage determination. Your cost share for medicines approved through coverage determination is based on your benefit plan’s cost share for the appropriate non-preferred generic, non-preferred brand, or non-preferred specialty tier.

Right to Appeal: If your request for coverage is denied, but your physician has determined that the drug is medically necessary, you have the right to appeal and request coverage.

Continuation of Coverage: You have the right to continued coverage for a prescription drug at the coverage level or tier at which the drug was covered at the beginning of the plan year, until your plan renewal date, provided that the drug continues to be medically necessary and safe.

Off-Label Drug Use: Off-label use of FDA approved drugs occurs when a drug is prescribed for a reason that has not been approved by the FDA. Off-label use may be covered when all of the following apply:

- The medicine has been approved by the FDA for at least one use;

- The medicine is prescribed by a physician;
- The medicine is intended to treat chronic, disabling, or life-threatening illnesses;
- Sufficient clinical evidence is provided by your physician for the off-label use requested; and
- The services and medicine are medically necessary.

Off-Label use of FDA approved drugs is not covered when these conditions are not met or when the FDA has determined its use to be contraindicated for treatment of the condition for which coverage is requested. Approved off-label medicine cost share is based on the tier in which the medicine is assigned within the drug list.

Limitations and Exclusions: Pharmacy benefits are not available for:

- Drugs required by law to be labeled: "**Caution - Limited by Federal Law to Investigational Use**," or
- **Experimental** drugs, even though a charge is made for the drugs, or
- **Legend** drugs not approved by the FDA for a particular use or purpose or when used for a purpose other than the purpose for which the FDA approval is given, except as required by law or regulation.

Experimental / Investigational means the use of any treatment, procedure, facility, equipment, drug, device or supply not accepted as Standard Medical Treatment of the condition being treated or any of such items requiring federal or other governmental agency Approval not granted at the time services were provided. "Approval" by a federal agency means that the treatment, procedure, facility, equipment, drug, device or supply has been approved for the condition being treated and, in the case of a drug, in the dosage used on the patient. Medical treatment includes medical, surgical or dental treatment. "Standard Medical Treatment" means the services or supplies that are in general use in the medical community in the United States, and:

- have been demonstrated in peer-reviewed literature to have scientifically established medical value for curing or alleviating the condition being treated;
- are appropriate for the Hospital or Participating Provider; and
- the Health Care Professional has had the appropriate training and experience to provide the treatment or procedure.

Cost-Sharing: Your deductible is listed on your Summary of Benefits and Coverage document. Your deductible is the amount of money that you and anyone covered by your plan must pay out-of-pocket each plan year for covered services before your plan starts to pay. A certain set of drugs may be covered without cost-sharing, even before meeting the deductible. The out-of-pocket cost share for your covered prescriptions applies to your deductible until your deductible is met. Your cost share details are listed on your Summary of Benefits and Coverage for each of the tiers within this drug list. Your cost share may be a copayment (an amount you pay out-of-pocket for your prescription medicines after you've met any deductible) or coinsurance (a percentage of the total cost that you pay for your medicines, after you've met any deductible).

Your drug list has the following tiers:

- ACA (Preventive Drugs Not Subject to Deductible)
- Tier 1 (Preferred Generics)
- Tier 2 (Non-Preferred Generics)
- Tier 3 (Preferred Brand)
- Tier 4 (Non-Preferred Brand)
- Tier 5 (Preferred Specialty)
- Tier 6 (Non-Preferred Specialty)

Your cost share for a medicine is based on the tier in which the medicine is assigned within the drug list. Network discounts are applied to medicines dispensed at a network pharmacy, but are not available for medicines dispensed at a non-network pharmacy. You may be able to save time and money using the pharmacy mail home delivery option if you take maintenance medicine for a condition like high blood pressure, asthma or diabetes, and take your drugs for long periods of time. With home delivery pharmacy, you may get up to a three-month supply of medicines delivered to your home and, in some cases, you may pay a lower cost share.

Utilization Management Requirements: Utilization management is a process that is part of your health plan. Utilization management helps to make sure that you are getting the right drugs -- all while helping to make medicine more affordable. Health plans call for utilization management on some medicines to keep you safe, by helping to make sure the medicines you take are prescribed by your doctor and used correctly. These programs help to reduce waste, improve safety and keep medicine affordable. This drug list indicates when one of these programs applies to a drug. Utilization management is made up of programs that include:

Prior Authorization: Prior authorization (sometimes called pre-approval) means that your medicine needs to be approved by your health plan before it will be covered. Prior authorization helps improve safety and prevent misuse or overuse.

Step Therapy: This program uses a "step" approach with drugs for certain conditions. This means that you may have to first try a safe lower-cost drug, before "stepping up" to a different drug.

Dispensing Limits: This program controls how often or the amount you can get filled at once. These limits promote safe, cost-effective drug use. They also help reduce waste and overuse.

Limited Distribution: For some medications, you may need to use specified pharmacies to fill your prescription because the drug is only made available by the manufacturer to very limited pharmacies. Some of these medicines may be specialty medicines that are filled at a Specialty Pharmacy which specializes in particular classes of medication and health conditions.

Medicines requiring a health care provider to administer them and are administered in a hospital, doctor's office, or other medical setting may be covered by your medical benefits. Information on those medications may be found here: bcbstx.com/pdf/rx/tx-medical-drug-list-2022.pdf

Introduction

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.

Drug lists updates – This list is regularly updated as generic drugs become available and changes take place in the pharmaceuticals market. For the most up-to-date information, visit **myprime.com** or **bcbstx.com** and log in to Blue Access for Members℠ or call the number on your ID card. Physicians can access the list from the provider portal at **bcbstx.com**.

How drugs are selected

Drugs on this list are selected based on the recommendations of a committee made up of physicians and pharmacists from throughout the country. The committee, which includes at least one representative from BCBSTX, reviews drugs regulated by the U.S. Food and Drug Administration (FDA).

Both drugs that are newly approved by the FDA as well as those that have been on the market for some time are considered. Drugs are selected based on safety, efficacy, cost and how they compare to other drugs currently on the list. Newly marketed drugs may not be covered until the committee has had an opportunity to evaluate based on these criteria.

How member payment is determined

This list shows prescription drug products in tiers. Generally, each drug is placed into one of six member payment tiers: Preferred Generic (Tier 1), Non-preferred Generic (Tier 2), Preferred Brand (Tier 3), Non-preferred Brand (Tier 4), Preferred Specialty (Tier 5) and Non-Preferred Specialty (Tier 6). Some brands may be placed in generic tiers and some generics may be placed in brand tiers. Please refer to the ACA Preventive (ACA) section for drugs marked with an "A" in the drug tier column. To verify your payment amount for a drug, visit **myprime.com** or **bcbstx.com** and log in to Blue Access for Members or call the number on your ID card.

Your pharmacy benefit includes coverage for many prescription drugs, although some exclusions may apply. Generally, if a drug is not listed on the drug list it is not covered. For example, drugs indicated for cosmetic purposes, e.g., Propecia, for hair growth, may not be covered. Drugs that have not received FDA approval may not be covered. Prescription products that have over-the-counter (OTC) equivalents may not be covered. Drugs that are not FDA-approved for self- administration may be available through your medical benefit. Check your plan materials for details.

How to use this list

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. Note: most reference brand drugs (in parentheses) are not covered.

Example: **atorvastatin** (Lipitor – brand is not covered)
Brand prescription drugs are shown in capital letters followed by the generic name.
Example: NOVOLOG - Insulin aspart inj 100 unit/ml

Drugs used to treat multiple conditions

Some drugs in the same dosage form may be used to treat more than one medical condition. In these instances, each medication is classified according to its first FDA-approved use. Please check the index if you do not find your particular medication in the class/condition section that corresponds to your use.

Please note: Drugs that need a health care provider to administer them and are often given to you in a hospital, doctor's office or other health care setting may be covered under your medical benefit. Some types of these drugs are contraceptive implants and chemo infusions. If you are taking or are prescribed a drug that is not on this drug list, call the number on your ID card to see if the drug may be covered.

Generic drugs

Using generic drugs, when right for you, can help you save on your out-of-pocket medication costs. Generic drugs must be approved by the FDA just as brand drugs are, and must meet the same standards.

There are two types of generic drugs:

- A **generic equivalent** is made with the same active ingredient(s) at the same dosage as the reference drug.
- A **generic alternative** is a drug typically used to treat the same condition, but the active ingredient(s) differs from the brand drug.

According to the FDA, compared to its brand counterpart, an FDA-approved generic drug:

- Is chemically the same
- Works just as well in the body
- Is as safe and effective
- Meets the same standards set by the FDA

The main difference between the reference brand drug and the generic equivalent is that the generic often costs much less.

Preferred brand drugs may be excluded or moved to a non-preferred brand tier after a generic equivalent becomes available. You may be responsible for the applicable member cost share payment amount (copay or coinsurance) *plus* the difference in cost between the brand and generic equivalent if you or your doctor requests the reference brand rather than the generic. Generic drugs usually have the lowest member payment amount.

Consider talking to your doctor about generic drugs

If your doctor writes a prescription for a brand drug that does not have a generic equivalent, consider asking if an appropriate generic alternative is available.

You can also let your pharmacist know that you would like a generic equivalent for a brand drug, whenever one is available. Your pharmacist can usually substitute a generic equivalent for its brand counterpart without a new prescription from your doctor.

Only your doctor can determine whether a generic alternative is right for you and must prescribe the medication.

Coverage considerations

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 medications. Maintenance medications are those drugs you may take on an ongoing basis for conditions such as high blood pressure, diabetes or high cholesterol. Also, some drugs may only be covered for members within a certain age range due to the drug being used for cosmetic purposes or for safety concerns. Drug coverage may be limited to recommendations based on FDA-approved labeling and recognized evidence-based or clinical practice guidelines.

Over-the-counter exclusions: Your benefit plan does not provide coverage for prescription medications that have an over-the-counter version. You should refer to your benefit plan materials for details about your particular benefits.

Compounded medications: Your benefit plan does not provide coverage for compounded medications. Please see your plan materials or call the number on your ID card to determine whether compounded medications are covered and/or verify your payment amount.

Repackaged medications: Repackaged versions of medications already available on the market are not covered.

Prior Authorization (PA): Your benefit plan may require prior authorization for certain drugs. This means that your doctor will need to submit a prior authorization request for coverage of these medications, and the request will need to be approved, before the medication may be covered under your plan. For the medications listed in this document, if a prior authorization is commonly required, it will generally be noted next to the medication with a dot under the prior authorization column. Some plans may have prior authorization on additional medications beyond those noted in this document.

Step Therapy (ST): Your benefit plan may include a step therapy program. This means you may need to try another proven, cost-effective medication before coverage may be available for the drug included in the program. Many brand drugs have less-expensive generic or brand alternatives that might be an option for you. For the medications listed in this document, if a step therapy is commonly required it will generally be noted next to the medication with a dot under the step therapy column. Some plans may have step therapy programs on additional medications beyond those noted in this document.

Dispensing Limits (DL): Drug Dispensing limits help encourage medication use as intended by the FDA. Dispensing limits are placed on medications in certain drug categories. For the medications listed in this document, if a dispensing limit applies, it will generally be noted next to the medication with a dot under the dispensing limits column. Limits may include: quantity of covered medication per prescription or quantity of covered medication in a given time period. If your doctor prescribes a greater quantity of medication than what the dispensing limit allows, you can still get the medication. However, you may be responsible for the full cost of the prescription beyond what your coverage allows. * Some plans may have a dispensing limit on additional medications beyond those noted in this document. For a list of medications and their dispensing limits, visit **myprime.com** or **bcbstx.com**.

*Please note: For certain controlled substance medications, some state laws may not allow coverage by a health benefit plan of such medication if dispensed in a quantity beyond what the dispensing limit allows. You will be responsible for the full cost of the prescription with no benefits applied if the dispensed quantity exceeds the dispensing limit.

Limited Distribution (LD): Medicines marked as "Limited Distribution" may not be available at Accredo. You may need to fill your prescription at a pharmacy that carries your medication.

ACA Preventive (ACA): Medicines marked in the ACA column are under the Affordable Care Act coverage of preventive services. These products have limited or $0 member cost-sharing (copay or co-insurance), when meeting the conditions as outlined under the regulation. These are also indicated with an "A" in the drug tier column. To see what contraceptive products may be covered, visit bcbstx.com/pdf/rx/contraceptive-list-tx.pdf.

Remember, medication decisions are between you and your doctor. Only you and your doctor can determine which medication is right for you. Discuss any questions or concerns you have about medications you are taking or are prescribed with your doctor. BCBSTX does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Specialty drugs

Specialty drugs are used in the treatment of medical conditions such as hepatitis, hemophilia, multiple sclerosis and rheumatoid arthritis. Specialty drugs may be oral, topical, or injectable medications that can either be self-administered or administered by a health care professional. Medications administered by a health care professional are not covered under the pharmacy benefit. For a current list of specialty medications, visit **myprime.com** or **bcbstx.com** and log in to Blue Access for Members.

Note that some drug classes may be excluded by some plans and therefore may not be covered under your pharmacy benefit. If you have questions about your coverage for specialty medications or your prescription drug benefit, call the number on your ID card.

Accredo®

Members who use specialty medications deserve the care and support they need to help manage their therapy. With Accredo, members can have covered specialty medications delivered directly to them or their doctor's office. When using Accredo for specialty medications, you also receive at no additional charge the following services:

- One-on-one support and access to 99.9% of all specialty medications
- Condition-specific staff to help answer questions about your medication(s) or condition
- 24/7 support
- Free shipping with safe, on-time delivery
- Refill reminders and other digital tools

To order through Accredo:

1. Have your doctor send a new prescription to Accredo electronically, by fax or by phone. Your doctor can find contact information at accredo.com/prescribers.
2. Once the prescription has been received, you will receive a call from Accredo to get signed up and ready for your first prescription fill.
3. You can also call Accredo at 833-721-1619 and an agent will work with you to get a new prescription sent or transferred from another pharmacy.

If you have questions, please contact Accredo at 833-721-1619, visit accredo.com or call the number on your ID card.

Blue Cross and Blue Shield of Texas (BCBSTX), is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross Blue Shield Association. BCBSTX contracts with Prime Therapeutics LLC to provide pharmacy benefit management and related other services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Accredo is a specialty pharmacy that is contracted to provide services to members of BCBSTX. The relationship between Accredo and BCBSTX is that of independent contractors. Accredo is a trademark of Express Scripts Strategic Development, Inc

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

Exception Process

You, or your prescribing health care provider, can ask for a Drug List exception if your drug is not on the Drug List To request this exception, you, or your prescriber, can call the number on your ID card to ask for a review. BCBSTX will let you, and your prescriber, know the coverage decision within two business days (or no more than 72 hours) after they receive your request. If the coverage request is denied, BCBSTX will let you and your prescriber know why it was denied and offer you a covered alternative drug (if applicable).

If you have a health condition that may jeopardize your life, health or keep you from regaining function, or your current drug therapy uses a non-covered drug, you, or your prescriber, may be able to ask for an expedited review process. BCBSTX will let you, and your prescriber, know the coverage decision within 24 hours after they receive your request for an expedited review. If the coverage request is denied, BCBSTX will let you and your prescriber know why it was denied and offer you a covered alternative drug (if applicable). Call the number on your ID card if you have any questions.

BlueCross BlueShield of Texas

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984

العربية Arabic	إن كان لديك أو لدى شخص تساعده أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您, 或您正在協助的對象, 對此有疑問, 您有權利免費以您的母語獲得幫助和訊息。 洽詢一位翻譯員, 請撥電話 號碼 855-710-6984.
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવી કોઈ બીજી વ્યક્તિને એસ.બી.એમ. કાર્યક્રમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કૉલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।
日本語 Japanese	ご本人様、またはお客様の身の回りの方でも、ご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したり することができます。料金はかかりません。通訳とお話される場合、855-710-6984 までお電話ください。
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
ພາສາລາວ Laotian	ຖ້າທ່ານ ຫຼື ຄົນທີ່ທ່ານກໍາລັງໄຫ້ການຊ່ວຍເຫຼືອມີຄໍາຖາມ, ທ່ານມີສິດຂໍເອົາການຊ່ວຍເຫຼືອ ແລະ ຂໍ້ ມູນເປັນພາສາຂອງທ່ານໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອລົມກັບນາຍແປພາສາ, ໃຫ້ໂທຫາເບີ 855-710-6984.
Diné Navajo	T'áá ni, éí doodago ła'da bíká anánílwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóóti'i' t'áá níík'e níká a'doolwoł dóó bína'ídíłkidígíí bee nił hodoonih. Ata'dahalne'ígíí bich'į' hodíílnih kwe'é 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سؤالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی،با شمار 855-710-6984 تماس حاصل نمایید.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کررہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị đang giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 855-710-6984.

BlueCross BlueShield of Texas

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: CivilRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ANTI-INFECTIVE AGENTS						
PENICILLINS						
AMOXICILLIN - amoxicillin (trihydrate) chew tab 125 mg	4					
AMOXICILLIN - amoxicillin (trihydrate) chew tab 250 mg	4					
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)	2					
amoxicillin & k clavulanate for susp 400-57 mg/5ml	2					
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	2					
amoxicillin & k clavulanate tab 250-125 mg	2					
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	1					
amoxicillin & k clavulanate tab 875-125 mg	1					
AMOXICILLIN/CLAVULANATE P - amoxicillin & k clavulanate chew tab 200-28.5 mg	4					
AMOXICILLIN/CLAVULANATE P - amoxicillin & k clavulanate chew tab 400-57 mg	4					
AMOXICILLIN/CLAVULANATE P - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	4					
AMPICILLIN - ampicillin cap 500 mg	4					
dicloxacillin sodium cap 250 mg	2					
dicloxacillin sodium cap 500 mg	2					
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml	4					
PENICILLIN V POTASSIUM - penicillin v potassium for soln 250 mg/5ml	4					
penicillin v potassium tab 250 mg	1					
penicillin v potassium tab 500 mg	1					
CEPHALOSPORINS						
CEFACLOR - cefaclor cap 250 mg	4					
CEFACLOR - cefaclor cap 500 mg	4					
CEFADROXIL - cefadroxil tab 1 gm	4					
cefadroxil cap 500 mg	1					

Shoppers: To find drug estimates go to https://www.myprime.com/en/plan-preview/medicines/find-medicine.html
Members: Log in to your plan to find current drug pricing at https://www.myprime.com/en/medicines.html#find-medicine

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
cefadroxil for susp 250 mg/5ml	2					
cefadroxil for susp 500 mg/5ml	2					
cefdinir cap 300 mg	1					
cefdinir for susp 125 mg/5ml	2					
cefdinir for susp 250 mg/5ml	2					
cefixime for susp 100 mg/5ml (Suprax)	2					
cefixime for susp 200 mg/5ml (Suprax)	2					
cefpodoxime proxetil for susp 50 mg/5ml	2					
cefpodoxime proxetil for susp 100 mg/5ml	2					
cefpodoxime proxetil tab 100 mg	2					
cefpodoxime proxetil tab 200 mg	2					
cefprozil for susp 125 mg/5ml	2					
cefprozil for susp 250 mg/5ml	2					
cefprozil tab 250 mg	2					
cefprozil tab 500 mg	2					
cefuroxime axetil tab 250 mg	2					
cefuroxime axetil tab 500 mg	2					
cephalexin cap 250 mg	1					
cephalexin cap 500 mg	1					
cephalexin for susp 125 mg/5ml	2					
cephalexin for susp 250 mg/5ml	2					
MACROLIDES						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	4					
azithromycin for susp 100 mg/5ml (Zithromax)	2					
azithromycin for susp 200 mg/5ml (Zithromax)	2					
azithromycin tab 250 mg (Zithromax)	1			•		
azithromycin tab 500 mg (Zithromax)	1			•		
azithromycin tab 600 mg	2			•		
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml	4					
CLARITHROMYCIN - clarithromycin for susp 250 mg/5ml	4					
clarithromycin tab er 24hr 500 mg	2			•		
clarithromycin tab 250 mg	2					
clarithromycin tab 500 mg	2					
DIFICID - fidaxomicin for susp 40 mg/ml	3					
DIFICID - fidaxomicin tab 200 mg	3					
ERYTHROMYCIN - erythromycin w/ delayed release particles cap 250 mg	4					
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	2					
erythromycin tab delayed release 250 mg	2					
erythromycin tab delayed release 333 mg	2					
erythromycin tab delayed release 500 mg	2					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
erythromycin tab 250 mg	2					
erythromycin tab 500 mg	2					
TETRACYCLINES						
demeclocycline hcl tab 150 mg	2					
demeclocycline hcl tab 300 mg	2					
doxycycline hyclate cap 50 mg	2					
doxycycline hyclate cap 100 mg (Vibramycin)	1					
doxycycline hyclate tab 20 mg	2					
doxycycline hyclate tab 100 mg	1					
doxycycline monohydrate cap 50 mg	1					
doxycycline monohydrate cap 100 mg	1					
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	2					
doxycycline monohydrate tab 50 mg	2					
doxycycline monohydrate tab 75 mg	2					
doxycycline monohydrate tab 100 mg	2					
minocycline hcl cap 50 mg	1					
minocycline hcl cap 75 mg	2					
minocycline hcl cap 100 mg	2					
tetracycline hcl cap 250 mg	2					
tetracycline hcl cap 500 mg	2					
FLUOROQUINOLONES						
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 - levofloxacin oral soln 25 mg/ml	2					
levofloxacin tab 250 mg	1					
levofloxacin tab 500 mg	1					
levofloxacin tab 750 mg	1					
moxifloxacin hcl tab 400 mg (base equiv)	2					
OFLOXACIN - ofloxacin tab 300 mg	4					
ofloxacin tab 400 mg	2					
AMINOGLYCOSIDES						
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	6	•		•		•
HUMATIN - paromomycin sulfate cap 250 mg	3					•
neomycin sulfate tab 500 mg	1					
TOBI PODHALER - tobramycin inhal cap 28 mg	6			•		•
tobramycin nebu soln 300 mg/5ml (Tobi)	5			•		•
SULFONAMIDES						
SULFADIAZINE - sulfadiazine tab 500 mg	2					
ANTIMYCOBACTERIAL AGENTS						
ethambutol hcl tab 100 mg	2					
ethambutol hcl tab 400 mg (Myambutol)	2					
ISONIAZID - isoniazid tab 100 mg	4					
isoniazid syrup 50 mg/5ml	2					
isoniazid tab 300 mg	1					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
PRETOMANID - pretomanid tab 200 mg	4					
PRIFTIN - rifapentine tab 150 mg	3					
pyrazinamide tab 500 mg	2					
rifabutin cap 150 mg (Mycobutin)	2					
rifampin cap 150 mg	2					
rifampin cap 300 mg	2					
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv)	4					•
SIRTURO - bedaquiline fumarate tab 100 mg (base equiv)	4					•
TRECATOR - ethionamide tab 250 mg	4					
ANTIFUNGALS						
fluconazole for susp 10 mg/ml (Diflucan)	2					
fluconazole for susp 40 mg/ml (Diflucan)	2					
fluconazole tab 50 mg (Diflucan)	1					
fluconazole tab 100 mg (Diflucan)	1					
fluconazole tab 150 mg (Diflucan)	1					
fluconazole tab 200 mg (Diflucan)	1					
flucytosine cap 250 mg (Ancobon)	2					
flucytosine cap 500 mg (Ancobon)	2					
griseofulvin microsize susp 125 mg/5ml	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
griseofulvin microsize tab 500 mg	2					
griseofulvin ultramicrosize tab 125 mg	2					
griseofulvin ultramicrosize tab 250 mg	2					
itraconazole cap 100 mg (Sporanox)	2			•		
itraconazole oral soln 10 mg/ml (Sporanox)	2			•		
ketoconazole tab 200 mg	2					
nystatin tab 500000 unit	2					
posaconazole tab delayed release 100 mg (Noxafil)	2	•				
terbinafine hcl tab 250 mg	1					
voriconazole for susp 40 mg/ml (Vfend)	2	•				
voriconazole tab 50 mg (Vfend)	2	•				
voriconazole tab 200 mg (Vfend)	2	•				
ANTIVIRALS						
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	2			•		
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	2			•		
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	2			•		
acyclovir cap 200 mg	1					
acyclovir susp 200 mg/5ml (Zovirax)	2					
acyclovir tab 400 mg	1					
acyclovir tab 800 mg	1					
adefovir dipivoxil tab 10 mg (Hepsera)	2					
APTIVUS - tipranavir cap 250 mg	4			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
atazanavir sulfate cap 150 mg (base equiv) (Reyataz)	2			•		
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	2			•		
atazanavir sulfate cap 300 mg (base equiv) (Reyataz)	2			•		
BARACLUDE - entecavir oral soln 0.05 mg/ml	3					
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg	3			•		
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	3			•		
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	3			•		
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	3			•		
darunavir tab 600 mg (Prezista)	2			•		
darunavir tab 800 mg (Prezista)	2			•		
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	3			•		
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg	3			•		
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	3			•		
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	3			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	4			•		
efavirenz tab 600 mg (Sustiva)	2			•		
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)	2			•		
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)	2			•		
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	2			•		
emtricitabine caps 200 mg (Emtriva)	2			•		
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (Truvada)	2			•		
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (Truvada)	2			•		
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (Truvada)	2			•		
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	2			•	•	
EMTRIVA - emtricitabine soln 10 mg/ml	4			•		
entecavir tab 0.5 mg (Baraclude)	2					
entecavir tab 1 mg (Baraclude)	2					
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg	5	•		•		•
EPCLUSA - sofosbuvir-velpatasvir pellet pack 200-50 mg	5	•		•		•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	5	•		•		•
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	5	•		•		•
etravirine tab 100 mg (Intelence)	2			•		
etravirine tab 200 mg (Intelence)	2			•		
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	3			•		
famciclovir tab 125 mg	2					
famciclovir tab 250 mg	2					
famciclovir tab 500 mg	2					
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	2			•		
FUZEON - enfuvirtide for inj 90 mg	4			•		
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	3			•		
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg	5	•		•		•
HARVONI - ledipasvir-sofosbuvir pellet pack 45-200 mg	5	•		•		•
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg	5	•		•		•
HARVONI - ledipasvir-sofosbuvir tab 90-400 mg	5	•		•		•
INTELENCE - etravirine tab 25 mg	3			•		
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv)	3			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ISENTRESS - raltegravir potassium chew tab 100 mg (base equiv)	3			•		
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	3			•		
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	3			•		
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	3			•		
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	3			•		
LAGEVRIO - molnupiravir cap 200 mg	4			•		
lamivudine oral soln 10 mg/ml (Epivir)	2			•		
lamivudine tab 100 mg (hbv) (Epivir hbv)	2					
lamivudine tab 150 mg (Epivir)	2			•		
lamivudine tab 300 mg (Epivir)	2			•		
lamivudine-zidovudine tab 150-300 mg (Combivir)	2			•		
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	5	•		•		•
LEXIVA - fosamprenavir calcium susp 50 mg/ml (base equiv)	4			•		
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	2			•		
lopinavir-ritonavir tab 100-25 mg (Kaletra)	2			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
lopinavir-ritonavir tab 200-50 mg (Kaletra)	2			•		
maraviroc tab 150 mg (Selzentry)	2			•		
maraviroc tab 300 mg (Selzentry)	2			•		
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	5	•		•		•
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	5	•		•		•
NEVIRAPINE - nevirapine susp 50 mg/5ml	1			•		
nevirapine tab er 24hr 400 mg (Viramune xr)	2			•		
nevirapine tab 200 mg	1			•		
NORVIR - ritonavir powder packet 100 mg	4			•		
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	3			•		
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	2			•		
oseltamivir phosphate cap 45 mg (base equiv) (Tamiflu)	2			•		
oseltamivir phosphate cap 75 mg (base equiv) (Tamiflu)	2			•		
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	2			•		
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	3			•		
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	4			•		
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	3			•		
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	4			•		
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	•				•
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	5	•				•
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	3			•		
PREZISTA - darunavir oral susp 100 mg/ml	3			•		
PREZISTA - darunavir tab 75 mg	3			•		
PREZISTA - darunavir tab 150 mg	3			•		
PREZISTA - darunavir tab 600 mg	3			•		
PREZISTA - darunavir tab 800 mg	3			•		
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	4			•		
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	4			•		
RIBAVIRIN - ribavirin cap 200 mg	5					•
RIBAVIRIN - ribavirin tab 200 mg	5					•
ritonavir tab 100 mg (Norvir)	2			•		
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	4			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
SELZENTRY - maraviroc oral soln 20 mg/ml	4			•		
SELZENTRY - maraviroc tab 25 mg	4			•		
SELZENTRY - maraviroc tab 75 mg	4			•		
SELZENTRY - maraviroc tab 150 mg	4			•		
SELZENTRY - maraviroc tab 300 mg	4			•		
SOFOSBUVIR/ VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	5	•		•		•
SOVALDI - sofosbuvir pellet pack 150 mg	5	•		•		•
SOVALDI - sofosbuvir pellet pack 200 mg	5	•		•		•
SOVALDI - sofosbuvir tab 200 mg	5	•		•		•
SOVALDI - sofosbuvir tab 400 mg	5	•		•		•
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	4			•		•
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	4			•		•
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	3			•		
tenofovir disoproxil fumarate tab 300 mg (Viread)	2			•		
TIVICAY - dolutegravir sodium tab 10 mg (base equiv)	3			•		
TIVICAY - dolutegravir sodium tab 25 mg (base equiv)	3			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	3			•		
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	3			•		
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	3			•		
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	3			•		
TRIZIVIR - abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	4			•		
TYBOST - cobicistat tab 150 mg	4			•		
valacyclovir hcl tab 500 mg (Valtrex)	1					
valacyclovir hcl tab 1 gm (Valtrex)	2					
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	2					
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	2					
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	3					
VIRACEPT - nelfinavir mesylate tab 250 mg	4			•		
VIRACEPT - nelfinavir mesylate tab 625 mg	4			•		
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	3			•		
VIREAD - tenofovir disoproxil fumarate tab 150 mg	3			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
VIREAD - tenofovir disoproxil fumarate tab 200 mg	3			•		
VIREAD - tenofovir disoproxil fumarate tab 250 mg	3			•		
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	•		•		•
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	4			•		
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	4			•		
zidovudine cap 100 mg (Retrovir)	2			•		
zidovudine syrup 10 mg/ml (Retrovir)	2			•		
zidovudine tab 300 mg	2			•		
ANTIMALARIALS						
atovaquone-proguanil hcl tab 62.5-25 mg (Malarone)	2			•		
atovaquone-proguanil hcl tab 250-100 mg (Malarone)	2			•		
chloroquine phosphate tab 250 mg	2					
COARTEM - artemether-lumefantrine tab 20-120 mg	4					
hydroxychloroquine sulfate tab 100 mg	2					
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	2					
hydroxychloroquine sulfate tab 300 mg	2					
hydroxychloroquine sulfate tab 400 mg	2					
KRINTAFEL - tafenoquine succinate tab 150 mg (base equivalent)	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
mefloquine hcl tab 250 mg	2					
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	2					
pyrimethamine tab 25 mg (Daraprim)	2	•		•		
quinine sulfate cap 324 mg (Qualaquin)	2					
ANTHELMINTICS						
albendazole tab 200 mg (Albenza)	2					
BENZNIDAZOLE - benznidazole tab 12.5 mg	3					
BENZNIDAZOLE - benznidazole tab 100 mg	3					
EMVERM - mebendazole chew tab 100 mg	4	•				
ivermectin tab 3 mg (Stromectol)	2					
praziquantel tab 600 mg (Biltricide)	2					
ANTI-INFECTIVE AGENTS - MISC.						
ALINIA - nitazoxanide for susp 100 mg/5ml	3			•		
atovaquone susp 750 mg/5ml (Mepron)	2					
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	6			•		•
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)	2					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
dapsone tab 25 mg	2					
dapsone tab 100 mg	2					
FIRVANQ - vancomycin hcl for oral soln 25 mg/ml (base equivalent)	4					
FIRVANQ - vancomycin hcl for oral soln 50 mg/ml (base equivalent)	4					
IMPAVIDO - miltefosine cap 50 mg	3					
LAMPIT - nifurtimox tab 30 mg	4					
LAMPIT - nifurtimox tab 120 mg	4					
linezolid for susp 100 mg/5ml (Zyvox)	2			•		
linezolid tab 600 mg (Zyvox)	2			•		
methenamine hippurate tab 1 gm (Hiprex)	2					
metronidazole tab 250 mg	1					
metronidazole tab 500 mg (Flagyl)	1					
nitazoxanide tab 500 mg (Alinia)	2			•		
nitrofurantoin macrocrystalline cap 25 mg (Macrodantin)	2					
nitrofurantoin macrocrystalline cap 50 mg (Macrodantin)	2					
nitrofurantoin macrocrystalline cap 100 mg (Macrodantin)	2					
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	2					
nitrofurantoin susp 25 mg/5ml	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2					
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	1					
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	1					
tinidazole tab 250 mg	2					
tinidazole tab 500 mg	2					
TRIMETHOPRIM - trimethoprim tab 100 mg	1					
trimethoprim tab 100 mg	1					
vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)	2			•		
vancomycin hcl cap 250 mg (base equivalent) (Vancocin)	2			•		
vancomycin hcl for oral soln 25 mg/ml (base equivalent) (Firvanq)	2					
vancomycin hcl for oral soln 50 mg/ml (base equivalent) (Firvanq)	2					
XIFAXAN - rifaximin tab 200 mg	4			•		
XIFAXAN - rifaximin tab 550 mg	3			•		
BIOLOGICALS						
VACCINES						
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	A				•	
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	A				•	

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
AFLURIA QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	A				•	
AFLURIA QUADRIVALENT 2023 - influenza virus vaccine split quadrivalent im inj	A				•	
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	A				•	
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	A				•	
COMIRNATY 2023-24 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	3					
COMIRNATY 2023-24 - covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml	3					
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml	A				•	
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml	A				•	
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	A				•	
FLUAD QUADRIVALENT 2023-2 - influenza vac type a&b surface ant adj quad pref syr 0.5 ml	A				•	
FLUARIX QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	A				•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
FLUBLOK QUADRIVALENT 2023 - influenza vac recomb ha quad pf soln pref syr 0.5 ml	A				•	
FLUCELVAX QUADRIVALENT 20 - influenza vac tiss-cult subunt quad susp pref syr 0.5 ml	A				•	
FLUCELVAX QUADRIVALENT 20 - influenza vac tissue-cultured subunit quadrivalent im susp	A				•	
FLULAVAL QUADRIVALENT 202 - influenza virus vac split quadrivalent susp pref syr 0.5ml	A				•	
FLUZONE HIGH-DOSE PF 2023 - influenza vac split high-dose quad pf susp pref syr 0.7 ml	A				•	
FLUZONE QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	A				•	
FLUZONE QUADRIVALENT 2023 - influenza virus vaccine split quadrivalent im inj	A				•	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	A				•	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	A				•	
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml	A				•	
HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml	A				•	

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	A				•	
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	A				•	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	A				•	
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	A				•	
MENACTRA - meningococcal (a, c, y, and w-135) diphth conjugate vaccine	A				•	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	A				•	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	A				•	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	A				•	
MODERNA COVID-19 VACCINE - covid-19 mrna vaccine 6mo-11yr-moderna im susp 25 mcg/0.25ml	3					
NOVAVAX COVID-19 VACCINE/ - covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5ml	3					
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	A				•	
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml	3					
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml	3					
PNEUMOVAX 23 - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	A				•	
PNEUMOVAX 23/1 DOSE - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	A				•	
PREHEVBRIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	A				•	
PREVNAR 13 - pneumococcal 13-valent conjugate vaccine inj	A				•	
PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	A				•	
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	A				•	
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	A				•	
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml	A				•	
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml	A				•	
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	A				•	
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 10 mcg/ml	A				•	

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 40 mcg/ml	A				•	
ROTARIX - rotavirus vaccine, live oral susp	A				•	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	A				•	
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	A				•	
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	3					
SPIKEVAX COVID-19 VACCINE - covid-19 (sars-cov-2)mrna vacc-moderna im susp 50 mcg/0.5ml	3					
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	A				•	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	A				•	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml	A				•	
VAQTA - hepatitis a vaccine inj susp 50 unit/ml	A				•	
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	A				•	
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	A				•	
VIVOTIF - typhoid vaccine cap delayed release	4					
TOXOIDS						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	A				•	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	A				•	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	A				•	
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	A				•	
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	A				•	
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	A				•	
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	A				•	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	A				•	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	A				•	
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	A				•	
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	A				•	
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	A				•	
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	A				•	

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	A				•	
BIOLOGICALS MISC						
PALFORZIA INITIAL DOSE ES - peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 & 6 mg	6	•		•		•
PALFORZIA LEVEL 1 - peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose)	6	•		•		•
PALFORZIA LEVEL 10 - peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose)	6	•		•		•
PALFORZIA LEVEL 11 (MAINT - peanut allergen powder-dnfp maintenance packet 300 mg	6	•		•		•
PALFORZIA LEVEL 11 (TITRA - peanut allergen powder-dnfp titration packet 300 mg	6	•		•		•
PALFORZIA LEVEL 2 - peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose)	6	•		•		•
PALFORZIA LEVEL 3 - peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose)	6	•		•		•
PALFORZIA LEVEL 4 - peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose)	6	•		•		•
PALFORZIA LEVEL 5 - peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose)	6	•		•		•
PALFORZIA LEVEL 6 - peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose)	6	•		•		•
PALFORZIA LEVEL 7 - peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose)	6	•		•		•
PALFORZIA LEVEL 8 - peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose)	6	•		•		•
PALFORZIA LEVEL 9 - peanut powder-dnfp pack 2 x 100 mg (200 mg dose)	6	•		•		•
ANTINEOPLASTIC AGENTS						
ANTINEOPLASTICS						
abiraterone acetate tab 250 mg (Zytiga)	5	•		•		•
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	5					•
AFINITOR - everolimus tab 10 mg	5	•		•		•
AFINITOR DISPERZ - everolimus tab for oral susp 2 mg	5	•		•		•
AFINITOR DISPERZ - everolimus tab for oral susp 3 mg	5	•		•		•
AFINITOR DISPERZ - everolimus tab for oral susp 5 mg	5	•		•		•
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	5	•		•		•
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	5	•		•		•
ALUNBRIG - brigatinib tab 30 mg	5	•		•		•
ALUNBRIG - brigatinib tab 90 mg	5	•		•		•
ALUNBRIG - brigatinib tab 180 mg	5	•		•		•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
anastrozole tab 1 mg (Arimidex)	1				•	
AYVAKIT - avapritinib tab 25 mg	5	•		•		•
AYVAKIT - avapritinib tab 50 mg	5	•		•		•
AYVAKIT - avapritinib tab 100 mg	5	•		•		•
AYVAKIT - avapritinib tab 200 mg	5	•		•		•
AYVAKIT - avapritinib tab 300 mg	5	•		•		•
BALVERSA - erdafitinib tab 3 mg	6	•		•		•
BALVERSA - erdafitinib tab 4 mg	6	•		•		•
BALVERSA - erdafitinib tab 5 mg	6	•		•		•
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	6	•		•		•
bexarotene cap 75 mg (Targretin)	5	•				•
bicalutamide tab 50 mg (Casodex)	1					
BOSULIF - bosutinib tab 100 mg	5	•		•		•
BOSULIF - bosutinib tab 400 mg	5	•		•		•
BOSULIF - bosutinib tab 500 mg	5	•		•		•
BRAFTOVI - encorafenib cap 75 mg	6	•		•		•
BRUKINSA - zanubrutinib cap 80 mg	5	•		•		•
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent)	5	•		•		•
CABOMETYX - cabozantinib s-malate tab 40 mg (base equivalent)	5	•		•		•
CABOMETYX - cabozantinib s-malate tab 60 mg (base equivalent)	5	•		•		•
CALQUENCE - acalabrutinib maleate tab 100 mg	5	•		•		•
capecitabine tab 150 mg (Xeloda)	5					•
capecitabine tab 500 mg (Xeloda)	5					•
CAPRELSA - vandetanib tab 100 mg	5	•		•		•
CAPRELSA - vandetanib tab 300 mg	5	•		•		•
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	5	•		•		•
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	5	•		•		•
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	5	•		•		•
COPIKTRA - duvelisib cap 15 mg	6	•		•		•
COPIKTRA - duvelisib cap 25 mg	6	•		•		•
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	5	•		•		•
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg	2					
CYCLOPHOSPHAMIDE - cyclophosphamide tab 50 mg	2					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
cyclophosphamide cap 25 mg (Cyclophosphamide)	2					
cyclophosphamide cap 50 mg (Cyclophosphamide)	2					
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	6	•		•		•
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	6	•		•		•
EMCYT - estramustine phosphate sodium cap 140 mg	5					•
ERIVEDGE - vismodegib cap 150 mg	5	•		•		•
ERLEADA - apalutamide tab 60 mg	5	•		•		•
ERLEADA - apalutamide tab 240 mg	5	•		•		•
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	5	•		•		•
erlotinib hcl tab 100 mg (base equivalent) (Tarceva)	5	•		•		•
erlotinib hcl tab 150 mg (base equivalent) (Tarceva)	5	•		•		•
ETOPOSIDE - etoposide cap 50 mg	5					•
everolimus tab for oral susp 2 mg (Afinitor disperz)	5	•		•		•
everolimus tab for oral susp 3 mg (Afinitor disperz)	5	•		•		•
everolimus tab for oral susp 5 mg (Afinitor disperz)	5	•		•		•
everolimus tab 2.5 mg (Afinitor)	5	•		•		•
everolimus tab 5 mg (Afinitor)	5	•		•		•
everolimus tab 7.5 mg (Afinitor)	5	•		•		•
everolimus tab 10 mg (Afinitor)	5	•		•		•
exemestane tab 25 mg (Aromasin)	2					
EXKIVITY - mobocertinib succinate cap 40 mg	6	•		•		•
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent)	6	•		•		•
FOTIVDA - tivozanib hcl cap 1.34 mg (base equivalent)	6	•		•		•
GAVRETO - pralsetinib cap 100 mg	6	•		•		•
gefitinib tab 250 mg (Iressa)	5	•		•		•
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent)	5	•		•		•
GILOTRIF - afatinib dimaleate tab 30 mg (base equivalent)	5	•		•		•
GILOTRIF - afatinib dimaleate tab 40 mg (base equivalent)	5	•		•		•
GLEOSTINE - lomustine cap 10 mg	5					•
GLEOSTINE - lomustine cap 40 mg	5					•
GLEOSTINE - lomustine cap 100 mg	5					•
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv)	5	•				•
HYCAMTIN - topotecan hcl cap 1 mg (base equiv)	5	•				•
hydroxyurea cap 500 mg (Hydrea)	2					
IBRANCE - palbociclib cap 75 mg	5	•		•		•
IBRANCE - palbociclib cap 100 mg	5	•		•		•
IBRANCE - palbociclib cap 125 mg	5	•		•		•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
IBRANCE - palbociclib tab 75 mg	5	•		•		•
IBRANCE - palbociclib tab 100 mg	5	•		•		•
IBRANCE - palbociclib tab 125 mg	5	•		•		•
ICLUSIG - ponatinib hcl tab 10 mg (base equiv)	5	•		•		•
ICLUSIG - ponatinib hcl tab 15 mg (base equiv)	5	•		•		•
ICLUSIG - ponatinib hcl tab 30 mg (base equiv)	5	•		•		•
ICLUSIG - ponatinib hcl tab 45 mg (base equiv)	5	•		•		•
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent)	6	•		•		•
IDHIFA - enasidenib mesylate tab 100 mg (base equivalent)	6	•		•		•
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	5	•		•		•
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	5	•		•		•
IMBRUVICA - ibrutinib cap 70 mg	5	•		•		•
IMBRUVICA - ibrutinib cap 140 mg	5	•		•		•
IMBRUVICA - ibrutinib oral susp 70 mg/ml	5	•		•		•
IMBRUVICA - ibrutinib tab 140 mg	5	•		•		•
IMBRUVICA - ibrutinib tab 280 mg	5	•		•		•
IMBRUVICA - ibrutinib tab 420 mg	5	•		•		•
INLYTA - axitinib tab 1 mg	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
INLYTA - axitinib tab 5 mg	5	•		•		•
INQOVI - decitabine-cedazuridine tab 35-100 mg	6	•		•		•
INREBIC - fedratinib hcl cap 100 mg	6	•		•		•
IRESSA - gefitinib tab 250 mg	5	•		•		•
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent)	5	•		•		•
JAKAFI - ruxolitinib phosphate tab 10 mg (base equivalent)	5	•		•		•
JAKAFI - ruxolitinib phosphate tab 15 mg (base equivalent)	5	•		•		•
JAKAFI - ruxolitinib phosphate tab 20 mg (base equivalent)	5	•		•		•
JAKAFI - ruxolitinib phosphate tab 25 mg (base equivalent)	5	•		•		•
JAYPIRCA - pirtobrutinib tab 50 mg	6	•		•		•
JAYPIRCA - pirtobrutinib tab 100 mg	6	•		•		•
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	•		•		•
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	•		•		•
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	•		•		•
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	•		•		•
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	•		•		•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	•		•		•
KOSELUGO - selumetinib sulfate cap 10 mg	6	•		•		•
KOSELUGO - selumetinib sulfate cap 25 mg	6	•		•		•
KRAZATI - adagrasib tab 200 mg	6	•		•		•
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	5	•		•		•
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	5	•		•		•
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	5	•		•		•
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	5	•		•		•
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	5	•		•		•
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	5	•		•		•
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	5	•		•		•
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	5	•		•		•
letrozole tab 2.5 mg (Femara)	1					
leucovorin calcium tab 5 mg	2					
leucovorin calcium tab 10 mg	2					
leucovorin calcium tab 15 mg	2					
leucovorin calcium tab 25 mg	2					
LEUKERAN - chlorambucil tab 2 mg	5					•
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	5					•
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	•		•		•
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	•		•		•
LORBRENA - lorlatinib tab 25 mg	6	•		•		•
LORBRENA - lorlatinib tab 100 mg	6	•		•		•
LUMAKRAS - sotorasib tab 120 mg	6	•		•		•
LUMAKRAS - sotorasib tab 320 mg	6	•		•		•
LYNPARZA - olaparib tab 100 mg	5	•		•		•
LYNPARZA - olaparib tab 150 mg	5	•		•		•
LYSODREN - mitotane tab 500 mg	5	•				•
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)	6	•		•		•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)	6	•		•		•
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)	6	•		•		•
MATULANE - procarbazine hcl cap 50 mg	5	•				•
megestrol acetate susp 40 mg/ml	2					
megestrol acetate tab 20 mg	1					
megestrol acetate tab 40 mg	1					
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	5	•		•		•
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	5	•		•		•
MEKTOVI - binimetinib tab 15 mg	6	•		•		•
MELPHALAN - melphalan tab 2 mg	5					•
mercaptopurine tab 50 mg	2					
MESNEX - mesna tab 400 mg	3					
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)	4					
methotrexate sodium for inj 1 gm	2					
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1					
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1					
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	2					
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
methotrexate sodium tab 2.5 mg (base equiv)	2					
MYLERAN - busulfan tab 2 mg	5					•
NEXAVAR - sorafenib tosylate tab 200 mg (base equivalent)	5	•		•		•
nilutamide tab 150 mg (Nilandron)	5					•
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent)	5	•		•		•
NINLARO - ixazomib citrate cap 3 mg (base equivalent)	5	•		•		•
NINLARO - ixazomib citrate cap 4 mg (base equivalent)	5	•		•		•
NUBEQA - darolutamide tab 300 mg	5	•		•		•
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	5	•		•		•
ONUREG - azacitidine tab 200 mg	6	•		•		•
ONUREG - azacitidine tab 300 mg	6	•		•		•
ORGOVYX - relugolix tab 120 mg	6	•		•		•
ORSERDU - elacestrant hydrochloride tab 86 mg	6	•		•		•
ORSERDU - elacestrant hydrochloride tab 345 mg	6	•		•		•
pazopanib hcl tab 200 mg (base equiv) (Votrient)	5	•		•		•
PEMAZYRE - pemigatinib tab 4.5 mg	6	•		•		•
PEMAZYRE - pemigatinib tab 9 mg	6	•		•		•
PEMAZYRE - pemigatinib tab 13.5 mg	6	•		•		•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	5	•		•		•
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	•		•		•
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	•		•		•
POMALYST - pomalidomide cap 1 mg	5	•		•		•
POMALYST - pomalidomide cap 2 mg	5	•		•		•
POMALYST - pomalidomide cap 3 mg	5	•		•		•
POMALYST - pomalidomide cap 4 mg	5	•		•		•
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	5					•
QINLOCK - ripretinib tab 50 mg	6	•		•		•
RETEVMO - selpercatinib cap 40 mg	5	•		•		•
RETEVMO - selpercatinib cap 80 mg	5	•		•		•
REZLIDHIA - olutasidenib cap 150 mg	6	•		•		•
ROZLYTREK - entrectinib cap 100 mg	5	•		•		•
ROZLYTREK - entrectinib cap 200 mg	5	•		•		•
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent)	5	•		•		•
RUBRACA - rucaparib camsylate tab 250 mg (base equivalent)	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
RUBRACA - rucaparib camsylate tab 300 mg (base equivalent)	5	•		•		•
RYDAPT - midostaurin cap 25 mg	5	•		•		•
SCEMBLIX - asciminib hcl tab 20 mg	6	•		•		•
SCEMBLIX - asciminib hcl tab 40 mg	6	•		•		•
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	5					•
SPRYCEL - dasatinib tab 20 mg	5	•		•		•
SPRYCEL - dasatinib tab 50 mg	5	•		•		•
SPRYCEL - dasatinib tab 70 mg	5	•		•		•
SPRYCEL - dasatinib tab 80 mg	5	•		•		•
SPRYCEL - dasatinib tab 100 mg	5	•		•		•
SPRYCEL - dasatinib tab 140 mg	5	•		•		•
STIVARGA - regorafenib tab 40 mg	5	•		•		•
sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	5	•		•		•
sunitinib malate cap 25 mg (base equivalent) (Sutent)	5	•		•		•
sunitinib malate cap 37.5 mg (base equivalent) (Sutent)	5	•		•		•
sunitinib malate cap 50 mg (base equivalent) (Sutent)	5	•		•		•
SUTENT - sunitinib malate cap 12.5 mg (base equivalent)	5	•		•		•
SUTENT - sunitinib malate cap 25 mg (base equivalent)	5	•		•		•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
SUTENT - sunitinib malate cap 37.5 mg (base equivalent)	5	•		•		•
SUTENT - sunitinib malate cap 50 mg (base equivalent)	5	•		•		•
SYNRIBO - omacetaxine mepesuccinate for inj 3.5 mg	3					•
TABLOID - thioguanine tab 40 mg	5					•
TABRECTA - capmatinib hcl tab 150 mg	5	•		•		•
TABRECTA - capmatinib hcl tab 200 mg	5	•		•		•
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent)	5	•		•		•
TAFINLAR - dabrafenib mesylate cap 75 mg (base equivalent)	5	•		•		•
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent)	5	•		•		•
TAGRISSO - osimertinib mesylate tab 80 mg (base equivalent)	5	•		•		•
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent)	5	•		•		•
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	5	•		•		•
TALZENNA - talazoparib tosylate cap 0.35 mg (base equivalent)	5	•		•		•
TALZENNA - talazoparib tosylate cap 0.5 mg (base equivalent)	5	•		•		•
TALZENNA - talazoparib tosylate cap 0.75 mg (base equivalent)	5	•		•		•
TALZENNA - talazoparib tosylate cap 1 mg (base equivalent)	5	•		•		•
tamoxifen citrate tab 10 mg (base equivalent)	1				•	
tamoxifen citrate tab 20 mg (base equivalent)	2				•	
TASIGNA - nilotinib hcl cap 50 mg (base equivalent)	5	•		•		•
TASIGNA - nilotinib hcl cap 150 mg (base equivalent)	5	•		•		•
TASIGNA - nilotinib hcl cap 200 mg (base equivalent)	5	•		•		•
TAZVERIK - tazemetostat hbr tab 200 mg	6	•		•		•
temozolomide cap 5 mg	5	•				•
temozolomide cap 20 mg	5	•				•
temozolomide cap 100 mg (Temodar)	5	•				•
temozolomide cap 140 mg (Temodar)	5	•				•
temozolomide cap 180 mg (Temodar)	5	•				•
temozolomide cap 250 mg (Temodar)	5	•				•
TEPMETKO - tepotinib hcl tab 225 mg	6	•		•		•
TIBSOVO - ivosidenib tab 250 mg	6	•		•		•
toremifene citrate tab 60 mg (base equivalent) (Fareston)	5					•
tretinoin cap 10 mg	5	•				•
TUKYSA - tucatinib tab 50 mg	6	•		•		•
TUKYSA - tucatinib tab 150 mg	6	•		•		•
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	6	•		•		•

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VENCLEXTA - venetoclax tab 10 mg	5	•		•		•
VENCLEXTA - venetoclax tab 50 mg	5	•		•		•
VENCLEXTA - venetoclax tab 100 mg	5	•		•		•
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	5	•		•		•
VERZENIO - abemaciclib tab 50 mg	5	•		•		•
VERZENIO - abemaciclib tab 100 mg	5	•		•		•
VERZENIO - abemaciclib tab 150 mg	5	•		•		•
VERZENIO - abemaciclib tab 200 mg	5	•		•		•
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	5	•		•		•
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	5	•		•		•
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	5	•		•		•
VIZIMPRO - dacomitinib tab 15 mg	6	•		•		•
VIZIMPRO - dacomitinib tab 30 mg	6	•		•		•
VIZIMPRO - dacomitinib tab 45 mg	6	•		•		•
VONJO - pacritinib citrate cap 100 mg	6	•		•		•
VOTRIENT - pazopanib hcl tab 200 mg (base equiv)	5	•		•		•
WELIREG - belzutifan tab 40 mg	6	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
XALKORI - crizotinib cap 200 mg	5	•		•		•
XALKORI - crizotinib cap 250 mg	5	•		•		•
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	6	•		•		•
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly)	6	•		•		•
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly)	6	•		•		•
XPOVIO - selinexor tab therapy pack 40 mg (80 mg once weekly)	6	•		•		•
XPOVIO - selinexor tab therapy pack 50 mg (100 mg once weekly)	6	•		•		•
XPOVIO - selinexor tab therapy pack 60 mg (60 mg once weekly)	6	•		•		•
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	6	•		•		•
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	6	•		•		•
XTANDI - enzalutamide cap 40 mg	5	•		•		•
XTANDI - enzalutamide tab 40 mg	5	•		•		•
XTANDI - enzalutamide tab 80 mg	5	•		•		•
YONSA - abiraterone acetate micronized tab 125 mg	5	•		•		•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ZEJULA - niraparib tosylate tab 100 mg (base equivalent)	5	•		•		•
ZEJULA - niraparib tosylate tab 200 mg (base equivalent)	5	•		•		•
ZEJULA - niraparib tosylate tab 300 mg (base equivalent)	5	•		•		•
ZELBORAF - vemurafenib tab 240 mg	5	•		•		•
ZOLINZA - vorinostat cap 100 mg	5	•		•		•
ZYDELIG - idelalisib tab 100 mg	5	•		•		•
ZYDELIG - idelalisib tab 150 mg	5	•		•		•
ENDOCRINE AND METABOLIC DRUGS						
CORTICOSTEROIDS						
budesonide delayed release particles cap 3 mg (Entocort ec)	2					
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	4					
dexamethasone elixir 0.5 mg/5ml	2					
DEXAMETHASONE INTENSOL - dexamethasone conc 1 mg/ml	4					
dexamethasone tab 0.5 mg	1					
dexamethasone tab 0.75 mg	1					
dexamethasone tab 1 mg	3					
dexamethasone tab 1.5 mg	1					
dexamethasone tab 2 mg	2					
dexamethasone tab 4 mg	1					
dexamethasone tab 6 mg	1					
fludrocortisone acetate tab 0.1 mg	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
hydrocortisone tab 5 mg (Cortef)	2					
hydrocortisone tab 10 mg (Cortef)	2					
hydrocortisone tab 20 mg (Cortef)	2					
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	1					
methylprednisolone tab 4 mg (Medrol)	1					
methylprednisolone tab 8 mg (Medrol)	2					
methylprednisolone tab 16 mg (Medrol)	1					
methylprednisolone tab 32 mg (Medrol)	1					
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1					
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	2					
prednisolone soln 15 mg/5ml	2					
PREDNISONE - prednisone oral soln 5 mg/5ml	3					
prednisone tab therapy pack 5 mg (21)	1					
prednisone tab therapy pack 5 mg (48)	1					
prednisone tab therapy pack 10 mg (21)	2					
prednisone tab therapy pack 10 mg (48)	2					
prednisone tab 1 mg	1					
prednisone tab 2.5 mg	1					
prednisone tab 5 mg	1					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
prednisone tab 10 mg	1					
prednisone tab 20 mg	1					
prednisone tab 50 mg	1					
ANDROGEN-ANABOLIC						
danazol cap 50 mg	2	•				
danazol cap 100 mg	2	•				
danazol cap 200 mg	2	•				
METHITEST - methyltestosterone oral tab 10 mg	4	•		•		
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	2	•		•		
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	2	•		•		
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	4			•		
testosterone td gel 25 mg/2.5gm (1%) (Androgel)	2	•		•		
testosterone td gel 50 mg/5gm (1%) (Androgel)	2	•		•		
testosterone td gel 12.5 mg/act (1%)	2	•		•		
testosterone td gel 20.25 mg/1.25gm (1.62%) (Androgel)	2	•		•		
testosterone td gel 40.5 mg/2.5gm (1.62%) (Androgel)	2	•		•		
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	2	•		•		
testosterone td soln 30 mg/act	2	•		•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ESTROGENS						
ANGELIQ - drospirenone-estradiol tab 0.25-0.5 mg	4					
ANGELIQ - drospirenone-estradiol tab 0.5-1 mg	4					
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	3					
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day	4					
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.25 mg/day	4					
DELESTROGEN - estradiol valerate im in oil 10 mg/ml	4					
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	4					
DIVIGEL - estradiol td gel 0.25 mg/0.25gm (0.1%)	3					
DIVIGEL - estradiol td gel 0.5 mg/0.5gm (0.1%)	3					
DIVIGEL - estradiol td gel 0.75 mg/0.75gm (0.1%)	3					
DIVIGEL - estradiol td gel 1 mg/gm (0.1%)	3					
DIVIGEL - estradiol td gel 1.25 mg/1.25gm (0.1%)	3					
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	3					
estradiol & norethindrone acetate tab 0.5-0.1 mg	2					
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	2					
estradiol tab 0.5 mg (Estrace)	1					
estradiol tab 1 mg (Estrace)	1					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
estradiol tab 2 mg (Estrace)	1					
estradiol td gel 0.25 mg/0.25gm (0.1%) (Divigel)	2					
estradiol td gel 0.5 mg/0.5gm (0.1%) (Divigel)	2					
estradiol td gel 0.75 mg/0.75gm (0.1%) (Divigel)	2					
estradiol td gel 1 mg/gm (0.1%) (Divigel)	2					
estradiol td gel 1.25 mg/1.25gm (0.1%) (Divigel)	2					
estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot)	2			•		
estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot)	2			•		
estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot)	2			•		
estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot)	2			•		
estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot)	2			•		
estradiol td patch weekly 0.025 mg/24hr (Climara)	2			•		
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara)	2			•		
estradiol td patch weekly 0.05 mg/24hr (Climara)	2			•		
estradiol td patch weekly 0.06 mg/24hr (Climara)	2			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
estradiol td patch weekly 0.075 mg/24hr (Climara)	2			•		
estradiol td patch weekly 0.1 mg/24hr (Climara)	2			•		
estradiol valerate im in oil 10 mg/ml (Delestrogen)	2					
estradiol valerate im in oil 20 mg/ml (Delestrogen)	2					
estradiol valerate im in oil 40 mg/ml (Delestrogen)	2					
ESTROGEL - estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	3					
MENEST - esterified estrogens tab 0.3 mg	4					
MENEST - esterified estrogens tab 0.625 mg	4					
MENEST - esterified estrogens tab 1.25 mg	4					
MENEST - esterified estrogens tab 2.5 mg	4					
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	3	•		•		
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt)	2					
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2					
ORIAHNN - elagolix-estrad-noreth 300-1-0.5mg & elagolix 300mg cap pack	3	•		•		
PREMARIN - estrogens, conjugated tab 0.3 mg	3					
PREMARIN - estrogens, conjugated tab 0.45 mg	3					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
PREMARIN - estrogens, conjugated tab 0.625 mg	3					
PREMARIN - estrogens, conjugated tab 0.9 mg	3					
PREMARIN - estrogens, conjugated tab 1.25 mg	3					
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)	3					
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg	3					
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg	3					
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-2.5 mg	3					
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-5 mg	3					
CONTRACEPTIVES						
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	4					
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	A			•	•	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1			•		
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	2			•		
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)	2			•		
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	2			•		
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	2			•		
ELLA - ulipristal acetate tab 30 mg	A			•	•	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	2			•		
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	2			•		
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Quartette)	2			•		
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	A			•	•	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	2			•		
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	A			•	•	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1			•		
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1			•		
levonorgestrel tab 1.5 mg	A			•	•	

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg mcg	1			•		
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	2			•		
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	A				•	
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	A				•	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	A			•	•	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	2			•		
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	2			•		
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	1			•		
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	A			•	•	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	2			•		
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	2			•		
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1			•		
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	A			•	•	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	1			•		
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)	2			•		
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	2			•		
norethindrone tab 0.35 mg	A			•	•	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	2			•		
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	2			•		
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1			•		
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1			•		
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	A			•	•	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	2			•		
NUVARING - etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	A			•	•	
TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	4			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.(mg	2					
PROGESTINS						
medroxyprogesterone acetate tab 2.5 mg (Provera)	1					
medroxyprogesterone acetate tab 5 mg (Provera)	1					
medroxyprogesterone acetate tab 10 mg (Provera)	1					
norethindrone acetate tab 5 mg (Aygestin)	2					
progesterone cap 100 mg (Prometrium)	2					
progesterone cap 200 mg (Prometrium)	2					
progesterone im in oil 50 mg/ml	2					
ANTIDIABETICS						
acarbose tab 25 mg (Precose)	2					
acarbose tab 50 mg (Precose)	2					
acarbose tab 100 mg (Precose)	2					
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	3					
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	3					
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	4			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
DEX4 QUICK DISSOLVE GLUCO - glucose chew tab 4 gm (rounded)	4					
diazoxide susp 50 mg/ml (Proglycem)	2					
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent)	3			•		
FARXIGA - dapagliflozin propanediol tab 10 mg (base equivalent)	3			•		
glimepiride tab 1 mg (Amaryl)	1					
glimepiride tab 2 mg (Amaryl)	1					
glimepiride tab 4 mg (Amaryl)	1					
glipizide tab er 24hr 2.5 mg (Glucotrol xl)	1					
glipizide tab er 24hr 5 mg (Glucotrol xl)	1					
glipizide tab er 24hr 10 mg (Glucotrol xl)	1					
glipizide tab 5 mg	1					
glipizide tab 10 mg	1					
glipizide-metformin hcl tab 2.5-250 mg	2					
glipizide-metformin hcl tab 2.5-500 mg	2					
glipizide-metformin hcl tab 5-500 mg	2					
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg (base equiv)	4					
glucagon (rdna) for inj kit 1 mg (Glucagon emergency k)	2					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	3					
glyburide micronized tab 1.5 mg (Glynase)	1					
glyburide micronized tab 3 mg (Glynase)	1					
glyburide micronized tab 6 mg (Glynase)	1					
glyburide tab 1.25 mg	1					
glyburide tab 2.5 mg	1					
glyburide tab 5 mg	1					
glyburide-metformin tab 1.25-250 mg	1					
glyburide-metformin tab 2.5-500 mg	1					
glyburide-metformin tab 5-500 mg	1					
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg	3			•		
GLYXAMBI - empagliflozin-linagliptin tab 25-5 mg	3			•		
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	3					
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml	3					
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	3					
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml	3					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	3					
GVOKE PFS - glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml	3					
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	3					
JANUMET - sitagliptin-metformin hcl tab 50-500 mg	3			•		
JANUMET - sitagliptin-metformin hcl tab 50-1000 mg	3			•		
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg	3			•		
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	3			•		
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg	3			•		
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv)	3			•		
JANUVIA - sitagliptin phosphate tab 50 mg (base equiv)	3			•		
JANUVIA - sitagliptin phosphate tab 100 mg (base equiv)	3			•		
JARDIANCE - empagliflozin tab 10 mg	3			•		
JARDIANCE - empagliflozin tab 25 mg	3			•		
metformin hcl tab er 24hr 500 mg	1					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
metformin hcl tab er 24hr 750 mg	1					
metformin hcl tab 500 mg	1					
metformin hcl tab 850 mg	1					
metformin hcl tab 1000 mg	1					
nateglinide tab 60 mg	2					
nateglinide tab 120 mg	2					
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)	3			•		
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	3			•		
OZEMPIC - semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)	3			•		
pioglitazone hcl tab 15 mg (base equiv) (Actos)	1					
pioglitazone hcl tab 30 mg (base equiv) (Actos)	1					
pioglitazone hcl tab 45 mg (base equiv) (Actos)	1					
pioglitazone hcl-metformin hcl tab 15-500 mg (Actoplus met)	2					
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)	2					
repaglinide tab 0.5 mg	2					
repaglinide tab 1 mg	2					
repaglinide tab 2 mg	2					
RYBELSUS - semaglutide tab 3 mg	3			•		
RYBELSUS - semaglutide tab 7 mg	3			•		
RYBELSUS - semaglutide tab 14 mg	3			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	3		•	•		
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	3			•		
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg	3			•		
SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg	3			•		
SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg	3			•		
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg	3			•		
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 10-1000 mg	3			•		
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	3			•		
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	3			•		
TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	3			•		
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	3			•		
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg	3			•		
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg	3			•		
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml	3			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
TRULICITY - dulaglutide soln pen-injector 1.5 mg/0.5ml	3			•		
TRULICITY - dulaglutide soln pen-injector 3 mg/0.5ml	3			•		
TRULICITY - dulaglutide soln pen-injector 4.5 mg/0.5ml	3			•		
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	3			•		
WALGREENS GLUCOSE - glucose chew tab 4 gm (rounded)	4					
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg	3			•		
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg	3			•		
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg	3			•		
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg	3			•		
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg	3			•		
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	3		•	•		
ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	3					
ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	3					
Rapid-Acting Insulins						
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			•		
INSULIN ASPART - insulin aspart inj soln 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			•		
NOVOLOG - insulin aspart inj soln 100 unit/ml	2			•		
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	2			•		
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	2			•		
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	2			•		
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	2			•		
Short-Acting Insulins						
HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml	3			•		
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	3			•		
NOVOLIN R - insulin regular (human) inj 100 unit/ml	2			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	2			•		
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	2			•		
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	2			•		
RELION R - insulin regular (human) inj 100 unit/ml	3			•		
Intermediate-Acting Insulins						
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)	4	•		•		
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	2			•		
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2			•		
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2			•		
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	2			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
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			•		
NOVOLIN 70/30 FLEXPEN REL - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2			•		
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2			•		
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2			•		
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2			•		
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2			•		
Basal Insulins						
INSULIN GLARGINE-YFGN - insulin glargine-yfgn inj 100 unit/ml	3			•		
INSULIN GLARGINE-YFGN - insulin glargine-yfgn soln pen-injector 100 unit/ml	3			•		
LANTUS - insulin glargine inj 100 unit/ml	4	•		•		
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	4	•		•		
LEVEMIR - insulin detemir inj 100 unit/ml	3			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
LEVEMIR FLEXPEN - insulin detemir soln pen-injector 100 unit/ml	3			•		
SEMGLEE - insulin glargine-yfgn inj 100 unit/ml	3			•		
SEMGLEE - insulin glargine-yfgn soln pen-injector 100 unit/ml	3			•		
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	3			•		
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	3			•		
TRESIBA - insulin degludec inj 100 unit/ml	3			•		
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml	3			•		
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 200 unit/ml	3			•		
THYROID AGENTS						
ADTHYZA - thyroid tab 16.25 mg	4					
ADTHYZA - thyroid tab 32.5 mg	4					
ADTHYZA - thyroid tab 65 mg	4					
ADTHYZA - thyroid tab 97.5 mg	4					
ADTHYZA - thyroid tab 130 mg	4					
ARMOUR THYROID - thyroid tab 15 mg (1/4 grain)	4					
ARMOUR THYROID - thyroid tab 30 mg (1/2 grain)	4					
ARMOUR THYROID - thyroid tab 60 mg (1 grain)	4					
ARMOUR THYROID - thyroid tab 90 mg (1 1/2 grain)	4					
ARMOUR THYROID - thyroid tab 120 mg (2 grain)	4					
ARMOUR THYROID - thyroid tab 180 mg (3 grain)	4					
ARMOUR THYROID - thyroid tab 240 mg (4 grain)	4					
ARMOUR THYROID - thyroid tab 300 mg (5 grain)	4					
ERMEZA - levothyroxine sodium oral solution 150 mcg/5ml	4					
levothyroxine sodium tab 25 mcg (Synthroid)	1					
levothyroxine sodium tab 50 mcg (Synthroid)	1					
levothyroxine sodium tab 75 mcg (Synthroid)	1					
levothyroxine sodium tab 88 mcg (Synthroid)	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					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
liothyronine sodium tab 5 mcg (Cytomel)	2					
liothyronine sodium tab 25 mcg (Cytomel)	2					
liothyronine sodium tab 50 mcg (Cytomel)	2					
methimazole tab 5 mg (Tapazole)	1					
methimazole tab 10 mg (Tapazole)	1					
NIVA THYROID - thyroid tab 15 mg (1/4 grain)	4					
NIVA THYROID - thyroid tab 30 mg (1/2 grain)	4					
NIVA THYROID - thyroid tab 60 mg (1 grain)	4					
NIVA THYROID - thyroid tab 90 mg (1 1/2 grain)	4					
NIVA THYROID - thyroid tab 120 mg (2 grain)	4					
NP THYROID 120 - thyroid tab 120 mg (2 grain)	2					
NP THYROID 15 - thyroid tab 15 mg (1/4 grain)	1					
NP THYROID 30 - thyroid tab 30 mg (1/2 grain)	1					
NP THYROID 60 - thyroid tab 60 mg (1 grain)	2					
NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	2					
propylthiouracil tab 50 mg	2					
SYNTHROID - levothyroxine sodium tab 25 mcg	4					
SYNTHROID - levothyroxine sodium tab 50 mcg	4					
SYNTHROID - levothyroxine sodium tab 75 mcg	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
SYNTHROID - levothyroxine sodium tab 88 mcg	4					
SYNTHROID - levothyroxine sodium tab 100 mcg	4					
SYNTHROID - levothyroxine sodium tab 112 mcg	4					
SYNTHROID - levothyroxine sodium tab 125 mcg	4					
SYNTHROID - levothyroxine sodium tab 137 mcg	4					
SYNTHROID - levothyroxine sodium tab 150 mcg	4					
SYNTHROID - levothyroxine sodium tab 175 mcg	4					
SYNTHROID - levothyroxine sodium tab 200 mcg	4					
SYNTHROID - levothyroxine sodium tab 300 mcg	4					
THYQUIDITY - levothyroxine sodium oral solution 100 mcg/5ml	4					
THYROID - thyroid tab 15 mg (1/4 grain)	4					
THYROID - thyroid tab 30 mg (1/2 grain)	4					
THYROID - thyroid tab 60 mg (1 grain)	4					
THYROID - thyroid tab 90 mg (1 1/2 grain)	4					
THYROID - thyroid tab 120 mg (2 grain)	4					
OXYTOCICS						
methylergonovine maleate tab 0.2 mg	2					
ENDOCRINE and METABOLIC AGENTS - MISC.						
ACTHAR - corticotropin inj gel 80 unit/ml	6	•				•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ALENDRONATE SODIUM - alendronate sodium tab 5 mg	4			•		
alendronate sodium tab 10 mg	1			•		
alendronate sodium tab 35 mg	1			•		
alendronate sodium tab 70 mg (Fosamax)	1			•		
betaine powder for oral solution (Cystadane)	2					
cabergoline tab 0.5 mg	2					
calcitonin (salmon) nasal soln 200 unit/act	2					
calcitriol cap 0.25 mcg (Rocaltrol)	1					
calcitriol cap 0.5 mcg (Rocaltrol)	2					
calcitriol oral soln 1 mcg/ml (Rocaltrol)	2					
CARBAGLU - carglumic acid soluble tab 200 mg	5					•
carglumic acid soluble tab 200 mg (Carbaglu)	5					•
cinacalcet hcl tab 30 mg (base equiv) (Sensipar)	2					
cinacalcet hcl tab 60 mg (base equiv) (Sensipar)	2					
cinacalcet hcl tab 90 mg (base equiv) (Sensipar)	2					
CLOMID - clomiphene citrate tab 50 mg	2					
CYSTADANE - betaine powder for oral solution	3					•
desmopressin acetate nasal spray soln 0.01%	2					
desmopressin acetate tab 0.1 mg (Ddavp)	2					
desmopressin acetate tab 0.2 mg (Ddavp)	2					
doxercalciferol cap 0.5 mcg	2					
doxercalciferol cap 1 mcg	2					
doxercalciferol cap 2.5 mcg	2					
FORTEO - teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	5	•		•		•
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	6	•		•		•
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg	5	•				•
GENOTROPIN - somatropin for subcutaneous inj cartridge 12 mg (36 unit)	5	•				•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.2 mg	5	•				•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.4 mg	5	•				•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.6 mg	5	•				•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.8 mg	5	•				•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 1 mg	5	•				•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 1.2 mg	5	•				•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 1.4 mg	5	•				•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 1.6 mg	5	•				•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 1.8 mg	5	•				•
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 2 mg	5	•				•
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	1			•		
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	5					•
JYNARQUE - tolvaptan tab therapy pack 15 mg	6	•		•		•
JYNARQUE - tolvaptan tab therapy pack 30 & 15 mg	6	•		•		•
JYNARQUE - tolvaptan tab therapy pack 45 & 15 mg	6	•		•		•
JYNARQUE - tolvaptan tab therapy pack 60 & 30 mg	6	•		•		•
JYNARQUE - tolvaptan tab therapy pack 90 & 30 mg	6	•		•		•
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	2					
levocarnitine tab 330 mg (Carnitor)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
MYALEPT - metreleptin for subcutaneous inj 11.3 mg	6	•				•
nitisinone cap 2 mg (Orfadin)	5					•
nitisinone cap 5 mg (Orfadin)	5					•
nitisinone cap 10 mg (Orfadin)	5					•
nitisinone cap 20 mg (Orfadin)	5					•
NORDITROPIN FLEXPRO - somatropin solution pen-injector 5 mg/1.5ml	5	•				•
NORDITROPIN FLEXPRO - somatropin solution pen-injector 10 mg/1.5ml	5	•				•
NORDITROPIN FLEXPRO - somatropin solution pen-injector 15 mg/1.5ml	5	•				•
NORDITROPIN FLEXPRO - somatropin solution pen-injector 30 mg/3ml	5	•				•
NULIBRY - fosdenopterin hydrobromide for iv soln 9.5 mg	6					•
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 50 mcg/ml	5					•
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 100 mcg/ml	5					•
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 500 mcg/ml	5					•
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (Sandostatin)	5					•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (Sandostatin)	5					•
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	5					•
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin)	5					•
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	5					•
OMNITROPE - somatropin for inj 5.8 mg	5	•				•
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml	5	•				•
OMNITROPE - somatropin solution cartridge 10 mg/1.5ml	5	•				•
ORFADIN - nitisinone cap 20 mg	5					•
ORFADIN - nitisinone susp 4 mg/ml	5					•
ORILISSA - elagolix sodium tab 150 mg (base equiv)	3	•		•		
ORILISSA - elagolix sodium tab 200 mg (base equiv)	3	•		•		
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml	6	•				•
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml	6	•				•
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	6	•				•
paricalcitol cap 1 mcg (Zemplar)	2					
paricalcitol cap 2 mcg (Zemplar)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
paricalcitol cap 4 mcg	2					
PHEBURANE - sodium phenylbutyrate oral pellets 483 mg/gm	6	•				•
raloxifene hcl tab 60 mg (Evista)	2				•	
RAVICTI - glycerol phenylbutyrate liquid 1.1 gm/ml	6	•				•
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	3					•
risedronate sodium tab 5 mg	2			•		
risedronate sodium tab 30 mg	2			•		
risedronate sodium tab 35 mg (Actonel)	2			•		
risedronate sodium tab 150 mg (Actonel)	2			•		
SAMSCA - tolvaptan tab 15 mg	6			•		•
sapropterin dihydrochloride powder packet 100 mg (Kuvan)	5	•				•
sapropterin dihydrochloride powder packet 500 mg (Kuvan)	5	•				•
sapropterin dihydrochloride tab 100 mg (Kuvan)	5	•				•
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml (base equiv)	6			•		•
SIGNIFOR - pasireotide diaspartate inj 0.6 mg/ml (base equiv)	6			•		•
SIGNIFOR - pasireotide diaspartate inj 0.9 mg/ml (base equiv)	6			•		•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 3 mg	6	•				•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 3.6 mg	6	•				•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 4.3 mg	6	•				•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 5.2 mg	6	•				•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 6.3 mg	6	•				•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 7.6 mg	6	•				•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 9.1 mg	6	•				•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 11 mg	6	•				•
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cart 13.3 mg	6	•				•
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	5	•				•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
sodium phenylbutyrate tab 500 mg (Buphenyl)	5	•				•
SOMAVERT - pegvisomant for inj 10 mg (as protein)	6			•		•
SOMAVERT - pegvisomant for inj 15 mg (as protein)	6			•		•
SOMAVERT - pegvisomant for inj 20 mg (as protein)	6			•		•
SOMAVERT - pegvisomant for inj 25 mg (as protein)	6			•		•
SOMAVERT - pegvisomant for inj 30 mg (as protein)	6			•		•
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml	5	•				•
STRENSIQ - asfotase alfa subcutaneous inj 28 mg/0.7ml	5	•				•
STRENSIQ - asfotase alfa subcutaneous inj 40 mg/ml	5	•				•
STRENSIQ - asfotase alfa subcutaneous inj 80 mg/0.8ml	5	•				•
tolvaptan tab 15 mg (Samsca)	5			•		•
tolvaptan tab 30 mg (Samsca)	5			•		•
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	•		•		•
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg	6	•		•		•
VOXZOGO - vosoritide for subcutaneous inj 0.56 mg	6	•		•		•
VOXZOGO - vosoritide for subcutaneous inj 1.2 mg	6	•		•		•
CARDIOVASCULAR AGENTS						
CARDIOTONICS						

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
digoxin oral soln 0.05 mg/ml (Digoxin)	2	•				
digoxin tab 125 mcg (0.125 mg) (Lanoxin)	1					
digoxin tab 250 mcg (0.25 mg) (Lanoxin)	1					
ANTIANGINAL AGENTS						
isosorbide dinitrate tab 5 mg (Isordil titradose)	2					
isosorbide dinitrate tab 10 mg	2					
isosorbide dinitrate tab 20 mg	2					
isosorbide dinitrate tab 30 mg	2					
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 10 mg	1					
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 20 mg	1					
isosorbide mononitrate tab er 24hr 30 mg	1					
isosorbide mononitrate tab er 24hr 60 mg	1					
isosorbide mononitrate tab er 24hr 120 mg	1					
NITRO-BID - nitroglycerin oint 2%	4					
NITRO-TIME - nitroglycerin cap er 2.5 mg	4					
NITRO-TIME - nitroglycerin cap er 6.5 mg	4					
NITRO-TIME - nitroglycerin cap er 9 mg	4					
nitroglycerin sl tab 0.3 mg (Nitrostat)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
nitroglycerin sl tab 0.4 mg (Nitrostat)	1					
nitroglycerin sl tab 0.6 mg (Nitrostat)	2					
nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur)	2					
nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)	2					
nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur)	2					
nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur)	2					
ranolazine tab er 12hr 500 mg (Ranexa)	2					
ranolazine tab er 12hr 1000 mg (Ranexa)	2					
BETA BLOCKERS						
acebutolol hcl cap 200 mg	2					
acebutolol hcl cap 400 mg	2					
atenolol tab 25 mg (Tenormin)	1					
atenolol tab 50 mg (Tenormin)	1					
atenolol tab 100 mg (Tenormin)	1					
betaxolol hcl tab 10 mg	2					
betaxolol hcl tab 20 mg	2					
bisoprolol fumarate tab 5 mg	2					
bisoprolol fumarate tab 10 mg	2					
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					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
labetalol hcl tab 100 mg	1					
labetalol hcl tab 200 mg	2					
labetalol hcl tab 300 mg	2					
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)	1					
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)	1					
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl)	1					
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl)	2					
metoprolol tartrate tab 25 mg	1					
metoprolol tartrate tab 50 mg (Lopressor)	1					
metoprolol tartrate tab 100 mg (Lopressor)	1					
nadolol tab 20 mg (Corgard)	2					
nadolol tab 40 mg (Corgard)	2					
nadolol tab 80 mg (Corgard)	2					
pindolol tab 5 mg	2					
pindolol tab 10 mg	2					
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml	3	•		•		
propranolol hcl cap er 24hr 60 mg (Inderal la)	2					
propranolol hcl cap er 24hr 80 mg (Inderal la)	2					
propranolol hcl cap er 24hr 120 mg (Inderal la)	2					
propranolol hcl cap er 24hr 160 mg (Inderal la)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
propranolol hcl oral soln 20 mg/5ml	2					
propranolol hcl tab 10 mg	1					
propranolol hcl tab 20 mg	1					
propranolol hcl tab 40 mg	1					
propranolol hcl tab 60 mg	2					
propranolol hcl tab 80 mg	2					
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)	2					
sotalol hcl tab 80 mg (Betapace)	1					
sotalol hcl tab 120 mg (Betapace)	1					
sotalol hcl tab 160 mg (Betapace)	2					
sotalol hcl tab 240 mg	2					
timolol maleate tab 5 mg	2					
timolol maleate tab 10 mg	2					
timolol maleate tab 20 mg	2					
CALCIUM CHANNEL BLOCKERS						
amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)	1					
amlodipine besylate tab 5 mg (base equivalent) (Norvasc)	1					
amlodipine besylate tab 10 mg (base equivalent) (Norvasc)	1					
CARDIZEM LA - diltiazem hcl tab er 24hr 120 mg	4					
diltiazem hcl cap er 12hr 60 mg	2					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
diltiazem hcl cap er 12hr 90 mg	2					
diltiazem hcl cap er 12hr 120 mg	2					
diltiazem hcl cap er 24hr 120 mg	2					
diltiazem hcl cap er 24hr 180 mg	2					
diltiazem hcl cap er 24hr 240 mg	2					
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)	1					
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)	1					
diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)	1					
diltiazem hcl coated beads cap er 24hr 300 mg (Cardizem cd)	2					
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)	2					
diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac)	2					
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac)	2					
diltiazem hcl tab er 24hr 120 mg (Cardizem la)	2					
diltiazem hcl tab er 24hr 180 mg (Cardizem la)	2					
diltiazem hcl tab er 24hr 240 mg (Cardizem la)	2					
diltiazem hcl tab 30 mg (Cardizem)	1					
diltiazem hcl tab 60 mg (Cardizem)	1					
diltiazem hcl tab 90 mg	2					
diltiazem hcl tab 120 mg (Cardizem)	2					
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	2					
isradipine cap 5 mg	2					
nicardipine hcl cap 20 mg	2					
nicardipine hcl cap 30 mg	2					
nifedipine cap 10 mg	2					
nifedipine cap 20 mg	2					
nifedipine tab er 24hr 30 mg	1					
nifedipine tab er 24hr 60 mg	2					
nifedipine tab er 24hr 90 mg	2					
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)	1					
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl)	2					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl)	2					
nimodipine cap 30 mg	2					
NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg	4					
nisoldipine tab er 24hr 8.5 mg (Sular)	2					
nisoldipine tab er 24hr 17 mg (Sular)	2					
nisoldipine tab er 24hr 34 mg (Sular)	2					
NYMALIZE - nimodipine oral soln 6 mg/ml	4					
verapamil hcl cap er 24hr 120 mg (Verelan)	2					
verapamil hcl cap er 24hr 180 mg (Verelan)	2					
verapamil hcl cap er 24hr 240 mg (Verelan)	2					
VERAPAMIL HCL SR - verapamil hcl cap er 24hr 360 mg	4					
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	1					
verapamil hcl tab 120 mg	1					
ANTIARRHYTHMICS						
amiodarone hcl tab 100 mg	2					
amiodarone hcl tab 200 mg	1					
disopyramide phosphate cap 100 mg (Norpace)	2					
disopyramide phosphate cap 150 mg (Norpace)	2					
dofetilide cap 125 mcg (0.125 mg) (Tikosyn)	2					
dofetilide cap 250 mcg (0.25 mg) (Tikosyn)	2					
dofetilide cap 500 mcg (0.5 mg) (Tikosyn)	2					
flecainide acetate tab 50 mg	2					
flecainide acetate tab 100 mg	2					
flecainide acetate tab 150 mg	2					
mexiletine hcl cap 150 mg	2					
mexiletine hcl cap 200 mg	2					
mexiletine hcl cap 250 mg	2					
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	3					
NORPACE CR - disopyramide phosphate cap er 12hr 100 mg	4					
NORPACE CR - disopyramide phosphate cap er 12hr 150 mg	4					
propafenone hcl cap er 12hr 225 mg (Rythmol sr)	2					
propafenone hcl cap er 12hr 325 mg (Rythmol sr)	2					
propafenone hcl cap er 12hr 425 mg (Rythmol sr)	2					
propafenone hcl tab 150 mg	1					
propafenone hcl tab 225 mg	2					
propafenone hcl tab 300 mg	2					
quinidine gluconate tab er 324 mg	2					
QUINIDINE SULFATE - quinidine sulfate tab 200 mg	2					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
QUINIDINE SULFATE - quinidine sulfate tab 300 mg	2					
ANTIHYPERTENSIVES						
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1					
amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel)	1					
amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel)	1					
amlodipine besylate-benazepril hcl cap 5-40 mg	1					
amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel)	1					
amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel)	1					
amlodipine besylate-valsartan tab 5-160 mg (Exforge)	2					
amlodipine besylate-valsartan tab 5-320 mg (Exforge)	2					
amlodipine besylate-valsartan tab 10-160 mg (Exforge)	2					
amlodipine besylate-valsartan tab 10-320 mg (Exforge)	2					
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (Exforge hct)	2					
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Exforge hct)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Exforge hct)	2					
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (Exforge hct)	2					
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Exforge hct)	2					
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	1					
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	2					
benazepril & hydrochlorothiazide tab 5-6.25 mg	2					
benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)	2					
benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)	2					
benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)	2					
benazepril hcl tab 5 mg	1					
benazepril hcl tab 10 mg (Lotensin)	1					
benazepril hcl tab 20 mg (Lotensin)	1					
benazepril hcl tab 40 mg (Lotensin)	1					
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)	1					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)	1					
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)	1					
candesartan cilexetil tab 4 mg (Atacand)	2					
candesartan cilexetil tab 8 mg (Atacand)	2					
candesartan cilexetil tab 16 mg (Atacand)	2					
candesartan cilexetil tab 32 mg (Atacand)	2					
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct)	2					
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct)	2					
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct)	2					
captopril tab 12.5 mg	2					
captopril tab 25 mg	2					
captopril tab 50 mg	2					
captopril tab 100 mg	2					
clonidine hcl tab 0.1 mg	1					
clonidine hcl tab 0.2 mg	1					
clonidine hcl tab 0.3 mg	1					
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	2					
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	2					
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
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					
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					
eplerenone tab 25 mg (Inspra)	2					
eplerenone tab 50 mg (Inspra)	2					
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	2					
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	2					
fosinopril sodium tab 10 mg	1					
fosinopril sodium tab 20 mg	1					
fosinopril sodium tab 40 mg	1					
guanfacine hcl tab 1 mg	2					
guanfacine hcl tab 2 mg	2					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
hydralazine hcl tab 10 mg	1					
hydralazine hcl tab 25 mg	1					
hydralazine hcl tab 50 mg	1					
hydralazine hcl tab 100 mg	1					
irbesartan tab 75 mg (Avapro)	1					
irbesartan tab 150 mg (Avapro)	1					
irbesartan tab 300 mg (Avapro)	1					
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)	1					
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)	1					
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)	1					
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)	1					
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)	1					
lisinopril tab 2.5 mg (Zestril)	1					
lisinopril tab 5 mg (Zestril)	1					
lisinopril tab 10 mg (Zestril)	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	4					
METHYLDOPA - methyldopa tab 500 mg	4					
metoprolol & hydrochlorothiazide tab 50-25 mg	2					
metoprolol & hydrochlorothiazide tab 100-25 mg	2					
metoprolol & hydrochlorothiazide tab 100-50 mg	2					
minoxidil tab 2.5 mg	1					
minoxidil tab 10 mg	1					
moexipril hcl tab 7.5 mg	2					
moexipril hcl tab 15 mg	2					
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					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct)	1					
PERINDOPRIL ERBUMINE - perindopril erbumine tab 8 mg	2					
perindopril erbumine tab 2 mg	2					
perindopril erbumine tab 4 mg	2					
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	2					
prazosin hcl cap 1 mg (Minipress)	2					
prazosin hcl cap 2 mg (Minipress)	2					
prazosin hcl cap 5 mg (Minipress)	2					
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/HYDROCHLOROTHIA - quinapril-hydrochlorothiazide tab 20-12.5 mg	2					
QUINAPRIL/HYDROCHLOROTHIA - quinapril-hydrochlorothiazide tab 20-25 mg	2					
ramipril cap 1.25 mg (Altace)	1					
ramipril cap 2.5 mg (Altace)	1					
ramipril cap 5 mg (Altace)	1					
ramipril cap 10 mg (Altace)	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
telmisartan tab 20 mg (Micardis)	2					
telmisartan tab 40 mg (Micardis)	2					
telmisartan tab 80 mg (Micardis)	2					
terazosin hcl cap 1 mg (base equivalent)	1					
terazosin hcl cap 2 mg (base equivalent)	1					
terazosin hcl cap 5 mg (base equivalent)	1					
terazosin hcl cap 10 mg (base equivalent)	1					
trandolapril tab 1 mg	1					
trandolapril tab 2 mg	1					
trandolapril tab 4 mg	1					
TRANDOLAPRIL/VERAPAMIL HC - trandolapril-verapamil hcl tab er 1-240 mg	4					
TRANDOLAPRIL/VERAPAMIL HC - trandolapril-verapamil hcl tab er 2-180 mg	2					
TRANDOLAPRIL/VERAPAMIL HC - trandolapril-verapamil hcl tab er 2-240 mg	2					
TRANDOLAPRIL/VERAPAMIL HC - trandolapril-verapamil hcl tab er 4-240 mg	2					
valsartan tab 40 mg (Diovan)	1					
valsartan tab 80 mg (Diovan)	1					
valsartan tab 160 mg (Diovan)	2					
valsartan tab 320 mg (Diovan)	2					
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)	1					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)	2					
valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct)	2					
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)	2					
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)	2					
VECAMYL - mecamylamine hcl tab 2.5 mg	4					•
DIURETICS						
acetazolamide cap er 12hr 500 mg	2					
acetazolamide tab 125 mg	2					
acetazolamide tab 250 mg	2					
amiloride hcl tab 5 mg	1					
AMILORIDE/HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg	1					
bumetanide tab 0.5 mg (Bumex)	2					
bumetanide tab 1 mg	2					
bumetanide tab 2 mg	2					
chlorthalidone tab 25 mg	1					
chlorthalidone tab 50 mg	2					
FUROSCIX - furosemide subcutaneous cartridge kit 80 mg/10ml	4	•		•		
furosemide oral soln 10 mg/ml	1					
furosemide tab 20 mg (Lasix)	1					
furosemide tab 40 mg (Lasix)	1					
furosemide tab 80 mg (Lasix)	1					
hydrochlorothiazide cap 12.5 mg	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					
methazolamide tab 25 mg	2					
methazolamide tab 50 mg	2					
metolazone tab 2.5 mg	2					
metolazone tab 5 mg	2					
metolazone tab 10 mg	2					
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	2					
spironolactone tab 25 mg (Aldactone)	1					
spironolactone tab 50 mg (Aldactone)	1					
spironolactone tab 100 mg (Aldactone)	1					
torsemide tab 5 mg	1					
torsemide tab 10 mg	1					
torsemide tab 20 mg	1					
torsemide tab 100 mg	1					
triamterene & hydrochlorothiazide cap 37.5-25 mg	1					
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	1					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	1					
triamterene cap 50 mg (Dyrenium)	2					
triamterene cap 100 mg (Dyrenium)	2					
VASOPRESSORS						
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	2					
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	2					
midodrine hcl tab 2.5 mg	2					
midodrine hcl tab 5 mg	2					
midodrine hcl tab 10 mg	2					
SYMJEPI - epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)	3					
SYMJEPI - epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)	3					
ANTIHYPERLIPIDEMICS						
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	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
cholestyramine light powder 4 gm/dose (Questran light)	2					
cholestyramine powder packets 4 gm (Questran)	2					
cholestyramine powder 4 gm/dose (Questran)	2					
colesevelam hcl tab 625 mg (Welchol)	2					
colestipol hcl granule packets 5 gm (Colestid flavored)	2					
colestipol hcl granules 5 gm (Colestid flavored)	2					
colestipol hcl tab 1 gm (Colestid)	2					
ezetimibe tab 10 mg (Zetia)	2					
ezetimibe-simvastatin tab 10-10 mg (Vytorin)	2					
ezetimibe-simvastatin tab 10-20 mg (Vytorin)	2					
ezetimibe-simvastatin tab 10-40 mg (Vytorin)	2					
ezetimibe-simvastatin tab 10-80 mg (Vytorin)	2					
fenofibrate micronized cap 67 mg	1					
fenofibrate micronized cap 134 mg	2					
fenofibrate micronized cap 200 mg	2					
fenofibrate tab 48 mg (Tricor)	1					
fenofibrate tab 54 mg	1					
fenofibrate tab 145 mg (Tricor)	1					
fenofibrate tab 160 mg	1					
fluvastatin sodium cap 20 mg (base equivalent)	2					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
fluvastatin sodium cap 40 mg (base equivalent)	2					
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	2					
gemfibrozil tab 600 mg (Lopid)	1					
icosapent ethyl cap 0.5 gm (Vascepa)	2	•		•		
icosapent ethyl cap 1 gm (Vascepa)	2	•		•		
lovastatin tab 10 mg	1					
lovastatin tab 20 mg	1				•	
lovastatin tab 40 mg	1				•	
NEXLETOL - bempedoic acid tab 180 mg	3	•		•		
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	3	•		•		
niacin tab er 500 mg (antihyperlipidemic) (Niaspan)	2					
niacin tab er 750 mg (antihyperlipidemic) (Niaspan)	2					
niacin tab er 1000 mg (antihyperlipidemic) (Niaspan)	2					
pravastatin sodium tab 10 mg	1				•	
pravastatin sodium tab 20 mg	1				•	
pravastatin sodium tab 40 mg	1				•	
pravastatin sodium tab 80 mg	1				•	
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	•		•		
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/ infusor 420 mg/3.5ml	3	•		•		
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	•		•		
rosuvastatin calcium tab 5 mg (Crestor)	1					
rosuvastatin calcium tab 10 mg (Crestor)	1					
rosuvastatin calcium tab 20 mg (Crestor)	1					
rosuvastatin calcium tab 40 mg (Crestor)	1					
simvastatin tab 5 mg	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	3	•		•		
VASCEPA - icosapent ethyl cap 1 gm	3	•		•		
CARDIOVASCULAR AGENTS - MISC.						
ADEMPAS - riociguat tab 0.5 mg	6	•		•		•
ADEMPAS - riociguat tab 1 mg	6	•		•		•
ADEMPAS - riociguat tab 1.5 mg	6	•		•		•
ADEMPAS - riociguat tab 2 mg	6	•		•		•
ADEMPAS - riociguat tab 2.5 mg	6	•		•		•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ambrisentan tab 5 mg (Letairis)	5	•		•		•
ambrisentan tab 10 mg (Letairis)	5	•		•		•
bosentan tab 62.5 mg (Tracleer)	5	•		•		•
bosentan tab 125 mg (Tracleer)	5	•		•		•
CAMZYOS - mavacamten cap 2.5 mg	6	•		•		•
CAMZYOS - mavacamten cap 5 mg	6	•		•		•
CAMZYOS - mavacamten cap 10 mg	6	•		•		•
CAMZYOS - mavacamten cap 15 mg	6	•		•		•
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	3	•		•		•
CORLANOR - ivabradine hcl tab 5 mg (base equiv)	3	•		•		•
CORLANOR - ivabradine hcl tab 7.5 mg (base equiv)	3	•		•		•
ENTRESTO - sacubitril-valsartan tab 24-26 mg	3					
ENTRESTO - sacubitril-valsartan tab 49-51 mg	3					
ENTRESTO - sacubitril-valsartan tab 97-103 mg	3					
OPSUMIT - macitentan tab 10 mg	5	•		•		•
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv)	6	•		•		•
ORENITRAM - treprostinil diolamine tab er 0.25 mg (base equiv)	6	•		•		•
ORENITRAM - treprostinil diolamine tab er 1 mg (base equiv)	6	•		•		•
ORENITRAM - treprostinil diolamine tab er 2.5 mg (base equiv)	6	•		•		•
ORENITRAM - treprostinil diolamine tab er 5 mg (base equiv)	6	•		•		•
ORENITRAM TITRATION KIT M - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg	6	•		•		•
ORENITRAM TITRATION KIT M - treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg	6	•		•		•
ORENITRAM TITRATION KIT M - treprostinil tab er titr pk(mo3)126x0.125mg&42x0.2	6	•		•		•
sildenafil citrate tab 20 mg (Revatio)	5			•		•
tadalafil tab 20 mg (pah) (Adcirca)	5	•		•		•
tadalafil tab 2.5 mg (Cialis)	2	•		•		
tadalafil tab 5 mg (Cialis)	2	•		•		
TRACLEER - bosentan tab for oral susp 32 mg	5	•		•		•
TYVASO - treprostinil inhalation solution 0.6 mg/ml	6	•		•		•
TYVASO REFILL - treprostinil inhalation solution 0.6 mg/ml	6	•		•		•
TYVASO STARTER - treprostinil inhalation solution 0.6 mg/ml	6	•		•		•
UPTRAVI - selexipag tab 200 mcg	5	•		•		•
UPTRAVI - selexipag tab 400 mcg	5	•		•		•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
UPTRAVI - selexipag tab 600 mcg	5	•		•		•
UPTRAVI - selexipag tab 800 mcg	5	•		•		•
UPTRAVI - selexipag tab 1000 mcg	5	•		•		•
UPTRAVI - selexipag tab 1200 mcg	5	•		•		•
UPTRAVI - selexipag tab 1400 mcg	5	•		•		•
UPTRAVI - selexipag tab 1600 mcg	5	•		•		•
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	5	•		•		•
VENTAVIS - iloprost inhalation solution 10 mcg/ml	6	•		•		•
VENTAVIS - iloprost inhalation solution 20 mcg/ml	6	•		•		•
VERQUVO - vericiguat tab 2.5 mg	3	•		•		
VERQUVO - vericiguat tab 5 mg	3	•		•		
VERQUVO - vericiguat tab 10 mg	3	•		•		
VYNDAMAX - tafamidis cap 61 mg	5	•		•		•
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	5	•		•		•
ERECTILE DYSFUNCTION						
tadalafil tab 2.5 mg (Cialis)	2	•		•		
tadalafil tab 5 mg (Cialis)	2	•		•		
RESPIRATORY AGENTS						
ANTIHISTAMINES						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
CARBINOXAMINE MALEATE - carbinoxamine maleate soln 4 mg/5ml	4					
carbinoxamine maleate tab 4 mg	2					
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg	4					
cyproheptadine hcl syrup 2 mg/5ml	2					
cyproheptadine hcl tab 4 mg	1					
desloratadine tab 5 mg (Clarinex)	2					
levocetirizine dihydrochloride tab 5 mg	1					
promethazine hcl suppos 12.5 mg	2					
promethazine hcl suppos 25 mg	2					
promethazine hcl syrup 6.25 mg/5ml	1					
promethazine hcl tab 12.5 mg	1					
promethazine hcl tab 25 mg	1					
promethazine hcl tab 50 mg	1					
PROMETHEGAN - promethazine hcl suppos 50 mg	4					
NASAL AGENTS - SYSTEMIC and TOPICAL						
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1			•		
flunisolide nasal soln 25 mcg/act (0.025%)	2			•		
fluticasone propionate nasal susp 50 mcg/act	1			•		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	2			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	2			•		
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	4	•		•		
COUGH/COLD/ALLERGY						
acetylcysteine inhal soln 10%	2					
acetylcysteine inhal soln 20%	2					
sodium chloride soln nebu 3%	1					
sodium chloride soln nebu 7% (Hypersal)	1					
ANTIASTHMATIC and BRONCHODILATOR AGENTS						
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/act	2			•		
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 250-50 mcg/act	2			•		
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 500-50 mcg/act	2			•		
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act	3			•		
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act	3			•		
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act	3			•		
ALBUTEROL SULFATE - albuterol sulfate soln nebu 0.5% (5 mg/ml)	2			•		
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	2			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1			•		
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	2			•		
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	2			•		
albuterol sulfate syrup 2 mg/5ml	1					
albuterol sulfate tab 2 mg	2					
albuterol sulfate tab 4 mg	2					
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	3			•		
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act	3			•		
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act	3			•		
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act	3			•		
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act	3			•		
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act	3			•		
ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act	3			•		
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	3			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated)	3			•		
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	3			•		
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	3			•		
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	4			•		
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	3			•		
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	3			•		
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	3			•		
budesonide inhalation susp 0.25 mg/2ml (Pulmicort)	2			•		
budesonide inhalation susp 0.5 mg/2ml (Pulmicort)	2			•		
budesonide inhalation susp 1 mg/2ml (Pulmicort)	2			•		
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	3			•		
cromolyn sodium soln nebu 20 mg/2ml	2			•		
DALIRESP - roflumilast tab 250 mcg	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
DALIRESP - roflumilast tab 500 mcg	4					
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act	3			•		
DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	3			•		
DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	3			•		
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	5	•		•		•
FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/act	3			•		
FLOVENT DISKUS - fluticasone propionate aer pow ba 100 mcg/act	3			•		
FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/act	3			•		
FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	3			•		
FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	3			•		
FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	3			•		
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act	2					
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 113-14 mcg/act	2			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 232-14 mcg/act	2			•		
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	3			•		
ipratropium bromide inhal soln 0.02%	1			•		
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2			•		
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	2			•		
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (Xopenex)	2			•		
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (Xopenex)	2			•		
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (Xopenex)	2			•		
montelukast sodium chew tab 4 mg (base equiv) (Singulair)	1					
montelukast sodium chew tab 5 mg (base equiv) (Singulair)	1					
montelukast sodium tab 10 mg (base equiv) (Singulair)	1					
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	5	•		•		•
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	5	•		•		•
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	5	•		•		•
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	3			•		
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	3			•		
roflumilast tab 250 mcg (Daliresp)	2					
roflumilast tab 500 mcg (Daliresp)	2					
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	3			•		
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	2			•		
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	3			•		
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	3			•		
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	3			•		
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3			•		
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
terbutaline sulfate tab 2.5 mg	2					
terbutaline sulfate tab 5 mg	2					
THEO-24 - theophylline cap er 24hr 100 mg	4					
THEO-24 - theophylline cap er 24hr 200 mg	4					
THEO-24 - theophylline cap er 24hr 300 mg	4					
theophylline elixir 80 mg/15ml	2					
theophylline soln 80 mg/15ml	2					
theophylline tab er 12hr 300 mg	2					
theophylline tab er 12hr 450 mg	2					
theophylline tab er 24hr 400 mg	2					
theophylline tab er 24hr 600 mg	2					
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act	3			•		
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act	3			•		
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	3			•		
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml	5	•				•
XOLAIR - omalizumab subcutaneous soln prefilled syringe 150 mg/ml	5	•				•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
zafirlukast tab 10 mg (Accolate)	2					
zafirlukast tab 20 mg (Accolate)	2					
zileuton tab er 12hr 600 mg	2	•		•		
RESPIRATORY AGENTS - MISC.						
ESBRIET - pirfenidone cap 267 mg	6	•		•		•
ESBRIET - pirfenidone tab 267 mg	6	•		•		•
ESBRIET - pirfenidone tab 801 mg	6	•		•		•
GLASSIA - alpha1-proteinase inhibitor (human) inj 1000 mg/50ml	6					•
KALYDECO - ivacaftor packet 13.4 mg	5	•		•		•
KALYDECO - ivacaftor packet 25 mg	5	•		•		•
KALYDECO - ivacaftor packet 50 mg	5	•		•		•
KALYDECO - ivacaftor packet 75 mg	5	•		•		•
KALYDECO - ivacaftor tab 150 mg	5	•		•		•
OFEV - nintedanib esylate cap 100 mg (base equivalent)	6	•		•		•
OFEV - nintedanib esylate cap 150 mg (base equivalent)	6	•		•		•
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg	6	•		•		•
ORKAMBI - lumacaftor-ivacaftor granules packet 100-125 mg	6	•		•		•
ORKAMBI - lumacaftor-ivacaftor granules packet 150-188 mg	6	•		•		•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg	6	•		•		•
ORKAMBI - lumacaftor-ivacaftor tab 200-125 mg	6	•		•		•
PIRFENIDONE - pirfenidone tab 534 mg	6	•		•		•
pirfenidone cap 267 mg (Esbriet)	5	•		•		•
pirfenidone tab 267 mg (Esbriet)	5	•		•		•
pirfenidone tab 801 mg (Esbriet)	5	•		•		•
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	5					•
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	5	•		•		•
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	5	•		•		•
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	5			•		•
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	5			•		•
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	5	•		•		•
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	5	•		•		•
GASTROINTESTINAL AGENTS						
LAXATIVES						
CLENPIQ - sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/160ml	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
CLENPIQ - sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/175ml	4					
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	4					
lactulose solution 10 gm/15ml	2					
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1				•	
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	2				•	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely)	1				•	
PEG-PREP - bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	4					
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	2					
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	4					
ANTIDIARRHEALS						
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	2					
MYTESI - crofelemer tab delayed release 125 mg	4					•
ULCER DRUGS						
CUVPOSA - glycopyrrolate oral soln 1 mg/5ml	4	•				

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
DEXILANT - dexlansoprazole cap delayed release 30 mg	4		•	•		
DEXILANT - dexlansoprazole cap delayed release 60 mg	4		•	•		
dexlansoprazole cap delayed release 30 mg (Dexilant)	2			•		
dexlansoprazole cap delayed release 60 mg (Dexilant)	2			•		
dicyclomine hcl cap 10 mg	1					
dicyclomine hcl oral soln 10 mg/5ml	2					
dicyclomine hcl tab 20 mg	1					
esomeprazole magnesium for delayed release susp packet 10 mg (Nexium)	2	•		•		
esomeprazole magnesium for delayed release susp packet 20 mg (Nexium)	2	•		•		
esomeprazole magnesium for delayed release susp packet 40 mg (Nexium)	2	•		•		
famotidine for susp 40 mg/5ml	2					
famotidine tab 20 mg (Pepcid)	1					
famotidine tab 40 mg (Pepcid)	1					
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	2					
glycopyrrolate tab 1 mg	2					
glycopyrrolate tab 2 mg	2					
lansoprazole cap delayed release 15 mg (Prevacid)	2			•		
lansoprazole cap delayed release 30 mg (Prevacid)	1			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
methscopolamine bromide tab 2.5 mg	2					
methscopolamine bromide tab 5 mg	2					
misoprostol tab 100 mcg (Cytotec)	1					
misoprostol tab 200 mcg (Cytotec)	1					
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	4	•		•		
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg	4	•		•		
NIZATIDINE - nizatidine cap 150 mg	4					
NIZATIDINE - nizatidine cap 300 mg	4					
omeprazole cap delayed release 10 mg	1			•		
omeprazole cap delayed release 20 mg	1			•		
omeprazole cap delayed release 40 mg	1			•		
pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)	1			•		
pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)	1			•		
rabeprazole sodium ec tab 20 mg (Aciphex)	2			•		
sucralfate tab 1 gm (Carafate)	2					
ANTIEMETICS						
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	2			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
aprepitant capsule 40 mg	2			•		
aprepitant capsule 80 mg (Emend)	2			•		
aprepitant capsule 125 mg	2			•		
dronabinol cap 2.5 mg (Marinol)	2			•		
dronabinol cap 5 mg (Marinol)	2			•		
dronabinol cap 10 mg (Marinol)	2			•		
granisetron hcl tab 1 mg	2			•		
meclizine hcl tab 25 mg	1					
ondansetron hcl oral soln 4 mg/5ml	2			•		
ondansetron hcl tab 4 mg (Zofran)	1			•		
ondansetron hcl tab 8 mg	1			•		
ondansetron orally disintegrating tab 4 mg	1			•		
ondansetron orally disintegrating tab 8 mg	1			•		
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	2					
trimethobenzamide hcl cap 300 mg	2					
VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	3			•		•
DIGESTIVE AIDS						
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	3					
CREON - pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	3					
CREON - pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	3					
CREON - pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	3					
CREON - pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	3					
SUCRAID - sacrosidase soln 8500 unit/ml	6	•		•		•
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	3					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	3					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	3					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	3					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	3					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	3					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	3					
GASTROINTESTINAL AGENTS- MISC.						
balsalazide disodium cap 750 mg (Colazal)	2					
BYLVAY - odevixibat cap 400 mcg	6	•				•
BYLVAY - odevixibat cap 1200 mcg	6	•				•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 200 mcg	6	•				•
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 600 mcg	6	•				•
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	2					
calcium acetate (phosphate binder) tab 667 mg	2					
CHENODAL - chenodiol tab 250 mg	5					•
CIMZIA - certolizumab pegol prefilled syringe kit 2 x 200 mg/ml	6	•		•		•
CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 6 x 200 mg/ml	6	•		•		•
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	2					
DIPENTUM - olsalazine sodium cap 250 mg	4	•				
GATTEX - teduglutide (rdna) for inj kit 5 mg	6	•				•
lactulose (encephalopathy) solution 10 gm/15ml	2					
lanthanum carbonate chew tab 500 mg (elemental) (Fosrenol)	2		•			
lanthanum carbonate chew tab 750 mg (elemental) (Fosrenol)	2		•			
lanthanum carbonate chew tab 1000 mg (elemental) (Fosrenol)	2		•			
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml	6	•				•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
mesalamine cap dr 400 mg (Delzicol)	2					
mesalamine cap er 24hr 0.375 gm (Apriso)	2					
MESALAMINE DR - mesalamine tab delayed release 800 mg	2					
mesalamine enema 4 gm	2					
mesalamine suppos 1000 mg (Canasa)	2					
mesalamine tab delayed release 1.2 gm (Lialda)	2					
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	2					
metoclopramide hcl tab 5 mg (base equivalent) (Reglan)	1					
metoclopramide hcl tab 10 mg (base equivalent) (Reglan)	1					
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent)	3			•		
MOVANTIK - naloxegol oxalate tab 25 mg (base equivalent)	3			•		
sevelamer carbonate packet 0.8 gm (Renvela)	2					
sevelamer carbonate packet 2.4 gm (Renvela)	2					
sevelamer carbonate tab 800 mg (Renvela)	2					
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml	5	•		•		•
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml	5	•		•		•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	2					
sulfasalazine tab 500 mg (Azulfidine)	2					
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	3			•		
TRULANCE - plecanatide tab 3 mg	3			•		
ursodiol cap 300 mg	2					
ursodiol tab 250 mg (Urso 250)	2					
ursodiol tab 500 mg (Urso forte)	2					
VIBERZI - eluxadoline tab 75 mg	3	•		•		
VIBERZI - eluxadoline tab 100 mg	3	•		•		
GENITOURINARY AGENTS						
URINARY ANTISPASMODICS						
bethanechol chloride tab 5 mg	2					
bethanechol chloride tab 10 mg	2					
bethanechol chloride tab 25 mg	2					
bethanechol chloride tab 50 mg	2					
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	2					
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	2					
flavoxate hcl tab 100 mg	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	3					
MYRBETRIQ - mirabegron tab er 24 hr 25 mg	3					
MYRBETRIQ - mirabegron tab er 24 hr 50 mg	3					
oxybutynin chloride solution 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					
solifenacin succinate tab 5 mg (Vesicare)	2					
solifenacin succinate tab 10 mg (Vesicare)	2					
tolterodine tartrate cap er 24hr 2 mg (Detrol la)	2					
tolterodine tartrate cap er 24hr 4 mg (Detrol la)	2					
tolterodine tartrate tab 1 mg (Detrol)	2					
tolterodine tartrate tab 2 mg (Detrol)	2					
trospium chloride cap er 24hr 60 mg	2					
trospium chloride tab 20 mg	2					
VAGINAL PRODUCTS						
clindamycin phosphate vaginal cream 2% (Cleocin)	2					
CLINDESSE - clindamycin phosphate (one dose) vaginal cream 2%	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
estradiol vaginal cream 0.1 mg/gm (Estrace)	2					
estradiol vaginal tab 10 mcg (Vagifem)	2					
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	3					
GYNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	4					
metronidazole vaginal gel 0.75%	2					
MICONAZOLE 3 - miconazole nitrate vaginal suppos 200 mg	4					
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	3					
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	4					
terconazole vaginal cream 0.4%	2					
terconazole vaginal cream 0.8%	2					
terconazole vaginal suppos 80 mg	2					
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	A				•	
VANDAZOLE - metronidazole vaginal gel 0.75%	2					
GENITOURINARY AGENTS - MISC.						
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	1					
CYSTAGON - cysteamine bitartrate cap 50 mg	5					•
CYSTAGON - cysteamine bitartrate cap 150 mg	5					•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
dutasteride cap 0.5 mg (Avodart)	1					
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	2					
ELMIRON - pentosan polysulfate sodium caps 100 mg	4					
FILSPARI - sparsentan tab 200 mg	6	•		•		•
FILSPARI - sparsentan tab 400 mg	6	•		•		•
finasteride tab 5 mg (Proscar)	1					
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	3					
LITHOSTAT - acetohydroxamic acid tab 250 mg	4					
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	2					
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	2					
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	2					
tamsulosin hcl cap 0.4 mg (Flomax)	1					
THIOLA EC - tiopronin tab delayed release 100 mg	4					•
THIOLA EC - tiopronin tab delayed release 300 mg	4					•
tiopronin tab 100 mg (Thiola)	2					
CENTRAL NERVOUS SYSTEM DRUGS						
ANTIANXIETY AGENTS						
alprazolam tab er 24hr 0.5 mg (Xanax xr)	1					
alprazolam tab er 24hr 1 mg (Xanax xr)	1					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
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 10 mg	1					
buspirone hcl tab 15 mg	1					
buspirone hcl tab 30 mg	2					
chlordiazepoxide hcl cap 5 mg	1					
chlordiazepoxide hcl cap 10 mg	1					
chlordiazepoxide hcl cap 25 mg	1					
clorazepate dipotassium tab 3.75 mg	2					
clorazepate dipotassium tab 7.5 mg (Tranxene t)	2					
clorazepate dipotassium tab 15 mg	2					
diazepam conc 5 mg/ml	2					
diazepam oral soln 1 mg/ml	2					
diazepam tab 2 mg (Valium)	1					
diazepam tab 5 mg (Valium)	1					
diazepam tab 10 mg (Valium)	1					
hydroxyzine hcl syrup 10 mg/5ml	1					
hydroxyzine hcl tab 10 mg	1					
hydroxyzine hcl tab 25 mg	1					
hydroxyzine hcl tab 50 mg	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
HYDROXYZINE PAMOATE - hydroxyzine pamoate cap 100 mg	4					
hydroxyzine pamoate cap 25 mg (Vistaril)	1					
hydroxyzine pamoate cap 50 mg (Vistaril)	1					
lorazepam conc 2 mg/ml	2					
lorazepam tab 0.5 mg (Ativan)	1			•		
lorazepam tab 1 mg (Ativan)	1			•		
lorazepam tab 2 mg (Ativan)	1			•		
meprobamate tab 200 mg	2					
meprobamate tab 400 mg	2					
oxazepam cap 10 mg	2					
oxazepam cap 15 mg	2					
oxazepam cap 30 mg	2					
ANTIDEPRESSANTS						
amitriptyline hcl tab 10 mg	1					
amitriptyline hcl tab 25 mg	1					
amitriptyline hcl tab 50 mg	1					
amitriptyline hcl tab 75 mg	2					
amitriptyline hcl tab 100 mg	2					
amitriptyline hcl tab 150 mg	2					
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					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
bupropion hcl tab 100 mg	2					
citalopram hydrobromide oral soln 10 mg/5ml	2					
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)	1					
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)	1					
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)	1					
clomipramine hcl cap 25 mg (Anafranil)	2					
clomipramine hcl cap 50 mg (Anafranil)	2					
clomipramine hcl cap 75 mg (Anafranil)	2					
desipramine hcl tab 10 mg (Norpramin)	2					
desipramine hcl tab 25 mg (Norpramin)	2					
desipramine hcl tab 50 mg	2					
desipramine hcl tab 75 mg	2					
desipramine hcl tab 100 mg	2					
desipramine hcl tab 150 mg	2					
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Pristiq)	2			•		
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq)	2			•		
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)	2			•		
doxepin hcl cap 10 mg	1					
doxepin hcl cap 25 mg	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
doxepin hcl cap 50 mg	2					
doxepin hcl cap 75 mg	2					
doxepin hcl cap 100 mg	2					
doxepin hcl cap 150 mg	2					
doxepin hcl conc 10 mg/ml	1					
duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)	1			•		
duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)	1			•		
duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta)	1			•		
escitalopram oxalate soln 5 mg/5ml (base equiv)	2					
escitalopram oxalate tab 5 mg (base equiv) (Lexapro)	1					
escitalopram oxalate tab 10 mg (base equiv) (Lexapro)	1					
escitalopram oxalate tab 20 mg (base equiv) (Lexapro)	1					
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent)	4		•			
FETZIMA - levomilnacipran hcl cap er 24hr 40 mg (base equivalent)	4		•			
FETZIMA - levomilnacipran hcl cap er 24hr 80 mg (base equivalent)	4		•			
FETZIMA - levomilnacipran hcl cap er 24hr 120 mg (base equivalent)	4		•			

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	4		•			
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	4		•	•		
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	2					
fluvoxamine maleate tab 25 mg	2					
fluvoxamine maleate tab 50 mg	2					
fluvoxamine maleate tab 100 mg	2					
imipramine hcl tab 10 mg	1					
imipramine hcl tab 25 mg	1					
imipramine hcl tab 50 mg	1					
MARPLAN - isocarboxazid tab 10 mg	4					
mirtazapine orally disintegrating tab 15 mg (Remeron soltab)	2					
mirtazapine orally disintegrating tab 30 mg (Remeron soltab)	2					
mirtazapine orally disintegrating tab 45 mg (Remeron soltab)	2					
mirtazapine tab 7.5 mg	2					
mirtazapine tab 15 mg (Remeron)	1					
mirtazapine tab 30 mg (Remeron)	1					
mirtazapine tab 45 mg	1					
nortriptyline hcl cap 10 mg (Pamelor)	1					
nortriptyline hcl cap 25 mg (Pamelor)	1					
nortriptyline hcl cap 50 mg (Pamelor)	1					
nortriptyline hcl cap 75 mg (Pamelor)	1					
nortriptyline hcl soln 10 mg/5ml	2					
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					
PHENELZINE SULFATE - phenelzine sulfate tab 15 mg	2					
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	2					
sertraline hcl tab 25 mg (Zoloft)	1					
sertraline hcl tab 50 mg (Zoloft)	1					
sertraline hcl tab 100 mg (Zoloft)	1					
tranylcypromine sulfate tab 10 mg (Parnate)	2					
trazodone hcl tab 50 mg	1					
trazodone hcl tab 100 mg	1					
trazodone hcl tab 150 mg	1					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
trimipramine maleate cap 25 mg	2					
trimipramine maleate cap 50 mg	2					
trimipramine maleate cap 100 mg	2					
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv)	4		•			
TRINTELLIX - vortioxetine hbr tab 10 mg (base equiv)	4		•			
TRINTELLIX - vortioxetine hbr tab 20 mg (base equiv)	4		•			
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)	1					
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)	1					
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)	1					
venlafaxine hcl tab 25 mg (base equivalent)	1					
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	4		•			
VIIBRYD - vilazodone hcl tab 20 mg	4		•			
VIIBRYD - vilazodone hcl tab 40 mg	4		•			

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
VIIBRYD STARTER PACK - vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	4		•			
vilazodone hcl tab 10 mg (Viibryd)	2					
vilazodone hcl tab 20 mg (Viibryd)	2					
vilazodone hcl tab 40 mg (Viibryd)	2					
ANTIPSYCHOTICS						
aripiprazole oral solution 1 mg/ml	2			•		
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)	2			•		
aripiprazole tab 30 mg (Abilify)	2			•		
asenapine maleate sl tab 2.5 mg (base equiv) (Saphris)	2			•		
asenapine maleate sl tab 5 mg (base equiv) (Saphris)	2			•		
asenapine maleate sl tab 10 mg (base equiv) (Saphris)	2			•		
clozapine tab 25 mg (Clozaril)	2			•		
clozapine tab 50 mg (Clozaril)	2			•		
clozapine tab 100 mg (Clozaril)	2			•		
clozapine tab 200 mg (Clozaril)	2			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
FANAPT - iloperidone tab 1 mg	4		•	•		
FANAPT - iloperidone tab 2 mg	4		•	•		
FANAPT - iloperidone tab 4 mg	4		•	•		
FANAPT - iloperidone tab 6 mg	4		•	•		
FANAPT - iloperidone tab 8 mg	4		•	•		
FANAPT - iloperidone tab 10 mg	4		•	•		
FANAPT - iloperidone tab 12 mg	4		•	•		
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4		•	•		
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	4					
fluphenazine hcl tab 1 mg	2					
fluphenazine hcl tab 2.5 mg	2					
fluphenazine hcl tab 5 mg	2					
fluphenazine hcl tab 10 mg	2					
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl elixir 2.5 mg/5ml	4					
haloperidol lactate oral conc 2 mg/ml	2					
haloperidol tab 0.5 mg	1					
haloperidol tab 1 mg	1					
haloperidol tab 2 mg	1					
haloperidol tab 5 mg	2					
haloperidol tab 10 mg	2					
haloperidol tab 20 mg	2					
LATUDA - lurasidone hcl tab 20 mg	3			•		
LATUDA - lurasidone hcl tab 40 mg	3			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
LATUDA - lurasidone hcl tab 60 mg	3			•		
LATUDA - lurasidone hcl tab 80 mg	3			•		
LATUDA - lurasidone hcl tab 120 mg	3			•		
LITHIUM - lithium oral solution 8 meq/5ml	3					
LITHIUM - lithium oral solution 8 meq/5ml	4					
LITHIUM CARBONATE - lithium carbonate cap 150 mg	4					
LITHIUM CARBONATE - lithium carbonate cap 300 mg	1					
LITHIUM CARBONATE - lithium carbonate cap 600 mg	4					
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					
loxapine succinate cap 5 mg	2					
loxapine succinate cap 10 mg	2					
loxapine succinate cap 25 mg	2					
loxapine succinate cap 50 mg	2					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
lurasidone hcl tab 20 mg (Latuda)	2			•		
lurasidone hcl tab 40 mg (Latuda)	2			•		
lurasidone hcl tab 60 mg (Latuda)	2			•		
lurasidone hcl tab 80 mg (Latuda)	2			•		
lurasidone hcl tab 120 mg (Latuda)	2			•		
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg	4					
MOLINDONE HYDROCHLORIDE - molindone hcl tab 10 mg	4					
MOLINDONE HYDROCHLORIDE - molindone hcl tab 25 mg	4					
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)	2			•		
paliperidone tab er 24hr 3 mg (Invega)	2			•		
paliperidone tab er 24hr 6 mg (Invega)	2			•		
paliperidone tab er 24hr 9 mg (Invega)	2			•		
perphenazine tab 2 mg	2					
perphenazine tab 4 mg	2					
perphenazine tab 8 mg	2					
perphenazine tab 16 mg	2					
prochlorperazine maleate tab 5 mg (base equivalent)	1					
prochlorperazine maleate tab 10 mg (base equivalent)	2					
prochlorperazine suppos 25 mg	2					
quetiapine fumarate tab er 24hr 50 mg (Seroquel xr)	2			•		
quetiapine fumarate tab er 24hr 150 mg (Seroquel xr)	2			•		
quetiapine fumarate tab er 24hr 200 mg (Seroquel xr)	2			•		
quetiapine fumarate tab er 24hr 300 mg (Seroquel xr)	2			•		
quetiapine fumarate tab er 24hr 400 mg (Seroquel xr)	2			•		
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	4			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
REXULTI - brexpiprazole tab 0.5 mg	4			•		
REXULTI - brexpiprazole tab 1 mg	4			•		
REXULTI - brexpiprazole tab 2 mg	4			•		
REXULTI - brexpiprazole tab 3 mg	4			•		
REXULTI - brexpiprazole tab 4 mg	4			•		
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	4		•	•		
risperidone orally disintegrating tab 0.5 mg	2			•		
risperidone orally disintegrating tab 1 mg	2			•		
risperidone orally disintegrating tab 2 mg	2			•		
risperidone orally disintegrating tab 3 mg	2			•		
risperidone orally disintegrating tab 4 mg	2			•		
risperidone soln 1 mg/ml (Risperdal)	2			•		
risperidone tab 0.25 mg	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			•		
thiothixene cap 1 mg	2					
thiothixene cap 2 mg	2					
thiothixene cap 5 mg	2					
thiothixene cap 10 mg	2					
trifluoperazine hcl tab 1 mg (base equivalent)	2					
trifluoperazine hcl tab 2 mg (base equivalent)	2					
trifluoperazine hcl tab 5 mg (base equivalent)	2					
trifluoperazine hcl tab 10 mg (base equivalent)	2					
VRAYLAR - cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6)	4		•	•		
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent)	4		•	•		
VRAYLAR - cariprazine hcl cap 3 mg (base equivalent)	4		•	•		
VRAYLAR - cariprazine hcl cap 4.5 mg (base equivalent)	4		•	•		
VRAYLAR - cariprazine hcl cap 6 mg (base equivalent)	4		•	•		
ziprasidone hcl cap 20 mg (Geodon)	2			•		
ziprasidone hcl cap 40 mg (Geodon)	2			•		
ziprasidone hcl cap 60 mg (Geodon)	2			•		
ziprasidone hcl cap 80 mg (Geodon)	2			•		
HYPNOTICS						
doxepin hcl (sleep) tab 3 mg (base equiv) (Silenor)	2			•		
doxepin hcl (sleep) tab 6 mg (base equiv) (Silenor)	2			•		
estazolam tab 1 mg	2					
estazolam tab 2 mg	2					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
eszopiclone tab 1 mg (Lunesta)	1			•		
eszopiclone tab 2 mg (Lunesta)	1			•		
eszopiclone tab 3 mg (Lunesta)	1			•		
FLURAZEPAM HYDROCHLORIDE - flurazepam hcl cap 15 mg	4					
FLURAZEPAM HYDROCHLORIDE - flurazepam hcl cap 30 mg	4					
HETLIOZ - tasimelteon capsule 20 mg	4	•		•		•
HETLIOZ LQ - tasimelteon oral susp 4 mg/ml	4	•		•		•
phenobarbital elixir 20 mg/5ml	2					
phenobarbital tab 15 mg	1					
phenobarbital tab 16.2 mg	2					
phenobarbital tab 30 mg	1					
phenobarbital tab 32.4 mg	2					
phenobarbital tab 60 mg	1					
phenobarbital tab 64.8 mg	2					
phenobarbital tab 97.2 mg	2					
phenobarbital tab 100 mg	1					
tasimelteon capsule 20 mg (Hetlioz)	2	•		•		
temazepam cap 7.5 mg (Restoril)	2					
temazepam cap 15 mg (Restoril)	1					
temazepam cap 30 mg (Restoril)	1					
zaleplon cap 5 mg	1			•		
zaleplon cap 10 mg	1			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
zolpidem tartrate tab er 6.25 mg (Ambien cr)	2			•		
zolpidem tartrate tab er 12.5 mg (Ambien cr)	2			•		
zolpidem tartrate tab 5 mg (Ambien)	1			•		
zolpidem tartrate tab 10 mg (Ambien)	1			•		
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS						
amphetamine-dextroamphetamine cap er 24hr 5 mg (Adderall xr)	2			•		
amphetamine-dextroamphetamine cap er 24hr 10 mg (Adderall xr)	2			•		
amphetamine-dextroamphetamine cap er 24hr 15 mg (Adderall xr)	2			•		
amphetamine-dextroamphetamine cap er 24hr 20 mg (Adderall xr)	2			•		
amphetamine-dextroamphetamine cap er 24hr 25 mg (Adderall xr)	2			•		
amphetamine-dextroamphetamine cap er 24hr 30 mg (Adderall xr)	2			•		
amphetamine-dextroamphetamine tab 5 mg (Adderall)	2			•		
amphetamine-dextroamphetamine tab 7.5 mg (Adderall)	2			•		
amphetamine-dextroamphetamine tab 10 mg (Adderall)	2			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
amphetamine-dextroamphetamine tab 12.5 mg (Adderall)	2			•		
amphetamine-dextroamphetamine tab 15 mg (Adderall)	2			•		
amphetamine-dextroamphetamine tab 20 mg (Adderall)	2			•		
amphetamine-dextroamphetamine tab 30 mg (Adderall)	2			•		
armodafinil tab 50 mg (Nuvigil)	2					
armodafinil tab 150 mg (Nuvigil)	2					
armodafinil tab 200 mg (Nuvigil)	2					
armodafinil tab 250 mg (Nuvigil)	2					
atomoxetine hcl cap 10 mg (base equiv) (Strattera)	2			•		
atomoxetine hcl cap 18 mg (base equiv) (Strattera)	2			•		
atomoxetine hcl cap 25 mg (base equiv) (Strattera)	2			•		
atomoxetine hcl cap 40 mg (base equiv) (Strattera)	2			•		
atomoxetine hcl cap 60 mg (base equiv) (Strattera)	2			•		
atomoxetine hcl cap 80 mg (base equiv) (Strattera)	2			•		
atomoxetine hcl cap 100 mg (base equiv) (Strattera)	2			•		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	2			•		
dexmethylphenidate hcl cap er 24 hr 5 mg (Focalin xr)	2			•		
dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr)	2			•		
dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr)	2			•		
dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr)	2			•		
dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr)	2			•		
dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr)	2			•		
dexmethylphenidate hcl cap er 24 hr 35 mg (Focalin xr)	2			•		
dexmethylphenidate hcl cap er 24 hr 40 mg (Focalin xr)	2			•		
dexmethylphenidate hcl tab 2.5 mg (Focalin)	1			•		
dexmethylphenidate hcl tab 5 mg (Focalin)	2			•		
dexmethylphenidate hcl tab 10 mg (Focalin)	2			•		
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	2			•		
dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine)	2			•		
dextroamphetamine sulfate cap er 24hr 15 mg (Dexedrine)	2			•		
dextroamphetamine sulfate oral solution 5 mg/5ml	2			•		
dextroamphetamine sulfate tab 5 mg	2			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
dextroamphetamine sulfate tab 10 mg	2			•		
guanfacine hcl tab er 24hr 1 mg (base equiv) (Intuniv)	2			•		
guanfacine hcl tab er 24hr 2 mg (base equiv) (Intuniv)	2			•		
guanfacine hcl tab er 24hr 3 mg (base equiv) (Intuniv)	2			•		
guanfacine hcl tab er 24hr 4 mg (base equiv) (Intuniv)	2			•		
IMCIVREE - setmelanotide acetate subcutaneous soln 10 mg/ml	6	•		•		•
lisdexamfetamine dimesylate cap 10 mg (Vyvanse)	2			•		
lisdexamfetamine dimesylate cap 20 mg (Vyvanse)	2			•		
lisdexamfetamine dimesylate cap 30 mg (Vyvanse)	2			•		
lisdexamfetamine dimesylate cap 40 mg (Vyvanse)	2			•		
lisdexamfetamine dimesylate cap 50 mg (Vyvanse)	2			•		
lisdexamfetamine dimesylate cap 60 mg (Vyvanse)	2			•		
lisdexamfetamine dimesylate cap 70 mg (Vyvanse)	2			•		
lisdexamfetamine dimesylate chew tab 10 mg (Vyvanse)	2					
lisdexamfetamine dimesylate chew tab 20 mg (Vyvanse)	2					
lisdexamfetamine dimesylate chew tab 30 mg (Vyvanse)	2					
lisdexamfetamine dimesylate chew tab 40 mg (Vyvanse)	2					
lisdexamfetamine dimesylate chew tab 50 mg (Vyvanse)	2					
lisdexamfetamine dimesylate chew tab 60 mg (Vyvanse)	2					
methamphetamine hcl tab 5 mg (Desoxyn)	2			•		
methylphenidate hcl cap er 10 mg (cd)	2			•		
methylphenidate hcl cap er 20 mg (cd)	2			•		
methylphenidate hcl cap er 30 mg (cd)	2			•		
methylphenidate hcl cap er 40 mg (cd)	2			•		
methylphenidate hcl cap er 50 mg (cd)	2			•		
methylphenidate hcl cap er 60 mg (cd)	2			•		
methylphenidate hcl cap er 24hr 10 mg (la) (Ritalin la)	2			•		
methylphenidate hcl cap er 24hr 20 mg (la) (Ritalin la)	2			•		
methylphenidate hcl cap er 24hr 30 mg (la) (Ritalin la)	2			•		
methylphenidate hcl cap er 24hr 40 mg (la) (Ritalin la)	2			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
methylphenidate hcl soln 5 mg/5ml (Methylin)	2			•		
methylphenidate hcl soln 10 mg/5ml (Methylin)	2			•		
methylphenidate hcl tab er osmotic release (osm) 18 mg (Concerta)	2			•		
methylphenidate hcl tab er osmotic release (osm) 27 mg (Concerta)	2			•		
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	2			•		
methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta)	2			•		
methylphenidate hcl tab er 10 mg	2			•		
methylphenidate hcl tab er 20 mg	2			•		
methylphenidate hcl tab 5 mg (Ritalin)	1			•		
methylphenidate hcl tab 10 mg (Ritalin)	2			•		
methylphenidate hcl tab 20 mg (Ritalin)	2			•		
modafinil tab 100 mg (Provigil)	2					
modafinil tab 200 mg (Provigil)	2					
SUNOSI - solriamfetol hcl tab 75 mg (base equiv)	3	•		•		
SUNOSI - solriamfetol hcl tab 150 mg (base equiv)	3	•		•		
VYVANSE - lisdexamfetamine dimesylate cap 10 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate cap 20 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate cap 30 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate cap 40 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate cap 50 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate cap 60 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate cap 70 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate chew tab 10 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate chew tab 20 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate chew tab 30 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate chew tab 40 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate chew tab 50 mg	3			•		
VYVANSE - lisdexamfetamine dimesylate chew tab 60 mg	3			•		
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.						
acamprosate calcium tab delayed release 333 mg	2					
AUBAGIO - teriflunomide tab 7 mg	5	•		•		•
AUBAGIO - teriflunomide tab 14 mg	5	•		•		•
AUSTEDO - deutetrabenazine tab 6 mg	6	•		•		•
AUSTEDO - deutetrabenazine tab 9 mg	6	•		•		•
AUSTEDO - deutetrabenazine tab 12 mg	6	•		•		•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg	6	•		•		•
AUSTEDO XR - deutetrabenazine tab er 24hr 12 mg	6	•		•		•
AUSTEDO XR - deutetrabenazine tab er 24hr 24 mg	6	•		•		•
AUSTEDO XR PATIENT TITRAT - deutetrabenazine tab er titration pack 6 mg & 12 mg & 24 mg	6	•		•		•
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	5	•		•		•
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	5	•		•		•
BETASERON - interferon beta-1b for inj kit 0.3 mg	5	•		•		•
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	A				•	
CHLORDIAZEPOXIDE/ AMITRIPT - chlordiazepoxide-amitriptyline tab 5-12.5 mg	4					
CHLORDIAZEPOXIDE/ AMITRIPT - chlordiazepoxide-amitriptyline tab 10-25 mg	4					
dalfampridine tab er 12hr 10 mg (Ampyra)	5	•		•		•
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	5			•		•
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	5			•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	5			•		•
disulfiram tab 250 mg	2					
disulfiram tab 500 mg	2					
donepezil hydrochloride orally disintegrating tab 5 mg	1					
donepezil hydrochloride orally disintegrating tab 10 mg	1					
donepezil hydrochloride tab 5 mg (Aricept)	1					
donepezil hydrochloride tab 10 mg (Aricept)	1					
donepezil hydrochloride tab 23 mg (Aricept)	2					
ERGOLOID MESYLATES - ergoloid mesylates tab 1 mg	4					
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	5			•		•
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	4					
galantamine hydrobromide cap er 24hr 8 mg (Razadyne er)	2					
galantamine hydrobromide cap er 24hr 16 mg (Razadyne er)	2					
galantamine hydrobromide cap er 24hr 24 mg (Razadyne er)	2					
galantamine hydrobromide tab 4 mg	2					
galantamine hydrobromide tab 8 mg	2					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
galantamine hydrobromide tab 12 mg	2					
GILENYA - fingolimod hcl cap 0.25 mg (base equiv)	6	•		•		•
GILENYA - fingolimod hcl cap 0.5 mg (base equiv)	5	•		•		•
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	5			•		•
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	5			•		•
INGREZZA - valbenazine tosylate cap 40 mg (base equiv)	6	•		•		•
INGREZZA - valbenazine tosylate cap 60 mg (base equiv)	6	•		•		•
INGREZZA - valbenazine tosylate cap 80 mg (base equiv)	6	•		•		•
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	5	•		•		•
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs)	5	•		•		•
MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)	5	•		•		•
MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)	5	•		•		•
MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)	5	•		•		•
MAVENCLAD - cladribine tab therapy pack 10 mg (8 tabs)	5	•		•		•
MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)	5	•		•		•
MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)	5	•		•		•
MAYZENT - siponimod fumarate tab 1 mg (base equiv)	5	•		•		•
MAYZENT - siponimod fumarate tab 2 mg (base equiv)	5	•		•		•
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	5	•		•		•
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	5	•		•		•
memantine hcl oral solution 2 mg/ml	2					
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)	2					
nicotine polacrilex gum 2 mg	A				•	
nicotine polacrilex gum 4 mg	A				•	
nicotine polacrilex lozenge 2 mg	A				•	
nicotine polacrilex lozenge 4 mg	A				•	
nicotine td patch 24hr 7 mg/24hr	A				•	
nicotine td patch 24hr 14 mg/24hr	A				•	
nicotine td patch 24hr 21 mg/24hr	A				•	

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
NICOTINE TRANSDERMAL SYST - nicotine td patch 24 hr kit 21-14-7 mg/24hr	A				•	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	A				•	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/ spray)	A				•	
PERPHENAZINE/ AMITRIPTYLIN - perphenazine-amitriptyline tab 2-10 mg	4					
PERPHENAZINE/ AMITRIPTYLIN - perphenazine-amitriptyline tab 2-25 mg	4					
PERPHENAZINE/ AMITRIPTYLIN - perphenazine-amitriptyline tab 4-10 mg	4					
PERPHENAZINE/ AMITRIPTYLIN - perphenazine-amitriptyline tab 4-25 mg	4					
PERPHENAZINE/ AMITRIPTYLIN - perphenazine-amitriptyline tab 4-50 mg	4					
PIMOZIDE - pimozide tab 1 mg	4					
PIMOZIDE - pimozide tab 2 mg	4					
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	5	•		•		•
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5	•		•		•
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	5	•		•		•
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	5	•		•		•
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml	5	•		•		•
REBIF - interferon beta-1a soln pref syr 44 mcg/0.5ml	5	•		•		•
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml	5	•		•		•
REBIF REBIDOSE - interferon beta-1a soln auto-inj 44 mcg/0.5ml	5	•		•		•
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	5	•		•		•
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	5	•		•		•
rivastigmine tartrate cap 1.5 mg (base equivalent)	2					
rivastigmine tartrate cap 3 mg (base equivalent)	2					
rivastigmine tartrate cap 4.5 mg (base equivalent)	2					
rivastigmine tartrate cap 6 mg (base equivalent)	2					
rivastigmine td patch 24hr 4.6 mg/24hr (Exelon)	2					
rivastigmine td patch 24hr 9.5 mg/24hr (Exelon)	2					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
rivastigmine td patch 24hr 13.3 mg/24hr (Exelon)	2					
SAVELLA - milnacipran hcl tab 12.5 mg	3					
SAVELLA - milnacipran hcl tab 25 mg	3					
SAVELLA - milnacipran hcl tab 50 mg	3					
SAVELLA - milnacipran hcl tab 100 mg	3					
SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	3					
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	6	•		•		•
TEGSEDI - inotersen sod subcutaneous pref syr 284 mg/1.5ml (base eq)	6	•		•		•
teriflunomide tab 7 mg (Aubagio)	5			•		•
teriflunomide tab 14 mg (Aubagio)	5			•		•
tetrabenazine tab 12.5 mg (Xenazine)	5	•		•		•
tetrabenazine tab 25 mg (Xenazine)	5	•		•		•
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	A				•	
varenicline tartrate tab 0.5 mg (base equiv)	A				•	
varenicline tartrate tab 1 mg (base equiv)	A				•	
XYREM - sodium oxybate oral solution 500 mg/ml	6	•		•		•
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	6	•		•		•
ZEPOSIA - ozanimod hcl cap 0.92 mg	5	•		•		•
ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	5	•		•		•
ZEPOSIA 7-DAY STARTER PAC - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	5	•		•		•
ANALGESICS AND ANESTHETICS						
ANALGESICS - NON-NARCOTIC						
aspirin chew tab 81 mg	A				•	
aspirin tab delayed release 81 mg	A				•	
butalbital-acetaminophen tab 50-325 mg	2					
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	2					
butalbital-aspirin-caffeine cap 50-325-40 mg	2					
diflunisal tab 500 mg	2					
ANALGESICS - NARCOTIC						
acetaminophen w/ codeine soln 120-12 mg/5ml	1					
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	1					
acetaminophen w/ codeine tab 300-30 mg	1					
acetaminophen w/ codeine tab 300-60 mg	2					
BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent)	3			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
BELBUCA - buprenorphine hcl buccal film 150 mcg (base equivalent)	3			•		
BELBUCA - buprenorphine hcl buccal film 300 mcg (base equivalent)	3			•		
BELBUCA - buprenorphine hcl buccal film 450 mcg (base equivalent)	3			•		
BELBUCA - buprenorphine hcl buccal film 600 mcg (base equivalent)	3			•		
BELBUCA - buprenorphine hcl buccal film 750 mcg (base equivalent)	3			•		
BELBUCA - buprenorphine hcl buccal film 900 mcg (base equivalent)	3			•		
buprenorphine hcl sl tab 2 mg (base equiv)	2					
buprenorphine hcl sl tab 8 mg (base equiv)	2					
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	2					
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone)	2					
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	2					
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone)	2					
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2					
buprenorphine td patch weekly 5 mcg/hr (Butrans)	2			•		
buprenorphine td patch weekly 7.5 mcg/hr (Butrans)	2			•		
buprenorphine td patch weekly 10 mcg/hr (Butrans)	2			•		
buprenorphine td patch weekly 15 mcg/hr (Butrans)	2			•		
buprenorphine td patch weekly 20 mcg/hr (Butrans)	2			•		
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	2					
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	2					
codeine sulfate tab 30 mg (Codeine sulfate)	2					
fentanyl citrate lozenge on a handle 200 mcg (Actiq)	2	•		•		
fentanyl citrate lozenge on a handle 400 mcg (Actiq)	2	•		•		
fentanyl citrate lozenge on a handle 600 mcg (Actiq)	2	•		•		
fentanyl citrate lozenge on a handle 800 mcg (Actiq)	2	•		•		
fentanyl citrate lozenge on a handle 1200 mcg (Actiq)	2	•		•		
fentanyl citrate lozenge on a handle 1600 mcg (Actiq)	2	•		•		
fentanyl td patch 72hr 12 mcg/hr (Duragesic)	2			•		
fentanyl td patch 72hr 25 mcg/hr (Duragesic)	2			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
fentanyl td patch 72hr 50 mcg/hr (Duragesic)	2			•		
fentanyl td patch 72hr 75 mcg/hr (Duragesic)	2			•		
fentanyl td patch 72hr 100 mcg/hr (Duragesic)	2			•		
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 10 mg	4			•		
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 15 mg	4			•		
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 20 mg	4			•		
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 30 mg	4			•		
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 40 mg	4			•		
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 50 mg	4			•		
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	2					
hydrocodone-acetaminophen tab 10-325 mg	1					
hydrocodone-acetaminophen tab 5-325 mg	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
hydrocodone-acetaminophen tab 7.5-325 mg	1					
hydrocodone-ibuprofen tab 7.5-200 mg	2					
HYDROCODONE/ IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg	4					
HYDROCODONE/ IBUPROFEN - hydrocodone-ibuprofen tab 10-200 mg	2					
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	2					
hydromorphone hcl tab er 24hr 8 mg	2			•		
hydromorphone hcl tab er 24hr 12 mg	2			•		
hydromorphone hcl tab er 24hr 16 mg	2			•		
hydromorphone hcl tab er 24hr 32 mg	2			•		
hydromorphone hcl tab 2 mg (Dilaudid)	1					
hydromorphone hcl tab 4 mg (Dilaudid)	1					
hydromorphone hcl tab 8 mg (Dilaudid)	2					
methadone hcl conc 10 mg/ml (Methadose)	2					
methadone hcl soln 5 mg/5ml (Methadone hcl)	2					
methadone hcl soln 10 mg/5ml (Methadone hcl)	2					
methadone hcl tab for oral susp 40 mg	2					
methadone hcl tab 5 mg	1					
methadone hcl tab 10 mg	1					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
MORPHINE SULFATE - morphine sulfate oral soln 20 mg/5ml	2					
morphine sulfate oral soln 10 mg/5ml	1					
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	2					
morphine sulfate tab er 15 mg (Ms contin)	1			•		
morphine sulfate tab er 30 mg (Ms contin)	2			•		
morphine sulfate tab er 60 mg (Ms contin)	2			•		
morphine sulfate tab er 100 mg (Ms contin)	2			•		
morphine sulfate tab er 200 mg (Ms contin)	2			•		
morphine sulfate tab 15 mg (Morphine sulfate)	2					
morphine sulfate tab 30 mg (Morphine sulfate)	2					
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg	4			•		
NUCYNTA ER - tapentadol hcl tab er 12hr 100 mg	4			•		
NUCYNTA ER - tapentadol hcl tab er 12hr 150 mg	4			•		
NUCYNTA ER - tapentadol hcl tab er 12hr 200 mg	4			•		
NUCYNTA ER - tapentadol hcl tab er 12hr 250 mg	4			•		
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	2					
oxycodone hcl soln 5 mg/5ml	2					
oxycodone hcl tab 5 mg (Roxicodone)	1					
oxycodone hcl tab 10 mg	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
oxycodone hcl tab 15 mg (Roxicodone)	2					
oxycodone hcl tab 20 mg	2					
oxycodone hcl tab 30 mg (Roxicodone)	2					
oxycodone w/ acetaminophen tab 2.5-325 mg (Percocet)	2					
oxycodone w/ acetaminophen tab 5-325 mg (Percocet)	1					
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	2					
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	2					
oxymorphone hcl tab 5 mg	2					
oxymorphone hcl tab 10 mg	2					
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 5 mg	4			•		
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 7.5 mg	4			•		
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 10 mg	4			•		
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 15 mg	4			•		
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 20 mg	4			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 30 mg	4			•		
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 40 mg	4			•		
tramadol hcl tab er 24hr 100 mg	2			•		
tramadol hcl tab er 24hr 200 mg	2			•		
tramadol hcl tab er 24hr 300 mg	2			•		
tramadol hcl tab 50 mg (Ultram)	1			•		
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	1					
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			•		
ANALGESICS - ANTI-INFLAMMATORY						
ACTEMRA - tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ACTEMRA ACTPEN - tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	5	•		•		•
AMJEVITA - adalimumab-atto soln auto-injector 40 mg/0.8ml	5	•		•		•
AMJEVITA - adalimumab-atto soln prefilled syringe 10 mg/0.2ml	5	•		•		•
AMJEVITA - adalimumab-atto soln prefilled syringe 20 mg/0.4ml	5	•		•		•
AMJEVITA - adalimumab-atto soln prefilled syringe 40 mg/0.8ml	5	•		•		•
ARCALYST - rilonacept for inj 220 mg	6	•		•		•
celecoxib cap 50 mg (Celebrex)	1			•		
celecoxib cap 100 mg (Celebrex)	1			•		
celecoxib cap 200 mg (Celebrex)	1			•		
celecoxib cap 400 mg (Celebrex)	2			•		
diclofenac potassium tab 50 mg	2					
diclofenac sodium tab delayed release 25 mg	2					
diclofenac sodium tab delayed release 50 mg	1					
diclofenac sodium tab delayed release 75 mg	1					
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	2					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	2					
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	5	•		•		•
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	5	•		•		•
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	5	•		•		•
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	•		•		•
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	•		•		•
etodolac cap 200 mg	2					
etodolac cap 300 mg	2					
etodolac tab 400 mg (Lodine)	2					
etodolac tab 500 mg	2					
FLURBIPROFEN - flurbiprofen tab 50 mg	4					
flurbiprofen tab 100 mg	2					
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml	5	•		•		•
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml	5	•		•		•
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml	5	•		•		•
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.8ml	5	•		•		•

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

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	5	•		•		•
ibuprofen tab 400 mg	1					
ibuprofen tab 600 mg	1					
ibuprofen tab 800 mg	1					
indomethacin cap er 75 mg	2					
indomethacin cap 25 mg	1					
indomethacin cap 50 mg	1					
ketorolac tromethamine tab 10 mg	2			•		
KEVZARA - sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml	6	•		•		•
KEVZARA - sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	6	•		•		•
KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml	6	•		•		•
KEVZARA - sarilumab subcutaneous solution auto-injector 200 mg/1.14ml	6	•		•		•
leflunomide tab 10 mg (Arava)	2					
leflunomide tab 20 mg (Arava)	2					
MECLOFENAMATE SODIUM - meclofenamate sodium cap 50 mg	4					
MECLOFENAMATE SODIUM - meclofenamate sodium cap 100 mg	4					
meloxicam tab 7.5 mg (Mobic)	1					
meloxicam tab 15 mg (Mobic)	1					
nabumetone tab 500 mg	1					
nabumetone tab 750 mg	2					
naproxen sodium tab 550 mg	2					
naproxen tab 250 mg	1					
naproxen tab 375 mg	1					
naproxen tab 500 mg (Naprosyn)	1					
OLUMIANT - baricitinib tab 1 mg	6	•		•		•
OLUMIANT - baricitinib tab 2 mg	6	•		•		•
OLUMIANT - baricitinib tab 4 mg	6	•		•		•
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	6	•		•		•
ORENCIA - abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	6	•		•		•
ORENCIA - abatacept subcutaneous soln prefilled syringe 125 mg/ml	6	•		•		•
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	6	•		•		•
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	5	•		•		•
OTEZLA - apremilast tab 30 mg	5	•		•		•
OTREXUP - methotrexate soln pf auto-injector 10 mg/0.4ml	3		•			
OTREXUP - methotrexate soln pf auto-injector 12.5 mg/0.4ml	3		•			
OTREXUP - methotrexate soln pf auto-injector 15 mg/0.4ml	3		•			

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
OTREXUP - methotrexate soln pf auto-injector 17.5 mg/0.4ml	3		•			
OTREXUP - methotrexate soln pf auto-injector 20 mg/0.4ml	3		•			
OTREXUP - methotrexate soln pf auto-injector 22.5 mg/0.4ml	3		•			
OTREXUP - methotrexate soln pf auto-injector 25 mg/0.4ml	3		•			
oxaprozin tab 600 mg (Daypro)	2					
piroxicam cap 10 mg (Feldene)	2					
piroxicam cap 20 mg (Feldene)	2					
RINVOQ - upadacitinib tab er 24hr 15 mg	5	•		•		•
RINVOQ - upadacitinib tab er 24hr 30 mg	5	•		•		•
RINVOQ - upadacitinib tab er 24hr 45 mg	5	•		•		•
SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	5	•		•		•
SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	5	•		•		•
sulindac tab 150 mg	1					
sulindac tab 200 mg	1					
XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	5	•		•		•
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent)	5	•		•		•
XELJANZ - tofacitinib citrate tab 10 mg (base equivalent)	5	•		•		•
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent)	5	•		•		•
XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg (base equivalent)	5	•		•		•
MIGRAINE PRODUCTS						
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	3	•		•		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	3	•		•		
AJOVY - fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	3	•		•		
AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	3	•		•		
almotriptan malate tab 6.25 mg	2			•		
almotriptan malate tab 12.5 mg	2			•		
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	2			•		
eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)	2			•		
eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)	2			•		
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	3	•		•		
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	3	•		•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	3	•		•		
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	2			•		
naratriptan hcl tab 1 mg (base equiv) (Amerge)	2			•		
naratriptan hcl tab 2.5 mg (base equiv) (Amerge)	2			•		
NURTEC - rimegepant sulfate tab disint 75 mg	3	•		•		
QULIPTA - atogepant tab 10 mg	3	•		•		
QULIPTA - atogepant tab 30 mg	3	•		•		
QULIPTA - atogepant tab 60 mg	3	•		•		
REYVOW - lasmiditan succinate tab 50 mg	3	•		•		
REYVOW - lasmiditan succinate tab 100 mg	3	•		•		
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1			•		
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	1			•		
rizatriptan benzoate tab 5 mg (base equivalent)	1			•		
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	1			•		
sumatriptan nasal spray 5 mg/act (Imitrex)	2			•		
sumatriptan nasal spray 20 mg/act (Imitrex)	2			•		
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	2			•		
SUMATRIPTAN SUCCINATE REF - sumatriptan succinate solution cartridge 4 mg/0.5ml	2			•		
SUMATRIPTAN SUCCINATE REF - sumatriptan succinate solution cartridge 6 mg/0.5ml	2			•		
sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)	2			•		
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)	2			•		
sumatriptan succinate tab 25 mg (Imitrex)	1			•		
sumatriptan succinate tab 50 mg (Imitrex)	1			•		
sumatriptan succinate tab 100 mg (Imitrex)	1			•		
UBRELVY - ubrogepant tab 50 mg	3	•		•		
UBRELVY - ubrogepant tab 100 mg	3	•		•		
zolmitriptan orally disintegrating tab 2.5 mg (Zomig zmt)	2			•		
zolmitriptan orally disintegrating tab 5 mg (Zomig zmt)	2			•		
zolmitriptan tab 2.5 mg (Zomig)	2			•		
zolmitriptan tab 5 mg (Zomig)	2			•		
GOUT AGENTS						
allopurinol tab 100 mg (Zyloprim)	1					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
allopurinol tab 300 mg (Zyloprim)	1					
colchicine tab 0.6 mg (Colcrys)	2					
colchicine w/ probenecid tab 0.5-500 mg	2					
febuxostat tab 40 mg (Uloric)	2					
febuxostat tab 80 mg (Uloric)	2					
probenecid tab 500 mg	2					
NEUROMUSCULAR DRUGS						
ANTICONVULSANTS						
carbamazepine cap er 12hr 100 mg (Carbatrol)	2					
carbamazepine cap er 12hr 200 mg (Carbatrol)	2					
carbamazepine cap er 12hr 300 mg (Carbatrol)	2					
carbamazepine chew tab 100 mg	2					
carbamazepine susp 100 mg/5ml (Tegretol)	2					
carbamazepine tab er 12hr 100 mg (Tegretol-xr)	2					
carbamazepine tab er 12hr 200 mg (Tegretol-xr)	2					
carbamazepine tab er 12hr 400 mg (Tegretol-xr)	2					
carbamazepine tab 200 mg (Tegretol)	2					
CELONTIN - methsuximide cap 300 mg	4					
clobazam suspension 2.5 mg/ml (Onfi)	2					
clobazam tab 10 mg (Onfi)	2					
clobazam tab 20 mg (Onfi)	2					
clonazepam tab 0.5 mg (Klonopin)	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
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	4					
DIASTAT ACUDIAL - diazepam rectal gel delivery system 20 mg	4					
DIASTAT PEDIATRIC - diazepam rectal gel delivery system 2.5 mg	4					
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	3					
diazepam rectal gel delivery system 10 mg (Diastat acudial)	2					
diazepam rectal gel delivery system 20 mg (Diastat acudial)	2					
DILANTIN - phenytoin sodium extended cap 30 mg	4					
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	2					
divalproex sodium tab delayed release 125 mg (Depakote)	1					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
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)	2					
divalproex sodium tab er 24 hr 500 mg (Depakote er)	2					
EPIDIOLEX - cannabidiol soln 100 mg/ml	3	•				•
ethosuximide cap 250 mg (Zarontin)	2					
ethosuximide soln 250 mg/5ml (Zarontin)	2					
felbamate susp 600 mg/5ml (Felbatol)	2					
felbamate tab 400 mg (Felbatol)	2					
felbamate tab 600 mg (Felbatol)	2					
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	4	•		•		•
FYCOMPA - perampanel susp 0.5 mg/ml	4					
FYCOMPA - perampanel tab 2 mg	4					
FYCOMPA - perampanel tab 4 mg	4					
FYCOMPA - perampanel tab 6 mg	4					
FYCOMPA - perampanel tab 8 mg	4					
FYCOMPA - perampanel tab 10 mg	4					
FYCOMPA - perampanel tab 12 mg	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
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)	2					
gabapentin tab 600 mg (Neurontin)	1					
gabapentin tab 800 mg (Neurontin)	1					
lacosamide oral solution 10 mg/ml (Vimpat)	2					
lacosamide tab 50 mg (Vimpat)	2					
lacosamide tab 100 mg (Vimpat)	2					
lacosamide tab 150 mg (Vimpat)	2					
lacosamide tab 200 mg (Vimpat)	2					
lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di)	2					
lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di)	2					
lamotrigine tab er 24hr 25 mg (Lamictal xr)	2					
lamotrigine tab er 24hr 50 mg (Lamictal xr)	2					
lamotrigine tab er 24hr 100 mg (Lamictal xr)	2					
lamotrigine tab er 24hr 200 mg (Lamictal xr)	2					
lamotrigine tab er 24hr 250 mg (Lamictal xr)	2					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
lamotrigine tab er 24hr 300 mg (Lamictal xr)	2					
lamotrigine tab 25 mg (Lamictal)	1					
lamotrigine tab 100 mg (Lamictal)	1					
lamotrigine tab 150 mg (Lamictal)	1					
lamotrigine tab 200 mg (Lamictal)	1					
levetiracetam oral soln 100 mg/ml (Keppra)	2					
levetiracetam tab er 24hr 500 mg (Keppra xr)	2					
levetiracetam tab er 24hr 750 mg (Keppra xr)	2					
levetiracetam tab 250 mg (Keppra)	1					
levetiracetam tab 500 mg (Keppra)	1					
levetiracetam tab 750 mg (Keppra)	2					
levetiracetam tab 1000 mg (Keppra)	2					
methsuximide cap 300 mg (Celontin)	2					
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4			•		
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	2					
oxcarbazepine tab 150 mg (Trileptal)	1					
oxcarbazepine tab 300 mg (Trileptal)	2					
oxcarbazepine tab 600 mg (Trileptal)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
phenytoin chew tab 50 mg (Dilantin infatabs)	2					
phenytoin sodium extended cap 100 mg (Dilantin)	2					
phenytoin sodium extended cap 200 mg (Phenytek)	2					
phenytoin sodium extended cap 300 mg (Phenytek)	2					
phenytoin susp 125 mg/5ml (Dilantin-125)	2					
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)	2			•		
PRIMIDONE - primidone tab 125 mg	4					
primidone tab 50 mg (Mysoline)	1					
primidone tab 250 mg (Mysoline)	2					
QUDEXY XR - topiramate cap er 24hr sprinkle 25 mg	2	•		•		
QUDEXY XR - topiramate cap er 24hr sprinkle 50 mg	2	•		•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
QUDEXY XR - topiramate cap er 24hr sprinkle 100 mg	2	•		•		
QUDEXY XR - topiramate cap er 24hr sprinkle 150 mg	2	•		•		
QUDEXY XR - topiramate cap er 24hr sprinkle 200 mg	2	•		•		
rufinamide susp 40 mg/ml (Banzel)	2					
rufinamide tab 200 mg (Banzel)	2					
rufinamide tab 400 mg (Banzel)	2					
tiagabine hcl tab 2 mg (Gabitril)	2					
tiagabine hcl tab 4 mg (Gabitril)	2					
tiagabine hcl tab 12 mg (Gabitril)	2					
tiagabine hcl tab 16 mg (Gabitril)	2					
topiramate cap er 24hr sprinkle 25 mg (Qudexy xr)	2	•		•		
topiramate cap er 24hr sprinkle 50 mg (Qudexy xr)	2	•		•		
topiramate cap er 24hr sprinkle 100 mg (Qudexy xr)	2	•		•		
topiramate cap er 24hr sprinkle 150 mg (Qudexy xr)	2	•		•		
topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)	2	•		•		
topiramate sprinkle cap 15 mg (Topamax sprinkle)	2					
topiramate sprinkle cap 25 mg (Topamax sprinkle)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
topiramate tab 25 mg (Topamax)	1					
topiramate tab 50 mg (Topamax)	1					
topiramate tab 100 mg (Topamax)	1					
topiramate tab 200 mg (Topamax)	1					
valproate sodium oral soln 250 mg/5ml (base equiv)	2					
valproic acid cap 250 mg	2					
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	4			•		
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	4			•		
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	4			•		
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	4			•		
vigabatrin powd pack 500 mg (Sabril)	2					•
vigabatrin tab 500 mg (Sabril)	2					•
VIMPAT - lacosamide oral solution 10 mg/ml	3					
VIMPAT - lacosamide tab 50 mg	3					
VIMPAT - lacosamide tab 100 mg	3					
VIMPAT - lacosamide tab 150 mg	3					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
VIMPAT - lacosamide tab 200 mg	3					
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	4					
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	4					
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	4					
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg	4					
XCOPRI - cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg	4					
XCOPRI - cenobamate tab 50 mg	4					
XCOPRI - cenobamate tab 100 mg	4					
XCOPRI - cenobamate tab 150 mg	4					
XCOPRI - cenobamate tab 200 mg	4					
zonisamide cap 25 mg (Zonegran)	1					
zonisamide cap 50 mg	1					
zonisamide cap 100 mg (Zonegran)	2					
ZTALMY - ganaxolone susp 50 mg/ml	4					•
ANTIPARKINSON AGENTS						
amantadine hcl cap 100 mg	2					
amantadine hcl soln 50 mg/5ml	1					
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml	6					•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	5					•
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)	2					
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	2					
carbidopa & levodopa tab er 25-100 mg	2					
carbidopa & levodopa tab er 50-200 mg	2					
carbidopa & levodopa tab 10-100 mg (Sinemet)	1					
carbidopa & levodopa tab 25-100 mg (Sinemet)	1					
carbidopa & levodopa tab 25-250 mg	2					
carbidopa tab 25 mg (Lodosyn)	2					
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	2					
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	2					
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	2					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	2					
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	2					
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	2					
CARBIDOPA/LEVODOPA ODT - carbidopa & levodopa orally disintegrating tab 10-100 mg	4					
CARBIDOPA/LEVODOPA ODT - carbidopa & levodopa orally disintegrating tab 25-100 mg	4					
CARBIDOPA/LEVODOPA ODT - carbidopa & levodopa orally disintegrating tab 25-250 mg	4					
entacapone tab 200 mg (Comtan)	2					
INBRIJA - levodopa inhal powder cap 42 mg	5					•
pramipexole dihydrochloride tab 0.125 mg (Mirapex)	1					
pramipexole dihydrochloride tab 0.25 mg	1					
pramipexole dihydrochloride tab 0.5 mg (Mirapex)	1					
pramipexole dihydrochloride tab 0.75 mg (Mirapex)	1					
pramipexole dihydrochloride tab 1 mg (Mirapex)	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
pramipexole dihydrochloride tab 1.5 mg	1					
rasagiline mesylate tab 0.5 mg (base equiv) (Azilect)	2					
rasagiline mesylate tab 1 mg (base equiv) (Azilect)	2					
ropinirole hydrochloride tab 0.25 mg	1					
ropinirole hydrochloride tab 0.5 mg	1					
ropinirole hydrochloride tab 1 mg	1					
ropinirole hydrochloride tab 2 mg	1					
ropinirole hydrochloride tab 3 mg	1					
ropinirole hydrochloride tab 4 mg	1					
ropinirole hydrochloride tab 5 mg	1					
selegiline hcl cap 5 mg	2					
selegiline hcl tab 5 mg	2					
tolcapone tab 100 mg (Tasmar)	2					
TRIHEXYPHENIDYL HCL - trihexyphenidyl hcl oral soln 0.4 mg/ml	2					
trihexyphenidyl hcl tab 2 mg	1					
trihexyphenidyl hcl tab 5 mg	1					
NEUROMUSCULAR AGENTS						
DAYBUE - trofinetide oral soln 200 mg/ml	6	•		•		•
EVRYSDI - risdiplam for soln 0.75 mg/ml	6	•		•		•
RADICAVA ORS - edaravone oral susp 105 mg/5ml	6					•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml	6					•
RELYVRIO - sodium phenylbutyrate-taurursodiol powd pack 3-1 gm	6	•		•		•
riluzole tab 50 mg (Rilutek)	2					
SKYCLARYS - omaveloxolone cap 50 mg	6	•		•		•
MUSCULOSKELETAL THERAPY AGENTS						
baclofen tab 10 mg	1					
baclofen tab 20 mg	2					
chlorzoxazone tab 500 mg	2					
cyclobenzaprine hcl tab 5 mg	1					
cyclobenzaprine hcl tab 10 mg	1					
methocarbamol tab 500 mg	1					
methocarbamol tab 750 mg	1					
orphenadrine citrate tab er 12hr 100 mg	2					
tizanidine hcl tab 2 mg (base equivalent)	1			•		
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	1			•		
ANTIMYASTHENIC AGENTS						
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	2					
pyridostigmine bromide tab 60 mg (Mestinon)	2					
NUTRITIONAL PRODUCTS						
VITAMINS						
cholecalciferol cap 1.25 mg (50000 unit)	1					
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
phytonadione tab 5 mg (Mephyton)	2					
MULTIVITAMINS						
ACTIVNUTRIENTS W/O COPPER - multiple vitamins w/ minerals powder	4					
ATP IGNITE WORKOUT - multiple vitamins w/ minerals powder	4					
C-BUFF - multiple vitamins w/ minerals powder	4					
NANOVM ADULT - multiple vitamins w/ minerals powder	4					
NANOVM SENIOR 71+ - multiple vitamins w/ minerals powder	4					
PHLEXY-VITS - multiple vitamins w/ minerals powder	4					
PRENATABS RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	3					
PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	3					
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	3					
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	3					
SE-NATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	3					
SE-NATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	3					
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	3					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
VINATE II - prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	3					
VINATE ONE - prenatal vit w/ fe fumarate-fa tab 60-1 mg	3					
VITEYES CLASSIC+MULTI - multiple vitamins w/ minerals powder	4					
MINERALS and ELECTROLYTES						
GALZIN - zinc acetate cap 25 mg (elemental zinc)	4					
GALZIN - zinc acetate cap 50 mg (elemental zinc)	4					
K-PHOS - potassium phosphate monobasic tab 500 mg	3					
potassium chloride cap er 8 meq	2					
potassium chloride cap er 10 meq	2					
POTASSIUM CHLORIDE ER - potassium chloride tab er 8 meq (600 mg)	4					
potassium chloride microencapsulated crys er tab 10 meq	1					
potassium chloride microencapsulated crys er tab 15 meq	2					
potassium chloride microencapsulated crys er tab 20 meq	1					
potassium chloride oral soln 10% (20 meq/15ml)	2					
potassium chloride oral soln 20% (40 meq/15ml)	2					
potassium chloride powder packet 20 meq	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
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					
potassium phosphate monobasic tab 500 mg (K-phos)	2					
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	3					
SODIUM FLUORIDE - sodium fluoride tab 1 mg f (from 2.2 mg naf)	3					
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 0.5 mg/ml f (from 1.1 mg/ml naf)	1				•	
NUTRIENTS						
ADD-INS COMPLETE - amino acids pack	4					
amino acids cap	2					
amino acids tab	2					
ARGIMENT AT - amino acids pack	4					
COMPLETE AMINO ACID MIX - amino acids oral powder	4					
COMPLEX JUNIOR MSD - amino acids oral powder	4					
COMPLEX MSUD - amino acids oral powder	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
COMPLEX MSUD AMINO ACID B - amino acids bar	4					
DECUBAMINE - amino acids oral powder	4					
ESSENTIAL AMINO ACID MIX - amino acids oral powder	4					
G-PREPROTEIN - amino acids oral liquid	4					
GLUTARADE AMINO ACID BLEN - amino acids oral powder	4					
GLUTARADE ESSENTIAL GA-1 - amino acids oral powder	4					
GLUTARADE JUNIOR GA-1 - amino acids oral powder	4					
LIQUACEL - amino acids oral liquid	4					
LIQUACEL PUMP + GO - amino acids oral liquid	4					
NUTRASENTIALS - amino acids oral powder	4					
PERIFLEX LQ PKU - amino acids oral liquid	4					
PHENYLADE - amino acids oral powder	4					
PHENYLADE AMINO ACID - amino acids bar	4					
PHENYLADE AMINO ACID BLEN - amino acids pack	4					
PHENYLADE MTE - amino acids oral powder	4					
PHENYLADE MTE AMINO ACID - amino acids pack	4					
PHENYLADE PHEBLOC - amino acids oral powder	4					
PHENYLADE PHEBLOC - amino acids tab	4					
PHENYLADE40 DRINK MIX - amino acids pack	4					
PKU GOLIKE PLUS 16+ - amino acids pack	4					
PKU GOLIKE PLUS 4-16 - amino acids pack	4					
PKU GOLIKE 10G P.E. - amino acids bar	4					
PKU GOLIKE 5G P.E. - amino acids bar	4					
PKU MAXAMUM - amino acids oral powder	4					
PREPROTEIN - amino acids oral liquid	4					
PREPROTEIN 20 - amino acids oral liquid	4					
TRIAMINO - amino acids tab	4					
XPHE MAXAMUM - amino acids oral powder	4					
XPHE MAXAMUM - amino acids pack	4					
XYMOBOIX - amino acids oral powder	4					
DIETARY PRODUCTS						
ACERFLEX - nutritional supplement powder	4					
ADVANTAGE INFANT FORMULA/ - infant foods powder	4					
ADVERA - nutritional supplement liquid	4					
ALFAMINO INFANT - infant foods powder	4					
ALFAMINO JUNIOR - nutritional supplement powder	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ALIMENTUM - infant foods powder	4					
ALITRAQ - nutritional supplement pack	4					
ALSOY SOY FORMULA - infant foods powder	4					
ARGINAID - nutritional supplement pack	4					
ARGINAID EXTRA - nutritional supplement liquid	4					
BABY'S BIG SUPPORT - nutritional supplement powder	4					
BABYS ONLY ORGANIC/ DAIRY - infant foods powder	4					
BABYS ONLY ORGANIC/DHA & - infant foods powder	4					
BABYS ONLY ORGANIC/ GENTLE - infant foods powder	4					
BABYS ONLY ORGANIC/ SENSIT - infant foods powder	4					
BABYS ONLY ORGANIC/ SOY - infant foods powder	4					
BALANCED NUTRITIONAL DRIN - nutritional supplement liquid	4					
BALANCED NUTRITIONAL SHAK - nutritional supplement liquid	4					
BCAD 1 - nutritional supplement powder	4					
BCAD 2 - nutritional supplement powder	4					
BEEF/POTATOES/SPINACH - nutritional supplement liquid	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
BENECALORIE - nutritional supplement liquid	4					
BOOST - nutritional supplement liquid	4					
BOOST BREEZE - nutritional supplement liquid	4					
BOOST GLUCOSE CONTROL - nutritional supplement liquid	4					
BOOST GLUCOSE CONTROL MAX - nutritional supplement liquid	4					
BOOST HIGH PROTEIN - nutritional supplement liquid	4					
BOOST KID ESSENTIALS 1.0 - nutritional supplement liquid	4					
BOOST KID ESSENTIALS 1.5 - nutritional supplement liquid	4					
BOOST MAX 30G PROTEIN - nutritional supplement liquid	4					
BOOST PLUS - nutritional supplement liquid	4					
BOOST PUDDING - nutritional supplement pudding	4					
BOOST VERY HIGH CALORIE - nutritional supplement liquid	4					
BOOST VHC - nutritional supplement liquid	4					
BOOST WOMEN - nutritional supplement liquid	4					
BRAINSUSTAIN - nutritional supplement pack	4					
BRAINSUSTAIN FOR KIDS - nutritional supplement powder	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
BRIGHT BEGINNINGS PEDIATR - nutritional supplement liquid	4					
CALCILO XD - infant foods powder	4					
CAMINO PRO COMPLETE/ GLYTA - nutritional supplement bar	4					
CARNATION BREAKFAST ESSEN - nutritional supplement liquid	4					
CARNATION BREAKFAST ESSEN - nutritional supplement pack	4					
CFPREOP - nutritional supplement liquid	4					
CHICKEN/PEAS/CARROTS - nutritional supplement powder	4					
CHOLEXTRA - nutritional supplement powder	4					
CLICK ESPRESSO PROTEIN DR - nutritional supplement powder	4					
COMPLEAT - nutritional supplement liquid	4					
COMPLEAT ORGANIC BLENDS - nutritional supplement liquid	4					
COMPLEAT PEDIATRIC - nutritional supplement liquid	4					
COMPLEAT PEDIATRIC ORGANI - nutritional supplement liquid	4					
COMPLEAT PEDIATRIC PEPTID - nutritional supplement liquid (enteral)	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
COMPLEAT PEDIATRIC PEPTID - nutritional supplement liquid	4					
COMPLEAT PEDIATRIC REDUCE - nutritional supplement liquid	4					
COMPLEAT PEDIATRIC STANDA - nutritional supplement liquid	4					
COMPLEAT PEPTIDE 1.0 - nutritional supplement liquid (enteral)	4					
COMPLEAT PEPTIDE 1.5 - nutritional supplement liquid	4					
COMPLEAT STANDARD 1.4 - nutritional supplement liquid	4					
COMPLETE NUTRITION - nutritional supplement liquid	4					
COMPLETE NUTRITION PLUS - nutritional supplement liquid	4					
CVS ADVANTAGE/IRON - infant foods powder	4					
CVS GENTLE INFANT FORMULA - infant foods powder	4					
CVS INFANT FORMULA/ IRON - infant foods powder	4					
CVS NUTRITION LIQUID - nutritional supplement liquid	4					
CVS NUTRITION PLUS - nutritional supplement liquid	4					
CVS NUTRITIONAL SHAKE - nutritional supplement liquid	4					
CVS SENSITIVITY/IRON - infant foods powder	4					
CVS TENDER/IRON - infant foods powder	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
CVS TODDLER & INFANT FORM - infant foods powder	4					
CVS TODDLER BEGINNINGS/IR - infant foods powder	4					
CYCLINEX-1 - nutritional supplement powder	4					
CYCLINEX-2 - nutritional supplement powder	4					
DIABETISOURCE AC - nutritional supplement liquid	4					
DIARESQ CHILDRENS SOOTHIN - nutritional supplement pack	4					
DIARESQ GENTLE RELIEF TOD - nutritional supplement pack	4					
DIARESQ RAPID RECOVERY - nutritional supplement pack	4					
DUOCAL - nutritional supplement powder	4					
EAA SUPPLEMENT - nutritional supplement pack	4					
EGG/PRO - nutritional supplement powder	4					
EGGS/APPLES/OATS - nutritional supplement liquid	4					
ELECARE - nutritional supplement powder	4					
ELECARE DHA/ARA INFANT - nutritional supplement powder	4					
ELECARE DHA/ARA/IRON INFA - infant foods powder	4					
ELECARE JR - nutritional supplement powder	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ELECARE/DHA/ARA - nutritional supplement powder	4					
ENCALA - nutritional supplement pack	4					
ENCALA - nutritional supplement powder	4					
ENFAGROW PREMIUM LIPIL - infant foods powder	4					
ENFAGROW PREMIUM OLDER TO - infant foods powder	4					
ENFAGROW PREMIUM TODDLER - infant foods powder	4					
ENFAMIL A.R. INFANT - infant foods powder	4					
ENFAMIL AR/SPIT-UP - infant foods powder	4					
ENFAMIL ENSPIRE GENTLEASE - infant foods powder	4					
ENFAMIL ENSPIRE INFANT FO - infant foods powder	4					
ENFAMIL ENSPIRE OPTIMUM - infant foods powder	4					
ENFAMIL GENTLEASE FUSSINE - infant foods powder	4					
ENFAMIL GENTLEASE/ FUSSINE - infant foods powder	4					
ENFAMIL HUMAN MILK FORTIF - infant foods packet	4					
ENFAMIL INFANT - infant foods powder	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ENFAMIL NEUROPRO ENFACARE - infant foods powder	4					
ENFAMIL NEUROPRO GENTLEAS - infant foods packet	4					
ENFAMIL NEUROPRO GENTLEAS - infant foods powder	4					
ENFAMIL NEUROPRO INFANT - infant foods packet	4					
ENFAMIL NEUROPRO INFANT - infant foods powder	4					
ENFAMIL NEUROPRO SENSITIV - infant foods powder	4					
ENFAMIL NUTRAMIGEN TODDLE - infant foods powder	4					
ENFAMIL NUTRAMIGEN W/ PROB - infant foods powder	4					
ENFAMIL PREMIUM INFANT - infant foods powder	4					
ENFAMIL PREMIUM NEWBORN - infant foods powder	4					
ENFAMIL PROSOBEE SOY - infant foods powder	4					
ENFAMIL REGULINE/IRON - infant foods powder	4					
ENLIVE - nutritional supplement liquid	4					
ENSURE - nutritional supplement bar	4					
ENSURE - nutritional supplement liquid	4					
ENSURE - nutritional supplement powder	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ENSURE ACTIVE - nutritional supplement liquid	4					
ENSURE ACTIVE HEART HEALT - nutritional supplement liquid	4					
ENSURE ACTIVE HIGH PROTEI - nutritional supplement liquid	4					
ENSURE ACTIVE LIGHT - nutritional supplement liquid	4					
ENSURE BONE HEALTH REVIGO - nutritional supplement liquid	4					
ENSURE CLEAR - nutritional supplement liquid	4					
ENSURE CLINICAL STRENGTH - nutritional supplement liquid	4					
ENSURE COMPACT - nutritional supplement liquid	4					
ENSURE COMPLETE - nutritional supplement liquid	4					
ENSURE COMPLETE NUTRITION - nutritional supplement liquid	4					
ENSURE ENLIVE - nutritional supplement liquid	4					
ENSURE HARVEST 1.2 CAL - nutritional supplement liquid (enteral)	4					
ENSURE HEALTHY MOM - nutritional supplement bar	4					
ENSURE HEALTHY MOM - nutritional supplement liquid	4					
ENSURE HIGH CALCIUM - nutritional supplement liquid	4					
ENSURE HIGH PROTEIN - nutritional supplement liquid	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ENSURE HIGH PROTEIN - nutritional supplement powder	4					
ENSURE HIGH PROTEIN - nutritional supplement pudding	4					
ENSURE IMMUNE HEALTH - nutritional supplement liquid	4					
ENSURE MAX PROTEIN - nutritional supplement liquid	4					
ENSURE MUSCLE HEALTH REVI - nutritional supplement liquid	4					
ENSURE NUTRA SHAKE HI-CAL - nutritional supplement liquid	4					
ENSURE NUTRITION SHAKE - nutritional supplement liquid	4					
ENSURE ORIGINAL - nutritional supplement liquid	4					
ENSURE ORIGINAL THERAPEUT - nutritional supplement liquid	4					
ENSURE ORIGINAL/FIBER - nutritional supplement liquid	4					
ENSURE PLANT-BASED PROTEI - nutritional supplement liquid	4					
ENSURE PLUS - nutritional supplement liquid	4					
ENSURE PLUS HIGH PROTEIN - nutritional supplement liquid	4					
ENSURE PLUS HN - nutritional supplement liquid	4					
ENSURE PLUS/FIBER - nutritional supplement liquid	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ENSURE PRE-SURGERY - nutritional supplement liquid	4					
ENSURE PUDDING - nutritional supplement pudding	4					
ENSURE SURGERY IMMUNONUTR - nutritional supplement liquid	4					
ENSURE SURGICAL NUTRITION - nutritional supplement liquid	4					
ENSURE/FIBER - nutritional supplement liquid	4					
ENTERADE - nutritional supplement liquid	4					
ENTERADE IBS-D - nutritional supplement liquid	4					
ENU COMPLETE NUTRITION SH - nutritional supplement liquid	4					
ENU NUTRITIONAL SHAKE - nutritional supplement liquid	4					
EO28 SPLASH - nutritional supplement liquid	4					
EQ NUTRITIONAL SHAKE - nutritional supplement liquid	4					
EQ NUTRITIONAL SHAKE PLUS - nutritional supplement liquid	4					
EQ WEIGHT LOSS SHAKE ULTR - nutritional supplement liquid	4					
EQUATE - nutritional supplement liquid	4					
EQUATE PLUS - nutritional supplement liquid	4					
EXPEDITE - nutritional supplement liquid	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
FIBER FLOW - nutritional supplement liquid	4					
FIBERSOURCE HN - nutritional supplement liquid	4					
FITFOOD LEAN COMPLETE - nutritional supplement pack	4					
FLAVOR PACKETS - nutritional supplement flavor pack	4					
FOLBIC - folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg	4					
FORTA DRINK - nutritional supplement powder	4					
FORTA SHAKE - nutritional supplement powder	4					
FRUITIVITS - nutritional supplement pack	4					
GA - nutritional supplement powder	4					
GA EXPRESS15 - nutritional supplement pack	4					
GA GEL - nutritional supplement pack	4					
GA-1 ANAMIX EARLY YEARS - nutritional supplement powder	4					
GELATEIN MCT - nutritional supplement liquid	4					
GERBER EXTENSIVE HA - infant foods powder	4					
GERBER GOOD START A2/ IRON - infant foods powder	4					
GERBER GOOD START A2/ TODD - infant foods powder	4					
GERBER GOOD START GENTLE - infant foods powder	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
GERBER GOOD START GENTLE/ - infant foods powder	4					
GERBER GOOD START GENTLEP - infant foods powder	4					
GERBER GOOD START GROW 3 - infant foods powder	4					
GERBER GOOD START NOURISH - infant foods powder	4					
GERBER GOOD START PREMATU - infant foods powder	4					
GERBER GOOD START PROTECT - infant foods powder	4					
GERBER GOOD START SOOTHE - infant foods powder	4					
GERBER GOOD START SOOTHEP - infant foods powder	4					
GERBER GOOD START SOY - infant foods powder	4					
GERBER GOOD START SOY 2 - infant foods powder	4					
GERBER GOOD START SOY/ IRO - infant foods powder	4					
GERBER GOOD START SUPREM - infant foods powder	4					
GERBER GOOD START SUPREME - infant foods powder	4					
GERBER GRADUATES GENTLE/I - infant foods powder	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
GERBER GRADUATES PROTECT/ - infant foods powder	4					
GERBER GRADUATES SOOTHE - infant foods powder	4					
GERBER GRADUATES SOY/ IRON - infant foods powder	4					
GERBER NATURA/STAGE 1/ BIR - infant foods powder	4					
GERBER NATURA/STAGE 2/6 T - infant foods powder	4					
GERBER NATURA/STAGE 3/12 - infant foods powder	4					
GLUCERNA - nutritional supplement bar	4					
GLUCERNA - nutritional supplement liquid	4					
GLUCERNA ADVANCE SHAKE - nutritional supplement liquid	4					
GLUCERNA CARBSTEADY - nutritional supplement liquid	4					
GLUCERNA CEREAL CRUNCHY F - nutritional supplement misc	4					
GLUCERNA CRISPY DELIGHTS - nutritional supplement bar	4					
GLUCERNA HUNGER SMART SHA - nutritional supplement liquid	4					
GLUCERNA MEAL - nutritional supplement bar	4					
GLUCERNA MEAL REPLACEMENT - nutritional supplement bar	4					
GLUCERNA MINI SNACK - nutritional supplement bar	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
GLUCERNA MINI SNACKS - nutritional supplement bar	4					
GLUCERNA OS - nutritional supplement liquid	4					
GLUCERNA SELECT - nutritional supplement liquid	4					
GLUCERNA SHAKE - nutritional supplement liquid	4					
GLUCERNA SNACK - nutritional supplement bar	4					
GLUCERNA SNACK BARS - nutritional supplement bar	4					
GLUCERNA SNACK SHAKE - nutritional supplement liquid	4					
GLUCERNA WEIGHT LOSS SHAK - nutritional supplement liquid	4					
GLUCERNA WITH CARBSTEADY/ - nutritional supplement liquid	4					
GLUCERNA 1.0 CAL - nutritional supplement liquid	4					
GLUCERNA 1.0 CAL/FIBER - nutritional supplement liquid	4					
GLUCERNA 1.0 WITH CARBSTE - nutritional supplement liquid	4					
GLUCERNA 1.2 CAL - nutritional supplement liquid	4					
GLUCERNA 1.5 CAL - nutritional supplement liquid	4					
GLUTAREX-1 - nutritional supplement powder	4					
GLUTAREX-2 - nutritional supplement powder	4					
GLYCOSADE - nutritional supplement pack	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
GLYTACTIN BETTERMILK DE-L - nutritional supplement pack	4					
GLYTACTIN BETTERMILK 15 - nutritional supplement pack	4					
GLYTACTIN BUILD 10PE - nutritional supplement pack	4					
GLYTACTIN BUILD 20/20 PKU - nutritional supplement pack	4					
GLYTACTIN COMPLETE 10PE - nutritional supplement bar	4					
GLYTACTIN RESTORE LITE 10 - nutritional supplement liquid	4					
GLYTACTIN RESTORE LITE 10 - nutritional supplement pack	4					
GLYTACTIN RESTORE 10 - nutritional supplement liquid	4					
GLYTACTIN RESTORE 5 - nutritional supplement pack	4					
GLYTACTIN RTD LITE 15 - nutritional supplement liquid	4					
GLYTACTIN RTD 10 - nutritional supplement liquid	4					
GLYTACTIN RTD 15 - nutritional supplement liquid	4					
GLYTACTIN SWIRL 15PE - nutritional supplement pack	4					
GLYTROL PREBIO1 - nutritional supplement liquid	4					
GOOD START - infant foods powder	4					
GOOD START ESSENTIALS SOY - infant foods powder	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
GOOD START ESSENTIALS W/I - infant foods powder	4					
GOOD START GENTLE PLUS - infant foods powder	4					
GOOD START SOY PLUS 2 - infant foods powder	4					
GOOD START SUPREME NATURA - infant foods powder	4					
GOOD START SUPREME W/ IRON - infant foods powder	4					
GOOD START W/FE - infant foods powder	4					
GOOD START 2 ESSENTIALS S - infant foods powder	4					
GOOD START 2 SUPREME W/IR - infant foods powder	4					
GOODSENSE NUTRISURE ORIGI - nutritional supplement liquid	4					
GOODSENSE NUTRISURE PLUS - nutritional supplement liquid	4					
HAELAN HTPI FERMENTED ORG - nutritional supplement liquid	4					
HAELAN 951 FERMENTED ORGA - nutritional supplement liquid	4					
HCU ANAMIX EARLY YEARS - nutritional supplement powder	4					
HCU ANAMIX NEXT - nutritional supplement powder	4					
HCU COOLER - nutritional supplement liquid	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
HCU GEL - nutritional supplement pack	4					
HCU LOPHLEX LQ - nutritional supplement liquid	4					
HCU MAXAMUM - nutritional supplement powder	4					
HCY 1 - nutritional supplement powder	4					
HCY 2 - nutritional supplement powder	4					
HEALTH SOURCE SOY PROTEIN - nutritional supplement powder	4					
HEALTHY ACCENTS NUTRA FIT - nutritional supplement liquid	4					
HI-CAL - nutritional supplement liquid	4					
HIGH-PROTEIN NUTRITIONAL - nutritional supplement liquid	4					
HM NUTRISURE - nutritional supplement liquid	4					
HM NUTRISURE PLUS - nutritional supplement liquid	4					
HOM 2 - nutritional supplement powder	4					
HOMACTIN AA PLUS - nutritional supplement liquid	4					
HOMINEX-1 - nutritional supplement powder	4					
HOMINEX-2 - nutritional supplement powder	4					
I-VALEX-1 - nutritional supplement powder	4					
I-VALEX-2 - nutritional supplement powder	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
IMMULIFE - nutritional supplement powder	4					
IMPACT - nutritional supplement liquid	4					
IMPACT ADVANCED RECOVERY - nutritional supplement liquid	4					
IMPACT PEPTIDE 1.5 - nutritional supplement liquid	4					
INNOVACIN - nutritional supplement liquid	4					
INTROLITE - nutritional supplement liquid	4					
ISOMIL SOY W/IRON - infant foods powder	4					
ISOMIL 2 - infant foods powder	4					
ISOMIL/IRON - infant foods powder	4					
ISOSOURCE HN - nutritional supplement liquid	4					
ISOSOURCE 1.5 CAL - nutritional supplement liquid	4					
IVA ANAMIX EARLY YEARS - nutritional supplement powder	4					
IVA ANAMIX NEXT - nutritional supplement powder	4					
IVA MAXAMUM - nutritional supplement powder	4					
I5 - nutritional supplement pack	4					
JEVITY 1 CAL - nutritional supplement liquid	4					
JEVITY 1 CAL/FIBER - nutritional supplement liquid	4					
JEVITY 1.2 CAL - nutritional supplement liquid	4					
JEVITY 1.2 CAL/FIBER - nutritional supplement liquid	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
JEVITY 1.5 CAL/FIBER - nutritional supplement liquid	4					
JUICE PLUS FIBRE - nutritional supplement liquid	4					
JUVEN - nutritional supplement pack	4					
JUVEN - nutritional supplement powder	4					
JUVEN NUTRIVIGOR - nutritional supplement pack	4					
JUVEN REVIGOR - nutritional supplement pack	4					
K-PAX IMMUNE BOOSTER PROT - nutritional supplement powder	4					
KALE/QUINOA/BERRIES - nutritional supplement powder	4					
KATE FARMS GLUCOSE SUPPOR - nutritional supplement liquid	4					
KATE FARMS PEPTIDE 1.0 - nutritional supplement liquid	4					
KATE FARMS PEPTIDE 1.0 PE - nutritional supplement liquid	4					
KATE FARMS PEPTIDE 1.5 - nutritional supplement liquid (enteral)	4					
KATE FARMS PEPTIDE 1.5 - nutritional supplement liquid	4					
KATE FARMS PEPTIDE 1.5 PE - nutritional supplement liquid	4					
KATE FARMS RENAL SUPPORT - nutritional supplement liquid	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
KATE FARMS STANDARD 1.0 - nutritional supplement liquid	4					
KATE FARMS STANDARD 1.0 P - nutritional supplement liquid	4					
KATE FARMS STANDARD 1.2 P - nutritional supplement liquid	4					
KATE FARMS STANDARD 1.4 - nutritional supplement liquid (enteral)	4					
KATE FARMS STANDARD 1.4 - nutritional supplement liquid	4					
KETO - nutritional supplement liquid	4					
KETOCAL 2.5:1 LQ - nutritional supplement liquid	4					
KETOCAL 3:1 - nutritional supplement powder	4					
KETOCAL 4:1 - nutritional supplement liquid	4					
KETOCAL 4:1 - nutritional supplement powder	4					
KETOCAL 4:1 LQ MULTI FIBE - nutritional supplement liquid	4					
KETOCAL 4:1 LQ MULTI-FIBE - nutritional supplement liquid	4					
KETOGEN - nutritional supplement powder	4					
KETONEX-1 - nutritional supplement powder	4					
KETONEX-2 - nutritional supplement powder	4					
KETOVIE - nutritional supplement liquid	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
KETOVIE PEPTIDE - nutritional supplement liquid	4					
KETOVIE 4:1 - nutritional supplement liquid	4					
KFLO - nutritional supplement liquid	4					
KIDS PROTEIN ORGANIC NUTR - nutritional supplement liquid	4					
KINDERSPROUT PLANT PROTEI - nutritional supplement liquid	4					
LANAFLEX - nutritional supplement pack	4					
LIPISTART - nutritional supplement powder	4					
LIQUID HOPE - nutritional supplement liquid	4					
LIQUID HOPE PEPTIDE - nutritional supplement liquid	4					
LIQUID HOPE PEPTIDE BERRY - nutritional supplement liquid	4					
LIQUID HOPE PEPTIDE HIGH - nutritional supplement liquid (enteral)	4					
LMD - nutritional supplement powder	4					
LOPHLEX - nutritional supplement pack	4					
LOPHLEX LQ 20 - nutritional supplement liquid	4					
LPS CRITICAL CARE SUGAR F - nutritional supplement liquid	4					
LPS SUGAR FREE - nutritional supplement liquid	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
LUTRISH CHOCOLATE SHAKE - nutritional supplement pack	4					
LUTRISH VANILLA SHAKE - nutritional supplement pack	4					
MCT PRO-CAL - nutritional supplement pack	4					
METHIONAID - nutritional supplement powder	4					
MMA/PA ANAMIX EARLY YEARS - nutritional supplement powder	4					
MMA/PA ANAMIX NEXT - nutritional supplement powder	4					
MMA/PA COOLER15 - nutritional supplement liquid	4					
MMA/PA GEL - nutritional supplement pack	4					
MMA/PA MAXAMUM - nutritional supplement powder	4					
MODULEN - nutritional supplement powder	4					
MONOGEN - nutritional supplement powder	4					
MSUD AID - nutritional supplement powder	4					
MSUD ANALOG - infant foods powder	4					
MSUD ANAMIX EARLY YEARS - nutritional supplement powder	4					
MSUD COOLER - nutritional supplement liquid	4					
MSUD EXPRESS 15 PLUS - nutritional supplement pack	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
MSUD EXPRESS 20 PLUS - nutritional supplement pack	4					
MSUD GEL - nutritional supplement pack	4					
MSUD LOPHLEX LQ - nutritional supplement liquid	4					
MSUD MAXAMAID - nutritional supplement powder	4					
MSUD MAXAMUM - nutritional supplement powder	4					
MSUD 2 - nutritional supplement powder	4					
NEOCATE INFANT DHA/ ARA - nutritional supplement powder	4					
NEOCATE JUNIOR - nutritional supplement powder	4					
NEOCATE JUNIOR/ PREBIOTICS - nutritional supplement powder	4					
NEOCATE NUTRA - nutritional supplement powder	4					
NEOCATE SPLASH - nutritional supplement liquid	4					
NEOCATE SYNEO INFANT - infant foods powder	4					
NEPRO - nutritional supplement liquid	4					
NEPRO WITH CARB STEADY - nutritional supplement liquid	4					
NEPRO WITH CARBSTEADY - nutritional supplement liquid	4					
NESTLE NAN PRO 1/IRON - infant foods powder	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
NESTLE NAN PRO/ TODDLER - infant foods powder	4					
NIVA-FOL - folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg	4					
NOURISH - nutritional supplement liquid	4					
NOURISH PEPTIDE BERRY MED - nutritional supplement liquid (enteral)	4					
NOURISH PEPTIDE FORMULA - nutritional supplement liquid	4					
NOVASOURCE RENAL - nutritional supplement liquid	4					
NUTRA BALANCE DIABETIC NU - nutritional supplement bar	4					
NUTRA BALANCE FIBER COOKI - nutritional supplement misc	4					
NUTRA BALANCE PROTEIN FOR - nutritional supplement misc	4					
NUTRA SHAKE - nutritional supplement liquid (frozen)	4					
NUTRA SHAKE/SUPREME - nutritional supplement liquid (frozen)	4					
NUTRA/BALANCE RE/GEN - nutritional supplement liquid (frozen)	4					
NUTRA/BALANCE RE/ GEN FREE - nutritional supplement liquid (frozen)	4					
NUTRA/SHAKE - nutritional supplement liquid (frozen)	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
NUTRA/SHAKE FRUIT PLUS - nutritional supplement liquid (frozen)	4					
NUTRA/SHAKE SUPREME - nutritional supplement liquid (frozen)	4					
NUTRA/SHAKE SUPREME - nutritional supplement liquid	4					
NUTRAMINE - nutritional supplement pack	4					
NUTRAMINE APPLE AMINO BIT - nutritional supplement pack	4					
NUTRAMINE BANANA AMINO B - nutritional supplement pack	4					
NUTRAMINE CHOCOLATE AMINO - nutritional supplement pack	4					
NUTRAMINE MANGO AMINO BI - nutritional supplement pack	4					
NUTRAMINE MIXED FLAVORS A - nutritional supplement pack	4					
NUTRAMINE PEACHES & CREAM - nutritional supplement pack	4					
NUTRAMINE PINEAPPLE AMINO - nutritional supplement pack	4					
NUTREN JR - nutritional supplement liquid	4					
NUTREN JR FIBER - nutritional supplement liquid	4					
NUTREN JUNIOR 1.0 - nutritional supplement liquid	4					
NUTREN JUNIOR/FIBER - nutritional supplement liquid	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
NUTREN PULMONARY - nutritional supplement liquid	4					
NUTREN 1.0 CAL - nutritional supplement liquid	4					
NUTREN 1.0/FIBER - nutritional supplement liquid	4					
NUTREN 1.5 - nutritional supplement liquid (enteral)	4					
NUTREN 1.5 CAL - nutritional supplement liquid	4					
NUTREN 2.0 - nutritional supplement liquid	4					
NUTREN 2.0 CAL - nutritional supplement liquid	4					
NUTRICIA PREOP - nutritional supplement pack	4					
NUTRIFOCUS - nutritional supplement liquid	4					
NUTRIHEP 1.5 CAL - nutritional supplement liquid	4					
NUTRITIONAL DRINK - nutritional supplement liquid	4					
NUTRITIONAL DRINK MIX - nutritional supplement powder	4					
NUTRITIONAL DRINK PLUS - nutritional supplement liquid	4					
NUTRITIONAL DRINK SHAKE M - nutritional supplement powder	4					
NUTRITIONAL SHAKE - nutritional supplement liquid	4					
NUTRITIONAL SHAKE COMPLET - nutritional supplement liquid	4					
NUTRITIONAL SHAKE HIGH PR - nutritional supplement liquid	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
NUTRITIONAL SHAKE PLUS - nutritional supplement liquid	4					
NUTRITIONAL SHAKE PLUS PR - nutritional supplement liquid	4					
NUTRITIONAL SUPPLEMENT - nutritional supplement liquid	4					
nutritional supplement liquid	2					
NUTRITIONAL SUPPLEMENT PL - nutritional supplement liquid	4					
OA 1 - nutritional supplement powder	4					
OA 2 - nutritional supplement powder	4					
OPTICLEANSE GHI - nutritional supplement pack	4					
OPTICLEANSE GHI - nutritional supplement powder	4					
OPTICLEANSE PLUS - nutritional supplement pack	4					
OPTIMENTAL - nutritional supplement liquid	4					
OPTIMETABOLIX - nutritional supplement pack	4					
OPTIMETABOLIX 2:1 - nutritional supplement pack	4					
ORANGE CHICKEN/ CARROTS/BR - nutritional supplement liquid	4					
ORGANIC NUTRITION ALL-IN- - nutritional supplement liquid	4					
ORGANIC NUTRITION COMPLET - nutritional supplement liquid	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ORGANIC NUTRITION PLANT B - nutritional supplement liquid	4					
ORGANIC NUTRITION VEGAN-A - nutritional supplement liquid	4					
ORGANIC PEDIA SMART - nutritional supplement powder	4					
OS 2 - nutritional supplement powder	4					
OSAPLEX MK-7 - nutritional supplement pack	4					
OSMOLITE - nutritional supplement liquid	4					
OSMOLITE HN - nutritional supplement liquid	4					
OSMOLITE 1 CAL - nutritional supplement liquid	4					
OSMOLITE 1.0 CAL - nutritional supplement liquid	4					
OSMOLITE 1.2 CAL - nutritional supplement liquid	4					
OSMOLITE 1.5 CAL - nutritional supplement liquid	4					
OXEPA - nutritional supplement liquid	4					
OXEPA 1.5 - nutritional supplement liquid	4					
PEDIASMART PEA PROTEIN - nutritional supplement powder	4					
PEDIASURE - nutritional supplement liquid	4					
PEDIASURE ENTERAL 1.0 CAL - nutritional supplement liquid (enteral)	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
PEDIASURE GROW & GAIN - nutritional supplement liquid	4					
PEDIASURE GROW & GAIN ORG - nutritional supplement liquid	4					
PEDIASURE GROW & GAIN SHA - nutritional supplement powder	4					
PEDIASURE GROW & GAIN/ FIB - nutritional supplement liquid	4					
PEDIASURE HARVEST 1.0 CAL - nutritional supplement liquid (enteral)	4					
PEDIASURE HARVEST 1.0 CAL - nutritional supplement liquid	4					
PEDIASURE NUTRIPALS - nutritional supplement bar	4					
PEDIASURE NUTRIPALS - nutritional supplement liquid	4					
PEDIASURE PEDIATRIC - nutritional supplement liquid	4					
PEDIASURE PEPTIDE 1.0 CAL - nutritional supplement liquid (enteral)	4					
PEDIASURE PEPTIDE 1.0 CAL - nutritional supplement liquid	4					
PEDIASURE PEPTIDE 1.5 CAL - nutritional supplement liquid (enteral)	4					
PEDIASURE PEPTIDE 1.5 CAL - nutritional supplement liquid	4					
PEDIASURE REDUCED CALORIE - nutritional supplement liquid	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
PEDIASURE SHAKE MIX - nutritional supplement powder	4					
PEDIASURE SHAKE WITH FIBE - nutritional supplement liquid	4					
PEDIASURE SIDEKICKS - nutritional supplement liquid	4					
PEDIASURE SIDEKICKS - nutritional supplement powder	4					
PEDIASURE SIDEKICKS CLEAR - nutritional supplement liquid	4					
PEDIASURE SIDEKICKS SHAKE - nutritional supplement liquid	4					
PEDIASURE WITH FIBER - nutritional supplement liquid	4					
PEDIASURE 1.0 CAL/FIBER - nutritional supplement liquid	4					
PEDIASURE 1.5 CAL - nutritional supplement liquid	4					
PEDIASURE 1.5 CAL WITH FI - nutritional supplement liquid	4					
PEDIASURE 1.5 CAL/FIBER - nutritional supplement liquid (enteral)	4					
PEDIASURE 1.5 CAL/FIBER - nutritional supplement liquid	4					
PEDIATRIC DRINK - nutritional supplement liquid	4					
PEPTAMEN - nutritional supplement liquid	4					
PEPTAMEN AF - nutritional supplement liquid	4					
PEPTAMEN INTENSE VHP - nutritional supplement liquid	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
PEPTAMEN JUNIOR - nutritional supplement liquid	4					
PEPTAMEN JUNIOR FIBER - nutritional supplement liquid	4					
PEPTAMEN JUNIOR HP - nutritional supplement liquid	4					
PEPTAMEN JUNIOR PHGG 1.2 - nutritional supplement liquid	4					
PEPTAMEN JUNIOR 1 CAL - nutritional supplement liquid	4					
PEPTAMEN JUNIOR 1 CAL/ PRE - nutritional supplement liquid	4					
PEPTAMEN JUNIOR 1.5 - nutritional supplement liquid	4					
PEPTAMEN JUNIOR 1.5 CAL - nutritional supplement liquid	4					
PEPTAMEN JUNIOR/ PREBIO1 - nutritional supplement liquid	4					
PEPTAMEN 1 CAL/PREBIO1 - nutritional supplement liquid	4					
PEPTAMEN 1.5 CAL - nutritional supplement liquid	4					
PEPTAMEN 1.5 CAL/ PREBIO1 - nutritional supplement liquid	4					
PEPTAMEN/PREBIO1 - nutritional supplement liquid	4					
PEPTICATE - infant foods powder	4					
PERATIVE - nutritional supplement liquid	4					
PERATIVE 1.3 CAL - nutritional supplement liquid	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
PERIFLEX ADVANCE - nutritional supplement powder	4					
PERIFLEX INFANT - infant foods powder	4					
PERIFLEX JUNIOR - nutritional supplement powder	4					
PFD TODDLER - nutritional supplement powder	4					
PFD 2 - nutritional supplement powder	4					
PHENEX-1 - nutritional supplement powder	4					
PHENEX-2 - nutritional supplement powder	4					
PHENYL-FREE 1 - infant foods powder	4					
PHENYL-FREE 2 - nutritional supplement powder	4					
PHENYL-FREE 2HP - nutritional supplement powder	4					
PHENYLADE DRINK MIX - nutritional supplement powder	4					
PHENYLADE ESSENTIAL DRINK - nutritional supplement pack	4					
PHENYLADE ESSENTIAL DRINK - nutritional supplement powder	4					
PHENYLADE GMP - nutritional supplement pack	4					
PHENYLADE GMP - nutritional supplement powder	4					
PHENYLADE GMP MIX-IN - nutritional supplement pack	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
PHENYLADE GMP MIX-IN - nutritional supplement powder	4					
PHENYLADE GMP READY - nutritional supplement liquid	4					
PHENYLADE GMP ULTRA - nutritional supplement pack	4					
PHENYLADE RTD PKU 10 - nutritional supplement liquid	4					
PHENYLADE60 DRINK MIX - nutritional supplement pack	4					
PHENYLADE60 DRINK MIX - nutritional supplement powder	4					
PHLEXY-10 - nutritional supplement pack	4					
PIVOT 1.5 CAL - nutritional supplement liquid	4					
PKU AIR20 GOLD - nutritional supplement liquid	4					
PKU AIR20 GREEN - nutritional supplement liquid	4					
PKU AIR20 YELLOW - nutritional supplement liquid	4					
PKU COOLER 10 - nutritional supplement liquid	4					
PKU COOLER 15 - nutritional supplement liquid	4					
PKU COOLER 20 - nutritional supplement liquid	4					
PKU EASY SHAKE & GO - nutritional supplement powder	4					
PKU EXPLORE10 ORANGE - nutritional supplement pack	4					
PKU EXPLORE10 RASPBERRY - nutritional supplement pack	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
PKU EXPLORE5 - nutritional supplement pack	4					
PKU GEL - nutritional supplement pack	4					
PKU LOPHLEX LQ 20 - nutritional supplement liquid	4					
PKU PERIFLEX EARLY YEARS - nutritional supplement powder	4					
PKU PERIFLEX JUNIOR PLUS - nutritional supplement powder	4					
PKU SPHERE 15 - nutritional supplement pack	4					
PKU SPHERE 20 - nutritional supplement liquid	4					
PKU SPHERE 20 - nutritional supplement pack	4					
PKU START - nutritional supplement powder	4					
PKU TRIO - nutritional supplement powder	4					
PKU 2 - nutritional supplement powder	4					
PKU 3 - nutritional supplement powder	4					
POLYCAL - nutritional supplement powder	4					
PORTAGEN - nutritional supplement powder	4					
PPA/MMA EXPRESS - nutritional supplement pack	4					
PREGESTIMIL - infant foods powder	4					
PREMIUM INFANT FORMULA/IR - infant foods powder	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
PRO-PHREE - nutritional supplement powder	4					
PROMOD - nutritional supplement liquid	4					
PROMOD - nutritional supplement powder	4					
PROMOTE - nutritional supplement liquid	4					
PROMOTE WITH FIBER - nutritional supplement liquid	4					
PROMOTE 1.0 - nutritional supplement liquid	4					
PROMOTE 1.0 WITH FIBER - nutritional supplement liquid	4					
PROMOTE/FIBER - nutritional supplement liquid	4					
PROPIMEX-1 - nutritional supplement powder	4					
PROPIMEX-2 - nutritional supplement powder	4					
PROSOURCE - nutritional supplement liquid	4					
PROSOURCE - nutritional supplement powder	4					
PROSOURCE NO CARB - nutritional supplement liquid	4					
PROSOURCE PLUS - nutritional supplement liquid	4					
PROSOURCE TF - nutritional supplement liquid	4					
PROSOURCE XTRACAL - nutritional supplement liquid	4					
PROSOURCE ZAC - nutritional supplement liquid	4					
PROSURE - nutritional supplement liquid	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
PROTEIN FORTIFIED COOKIE - nutritional supplement misc	4					
PROVIMIN - nutritional supplement powder	4					
PULMOCARE - nutritional supplement liquid	4					
PULMOCARE 1.5 - nutritional supplement liquid	4					
PURAMINO DHA/ARA - infant foods powder	4					
PURAMINO JR - infant foods powder	4					
PURECARB - nutritional supplement powder	4					
PX VANILLA PLUS - nutritional supplement liquid	4					
QUINOA/KALE/HEMP - nutritional supplement liquid	4					
RE/GEN PROTEIN FORTIFIED - nutritional supplement misc	4					
RE/NEPH - nutritional supplement liquid	4					
RE/NEPH LP/HC - nutritional supplement liquid	4					
RE/NEPH REDUCED SUGAR - nutritional supplement liquid	4					
REAL FOOD BLENDS - nutritional supplement liquid (enteral)	4					
REAL FOOD BLENDS MINI/ PRU - nutritional supplement liquid (enteral)	4					
REASON - nutritional supplement liquid	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
REGULAR NUTRITIONAL SHAKE - nutritional supplement liquid	4					
RENALCAL - nutritional supplement liquid	4					
RENASTART - nutritional supplement powder	4					
RENASTEP - nutritional supplement liquid	4					
REPLETE - nutritional supplement liquid	4					
REPLETE FIBER - nutritional supplement liquid	4					
REPLETE FIBER 1 CAL - nutritional supplement liquid	4					
RESOURCE 2.0 - nutritional supplement liquid	4					
RESTORE FUSION RENAL SUPP - nutritional supplement powder	4					
RESTORE RENAL SUPPORT - nutritional supplement powder	4					
RESURGEX - nutritional supplement pack	4					
RESURGEX PLUS - nutritional supplement pack	4					
RESURGEX SELECT - nutritional supplement pack	4					
S.O.S. 20 - nutritional supplement pack	4					
S.O.S. 25 - nutritional supplement pack	4					
SALMON/OATS/SQUASH - nutritional supplement liquid	4					
SB COMPLETE NUTRITION - nutritional supplement liquid	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
SB COMPLETE NUTRITION PLU - nutritional supplement liquid	4					
SCANDICAL - nutritional supplement powder	4					
SCANDISHAKE - nutritional supplement powder	4					
SIMILAC - infant foods powder	4					
SIMILAC ADVANCE COMPLETE - infant foods powder	4					
SIMILAC ADVANCE EARLY SHI - infant foods powder	4					
SIMILAC ADVANCE LAMEHADRI - infant foods powder	4					
SIMILAC ADVANCE NON-GMO - infant foods powder	4					
SIMILAC ADVANCE OPTIGRO/I - infant foods powder	4					
SIMILAC ADVANCE ORGANIC E - infant foods powder	4					
SIMILAC ADVANCE/IRON - infant foods packet	4					
SIMILAC ADVANCE/IRON - infant foods powder	4					
SIMILAC ALIMENTUM TODDLER - infant foods powder	4					
SIMILAC ALIMENTUM-IRON - infant foods powder	4					
SIMILAC EXPERT CARE ALIME - infant foods powder	4					
SIMILAC FOR SPIT-UP EARLY - infant foods powder	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
SIMILAC FOR SPIT-UP/ OPTIG - infant foods powder	4					
SIMILAC FOR SUPPLEMENTATI - infant foods powder	4					
SIMILAC GO & GROW EARLY S - infant foods powder	4					
SIMILAC GO & GROW FOR LAC - infant foods powder	4					
SIMILAC GO & GROW HMO - infant foods powder	4					
SIMILAC GO & GROW MIX-INS - infant foods packet	4					
SIMILAC GO & GROW NON-GMO - infant foods powder	4					
SIMILAC GO & GROW TODDLER - infant foods powder	4					
SIMILAC HUMAN MILK FORTIF - infant foods powder	4					
SIMILAC LACTOSE FREE - infant foods powder	4					
SIMILAC LACTOSE FREE ADVA - infant foods powder	4					
SIMILAC LOW-IRON - infant foods powder	4					
SIMILAC NEOSURE - infant foods powder	4					
SIMILAC NEOSURE OPTIGRO - infant foods powder	4					
SIMILAC ORGANIC/A2 MILK/ I - infant foods powder	4					
SIMILAC ORGANIC/IRON - infant foods powder	4					
SIMILAC PM 60/40 - infant foods powder	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
SIMILAC PRO-ADVANCE OPTIG - infant foods powder	4					
SIMILAC PRO-ADVANCE/ IRON - infant foods powder	4					
SIMILAC PRO-SENSITIVE OPT - infant foods powder	4					
SIMILAC PRO-SENSITIVE/ IRO - infant foods powder	4					
SIMILAC PRO-TOTAL COMFORT - infant foods powder	4					
SIMILAC PURE BLISS INFANT - infant foods powder	4					
SIMILAC PURE BLISS TODDLE - infant foods powder	4					
SIMILAC SENSITIVE EARLY S - infant foods powder	4					
SIMILAC SENSITIVE FOR FUS - infant foods powder	4					
SIMILAC SENSITIVE NON-GMO - infant foods powder	4					
SIMILAC SENSITIVE OPTIGRO - infant foods powder	4					
SIMILAC SENSITIVE SOY ISO - infant foods packet	4					
SIMILAC SENSITIVE SOY ISO - infant foods powder	4					
SIMILAC SENSITIVE/ FUSSINE - infant foods powder	4					
SIMILAC SOY ISOMIL / FUSSI - infant foods powder	4					
SIMILAC SPIT-UP OPTIGRO/ I - infant foods powder	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
SIMILAC TOTAL COMFORT OPT - infant foods powder	4					
SIMILAC 2 ADVANCE - infant foods powder	4					
SIMILAC 2/IRON - infant foods powder	4					
SIMILAC 360 TOTAL CARE - infant foods powder	4					
SIMILAC 360 TOTAL CARE SE - infant foods powder	4					
SIMILAC 360 TOTAL CARE 5 - infant foods powder	4					
SIMILAC/IRON - infant foods packet	4					
SIMILAC/IRON - infant foods powder	4					
SM NUTRI-DRINK - nutritional supplement liquid	4					
SM NUTRI-DRINK + - nutritional supplement liquid	4					
SOD ANAMIX EARLY YEARS - infant foods powder	4					
SOL CARB - nutritional supplement powder	4					
SUPLENA - nutritional supplement liquid	4					
SUPLENA RTU - nutritional supplement liquid	4					
SUPLENA WITH CARB STEADY - nutritional supplement liquid	4					
SUPLENA 1.8 WITH CARBSTEA - nutritional supplement liquid	4					
THICK-IT BEEF LASAGNA PUR - nutritional supplement misc	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
THICK-IT CHICKEN A LA KIN - nutritional supplement misc	4					
THICK-IT MAPLE CINNAMON F - nutritional supplement misc	4					
THICK-IT MIXED FRUIT AND - nutritional supplement misc	4					
THICK-IT SEASONED CHICKEN - nutritional supplement misc	4					
THICK-IT SWEET CORN PUREE - nutritional supplement misc	4					
THICK-IT THICKENED CRANBE - nutritional supplement liquid	4					
TOLEREX - nutritional supplement pack	4					
TURKEY/SWEET POTATOES/ PEA - nutritional supplement liquid	4					
TWOCAL HN - nutritional supplement liquid	4					
TWOCAL HN 2.0 - nutritional supplement liquid	4					
TYLACTIN BUILD 20PE TYR - nutritional supplement pack	4					
TYLACTIN COMPLETE 15 PE - nutritional supplement bar	4					
TYLACTIN RESTORE 10 - nutritional supplement liquid	4					
TYLACTIN RESTORE 5PE - nutritional supplement pack	4					
TYLACTIN RTD 15 - nutritional supplement liquid	4					
TYR ANAMIX EARLY YEARS - nutritional supplement powder	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
TYR ANAMIX NEXT - nutritional supplement powder	4					
TYR COOLER - nutritional supplement liquid	4					
TYR GEL - nutritional supplement pack	4					
TYR LOPHLEX GMP MIX-IN - nutritional supplement pack	4					
TYR LOPHLEX LQ - nutritional supplement liquid	4					
TYREX-1 - nutritional supplement powder	4					
TYREX-2 - nutritional supplement powder	4					
TYROS 1 - nutritional supplement powder	4					
TYROS 2 - nutritional supplement powder	4					
UCD ANAMIX JUNIOR - nutritional supplement powder	4					
UCD TRIO - nutritional supplement powder	4					
UCD 2 - nutritional supplement powder	4					
ULTRAMINO SOY PROTEIN - nutritional supplement powder	4					
ULTRIENT 1.5 SAFE-T FEED - nutritional supplement liquid	4					
UTYMAX - nutritional supplement pack	4					
VILACTIN AA PLUS - nutritional supplement liquid	4					
VITAL AF 1.2 CAL - nutritional supplement liquid	4					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
VITAL AF 1.2 CAL ADVANCED - nutritional supplement liquid	4					
VITAL HIGH PROTEIN - nutritional supplement liquid	4					
VITAL HN - nutritional supplement pack	4					
VITAL HP 1.0 CAL - nutritional supplement liquid	4					
VITAL JR - nutritional supplement liquid	4					
VITAL PEPTIDE 1.5 CAL - nutritional supplement liquid	4					
VITAL 1.0 CAL - nutritional supplement liquid	4					
VITAL 1.5 CAL - nutritional supplement liquid	4					
VIVONEX PEDIATRIC - nutritional supplement pack	4					
VIVONEX PEDIATRIC RTF - nutritional supplement liquid	4					
VIVONEX PLUS - nutritional supplement pack	4					
VIVONEX RTF - nutritional supplement liquid	4					
VIVONEX T.E.N. - nutritional supplement pack	4					
WELLNESS ESSENTIALS - nutritional supplement kit	4					
WELLNESS ESSENTIALS AI - nutritional supplement kit	4					
WELLNESS ESSENTIALS BLOOD - nutritional supplement kit	4					
WELLNESS ESSENTIALS FOR J - nutritional supplement kit	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
WELLNESS ESSENTIALS FOR M - nutritional supplement kit	4					
WELLNESS ESSENTIALS FOR P - nutritional supplement kit	4					
WELLNESS ESSENTIALS FOR W - nutritional supplement kit	4					
WESTAB MAX - folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg	4					
WND 1 - nutritional supplement powder	4					
WND 2 - nutritional supplement powder	4					
XLEU ANALOG - infant foods powder	4					
XLEU MAXAMAID - nutritional supplement powder	4					
XLEU MAXAMUM - nutritional supplement powder	4					
XLYS XTRP ANALOG - infant foods powder	4					
XLYS-XTRP MAXAMAID - nutritional supplement powder	4					
XLYS-XTRP MAXAMUM - nutritional supplement powder	4					
XMET ANALOG - infant foods powder	4					
XMET MAXAMAID - nutritional supplement powder	4					
XMET MAXAMUM - nutritional supplement powder	4					
XMET XCYS MAXAMAID - nutritional supplement powder	4					
XMTVI ANALOG - infant foods powder	4					
XMTVI MAXAMAID - nutritional supplement powder	4					
XMTVI MAXAMUM - nutritional supplement powder	4					
XPHE MAXAMAID - nutritional supplement powder	4					
XPHE-XTYR ANALOG - infant foods powder	4					
XPHE-XTYR MAXAMAID - nutritional supplement powder	4					
XPTM ANALOG - infant foods powder	4					
XTRACAL PLUS - nutritional supplement liquid	4					
3232A INFANT FORMULA & ME - nutritional supplement powder	4					
HEMATOLOGICAL AGENTS						
HEMATOPOIETIC AGENTS						
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml	6	•				•
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 40 mcg/ml	6	•				•
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 60 mcg/ml	6	•				•
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml	6	•				•
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 200 mcg/ml	6	•				•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	6	•				•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	6	•				•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	6	•				•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	6	•				•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	6	•				•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	6	•				•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	6	•				•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	6	•				•
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 500 mcg/ml	6	•				•
carbonyl iron susp 15 mg/1.25ml (elemental iron)	A				•	
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
cyanocobalamin inj 1000 mcg/ml	1					
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	5	•		•		•
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	6	•				•
EPOGEN - epoetin alfa inj 2000 unit/ml	6	•				•
EPOGEN - epoetin alfa inj 3000 unit/ml	6	•				•
EPOGEN - epoetin alfa inj 4000 unit/ml	6	•				•
EPOGEN - epoetin alfa inj 10000 unit/ml	6	•				•
EPOGEN - epoetin alfa inj 20000 unit/ml	6	•				•
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	A				•	
ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)	A				•	
ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)	A				•	
ferrous sulfate soln 300 mg/5ml (60 mg/5ml elemental fe)	A				•	
folic acid cap 0.8 mg	A				•	
folic acid tab 400 mcg	A				•	
folic acid tab 800 mcg	A				•	
folic acid tab 1 mg	1					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	5					•
HYDROXOCOBALAMIN - hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	4					
IRON UP - polysaccharide iron complex liquid 15 mg/0.5ml (fe equiv)	A				•	
LEUKINE - sargramostim lyophilized for inj 250 mcg	6					•
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml	4	•				
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 50 mcg/0.3ml	4	•				
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 75 mcg/0.3ml	4	•				
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 100 mcg/0.3ml	4	•				
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 120 mcg/0.3ml	4	•				
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 150 mcg/0.3ml	4	•				
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 200 mcg/0.3ml	4	•				
MULPLETA - lusutrombopag tab 3 mg	5	•		•		•
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	5					•
NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	5					•
NOVAFERRUM PEDIATRIC DROP - polysaccharide iron complex liquid 15 mg/ml (fe equiv)	A				•	
NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	5					•
OXBRYTA - voxelotor tab for oral susp 300 mg	6	•		•		•
OXBRYTA - voxelotor tab 300 mg	6	•		•		•
OXBRYTA - voxelotor tab 500 mg	6	•		•		•
PROCRIT - epoetin alfa inj 2000 unit/ml	5	•				•
PROCRIT - epoetin alfa inj 3000 unit/ml	5	•				•
PROCRIT - epoetin alfa inj 4000 unit/ml	5	•				•
PROCRIT - epoetin alfa inj 10000 unit/ml	5	•				•
PROCRIT - epoetin alfa inj 20000 unit/ml	5	•				•
PROCRIT - epoetin alfa inj 40000 unit/ml	5	•				•
PROMACTA - eltrombopag olamine powder pack for susp 25 mg (base equiv)	6	•		•		•
PROMACTA - eltrombopag olamine powder pack for susp 12.5 mg (base eq)	6	•		•		•
PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv)	6	•		•		•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
PROMACTA - eltrombopag olamine tab 25 mg (base equiv)	6	•		•		•
PROMACTA - eltrombopag olamine tab 50 mg (base equiv)	6	•		•		•
PROMACTA - eltrombopag olamine tab 75 mg (base equiv)	6	•		•		•
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml	5	•				•
RETACRIT - epoetin alfa-epbx inj 3000 unit/ml	5	•				•
RETACRIT - epoetin alfa-epbx inj 4000 unit/ml	5	•				•
RETACRIT - epoetin alfa-epbx inj 10000 unit/ml	5	•				•
RETACRIT - epoetin alfa-epbx inj 20000 unit/ml	5	•				•
RETACRIT - epoetin alfa-epbx inj 40000 unit/ml	5	•				•
UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	5					•
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	5					•
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	5					•
ZARXIO - filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	5					•
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	5					•
ANTICOAGULANTS						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
dabigatran etexilate mesylate cap 75 mg (etexilate base eq) (Pradaxa)	2			•		
dabigatran etexilate mesylate cap 150 mg (etexilate base eq) (Pradaxa)	2			•		
ELIQUIS - apixaban tab 2.5 mg	3			•		
ELIQUIS - apixaban tab 5 mg	3			•		
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	3			•		
enoxaparin sodium inj soln pref syr 30 mg/0.3ml (Lovenox)	2					
enoxaparin sodium inj soln pref syr 40 mg/0.4ml (Lovenox)	2					
enoxaparin sodium inj soln pref syr 60 mg/0.6ml (Lovenox)	2					
enoxaparin sodium inj soln pref syr 80 mg/0.8ml (Lovenox)	2					
enoxaparin sodium inj soln pref syr 100 mg/ml (Lovenox)	2					
enoxaparin sodium inj soln pref syr 120 mg/0.8ml (Lovenox)	2					
enoxaparin sodium inj soln pref syr 150 mg/ml (Lovenox)	2					
enoxaparin sodium inj 300 mg/3ml (Lovenox)	2			•		
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (Arixtra)	2			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
fondaparinux sodium subcutaneous inj 5 mg/0.4ml (Arixtra)	2			•		
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (Arixtra)	2			•		
fondaparinux sodium subcutaneous inj 10 mg/0.8ml (Arixtra)	2			•		
HEPARIN SODIUM - heparin sodium (porcine) pf inj 5000 unit/ml	4					
heparin sodium (porcine) inj 1000 unit/ml	2					
heparin sodium (porcine) inj 5000 unit/ml	2					
heparin sodium (porcine) inj 10000 unit/ml	2					
heparin sodium (porcine) inj 20000 unit/ml	2					
heparin sodium (porcine) pf inj 5000 unit/0.5ml	2					
PRADAXA - dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	4	•		•		
PRADAXA - dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	4	•		•		
PRADAXA - dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	4	•		•		
PRADAXA - dabigatran etexilate mesylate pellet pack 20 mg	4			•		
PRADAXA - dabigatran etexilate mesylate pellet pack 30 mg	4			•		
PRADAXA - dabigatran etexilate mesylate pellet pack 40 mg	4			•		
PRADAXA - dabigatran etexilate mesylate pellet pack 50 mg	4			•		
PRADAXA - dabigatran etexilate mesylate pellet pack 110 mg	4			•		
PRADAXA - dabigatran etexilate mesylate pellet pack 150 mg	4			•		
warfarin sodium tab 1 mg	1					
warfarin sodium tab 2 mg	1					
warfarin sodium tab 2.5 mg	1					
warfarin sodium tab 3 mg	1					
warfarin sodium tab 4 mg	1					
warfarin sodium tab 5 mg	1					
warfarin sodium tab 6 mg	1					
warfarin sodium tab 7.5 mg	1					
warfarin sodium tab 10 mg	1					
XARELTO - rivaroxaban for susp 1 mg/ml	3			•		
XARELTO - rivaroxaban tab 2.5 mg	3			•		
XARELTO - rivaroxaban tab 10 mg	3			•		
XARELTO - rivaroxaban tab 15 mg	3			•		
XARELTO - rivaroxaban tab 20 mg	3			•		
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	3			•		
HEMOSTATICS						
tranexamic acid tab 650 mg (Lysteda)	2					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
HEMATOLOGICAL AGENTS - MISC.						
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit	5	•				•
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 500 unit	5	•				•
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 1000 unit	5	•				•
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 1500 unit	5	•				•
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 2000 unit	5	•				•
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 3000 unit	5	•				•
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 4000 unit	5	•				•
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit	5	•		•		•
ADYNOVATE - antihemophilic factor recomb pegylated for inj 500 unit	5	•		•		•
ADYNOVATE - antihemophilic factor recomb pegylated for inj 750 unit	5	•		•		•
ADYNOVATE - antihemophilic factor recomb pegylated for inj 1000 unit	5	•		•		•
ADYNOVATE - antihemophilic factor recomb pegylated for inj 1500 unit	5	•		•		•
ADYNOVATE - antihemophilic factor recomb pegylated for inj 2000 unit	5	•		•		•
ADYNOVATE - antihemophilic factor recomb pegylated for inj 3000 unit	5	•		•		•
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 250 unit	5	•		•		•
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 500 unit	5	•		•		•
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 1000 unit	5	•		•		•
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 1500 unit	5	•		•		•
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 2000 unit	5	•		•		•
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 2500 unit	5	•		•		•
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 3000 unit	5	•		•		•
ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit	5					•
ALPHANATE - antihemophilic factor/vwf (human) for inj 500 unit	5					•
ALPHANATE - antihemophilic factor/vwf (human) for inj 1000 unit	5					•
ALPHANATE - antihemophilic factor/vwf (human) for inj 1500 unit	5					•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ALPHANATE - antihemophilic factor/vwf (human) for inj 2000 unit	5					•
ALPHANINE SD - coagulation factor ix for inj 500 unit	6	•				•
ALPHANINE SD - coagulation factor ix for inj 1000 unit	6	•				•
ALPHANINE SD - coagulation factor ix for inj 1500 unit	6	•				•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit	5	•		•		•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 500 unit	5	•		•		•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 1000 unit	5	•		•		•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 2000 unit	5	•		•		•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 3000 unit	5	•		•		•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 4000 unit	5	•		•		•
ALTUVIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 250 unit	5	•		•		•
ALTUVIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 500 unit	5	•		•		•
ALTUVIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 1000 unit	5	•		•		•
ALTUVIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 2000 unit	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ALTUVIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 3000 unit	5	•		•		•
ALTUVIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 4000 unit	5	•		•		•
anagrelide hcl cap 0.5 mg (Agrylin)	2					
anagrelide hcl cap 1 mg	2					
aspirin-dipyridamole cap er 12hr 25-200 mg	2					
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit	5	•				•
BENEFIX - coagulation factor ix (recombinant) for inj kit 500 unit	5	•				•
BENEFIX - coagulation factor ix (recombinant) for inj kit 1000 unit	5	•				•
BENEFIX - coagulation factor ix (recombinant) for inj kit 2000 unit	5	•				•
BENEFIX - coagulation factor ix (recombinant) for inj kit 3000 unit	5	•				•
BRILINTA - ticagrelor tab 60 mg	3					
BRILINTA - ticagrelor tab 90 mg	3					
cilostazol tab 50 mg	1					
cilostazol tab 100 mg	1					
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1					
COAGADEX - coagulation factor x (human) for inj 250 unit	5					•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
COAGADEX - coagulation factor x (human) for inj 500 unit	5					•
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	5					•
dipyridamole tab 25 mg	2					
dipyridamole tab 50 mg	2					
dipyridamole tab 75 mg	2					
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 250 unit	5	•		•		•
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 500 unit	5	•		•		•
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 750 unit	5	•		•		•
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 1000 unit	5	•		•		•
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 1500 unit	5	•		•		•
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 2000 unit	5	•		•		•
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 3000 unit	5	•		•		•
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 4000 unit	5	•		•		•
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 5000 unit	5	•		•		•
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 6000 unit	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	5	•		•		•
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit	5	•		•		•
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 1000 unit	5	•		•		•
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 1500 unit	5	•		•		•
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 2000 unit	5	•		•		•
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 3000 unit	5	•		•		•
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit	5	•				•
FEIBA - antiinhibitor coagulant complex for iv soln 1000 unit	5	•				•
FEIBA - antiinhibitor coagulant complex for iv soln 2500 unit	5	•				•
FIBRYGA - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	3	•		•		
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	6	•		•		•
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	6	•		•		•
HEMLIBRA - emicizumab-kxwh subcutaneous soln 30 mg/ml	5	•		•		•
HEMLIBRA - emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml)	5	•		•		•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
HEMLIBRA - emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml)	5	•		•		•
HEMLIBRA - emicizumab-kxwh subcutaneous soln 150 mg/ml	5	•		•		•
HEMOFIL M - antihemophilic factor (human) for inj 250 unit	5	•				•
HEMOFIL M - antihemophilic factor (human) for inj 500 unit	5	•				•
HEMOFIL M - antihemophilic factor (human) for inj 1000 unit	5	•				•
HEMOFIL M - antihemophilic factor (human) for inj 1700 unit	5	•				•
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit	5					•
HUMATE-P - antihemophilic factor/vwf (human) for inj 500-1200 unit	5					•
HUMATE-P - antihemophilic factor/vwf (human) for inj 1000-2400 unit	5					•
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	5	•		•		•
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit	5	•		•		•
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 500 unit	5	•		•		•
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 1000 unit	5	•		•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 2000 unit	5	•		•		•
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 3500 unit	5	•		•		•
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	5	•		•		•
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit	5	•		•		•
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 2000 unit	5	•		•		•
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 3000 unit	5	•		•		•
KOATE - antihemophilic factor (human) for inj 250 unit	5	•				•
KOATE - antihemophilic factor (human) for inj 500 unit	5	•				•
KOATE - antihemophilic factor (human) for inj 1000 unit	5	•				•
KOATE-DVI - antihemophilic factor (human) for inj 500 unit	5	•				•
KOATE-DVI - antihemophilic factor (human) for inj 1000 unit	5	•				•
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 250 unit	5	•				•
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 500 unit	5	•				•
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 1000 unit	5	•				•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 2000 unit	5	•				•
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 3000 unit	5	•				•
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit	5	•				•
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 500 unit	5	•				•
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 1000 unit	5	•				•
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 2000 unit	5	•				•
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 3000 unit	5	•				•
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit	5	•				•
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 500 unit	5	•				•
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 1000 unit	5	•				•
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 1500 unit	5	•				•
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 2000 unit	5	•				•
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 3000 unit	5	•				•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg)	5	•		•		•
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 2 mg (2000 mcg)	5	•		•		•
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 5 mg (5000 mcg)	5	•		•		•
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 8 mg (8000 mcg)	5	•		•		•
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit	5	•				•
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 500 unit	5	•				•
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit	5	•				•
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1500 unit	5	•		•		•
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2000 unit	5	•				•
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2500 unit	5	•				•
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 3000 unit	5	•				•
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 4000 unit	5	•				•
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit	5	•				•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1500 unit	5	•		•		•
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2000 unit	5	•				•
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2500 unit	5	•				•
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 3000 unit	5	•				•
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 4000 unit	5	•				•
NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit	5	•				•
NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 500 unit	5	•				•
OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	5	•				•
pentoxifylline tab er 400 mg	2					
prasugrel hcl tab 5 mg (base equiv) (Effient)	2					
prasugrel hcl tab 10 mg (base equiv) (Effient)	2					
PROFILNINE - factor ix complex for inj 500 unit	5	•				•
PROFILNINE - factor ix complex for inj 1000 unit	5	•				•
PROFILNINE - factor ix complex for inj 1500 unit	5	•				•
PYRUKYND - mitapivat sulfate tab 5 mg	6	•		•		•
PYRUKYND - mitapivat sulfate tab 20 mg	6	•		•		•
PYRUKYND - mitapivat sulfate tab 50 mg	6	•		•		•
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg	6	•		•		•
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg	6	•		•		•
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 7 x 50 mg & 7 x 20 mg	6	•		•		•
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt	5	•		•		•
REBINYN - coagulation factor ix recomb glycopegylated for inj 1000 unt	5	•		•		•
REBINYN - coagulation factor ix recomb glycopegylated for inj 2000 unt	5	•		•		•
REBINYN - coagulation factor ix recomb glycopegylated for inj 3000 unt	5	•		•		•
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 220-400 unit	5	•				•
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 401-800 unit	5	•				•
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 801-1240 unit	5	•				•
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 1241-1800 unit	5	•				•
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 1801-2400 unit	5	•				•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
RIASTAP - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	3	•		•		•
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit	5	•				•
RIXUBIS - coagulation factor ix (recombinant) for inj 500 unit	5	•				•
RIXUBIS - coagulation factor ix (recombinant) for inj 1000 unit	5	•				•
RIXUBIS - coagulation factor ix (recombinant) for inj 2000 unit	5	•				•
RIXUBIS - coagulation factor ix (recombinant) for inj 3000 unit	5	•				•
SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg)	6	•		•		•
SEVENFACT - coagulation factor viia (recom)-jncw for inj 5 mg (5000 mcg)	6	•		•		•
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	5	•		•		•
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml	5	•		•		•
TAKHZYRO - lanadelumab-flyo soln pref syringe 300 mg/2ml (150 mg/ml)	5	•		•		•
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 2500 unit	5					•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
VONVENDI - von willebrand factor (recombinant) for inj 650 unit	5					•
VONVENDI - von willebrand factor (recombinant) for inj 1300 unit	5					•
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	5					•
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	5					•
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit	5	•				•
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit	5	•				•
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit	5	•				•
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit	5	•				•
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit	5	•				•
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit	5	•				•
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit	5	•				•
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit	5	•				•
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 3000 unit	5	•				•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	4					
TOPICAL PRODUCTS						
OPHTHALMIC AGENTS						
ALOCRIL - nedocromil sodium ophth soln 2%	4	•				
ALOMIDE - lodoxamide tromethamine ophth soln 0.1%	4					
ALREX - loteprednol etabonate ophth susp 0.2%	4					
APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	2					
ATROPINE SULFATE - atropine sulfate ophth soln 1%	2					
ATROPINE SULFATE - atropine sulfate ophth soln 1%	4					
atropine sulfate ophth soln 1% (Atropine sulfate)	2					
azelastine hcl ophth soln 0.05%	1					
BACITRACIN - bacitracin ophth oint 500 unit/gm	3					
bacitracin-polymyxin b ophth oint	1					
bacitracin-polymyxin-neomycin-hc ophth oint 1%	2					
BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%	2					
brimonidine tartrate ophth soln 0.2%	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	2					
brinzolamide ophth susp 1% (Azopt)	2					
CARTEOLOL HCL - carteolol hcl ophth soln 1%	4					
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)	1					
COMBIGAN - brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	4	•				
CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	1					
CYCLOGYL - cyclopentolate hcl ophth soln 0.5%	4					
CYCLOGYL - cyclopentolate hcl ophth soln 2%	4					
CYCLOMYDRIL - cyclopentolate w/ phenylephrine ophth soln 0.2-1%	4					
cyclopentolate hcl ophth soln 1% (Cyclogyl)	1					
CYSTADROPS - cysteamine hcl ophth soln 0.37% (base equivalent)	6					•
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)	6					•
DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1%	4					
diclofenac sodium ophth soln 0.1%	1					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
difluprednate ophth emulsion 0.05% (Durezol)	2					
dorzolamide hcl ophth soln 2% (Trusopt)	1					
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	1					
DUREZOL - difluprednate ophth emulsion 0.05%	4					
epinastine hcl ophth soln 0.05%	2					
erythromycin ophth oint 5 mg/gm	1					
FLAREX - fluorometholone acetate ophth susp 0.1%	4					
fluorometholone ophth susp 0.1% (Fml liquifilm)	2					
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	4					
gatifloxacin ophth soln 0.5% (Zymaxid)	2					
gentamicin sulfate ophth soln 0.3%	1					
ISOPTO ATROPINE - atropine sulfate ophth soln 1%	4					
ketorolac tromethamine ophth soln 0.4% (Acular ls)	2					
ketorolac tromethamine ophth soln 0.5% (Acular)	1					
latanoprost ophth soln 0.005% (Xalatan)	1			•		
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	4					
LOTEMAX SM - loteprednol etabonate ophth gel 0.38%	3					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
LUMIGAN - bimatoprost ophth soln 0.01%	4		•	•		
MAXIDEX - dexamethasone ophth susp 0.1%	4					
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	2					
NATACYN - natamycin ophth susp 5%	3					
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	2					
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	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	4					
ofloxacin ophth soln 0.3% (Ocuflox)	1					
phenylephrine hcl ophth soln 2.5%	2					
phenylephrine hcl ophth soln 10%	2					
pilocarpine hcl ophth soln 1% (Isopto carpine)	2					
pilocarpine hcl ophth soln 2% (Isopto carpine)	2					
pilocarpine hcl ophth soln 4% (Isopto carpine)	2					
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	1					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
PREDNISOLONE ACETATE - prednisolone acetate ophth susp 1%	4					
PREDNISOLONE SODIUM PHOSP - prednisolone sodium phosphate ophth soln 1%	4					
proparacaine hcl ophth soln 0.5% (Alcaine)	2					
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	4					
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	3					
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth oint 10%	4					
sulfacetamide sodium ophth soln 10% (Bleph-10)	2					
SULFACETAMIDE SODIUM/ PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	4					
tetracaine hcl ophth soln 0.5%	2					
timolol maleate ophth soln 0.25% (Timoptic)	1					
timolol maleate ophth soln 0.5% (Timoptic)	1					
tobramycin ophth soln 0.3% (Tobrex)	1			•		
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	2					
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	2			•		
TRIFLURIDINE - trifluridine ophth soln 1%	3					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
VYZULTA - latanoprostene bunod ophth soln 0.024%	4		•	•		
ZERVIATE - cetirizine hcl ophth soln 0.24% (base equiv)	4	•				
OTIC AGENTS						
acetic acid otic soln 2%	2					
CIPROFLOXACIN - ciprofloxacin hcl otic soln 0.2% (base equivalent)	4					
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	2					
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	2					
HYDROCORTISONE/ACETIC ACI - hydrocortisone w/ acetic acid otic soln 1-2%	2					
neomycin-polymyxin-hc otic soln 1%	2					
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	2					
ofloxacin otic soln 0.3%	2					
MOUTH/THROAT/DENTAL AGENTS						
cevimeline hcl cap 30 mg (Evoxac)	2					
chlorhexidine gluconate soln 0.12% (Peridex)	1					
clotrimazole troche 10 mg	2					
FLUORIDEX SENSITIVITY REL - sodium fluoride-potassium nitrate paste 1.1-5%	1					
lidocaine hcl viscous soln 2%	1					
nystatin susp 100000 unit/ml	2					
pilocarpine hcl tab 5 mg (Salagen)	2					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
pilocarpine hcl tab 7.5 mg (Salagen)	2					
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				•	
stannous fluoride conc 0.63%	2				•	
stannous fluoride gel 0.4%	2				•	
triamcinolone acetonide dental paste 0.1%	2					
ANORECTAL AGENTS						
ANALPRAM-HC - hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%	4					
hydrocortisone acetate suppos 25 mg	2					
hydrocortisone enema 100 mg/60ml (Cortenema)	2					
hydrocortisone perianal cream 1% (Proctocort)	2					
hydrocortisone perianal cream 2.5% (Anusol-hc)	2					
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	4					
RECTIV - nitroglycerin oint 0.4%	4	•				
DERMATOLOGICALS						
acitretin cap 10 mg (Soriatane)	2					
acitretin cap 25 mg (Soriatane)	2					
acyclovir oint 5% (Zovirax)	2					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	5	•		•		•
alclometasone dipropionate cream 0.05%	2					
alclometasone dipropionate oint 0.05%	2					
ALTABAX - retapamulin oint 1%	4	•				
AMCINONIDE - amcinonide lotion 0.1%	4			•		
azelaic acid gel 15% (Finacea)	2					
BETAMETHASONE DIPROPIONAT - betamethasone dipropionate augmented gel 0.05%	4			•		
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	1			•		
betamethasone dipropionate augmented lotion 0.05%	2			•		
betamethasone dipropionate augmented oint 0.05% (Diprolene)	2			•		
betamethasone dipropionate cream 0.05%	2			•		
betamethasone dipropionate lotion 0.05%	2			•		
betamethasone valerate cream 0.1% (base equivalent)	2					
betamethasone valerate lotion 0.1% (base equivalent)	2					
betamethasone valerate oint 0.1% (base equivalent)	2					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso)	2					
calcipotriene cream 0.005% (Dovonex)	2					
calcipotriene soln 0.005% (50 mcg/ml)	2					
ciclopirox gel 0.77%	2			•		
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	2			•		
ciclopirox olamine susp 0.77% (base equiv) (Loprox)	2			•		
ciclopirox shampoo 1% (Loprox shampoo)	2					
ciclopirox solution 8% (Penlac Nail Lacquer)	2	•		•		
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	2					
clindamycin phosphate gel 1%	2					
clindamycin phosphate lotion 1% (Cleocin-t)	2					
clindamycin phosphate soln 1%	2			•		
clindamycin phosphate swab 1%	2					
clobetasol propionate cream 0.05% (Temovate)	2			•		
clobetasol propionate emollient base cream 0.05%	2					
clobetasol propionate oint 0.05% (Temovate)	2			•		
clobetasol propionate soln 0.05%	2			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
clocortolone pivalate cream 0.1% (Cloderm)	2					
clotrimazole w/ betamethasone cream 1-0.05%	2					
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	5	•		•		•
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	5	•		•		•
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml	5	•		•		•
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	5	•		•		•
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	5	•		•		•
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml	5	•		•		•
CROTAN - crotamiton lotion 10%	4	•				
desonide cream 0.05% (Desowen)	2					
desonide oint 0.05%	2					
desoximetasone cream 0.25% (Topicort)	2			•		
desoximetasone oint 0.25% (Topicort)	2			•		
diclofenac sodium soln 1.5%	2		•	•		
diflorasone diacetate oint 0.05%	2	•		•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
doxepin hcl cream 5% (Prudoxin)	2	•		•		
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml	5	•		•		•
DUPIXENT - dupilumab subcutaneous soln pen-injector 300 mg/2ml	5	•		•		•
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	5	•		•		•
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	5	•		•		•
econazole nitrate cream 1%	2			•		
ENSTILAR - calcipotriene-betamethasone dipropionate foam 0.005-0.064%	3			•		
ERY - erythromycin pads 2%	4					
erythromycin gel 2% (Erygel)	2			•		
erythromycin soln 2%	2			•		
fluocinolone acetonide cream 0.01%	2					
fluocinolone acetonide cream 0.025% (Synalar)	2					
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	2					
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	2					
fluocinolone acetonide oint 0.025% (Synalar)	2					
fluocinolone acetonide soln 0.01% (Synalar)	2					
fluocinonide cream 0.05%	2			•		
fluocinonide oint 0.05%	2			•		
fluocinonide soln 0.05%	2			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
FLUOROURACIL - fluorouracil soln 2%	4					
FLUOROURACIL - fluorouracil soln 5%	4					
fluorouracil cream 5% (Efudex)	2	•		•		
fluticasone propionate cream 0.05%	2					
fluticasone propionate oint 0.005%	2					
gentamicin sulfate cream 0.1%	2			•		
gentamicin sulfate oint 0.1%	2			•		
halobetasol propionate cream 0.05%	2			•		
hydrocortisone cream 2.5%	1					
hydrocortisone lotion 2.5%	2					
hydrocortisone oint 2.5%	1					
HYFTOR - sirolimus gel 0.2%	4	•		•		•
imiquimod cream 5% (Aldara)	2			•		
isotretinoin cap 10 mg (Absorica)	2			•		
isotretinoin cap 20 mg (Absorica)	2			•		
isotretinoin cap 30 mg (Absorica)	2			•		
isotretinoin cap 40 mg (Absorica)	2			•		
ketoconazole cream 2%	2			•		
ketoconazole shampoo 2%	1					
lactic acid (ammonium lactate) cream 12%	2					
lactic acid (ammonium lactate) lotion 12%	2					
lidocaine hcl soln 4%	2			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
lidocaine hcl urethral/ mucosal gel prefilled syringe 2%	2					
lidocaine patch 5% (Lidoderm)	2	•		•		
lidocaine-prilocaine cream 2.5-2.5%	2			•		
malathion lotion 0.5% (Ovide)	2					
METHOXSALEN - methoxsalen rapid cap 10 mg	4					
metronidazole cream 0.75% (Metrocream)	2					
metronidazole gel 0.75%	2					
metronidazole gel 1% (Metrogel)	2					
MIRVASO - brimonidine tartrate gel 0.33% (base equivalent)	4	•				
mometasone furoate cream 0.1%	2					
mometasone furoate oint 0.1%	1			•		
mometasone furoate solution 0.1% (lotion)	2					
mupirocin oint 2%	1					
NATROBA - spinosad susp 0.9%	4					
nystatin cream 100000 unit/ gm	1					
nystatin oint 100000 unit/gm	1					
nystatin topical powder 100000 unit/gm	2					
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	2					
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	2					
oxiconazole nitrate cream 1% (Oxistat)	2	•		•		
permethrin cream 5% (Elimite)	2					
pimecrolimus cream 1% (Elidel)	2		•			
PODOFILOX - podofilox soln 0.5%	2					
REGRANEX - becaplermin gel 0.01%	4					
SANTYL - collagenase oint 250 unit/gm	4	•				
selenium sulfide lotion 2.5%	1					
silver sulfadiazine cream 1% (Silvadene)	1					
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	5	•		•		•
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	5	•		•		•
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	5	•		•		•
SPINOSAD - spinosad susp 0.9%	4					
STELARA - ustekinumab inj 45 mg/0.5ml	5	•		•		•
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	5	•		•		•
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	5	•		•		•
SULCONAZOLE NITRATE - sulconazole nitrate cream 1%	4	•				
sulfacetamide sodium lotion 10% (acne) (Klaron)	2					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
SULFAMYLON - mafenide acetate cream 85 mg/gm	4					
tacrolimus oint 0.03% (Protopic)	2		•			
tacrolimus oint 0.1% (Protopic)	2		•			
tazarotene cream 0.1% (Tazorac)	2	•				
TAZORAC - tazarotene cream 0.05%	3					
TREMFYA - guselkumab soln pen-injector 100 mg/ml	5	•		•		•
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	5	•		•		•
tretinoin cream 0.025% (Retin-a)	2	•				
tretinoin cream 0.05% (Retin-a)	2	•				
tretinoin cream 0.1% (Retin-a)	2	•				
tretinoin gel 0.01% (Retin-a)	2	•				
triamcinolone acetonide cream 0.025%	1					
triamcinolone acetonide cream 0.1%	1					
triamcinolone acetonide cream 0.5%	1					
triamcinolone acetonide lotion 0.025%	2					
triamcinolone acetonide lotion 0.1%	2					
triamcinolone acetonide oint 0.025%	1					
triamcinolone acetonide oint 0.1%	1					
triamcinolone acetonide oint 0.5%	1					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	5					•
MISCELLANEOUS PRODUCTS						
ANTIDOTES						
CHEMET - succimer cap 100 mg	3					
deferiprone tab 500 mg (Ferriprox)	5					•
deferiprone tab 1000 mg (Ferriprox)	5					•
FERRIPROX - deferiprone oral soln 100 mg/ml	6					•
FERRIPROX - deferiprone tab 1000 mg	6					•
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	3					
naloxone hcl inj 0.4 mg/ml	2					
naloxone hcl inj 4 mg/10ml	2					
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	2					
naloxone hcl soln prefilled syringe 2 mg/2ml	2					
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	4					
naltrexone hcl tab 50 mg	2					
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	3					
ZIMHI - naloxone hcl soln prefilled syringe 5 mg/0.5ml	4					
DIAGNOSTIC PRODUCTS						
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	1			•		

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	1			•		
MEDICAL DEVICES						
CAYA - diaphragm arc-spring	A				•	
Condoms MALE - Various	A				•	
DEXCOM G6 RECEIVER - continuous blood glucose system receiver	3	•		•		
DEXCOM G6 SENSOR - continuous blood glucose system sensor	3	•		•		
DEXCOM G6 TRANSMITTER - continuous blood glucose system transmitter	3	•		•		
DEXCOM G7 RECEIVER - continuous blood glucose system receiver	3	•		•		
DEXCOM G7 SENSOR - continuous blood glucose system sensor	3	•		•		
FC2 FEMALE CONDOM - condoms - female	A				•	
INSULIN PEN NEEDLES-VARIOUS	3			•		
INSULIN SYRINGES-VARIOUS	3			•		
LANCETS-VARIOUS	3					
LANCING DEVICE-VARIOUS	3					
MISC NEEDLES/SYRINGES-VARIOUS	3					
OMNIFLEX DIAPHRAGM - diaphragms	A				•	
OMNIPOD DASH INTRO KIT (G - insulin infusion disposable pump kit	4	•		•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	4	•		•		
OMNIPOD 5 G6 INTRO KIT (G - insulin infusion disposable pump kit	4	•		•		
OMNIPOD 5 G6 PODS (GEN 5) - insulin infusion disposable pump reservoir	4	•		•		
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm	A				•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 65 mm	A				•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 70 mm	A				•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 75 mm	A				•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 80 mm	A				•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 85 mm	A				•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 90 mm	A				•	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 95 mm	A				•	
ASSORTED CLASSES						
ASTAGRAF XL - tacrolimus cap er 24hr 0.5 mg	4					
ASTAGRAF XL - tacrolimus cap er 24hr 1 mg	4					

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
ASTAGRAF XL - tacrolimus cap er 24hr 5 mg	4					
azathioprine tab 50 mg (Imuran)	2					
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	6	•		•		•
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	6	•		•		•
cyclosporine cap 25 mg (Sandimmune)	2					
cyclosporine cap 100 mg (Sandimmune)	2					
cyclosporine modified cap 25 mg (Neoral)	2					
cyclosporine modified cap 50 mg	2					
cyclosporine modified cap 100 mg (Neoral)	2					
cyclosporine modified oral soln 100 mg/ml (Neoral)	2					
ENSPRYNG - satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	6	•		•		•
ENVARSUS XR - tacrolimus tab er 24hr 0.75 mg	4					
ENVARSUS XR - tacrolimus tab er 24hr 1 mg	4					
ENVARSUS XR - tacrolimus tab er 24hr 4 mg	4					
everolimus tab 0.25 mg (Zortress)	2					
everolimus tab 0.5 mg (Zortress)	2					
everolimus tab 0.75 mg (Zortress)	2					
everolimus tab 1 mg (Zortress)	2					
JOENJA - leniolisib phosphate tab 70 mg	6					•
lenalidomide caps 2.5 mg (Revlimid)	5	•		•		•
lenalidomide cap 5 mg (Revlimid)	5	•		•		•
lenalidomide cap 10 mg (Revlimid)	5	•		•		•
lenalidomide cap 15 mg (Revlimid)	5	•		•		•
lenalidomide cap 20 mg (Revlimid)	5	•		•		•
lenalidomide cap 25 mg (Revlimid)	5	•		•		•
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm	3					
LOKELMA - sodium zirconium cyclosilicate for susp packet 10 gm	3					
mycophenolate mofetil cap 250 mg (Cellcept)	2					
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	2					
mycophenolate mofetil tab 500 mg (Cellcept)	2					
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic)	2					
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic)	2					
penicillamine tab 250 mg (Depen titratabs)	5					•

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Limited Distribution
PROGRAF - tacrolimus packet for susp 0.2 mg	4					
PROGRAF - tacrolimus packet for susp 1 mg	4					
REVLIMID - lenalidomide caps 2.5 mg	5	•		•		•
REVLIMID - lenalidomide cap 5 mg	5	•		•		•
REVLIMID - lenalidomide cap 10 mg	5	•		•		•
REVLIMID - lenalidomide cap 15 mg	5	•		•		•
REVLIMID - lenalidomide cap 20 mg	5	•		•		•
REVLIMID - lenalidomide cap 25 mg	5	•		•		•
REZUROCK - belumosudil mesylate tab 200 mg	6					•
SANDIMMUNE - cyclosporine oral soln 100 mg/ml	4					
sirolimus oral soln 1 mg/ml (Rapamune)	2					
sirolimus tab 0.5 mg (Rapamune)	2					
sirolimus tab 1 mg (Rapamune)	2					
sirolimus tab 2 mg (Rapamune)	2					
sodium polystyrene sulfonate powder	2					
SPS - sodium polystyrene sulfonate oral susp 15 gm/60ml	4					
tacrolimus cap 0.5 mg (Prograf)	2					
tacrolimus cap 1 mg (Prograf)	2					
tacrolimus cap 5 mg (Prograf)	2					
THALOMID - thalidomide cap 50 mg	5	•		•		•
THALOMID - thalidomide cap 100 mg	5	•		•		•
THALOMID - thalidomide cap 150 mg	5	•		•		•
THALOMID - thalidomide cap 200 mg	5	•		•		•
trientine hcl cap 250 mg (Syprine)	5					•
VELTASSA - patiromer sorbitex calcium for susp packet 8.4 gm (base eq)	3					
VELTASSA - patiromer sorbitex calcium for susp packet 16.8 gm (base eq)	3					
VELTASSA - patiromer sorbitex calcium for susp packet 25.2 gm (base eq)	3					
VIJOICE - alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs)	6	•		•		•
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BEXSERO -meningococcal vac b (recomb omv adjuv) inj prefilled syringe....11
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BIKTARVY -bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg....5
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BREO ELLIPTA -fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act....53
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bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)....62
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CABOMETYX -cabozantinib s-malate tab 40 mg (base equivalent)....15
CABOMETYX -cabozantinib s-malate tab 60 mg (base equivalent)....15
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calcipotriene soln 0.005% (50 mcg/ml).... 132
calcitonin (salmon) nasal soln 200 unit/act....35
calcitriol cap 0.25 mcg (Rocaltrol)....35
calcitriol cap 0.5 mcg (Rocaltrol)....35
calcitriol oral soln 1 mcg/ml (Rocaltrol)....35
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)....59
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CALQUENCE -acalabrutinib maleate tab 100 mg.... 15
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CAMZYOS -mavacamten cap 2.5 mg....50
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CARBIDOPA/LEVODOPA ODT -carbidopa & levodopa orally disintegrating tab 25-100 mg.....90
CARBIDOPA/LEVODOPA ODT -carbidopa & levodopa orally disintegrating tab 25-250 mg.....90
carbidopa & levodopa tab er 25-100 mg.....89
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carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50).....89
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75).....89
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100).....89
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125).....90
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150).....90
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200).....90
carbidopa tab 25 mg (Lodosyn).....89
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CARNATION BREAKFAST ESSEN -nutritional supplement liquid.....95
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CARTEOLOL HCL -carteolol hcl ophth soln 1%.....128
carvedilol tab 3.125 mg (Coreg).....39
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CEFACLOR -cefaclor cap 500 mg..... 1
cefadroxil cap 500 mg.....1
CEFADROXIL -cefadroxil tab 1 gm.....1
cefadroxil for susp 250 mg/5ml..... 2
cefadroxil for susp 500 mg/5ml..... 2
cefdinir cap 300 mg.....2
cefdinir for susp 125 mg/5ml..... 2
cefdinir for susp 250 mg/5ml..... 2
cefixime for susp 100 mg/5ml (Suprax)..... 2
cefixime for susp 200 mg/5ml (Suprax)..... 2
cefpodoxime proxetil for susp 50 mg/5ml.....2
cefpodoxime proxetil for susp 100 mg/5ml.....2
cefpodoxime proxetil tab 100 mg..... 2
cefpodoxime proxetil tab 200 mg..... 2
cefprozil for susp 125 mg/5ml.....2
cefprozil for susp 250 mg/5ml.....2
cefprozil tab 250 mg.....2
cefprozil tab 500 mg.....2
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celecoxib cap 200 mg (Celebrex)..... 80
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CHEMET -succimer cap 100 mg..... 135
CHENODAL -chenodiol tab 250 mg..... 59
CHICKEN/PEAS/CARROTS -nutritional supplement powder.....95
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chloroquine phosphate tab 250 mg..... 9
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CHOLEXTRA -nutritional supplement powder.....95
ciclopirox gel 0.77%..... 132
ciclopirox olamine cream 0.77% (base equiv) (Loprox)..... 132
ciclopirox olamine susp 0.77% (base equiv) (Loprox)..... 132
ciclopirox shampoo 1% (Loprox shampoo)..... 132
ciclopirox solution 8% (Penlac Nail Lacquer)..... 132
cilostazol tab 50 mg..... 122
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CIMDUO -lamivudine-tenofovir disoproxil fumarate tab 300-300 mg.....5
CIMZIA -certolizumab pegol prefilled syringe kit 2 x 200 mg/ml.....59
CIMZIA STARTER KIT -certolizumab pegol prefilled syringe kit 6 x 200 mg/ml.....59
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cinacalcet hcl tab 60 mg (base equiv) (Sensipar).....35
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CIPROFLOXACIN -ciprofloxacin hcl otic soln 0.2% (base equivalent).....130
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ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)..... 128
ciprofloxacin hcl tab 750 mg (base equiv)..... 3
ciprofloxacin hcl tab 250 mg (base equiv) (Cipro).....3
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citalopram hydrobromide oral soln 10 mg/5ml.....63
citalopram hydrobromide tab 10 mg (base equiv) (Celexa).....63
citalopram hydrobromide tab 20 mg (base equiv) (Celexa).....63
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CLARITHROMYCIN -clarithromycin for susp 125 mg/5ml.....2
CLARITHROMYCIN -clarithromycin for susp 250 mg/5ml.....2
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clarithromycin tab 250 mg.....2
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CLEMASTINE FUMARATE -clemastine fumarate tab 2.68 mg.....51
CLENPIQ -sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/160ml.....56
CLENPIQ -sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/175ml.....56
CLICK ESPRESSO PROTEIN DR -nutritional supplement powder.....95
CLIMARA PRO -estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day.....24
clindamycin hcl cap 75 mg (Cleocin).....9
clindamycin hcl cap 150 mg (Cleocin).....9
clindamycin hcl cap 300 mg (Cleocin).....9
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr).....9
clindamycin phosphate gel 1%.....132
clindamycin phosphate lotion 1% (Cleocin-t)..... 132
clindamycin phosphate soln 1%.....132
clindamycin phosphate swab 1%.....132
clindamycin phosphate vaginal cream 2% (Cleocin)..... 60
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%.....132
CLINDESSE -clindamycin phosphate (one dose) vaginal cream 2%.....60
clobazam suspension 2.5 mg/ml (Onfi)..... 85
clobazam tab 10 mg (Onfi)..... 85
clobazam tab 20 mg (Onfi)..... 85
clobetasol propionate cream 0.05% (Temovate).....132
clobetasol propionate emollient base cream 0.05%.....132
clobetasol propionate oint 0.05% (Temovate).....132
clobetasol propionate soln 0.05%..... 132
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CLOMID -clomiphene citrate tab 50 mg..... 35
clomipramine hcl cap 25 mg (Anafranil).....63
clomipramine hcl cap 50 mg (Anafranil).....63
clomipramine hcl cap 75 mg (Anafranil).....63
clonazepam tab 0.5 mg (Klonopin).....85
clonazepam tab 1 mg (Klonopin).....85
clonazepam tab 2 mg (Klonopin).....85
clonidine hcl tab er 12hr 0.1 mg (Kapvay).....70
clonidine hcl tab 0.1 mg..... 44
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clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1).....44
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clorazepate dipotassium tab 15 mg..... 62
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clotrimazole troche 10 mg.....130
clotrimazole w/ betamethasone cream 1-0.05%.....132
clozapine tab 25 mg (Clozaril).....65
clozapine tab 50 mg (Clozaril).....65
clozapine tab 100 mg (Clozaril)..... 65
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COAGADEX -coagulation factor x (human) for inj 250 unit.....122
COAGADEX -coagulation factor x (human) for inj 500 unit.....123
COARTEM -artemether-lumefantrine tab 20-120 mg.....9
codeine sulfate tab 30 mg (Codeine sulfate).....77
colchicine tab 0.6 mg (Colcrys).....85
colchicine w/ probenecid tab 0.5-500 mg.....85
colesevelam hcl tab 625 mg (Welchol).....48
colestipol hcl granule packets 5 gm (Colestid flavored).....48
colestipol hcl granules 5 gm (Colestid flavored).....48
colestipol hcl tab 1 gm (Colestid).....48
COMBIGAN -brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%.....128
COMBIPATCH -estradiol-norethindrone ace td pttw 0.05-0.14 mg/day.....24
COMBIPATCH -estradiol-norethindrone ace td pttw 0.05-0.25 mg/day.....24
COMBIVENT RESPIMAT -ipratropium-albuterol inhal aerosol soln 20-100 mcg/act.....53
COMETRIQ -cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit.....15
COMETRIQ -cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit.....15
COMETRIQ -cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit.....15
COMIRNATY 2023-24 -covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml.....11
COMIRNATY 2023-24 -covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml.....11
COMPLEAT -nutritional supplement liquid.....95
COMPLEAT ORGANIC BLENDS -nutritional supplement liquid.....95
COMPLEAT PEDIATRIC -nutritional supplement liquid.....95
COMPLEAT PEDIATRIC ORGANI -nutritional supplement liquid.....95
COMPLEAT PEDIATRIC PEPTID -nutritional supplement liquid.....95
COMPLEAT PEDIATRIC PEPTID -nutritional supplement liquid (enteral).....95
COMPLEAT PEDIATRIC REDUCE -nutritional supplement liquid.....95
COMPLEAT PEDIATRIC STANDA -nutritional supplement liquid.....95
COMPLEAT PEPTIDE 1.5 -nutritional supplement liquid.....95
COMPLEAT PEPTIDE 1.0 -nutritional supplement liquid (enteral).....95
COMPLEAT STANDARD 1.4 -nutritional supplement liquid.....95
COMPLERA -emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg.....5
COMPLETE AMINO ACID MIX -amino acids oral powder.....92
COMPLETE NUTRITION -nutritional supplement liquid.....95
COMPLETE NUTRITION PLUS -nutritional supplement liquid.....95
COMPLEX JUNIOR MSD -amino acids oral powder.....92
COMPLEX MSUD AMINO ACID B -amino acids bar.....93
COMPLEX MSUD -amino acids oral powder.....92
Condoms MALE - Various.....136
CONTOUR BLOOD GLUCOSE TES -glucose blood test strip.....135
CONTOUR NEXT BLOOD GLUCOS -glucose blood test strip.....136
COPIKTRA -duvelisib cap 15 mg.....15
COPIKTRA -duvelisib cap 25 mg.....15
CORIFACT -factor xiii concentrate (human) for inj kit 1000-1600 unit.....123
CORLANOR -ivabradine hcl oral soln 5 mg/5ml (base equiv).....50
CORLANOR -ivabradine hcl tab 5 mg (base equiv).....50
CORLANOR -ivabradine hcl tab 7.5 mg (base equiv).....50
COSENTYX -secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose).....132
COSENTYX -secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml.....132
COSENTYX -secukinumab subcutaneous soln prefilled syringe 150 mg/ml.....132
COSENTYX SENSOREADY PEN -secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose).....132
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estradiol td gel 0.25 mg/0.25gm (0.1%) (Divigel).....25
estradiol td gel 0.5 mg/0.5gm (0.1%) (Divigel).....25
estradiol td gel 0.75 mg/0.75gm (0.1%) (Divigel).....25
estradiol td gel 1 mg/gm (0.1%) (Divigel).....25
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estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot)..... 25
estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot).....25
estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot)..... 25
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estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot) 25
estradiol td patch weekly 0.025 mg/24hr (Climara) 25
estradiol td patch weekly 0.05 mg/24hr (Climara) 25
estradiol td patch weekly 0.06 mg/24hr (Climara) 25
estradiol td patch weekly 0.075 mg/24hr (Climara) 25
estradiol td patch weekly 0.1 mg/24hr (Climara) 25
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara) 25
estradiol vaginal cream 0.1 mg/gm (Estrace) 61
estradiol vaginal tab 10 mcg (Vagifem) 61
estradiol valerate im in oil 10 mg/ml (Delestrogen) 25
estradiol valerate im in oil 20 mg/ml (Delestrogen) 25
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ESTRING -estradiol vaginal ring 2 mg (7.5 mcg/24hrs) 61
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fluconazole tab 50 mg (Diflucan).....4
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fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg.... 44
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GENOTROPIN MINIQUICK -somatropin for subcutaneous inj prefilled syr 1.6 mg..... 36
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GERBER EXTENSIVE HA -infant foods powder.....99
GERBER GOOD START A2/IRON -infant foods powder.....99
GERBER GOOD START A2/TODD -infant foods powder.....99
GERBER GOOD START GENTLE/ -infant foods powder.....99
GERBER GOOD START GENTLE -infant foods powder.....99
GERBER GOOD START GENTLEP -infant foods powder.....99
GERBER GOOD START GROW 3 -infant foods powder.....99
GERBER GOOD START NOURISH -infant foods powder.....99
GERBER GOOD START PREMATU -infant foods powder.....99
GERBER GOOD START PROTECT -infant foods powder.....99
GERBER GOOD START SOOTHE -infant foods powder.....99
GERBER GOOD START SOOTHEP -infant foods powder.....99
GERBER GOOD START SOY/IRO -infant foods powder.....99
GERBER GOOD START SOY -infant foods powder..... 99
GERBER GOOD START SOY 2 -infant foods powder..... 99
GERBER GOOD START SUPREME -infant foods powder.....99

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GERBER GOOD START SUPREM -infant foods powder....99
GERBER GRADUATES GENTLE/I -infant foods powder....99
GERBER GRADUATES PROTECT/ -infant foods powder....100
GERBER GRADUATES SOOTHE -infant foods powder....100
GERBER GRADUATES SOY/IRON -infant foods powder....100
GERBER NATURA/STAGE 1/BIR -infant foods powder....100
GERBER NATURA/STAGE 3/12 -infant foods powder....100
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GILENYA -fingolimod hcl cap 0.5 mg (base equiv)....74
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GLUCERNA 1.0 CAL -nutritional supplement liquid....100
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GLUCERNA CEREAL CRUNCHY F -nutritional supplement misc....100
GLUCERNA CRISPY DELIGHTS -nutritional supplement bar....100
GLUCERNA HUNGER SMART SHA -nutritional supplement liquid....100
GLUCERNA MEAL -nutritional supplement bar....100
GLUCERNA MEAL REPLACEMENT -nutritional supplement bar....100
GLUCERNA MINI SNACK -nutritional supplement bar....100
GLUCERNA MINI SNACKS -nutritional supplement bar....100
GLUCERNA -nutritional supplement bar....100
GLUCERNA -nutritional supplement liquid....100
GLUCERNA OS -nutritional supplement liquid....100
GLUCERNA SELECT -nutritional supplement liquid....100
GLUCERNA SHAKE -nutritional supplement liquid....100
GLUCERNA SNACK BARS -nutritional supplement bar....100
GLUCERNA SNACK -nutritional supplement bar....100
GLUCERNA SNACK SHAKE -nutritional supplement liquid....100
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SUTENT -sunitinib malate cap 50 mg (base equivalent).... 21
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TAFINLAR -dabrafenib mesylate cap 50 mg (base equivalent).... 21
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TAGRISSO -osimertinib mesylate tab 40 mg (base equivalent).... 21
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TASIGNA -nilotinib hcl cap 200 mg (base equivalent)....21
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TAVALISSE -fostamatinib disodium tab 150 mg (base equivalent)....127
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TEGSEDI -inotersen sod subcutaneous pref syr 284 mg/1.5ml (base eq)....76
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testosterone td gel 25 mg/2.5gm (1%) (Androgel)....24
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THYROID -thyroid tab 60 mg (1 grain)....34
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tiagabine hcl tab 2 mg (Gabitril)....88
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TIBSOVO -ivosidenib tab 250 mg....21
timolol maleate ophth soln 0.25% (Timoptic)....130
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timolol maleate tab 5 mg....40
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tiopronin tab 100 mg (Thiola)....61
TIVICAY -dolutegravir sodium tab 10 mg (base equiv)....8
TIVICAY -dolutegravir sodium tab 25 mg (base equiv)....8
TIVICAY -dolutegravir sodium tab 50 mg (base equiv)....8
TIVICAY PD -dolutegravir sodium tab for oral susp 5 mg (base equiv)....8
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tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)....130
tobramycin nebu soln 300 mg/5ml (Tobi)....3
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TODAY SPONGE -nonoxynol-9 vaginal sponge 1000 mg....61
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tolterodine tartrate cap er 24hr 4 mg (Detrol la)....60
tolterodine tartrate tab 1 mg (Detrol)....60
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tramadol hcl tab er 24hr 100 mg....80
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TRELEGY ELLIPTA -fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act....55
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TRIJARDY XR -empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg.... 30
TRIJARDY XR -empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg.... 30
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TRIKAFTA -elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran.... 56
TRIKAFTA -elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk.... 56
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TURALIO -pexidartinib hcl cap 125 mg (base equivalent).... 21
TURKEY/SWEET POTATOES/PEA -nutritional supplement liquid.... 114
TWINRIX -hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml.... 13
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TWOCAL HN 2.0 -nutritional supplement liquid.... 114
TYBLUME -levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg.... 27
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TYLACTIN COMPLETE 15 PE -nutritional supplement bar.... 114

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TYLACTIN RESTORE 5PE -nutritional supplement pack..... 114
TYLACTIN RTD 15 -nutritional supplement liquid..... 114
TYMLOS -abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml..... 38
TYR ANAMIX EARLY YEARS -nutritional supplement powder..... 114
TYR ANAMIX NEXT -nutritional supplement powder..... 115
TYR COOLER -nutritional supplement liquid..... 115
TYREX-1 -nutritional supplement powder..... 115
TYREX-2 -nutritional supplement powder..... 115
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TYROS 2 -nutritional supplement powder..... 115
TYVASO REFILL -treprostinil inhalation solution 0.6 mg/ml..... 50
TYVASO STARTER -treprostinil inhalation solution 0.6 mg/ml..... 50
TYVASO -treprostinil inhalation solution 0.6 mg/ml..... 50

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UBRELVY -ubrogepant tab 100 mg..... 84
UCD ANAMIX JUNIOR -nutritional supplement powder..... 115
UCD 2 -nutritional supplement powder..... 115
UCD TRIO -nutritional supplement powder..... 115
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ULTRIENT 1.5 SAFE-T FEED -nutritional supplement liquid..... 115
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UPTRAVI -selexipag tab 400 mcg..... 50
UPTRAVI -selexipag tab 600 mcg..... 51
UPTRAVI -selexipag tab 800 mcg..... 51
UPTRAVI -selexipag tab 1000 mcg..... 51
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UPTRAVI -selexipag tab 1600 mcg..... 51
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ursodiol tab 250 mg (Urso 250)..... 60
ursodiol tab 500 mg (Urso forte)..... 60
UTYMAX -nutritional supplement pack..... 115

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valacyclovir hcl tab 500 mg (Valtrex)..... 8
VALCHLOR -mechlorethamine hcl gel 0.016% (base equivalent)..... 135
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valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)..... 8
valproate sodium oral soln 250 mg/5ml (base equiv)..... 88
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valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)..... 47
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valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)..... 47
valsartan tab 40 mg (Diovan)..... 46
valsartan tab 80 mg (Diovan)..... 46
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VALTOCO 10 MG DOSE -diazepam nasal spray 10 mg/0.1 ml..... 88
VALTOCO 5 MG DOSE -diazepam nasal spray 5 mg/0.1 ml..... 88
VALTOCO 15 MG DOSE -diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)..... 88
VALTOCO 20 MG DOSE -diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)..... 88
vancomycin hcl cap 250 mg (base equivalent) (Vancocin)..... 10
vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)..... 10
vancomycin hcl for oral soln 25 mg/ml (base equivalent) (Firvanq)..... 10
vancomycin hcl for oral soln 50 mg/ml (base equivalent) (Firvanq)..... 10
VANDAZOLE -metronidazole vaginal gel 0.75%..... 61
VAQTA -hepatitis a vaccine inj susp 25 unit/0.5ml..... 13
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VARIVAX -varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml.... 13
VARUBI -rolapitant hcl tab therapy pack 2 x 90 mg (base equiv).... 58
VASCEPA -icosapent ethyl cap 0.5 gm.... 49
VASCEPA -icosapent ethyl cap 1 gm.... 49
VAXELIS -diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp.... 14
VAXELIS -diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr.... 13
VAXNEUVANCE -pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml.... 13
VECAMYL -mecamylamine hcl tab 2.5 mg.... 47
VELIVET -desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg.... 28
VELTASSA -patiromer sorbitex calcium for susp packet 8.4 gm (base eq).... 138
VELTASSA -patiromer sorbitex calcium for susp packet 16.8 gm (base eq).... 138
VELTASSA -patiromer sorbitex calcium for susp packet 25.2 gm (base eq).... 138
VEMLIDY -tenofovir alafenamide fumarate tab 25 mg.... 8
VENCLEXTA STARTING PACK -venetoclax tab therapy starter pack 10 & 50 & 100 mg.... 22
VENCLEXTA -venetoclax tab 10 mg.... 22
VENCLEXTA -venetoclax tab 50 mg.... 22
VENCLEXTA -venetoclax tab 100 mg.... 22
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr).... 65
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venlafaxine hcl tab 37.5 mg (base equivalent).... 65
venlafaxine hcl tab 50 mg (base equivalent).... 65
venlafaxine hcl tab 75 mg (base equivalent).... 65
venlafaxine hcl tab 100 mg (base equivalent).... 65
VENTAVIS -iloprost inhalation solution 10 mcg/ml.... 51
VENTAVIS -iloprost inhalation solution 20 mcg/ml.... 51
VENTOLIN HFA -albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).... 55
verapamil hcl cap er 24hr 120 mg (Verelan).... 42
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verapamil hcl cap er 24hr 240 mg (Verelan).... 42
VERAPAMIL HCL SR -verapamil hcl cap er 24hr 360 mg.... 42
verapamil hcl tab er 120 mg (Calan sr).... 42
verapamil hcl tab er 180 mg (Calan sr).... 42
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verapamil hcl tab 80 mg.... 42
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VERQUVO -vericiguat tab 10 mg.... 51
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VERZENIO -abemaciclib tab 200 mg.... 22
VIBERZI -eluxadoline tab 75 mg.... 60
VIBERZI -eluxadoline tab 100 mg.... 60
VICTOZA -liraglutide soln pen-injector 18 mg/3ml (6 mg/ml).... 31
vigabatrin powd pack 500 mg (Sabril).... 88
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VIIBRYD STARTER PACK -vilazodone hcl tab starter kit 10 (7) & 20 (23) mg.... 65
VIIBRYD -vilazodone hcl tab 10 mg.... 65
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VIIBRYD -vilazodone hcl tab 40 mg.... 65
VIJOICE -alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs).... 138
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VIMPAT -lacosamide tab 50 mg.... 88
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VINATE II -prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg.... 92
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VIRACEPT -nelfinavir mesylate tab 250 mg.... 8
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VIREAD -tenofovir disoproxil fumarate tab 150 mg.... 8
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VITAL AF 1.2 CAL ADVANCED -nutritional supplement liquid.... 115
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VITAL 1.5 CAL -nutritional supplement liquid.... 115
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VITAL PEPTIDE 1.5 CAL -nutritional supplement liquid..... 115
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VITRAKVI -larotrectinib sulfate cap 25 mg (base equivalent).....22
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VIVOTIF -typhoid vaccine cap delayed release.....13
VIZIMPRO -dacomitinib tab 15 mg..... 22
VIZIMPRO -dacomitinib tab 30 mg..... 22
VIZIMPRO -dacomitinib tab 45 mg..... 22
VONJO -pacritinib citrate cap 100 mg..... 22
VONVENDI -von willebrand factor (recombinant) for inj 650 unit..... 127
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voriconazole for susp 40 mg/ml (Vfend).....4
voriconazole tab 50 mg (Vfend).....4
voriconazole tab 200 mg (Vfend).....4
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VOTRIENT -pazopanib hcl tab 200 mg (base equiv)..... 22
VOXZOGO -vosoritide for subcutaneous inj 0.4 mg.....38
VOXZOGO -vosoritide for subcutaneous inj 0.56 mg.....38
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VRAYLAR -cariprazine hcl cap 1.5 mg (base equivalent).....68
VRAYLAR -cariprazine hcl cap 3 mg (base equivalent).....68
VRAYLAR -cariprazine hcl cap 4.5 mg (base equivalent).....68
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VYVANSE -lisdexamfetamine dimesylate cap 10 mg.....72
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warfarin sodium tab 3 mg.....120
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WELLNESS ESSENTIALS -nutritional supplement kit..... 115
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