



2024 Premium Standard Formulary

Effective July 1, 2024



For the most current list of covered medications or if you have questions:



Call the number on your member ID card.



Visit your plan's website on your member ID card or log on to the Optum Rx app to:

- Find a participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

Understanding your formulary

What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

To create the list, Optum Rx® is guided by the Pharmacy and Therapeutics Committee. This group of doctors and pharmacists reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my formulary?

You and your doctor can use the formulary to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. If your medication is not listed here, please visit your plan's website or call the number on your member ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor.

When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

If a medication changes tiers, you may have to pay a different amount for that medication.



About this formulary

Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or is similar to another prescription or over-the-counter (OTC) medication.

What if I don't agree with a decision about an excluded medication?

You, your authorized representative, or your doctor can ask for a coverage request by calling the number on your member ID card.

Medication tips

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (offer the same effect) as brand-name medications, but they often cost less. In some situations, brand-name medications could be lower in cost.



What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a lower-cost option could be right for you.

What if I am taking a specialty medication?

Specialty medications are used to treat complex conditions and are generally higher in cost. Please note, not all specialty medications are listed in the formulary. Our specialty pharmacy can provide most of your specialty medications along with helpful programs and services. Call **1-855-427-4682** and ask how you can have your prescriptions delivered right to your home or doctor's office.

Over-the-counter medications (OTC)

Talk to your doctor about OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

Tier information

Using lower tier or preferred medications can help you lower your out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high-deductible plan, the tier cost levels will apply once you meet your deductible.

Drug tier	Includes	Helpful tips
Tier 1	\$ Lower-cost generics and some brand name	Use tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand name	Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Higher-cost brand name and some generics	Many tier 3 drugs have lower-cost options in tier 1 or 2. Ask your doctor if they could work for you.
Tier 4	\$\$\$\$ Higher-cost injectable medications	Injectable medications typically require more information from you or your provider to determine coverage.
Zero copay	No member cost-share Prenatal and pediatric prescription vitamins	
Tier E	⊗ Excluded	May not be covered or need prior authorization. Lower-cost options are available and covered.

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan decides how these medications may be covered.

PA	Prior authorization – Your doctor is required to give Optum Rx more information to determine coverage.
QL	Quantity limit – Medication may be limited to a certain quantity.
SP	Specialty medication – Medication is designated as specialty.
ST	Step therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered

NetCare Health and Life Premium Formulary (effective 1/1/24, XNCPRE)

Table of Contents

Analgesics - Drugs for Pain	6
Analgesics - Drugs for Pain and Inflammation	8
Anesthetics	9
Anti-Addiction / Substance Abuse Treatment Agents	11
Antibacterials	11
Anticoagulants	16
Anticonvulsants - Drugs for Seizures	17
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia	18
Antidepressants	18
Antiemetics - Drugs for Nausea and Vomiting	20
Antifungals	21
Antigout Agents	22
Antimigraine Agents	22
Antimyasthenic Agents	23
Antimycobacterials	23
Antineoplastics - Drugs for Cancer	23
Antiparasitics	29
Antiparkinson Agents	30
Antiplatelets	30
Antipsychotics - Drugs for Mood Disorders	30
Antivirals	31
Anxiolytics - Drugs for Anxiety	33
Bipolar Agents - Drugs for Mood Disorders	34
Blood Products and Modifiers - Drugs for Blood Disorders	34
Cardiovascular Agents - Drugs for Heart and Circulation Conditions	36
Central Nervous System Agents	42
Central Nervous System Agents - Drugs for Attention Deficit Disorder	42
Central Nervous System Agents - Drugs for Multiple Sclerosis	43
Central Nervous System Agents - Miscellaneous	44
Dental and Oral Agents - Drugs for Mouth and Throat Conditions	45
Dermatological Agents - Drugs for Skin Conditions	45
Diabetes - Antidiabetic Agents	49
Diabetes - Glucose Monitoring	50
Diabetes - Glycemic Agents	62
Diabetes - Insulins	62
Electrolytes / Minerals / Metals / Vitamins	64
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer	71
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions	72
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment	73
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	74
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions	75
Genitourinary Agents - Drugs for Prostate Conditions	75
Hormonal Agents - Adrenal	76
Hormonal Agents - Men's Health	77
Hormonal Agents - Pituitary	77
Hormonal Agents - Prostaglandins	79
Hormonal Agents - Selective Estrogen Receptor Modifying Agents	79
Hormonal Agents - Sex Hormones and Birth Control	79
Hormonal Agents - Thyroid	83
Immunological Agents - Drugs for Immune System Stimulation or Suppression	83
Immunological Agents - Drugs for Vaccination	88

Inflammatory Bowel Disease Agents.....	89
Metabolic Bone Disease Agents - Drugs for Osteoporosis.....	90
Metabolic Bone Disease Agents - Other	90
Miscellaneous Therapeutic Agents.....	90
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation.....	95
Ophthalmic Agents - Drugs for Glaucoma.....	97
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....	97
Otic Agents - Drugs for Ear Conditions.....	98
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold	99
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions.....	99
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.....	102
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....	102
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	103
Sleep Disorder Agents	103

Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen intravenous solution	1	
acetaminophen-codeine	1	QL
APADAZ	E	
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	
bac	1	
BELBUCA	2	PA; QL
BENZHYDROCODON E-ACETAMINOPHEN	E	
buprenorphine	1	PA; QL
buprenorphine hcl injection	1	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	
butalbital-apap-caffeine oral tablet	1	
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine	1	
butorphanol tartrate injection	1	
butorphanol tartrate nasal	1	QL
BUTTRANS	E	
codeine sulfate	1	QL
CONZIP	E	
DEMEROL	3	
DILAUDID INJECTION	3	
DILAUDID ORAL	E	
DURAMORPH	3	
endocet	1	QL

Drug Name	Drug Tier	Notes
fentanyl	1	PA; QL
fentanyl citrate buccal lozenge on a handle	1	PA; QL
FENTANYL CITRATE BUCCAL TABLET	E	
FENTANYL CITRATE INJECTION SOLUTION PREFILLED SYRINGE 250 MCG/5ML	3	
fentanyl citrate solution prefilled syringe 100 mcg/2ml injection	1	
FENTANYL CITRATE SOLUTION PREFILLED SYRINGE 100 MCG/2ML INJECTION	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 1000-0.9 MCG/50ML-%, 5-0.9 MCG/ML-%, 500-0.9 MCG/50ML-%, 550-0.9 MCG/55ML-%	3	
FENTORA	E	
FIORICET	E	
FIORICET/CODEINE	E	
hydrocodone bitartrate er	1	PA; QL
hydrocodone-acetaminophen	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl er	1	PA; QL

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HYDROMORPHONE HCL INJECTION SOLUTION 0.2 MG/ML, 0.5 MG/ML	3		METHADONE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	3	
hydromorphone hcl injection solution 0.25 mg/0.5ml, 2 mg/ml, 4 mg/ml	1		METHADOSE ORAL CONCENTRATE 10 MG/ML	3	
HYDROMORPHONE HCL INTRAVENOUS	3		methadose oral tablet soluble	1	
hydromorphone hcl oral	1	QL	METHADOSE SUGAR-FREE	3	
hydromorphone hcl pf	1		mitigo	1	
HYDROMORPHONE HCL SOLUTION 1 MG/ML INJECTION	3		morphine sulfate (concentrate)	1	QL
hydromorphone hcl solution 1 mg/ml injection	1		morphine sulfate (pf)	1	
HYDROMORPHONE HCL-NACL INJECTION SOLUTION 20-0.9 MG/100ML-%	3		morphine sulfate er	1	PA; QL
HYDROMORPHONE HCL-NACL INTRAVENOUS	3		morphine sulfate er beads	1	PA; QL
HYSINGLA ER	2	PA; QL	MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML	3	
INFUMORPH 200	3		morphine sulfate injection solution 2 mg/ml, 4 mg/ml	1	
INFUMORPH 500	3		MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML	3	
meperidine hcl injection	1		morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml	1	
meperidine hcl oral	1	QL	morphine sulfate oral	1	QL
methadone hcl injection	1		MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/ML-%, 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%, 500-0.9 MG/100ML-%	3	
methadone hcl intensol	1		MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
methadone hcl oral concentrate	1				
methadone hcl oral solution	1				
methadone hcl oral tablet	1	PA			
methadone hcl oral tablet soluble	1				
METHADONE HCL-NACL	3				

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
MS CONTIN	E	
nalbuphine hcl injection	1	
NUCYNTA	E	
NUCYNTA ER	E	
OXYCODONE HCL	E	
OXYCODONE HCL ER	E	
oxycodone hcl oral	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	2	PA; QL
oxymorphone hcl	1	QL
oxymorphone hcl er	1	PA; QL
pentazocine-naloxone hcl	1	QL
PERCOCET	E	
PRIALT	4	SP
QDOLO	E	
remifentanil hcl	1	
ROXICODONE	E	
ROXYBOND	E	
SEGLENTIS	E	
SYNAPRYN FUSEPAQ	3	
TENCON	3	
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	PA; QL
tramadol hcl er	1	PA; QL
TRAMADOL HCL ORAL SOLUTION	E	

Drug Name	Drug Tier	Notes
tramadol hcl oral tablet 100 mg, 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
ULTIVA	3	
XTAMPZA ER	2	PA; QL
Analgesics - Drugs for Pain and Inflammation		
ARTHROTEC	E	
CALDOLOR	3	
CELEBREX	E	
celecoxib oral	1	QL
COXANTO	E	
DAYPRO	3	
DICLOFENAC PATCH 1.3%	E	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diflunisal oral	1	
DUAL COMPLEX FORMULA 1 KIT	3	
DUEXIS	E	
ELYXYB	E	
etodolac	1	
etodolac er	1	
FBL KIT	3	
FLECTOR	E	
flurbiprofen oral	1	
ibuprofen lysine	1	
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine	E	
indomethacin er	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
indomethacin oral capsule	1	
indomethacin sodium	1	
K.B.G.L IN TERODERM	3	
ketoprofen oral capsule 50 mg	1	
ketorolac tromethamine injection solution 15 mg/ml	1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
ketorolac tromethamine oral	1	QL
ketorolac tromethamine solution 30 mg/ml injection	1	
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	3	
LICART	E	
LODINE	3	
meloxicam oral tablet	1	
nabumetone oral	1	
NALFON	E	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
NEOPROFEN	3	
OXAPROZIN ORAL CAPSULE	E	
oxaprozin oral tablet	1	
PENNSAID	E	
piroxicam oral	1	
RELAFEN DS	E	
SPRIX	E	
sulindac oral	1	
TRIPLE COMPLEX FORMULA 3 KIT	3	
VIMOVO	E	

Drug Name	Drug Tier	Notes
VP FC KIT	3	
VP GKL KIT	3	
ZIPSOR	E	
Anesthetics		
ARTICADENT DENTAL	3	
bupivacaine fisiopharma	1	
bupivacaine hcl (pf)	1	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.25 % (10 ML)	3	
bupivacaine hcl solution 0.25 % injection	1	
BUPIVACAINE HCL SOLUTION 0.25 % INJECTION	3	
bupivacaine hcl solution 0.5 % injection	1	
BUPIVACAINE HCL SOLUTION 0.5 % INJECTION	3	
bupivacaine-epinephrine	1	
bupivacaine-epinephrine (pf)	1	
chloroprocaine hcl (pf)	1	
COCAINE HCL NASAL	3	
ENOVARX-LIDOCAINE HCL	3	
ethyl chloride	1	
EXPAREL	3	
GEBAUERS PAIN EASE	3	
GEBAUERS SPRAY AND STRETCH	3	
glydo	1	
L.E.T.	3	
LETS	3	
lidocaine external ointment 5 %	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
lidocaine external patch 5 %	1		lidocaine hcl urethral/mucosal	1	
LIDOCAINE HCL (BUFFERED)	3		LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-%	3	
LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML, 200 MG/10ML, 60 MG/3ML	3		lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	1	
lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml	1		LIDOCAINE(BUFFERD)-EPINEPHRINE	3	
lidocaine hcl (cardiac) pf	1		LIDOCAINE-EPINEPHRINE (3 ML)	3	
lidocaine hcl (cardiac) solution prefilled syringe 100 mg/5ml intravenous	1		lidocaine-epinephrine injection solution 0.5 %-1:200000, 1.5 %-1:200000, 2 %-1:100000	1	
LIDOCAINE HCL (CARDIAC) SOLUTION PREFILLED SYRINGE 100 MG/5ML INTRAVENOUS	3		lidocaine-epinephrine solution 1 %-1:100000 injection	1	
lidocaine hcl (pf)	1		LIDOCAINE-EPINEPHRINE SOLUTION 1 %-1:100000 INJECTION	3	
lidocaine hcl external solution	1		lidocaine-epinephrine solution 2 %-1:200000 injection	1	
lidocaine hcl injection solution 0.5 %	1		LIDOCAINE-EPINEPHRINE SOLUTION 2 %-1:200000 INJECTION	3	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE	3		lidocaine-prilocaine external cream	1	
LIDOCAINE HCL SOLUTION 1 % INJECTION	3		LIDOCAINE-SODIUM BICARBONATE	3	
lidocaine hcl solution 1 % injection	1		LIDOCAN	E	
LIDOCAINE HCL SOLUTION 2 % INJECTION	3		LIDODERM	E	
lidocaine hcl solution 2 % injection	1		LIDO-EPINEPHRINE-TETRACAIN	3	
			LIDO-RACEPINEPHRINE-TETRACAIN	3	
			LIDTOPIC MAX	3	
			MARCAINE	3	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
MARCAINE PRESERVATIVE FREE	3	
MARCAINE/EPINEPHRINE	3	
MARCAINE/EPINEPHRINE PF	3	
NAROPIN INJECTION SOLUTION 10 MG/ML, 5 MG/ML, 7.5 MG/ML	3	
NESACAINE	3	
NESACAINE-MPF	3	
ORABLOC	3	
POLOCAINE	3	
POLOCAINE-MPF	3	
PREPIV SUPPLY	3	
ropivacaine hcl injection solution	1	
ROPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.5 %	3	
ROPIVACAINE HCL-NACL INJECTION	3	
SENSORCAINE	3	
SENSORCAINE/EPINEPHRINE	3	
SENSORCAINE-MPF	3	
SENSORCAINE-MPF/EPINEPHRINE	3	
STERILE TOPICAL L.E.T. GEL	3	
tetracaine hcl injection	1	
TOPICAL L.E.T.	3	
VENIPUNCTURE PX1 PHLEBOTOMY	3	
XYLOCAINE	3	
XYLOCAINE/EPINEPHRINE	3	
XYLOCAINE-MPF	3	
XYLOCAINE-MPF/EPINEPHRINE	3	
ZTLIDO	E	

Drug Name	Drug Tier	Notes
Anti-Addiction / Substance Abuse Treatment Agents		
acamprostate calcium	1	
BRIXADI	3	SP
BRIXADI (WEEKLY)	3	SP
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
bupropion hcl er (smoking det)	1	QL
disulfiram oral	1	
KLOXXADO	2	
LUCEMYRA	3	ST; QL
NALMEFENE HCL	3	
naloxone hcl injection	1	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	2	
NICOTROL	3	QL
NICOTROL NS	3	QL
OPVEE	2	
SUBLOCADE	4	SP
SUBOXONE	E	
varenicline tartrate	1	QL
varenicline tartrate (starter)	1	QL
varenicline tartrate(continue)	1	QL
VIVITROL	4	SP
ZIMHI	3	
ZUBSOLV	2	QL
Antibacterials		
AEMCOLO	3	PA
amikacin sulfate injection	1	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
amoxicillin-potassium clavulanate er	1	
ampicillin	1	
ampicillin sodium	1	
ampicillin-sulbactam sodium	1	
ARIKAYCE	3	PA; SP
AUGMENTIN	3	
AUGMENTIN ES-600	3	
avidoxy	1	
AVYCAZ	3	
AZACTAM	3	
azithromycin intravenous	1	
azithromycin oral	1	
aztreonam	1	
BACTRIM	3	
BACTRIM DS	3	
benzalkonium chloride external solution	1	
BICILLIN C-R	3	
BICILLIN C-R 900/300	3	
BICILLIN L-A	3	
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
CEFAZOLIN IN SODIUM CHLORIDE	3	
CEFAZOLIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE	3	
cefazolin sodium injection solution reconstituted	1	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
cefazolin sodium intravenous solution reconstituted	1	

Drug Name	Drug Tier	Notes
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	1	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%	3	
cefazolin sodium-dextrose intravenous solution reconstituted	1	
cefdinir	1	
cefepime hcl injection	1	
cefepime hcl intravenous solution	1	
cefepime hcl intravenous solution reconstituted 2 gm	1	
cefepime-dextrose	1	
cefixime	1	
CEFOTAN	3	
CEFOTAXIME SODIUM	3	
cefotetan disodium	1	
cefoxitin sodium	1	
CEFOXITIN SODIUM-DEXTROSE	3	
cefpodoxime proxetil	1	
cefprozil	1	
ceftazidime injection	1	
ceftazidime intravenous	1	
ceftriaxone sodium in dextrose	1	
ceftriaxone sodium injection	1	
ceftriaxone sodium intravenous	1	
ceftriaxone sodium-dextrose	1	
cefuroxime axetil	1	
cefuroxime sodium	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	1	
chloramphenicol sod succinate	1	
CIPRO	3	
ciprofloxacin hcl oral	1	
ciprofloxacin in d5w	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN ORAL	3	
CLEOCIN PHOSPHATE	3	
CLEOCIN VAGINAL	E	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate in d5w	1	
CLINDAMYCIN PHOSPHATE IN NACL	3	
clindamycin phosphate injection	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
colistimethate sodium (cba)	1	
COLY-MYCIN M	3	
DALVANCE	3	
daptomycin	1	
DAPTOMYCIN-SODIUM CHLORIDE	3	
demeclocycline hcl	1	
dicloxacillin sodium	1	
DIFICID	3	
DORYX MPC	E	
doxy 100	1	

Drug Name	Drug Tier	Notes
doxycycline hyclate intravenous	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
E.E.S. 400	3	
E.E.S. GRANULES	3	
ertapenem sodium	1	
ERYPED 200	3	
ERYPED 400	3	
ERY-TAB	3	
ERYTHROCIN LACTOBIONATE	3	
ERYTHROCIN STEARATE	3	
erythromycin base oral	1	
erythromycin ethylsuccinate oral	1	
erythromycin lactobionate	1	
erythromycin oral	1	
EXTENCILLINE	3	
FETROJA	3	
FIRST-METRONIDAZOLE	3	
FIRVANQ	3	
fosfomycin tromethamine	1	
gentamicin in saline	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
gentamicin sulfate external	1	
gentamicin sulfate injection	1	
HIPREX	3	
HUMATIN	2	
hydrogen peroxide	1	
imipenem-cilastatin	1	
KIMYRSA	3	
levofloxacin in d5w	1	
levofloxacin intravenous	1	
levofloxacin oral	1	
LIKMEZ	E	
LINCOCIN	3	
lincomycin hcl injection	1	
linezolid in sodium chloride	1	
linezolid intravenous	1	
linezolid oral	1	QL
LUGOLS STRONG IODINE	3	
MACROBID	3	
MACRODANTIN	3	
mafénide acetate external	1	
meropenem	1	
MEROPENEM-SODIUM CHLORIDE	3	
methenamine hippurate	1	
METRONIDAZOLE BENZO+SYRSPEND	3	
metronidazole intravenous	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
MINOCIN	3	
minocycline hcl oral capsule	1	
MINOLIRA	E	

Drug Name	Drug Tier	Notes
monodoxine nl	1	
moxifloxacin hcl in nacl	1	
MOXIFLOXACIN HCL INTRAVENOUS	3	
moxifloxacin hcl oral	1	
mupirocin external	1	
nafcillin sodium	1	
NAFCILLIN SODIUM IN DEXTROSE	3	
neomycin sulfate oral	1	
neomycin-polymyxin b gu	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	E	
NUVESSA	E	
NUZYRA	3	
ofloxacin oral	1	
ORBACTIV	3	
oxacillin sodium	1	
OXACILLIN SODIUM IN DEXTROSE	3	
PENICILLIN G POT IN DEXTROSE	3	
penicillin g potassium	1	
penicillin g sodium	1	
penicillin v potassium	1	
PFIZERPEN	3	
piperacillin sod-tazobactam so	1	
polymyxin b sulfate injection	1	
PRIMAXIN IV	3	
RECARBRIOT	3	
SEYSARA	3	ST
SILVADENE	E	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
silver sulfadiazine external	1		vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	1	
SIVEXTRO INTRAVENOUS	3	QL	vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous	1	
SOLODYN	E		VANCOMYCIN HCL IN DEXTROSE SOLUTION 1.25-5 GM/250ML-% INTRAVENOUS	3	
SOLOSEC	3	ST	vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	1	
ssd	1		VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/250ML-%, 1.25-0.9 GM/250ML-%, 1.5-0.9 GM/250ML-%, 1.5-0.9 GM/500ML-%, 1.75-0.9 GM/250ML-%, 2-0.9 GM/500ML-%	3	
streptomycin sulfate intramuscular	1		VANCOMYCIN HCL IN NACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	3	
sulfadiazine oral	1		vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	1	
sulfamethoxazole-trimethoprim	1		vancomycin hcl intravenous	1	
SULFAMYLYON EXTERNAL PACKET	3		vancomycin hcl oral	1	
sulfatrim pediatric	1		VANCOMYCIN+SYRS PEND SF	3	
TARGADOX	E		VANDAZOLE	3	ST
tazicef injection	1		VIBATIV	3	
TAZICEF INTRAVENOUS SOLUTION	3		VIBRAMYCIN	3	ST
tazicef intravenous solution reconstituted	1		XACIATO	3	
TEFLARO	3		XEPI	3	
tetracycline hcl oral capsule	1				
tigecycline	1				
tinidazole oral	1				
tobramycin sulfate injection	1				
trimethoprim oral	1				
TYGACIL	3				
UNASYN	3				
VABOMERE	3				
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	3				

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
XERAVA	3	
XIFAXAN ORAL TABLET 200 MG	E	
XIFAXAN ORAL TABLET 550 MG	3	PA
ZEMDRI	3	
ZERBAXA	3	
ZITHROMAX	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZOSYN	3	
ZYVOX INTRAVENOUS	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	QL
Anticoagulants		
ACD FORMULA A	3	
ACD-A NOCLOT-50	3	
ANGIOMAX	3	
ANTICOAGULANT SODIUM CITRATE	3	
ARIIXTRA	4	
bd heparin posiflush	4	
bivalirudin trifluoroacetate intravenous solution reconstituted	1	
dabigatran etexilate mesylate	1	QL
DEFENCATH	3	
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	4	
fondaparinux sodium	4	
FRAGMIN	4	
heparin (porcine) in nacl intravenous solution	1	

Drug Name	Drug Tier	Notes
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	3	
heparin na (pork) lock flush pf intravenous solution 10 unit/ml, 100 unit/ml	4	
heparin sod (porcine) in d5w	1	
heparin sod (pork) lock flush	4	
heparin sodium (porcine) injection solution	4	
heparin sodium (porcine) injection solution prefilled syringe	1	
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml	4	
heparin sodium (porcine) pf injection solution 5000 unit/ml	1	
jantoven	1	
LOVENOX	4	
PRADAXA ORAL CAPSULE	2	QL
PRADAXA ORAL PACKET	3	QL
RETAVASE	3	
RETAVASE HALF-KIT	3	
SAVAYSA	3	QL
SODIUM CITRATE IN VITRO	3	
SODIUM CITRATE LOCK FLUSH	3	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
SODIUM CITRATE-GENTAMICIN SULF	3	
TNKASE	3	
TRICITRASOL	3	
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	E	
CELONTIN	3	
CEREBYX	3	
clobazam	1	PA
DEPAKOTE	E	
DEPAKOTE ER	E	
DEPAKOTE SPRINKLES	E	
DIACOMIT	3	PA; SP
diazepam rectal	1	QL
DILANTIN INFATABS	E	
DILANTIN ORAL CAPSULE 100 MG	E	
DILANTIN ORAL CAPSULE 30 MG	3	
DILANTIN ORAL SUSPENSION	E	
DILANTIN-125	E	
divalproex sodium er	1	
divalproex sodium oral	1	
ELEPSIA XR	E	
EPIDIOLEX	3	PA; SP
epitol	1	
EPRONTIA	E	

Drug Name	Drug Tier	Notes
ethosuximide oral	1	
FANATREX FUSEPAQ	3	
felbamate	1	
FINTEPLA	3	PA; SP
fosphenytoin sodium	1	
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA INTRAVENOUS	3	
KEPPRA ORAL	E	
KEPPRA XR	E	
lacosamide	1	
LAMICTAL	E	
LAMICTAL ODT	E	
LAMICTAL STARTER	E	
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
lamotrigine er	1	
lamotrigine oral	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam in nacl	1	
levetiracetam intravenous	1	
levetiracetam oral	1	
methsuximide	1	
MOTPOLY XR	3	ST
NAYZILAM	3	QL
NEURONTIN	E	
ONFI	E	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
oxcarbazepine	1	
OXTELLAR XR	E	
pentobarbital sodium injection	1	
phenobarbital oral	1	
phenobarbital sodium injection	1	
phenytek	1	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended	1	
phenytoin sodium injection	1	
primidone oral tablet 250 mg, 50 mg	1	
QUDEXY XR	E	
roweepra	1	
rufinamide	1	PA
SABRIL	E	SP
SEZABY	3	
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
SYMPAZAN	3	PA
TEGRETOL	E	
TEGRETOL-XR	E	
tiagabine hcl	1	
TOPAMAX	E	
TOPAMAX SPRINKLE	E	
topiramate er oral capsule er 24 hour sprinkle	1	
topiramate er oral capsule extended release 24 hour	1	ST
topiramate oral	1	

Drug Name	Drug Tier	Notes
TRILEPTAL	E	
TROKENDI XR	E	
valproate sodium intravenous	1	
valproic acid oral	1	
VALTOCO	3	QL
vigabatrin	1	PA; SP
vigadron	1	PA; SP
vigpoder	1	PA; SP
VIMPAT	E	
XCOPRI	3	ST
ZARONTIN	3	
ZONEGRAN	E	
ZONISADE	E	
zonisamide oral	1	
ZTALMY	3	PA; SP
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ADLARITY	E	
ADUHELM	E	PA; SP
donepezil hcl	1	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
LEQEMBI	E	SP
memantine hcl	1	
memantine hcl er	1	QL
NAMENDA XR	3	QL
NAMZARIC	2	QL
rivastigmine tartrate	1	
Antidepressants		
amitriptyline hcl oral	1	
amoxapine	1	
AUVELITY	E	
bupropion hcl er (sr)	1	QL

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	
bupropion hcl oral	1	
CELEXA	E	
chlor diazepoxide- amitriptyline	1	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	E	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
CYMBALTA	E	
desipramine hcl oral	1	
DESVENLAFAKINE ER	3	ST; QL
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral	1	QL
EFFEXOR XR	E	
EMSAM	3	QL
escitalopram oxalate oral	1	
FETZIMA	3	ST; QL
FETZIMA TITRATION	3	ST; QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL

Drug Name	Drug Tier	Notes
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg, 60 mg	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
FORFIVO XL	E	
imipramine hcl oral	1	
imipramine pamoate	1	
LEXAPRO	E	
LYBALVI	E	
MARPLAN	3	
mirtazapine oral	1	
NARDIL	3	
nefazodone hcl	1	
NORPRAMIN	3	
nortriptyline hcl oral	1	
olanzapine-fluoxetine hcl	1	QL
PARNATE	3	
paroxetine hcl	1	
paroxetine hcl er	1	
PAXIL CR	E	
PAXIL ORAL SUSPENSION	3	ST
PAXIL ORAL TABLET	E	
perphenazine- amitriptyline	1	
phenelzine sulfate oral	1	
PRISTIQ	E	
protriptyline hcl	1	
PROZAC	E	
REMERON	3	
REMERON SOLTAB	3	
SERTRALINE HCL ORAL CAPSULE	E	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
SPRAVATO (56 MG DOSE)	3	PA; SP
SPRAVATO (84 MG DOSE)	3	PA; SP
SYMBYAX	3	QL
tranylcypromine sulfate	1	
trazodone hcl oral	1	
trimipramine maleate oral	1	
TRINTELLIX	3	ST; QL
VENLAFAKINE BESYLATE ER	E	
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	QL
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	1	
VIBRYD	3	ST; QL
vilazodone hcl	1	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZULRESSO	4	PA; SP
ZURZUVAE	3	PA; QL
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO (READY-TO-USE)	3	
AKYNZEO (TO-BE-DILUTED)	3	
AKYNZEO INTRAVENOUS	3	
AKYNZEO ORAL	3	QL
ANTIVERT	3	
ANZEMET	3	QL
APONVIE	3	
aprepitant	1	QL
BARHEMSYS	3	
BONJESTA	3	PA; QL

Drug Name	Drug Tier	Notes
CINVANTI	3	
compro	1	
DICLEGIS	3	PA; QL
dimenhydrinate injection	1	
doxylamine-pyridoxine	1	PA; QL
dronabinol	1	PA; QL
droperidol injection	1	
EMEND INTRAVENOUS	3	
EMEND ORAL	3	QL
EMEND TRI-PACK	3	QL
fosaprepitant dimeglumine	1	
GIMOTI	E	
gransetron hcl intravenous	1	
gransetron hcl oral	1	QL
MARINOL	3	PA; QL
meclizine hcl oral tablet	1	
metoclopramide hcl injection	1	
metoclopramide hcl oral	1	
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
palonosetron hcl	1	
perphenazine oral	1	
PHENERGAN	3	
prochlorperazine	1	
prochlorperazine edisylate injection	1	
prochlorperazine maleate oral	1	
promethazine hcl injection	1	
promethazine hcl oral	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
promethazine hcl rectal	1	
promethegan	1	
REGLAN	3	
SANCUSO	E	
scopolamine	1	
SUSTOL	3	QL
SYNDROS	3	PA; QL
TIGAN	3	
TRANSDERM-SCOP	3	
trimethobenzamide hcl oral	1	
VARUBI (180 MG DOSE)	3	QL
Antifungals		
ABELCET	3	
amphotericin b intravenous	1	
amphotericin b liposome	1	
ANCOBON	3	
BREXAFEMME	E	
CANCIDAS	3	
caspofungin acetate	1	
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole external	1	
clotrimazole mouth/throat	1	
clotrimazole- betamethasone	1	
CRESEMBA INTRAVENOUS	3	
CRESEMBA ORAL	3	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	
econazole nitrate external	1	
ERAXIS	3	

Drug Name	Drug Tier	Notes
EXODERM	3	
fluconazole in sodium chloride	1	
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GYNAZOLE-1	3	
itraconazole oral	1	PA
JUBLIA	E	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	
micafungin sodium	1	
MICAFUNGIN SODIUM-NACL	3	
miconazole 3	1	
MYCAMINE	3	
naftifine hcl external gel	1	
NOXAFILE INTRAVENOUS	3	
NOXAFILE ORAL PACKET	3	PA
NOXAFILE ORAL SUSPENSION	3	PA
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
posaconazole intravenous	1	
posaconazole oral	1	PA
SPORANOX	3	PA
tavaborole	1	PA

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
terbinafine hcl oral	1	QL
terconazole	1	
TOLSURA	E	
VFEND	3	PA
VFEND IV	3	
VIVJOA	E	
voriconazole intravenous	1	
voriconazole oral	1	PA

Antigout Agents

allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	E	
allopurinol sodium	1	
ALOPRIM	3	
colchicine oral	1	
colchicine-probenecid	1	
febuxostat	1	ST
GLOPERBA	E	
KRYSTEXXA	4	PA; SP
MITIGARE	E	
probenecid	1	

Antimigraine Agents

AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY	2	PA; QL
CAMBIA	E	
dihydroergotamine mesylate injection	4	PA; QL
dihydroergotamine mesylate nasal	1	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	E	

Drug Name	Drug Tier	Notes
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	E	
ERGOMAR	3	PA; QL
ergotamine-caffeine	1	PA; QL
IMITREX	E	
IMITREX STATDOSE REFILL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	
MAXALT-MLT	E	
MIGERGOT	3	PA; QL
naratriptan hcl	1	QL
NURTEC	2	PA; QL
ONZETRA XSAIL	E	
QULIPTA	2	PA; QL
RELPAX	E	
REYVOW	E	
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	4	QL
sumatriptan succinate subcutaneous	4	QL
TOSYMRA	E	
TREXIMET	E	
TRUDHESA	E	
UBRELVY	2	PA; QL
VYEPTI	3	PA; QL
ZAVZPRET	3	PA; QL

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
ZEMBRACE SYMTOUCH	E	QL
zolmitriptan	1	QL
Antimyasthenic Agents		
BLOXIVERZ	3	
MESTINON ORAL SOLUTION	3	
neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 3 MG/3ML, 5 MG/5ML	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 4 MG/4ML, 5 MG/5ML	3	
neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous	1	
NEOSTIGMINE METHYLSULFATE SOLUTION PREFILLED SYRINGE 3 MG/3ML INTRAVENOUS	3	
pyridostigmine bromide er	1	
pyridostigmine bromide oral	1	
REGONOL	3	
Antimycobacterials		
cycloserine oral	1	
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid injection	1	
isoniazid oral	1	

Drug Name	Drug Tier	Notes
MYAMBUTOL	3	
MYCOBUTIN	3	
PRETOMANID	3	
PRIFTIN	3	
pyrazinamide oral	1	
rifabutin	1	
RIFADIN	3	
rifampin intravenous	1	
rifampin oral	1	
RIFAMPIN+SYRSPEN D SF	3	
SIRTURO	3	
TRECATOR	3	
Antineoplastics - Drugs for Cancer		
ABECMA	4	PA; SP
abiraterone acetate	1	PA; SP
ABRAXANE	4	SP
ADCETRIS	4	PA; SP
adriamycin	4	SP
AFINITOR	E	SP
AFINITOR DISPERZ	E	SP
AKEEGA	E	SP
ALECensa	2	PA; SP
ALIMTA	4	ST; SP
ALIQOPA	4	PA; SP
ALUNBRIG	2	PA; SP; QL
ALYMSYS	E	SP
anastrozole oral	1	
ARIMIDEX	E	
ARRANON	4	SP
arsenic trioxide intravenous	4	SP
ARZERRA	4	PA; SP
ASPARLAS	4	SP
AUGTYRO	3	PA; SP
AVASTIN	4	PA; SP
AYVAKIT	3	PA; SP; QL
azacitidine	4	SP

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
BALVERSA	3	PA; SP	carmustine intravenous solution reconstituted 100 mg	4	SP
BAVENCIO	4	PA; SP	carmustine intravenous solution reconstituted 300 mg	1	SP
BELEODAQ	4	PA; SP	CASODEX	3	
BELRAPZO	E	PA; SP	cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml	4	SP
BENDAMUSTINE HCL INTRAVENOUS SOLUTION	E	PA; SP	CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	4	SP
bendamustine hcl intravenous solution reconstituted	4	PA; SP	cisplatin solution 50 mg/50ml intravenous	4	SP
BENDEKA	4	PA; SP	CISPLATIN SOLUTION 50 MG/50ML INTRAVENOUS	4	SP
BESPONSA	4	PA; SP	cladribine	4	SP
BESREMI	E	SP	clofarabine	4	SP
bexarotene	1	PA; SP	CLOLAR	4	SP
bicalutamide	1		COLUMVI	3	PA; SP
bleomycin sulfate	4	SP	COMETRIQ	3	PA; SP
BLINCYTO	4	PA; SP	COPIKTRA	3	PA; SP
bortezomib injection solution reconstituted 1 mg, 2.5 mg	1	PA; SP	COSELA	E	PA; SP
bortezomib injection solution reconstituted 3.5 mg	4	PA; SP	COTELLIC	3	PA; SP
bortezomib intravenous	1	PA; SP	cyclophosphamide injection	4	SP
BOSULIF ORAL TABLET	3	PA; SP	CYCLOPHOSPHAMID E INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	4	SP
BRAFTOVI	3	PA; SP	CYCLOPHOSPHAMID E INTRAVENOUS SOLUTION 1000 MG/10ML, 2 GM/10ML, 2000 MG/20ML, 500 MG/5ML, 500 MG/ML	3	SP
BREYANZI	4	PA; SP	cyclophosphamide oral capsule	1	
BRUKINSA	3	PA; SP	CYCLOPHOSPHAMID E ORAL TABLET	2	
busulfan	4	SP	CYRAMZA	4	PA; SP
BUSULFEX	4	SP			
CABOMETYX	2	PA; SP			
CALQUENCE	3	PA; SP			
CAMCEVI	4	PA; SP; QL			
CAMPTOSAR	4	SP			
capecitabine	1	SP			
CAPRELSA ORAL TABLET 100 MG	2	PA; SP; QL			
CAPRELSA ORAL TABLET 300 MG	2	PA; SP			
carboplatin	4	SP			

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
cytarabine	4	SP
cytarabine (pf)	4	SP
dacarbazine	4	SP
dactinomycin	4	SP
DANYELZA	4	PA; SP
DARZALEX	4	PA; SP
DARZALEX FASPRO	E	PA; SP
daunorubicin hcl	4	SP
DAURISMO	3	PA; SP
decitabine	4	SP
dexrazoxane	4	SP
dexrazoxane hcl	4	SP
docetaxel	4	SP
DOCIVYX	4	SP
DOXIL	4	SP
doxorubicin hcl	4	SP
doxorubicin hcl liposomal	4	SP
DROXIA	3	
ELITEK	4	SP
ELLENCE	4	SP
ELREXFIO	3	PA; SP
ELZONRIS	4	PA; SP
EMCYT	2	
EMPLICITI	4	PA; SP
ENHERTU	4	PA; SP
EPKINLY	3	PA; SP
ERBITUX	4	PA; SP
eribulin mesylate	4	PA; SP
ERIVEDGE	3	PA; SP
ERLEADA	3	PA; SP
erlotinib hcl oral tablet 100 mg, 150 mg	1	PA; SP
erlotinib hcl oral tablet 25 mg	1	PA; SP; QL
ETHYOL	3	
ETOPOPHOS	4	SP
etoposide intravenous	4	SP
etoposide oral	1	SP

Drug Name	Drug Tier	Notes
EULEXIN	3	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; SP; QL
everolimus oral tablet soluble	1	PA; SP
EVOMELA	4	SP
exemestane	1	
EXKIVITY	3	SP
FARESTON	3	
FASLODEX	4	SP
flouxuridine	4	SP
fludarabine phosphate	4	SP
fluorouracil intravenous	4	SP
FOLOTYN	4	PA; SP
FOTIVDA	E	SP
FRUZAQLA	3	PA; SP
fulvestrant	4	SP
FYARRO	3	PA; SP
GAVRETO	3	PA; SP
GAZYVA	4	PA; SP
gefitinib	1	PA; SP
gemcitabine hcl	4	SP
GILOTRIF	3	PA; SP; QL
GLEEVEC	E	SP
GLEOSTINE	3	SP
HALAVEN	4	PA; SP
HERCEPTIN	4	PA; SP
HERCEPTIN HYLECTA	4	PA; SP
HERZUMA	E	PA; SP
HYCAMTIN INTRAVENOUS	4	SP
HYCAMTIN ORAL	3	SP
HYDREA	3	
hydroxyurea oral	1	
IBRANCE	3	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG	3	PA; SP; QL

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
ICLUSIG ORAL TABLET 30 MG, 45 MG	3	PA; SP
IDAMYCIN PFS	4	SP
idarubicin hcl	4	SP
IDHIFA	3	PA; SP; QL
IFEX	4	SP
ifosfamide	4	SP
imatinib mesylate	1	PA; SP
IMBRUICA ORAL CAPSULE	3	PA; SP; QL
IMBRUICA ORAL SUSPENSION	3	PA; SP
IMBRUICA ORAL TABLET 140 MG, 280 MG	E	SP
IMBRUICA ORAL TABLET 420 MG	3	PA; SP; QL
IMFINZI	4	PA; SP
IMJUDO	3	PA; SP
IMLYGIC	4	SP
INLYTA	3	PA; SP
INQOVI	E	SP
INREBIC	3	PA; SP
IRESSA	3	PA; SP
irinotecan hcl	4	SP
ISTODAX	4	PA; SP
IXEMPRA KIT	4	SP
JAKAFI ORAL TABLET 10 MG, 5 MG	2	PA; SP; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	2	PA; SP
JAYPIRCA ORAL TABLET 100 MG	3	PA; SP
JAYPIRCA ORAL TABLET 50 MG	3	PA; SP; QL
JEMPERLI	4	PA; SP
JEVTANA	4	PA; SP
KADCYLA	4	PA; SP
KANJINTI	4	PA; SP
KEMOPLAT	4	SP
KEYTRUDA	4	PA; SP

Drug Name	Drug Tier	Notes
KHAPZORY	4	ST; SP
KIMMTRAK	3	PA; SP
KISQALI FEMARA	3	PA; SP
KISQALI ORAL TABLET THERAPY PACK 200 MG	3	PA; SP
KOSELUGO	3	PA; SP
KRAZATI	3	PA; SP
KYPROLIS	4	PA; SP
lapatinib ditosylate	1	PA; SP
lenalidomide	1	PA; SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	3	PA; SP
letrozole oral	1	
leucovorin calcium injection	1	
leucovorin calcium oral	1	
LEUKERAN	2	
levoleucovorin calcium	4	SP
levoleucovorin calcium pf	4	SP
LIBTAYO	4	PA; SP
LONSURF	3	PA; SP
LOQTORZI	3	PA; SP
LORBRENA	3	PA; SP
LUMAKRAS	3	PA; SP
LUNSUMIO	3	PA; SP
LYNPARZA	2	PA; SP
LYSODREN	2	
LYTGOBI (12 MG DAILY DOSE)	3	PA; SP
LYTGOBI (16 MG DAILY DOSE)	3	PA; SP
LYTGOBI (20 MG DAILY DOSE)	3	PA; SP
MARGENZA	4	PA; SP
MATULANE	2	SP

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
MEKINIST	3	PA; SP	OPDUALAG	3	PA; SP
MEKTOVI	3	PA; SP	ORGOVYX	3	PA; SP
melphalan hcl	4	SP	ORSERDU	3	PA; SP
mercaptopurine oral	1		oxaliplatin	4	SP
mesna	4	SP	paclitaxel	4	SP
MESNEX INTRAVENOUS	4	SP	PACLITAXEL PROTEIN-BOUND PART	4	SP
MESNEX ORAL	3	SP	PADCEV	4	PA; SP
mitomycin intravenous	4	SP	PANRETIN	3	
mitoxantrone hcl	4	PA; SP	PARAPLATIN	4	SP
MONJUVI	4	PA; SP	pazopanib hcl	1	PA; SP
mutamycin	4	SP	PEMAZYRE	E	SP
MVASI	4	PA; SP	PEMETREXED	3	ST; SP
MYLERAN	2		PEMETREXED DISODIUM INTRAVENOUS SOLUTION	3	ST; SP
MYLOTARG	4	PA; SP	pemetrexed disodium intravenous solution reconstituted 100 mg, 500 mg	4	SP
nelarabine	4	SP	pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg	1	SP
NERLYNX	3	PA; SP; QL	PEMETREXED DITROMETHAMINE	3	ST; SP
NEXAVAR	3	PA; SP	PEMFEXY	3	ST; SP
NILANDRON	3	SP	PERJETA	4	PA; SP
nilutamide	1	SP	PHESGO	4	PA; SP
NINLARO	3	PA; SP	PHOTOFRIN	4	SP
NIPENT	4	SP	PIQRAY	3	PA; SP
NUBEQA	3	PA; SP	POLIVY	4	PA; SP
ODOMZO	3	PA; SP	POMALYST	3	PA; SP
OGIVRI	E	PA; SP	PORTRAZZA	4	PA; SP
OGSIVEO	3	PA; SP	POTELIGEO	4	PA; SP
OJJAARA	E	SP	PROLEUKIN	4	SP
ONCASPAR	4	SP	PURIXAN	3	SP
ONIVYDE	4	SP	QINLOCK	3	PA; SP
ONTRUZANT	E	PA; SP	RETEVMO	3	PA; SP
ONUREG	3	PA; SP			
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 240 MG/24ML, 40 MG/4ML	4	PA; SP			
OPDIVO INTRAVENOUS SOLUTION 120 MG/12ML	3	PA; SP			

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
REVLIMID	2	PA; SP
REZLIDHIA	E	SP
RIABNI	E	PA; SP
RITUXAN	4	PA; SP
RITUXAN HYCELA	4	PA; SP
romidepsin	4	PA; SP
ROZLYTREK	3	PA; SP
RUBRACA	E	SP
RUXIENCE	4	PA; SP
RYBREVANT	4	PA; SP
RYDAPT	3	PA; SP
RYLAZE	E	PA; SP
SARCLISA	4	PA; SP
SCEMBLIX ORAL TABLET 20 MG	3	PA; SP; QL
SCEMBLIX ORAL TABLET 40 MG	3	PA; SP
SOLTAMOX	3	
sorafenib tosylate	1	PA; SP
SPRYCEL	2	PA; SP
STIVARGA	2	PA; SP
sunitinib malate	1	PA; SP
SUTENT	E	SP
SYLVANT	4	PA; SP
TABLOID	2	SP
TABRECTA	3	PA; SP
TAFINLAR	3	PA; SP
TAGRISSO ORAL TABLET 40 MG	3	PA; SP; QL
TAGRISSO ORAL TABLET 80 MG	3	PA; SP
TALVEY	3	PA; SP
TALZENNA	E	SP
tamoxifen citrate oral	1	
TARGETIN ORAL	E	SP
TASIGNA	3	PA; SP
TAZVERIK	E	SP

Drug Name	Drug Tier	Notes
TECARTUS INTRAVENOUS SUSPENSION 200000000 CELLS	4	PA; SP
TECENTRIQ	4	PA; SP
TECVAYLI	3	PA; SP
TEMODAR	4	SP
temozolomide	1	PA; SP
TEPADINA	4	SP
TEPMETKO	E	SP
THALOMID	2	PA; SP
thiotepa injection	4	SP
TIBSOVO	3	PA; SP
TICE BCG	4	SP
TIVDAK	3	PA; SP
topotecan hcl	4	SP
toremifene citrate	1	
TRAZIMERA	4	PA; SP
TREANDA	E	PA; SP
tretinoin oral	1	SP
TRISENOX	4	SP
TRODELVY	4	PA; SP
TRUQAP	3	PA; SP
TRUXIMA	E	PA; SP
TUKYSA	3	PA; SP
TURALIO	3	PA; SP
UNITUXIN	4	PA; SP
UVADEX	3	
VALCHLOR	3	PA; SP
valrubicin	4	SP
VALSTAR	4	SP
VANFLYTA	3	PA; SP
VECTIBIX	4	SP
VEGZELMA	E	SP
VELCADE	4	PA; SP
VENCLEXTA	3	PA; SP
VENCLEXTA STARTING PACK	3	PA; SP
VERZENIO	3	PA; SP

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
VIDAZA	4	SP
VIJOICE	E	SP
vinblastine sulfate	4	SP
vincristine sulfate	4	SP
vinorelbine tartrate	4	SP
VITRAKVI	3	PA; SP
VIVIMUSTA	E	PA; SP
VIZIMPRO	3	PA; SP
VONJO	3	PA; SP
VORAXAZE	3	
VOTRIENT	3	PA; SP
VYXEOS	4	PA; SP
WELIREG	3	PA; SP
XALKORI	E	SP
XOFIGO	2	
XOSPATA	3	PA; SP
XPOVIO (100 MG ONCE WEEKLY)	3	PA; SP
XPOVIO (40 MG ONCE WEEKLY)	3	PA; SP
XPOVIO (40 MG TWICE WEEKLY)	3	PA; SP
XPOVIO (60 MG ONCE WEEKLY)	3	PA; SP
XPOVIO (60 MG TWICE WEEKLY)	3	PA; SP
XPOVIO (80 MG ONCE WEEKLY)	3	PA; SP
XPOVIO (80 MG TWICE WEEKLY)	3	PA; SP
XTANDI	3	PA; SP
YERVOY	4	PA; SP
YONDELIS	4	SP
YONSA	E	SP
ZALTRAP	4	PA; SP
ZANOSAR	4	SP
ZEJULA ORAL TABLET 100 MG	2	PA; SP; QL
ZEJULA ORAL TABLET 200 MG, 300 MG	2	PA; SP

Drug Name	Drug Tier	Notes
ZELBORAF	3	PA; SP
ZEPZELCA	4	PA; SP
ZEVALIN Y-90	4	SP
ZIRABEV	4	PA; SP
ZOLINZA	2	PA; SP
ZYDELIG	3	PA; SP
ZYKADIA	3	PA; SP
ZYNLONTA	4	PA; SP
ZYNYZ	3	PA; SP
ZYTIGA	E	SP
Antiparasitics		
albendazole oral	1	PA
ALINIA ORAL SUSPENSION RECONSTITUTED	2	
ARAKODA	3	
ARTESUNATE	3	
atovaquone	1	
atovaquone-proguanil hcl	1	
BENZNIDAZOLE	3	
BILTRICIDE	3	
chloroquine phosphate oral	1	
COARTEM	3	
CROTAN	3	
DARAPRIM	3	PA; SP
EGATEN	3	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	
ivermectin oral	1	
KRINTAFEL	3	
LAMPIT	3	
MALARONE	3	
malathion	1	
mefloquine hcl	1	
MEPRON	3	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
NATROBA	E	
NEBUPENT	3	
nitazoxanide oral	1	
OVIDE	3	
PENTAM	3	
pentamidine isethionate	1	
permethrin external	1	
PLAQUENIL	E	
praziquantel oral	1	
primaquine phosphate	1	
pyrimethamine oral	1	PA; SP
PYRIMETHAMINE-LEUCOVORIN	3	
QUALAQUIN	3	PA
quinine sulfate	1	PA
spinosad	1	
STROMECTOL	3	
sulfurated lime	1	
Antiparkinson Agents		
amantadine hcl oral	1	
APOKYN	4	PA; SP; QL
apomorphine hcl subcutaneous	4	PA; SP; QL
benztropine mesylate	1	
bromocriptine mesylate oral	1	
carbidopa oral	1	
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
carbidopa-levodopa-entacapone	1	
DHIVY	E	
DUOPA	3	PA
entacapone	1	
GOCOVRI	E	
INBRIJA	3	PA; SP
NEUPRO	3	
NOURIANZ	3	PA
ONGENTYS	3	ST

Drug Name	Drug Tier	Notes
OSMOLEX ER	E	
PARLODEL	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
ropinirole hcl er	1	
RYTARY	3	ST
selegiline hcl oral	1	
SINEMET	3	
TASMAR	3	
tolcapone	1	
trihexyphenidyl hcl	1	
Antiplatelets		
AGGRASTAT	3	
aspirin-dipyridamole er	1	
BRILINTA	2	
CABLIVI	4	PA; SP; QL
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
eptifibatide	1	
KENGREAL	3	
PLAVIX	E	
prasugrel hcl	1	
tirofiban hcl in nacl	1	
YOSPRALA	E	
ZONTIVITY	3	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
ABILIFY ASIMTUFII	3	
ABILIFY MAINTENA	3	
ADASUVE	3	PA
ariPIPrazole	1	QL
ARISTADA	3	
ARISTADA INITIO	3	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
asenapine maleate	1	QL
CAPLYTA	3	ST; QL
chlorpromazine hcl injection	1	
chlorpromazine hcl oral	1	
clozapine	1	QL
FANAPT	3	ST; QL
FANAPT TITRATION PACK	3	ST; QL
fluphenazine decanoate injection	1	
fluphenazine hcl	1	
GEODON INTRAMUSCULAR	3	
HALDOL DECANOATE	3	
haloperidol decanoate intramuscular	1	
haloperidol lactate injection	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral	1	
INVEGA	3	QL
INVEGA HAFYERA	3	ST
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA	E	
loxapine succinate	1	
lurasidone hcl	1	QL
molindone hcl	1	
NUPLAZID	3	PA
olanzapine intramuscular	1	
olanzapine oral	1	QL
paliperidone er	1	QL
PERSERIS	3	
pimozide	1	
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL

Drug Name	Drug Tier	Notes
RISPERDAL	E	
RISPERDAL CONSTA	3	ST
risperidone	1	QL
risperidone microspheres er	1	
RYKINDO	3	
SAPHRIS	E	
SECUADO	E	
SEROQUEL	E	
SEROQUEL XR	E	
thioridazine hcl oral	1	
thiothixene	1	
trifluoperazine hcl	1	
UZEDY	3	
VERSACLOZ	3	QL
VRAYLAR	3	QL
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	3	QL
ziprasidone hcl	1	QL
ziprasidone mesylate	1	
ZYPREXA	E	
ZYPREXA RELPREVV	3	
ZYPREXA ZYDIS	3	QL
Antivirals		
abacavir sulfate	1	
abacavir sulfate-lamivudine	1	
acyclovir external ointment	1	QL
acyclovir oral	1	
acyclovir sodium	1	
adefovir dipivoxil	1	
APRETUDE	E	
APTIVUS	2	
atazanavir sulfate	1	
BARACLUDE ORAL SOLUTION	3	QL
BARACLUDE ORAL TABLET	E	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
BIKTARVY	3	
CABENUVA	E	
cidofovir intravenous	1	
CIMDUO	2	
COMPLERA	3	
darunavir	1	
DELSTRIGO	3	
DESCOVY	E	
DOVATO	2	
EDURANT	2	
efavirenz	1	
efavirenz-emtricitab-tenofo df	1	
efavirenz-lamivudine-tenofovir	1	
emtricitabine	1	
emtricitabine-tenofovir df	1	
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	2	
entecavir	1	QL
EPCLUSIA	2	PA; SP; QL
EPIVIR	3	
etravirine	1	
EVOTAZ	2	
famciclovir oral	1	
fosamprenavir calcium	1	
foscarnet sodium	1	
FOSCAVIR	3	
FUZEON	4	
GANCICLOVIR	3	
ganciclovir sodium	1	
GENVOYA	3	
HARVONI	2	PA; SP; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3	

Drug Name	Drug Tier	Notes
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
KALETRA	3	
LAGEVRIO	3	QL
lamivudine	1	
lamivudine-zidovudine	1	
LEDIPASVIR-SOFOSBUVIR	E	SP
LIVTENCITY	3	PA; SP
lopinavir-ritonavir	1	
maraviroc	1	PA
MAVYRET	2	PA; SP; QL
nevirapine	1	
nevirapine er	1	
NORVIR ORAL PACKET	2	
NORVIR ORAL TABLET	3	
ODEFSEY	3	
oseltamivir phosphate oral	1	QL
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PEGASYS	4	PA; SP
PEMGARDIA	3	QL
PIFELTRO	3	
PREVYMIS INTRAVENOUS	4	SP
PREVYMIS ORAL	3	SP
PREZCOBIX	2	
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	3	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
RAPIVAB	3	
RELENZA DISKHALER	3	QL
RETROVIR INTRAVENOUS	2	
RETROVIR ORAL	3	
REYATAZ ORAL CAPSULE	3	
REYATAZ ORAL PACKET	2	
ribavirin inhalation	1	
ribavirin oral	1	SP
rimantadine hcl	1	
ritonavir	1	
RUKOBIA	2	
SELZENTRY ORAL SOLUTION	2	PA
SOFOSBUVIR-VELPATASVIR	E	SP
SOVALDI	3	PA; SP; QL
STRIBILD	3	
SUNLENCA	3	PA; QL
SYMFY	2	
SYMFY LO	2	
SYMTUZA	3	
TAMIFLU	E	
TEMBEXA	3	
tenofovir disoproxil fumarate	1	
TIVICAY	3	
TIVICAY PD	3	
TPOXX	3	
TRIUMEQ	2	
TRIUMEQ PD	3	
TROGARZO	3	
TRUVADA	E	
TYBOST	2	
valacyclovir hcl oral	1	QL
valganciclovir hcl	1	
VALTREX	E	
VEKLURY	3	QL

Drug Name	Drug Tier	Notes
VEMLIDY	E	
VIRACEPT	2	
VIRAZOLE	3	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOCABRIA	E	
VOSEVI	2	PA; SP; QL
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZEPATIER	3	PA; SP; QL
ZIAGEN	3	
zidovudine	1	
ZOVIRAX	E	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	QL
alprazolam intensol	1	QL
alprazolam oral tablet	1	QL
alprazolam xr	1	QL
ATIVAN INJECTION	3	
ATIVAN ORAL	E	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	QL
clonazepam oral	1	QL
clorazepate dipotassium	1	QL
diazepam injection solution 10 mg/2ml	1	
diazepam intensol	1	
diazepam oral	1	
diazepam solution 5 mg/ml injection	1	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	3	
DORAL	3	QL
estazolam	1	QL

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
HALCION	3	QL
hydroxyzine hcl intramuscular	1	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam injection	1	
lorazepam intensol	1	QL
lorazepam oral concentrate 2 mg/ml	1	QL
lorazepam oral tablet	1	QL
LOREEV XR	E	
meprobamate	1	
oxazepam	1	QL
quazepam	1	QL
triazolam	1	QL
VALIUM	E	
VISTARIL	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
Blood Products and Modifiers - Drugs for Blood Disorders		
ADVATE	4	SP
ADYNOVATE	4	SP
AFSTYLA	4	SP
ALPHANATE	4	SP
ALPHANINE SD	4	SP
ALPROLIX	4	SP
ALTUVIPIO	3	SP
aminocaproic acid intravenous	1	

Drug Name	Drug Tier	Notes
aminocaproic acid oral	1	
anagrelide hcl	1	
APHEXDA	3	SP
ARANESP (ALBUMIN FREE)	4	PA; SP
ASTRINGYN	3	
BALFAXAR	3	
BENEFIX	4	SP
CEPROTIN	4	SP
COAGADEX	4	SP
CORIFACT	4	SP
CYKLOKAPRON	3	
DOPTELET	3	PA; SP
ELOCTATE	4	SP
EMPAVELI	4	PA; SP
ENJAYMO	3	PA; SP
EPOGEN	E	PA; SP
ESPEROCT	4	SP
FABHALTA	3	PA; SP; QL
FEIBA	4	SP
FIBRYGA	4	SP
FULPHILA	E	PA; SP
FYLNETRA	E	PA; SP
GRANIX	E	PA; SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	4	SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML, 300 MG/2ML	3	SP
HEMOFIL M	4	SP
HESSPAN	3	
hetastarch-nacl	1	
HEXTEND	3	
HUMATE-P	4	SP
IDELVION	4	SP

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
IXINITY	4	SP
JESDUVROQ	E	SP
JIVI	4	SP
KCENTRA	3	
KOATE	4	SP
KOATE-DVI	4	SP
KOGENATE FS	4	SP
KOVALTRY	4	SP
LEUKINE	4	PA; SP
LMD IN D5W	3	
LMD IN NACL	3	
MIRCERA	4	PA; SP
MOZOBIL	4	SP
MULPLETA	2	PA; SP
NEULASTA	4	PA; SP
NEULASTA ONPRO	4	PA; SP
NEUPOGEN	E	PA; SP
NIVESTYM	4	PA; SP
NOVOEIGHT	4	SP
NOVOSEVEN RT	4	SP
NPLATE	4	PA; SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	4	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	4	SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT	2	SP

Drug Name	Drug Tier	Notes
NYVEPRIA	E	PA; SP
OBIZUR	4	SP
plerixafor	4	SP
PROCRT	4	PA; SP
PROFILNINE	4	SP
PROMACTA	3	PA; SP
protamine sulfate intravenous	1	
PYRUKYND	3	PA; SP; QL
PYRUKYND TAPER PACK	3	PA; SP; QL
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT	4	SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT	3	SP
REBLOZYL	4	PA; SP
RECOMBINATE	4	SP
RECOTHROM	3	
RECOTHROM SPRAY KIT	3	
RELEUKO	E	PA; SP
RETACRIT	4	PA; SP
RIASTAP	4	SP
RIXUBIS	4	SP
ROLVEDON	E	PA; SP
SEVENFACT	E	SP
SOLIRIS	4	PA; SP
STIMUFEND	E	PA; SP
TAVALISSE	3	PA; SP
THROMBIN-JMI	3	
THROMBIN-JMI EPISTAXIS	3	
THROMBOGEN	3	
tranexamic acid intravenous	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
tranexamic acid oral	1	
tranexamic acid-nacl	1	
TRETEN	4	SP
UDENYCA	4	PA; SP
UDENYCA ONBODY	4	PA; SP
ULTOMIRIS	4	PA; SP
VONVENDI	4	SP
WILATE	4	SP
XYNTHA	4	SP
XYNTHA SOLOFUSE	4	SP
ZARXIO	4	PA; SP
ZIEXTENZO	E	PA; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	3	
ACCURETIC	3	
acebutolol hcl oral	1	
acetazolamide sodium	1	
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	1	
AKOVAZ	3	
ALDACTONE	3	
aliskiren fumarate	1	
ALTACE	E	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl	1	
AMLODIPINE BES+SYRSPEND SF	3	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-atorvastatin	1	
amlodipine-olmesartan	1	

Drug Name	Drug Tier	Notes
amlodipine-valsartan-hctz	1	
ASCLERA	3	
ASPRUZYO SPRINKLE	E	
ATACAND	E	
atenolol oral	1	
ATENOLOL+SYRSPE ND SF	3	
atenolol-chlorthalidone	1	
ATORVALIQ	E	
atorvastatin calcium oral	1	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
betaxolol hcl oral	1	
BIDIL	3	
BIORPHEN	3	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
BREVIBLOC	3	
BREVIBLOC IN NACL	3	
BREVIBLOC PREMIXED	3	
BREVIBLOC PREMIXED DS	3	
bumetanide	1	
BUMEX	3	
BYSTOLIC	E	
CAMZYOS	E	SP
candesartan cilexetil	1	
captopril oral	1	
captopril-hydrochlorothiazide	1	
CARDENE IV	3	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	E	
cartia xt	1	
carvedilol	1	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorothiazide sodium	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
CLEVIPREX	3	
clonidine hcl oral	1	
colesevelam hcl oral tablet	1	
COLESTID	E	
colestipol hcl	1	
CONJUPRI	E	
COREG	E	
COREG CR	E	
CORLANOR	3	PA; QL
CORVERT	3	
COZAAR	E	
CRESTOR	E	
DEMSER	3	PA; QL
DIBENZYLINE	3	PA
digoxin injection	1	
digoxin oral	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	1	

Drug Name	Drug Tier	Notes
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl intravenous	1	
diltiazem hcl oral	1	
DILTIAZEM HCL-DEXTROSE	3	
DILTIAZEM HCL-SODIUM CHLORIDE	3	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
disopyramide phosphate	1	
DIURIL	3	
dobutamine hcl	1	
dobutamine-dextrose	1	
dofetilide	1	
dopamine hcl intravenous	1	
dopamine-dextrose	1	
doxazosin mesylate oral	1	
DYRENIUM	3	
EDARBI	3	ST
EDARBYCLOR	3	ST
EDECIN	3	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML	3	
enalapril maleate oral tablet	1	
enalaprilat	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO	2	QL

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
EPHEDRINE SULFATE (PRESSORS) INJECTION SOLUTION PREFILLED SYRINGE 50 MG/10ML, 50 MG/5ML	3		EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	3	
ephedrine sulfate (pressors) intravenous solution 50 mg/ml	1		EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE	3		EPINEPHRINE-NACL INTRAVENOUS SOLUTION 2-0.9 MG/250ML-%	3	
EPHEDRINE SULFATE-NACL	3		EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
EPINEPHRINE HCL-DEXTROSE	3		eplerenone	1	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	3		esmolol hcl intravenous solution 100 mg/10ml	1	
epinephrine injection solution	1		ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	3		esmolol hcl-sodium chloride	1	
EPINEPHRINE INTRAVENOUS SOLUTION	3		ethacrynone sodium	1	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	3		ethacrynic acid	1	
epinephrine intravenous solution prefilled syringe 1 mg/10ml	1		ETHAMOLIN	3	
epinephrine pf	1		EVKEEZA	4	PA; SP
			EXFORGE	E	
			EXFORGE HCT	E	
			ezetimibe	1	
			ezetimibe-simvastatin	1	
			felodipine er	1	
			fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	
			fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
			fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
fosinopril sodium	1	
fosinopril sodium-hctz	1	
FUROSCIX	E	
FUROSEMIDE IN SODIUM CHLORIDE	3	
furosemide injection	1	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	PA
hydralazine hcl injection	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
ibutilide fumarate	1	
icosapent ethyl	1	PA
IMMPHENTIV	3	
indapamide	1	
INDERAL LA	E	
INDERAL XL	E	
INNOPRAN XL	E	
INPEFA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
ISORDIL TITRADOSE	3	
isosorb dinitrate-hydralazine	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
isradipine	1	
JUXTAPIID	3	PA; SP; QL

Drug Name	Drug Tier	Notes
KAPSPARGO SPRINKLE	E	
KATERZIA	E	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
labetalol hcl oral	1	
labetalol hcl solution 5 mg/ml intravenous	1	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	3	
LABETALOL HCL-DEXTROSE	3	
LABETALOL HCL-SODIUM CHLORIDE	3	
LANOXIN INJECTION	3	
LANOXIN ORAL	2	
LANOXIN PEDIATRIC	3	
LASIX	E	
LEQVIO	E	
LESCOL XL	E	
LEVAMLODIPINE MALEATE	E	
LEVOPHED	3	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	E	
LODOCO	E	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	E	
lovastatin oral	1	
LOVAZA	E	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
mannitol intravenous	1	
METHYLDOPA	3	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate intravenous	1	
metoprolol tartrate oral	1	
metoprolol-hydrochlorothiazide	1	
metyrosine	1	PA; QL
mexiletine hcl oral	1	
MICARDIS	E	
MICARDIS HCT	E	
midodrine hcl	1	
milrinone lactate	1	
milrinone lactate in dextrose	1	
MINIPRESS	3	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	3	
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
NEXTERONE	3	
niacin er (antihyperlipidemic)	1	
NICARDIPINE HCL IN NACL	3	
nicardipine hcl intravenous	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nimodipine oral	1	
NITRO-BID	3	
nitroglycerin	1	
nitroglycerin in d5w	1	

Drug Name	Drug Tier	Notes
NITROLINGUAL	3	
nitroprusside sodium	1	
NITROSTAT	E	
norepinephrine bitartrate intravenous	1	
NOREPINEPHRINE-DEXTROSE	3	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 16-0.9 MG/250ML-%, 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	3	
NORLIQVA	3	PA
NORPACE	3	
NORPACE CR	2	
NORVASC	E	
NYMALIZE	3	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	
OSMITROL	3	
PACERONE	3	
pentoxifylline er	1	
perindopril erbumine	1	
phenoxybenzamine hcl oral	1	PA
phentolamine mesylate injection	1	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 0.4 MG/10ML, 0.8 MG/10ML	3	
phenylephrine hcl (pressors) intravenous solution 10 mg/ml	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
PHENYLEPHRINE HCL INTRAVENOUS	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	3	
pindolol	1	
pitavastatin calcium	1	
PRALUENT	E	
pravastatin sodium	1	
prazosin hcl oral	1	
PRESTALIA	3	
prevalite	1	
procainamide hcl injection	1	
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	
propranolol hcl intravenous	1	
propranolol hcl oral	1	
PROSTIN VR	3	
QUESTRAN	E	

Drug Name	Drug Tier	Notes
QUESTRAN LIGHT	E	
quinapril hcl	1	
quinapril-hydrochlorothiazide	1	
quinidine gluconate er	1	
quinidine sulfate	1	
ramipril	1	
ranolazine er	1	
RECTIV	3	
REPATHA	2	PA; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; QL
REPATHA SURECLICK	2	PA; QL
REZIPRES	3	
rosuvastatin calcium	1	
simvastatin oral	1	
SOAANZ	E	
SODIUM EDECIN	3	
sodium nitroprusside intravenous solution 25 mg/ml	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
SOTYLIZE	3	
spironolactone oral tablet	1	
spironolactone-hctz	1	
taztia xt	1	
TEKTURN	2	
telmisartan	1	
telmisartanamlodipine	1	
TENORETIC 100	3	
TENORETIC 50	3	
TENORMIN	E	
THALITONE	3	
tiadylt er	1	
TIAZAC	3	
TIKOSYN	E	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
timolol maleate oral	1	
TOPROL XL	E	
torsemide	1	
trandolapril	1	
trandolapril-verapamil hcl er	1	
triamterene oral	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
TRILIPIX	3	
VALSARTAN ORAL SOLUTION	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VARITHENA	3	
VASCEPA	2	PA
VAZCULEP	3	
VECAMYL	3	
verapamil hcl er	1	
verapamil hcl intravenous	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VERQUVO	3	PA; QL
VYNDAMAX	3	PA; SP; QL
VYNDAQEL	3	PA; SP; QL
VYTORIN	E	
WELCHOL	E	
ZESTRIL	E	
ZETIA	E	
ZOCOR	E	
ZYPITAMAG	E	
Central Nervous System Agents		
SKYCLARYS	3	PA; SP; QL

Drug Name	Drug Tier	Notes
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	3	QL
ADDERALL XR	3	ST; QL
ADZENYS XR-ODT	E	
amphetamine sulfate	1	QL
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
APTENSIO XR	3	ST; QL
atomoxetine hcl	1	QL
AZSTARYS	2	ST; QL
clonidine hcl er oral tablet extended release 12 hour	1	
CONCERTA	3	ST; QL
COTEMPLA XR-ODT	E	
DAYTRANA	E	
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate	1	QL
dextroamphetamine sulfate er	1	QL
DYANAVEL XR	E	
EVEKEO	E	
FOCALIN	E	
FOCALIN XR	E	
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	ST; QL
lisdexamfetamine dimesylate	1	QL
METADATE CD	E	
METHYLIN	3	ST; QL

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
methylphenidate hcl er	1	QL
methylphenidate hcl er (cd)	1	ST; QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl oral	1	QL
MYDAYIS	E	
PROCENTRA	3	ST; QL
QELBREE	E	
QUILLCHEW ER	E	
QUILLIVANT XR	E	
RITALIN	E	
RITALIN LA	E	
STRATTERA	E	
VYVANSE	3	ST; QL
XELTRYM	E	
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	SP
AUBAGIO	E	SP
AVONEX PEN	4	PA; SP; QL
AVONEX PREFILLED	4	PA; SP; QL
BAFIERTAM	2	PA; SP; QL
BETASERON	4	PA; SP; QL
BRIUMVI	3	PA; SP
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	E	PA; SP; QL

Drug Name	Drug Tier	Notes
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	4	PA; SP; QL
dalfampridine er	1	PA; SP; QL
dimethyl fumarate oral	1	PA; SP; QL
dimethyl fumarate starter pack	1	PA; SP; QL
EXTAVIA	E	PA; SP; QL
fingolimod hcl	1	PA; SP; QL
GILENYA ORAL CAPSULE 0.25 MG	3	PA; SP; QL
GILENYA ORAL CAPSULE 0.5 MG	E	SP
glatiramer acetate	4	PA; SP; QL
glatopa	4	PA; SP; QL
KESIMPTA	4	PA; SP; QL
LEMTRADA	4	PA; SP
MAVENCLAD	3	PA; SP
MAYZENT	3	PA; SP; QL
MAYZENT STARTER PACK	3	PA; SP; QL
OCREVUS	4	PA; SP
PLEGRIDY	E	PA; SP; QL
PLEGRIDY STARTER PACK	E	PA; SP; QL
PONVORY	E	SP
PONVORY STARTER PACK	E	SP
REBIF	E	PA; SP; QL
REBIF REBIDOSE	E	PA; SP; QL
REBIF REBIDOSE TITRATION PACK	E	PA; SP; QL
REBIF TITRATION PACK	E	PA; SP; QL
TASCENO ODT	E	SP
TECFIDERA	E	SP
teriflunomide	1	PA; SP; QL
TYSABRI	4	PA; SP; QL
VUMERITY	2	PA; SP; QL

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
ZEPOSIA	3	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	3	PA; SP; QL
ZEPOSIA STARTER KIT	3	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
ADDYI	3	PA; QL
ADIPEX-P	E	
AMVUTTRA	3	PA; SP; QL
ANECTINE	3	
atracurium besylate	1	
AUSTEDO	3	PA; SP; QL
AUSTEDO XR	3	PA; SP; QL
AUSTEDO XR PATIENT TITRATION	3	PA; SP; QL
benzphetamine hcl	1	
caffeine citrate	1	
CAFFEINE-SODIUM BENZOATE	3	
cisatracurium besylate	1	
cisatracurium besylate (pf)	1	
CONTRAVE	E	
DAYBUE	E	SP
diethylpropion hcl er	1	
diethylpropion hcl oral	1	
DOPRAM	3	
EXSERVAN	E	
gabapentin (once-daily)	1	ST; QL
GRALISE	3	ST; QL
HORIZANT	3	PA; QL
IMCIVREE	E	PA; SP; QL
INGREZZA	3	PA; SP; QL
LOMAIRA	3	PA
LYRICA	E	
LYRICA CR	E	
NEURAPTINE	3	
NUEDEXTA	3	PA

Drug Name	Drug Tier	Notes
ONPATTRO	4	PA; SP
ORLISTAT ORAL	3	PA
phendimetrazine tartrate	1	
phendimetrazine tartrate er	1	
phentermine hcl oral	1	
pregabalin oral	1	QL
QSYMIA	3	PA
QUELICIN	3	
RADICAVA	4	PA; SP
RADICAVA ORS	2	PA; SP
RADICAVA ORS STARTER KIT	2	PA; SP
RELYVRIOS	3	PA; SP; QL
RILUTEK	3	PA; QL
riluzole	1	
rocuronium bromide intravenous solution	1	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
SAVELLA	3	ST; QL
SAVELLA TITRATION PACK	3	ST; QL
SAXENDA	2	PA; QL
SUCCINYLCHOLINE CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100 MG/5ML	3	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS	3	
succinylcholine chloride solution 20 mg/ml injection	1	
SUCCINYLCHOLINE CHLORIDE SOLUTION 20 MG/ML INJECTION	3	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
TEGLUTIK	2	PA; QL
TEGSEDI	4	PA; SP; QL
tetrabenazine	1	PA; SP
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
vecuronium bromide intravenous solution reconstituted	1	
VYLEESI	3	PA; QL
WAINUA	3	PA; SP; QL
WEGOVY	2	PA; QL
XENICAL	3	PA
ZEPBOUND	2	PA; QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
AQUORAL	3	
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTA 5000 PLUS SENSITIVE	3	
DENTAGEL	3	
easygel	1	
FIRST-MOUTHWASH BLM	3	
FLUORIDEX	3	
fluoridex daily renewal	1	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIDEX SENSITIVITY RELIEF	3	
FLUORIMAX 5000	3	
FLUORIMAX 5000 SENSITIVE	3	

Drug Name	Drug Tier	Notes
JUST RIGHT 5000	3	
KEPIVANCE	3	SP
kourzeq	1	
lidocaine viscous hcl	1	
MI PASTE	3	
MI PASTE PLUS	3	
oralone	1	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE	3	
REMESENSE	3	
SALAGEN	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
VANISH	3	
Dermatological Agents - Drugs for Skin Conditions		
A.A.G.C. KIT IN TERODERM	3	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
ABSORICA	E	
ACANYA	E	
acitretin	1	
ACZONE	E	
ADBRY	2	PA; SP; QL
ALA SCALP	E	
ala-cort	1	
alclometasone dipropionate	1	
ammonium lactate external	1	
APEXICON E	E	
AQUACEL AG BURN	3	
ARAZLO	E	
ATRAPRO DERMAL SPRAY	3	
azelaic acid external	1	
B & C	3	
balsam peru-castor oil	1	
BENZAMYCIN	E	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
BIMZELX	E	SP
BOTOX COSMETIC	4	PA
BPCO	3	
brimonidine tartrate external	1	
CABTREO	E	
calcipotriene external cream	1	
CALCIPOTRIENE EXTERNAL FOAM	E	
calcipotriene external ointment	1	
calcipotriene external solution	1	

Drug Name	Drug Tier	Notes
calcipotriene-betameth diprop external suspension	1	QL
CALCITRENE	3	
calcitriol external	1	
CARAC	3	
CIBINQO	2	PA; SP; QL
CLINDAGEL	E	
clindamycin phos- benzoyl perox external gel 1.2-3.75 %	E	
clobetasol propionate e	1	
clobetasol propionate external	1	
CLOBEX	E	
CLOBEX SPRAY	E	
clodan	1	
CLODERM	E	
coal tar external	1	
CONDYLOX	3	
CORDRAN	E	
DERMA-SMOOTH/FS BODY	3	
DERMA-SMOOTH/FS SCALP	3	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
DESOWEN	3	
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	1	
desoximetasone external liquid	1	
desoximetasone external ointment 0.25 %	1	
diclofenac sodium external gel 3 %	1	ST; QL

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
DIFFERIN EXTERNAL CREAM	E	
DIFFERIN EXTERNAL GEL 0.3 %	E	
DIFFERIN EXTERNAL LOTION	E	
DIPROLENE	3	
DRYSOL	3	
DUOBRII	E	
DUPIXENT	4	PA; SP; QL
EFUDEX	3	
ELIDEL	E	
ENOVARX-TRAMADOL	3	
ENSTILAR	3	QL
EPIDUO	E	
EPIFOAM	3	
EPSOLAY	E	
EUCRISA	2	ST
FABIOR	E	
FINACEA EXTERNAL FOAM	3	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
fluticasone propionate external	1	
GORDOFILM	3	

Drug Name	Drug Tier	Notes
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
HALOG EXTERNAL CREAM	E	
HALOG EXTERNAL OINTMENT	E	
hydrocortisone butyrate external cream	1	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	
HYFTOR	E	
HYPOCYN ANTIPRURITIC	3	
imiquimod external cream 3.75 %	1	ST
imiquimod external cream 5 %	1	
imiquimod pump	1	ST
IMPOYZ	E	
ivermectin external cream	1	
JUVAZIN	3	
KENALOG EXTERNAL	E	
KERALYT EXTERNAL SHAMPOO	3	
KLISYRI	3	ST
lactic acid e	1	
lactic acid external	1	
LEVULAN KERASTICK	3	
LEXETTE	E	
LITFULO	3	PA; SP; QL

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
L-MESITRAN SOFT WOUND	3	
LOCOID LIPOCREAM	3	
LUXAMEND	3	
MEDIHONEY WOUND & BURN DRESSING	3	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL	3	
methoxsalen rapid	1	
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external	1	
MICROCYN EXTERNAL LIQUID	3	
MIRVASO	2	
mometasone furoate external	1	
NEO-SYNALAR	3	
NORITATE	E	
OPZELURA	E	
ORACEA	E	
PANDEL	E	
PETROLEUM GAUZE NON-WOVEN 3X9"	3	
pimecrolimus	1	ST; QL
podofilox external	1	
PROPECIA	E	
PYROGALLIC ACID	3	
QBREXZA	3	QL
RADIAPLEXRX	3	
RECEDO	3	
REGENECARE	3	
REGRANEX	3	PA
RETIN-A	E	
RETIN-A MICRO GEL 0.04 %, 0.1 %	E	

Drug Name	Drug Tier	Notes
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	E	
RHOFADE	E	
SANTYL	3	QL
SCENESSE	4	PA; SP
selenium sulfide external lotion	1	
SOOLANTRA	3	
SORILUX	E	
SYNALAR	3	
TACLONEX	3	QL
tacrolimus external	1	QL
tazarotene external cream	1	PA
TAZAROTENE EXTERNAL FOAM	E	
tazarotene external gel	1	PA
TAZORAC	E	
TOLAK	3	
TOPICORT EXTERNAL CREAM 0.25 %	3	
TOPICORT EXTERNAL GEL	3	
TOPICORT EXTERNAL OINTMENT	3	
TOPICORT SPRAY	E	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	
ULTRAVATE	E	
urea external cream 20 %	1	
VECTICAL	E	
VENELEX	3	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
VTAMA	3	PA
WINLEVI	E	
WYNZORA	3	QL
XALIX	3	
XERAC AC	3	
XEROFORM OCCLUSIVE GAUZE PATCH	3	
XEROFORM OIL EMULSION 2"X2"	3	
XEROFORM OIL EMULSION GAUZE	3	
XEROFORM OIL EMULSION STRIP	3	
XEROFORM OIL ROLL 4"X9'	3	
XEROFORM PETROLAT GAUZE 1"X8"	3	
XEROFORM PETROLAT GAUZE 5"X9"	3	
XEROFORM PETROLAT PATCH 2"X2"	3	
XEROFORM PETROLAT PATCH 4"X4"	3	
XEROFORM PETROLATUM DRES 4"X4"	3	
XEROFORM PETROLATUM DRES 5"X9"	3	
XEROFORM PETROLATUM ROLL 4"X9'	3	
YCANTH	3	PA
ZIANA	E	
ZILXI	3	ST
ZORYVE EXTERNAL CREAM	E	
ZYCLARA	E	
ZYCLARA PUMP	E	

Drug Name	Drug Tier	Notes
Diabetes - Antidiabetic Agents		
acarbose oral	1	
ALOGLIPTIN BENZOATE	E	
ALOGLIPTIN-METFORMIN HCL	E	
ALOGLIPTIN-PIOGLITAZONE	E	
BEXAGLIFLOZIN	E	
BRENZAVVY	E	
BYDUREON BCISE AUTOINJECTOR	2	PA; QL
BYETTA 10 MCG PEN	2	PA; QL
BYETTA 5 MCG PEN	2	PA; QL
CYCLOSET	3	ST
DAPAGLIFLOZIN PRO-METFORMIN ER	E	
DAPAGLIFLOZIN PROPANEDIOL	E	
DUETACT	3	
FARXIGA	2	
glimepiride	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide xl	1	
glipizide-metformin hcl	1	
GLUCOTROL XL	3	
GLUMETZA	E	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	
INVOKAMET	E	
INVOKAMET XR	E	
INVOKANA	E	
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
JARDIANCE	2	
JENTADUETO	2	ST
JENTADUETO XR	2	ST
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral solution	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
miglitol	1	
MOUNJARO	2	PA; QL
nateglinide	1	
ONGLYZA	E	
OZEMPIC	2	PA; QL
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	1	
pioglitazone hcl-metformin hcl	1	
QTERN	E	
repaglinide	1	
RIOMET	3	ST
RYBELSUS	2	PA; QL
saxagliptin hcl	1	ST
saxagliptin-metformin er	1	ST
SEGLUROMET	E	
SOLIQUA	2	ST; QL
STEGLATRO	E	
STEGLUJAN	E	
SYMLINPEN 120	4	PA
SYMLINPEN 60	4	PA
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	ST
TRIJARDY XR	2	

Drug Name	Drug Tier	Notes
TRULICITY	2	PA; QL
TZIELD	E	
VICTOZA	2	PA; QL
XIGDUO XR	2	
XULTOPHY	3	ST; QL
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	E	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	E	
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK GUIDE TEST STRIPS	E	
ACCU-CHEK GUIDE CONTROL	E	
ACCU-CHEK GUIDE KIT W/DEVICE	E	
ACCU-CHEK SMARTVIEW CONTROL	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
ACCUTREND GLUCOSE	E	
ACCUTREND GLUCOSE CONTROL	E	
ADVANCE INTUITION CONTROL	E	
ADVANCE INTUITION METER	E	
ADVANCE INTUITION MONITOR	E	
ADVANCE INTUITION TEST	E	
ADVANCE MICRO-DRAW CONTROL	E	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
ADVANCE MICRO-DRAW METER	E	
ADVANCE MICRO-DRAW NORMAL	E	
ADVANCE MICRO-DRAW TEST	E	
ADVOCATE BLOOD GLUCOSE MONITOR	E	
ADVOCATE BLOOD GLUCOSE SYSTEM	E	
ADVOCATE CONTROL SOLUTION	E	
ADVOCATE REDI-CODE	E	
ADVOCATE REDI-CODE+	E	
ADVOCATE REDI-CODE+ CONTROL	E	
ADVOCATE REDI-CODE+ TEST	E	
ADVOCATE TEST	E	
AGAMATRIX AMP	E	
AGAMATRIX AMP TEST	E	
AGAMATRIX CONTROL	E	
AGAMATRIX CONTROL LEVEL 2	E	
AGAMATRIX CONTROL LEVEL 4	E	
AGAMATRIX JAZZ TEST	E	
AGAMATRIX JAZZ WIRELESS 2	E	
AGAMATRIX KEYNOTE TEST	E	
AGAMATRIX PRESTO	E	
AGAMATRIX PRESTO PRO METER	E	
AGAMATRIX PRESTO TEST	E	
ASSURE 3 CONTROL	E	
ASSURE 3 METER	E	

Drug Name	Drug Tier	Notes
ASSURE 3 TEST	E	
ASSURE 4 CONTROL LEVEL 1 & 2	E	
ASSURE 4 METER	E	
ASSURE 4 TEST	E	
ASSURE DOSE CONTROL	E	
ASSURE DOSE NORM/HIGH CONTROL	E	
ASSURE II	E	
ASSURE II CHECK	E	
ASSURE II CONTROL	E	
ASSURE II CONTROL LEVEL 1 & 2	E	
ASSURE PLATINUM	E	
ASSURE PLATINUM METER	E	
ASSURE PRISM CONTROL LEVEL 1	E	
ASSURE PRISM MULTI METER	E	
ASSURE PRISM MULTI TEST	E	
ASSURE PRO BLOOD GLUCOSE METER	E	
ASSURE PRO CONTROL LEVEL 1 & 2	E	
ASSURE PRO TEST	E	
AUTOLET II CLINISAFE	3	
AUTOLET LANCING DEVICE	3	
BD LATITUDE DIABETES	E	
BD LOGIC BLOOD GLUCOSE MONITOR	E	
BIGFOOT UNITY PROGRAM	E	
BIOTEL CARE BLOOD GLUCOSE	E	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
BIOTEL CARE BLOOD GLUCOSE SYST	E	
BIOTEL CARE TEST STRIPS	E	
BLOOD GLUCOSE MONITOR SYSTEM	E	
BLOOD GLUCOSE MONITORING 333	E	
BLOOD GLUCOSE SYSTEM PAK	E	
BLOOD GLUCOSE TEST	E	
BLOOD GLUCOSE TEST STRIPS 333	E	
BLULINK CONTROL HIGH & LOW	E	
BLULINK GLUCOSE MONITORING SYS	E	
BLULINK GLUCOSE TEST	E	
CAREONE BLOOD GLUCOSE SYSTEM	E	
CAREONE BLOOD GLUCOSE TEST	E	
CARESENS CONTROL A	E	
CARESENS CONTROL SOLUTION A/B	E	
CARESENS LANCETS 30G	2	
CARESENS N FELIZ	E	
CARESENS N FELIZ BT	E	
CARESENS N GLUCOSE SYSTEM	E	
CARESENS N GLUCOSE TEST	E	
CARESENS N VOICE SYSTEM	E	
CARETOUCH CONTROL SOL LEVEL 2	E	

Drug Name	Drug Tier	Notes
CARETOUCH LANCING/EJECTOR	3	
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	
CEQUR SIMPLICITY 2U 10PK	2	
CHEMSTRIP BG LOG BOOK	3	
CHEMSTRIP K	3	
CHEMSTRIP UGK	3	
CHOSEN LANCETS 30G	2	
CHOSEN LANCING DEVICE	3	
CHOSEN SAFETY LANCETS 28G	2	
CLEVER CHEK AUTO-CODE SYSTEM	E	
CLEVER CHEK AUTO-CODE TEST	E	
CLEVER CHEK AUTO-CODE VOICE	E	
CLEVER CHEK SYSTEM	E	
CLEVER CHEK TEST	E	
CLEVER CHOICE AUTO-CODE SYSTEM	E	
CLEVER CHOICE AUTO-CODE TEST	E	
CLEVER CHOICE COMFORT EZ	2	
CLEVER CHOICE GLUCOSE CONTROL	E	
CLEVER CHOICE MICRO SYSTEM	E	
CLEVER CHOICE MICRO TEST	E	
CLEVER CHOICE MINI SYSTEM	E	
CLEVER CHOICE NO CODING	E	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
CLEVER CHOICE TALK SYSTEM	E	
COMFORT TOUCH TWIST LANCET 30G	2	
CONTOUR CONTROL SOLUTION	2	
CONTOUR MONITOR DEVICE	2	
CONTOUR MONITOR KIT W/DEVICE	2	
CONTOUR NEXT CONTROL SOLUTION	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT GEN MONITOR	2	
CONTOUR NEXT LINK KIT W/DEVICE	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR TEST STRIPS	2	QL
CONTROL	E	
COOL BLOOD GLUCOSE TEST STRIPS	E	
COOL CONTROL A	E	
COOL CONTROL B	E	
COOL MONITOR	E	
COOL MONITOR KIT	E	
CVS ADVANCED GLUCOSE TEST	E	
CVS BLOOD GLUCOSE METER	E	
CVS GLUCOSE METER TEST STRIPS	E	
CVS KETONE CARE	3	

Drug Name	Drug Tier	Notes
D-CARE BLOOD GLUCOSE	E	
D-CARE GLUCOMETER	E	
DIASTIX REAGENT	2	
DIATHRIVE BLOOD GLUCOSE METER	E	
DIATHRIVE BLOOD GLUCOSE TEST	E	
DIATHRIVE GLUCOSE CONTROL SOLN	E	
DIATHRIVE GLUCOSE TEST	E	
DIATHRIVE LANCING DEVICE	3	
DIATHRIVE+ GLUCOSE MONITOR	E	
DIATHRIVE+ GLUCOSE TEST	E	
DIATRUE CONTROL LEVEL 1	E	
DIATRUE CONTROL LEVEL 2	E	
DIATRUE CONTROL LEVEL 3	E	
DIATRUE PLUS BLOOD GLUCOSE	E	
DIATRUE PLUS TEST	E	
DROPLET GENTEEL LANCING DEVICE	3	
DUO-CARE CONTROL SOLUTION	E	
DUO-CARE TEST	E	
EASY PLUS II CONTROL	E	
EASY PLUS II GLUCOSE SYSTEM	E	
EASY PLUS II GLUCOSE TEST	E	
EASY STEP CONTROL	E	
EASY STEP GLUCOSE MONITOR	E	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
EASY STEP TEST	E		EASymax NG BLOOD GLUCOSE	E	
EASY TALK BLOOD GLUCOSE SYSTEM	E		BLOOD GLUCOSE TEST STRIPS	E	
EASY TALK BLOOD GLUCOSE TEST	E		EASymax V BLOOD GLUCOSE	E	
EASY TALK CONTROL	E		EASYPLUS R13N BLOOD GLUCOSE KIT W/DEVICE	E	
EASY TALK PLUS II CONTROL	E		EASYPRO BLOOD GLUCOSE MONITOR	E	
EASY TALK PLUS II TEST STRIPS	E		EASYPRO BLOOD GLUCOSE TEST	E	
EASY TOUCH CONTROL HIGH & LOW	E		EASYPRO PLUS	E	
EASY TOUCH GLUCOSE SYSTEM	E		ELEMENT AUTOCODE SYSTEM	E	
EASY TOUCH HEALTHPRO GLUCOSE	E		ELEMENT COMPACT CONTROL 2	E	
EASY TOUCH LANCING DEVICE	3		ELEMENT COMPACT CONTROL 3	E	
EASY TOUCH TEST	E		ELEMENT COMPACT GLUCOSE SYSTEM	E	
EASY TRAK BLOOD GLUCOSE SYSTEM	E		ELEMENT COMPACT TEST	E	
EASY TRAK BLOOD GLUCOSE TEST	E		ELEMENT COMPACT V GLUCOSE SYS	E	
EASY TRAK CONTROL	E		ELEMENT CONTROL	E	
EASY TRAK II BLOOD GLUCOSE SYS	E		ELEMENT PLUS	E	
EASY TRAK II CONTROL	E		ELEMENT TEST	E	
EASY TRAK II GLUCOSE TEST	E		EMBRACE BLOOD GLUCOSE MONITOR	E	
EASYGLUCO	E		EMBRACE BLOOD GLUCOSE TEST	E	
EASymax 15 LEVEL 2 CONTROL	E		EMBRACE CONTROL	E	
EASymax 15 LEVEL 2-3 CONTROL	E		EMBRACE EVO BLOOD GLUCOSE TEST	E	
EASymax 15 TEST	E		EMBRACE EVO CONTROL LEVEL 1	E	
EASymax CONTROL	E		EMBRACE EVO GLUCOSE MONITOR	E	
GLUCOSE CONTROL SOLUTIONS	E		EMBRACE EVO GLUCOSE MONITORING	E	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
EMBRACE GLUCOSE CONTROL	E	
EMBRACE LANCING DEVICE/EJECTOR	3	
EMBRACE PRO GLUCOSE CONTROL	E	
EMBRACE PRO GLUCOSE METER	E	
EMBRACE PRO GLUCOSE TEST	E	
EMBRACE TALK BLOOD GLUCOSE	E	
EMBRACE TALK GLUCOSE CONTROL	E	
EMBRACE TALK GLUCOSE TEST	E	
EMBRACE TALK MONITORING SYSTEM	E	
EMBRACE WAVE BLOOD GLUCOSE	E	
EMBRACE WAVE GLUCOSE METER	E	
EQ BLOOD GLUCOSE TEST	E	
EVERSENSE E3 SENSOR/HOLDER	E	
EVERSENSE E3 SMART TRANSMITTER	E	
EVERSENSE SENSOR/HOLDER	E	
EVERSENSE SMART TRANSMITTER	E	
EVOLUTION AUTOCODE	E	
EVOLUTION CONTROL	E	
FIFTY50 GLUCOSE METER 2.0	E	
FIFTY50 GLUCOSE TEST 2.0	E	
FORA 6 CONNECT IN VITRO	E	

Drug Name	Drug Tier	Notes
FORA 6 CONNECT/GTEL TEST	E	
FORA BLOOD GLUCOSE TEST	E	
FORA CONTROL	E	
FORA D15G BLOOD GLUCOSE TEST	E	
FORA D20 BLOOD GLUCOSE TEST	E	
FORA D40/G31 BLOOD GLUCOSE	E	
FORA G20 BLOOD GLUCOSE SYSTEM	E	
FORA G20 BLOOD GLUCOSE TEST	E	
FORA G30/PREM V10 GLUCOSE TEST	E	
FORA G30A BLOOD GLUCOSE SYSTEM	E	
FORA GD20 BLOOD GLUCOSE SYSTEM	E	
FORA GD20 TEST	E	
FORA GD50 BLOOD GLUCOSE SYSTEM	E	
FORA GD50 BLOOD GLUCOSE TEST	E	
FORA GTEL BLOOD GLUCOSE SYSTEM	E	
FORA GTEL BLOOD GLUCOSE TEST	E	
FORA PREMIUM V10 BLE SYSTEM	E	
FORA TEST N' GO MONITOR	E	
FORA TN'G ADVANCE PRO IN VITRO	E	
FORA TN'G VOICE	E	
FORA TN'G/TN'G VOICE	E	
FORA V10 BLOOD GLUCOSE SYSTEM	E	
FORA V10 BLOOD GLUCOSE TEST	E	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
FORA V10/V12/D10/D20 TEST	E	
FORA V12 BLOOD GLUCOSE SYSTEM	E	
FORA V12 BLOOD GLUCOSE TEST	E	
FORA V20 BLOOD GLUCOSE SYSTEM	E	
FORA V20 BLOOD GLUCOSE TEST	E	
FORA V30A BLOOD GLUCOSE SYSTEM	E	
FORA V30A BLOOD GLUCOSE TEST	E	
FORACARE GD40 MONITOR	E	
FORACARE GD40 TEST	E	
FORACARE GDH CONTROL	E	
FORACARE PREMIUM V10	E	
FORACARE PREMIUM V10 TEST	E	
FORACARE TEST N GO MONITOR	E	
FORACARE TEST N GO TEST	E	
FORTISCARE CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL	E	
FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	
FORTISCARE T1 GLUCOSE SYSTEM DEVICE	E	
FORTISCARE TEST IN VITRO STRIP	E	
FREESTYLE CONTROL SOLUTION	E	
FREESTYLE FREEDOM LITE	E	

Drug Name	Drug Tier	Notes
FREESTYLE INSULINX TEST	E	
FREESTYLE LIBRE 14 DAY READER	E	
FREESTYLE LIBRE 14 DAY SENSOR	E	
FREESTYLE LIBRE 2 READER	E	
FREESTYLE LIBRE 2 SENSOR	E	
FREESTYLE LIBRE 3 READER	E	
FREESTYLE LIBRE 3 SENSOR	E	
FREESTYLE LIBRE READER	E	
FREESTYLE LITE	E	
FREESTYLE LITE TEST	E	
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	
FREESTYLE TEST	E	
GE100 BLOOD GLUCOSE SYSTEM	E	
GE100 BLOOD GLUCOSE TEST	E	
GE100 CONTROL	E	
GENTEEL LANCING KIT (BLUE)	3	
GENULTIMATE TEST	E	
GHT BLOOD GLUCOSE MONITOR	E	
GHT TEST	E	
GLUCO PERFECT 3 METER	E	
GLUCO PERFECT 3 TEST	E	
GLUCOCARD 01 BLOOD GLUCOSE	E	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
GLUCOCARD 01 CONTROL	E	
GLUCOCARD 01 SENSOR PLUS	E	
GLUCOCARD 01 TEST IN VITRO STRIP	E	
GLUCOCARD 01-MINI GLUCOSE	E	
GLUCOCARD EXPRESSION CONTROL	E	
GLUCOCARD EXPRESSION MONITOR	E	
GLUCOCARD EXPRESSION TEST	E	
GLUCOCARD SHINE	E	
GLUCOCARD SHINE CONNEX	E	
GLUCOCARD SHINE CONTROL	E	
GLUCOCARD SHINE EXPRESS	E	
GLUCOCARD SHINE TEST	E	
GLUCOCARD SHINE XL	E	
GLUCOCARD VITAL MONITOR	E	
GLUCOCARD VITAL TEST	E	
GLUCOCARD X-METER	E	
GLUCOCARD X-SENSOR	E	
GLUCOCARD X-SENSOR CONTROL	E	
GLUCOCOM BLOOD GLUCOSE MONITOR	E	
GLUCOCOM CONTROL	E	
GLUCOCOM MONITOR	E	
GLUCOCOM TEST	E	

Drug Name	Drug Tier	Notes
GLUCONAVII BLOOD GLUCOSE SYS	E	
GLUCONAVII BLOOD GLUCOSE TEST	E	
GLUCOSE CONTROL	E	
GLUCOSE METER TEST	E	
GNP EASY TOUCH CONT HIGH/LOW	E	
GNP EASY TOUCH GLUCOSE METER	E	
GNP EASY TOUCH GLUCOSE TEST	E	
GNP TRUE METRIX AIR METER	E	
GNP TRUE METRIX GLUCOSE METER	E	
GNP TRUE METRIX GLUCOSE STRIPS	E	
GNP TRUETRACK SMART SYSTEM	E	
GNP TRUETRACK TEST STRIPS	E	
GOJJI BLOOD GLUCOSE TEST	E	
GOJJI CONTROL	E	
GOJJI LANCING DEVICE/CLEAR CAP	3	
GOODSENSE BLOOD GLUCOSE	E	
HEALTHPRO BLOOD GLUCOSE MONITO	E	
HM EMBRACE TALK SYSTEM	E	
HW EMBRACE PRO GLUCOSE METER	E	
HW EMBRACE PRO GLUCOSE TEST	E	
HW EMBRACE TALK BLOOD GLUCOSE	E	
HW EMBRACE TALK GLUCOSE TEST	E	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
IGLUCOSE MONITORING SYSTEM	E	
IGLUCOSE TEST STRIPS	E	
IN TOUCH	E	
IN TOUCH BLOOD GLUCOSE TEST	E	
IN TOUCH GLUCOSE CONTROL	E	
INFINITY BLOOD GLUCOSE SYSTEM	E	
INFINITY BLOOD GLUCOSE TEST	E	
INFINITY CONTROL	E	
INFINITY VOICE	E	
KETO-DIASTIX	3	
KETONE TEST	3	
KETOSTIX	3	
KROGER BLOOD GLUCOSE	E	
KROGER BLOOD GLUCOSE TEST	E	
KROGER HEALTHPRO CONTROL HI/LO	E	
KROGER HEALTHPRO GLUCOSE TEST	E	
KROGER PREMIUM BLOOD GLUCOSE	E	
KROGER PREMIUM GLUCOSE TEST	E	
LANCETS	2	
LANCETS IN VITRO STRIP	E	
LIBERTY BLOOD GLUCOSE METER	E	
LIBERTY GLUCOSE CONTROL	E	
LIBERTY GLUCOSE CONTROL MID	E	

Drug Name	Drug Tier	Notes
LIBERTY NEXT GENERATION TEST	E	
LIBERTY NXT GENERATION MONITOR	E	
LIBERTY TEST	E	
MEDISENSE GLUCOSE KETONE CONTR	E	
MEDISENSE HI/MID/LOW CONTROL	E	
MEIJER BLOOD GLUCOSE	E	
MEIJER BLOOD GLUCOSE TEST	E	
MEIJER ESSENTIAL BLOOD GLUCOSE	E	
MEIJER ESSENTIAL GLUCOSE TEST	E	
MEIJER PREMIUM BLOOD GLUCOSE	E	
MEIJER TRUE2GO BLOOD GLUCOSE	E	
MEIJER TRUERESULT GLUCOSE SYS	E	
MEIJER TRUETEST TEST	E	
MEIJER TRUETRACK GLUCOSE SYS	E	
MEIJER TRUETRACK TEST	E	
MICRODOT BLOOD GLUCOSE SYSTEM	E	
MICRODOT CONTROL HIGH/LOW	E	
MICRODOT TEST	E	
MICROLET NEXT LANCING DEVICE	3	
MM BLOOD GLUCOSE SYSTEM	E	
MM BLOOD GLUCOSE SYSTEM REFILL	E	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
MM BLULINK GLUCOSE MONIT SYS	E	
MM BLULINK GLUCOSE TEST	E	
MM EASY TOUCH GLUCOSE	E	
MM EASY TOUCH GLUCOSE METER	E	
MYGLUCOHEALTH BLOOD GLUCOSE	E	
MYGLUCOHEALTH CONTROL	E	
MYGLUCOHEALTH TEST	E	
NEUTEK 2TEK CONTROL	E	
NEUTEK 2TEK TEST	E	
NOVA MAX BLOOD GLUCOSE SYSTEM	E	
NOVA MAX GLUCOSE TEST	E	
NOVA MAX PLUS GLU/KET CONTROL	E	
NOVOPEN ECHO	3	
ON CALL EXPRESS BLOOD GLUCOSE	E	
ON CALL EXPRESS MONITORING SYS	E	
ONE DROP BLOOD GLUCOSE MONITOR	E	
ONE DROP TEST	E	
ONETOUCH DELICA PLUS LANCING	3	
ONETOUCH DELICA SAFETY LANCING	2	
ONETOUCH ULTRA TEST STRIPS	E	
ONETOUCH ULTRA 2 KIT W/DEVICE	E	
ONETOUCH ULTRA CONTROL	E	
ONETOUCH ULTRA IN VITRO LIQUID	E	

Drug Name	Drug Tier	Notes
ONETOUCH ULTRA TEST	E	
ONETOUCH VERIO KIT W/DEVICE	E	
ONETOUCH VERIO FLEX SYSTEM	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	E	
OPTIUMEZ TEST	E	
PHARMACIST CHOICE AUTOCODE	E	
PHARMACIST CHOICE AUTOCODE SYS	E	
PHARMACIST CHOICE MINI SYSTEM	E	
PHARMACIST CHOICE NO CODING	E	
PIP BLOOD GLUCOSE MONITORING	E	
PIP BLOOD GLUCOSE TEST STRIP	E	
PIP GLUCOSE CONTROL SOLUTION	E	
POCKETCHEM EZ CONTROL	E	
POCKETCHEM EZ SYSTEM	E	
POCKETCHEM EZ TEST	E	
POGO AUTOMATIC BLOOD GLUCOSE	E	
POGO AUTOMATIC TEST CARTRIDGES	E	
PRECISION GLUCOSE KETONE CONTR	E	
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	
PREMIUM BLOOD GLUCOSE TEST	E	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PRO VOICE V8 GLUCOSE SYSTEM	E		RELION BLOOD GLUCOSE TEST	E	
PRO VOICE V8/V9 GLUCOSE	E		RELION CONFIRM GLUCOSE MONITOR	E	
PRO VOICE V9 GLUCOSE SYSTEM	E		RELION CONFIRM/MICRO TEST	E	
PRODIGY AUTOCODE BLOOD GLUCOSE	E		RELION MICRO	E	
PRODIGY CONTROL SOLUTION	E		RELION PREMIER BLU MONITOR	E	
PRODIGY NO CODING BLOOD GLUC	E		RELION PREMIER CLASSIC	E	
PRODIGY POCKET BLOOD GLUCOSE	E		RELION PREMIER COMPACT SYSTEM	E	
PRODIGY VOICE BLOOD GLUCOSE	E		RELION PREMIER TEST	E	
PTS PANELS EGLU TEST	E		RELION PREMIER VOICE MONITOR	E	
QUICKTEK	E		RELION PRIME MONITOR	E	
QUICKTEK CONTROL SOLUTION	E		RELION PRIME TEST	E	
QUICKTEK TEST	E		RELION TRUE MET AIR GLUC METER	E	
QUICKTEK/METER	E		RELION TRUE METRIX TEST STRIPS	E	
QUINTET AC BLOOD GLUCOSE	E		RELION ULTIMA GLUCOSE SYSTEM	E	
QUINTET AC BLOOD GLUCOSE TEST	E		RELION ULTIMA TEST	E	
QUINTET BLOOD GLUCOSE SYSTEM	E		REXALL BLOOD GLUCOSE SYSTEM	E	
QUINTET BLOOD GLUCOSE TEST	E		REXALL BLOOD GLUCOSE TEST	E	
QUINTET CONTROL HIGH/NORMAL	E		RIGHTEST GC300 CONTROL	E	
REFUAH PLUS BLOOD GLUCOSE TEST	E		RIGHTEST GM100 BLOOD GLUCOSE	E	
REFUAH PLUS GLUCOSE CONTROL	E		RIGHTEST GM300 BLOOD GLUCOSE	E	
REFUAH PLUS MONITORING SYSTEM	E		RIGHTEST GM550 BLOOD GLUCOSE	E	
RELION ALL-IN-ONE	E		RIGHTEST GS100 BLOOD GLUCOSE	E	
			RIGHTEST GS300 BLOOD GLUCOSE	E	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
RIGHTEST GS550 BLOOD GLUCOSE	E		TGT BLOOD GLUCOSE MONITORING	E	
RIGHTEST GT333 BLOOD GLUCOSE	E		TGT BLOOD GLUCOSE TEST	E	
RIGHTEST GT333 GLUCOSE TEST	E		TRUE FOCUS BLOOD GLUCOSE METER	E	
SMART SENSE PREMIUM SYSTEM	E		TRUE FOCUS BLOOD GLUCOSE STRIP	E	
SMART SENSE PREMIUM TEST	E		TRUE METRIX AIR GLUCOSE METER	E	
SMART SENSE VALUE GLUCOSE SYS	E		TRUE METRIX BLOOD GLUCOSE TEST	E	
SMART SENSE VALUE TEST	E		TRUE METRIX GO GLUCOSE METER	E	
SMARTEST BLOOD GLUCOSE TEST	E		TRUE METRIX LEVEL 1	E	
SMARTEST CONTROL MEDIUM	E		TRUE METRIX LEVEL 2	E	
SMARTEST EJECT	E		TRUE METRIX LEVEL 3	E	
SMARTEST EJECT STARTER	E		TRUE METRIX METER	E	
SMARTEST PERSONA STARTER	E		TRUE METRIX PRO BLOOD GLUCOSE	E	
SMARTEST PRONTO STARTER	E		TRUECONTROL GLUCOSE CONT LEV 0	E	
SMARTEST PROTEGE	E		TRUECONTROL GLUCOSE CONT LEV 1	E	
SMARTEST PROTEGE STARTER	E		TRUERESULT BLOOD GLUCOSE	E	
SOLUS V2 BLOOD GLUCOSE SYSTEM	E		TRUETEST TEST	E	
SOLUS V2 CONTROL	E		TRUETRACK BLOOD GLUCOSE	E	
SOLUS V2 TEST	E		TRUETRACK SMART SYSTEM	E	
SUPREME II HIGH/LOW CONTROL	E		TRUETRACK TEST	E	
SUPREME TEST	E		UNISTRIP CONTROL	E	
TAI DOC CONTROL	E		UNISTRIP1 GENERIC	E	
TECHLITE LANCETS 26G	2		VERASENS BLOOD GLUCOSE METER	E	
TEMPO REFILL	E		VERASENS BLOOD GLUCOSE SYSTEM	E	
TEMPO SMART BUTTON	E				
TEMPO WELCOME	E				

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
VERASENS BLOOD GLUCOSE TEST	E	
VERASENS GLUCOSE CONTROL	E	
VERIFINE SAFE LANCET MINI 21G	2	
VERIFINE SAFE LANCET MINI 23G	2	
VERIFINE SAFE LANCET MINI 28G	2	
VERIFINE SAFE LANCET MINI 30G	2	
VIVAGUARD INO CONTROL SOLUTION	E	
VIVAGUARD INO GLUCOSE METER	E	
VIVAGUARD INO SMART GLUC METER	E	
VIVAGUARD INO TEST STRIPS	E	
VIVAGUARD LANCETS 30G	2	
VIVAGUARD LANCING DEVICE	3	
VIVAGUARD SAFETY LANCETS 28G	2	
WAVESENSE AMP	E	
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
diazoxide oral	1	
GLUCAGEN HYPOKIT	E	
glucagon emergency kit	4	
GLUCAGON EMERGENCY KIT	2	
GVOKE HYPOPEN 1-PACK	E	
GVOKE HYPOPEN 2-PACK	E	
GVOKE KIT	E	
GVOKE PFS	E	
PROGLYCEM	3	

Drug Name	Drug Tier	Notes
ZEGALOGUE	2	
Diabetes - Insulins		
ADMELOG	1	
ADMELOG SOLOSTAR	1	
AFREZZA	3	PA
APIDRA SOLOSTAR	1	
APIDRA VIAL	1	
AQ INSULIN SYRINGE	2	
BASAGLAR KWIKPEN	1	
BASAGLAR TEMPO PEN	E	
BD ULTRA-FINE INSULIN SYRINGES	2	
DROPSAFE SAFETY SYRINGE/NEEDLE	2	
FIASP	1	
FIASP FLEXTOUCH	1	
FIASP PENFILL	1	
FIASP PUMPCART	1	
HUMALOG	1	
HUMALOG KWIKPEN	1	
HUMALOG MIX 50/50 KWIKPEN	1	
HUMALOG MIX 50/50 VIAL	1	
HUMALOG MIX 75/25 KWIKPEN	1	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG TEMPO PEN	E	
HUMALOG U-100 JUNIOR KWIKPEN	1	
HUMULIN 70/30 KWIKPEN	1	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	1	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HUMULIN R U-500 VIAL	1		INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	2	
HUMULIN R VIAL	1		LANTUS SOLOSTAR	1	
INSULIN ASP PROT & ASP FLEXPEN	E		LANTUS U-100 VIAL	1	
INSULIN ASPART	E		LEVEMIR FLEXPEN	E	
INSULIN ASPART FLEXPEN	E		LEVEMIR U-100 VIAL	E	
INSULIN ASPART PENFILL	E		LYUMJEV KWIKPEN	1	
INSULIN ASPART PROT & ASPART	E		LYUMJEV TEMPO PEN	E	
INSULIN DEGLUDEC	E		LYUMJEV VIAL	1	
INSULIN DEGLUDEC FLEXTOUCH	E		MYXREDLIN	3	
INSULIN GLARGINE MAX SOLOSTAR	E		NOVOLIN 70/30 FLEXPEN	1	
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	E		NOVOLIN 70/30 FLEXPEN RELION	E	
INSULIN GLARGINE-YFGN	E		NOVOLIN 70/30 RELION	E	
INSULIN LISPRO	1		NOVOLIN 70/30 VIAL	1	
INSULIN LISPRO (1 UNIT DIAL)	1		NOVOLIN N FLEXPEN	1	
INSULIN LISPRO JUNIOR KWIKPEN	1		NOVOLIN N FLEXPEN RELION	E	
INSULIN LISPRO PROT & LISPRO	1		NOVOLIN N RELION	E	
			NOVOLIN N VIAL	1	
			NOVOLIN R FLEXPEN	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	1	
NOVOLOG 70/30 FLEXPEN RELION	E	
NOVOLOG FLEXPEN	1	
NOVOLOG FLEXPEN RELION	E	
NOVOLOG MIX 70/30 FLEXPEN	1	
NOVOLOG MIX 70/30 RELION	E	
NOVOLOG MIX 70/30 VIAL	1	
NOVOLOG PENFILL	1	
NOVOLOG RELION	E	
NOVOLOG U-100 VIAL	1	
REZVOGLAR KWIKPEN	1	
SEMGLEE (YFGN)	E	
TOUJEO MAX SOLOSTAR	1	
TOUJEO SOLOSTAR	1	
TRESIBA	E	
TRESIBA FLEXTOUCH	E	
ULTIGUARD SAFEPACK SYR/NEEDLE	2	
VERIFINE INSULIN SYRINGE	2	
Electrolytes / Minerals / Metals / Vitamins		
ABANEU-SL	3	
ACCRUFER	E	
ACTIVE FE	3	
adc/f (0.5mg/ml)	ZERO COPAY	
ADRENAL C FORMULA	3	
airavite	1	
ALTRIXA	E	

Drug Name	Drug Tier	Notes
AMINO ACID	3	
AMINO ACID-CALCIUM-HEP IN D10W INTRAVENOUS SOLUTION 3 %	3	
AMINOPROTECT	3	
AMINOSYN II	3	
AMINOSYN-PF	3	
AMINOSYN-PF 7%	3	
AMLADEX	E	
AQUASOL A	3	
ARGININE HCL INJECTION	3	
ARGYLE STERILE SALINE	3	
argyle sterile water	1	
ATABEX OB	2	
AZESCO	E	
BACMIN	3	
biocel	1	
BIOPAR DELTA-FORTE	E	
bp vit 3	1	
b-plex	1	
b-plex plus	1	
CALCIFOL	3	
CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS	3	
calcium chloride solution 10 % intravenous	1	
calcium gluconate intravenous solution	1	
CALCIUM GLUCONATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
calcium gluconate-nacl intravenous solution 1-0.675 gm/50ml-%, 2-0.675 gm/100ml-%	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.8 GM/100ML-%, 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%	3	
CARBAGLU	3	PA; SP
carglumic acid	1	PA; SP
CARNITOR INTRAVENOUS	3	
CARNITOR ORAL	E	
CARNITOR SF	E	
CENFOL	3	
CENTRATEX	3	
CHEMET	3	
chromic chloride intravenous	1	
CITRANATAL 90 DHA	E	
CITRANATAL ASSURE	E	
CITRANATAL HARMONY	E	
CITRANATAL MEDLEY	E	
CLINIMIX E/DEXTROSE (2.75/5)	3	
CLINIMIX E/DEXTROSE (4.25/10)	3	
CLINIMIX E/DEXTROSE (4.25/5)	3	
CLINIMIX E/DEXTROSE (5/15)	3	
CLINIMIX E/DEXTROSE (5/20)	3	
CLINIMIX E/DEXTROSE (8/10)	3	
CLINIMIX E/DEXTROSE (8/14)	3	
CLINIMIX/DEXTROSE (4.25/10)	3	
CLINIMIX/DEXTROSE (4.25/5)	3	

Drug Name	Drug Tier	Notes
CLINIMIX/DEXTROSE (5/15)	3	
CLINIMIX/DEXTROSE (5/20)	3	
CLINIMIX/DEXTROSE (6/5)	3	
CLINIMIX/DEXTROSE (8/10)	3	
CLINIMIX/DEXTROSE (8/14)	3	
CLINISOL SF	3	
CLINOLIPID	3	
cod liver oil oral oil	1	
CORVITA	3	
corvita 150	1	
CORVITE 150 ORAL TABLET 150-1.25 MG	2	
cupric chloride	1	
CURITY STERILE SALINE	3	
CUVRIOR	E	SP
cyanocobalamin injection solution 1000 mcg/ml	1	
cyanocobalamin nasal	1	
DAVIMET-FLUORIDE	E	
DAVIMET-M	E	
DAYAVITE	E	
deferasirox	1	PA
deferasirox granules	1	PA
DERMACINRX DAVIMET	E	
DERMACINRX MULTITAM	E	
DERMACINRX PRETRATE	E	
DERMACINRX RIBOTIN-E	E	
DERMACINRX ZINTREXYL-C	E	
DEXATRAN	E	
DEXIFOL	E	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
DEXPANTHENOL INJECTION	3	
dextrose intravenous solution 10 %, 20 %, 30 %, 40 %, 5 %, 70 %	1	
DEXTROSE SOLUTION 250 MG/ML INTRAVENOUS	3	
dextrose solution 250 mg/ml intravenous	1	
DEXTROSE SOLUTION 50 % INTRAVENOUS	3	
dextrose solution 50 % intravenous	1	
DIALYVITE	3	
DIALYVITE 3000	3	
DIALYVITE 5000	3	
DIALYVITE SUPREME D	3	
DIALYVITE/ZINC	3	
DIATROL	E	
DODEX	3	
DRISDOL	3	
EB-N3 DR	3	
EDETA TE DISODIUM INTRAVENOUS	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet effervescent 25 meq	1	
ELITE-OB	2	
ENBRACE HR	E	
ergocalciferol oral capsule	1	
fa-vitamin b-6-vitamin b-12	1	
FEONYX	E	
FERAHEMЕ	3	ST
ferocon	1	
ferotrintrinsic	1	

Drug Name	Drug Tier	Notes
FERRALET 90	3	
FERRIPROX ORAL SOLUTION	3	PA
FERRLECIT	3	
ferrocite plus	1	
FERRO-PLEX	3	
ferumoxytol	1	ST
FOLAGENT DHA	E	
FOLAMAX	E	
FOLAMED DHA	E	
folbee	1	
folbee plus	1	
FOLBEE PLUS CZ	2	
FOLCYTEINE	E	
FOLGARD OS	3	
FOLGARD RX	2	
folic acid injection	1	
folic acid oral tablet 1 mg	1	
FOLIFLEX	E	
FOLIKA-BC	E	
FOLITIN-Z	E	
FOLIVANE-F	3	
FOLIVANE-PLUS	3	
folplex 2.2	1	
FOLTRATE	3	
FOLTREXYL	E	
foltrin	1	
FUSION PLUS	3	
GALZIN	3	
GLUTATHIONE INJECTION SOLUTION 200 MG/ML	3	
GLUTATHIONE INTRAVENOUS	3	
GLYCINE INJECTION	3	
GLYCOPHOS	3	
hematinic plus vit/minerals	1	
hematinic/folic acid	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
HEMATOGEN FA	3	
HEMOCYTE PLUS	3	
hydroxocobalamin acetate	1	
HYLAVITE	E	
HYLAZINC	E	
ICAR-C PLUS	2	
ifex 150 forte	1	
INFED	3	
INFUVITE ADULT	3	
INFUVITE PEDIATRIC	3	
INJECTAFER	3	ST
INTEGRA F	3	
INTEGRA PLUS	3	
INTRALIPID	3	
iodine strong oral	1	
IRON FOLATE PLUS	3	
IRON FOLATE-F	3	
JENLIVA PRENATAL/POSTNATAL	E	
JYNARQUE	E	SP
KABIVEN	3	
KEYLOSA	E	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS	3	
k-prime	1	
K-TAB	E	
k-tan plus	1	
lactated ringers irrigation	1	
LEVOCARNITINE INJECTION	3	
levocarnitine intravenous	1	

Drug Name	Drug Tier	Notes
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
LIPO	3	
LIPO-C	3	
LIVITA ADULTS	E	
LIVITA CHILDREN	E	
LOKELMA	3	
LYSINE HCL INJECTION	3	
lysiplex plus oral tablet	1	
magnesium chloride injection	1	
magnesium sulfate in d5w	1	
magnesium sulfate injection	1	
magnesium sulfate intravenous	1	
MAGNESIUM SULFATE-NACL	3	
MANGANESE CHLORIDE INTRAVENOUS	3	
MENATROL	E	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	3	
M-NATAL PLUS	2	
MONOFERRIC	3	ST
MULTIGEN	3	
MULTIGEN FOLIC	3	
MULTIGEN PLUS	3	
MULTIPRO	E	
MULTITOL-M	E	
multivitamin w/fluoride	ZERO COPAY	
multi-vitamin/fluoride	ZERO COPAY	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	ZERO COPAY	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	ZERO COPAY	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	ZERO COPAY	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	ZERO COPAY	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	ZERO COPAY	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	ZERO COPAY	
multi-vitamin/fluoride/iron	ZERO COPAY	
MULTI-VIT-FLOR	E	
MULTRYS	3	
MYNEPHRON	3	
na ferric gluc cplx in sucrose	1	
NASCOBAL	3	
NATACHEW	E	
NATAL PNV	E	
NEEVO DHA	E	
NEOKE ALCAR	3	
NEONATAL + DHA	E	
NEONATAL COMPLETE ORAL TABLET 29-1 MG	E	
NEONATAL FE	E	
NEONATAL PLUS	2	
NEOVITE	3	
NEPHPLEX RX	3	
NEPHRON FA	3	
nephronex oral tablet	1	

Drug Name	Drug Tier	Notes
NESTABS DHA	E	
NESTABS ONE	E	
NEURIN-SL	3	
NICADAN	E	
NICAZEL	E	
NICAZEL FORTE	E	
NICOMIDE	E	
NITRIVIA	E	
NOVITE	E	
nufol	1	
NUTRA-Z+	E	
NUTRICAP	3	
nutrifac zx	1	
NUTRILIPID	3	
NUTRIVIT	3	
OB COMPLETE ONE	E	
OB COMPLETE PETITE	E	
OB COMPLETE PREMIER	E	
ONE VITE WOMENS PLUS	2	
ORAL CITRATE	3	
PERIKABIVEN	3	
phosphorous	1	
phospho-trin 250 neutral	1	
PHOSPHO-TRIN K500	3	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
phytonadione injection	1	
phytonadione oral	1	
PLENAMINE	3	
pnv prenatal plus multivit+dha	1	
PNV TABS 20-1	E	
POKONZA	E	
poly-iron 150 forte	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
polysaccharide iron forte	1	
POLY-VI-FLOR	E	
POLY-VI-FLOR/IRON	E	
potassium acetate solution 2 meq/ml intravenous	1	
POTASSIUM ACETATE SOLUTION 2 MEQ/ML INTRAVENOUS	3	
potassium chloride cycler	1	
potassium chloride er	1	
potassium chloride intravenous solution	1	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
potassium chloride oral	1	
potassium citrate er	1	
potassium phosphates	1	
potassium phosphates(66 meq k)	1	
potassium phosphates(71 meq k)	1	
PREGEN DHA	E	
PREGENNA	E	
PREMASOL	3	
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral	1	
PRENATE	E	
PRENATE DHA	E	
PRENATE ELITE	E	
PRENATE ENHANCE	E	
PRENATE ESSENTIAL	E	
PRENATE MINI	E	
PRENATE PIXIE	E	

Drug Name	Drug Tier	Notes
PRENATE RESTORE	E	
PRENATRIX	E	
PRENATRYL	E	
PRENATVITE COMPLETE	E	
PRENATVITE PLUS	2	
PRENATVITE RX	2	
PRIMACARE	E	
PRISMASOL B22GK 4/0	3	
PRISMASOL BGK 0/2.5	3	
PRISMASOL BGK 2/0	3	
PRISMASOL BGK 2/3.5	3	
PRISMASOL BGK 4/2.5	3	
PRISMASOL BK 0/0/1.2	3	
PRO HERS RX	3	
PRO HIS RX	3	
PRO PCOS RX	3	
PROFOLA	E	
PROSOL	3	
purevit dualfe plus	1	
pyridoxine hcl solution 100 mg/ml injection	1	
PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION	3	
QUFLORA FE	E	
RELNATE DHA	2	
REMEDIENT	E	
RENAL	3	
RENATABS	3	
RENATABS WITH IRON	3	
ringers irrigation	1	
SAMSCA	3	PA; SP; QL

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG	E	
SELECT-OB+DHA	E	
se-tan plus	1	
SIDEROL	3	
SMOFLIPID	3	
sod citrate-citric acid	1	
sodium acetate intravenous	1	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1	
sodium bicarbonate solution 8.4 % intravenous	1	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	3	
sodium chloride (pf)	1	
sodium chloride injection	1	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	1	
sodium chloride irrigation	1	
SODIUM CHLORIDE SOLUTION 4 MEQ/ML INTRAVENOUS	3	
sodium chloride solution 4 meq/ml intravenous	1	
sodium fluoride oral	1	
sodium phosphates	1	
sodium polystyrene sulfonate	1	
SPS	3	
sterile water for irrigation	1	
STROVITE FORTE	3	
SUPERVITE	3	

Drug Name	Drug Tier	Notes
SUPPORT	3	
TANDEM PLUS	2	
TARON FORTE	3	
TAURINE INJECTION	3	
THAM	3	
THE LIQUILIFT TRACE	3	
thiamine hcl injection	1	
TIS-U-SOL	3	
TM-DAILY VITE	E	
TM-VITE RX	E	
tolvaptan	1	PA; SP; QL
TRALEMENT	3	
TRAVASOL	3	
TRI-AMINO	3	
TRICON	3	
trientine hcl	1	PA; SP
trigels-f forte	1	
TRINATE	2	
triphrocaps	1	
TRISODIUM CITRATE/CRRT	3	
TRISTART DHA	E	
TRI-VI-FLOR	ZERO COPAY	
TRI-VI-FLORO	ZERO COPAY	
tri-vite/fluoride	ZERO COPAY	
TRONVITE	E	
TROPHAMINE	3	
TRUE MULTIVITAMIN	E	
UDAMIN SP	3	
urosex	1	
v-c forte	1	
VELTASSA	3	
VENEXA	E	
VENEXA FE	E	
VENOFER	3	
VENTRIXYL	E	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
VENTRIXYL FE	E	
vic-forte	1	
VINATE ONE	2	
virt-caps	1	
VIT B12-METHIONINE-INOS-CHOL	3	
vita s forte	1	
vitacel	1	
VITAFOL FE+	E	
VITAFOL GUMMIES	E	
VITAFOL STRIPS	2	
VITAFOL ULTRA	E	
VITAFOL-NANO	E	
VITAFOL-OB	E	
VITAFOL-OB+DHA	E	
VITAFOL-ONE	E	
VITAL-D RX	3	
VITALIPID N INFANT	3	
VITAMEDMD ONE RX/QUATREFOLIC	E	
VITAMEDMD REDICHEW RX	E	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
vitamin k1 injection	1	
vitamins acd-fluoride	ZERO COPAY	
VITA-PAC	E	
VITAPEARL	E	
VITAROCA PLUS	3	
VITASURE	E	
VITATELY WITH GINGER	E	
VITATRUE	E	
VITLIPID N ADULT	3	
VITLIPID N INFANT	3	
VITRAMYN	E	
VITRANOL	E	

Drug Name	Drug Tier	Notes
VITRANOL FE	E	
VITREXATE	E	
VITREXATE FE	E	
VITREXYL	E	
VITREXYL + IRON	E	
water for irrigation, sterile	1	
WELLFOLA	E	
WESCAP-C DHA	2	
WESCAP-PN DHA	2	
wescaps	1	
WESNATAL DHA COMPLETE	2	
wes-phos 250 neutral	1	
westab one	1	
WESTAB PLUS	2	
WESTGEL DHA	E	
ZALVIT	E	
ZELDANA	E	
zinc chloride intravenous	1	
zinc sulfate intravenous	1	
ZIPHEX	E	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	
CARAFATE ORAL TABLET	E	
CYTOTEC	3	
DEXILANT	E	
esomeprazole magnesium oral packet	1	QL
famotidine oral suspension reconstituted	1	
FIRST PANTOPRAZOLE	3	ST
KONVOMEP	E	
misoprostol oral	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
NEXIUM ORAL CAPSULE DELAYED RELEASE	E		ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML	3	
NEXIUM ORAL PACKET	3	QL	atropine sulfate intravenous solution	1	
omeprazole oral capsule delayed release	1	QL	ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
omeprazole-sodium bicarbonate	E		BENTYL	3	
pantoprazole sodium intravenous	1		bis subcit-metronid-tetracyc	1	
pantoprazole sodium oral tablet delayed release	1	QL	bismuth/metronidaz/tetracyclin	1	
PREVACID	E		CHENODAL	3	PA; SP
PREVACID SOLUTAB	E		CLENPIQ	3	
PROTONIX INTRAVENOUS	3		constulose	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E		cromolyn sodium oral	1	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E		dicyclomine hcl intramuscular	1	
sucralfate oral tablet	1		dicyclomine hcl oral	1	
VOQUEZNA	E		diphenoxylate-atropine	1	
ZEGERID	E		enulose	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			GATTEx	4	PA; SP
alosetron hcl	1	PA	gavilyte-c	1	
alvimopan	1		gavilyte-g	1	
AMITIZA	E		generlac	1	
ANASPAZ	3		glycopyrrolate injection solution	1	
atropine sulfate injection solution	1		GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE	3	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	1		GLYCOPYRROLATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
			glycopyrrolate oral solution	1	PA

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	1	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
GLYRX-PF	3	
GOLYTELY	E	
HELIDAC THERAPY	3	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral elixir	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	E	
lactulose encephalopathy	1	
lactulose oral solution	1	
LINZESS	2	ST; QL
LOMOTIL	3	
loperamide hcl oral capsule	1	
lubiprostone	1	QL
methscopolamine bromide oral	1	
mineral oil heavy oral	1	
MOTEGRITY	3	ST; QL
MOTOFEN	E	
MOVANTIK	E	
MOVIPREP	E	
MYTESI	3	QL
na sulfate-k sulfate-mg sulf	1	

Drug Name	Drug Tier	Notes
OMECLAMOX-PAK	2	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	
peg-3350/electrolytes	1	
peg-3350/electrolytes/ascorbate	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PEG-PREP	3	
PLENNU	E	
PYLERA	3	
REBYOTA	3	PA; SP
RELISTOR	E	QL
RELTONE	E	
RESTORA RX	3	
SEROSTIM	4	PA; SP
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	3	
SYMPROIC	2	ST; QL
TALICIA	3	
TRULANCE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
URSODIOL+SYRSPEND SF	3	
VIBERZI	3	PA; QL
VOWST	E	SP
XERMELO	3	PA; SP; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ADZYNA	3	PA; SP

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
ALDURAZYME	4	PA; SP
AMMONUL	3	
AMONDYS 45	E	PA; SP
betaine	1	SP
BRINEURA	4	PA; SP
BUPHENYL	E	SP
CERDELGA	3	PA; SP
CEREZYME	4	PA; SP
CHOLBAM	3	PA; SP
CREON	2	
CRYSVITA	4	PA; SP
CYSTADANE	3	SP
CYSTAGON	3	SP
ELAPRASE	4	PA; SP
ELELYSO	4	PA; SP
ELEVIDYS	E	SP
ELFABRIO	E	SP
EVRYSDI	3	PA; SP; QL
EXONDYS 51	E	PA; SP
FABRAZYME	4	PA; SP
GALAFOLD	3	PA; SP; QL
JAVYGTOR	E	SP
KANUMA	4	PA; SP
KUVAN	E	SP
LUMIZYME	4	PA; SP
MEPSEVII	4	PA; SP
miglustat	1	PA; SP
MYALEPT	4	PA; SP
NAGLAZYME	4	PA; SP
NEXVIAZYME	4	PA; SP
nitisinone	1	PA; SP
NITYR	3	PA; SP
NULIBRY	4	PA; SP
OCALIVA	3	PA; SP; QL
OLPRUVA (2 GM DOSE)	E	SP
OLPRUVA (3 GM DOSE)	E	SP

Drug Name	Drug Tier	Notes
OLPRUVA (4 GM DOSE)	E	SP
OLPRUVA (5 GM DOSE)	E	SP
OLPRUVA (6 GM DOSE)	E	SP
OLPRUVA (6.67 GM DOSE)	E	SP
OPFOLDA	3	PA; SP; QL
ORFADIN	3	PA; SP
PALYNZIQ	E	PA; SP; QL
PANCREAZE	E	
PERTZYE	E	
PHEBURANE	3	PA; SP
POMBILITI	3	PA; SP
RAVICTI	E	SP
REVCovi	4	PA; SP
sapropterin dihydrochloride	1	PA; SP
sod benz-sod phenylacet	1	
sodium phenylbutyrate oral	1	PA; SP
STRENSIQ	4	PA; SP
SUCRAID	3	PA; SP
VIMIZIM	4	PA; SP
VIOKACE	E	
VOXZOGO	3	PA; SP; QL
VPRIV	4	PA; SP
VYONDYS 53	E	PA; SP
XURIDEN	3	PA; SP; QL
yargesa	1	PA; SP
ZENPEP	2	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
VILTEPSO	E	PA; SP

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
acetic acid irrigation	1	
AURYXIA	E	
bethanechol chloride oral	1	
calcium acetate (phos binder)	1	
calcium acetate oral tablet 667 mg	1	
CIALIS	E	
CUPRIMINE	E	SP
darifenacin hydrobromide er	1	
DEPEN TITRATABS	2	SP
DETROL	3	
DETROL LA	3	
ELMIRON	E	
FILSPARI	3	PA; SP; QL
flavoxate hcl	1	
FOSRENOL ORAL PACKET	3	ST
GELNIQUE	3	ST
GEMTESA	E	
glycine irrigation	1	
glycine urologic	1	
INTRAROSA	3	ST
lanthanum carbonate	1	
LITHOSTAT	3	
mirabegron er	1	
MUSE	3	QL
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	E	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
OXLUMO	4	PA; SP
oxybutynin chloride er	1	

Drug Name	Drug Tier	Notes
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 5 mg	1	
OXYTROL	3	ST; QL
penicillamine oral capsule	E	SP
penicillamine oral tablet	1	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENACIDIN	3	
RIMSO-50	3	
sevelamer carbonate	1	
sevelamer hcl	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
solifenacin succinate	1	
STENDRA	E	
tadalafil oral	1	QL
THIOLA	3	SP
THIOLA EC	3	SP
tiopronin	1	SP
tolterodine tartrate	1	
tolterodine tartrate er	1	
TOVIAZ	E	
trospium chloride	1	
trospium chloride er	1	
VELPHORO	3	
VESICARE	E	
VESICARE LS	E	
VIAGRA	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	3	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
Hormonal Agents - Adrenal		
ALKINDI SPRINKLE	E	
betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	1	
BETAMETHASONE SODIUM PHOSPHATE INJECTION	3	
CELESTONE SOLUSPAN	3	
CORTEF	E	
CORTISONE ACETATE ORAL	E	
DEPO-MEDROL	3	
DEXAMETHASONE (LA)	3	
dexamethasone intensol	1	
dexamethasone oral	1	
DEXAMETHASONE SOD PHOS-NACL	3	
dexamethasone sod phosphate pf	1	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	1	
dexamethasone sodium phosphate injection solution prefilled syringe	1	

Drug Name	Drug Tier	Notes
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	3	
dexamethasone sodium phosphate solution 10 mg/ml injection	1	
DEXONTO 0.4%	3	
fludrocortisone acetate oral	1	
HEMADY	E	
HEXATRIONE	3	
hydrocortisone oral	1	
KENALOG INJECTION SUSPENSION 10 MG/ML	3	
KENALOG INJECTION SUSPENSION 40 MG/ML	E	
KENALOG-80	3	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML	3	
methylprednisolone acetate suspension 40 mg/ml injection	1	
METHYLPREDNISOLONE ACETATE SUSPENSION 40 MG/ML INJECTION	3	
methylprednisolone acetate suspension 80 mg/ml injection	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
METHYLPREDNISOLO NE ACETATE SUSPENSION 80 MG/ML INJECTION	3	
methylprednisolone oral	1	
methylprednisolone sodium succ	1	
METHYLPREDNISOLO NE-BUPIVACAINE	3	
PEDIAPRED	3	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisone oral	1	
RAYOS	E	
SOLU-CORTEF	3	
SOLU-MEDROL	3	
SOLU-MEDROL (PF)	3	
triamcinolone acetonide suspension 40 mg/ml injection	1	
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION	3	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 80 MG/ML	3	
TRIAMCINOLONE-BUPIVACAINE	3	
Hormonal Agents - Men's Health		
ANDRODERM	2	PA
ANDROGEL PUMP	E	
AVEED	E	
danazol oral	1	
DEPO-TESTOSTERONE	E	PA

Drug Name	Drug Tier	Notes
EC-RX TESTOSTERONE	3	
FORTESTA	E	
JATENZO	E	
METHITEST	3	PA
NATESTO	E	
TESTIM	E	
TESTOPEL	E	
testosterone cypionate intramuscular	4	PA
testosterone enanthate intramuscular	4	PA
testosterone transdermal	1	PA
TLANDO	E	
VOGELXO	E	
VOGELXO PUMP	E	
XYOSTED	E	PA
Hormonal Agents - Pituitary		
ACTHAR	4	PA; SP
cabergoline	1	
cetorelix acetate	4	PA; SP
CETROTIDE	E	PA; SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	4	PA; SP
CORTROPHIN	4	PA; SP
desmopressin ace spray refrigerated	1	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
desmopressin acetate pf	1	
desmopressin acetate spray	1	
EGRIFTA SV	4	PA; SP; QL
ELIGARD	4	PA; SP; QL
FENSOLVI (6 MONTH)	4	PA; SP; QL

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
FIRMAGON	4	PA; SP; QL
FIRMAGON (240 MG DOSE)	4	PA; SP; QL
FOLLISTIM AQ	4	PA; SP
fyremadel	4	PA; SP
ganirelix acetate	4	PA; SP
GENOTROPIN	E	PA; SP
GENOTROPIN MINIQUICK	E	PA; SP
GONAL-F	E	PA; SP
GONAL-F RFF	E	PA; SP
GONAL-F RFF REDIRECT	E	PA; SP
HUMATROPE	E	PA; SP
INCRELEX	4	PA; SP
ISTURISA	E	SP
LANREOTIDE ACETATE	E	PA; SP
LEUPROLIDE ACETATE (3 MONTH)	4	PA; SP; QL
leuprolide acetate injection	4	PA; SP
LEUPROLIDE ACETATE-BUPIVACAINE	3	
LUPRON DEPOT (1-MONTH)	4	PA; SP
LUPRON DEPOT (3-MONTH)	4	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	4	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	4	PA; SP
LUPRON DEPOT-PED (1-MONTH)	4	PA; SP
LUPRON DEPOT-PED (3-MONTH)	4	PA; SP
LUPRON DEPOT-PED (6-MONTH)	3	PA; SP

Drug Name	Drug Tier	Notes
MENOPUR	4	PA; SP
MYCAPSSA	E	PA; SP
NGENLA	4	PA; SP
NOCDURNA	3	PA
NORDITROPIN FLEXPRO	4	PA; SP
NOVAREL	4	PA; SP
NUTROPIN AQ NUSPIN 10	4	PA; SP
NUTROPIN AQ NUSPIN 20	4	PA; SP
NUTROPIN AQ NUSPIN 5	4	PA; SP
octreotide acetate	4	PA; SP
OMNITROPE	4	PA; SP
ORILISSA	2	PA; QL
OVIDREL	4	PA; SP
oxytocin injection	1	
OXYTOCIN-LACTATED RINGERS	3	
OXYTOCIN-SODIUM CHLORIDE	3	
PITOCIN	3	
PREGNYL	4	PA; SP
RECORLEV	E	SP
SAIZEN	E	PA; SP
SANDOSTATIN	E	PA; SP
SANDOSTATIN LAR DEPOT	4	PA; SP
SIGNIFOR	E	PA; SP; QL
SIGNIFOR LAR	4	PA; SP; QL
SKYTROFA	4	PA; SP
SOGROYA	E	PA; SP
SOMATULINE DEPOT	4	PA; SP
SOMAVERT	4	PA; SP
SUPPRELIN LA	4	PA; SP; QL
SYNAREL	2	
TEPEZZA	4	PA; SP
TRELSTAR MIXJECT	4	PA; SP; QL
TRIPTODUR	4	PA; SP; QL

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
vasopressin	1	
vasopressin +rfid	1	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS	3	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML	3	
ZOLADEX	4	SP; QL
ZOMACTON	E	PA; SP
Hormonal Agents - Prostaglandins		
KORLYM	3	PA; SP; QL
MIFEPREX	3	
mifepristone oral tablet 200 mg	1	
mifepristone oral tablet 300 mg	1	PA; SP; QL
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
EVISTA	3	
OSPHENA	3	
raloxifene hcl	1	
Hormonal Agents - Sex Hormones and Birth Control		
ACTIVELLA	3	
afirmelle	1	
ALORA	3	ST
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amabelz	1	
amethyst	1	
ANGELIQ	3	
ANNOVERA	3	QL
apri	1	
aranelle	1	
ashlyna	1	QL

Drug Name	Drug Tier	Notes
aubra eq	1	
aurovela 1.5/30	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
BALCOLTRA	3	
balziva	1	
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
briellyn	1	
camila	1	
camrese	1	QL
camrese lo	1	QL
charlotte 24 fe	1	
chateal eq	1	
CLIMARA	E	
CLIMARA PRO	2	
COMBIPATCH	3	
CRINONE	3	QL
cryselle-28	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	QL
deblitane	1	
DELESTROGEN	E	
delyla	1	
DEPO-ESTRADIOL	3	
DEPO-PROVERA	3	QL
DEPO-SUBQ PROVERA 104	3	QL

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	
DIVIGEL	3	
dolishale	1	
dotti	1	
drospirenen-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	1	
DUAVEE	2	
EC-RX ESTRADIOL	3	
EC-RX PROGESTERONE	3	
ELESTRIN	3	
elinest	1	
ELLA	3	
eluryng	1	
emzahh	1	
ENDOMETRIN	2	
enilloring	1	
enpresse-28	1	
enskyce	1	
errin	1	
estarryla	1	
ESTRACE	E	
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
ESTRING	3	QL
ESTROGEL	3	
ethynodiol diac-eth estradiol	1	
etonogestrel-ethinyl estradiol	1	
EVAMIST	3	

Drug Name	Drug Tier	Notes
falmina	1	
FEMRING	3	ST; QL
finzala	1	
FIRST-PROGESTERONE VGS	3	
fyavolv	1	
gemmailly	1	
hailey 1.5/30	1	
hailey 24 fe	1	
hailey fe 1.5/30	1	
hailey fe 1/20	1	
haloette	1	
heather	1	
iclevia	1	QL
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
incassia	1	
introvale	1	QL
isibloom	1	
jaimiess	1	QL
jasmiel	1	
jencycla	1	
jinteli	1	
jolessa	1	QL
joyeaux	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kaitlib fe	1	
kalliga	1	
kariva	1	
kelnor 1/35	1	
kelnor 1/50	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
kurvelo	1	
KYLEENA	3	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
layolis fe	1	
leena	1	
lessina	1	
levonest	1	
levonorgest-eth est & eth est	1	QL
levonorgest-eth estrad 91-day	1	QL
levonorgest-eth estradiol-iron	1	
levonorgestrel-ethynodiol estrad	1	
levonorg-eth estrad triphasic	1	
levora 0.15/30 (28)	1	
LILETTA (52 MG)	3	
LO LOESTRIN FE	E	
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	1	QL
loryna	1	
low-ogestrel	1	
lo-zumandimine	1	
lutera	1	
lyeq	1	
lyllana	1	
lyza	1	
marlissa	1	
medroxyprogesterone acetate intramuscular	1	QL

Drug Name	Drug Tier	Notes
medroxyprogesterone acetate oral	1	
megestrol acetate oral	1	
MENEST	2	
MENOSTAR	3	ST
merzee	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin 24 fe	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
milli	1	
mimvey	1	
MIRENA (52 MG)	3	
mono-linyah	1	
MYFEMBREE	2	PA; QL
NATAZIA	2	
necon 0.5/35 (28)	1	
NEXPLANON	3	
NEXTSTELLIS	E	
nikki	1	
nora-be	1	
norelgestromin-eth estradiol	1	
norethin ace-eth estrad-fe	1	
norethindrone acetate oral	1	
norethindrone acet-ethynodiol est	1	
norethindrone oral	1	
norethindrone-eth estradiol	1	
norethindron-ethynodiol estrad-fe	1	
norethin-eth estradiol-fe	1	
norgestimate-eth estradiol	1	
norgestimate-ethynodiol estradiol triphasic	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
norlyroc	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
NUVARING	3	
nylia 1/35	1	
nylia 7/7/7	1	
nymyo	1	
ocella	1	
ORIAHNN	2	PA; QL
PARAGARD INTRAUTERINE COPPER	3	
philith	1	
pimtrea	1	
portia-28	1	
PREMARIN INJECTION	3	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
PROGESTERONE MICRONIZED TRANSDERMAL	3	
progesterone oral	1	
PROMETRIUM	E	
PROVERA	3	
reclipsen	1	
rivelsa	1	QL
SAFYRAL	E	
setlakin	1	QL
sharobel	1	
simliya	1	
simpesse	1	QL
SKYLA	3	
SLYND	E	

Drug Name	Drug Tier	Notes
sprintec 28	1	
sronyx	1	
syeda	1	
tarina 24 fe	1	
tarina fe 1/20 eq	1	
taysofy	1	
TAYTULLA	3	ST
tilia fe	1	
tri-estarrylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarrylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-nymyo	1	
tri-sprintec	1	
trivora (28)	1	
tri-vylibra	1	
tri-vylibra lo	1	
turqoz	1	
TWIRLA	E	
TYBLUME	3	
tydemy	1	
VAGIFEM	E	
velivet	1	
vestura	1	
vienna	1	
viorele	1	
VIVELLE-DOT	E	
volnea	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
xulane	1	
YASMIN 28	E	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
YAZ	E	
yuvafem	1	
zafemy	1	
zovia 1/35 (28)	1	
zumandimine	1	
Hormonal Agents - Thyroid		
ADTHYZA	3	ST
ARMOUR THYROID	3	ST
CYTOMEL	E	
ERMEZA	E	
euthyrox	1	
levo-t	1	
levothyroxine sodium intravenous	1	
LEVOHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium intravenous	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	ST
np thyroid	1	
propylthiouracil oral	1	
SODIUM IODIDE I-131	3	
SYNTHROID	E	
THYQUIDITY	E	
thyroid oral	1	
TIROSINT	E	
TIROSINT-SOL	E	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN)	E	SP

Drug Name	Drug Tier	Notes
ABRILADA (2 PEN)	E	SP
ABRILADA (2 SYRINGE)	E	SP
ACTEMRA ACTPEN	4	PA; SP; QL
ACTEMRA INTRAVENOUS	4	PA; SP
ACTEMRA SUBCUTANEOUS	4	PA; SP; QL
ACTIMMUNE	4	PA; SP
ADALIMUMAB-AACF (2 PEN)	E	SP
ADALIMUMAB-AATY (1 PEN)	E	SP
ADALIMUMAB-AATY (2 PEN)	E	SP
ADALIMUMAB-AATY (2 SYRINGE)	E	SP
ADALIMUMAB-ADAZ	2	PA; SP; QL
ADALIMUMAB-ADBM (2 PEN)	2	PA; SP; QL
ADALIMUMAB-ADBM (2 SYRINGE)	2	PA; SP; QL
ADALIMUMAB-ADBM(CD/UC/HS STRT)	2	PA; SP; QL
ADALIMUMAB-ADBM(PS/UV STARTER)	2	PA; SP; QL
ADALIMUMAB-FKJP	E	SP
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	2	PA; SP; QL
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	E	SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	2	PA; SP; QL

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	E	PA; SP; QL
AMJEVITA-PED 10KG TO <15KG	2	PA; SP; QL	COSENTYX SENSOREADY (300 MG)	E	PA; SP; QL
AMJEVITA-PED 15KG TO <30KG	2	PA; SP; QL	COSENTYX SENSOREADY PEN	E	PA; SP; QL
ANASCORP	3		COSENTYX UNOREADY	E	SP
ANAVIP	3		CROFAB	3	
ANTIVENIN LATRODECTUS MACTANS	3		CUTAQIG	E	PA; SP
ANTIVENIN MICRURUS FULVIUS	3		CUVITRU	4	PA; SP
ARCALYST	4	PA; SP	cyclosporine intravenous	4	
ASCENIV	E	PA; SP	cyclosporine modified	1	
ASTAGRAF XL	3		cyclosporine oral	1	
AVSOLA	4	PA; SP	CYLTEZO (2 PEN)	2	PA; SP; QL
AZASAN	3		CYLTEZO (2 SYRINGE)	2	PA; SP; QL
azathioprine oral	1		CYLTEZO-CD/UC/HS STARTER	2	PA; SP; QL
azathioprine sodium	1		CYLTEZO- PSORIASIS/UV STARTER	2	PA; SP; QL
BENLYSTA	4	PA; SP	ENBREL	4	PA; SP; QL
BERINERT	4	PA; SP; QL	ENBREL MINI	4	PA; SP; QL
BEYFORTUS	2	QL	ENBREL SURECLICK	4	PA; SP; QL
BIVIGAM	4	PA; SP	ENSPRYNG	4	PA; SP
CELLCEPT	3		ENTYVIO INTRAVENOUS	4	PA; SP
CELLCEPT INTRAVENOUS	4		ENTYVIO SUBCUTANEOUS	3	PA; SP; QL
CIMZIA	4	PA; SP; QL	ENVARSUS XR	3	
CIMZIA (2 SYRINGE)	4	PA; SP; QL	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
CIMZIA STARTER KIT	4	PA; SP; QL	FIRAZYR	E	PA; SP; QL
CINRYZE	E	PA; SP	FLEBOGAMMA DIF	4	PA; SP
CNJ-016	3				
COSENTYX (300 MG DOSE)	E	PA; SP; QL			
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML	E	SP			

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
GAMASTAN	4	PA; SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	E	PA; SP; QL
GAMIFANT	4	PA; SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	4	PA; SP; QL
GAMMAGARD	4	PA; SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	E	PA; SP; QL
GAMMAGARD S/D LESS IGA	4	PA; SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	4	PA; SP; QL
GAMMAKED	4	PA; SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA; SP; QL
GAMMAPLEX	4	PA; SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	4	PA; SP; QL
GAMUNEX-C	4	PA; SP	HUMIRA-CD/UC/HS STARTER	4	PA; SP; QL
gengraff	1		HUMIRA-PED<40KG CROHNS STARTER	4	PA; SP; QL
HADLIMA	E	SP	HUMIRA-PED>/=40KG CROHNS START	4	PA; SP; QL
HADLIMA PUSHTOUCH	E	SP	HUMIRA-PED>/=40KG UC STARTER	4	PA; SP; QL
HAEGARDA	4	PA; SP	HUMIRA-PSORIASIS/UVEIT STARTER	4	PA; SP; QL
HEPAGAM B	3		HYPERHEP B	3	
HIZENTRA	4	PA; SP	HYPERRHO S/D	4	SP
HULIO (2 PEN)	E	SP	HYQVIA	4	PA; SP
HULIO (2 SYRINGE)	E	SP	HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	2	PA; SP; QL
HUMIRA (2 PEN) PEN-Injector Kit 40 MG/0.4ML SUBCUTANEOUS	4	PA; SP; QL	HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	E	SP
HUMIRA (2 PEN) PEN-Injector Kit 40 MG/0.4ML SUBCUTANEOUS	E	PA; SP; QL			
HUMIRA (2 PEN) PEN-Injector Kit 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; QL			
HUMIRA (2 PEN) PEN-Injector Kit 80 MG/0.8ML SUBCUTANEOUS	E	PA; SP; QL			
HUMIRA (2 PEN) SUBCUTANEOUS PEN-Injector Kit 40 MG/0.8ML	4	PA; SP; QL			
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	4	PA; SP; QL			

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	2	PA; SP; QL	HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	E	SP
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	E	SP	HYRIMOZ-PED<40KG CROHN STARTER	2	PA; SP; QL
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	2	PA; SP; QL	HYRIMOZ-PED>/=40KG CROHN START	2	PA; SP; QL
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	E	SP	HYRIMOZ-PLAQUE PSORIASIS START SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS	2	PA; SP; QL
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	2	PA; SP; QL	HYRIMOZ-PLAQUE PSORIASIS START SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS	E	SP
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	E	SP	icatibant acetate	4	PA; SP; QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	E	SP	IDACIO (2 PEN)	E	SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML	2	PA; SP; QL	IDACIO (2 SYRINGE)	E	SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	SP	IDACIO-CROHNS/UC STARTER	E	SP
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	2	PA; SP; QL	IDACIO-PSORIASIS STARTER	E	SP
			ILARIS	4	PA; SP; QL
			ILUMYA	4	PA; SP; QL
			IMURAN	3	
			INFLECTRA	4	PA; SP
			INFLIXIMAB	E	PA; SP
			JOENJA	E	SP
			JYLMAMVO	3	PA
			KALBITOR	4	PA; SP; QL
			KEVZARA	4	PA; SP; QL
			KINERET	4	PA; SP
			leflunomide oral	1	
			LUPKYNIS	E	SP

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
methotrexate sodium	1	
methotrexate sodium (pf)	1	
MICRHOGAM ULTRA-FILTERED PLUS	4	SP
mycophenolate mofetil hcl	4	
mycophenolate mofetil intravenous	4	
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
mycophenolic acid	1	
MYFORTIC	3	
NABI-HB	3	
NEORAL	3	
NULOJIX	4	
OCTAGAM	4	PA; SP
OLUMIANT	3	PA; SP; QL
OMVOH INTRAVENOUS	3	PA; SP; QL
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	SP
ORENCIA CLICKJECT	4	PA; SP; QL
ORENCIA INTRAVENOUS	4	PA; SP
ORENCIA SUBCUTANEOUS	4	PA; SP; QL
ORLADEYO	3	PA; SP; QL
OTEZLA	2	PA; SP; QL
OTREXUP	E	
PANZYGA	E	PA; SP
PRIVIGEN	4	PA; SP
PROGRAF INTRAVENOUS	4	
PROGRAF ORAL	3	

Drug Name	Drug Tier	Notes
RAPAMUNE	3	
RASUVO	2	PA; QL
REMICADE	E	PA; SP
RENFLEXIS	E	PA; SP
REZUROCK	E	SP
RHOGAM ULTRA-FILTERED PLUS	4	SP
RHOPHYLAC	2	
RIDAURA	3	SP
RINVOQ	2	PA; SP; QL
RUCONEST	4	PA; SP; QL
sajazir	4	PA; SP; QL
SANDIMMUNE INTRAVENOUS	4	
SANDIMMUNE ORAL CAPSULE	3	
SANDIMMUNE ORAL SOLUTION	2	
SAPHNELO	4	PA; SP
SILIQ	4	PA; SP; QL
SIMPONI	4	PA; SP; QL
SIMPONI ARIA	4	PA; SP
SIMULECT	3	
sirolimus oral	1	
SKYRIZI INTRAVENOUS	2	PA; SP
SKYRIZI PEN	4	PA; SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	2	PA; SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
SOTYKTU	3	PA; SP; QL
SPEVIGO	3	PA; SP; QL
STELARA INTRAVENOUS	4	PA; SP
STELARA SUBCUTANEOUS	4	PA; SP; QL
SYNAGIS	4	PA; SP

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
TALTZ	4	PA; SP; QL
temsirolimus	4	SP
THYMOGLOBULIN	3	
TORISEL	4	SP
TREMFYA	4	PA; SP; QL
TREXALL	3	
UPLIZNA	4	PA; SP
VELSIPITY	E	SP
VEOPOZ	3	PA; SP
WINRHO SDF	4	SP
XATMEP	3	PA
XELJANZ	2	PA; SP; QL
XELJANZ XR	2	PA; SP; QL
XEMBIFY	4	PA; SP
YUFLYMA (1 PEN)	E	SP
YUFLYMA (2 PEN)	E	SP
YUFLYMA (2 SYRINGE)	E	SP
YUFLYMA-CD/UC/HS STARTER	E	SP
YUSIMRY	E	SP
ZINPLAVA	3	PA
ZORTRESS	3	
Immunological Agents - Drugs for Vaccination		
ABRYSVO	3	QL
ACAM2000	3	
ACTHIB	3	
ADACEL	3	
AFLURIA QUADRIVALENT	3	
AREXVY	3	QL

Drug Name	Drug Tier	Notes
BCG VACCINE	3	
BEXSERO	3	
BIOTHRAX	3	
BOOSTRIX	3	
COMIRNATY	3	
DAPTACEL	3	
DENGVAXIA	3	
ENGERIX-B	3	
FLUAD QUADRIVALENT	3	
FLUARIX QUADRIVALENT	3	
FLUBLOK QUADRIVALENT	3	
FLUCELVAX QUADRIVALENT	3	
FLULAVAL QUADRIVALENT	3	
FLUMIST QUADRIVALENT	3	
FLUZONE HIGH-DOSE QUADRIVALENT	3	
FLUZONE QUADRIVALENT	3	
GARDASIL 9	3	
HAVRIX	3	
HEPLISAV-B	3	
HIBERIX	3	
IMOVAX RABIES	3	
INFANRIX	3	
IPOL	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	
KINRIX	3	
MENQUADFI	3	
MENVEO	3	
M-M-R II	3	
MODERNA COVID-19 VAC 6M-11Y	3	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
NOVAVAX COVID-19 VACCINE	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENBRAYA	3	
PENTACEL	3	
PFIZER COVID-19 VAC-TRIS 5-11Y	3	
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	
PNEUMOVAX 23	3	
PREHEVBRIOS	3	
PREVNAR 20	3	
PRIORIX	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 5 MCG/0.5ML	4	
RECOMBIVAX HB INJECTION SUSPENSION 40 MCG/ML	3	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	4	
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	
SPIKEVAX	3	
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TETANUS-DIPHTHERIA TOXOIDS TD	3	
TICOVAC	3	
TRUMENBA	3	

Drug Name	Drug Tier	Notes
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXCHORA	3	
VAXELIS	3	
VAXNEUVANCE	3	
VIVOTIF	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
ANUSOL-HC EXTERNAL	3	
APRISO	1	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide er	1	
budesonide oral	1	
budesonide rectal foam 2 mg	1	
CANASA	E	
CORTENEMA	3	
CORTIFOAM	3	
DELZICOL	E	
DIPENTUM	E	
hydrocortisone (perianal)	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone rectal	1	
LIALDA	E	
mesalamine er oral capsule 500 mg	1	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral capsule delayed release 400 mg	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
mesalamine oral tablet delayed release 1.2 gm	1		risedronate sodium oral tablet 30 mg, 5 mg	1	
mesalamine rectal	1		risedronate sodium oral tablet delayed release	1	QL
mesalamine-cleanser	1		teriparatide	4	PA; SP
PENTASA	E		teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	4	PA; SP
PROCTOFOAM HC	2		TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	PA; SP
procto-med hc	1		TYMLOS	4	PA; SP
proctosol hc	1		XGEVA	4	PA; SP
proctozone-hc	1		zoledronic acid	4	SP
ROWASA	3		Metabolic Bone Disease Agents - Other		
SFROWASA	2		calcitriol intravenous	1	
sulfasalazine oral	1		calcitriol oral	1	
TARPEYO	E	SP	cinacalcet hcl	1	PA
UCERIS ORAL	E		doxercalciferol intravenous	1	
UCERIS RECTAL	3		HECTOROL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis			paricalcitol	1	
alendronate sodium oral solution	1		PARSABIV	4	SP
alendronate sodium oral tablet 10 mg, 5 mg	1		RAYALDEE	3	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL	ROCALTROL	3	
ATELVIA	3	QL	SENSIPAR	E	
calcitonin (salmon) injection	4		ZEMPLAR	3	
calcitonin (salmon) nasal	1	QL	Miscellaneous Therapeutic Agents		
EVENITY	4	PA; SP; QL	ACETADOTE	3	
FORTEO	E	PA; SP	acetylcysteine intravenous	1	
FOSAMAX	3	QL	ADAKVEO	4	PA; SP
ibandronate sodium	1	QL	ADVOCATE INSULIN PEN NEEDLE	2	
MIACALCIN	4				
pamidronate disodium	4	SP			
PROLIA	4	PA; SP; QL			
RECLAST	4	SP			
risedronate sodium oral tablet 150 mg, 35 mg	1	QL			

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
AEROCHAMBER HOLDING CHAMBER	2		ASSURE ID PRO PEN NEEDLES	2	
AEROCHAMBER MINI CHAMBER	2		AUM ALCOHOL PREP PADS	3	
AEROCHAMBER MV	2		AUM INSULIN SAFETY PEN NEEDLE	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2		AUM MINI INSULIN PEN NEEDLE	2	
AEROCHAMBER PLUS FLO-VU INTERM	2		AUM PEN NEEDLE	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2		AUM READYGARD DUO PEN NEEDLE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2		AUM SAFETY PEN NEEDLE	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2		BACTERIOSTATIC WATER(BENZ ALC)	3	
AEROCHAMBER PLUS FLOW VU	2		BD AUTOSHIELD DUO PEN NEEDLES	2	
AEROCHAMBER W/FLOWSIGNAL	2		BD ULTRA-FINE PEN NEEDLES	2	
ALCOHOL PREP PADS PAD , 70 %	3		BIGFOOT UNITY PEN CAP/ADMELOG	E	
ALCOHOL PREP PADS SHEET 70 %	3		BIGFOOT UNITY PEN CAP/APIDRA	E	
ALPHA-LIPOIC ACID INJECTION	3		BIGFOOT UNITY PEN CAP/ASPART	E	
AMD FOAM DRESSING	3		BIGFOOT UNITY PEN CAP/BASAGLAR	E	
AMD FOAM DRESSING TOPSHEET	3		BIGFOOT UNITY PEN CAP/FIASP	E	
AMERICAN BEECH POLLEN	3		BIGFOOT UNITY PEN CAP/HUMALOG	E	
AMPHADASE	3		BIGFOOT UNITY PEN CAP/LANTUS	E	
ANDEXXA	3		BIGFOOT UNITY PEN CAP/LISPRO	E	
AQINJECT PEN NEEDLE	2		BIGFOOT UNITY PEN CAP/LYUMJEV	E	
ARTISS	3		BIGFOOT UNITY PEN CAP/NOVOLOG	E	
ASSURE ID DUO PRO PEN NEEDLES	2		BIGFOOT UNITY PEN CAP/TOUJEO	E	
			BIGFOOT UNITY PEN CAP/TOUJEO M	E	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
BIGFOOT UNITY PEN CAP/TRESIBA	E	
BOTOX	4	PA
BREATHE COMFORT CHAMBER/ADULT	2	
BREATHE COMFORT CHAMBER/CHILD	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE VALVED MDI CHAMBER	2	
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML	3	
BYLVAY	3	PA; SP
BYLVAY (PELLETS)	3	PA; SP
CANDIDA ALBICANS EXTRACT INJECTION SOLUTION 1:1000	3	
CAYA	3	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	3	
CLEVER CHOICE HOLDING CHAMBER	2	
COMFORT EZ PRO PEN NEEDLES	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"	3	

Drug Name	Drug Tier	Notes
CURITY AMD ANTIMICROBIAL STRIP	3	
CURITY IODOFORM PACKING STRIP	3	
CYANOKIT	3	
CYTOTINE ORAL POWDER	3	
deferoxamine mesylate	1	
DESFERAL	3	
dexmedetomidine hcl in nacl intravenous solution	1	
DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML	3	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	1	
DEXMEDETOMIDINE HCL-DEXTROSE	3	
DIASCREEN 10	3	
DIASCREEN 1B	3	
DIASCREEN 1G	3	
DIASCREEN 1K	3	
DIASCREEN 2GK	3	
DIASCREEN 2GP	3	
DIASCREEN 3	3	
DIASCREEN 4NL	3	
DIASCREEN 4OBL	3	
DIASCREEN 4PH	3	
DIASCREEN 5	3	
DIASCREEN 6	3	
DIASCREEN 7	3	
DIASCREEN 8	3	
DIASCREEN 9	3	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
DIASCREEN LIQUID URINE CONTROL	3	
DIGIFAB	3	
diluent for treprostinil	1	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION 1:10	3	
DOJOLVI	E	
DROPLET MICRON	2	
DROPSAFE ALCOHOL PREP	3	
DUROLANE	4	PA
DYSPORT	4	PA
EASIVENT	2	
EC-RX DHEA	3	
EDETALE CALCIUM DISODIUM INJECTION	3	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	
ENDARI	3	PA
ergoloid mesylates oral	1	
EUA PATIENT ASSESSMENT	3	
EUFLEXXA	4	PA
EXCILON AMD DRAIN SPONGES	3	
FEMCAP	3	
FIRDAPSE	E	SP
FLEXICHAMBER	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
flumazenil intravenous	1	
fomepizole	1	

Drug Name	Drug Tier	Notes
FORA D40G GLUCOSE/PRESSURE	3	
formaldehyde external solution 37 %	1	
GEL-ONE	E	PA
GELSYN-3	4	PA
GENVISC 850	E	PA
GIVLAARI	4	PA; SP
GLUCAGEN DIAGNOSTIC	4	
GLUCAGON HCL (DIAGNOSTIC)	4	
glutaraldehyde external	1	
GOHIBIC	3	
GRASTEK	3	PA; QL
HYALGAN	E	PA
HYLENEX	3	
HYMOVIS	E	PA
IGALMI	3	PA
INCONTROL ULTICARE PEN NEEDLES	2	
INSPIREASE RESERVOIR BAGS	2	
INSULIN PEN NEEDLES	2	
IWILFIN	3	PA; SP
J-TIP KIT W/VIAL ADAPTERS	3	
KERENDIA	3	PA; QL
KERLIX AMD ANTIMICROBIAL	3	
KERLIX AMD SUPER SPONGES	3	
KORSUVA	3	PA; SP
LIVMARLI	E	SP
methergine	1	QL
methylene blue intravenous solution 50 mg/10ml	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
methylergonovine maleate injection	1	
methylergonovine maleate oral	1	QL
MICROCHAMBER DEVICE	2	
MONOVISC	E	PA
MYOBLOC	4	PA
NEOKE RA LIPOIC	3	
NEXAVIR	3	
NITHIODOTE	3	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
ODACTRA	3	PA; QL
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
ORALAIR	3	PA; QL
ORALAIR ADULT STARTER PACK	3	PA; QL
ORALAIR CHILDRENS STARTER PACK	3	PA; QL
ORTHOVISC	E	PA
OXBRYTA	E	SP
PALFORZIA	E	SP
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PARI VORTEX ADULT MASK	2	
PEDIATRIC PANDA MASK	2	
PEDMARK	3	PA

Drug Name	Drug Tier	Notes
PENTETATE CALCIUM TRISODIUM	3	
PENTETATE ZINC TRISODIUM	3	
PHEXXI	E	
PHOTREXA-PHOTREXA VISCOUS KIT	3	
PIP PEN NEEDLES 31G X 5MM	2	
PIP PEN NEEDLES 32G X 4MM	2	
POCKET SPACER	2	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML	3	
PREVDUO	3	
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
PRO COMFORT SPACER INFANT	2	
PROCARE SPACER/ADULT MASK	2	
PROCARE SPACER/CHILD MASK	2	
PROTOPAM CHLORIDE	3	
PROVAYBLUE	3	
PURE COMFORT SAFETY PEN NEEDLE	2	
PURE COMFORT SPACER CHAMBER	2	
RADIOGARDASE	3	
RAGWITEK	3	PA; QL
RAPPORT RLS	3	
RAPPORT VTD	3	
RAYA SURE PEN NEEDLE	2	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
RYSTIGGO	3	PA; SP
SAFETY PEN NEEDLES	2	
saline bacteriostatic	1	
SALINE-PHENOL	3	
sodium chloride bacteriostatic	1	
sodium nitrite intravenous	1	
sodium saccharin powder	1	
sodium thiosulfate intravenous	1	
SOHONOS	3	PA; SP; QL
SOLESTA	4	SP
SORBITOL IRRIGATION	3	
sorbitol-mannitol	1	
SPINRAZA	4	PA; SP
STERILE DILUENT FLOLAN PH 12	3	
STERILE DILUENT FOR REMODULIN	3	
sterile water for injection	1	
SUPARTZ FX	E	PA
SYNOJOYNT	E	PA
SYNvisc	E	PA
SYNvisc ONE	E	PA
TACHOSIL	3	
TAVNEOS	E	SP
TELFA AMD ISLAND DRESSING	3	
TELFA AMD NON-ADHERENT	3	
TISSEEL	3	
TRILURON	E	PA
TRIVISC	E	PA
UDSX MEDICATED SYSTEM	3	
UDSXMP MEDICATED SYSTEM	3	

Drug Name	Drug Tier	Notes
UNIFINE PROTECT PEN NEEDLE	2	
VEOZAH	E	
VERIFINE INSULIN PEN NEEDLE	2	
VERIFINE PLUS PEN NEEDLE	2	
VISCO-3	E	PA
VISTOGARD	3	
VORTEX VALVED HOLDING CHAMBER	2	
VYVGART	3	PA; SP
VYVGART HYTRULO	3	PA; SP
WIDE-SEAL DIAPHRAGM 60	3	
WIDE-SEAL DIAPHRAGM 65	3	
WIDE-SEAL DIAPHRAGM 70	3	
WIDE-SEAL DIAPHRAGM 75	3	
WIDE-SEAL DIAPHRAGM 80	3	
WIDE-SEAL DIAPHRAGM 85	3	
WIDE-SEAL DIAPHRAGM 90	3	
WIDE-SEAL DIAPHRAGM 95	3	
XEOMIN	4	PA
XIAFLEX	4	PA; SP
XPHOZAH	E	SP
ZOKINVY	3	PA; SP; QL
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ALOMIDE	3	
AZASITE	3	
bacitracin ophthalmic	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
BEPREVE	E	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
bromfenac sodium (once-daily)	1	QL
bromfenac sodium ophthalmic solution 0.07 %	1	QL
BROMSITE	E	
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	1	
epinastine hcl	1	
erythromycin ophthalmic	1	
EYSUVIS	3	PA
FLAREX	3	
fluorometholone	1	
flurbiprofen sodium	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic	1	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
loteprednol etabonate ophthalmic gel	1	QL

Drug Name	Drug Tier	Notes
MAXIDEX	3	
MAXITROL OPHTHALMIC OINTMENT	3	
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	3	
MITOSOL	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
NATACYN	2	
neomycin-polymyxin- dexameth ophthalmic ointment	1	
neomycin-polymyxin- dexameth ophthalmic suspension 3.5-10000- 0.1	1	
neomycin-polymyxin-hc ophthalmic	1	
NEVANAC	E	
OCUFLOX	3	
ofloxacin ophthalmic	1	
POVIDONE-IODINE OPHTHALMIC	3	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
PROLENSA	E	
sulfacetamide sodium ophthalmic	1	
TOBRADEX	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin- dexamethasone	1	
TOBREX	3	
trifluridine	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
TRIPLE PMB	3	
TRIPLE PMK	3	
UPNEEQ	3	PA
VIGAMOX	E	
XDEMVY	E	
ZERVIATE	E	
ZIRGAN	3	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	1	
acetazolamide oral	1	
ALPHAGAN P	E	
apraclonidine hcl	1	
AZOPT	E	
betaxolol hcl ophthalmic	1	
BETIMOL	3	
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	1	
brinzolamide	1	
carteolol hcl	1	
COMBIGAN	E	
COSOPT	E	
COSOPT PF	E	
dichlorphenamide	1	PA; SP; QL
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IOPIDINE	3	
ISTALOL	3	
IYUZEH	E	
KEVEYIS	3	PA; SP; QL

Drug Name	Drug Tier	Notes
latanoprost ophthalmic	1	
levobunolol hcl	1	
LUMIGAN	2	QL
methazolamide oral	1	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
tafluprost (pf)	1	QL
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	E	
TRAVATAN Z	E	
travoprost (bak free)	1	QL
VURITY	E	
VYZULTA	E	
XALATAN	E	
XELPROS	3	ST; QL
ZIOPTAN	E	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
AKTEN	3	
ALCAINE	3	
ALTACAINE	3	
altafrin	1	
atropine sulfate ophthalmic ointment	1	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.025 %, 0.05 %	3	
atropine sulfate ophthalmic solution 1 %	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
bacitracin-polymyxin b	1	
bacitra-neomycin-polymyxin-hc	1	
BEOVU	E	SP
BEVACIZUMAB INTRAOCULAR	4	SP
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 1.25 MG/0.05ML, 2 MG/0.08ML	2	SP
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML	4	SP
BYOOVIZ	E	SP
CEQUA	E	
CIMERLI	2	PA; SP
CYCLOGYL	3	
CYCLOMYDRIL	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	
CYSTADROPS	3	SP; QL
CYSTARAN	3	SP; QL
DOUBLE PM	3	
EYLEA	4	PA; SP
EYLEA HD	3	PA; SP
HOMATROPAIRE	3	
IZERVAY	3	PA; SP
LATISSE	E	
LUCENTIS	E	PA; SP
LUXURNA	4	PA; SP
MIEBO	2	PA; QL
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-gramicidin	1	

Drug Name	Drug Tier	Notes
neo-polycin	1	
neo-polycin hc	1	
OXERVATE	3	PA; SP; QL
phenylephrine hcl ophthalmic	1	
polycin	1	
polymyxin b-trimethoprim	1	
proparacaine hcl ophthalmic	1	
RESTASIS	1	PA
RESTASIS MULTIDOSE	2	PA
sulfacetamide-prednisolone	1	
SUSVIMO (IMPLANT 1ST FILL)	3	PA; SP
SUSVIMO (IMPLANT REFILL)	3	PA; SP
SYFOVRE	3	PA; SP
tetracaine hcl ophthalmic	1	
TROPICAMIDE-PHENYLEPHRINE	3	
TYRVAYA	3	PA; QL
VABYSMO	3	PA; SP
VERKAZIA	E	
VEVYE	E	
VISUDYNE	4	SP
XIIDRA	2	PA
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CETRAXAL	3	ST
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
CORTISPORIN-TC	3	
DERMOTIC	3	
flac	1	

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
PRAMOTIC	3	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
azelastine-fluticasone	1	QL
benzonatate	1	
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
CINQAIR	4	PA; SP
CLARINEX	E	
CLARINEX-D 12 HOUR	E	
clemastine fumarate oral tablet	1	
CUROSURF	3	
cyproheptadine hcl oral	1	
DICOPANOL FUSEPAQ	3	
diphenhydramine hcl injection	4	
diphenhydramine hcl oral elixir	1	
DYMISTA	2	QL
HYCODAN	3	PA; QL
hydrocod poli-chlorphe poli er	1	PA; QL
hydrocodone bit-homatrop mbr	1	PA; QL
hydromet	1	PA; QL
HYPERSAL	3	
INFASURF	3	

Drug Name	Drug Tier	Notes
ipratropium bromide nasal	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	
promethazine vc	E	
promethazine-codeine oral solution	1	PA; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	3	
RYALTRIS	3	QL
sodium chloride inhalation	1	
SURVANTA	3	
XHANCE	E	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ACCOLATE	3	
acetylcysteine inhalation	1	
ADRENALIN INJECTION	4	
ADVAIR DISKUS	E	
ADVAIR HFA	1	QL
AIRDUO RESPICLICK 113/14	E	
AIRDUO RESPICLICK 232/14	E	
AIRDUO RESPICLICK 55/14	E	
AIRSUPRA	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E		DULERA	E	
albuterol sulfate inhalation	1	QL	elioxophyllin	1	
albuterol sulfate oral	1		epinephrine (anaphylaxis)	4	
ALVESCO	E		epinephrine injection solution auto-injector	4	
aminophylline	1		EPIPEN 2-PAK	4	ST
ANORO ELLIPTA	2	QL	EPIPEN JR 2-PAK	E	
ARALAST NP	4	PA; SP	ESBRIET	E	SP
arformoterol tartrate	1	QL	FASENRA PEN	4	PA; SP
ARNUITY ELLIPTA	2	QL	FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	3	PA; SP
ASMANEX (120 METERED DOSES)	E		FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	4	PA; SP
ASMANEX (14 METERED DOSES)	E		FLUTICASONE FUROATE-VILANTEROL	E	
ASMANEX (30 METERED DOSES)	E		FLUTICASONE PROPIONATE DISKUS	E	
ASMANEX (60 METERED DOSES)	E		FLUTICASONE PROPIONATE HFA	E	
ASMANEX HFA	E		FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	
ATROVENT HFA	3	QL	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	ST; QL
AUVI-Q	4		FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	E	
BEVESPI AEROSPHERE	E				
BREO ELLIPTA	1	QL			
breyna	E				
BREZTRI AEROSPHERE	2	QL			
BROVANA	E				
budesonide inhalation	1	QL			
budesonide-formoterol fumarate	E				
COMBIVENT RESPIMAT	2	QL			
cromolyn sodium inhalation	1				
DALIRESP	3	PA			
DUAKLIR PRESSAIR	E				

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
formoterol fumarate inhalation	1	QL
GLASSIA	4	PA; SP
INCRUSE ELLIPTA	E	
ipratropium bromide inhalation	1	QL
ipratropium-albuterol	1	QL
isoproterenol hcl injection	1	
levalbuterol hcl inhalation	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	
montelukast sodium oral	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP; QL
OFEV	3	PA; SP
PERFOROMIST	3	QL
pirfenidone	1	PA; SP
PROAIR RESPICLICK	E	
PROLASTIN-C	4	PA; SP
PROVENTIL HFA	E	
PULMICORT FLEXHALER	E	

Drug Name	Drug Tier	Notes
PULMICORT SUSPENSION	E	
QVAR REDIHALER	2	QL
roflumilast	1	PA
SCLEROSOL INTRAPLEURAL	3	
SEREVENT DISKUS	2	QL
SINGULAIR	E	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STERILE TALC POWDER	3	
STERITALC	3	
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
terbutaline sulfate injection	1	
terbutaline sulfate oral	1	
TEZSPIRE	2	PA; SP; QL
THEO-24	3	
theophylline er	1	
theophylline oral	1	
tiotropium bromide monohydrate	E	
TRELEGY ELLIPTA	2	QL
TUDORZA PRESSAIR	E	
VENTOLIN HFA	E	
wixela inhub	1	ST; QL
XOLAIR	4	PA; SP
XOPENEX HFA	E	
YUPELRI	3	QL
zafirlukast	1	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	4	PA; SP

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 4000 MG, 5000 MG	3	PA; SP
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	SP
BRONCHITOL	E	SP
BRONCHITOL TOLERANCE TEST	E	SP
CAYSTON	E	SP
KALYDECO	3	PA; SP
KITABIS PAK	E	SP
ORKAMBI	3	PA; SP; QL
PULMOZYME	2	PA; SP
SYMDEKO	3	PA; SP; QL
TOBI NEBULIZER	E	SP
TOBI PODHALER	3	SP; QL
tobramycin inhalation nebulization solution 300 mg/4ml	1	SP
tobramycin nebulization solution 300 mg/5ml inhalation	1	SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	SP
TRIKAFTA	3	PA; SP; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	SP
ADEMPAS	2	PA; SP; QL
alyq	1	PA; SP; QL
ambrisentan	1	PA; SP; QL
bosentan	1	PA; SP; QL
epoprostenol sodium	4	PA; SP
FLOLAN	4	PA; SP

Drug Name	Drug Tier	Notes
LETAIRIS	E	SP
LIQREV	E	SP
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
ORENITRAM MONTH 1	3	PA; SP; QL
ORENITRAM MONTH 2	3	PA; SP; QL
ORENITRAM MONTH 3	3	PA; SP; QL
REMODULIN	E	PA; SP
REVATIO INTRAVENOUS	E	PA; SP
REVATIO ORAL	E	SP
sildenafil citrate intravenous	4	PA; SP
sildenafil citrate oral suspension reconstituted	1	PA; SP; QL
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
tadalafil (pah)	1	PA; SP; QL
TADLIQ	E	SP
TRACLEER 62.5 MG, 125 MG	E	SP
TRACLEER 32 MG	3	PA; SP; QL
treprostinil	4	PA; SP
TYVASO	3	PA; SP; QL
TYVASO DPI INSTITUTIONAL KIT	3	PA; SP; QL
TYVASO DPI MAINTENANCE KIT	3	PA; SP; QL
TYVASO DPI TITRATION KIT	3	PA; SP; QL
TYVASO REFILL	3	PA; SP; QL
TYVASO STARTER	3	PA; SP; QL
UPTRAVI INTRAVENOUS	4	PA; SP
UPTRAVI ORAL	3	PA; SP; QL
UPTRAVI TITRATION	3	PA; SP; QL
VELETRI	4	PA; SP
VENTAVIS	3	PA; SP; QL

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

Drug Name	Drug Tier	Notes
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
BACLOFEN ORAL SOLUTION	E	
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
DANTRIUM	3	
dantrolene sodium intravenous	1	
dantrolene sodium oral	1	
ENOVARX-BACLOFEN	3	
ENOVARX-CYCLOBENZAPRINE HCL	3	
FLEQSUVY	E	
LYVISPANH	E	
methocarbamol injection	1	
methocarbamol oral	1	
NORGESIC	E	
NORGESIC FORTE	E	
orphenadrine citrate er	1	QL
orphenadrine citrate injection	1	
ORPHENGESIC FORTE	E	
OZOBAX DS	E	
revonto	1	
ROBAXIN	3	
RYANODEX	3	
SOMA	E	
TABRADOL FUSEPAQ	3	
tizanidine hcl oral capsule 6 mg	1	
tizanidine hcl oral tablet	1	

Drug Name	Drug Tier	Notes
ZANAFLEX	E	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	PA; QL
BELSOMRA	3	ST; QL
DAYVIGO	3	ST; QL
doxepin hcl oral tablet	1	QL
eszopiclone	1	QL
flurazepam hcl	1	PA; QL
HETLIOZ	E	SP
HETLIOZ LQ	E	SP
LUMRYZ	E	SP
LUNESTA	E	
modafinil oral	1	PA; QL
NUVIGIL	E	
PROVIGIL	E	
QUVIVIQ	E	
ramelteon	1	QL
RESTORIL	E	
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	3	PA; SP; QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	SP
SUNOSI	2	PA; QL
tasimelteon	1	PA; SP; QL
temazepam	1	QL
WAKIX	3	PA; SP; QL
XYREM	E	SP
XYWAV	3	PA; SP; QL
zaleplon	1	QL
zolpidem tartrate er	1	QL
ZOLPIDEM TARTRATE ORAL CAPSULE	E	
zolpidem tartrate oral tablet	1	QL

E = Excluded, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Medication, ST = Step Therapy

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

Free services are provided to help you communicate with us, such as letters in other languages or large print. You may also ask to speak with an interpreter. To ask for help, please call the toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), La compañía no discrimina por raza, color, nacionalidad, sexo, edad o discapacidad en actividades y programas de salud.

Se brindan servicios gratuitos para ayudarle a comunicarse con nosotros, como cartas en otros idiomas o en letra grande. También puede solicitar comunicarse con un intérprete. Para solicitar ayuda, llame al número de teléfono gratuito que figura en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，公司不会基于种族、肤色、国籍、性别、年龄或残疾而在健康计划和活动中歧视任何人。

为帮助您与我们沟通，我们提供一些免费服务，例如用其他语言书写的信件或大字体。您也可以要求与口译员对话。欲寻求帮助，请拨打您的 ID 卡上列出的免费电话号码。



All Optum trademarks and logos are owned by Optum, Inc. in the U.S. and other jurisdictions. All other trademarks are the property of their respective owners.

© 2024 Optum, Inc. All rights reserved. WF13697108-A PS 5/24

Premium