BlueCross BlueShield of Illinois

Performance Drug List

April 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. You can view the most up-to-date list, or the specialty drug list, at **MyPrime.com** or **bcbsil.com**.

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

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Introduction

Blue Cross and Blue Shield of Illinois (BCBSIL) is pleased to present the 2022 Drug List**.** All available covered drugs are shown on this list. Drugs that are not shown are not covered. **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 List 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 **bcbsil.com** and log in or call the number on your ID card. Physicians can access the list from the provider portal at **bcbsil.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 your health plan, 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

Generally, each prescription drug product is placed into one of up to 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). Depending on your benefit plan, drugs can either be in these tiers or you may have fewer tiers, e.g. all generics in one tier. Some brands may be in a generic tier and some generics may be in a brand tier. Note: Covered substance use disorder drugs (those FDA-approved for treatment of opioid drug abuse, alcohol abuse and to quit tobacco use) may be in the lowest tiers. Substance use disorder brand drugs may be in the lowest brand tier and generic drugs in the lowest generic tier, based on your benefit plan. These drugs are those with such active ingredients as buprenorphine-naloxone, methadone, naltrexone, disulfiram, acamprosate, bupropion (smoking deterrent), varenicline and nicotine replacement therapy. To verify your payment amount for a drug, visit **MyPrime.com** and log in or call the number on your ID card.

Your pharmacy benefit includes coverage for many prescription drugs, although some exclusions may apply. 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 or vaccines 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 all CAPITAL letters followed by the generic name.

Example: NOVOLOG – Insulin aspart inj 100 unit/ml

- Preferred Generics are marked with a “p” and shown in lower-case **boldface** type
- Non-Preferred Generics are marked with a “np” and shown in lower-case **boldface** type
- Preferred Brands are marked with a “P” and shown in all CAPITAL letters
- Non-Preferred Brands are marked with a “NP” and shown in all CAPITAL letters
- Preferred Specialty Drugs are marked with a “p, np, or P” and shown as lower-case **boldface** type or in all CAPITAL letters. These drugs are also marked with a dot in the Specialty column.
- Non-Preferred Specialty Drugs are marked with a “NP” and shown in all CAPITAL letters. These drugs are also marked with a dot in the Specialty column.
- Drugs that are also marked with a “+” indicate group-specific coverage. Please see your benefit plan materials for coverage details, or call the number on the back of your member ID card.

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.

Brand drugs may be removed from or moved to a higher tier on the drug list after a generic equivalent becomes available.

You may be responsible for your 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 equivalent. Generic drugs generally 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. Some plans may exclude coverage for certain agents or drug categories, like those used for erectile dysfunction or weight loss. 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 may not provide coverage for prescription medications that have an over-the-counter version. You should refer to your benefit plan material for details about your particular benefits.

Compounded medications: Your benefit plan may 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.

Non FDA-approved drugs: Drugs that have not received FDA approval 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. Refer to your benefit plan materials for details about your particular benefits.

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. Refer to your benefit plan materials for details about your particular benefits.

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 **bcbsil.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.

ACA Preventive (ACA): Medicines marked in the ACA column are under the Affordable Care Act coverage of preventive services. These products may have limited or $0 member cost-sharing (copay or co-insurance), when meeting the conditions as outlined under the regulation. Coverage may vary based on benefit plan. These are also indicated with an “A” in the drug tier column.

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. Blue Cross and Blue Shield of Illinois 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 **bcbsil.com**.

Note that some drug classes may be excluded by some plans and therefore may not be covered under your pharmacy benefit. Your plan may have a different coverage level for self-administered specialty drugs. 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 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.

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Accredo is a specialty pharmacy that is contracted to provide services to members of BCBSIL. The relationship between Accredo and BCBSIL 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 tablets
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

You, your prescribing health care provider, or your authorized representative, can ask for a Drug List exception if your drug is not on (or is being removed from) the Drug List. To request this exception, you, your prescriber, or your authorized representative, can call the number on your ID card to ask for a review. If the coverage request is denied, BCBSIL will let you and your prescriber (or authorized representative) know why it was denied. Call the number on your ID card if you have any questions.

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	Phone:	855-664-7270 (voicemail)
300 E. Randolph St.	TTY/TDD:	855-661-6965
35th Floor	Fax:	855-661-6960
Chicago, Illinois 60601	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	Phone:	800-368-1019
200 Independence Avenue SW	TTY/TDD:	800-537-7697
Room 509F, HHH Building 1019	Complaint Portal:	https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Washington, DC 20201	Complaint Forms:	http://www.hhs.gov/ocr/office/file/index.html

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.

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.
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 ।.
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
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.
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 h odoonih. 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 شماره 855-710-6984 تماس حاصل نمایید.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiekolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
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.
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 giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ANTI-INFECTIVE AGENTS						
PENICILLINS						
AMOXICILLIN- amoxicillin (trihydrate) chew tab 125 mg	NP					
AMOXICILLIN- amoxicillin (trihydrate) chew tab 250 mg	NP					
amoxicillin (trihydrate) cap 250 mg	p					
amoxicillin (trihydrate) cap 500 mg	p					
amoxicillin (trihydrate) for susp 125 mg/5ml	p					
amoxicillin (trihydrate) for susp 200 mg/5ml	p					
amoxicillin (trihydrate) for susp 250 mg/5ml	p					
amoxicillin (trihydrate) for susp 400 mg/5ml	p					
amoxicillin (trihydrate) tab 500 mg	p					
amoxicillin (trihydrate) tab 875 mg	p					
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	p					
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)	np					
amoxicillin & k clavulanate for susp 400-57 mg/5ml	np					
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	np					
amoxicillin & k clavulanate tab 250-125 mg	np					
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	p					
amoxicillin & k clavulanate tab 875-125 mg (Augmentin)	p					
AMOXICILLIN/CLAVULANATE P- amoxicillin & k clavulanate chew tab 200-28.5 mg	NP					
AMOXICILLIN/CLAVULANATE P- amoxicillin & k clavulanate chew tab 400-57 mg	NP					
AMOXICILLIN/CLAVULANATE P- amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	NP					
AMPICILLIN- ampicillin cap 500 mg	NP					
dicloxacillin sodium cap 250 mg	np					
dicloxacillin sodium cap 500 mg	np					
PENICILLIN V POTASSIUM- penicillin v potassium for soln 125 mg/5ml	NP					
PENICILLIN V POTASSIUM- penicillin v potassium for soln 250 mg/5ml	NP					
penicillin v potassium tab 250 mg	p					
penicillin v potassium tab 500 mg	p					
CEPHALOSPORINS						
CEFACLOR- cefaclor cap 250 mg	NP					
CEFACLOR- cefaclor cap 500 mg	NP					
CEFADROXIL- cefadroxil tab 1 gm	NP					
cefadroxil cap 500 mg	p					
cefadroxil for susp 250 mg/5ml	np					
cefadroxil for susp 500 mg/5ml	np					
cefdinir cap 300 mg	p					
cefdinir for susp 125 mg/5ml	np					
cefdinir for susp 250 mg/5ml	np					
cefixime cap 400 mg (Suprax)	np					
cefixime for susp 100 mg/5ml (Suprax)	np					
cefixime for susp 200 mg/5ml (Suprax)	np					
cefpodoxime proxetil for susp 50 mg/5ml	np					
cefpodoxime proxetil for susp 100 mg/5ml	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
cefpodoxime proxetil tab 100 mg	np					
cefpodoxime proxetil tab 200 mg	np					
cefprozil for susp 125 mg/5ml	np					
cefprozil for susp 250 mg/5ml	np					
cefprozil tab 250 mg	np					
cefprozil tab 500 mg	np					
cefuroxime axetil tab 250 mg	np					
cefuroxime axetil tab 500 mg	np					
CEPHALEXIN- cephalexin cap 750 mg	np					
cephalexin cap 250 mg (Keflex)	p					
cephalexin cap 500 mg (Keflex)	p					
cephalexin for susp 125 mg/5ml	np					
cephalexin for susp 250 mg/5ml	np					
MACROLIDES						
AZITHROMYCIN- azithromycin powd pack for susp 1 gm	P					
azithromycin for susp 100 mg/5ml (Zithromax)	np					
azithromycin for susp 200 mg/5ml (Zithromax)	np					
azithromycin tab 250 mg (Zithromax)	p			•		
azithromycin tab 500 mg (Zithromax)	p			•		
azithromycin tab 600 mg (Zithromax)	np			•		
CLARITHROMYCIN- clarithromycin for susp 125 mg/5ml	NP					
CLARITHROMYCIN- clarithromycin for susp 250 mg/5ml	NP					
clarithromycin tab er 24hr 500 mg	np			•		
clarithromycin tab 250 mg	np					
clarithromycin tab 500 mg (Biaxin)	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
DIFICID- fidaxomicin for susp 40 mg/ml	P					
DIFICID- fidaxomicin tab 200 mg	P					
E.E.S. 400- erythromycin ethylsuccinate tab 400 mg	NP					
ERYTHROCIN STEARATE- erythromycin stearate tab 250 mg	P					
ERYTHROMYCIN- erythromycin w/ delayed release particles cap 250 mg	NP					
ERYTHROMYCIN ETHYLSUCCINA- erythromycin ethylsuccinate tab 400 mg	NP					
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	np					
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	np					
erythromycin tab delayed release 250 mg	np					
erythromycin tab delayed release 333 mg	np					
erythromycin tab delayed release 500 mg	np					
erythromycin tab 250 mg	np					
erythromycin tab 500 mg	np					
ZITHROMAX- azithromycin powd pack for susp 1 gm	NP					
TETRACYCLINES						
demeclocycline hcl tab 150 mg	np					
demeclocycline hcl tab 300 mg	np					
doxycycline hyclate cap 50 mg	np					
doxycycline hyclate cap 100 mg (Vibramycin)	p					
doxycycline hyclate tab 20 mg	np					
doxycycline hyclate tab 100 mg	p					
doxycycline monohydrate cap 50 mg	p					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
doxycycline monohydrate cap 100 mg (Monodox)	p					
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	np					
doxycycline monohydrate tab 50 mg	np					
doxycycline monohydrate tab 75 mg	np					
doxycycline monohydrate tab 100 mg	np					
doxycycline monohydrate tab 150 mg	np		•			
minocycline hcl cap 50 mg (Minocin)	p					
minocycline hcl cap 75 mg (Minocin)	np					
minocycline hcl cap 100 mg (Minocin)	np					
NUZYRA- omadacycline tosylate tab 150 mg (base equivalent)	NP			•		
tetracycline hcl cap 250 mg (Tetracycline hcl)	np					
tetracycline hcl cap 500 mg (Tetracycline hcl)	np					
FLUOROQUINOLONES						
BAXDELA- delafloxacin meglumine tab 450 mg (base equiv)	NP			•		
CIPRO- ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	NP					
CIPRO- ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	NP					
CIPROFLOXACIN HCL- ciprofloxacin hcl tab 100 mg (base equiv)	NP					
ciprofloxacin hcl tab 250 mg (base equiv) (Cipro)	p					
ciprofloxacin hcl tab 500 mg (base equiv) (Cipro)	p					
ciprofloxacin hcl tab 750 mg (base equiv)	p					
levofloxacin oral soln 25 mg/ml	np					
levofloxacin tab 250 mg (Levaquin)	p					
levofloxacin tab 500 mg (Levaquin)	p					
levofloxacin tab 750 mg (Levaquin)	p					
moxifloxacin hcl tab 400 mg (base equiv) (Avelox)	np					
OFLOXACIN- ofloxacin tab 300 mg	P					
ofloxacin tab 400 mg	np					
AMINOGLYCOSIDES						
ARIKAYCE- amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	NP	•	•	•		
KITABIS PAK- tobramycin nebu soln 300 mg/5ml	NP	•	•	•		
neomycin sulfate tab 500 mg	p					
paromomycin sulfate cap 250 mg	np					
TOBI PODHALER- tobramycin inhal cap 28 mg	NP	•		•		
TOBRAMYCIN- tobramycin nebu soln 300 mg/5ml	NP	•	•	•		
tobramycin nebu soln 300 mg/5ml (Tobi)	np	•		•		
tobramycin nebu soln 300 mg/4ml (Bethkis)	np	•		•		
SULFONAMIDES						
sulfadiazine tab 500 mg	np					
ANTIMYCOBACTERIAL AGENTS						
CYCLOSERINE- cycloserine cap 250 mg	NP					
ethambutol hcl tab 100 mg (Myambutol)	np					
ethambutol hcl tab 400 mg (Myambutol)	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ISONIAZID- isoniazid syrup 50 mg/5ml	NP					
ISONIAZID- isoniazid tab 100 mg	NP					
isoniazid tab 300 mg	p					
PASER- aminosalicylic acid er granules packet 4 gm	NP					
PRETOMANID- pretomanid tab 200 mg	NP					
PRIFTIN- rifapentine tab 150 mg	P					
pyrazinamide tab 500 mg	np					
rifabutin cap 150 mg (Mycobutin)	np					
rifampin cap 150 mg (Rifadin)	np					
rifampin cap 300 mg	np					
SIRTURO- bedaquiline fumarate tab 20 mg (base equiv)	NP					
SIRTURO- bedaquiline fumarate tab 100 mg (base equiv)	NP					
TRECATOR- ethionamide tab 250 mg	NP					
ANTIFUNGALS						
CRESEMBA- isavuconazonium sulfate cap 186 mg (isavuconazole 100 mg)	NP		•			
fluconazole for susp 10 mg/ml (Diflucan)	np					
fluconazole for susp 40 mg/ml (Diflucan)	np					
fluconazole tab 50 mg (Diflucan)	p					
fluconazole tab 100 mg (Diflucan)	p					
fluconazole tab 150 mg (Diflucan)	p					
fluconazole tab 200 mg (Diflucan)	p					
flucytosine cap 250 mg (Ancobon)	np					
flucytosine cap 500 mg (Ancobon)	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
griseofulvin microsize susp 125 mg/5ml	np					
griseofulvin microsize tab 500 mg	np					
griseofulvin ultramicrosize tab 125 mg (Gris-peg)	np					
griseofulvin ultramicrosize tab 250 mg (Gris-peg)	np					
itraconazole cap 100 mg (Sporanox)	np			•		
itraconazole oral soln 10 mg/ml (Sporanox)	np			•		
ketoconazole tab 200 mg	np					
NOXAFIL- posaconazole susp 40 mg/ml	P		•			
nystatin tab 500000 unit	np					
posaconazole tab delayed release 100 mg (Noxafil)	np		•			
terbinafine hcl tab 250 mg (Lamisil)	p					
voriconazole for susp 40 mg/ml (Vfend)	np		•			
voriconazole tab 50 mg (Vfend)	np		•			
voriconazole tab 200 mg (Vfend)	np		•			
ANTIVIRALS						
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	np			•		
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	np			•		
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	np			•		
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (Trizivir)	np			•		
acyclovir cap 200 mg (Zovirax)	p					
acyclovir susp 200 mg/5ml (Zovirax)	np					
acyclovir tab 400 mg (Zovirax)	p					
acyclovir tab 800 mg (Zovirax)	p					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
adefovir dipivoxil tab 10 mg (Hepsera)	np					
APTIVUS- tipranavir cap 250 mg	NP			•		
atazanavir sulfate cap 150 mg (base equiv) (Reyataz)	np			•		
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	np			•		
atazanavir sulfate cap 300 mg (base equiv) (Reyataz)	np			•		
BARACLUDE- entecavir oral soln 0.05 mg/ml	P					
BIKTARVY- bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg	P			•		
BIKTARVY- bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	P			•		
CIMDUO- lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	P			•		
COMPLERA- emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	NP			•		
DELSTRIGO- doravirine-lamivudine-tenofovir df tab 100-300-300 mg	P			•		
DESCOVY- emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	P			•		
DOVATO- dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	P			•		
EDURANT- rilpivirine hcl tab 25 mg (base equivalent)	NP			•		
efavirenz cap 50 mg (Sustiva)	np			•		
efavirenz cap 200 mg (Sustiva)	np			•		
efavirenz tab 600 mg (Sustiva)	np			•		
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)	np			•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)	np			•		
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	np			•		
emtricitabine caps 200 mg (Emtriva)	np			•		
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (Truvada)	np			•		
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (Truvada)	np			•		
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (Truvada)	np			•		
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	np			•		•
EMTRIVA- emtricitabine soln 10 mg/ml	NP			•		
entecavir tab 0.5 mg (Baraclude)	np					
entecavir tab 1 mg (Baraclude)	np					
EPCLUSA- sofosbuvir-velpatasvir tab 200-50 mg	P	•	•	•		
EPCLUSA- sofosbuvir-velpatasvir tab 400-100 mg	P	•	•	•		
EPIVIR HBV- lamivudine oral soln 5 mg/ml (hbv)	NP					
etravirine tab 100 mg (Intelence)	np			•		
etravirine tab 200 mg (Intelence)	np			•		
EVOTAZ- atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	P			•		
famciclovir tab 125 mg	np					
famciclovir tab 250 mg	np					
famciclovir tab 500 mg	np					
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	np			•		
FUZEON- enfuvirtide for inj 90 mg	NP			•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
GENVOYA- elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	P			•		
HARVONI- ledipasvir-sofosbuvir pellet pack 33.75-150 mg	P	•	•	•		
HARVONI- ledipasvir-sofosbuvir pellet pack 45-200 mg	P	•	•	•		
HARVONI- ledipasvir-sofosbuvir tab 45-200 mg	P	•	•	•		
HARVONI- ledipasvir-sofosbuvir tab 90-400 mg	P	•	•	•		
INTELENCE- etravirine tab 25 mg	P			•		
INVIRASE- saquinavir mesylate tab 500 mg	NP			•		
ISENTRESS- raltegravir potassium chew tab 25 mg (base equiv)	P			•		
ISENTRESS- raltegravir potassium chew tab 100 mg (base equiv)	P			•		
ISENTRESS- raltegravir potassium packet for susp 100 mg (base equiv)	P			•		
ISENTRESS- raltegravir potassium tab 400 mg (base equiv)	P			•		
ISENTRESS HD- raltegravir potassium tab 600 mg (base equiv)	P			•		
JULUCA- dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	P			•		
lamivudine oral soln 10 mg/ml (Epivir)	np			•		
lamivudine tab 100 mg (hbv) (Epivir hbv)	np					
lamivudine tab 150 mg (Epivir)	np			•		
lamivudine tab 300 mg (Epivir)	np			•		
lamivudine-zidovudine tab 150-300 mg (Combivir)	np			•		
LEXIVA- fosamprenavir calcium susp 50 mg/ml (base equiv)	NP			•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	np			•		
lopinavir-ritonavir tab 100-25 mg (Kaletra)	np			•		
lopinavir-ritonavir tab 200-50 mg (Kaletra)	np			•		
MAVYRET- glecaprevir-pibrentasvir tab 100-40 mg	P	•	•	•		
MOLNUPIRAVIR- molnupiravir cap 200 mg	NP			•		
NEVIRAPINE- nevirapine susp 50 mg/5ml	p			•		
NEVIRAPINE ER- nevirapine tab er 24hr 100 mg	NP			•		
nevirapine tab er 24hr 400 mg (Viramune xr)	np			•		
nevirapine tab 200 mg (Viramune)	p			•		
NORVIR- ritonavir oral soln 80 mg/ml	P			•		
NORVIR- ritonavir powder packet 100 mg	NP			•		
ODEFSEY- emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	P			•		
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	np			•		
oseltamivir phosphate cap 45 mg (base equiv) (Tamiflu)	np			•		
oseltamivir phosphate cap 75 mg (base equiv) (Tamiflu)	np			•		
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	np			•		
PAXLOVID- nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	NP			•		
PEGASYS- peginterferon alfa-2a inj 180 mcg/ml	P	•	•			
PEGASYS- peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	P	•	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
PREVYMIS- letermovir tab 240 mg	NP			•		
PREVYMIS- letermovir tab 480 mg	NP			•		
PREZCOBIX- darunavir-cobicistat tab 800-150 mg	P			•		
PREZISTA- darunavir ethanolate susp 100 mg/ml (base equiv)	P			•		
PREZISTA- darunavir ethanolate tab 75 mg (base equiv)	P			•		
PREZISTA- darunavir ethanolate tab 150 mg (base equiv)	P			•		
PREZISTA- darunavir ethanolate tab 600 mg (base equiv)	P			•		
PREZISTA- darunavir ethanolate tab 800 mg (base equiv)	P			•		
RELENZA DISKHALER- zanamivir aero powder breath activated 5 mg/blister	NP			•		
REYATAZ- atazanavir sulfate oral powder packet 50 mg (base equiv)	NP			•		
ribavirin cap 200 mg (Rebetol)	np	•				
ribavirin tab 200 mg (Copegus)	np	•				
ritonavir tab 100 mg (Norvir)	np			•		
RUKOBIA- fostemsavir tromethamine tab er 12hr 600 mg	NP			•		
SELZENTRY- maraviroc oral soln 20 mg/ml	NP			•		
SELZENTRY- maraviroc tab 25 mg	NP			•		
SELZENTRY- maraviroc tab 75 mg	NP			•		
SELZENTRY- maraviroc tab 150 mg	NP			•		
SELZENTRY- maraviroc tab 300 mg	NP			•		
SOVALDI- sofosbuvir pellet pack 150 mg	P	•	•	•		
SOVALDI- sofosbuvir pellet pack 200 mg	P	•	•	•		
SOVALDI- sofosbuvir tab 200 mg	P	•	•	•		
SOVALDI- sofosbuvir tab 400 mg	P	•	•	•		
STAVUDINE- stavudine cap 15 mg	NP			•		
STAVUDINE- stavudine cap 20 mg	NP			•		
STAVUDINE- stavudine cap 30 mg	NP			•		
STAVUDINE- stavudine cap 40 mg	NP			•		
STRIBILD- elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	NP			•		
SYMTUZA- darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	P			•		
TEMIXYS- lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	P			•		
tenofovir disoproxil fumarate tab 300 mg (Viread)	np			•		
TIVICAY- dolutegravir sodium tab 10 mg (base equiv)	P			•		
TIVICAY- dolutegravir sodium tab 25 mg (base equiv)	P			•		
TIVICAY- dolutegravir sodium tab 50 mg (base equiv)	P			•		
TIVICAY PD- dolutegravir sodium tab for oral susp 5 mg (base equiv)	P			•		
TRIUMEQ- abacavir-dolutegravir-lamivudine tab 600-50-300 mg	P			•		
TYBOST- cobicistat tab 150 mg	NP			•		
valacyclovir hcl tab 500 mg (Valtrex)	p					
valacyclovir hcl tab 1 gm (Valtrex)	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	np					
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	np					
VEMLIDY- tenofovir alafenamide fumarate tab 25 mg	NP					
VIRACEPT- nelfinavir mesylate tab 250 mg	NP			•		
VIRACEPT- nelfinavir mesylate tab 625 mg	NP			•		
VIREAD- tenofovir disoproxil fumarate oral powder 40 mg/gm	P			•		
VIREAD- tenofovir disoproxil fumarate tab 150 mg	P			•		
VIREAD- tenofovir disoproxil fumarate tab 200 mg	P			•		
VIREAD- tenofovir disoproxil fumarate tab 250 mg	P			•		
VOSEVI- sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	P	•	•	•		
XOFLUZA- baloxavir marboxil tab therapy pack 2 x 20 mg (40 mg dose)	NP			•		
XOFLUZA- baloxavir marboxil tab therapy pack 2 x 40 mg (80 mg dose)	NP			•		
XOFLUZA- baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	NP			•		
XOFLUZA- baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	NP			•		
zidovudine cap 100 mg (Retrovir)	np			•		
zidovudine syrup 10 mg/ml (Retrovir)	np			•		
zidovudine tab 300 mg	np			•		
ANTIMALARIALS						
ARAKODA- tafenoquine succinate tab 100 mg (base equivalent)	NP					
atovaquone-proguanil hcl tab 62.5-25 mg (Malarone)	np			•		
atovaquone-proguanil hcl tab 250-100 mg (Malarone)	np			•		
CHLOROQUINE PHOSPHATE- chloroquine phosphate tab 500 mg	NP					
chloroquine phosphate tab 250 mg	np					
COARTEM- artemether-lumefantrine tab 20-120 mg	NP					
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	np					
KRINTAFEL- tafenoquine succinate tab 150 mg (base equivalent)	NP					
mefloquine hcl tab 250 mg	np					
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	np					
pyrimethamine tab 25 mg (Daraprim)	np		•	•		
quinine sulfate cap 324 mg (Qualaquin)	np					
ANTHELMINTICS						
albendazole tab 200 mg (Albenza)	np					
BENZNIDAZOLE- benznidazole tab 12.5 mg	P					
BENZNIDAZOLE- benznidazole tab 100 mg	P					
ivermectin tab 3 mg (Stromectol)	np					
praziquantel tab 600 mg (Biltricide)	np					
ANTI-INFECTIVE AGENTS - MISC.						
ALINIA- nitazoxanide for susp 100 mg/5ml	P			•		
atovaquone susp 750 mg/5ml (Mepron)	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
CAYSTON- aztreonam lysine for inhal soln 75 mg (base equivalent)	NP	•		•		
clindamycin hcl cap 75 mg (Cleocin)	p					
clindamycin hcl cap 150 mg (Cleocin)	p					
clindamycin hcl cap 300 mg (Cleocin)	p					
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	np					
dapsone tab 25 mg	np					
dapsone tab 100 mg	np					
FIRVANQ- vancomycin hcl for oral soln 25 mg/ml (base equivalent)	NP					
FIRVANQ- vancomycin hcl for oral soln 50 mg/ml (base equivalent)	NP					
fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)	np					
IMPAVIDO- miltefosine cap 50 mg	P					
LAMPIT- nifurtimox tab 30 mg	NP					
LAMPIT- nifurtimox tab 120 mg	NP					
linezolid for susp 100 mg/5ml (Zyvox)	np			•		
linezolid tab 600 mg (Zyvox)	np			•		
methenamine hippurate tab 1 gm (Hiprex)	np					
metronidazole cap 375 mg (Flagyl)	np					
metronidazole tab 250 mg (Flagyl)	p					
metronidazole tab 500 mg (Flagyl)	p					
nitazoxanide tab 500 mg (Alinia)	np			•		
nitrofurantoin macrocrystalline cap 25 mg (Macrodantin)	np					
nitrofurantoin macrocrystalline cap 50 mg (Macrodantin)	np					
nitrofurantoin macrocrystalline cap 100 mg (Macrodantin)	np					
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	p					
nitrofurantoin susp 25 mg/5ml	np					
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	np					
SIVEXTRO- tedizolid phosphate tab 200 mg	NP			•		
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	np					
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	p					
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	p					
tinidazole tab 250 mg	np					
tinidazole tab 500 mg (Tindamax)	np					
TRIMETHOPRIM- trimethoprim tab 100 mg	p					
vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)	np			•		
vancomycin hcl cap 250 mg (base equivalent) (Vancocin hcl)	np			•		
XIFAXAN- rifaximin tab 200 mg	NP			•		
XIFAXAN- rifaximin tab 550 mg	P			•		
BIOLOGICALS						
VACCINES						
ACTHIB- haemophilus b polysaccharide conjugate vaccine for inj	P					•
AFLURIA QUADRIVALENT 2021- influenza virus vac split quadrivalent susp pref syr 0.25 ml	P					•

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
AFLURIA QUADRIVALENT 2021- influenza virus vac split quadrivalent susp pref syr 0.5ml	P					•
AFLURIA QUADRIVALENT 2021- influenza virus vaccine split quadrivalent im inj	P					•
BEXSERO- meningococcal vac b (recomb omv adjuv) inj prefilled syringe	P					•
ENGERIX-B- hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml	P					•
ENGERIX-B- hepatitis b vaccine (recombinant) susp 20 mcg/ml	P					•
FLUAD QUADRIVALENT 2021-2- influenza vac type a&b surface ant adj quad pref syr 0.5 ml	P					•
FLUARIX QUADRIVALENT 2021- influenza virus vac split quadrivalent susp pref syr 0.5ml	P					•
FLUBLOK QUADRIVALENT 2021- influenza vac recomb ha quad pf soln pref syr 0.5 ml	P					•
FLUCELVAX QUADRIVALENT 20- influenza vac tiss-cult subunt quad susp pref syr 0.5 ml	P					•
FLUCELVAX QUADRIVALENT 20- influenza vac tissue-cultured subunit quadrivalent im susp	P					•
FLULAVAL QUADRIVALENT 202- influenza virus vac split quadrivalent susp pref syr 0.5ml	P					•
FLUMIST QUADRIVALENT- influenza virus vaccine live quadrivalent intranasal susp	P					•
FLUZONE HIGH-DOSE PF 2021- influenza vac split high-dose quad pf susp pref syr 0.7 ml	P					•
FLUZONE QUADRIVALENT 2021- influenza virus vac split quadrivalent susp pref syr 0.5ml	P					•

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
FLUZONE QUADRIVALENT 2021- influenza virus vaccine split quadrivalent im inj	P					•
FLUZONE QUADRIVALENT 2021- influenza virus vaccine split quadrivalent inj 0.5 ml	P					•
GARDASIL 9- human papillomavirus (hpv) 9-valent recomb vac im susp	P					•
GARDASIL 9- human papillomavirus (hpv) 9-valent recomb vac susp pref syr	P					•
HAVRIX- hepatitis a vaccine inj susp 720 el unit/0.5ml	P					•
HAVRIX- hepatitis a vaccine inj susp 1440 el unit/ml	P					•
HEPLISAV-B- hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	P					•
HIBERIX- haemophilus b polysaccharide conjugate vac for inj 10 mcg	P					•
IMOVAX RABIES (H.D.C.V.)- rabies virus vaccine, hdc inj	P					
IPOL INACTIVATED IPV- poliovirus vaccine, ipv injection	P					•
JANSSEN COVID-19 VACCINE- covid-19 (sars-cov-2) ad26 vector vaccine-janssen im 0.5 ml	P					
M-M-R II- measles-mumps-rubella virus vaccines for inj soln	P					•
MENACTRA- meningococcal (a, c, y, and w-135) diphth conjugate vaccine	P					•
MENQUADFI- meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	P					•
MENVEO- meningococcal (a, c, y, and w-135) oligo conj vac for inj	P					•
MODERNA COVID-19 VACCINE- covid-19 (sars-cov-2)mrna	P					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
vacc-moderna im susp 100 mcg/0.5ml						
PEDVAX HIB- haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	P					•
PFIZER-BIONTECH COVID-19- covid-19 (sars-cov-2) mrna vacc-pfizer im susp 30 mcg/0.3ml	P					
PFIZER-BIONTECH COVID-19- covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml	P					
PFIZER-BIONTECH COVID-19- covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.2ml	P					
PNEUMOVAX 23- pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	P					•
PNEUMOVAX 23/1 DOSE- pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	P					•
PREVNAR 13- pneumococcal 13-valent conjugate vaccine inj	P					•
PROQUAD- measles-mumps-rubella-varicella virus vaccines for susp	P					•
RABAVERT- rabies vaccine, pcec for inj	P					
RECOMBIVAX HB- hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	P					•
RECOMBIVAX HB- hepatitis b vaccine (recombinant) susp 10 mcg/ml	P					•
RECOMBIVAX HB- hepatitis b vaccine (recombinant) susp 40 mcg/ml	P					•
ROTARIX- rotavirus vaccine, live for oral susp	P					•
ROTATEQ- rotavirus vaccine, live oral pentavalent soln	P					•
SHINGRIX- zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	P					•
TRUMENBA- meningococcal group b vac (recomb) im susp prefilled syr	P					•
TWINRIX- hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	P					•
VAQTA- hepatitis a vaccine inj susp 25 unit/0.5ml	P					•
VAQTA- hepatitis a vaccine inj susp 50 unit/ml	P					•
VARIVAX- varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	P					•
TOXOIDS						
ADACEL- tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	P					•
BOOSTRIX- tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	P					•
BOOSTRIX- tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	P					•
DAPTACEL- diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	P					•
DIPHTHERIA/TETANUS TOXOID- diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	P					•
INFANRIX- diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	P					•
KINRIX- diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	P					•
PEDIARIX- diph-tetanus tox-acell pert-hepatitis b-polio ipv vac inj	P					•
PENTACEL- diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	P					•

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
QUADRACEL- diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	P					•
TDVAX- tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	P					•
TENIVAC- tetanus-diphtheria toxoids (td) inj 5-2 lfu	P					•
VAXELIS- diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	P					•
VAXELIS- diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	P					•
BIOLOGICALS MISC						
GRASTEK- timothy grass pollen allergen ext sl tab 2800 bau	NP					
ODACTRA- dust mite mixed ext sl tab 12 sq-hdm	NP					
ORALAIR- grass mixed pollen ext sl tab 300 ir (index of reactivity)	NP					
PALFORZIA INITIAL DOSE ES- peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 & 6 mg	NP	•	•	•		
PALFORZIA LEVEL 1- peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose)	NP	•	•	•		
PALFORZIA LEVEL 10- peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose)	NP	•	•	•		
PALFORZIA LEVEL 11 (MAINT- peanut allergen powder-dnfp maintenance packet 300 mg	NP	•	•	•		
PALFORZIA LEVEL 11 (TITRA- peanut allergen powder-dnfp titration packet 300 mg	NP	•	•	•		
PALFORZIA LEVEL 2- peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose)	NP	•	•	•		
PALFORZIA LEVEL 3- peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose)	NP	•	•	•		
PALFORZIA LEVEL 4- peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose)	NP	•	•	•		
PALFORZIA LEVEL 5- peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose)	NP	•	•	•		
PALFORZIA LEVEL 6- peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose)	NP	•	•	•		
PALFORZIA LEVEL 7- peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose)	NP	•	•	•		
PALFORZIA LEVEL 8- peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose)	NP	•	•	•		
PALFORZIA LEVEL 9- peanut powder-dnfp pack 2 x 100 mg (200 mg dose)	NP	•	•	•		
RAGWITEK- short ragweed pollen allergen extract sl tab 12 amb a 1-u	NP					
ANTINEOPLASTIC AGENTS						
ANTINEOPLASTICS						
abiraterone acetate tab 250 mg (Zytiga)	np	•	•	•		
abiraterone acetate tab 500 mg (Zytiga)	np	•	•	•		
ACTIMMUNE- interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	P	•				
AFINITOR- everolimus tab 10 mg	P	•	•	•		
AFINITOR DISPERZ- everolimus tab for oral susp 2 mg	P	•	•	•		
AFINITOR DISPERZ- everolimus tab for oral susp 3 mg	P	•	•	•		
AFINITOR DISPERZ- everolimus tab for oral susp 5 mg	P	•	•	•		
ALECENSA- alectinib hcl cap 150 mg (base equivalent)	P	•	•	•		

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

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
EMCYT- estramustine phosphate sodium cap 140 mg	P	•				
ERIVEDGE- vismodegib cap 150 mg	P	•	•	•		
ERLEADA- apalutamide tab 60 mg	P	•	•	•		
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	np	•	•	•		
erlotinib hcl tab 100 mg (base equivalent) (Tarceva)	np	•	•	•		
erlotinib hcl tab 150 mg (base equivalent) (Tarceva)	np	•	•	•		
ETOPOSIDE- etoposide cap 50 mg	P	•				
everolimus tab for oral susp 2 mg (Afinitor disperz)	np	•	•	•		
everolimus tab for oral susp 3 mg (Afinitor disperz)	np	•	•	•		
everolimus tab for oral susp 5 mg (Afinitor disperz)	np	•	•	•		
everolimus tab 2.5 mg (Afinitor)	np	•	•	•		
everolimus tab 5 mg (Afinitor)	np	•	•	•		
everolimus tab 7.5 mg (Afinitor)	np	•	•	•		
everolimus tab 10 mg (Afinitor)	np	•	•	•		
exemestane tab 25 mg (Aromasin)	np					
EXKIVITY- mobocertinib succinate cap 40 mg	NP	•	•	•		
FARYDAK- panobinostat lactate cap 10 mg (base equivalent)	P	•	•	•		
FARYDAK- panobinostat lactate cap 15 mg (base equivalent)	P	•	•	•		
FARYDAK- panobinostat lactate cap 20 mg (base equivalent)	P	•	•	•		
FLUTAMIDE- flutamide cap 125 mg	NP					
FOTIVDA- tivozanib hcl cap 890 mcg (base equivalent)	NP	•	•	•		
FOTIVDA- tivozanib hcl cap 1340 mcg (base equivalent)	NP	•	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
GAVRETO- pralsetinib cap 100 mg	NP	•	•	•		
GILOTRIF- afatinib dimaleate tab 20 mg (base equivalent)	P	•	•	•		
GILOTRIF- afatinib dimaleate tab 30 mg (base equivalent)	P	•	•	•		
GILOTRIF- afatinib dimaleate tab 40 mg (base equivalent)	P	•	•	•		
GLEOSTINE- lomustine cap 10 mg	P	•				
GLEOSTINE- lomustine cap 40 mg	P	•				
GLEOSTINE- lomustine cap 100 mg	P	•				
HYCAMTIN- topotecan hcl cap 0.25 mg (base equiv)	P	•	•			
HYCAMTIN- topotecan hcl cap 1 mg (base equiv)	P	•	•			
hydroxyurea cap 500 mg (Hydrea)	np					
IBRANCE- palbociclib cap 75 mg	P	•	•	•		
IBRANCE- palbociclib cap 100 mg	P	•	•	•		
IBRANCE- palbociclib cap 125 mg	P	•	•	•		
IBRANCE- palbociclib tab 75 mg	P	•	•	•		
IBRANCE- palbociclib tab 100 mg	P	•	•	•		
IBRANCE- palbociclib tab 125 mg	P	•	•	•		
ICLUSIG- ponatinib hcl tab 10 mg (base equiv)	P	•	•	•		
ICLUSIG- ponatinib hcl tab 15 mg (base equiv)	P	•	•	•		
ICLUSIG- ponatinib hcl tab 30 mg (base equiv)	P	•	•	•		
ICLUSIG- ponatinib hcl tab 45 mg (base equiv)	P	•	•	•		
IDHIFA- enasidenib mesylate tab 50 mg (base equivalent)	NP	•	•	•		
IDHIFA- enasidenib mesylate tab 100 mg (base equivalent)	NP	•	•	•		
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	np	•	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	np	•	•	•		
IMBRUVICA- ibrutinib cap 70 mg	P	•	•	•		
IMBRUVICA- ibrutinib cap 140 mg	P	•	•	•		
IMBRUVICA- ibrutinib tab 140 mg	P	•	•	•		
IMBRUVICA- ibrutinib tab 280 mg	P	•	•	•		
IMBRUVICA- ibrutinib tab 420 mg	P	•	•	•		
IMBRUVICA- ibrutinib tab 560 mg	P	•	•	•		
INLYTA- axitinib tab 1 mg	P	•	•	•		
INLYTA- axitinib tab 5 mg	P	•	•	•		
INQOVI- decitabine-cedazuridine tab 35-100 mg	NP	•	•	•		
INREBIC- fedratinib hcl cap 100 mg	NP	•	•	•		
INTRON A- interferon alfa-2b for inj 10000000 unit	P	•				
INTRON A- interferon alfa-2b for inj 18000000 unit	P	•				
INTRON A- interferon alfa-2b for inj 50000000 unit	P	•				
IRESSA- gefitinib tab 250 mg	P	•	•	•		
JAKAFI- ruxolitinib phosphate tab 5 mg (base equivalent)	P	•	•	•		
JAKAFI- ruxolitinib phosphate tab 10 mg (base equivalent)	P	•	•	•		
JAKAFI- ruxolitinib phosphate tab 15 mg (base equivalent)	P	•	•	•		
JAKAFI- ruxolitinib phosphate tab 20 mg (base equivalent)	P	•	•	•		
JAKAFI- ruxolitinib phosphate tab 25 mg (base equivalent)	P	•	•	•		
KISQALI- ribociclib succinate tab pack 200 mg daily dose	P	•	•	•		
KISQALI- ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	P	•	•	•		
KISQALI- ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	P	•	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
KISQALI FEMARA 200 DOSE- ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	P	•	•	•		
KISQALI FEMARA 400 DOSE- ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	P	•	•	•		
KISQALI FEMARA 600 DOSE- ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	P	•	•	•		
KOSELUGO- selumetinib sulfate cap 10 mg	NP	•	•	•		
KOSELUGO- selumetinib sulfate cap 25 mg	NP	•	•	•		
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	np	•	•	•		
LENVIMA 10 MG DAILY DOSE- lenvatinib cap therapy pack 10 mg (10 mg daily dose)	P	•	•	•		
LENVIMA 12MG DAILY DOSE- lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	P	•	•	•		
LENVIMA 14 MG DAILY DOSE- lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	P	•	•	•		
LENVIMA 18 MG DAILY DOSE- lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	P	•	•	•		
LENVIMA 20 MG DAILY DOSE- lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	P	•	•	•		
LENVIMA 24 MG DAILY DOSE- lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	P	•	•	•		
LENVIMA 4 MG DAILY DOSE- lenvatinib cap therapy pack 4 mg (4 mg daily dose)	P	•	•	•		
LENVIMA 8 MG DAILY DOSE- lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	P	•	•	•		
letrozole tab 2.5 mg (Femara)	p					
leucovorin calcium tab 5 mg	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
leucovorin calcium tab 10 mg	np					
leucovorin calcium tab 15 mg	np					
leucovorin calcium tab 25 mg	np					
LEUKERAN- chlorambucil tab 2 mg	P	•				
leuprolide acetate inj kit 5 mg/ml	np	•				
LONSURF- trifluridine-tipiracil tab 15-6.14 mg	P	•	•	•		
LONSURF- trifluridine-tipiracil tab 20-8.19 mg	P	•	•	•		
LORBRENA- lorlatinib tab 25 mg	NP	•	•	•		
LORBRENA- lorlatinib tab 100 mg	NP	•	•	•		
LUMAKRAS- sotorasib tab 120 mg	NP	•	•	•		
LUPRON DEPOT (1-MONTH)- leuprolide acetate for inj kit 3.75 mg	P	•				
LUPRON DEPOT (1-MONTH)- leuprolide acetate for inj kit 7.5 mg	P	•				
LUPRON DEPOT (3-MONTH)- leuprolide acetate (3 month) for inj kit 11.25 mg	P	•				
LUPRON DEPOT (3-MONTH)- leuprolide acetate (3 month) for inj kit 22.5 mg	P	•				
LUPRON DEPOT (4-MONTH)- leuprolide acetate (4 month) for inj kit 30 mg	P	•				
LUPRON DEPOT (6-MONTH)- leuprolide acetate (6 month) for inj kit 45 mg	P	•				
LYNPARZA- olaparib tab 100 mg	P	•	•	•		
LYNPARZA- olaparib tab 150 mg	P	•	•	•		
LYSODREN- mitotane tab 500 mg	P	•	•			
MATULANE- procarbazine hcl cap 50 mg	P	•	•			
megestrol acetate susp 40 mg/ml (Megace oral)	np					
megestrol acetate tab 20 mg	p					
megestrol acetate tab 40 mg	p					
MEKINIST- trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	P	•	•	•		
MEKINIST- trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	P	•	•	•		
MEKTOVI- binimetinib tab 15 mg	NP	•	•	•		
melphalan tab 2 mg (Alkeran)	np	•				
mercaptopurine tab 50 mg	np					
MESNEX- mesna tab 400 mg	P					
METHOTREXATE SODIUM- methotrexate sodium inj 250 mg/10ml (25 mg/ml)	NP					
methotrexate sodium for inj 1 gm	np					
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	p					
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	p					
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	np					
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	p					
methotrexate sodium tab 2.5 mg (base equiv)	np					
MYLERAN- busulfan tab 2 mg	P	•				
NERLYNX- neratinib maleate tab 40 mg (base equivalent)	NP	•	•	•		
NEXAVAR- sorafenib tosylate tab 200 mg (base equivalent)	P	•	•	•		
nilutamide tab 150 mg (Nilandron)	np	•				
NINLARO- ixazomib citrate cap 2.3 mg (base equivalent)	P	•	•	•		
NINLARO- ixazomib citrate cap 3 mg (base equivalent)	P	•	•	•		
NINLARO- ixazomib citrate cap 4 mg (base equivalent)	P	•	•	•		
NUBEQA- darolutamide tab 300 mg	P	•	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ODOMZO- sonidegib phosphate cap 200 mg (base equivalent)	P	•	•	•		
ONUREG- azacitidine tab 200 mg	NP	•	•	•		
ONUREG- azacitidine tab 300 mg	NP	•	•	•		
ORGOVYX- relugolix tab 120 mg	NP	•	•	•		
PEMAZYRE- pemigatinib tab 4.5 mg	NP	•	•	•		
PEMAZYRE- pemigatinib tab 9 mg	NP	•	•	•		
PEMAZYRE- pemigatinib tab 13.5 mg	NP	•	•	•		
PIQRAY 200MG DAILY DOSE- alpelisib tab therapy pack 200 mg daily dose	P	•	•	•		
PIQRAY 250MG DAILY DOSE- alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	P	•	•	•		
PIQRAY 300MG DAILY DOSE- alpelisib tab pack 300 mg daily dose (2x150 mg tab)	P	•	•	•		
POMALYST- pomalidomide cap 1 mg	P	•	•	•		
POMALYST- pomalidomide cap 2 mg	P	•	•	•		
POMALYST- pomalidomide cap 3 mg	P	•	•	•		
POMALYST- pomalidomide cap 4 mg	P	•	•	•		
PURIXAN- mercaptopurine susp 2000 mg/100ml (20 mg/ml)	P	•				
QINLOCK- ripretinib tab 50 mg	NP	•	•	•		
RETEVMO- selpercatinib cap 40 mg	P	•	•	•		
RETEVMO- selpercatinib cap 80 mg	P	•	•	•		
ROZLYTREK- entrectinib cap 100 mg	P	•	•	•		
ROZLYTREK- entrectinib cap 200 mg	P	•	•	•		
RUBRACA- rucaparib camsylate tab 200 mg (base equivalent)	P	•	•	•		
RUBRACA- rucaparib camsylate tab 250 mg (base equivalent)	P	•	•	•		
RUBRACA- rucaparib camsylate tab 300 mg (base equivalent)	P	•	•	•		
RYDAPT- midostaurin cap 25 mg	P	•	•	•		
SOLTAMOX- tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	NP					
SPRYCEL- dasatinib tab 20 mg	P	•	•	•		
SPRYCEL- dasatinib tab 50 mg	P	•	•	•		
SPRYCEL- dasatinib tab 70 mg	P	•	•	•		
SPRYCEL- dasatinib tab 80 mg	P	•	•	•		
SPRYCEL- dasatinib tab 100 mg	P	•	•	•		
SPRYCEL- dasatinib tab 140 mg	P	•	•	•		
STIVARGA- regorafenib tab 40 mg	P	•	•	•		
sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	np	•	•	•		
sunitinib malate cap 25 mg (base equivalent) (Sutent)	np	•	•	•		
sunitinib malate cap 37.5 mg (base equivalent) (Sutent)	np	•	•	•		
sunitinib malate cap 50 mg (base equivalent) (Sutent)	np	•	•	•		
SYNRIBO- omacetaxine mepesuccinate for inj 3.5 mg	P					
TABLOID- thioguanine tab 40 mg	P	•				
TABRECTA- capmatinib hcl tab 150 mg	P	•	•	•		
TABRECTA- capmatinib hcl tab 200 mg	P	•	•	•		
TAFINLAR- dabrafenib mesylate cap 50 mg (base equivalent)	P	•	•	•		
TAFINLAR- dabrafenib mesylate cap 75 mg (base equivalent)	P	•	•	•		
TAGRISSO- osimertinib mesylate tab 40 mg (base equivalent)	P	•	•	•		
TAGRISSO- osimertinib mesylate tab 80 mg (base equivalent)	P	•	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
TALZENNA- talazoparib tosylate cap 0.25 mg (base equivalent)	P	•	•	•		
TALZENNA- talazoparib tosylate cap 1 mg (base equivalent)	P	•	•	•		
tamoxifen citrate tab 10 mg (base equivalent)	p					•
tamoxifen citrate tab 20 mg (base equivalent)	np					•
TASIGNA- nilotinib hcl cap 50 mg (base equivalent)	P	•	•	•		
TASIGNA- nilotinib hcl cap 150 mg (base equivalent)	P	•	•	•		
TASIGNA- nilotinib hcl cap 200 mg (base equivalent)	P	•	•	•		
TAZVERIK- tazemetostat hbr tab 200 mg	NP	•	•	•		
temozolomide cap 5 mg (Temodar)	np	•	•			
temozolomide cap 20 mg (Temodar)	np	•	•			
temozolomide cap 100 mg (Temodar)	np	•	•			
temozolomide cap 140 mg (Temodar)	np	•	•			
temozolomide cap 180 mg (Temodar)	np	•	•			
temozolomide cap 250 mg (Temodar)	np	•	•			
TEPMETKO- tepotinib hcl tab 225 mg	NP	•	•	•		
TIBSOVO- ivosidenib tab 250 mg	NP	•	•	•		
toremifene citrate tab 60 mg (base equivalent) (Fareston)	np	•				
tretinoin cap 10 mg	np	•	•			
TRUSELTIQ- infigratinib phos cap pack 100 & 25 mg (125 mg daily dose)	NP	•	•	•		
TRUSELTIQ- infigratinib phos cap ther pack 2 x 25 mg (50 mg daily dose)	NP	•	•	•		
TRUSELTIQ- infigratinib phos cap ther pack 3 x 25 mg (75 mg daily dose)	NP	•	•	•		
TRUSELTIQ- infigratinib phos cap ther pack 100 mg (100 mg daily dose)	NP	•	•	•		
TUKYSA- tucatinib tab 50 mg	NP	•	•	•		
TUKYSA- tucatinib tab 150 mg	NP	•	•	•		
TURALIO- pexidartinib hcl cap 200 mg (base equivalent)	NP	•	•	•		
UKONIQ- umbralisib tosylate tab 200 mg	NP	•	•	•		
VENCLEXTA- venetoclax tab 10 mg	P	•	•	•		
VENCLEXTA- venetoclax tab 50 mg	P	•	•	•		
VENCLEXTA- venetoclax tab 100 mg	P	•	•	•		
VENCLEXTA STARTING PACK- venetoclax tab therapy starter pack 10 & 50 & 100 mg	P	•	•	•		
VERZENIO- abemaciclib tab 50 mg	P	•	•	•		
VERZENIO- abemaciclib tab 100 mg	P	•	•	•		
VERZENIO- abemaciclib tab 150 mg	P	•	•	•		
VERZENIO- abemaciclib tab 200 mg	P	•	•	•		
VITRAKVI- larotrectinib sulfate cap 25 mg (base equivalent)	P	•	•	•		
VITRAKVI- larotrectinib sulfate cap 100 mg (base equivalent)	P	•	•	•		
VITRAKVI- larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	P	•	•	•		
VIZIMPRO- dacomitinib tab 15 mg	NP	•	•	•		
VIZIMPRO- dacomitinib tab 30 mg	NP	•	•	•		
VIZIMPRO- dacomitinib tab 45 mg	NP	•	•	•		
VOTRIENT- pazopanib hcl tab 200 mg (base equiv)	P	•	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
WELIREG- belzutifan tab 40 mg	NP	•	•	•		
XALKORI- crizotinib cap 200 mg	P	•	•	•		
XALKORI- crizotinib cap 250 mg	P	•	•	•		
XOSPATA- gilteritinib fumarate tablet 40 mg (base equivalent)	NP	•	•	•		
XPOVIO- selinexor tab therapy pack 40 mg (40 mg once weekly)	NP	•	•	•		
XPOVIO- selinexor tab therapy pack 40 mg (40 mg twice weekly)	NP	•	•	•		
XPOVIO- selinexor tab therapy pack 40 mg (80 mg once weekly)	NP	•	•	•		
XPOVIO- selinexor tab therapy pack 50 mg (100 mg once weekly)	NP	•	•	•		
XPOVIO- selinexor tab therapy pack 60 mg (60 mg once weekly)	NP	•	•	•		
XPOVIO 60 MG TWICE WEEKLY- selinexor tab therapy pack 20 mg (60 mg twice weekly)	NP	•	•	•		
XPOVIO 80 MG TWICE WEEKLY- selinexor tab therapy pack 20 mg (80 mg twice weekly)	NP	•	•	•		
XTANDI- enzalutamide cap 40 mg	P	•	•	•		
XTANDI- enzalutamide tab 40 mg	P	•	•	•		
XTANDI- enzalutamide tab 80 mg	P	•	•	•		
YONSA- abiraterone acetate tab 125 mg	P	•	•	•		
ZEJULA- niraparib tosylate cap 100 mg (base equivalent)	P	•	•	•		
ZELBORAF- vemurafenib tab 240 mg	P	•	•	•		
ZOLINZA- vorinostat cap 100 mg	P	•	•	•		
ZYDELIG- idelalisib tab 100 mg	P	•	•	•		
ZYDELIG- idelalisib tab 150 mg	P	•	•	•		
ZYKADIA- ceritinib tab 150 mg	P	•	•	•		
ENDOCRINE AND METABOLIC DRUGS						

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
CORTICOSTEROIDS						
budesonide delayed release particles cap 3 mg (Entocort ec)	np					
DEXAMETHASONE- dexamethasone soln 0.5 mg/5ml	NP					
DEXAMETHASONE- dexamethasone tab 1 mg	P					
DEXAMETHASONE- dexamethasone tab 2 mg	P					
dexamethasone elixir 0.5 mg/5ml	np					
DEXAMETHASONE INTENSOL- dexamethasone conc 1 mg/ml	NP					
dexamethasone tab 0.5 mg	p					
dexamethasone tab 0.75 mg	p					
dexamethasone tab 1.5 mg	p					
dexamethasone tab 4 mg	p					
dexamethasone tab 6 mg	p					
fludrocortisone acetate tab 0.1 mg	p					
hydrocortisone tab 5 mg (Cortef)	np					
hydrocortisone tab 10 mg (Cortef)	np					
hydrocortisone tab 20 mg (Cortef)	np					
MEDROL- methylprednisolone tab 2 mg	NP					
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	p					
methylprednisolone tab 4 mg (Medrol)	p					
methylprednisolone tab 8 mg (Medrol)	np					
methylprednisolone tab 16 mg (Medrol)	p					
methylprednisolone tab 32 mg (Medrol)	p					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
PREDNISOLONE- prednisolone syrup 15 mg/5ml (usp solution equivalent)	NP					
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	np					
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	p					
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv) (Millipred)	np					
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv) (Veripred 20)	np					
PREDNISOLONE SODIUM PHOSP- prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	NP					
PREDNISONE- prednisone oral soln 5 mg/5ml	P					
PREDNISONE INTENSOL- prednisone conc 5 mg/ml	NP					
prednisone tab therapy pack 5 mg (21)	p					
prednisone tab therapy pack 5 mg (48)	p					
prednisone tab therapy pack 10 mg (21)	np					
prednisone tab therapy pack 10 mg (48)	np					
prednisone tab 1 mg	p					
prednisone tab 2.5 mg	p					
prednisone tab 5 mg	p					
prednisone tab 10 mg	p					
prednisone tab 20 mg	p					
prednisone tab 50 mg	p					
ANDROGEN-ANABOLIC						
danazol cap 50 mg	np		•			
danazol cap 100 mg	np		•			
danazol cap 200 mg	np		•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
METHITEST- methyltestosterone oral tab 10 mg	NP		•	•		
METHYLTESTOSTERONE- methyltestosterone cap 10 mg	NP		•	•		
oxandrolone tab 2.5 mg (Oxandrin)	np		•			
oxandrolone tab 10 mg (Oxandrin)	np		•			
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	np			•		
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	np			•		
TESTOSTERONE ENANTHATE- testosterone enanthate im inj in oil 200 mg/ml	NP			•		
testosterone td gel 25 mg/2.5gm (1%) (Androgel)	np		•	•		
testosterone td gel 50 mg/5gm (1%) (Androgel)	np		•	•		
testosterone td gel 12.5 mg/act (1%)	np		•	•		
testosterone td gel 20.25 mg/1.25gm (1.62%) (Androgel)	np		•	•		
testosterone td gel 40.5 mg/2.5gm (1.62%) (Androgel)	np		•	•		
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	np		•	•		
testosterone td soln 30 mg/act (Axiron)	np		•	•		
ESTROGENS						
ALORA- estradiol td patch twice weekly 0.025 mg/24hr	NP			•		
ALORA- estradiol td patch twice weekly 0.05 mg/24hr	NP			•		
ALORA- estradiol td patch twice weekly 0.075 mg/24hr	NP			•		
ALORA- estradiol td patch twice weekly 0.1 mg/24hr	NP			•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ANGELIQ- drospirenone-estradiol tab 0.25-0.5 mg	NP					
ANGELIQ- drospirenone-estradiol tab 0.5-1 mg	NP					
CLIMARA PRO- estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	P					
COMBIPATCH- estradiol-norethindrone ace td pttw 0.05-0.14 mg/day	NP					
COMBIPATCH- estradiol-norethindrone ace td pttw 0.05-0.25 mg/day	NP					
DELESTROGEN- estradiol valerate im in oil 10 mg/ml	NP					
DEPO-ESTRADIOL- estradiol cypionate im in oil 5 mg/ml	NP					
DIVIGEL- estradiol td gel 0.25 mg/0.25gm (0.1%)	P					
DIVIGEL- estradiol td gel 0.5 mg/0.5gm (0.1%)	P					
DIVIGEL- estradiol td gel 0.75 mg/0.75gm (0.1%)	P					
DIVIGEL- estradiol td gel 1 mg/gm (0.1%)	P					
DIVIGEL- estradiol td gel 1.25 mg/1.25gm (0.1%)	P					
DUAVEE- conjugated estrogens-bazedoxifene tab 0.45-20 mg	P					
ELESTRIN- estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)	NP					
estradiol & norethindrone acetate tab 0.5-0.1 mg (Activella)	np					
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	np					
estradiol tab 0.5 mg (Estrace)	p					
estradiol tab 1 mg (Estrace)	p					
estradiol tab 2 mg (Estrace)	p					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot)	np			•		
estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot)	np			•		
estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot)	np			•		
estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot)	np			•		
estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot)	np			•		
estradiol td patch weekly 0.025 mg/24hr (Climara)	np			•		
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara)	np			•		
estradiol td patch weekly 0.05 mg/24hr (Climara)	np			•		
estradiol td patch weekly 0.06 mg/24hr (Climara)	np			•		
estradiol td patch weekly 0.075 mg/24hr (Climara)	np			•		
estradiol td patch weekly 0.1 mg/24hr (Climara)	np			•		
estradiol valerate im in oil 20 mg/ml (Delestrogen)	np					
estradiol valerate im in oil 40 mg/ml (Delestrogen)	np					
ESTROGEL- estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	P					
EVAMIST- estradiol transdermal spray 1.53 mg/spray	NP					
MENEST- esterified estrogens tab 0.3 mg	NP					
MENEST- esterified estrogens tab 0.625 mg	NP					
MENEST- esterified estrogens tab 1.25 mg	NP					
MENOSTAR- estradiol td patch weekly 14 mcg/24hr	NP			•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
MYFEMBREE- relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	P		•	•		
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt low dose)	np					
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	np					
ORIAHNN- elagolix-estrad-noreth 300-1-0.5mg & elagolix 300mg cap pack	P		•	•		
PREFEST- estradiol tab 1 mg(15)/ estrad-norgestimate tab 1-0.09mg(15)	NP					
PREMARIN- estrogens, conjugated tab 0.3 mg	P					
PREMARIN- estrogens, conjugated tab 0.45 mg	P					
PREMARIN- estrogens, conjugated tab 0.625 mg	P					
PREMARIN- estrogens, conjugated tab 0.9 mg	P					
PREMARIN- estrogens, conjugated tab 1.25 mg	P					
PREMPHASE- conj est 0.625(14)/ conj est-medroxypro ac tab 0.625-5mg(14)	P					
PREMPRO- conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg	P					
PREMPRO- conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg	P					
PREMPRO- conjugated estrogen-medroxyprogest acetate tab 0.625-2.5 mg	P					
PREMPRO- conjugated estrogen-medroxyprogest acetate tab 0.625-5 mg	P					
CONTRACEPTIVES						

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
DEPO-SUBQ PROVERA 104- medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	NP					
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	np			•		•
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025 mg (Cyclessa)	np			•		•
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen)	p			•		•
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	np			•		•
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)	np			•		•
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	np			•		•
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	np			•		•
ELLA- ulipristal acetate tab 30 mg	P			•		•
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	np			•		•
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	np			•		•
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Quartette)	np			•		•
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	np			•		•
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	np			•		•
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	np			•		•
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	p			•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	p			•		•
levonorgestrel tab 1.5 mg	np			•		•
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	p			•		•
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	np			•		•
LO LOESTRIN FE- norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	NP			•		
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	np					•
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	np					•
NATAZIA- estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	NP			•		
NEXTSTELLIS- drospirenone-estetrol tab 3-14.2 mg	NP					
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	np			•		•
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Ovcon-35)	np			•		•
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Brevicon-28)	np			•		•
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35)	p			•		•
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Femcon fe)	np			•		•
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	np			•		•
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	np			•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)	p			•		•
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21)	np			•		•
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)	p			•		•
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30)	p			•		•
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)	np			•		•
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)	np			•		
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	np			•		•
norethindrone tab 0.35 mg (Ortho micronor)	p			•		•
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Ortho-novum 7/7/7)	np			•		•
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Tri-norinyl 28)	np			•		•
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen)	p			•		•
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo)	p			•		•
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen)	p			•		•
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	np			•		•
NUVARING- etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	np			•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
TYBLUME- levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	NP			•		
PROGESTINS						
medroxyprogesterone acetate tab 2.5 mg (Provera)	p					
medroxyprogesterone acetate tab 5 mg (Provera)	p					
medroxyprogesterone acetate tab 10 mg (Provera)	p					
megestrol acetate susp 625 mg/5ml (Megace es)	np					
norethindrone acetate tab 5 mg (Aygestin)	np					
progesterone cap 100 mg (Prometrium)	np					
progesterone cap 200 mg (Prometrium)	np					
progesterone im in oil 50 mg/ml	np					
ANTIDIABETICS						
Antidiabetics						
acarbose tab 25 mg (Precose)	np					
acarbose tab 50 mg (Precose)	np					
acarbose tab 100 mg (Precose)	np					
BAQSIMI ONE PACK- glucagon nasal powder 3 mg/dose	P					
BAQSIMI TWO PACK- glucagon nasal powder 3 mg/dose	P					
BD GLUCOSE- glucose chew tab 5 gm	NP					
BYDUREON BCISE- exenatide extended release susp auto-injector 2 mg/0.85ml	NP			•		
CVS GLUCOSE- glucose chew tab 4 gm (rounded)	NP					
CVS GLUCOSE BITS- glucose chew tab 1 gm	NP					
CVS SOFT GLUCOSE- glucose chew tab 4 gm (rounded)	NP					

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

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
glyburide micronized tab 1.5 mg (Glynase)	p					
glyburide micronized tab 3 mg (Glynase)	p					
glyburide micronized tab 6 mg (Glynase)	p					
glyburide tab 1.25 mg	p					
glyburide tab 2.5 mg	p					
glyburide tab 5 mg	p					
glyburide-metformin tab 1.25-250 mg	p					
glyburide-metformin tab 2.5-500 mg (Glucovance)	p					
glyburide-metformin tab 5-500 mg (Glucovance)	p					
GLYXAMBI- empagliflozin-linagliptin tab 10-5 mg	P			•		
GLYXAMBI- empagliflozin-linagliptin tab 25-5 mg	P			•		
GNP GLUCOSE- glucose chew tab 4 gm (rounded)	NP					
GNP QUICK DISSOLVE GLUCOS- glucose chew tab 4 gm (rounded)	NP					
GVOKE HYPOPEN 1-PACK- glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	P					
GVOKE HYPOPEN 1-PACK- glucagon subcutaneous solution auto-injector 1 mg/0.2ml	P					
GVOKE HYPOPEN 2-PACK- glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	P					
GVOKE HYPOPEN 2-PACK- glucagon subcutaneous solution auto-injector 1 mg/0.2ml	P					
GVOKE PFS- glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml	P					
GVOKE PFS- glucagon subcutaneous soln pref syringe 1 mg/0.2ml	P					
JANUMET- sitagliptin-metformin hcl tab 50-500 mg	P			•		
JANUMET- sitagliptin-metformin hcl tab 50-1000 mg	P			•		
JANUMET XR- sitagliptin-metformin hcl tab er 24hr 50-500 mg	P			•		
JANUMET XR- sitagliptin-metformin hcl tab er 24hr 50-1000 mg	P			•		
JANUMET XR- sitagliptin-metformin hcl tab er 24hr 100-1000 mg	P			•		
JANUVIA- sitagliptin phosphate tab 25 mg (base equiv)	P			•		
JANUVIA- sitagliptin phosphate tab 50 mg (base equiv)	P			•		
JANUVIA- sitagliptin phosphate tab 100 mg (base equiv)	P			•		
JARDIANCE- empagliflozin tab 10 mg	P			•		
JARDIANCE- empagliflozin tab 25 mg	P			•		
KORLYM- mifepristone tab 300 mg	NP	•	•	•		
KROGER GLUCOSE- glucose chew tab 4 gm (rounded)	NP					
LEADER GLUCOSE- glucose chew tab 4 gm (rounded)	NP					
LEADER QUICK DISSOLVE GLU- glucose chew tab 4 gm (rounded)	NP					
LONGS GLUCOSE- glucose chew tab 4 gm (rounded)	NP					
MEDICINE SHOPPE GLUCOSE- glucose chew tab 4 gm (rounded)	NP					
metformin hcl tab er 24hr 500 mg (Glucophage xr)	p					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
metformin hcl tab er 24hr 750 mg (Glucophage xr)	p					
metformin hcl tab 500 mg (Glucophage)	p					
metformin hcl tab 850 mg (Glucophage)	p					
metformin hcl tab 1000 mg (Glucophage)	p					
miglitol tab 25 mg	np					
miglitol tab 50 mg	np					
miglitol tab 100 mg	np					
MS QUICK DISSOLVE GLUCOSE- glucose chew tab 4 gm (rounded)	NP					
nateglinide tab 60 mg (Starlix)	np					
nateglinide tab 120 mg (Starlix)	np					
OZEMPIC- semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)	P			•		
OZEMPIC- semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml)	P			•		
OZEMPIC- semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	P			•		
pioglitazone hcl tab 15 mg (base equiv) (Actos)	p					
pioglitazone hcl tab 30 mg (base equiv) (Actos)	p					
pioglitazone hcl tab 45 mg (base equiv) (Actos)	p					
pioglitazone hcl-metformin hcl tab 15-500 mg (Actoplus met)	np					
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)	np					
PREFERRED PLUS GLUCOSE- glucose chew tab 4 gm (rounded)	NP					
repaglinide tab 0.5 mg	np					
repaglinide tab 1 mg (Prandin)	np					
repaglinide tab 2 mg (Prandin)	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
RYBELSUS- semaglutide tab 3 mg	P			•		
RYBELSUS- semaglutide tab 7 mg	P			•		
RYBELSUS- semaglutide tab 14 mg	P			•		
SM GLUCOSE- glucose chew tab 4 gm (rounded)	NP					
SOLIQUA 100/33- insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	P			•		
SYNJARDY- empagliflozin-metformin hcl tab 5-500 mg	P			•		
SYNJARDY- empagliflozin-metformin hcl tab 5-1000 mg	P			•		
SYNJARDY- empagliflozin-metformin hcl tab 12.5-500 mg	P			•		
SYNJARDY- empagliflozin-metformin hcl tab 12.5-1000 mg	P			•		
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 5-1000 mg	P			•		
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 10-1000 mg	P			•		
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	P			•		
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 25-1000 mg	P			•		
TRIJARDY XR- empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	P			•		
TRIJARDY XR- empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	P			•		
TRIJARDY XR- empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg	P			•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
TRIJARDY XR- empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg	P			•		
TRULICITY- dulaglutide soln pen-injector 0.75 mg/0.5ml	P			•		
TRULICITY- dulaglutide soln pen-injector 1.5 mg/0.5ml	P			•		
TRULICITY- dulaglutide soln pen-injector 3 mg/0.5ml	P			•		
TRULICITY- dulaglutide soln pen-injector 4.5 mg/0.5ml	P			•		
VALUE PLUS GLUCOSE- glucose chew tab 4 gm (rounded)	NP					
VICTOZA- liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	P			•		
WALGREENS GLUCOSE- glucose chew tab 4 gm (rounded)	NP					
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg	P			•		
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 5-500 mg	P			•		
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 5-1000 mg	P			•		
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 10-500 mg	P			•		
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 10-1000 mg	P			•		
XULTOPHY 100/3.6- insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	P			•		
ZEGALOGUE- dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	P					
ZEGALOGUE- dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	P					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
Rapid-Acting Insulins						
FIASP- insulin aspart (with niacinamide) inj 100 unit/ml	P			•		
FIASP FLEXTOUCH- insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	P			•		
FIASP PENFILL- insulin aspart (with niacinamide) soln cartridge 100 unit/ml	P			•		
INSULIN ASPART- insulin aspart inj 100 unit/ml	P			•		
INSULIN ASPART FLEXPEN- insulin aspart soln pen-injector 100 unit/ml	P			•		
INSULIN ASPART PENFILL- insulin aspart soln cartridge 100 unit/ml	P			•		
NOVOLOG- insulin aspart inj 100 unit/ml	P			•		
NOVOLOG FLEXPEN- insulin aspart soln pen-injector 100 unit/ml	P			•		
NOVOLOG FLEXPEN RELION- insulin aspart soln pen-injector 100 unit/ml	P			•		
NOVOLOG PENFILL- insulin aspart soln cartridge 100 unit/ml	P			•		
NOVOLOG RELION- insulin aspart inj 100 unit/ml	P			•		
Short-Acting Insulins						
HUMULIN R U-500 (CONCENTR- insulin regular (human) inj 500 unit/ml	P			•		
HUMULIN R U-500 KWIKPEN- insulin regular (human) soln pen-injector 500 unit/ml	P			•		
NOVOLIN R- insulin regular (human) inj 100 unit/ml	P			•		
NOVOLIN R FLEXPEN- insulin regular (human) soln pen-injector 100 unit/ml	P			•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
NOVOLIN R FLEXPEN RELION- insulin regular (human) soln pen-injector 100 unit/ml	P			•		
NOVOLIN R RELION- insulin regular (human) inj 100 unit/ml	P			•		
Intermediate-Acting Insulins						
INSULIN ASPART PROTAMINE/- insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	P			•		
INSULIN ASPART PROTAMINE/- insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	P			•		
NOVOLIN N- insulin nph (human) (isophane) inj 100 unit/ml	P			•		
NOVOLIN N FLEXPEN- insulin nph (human) (isophane) susp pen-injector 100 unit/ml	P			•		
NOVOLIN N FLEXPEN RELION- insulin nph (human) (isophane) susp pen-injector 100 unit/ml	P			•		
NOVOLIN N RELION- insulin nph (human) (isophane) inj 100 unit/ml	P			•		
NOVOLIN 70/30- insulin nph isophane & regular human inj 100 unit/ml (70-30)	P			•		
NOVOLIN 70/30 FLEXPEN- insulin nph & regular susp pen-inj 100 unit/ml (70-30)	P			•		
NOVOLIN 70/30 FLEXPEN REL- insulin nph & regular susp pen-inj 100 unit/ml (70-30)	P			•		
NOVOLIN 70/30 RELION- insulin nph isophane & regular human inj 100 unit/ml (70-30)	P			•		
NOVOLOG MIX 70/30- insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	P			•		
NOVOLOG MIX 70/30 PREFILL- insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	P			•		
NOVOLOG MIX 70/30 RELION- insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	P			•		
Basal Insulins						
INSULIN GLARGINE- insulin glargine-yfgn inj 100 unit/ml	P			•		
INSULIN GLARGINE- insulin glargine-yfgn soln pen-injector 100 unit/ml	P			•		
LEVEMIR- insulin detemir inj 100 unit/ml	P			•		
LEVEMIR FLEXTOUCH- insulin detemir soln pen-injector 100 unit/ml	P			•		
SEMGLEE- insulin glargine-yfgn inj 100 unit/ml	P			•		
SEMGLEE- insulin glargine-yfgn soln pen-injector 100 unit/ml	P			•		
TOUJEO MAX SOLOSTAR- insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	P			•		
TOUJEO SOLOSTAR- insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	P			•		
TRESIBA- insulin degludec inj 100 unit/ml	P			•		
TRESIBA FLEXTOUCH- insulin degludec soln pen-injector 100 unit/ml	P			•		
TRESIBA FLEXTOUCH- insulin degludec soln pen-injector 200 unit/ml	P			•		
THYROID AGENTS						
ARMOUR THYROID- thyroid tab 15 mg (1/4 grain)	NP					
ARMOUR THYROID- thyroid tab 30 mg (1/2 grain)	NP					
ARMOUR THYROID- thyroid tab 60 mg (1 grain)	NP					
ARMOUR THYROID- thyroid tab 90 mg (1 1/2 grain)	NP					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ARMOUR THYROID- thyroid tab 120 mg (2 grain)	NP					
ARMOUR THYROID- thyroid tab 180 mg (3 grain)	NP					
ARMOUR THYROID- thyroid tab 240 mg (4 grain)	NP					
ARMOUR THYROID- thyroid tab 300 mg (5 grain)	NP					
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 13 mcg	NP					
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 25 mcg	NP					
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 50 mcg	NP					
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 75 mcg	NP					
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 88 mcg	NP					
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 100 mcg	NP					
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 112 mcg	NP					
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 125 mcg	NP					
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 137 mcg	NP					
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 150 mcg	NP					
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 175 mcg	NP					
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 200 mcg	NP					
levothyroxine sodium tab 25 mcg (Synthroid)	p					
levothyroxine sodium tab 50 mcg (Synthroid)	p					
levothyroxine sodium tab 75 mcg (Synthroid)	p					
levothyroxine sodium tab 88 mcg (Synthroid)	p					
levothyroxine sodium tab 100 mcg (Synthroid)	p					
levothyroxine sodium tab 112 mcg (Synthroid)	p					
levothyroxine sodium tab 125 mcg (Synthroid)	p					
levothyroxine sodium tab 137 mcg (Synthroid)	p					
levothyroxine sodium tab 150 mcg (Synthroid)	p					
levothyroxine sodium tab 175 mcg (Synthroid)	p					
levothyroxine sodium tab 200 mcg (Synthroid)	p					
levothyroxine sodium tab 300 mcg (Synthroid)	p					
liothyronine sodium tab 5 mcg (Cytomel)	np					
liothyronine sodium tab 25 mcg (Cytomel)	np					
liothyronine sodium tab 50 mcg (Cytomel)	np					
methimazole tab 5 mg (Tapazole)	p					
methimazole tab 10 mg (Tapazole)	p					
NATURE-THROID- thyroid tab 16.25 mg	NP					
NATURE-THROID- thyroid tab 32.5 mg	NP					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
NATURE-THROID- thyroid tab 48.75 mg (3/4 grain)	NP					
NATURE-THROID- thyroid tab 65 mg	NP					
NATURE-THROID- thyroid tab 81.25 mg	NP					
NATURE-THROID- thyroid tab 97.5 mg	NP					
NATURE-THROID- thyroid tab 113.75 mg	NP					
NATURE-THROID- thyroid tab 130 mg	NP					
NATURE-THROID- thyroid tab 195 mg	NP					
NATURE-THROID- thyroid tab 260 mg	NP					
NATURE-THROID- thyroid tab 325 mg (5 grain)	NP					
NATURE-THROID- thyroid tab 146.25 mg	NP					
NATURE-THROID NT-2.5- thyroid tab 162.5 mg (2 1/2 grain)	NP					
propylthiouracil tab 50 mg	np					
SYNTHROID- levothyroxine sodium tab 25 mcg	P					
SYNTHROID- levothyroxine sodium tab 50 mcg	P					
SYNTHROID- levothyroxine sodium tab 75 mcg	P					
SYNTHROID- levothyroxine sodium tab 88 mcg	P					
SYNTHROID- levothyroxine sodium tab 100 mcg	P					
SYNTHROID- levothyroxine sodium tab 112 mcg	P					
SYNTHROID- levothyroxine sodium tab 125 mcg	P					
SYNTHROID- levothyroxine sodium tab 137 mcg	P					
SYNTHROID- levothyroxine sodium tab 150 mcg	P					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
SYNTHROID- levothyroxine sodium tab 175 mcg	P					
SYNTHROID- levothyroxine sodium tab 200 mcg	P					
SYNTHROID- levothyroxine sodium tab 300 mcg	P					
THYQUIDITY- levothyroxine sodium oral solution 100 mcg/5ml	NP					
thyroid tab 15 mg (1/4 grain) (Armour thyroid)	p					
thyroid tab 30 mg (1/2 grain) (Armour thyroid)	p					
thyroid tab 60 mg (1 grain) (Armour thyroid)	np					
thyroid tab 90 mg (1 1/2 grain) (Armour thyroid)	np					
thyroid tab 120 mg (2 grain) (Armour thyroid)	np					
TIROSINT- levothyroxine sodium cap 13 mcg	NP					
TIROSINT- levothyroxine sodium cap 25 mcg	NP					
TIROSINT- levothyroxine sodium cap 50 mcg	NP					
TIROSINT- levothyroxine sodium cap 75 mcg	NP					
TIROSINT- levothyroxine sodium cap 88 mcg	NP					
TIROSINT- levothyroxine sodium cap 100 mcg	NP					
TIROSINT- levothyroxine sodium cap 112 mcg	NP					
TIROSINT- levothyroxine sodium cap 125 mcg	NP					
TIROSINT- levothyroxine sodium cap 137 mcg	NP					
TIROSINT- levothyroxine sodium cap 150 mcg	NP					
TIROSINT- levothyroxine sodium cap 175 mcg	NP					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
TIROSINT- levothyroxine sodium cap 200 mcg	NP					
TIROSINT-SOL- levothyroxine sodium oral solution 13 mcg/ml	NP					
TIROSINT-SOL- levothyroxine sodium oral solution 25 mcg/ml	NP					
TIROSINT-SOL- levothyroxine sodium oral solution 37.5 mcg/ml	NP					
TIROSINT-SOL- levothyroxine sodium oral solution 44 mcg/ml	NP					
TIROSINT-SOL- levothyroxine sodium oral solution 50 mcg/ml	NP					
TIROSINT-SOL- levothyroxine sodium oral solution 62.5 mcg/ml	NP					
TIROSINT-SOL- levothyroxine sodium oral solution 75 mcg/ml	NP					
TIROSINT-SOL- levothyroxine sodium oral solution 88 mcg/ml	NP					
TIROSINT-SOL- levothyroxine sodium oral solution 100 mcg/ml	NP					
TIROSINT-SOL- levothyroxine sodium oral solution 112 mcg/ml	NP					
TIROSINT-SOL- levothyroxine sodium oral solution 125 mcg/ml	NP					
TIROSINT-SOL- levothyroxine sodium oral solution 137 mcg/ml	NP					
TIROSINT-SOL- levothyroxine sodium oral solution 150 mcg/ml	NP					
TIROSINT-SOL- levothyroxine sodium oral solution 175 mcg/ml	NP					
TIROSINT-SOL- levothyroxine sodium oral solution 200 mcg/ml	NP					
WESTHROID- thyroid tab 32.5 mg	NP					
WESTHROID- thyroid tab 65 mg	NP					
WESTHROID- thyroid tab 97.5 mg	NP					
WESTHROID- thyroid tab 130 mg	NP					
WESTHROID- thyroid tab 195 mg	NP					
WP THYROID- thyroid tab 16.25 mg	NP					
WP THYROID- thyroid tab 32.5 mg	NP					
WP THYROID- thyroid tab 48.75 mg (3/4 grain)	NP					
WP THYROID- thyroid tab 65 mg	NP					
WP THYROID- thyroid tab 81.25 mg	NP					
WP THYROID- thyroid tab 97.5 mg	NP					
WP THYROID- thyroid tab 113.75 mg	NP					
WP THYROID- thyroid tab 130 mg	NP					
OXYTOCICS						
CERVIDIL- dinoprostone vaginal inserts 10 mg	NP					
methylergonovine maleate tab 0.2 mg	np					
ENDOCRINE and METABOLIC AGENTS - MISC.						
ACTHAR- corticotropin inj gel 80 unit/ml	NP	•	•			
ALENDRONATE SODIUM- alendronate sodium tab 5 mg	NP			•		
alendronate sodium oral soln 70 mg/75ml	np			•		
alendronate sodium tab 10 mg	p			•		
alendronate sodium tab 35 mg	p			•		
alendronate sodium tab 70 mg (Fosamax)	p			•		
cabergoline tab 0.5 mg	np					
calcitonin (salmon) inj 200 unit/ml (Miacalcin)	np					
calcitonin (salmon) nasal soln 200 unit/act	np					
calcitriol cap 0.25 mcg (Rocaltrol)	p					
calcitriol cap 0.5 mcg (Rocaltrol)	np					
calcitriol oral soln 1 mcg/ml (Rocaltrol)	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
CARBAGLU- carglumic acid tab 200 mg	P	•				
carglumic acid tab 200 mg (Carbaglu)	np	•				
CHORIONIC GONADOTROPIN- chorionic gonadotropin for im inj 10000 unit	P+	•		•		
cinacalcet hcl tab 30 mg (base equiv)	np					
cinacalcet hcl tab 60 mg (base equiv)	np					
cinacalcet hcl tab 90 mg (base equiv)	np					
CLOMIPHENE CITRATE- clomiphene citrate tab 50 mg	P+					
CYSTADANE- betaine powder for oral solution	P					
desmopressin acetate inj 4 mcg/ml (Ddavp)	np					
desmopressin acetate nasal spray soln 0.01% (Ddavp)	np					
desmopressin acetate nasal spray soln 0.01% (refrigerated)	np					
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)	np					
desmopressin acetate tab 0.1 mg (Ddavp)	np					
desmopressin acetate tab 0.2 mg (Ddavp)	np					
doxercalciferol cap 0.5 mcg (Hectorol)	np					
doxercalciferol cap 1 mcg (Hectorol)	np					
doxercalciferol cap 2.5 mcg (Hectorol)	np					
FOLLISTIM AQ- follitropin beta inj 300 unit/0.36ml	P+	•		•		
FOLLISTIM AQ- follitropin beta inj 600 unit/0.72ml	P+	•		•		
FOLLISTIM AQ- follitropin beta inj 900 unit/1.08ml	P+	•		•		
FORTEO- teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml	P	•	•	•		
GALAFOLD- migalastat hcl cap 123 mg (base equivalent)	NP	•	•	•		
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Ganirelix acetate)	np +	•		•		
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	p			•		
INCRELEX- mecasermin inj 40 mg/4ml (10 mg/ml)	P	•				
ISTURISA- osilodrostat phosphate tab 1 mg	NP	•	•	•		
ISTURISA- osilodrostat phosphate tab 5 mg	NP	•	•	•		
ISTURISA- osilodrostat phosphate tab 10 mg	NP	•	•	•		
JYNARQUE- tolvaptan tab therapy pack 15 mg	NP	•	•	•		
JYNARQUE- tolvaptan tab therapy pack 30 & 15 mg	NP	•	•	•		
JYNARQUE- tolvaptan tab therapy pack 45 & 15 mg	NP	•	•	•		
JYNARQUE- tolvaptan tab therapy pack 60 & 30 mg	NP	•	•	•		
JYNARQUE- tolvaptan tab therapy pack 90 & 30 mg	NP	•	•	•		
JYNARQUE- tolvaptan tab 15 mg	NP	•	•	•		
JYNARQUE- tolvaptan tab 30 mg	NP	•	•	•		
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	np					
levocarnitine tab 330 mg (Carnitor)	np					
LUPRON DEPOT-PED (1-MONTH- leuprolide acetate for inj pediatric kit 7.5 mg	P	•				

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
LUPRON DEPOT-PED (1-MONTH- leuprolide acetate for inj pediatric kit 11.25 mg	P	•				
LUPRON DEPOT-PED (1-MONTH- leuprolide acetate for inj pediatric kit 15 mg	P	•				
LUPRON DEPOT-PED (3-MONTH- leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	P	•				
LUPRON DEPOT-PED (3-MONTH- leuprolide acetate (3 month) for inj pediatric kit 30 mg	P	•				
MENOPUR- menotropins for subcutaneous inj 75 unit	NP+	•		•		
MYALEPT- metreleptin for subcutaneous inj 11.3 mg	NP	•	•			
MYCAPSSA- octreotide acetate cap delayed release 20 mg	NP	•	•	•		
NATPARA- parathyroid hormone (recombinant) for inj cartridge 25 mcg	NP	•	•	•		
NATPARA- parathyroid hormone (recombinant) for inj cartridge 50 mcg	NP	•	•	•		
NATPARA- parathyroid hormone (recombinant) for inj cartridge 75 mcg	NP	•	•	•		
NATPARA- parathyroid hormone (recombinant) for inj cartridge 100 mcg	NP	•	•	•		
nitisinone cap 2 mg (Orfadin)	np	•				
nitisinone cap 5 mg (Orfadin)	np	•				
nitisinone cap 10 mg (Orfadin)	np	•				
NITYR- nitisinone tab 2 mg	P	•				
NITYR- nitisinone tab 5 mg	P	•				
NITYR- nitisinone tab 10 mg	P	•				
NORDITROPIN FLEXPRO- somatropin solution pen-injector 5 mg/1.5ml	P	•	•			
NORDITROPIN FLEXPRO- somatropin solution pen-injector 10 mg/1.5ml	P	•	•			
NORDITROPIN FLEXPRO- somatropin solution pen-injector 15 mg/1.5ml	P	•	•			
NORDITROPIN FLEXPRO- somatropin solution pen-injector 30 mg/3ml	P	•	•			
NOVAREL- chorionic gonadotropin for im inj 5000 unit	P+	•		•		
NOVAREL- chorionic gonadotropin for im inj 10000 unit	P+	•		•		
NULIBRY- fosdenopterin hydrobromide for iv soln 9.5 mg	NP	•				
OCTREOTIDE ACETATE- octreotide acetate subcutaneous soln pref syr 50 mcg/ml	np	•				
OCTREOTIDE ACETATE- octreotide acetate subcutaneous soln pref syr 100 mcg/ml	np	•				
OCTREOTIDE ACETATE- octreotide acetate subcutaneous soln pref syr 500 mcg/ml	np	•				
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (Sandostatin)	np	•				
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (Sandostatin)	np	•				
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) (Sandostatin)	np	•				
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin)	np	•				
octreotide acetate inj 1000 mcg/ml (1 mg/ml) (Sandostatin)	np	•				
ORFADIN- nitisinone cap 20 mg	P	•				
ORFADIN- nitisinone susp 4 mg/ml	P	•				
ORILISSA- elagolix sodium tab 150 mg (base equiv)	P		•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ORILISSA- elagolix sodium tab 200 mg (base equiv)	P		•	•		
PALYNZIQ- pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml	NP	•	•			
PALYNZIQ- pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml	NP	•	•			
PALYNZIQ- pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	NP	•	•			
paricalcitol cap 1 mcg (Zemplar)	np					
paricalcitol cap 2 mcg (Zemplar)	np					
paricalcitol cap 4 mcg	np					
PREGNYL W/DILUENT BENZYL- chorionic gonadotropin for im inj 10000 unit	P+	•		•		
raloxifene hcl tab 60 mg (Evista)	np					•
RAVICTI- glycerol phenylbutyrate liquid 1.1 gm/ml	NP	•	•			
REVCOVI- elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	P					
risedronate sodium tab delayed release 35 mg (Atelvia)	np			•		
risedronate sodium tab 5 mg (Actonel)	np			•		
risedronate sodium tab 30 mg (Actonel)	np			•		
risedronate sodium tab 35 mg (Actonel)	np			•		
risedronate sodium tab 150 mg (Actonel)	np			•		
SAMSCA- tolvaptan tab 15 mg	NP	•		•		
sapropterin dihydrochloride powder packet 100 mg (Kuvan)	np	•	•			
sapropterin dihydrochloride powder packet 500 mg (Kuvan)	np	•	•			
sapropterin dihydrochloride tab 100 mg (Kuvan)	np	•	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
SIGNIFOR- pasireotide diaspartate inj 0.3 mg/ml (base equiv)	NP	•		•		
SIGNIFOR- pasireotide diaspartate inj 0.6 mg/ml (base equiv)	NP	•		•		
SIGNIFOR- pasireotide diaspartate inj 0.9 mg/ml (base equiv)	NP	•		•		
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	np	•	•			
sodium phenylbutyrate tab 500 mg (Buphenyl)	np	•	•			
SOMAVERT- pegvisomant for inj 10 mg (as protein)	NP	•	•	•		
SOMAVERT- pegvisomant for inj 15 mg (as protein)	NP	•	•	•		
SOMAVERT- pegvisomant for inj 20 mg (as protein)	NP	•	•	•		
SOMAVERT- pegvisomant for inj 25 mg (as protein)	NP	•	•	•		
SOMAVERT- pegvisomant for inj 30 mg (as protein)	NP	•	•	•		
STIMATE- desmopressin acetate nasal soln 1.5 mg/ml	P					
STRENSIQ- asfotase alfa subcutaneous inj 18 mg/0.45ml	P	•	•			
STRENSIQ- asfotase alfa subcutaneous inj 28 mg/0.7ml	P	•	•			
STRENSIQ- asfotase alfa subcutaneous inj 40 mg/ml	P	•	•			
STRENSIQ- asfotase alfa subcutaneous inj 80 mg/0.8ml	P	•	•			
SYNAREL- nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	NP					
tolvaptan tab 30 mg (Samsca)	np	•		•		
TYMLOS- abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	P	•	•	•		

CARDIOVASCULAR AGENTS

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
CARDIOTONICS						
DIGOXIN- digoxin oral soln 0.05 mg/ml	NP		•			
digoxin oral soln 0.05 mg/ml (Digoxin)	np		•			
digoxin tab 125 mcg (0.125 mg) (Lanoxin)	p					
digoxin tab 250 mcg (0.25 mg) (Lanoxin)	p					
LANOXIN- digoxin tab 62.5 mcg (0.0625 mg)	NP					
LANOXIN- digoxin tab 125 mcg (0.125 mg)	NP					
LANOXIN- digoxin tab 250 mcg (0.25 mg)	NP					
ANTIANGINAL AGENTS						
isosorbide dinitrate tab 5 mg (Isordil titradose)	np					
isosorbide dinitrate tab 10 mg	np					
isosorbide dinitrate tab 20 mg	np					
isosorbide dinitrate tab 30 mg	np					
isosorbide mononitrate tab er 24hr 30 mg	p					
isosorbide mononitrate tab er 24hr 60 mg	p					
isosorbide mononitrate tab er 24hr 120 mg	p					
isosorbide mononitrate tab 10 mg	p					
isosorbide mononitrate tab 20 mg	p					
NITRO-BID- nitroglycerin oint 2%	NP					
NITRO-DUR- nitroglycerin td patch 24hr 0.3 mg/hr	NP					
NITRO-DUR- nitroglycerin td patch 24hr 0.8 mg/hr	NP					
NITRO-TIME- nitroglycerin cap er 2.5 mg	NP					
NITRO-TIME- nitroglycerin cap er 6.5 mg	NP					
NITRO-TIME- nitroglycerin cap er 9 mg	NP					
nitroglycerin sl tab 0.3 mg (Nitrostat)	np					
nitroglycerin sl tab 0.4 mg (Nitrostat)	p					
nitroglycerin sl tab 0.6 mg (Nitrostat)	np					
nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur)	np					
nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)	np					
nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur)	np					
nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur)	np					
nitroglycerin tl soln 0.4 mg/ spray (400 mcg/spray) (Nitrolingual pumpspr)	np					
NITROMIST- nitroglycerin lingual aerosol 400 mcg/spray	NP					
ranolazine tab er 12hr 500 mg (Ranexa)	np					
ranolazine tab er 12hr 1000 mg (Ranexa)	np					
BETA BLOCKERS						
acebutolol hcl cap 200 mg	np					
acebutolol hcl cap 400 mg	np					
atenolol tab 25 mg (Tenormin)	p					
atenolol tab 50 mg (Tenormin)	p					
atenolol tab 100 mg (Tenormin)	p					
betaxolol hcl tab 10 mg	np					
betaxolol hcl tab 20 mg	np					
bisoprolol fumarate tab 5 mg	np					
bisoprolol fumarate tab 10 mg	np					
carvedilol tab 3.125 mg (Coreg)	p					
carvedilol tab 6.25 mg (Coreg)	p					
carvedilol tab 12.5 mg (Coreg)	p					
carvedilol tab 25 mg (Coreg)	p					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
labetalol hcl tab 100 mg	p					
labetalol hcl tab 200 mg	np					
labetalol hcl tab 300 mg	np					
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)	p					
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)	p					
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl)	p					
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl)	np					
metoprolol tartrate tab 25 mg	p					
metoprolol tartrate tab 37.5 mg	p					
metoprolol tartrate tab 50 mg (Lopressor)	p					
metoprolol tartrate tab 75 mg	p					
metoprolol tartrate tab 100 mg (Lopressor)	p					
nadolol tab 20 mg (Corgard)	np					
nadolol tab 40 mg (Corgard)	np					
nadolol tab 80 mg (Corgard)	np					
pindolol tab 5 mg	np					
pindolol tab 10 mg	np					
PROPRANOLOL HCL- propranolol hcl oral soln 40 mg/5ml	P					
propranolol hcl cap er 24hr 60 mg (Inderal la)	np					
propranolol hcl cap er 24hr 80 mg (Inderal la)	np					
propranolol hcl cap er 24hr 120 mg (Inderal la)	np					
propranolol hcl cap er 24hr 160 mg (Inderal la)	np					
propranolol hcl oral soln 20 mg/5ml	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
propranolol hcl tab 10 mg	p					
propranolol hcl tab 20 mg	p					
propranolol hcl tab 40 mg	p					
propranolol hcl tab 60 mg	np					
propranolol hcl tab 80 mg	np					
sotalol hcl (afib/afl) tab 80 mg (Betapace af)	p					
sotalol hcl (afib/afl) tab 120 mg (Betapace af)	p					
sotalol hcl (afib/afl) tab 160 mg (Betapace af)	np					
sotalol hcl tab 80 mg (Betapace)	p					
sotalol hcl tab 120 mg (Betapace)	p					
sotalol hcl tab 160 mg (Betapace)	np					
sotalol hcl tab 240 mg	np					
CALCIUM CHANNEL BLOCKERS						
amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)	p					
amlodipine besylate tab 5 mg (base equivalent) (Norvasc)	p					
amlodipine besylate tab 10 mg (base equivalent) (Norvasc)	p					
CARDIZEM LA- diltiazem hcl coated beads tab er 24hr 120 mg	NP					
diltiazem hcl cap er 12hr 60 mg	np					
diltiazem hcl cap er 12hr 90 mg	np					
diltiazem hcl cap er 12hr 120 mg	np					
diltiazem hcl cap er 24hr 120 mg	np					
diltiazem hcl cap er 24hr 180 mg	np					
diltiazem hcl cap er 24hr 240 mg	np					
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)	p					
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)	p					
diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)	p					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
diltiazem hcl coated beads cap er 24hr 300 mg	np					
diltiazem hcl coated beads cap er 24hr 360 mg (Cardizem cd)	np					
diltiazem hcl coated beads tab er 24hr 180 mg (Cardizem la)	np					
diltiazem hcl coated beads tab er 24hr 240 mg (Cardizem la)	np					
diltiazem hcl coated beads tab er 24hr 300 mg (Cardizem la)	np					
diltiazem hcl coated beads tab er 24hr 360 mg (Cardizem la)	np					
diltiazem hcl coated beads tab er 24hr 420 mg (Cardizem la)	np					
diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac)	p					
diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac)	p					
diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac)	np					
diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac)	np					
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac)	np					
diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac)	np					
diltiazem hcl tab 30 mg (Cardizem)	p					
diltiazem hcl tab 60 mg (Cardizem)	p					
diltiazem hcl tab 90 mg	np					
diltiazem hcl tab 120 mg (Cardizem)	np					
felodipine tab er 24hr 2.5 mg	p					
felodipine tab er 24hr 5 mg	p					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
felodipine tab er 24hr 10 mg	p					
isradipine cap 2.5 mg	np					
isradipine cap 5 mg	np					
nicardipine hcl cap 20 mg	np					
nicardipine hcl cap 30 mg	np					
nifedipine cap 10 mg (Procardia)	np					
nifedipine cap 20 mg	np					
nifedipine tab er 24hr 30 mg (Adalat cc)	p					
nifedipine tab er 24hr 60 mg (Adalat cc)	np					
nifedipine tab er 24hr 90 mg (Adalat cc)	np					
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)	p					
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl)	np					
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl)	np					
nimodipine cap 30 mg	np					
NISOLDIPINE ER- nisoldipine tab er 24hr 20 mg	NP					
NISOLDIPINE ER- nisoldipine tab er 24hr 25.5 mg	NP					
NISOLDIPINE ER- nisoldipine tab er 24hr 30 mg	NP					
NISOLDIPINE ER- nisoldipine tab er 24hr 40 mg	NP					
NYMALIZE- nimodipine oral soln 6 mg/ml	NP					
verapamil hcl cap er 24hr 120 mg (Verelan)	np					
verapamil hcl cap er 24hr 180 mg (Verelan)	np					
verapamil hcl cap er 24hr 240 mg (Verelan)	np					
VERAPAMIL HCL ER- verapamil hcl cap er 24hr 100 mg	NP					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
VERAPAMIL HCL ER- verapamil hcl cap er 24hr 300 mg	NP					
VERAPAMIL HCL SR- verapamil hcl cap er 24hr 360 mg	NP					
verapamil hcl tab er 120 mg (Calan sr)	p					
verapamil hcl tab er 180 mg (Calan sr)	p					
verapamil hcl tab er 240 mg (Calan sr)	p					
verapamil hcl tab 40 mg	p					
verapamil hcl tab 80 mg (Calan)	p					
verapamil hcl tab 120 mg (Calan)	p					
VERAPAMIL HYDROCHLORIDE E- verapamil hcl cap er 24hr 200 mg	NP					
VERELAN PM- verapamil hcl cap er 24hr 100 mg	NP					
VERELAN PM- verapamil hcl cap er 24hr 200 mg	NP					
VERELAN PM- verapamil hcl cap er 24hr 300 mg	NP					
ANTIARRHYTHMICS						
amiodarone hcl tab 100 mg	np					
amiodarone hcl tab 200 mg	p					
amiodarone hcl tab 400 mg	np					
disopyramide phosphate cap 100 mg (Norpace)	np					
disopyramide phosphate cap 150 mg (Norpace)	np					
dofetilide cap 125 mcg (0.125 mg) (Tikosyn)	np					
dofetilide cap 250 mcg (0.25 mg) (Tikosyn)	np					
dofetilide cap 500 mcg (0.5 mg) (Tikosyn)	np					
flecainide acetate tab 50 mg	np					
flecainide acetate tab 100 mg	np					
flecainide acetate tab 150 mg	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
mexiletine hcl cap 150 mg	np					
mexiletine hcl cap 200 mg	np					
mexiletine hcl cap 250 mg	np					
MULTAQ- dronedarone hcl tab 400 mg (base equivalent)	P					
NORPACE- disopyramide phosphate cap 100 mg	NP					
NORPACE- disopyramide phosphate cap 150 mg	NP					
NORPACE CR- disopyramide phosphate cap er 12hr 100 mg	NP					
NORPACE CR- disopyramide phosphate cap er 12hr 150 mg	NP					
propafenone hcl cap er 12hr 225 mg (Rythmol sr)	np					
propafenone hcl cap er 12hr 325 mg (Rythmol sr)	np					
propafenone hcl cap er 12hr 425 mg (Rythmol sr)	np					
propafenone hcl tab 150 mg	p					
propafenone hcl tab 225 mg	np					
propafenone hcl tab 300 mg	np					
quinidine gluconate tab er 324 mg	np					
quinidine sulfate tab 200 mg	np					
quinidine sulfate tab 300 mg	np					
ANTIHYPERTENSIVES						
amlodipine besylate-benazepril hcl cap 2.5-10 mg	p					
amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel)	p					
amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel)	p					
amlodipine besylate-benazepril hcl cap 5-40 mg	p					
amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel)	p					
amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel)	p					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Azor)	np					
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (Azor)	np					
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Azor)	np					
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Azor)	np					
amlodipine besylate-valsartan tab 5-160 mg (Exforge)	np					
amlodipine besylate-valsartan tab 5-320 mg (Exforge)	np					
amlodipine besylate-valsartan tab 10-160 mg (Exforge)	np					
amlodipine besylate-valsartan tab 10-320 mg (Exforge)	np					
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	p					
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	np					
benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)	np					
benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)	np					
benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)	np					
benazepril hcl tab 5 mg	p					
benazepril hcl tab 10 mg	p					
benazepril hcl tab 20 mg (Lotensin)	p					
benazepril hcl tab 40 mg (Lotensin)	p					
BENAZEPRIL HCL/ HYDROCHLOR- benazepril & hydrochlorothiazide tab 5-6.25 mg	NP					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)	p					
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)	p					
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)	p					
candesartan cilexetil tab 4 mg (Atacand)	np					
candesartan cilexetil tab 8 mg (Atacand)	np					
candesartan cilexetil tab 16 mg (Atacand)	np					
candesartan cilexetil tab 32 mg (Atacand)	np					
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct)	np					
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct)	np					
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct)	np					
captopril tab 12.5 mg	np					
captopril tab 25 mg	np					
captopril tab 50 mg	np					
captopril tab 100 mg	np					
clonidine hcl tab 0.1 mg (Catapres)	p					
clonidine hcl tab 0.2 mg (Catapres)	p					
clonidine hcl tab 0.3 mg (Catapres)	p					
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	np					
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	np					
doxazosin mesylate tab 1 mg (Cardura)	p					
doxazosin mesylate tab 2 mg (Cardura)	p					
doxazosin mesylate tab 4 mg (Cardura)	p					
doxazosin mesylate tab 8 mg (Cardura)	p					
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	p					
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	p					
enalapril maleate oral soln 1 mg/ml (Epaned)	np		•	•		
enalapril maleate tab 2.5 mg (Vasotec)	p					
enalapril maleate tab 5 mg (Vasotec)	p					
enalapril maleate tab 10 mg (Vasotec)	p					
enalapril maleate tab 20 mg (Vasotec)	p					
eplerenone tab 25 mg (Inspra)	np					
eplerenone tab 50 mg (Inspra)	np					
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	np					
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	np					
fosinopril sodium tab 10 mg	p					
fosinopril sodium tab 20 mg	p					
fosinopril sodium tab 40 mg	p					
guanfacine hcl tab 1 mg	np					
guanfacine hcl tab 2 mg	np					
hydralazine hcl tab 10 mg	p					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
hydralazine hcl tab 25 mg	p					
hydralazine hcl tab 50 mg	p					
hydralazine hcl tab 100 mg	p					
irbesartan tab 75 mg (Avapro)	p					
irbesartan tab 150 mg (Avapro)	p					
irbesartan tab 300 mg (Avapro)	p					
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)	p					
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)	p					
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)	p					
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)	p					
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)	p					
lisinopril tab 2.5 mg (Zestril)	p					
lisinopril tab 5 mg (Prinivil)	p					
lisinopril tab 10 mg (Prinivil)	p					
lisinopril tab 20 mg (Prinivil)	p					
lisinopril tab 30 mg (Zestril)	p					
lisinopril tab 40 mg (Zestril)	p					
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar)	p					
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar)	p					
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar)	p					
losartan potassium tab 25 mg (Cozaar)	p					
losartan potassium tab 50 mg (Cozaar)	p					
losartan potassium tab 100 mg (Cozaar)	p					
METHYLDOPA- methyldopa tab 250 mg	NP					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
METHYLDOPA- methyldopa tab 500 mg	NP					
metoprolol & hydrochlorothiazide tab 50-25 mg (Lopressor hct)	np					
metoprolol & hydrochlorothiazide tab 100-25 mg	np					
METOPROLOL/ HYDROCHLOROTHI- metoprolol & hydrochlorothiazide tab 100-50 mg	NP					
minoxidil tab 2.5 mg	p					
minoxidil tab 10 mg	p					
moexipril hcl tab 7.5 mg	np					
moexipril hcl tab 15 mg	np					
olmesartan medoxomil tab 5 mg (Benicar)	p					
olmesartan medoxomil tab 20 mg (Benicar)	p					
olmesartan medoxomil tab 40 mg (Benicar)	p					
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct)	p					
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct)	p					
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct)	p					
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (Tribenzor)	np					
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (Tribenzor)	np					
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (Tribenzor)	np					
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (Tribenzor)	np					
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (Tribenzor)	np					
perindopril erbumine tab 2 mg	np					
perindopril erbumine tab 4 mg	np					
perindopril erbumine tab 8 mg (Aceon)	np					
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	np					
prazosin hcl cap 1 mg (Minipress)	np					
prazosin hcl cap 2 mg (Minipress)	np					
prazosin hcl cap 5 mg (Minipress)	np					
QBRELIS- lisinopril oral soln 1 mg/ml	NP		•	•		
quinapril hcl tab 5 mg (Accupril)	p					
quinapril hcl tab 10 mg (Accupril)	p					
quinapril hcl tab 20 mg (Accupril)	p					
quinapril hcl tab 40 mg (Accupril)	p					
quinapril-hydrochlorothiazide tab 10-12.5 mg (Accuretic)	np					
quinapril-hydrochlorothiazide tab 20-12.5 mg (Accuretic)	np					
quinapril-hydrochlorothiazide tab 20-25 mg (Accuretic)	np					
ramipril cap 1.25 mg (Altace)	p					
ramipril cap 2.5 mg (Altace)	p					
ramipril cap 5 mg (Altace)	p					
ramipril cap 10 mg (Altace)	p					
telmisartan tab 20 mg (Micardis)	np					
telmisartan tab 40 mg (Micardis)	np					
telmisartan tab 80 mg (Micardis)	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
telmisartan-amlodipine tab 40-5 mg (Twynsta)	np					
telmisartan-amlodipine tab 40-10 mg (Twynsta)	np					
telmisartan-amlodipine tab 80-5 mg (Twynsta)	np					
telmisartan-amlodipine tab 80-10 mg (Twynsta)	np					
telmisartan-hydrochlorothiazide tab 40-12.5 mg (Micardis hct)	np					
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)	np					
telmisartan-hydrochlorothiazide tab 80-25 mg (Micardis hct)	np					
terazosin hcl cap 1 mg (base equivalent)	p					
terazosin hcl cap 2 mg (base equivalent)	p					
terazosin hcl cap 5 mg (base equivalent)	p					
terazosin hcl cap 10 mg (base equivalent)	p					
trandolapril tab 1 mg (Mavik)	p					
trandolapril tab 2 mg (Mavik)	p					
trandolapril tab 4 mg	p					
TRANDOLAPRIL/VERAPAMIL HC- trandolapril-verapamil hcl tab er 1-240 mg	NP					
TRANDOLAPRIL/VERAPAMIL HC- trandolapril-verapamil hcl tab er 2-180 mg	NP					
TRANDOLAPRIL/VERAPAMIL HC- trandolapril-verapamil hcl tab er 2-240 mg	np					
TRANDOLAPRIL/VERAPAMIL HC- trandolapril-verapamil hcl tab er 4-240 mg	NP					
valsartan tab 40 mg (Diovan)	p					
valsartan tab 80 mg (Diovan)	p					
valsartan tab 160 mg (Diovan)	np					
valsartan tab 320 mg (Diovan)	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)	p					
valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)	np					
valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct)	np					
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)	np					
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)	np					
VECAMYL- mecamylamine hcl tab 2.5 mg	NP					
DIURETICS						
acetazolamide cap er 12hr 500 mg (Diamox)	np					
acetazolamide tab 125 mg	np					
acetazolamide tab 250 mg	np					
ALDACTAZIDE- spironolactone & hydrochlorothiazide tab 50-50 mg	NP					
amiloride & hydrochlorothiazide tab 5-50 mg	p					
amiloride hcl tab 5 mg	p					
bumetanide tab 0.5 mg (Bumex)	np					
bumetanide tab 1 mg (Bumex)	np					
bumetanide tab 2 mg (Bumex)	np					
chlorthalidone tab 25 mg	p					
chlorthalidone tab 50 mg	np					
DIURIL- chlorothiazide susp 250 mg/5ml	NP					
furosemide oral soln 10 mg/ml	p					
furosemide tab 20 mg (Lasix)	p					
furosemide tab 40 mg (Lasix)	p					
furosemide tab 80 mg (Lasix)	p					
hydrochlorothiazide cap 12.5 mg (Microzide)	p					
hydrochlorothiazide tab 12.5 mg	p					
hydrochlorothiazide tab 25 mg	p					
hydrochlorothiazide tab 50 mg	p					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
indapamide tab 1.25 mg	p					
indapamide tab 2.5 mg	p					
methazolamide tab 25 mg (Neptazane)	np					
methazolamide tab 50 mg (Neptazane)	np					
metolazone tab 2.5 mg	np					
metolazone tab 5 mg	np					
metolazone tab 10 mg	np					
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	np					
spironolactone tab 25 mg (Aldactone)	p					
spironolactone tab 50 mg (Aldactone)	p					
spironolactone tab 100 mg (Aldactone)	p					
torsemide tab 5 mg	p					
torsemide tab 10 mg (Demadex)	p					
torsemide tab 20 mg (Demadex)	p					
torsemide tab 100 mg	p					
triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide)	p					
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	p					
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	p					
triamterene cap 50 mg (Dyrenium)	np					
triamterene cap 100 mg (Dyrenium)	np					
VASOPRESSORS						
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	np					
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	np					
midodrine hcl tab 2.5 mg	np					
midodrine hcl tab 5 mg	np					
midodrine hcl tab 10 mg	np					
SYMJEPI- epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)	P					
SYMJEPI- epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)	P					
ANTIHYPERLIPIDEMICS						
atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)	p					•
atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)	p					•
atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)	p					
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	p					
cholestyramine light powder packets 4 gm	np					
cholestyramine light powder 4 gm/dose (Questran light)	np					
cholestyramine powder packets 4 gm (Questran)	np					
cholestyramine powder 4 gm/dose (Questran)	np					
colesevelam hcl packet for susp 3.75 gm (Welchol)	np		•	•		
colesevelam hcl tab 625 mg (Welchol)	np					
colestipol hcl granule packets 5 gm (Colestid flavored)	np					
colestipol hcl granules 5 gm (Colestid)	np					
colestipol hcl tab 1 gm (Colestid)	np					
ezetimibe tab 10 mg (Zetia)	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ezetimibe-simvastatin tab 10-10 mg (Vytorin)	np					
ezetimibe-simvastatin tab 10-20 mg (Vytorin)	np					
ezetimibe-simvastatin tab 10-40 mg (Vytorin)	np					
ezetimibe-simvastatin tab 10-80 mg (Vytorin)	np					
fenofibrate micronized cap 67 mg	p			•		
fenofibrate micronized cap 134 mg (Lofibra)	np			•		
fenofibrate micronized cap 200 mg (Lofibra)	np			•		
fenofibrate tab 48 mg (Tricor)	p			•		
fenofibrate tab 54 mg (Lofibra)	p			•		
fenofibrate tab 145 mg (Tricor)	p			•		
fenofibrate tab 160 mg	p			•		
gemfibrozil tab 600 mg (Lopid)	p			•		
JUXTAPID- lomitapide mesylate cap 5 mg (base equiv)	NP	•	•	•		
JUXTAPID- lomitapide mesylate cap 10 mg (base equiv)	NP	•	•	•		
JUXTAPID- lomitapide mesylate cap 20 mg (base equiv)	NP	•	•	•		
JUXTAPID- lomitapide mesylate cap 30 mg (base equiv)	NP	•	•	•		
lovastatin tab 10 mg	p					
lovastatin tab 20 mg	p					•
lovastatin tab 40 mg	p					•
NEXLETOL- bempedoic acid tab 180 mg	P		•	•		
NEXLIZET- bempedoic acid-ezetimibe tab 180-10 mg	P		•	•		
niacin tab er 500 mg (antihyperlipidemic) (Niaspan)	np					
niacin tab er 750 mg (antihyperlipidemic) (Niaspan)	np					
niacin tab er 1000 mg (antihyperlipidemic) (Niaspan)	np					
pravastatin sodium tab 10 mg	p					•
pravastatin sodium tab 20 mg (Pravachol)	p					•
pravastatin sodium tab 40 mg (Pravachol)	p					•
pravastatin sodium tab 80 mg (Pravachol)	p					•
REPATHA- evolocumab subcutaneous soln prefilled syringe 140 mg/ml	P		•	•		
REPATHA PUSHTRONEX SYSTEM- evolocumab subcutaneous soln cartridge/ infusor 420 mg/3.5ml	P		•	•		
REPATHA SURECLICK- evolocumab subcutaneous soln auto-injector 140 mg/ml	P		•	•		
rosuvastatin calcium tab 5 mg (Crestor)	p					
rosuvastatin calcium tab 10 mg (Crestor)	p					
rosuvastatin calcium tab 20 mg (Crestor)	p					
rosuvastatin calcium tab 40 mg (Crestor)	p					
simvastatin tab 5 mg (Zocor)	p					
simvastatin tab 10 mg (Zocor)	p					
simvastatin tab 20 mg (Zocor)	p					
simvastatin tab 40 mg (Zocor)	p					
simvastatin tab 80 mg (Zocor)	p					
VASCEPA- icosapent ethyl cap 0.5 gm	P		•	•		
VASCEPA- icosapent ethyl cap 1 gm	P		•	•		
CARDIOVASCULAR AGENTS - MISC.						
ADEMPAS- riociguat tab 0.5 mg	NP	•	•	•		
ADEMPAS- riociguat tab 1 mg	NP	•	•	•		
ADEMPAS- riociguat tab 1.5 mg	NP	•	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ADEMPAS- riociguat tab 2 mg	NP	•	•	•		
ADEMPAS- riociguat tab 2.5 mg	NP	•	•	•		
ambrisentan tab 5 mg (Letairis)	np	•	•	•		
ambrisentan tab 10 mg (Letairis)	np	•	•	•		
BIDIL- isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	NP					
bosentan tab 62.5 mg (Tracleer)	np	•	•	•		
bosentan tab 125 mg (Tracleer)	np	•	•	•		
CORLANOR- ivabradine hcl oral soln 5 mg/5ml (base equiv)	P		•	•		
CORLANOR- ivabradine hcl tab 5 mg (base equiv)	P		•	•		
CORLANOR- ivabradine hcl tab 7.5 mg (base equiv)	P		•	•		
ENTRESTO- sacubitril-valsartan tab 24-26 mg	P					
ENTRESTO- sacubitril-valsartan tab 49-51 mg	P					
ENTRESTO- sacubitril-valsartan tab 97-103 mg	P					
OPSUMIT- macitentan tab 10 mg	P	•	•	•		
ORENITRAM- treprostinil diolamine tab er 0.125 mg (base equiv)	NP	•	•	•		
ORENITRAM- treprostinil diolamine tab er 0.25 mg (base equiv)	NP	•	•	•		
ORENITRAM- treprostinil diolamine tab er 1 mg (base equiv)	NP	•	•	•		
ORENITRAM- treprostinil diolamine tab er 2.5 mg (base equiv)	NP	•	•	•		
ORENITRAM- treprostinil diolamine tab er 5 mg (base equiv)	NP	•	•	•		
sildenafil citrate for suspension 10 mg/ml (Revatio)	np	•		•		
sildenafil citrate tab 20 mg (Revatio)	np	•		•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
tadalafil tab 20 mg (pah) (Adcirca)	np	•	•	•		
TRACLEER- bosentan tab for oral susp 32 mg	P	•	•	•		
TYVASO- treprostinil inhalation solution 0.6 mg/ml	NP	•	•	•		
TYVASO REFILL- treprostinil inhalation solution 0.6 mg/ml	NP	•	•	•		
TYVASO STARTER- treprostinil inhalation solution 0.6 mg/ml	NP	•	•	•		
UPTRAVI- selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	P	•	•	•		
UPTRAVI- selexipag tab 200 mcg	P	•	•	•		
UPTRAVI- selexipag tab 400 mcg	P	•	•	•		
UPTRAVI- selexipag tab 600 mcg	P	•	•	•		
UPTRAVI- selexipag tab 800 mcg	P	•	•	•		
UPTRAVI- selexipag tab 1000 mcg	P	•	•	•		
UPTRAVI- selexipag tab 1200 mcg	P	•	•	•		
UPTRAVI- selexipag tab 1400 mcg	P	•	•	•		
UPTRAVI- selexipag tab 1600 mcg	P	•	•	•		
VENTAVIS- iloprost inhalation solution 10 mcg/ml	NP	•	•	•		
VENTAVIS- iloprost inhalation solution 20 mcg/ml	NP	•	•	•		
VERQUVO- vericiguat tab 2.5 mg	P		•	•		
VERQUVO- vericiguat tab 5 mg	P		•	•		
VERQUVO- vericiguat tab 10 mg	P		•	•		
VYNDAMAX- tafamidis cap 61 mg	P	•	•	•		
VYNDAQEL- tafamidis meglumine (cardiac) cap 20 mg	P	•	•	•		
ERECTILE DYSFUNCTION						
CAVERJECT- alprostadil for inj 20 mcg	NP +		•	•		
CAVERJECT- alprostadil for inj 40 mcg	NP +		•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
CAVERJECT IMPULSE- alprostadil for inj kit 10 mcg	NP +		•	•		
CAVERJECT IMPULSE- alprostadil for inj kit 20 mcg	NP +		•	•		
EDEX- alprostadil for inj kit 10 mcg	NP +		•	•		
EDEX- alprostadil for inj kit 20 mcg	NP +		•	•		
EDEX- alprostadil for inj kit 40 mcg	NP +		•	•		
MUSE- alprostadil urethral pellet 250 mcg	NP +		•	•		
MUSE- alprostadil urethral pellet 500 mcg	NP +		•	•		
MUSE- alprostadil urethral pellet 1000 mcg	NP +		•	•		
sildenafil citrate tab 25 mg (Viagra)	p+		•	•		
sildenafil citrate tab 50 mg (Viagra)	p+		•	•		
sildenafil citrate tab 100 mg (Viagra)	p+		•	•		
STENDRA- avanafil tab 50 mg	NP +		•	•		
STENDRA- avanafil tab 100 mg	NP +		•	•		
STENDRA- avanafil tab 200 mg	NP +		•	•		
tadalafil tab 2.5 mg (Cialis)	np		•	•		
tadalafil tab 5 mg (Cialis)	np		•	•		
tadalafil tab 10 mg (Cialis)	np +		•	•		
tadalafil tab 20 mg (Cialis)	np +		•	•		
vardenafil hcl orally disintegrating tab 10 mg (Staxyn)	np +		•	•		
vardenafil hcl tab 2.5 mg (Levitra)	np +		•	•		
vardenafil hcl tab 5 mg (Levitra)	np +		•	•		
vardenafil hcl tab 10 mg (Levitra)	np +		•	•		
vardenafil hcl tab 20 mg (Levitra)	np +		•	•		
RESPIRATORY AGENTS						
ANTIHISTAMINES						
CARBINOXAMINE MALEATE- carbinoxamine maleate soln 4 mg/5ml	NP					
carbinoxamine maleate tab 4 mg	np					
CLEMASTINE FUMARATE- clemastine fumarate tab 2.68 mg	NP					
cyproheptadine hcl syrup 2 mg/5ml	np					
cyproheptadine hcl tab 4 mg	p					
promethazine hcl suppos 12.5 mg	np					
promethazine hcl suppos 25 mg	np					
promethazine hcl syrup 6.25 mg/5ml	p					
promethazine hcl tab 12.5 mg	p					
promethazine hcl tab 25 mg	p					
promethazine hcl tab 50 mg	p					
PROMETHEGAN- promethazine hcl suppos 50 mg	NP					
NASAL AGENTS - SYSTEMIC and TOPICAL						
azelastine hcl nasal spray 0.1% (137 mcg/spray)	p			•		
fluticasone propionate nasal susp 50 mcg/act	p			•		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	np			•		
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	np			•		
XHANCE- fluticasone propionate nasal exhaler susp 93 mcg/act	NP		•	•		
COUGH/COLD/ALLERGY						
acetylcysteine inhal soln 10%	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
acetylcysteine inhal soln 20%	np					
benzonatate cap 100 mg (Tessalon perles)	p					
benzonatate cap 200 mg	p					
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml (Tussionex pennkineti)	np		•			
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml (Hycodan)	np		•			
hydrocodone w/ homatropine tab 5-1.5 mg	np		•			
promethazine & phenylephrine syrup 6.25-5 mg/5ml	np					
promethazine w/ codeine syrup 6.25-10 mg/5ml	p		•			
promethazine-dm syrup 6.25-15 mg/5ml	p					
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	np		•			
sodium chloride soln nebu 3%	p					
sodium chloride soln nebu 7% (Hyper-sal)	p					
ANTIASTHMATIC and BRONCHODILATOR AGENTS						
ADVAIR DISKUS- fluticasone-salmeterol aer powder ba 100-50 mcg/dose	np			•		
ADVAIR DISKUS- fluticasone-salmeterol aer powder ba 250-50 mcg/dose	np			•		
ADVAIR DISKUS- fluticasone-salmeterol aer powder ba 500-50 mcg/dose	np			•		
ADVAIR HFA- fluticasone-salmeterol inhal aerosol 45-21 mcg/act	P			•		
ADVAIR HFA- fluticasone-salmeterol inhal aerosol 115-21 mcg/act	P			•		
ADVAIR HFA- fluticasone-salmeterol inhal aerosol 230-21 mcg/act	P			•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proair hfa)	np			•		
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	p			•		
albuterol sulfate soln nebu 0.5% (5 mg/ml)	np			•		
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	np			•		
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	np			•		
albuterol sulfate syrup 2 mg/5ml	p					
albuterol sulfate tab 2 mg	np					
albuterol sulfate tab 4 mg	np					
ANORO ELLIPTA- umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh	P			•		
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	np					
ARNUITY ELLIPTA- fluticasone furoate aerosol powder breath activ 50 mcg/act	P			•		
ARNUITY ELLIPTA- fluticasone furoate aerosol powder breath activ 100 mcg/act	P			•		
ARNUITY ELLIPTA- fluticasone furoate aerosol powder breath activ 200 mcg/act	P			•		
ASMANEX HFA- mometasone furoate inhal aerosol suspension 50 mcg/act	P			•		
ASMANEX HFA- mometasone furoate inhal aerosol suspension 100 mcg/act	P			•		
ASMANEX HFA- mometasone furoate inhal aerosol suspension 200 mcg/act	P			•		
ASMANEX TWISTHALER 120 ME- mometasone furoate inhal powd 220 mcg/inh (breath activated)	P			•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ASMANEX TWISTHALER 30 MET- mometasone furoate inhal powd 110 mcg/inh (breath activated)	P			•		
ASMANEX TWISTHALER 30 MET- mometasone furoate inhal powd 220 mcg/inh (breath activated)	P			•		
ASMANEX TWISTHALER 60 MET- mometasone furoate inhal powd 220 mcg/inh (breath activated)	P			•		
ATROVENT HFA- ipratropium bromide hfa inhal aerosol 17 mcg/act	NP			•		
BREO ELLIPTA- fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh	P			•		
BREO ELLIPTA- fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh	P			•		
BREZTRI AEROSPHERE- budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	P			•		
budesonide inhalation susp 0.25 mg/2ml (Pulmicort)	np			•		
budesonide inhalation susp 0.5 mg/2ml (Pulmicort)	np			•		
budesonide inhalation susp 1 mg/2ml (Pulmicort)	np			•		
COMBIVENT RESPIMAT- ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	P			•		
cromolyn sodium soln nebu 20 mg/2ml	np			•		
DALIRESP- roflumilast tab 250 mcg	NP					
DALIRESP- roflumilast tab 500 mcg	NP					
DULERA- mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act	P			•		
DULERA- mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	P			•		
DULERA- mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	P			•		
ELIXOPHYLLIN- theophylline elixir 80 mg/15ml	NP					
FASENRA PEN- benralizumab subcutaneous soln auto-injector 30 mg/ml	P	•	•	•		
FLOVENT DISKUS- fluticasone propionate aer pow ba 50 mcg/blister	P			•		
FLOVENT DISKUS- fluticasone propionate aer pow ba 100 mcg/blister	P			•		
FLOVENT DISKUS- fluticasone propionate aer pow ba 250 mcg/blister	P			•		
FLOVENT HFA- fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	P			•		
FLOVENT HFA- fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	P			•		
FLOVENT HFA- fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	P			•		
FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol aer powder ba 55-14 mcg/act	np			•		
FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol aer powder ba 113-14 mcg/act	np			•		
FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol aer powder ba 232-14 mcg/act	np			•		
INCRUSE ELLIPTA- umeclidinium br aero powd breath act 62.5 mcg/inh (base eq)	P			•		
ipratropium bromide inhal soln 0.02%	p			•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	np			•		
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	np			•		
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (Xopenex)	np			•		
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (Xopenex)	np			•		
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (Xopenex)	np			•		
montelukast sodium chew tab 4 mg (base equiv) (Singulair)	p					
montelukast sodium chew tab 5 mg (base equiv) (Singulair)	p					
montelukast sodium tab 10 mg (base equiv) (Singulair)	p					
NUCALA- mepolizumab subcutaneous solution auto-injector 100 mg/ml	P	•	•	•		
NUCALA- mepolizumab subcutaneous solution pref syringe 100 mg/ml	P	•	•	•		
QVAR REDIHALER- beclomethasone diprop hfa breath act inh aer 40 mcg/act	P			•		
QVAR REDIHALER- beclomethasone diprop hfa breath act inh aer 80 mcg/act	P			•		
SEREVENT DISKUS- salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv)	P			•		
SPIRIVA HANDIHALER- tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	P			•		
SPIRIVA RESPIMAT- tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	P			•		
SPIRIVA RESPIMAT- tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	P			•		
STIOLTO RESPIMAT- tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	P			•		
STRIVERDI RESPIMAT- olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	P			•		
SYMBICORT- budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	P			•		
SYMBICORT- budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	P			•		
terbutaline sulfate tab 2.5 mg	np					
terbutaline sulfate tab 5 mg	np					
THEO-24- theophylline cap er 24hr 100 mg	NP					
THEO-24- theophylline cap er 24hr 200 mg	NP					
THEO-24- theophylline cap er 24hr 300 mg	NP					
THEO-24- theophylline cap er 24hr 400 mg	NP					
THEOPHYLLINE ER- theophylline tab er 12hr 300 mg	NP					
THEOPHYLLINE ER- theophylline tab er 12hr 450 mg	NP					
theophylline soln 80 mg/15ml	np					
theophylline tab er 24hr 400 mg	np					
theophylline tab er 24hr 600 mg	np					
TRELEGY ELLIPTA- fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh	P			•		
TRELEGY ELLIPTA- fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh	P			•		
VENTOLIN HFA- albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	P			•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
XOLAIR- omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml	P	•	•			
XOLAIR- omalizumab subcutaneous soln prefilled syringe 150 mg/ml	P	•	•			
zafirlukast tab 10 mg (Accolate)	np					
zafirlukast tab 20 mg (Accolate)	np					
RESPIRATORY AGENTS - MISC.						
ESBRIET- pirfenidone cap 267 mg	NP	•	•	•		
ESBRIET- pirfenidone tab 267 mg	NP	•	•	•		
ESBRIET- pirfenidone tab 801 mg	NP	•	•	•		
GLASSIA- alpha1-proteinase inhibitor (human) inj 1000 mg/50ml	NP	•				
KALYDECO- ivacaftor packet 25 mg	P	•	•	•		
KALYDECO- ivacaftor packet 50 mg	P	•	•	•		
KALYDECO- ivacaftor packet 75 mg	P	•	•	•		
KALYDECO- ivacaftor tab 150 mg	P	•	•	•		
OFEV- nintedanib esylate cap 100 mg (base equivalent)	NP	•	•	•		
OFEV- nintedanib esylate cap 150 mg (base equivalent)	NP	•	•	•		
ORKAMBI- lumacaftor-ivacaftor granules packet 100-125 mg	NP	•	•	•		
ORKAMBI- lumacaftor-ivacaftor granules packet 150-188 mg	NP	•	•	•		
ORKAMBI- lumacaftor-ivacaftor tab 100-125 mg	NP	•	•	•		
ORKAMBI- lumacaftor-ivacaftor tab 200-125 mg	NP	•	•	•		
PULMOZYME- dornase alfa inhal soln 2.5 mg/2.5ml	P	•				
SYMDEKO- tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	P	•	•	•		
SYMDEKO- tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	P	•	•	•		
TRIKAFTA- elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	P	•	•	•		
TRIKAFTA- elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	P	•	•	•		
GASTROINTESTINAL AGENTS						
LAXATIVES						
GAVILYTE-C- peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	NP					
lactulose solution 10 gm/15ml	np					
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	p					•
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	np					•
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)	p					•
PEG-PREP- bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	NP					
SUPREP BOWEL PREP KIT- sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	P					
SUTAB- sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	NP					
ANTIDIARRHEALS						
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	np					
DIPHENOXYLATE/ATROPINE- diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	NP		•	•		
MOTOFEN- difenoxin w/ atropine tab 1-0.025 mg	NP					
ULCER DRUGS						

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
CUVPOSA- glycopyrrolate oral soln 1 mg/5ml	NP		•			
dicyclomine hcl cap 10 mg (Bentyl)	p					
dicyclomine hcl oral soln 10 mg/5ml	np					
dicyclomine hcl tab 20 mg	p					
esomeprazole magnesium for delayed release susp packet 10 mg (Nexium)	np			•		
esomeprazole magnesium for delayed release susp packet 20 mg (Nexium)	np			•		
esomeprazole magnesium for delayed release susp packet 40 mg (Nexium)	np			•		
famotidine for susp 40 mg/5ml	np					
famotidine tab 40 mg (Pepcid)	p					
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	np					
glycopyrrolate tab 1 mg (Robinul)	np					
glycopyrrolate tab 2 mg (Robinul forte)	np					
methscopolamine bromide tab 2.5 mg (Pamine)	np					
methscopolamine bromide tab 5 mg (Pamine forte)	np					
misoprostol tab 100 mcg (Cytotec)	p					
misoprostol tab 200 mcg (Cytotec)	p					
NEXIUM- esomeprazole magnesium for delayed release susp packet 5 mg	P		•	•		
NEXIUM- esomeprazole magnesium for delayed release susp pack 2.5 mg	P		•	•		
omeprazole cap delayed release 10 mg	p			•		
omeprazole cap delayed release 20 mg	p			•		
omeprazole cap delayed release 40 mg	p			•		
pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)	p			•		
pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)	p			•		
sucralfate tab 1 gm (Carafate)	np					
ANTIEMETICS						
aprepitant capsule therapy pack 80 & 125 mg (Emend)	np			•		
aprepitant capsule 40 mg (Emend)	np			•		
aprepitant capsule 80 mg (Emend)	np			•		
aprepitant capsule 125 mg (Emend)	np			•		
dronabinol cap 2.5 mg (Marinol)	np			•		
dronabinol cap 5 mg (Marinol)	np			•		
dronabinol cap 10 mg (Marinol)	np			•		
EMEND- aprepitant for oral susp 125 mg (125 mg/5ml)	P			•		
granisetron hcl tab 1 mg	np			•		
ONDANSETRON HCL- ondansetron hcl tab 24 mg	NP			•		
ondansetron hcl oral soln 4 mg/5ml (Zofran)	np			•		
ondansetron hcl tab 4 mg (Zofran)	p			•		
ondansetron hcl tab 8 mg (Zofran)	p			•		
ondansetron orally disintegrating tab 4 mg (Zofran odt)	p			•		
ondansetron orally disintegrating tab 8 mg (Zofran odt)	p			•		
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
trimethobenzamide hcl cap 300 mg (Tigan)	np					
VARUBI- rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	P			•		
DIGESTIVE AIDS						
CREON- pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	P					
CREON- pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	P					
CREON- pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	P					
CREON- pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	P					
CREON- pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	P					
SUCRAID- sacrosidase soln 8500 unit/ml	NP	•	•	•		
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	P					
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	P					
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	P					
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	P					
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	P					
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	P					
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	P					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
GASTROINTESTINAL AGENTS- MISC.						
AURYXIA- ferric citrate tab 1 gm (210 mg ferric iron)	NP					
balsalazide disodium cap 750 mg (Colazal)	np					
BYLVAY- odevixibat cap 400 mcg	NP	•	•			
BYLVAY- odevixibat cap 1200 mcg	NP	•	•			
BYLVAY (PELLETS)- odevixibat pellets cap sprinkle 200 mcg	NP	•	•			
BYLVAY (PELLETS)- odevixibat pellets cap sprinkle 600 mcg	NP	•	•			
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	np					
calcium acetate (phosphate binder) tab 667 mg	np					
CHENODAL- chenodiol tab 250 mg	P	•				
CHOLBAM- cholic acid cap 50 mg	NP	•				
CHOLBAM- cholic acid cap 250 mg	NP	•				
CIMZIA- certolizumab pegol inj kit 2 x 200 mg/ml	NP	•	•	•		
CIMZIA STARTER KIT- certolizumab pegol inj kit 6 x 200 mg/ml	NP	•	•	•		
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	np					
FOSRENOL- lanthanum carbonate oral powder pack 750 mg (elemental)	NP					
FOSRENOL- lanthanum carbonate oral powder pack 1000 mg (elemental)	NP					
GATTEX- teduglutide (rdna) for inj kit 5 mg	NP	•	•			
lactulose (encephalopathy) solution 10 gm/15ml	np					
lanthanum carbonate chew tab 500 mg (elemental) (Fosrenol)	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
lanthanum carbonate chew tab 750 mg (elemental) (Fosrenol)	np					
lanthanum carbonate chew tab 1000 mg (elemental) (Fosrenol)	np					
LIVMARLI- maralixibat chloride oral soln 9.5 mg/ml	NP	•	•			
mesalamine cap dr 400 mg (Delzicol)	np					
mesalamine cap er 24hr 0.375 gm (Apriso)	np					
mesalamine enema 4 gm	np					
mesalamine suppos 1000 mg (Canasa)	np					
mesalamine tab delayed release 800 mg (Asacol hd)	np					
mesalamine tab delayed release 1.2 gm (Lialda)	np					
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	np					
metoclopramide hcl tab 5 mg (base equivalent) (Reglan)	p					
metoclopramide hcl tab 10 mg (base equivalent) (Reglan)	p					
METOCLOPRAMIDE ODT- metoclopramide hcl orally disintegrating tab 5 mg (base eq)	NP					
METOCLOPRAMIDE ODT- metoclopramide hcl orally disintegrating tab 10 mg (base eq)	NP					
MOVANTIK- naloxegol oxalate tab 12.5 mg (base equivalent)	P			•		
MOVANTIK- naloxegol oxalate tab 25 mg (base equivalent)	P			•		
OCALIVA- obeticholic acid tab 5 mg	NP	•	•	•		
OCALIVA- obeticholic acid tab 10 mg	NP	•	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
PHOSLYRA- calcium acetate (phosphate binder) oral soln 667 mg/5ml	NP					
sevelamer carbonate packet 0.8 gm (Renvela)	np					
sevelamer carbonate packet 2.4 gm (Renvela)	np					
sevelamer carbonate tab 800 mg (Renvela)	np					
sevelamer hcl tab 800 mg (Renagel)	np					
SEVELAMER HYDROCHLORIDE- sevelamer hcl tab 400 mg	NP					
SFROWASA- mesalamine sulfite-free (sf) enema 4 gm/60ml	NP					
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	np					
sulfasalazine tab 500 mg (Azulfidine)	np					
SYMPROIC- naldemedine tosylate tab 0.2 mg (base equivalent)	P			•		
TRULANCE- plecanatide tab 3 mg	P			•		
ursodiol cap 300 mg (Actigall)	np					
ursodiol tab 250 mg (Urso 250)	np					
ursodiol tab 500 mg (Urso forte)	np					
VELPHORO- sucroferric oxyhydroxide chew tab 500 mg	P					
VIBERZI- eluxadoline tab 75 mg	P			•		
VIBERZI- eluxadoline tab 100 mg	P			•		
XERMELO- telotristat ethyl tab 250 mg (as telotristat etiprate)	NP	•				
GENITOURINARY AGENTS						
URINARY ANTISPASMODICS						
bethanechol chloride tab 5 mg (Urecholine)	np					
bethanechol chloride tab 10 mg (Urecholine)	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
bethanechol chloride tab 25 mg (Urecholine)	np					
bethanechol chloride tab 50 mg (Urecholine)	np					
MYRBETRIQ- mirabegron granules for oral extended release susp 8 mg/ml	P					
MYRBETRIQ- mirabegron tab er 24 hr 25 mg	P					
MYRBETRIQ- mirabegron tab er 24 hr 50 mg	P					
oxybutynin chloride syrup 5 mg/5ml	p					
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	p					
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	p					
oxybutynin chloride tab er 24hr 15 mg	p					
oxybutynin chloride tab 5 mg	p					
solifenacin succinate tab 5 mg (Vesicare)	np					
solifenacin succinate tab 10 mg (Vesicare)	np					
tolterodine tartrate cap er 24hr 2 mg (Detrol la)	np					
tolterodine tartrate cap er 24hr 4 mg (Detrol la)	np					
tolterodine tartrate tab 1 mg (Detrol)	np					
tolterodine tartrate tab 2 mg (Detrol)	np					
trospium chloride cap er 24hr 60 mg	np					
trospium chloride tab 20 mg	np					
VAGINAL PRODUCTS						
clindamycin phosphate vaginal cream 2% (Cleocin)	np					
CLINDESSE- clindamycin phosphate (one dose) vaginal cream 2%	NP					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ENCARE- nonoxynol-9 vaginal suppos 100 mg	P					•
ENDOMETRIN- progesterone vaginal insert 100 mg	P+					
estradiol vaginal cream 0.1 mg/gm (Estrace)	np					
ESTRING- estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	P					
GYNAZOLE-1- butoconazole nitrate (one dose) vaginal cream 2%	NP					
metronidazole vaginal gel 0.75% (Metrogel-vaginal)	np					
MICONAZOLE 3- miconazole nitrate vaginal suppos 200 mg	NP					
NUVESSA- metronidazole vaginal gel 1.3%	NP					
OPTIONS GYNOL II VAGINAL- nonoxynol-9 gel 3%	P					•
PREMARIN- estrogens, conjugated vaginal cream 0.625 mg/gm	NP					
SHUR-SEAL- nonoxynol-9 gel 2%	P					•
terconazole vaginal cream 0.4% (Terazol 7)	np					
terconazole vaginal cream 0.8%	np					
terconazole vaginal suppos 80 mg	np					
TODAY SPONGE- nonoxynol-9 vaginal sponge 1000 mg	P					•
VAGIFEM- estradiol vaginal tab 10 mcg	np					
VCF VAGINAL CONTRACEPTIVE- nonoxynol-9 gel 4%	p					
VCF VAGINAL CONTRACEPTIVE- nonoxynol-9 film 28%	P					•
VCF VAGINAL CONTRACEPTIVE- nonoxynol-9 foam 12.5%	P					•

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
GENITOURINARY AGENTS - MISC.						
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	p					
CYSTAGON- cysteamine bitartrate cap 50 mg	P	•				
CYSTAGON- cysteamine bitartrate cap 150 mg	P	•				
dutasteride cap 0.5 mg (Avodart)	p					
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	np					
ELMIRON- pentosan polysulfate sodium caps 100 mg	NP					
finasteride tab 5 mg (Proscar)	p					
K-PHOS NO 2- potassium & sodium acid phosphates tab 305-700 mg	P					
LITHOSTAT- acetohydroxamic acid tab 250 mg	NP					
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	np					
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	np					
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	np					
PROCYSBI- cysteamine bitartrate cap delayed release 25 mg (base equiv)	NP	•	•			
PROCYSBI- cysteamine bitartrate cap delayed release 75 mg (base equiv)	NP	•	•			
PROCYSBI- cysteamine bitartrate delayed release granules packet 75 mg	NP	•	•			
PROCYSBI- cysteamine bitartrate delayed release granules packet 300 mg	NP	•	•			
sodium citrate & citric acid soln 500-334 mg/5ml (Shohls solution modi)	np					
tamsulosin hcl cap 0.4 mg (Flomax)	p					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
THIOLA EC- tiopronin tab delayed release 100 mg	NP					
THIOLA EC- tiopronin tab delayed release 300 mg	NP					
tiopronin tab 100 mg (Thiola)	np					
CENTRAL NERVOUS SYSTEM DRUGS						
ANTIANXIETY AGENTS						
ALPRAZOLAM INTENSOL- alprazolam conc 1 mg/ml	NP					
alprazolam orally disintegrating tab 0.25 mg	np					
alprazolam orally disintegrating tab 0.5 mg	np					
alprazolam orally disintegrating tab 1 mg	np					
alprazolam orally disintegrating tab 2 mg	np					
alprazolam tab er 24hr 0.5 mg (Xanax xr)	p					
alprazolam tab er 24hr 1 mg (Xanax xr)	p					
alprazolam tab er 24hr 2 mg (Xanax xr)	p					
alprazolam tab er 24hr 3 mg (Xanax xr)	p					
alprazolam tab 0.25 mg (Xanax)	p					
alprazolam tab 0.5 mg (Xanax)	p					
alprazolam tab 1 mg (Xanax)	p					
alprazolam tab 2 mg (Xanax)	p					
buspirone hcl tab 5 mg	p					
buspirone hcl tab 10 mg	p					
buspirone hcl tab 15 mg	p					
buspirone hcl tab 30 mg	np					
chlordiazepoxide hcl cap 5 mg	p					
chlordiazepoxide hcl cap 10 mg	p					
chlordiazepoxide hcl cap 25 mg	p					
clorazepate dipotassium tab 3.75 mg	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
clorazepate dipotassium tab 7.5 mg (Tranxene t)	np					
clorazepate dipotassium tab 15 mg	np					
diazepam conc 5 mg/ml	np					
diazepam oral soln 1 mg/ml	np					
diazepam tab 2 mg (Valium)	p					
diazepam tab 5 mg (Valium)	p					
diazepam tab 10 mg (Valium)	p					
hydroxyzine hcl syrup 10 mg/5ml	p					
hydroxyzine hcl tab 10 mg	p					
hydroxyzine hcl tab 25 mg	p					
hydroxyzine hcl tab 50 mg	p					
HYDROXYZINE PAMOATE-hydroxyzine pamoate cap 100 mg	NP					
hydroxyzine pamoate cap 25 mg (Vistaril)	p					
hydroxyzine pamoate cap 50 mg (Vistaril)	p					
lorazepam conc 2 mg/ml	np					
lorazepam tab 0.5 mg (Ativan)	p			•		
lorazepam tab 1 mg (Ativan)	p			•		
lorazepam tab 2 mg (Ativan)	p			•		
oxazepam cap 10 mg	np					
oxazepam cap 15 mg	np					
oxazepam cap 30 mg	np					
ANTIDEPRESSANTS						
amitriptyline hcl tab 10 mg	p					
amitriptyline hcl tab 25 mg (Elavil)	p					
amitriptyline hcl tab 50 mg	p					
amitriptyline hcl tab 75 mg	np					
amitriptyline hcl tab 100 mg	np					
amitriptyline hcl tab 150 mg	np					
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)	p					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)	p					
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)	p					
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)	p					
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)	p					
bupropion hcl tab 75 mg	p					
bupropion hcl tab 100 mg	np					
citalopram hydrobromide oral soln 10 mg/5ml	np					
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)	p					
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)	p					
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)	p					
clomipramine hcl cap 25 mg (Anafranil)	np					
clomipramine hcl cap 50 mg (Anafranil)	np					
clomipramine hcl cap 75 mg (Anafranil)	np					
desipramine hcl tab 10 mg (Norpramin)	np					
desipramine hcl tab 25 mg (Norpramin)	np					
desipramine hcl tab 50 mg	np					
desipramine hcl tab 75 mg	np					
desipramine hcl tab 100 mg	np					
desipramine hcl tab 150 mg	np					
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Pristiq)	np					
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq)	np					
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
DOXEPIN HCL- doxepin hcl cap 150 mg	NP					
doxepin hcl cap 10 mg	p					
doxepin hcl cap 25 mg	np					
doxepin hcl cap 50 mg	np					
doxepin hcl cap 75 mg	np					
doxepin hcl cap 100 mg	np					
doxepin hcl conc 10 mg/ml	p					
duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)	p					
duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)	p					
duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta)	p					
EMSAM- selegiline td patch 24hr 6 mg/24hr	NP					
EMSAM- selegiline td patch 24hr 9 mg/24hr	NP					
EMSAM- selegiline td patch 24hr 12 mg/24hr	NP					
escitalopram oxalate soln 5 mg/5ml (base equiv)	np					
escitalopram oxalate tab 5 mg (base equiv) (Lexapro)	p					
escitalopram oxalate tab 10 mg (base equiv) (Lexapro)	p					
escitalopram oxalate tab 20 mg (base equiv) (Lexapro)	p					
FETZIMA- levomilnacipran hcl cap er 24hr 20 mg (base equivalent)	NP				•	
FETZIMA- levomilnacipran hcl cap er 24hr 40 mg (base equivalent)	NP				•	
FETZIMA- levomilnacipran hcl cap er 24hr 80 mg (base equivalent)	NP				•	
FETZIMA- levomilnacipran hcl cap er 24hr 120 mg (base equivalent)	NP				•	

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
FETZIMA TITRATION PACK- levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	NP				•	
FLUOXETINE DR- fluoxetine hcl cap delayed release 90 mg	NP				•	
fluoxetine hcl cap 10 mg (Prozac)	p					
fluoxetine hcl cap 20 mg (Prozac)	p					
fluoxetine hcl cap 40 mg (Prozac)	p					
fluoxetine hcl solution 20 mg/5ml	np					
fluvoxamine maleate tab 25 mg	np					
fluvoxamine maleate tab 50 mg	np					
fluvoxamine maleate tab 100 mg	np					
imipramine hcl tab 10 mg (Tofranil)	p					
imipramine hcl tab 25 mg (Tofranil)	p					
imipramine hcl tab 50 mg (Tofranil)	p					
MARPLAN- isocarboxazid tab 10 mg	NP					
mirtazapine orally disintegrating tab 15 mg (Remeron soltab)	np					
mirtazapine orally disintegrating tab 30 mg (Remeron soltab)	np					
mirtazapine orally disintegrating tab 45 mg (Remeron soltab)	np					
mirtazapine tab 7.5 mg	np					
mirtazapine tab 15 mg (Remeron)	p					
mirtazapine tab 30 mg (Remeron)	p					
mirtazapine tab 45 mg (Remeron)	p					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
NORTRIPTYLINE HCL- nortriptyline hcl soln 10 mg/5ml	NP					
nortriptyline hcl cap 10 mg (Pamelor)	p					
nortriptyline hcl cap 25 mg (Pamelor)	p					
nortriptyline hcl cap 50 mg (Pamelor)	p					
nortriptyline hcl cap 75 mg (Pamelor)	p					
paroxetine hcl tab 10 mg (Paxil)	p					
paroxetine hcl tab 20 mg (Paxil)	p					
paroxetine hcl tab 30 mg (Paxil)	p					
paroxetine hcl tab 40 mg (Paxil)	p					
phenelzine sulfate tab 15 mg (Nardil)	np					
protriptyline hcl tab 5 mg	np					
protriptyline hcl tab 10 mg	np					
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	np					
sertraline hcl tab 25 mg (Zoloft)	p					
sertraline hcl tab 50 mg (Zoloft)	p					
sertraline hcl tab 100 mg (Zoloft)	p					
tranylcypromine sulfate tab 10 mg (Parnate)	np					
trazodone hcl tab 50 mg	p					
trazodone hcl tab 100 mg	p					
trazodone hcl tab 150 mg	p					
trimipramine maleate cap 25 mg (Surmontil)	np					
trimipramine maleate cap 50 mg (Surmontil)	np					
trimipramine maleate cap 100 mg (Surmontil)	np					
TRINTELLIX- vortioxetine hbr tab 5 mg (base equiv)	NP				•	
TRINTELLIX- vortioxetine hbr tab 10 mg (base equiv)	NP				•	
TRINTELLIX- vortioxetine hbr tab 20 mg (base equiv)	NP				•	
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)	p					
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)	p					
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)	p					
venlafaxine hcl tab 25 mg (base equivalent)	p					
venlafaxine hcl tab 37.5 mg (base equivalent)	p					
venlafaxine hcl tab 50 mg (base equivalent)	p					
venlafaxine hcl tab 75 mg (base equivalent)	p					
venlafaxine hcl tab 100 mg (base equivalent)	p					
VIIBRYD- vilazodone hcl tab 10 mg	NP				•	
VIIBRYD- vilazodone hcl tab 20 mg	NP				•	
VIIBRYD- vilazodone hcl tab 40 mg	NP				•	
VIIBRYD STARTER PACK- vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	NP				•	
ANTIPSYCHOTICS						
aripiprazole oral solution 1 mg/ml	np			•		
aripiprazole orally disintegrating tab 10 mg	np			•		
aripiprazole orally disintegrating tab 15 mg	np			•		
aripiprazole tab 2 mg (Abilify)	p			•		
aripiprazole tab 5 mg (Abilify)	p			•		
aripiprazole tab 10 mg (Abilify)	p			•		
aripiprazole tab 15 mg (Abilify)	p			•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
aripiprazole tab 20 mg (Abilify)	np			•		
aripiprazole tab 30 mg (Abilify)	np			•		
asenapine maleate sl tab 2.5 mg (base equiv) (Saphris)	np			•		
asenapine maleate sl tab 5 mg (base equiv) (Saphris)	np			•		
asenapine maleate sl tab 10 mg (base equiv) (Saphris)	np			•		
chlorpromazine hcl tab 10 mg	np					
chlorpromazine hcl tab 25 mg	np					
chlorpromazine hcl tab 50 mg	np					
chlorpromazine hcl tab 100 mg	np					
chlorpromazine hcl tab 200 mg	np					
CLOZAPINE ODT- clozapine orally disintegrating tab 12.5 mg	NP			•	•	
CLOZAPINE ODT- clozapine orally disintegrating tab 150 mg	NP			•	•	
CLOZAPINE ODT- clozapine orally disintegrating tab 200 mg	NP			•	•	
clozapine orally disintegrating tab 25 mg (Fazaclo)	np			•		
clozapine orally disintegrating tab 100 mg (Fazaclo)	np			•		
clozapine tab 25 mg (Clozaril)	np			•		
clozapine tab 50 mg	np			•		
clozapine tab 100 mg (Clozaril)	np			•		
clozapine tab 200 mg	np			•		
EQUETRO- carbamazepine (mood) cap er 12hr 100 mg	NP					
EQUETRO- carbamazepine (mood) cap er 12hr 200 mg	NP					
EQUETRO- carbamazepine (mood) cap er 12hr 300 mg	NP					
FANAPT- iloperidone tab 1 mg	NP			•	•	
FANAPT- iloperidone tab 2 mg	NP			•	•	
FANAPT- iloperidone tab 4 mg	NP			•	•	
FANAPT- iloperidone tab 6 mg	NP			•	•	
FANAPT- iloperidone tab 8 mg	NP			•	•	
FANAPT- iloperidone tab 10 mg	NP			•	•	
FANAPT- iloperidone tab 12 mg	NP			•	•	
FANAPT TITRATION PACK- iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	NP			•	•	
FLUPHENAZINE HCL- fluphenazine hcl oral conc 5 mg/ml	NP					
fluphenazine hcl tab 1 mg	np					
fluphenazine hcl tab 2.5 mg	np					
fluphenazine hcl tab 5 mg	np					
fluphenazine hcl tab 10 mg	np					
FLUPHENAZINE HYDROCHLORID- fluphenazine hcl elixir 2.5 mg/5ml	NP					
haloperidol lactate oral conc 2 mg/ml	np					
haloperidol tab 0.5 mg	p					
haloperidol tab 1 mg	p					
haloperidol tab 2 mg	p					
haloperidol tab 5 mg	np					
haloperidol tab 10 mg	np					
haloperidol tab 20 mg	np					
LATUDA- lurasidone hcl tab 20 mg	P			•		
LATUDA- lurasidone hcl tab 40 mg	P			•		
LATUDA- lurasidone hcl tab 60 mg	P			•		
LATUDA- lurasidone hcl tab 80 mg	P			•		
LATUDA- lurasidone hcl tab 120 mg	P			•		
LITHIUM CARBONATE- lithium carbonate cap 150 mg	NP					
LITHIUM CARBONATE- lithium carbonate cap 300 mg	NP					
LITHIUM CARBONATE- lithium carbonate cap 600 mg	NP					
lithium carbonate cap 150 mg (Lithium carbonate)	p					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
lithium carbonate cap 300 mg	p					
lithium carbonate cap 600 mg (Lithium carbonate)	p					
lithium carbonate tab er 300 mg (Lithobid)	p					
lithium carbonate tab er 450 mg	p					
lithium carbonate tab 300 mg	p					
LITHOBID- lithium carbonate tab er 300 mg	NP					
loxapine succinate cap 5 mg	np					
loxapine succinate cap 10 mg	np					
loxapine succinate cap 25 mg	np					
loxapine succinate cap 50 mg	np					
MOLINDONE HYDROCHLORIDE- molindone hcl tab 5 mg	NP					
MOLINDONE HYDROCHLORIDE- molindone hcl tab 10 mg	NP					
MOLINDONE HYDROCHLORIDE- molindone hcl tab 25 mg	NP					
olanzapine orally disintegrating tab 5 mg (Zyprexa zydis)	np			•		
olanzapine orally disintegrating tab 10 mg (Zyprexa zydis)	np			•		
olanzapine orally disintegrating tab 15 mg (Zyprexa zydis)	np			•		
olanzapine orally disintegrating tab 20 mg (Zyprexa zydis)	np			•		
olanzapine tab 2.5 mg (Zyprexa)	p			•		
olanzapine tab 5 mg (Zyprexa)	p			•		
olanzapine tab 7.5 mg (Zyprexa)	p			•		
olanzapine tab 10 mg (Zyprexa)	p			•		
olanzapine tab 15 mg (Zyprexa)	p			•		
olanzapine tab 20 mg (Zyprexa)	p			•		
paliperidone tab er 24hr 1.5 mg (Invega)	np			•		
paliperidone tab er 24hr 3 mg (Invega)	np			•		
paliperidone tab er 24hr 6 mg (Invega)	np			•		
paliperidone tab er 24hr 9 mg (Invega)	np			•		
perphenazine tab 2 mg	np					
perphenazine tab 4 mg	np					
perphenazine tab 8 mg	np					
perphenazine tab 16 mg	np					
prochlorperazine maleate tab 5 mg (base equivalent)	p					
prochlorperazine maleate tab 10 mg (base equivalent)	np					
prochlorperazine suppos 25 mg	np					
quetiapine fumarate tab er 24hr 50 mg (Seroquel xr)	np			•		
quetiapine fumarate tab er 24hr 150 mg (Seroquel xr)	np			•		
quetiapine fumarate tab er 24hr 200 mg (Seroquel xr)	np			•		
quetiapine fumarate tab er 24hr 300 mg (Seroquel xr)	np			•		
quetiapine fumarate tab er 24hr 400 mg (Seroquel xr)	np			•		
quetiapine fumarate tab 25 mg (Seroquel)	p			•		
quetiapine fumarate tab 50 mg (Seroquel)	p			•		
quetiapine fumarate tab 100 mg (Seroquel)	p			•		
quetiapine fumarate tab 200 mg (Seroquel)	p			•		
quetiapine fumarate tab 300 mg (Seroquel)	p			•		
quetiapine fumarate tab 400 mg (Seroquel)	p			•		
REXULTI- brexpiprazole tab 0.25 mg	NP			•		
REXULTI- brexpiprazole tab 0.5 mg	NP			•		
REXULTI- brexpiprazole tab 1 mg	NP			•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
REXULTI- brexpiprazole tab 2 mg	NP			•		
REXULTI- brexpiprazole tab 3 mg	NP			•		
REXULTI- brexpiprazole tab 4 mg	NP			•		
RISPERIDONE ODT- risperidone orally disintegrating tab 0.25 mg	NP			•	•	
risperidone orally disintegrating tab 0.5 mg (Risperdal m-tab)	np			•		
risperidone orally disintegrating tab 1 mg (Risperdal m-tab)	np			•		
risperidone orally disintegrating tab 2 mg (Risperdal m-tab)	np			•		
risperidone orally disintegrating tab 3 mg (Risperdal m-tab)	np			•		
risperidone orally disintegrating tab 4 mg (Risperdal m-tab)	np			•		
risperidone soln 1 mg/ml (Risperdal)	np			•		
risperidone tab 0.25 mg (Risperdal)	p			•		
risperidone tab 0.5 mg (Risperdal)	p			•		
risperidone tab 1 mg (Risperdal)	p			•		
risperidone tab 2 mg (Risperdal)	p			•		
risperidone tab 3 mg (Risperdal)	p			•		
risperidone tab 4 mg (Risperdal)	p			•		
SECUADO- asenapine td patch 24 hr 3.8 mg/24hr	NP			•	•	
SECUADO- asenapine td patch 24 hr 5.7 mg/24hr	NP			•	•	
SECUADO- asenapine td patch 24 hr 7.6 mg/24hr	NP			•	•	
thiothixene cap 1 mg	np					
thiothixene cap 2 mg	np					
thiothixene cap 5 mg	np					
thiothixene cap 10 mg	np					
trifluoperazine hcl tab 1 mg (base equivalent)	np					
trifluoperazine hcl tab 2 mg (base equivalent)	np					
trifluoperazine hcl tab 5 mg (base equivalent)	np					
trifluoperazine hcl tab 10 mg (base equivalent)	np					
VERSACLOZ- clozapine susp 50 mg/ml	NP			•	•	
VRAYLAR- cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6)	NP			•	•	
VRAYLAR- cariprazine hcl cap 1.5 mg (base equivalent)	NP			•	•	
VRAYLAR- cariprazine hcl cap 3 mg (base equivalent)	NP			•	•	
VRAYLAR- cariprazine hcl cap 4.5 mg (base equivalent)	NP			•	•	
VRAYLAR- cariprazine hcl cap 6 mg (base equivalent)	NP			•	•	
ziprasidone hcl cap 20 mg (Geodon)	np			•		
ziprasidone hcl cap 40 mg (Geodon)	np			•		
ziprasidone hcl cap 60 mg (Geodon)	np			•		
ziprasidone hcl cap 80 mg (Geodon)	np			•		
HYPNOTICS						
estazolam tab 1 mg	np					
estazolam tab 2 mg	np					
eszopiclone tab 1 mg (Lunesta)	p			•		
eszopiclone tab 2 mg (Lunesta)	p			•		
eszopiclone tab 3 mg (Lunesta)	p			•		
FLURAZEPAM HCL- flurazepam hcl cap 15 mg	NP					
FLURAZEPAM HCL- flurazepam hcl cap 30 mg	NP					
HETLIOZ- tasimelteon capsule 20 mg	NP		•	•		
HETLIOZ LQ- tasimelteon oral susp 4 mg/ml	NP		•	•		
phenobarbital elixir 20 mg/5ml	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
phenobarbital tab 15 mg	p					
phenobarbital tab 16.2 mg	np					
phenobarbital tab 30 mg	p					
phenobarbital tab 32.4 mg	np					
phenobarbital tab 60 mg	p					
phenobarbital tab 64.8 mg	np					
phenobarbital tab 97.2 mg	np					
phenobarbital tab 100 mg	p					
temazepam cap 15 mg (Restoril)	p					
temazepam cap 30 mg (Restoril)	p					
zaleplon cap 5 mg (Sonata)	p			•		
zaleplon cap 10 mg (Sonata)	p			•		
zolpidem tartrate tab er 6.25 mg (Ambien cr)	np			•		
zolpidem tartrate tab er 12.5 mg (Ambien cr)	np			•		
zolpidem tartrate tab 5 mg (Ambien)	p			•		
zolpidem tartrate tab 10 mg (Ambien)	p			•		
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS						
amphetamine-dextroamphetamine cap er 24hr 5 mg (Adderall xr)	np			•		
amphetamine-dextroamphetamine cap er 24hr 10 mg (Adderall xr)	np			•		
amphetamine-dextroamphetamine cap er 24hr 15 mg (Adderall xr)	np			•		
amphetamine-dextroamphetamine cap er 24hr 20 mg (Adderall xr)	np			•		
amphetamine-dextroamphetamine cap er 24hr 25 mg (Adderall xr)	np			•		
amphetamine-dextroamphetamine cap er 24hr 30 mg (Adderall xr)	np			•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
amphetamine-dextroamphetamine tab 5 mg (Adderall)	np			•		
amphetamine-dextroamphetamine tab 7.5 mg (Adderall)	np			•		
amphetamine-dextroamphetamine tab 10 mg (Adderall)	np			•		
amphetamine-dextroamphetamine tab 12.5 mg (Adderall)	np			•		
amphetamine-dextroamphetamine tab 15 mg (Adderall)	np			•		
amphetamine-dextroamphetamine tab 20 mg (Adderall)	np			•		
amphetamine-dextroamphetamine tab 30 mg (Adderall)	np			•		
armodafinil tab 50 mg (Nuvigil)	np			•		
armodafinil tab 150 mg (Nuvigil)	np			•		
armodafinil tab 200 mg (Nuvigil)	np			•		
armodafinil tab 250 mg (Nuvigil)	np			•		
atomoxetine hcl cap 10 mg (base equiv) (Strattera)	np			•		
atomoxetine hcl cap 18 mg (base equiv) (Strattera)	np			•		
atomoxetine hcl cap 25 mg (base equiv) (Strattera)	np			•		
atomoxetine hcl cap 40 mg (base equiv) (Strattera)	np			•		
atomoxetine hcl cap 60 mg (base equiv) (Strattera)	np			•		
atomoxetine hcl cap 80 mg (base equiv) (Strattera)	np			•		
atomoxetine hcl cap 100 mg (base equiv) (Strattera)	np			•		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	np			•		
CONTRAVE- naltrexone hcl-bupropion hcl tab er 12hr 8-90 mg	NP +		•	•		
dexmethylphenidate hcl cap er 24 hr 5 mg (Focalin xr)	np			•		
dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr)	np			•		
dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr)	np			•		
dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr)	np			•		
dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr)	np			•		
dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr)	np			•		
dexmethylphenidate hcl cap er 24 hr 35 mg (Focalin xr)	np			•		
dexmethylphenidate hcl cap er 24 hr 40 mg (Focalin xr)	np			•		
dexmethylphenidate hcl tab 2.5 mg (Focalin)	p			•		
dexmethylphenidate hcl tab 5 mg (Focalin)	np			•		
dexmethylphenidate hcl tab 10 mg (Focalin)	np			•		
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	np			•		
dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine)	np			•		
dextroamphetamine sulfate cap er 24hr 15 mg (Dexedrine)	np			•		
dextroamphetamine sulfate oral solution 5 mg/5ml (Procentra)	np			•		
dextroamphetamine sulfate tab 5 mg	np			•		
dextroamphetamine sulfate tab 10 mg	np			•		
guanfacine hcl tab er 24hr 1 mg (base equiv) (Intuniv)	np			•		
guanfacine hcl tab er 24hr 2 mg (base equiv) (Intuniv)	np			•		
guanfacine hcl tab er 24hr 3 mg (base equiv) (Intuniv)	np			•		
guanfacine hcl tab er 24hr 4 mg (base equiv) (Intuniv)	np			•		
IMCIVREE- setmelanotide acetate subcutaneous soln 10 mg/ml	NP	•	•	•		
LOMAIRA- phentermine hcl tab 8 mg	NP +		•	•		
methylphenidate hcl cap er 10 mg (cd)	np			•		
methylphenidate hcl cap er 20 mg (cd)	np			•		
methylphenidate hcl cap er 30 mg (cd)	np			•		
methylphenidate hcl cap er 40 mg (cd)	np			•		
methylphenidate hcl cap er 50 mg (cd)	np			•		
methylphenidate hcl cap er 60 mg (cd)	np			•		
methylphenidate hcl cap er 24hr 20 mg (la) (Ritalin la)	np			•		
methylphenidate hcl cap er 24hr 30 mg (la) (Ritalin la)	np			•		
methylphenidate hcl cap er 24hr 40 mg (la) (Ritalin la)	np			•		
methylphenidate hcl chew tab 2.5 mg	np			•		
methylphenidate hcl chew tab 5 mg	np			•		
methylphenidate hcl chew tab 10 mg	np			•		
methylphenidate hcl soln 5 mg/5ml (Methylin)	np			•		
methylphenidate hcl soln 10 mg/5ml (Methylin)	np			•		
methylphenidate hcl tab er osmotic release (osm) 18 mg (Concerta)	np			•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
methylphenidate hcl tab er osmotic release (osm) 27 mg (Concerta)	np			•		
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	np			•		
methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta)	np			•		
methylphenidate hcl tab er 10 mg	np			•		
methylphenidate hcl tab er 20 mg	np			•		
methylphenidate hcl tab 5 mg (Ritalin)	p			•		
methylphenidate hcl tab 10 mg (Ritalin)	np			•		
methylphenidate hcl tab 20 mg (Ritalin)	np			•		
modafinil tab 100 mg (Provigil)	np			•		
modafinil tab 200 mg (Provigil)	np			•		
phentermine hcl cap 15 mg	p+		•	•		
phentermine hcl cap 30 mg	p+		•	•		
phentermine hcl cap 37.5 mg (Adipex-p)	p+		•	•		
phentermine hcl tab 37.5 mg (Adipex-p)	p+		•	•		
QSYMIA- phentermine hcl-topiramate cap er 24hr 3.75-23 mg	NP +		•	•		
QSYMIA- phentermine hcl-topiramate cap er 24hr 7.5-46 mg	NP +		•	•		
QSYMIA- phentermine hcl-topiramate cap er 24hr 11.25-69 mg	NP +		•	•		
QSYMIA- phentermine hcl-topiramate cap er 24hr 15-92 mg	NP +		•	•		
SAXENDA- liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml)	NP +		•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
SUNOSI- solriamfetol hcl tab 75 mg (base equiv)	P		•	•		
SUNOSI- solriamfetol hcl tab 150 mg (base equiv)	P		•	•		
VYVANSE- lisdexamfetamine dimesylate cap 10 mg	P			•		
VYVANSE- lisdexamfetamine dimesylate cap 20 mg	P			•		
VYVANSE- lisdexamfetamine dimesylate cap 30 mg	P			•		
VYVANSE- lisdexamfetamine dimesylate cap 40 mg	P			•		
VYVANSE- lisdexamfetamine dimesylate cap 50 mg	P			•		
VYVANSE- lisdexamfetamine dimesylate cap 60 mg	P			•		
VYVANSE- lisdexamfetamine dimesylate cap 70 mg	P			•		
VYVANSE- lisdexamfetamine dimesylate chew tab 10 mg	P			•		
VYVANSE- lisdexamfetamine dimesylate chew tab 20 mg	P			•		
VYVANSE- lisdexamfetamine dimesylate chew tab 30 mg	P			•		
VYVANSE- lisdexamfetamine dimesylate chew tab 40 mg	P			•		
VYVANSE- lisdexamfetamine dimesylate chew tab 50 mg	P			•		
VYVANSE- lisdexamfetamine dimesylate chew tab 60 mg	P			•		
WEGOVY- semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5ml	NP +		•	•		
WEGOVY- semaglutide (weight mngmt) soln auto-injector 0.5 mg/0.5ml	NP +		•	•		
WEGOVY- semaglutide (weight mngmt) soln auto-injector 1 mg/0.5ml	NP +		•	•		
WEGOVY- semaglutide (weight mngmt) soln auto-injector 1.7 mg/0.75ml	NP +		•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
WEGOVY- semaglutide (weight mngmt) soln auto-injector 2.4 mg/0.75ml	NP +		•	•		
XENICAL- orlistat cap 120 mg	NP +		•	•		
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.						
acamprosate calcium tab delayed release 333 mg	np					
ADDYI- flibanserin tab 100 mg	NP +		•	•		
AUBAGIO- teriflunomide tab 7 mg	P	•	•	•		
AUBAGIO- teriflunomide tab 14 mg	P	•	•	•		
AUSTEDO- deutetrabenazine tab 6 mg	NP	•	•	•		
AUSTEDO- deutetrabenazine tab 9 mg	NP	•	•	•		
AUSTEDO- deutetrabenazine tab 12 mg	NP	•	•	•		
AVONEX- interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	P	•	•	•		
AVONEX PEN- interferon beta-1a im auto-injector kit 30 mcg/0.5ml	P	•	•	•		
BETASERON- interferon beta-1b for inj kit 0.3 mg	P	•	•	•		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban)	np					•
CHLORDIAZEPOXIDE/ AMITRIPT- chlordiazepoxide-amitriptyline tab 5-12.5 mg	NP					
CHLORDIAZEPOXIDE/ AMITRIPT- chlordiazepoxide-amitriptyline tab 10-25 mg	NP					
dalfampridine tab er 12hr 10 mg (Ampyra)	np	•	•	•		
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	np	•		•		
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	np	•		•		
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	np	•		•		
disulfiram tab 250 mg (Antabuse)	np					
disulfiram tab 500 mg (Antabuse)	np					
donepezil hydrochloride orally disintegrating tab 5 mg	p					
donepezil hydrochloride orally disintegrating tab 10 mg	p					
donepezil hydrochloride tab 5 mg (Aricept)	p					
donepezil hydrochloride tab 10 mg (Aricept)	p					
donepezil hydrochloride tab 23 mg (Aricept)	np					
GALANTAMINE HYDROBROMIDE- galantamine hydrobromide oral soln 4 mg/ml	NP					
galantamine hydrobromide cap er 24hr 8 mg (Razadyne er)	np					
galantamine hydrobromide cap er 24hr 16 mg (Razadyne er)	np					
galantamine hydrobromide cap er 24hr 24 mg (Razadyne er)	np					
galantamine hydrobromide tab 4 mg (Razadyne)	np					
galantamine hydrobromide tab 8 mg (Razadyne)	np					
galantamine hydrobromide tab 12 mg (Razadyne)	np					
GILENYA- fingolimod hcl cap 0.5 mg (base equiv)	P	•	•	•		
glatiramer acetate soln prefilled syringe 20 mg/ml (Mylan Products) (Copaxone)	np	•		•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
glatiramer acetate soln prefilled syringe 40 mg/ml (Mylan Products) (Copaxone)	np	•		•		
INGREZZA- valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	NP	•	•	•		
INGREZZA- valbenazine tosylate cap 40 mg (base equiv)	NP	•	•	•		
INGREZZA- valbenazine tosylate cap 60 mg (base equiv)	NP	•	•	•		
INGREZZA- valbenazine tosylate cap 80 mg (base equiv)	NP	•	•	•		
KESIMPTA- ofatumumab soln auto-injector 20 mg/0.4ml	P	•	•	•		
LUCEMYRA- lofexidine hcl tab 0.18 mg (base equivalent)	NP			•		
MAVENCLAD- cladribine tab therapy pack 10 mg (4 tabs)	P	•	•	•		
MAVENCLAD- cladribine tab therapy pack 10 mg (5 tabs)	P	•	•	•		
MAVENCLAD- cladribine tab therapy pack 10 mg (6 tabs)	P	•	•	•		
MAVENCLAD- cladribine tab therapy pack 10 mg (7 tabs)	P	•	•	•		
MAVENCLAD- cladribine tab therapy pack 10 mg (8 tabs)	P	•	•	•		
MAVENCLAD- cladribine tab therapy pack 10 mg (9 tabs)	P	•	•	•		
MAVENCLAD- cladribine tab therapy pack 10 mg (10 tabs)	P	•	•	•		
MAYZENT- siponimod fumarate tab 0.25 mg (base equiv)	P	•	•	•		
MAYZENT- siponimod fumarate tab 2 mg (base equiv)	P	•	•	•		
MAYZENT STARTER PACK- siponimod fumarate tab 0.25 mg (12) starter pack	P	•	•	•		
memantine hcl oral solution 2 mg/ml (Namenda)	np					
memantine hcl tab 5 mg (Namenda)	p					
memantine hcl tab 10 mg (Namenda)	p					
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	np					
nicotine polacrilex gum 2 mg	np					•
nicotine polacrilex gum 4 mg	np					•
nicotine polacrilex lozenge 2 mg	np					•
nicotine polacrilex lozenge 4 mg	np					•
nicotine td patch 24hr 7 mg/24hr	np					•
nicotine td patch 24hr 14 mg/24hr	np					•
nicotine td patch 24hr 21 mg/24hr	np					•
NICOTINE TRANSDERMAL SYST- nicotine td patch 24 hr kit 21-14-7 mg/24hr	P					•
NICOTROL INHALER- nicotine inhaler system 10 mg (4 mg delivered)	P					•
NICOTROL NS- nicotine nasal spray 10 mg/ml (0.5 mg/spray)	P					•
NUEDEXTA- dextromethorphan hbr-quinidine sulfate cap 20-10 mg	NP		•	•		
PERPHENAZINE/AMITRIPTYLIN- perphenazine-amitriptyline tab 2-10 mg	NP					
PERPHENAZINE/AMITRIPTYLIN- perphenazine-amitriptyline tab 2-25 mg	NP					
PERPHENAZINE/AMITRIPTYLIN- perphenazine-amitriptyline tab 4-10 mg	NP					
PERPHENAZINE/AMITRIPTYLIN- perphenazine-amitriptyline tab 4-25 mg	NP					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
PERPHENAZINE/AMITRIPTYLIN- perphenazine-amitriptyline tab 4-50 mg	NP					
PIMOZIDE- pimozide tab 1 mg	NP					
PIMOZIDE- pimozide tab 2 mg	NP					
PLEGRIDY- peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	P	•	•	•		
PLEGRIDY- peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	P	•	•	•		
PLEGRIDY- peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	P	•	•	•		
PLEGRIDY STARTER PACK- peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	P	•	•	•		
PLEGRIDY STARTER PACK- peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	P	•	•	•		
REBIF- interferon beta-1a soln pref syr 22 mcg/0.5ml	P	•	•	•		
REBIF- interferon beta-1a soln pref syr 44 mcg/0.5ml	P	•	•	•		
REBIF REBIDOSE- interferon beta-1a soln auto-inj 22 mcg/0.5ml	P	•	•	•		
REBIF REBIDOSE- interferon beta-1a soln auto-inj 44 mcg/0.5ml	P	•	•	•		
REBIF REBIDOSE TITRATION- interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	P	•	•	•		
REBIF TITRATION PACK- interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	P	•	•	•		
rivastigmine tartrate cap 1.5 mg (base equivalent)	np					
rivastigmine tartrate cap 3 mg (base equivalent)	np					
rivastigmine tartrate cap 4.5 mg (base equivalent)	np					
rivastigmine tartrate cap 6 mg (base equivalent)	np					
rivastigmine td patch 24hr 4.6 mg/24hr (Exelon)	np					
rivastigmine td patch 24hr 9.5 mg/24hr (Exelon)	np					
rivastigmine td patch 24hr 13.3 mg/24hr (Exelon)	np					
TEGSEDI- inotersen sod subcutaneous pref syr 284 mg/1.5ml (base eq)	NP	•	•	•		
tetrabenazine tab 12.5 mg (Xenazine)	np	•	•	•		
tetrabenazine tab 25 mg (Xenazine)	np	•	•	•		
VARENICLINE TARTRATE- varenicline tartrate tab 0.5 mg (base equiv)	np					•
VARENICLINE TARTRATE- varenicline tartrate tab 1 mg (base equiv)	np					•
VYLEESI- bremelanotide acet subcutaneous soln auto-inj 1.75 mg/0.3ml	NP +		•	•		
XYREM- sodium oxybate oral solution 500 mg/ml	NP	•	•	•		
XYWAV- calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	NP	•	•	•		
ZEPOSIA- ozanimod hcl cap 0.92 mg	P	•	•	•		
ZEPOSIA STARTER KIT- ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 30 x 0.92 mg	P	•	•	•		
ZEPOSIA 7-DAY STARTER PAC- ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	P	•	•	•		
ANALGESICS AND ANESTHETICS						
ANALGESICS - NON-NARCOTIC						
aspirin chew tab 81 mg	p					•

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
aspirin tab delayed release 81 mg	p					•
butalbital-acetaminophen tab 50-325 mg	np					
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	np					
butalbital-aspirin-caffeine cap 50-325-40 mg (Fiorinal)	np					
diflunisal tab 500 mg	np					
TENCON- butalbital-acetaminophen tab 50-325 mg	NP					
ANALGESICS - NARCOTIC						
acetaminophen w/ codeine soln 120-12 mg/5ml	p		•			
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	p		•			
acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3)	p		•			
acetaminophen w/ codeine tab 300-60 mg (Tylenol/codeine #4)	np		•			
BELBUCA- buprenorphine hcl buccal film 75 mcg (base equivalent)	P			•		
BELBUCA- buprenorphine hcl buccal film 150 mcg (base equivalent)	P			•		
BELBUCA- buprenorphine hcl buccal film 300 mcg (base equivalent)	P			•		
BELBUCA- buprenorphine hcl buccal film 450 mcg (base equivalent)	P			•		
BELBUCA- buprenorphine hcl buccal film 600 mcg (base equivalent)	P			•		
BELBUCA- buprenorphine hcl buccal film 750 mcg (base equivalent)	P			•		
BELBUCA- buprenorphine hcl buccal film 900 mcg (base equivalent)	P			•		
buprenorphine hcl sl tab 2 mg (base equiv)	np			•		
buprenorphine hcl sl tab 8 mg (base equiv)	np			•		
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	np			•		
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone)	np			•		
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	np			•		
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone)	np			•		
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	np			•		
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	np			•		
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	np		•			
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Fiorinal/codeine #3)	np		•			
butorphanol tartrate nasal soln 10 mg/ml	np		•	•		
CODEINE SULFATE- codeine sulfate tab 15 mg	NP		•			
CODEINE SULFATE- codeine sulfate tab 60 mg	NP		•			
codeine sulfate tab 30 mg (Codeine sulfate)	np		•			
fentanyl citrate lozenge on a handle 200 mcg (Actiq)	np		•	•		
fentanyl citrate lozenge on a handle 400 mcg (Actiq)	np		•	•		
fentanyl citrate lozenge on a handle 600 mcg (Actiq)	np		•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
fentanyl citrate lozenge on a handle 800 mcg (Actiq)	np		•	•		
fentanyl citrate lozenge on a handle 1200 mcg (Actiq)	np		•	•		
fentanyl citrate lozenge on a handle 1600 mcg (Actiq)	np		•	•		
fentanyl td patch 72hr 12 mcg/hr (Duragesic)	np		•	•		
fentanyl td patch 72hr 25 mcg/hr (Duragesic)	np		•	•		
fentanyl td patch 72hr 50 mcg/hr (Duragesic)	np		•	•		
fentanyl td patch 72hr 75 mcg/hr (Duragesic)	np		•	•		
fentanyl td patch 72hr 100 mcg/hr (Duragesic)	np		•	•		
hydrocodone-acetaminophen soln 7.5-325 mg/15ml (Hycet)	np		•			
hydrocodone-acetaminophen tab 10-325 mg (Norco)	p		•			
hydrocodone-acetaminophen tab 5-325 mg (Norco)	p		•			
hydrocodone-acetaminophen tab 7.5-325 mg (Norco)	p		•			
hydrocodone-ibuprofen tab 7.5-200 mg	np		•			
hydrocodone-ibuprofen tab 10-200 mg (Ibudone)	np		•			
HYDROCODONE/IBUPROFEN- hydrocodone-ibuprofen tab 5-200 mg	NP		•			
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	np		•			
hydromorphone hcl tab 2 mg (Dilaudid)	p		•			
hydromorphone hcl tab 4 mg (Dilaudid)	p		•			
hydromorphone hcl tab 8 mg (Dilaudid)	np		•			
methadone hcl conc 10 mg/ml (Methadose)	np		•			
methadone hcl soln 5 mg/5ml (Methadone hcl)	np		•			
methadone hcl soln 10 mg/5ml (Methadone hcl)	np		•			
methadone hcl tab for oral susp 40 mg	np		•			
methadone hcl tab 5 mg (Dolophine)	p		•			
methadone hcl tab 10 mg (Dolophine)	p		•			
MORPHINE SULFATE- morphine sulfate tab 15 mg	P		•			
MORPHINE SULFATE- morphine sulfate tab 30 mg	P		•			
morphine sulfate cap er 24hr 10 mg (Kadian)	np		•	•		
morphine sulfate cap er 24hr 20 mg (Kadian)	np		•	•		
morphine sulfate cap er 24hr 30 mg (Kadian)	np		•	•		
morphine sulfate cap er 24hr 50 mg (Kadian)	np		•	•		
morphine sulfate cap er 24hr 60 mg (Kadian)	np		•	•		
morphine sulfate cap er 24hr 80 mg (Kadian)	np		•	•		
morphine sulfate cap er 24hr 100 mg (Kadian)	np		•	•		
morphine sulfate oral soln 10 mg/5ml	p		•			
morphine sulfate oral soln 20 mg/5ml	np		•			
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	np		•			
morphine sulfate tab er 15 mg (Ms contin)	p		•	•		
morphine sulfate tab er 30 mg (Ms contin)	np		•	•		
morphine sulfate tab er 60 mg (Ms contin)	np		•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
morphine sulfate tab er 100 mg (Ms contin)	np		•	•		
morphine sulfate tab er 200 mg (Ms contin)	np		•	•		
morphine sulfate tab 15 mg (Morphine sulfate)	np		•			
morphine sulfate tab 30 mg (Morphine sulfate)	np		•			
oxycodone hcl cap 5 mg	np		•			
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	np		•			
oxycodone hcl soln 5 mg/5ml	np		•			
oxycodone hcl tab 5 mg (Roxicodone)	p		•			
oxycodone hcl tab 10 mg	p		•			
oxycodone hcl tab 15 mg (Roxicodone)	np		•			
oxycodone hcl tab 20 mg	np		•			
oxycodone hcl tab 30 mg (Roxicodone)	np		•			
oxycodone w/ acetaminophen tab 2.5-325 mg (Percocet)	np		•			
oxycodone w/ acetaminophen tab 5-325 mg (Percocet)	p		•			
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	np		•			
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	np		•			
oxymorphone hcl tab 5 mg (Opana)	np		•			
oxymorphone hcl tab 10 mg (Opana)	np		•			
OXYMORPHONE HYDROCHLORIDE-oxymorphone hcl tab er 12hr 5 mg	NP		•	•		
OXYMORPHONE HYDROCHLORIDE-oxymorphone hcl tab er 12hr 7.5 mg	NP		•	•		
OXYMORPHONE HYDROCHLORIDE-oxymorphone hcl tab er 12hr 10 mg	NP		•	•		
OXYMORPHONE HYDROCHLORIDE-oxymorphone hcl tab er 12hr 15 mg	NP		•	•		
OXYMORPHONE HYDROCHLORIDE-oxymorphone hcl tab er 12hr 20 mg	NP		•	•		
OXYMORPHONE HYDROCHLORIDE-oxymorphone hcl tab er 12hr 30 mg	NP		•	•		
OXYMORPHONE HYDROCHLORIDE-oxymorphone hcl tab er 12hr 40 mg	NP		•	•		
tramadol hcl tab er 24hr 100 mg	np		•	•		
tramadol hcl tab er 24hr 200 mg	np		•	•		
tramadol hcl tab er 24hr 300 mg	np		•	•		
tramadol hcl tab er 24hr biphasic release 100 mg	np		•	•		
tramadol hcl tab er 24hr biphasic release 200 mg	np		•	•		
tramadol hcl tab er 24hr biphasic release 300 mg	np		•	•		
tramadol hcl tab 50 mg (Ultram)	p		•	•		
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	p		•			
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 9 mg	P		•	•		
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 13.5 mg	P		•	•		
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 18 mg	P		•	•		
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 27 mg	P		•	•		
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 36 mg	P		•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ANALGESICS - ANTI-INFLAMMATORY						
ACTEMRA- tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	P	•	•	•		
ACTEMRA ACTPEN- tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	P	•	•	•		
ARCALYST- rilonacept for inj 220 mg	NP	•	•	•		
celecoxib cap 50 mg (Celebrex)	p			•		
celecoxib cap 100 mg (Celebrex)	p			•		
celecoxib cap 200 mg (Celebrex)	p			•		
celecoxib cap 400 mg (Celebrex)	np			•		
diclofenac potassium tab 50 mg	np					
diclofenac sodium tab delayed release 25 mg	np					
diclofenac sodium tab delayed release 50 mg	p					
diclofenac sodium tab delayed release 75 mg	p					
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	np					
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	np					
ENBREL- etanercept for subcutaneous inj 25 mg	P	•	•	•		
ENBREL- etanercept subcutaneous inj 25 mg/0.5ml	P	•	•	•		
ENBREL- etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	P	•	•	•		
ENBREL- etanercept subcutaneous soln prefilled syringe 50 mg/ml	P	•	•	•		
ENBREL MINI- etanercept subcutaneous solution cartridge 50 mg/ml	P	•	•	•		
ENBREL SURECLICK- etanercept subcutaneous solution auto-injector 50 mg/ml	P	•	•	•		
etodolac cap 200 mg	np					
etodolac cap 300 mg	np					
etodolac tab er 24hr 400 mg	np					
etodolac tab er 24hr 500 mg	np					
etodolac tab er 24hr 600 mg	np					
etodolac tab 400 mg (Lodine)	np					
etodolac tab 500 mg	np					
FLURBIPROFEN- flurbiprofen tab 50 mg	NP					
flurbiprofen tab 100 mg	np					
HUMIRA- adalimumab prefilled syringe kit 10 mg/0.1ml	P	•	•	•		
HUMIRA- adalimumab prefilled syringe kit 20 mg/0.2ml	P	•	•	•		
HUMIRA- adalimumab prefilled syringe kit 40 mg/0.8ml	P	•	•	•		
HUMIRA- adalimumab prefilled syringe kit 40 mg/0.4ml	P	•	•	•		
HUMIRA PEDIATRIC CROHNS D- adalimumab prefilled syringe kit 80 mg/0.8ml	P	•	•	•		
HUMIRA PEDIATRIC CROHNS D- adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml	P	•	•	•		
HUMIRA PEN- adalimumab pen-injector kit 40 mg/0.8ml	P	•	•	•		
HUMIRA PEN- adalimumab pen-injector kit 40 mg/0.4ml	P	•	•	•		
HUMIRA PEN- adalimumab pen-injector kit 80 mg/0.8ml	P	•	•	•		
HUMIRA PEN-CD/UC/HS START- adalimumab pen-injector kit 40 mg/0.8ml	P	•	•	•		
HUMIRA PEN-CD/UC/HS START- adalimumab pen-injector kit 80 mg/0.8ml	P	•	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
HUMIRA PEN-PEDIATRIC UC S- adalimumab pen-injector kit 80 mg/0.8ml	P	•	•	•		
HUMIRA PEN-PS/UV STARTER- adalimumab pen-injector kit 40 mg/0.8ml	P	•	•	•		
HUMIRA PEN-PS/UV STARTER- adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	P	•	•	•		
ibuprofen tab 400 mg	p					
ibuprofen tab 600 mg	p					
ibuprofen tab 800 mg	p					
indomethacin cap er 75 mg	np					
indomethacin cap 25 mg	p					
indomethacin cap 50 mg	p					
ketorolac tromethamine tab 10 mg	np			•		
KEVZARA- sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml	NP	•	•	•		
KEVZARA- sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	NP	•	•	•		
KEVZARA- sarilumab subcutaneous solution auto-injector 150 mg/1.14ml	NP	•	•	•		
KEVZARA- sarilumab subcutaneous solution auto-injector 200 mg/1.14ml	NP	•	•	•		
leflunomide tab 10 mg (Arava)	np					
leflunomide tab 20 mg (Arava)	np					
meloxicam tab 7.5 mg (Mobic)	p					
meloxicam tab 15 mg (Mobic)	p					
nabumetone tab 500 mg	p					
nabumetone tab 750 mg	np					
naproxen sodium tab 275 mg	np					
naproxen sodium tab 550 mg (Anaprox ds)	np					
naproxen tab 250 mg	p					
naproxen tab 375 mg	p					
naproxen tab 500 mg (Naprosyn)	p					
ORENCIA- abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	NP	•	•	•		
ORENCIA- abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	NP	•	•	•		
ORENCIA- abatacept subcutaneous soln prefilled syringe 125 mg/ml	NP	•	•	•		
ORENCIA CLICKJECT- abatacept subcutaneous soln auto-injector 125 mg/ml	NP	•	•	•		
OTEZLA- apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	P	•	•	•		
OTEZLA- apremilast tab 30 mg	P	•	•	•		
OTREXUP- methotrexate soln pf auto-injector 10 mg/0.4ml	P				•	
OTREXUP- methotrexate soln pf auto-injector 12.5 mg/0.4ml	P				•	
OTREXUP- methotrexate soln pf auto-injector 15 mg/0.4ml	P				•	
OTREXUP- methotrexate soln pf auto-injector 17.5 mg/0.4ml	P				•	
OTREXUP- methotrexate soln pf auto-injector 20 mg/0.4ml	P				•	
OTREXUP- methotrexate soln pf auto-injector 22.5 mg/0.4ml	P				•	
OTREXUP- methotrexate soln pf auto-injector 25 mg/0.4ml	P				•	
oxaprozin tab 600 mg (Daypro)	np					
piroxicam cap 10 mg (Feldene)	np					
piroxicam cap 20 mg (Feldene)	np					
REDITREX- methotrexate soln prefilled syringe 7.5 mg/0.3ml	P				•	
REDITREX- methotrexate soln prefilled syringe 10 mg/0.4ml	P				•	
REDITREX- methotrexate soln prefilled syringe 12.5 mg/0.5ml	P				•	

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
REDITREX- methotrexate soln prefilled syringe 15 mg/0.6ml	P				•	
REDITREX- methotrexate soln prefilled syringe 17.5 mg/0.7ml	P				•	
REDITREX- methotrexate soln prefilled syringe 20 mg/0.8ml	P				•	
REDITREX- methotrexate soln prefilled syringe 22.5 mg/0.9ml	P				•	
REDITREX- methotrexate soln prefilled syringe 25 mg/ml	P				•	
RIDAURA- auranofin cap 3 mg	NP					
RINVOQ- upadacitinib tab er 24hr 15 mg	P	•	•	•		
SIMPONI- golimumab subcutaneous soln auto-injector 100 mg/ml	P	•	•	•		
SIMPONI- golimumab subcutaneous soln prefilled syringe 100 mg/ml	P	•	•	•		
sulindac tab 150 mg	p					
sulindac tab 200 mg	p					
XELJANZ- tofacitinib citrate oral soln 1 mg/ml (base equivalent)	P	•	•	•		
XELJANZ- tofacitinib citrate tab 5 mg (base equivalent)	P	•	•	•		
XELJANZ- tofacitinib citrate tab 10 mg (base equivalent)	P	•	•	•		
XELJANZ XR- tofacitinib citrate tab er 24hr 11 mg (base equivalent)	P	•	•	•		
XELJANZ XR- tofacitinib citrate tab er 24hr 22 mg (base equivalent)	P	•	•	•		
MIGRAINE PRODUCTS						
AIMOVIG- erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	P		•	•		
AIMOVIG- erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	P		•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
AJOVY- fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	P		•	•		
AJOVY- fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	P		•	•		
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	np			•		
eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)	np			•		
eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)	np			•		
EMGALITY- galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	P		•	•		
EMGALITY- galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	P		•	•		
EMGALITY- galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	P		•	•		
ERGOMAR- ergotamine tartrate sl tab 2 mg	NP					
ergotamine w/ caffeine tab 1-100 mg (Cafergot)	np		•	•		
MIGERGOT- ergotamine w/ caffeine suppos 2-100 mg	NP					
naratriptan hcl tab 1 mg (base equiv) (Amerge)	np			•		
naratriptan hcl tab 2.5 mg (base equiv) (Amerge)	np			•		
NURTEC- rimegepant sulfate tab disint 75 mg	P		•	•		
REYVOW- lasmiditan succinate tab 50 mg	P		•	•		
REYVOW- lasmiditan succinate tab 100 mg	P		•	•		
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) (Maxalt-mlt)	p			•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	p			•		
rizatriptan benzoate tab 5 mg (base equivalent) (Maxalt)	p			•		
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	p			•		
sumatriptan nasal spray 5 mg/ act (Imitrex)	np			•		
sumatriptan nasal spray 20 mg/ act (Imitrex)	np			•		
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	np			•		
SUMATRIPTAN SUCCINATE REF- sumatriptan succinate solution cartridge 4 mg/0.5ml	np			•	•	
SUMATRIPTAN SUCCINATE REF- sumatriptan succinate solution cartridge 6 mg/0.5ml	np			•		
sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)	np			•		
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)	np			•		
sumatriptan succinate tab 25 mg (Imitrex)	p			•		
sumatriptan succinate tab 50 mg (Imitrex)	p			•		
sumatriptan succinate tab 100 mg (Imitrex)	p			•		
UBRELVY- ubrogepant tab 50 mg	P		•	•		
UBRELVY- ubrogepant tab 100 mg	P		•	•		
zolmitriptan orally disintegrating tab 2.5 mg (Zomig zmt)	np			•		
zolmitriptan orally disintegrating tab 5 mg (Zomig zmt)	np			•		
zolmitriptan tab 2.5 mg (Zomig)	np			•		
zolmitriptan tab 5 mg (Zomig)	np			•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
GOUT AGENTS						
allopurinol tab 100 mg (Zyloprim)	p					
allopurinol tab 300 mg (Zyloprim)	p					
colchicine tab 0.6 mg (Colcrys)	np					
colchicine w/ probenecid tab 0.5-500 mg	np					
probenecid tab 500 mg	np					
NEUROMUSCULAR DRUGS						
ANTICONVULSANTS						
APTIOM- eslicarbazepine acetate tab 200 mg	P					
APTIOM- eslicarbazepine acetate tab 400 mg	P					
APTIOM- eslicarbazepine acetate tab 600 mg	P					
APTIOM- eslicarbazepine acetate tab 800 mg	P					
carbamazepine cap er 12hr 100 mg (Carbatrol)	np					
carbamazepine cap er 12hr 200 mg (Carbatrol)	np					
carbamazepine cap er 12hr 300 mg (Carbatrol)	np					
carbamazepine chew tab 100 mg	np					
carbamazepine susp 100 mg/5ml (Tegretol)	np					
carbamazepine tab er 12hr 100 mg (Tegretol-xr)	np					
carbamazepine tab er 12hr 200 mg (Tegretol-xr)	np					
carbamazepine tab er 12hr 400 mg (Tegretol-xr)	np					
carbamazepine tab 200 mg (Tegretol)	np					
CARBATROL- carbamazepine cap er 12hr 100 mg	NP					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
CARBATROL- carbamazepine cap er 12hr 200 mg	NP					
CARBATROL- carbamazepine cap er 12hr 300 mg	NP					
CELONTIN- methsuximide cap 300 mg	NP					
clobazam suspension 2.5 mg/ml (Onfi)	np					
clobazam tab 10 mg (Onfi)	np					
clobazam tab 20 mg (Onfi)	np					
clonazepam orally disintegrating tab 0.125 mg	np					
clonazepam orally disintegrating tab 0.25 mg	np					
clonazepam orally disintegrating tab 0.5 mg	np					
clonazepam orally disintegrating tab 1 mg	np					
clonazepam orally disintegrating tab 2 mg	np					
clonazepam tab 0.5 mg (Klonopin)	p					
clonazepam tab 1 mg (Klonopin)	p					
clonazepam tab 2 mg (Klonopin)	p					
DIACOMIT- stiripentol cap 250 mg	NP					
DIACOMIT- stiripentol cap 500 mg	NP					
DIACOMIT- stiripentol packet 250 mg	NP					
DIACOMIT- stiripentol packet 500 mg	NP					
DIASTAT ACUDIAL- diazepam rectal gel delivery system 10 mg	P					
DIASTAT ACUDIAL- diazepam rectal gel delivery system 20 mg	P					
DIASTAT PEDIATRIC- diazepam rectal gel delivery system 2.5 mg	P					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
DIAZEPAM RECTAL GEL- diazepam rectal gel delivery system 2.5 mg	NP					
DIAZEPAM RECTAL GEL- diazepam rectal gel delivery system 10 mg	NP					
DIAZEPAM RECTAL GEL- diazepam rectal gel delivery system 20 mg	NP					
DILANTIN- phenytoin sodium extended cap 30 mg	P					
DILANTIN- phenytoin sodium extended cap 100 mg	NP					
DILANTIN INFATABS- phenytoin chew tab 50 mg	NP					
DILANTIN-125- phenytoin susp 125 mg/5ml	NP					
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	np					
divalproex sodium tab delayed release 125 mg (Depakote)	p					
divalproex sodium tab delayed release 250 mg (Depakote)	p					
divalproex sodium tab delayed release 500 mg (Depakote)	p					
divalproex sodium tab er 24 hr 250 mg (Depakote er)	np					
divalproex sodium tab er 24 hr 500 mg (Depakote er)	np					
EPIDIOLEX- cannabidiol soln 100 mg/ml	P		•			
ethosuximide cap 250 mg (Zarontin)	np					
ethosuximide soln 250 mg/5ml (Zarontin)	np					
felbamate susp 600 mg/5ml (Felbatol)	np					
felbamate tab 400 mg (Felbatol)	np					
felbamate tab 600 mg (Felbatol)	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
FINTEPLA- fenfluramine hcl oral soln 2.2 mg/ml	NP		•	•		
FYCOMPA- perampanel susp 0.5 mg/ml	NP					
FYCOMPA- perampanel tab 2 mg	NP					
FYCOMPA- perampanel tab 4 mg	NP					
FYCOMPA- perampanel tab 6 mg	NP					
FYCOMPA- perampanel tab 8 mg	NP					
FYCOMPA- perampanel tab 10 mg	NP					
FYCOMPA- perampanel tab 12 mg	NP					
gabapentin cap 100 mg (Neurontin)	p					
gabapentin cap 300 mg (Neurontin)	p					
gabapentin cap 400 mg (Neurontin)	p					
gabapentin oral soln 250 mg/5ml (Neurontin)	np					
gabapentin tab 600 mg (Neurontin)	p					
gabapentin tab 800 mg (Neurontin)	p					
LAMICTAL ODT- lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	NP					
LAMICTAL ODT- lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	NP					
LAMICTAL XR- lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit	NP					
LAMICTAL XR- lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit	NP					
LAMICTAL XR- lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit	NP					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di)	np					
lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di)	np					
lamotrigine tab er 24hr 25 mg (Lamictal xr)	np					
lamotrigine tab er 24hr 50 mg (Lamictal xr)	np					
lamotrigine tab er 24hr 100 mg (Lamictal xr)	np					
lamotrigine tab er 24hr 200 mg (Lamictal xr)	np					
lamotrigine tab er 24hr 250 mg (Lamictal xr)	np					
lamotrigine tab er 24hr 300 mg (Lamictal xr)	np					
lamotrigine tab 25 mg (Lamictal)	p					
lamotrigine tab 100 mg (Lamictal)	p					
lamotrigine tab 150 mg (Lamictal)	p					
lamotrigine tab 200 mg (Lamictal)	p					
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/ tak)	np					
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	np					
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak)	np					
levetiracetam oral soln 100 mg/ ml (Keppra)	np					
levetiracetam tab er 24hr 500 mg (Keppra xr)	np					
levetiracetam tab er 24hr 750 mg (Keppra xr)	np					
levetiracetam tab 250 mg (Keppra)	p					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
levetiracetam tab 500 mg (Keppra)	p					
levetiracetam tab 750 mg (Keppra)	np					
levetiracetam tab 1000 mg (Keppra)	np					
MYSOLINE- primidone tab 50 mg	NP					
MYSOLINE- primidone tab 250 mg	NP					
NAYZILAM- midazolam nasal spray soln 5 mg/0.1 ml	NP			•		
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	np					
oxcarbazepine tab 150 mg (Trileptal)	p					
oxcarbazepine tab 300 mg (Trileptal)	np					
oxcarbazepine tab 600 mg (Trileptal)	np					
PHENYTEK- phenytoin sodium extended cap 200 mg	NP					
PHENYTEK- phenytoin sodium extended cap 300 mg	NP					
phenytoin chew tab 50 mg (Dilantin infatabs)	np					
phenytoin sodium extended cap 100 mg (Dilantin)	np					
phenytoin sodium extended cap 200 mg (Phenytek)	np					
phenytoin sodium extended cap 300 mg (Phenytek)	np					
phenytoin susp 125 mg/5ml (Dilantin-125)	np					
pregabalin cap 25 mg (Lyrica)	p			•		
pregabalin cap 50 mg (Lyrica)	p			•		
pregabalin cap 75 mg (Lyrica)	p			•		
pregabalin cap 100 mg (Lyrica)	p			•		
pregabalin cap 150 mg (Lyrica)	p			•		
pregabalin cap 200 mg (Lyrica)	p			•		
pregabalin cap 225 mg (Lyrica)	p			•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
pregabalin cap 300 mg (Lyrica)	p			•		
pregabalin soln 20 mg/ml (Lyrica)	np			•		
primidone tab 50 mg (Mysoline)	p					
primidone tab 250 mg (Mysoline)	np					
QUDEXY XR- topiramate cap er 24hr sprinkle 25 mg	NP		•	•		
QUDEXY XR- topiramate cap er 24hr sprinkle 50 mg	NP		•	•		
QUDEXY XR- topiramate cap er 24hr sprinkle 100 mg	NP		•	•		
QUDEXY XR- topiramate cap er 24hr sprinkle 150 mg	NP		•	•		
QUDEXY XR- topiramate cap er 24hr sprinkle 200 mg	NP		•	•		
rufinamide susp 40 mg/ml (Banzel)	np					
rufinamide tab 200 mg (Banzel)	np					
rufinamide tab 400 mg (Banzel)	np					
SPRITAM- levetiracetam tab disintegrating soluble 250 mg	NP					
SPRITAM- levetiracetam tab disintegrating soluble 500 mg	NP					
SPRITAM- levetiracetam tab disintegrating soluble 750 mg	NP					
SPRITAM- levetiracetam tab disintegrating soluble 1000 mg	NP					
TEGRETOL- carbamazepine susp 100 mg/5ml	NP					
TEGRETOL- carbamazepine tab 200 mg	NP					
TEGRETOL-XR- carbamazepine tab er 12hr 100 mg	NP					
TEGRETOL-XR- carbamazepine tab er 12hr 200 mg	NP					
TEGRETOL-XR- carbamazepine tab er 12hr 400 mg	NP					
tiagabine hcl tab 2 mg (Gabitril)	np					
tiagabine hcl tab 4 mg (Gabitril)	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
tiagabine hcl tab 12 mg (Gabitril)	np					
tiagabine hcl tab 16 mg (Gabitril)	np					
topiramate cap er 24hr sprinkle 25 mg (Qudexy xr)	np		•	•		
topiramate cap er 24hr sprinkle 50 mg (Qudexy xr)	np		•	•		
topiramate cap er 24hr sprinkle 100 mg (Qudexy xr)	np		•	•		
topiramate cap er 24hr sprinkle 150 mg (Qudexy xr)	np		•	•		
topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)	np		•	•		
topiramate sprinkle cap 15 mg (Topamax sprinkle)	np					
topiramate sprinkle cap 25 mg (Topamax sprinkle)	np					
topiramate tab 25 mg (Topamax)	p					
topiramate tab 50 mg (Topamax)	p					
topiramate tab 100 mg (Topamax)	p					
topiramate tab 200 mg (Topamax)	p					
TROKENDI XR- topiramate cap er 24hr 25 mg	NP		•	•		
TROKENDI XR- topiramate cap er 24hr 50 mg	NP		•	•		
TROKENDI XR- topiramate cap er 24hr 100 mg	NP		•	•		
TROKENDI XR- topiramate cap er 24hr 200 mg	NP		•	•		
valproate sodium oral soln 250 mg/5ml (base equiv) (Depakene)	np					
valproic acid cap 250 mg (Depakene)	np					
VALTOCO- diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	NP			•		
VALTOCO- diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	NP			•		
VALTOCO- diazepam nasal spray 5 mg/0.1 ml	NP			•		
VALTOCO- diazepam nasal spray 10 mg/0.1 ml	NP			•		
vigabatrin powd pack 500 mg (Sabril)	np					
vigabatrin tab 500 mg (Sabril)	np					
VIMPAT- lacosamide oral solution 10 mg/ml	P					
VIMPAT- lacosamide tab 50 mg	P					
VIMPAT- lacosamide tab 100 mg	P					
VIMPAT- lacosamide tab 150 mg	P					
VIMPAT- lacosamide tab 200 mg	P					
XCOPRI- cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	NP					
XCOPRI- cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	NP					
XCOPRI- cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	NP					
XCOPRI- cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg	NP					
XCOPRI- cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg	NP					
XCOPRI- cenobamate tab 50 mg	NP					
XCOPRI- cenobamate tab 100 mg	NP					
XCOPRI- cenobamate tab 150 mg	NP					
XCOPRI- cenobamate tab 200 mg	NP					
ZARONTIN- ethosuximide cap 250 mg	NP					
ZARONTIN- ethosuximide soln 250 mg/5ml	NP					
zonisamide cap 25 mg (Zonegran)	p					
zonisamide cap 50 mg	p					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
zonisamide cap 100 mg (Zonegran)	np					
ANTIPARKINSON AGENTS						
amantadine hcl cap 100 mg	np					
amantadine hcl soln 50 mg/5ml	p					
APOKYN- apomorphine hcl soln cartridge 30 mg/3ml	NP	•				
benztropine mesylate tab 0.5 mg	p					
benztropine mesylate tab 1 mg	p					
benztropine mesylate tab 2 mg	p					
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	np					
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	np					
carbidopa & levodopa tab er 25-100 mg (Sinemet cr)	np					
carbidopa & levodopa tab er 50-200 mg (Sinemet cr)	np					
carbidopa & levodopa tab 10-100 mg (Sinemet)	p					
carbidopa & levodopa tab 25-100 mg (Sinemet)	p					
carbidopa & levodopa tab 25-250 mg (Sinemet)	np					
carbidopa tab 25 mg (Lodosyn)	np					
CARBIDOPA/LEVODOPA ODT- carbidopa & levodopa orally disintegrating tab 10-100 mg	NP					
CARBIDOPA/LEVODOPA ODT- carbidopa & levodopa orally disintegrating tab 25-100 mg	NP					
CARBIDOPA/LEVODOPA ODT- carbidopa & levodopa orally disintegrating tab 25-250 mg	NP					
CARBIDOPA/LEVODOPA/ ENTACA- carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	NP					
CARBIDOPA/LEVODOPA/ ENTACA- carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	NP					
CARBIDOPA/LEVODOPA/ ENTACA- carbidopa-levodopa-entacapone tabs 25-100-200 mg	NP					
CARBIDOPA/LEVODOPA/ ENTACA- carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	NP					
CARBIDOPA/LEVODOPA/ ENTACA- carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	NP					
CARBIDOPA/LEVODOPA/ ENTACA- carbidopa-levodopa-entacapone tabs 50-200-200 mg	NP					
DUOPA- carbidopa-levodopa enteral susp 4.63-20 mg/ml	NP					
entacapone tab 200 mg (Comtan)	np					
INBRIJA- levodopa inhal powder cap 42 mg	P	•				
KYNMOBI- apomorphine hydrochloride film 10 mg	P					
KYNMOBI- apomorphine hydrochloride film 15 mg	P					
KYNMOBI- apomorphine hydrochloride film 20 mg	P					
KYNMOBI- apomorphine hydrochloride film 25 mg	P					
KYNMOBI- apomorphine hydrochloride film 30 mg	P					
NEUPRO- rotigotine td patch 24hr 1 mg/24hr	NP					
NEUPRO- rotigotine td patch 24hr 2 mg/24hr	NP					
NEUPRO- rotigotine td patch 24hr 3 mg/24hr	NP					
NEUPRO- rotigotine td patch 24hr 4 mg/24hr	NP					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
NEUPRO- rotigotine td patch 24hr 6 mg/24hr	NP					
NEUPRO- rotigotine td patch 24hr 8 mg/24hr	NP					
pramipexole dihydrochloride tab 0.125 mg (Mirapex)	p					
pramipexole dihydrochloride tab 0.25 mg (Mirapex)	p					
pramipexole dihydrochloride tab 0.5 mg (Mirapex)	p					
pramipexole dihydrochloride tab 0.75 mg (Mirapex)	p					
pramipexole dihydrochloride tab 1 mg (Mirapex)	p					
pramipexole dihydrochloride tab 1.5 mg (Mirapex)	p					
rasagiline mesylate tab 0.5 mg (base equiv) (Azilect)	np					
rasagiline mesylate tab 1 mg (base equiv) (Azilect)	np					
ropinirole hydrochloride tab 0.25 mg (Requip)	p					
ropinirole hydrochloride tab 0.5 mg (Requip)	p					
ropinirole hydrochloride tab 1 mg (Requip)	p					
ropinirole hydrochloride tab 2 mg (Requip)	p					
ropinirole hydrochloride tab 3 mg (Requip)	p					
ropinirole hydrochloride tab 4 mg (Requip)	p					
ropinirole hydrochloride tab 5 mg (Requip)	p					
RYTARY- carbidopa & levodopa cap er 23.75-95 mg	NP		•			
RYTARY- carbidopa & levodopa cap er 36.25-145 mg	NP		•			
RYTARY- carbidopa & levodopa cap er 48.75-195 mg	NP		•			
RYTARY- carbidopa & levodopa cap er 61.25-245 mg	NP		•			
selegiline hcl cap 5 mg (Eldepryl)	np					
selegiline hcl tab 5 mg	np					
STALEVO 100- carbidopa-levodopa-entacapone tabs 25-100-200 mg	NP					
STALEVO 125- carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	NP					
STALEVO 150- carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	NP					
STALEVO 200- carbidopa-levodopa-entacapone tabs 50-200-200 mg	NP					
STALEVO 50- carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	NP					
STALEVO 75- carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	NP					
tolcapone tab 100 mg (Tasmar)	np					
trihexyphenidyl hcl oral soln 0.4 mg/ml	np					
trihexyphenidyl hcl tab 2 mg	p					
trihexyphenidyl hcl tab 5 mg	p					
NEUROMUSCULAR AGENTS						
EVRYSDI- risdiplam for soln 0.75 mg/ml	NP	•	•	•		
riluzole tab 50 mg (Rilutek)	np					
MUSCULOSKELETAL THERAPY AGENTS						
baclofen tab 10 mg	p					
baclofen tab 20 mg	np					
chlorzoxazone tab 500 mg	np					
cyclobenzaprine hcl tab 5 mg	p					
cyclobenzaprine hcl tab 10 mg	p					
dantrolene sodium cap 25 mg (Dantrium)	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
dantrolene sodium cap 50 mg (Dantrium)	np					
dantrolene sodium cap 100 mg	np					
methocarbamol tab 500 mg (Robaxin)	p					
methocarbamol tab 750 mg (Robaxin-750)	p					
orphenadrine citrate tab er 12hr 100 mg	np					
tizanidine hcl tab 2 mg (base equivalent)	p			•		
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	p			•		
ANTIMYASTHENIC AGENTS						
FIRDAPSE- amifampridine phosphate tab 10 mg (base equivalent)	NP	•	•	•		
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	np					
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	np					
pyridostigmine bromide tab 60 mg (Mestinon)	np					
RUZURGI- amifampridine tab 10 mg	NP	•	•	•		
NUTRITIONAL PRODUCTS						
VITAMINS						
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	p					
phytonadione tab 5 mg (Mephyton)	np					
MULTIVITAMINS						
PRENATABS RX- prenatal vit w/ iron carbonyl-fa tab 29-1 mg	P					
PRENATAL VITAMINS PLUS LO- prenatal vit w/ fe fumarate-fa tab 27-1 mg	P					
PRENATAL 19- prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	P					
PRENATAL 19- prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	P					
PRENATAL-U- prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	P					
SE-NATAL 19- prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	P					
SE-NATAL 19- prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	P					
TRINATE- prenatal vit w/ fe fumarate-fa tab 28-1 mg	P					
VINATE II- prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	P					
VINATE ONE- prenatal vit w/ fe fumarate-fa tab 60-1 mg	P					
MINERALS and ELECTROLYTES						
FLORIVA- sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml	NP					
GALZIN- zinc acetate cap 25 mg (elemental zinc)	NP					
GALZIN- zinc acetate cap 50 mg (elemental zinc)	NP					
K-PHOS- potassium phosphate monobasic tab 500 mg	P					
K-TAB- potassium chloride tab er 8 meq (600 mg)	NP					
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	np					
potassium chloride cap er 8 meq (Micro-k)	np					
potassium chloride cap er 10 meq	np					
POTASSIUM CHLORIDE ER- potassium chloride tab er 8 meq (600 mg)	NP					
potassium chloride microencapsulated crys er tab 10 meq	p					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
potassium chloride microencapsulated crys er tab 15 meq	np					
potassium chloride microencapsulated crys er tab 20 meq	p					
potassium chloride oral soln 10% (20 meq/15ml)	np					
potassium chloride oral soln 20% (40 meq/15ml)	np					
potassium chloride powder packet 20 meq	np					
potassium chloride tab er 8 meq (600 mg)	p					
potassium chloride tab er 10 meq (K-tab)	p					
potassium chloride tab er 20 meq (1500 mg) (K-tab)	p					
SODIUM FLUORIDE- sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	P					
SODIUM FLUORIDE- sodium fluoride tab 1 mg f (from 2.2 mg naf)	P					
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	p					•
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	p					•
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	p					•
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	np					•
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	p					•
DIETARY PRODUCTS						
WESTAB MAX- folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg	p					
HEMATOLOGICAL AGENTS						
HEMATOPOIETIC AGENTS						

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 25 mcg/ml	P	•	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 40 mcg/ml	P	•	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 60 mcg/ml	P	•	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 100 mcg/ml	P	•	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 200 mcg/ml	P	•	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	P	•	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	P	•	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	P	•	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	P	•	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	P	•	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	P	•	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	P	•	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	P	•	•			
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 500 mcg/ml	P	•	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
carbonyl iron susp 15 mg/1.25ml (elemental iron)	np					•
CERDELGA- eliglustat tartrate cap 84 mg (base equivalent)	P	•	•	•		
cyanocobalamin inj 1000 mcg/ml	p					
DOPTELET- avatrombopag maleate tab 20 mg (base equiv)	P	•	•	•		
DROXIA- hydroxyurea cap 200 mg	NP					
DROXIA- hydroxyurea cap 300 mg	NP					
DROXIA- hydroxyurea cap 400 mg	NP					
ENDARI- glutamine (sickle cell) powd pack 5 gm	NP	•	•			
EPOGEN- epoetin alfa inj 2000 unit/ml	NP	•	•			
EPOGEN- epoetin alfa inj 3000 unit/ml	NP	•	•			
EPOGEN- epoetin alfa inj 4000 unit/ml	NP	•	•			
EPOGEN- epoetin alfa inj 10000 unit/ml	NP	•	•			
EPOGEN- epoetin alfa inj 20000 unit/ml	NP	•	•			
FERROUS SULFATE- ferrous sulfate liquid 220 mg/5ml (44 mg/5ml elemental fe)	P					•
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	p					•
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	p					•
ferrous sulfate syrup 300 mg/5ml (60 mg/5ml elemental fe)	np					•
folic acid cap 0.8 mg	p					•
folic acid tab 400 mcg	p					•
folic acid tab 800 mcg	p					•
folic acid tab 1 mg	p					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
FULPHILA- pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	P	•				
GRANIX- tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	P	•				
GRANIX- tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	P	•				
GRANIX- tbo-filgrastim subcutaneous inj 300 mcg/ml	P	•				
GRANIX- tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml)	P	•				
HYDROXOCOBALAMIN- hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	NP					
IRON UP- polysaccharide iron complex liquid 15 mg/0.5ml (fe equiv)	P					•
LEUKINE- sargramostim lyophilized for inj 250 mcg	NP	•				
miglustat cap 100 mg (Zavesca)	np	•	•	•		
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml	NP		•			
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 50 mcg/0.3ml	NP		•			
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 75 mcg/0.3ml	NP		•			
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 100 mcg/0.3ml	NP		•			
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 150 mcg/0.3ml	NP		•			
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 200 mcg/0.3ml	NP		•			
MULPLETA- lusutrombopag tab 3 mg	P	•	•	•		
NEULASTA- pegfilgrastim soln prefilled syringe 6 mg/0.6ml	P	•				

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
NEULASTA ONPRO KIT- pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml	P	•				
NEUPOGEN- filgrastim inj 300 mcg/ml	P	•				
NEUPOGEN- filgrastim inj 480 mcg/1.6ml (300 mcg/ml)	P	•				
NEUPOGEN- filgrastim soln prefilled syringe 300 mcg/0.5ml	P	•				
NEUPOGEN- filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml)	P	•				
NIVESTYM- filgrastim-aafi inj 300 mcg/ml	P	•				
NIVESTYM- filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	P	•				
NIVESTYM- filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	P	•				
NIVESTYM- filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	P	•				
NOVAFERRUM PEDIATRIC DROP- polysaccharide iron complex liquid 15 mg/ml (fe equiv)	P					•
NYVEPRIA- pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	P	•				
OXBRYTA- voxelotor tab 500 mg	NP	•	•	•		
PROCRIT- epoetin alfa inj 2000 unit/ml	P	•	•			
PROCRIT- epoetin alfa inj 3000 unit/ml	P	•	•			
PROCRIT- epoetin alfa inj 4000 unit/ml	P	•	•			
PROCRIT- epoetin alfa inj 10000 unit/ml	P	•	•			
PROCRIT- epoetin alfa inj 20000 unit/ml	P	•	•			
PROCRIT- epoetin alfa inj 40000 unit/ml	P	•	•			
PROMACTA- eltrombopag olamine powder pack for susp 25 mg (base equiv)	NP	•	•	•		
PROMACTA- eltrombopag olamine powder pack for susp 12.5 mg (base eq)	NP	•	•	•		
PROMACTA- eltrombopag olamine tab 12.5 mg (base equiv)	NP	•	•	•		
PROMACTA- eltrombopag olamine tab 25 mg (base equiv)	NP	•	•	•		
PROMACTA- eltrombopag olamine tab 50 mg (base equiv)	NP	•	•	•		
PROMACTA- eltrombopag olamine tab 75 mg (base equiv)	NP	•	•	•		
RETACRIT- epoetin alfa-epbx inj 2000 unit/ml	P	•	•			
RETACRIT- epoetin alfa-epbx inj 3000 unit/ml	P	•	•			
RETACRIT- epoetin alfa-epbx inj 4000 unit/ml	P	•	•			
RETACRIT- epoetin alfa-epbx inj 10000 unit/ml	P	•	•			
RETACRIT- epoetin alfa-epbx inj 20000 unit/ml	P	•	•			
RETACRIT- epoetin alfa-epbx inj 40000 unit/ml	P	•	•			
SIKLOS- hydroxyurea tab 100 mg	NP					
SIKLOS- hydroxyurea tab 1000 mg	NP					
UDENYCA- pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	P	•				
ZARXIO- filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	P	•				
ZARXIO- filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	P	•				
ZIEXTENZO- pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	P	•				
ANTICOAGULANTS						
ELIQUIS- apixaban tab 2.5 mg	P			•		
ELIQUIS- apixaban tab 5 mg	P			•		
ELIQUIS STARTER PACK- apixaban tab starter pack 5 mg	P			•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
enoxaparin sodium inj 30 mg/0.3ml (Lovenox)	np			•		
enoxaparin sodium inj 40 mg/0.4ml (Lovenox)	np			•		
enoxaparin sodium inj 100 mg/ml (Lovenox)	np			•		
enoxaparin sodium inj 120 mg/0.8ml (Lovenox)	np			•		
enoxaparin sodium inj 150 mg/ml (Lovenox)	np			•		
enoxaparin sodium inj 300 mg/3ml (Lovenox)	np			•		
enoxaparin sodium subcutaneous soln 60 mg/0.6ml (Lovenox)	np			•		
enoxaparin sodium subcutaneous soln 80 mg/0.8ml (Lovenox)	np			•		
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (Arixtra)	np			•		
fondaparinux sodium subcutaneous inj 5 mg/0.4ml (Arixtra)	np			•		
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (Arixtra)	np			•		
fondaparinux sodium subcutaneous inj 10 mg/0.8ml (Arixtra)	np			•		
FRAGMIN- dalteparin sodium inj 10000 unit/ml	NP			•		
FRAGMIN- dalteparin sodium inj 2500 unit/0.2ml	NP			•		
FRAGMIN- dalteparin sodium inj 5000 unit/0.2ml	NP			•		
FRAGMIN- dalteparin sodium inj 7500 unit/0.3ml	NP			•		
FRAGMIN- dalteparin sodium inj 12500 unit/0.5ml	NP			•		
FRAGMIN- dalteparin sodium inj 15000 unit/0.6ml	NP			•		
FRAGMIN- dalteparin sodium inj 18000 unit/0.72ml	NP			•		
FRAGMIN- dalteparin sodium inj 95000 unit/3.8ml	NP			•		
HEPARIN SODIUM- heparin sodium (porcine) pf inj 5000 unit/ml	NP					
heparin sodium (porcine) inj 1000 unit/ml	np					
heparin sodium (porcine) inj 5000 unit/ml	np					
heparin sodium (porcine) inj 10000 unit/ml	np					
heparin sodium (porcine) inj 20000 unit/ml	np					
heparin sodium (porcine) pf inj 5000 unit/0.5ml	np					
PRADAXA- dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	NP			•		
PRADAXA- dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	NP			•		
PRADAXA- dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	NP			•		
warfarin sodium tab 1 mg (Coumadin)	p					
warfarin sodium tab 2 mg (Coumadin)	p					
warfarin sodium tab 2.5 mg (Coumadin)	p					
warfarin sodium tab 3 mg (Coumadin)	p					
warfarin sodium tab 4 mg (Coumadin)	p					
warfarin sodium tab 5 mg (Coumadin)	p					
warfarin sodium tab 6 mg (Coumadin)	p					
warfarin sodium tab 7.5 mg (Coumadin)	p					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
warfarin sodium tab 10 mg (Coumadin)	p					
XARELTO- rivaroxaban tab 2.5 mg	P			•		
XARELTO- rivaroxaban tab 10 mg	P			•		
XARELTO- rivaroxaban tab 15 mg	P			•		
XARELTO- rivaroxaban tab 20 mg	P			•		
XARELTO STARTER PACK- rivaroxaban tab starter therapy pack 15 mg & 20 mg	P			•		
HEMOSTATICS						
aminocaproic acid oral soln 0.25 gm/ml (Amicar)	np					
aminocaproic acid tab 500 mg (Amicar)	np					
aminocaproic acid tab 1000 mg (Amicar)	np					
ARTISS- fibrin sealant component solution	NP					
RECOTHROM- thrombin (recombinant) for soln 5000 unit	NP					
RECOTHROM- thrombin (recombinant) for soln 20000 unit	NP					
RECOTHROM SPRAY KIT- thrombin (recombinant) for soln 20000 unit	NP					
RECOTHROM/SPRAY APPLICATO- thrombin (recombinant) for soln 20000 unit	NP					
THROMBIN-JMI DILUENT- thrombin for soln 5000 unit	NP					
THROMBIN-JMI DILUENT- thrombin for soln 20000 unit	NP					
THROMBIN-JMI EPISTAXIS- thrombin for soln kit 5000 unit	NP					
THROMBIN-JMI SYRINGE SPRA- thrombin for soln kit 5000 unit	NP					
THROMBIN-JMI SYRINGE SPRA- thrombin for soln kit 20000 unit	NP					
THROMBIN-JMI W/DIL SPRAY- thrombin for soln kit 20000 unit	NP					
TISSEEL- fibrin sealant component kit 2 ml	NP					
TISSEEL- fibrin sealant component kit 4 ml	NP					
TISSEEL- fibrin sealant component kit 10 ml	NP					
TISSEEL- fibrin sealant component solution	NP					
tranexamic acid tab 650 mg (Lysteda)	np					
HEMATOLOGICAL AGENTS - MISC.						
ADVATE- antihemophilic factor recomb (rahf-pfm) for inj 250 unit	P	•	•	•		
ADVATE- antihemophilic factor recomb (rahf-pfm) for inj 500 unit	P	•	•	•		
ADVATE- antihemophilic factor recomb (rahf-pfm) for inj 1000 unit	P	•	•	•		
ADVATE- antihemophilic factor recomb (rahf-pfm) for inj 1500 unit	P	•	•	•		
ADVATE- antihemophilic factor recomb (rahf-pfm) for inj 2000 unit	P	•	•	•		
ADVATE- antihemophilic factor recomb (rahf-pfm) for inj 3000 unit	P	•	•	•		
ADVATE- antihemophilic factor recomb (rahf-pfm) for inj 4000 unit	P	•	•	•		
ADYNOVATE- antihemophilic factor recomb pegylated for inj 250 unit	P	•	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ADYNOVATE- antihemophilic factor recomb pegylated for inj 500 unit	P	•	•	•		
ADYNOVATE- antihemophilic factor recomb pegylated for inj 750 unit	P	•	•	•		
ADYNOVATE- antihemophilic factor recomb pegylated for inj 1000 unit	P	•	•	•		
ADYNOVATE- antihemophilic factor recomb pegylated for inj 1500 unit	P	•	•	•		
ADYNOVATE- antihemophilic factor recomb pegylated for inj 2000 unit	P	•	•	•		
ADYNOVATE- antihemophilic factor recomb pegylated for inj 3000 unit	P	•	•	•		
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 250 unit	P	•	•	•		
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 500 unit	P	•	•	•		
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 1000 unit	P	•	•	•		
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 1500 unit	P	•	•	•		
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 2000 unit	P	•	•	•		
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 2500 unit	P	•	•	•		
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 3000 unit	P	•	•	•		
ALPHANATE- antihemophilic factor/vwf (human) for inj 250 unit	P	•				
ALPHANATE- antihemophilic factor/vwf (human) for inj 500 unit	P	•				
ALPHANATE- antihemophilic factor/vwf (human) for inj 1000 unit	P	•				
ALPHANATE- antihemophilic factor/vwf (human) for inj 1500 unit	P	•				
ALPHANATE- antihemophilic factor/vwf (human) for inj 2000 unit	P	•				
ALPHANINE SD- coagulation factor ix for inj 500 unit	P	•	•	•		
ALPHANINE SD- coagulation factor ix for inj 1000 unit	P	•	•	•		
ALPHANINE SD- coagulation factor ix for inj 1500 unit	P	•	•	•		
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 250 unit	P	•	•	•		
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 500 unit	P	•	•	•		
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 1000 unit	P	•	•	•		
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 2000 unit	P	•	•	•		
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 3000 unit	P	•	•	•		
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 4000 unit	P	•	•	•		
anagrelide hcl cap 0.5 mg (Agrylin)	np					
anagrelide hcl cap 1 mg	np					
aspirin-dipyridamole cap er 12hr 25-200 mg (Aggrenox)	np					
BENEFIX- coagulation factor ix (recombinant) for inj kit 250 unit	P	•	•	•		
BENEFIX- coagulation factor ix (recombinant) for inj kit 500 unit	P	•	•	•		
BENEFIX- coagulation factor ix (recombinant) for inj kit 1000 unit	P	•	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
BENEFIX- coagulation factor ix (recombinant) for inj kit 2000 unit	P	•	•	•		
BENEFIX- coagulation factor ix (recombinant) for inj kit 3000 unit	P	•	•	•		
BERINERT- c1 esterase inhibitor (human) for iv inj kit 500 unit	NP	•	•	•		
BRILINTA- ticagrelor tab 60 mg	P					
BRILINTA- ticagrelor tab 90 mg	P					
cilostazol tab 50 mg	p					
cilostazol tab 100 mg	p					
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	p					
clopidogrel bisulfate tab 300 mg (base equiv) (Plavix)	np					
COAGADEX- coagulation factor x (human) for inj 250 unit	P	•				
COAGADEX- coagulation factor x (human) for inj 500 unit	P	•				
CORIFACT- factor xiii concentrate (human) for inj kit 1000-1600 unit	P	•				
dipyridamole tab 25 mg	np					
dipyridamole tab 50 mg	np					
dipyridamole tab 75 mg	np					
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 250 unit	P	•	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 500 unit	P	•	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 750 unit	P	•	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 1000 unit	P	•	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 1500 unit	P	•	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 2000 unit	P	•	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 3000 unit	P	•	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 4000 unit	P	•	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 5000 unit	P	•	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 6000 unit	P	•	•	•		
EMPAVELI- pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	P	•	•	•		
ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 500 unit	P	•	•	•		
ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 1000 unit	P	•	•	•		
ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 1500 unit	P	•	•	•		
ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 2000 unit	P	•	•	•		
ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 3000 unit	P	•	•	•		
FEIBA- antiinhibitor coagulant complex for iv soln 500 unit	P	•				
FEIBA- antiinhibitor coagulant complex for iv soln 1000 unit	P	•				
FEIBA- antiinhibitor coagulant complex for iv soln 2500 unit	P	•				
FIBRYGA- fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	P	•	•	•		
HAEGARDA- c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	P	•	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
HAEGARDA- c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	P	•	•	•		
HEMLIBRA- emicizumab-kxwh subcutaneous soln 30 mg/ml	P	•	•	•		
HEMLIBRA- emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml)	P	•	•	•		
HEMLIBRA- emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml)	P	•	•	•		
HEMLIBRA- emicizumab-kxwh subcutaneous soln 150 mg/ml	P	•	•	•		
HEMOFIL M- antihemophilic factor (human) for inj 250 unit	P	•	•	•		
HEMOFIL M- antihemophilic factor (human) for inj 500 unit	P	•	•	•		
HEMOFIL M- antihemophilic factor (human) for inj 1000 unit	P	•	•	•		
HEMOFIL M- antihemophilic factor (human) for inj 1700 unit	P	•	•	•		
HUMATE-P- antihemophilic factor/ vwf (human) for inj 250-600 unit	P	•				
HUMATE-P- antihemophilic factor/ vwf (human) for inj 500-1200 unit	P	•				
HUMATE-P- antihemophilic factor/ vwf (human) for inj 1000-2400 unit	P	•				
icatibant acetate inj 30 mg/3ml (base equivalent) (Firazyr)	np	•	•	•		
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 250 unit	P	•	•	•		
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 500 unit	P	•	•	•		
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 1000 unit	P	•	•	•		
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 2000 unit	P	•	•	•		
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 3500 unit	P	•	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
IXINITY- coagulation factor ix (recombinant) for inj 250 unit	P	•	•	•		
IXINITY- coagulation factor ix (recombinant) for inj 500 unit	P	•	•	•		
IXINITY- coagulation factor ix (recombinant) for inj 1000 unit	P	•	•	•		
IXINITY- coagulation factor ix (recombinant) for inj 1500 unit	P	•	•	•		
IXINITY- coagulation factor ix (recombinant) for inj 2000 unit	P	•	•	•		
IXINITY- coagulation factor ix (recombinant) for inj 3000 unit	P	•	•	•		
JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	P	•	•	•		
JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit	P	•	•	•		
JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 2000 unit	P	•	•	•		
JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 3000 unit	P	•	•	•		
KOATE- antihemophilic factor (human) for inj 250 unit	P	•	•	•		
KOATE- antihemophilic factor (human) for inj 500 unit	P	•	•	•		
KOATE- antihemophilic factor (human) for inj 1000 unit	P	•	•	•		
KOATE-DVI- antihemophilic factor (human) for inj 500 unit	P	•	•	•		
KOATE-DVI- antihemophilic factor (human) for inj 1000 unit	P	•	•	•		
KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 250 unit	P	•	•	•		
KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 500 unit	P	•	•	•		
KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 1000 unit	P	•	•	•		
KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 2000 unit	P	•	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 3000 unit	P	•	•	•		
KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 250 unit	P	•	•	•		
KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 500 unit	P	•	•	•		
KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 1000 unit	P	•	•	•		
KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 2000 unit	P	•	•	•		
KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 3000 unit	P	•	•	•		
MONONINE- coagulation factor ix for inj 1000 unit	P	•	•	•		
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit	P	•	•	•		
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 500 unit	P	•	•	•		
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 1000 unit	P	•	•	•		
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 1500 unit	P	•	•	•		
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 2000 unit	P	•	•	•		
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 3000 unit	P	•	•	•		
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 1 mg (1000 mcg)	P	•	•	•		
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 2 mg (2000 mcg)	P	•	•	•		
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 5 mg (5000 mcg)	P	•	•	•		
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 8 mg (8000 mcg)	P	•	•	•		
NUWIQ- antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit	P	•	•	•		
NUWIQ- antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 500 unit	P	•	•	•		
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit	P	•	•	•		
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2000 unit	P	•	•	•		
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2500 unit	P	•	•	•		
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 3000 unit	P	•	•	•		
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 4000 unit	P	•	•	•		
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit	P	•	•	•		
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2000 unit	P	•	•	•		
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2500 unit	P	•	•	•		
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 3000 unit	P	•	•	•		
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 4000 unit	P	•	•	•		
NUWIQ- antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit	P	•	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
NUWIQ- antihemophilic factor rcmb (bdd-rfviii,sim) for inj 500 unit	P	•	•	•		
OBIZUR- antihemophilic factor (recomb porc) rpfviii for inj 500 unit	P	•				
pentoxifylline tab er 400 mg	np					
prasugrel hcl tab 5 mg (base equiv) (Effient)	np					
prasugrel hcl tab 10 mg (base equiv) (Effient)	np					
PROFILNINE- factor ix complex for inj 500 unit	P	•	•	•		
PROFILNINE- factor ix complex for inj 1000 unit	P	•	•	•		
PROFILNINE- factor ix complex for inj 1500 unit	P	•	•	•		
REBINYN- coagulation factor ix recomb glycopegylated for inj 500 unt	P	•	•	•		
REBINYN- coagulation factor ix recomb glycopegylated for inj 1000 unt	P	•	•	•		
REBINYN- coagulation factor ix recomb glycopegylated for inj 2000 unt	P	•	•	•		
RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 220-400 unit	P	•	•	•		
RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 401-800 unit	P	•	•	•		
RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 801-1240 unit	P	•	•	•		
RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 1241-1800 unit	P	•	•	•		
RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 1801-2400 unit	P	•	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
RIASTAP- fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	P	•	•	•		
RIXUBIS- coagulation factor ix (recombinant) for inj 250 unit	P	•	•	•		
RIXUBIS- coagulation factor ix (recombinant) for inj 500 unit	P	•	•	•		
RIXUBIS- coagulation factor ix (recombinant) for inj 1000 unit	P	•	•	•		
RIXUBIS- coagulation factor ix (recombinant) for inj 2000 unit	P	•	•	•		
RIXUBIS- coagulation factor ix (recombinant) for inj 3000 unit	P	•	•	•		
RUCONEST- c1 esterase inhibitor (recombinant) for iv inj 2100 unit	NP	•	•	•		
SEVENFACT- coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg)	NP	•	•	•		
SEVENFACT- coagulation factor viia (recom)-jncw for inj 5 mg (5000 mcg)	NP	•	•	•		
TAKHZYRO- lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	P	•	•	•		
TAVALISSE- fostamatinib disodium tab 100 mg (base equivalent)	NP		•	•		
TAVALISSE- fostamatinib disodium tab 150 mg (base equivalent)	NP		•	•		
TRETTEN- coagulation factor xiii a-subunit for inj 2000-3125 unit	P	•				
VONVENDI- von willebrand factor (recombinant) for inj 650 unit	P	•				
VONVENDI- von willebrand factor (recombinant) for inj 1300 unit	P	•				
WILATE- antihemophilic factor/vwf (human) for inj 500-500 unit kit	P	•				
WILATE- antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	P	•				
XYNTHA- antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit	P	•	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
XYNTHA- antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit	P	•	•	•		
XYNTHA- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit	P	•	•	•		
XYNTHA- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit	P	•	•	•		
XYNTHA SOLOFUSE- antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit	P	•	•	•		
XYNTHA SOLOFUSE- antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit	P	•	•	•		
XYNTHA SOLOFUSE- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit	P	•	•	•		
XYNTHA SOLOFUSE- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit	P	•	•	•		
XYNTHA SOLOFUSE- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 3000 unit	P	•	•	•		
ZONTIVITY- vorapaxar sulfate tab 2.08 mg (base equivalent)	NP					
TOPICAL PRODUCTS						
OPHTHALMIC AGENTS						
AKTEN- lidocaine hcl ophth gel 3.5%	NP					
ALREX- loteprednol etabonate ophth susp 0.2%	NP					
apraclonidine hcl ophth soln 0.5% (base equivalent) (lopidine)	np					
ATROPINE SULFATE- atropine sulfate ophth soln 1%	NP					
atropine sulfate ophth soln 1% (Atropine sulfate)	np					
azelastine hcl ophth soln 0.05%	p					
BACITRACIN- bacitracin ophth oint 500 unit/gm	P					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
bacitracin-polymyxin b ophth oint	p					
bacitracin-polymyxin-neomycin-hc ophth oint 1%	np					
betaxolol hcl ophth soln 0.5%	np					
brimonidine tartrate ophth soln 0.2%	p					
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	np					
CARTEOLOL HCL- carteolol hcl ophth soln 1%	NP					
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)	p					
cromolyn sodium ophth soln 4%	p					
CYCLOMYDRIL- cyclopentolate w/ phenylephrine ophth soln 0.2-1%	NP					
cyclopentolate hcl ophth soln 0.5% (Cyclogyl)	np					
cyclopentolate hcl ophth soln 1% (Cyclogyl)	p					
cyclopentolate hcl ophth soln 2% (Cyclogyl)	np					
CYSTADROPS- cysteamine hcl ophth soln 0.37% (base equivalent)	NP	•				
CYSTARAN- cysteamine hcl ophth soln 0.44% (base equivalent)	NP	•				
DEXAMETHASONE SODIUM PHOS- dexamethasone sodium phosphate ophth soln 0.1%	P					
diclofenac sodium ophth soln 0.1%	p					
dorzolamide hcl ophth soln 2% (Trusopt)	p					
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt)	p					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
erythromycin ophth oint 5 mg/gm	p					
FLAREX- fluorometholone acetate ophth susp 0.1%	NP					
fluorometholone ophth susp 0.1% (Fml liquifilm)	np					
FLURBIPROFEN SODIUM- flurbiprofen sodium ophth soln 0.03%	NP					
gatifloxacin ophth soln 0.5% (Zymaxid)	np					
GENTAK- gentamicin sulfate ophth oint 0.3%	NP					
gentamicin sulfate ophth soln 0.3%	p					
ISOPTO ATROPINE- atropine sulfate ophth soln 1%	NP					
ketorolac tromethamine ophth soln 0.4% (Acular ls)	np					
ketorolac tromethamine ophth soln 0.5% (Acular)	p					
LACRISERT- artificial tear ophth insert	NP					
latanoprost ophth soln 0.005% (Xalatan)	p			•		
LEVOBUNOLOL HCL- levobunolol hcl ophth soln 0.5%	NP					
levofloxacin ophth soln 0.5%	np					
LOTEMAX- loteprednol etabonate ophth oint 0.5%	P					
LOTEMAX SM- loteprednol etabonate ophth gel 0.38%	P					
loteprednol etabonate ophth gel 0.5% (Lotemax)	np					
loteprednol etabonate ophth susp 0.5% (Lotemax)	np					
MAXIDEX- dexamethasone ophth susp 0.1%	NP					
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
NATACYN- natamycin ophth susp 5%	P					
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	np					
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	p					
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	p					
NEOMYCIN/POLYMYXIN/GRAMIC- neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	NP					
ofloxacin ophth soln 0.3% (Ocuflox)	p					
OXERVATE- cenegermin-bkbj ophth soln 0.002% (20 mcg/ml)	NP	•	•	•		
phenylephrine hcl ophth soln 2.5%	np					
phenylephrine hcl ophth soln 10%	np					
pilocarpine hcl ophth soln 1% (Isopto carpine)	np					
pilocarpine hcl ophth soln 2% (Isopto carpine)	np					
pilocarpine hcl ophth soln 4% (Isopto carpine)	np					
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	p					
PRED-G- gentamicin-prednisolone ace ophth susp 0.3-1%	NP					
PRED-G S.O.P.- gentamicin-prednisolone ace ophth oint 0.3-0.6%	NP					
PREDNISOLONE ACETATE- prednisolone acetate ophth susp 1%	P					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
PREDNISOLONE SODIUM PHOSP- prednisolone sodium phosphate ophth soln 1%	NP					
proparacaine hcl ophth soln 0.5%	np					
SIMBRINZA- brinzolamide-brimonidine tartrate ophth susp 1-0.2%	P					
SULFACETAMIDE SODIUM- sulfacetamide sodium ophth oint 10%	NP					
sulfacetamide sodium ophth soln 10% (Bleph-10)	np					
SULFACETAMIDE SODIUM/ PRED- sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	NP					
tetracaine hcl ophth soln 0.5%	np					
timolol maleate ophth soln 0.25% (Timoptic)	p					
timolol maleate ophth soln 0.5% (Timoptic)	p					
tobramycin ophth soln 0.3% (Tobrex)	p			•		
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	np					
TRIFLURIDINE- trifluridine ophth soln 1%	P					
OTIC AGENTS						
acetic acid otic soln 2%	np					
CETRAXAL- ciprofloxacin hcl otic soln 0.2% (base equivalent)	NP					
CIPROFLOXACIN- ciprofloxacin hcl otic soln 0.2% (base equivalent)	NP					
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	np					
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	np					
hydrocortisone w/ acetic acid otic soln 1-2%	np					
neomycin-polymyxin-hc otic soln 1%	np					
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	np					
ofloxacin otic soln 0.3% (Floxin otic)	np					
MOUTH/THROAT/DENTAL AGENTS						
cevimeline hcl cap 30 mg (Evoxac)	np					
chlorhexidine gluconate soln 0.12% (Peridex)	p					
clotrimazole troche 10 mg	np					
FLUORIDEX SENSITIVITY REL- sodium fluoride-potassium nitrate paste 1.1-5%	p					•
lidocaine hcl viscous soln 2%	p					
NAFRINSE DAILY/ACIDULATED- sodium fluoride-phosphoric acid for soln 1 mg/5ml (f equiv)	NP					
NAFRINSE DAILY/NEUTRAL- sodium fluoride for soln rinse 0.05%	NP					
NAFRINSE WEEKLY- sodium fluoride for soln rinse 0.2%	NP					
nystatin susp 100000 unit/ml	np					
ORAVIG- miconazole buccal tab 50 mg (mouth-throat)	NP					
pilocarpine hcl tab 5 mg (Salagen)	np					
pilocarpine hcl tab 7.5 mg (Salagen)	np					
sodium fluoride cream 1.1% (Prevident 5000 plus)	p					•
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	p					•
sodium fluoride paste 1.1% (Prevident 5000 boost)	p					•
sodium fluoride rinse 0.2% (Prevident rinse)	np					•

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
sodium fluoride-potassium nitrate gel 1.1-5% (Prevident 5000 sensi)	p					•
stannous fluoride conc 0.63% (Gel-kam oral care ri)	p					•
stannous fluoride gel 0.4%	np					•
triamcinolone acetonide dental paste 0.1%	np					
ANORECTAL AGENTS						
ANALPRAM-HC- hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%	NP					
CORTIFOAM- hydrocortisone acetate perianal foam 10% (90 mg/dose)	P					
hydrocortisone acetate suppos 25 mg	np					
hydrocortisone acetate w/ pramoxine perianal cream 1-1% (Analpram-hc)	np					
hydrocortisone enema 100 mg/60ml (Cortenema)	np					
hydrocortisone perianal cream 1% (Proctocort)	np					
hydrocortisone perianal cream 2.5% (Anusol-hc)	np					
PROCTOFOAM HC- hydrocortisone acetate w/ pramoxine perianal foam 1-1%	NP					
RECTIV- nitroglycerin oint 0.4%	NP					
UCERIS- budesonide rectal foam 2 mg/act	NP					
DERMATOLOGICALS						
acitretin cap 10 mg (Soriatane)	np					
acitretin cap 17.5 mg (Soriatane)	np					
acitretin cap 25 mg (Soriatane)	np					
alclometasone dipropionate cream 0.05%	np					
alclometasone dipropionate oint 0.05%	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
AUGMENTED BETAMETHASONE D- betamethasone dipropionate augmented gel 0.05%	NP			•		
azelaic acid gel 15% (Finacea)	np					
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	p			•		
betamethasone dipropionate augmented lotion 0.05% (Diprolene)	np			•		
betamethasone dipropionate augmented oint 0.05% (Diprolene)	np			•		
betamethasone dipropionate cream 0.05%	np			•		
betamethasone dipropionate lotion 0.05%	np			•		
betamethasone dipropionate oint 0.05%	np			•		
betamethasone valerate cream 0.1% (base equivalent)	np					
betamethasone valerate lotion 0.1% (base equivalent)	np					
betamethasone valerate oint 0.1% (base equivalent)	np					
calcipotriene cream 0.005% (Dovonex)	np					
calcipotriene soln 0.005% (50 mcg/ml)	np					
ciclopirox gel 0.77%	np			•		
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	np			•		
ciclopirox olamine susp 0.77% (base equiv) (Loprox)	np			•		
ciclopirox shampoo 1% (Loprox shampoo)	np					
ciclopirox solution 8% (Penlac Nail Lacquer)	np		•	•		
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac)	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
clindamycin phosphate gel 1% (Cleocin-t)	np					
clindamycin phosphate lotion 1% (Cleocin-t)	np					
clindamycin phosphate soln 1% (Cleocin-t)	np			•		
clindamycin phosphate swab 1% (Cleocin-t)	np					
clobetasol propionate cream 0.05% (Temovate)	np			•		
clobetasol propionate emollient base cream 0.05%	np					
clobetasol propionate gel 0.05% (Temovate)	np					
clobetasol propionate oint 0.05% (Temovate)	np			•		
clobetasol propionate soln 0.05% (Temovate)	np			•		
clotrimazole w/ betamethasone cream 1-0.05% (Lotrisone)	np					
COSENTYX- secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	P	•	•	•		
COSENTYX- secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	P	•	•	•		
COSENTYX- secukinumab subcutaneous soln prefilled syringe 150 mg/ml	P	•	•	•		
COSENTYX SENSOREADY PEN- secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	P	•	•	•		
COSENTYX SENSOREADY PEN- secukinumab subcutaneous soln auto-injector 150 mg/ml	P	•	•	•		
CROTAN- crotamiton lotion 10%	NP					
desonide cream 0.05% (Desowen)	np					
desonide oint 0.05%	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
desoximetasone cream 0.25% (Topicort)	np			•		
desoximetasone oint 0.25% (Topicort)	np			•		
diclofenac sodium (actinic keratoses) gel 3% (Solaraze)	np		•	•		
diclofenac sodium soln 1.5%	np			•		
DUPIXENT- dupilumab subcutaneous soln pen-injector 200 mg/1.14ml	P	•	•	•		
DUPIXENT- dupilumab subcutaneous soln pen-injector 300 mg/2ml	P	•	•	•		
DUPIXENT- dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml	P	•	•	•		
DUPIXENT- dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	P	•	•	•		
DUPIXENT- dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	P	•	•	•		
econazole nitrate cream 1%	np			•		
ENSTILAR- calcipotriene-betamethasone dipropionate foam 0.005-0.064%	P			•		
ERY- erythromycin pads 2%	NP					
erythromycin gel 2% (Erygel)	np			•		
erythromycin soln 2%	np			•		
fluocinolone acetonide cream 0.01%	np					
fluocinolone acetonide cream 0.025% (Synalar)	np					
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	np					
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	np					
fluocinolone acetonide oint 0.025% (Synalar)	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
fluocinolone acetonide soln 0.01% (Synalar)	np					
fluocinonide cream 0.05%	np			•		
fluocinonide cream 0.1% (Vanos)	np		•	•		
fluocinonide gel 0.05%	np			•		
fluocinonide oint 0.05%	np			•		
fluocinonide soln 0.05%	np			•		
FLUOROURACIL- fluorouracil soln 2%	NP					
FLUOROURACIL- fluorouracil soln 5%	NP					
fluorouracil cream 5% (Efudex)	np		•	•		
fluticasone propionate cream 0.05% (Cutivate)	np					
fluticasone propionate oint 0.005%	np					
gentamicin sulfate cream 0.1%	np			•		
halobetasol propionate cream 0.05% (Ultravate)	np			•		
hydrocortisone cream 2.5%	p					
hydrocortisone lotion 2.5%	np					
hydrocortisone oint 2.5%	p					
imiquimod cream 5% (Aldara)	np			•		
isotretinoin cap 10 mg	np			•		
isotretinoin cap 20 mg	np			•		
isotretinoin cap 30 mg	np			•		
isotretinoin cap 40 mg	np			•		
IVERMECTIN- ivermectin lotion 0.5%	NP					
ketoconazole cream 2%	np			•		
ketoconazole shampoo 2% (Nizoral)	p					
lidocaine hcl soln 4%	np			•		
lidocaine patch 5% (Lidoderm)	np		•	•		
lidocaine-prilocaine cream 2.5-2.5%	np					
LINDANE- lindane shampoo 1%	NP					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
malathion lotion 0.5% (Ovide)	np					
METHOXSALEN- methoxsalen rapid cap 10 mg	NP					
metronidazole cream 0.75% (Metrocream)	np					
metronidazole gel 0.75%	np					
metronidazole gel 1% (Metrogel)	np					
metronidazole lotion 0.75% (Metrolotion)	np					
MIRVASO- brimonidine tartrate gel 0.33% (base equivalent)	NP					
mometasone furoate cream 0.1% (Elocon)	np					
mometasone furoate oint 0.1% (Elocon)	p			•		
mometasone furoate solution 0.1% (lotion)	np					
mupirocin oint 2%	p					
NATROBA- spinosad susp 0.9%	NP					
nystatin cream 100000 unit/gm	p					
nystatin oint 100000 unit/gm	p					
nystatin topical powder 100000 unit/gm	np					
permethrin cream 5% (Elimite)	np					
podofilox soln 0.5% (Condylox)	np					
PREDNICARBATE- prednicarbate oint 0.1%	NP					
REGRANEX- becaplermin gel 0.01%	NP		•	•		
SANTYL- collagenase oint 250 unit/gm	NP					
selenium sulfide lotion 2.5%	p					
silver sulfadiazine cream 1% (Silvadene)	p					
SKYRIZI- risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit	P	•	•	•		
SKYRIZI- risankizumab-rzaa soln prefilled syringe 150 mg/ml	P	•	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
SKYRIZI PEN- risankizumab-rzaa soln auto-injector 150 mg/ml	P	•	•	•		
SOOLANTRA- ivermectin cream 1%	np					
SPINOSAD- spinosad susp 0.9%	NP					
STELARA- ustekinumab inj 45 mg/0.5ml	P	•	•	•		
STELARA- ustekinumab soln prefilled syringe 45 mg/0.5ml	P	•	•	•		
STELARA- ustekinumab soln prefilled syringe 90 mg/ml	P	•	•	•		
sulfacetamide sodium lotion 10% (acne) (Klaron)	np					
SULFAMYLON- mafenide acetate cream 85 mg/gm	NP					
tacrolimus oint 0.03% (Protopic)	np				•	
tacrolimus oint 0.1% (Protopic)	np				•	
tazarotene cream 0.1% (Tazorac)	np					
TAZORAC- tazarotene cream 0.05%	P					
TAZORAC- tazarotene gel 0.05%	P					
TAZORAC- tazarotene gel 0.1%	P					
TREMFYA- guselkumab soln pen-injector 100 mg/ml	P	•	•	•		
TREMFYA- guselkumab soln prefilled syringe 100 mg/ml	P	•	•	•		
tretinoin cream 0.025% (Retin-a)	np					
tretinoin cream 0.05% (Retin-a)	np					
tretinoin cream 0.1% (Retin-a)	np					
tretinoin gel 0.01% (Retin-a)	np					
tretinoin gel 0.025% (Retin-a)	np					
triamcinolone acetonide cream 0.025%	p					
triamcinolone acetonide cream 0.1%	p					
triamcinolone acetonide cream 0.5%	p					
triamcinolone acetonide lotion 0.025%	np					
triamcinolone acetonide lotion 0.1%	np					
triamcinolone acetonide oint 0.025%	p					
triamcinolone acetonide oint 0.1%	p					
triamcinolone acetonide oint 0.5%	p					
VALCHLOR- mechlorethamine hcl gel 0.016% (base equivalent)	P	•				
MISCELLANEOUS PRODUCTS						
ANTIDOTES						
CHEMET- succimer cap 100 mg	P					
deferasirox granules packet 90 mg (Jadenu sprinkle)	np	•	•	•		
deferasirox granules packet 180 mg (Jadenu sprinkle)	np	•	•	•		
deferasirox granules packet 360 mg (Jadenu sprinkle)	np	•	•	•		
deferasirox tab for oral susp 125 mg (Exjade)	np	•	•	•		
deferasirox tab for oral susp 250 mg (Exjade)	np	•	•	•		
deferasirox tab for oral susp 500 mg (Exjade)	np	•	•	•		
deferasirox tab 90 mg (Jadenu)	np	•	•	•		
deferasirox tab 180 mg	np	•	•	•		
deferasirox tab 360 mg (Jadenu)	np	•	•	•		
deferiprone tab 500 mg (Ferriprox)	np	•				
FERRIPROX- deferiprone oral soln 100 mg/ml	NP	•				
FERRIPROX- deferiprone tab 1000 mg	NP	•				
KLOXXADO- naloxone hcl nasal spray 8 mg/0.1ml	P					
NALOXONE HCL- naloxone hcl soln cartridge 0.4 mg/ml	NP					
naloxone hcl inj 0.4 mg/ml	np					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
naloxone hcl inj 4 mg/10ml	np					
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	np					
naloxone hcl soln prefilled syringe 2 mg/2ml	np					
naltrexone hcl tab 50 mg	np					
NARCAN- naloxone hcl nasal spray 4 mg/0.1ml	P					
RADIOGARDASE- prussian blue insoluble cap 0.5 gm	NP					
DIAGNOSTIC PRODUCTS						
BINAXNOW COVID-19 AG CARD- covid-19 at home antigen test kit	NP					
CONTOUR BLOOD GLUCOSE TES- glucose blood test strip	P			•		
CONTOUR NEXT BLOOD GLUCOS- glucose blood test strip	P			•		
ELLUME COVID-19 HOME TEST- covid-19 at home antigen test kit	NP					
FLOWFLEX COVID-19 AG HOME- covid-19 at home antigen test kit	NP					
FLOWFLEX COVID-19 ANTIGEN- covid-19 at home antigen test kit	NP					
INTELISWAB COVID-19 RAPID- covid-19 at home antigen test kit	NP					
KETOSTIX- acetone (urine) test strip	NP					
ON/GO COVID-19 ANTIGEN SE- covid-19 at home antigen test kit	NP					
QUICKVUE AT-HOME COVID-19- covid-19 at home antigen test kit	NP					
MEDICAL DEVICES						
AEROCHAMBER MINI AEROSOL- spacer/aerosol-holding chambers - device	P					
AEROCHAMBER MV- spacer/aerosol-holding chambers - device	P					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
AEROCHAMBER PLUS FLOW-VU- spacer/aerosol-holding chambers - device	P					
AEROCHAMBER PLUS FLOW-VU/- spacer/aerosol-holding chambers - device	P					
AEROCHAMBER Z-STAT PLUS V- spacer/aerosol-holding chambers - device	P					
AEROCHAMBER Z-STAT PLUS/F- spacer/aerosol-holding chambers - device	P					
AEROCHAMBER Z-STAT PLUS/L- spacer/aerosol-holding chambers - device	P					
AEROCHAMBER Z-STAT PLUS/M- spacer/aerosol-holding chambers - device	P					
AEROCHAMBER Z-STAT PLUS/S- spacer/aerosol-holding chambers - device	P					
AEROVENT PLUS HOLDING CHA- spacer/aerosol-holding chambers - device	P					
BREATHE EASE/LARGE MASK- spacer/aerosol-holding chambers - device	P					
BREATHE EASE/MEDIUM MASK- spacer/aerosol-holding chambers - device	P					
BREATHE EASE/SMALL MASK- spacer/aerosol-holding chambers - device	P					
CAYA- diaphragm arc-spring	P					•
CLEVER CHOICE ANTI-STATIC- spacer/aerosol-holding chambers - device	P					
COMPACT SPACE CHAMBER/ANT- spacer/aerosol-holding chambers - device	P					
CONTOUR HIGH CONTROL- blood glucose calibration - liquid - high	P					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
CONTOUR LOW CONTROL- blood glucose calibration - liquid - low	P					
CONTOUR NEXT CONTROL LEVE- blood glucose calibration - liquid - low	P					
CONTOUR NEXT CONTROL LEVE- blood glucose calibration - liquid - normal	P					
CONTOUR NORMAL CONTROL- blood glucose calibration - liquid - normal	P					
DEXCOM G5 MOBILE RECEIVER- continuous blood glucose system receiver	P		•	•		
DEXCOM G5 MOBILE TRANSMIT- continuous blood glucose system transmitter	P		•	•		
DEXCOM G5 MOBILE/G4 PLATI- continuous blood glucose system sensor	P		•	•		
DEXCOM G5 RECEIVER KIT- continuous blood glucose system receiver	P		•	•		
DEXCOM G6 RECEIVER- continuous blood glucose system receiver	P		•	•		
DEXCOM G6 SENSOR- continuous blood glucose system sensor	P		•	•		
DEXCOM G6 TRANSMITTER- continuous blood glucose system transmitter	P		•	•		
EASIVENT- spacer/aerosol-holding chambers - device	P					
EASIVENT/MASK-LARGE- spacer/aerosol-holding chambers - device	P					
EASIVENT/MASK-MEDIUM- spacer/aerosol-holding chambers - device	P					
EASIVENT/MASK-SMALL- spacer/aerosol-holding chambers - device	P					
EQ SPACE CHAMBER ANTI-STA- spacer/aerosol-holding chambers - device	P					
FC FEMALE CONDOM- condoms - female	P					•
FC2 FEMALE CONDOM- condoms - female	P					•
FEMCAP- cervical cap 22 mm	P					•
FEMCAP- cervical cap 26 mm	P					•
FEMCAP- cervical cap 30 mm	P					•
FLEXICHAMBER- spacer/aerosol-holding chambers - device	P					
FLEXICHAMBER ADULT MASK/S- spacer/aerosol-holding chamber supplies - masks	P					
FLEXICHAMBER CHILD MASK/L- spacer/aerosol-holding chamber supplies - masks	P					
FLEXICHAMBER CHILD MASK/S- spacer/aerosol-holding chamber supplies - masks	P					
INSPIRACHAMBER/ANTI-STATI- spacer/aerosol-holding chambers - device	P					
INSPIRACHAMBER/LARGE- spacer/aerosol-holding chambers - device	P					
INSPIRACHAMBER/SOOTHERMAS- spacer/aerosol-holding chambers - device	P					
INSPIREASE DRUG DELIVERY- spacer/aerosol-holding chambers - device	P					
INSPIREASE RESERVOIR BAGS- spacer/aerosol-holding chamber supplies - bags	P					
INSULIN PEN NEEDLES – VARIOUS	P			•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
INSULIN SYRINGES – VARIOUS	P			•		
LANCETS – VARIOUS	P					
MASK VORTEX/CHILD/FROG- spacer/aerosol-holding chamber supplies - masks	P					
MASK VORTEX/TODDLER/ LADY- spacer/aerosol-holding chamber supplies - masks	P					
MICROCHAMBER- spacer/ aerosol-holding chambers - device	P					
MISC NEEDLES & SYRINGES – VARIOUS	P					
OMNIFLEX DIAPHRAGM- diaphragms	P					•
OMNIPOD DASH 5 PACK- insulin infusion disposable pump supplies	NP		•	•		
OPTICHAMBER- spacer/aerosol-holding chambers - device	P					
OPTICHAMBER DIAMOND- spacer/aerosol-holding chambers - device	P					
OPTICHAMBER DIAMOND/ LARGE- spacer/aerosol-holding chambers - device	P					
OPTICHAMBER DIAMOND/ MEDIU- spacer/aerosol-holding chambers - device	P					
OPTICHAMBER DIAMOND/ SMALL- spacer/aerosol-holding chambers - device	P					
PANDA MASK LARGE- spacer/ aerosol-holding chamber supplies - masks	P					
PANDA MASK MEDIUM- spacer/ aerosol-holding chamber supplies - masks	P					
PANDA MASK SMALL- spacer/ aerosol-holding chamber supplies - masks	P					
PEDIATRIC PANDA MASK- spacer/aerosol-holding chamber supplies - masks	P					
POCKET CHAMBER- spacer/ aerosol-holding chambers - device	P					
POCKET SPACER- spacer/ aerosol-holding chambers - device	P					
PRO COMFORT INHALER SPACE- spacer/aerosol-holding chambers - device	P					
PROCARE SPACER CHAMBER W/- spacer/aerosol-holding chambers - device	P					
RITEFLO- spacer/aerosol-holding chambers - device	P					
VORTEX VALVED HOLDING CHA- spacer/aerosol-holding chambers - device	P					
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 60 mm	P					•
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 65 mm	P					•
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 70 mm	P					•
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 75 mm	P					•
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 80 mm	P					•
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 85 mm	P					•
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 90 mm	P					•
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 95 mm	P					•
ASSORTED CLASSES						
ASTAGRAF XL- tacrolimus cap er 24hr 0.5 mg	NP					
ASTAGRAF XL- tacrolimus cap er 24hr 1 mg	NP					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ASTAGRAF XL- tacrolimus cap er 24hr 5 mg	NP					
azathioprine tab 50 mg (Imuran)	np					
azathioprine tab 75 mg	np					
azathioprine tab 100 mg	np					
BENLYSTA- belimumab subcutaneous solution auto-injector 200 mg/ml	NP	•	•	•		
BENLYSTA- belimumab subcutaneous solution prefilled syringe 200 mg/ml	NP	•	•	•		
CELLCEPT- mycophenolate mofetil cap 250 mg	NP					
CELLCEPT- mycophenolate mofetil for oral susp 200 mg/ml	NP					
CELLCEPT- mycophenolate mofetil tab 500 mg	NP					
cyclosporine cap 25 mg (Sandimmune)	np					
cyclosporine cap 100 mg (Sandimmune)	np					
cyclosporine modified cap 25 mg (Neoral)	np					
cyclosporine modified cap 50 mg (Cyclosporine modifie)	np					
cyclosporine modified cap 100 mg (Neoral)	np					
cyclosporine modified oral soln 100 mg/ml (Neoral)	np					
ENSPRYNG- satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	NP	•	•	•		
ENVARSUS XR- tacrolimus tab er 24hr 0.75 mg	NP					
ENVARSUS XR- tacrolimus tab er 24hr 1 mg	NP					
ENVARSUS XR- tacrolimus tab er 24hr 4 mg	NP					
everolimus tab 0.25 mg (Zortress)	np					
everolimus tab 0.5 mg (Zortress)	np					
everolimus tab 0.75 mg (Zortress)	np					
everolimus tab 1 mg (Zortress)	np					
IMURAN- azathioprine tab 50 mg	NP					
LOKELMA- sodium zirconium cyclosilicate for susp packet 5 gm	P					
LOKELMA- sodium zirconium cyclosilicate for susp packet 10 gm	P					
LUPKYNIS- voclosporin cap 7.9 mg	NP	•	•	•		
mycophenolate mofetil cap 250 mg (Cellcept)	np					
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	np					
mycophenolate mofetil tab 500 mg (Cellcept)	np					
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic)	np					
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic)	np					
MYFORTIC- mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	NP					
MYFORTIC- mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	NP					
NEORAL- cyclosporine modified cap 25 mg	NP					
NEORAL- cyclosporine modified cap 100 mg	NP					
NEORAL- cyclosporine modified oral soln 100 mg/ml	NP					
penicillamine tab 250 mg (Depen titratabs)	np	•				
PROGRAF- tacrolimus cap 0.5 mg	NP					

Drug Name	Tier Designation	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
PROGRAF- tacrolimus cap 1 mg	NP					
PROGRAF- tacrolimus cap 5 mg	NP					
PROGRAF- tacrolimus packet for susp 0.2 mg	NP					
PROGRAF- tacrolimus packet for susp 1 mg	NP					
RAPAMUNE- sirolimus oral soln 1 mg/ml	NP					
RAPAMUNE- sirolimus tab 0.5 mg	NP					
RAPAMUNE- sirolimus tab 1 mg	NP					
RAPAMUNE- sirolimus tab 2 mg	NP					
RESET FOR IOS OR ANDROID- digital therapy application	P+			•		
RESET-O FOR IOS OR ANDROI- digital therapy application	P+			•		
REVLIMID- lenalidomide caps 2.5 mg	P	•	•	•		
REVLIMID- lenalidomide cap 5 mg	P	•	•	•		
REVLIMID- lenalidomide cap 10 mg	P	•	•	•		
REVLIMID- lenalidomide cap 15 mg	P	•	•	•		
REVLIMID- lenalidomide cap 20 mg	P	•	•	•		
REVLIMID- lenalidomide cap 25 mg	P	•	•	•		
REZUROCK- belumosudil mesylate tab 200 mg	NP	•				
SANDIMMUNE- cyclosporine cap 25 mg	NP					
SANDIMMUNE- cyclosporine cap 100 mg	NP					
SANDIMMUNE- cyclosporine oral soln 100 mg/ml	NP					
sirolimus oral soln 1 mg/ml (Rapamune)	np					
sirolimus tab 0.5 mg (Rapamune)	np					
sirolimus tab 1 mg (Rapamune)	np					
sirolimus tab 2 mg (Rapamune)	np					

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

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ASMANEX TWISTHALER 60 MET -mometasone furoate inhal powd 220 mcg/inh (breath activated)....48
aspirin chew tab 81 mg....67
aspirin-dipyridamole cap er 12hr 25-200 mg (Aggrenox).... 87
aspirin tab delayed release 81 mg....68
ASTAGRAF XL -tacrolimus cap er 24hr 0.5 mg....101

ASTAGRAF XL -tacrolimus cap er 24hr 1 mg..... 101
ASTAGRAF XL -tacrolimus cap er 24hr 5 mg..... 102
atazanavir sulfate cap 150 mg (base equiv) (Reyataz).....5
atazanavir sulfate cap 200 mg (base equiv) (Reyataz).....5
atazanavir sulfate cap 300 mg (base equiv) (Reyataz).....5
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50).....39
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100).....39
atenolol tab 25 mg (Tenormin).....35
atenolol tab 50 mg (Tenormin).....35
atenolol tab 100 mg (Tenormin).....35
atomoxetine hcl cap 10 mg (base equiv) (Strattera)..... 62
atomoxetine hcl cap 18 mg (base equiv) (Strattera)..... 62
atomoxetine hcl cap 25 mg (base equiv) (Strattera)..... 62
atomoxetine hcl cap 40 mg (base equiv) (Strattera)..... 62
atomoxetine hcl cap 60 mg (base equiv) (Strattera)..... 62
atomoxetine hcl cap 80 mg (base equiv) (Strattera)..... 62
atomoxetine hcl cap 100 mg (base equiv) (Strattera)..... 62
atorvastatin calcium tab 10 mg (base equivalent) (Lipitor).....43
atorvastatin calcium tab 20 mg (base equivalent) (Lipitor).....43
atorvastatin calcium tab 40 mg (base equivalent) (Lipitor).....43
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor).....43
atovaquone-proguanil hcl tab 62.5-25 mg (Malarone)..... 8
atovaquone-proguanil hcl tab 250-100 mg (Malarone)..... 8
atovaquone susp 750 mg/5ml (Mepron)..... 8
ATROPINE SULFATE -atropine sulfate ophth soln 1%.....92
atropine sulfate ophth soln 1% (Atropine sulfate).....92
ATROVENT HFA -ipratropium bromide hfa inhal aerosol 17 mcg/act.....48
AUBAGIO -teriflunomide tab 7 mg.....65
AUBAGIO -teriflunomide tab 14 mg.....65
AUGMENTED BETAMETHASONE D -betamethasone dipropionate augmented gel 0.05%..... 95
AURYXIA -ferric citrate tab 1 gm (210 mg ferric iron).....52
AUSTEDO -deutetrabenazine tab 6 mg.....65
AUSTEDO -deutetrabenazine tab 9 mg.....65
AUSTEDO -deutetrabenazine tab 12 mg.....65
AVONEX -interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml.....65
AVONEX PEN -interferon beta-1a im auto-injector kit 30 mcg/0.5ml.....65
AYVAKIT -avapritinib tab 25 mg.....13
AYVAKIT -avapritinib tab 50 mg.....13
AYVAKIT -avapritinib tab 100 mg.....13
AYVAKIT -avapritinib tab 200 mg.....13
AYVAKIT -avapritinib tab 300 mg.....13
azathioprine tab 75 mg..... 102
azathioprine tab 100 mg..... 102
azathioprine tab 50 mg (Imuran).....102
azelaic acid gel 15% (Finacea).....95
azelastine hcl nasal spray 0.1% (137 mcg/spray)..... 46
azelastine hcl ophth soln 0.05%..... 92
AZITHROMYCIN -azithromycin powd pack for susp 1 gm.....2
azithromycin for susp 100 mg/5ml (Zithromax)..... 2
azithromycin for susp 200 mg/5ml (Zithromax)..... 2
azithromycin tab 250 mg (Zithromax)..... 2
azithromycin tab 500 mg (Zithromax)..... 2
azithromycin tab 600 mg (Zithromax)..... 2

B

BACITRACIN -bacitracin ophth oint 500 unit/gm.....92
bacitracin-polymyxin b ophth oint..... 92
bacitracin-polymyxin-neomycin-hc ophth oint 1%.....92
baclofen tab 10 mg.....80
baclofen tab 20 mg.....80
balsalazide disodium cap 750 mg (Colazal)..... 52
BALVERSA -erdafitinib tab 3 mg.....13
BALVERSA -erdafitinib tab 4 mg.....13
BALVERSA -erdafitinib tab 5 mg.....13
BAQSIMI ONE PACK -glucagon nasal powder 3 mg/dose.....24
BAQSIMI TWO PACK -glucagon nasal powder 3 mg/dose.....24
BARACLUDE -entecavir oral soln 0.05 mg/ml.....5
BAXDELA -delafloxacin meglumine tab 450 mg (base equiv).....3
BD GLUCOSE -glucose chew tab 5 gm.....24
BELBUCA -buprenorphine hcl buccal film 75 mcg (base equivalent).....68
BELBUCA -buprenorphine hcl buccal film 150 mcg (base equivalent).....68
BELBUCA -buprenorphine hcl buccal film 300 mcg (base equivalent).....68
BELBUCA -buprenorphine hcl buccal film 450 mcg (base equivalent).....68
BELBUCA -buprenorphine hcl buccal film 600 mcg (base equivalent).....68
BELBUCA -buprenorphine hcl buccal film 750 mcg (base equivalent).....68
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benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)..... 39
benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)..... 39

benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)..... 39
BENAZEPRIL HCL/HYDROCHLOR -benazepril & hydrochlorothiazide tab 5-6.25 mg.....39
benazepril hcl tab 5 mg..... 39
benazepril hcl tab 10 mg..... 39
benazepril hcl tab 20 mg (Lotensin).....39
benazepril hcl tab 40 mg (Lotensin).....39
BENEFIX -coagulation factor ix (recombinant) for inj kit 250 unit..... 87
BENEFIX -coagulation factor ix (recombinant) for inj kit 500 unit..... 87
BENEFIX -coagulation factor ix (recombinant) for inj kit 1000 unit..... 87
BENEFIX -coagulation factor ix (recombinant) for inj kit 2000 unit..... 88
BENEFIX -coagulation factor ix (recombinant) for inj kit 3000 unit..... 88
BENLYSTA -belimumab subcutaneous solution auto-injector 200 mg/ml..... 102
BENLYSTA -belimumab subcutaneous solution prefilled syringe 200 mg/ml..... 102
BENZNIDAZOLE -benznidazole tab 12.5 mg..... 8
BENZNIDAZOLE -benznidazole tab 100 mg..... 8
benzonatate cap 200 mg.....47
benzonatate cap 100 mg (Tessalon perles).....47
benztropine mesylate tab 0.5 mg..... 79
benztropine mesylate tab 1 mg..... 79
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BERINERT -c1 esterase inhibitor (human) for iv inj kit 500 unit..... 88
betamethasone dipropionate augmented cream 0.05% (Diprolene af).....95
betamethasone dipropionate augmented lotion 0.05% (Diprolene).....95
betamethasone dipropionate augmented oint 0.05% (Diprolene).....95
betamethasone dipropionate cream 0.05%..... 95
betamethasone dipropionate lotion 0.05%..... 95
betamethasone dipropionate oint 0.05%..... 95
betamethasone valerate cream 0.1% (base equivalent).....95
betamethasone valerate lotion 0.1% (base equivalent).....95
betamethasone valerate oint 0.1% (base equivalent).....95
BETASERON -interferon beta-1b for inj kit 0.3 mg.....65
betaxolol hcl ophth soln 0.5%.....92
betaxolol hcl tab 10 mg..... 35
betaxolol hcl tab 20 mg..... 35
bethanechol chloride tab 5 mg (Urecholine)..... 53
bethanechol chloride tab 10 mg (Urecholine)..... 53
bethanechol chloride tab 25 mg (Urecholine)..... 54
bethanechol chloride tab 50 mg (Urecholine)..... 54
bexarotene cap 75 mg (Targretin).....13
BEXSERO -meningococcal vac b (recomb omv adjuv) inj prefilled syringe.....10
bicalutamide tab 50 mg (Casodex).....13
BIDIL -isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg.....45
BIKTARVY -bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg.....5
BIKTARVY -bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg.....5
BINAXNOW COVID-19 AG CARD -covid-19 at home antigen test kit.....99
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)..... 39
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)..... 39
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)..... 39
bisoprolol fumarate tab 5 mg.....35
bisoprolol fumarate tab 10 mg.....35
BOOSTRIX -tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml.....11
BOOSTRIX -tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml.....11
bosentan tab 62.5 mg (Tracleer).....45
bosentan tab 125 mg (Tracleer).....45
BOSULIF -bosutinib tab 100 mg..... 13
BOSULIF -bosutinib tab 400 mg..... 13
BOSULIF -bosutinib tab 500 mg..... 13
BRAFTOVI -encorafenib cap 75 mg..... 13
BREATHE EASE/LARGE MASK -spacer/aerosol-holding chambers - device..... 99
BREATHE EASE/MEDIUM MASK -spacer/aerosol-holding chambers - device..... 99
BREATHE EASE/SMALL MASK -spacer/aerosol-holding chambers - device..... 99
BREO ELLIPTA -fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh.....48
BREO ELLIPTA -fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh.....48
BREZTRI AEROSPHERE -budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act.....48
BRILINTA -ticagrelor tab 60 mg..... 88
BRILINTA -ticagrelor tab 90 mg..... 88
brimonidine tartrate ophth soln 0.2%..... 92
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)..... 92
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel).....79
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel).....79
BRUKINSA -zanubrutinib cap 80 mg..... 13
budesonide delayed release particles cap 3 mg (Entocort ec).....19
budesonide inhalation susp 0.25 mg/2ml (Pulmicort).....48
budesonide inhalation susp 0.5 mg/2ml (Pulmicort).....48
budesonide inhalation susp 1 mg/2ml (Pulmicort).....48
bumetanide tab 0.5 mg (Bumex).....42

bumetanide tab 1 mg (Bumex)....42
bumetanide tab 2 mg (Bumex)....42
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)....68
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone)....68
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)....68
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone)....68
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).... 68
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).... 68
buprenorphine hcl sl tab 2 mg (base equiv).... 68
buprenorphine hcl sl tab 8 mg (base equiv).... 68
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban)....65
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)....56
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)....56
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)....56
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl).... 56
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl).... 56
bupropion hcl tab 75 mg.... 56
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buspirone hcl tab 10 mg....55
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butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)....68
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg....68
butalbital-acetaminophen tab 50-325 mg....68
butalbital-aspirin-caffeine cap 50-325-40 mg (Fiorinal).... 68
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Fiorinal/codeine #3)....68
butorphanol tartrate nasal soln 10 mg/ml.... 68
BYDUREON BCISE -exenatide extended release susp auto-injector 2 mg/0.85ml....24
BYLVAY -odevixibat cap 400 mcg....52
BYLVAY -odevixibat cap 1200 mcg....52
BYLVAY (PELLETS) -odevixibat pellets cap sprinkle 200 mcg....52
BYLVAY (PELLETS) -odevixibat pellets cap sprinkle 600 mcg....52

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CABOMETYX -cabozantinib s-malate tab 20 mg (base equivalent)....13
CABOMETYX -cabozantinib s-malate tab 40 mg (base equivalent)....13
CABOMETYX -cabozantinib s-malate tab 60 mg (base equivalent)....13
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv).... 62
calcipotriene cream 0.005% (Dovonex)....95
calcipotriene soln 0.005% (50 mcg/ml).... 95
calcitonin (salmon) inj 200 unit/ml (Miacalcin)....31
calcitonin (salmon) nasal soln 200 unit/act....31
calcitriol cap 0.25 mcg (Rocaltrol)....31
calcitriol cap 0.5 mcg (Rocaltrol)....31
calcitriol oral soln 1 mcg/ml (Rocaltrol)....31
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)....52
calcium acetate (phosphate binder) tab 667 mg....52
CALQUENCE -acalabrutinib cap 100 mg.... 13
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct).... 39
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct).... 39
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct).... 39
candesartan cilexetil tab 4 mg (Atacand).... 39
candesartan cilexetil tab 8 mg (Atacand).... 39
candesartan cilexetil tab 16 mg (Atacand).... 39
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capecitabine tab 150 mg (Xeloda).... 13
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CAPRELSA -vandetanib tab 100 mg.... 13
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carbamazepine cap er 12hr 300 mg (Carbatrol)....74
carbamazepine chew tab 100 mg.... 74
carbamazepine susp 100 mg/5ml (Tegretol)....74
carbamazepine tab er 12hr 100 mg (Tegretol-xr).... 74
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CARBIDOPA/LEVODOPA/ENTACA -carbidopa-levodopa-entacapone tabs 12.5-50-200 mg....79
CARBIDOPA/LEVODOPA/ENTACA -carbidopa-levodopa-entacapone tabs 18.75-75-200 mg....79
CARBIDOPA/LEVODOPA/ENTACA -carbidopa-levodopa-entacapone tabs 25-100-200 mg....79
CARBIDOPA/LEVODOPA/ENTACA -carbidopa-levodopa-entacapone tabs 31.25-125-200 mg....79
CARBIDOPA/LEVODOPA/ENTACA -carbidopa-levodopa-entacapone tabs 37.5-150-200 mg....79
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CARBIDOPA/LEVODOPA ODT -carbidopa & levodopa orally disintegrating tab 25-100 mg....79
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carbidopa & levodopa tab er 25-100 mg (Sinemet cr)....79
carbidopa & levodopa tab er 50-200 mg (Sinemet cr)....79
carbidopa & levodopa tab 10-100 mg (Sinemet)....79
carbidopa & levodopa tab 25-100 mg (Sinemet)....79
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CARBINOXAMINE MALEATE -carbinoxamine maleate soln 4 mg/5ml....46
carbinoxamine maleate tab 4 mg....46
carbonyl iron susp 15 mg/1.25ml (elemental iron)....83
CARDIZEM LA -diltiazem hcl coated beads tab er 24hr 120 mg....36
carglumic acid tab 200 mg (Carbaglu)....32
CARTEOLOL HCL -carteolol hcl ophth soln 1%....92
carvedilol tab 3.125 mg (Coreg)....35
carvedilol tab 6.25 mg (Coreg)....35
carvedilol tab 12.5 mg (Coreg)....35
carvedilol tab 25 mg (Coreg)....35
CAVERJECT -alprostadil for inj 20 mcg....45
CAVERJECT -alprostadil for inj 40 mcg....45
CAVERJECT IMPULSE -alprostadil for inj kit 10 mcg....46
CAVERJECT IMPULSE -alprostadil for inj kit 20 mcg....46
CAYA -diaphragm arc-spring....99
CAYSTON -aztreonam lysine for inhal soln 75 mg (base equivalent)....9
CEFACLOR -cefaclor cap 250 mg....1
CEFACLOR -cefaclor cap 500 mg....1
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CEFADROXIL -cefadroxil tab 1 gm....1
cefadroxil for susp 250 mg/5ml....1
cefadroxil for susp 500 mg/5ml....1
cefdinir cap 300 mg....1
cefdinir for susp 125 mg/5ml....1
cefdinir for susp 250 mg/5ml....1
cefixime cap 400 mg (Suprax)....1
cefixime for susp 100 mg/5ml (Suprax)....1
cefixime for susp 200 mg/5ml (Suprax)....1
cefpodoxime proxetil for susp 50 mg/5ml....1
cefpodoxime proxetil for susp 100 mg/5ml....1
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
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CELLCEPT -mycophenolate mofetil cap 250 mg....102
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cephalexin for susp 125 mg/5ml....2
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CERVIDIL -dinoprostone vaginal inserts 10 mg....31
CETRAXAL -ciprofloxacin hcl otic soln 0.2% (base equivalent)....94
cevimeline hcl cap 30 mg (Evoxac)....94
CHEMET -succimer cap 100 mg....98
CHENODAL -chenodiol tab 250 mg....52
CHLORDIAZEPOXIDE/AMITRIPT -chlordiazepoxide-amitriptyline tab 5-12.5 mg....65
CHLORDIAZEPOXIDE/AMITRIPT -chlordiazepoxide-amitriptyline tab 10-25 mg....65
chlordiazepoxide hcl cap 5 mg....55
chlordiazepoxide hcl cap 10 mg....55
chlordiazepoxide hcl cap 25 mg....55
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CHLOROQUINE PHOSPHATE -chloroquine phosphate tab 500 mg....8
chloroquine phosphate tab 250 mg....8
chlorpromazine hcl tab 10 mg....59
chlorpromazine hcl tab 25 mg....59
chlorpromazine hcl tab 50 mg....59
chlorpromazine hcl tab 100 mg....59
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cholestyramine powder 4 gm/dose (Questran)....43
cholestyramine powder packets 4 gm (Questran)....43
CHORIONIC GONADOTROPIN -chorionic gonadotropin for im inj 10000 unit....32
ciclopirox gel 0.77%....95
ciclopirox olamine cream 0.77% (base equiv) (Loprox)....95
ciclopirox olamine susp 0.77% (base equiv) (Loprox)....95
ciclopirox shampoo 1% (Loprox shampoo)....95
ciclopirox solution 8% (Penlac Nail Lacquer)....95
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CIMZIA -certolizumab pegol inj kit 2 x 200 mg/ml....52
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cinacalcet hcl tab 30 mg (base equiv)....32
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CIPRO -ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)....3
CIPRO -ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)....3
CIPROFLOXACIN -ciprofloxacin hcl otic soln 0.2% (base equivalent)....94
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)....94
CIPROFLOXACIN HCL -ciprofloxacin hcl tab 100 mg (base equiv)....3
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)....92
ciprofloxacin hcl tab 750 mg (base equiv)....3
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citalopram hydrobromide oral soln 10 mg/5ml....56
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)....56
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CLARITHROMYCIN -clarithromycin for susp 125 mg/5ml....2
CLARITHROMYCIN -clarithromycin for susp 250 mg/5ml....2
clarithromycin tab er 24hr 500 mg....2
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CLIMARA PRO -estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day....21
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% (Cleocin-t)....96
clindamycin phosphate lotion 1% (Cleocin-t)....96
clindamycin phosphate soln 1% (Cleocin-t)....96
clindamycin phosphate swab 1% (Cleocin-t)....96
clindamycin phosphate vaginal cream 2% (Cleocin)....54
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac)....95
CLINDESSE -clindamycin phosphate (one dose) vaginal cream 2%....54
clobazam suspension 2.5 mg/ml (Onfi)....75
clobazam tab 10 mg (Onfi)....75
clobazam tab 20 mg (Onfi)....75
clobetasol propionate cream 0.05% (Temovate)....96
clobetasol propionate emollient base cream 0.05%....96
clobetasol propionate gel 0.05% (Temovate)....96
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clomipramine hcl cap 25 mg (Anafranil)....56
clomipramine hcl cap 50 mg (Anafranil)....56
clomipramine hcl cap 75 mg (Anafranil)....56
clonazepam orally disintegrating tab 0.125 mg....75
clonazepam orally disintegrating tab 0.25 mg....75
clonazepam orally disintegrating tab 0.5 mg....75
clonazepam orally disintegrating tab 1 mg....75
clonazepam orally disintegrating tab 2 mg....75
clonazepam tab 0.5 mg (Klonopin)....75
clonazepam tab 1 mg (Klonopin)....75
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clonidine hcl tab er 12hr 0.1 mg (Kapvay)....63
clonidine hcl tab 0.1 mg (Catapres)....39
clonidine hcl tab 0.2 mg (Catapres)....39
clonidine hcl tab 0.3 mg (Catapres)....39
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)....39
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DEXCOM G5 RECEIVER KIT -continuous blood glucose system receiver....100
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diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil) 50
DIPHTHERIA/TETANUS TOXOID -diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml 11
dipyridamole tab 25 mg 88
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disopyramide phosphate cap 100 mg (Norpace) 38
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divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles) 75
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divalproex sodium tab er 24 hr 250 mg (Depakote er) 75
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DIVIGEL -estradiol td gel 0.25 mg/0.25gm (0.1%) 21
DIVIGEL -estradiol td gel 0.5 mg/0.5gm (0.1%) 21
DIVIGEL -estradiol td gel 0.75 mg/0.75gm (0.1%) 21
DIVIGEL -estradiol td gel 1 mg/gm (0.1%) 21
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dorzolamide hcl ophth soln 2% (Trusopt) 92
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DOVATO -dolutegravir sodium-lamivudine tab 50-300 mg (base eq) 5
doxazosin mesylate tab 1 mg (Cardura) 40
doxazosin mesylate tab 2 mg (Cardura) 40
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doxepin hcl cap 10 mg 57
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doxycycline hyclate cap 50 mg 2
doxycycline hyclate cap 100 mg (Vibramycin) 2
doxycycline hyclate tab 20 mg 2
doxycycline hyclate tab 100 mg 2
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doxycycline monohydrate cap 100 mg (Monodox) 3
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin) 3
doxycycline monohydrate tab 50 mg 3
doxycycline monohydrate tab 75 mg 3
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DROXIA -hydroxyurea cap 300 mg 83
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DULERA -mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act....48
DULERA -mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act....48
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DUOPA -carbidopa-levodopa enteral susp 4.63-20 mg/ml....79
DUPIXENT -dupilumab subcutaneous soln pen-injector 200 mg/1.14ml....96
DUPIXENT -dupilumab subcutaneous soln pen-injector 300 mg/2ml....96
DUPIXENT -dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml....96
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EDEX -alprostadil for inj kit 10 mcg....46
EDEX -alprostadil for inj kit 20 mcg....46
EDEX -alprostadil for inj kit 40 mcg....46
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E.E.S. 400 -erythromycin ethylsuccinate tab 400 mg....2
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efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)....5
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EMGALITY -galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml....73
EMGALITY -galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml....73
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EMSAM -selegiline td patch 24hr 6 mg/24hr....57
EMSAM -selegiline td patch 24hr 9 mg/24hr....57
EMSAM -selegiline td patch 24hr 12 mg/24hr....57
emtricitabine caps 200 mg (Emtriva)....5

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