

# Generics Plus Drug Guide

January 2025

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

For questions about the Prescription Drug Guide, call the customer service number on the back of your ID card. The Prescription Drug Guide is regularly updated.

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

## Introduction

The Generics Plus Drug Guide includes all Preferred Brand and Preferred Specialty drugs and a partial listing of Generic drugs. Brand name drugs not listed in this Generics Plus Drug Guide are Non-Preferred. Certain drugs may not be added as Preferred for reasons including safety or effectiveness, or because a similar, more cost-effective drug is already available as a Preferred or Generic drug. New brand and specialty drugs are Non-Preferred until reviewed and approved for inclusion by the Pharmacy and Therapeutics (P&T) Committee.

Physicians are encouraged to prescribe drugs listed in this Generics Plus Drug Guide. Members are encouraged to show this Generics Plus Drug Guide to their physician and pharmacist.

## Member Prescription Benefit

The Blue Cross prescription benefit is multi-tiered, placing prescription drugs into one of the following copayment levels.

**Tier 1 – Lowest copayment** – Generic drugs and select Preferred Brand drugs– listed and unlisted generic drugs

**Tier 2 – Middle copayment** – Preferred Brand drugs – all shown in the Drug Guide

**Tier 3 – Highest copayment** – Non-Preferred Brand drugs – unlisted

**Tier 4 – Preferred Specialty** (if applicable) – all shown in the Drug Guide

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

In addition, coverage is not provided for Non-Preferred drugs. The drug benefit includes most prescription drug classes, although some restrictions and exclusions apply. For example, investigational drugs and drugs indicated for cosmetic purposes (e.g., Propecia for hair growth) are not covered. Coverage and copayment levels vary depending on the plan. Drugs that require Prior Authorization, Step Therapy, or that have Dispensing Limits are noted in the Generics Plus Drug Guide.

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

## Pharmacy and Therapeutics (P&T) Committee

The P&T Committee is comprised of independent practicing physicians and pharmacists. The Committee meets at least quarterly. Decisions to add or remove drugs from the Generics Plus Drug Guide are based on the drug's safety, efficacy, uniqueness and cost.

## Brand Drugs and Generic Drugs

### **Classification**

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

### **Generic Substitution**

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

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

- Contains the same active ingredient(s) as the brand drug
- Is identical in strength, dosage form, and route of administration
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile

To encourage use of Generic drugs, Tier 2 Preferred Brand drugs typically move to Tier 3 after an equivalent generic version becomes available.

## Specialty Drugs

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

Some Blue Cross members must obtain their specialty drugs from the Pharmacy Select Network as the preferred provider. If the preferred provider is not utilized you may be responsible for up to 100 percent of the drug cost. Your plan may have a different coverage level for self-administered specialty drugs. Select specialty generics and biosimilars may be available at a lower cost. If you have questions about your coverage for specialty drugs or your prescription drug benefit, call the number on the back of your ID card.

## Compound Drugs

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

## Contraceptives

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

## Utilization Management

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

## Prior Authorization

Some drugs require Prior Authorization (**PA**) because of their high potential for misuse or overuse. Drugs selected for Prior Authorization may require that specific clinical criteria are met before the drugs will be covered under a member's prescription benefit. Approval is required for claims to process at network pharmacies.

## Dispensing Limits

Dispensing Limits (**DL**) identify gender or age restrictions, and/or the maximum quantity that can be dispensed over a specific period of time. Limits are in place to encourage appropriate drug utilization, enhance member outcomes, and reduce drug benefit costs. Limits are typically developed based upon FDA-approved drug labeling.

## Step Therapy

Step Therapy (**ST**) programs help manage the cost of expensive drugs by redirecting members to safe, effective and less expensive alternatives. Drugs included in the Step Therapy program require a more cost-effective prerequisite drug be tried before the Step Therapy drug will be approved for coverage. If the member meets the prerequisite requirement, the requested drug will be covered automatically without requiring review. If prerequisite drugs are not found in the claims history, Prior Authorization may be required. Drugs and drug categories included in the Step Therapy program are subject to change.

## Notice

The purpose of the Generics Plus Drug Guide is to provide a guide to coverage. The Generics Plus Drug Guide is not intended to dictate to physicians how to practice medicine. Physicians should exercise their medical judgment in providing the care they feel is most appropriate for their patients.

Neither this Generics Plus Drug Guide, nor the successful adjudication of a pharmacy claim, is guarantee of payment.

## Abbreviation Key

**aer** ..... aerosol  
**cap** ..... capsules  
**chew** ..... chewable  
**conc** ..... concentrate  
**cr** ..... controlled release  
**dr** ..... delayed release  
**ec** ..... enteric coated  
**equiv** ..... equivalent  
**er** ..... extended release  
**gm** ..... gram  
**inhal** ..... inhaler  
**inj** ..... injection  
**liqd** ..... liquid  
**mg** ..... milligram  
**ml** ..... milliliter

**nebu** ..... nebulizer  
**odt** ..... orally disintegrating tabs  
**oint** ..... ointment  
**ophth** ..... ophthalmic  
**osm** ..... osmotic release  
**pack** ..... packets  
**powd** ..... powder  
**pttw** ..... twice-weekly patch  
**sl** ..... sublingual  
**soln** ..... solution  
**suppos** ..... suppositories  
**susp** ..... suspension  
**tab** ..... tablets  
**td** ..... transdermal  
**w/** ..... with

Selected generic and brand name drugs are not covered because of safety or effectiveness concerns. This list is subject to change.

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Adthyza

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Aduhelm

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Amondys 45

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**amoxapine**

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Armour Thyroid

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B & C

---

Balsam peru & castor oil

---

**benzphetamine**

---

Bpco

---

**carisoprodol**

---

**chlordiazepoxide/clidinium**

---

Cortane-B

---

**diethylpropion**

---

Diethylpropion ext-release

---

Donnatal

---

Egrifta SV

---

Elevidys

---

Epifoam

---

Ergoloid mesylates

---

**esterified estrogens/methyltestosterone**

---

Exondys 51

---

**flavoxate**

---

Halcion

---

Hydrocortisone/pramoxine

---

**iodoquinol/hc**

---

**iodoquinol/hydrocortisone/aloe**

---

Leqembi

---

Librax

---

**meperidine**

---

Meperidine

---

**meprobamate**

---

Nefazodone

---

Niva Thyroid

---

NP Thyroid

---

**opium tincture**

---

**pb/hyoscy/atrop/scopol**

---

**pentazocine w/ naloxone**

---

**phendimetrazine**

---

Phendimetrazine ext-release

---

Phospholine Iodide

---

---

Pramosone

---

Pramotic

---

Relyvrio

---

Rimantadine

---

Soma

---

**thioridazine**

---

Thyroid

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**triazolam**

---

Venelex

---

Viltepso

---

Vyondys 53

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Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>ANTI-INFECTIVE DRUGS</b>					
<b>PENICILLINS</b>					
amoxicillin (trihydrate) cap 250 mg	1				
amoxicillin (trihydrate) cap 500 mg	1				
amoxicillin (trihydrate) for susp 125 mg/5ml	1				
amoxicillin (trihydrate) for susp 200 mg/5ml	1				
amoxicillin (trihydrate) for susp 250 mg/5ml	1				
amoxicillin (trihydrate) for susp 400 mg/5ml	1				
amoxicillin (trihydrate) tab 500 mg	1				
amoxicillin (trihydrate) tab 875 mg	1				
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1				
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)	1				
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1				
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	1				
amoxicillin & k clavulanate tab 250-125 mg	1				
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	1				
amoxicillin & k clavulanate tab 875-125 mg (Augmentin)	1				
AMOXICILLIN/CLAVULANATE P – amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	2				
AMOXICILLIN/CLAVULANATE P – amoxicillin & k clavulanate chew tab 400-57 mg	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ampicillin cap 500 mg	1				
dicloxacillin sodium cap 250 mg	1				
dicloxacillin sodium cap 500 mg	1				
PENICILLIN V POTASSIUM – penicillin v potassium for soln 125 mg/5ml	2				
PENICILLIN V POTASSIUM – penicillin v potassium for soln 250 mg/5ml	2				
penicillin v potassium tab 250 mg	1				
penicillin v potassium tab 500 mg	1				
<b>CEPHALOSPORINS</b>					
CEFACTOR – cefaclor cap 250 mg	2				
CEFACTOR – cefaclor cap 500 mg	2				
CEFADROXIL – cefadroxil tab 1 gm	2				
cefadroxil cap 500 mg	1				
cefadroxil for susp 250 mg/5ml	1				
cefadroxil for susp 500 mg/5ml	1				
cefdinir cap 300 mg	1				
cefdinir for susp 125 mg/5ml	1				
cefdinir for susp 250 mg/5ml	1				
cefixime cap 400 mg (Suprax)	1				
cefixime for susp 100 mg/5ml (Suprax)	1				
cefixime for susp 200 mg/5ml (Suprax)	1				
cefpodoxime proxetil for susp 50 mg/5ml	1				
cefpodoxime proxetil for susp 100 mg/5ml	1				
cefpodoxime proxetil tab 100 mg	1				
cefpodoxime proxetil tab 200 mg	1				
cefprozil for susp 125 mg/5ml	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>cefprozil for susp 250 mg/5ml</b>	1				
<b>cefprozil tab 250 mg</b>	1				
<b>cefprozil tab 500 mg</b>	1				
<b>cefuroxime axetil tab 250 mg</b> (Ceftin)	1				
<b>cefuroxime axetil tab 500 mg</b> (Ceftin)	1				
<b>cephalexin cap 250 mg</b> (Keflex)	1				
<b>cephalexin cap 500 mg</b> (Keflex)	1				
<b>cephalexin for susp 125 mg/5ml</b>	1				
<b>cephalexin for susp 250 mg/5ml</b>	1				
<b>MACROLIDES</b>					
<b>azithromycin for susp 100 mg/5ml</b> (Zithromax)	1				
<b>azithromycin for susp 200 mg/5ml</b> (Zithromax)	1				
<b>azithromycin tab 250 mg</b> (Zithromax)	1				
<b>azithromycin tab 500 mg</b> (Zithromax)	1				
<b>azithromycin tab 600 mg</b> (Zithromax)	1				
CLARITHROMYCIN – <b>clarithromycin for susp 125 mg/5ml</b>	2				
CLARITHROMYCIN – <b>clarithromycin for susp 250 mg/5ml</b>	2				
<b>clarithromycin tab er 24hr 500 mg</b>	1				
<b>clarithromycin tab 250 mg</b> (Biaxin)	1				
<b>clarithromycin tab 500 mg</b> (Biaxin)	1				
DIFICID – <b>fidaxomicin tab 200 mg</b>	2				
DIFICID – <b>fidaxomicin for susp 40 mg/ml</b>	2				
<b>TETRACYCLINES</b>					

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>demeclocycline hcl tab 150 mg</b>	1				
<b>demeclocycline hcl tab 300 mg</b>	1				
<b>doxycycline hyclate cap 50 mg</b>	1				
<b>doxycycline hyclate cap 100 mg</b> (Vibramycin)	1				
<b>doxycycline hyclate tab 20 mg</b>	1				
<b>doxycycline hyclate tab 100 mg</b>	1				
<b>doxycycline monohydrate cap 50 mg</b>	1				
<b>doxycycline monohydrate cap 100 mg</b> (Monodox)	1				
<b>doxycycline monohydrate tab 50 mg</b> (Adoxa)	1				
<b>doxycycline monohydrate tab 75 mg</b> (Adoxa)	1				
<b>doxycycline monohydrate tab 100 mg</b> (Adoxa pak 1/100)	1				
<b>doxycycline monohydrate tab 150 mg</b> (Adoxa pak 1/150)	1				
<b>minocycline hcl cap 50 mg</b> (Minocin)	1				
<b>minocycline hcl cap 75 mg</b> (Minocin)	1				
<b>minocycline hcl cap 100 mg</b> (Minocin)	1				
<b>tetracycline hcl cap 250 mg</b> (Tetracycline hcl)	1				
<b>tetracycline hcl cap 500 mg</b> (Tetracycline hcl)	1				
<b>FLUOROQUINOLONES</b>					
CIPRO – <b>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</b>	2				
CIPRO – <b>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</b>	2				
<b>ciprofloxacin hcl tab 250 mg (base equiv)</b> (Cipro)	1				
<b>ciprofloxacin hcl tab 500 mg (base equiv)</b> (Cipro)	1				



Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>ciprofloxacin hcl tab 750 mg (base equiv)</b>	1				
<b>levofloxacin oral soln 25 mg/ml (Levaquin)</b>	1				
<b>levofloxacin tab 250 mg (Levaquin)</b>	1				
<b>levofloxacin tab 500 mg (Levaquin)</b>	1				
<b>levofloxacin tab 750 mg (Levaquin)</b>	1				
<b>ofloxacin tab 400 mg</b>	1				
<b>sulfadiazine tab 500 mg</b>	1				
<b>AMINOGLYCOSIDES</b>					
<b>HUMATIN – paromomycin sulfate cap 250 mg</b>	2				
<b>neomycin sulfate tab 500 mg</b>	1				
<b>tobramycin nebu soln 300 mg/5ml (Tobi)</b>	1	•	•	•	
<b>TUBERCULOSIS</b>					
<b>ethambutol hcl tab 100 mg (Myambutol)</b>	1				
<b>ethambutol hcl tab 400 mg (Myambutol)</b>	1				
<b>ISONIAZID – isoniazid tab 100 mg</b>	2				
<b>isoniazid syrup 50 mg/5ml</b>	1				
<b>isoniazid tab 300 mg</b>	1				
<b>PRIFTIN – rifapentine tab 150 mg</b>	2				
<b>pyrazinamide tab 500 mg</b>	1				
<b>rifabutin cap 150 mg (Mycobutin)</b>	1				
<b>rifampin cap 150 mg (Rifadin)</b>	1				
<b>rifampin cap 300 mg (Rifadin)</b>	1				
<b>FUNGAL INFECTIONS</b>					
<b>fluconazole for susp 10 mg/ml (Diflucan)</b>	1				
<b>fluconazole for susp 40 mg/ml (Diflucan)</b>	1				
<b>fluconazole tab 50 mg (Diflucan)</b>	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>fluconazole tab 100 mg (Diflucan)</b>	1				
<b>fluconazole tab 150 mg (Diflucan)</b>	1				
<b>fluconazole tab 200 mg (Diflucan)</b>	1				
<b>flucytosine cap 250 mg (Ancobon)</b>	1				
<b>flucytosine cap 500 mg (Ancobon)</b>	1				
<b>griseofulvin microsize susp 125 mg/5ml</b>	1				
<b>griseofulvin microsize tab 500 mg (Grifulvin v)</b>	1				
<b>itraconazole cap 100 mg (Sporanox)</b>	1				
<b>itraconazole oral soln 10 mg/ml (Sporanox)</b>	1				
<b>NOXAFIL – posaconazole for delayed release susp packet 300 mg</b>	2				
<b>nystatin tab 500000 unit</b>	1				
<b>posaconazole susp 40 mg/ml (Noxafil)</b>	1				
<b>posaconazole tab delayed release 100 mg (Noxafil)</b>	1				
<b>terbinafine hcl tab 250 mg (Lamisil)</b>	1				
<b>voriconazole for susp 40 mg/ml (Vfend)</b>	1				
<b>voriconazole tab 50 mg (Vfend)</b>	1				
<b>voriconazole tab 200 mg (Vfend)</b>	1				
<b>VIRAL INFECTIONS</b>					
<b>Cytomegalovirus</b>					
<b>valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)</b>	1				
<b>valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)</b>	1				
<b>Hepatitis</b>					
<b>adefovir dipivoxil tab 10 mg (Hepsera)</b>	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
BARACLUDE – entecavir oral soln 0.05 mg/ml	2				
entecavir tab 0.5 mg (Baraclude)	1				
entecavir tab 1 mg (Baraclude)	1				
EPCLUSA – sofosbuvir-velpatasvir tab 200-50 mg	2	•	•		•
EPCLUSA – sofosbuvir-velpatasvir tab 400-100 mg	2	•	•		•
EPCLUSA – sofosbuvir-velpatasvir pellet pack 150-37.5 mg	2	•	•		•
EPCLUSA – sofosbuvir-velpatasvir pellet pack 200-50 mg	2	•	•		•
HARVONI – ledipasvir-sofosbuvir tab 45-200 mg	2	•	•		•
HARVONI – ledipasvir-sofosbuvir tab 90-400 mg	2	•	•		•
HARVONI – ledipasvir-sofosbuvir pellet pack 33.75-150 mg	2	•	•		•
HARVONI – ledipasvir-sofosbuvir pellet pack 45-200 mg	2	•	•		•
lamivudine tab 100 mg (hbv) (EpiVir hbv)	1				
LEDIPASVIR/SOFOSBUVIR – ledipasvir-sofosbuvir tab 90-400 mg	2	•	•		•
MAVYRET – glecaprevir-pibrentasvir tab 100-40 mg	2	•	•		•
MAVYRET – glecaprevir-pibrentasvir pellet pack 50-20 mg	2	•	•		•
PEGASYS – peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	2	•	•		
PEGASYS – peginterferon alfa-2a inj 180 mcg/ml	2	•	•		
RIBAVIRIN – ribavirin cap 200 mg	2	•			
RIBAVIRIN – ribavirin tab 200 mg	2	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SOFOSBUVIR/VELPATASVIR – sofosbuvir-velpatasvir tab 400-100 mg	2	•	•		•
SOVALDI – sofosbuvir tab 200 mg	2	•	•		•
SOVALDI – sofosbuvir tab 400 mg	2	•	•		•
SOVALDI – sofosbuvir pellet pack 150 mg	2	•	•		•
SOVALDI – sofosbuvir pellet pack 200 mg	2	•	•		•
VEMLIDY – tenofovir alafenamide fumarate tab 25 mg	2				
VOSEVI – sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	2	•	•		•
<b>Herpes</b>					
acyclovir cap 200 mg (Zovirax)	1				
acyclovir susp 200 mg/5ml (Zovirax)	1				
acyclovir tab 400 mg (Zovirax)	1				
acyclovir tab 800 mg (Zovirax)	1				
famciclovir tab 125 mg (Famvir)	1				
famciclovir tab 250 mg (Famvir)	1				
famciclovir tab 500 mg (Famvir)	1				
valacyclovir hcl tab 500 mg (Valtrex)	1				
valacyclovir hcl tab 1 gm (Valtrex)	1				
<b>HIV/AIDS</b>					
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	1				•
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	1				•
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	1				•
atazanavir sulfate cap 150 mg (base equiv) (Reyataz)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	1				•
atazanavir sulfate cap 300 mg (base equiv) (Reyataz)	1				•
BIKTARVY – bicitegravir-emtricitabine-tenofovir af tab 30-120-15 mg	2				•
BIKTARVY – bicitegravir-emtricitabine-tenofovir af tab 50-200-25 mg	2				•
CIMDUO – lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2				•
COMPLERA – emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	2				•
darunavir tab 600 mg (Prezista)	1				•
darunavir tab 800 mg (Prezista)	1				•
DELSTRIGO – doravirine-lamivudine-tenofovir df tab 100-300-300 mg	2				•
DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg	2				•
DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	2				•
DOVATO – dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	2				•
efavirenz tab 600 mg (Sustiva)	1				•
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)	1				•
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)	1				•
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	1				•
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (Truvada)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (Truvada)	1				•
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (Truvada)	1				•
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	1				•
etravirine tab 100 mg (Intence)	1				•
etravirine tab 200 mg (Intence)	1				•
EVOTAZ – atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	2				•
GENVOYA – elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	2				•
INTELENCE – etravirine tab 25 mg	2				•
INTELENCE – etravirine tab 100 mg	2				•
INTELENCE – etravirine tab 200 mg	2				•
ISENTRESS – raltegravir potassium packet for susp 100 mg (base equiv)	2				•
ISENTRESS – raltegravir potassium tab 400 mg (base equiv)	2				•
ISENTRESS – raltegravir potassium chew tab 25 mg (base equiv)	2				•
ISENTRESS – raltegravir potassium chew tab 100 mg (base equiv)	2				•
ISENTRESS HD – raltegravir potassium tab 600 mg (base equiv)	2				•
JULUCA – dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
KALETRA – lopinavir-ritonavir tab 100-25 mg	2				•
KALETRA – lopinavir-ritonavir tab 200-50 mg	2				•
lamivudine oral soln 10 mg/ml (Epivir)	1				•
lamivudine tab 150 mg (Epivir)	1				•
lamivudine tab 300 mg (Epivir)	1				•
lamivudine-zidovudine tab 150-300 mg (Combivir)	1				•
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	1				•
lopinavir-ritonavir tab 100-25 mg (Kaletra)	1				•
lopinavir-ritonavir tab 200-50 mg (Kaletra)	1				•
nevirapine tab er 24hr 400 mg (Viramune xr)	1				•
nevirapine tab 200 mg (Viramune)	1				•
NORVIR – ritonavir powder packet 100 mg	2				•
ODEFSEY – emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	2				•
PREZCOBIX – darunavir-cobicistat tab 800-150 mg	2				•
PREZISTA – darunavir oral susp 100 mg/ml	2				•
PREZISTA – darunavir tab 75 mg	2				•
PREZISTA – darunavir tab 150 mg	2				•
PREZISTA – darunavir tab 600 mg	2				•
PREZISTA – darunavir tab 800 mg	2				•
ritonavir tab 100 mg (Norvir)	1				•
STRIBILD – elvitegrav-cobic-emtricitab-tenofovd f tab 150-150-200-300 mg	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SYMTUZA – darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	2				•
tenofovir disoproxil fumarate tab 300 mg (Viread)	1				•
TIVICAY – dolutegravir sodium tab 50 mg (base equiv)	2				•
TIVICAY PD – dolutegravir sodium tab for oral susp 5 mg (base equiv)	2				•
TRIUMEQ – abacavir-dolutegravir-lamivudine tab 600-50-300 mg	2				•
TRIUMEQ PD – abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	2				•
VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm	2				•
VIREAD – tenofovir disoproxil fumarate tab 150 mg	2				•
VIREAD – tenofovir disoproxil fumarate tab 200 mg	2				•
VIREAD – tenofovir disoproxil fumarate tab 250 mg	2				•
zidovudine cap 100 mg (Retrovir)	1				•
zidovudine syrup 10 mg/ml (Retrovir)	1				•
zidovudine tab 300 mg	1				•
<b>Influenza</b>					
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	1				•
oseltamivir phosphate cap 45 mg (base equiv) (Tamiflu)	1				•
oseltamivir phosphate cap 75 mg (base equiv) (Tamiflu)	1				•
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	1				•
XOFLUZA – baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
XOFLUZA – baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	2				•
<b>MALARIA</b>					
atovaquone-proguanil hcl tab 62.5-25 mg (Malarone)	1				
atovaquone-proguanil hcl tab 250-100 mg (Malarone)	1				
chloroquine phosphate tab 250 mg	1				
chloroquine phosphate tab 500 mg	1				
hydroxychloroquine sulfate tab 100 mg	1				
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	1				
hydroxychloroquine sulfate tab 300 mg	1				
hydroxychloroquine sulfate tab 400 mg	1				
mefloquine hcl tab 250 mg	1				
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	1				
pyrimethamine tab 25 mg (Daraprim)	1				
<b>WORM INFECTIONS</b>					
albendazole tab 200 mg (Albenza)	1				
BENZNIDAZOLE – benznidazole tab 12.5 mg	2				
BENZNIDAZOLE – benznidazole tab 100 mg	2				
ivermectin tab 3 mg (Stromectol)	1		•		
praziquantel tab 600 mg (Biltricide)	1				
<b>OTHER ANTI-INFECTIVES</b>					
atovaquone susp 750 mg/5ml (Mepron)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
clindamycin hcl cap 75 mg (Cleocin)	1				
clindamycin hcl cap 150 mg (Cleocin)	1				
clindamycin hcl cap 300 mg (Cleocin)	1				
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	1				
dapsone tab 25 mg	1				
dapsone tab 100 mg	1				
IMPAVIDO – miltefosine cap 50 mg	2				
LAGEVRIO – molnupiravir cap 200 mg	2				•
linezolid for susp 100 mg/5ml (Zyvox)	1				
linezolid tab 600 mg (Zyvox)	1				
metronidazole tab 250 mg (Flagyl)	1				
metronidazole tab 500 mg (Flagyl)	1				
nitrofurantoin macrocrystalline cap 25 mg (Macrochantin)	1				
nitrofurantoin macrocrystalline cap 50 mg (Macrochantin)	1				
nitrofurantoin macrocrystalline cap 100 mg (Macrochantin)	1				
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	1				
nitrofurantoin susp 25 mg/5ml	1				
PAXLOVID – nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	2				•
PAXLOVID – nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	1				
SOLOSEC – secnidazole granules packet 2 gm	2				
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1				
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	1				
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	1				
TRIMETHOPRIM – trimethoprim tab 100 mg	2				
trimethoprim tab 100 mg	1				
vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)	1				
vancomycin hcl cap 250 mg (base equivalent) (Vancocin hcl)	1				
XIFAXAN – rifaximin tab 550 mg	2				
HIZENTRA – immune globulin (human) subcutaneous soln pref syr 1 gm/5ml	2	•	•		
HIZENTRA – immune globulin (human) subcutaneous soln pref syr 2 gm/10ml	2	•	•		
HIZENTRA – immune globulin (human) subcutaneous soln pref syr 4 gm/20ml	2	•	•		
HIZENTRA – immune globulin (human) subcutaneous sol pref syr 10 gm/50ml	2	•	•		
HIZENTRA – immune globulin (human) subcutaneous inj 1 gm/5ml	2	•	•		
HIZENTRA – immune globulin (human) subcutaneous inj 2 gm/10ml	2	•	•		
HIZENTRA – immune globulin (human) subcutaneous inj 4 gm/20ml	2	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
HIZENTRA – immune globulin (human) subcutaneous inj 10 gm/50ml	2	•	•		
HYQVIA – immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit	2	•	•		
HYQVIA – immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit	2	•	•		
HYQVIA – immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit	2	•	•		
HYQVIA – immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit	2	•	•		
HYQVIA – immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit	2	•	•		
JYNNEOS – smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	2				
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 1 gm/5ml	2	•	•		
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 2 gm/10ml	2	•	•		
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 4 gm/20ml	2	•	•		
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 10 gm/50ml	2	•	•		
<b>CANCER DRUGS</b>					
abiraterone acetate tab 250 mg (Zytiga)	1	•	•		•
abiraterone acetate tab 500 mg (Zytiga)	1	•	•		•
ACTIMMUNE – interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	2	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ALECENSA – alectinib hcl cap 150 mg (base equivalent)	2	•	•		•
ALUNBRIG – brigatinib tab initiation therapy pack 90 mg & 180 mg	2	•	•		•
ALUNBRIG – brigatinib tab 30 mg	2	•	•		•
ALUNBRIG – brigatinib tab 90 mg	2	•	•		•
ALUNBRIG – brigatinib tab 180 mg	2	•	•		•
anastrozole tab 1 mg (Arimidex)	1				
AYVAKIT – avapritinib tab 25 mg	2	•	•		•
AYVAKIT – avapritinib tab 50 mg	2	•	•		•
AYVAKIT – avapritinib tab 100 mg	2	•	•		•
AYVAKIT – avapritinib tab 200 mg	2	•	•		•
AYVAKIT – avapritinib tab 300 mg	2	•	•		•
bexarotene cap 75 mg (Targretin)	1	•	•		
bicalutamide tab 50 mg (Casodex)	1				
BOSULIF – bosutinib cap 50 mg	2	•	•		•
BOSULIF – bosutinib cap 100 mg	2	•	•		•
BOSULIF – bosutinib tab 100 mg	2	•	•		•
BOSULIF – bosutinib tab 400 mg	2	•	•		•
BOSULIF – bosutinib tab 500 mg	2	•	•		•
BRUKINSA – zanubrutinib cap 80 mg	2	•	•		•
CABOMETYX – cabozantinib s-malate tab 20 mg (base equivalent)	2	•	•		•
CABOMETYX – cabozantinib s-malate tab 40 mg (base equivalent)	2	•	•		•
CABOMETYX – cabozantinib s-malate tab 60 mg (base equivalent)	2	•	•		•
CALQUENCE – acalabrutinib maleate tab 100 mg	2	•	•		•
capecitabine tab 150 mg (Xeloda)	1	•	•		
capecitabine tab 500 mg (Xeloda)	1	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
CAPRELSA – vandetanib tab 100 mg	2	•	•		•
CAPRELSA – vandetanib tab 300 mg	2	•	•		•
COMETRIQ – cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	2	•	•		•
COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	2	•	•		•
COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	2	•	•		•
COTELLIC – cobimetinib fumarate tab 20 mg (base equivalent)	2	•	•		•
cyclophosphamide cap 25 mg (Cyclophosphamide)	1				
cyclophosphamide cap 50 mg (Cyclophosphamide)	1				
dasatinib tab 20 mg (Sprycel)	1	•	•		•
dasatinib tab 50 mg (Sprycel)	1	•	•		•
dasatinib tab 70 mg (Sprycel)	1	•	•		•
dasatinib tab 80 mg (Sprycel)	1	•	•		•
dasatinib tab 100 mg (Sprycel)	1	•	•		•
dasatinib tab 140 mg (Sprycel)	1	•	•		•
ELIGARD – leuprolide acetate for subcutaneous inj kit 7.5 mg	2	•			
ELIGARD – leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	2	•			
ELIGARD – leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	2	•			
ELIGARD – leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	2	•			
ERIVEDGE – vismodegib cap 150 mg	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits	Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ERLEADA – apalutamide tab 60 mg	2	•	•		•	GLEOSTINE – lomustine cap 100 mg	2				
ERLEADA – apalutamide tab 240 mg	2	•	•		•	HYCAMTIN – topotecan hcl cap 0.25 mg (base equiv)	2	•	•		
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	1	•	•		•	HYCAMTIN – topotecan hcl cap 1 mg (base equiv)	2	•	•		
erlotinib hcl tab 100 mg (base equivalent) (Tarceva)	1	•	•		•	hydroxyurea cap 500 mg (Hydrea)	1				
erlotinib hcl tab 150 mg (base equivalent) (Tarceva)	1	•	•		•	IBRANCE – palbociclib cap 75 mg	2	•	•		•
ETOPOSIDE – etoposide cap 50 mg	2					IBRANCE – palbociclib cap 100 mg	2	•	•		•
everolimus tab for oral susp 2 mg (Afinitor disperz)	1	•	•		•	IBRANCE – palbociclib cap 125 mg	2	•	•		•
everolimus tab for oral susp 3 mg (Afinitor disperz)	1	•	•		•	IBRANCE – palbociclib tab 75 mg	2	•	•		•
everolimus tab for oral susp 5 mg (Afinitor disperz)	1	•	•		•	IBRANCE – palbociclib tab 100 mg	2	•	•		•
everolimus tab 2.5 mg (Afinitor)	1	•	•		•	IBRANCE – palbociclib tab 125 mg	2	•	•		•
everolimus tab 5 mg (Afinitor)	1	•	•		•	ICLUSIG – ponatinib hcl tab 10 mg (base equiv)	2	•	•		•
everolimus tab 7.5 mg (Afinitor)	1	•	•		•	ICLUSIG – ponatinib hcl tab 15 mg (base equiv)	2	•	•		•
everolimus tab 10 mg (Afinitor)	1	•	•		•	ICLUSIG – ponatinib hcl tab 30 mg (base equiv)	2	•	•		•
exemestane tab 25 mg (Aromasin)	1					ICLUSIG – ponatinib hcl tab 45 mg (base equiv)	2	•	•		•
FIRMAGON – degarelix acetate for inj 80 mg (base equiv)	2	•				imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	1	•	•		•
FIRMAGON – degarelix acetate for inj 120 mg/vial (240 mg dose)	2	•				imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	1	•	•		•
gefitinib tab 250 mg (Iressa)	1	•	•		•	IMBRUVICA – ibrutinib oral susp 70 mg/ml	2	•	•		•
GILOTRIF – afatinib dimaleate tab 20 mg (base equivalent)	2	•	•		•	IMBRUVICA – ibrutinib cap 70 mg	2	•	•		•
GILOTRIF – afatinib dimaleate tab 30 mg (base equivalent)	2	•	•		•	IMBRUVICA – ibrutinib cap 140 mg	2	•	•		•
GILOTRIF – afatinib dimaleate tab 40 mg (base equivalent)	2	•	•		•	IMBRUVICA – ibrutinib tab 140 mg	2	•	•		•
GLEOSTINE – lomustine cap 10 mg	2										
GLEOSTINE – lomustine cap 40 mg	2										



Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
IMBRUVICA – ibrutinib tab 280 mg	2	•	•		•
IMBRUVICA – ibrutinib tab 420 mg	2	•	•		•
INLYTA – axitinib tab 1 mg	2	•	•		•
INLYTA – axitinib tab 5 mg	2	•	•		•
IRESSA – gefitinib tab 250 mg	2	•	•		•
JAKAFI – ruxolitinib phosphate tab 5 mg (base equivalent)	2	•	•		•
JAKAFI – ruxolitinib phosphate tab 10 mg (base equivalent)	2	•	•		•
JAKAFI – ruxolitinib phosphate tab 15 mg (base equivalent)	2	•	•		•
JAKAFI – ruxolitinib phosphate tab 20 mg (base equivalent)	2	•	•		•
JAKAFI – ruxolitinib phosphate tab 25 mg (base equivalent)	2	•	•		•
KISQALI – ribociclib succinate tab pack 200 mg daily dose	2	•	•		•
KISQALI – ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	2	•	•		•
KISQALI – ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	2	•	•		•
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	1	•	•		•
LENVIMA 10 MG DAILY DOSE – lenvatinib cap therapy pack 10 mg (10 mg daily dose)	2	•	•		•
LENVIMA 12MG DAILY DOSE – lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	2	•	•		•
LENVIMA 14 MG DAILY DOSE – lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	2	•	•		•
LENVIMA 18 MG DAILY DOSE – lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
LENVIMA 20 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	2	•	•		•
LENVIMA 24 MG DAILY DOSE – lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	2	•	•		•
LENVIMA 4 MG DAILY DOSE – lenvatinib cap therapy pack 4 mg (4 mg daily dose)	2	•	•		•
LENVIMA 8 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	2	•	•		•
letrozole tab 2.5 mg (Femara)	1				
leucovorin calcium tab 5 mg	1				
leucovorin calcium tab 15 mg	1				
leucovorin calcium tab 25 mg	1				
LEUKERAN – chlorambucil tab 2 mg	2				
LEUPROLIDE ACETATE – leuprolide acetate (3 month) for inj 22.5 mg	2	•			
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	1	•			
LONSURF – trifluridine-tipiracil tab 15-6.14 mg	2	•	•		•
LONSURF – trifluridine-tipiracil tab 20-8.19 mg	2	•	•		•
LUPRON DEPOT (1-MONTH) – leuprolide acetate for inj kit 3.75 mg	2	•			
LUPRON DEPOT (1-MONTH) – leuprolide acetate for inj kit 7.5 mg	2	•			
LUPRON DEPOT (3-MONTH) – leuprolide acetate (3 month) for inj kit 11.25 mg	2	•			
LUPRON DEPOT (3-MONTH) – leuprolide acetate (3 month) for inj kit 22.5 mg	2	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
LUPRON DEPOT (4-MONTH) – leuprolide acetate (4 month) for inj kit 30 mg	2	•			
LUPRON DEPOT (6-MONTH) – leuprolide acetate (6 month) for inj kit 45 mg	2	•			
LYNPARZA – olaparib tab 100 mg	2	•	•		•
LYNPARZA – olaparib tab 150 mg	2	•	•		•
LYSODREN – mitotane tab 500 mg	2	•	•		
MATULANE – procarbazine hcl cap 50 mg	2	•	•		
megestrol acetate susp 40 mg/ml (Megace oral)	1				
megestrol acetate tab 20 mg	1				
megestrol acetate tab 40 mg	1				
MEKINIST – trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	2	•	•		•
MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	2	•	•		•
MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	2	•	•		•
mercaptopurine tab 50 mg (Purinethol)	1				
methotrexate sodium for inj 1 gm	1				
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1				
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1				
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1				
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1				
methotrexate sodium tab 2.5 mg (base equiv)	1				
MYLERAN – busulfan tab 2 mg	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
NEXAVAR – sorafenib tosylate tab 200 mg (base equivalent)	2	•	•		•
nilutamide tab 150 mg (Nilandron)	1				
NINLARO – ixazomib citrate cap 2.3 mg (base equivalent)	2	•	•		•
NINLARO – ixazomib citrate cap 3 mg (base equivalent)	2	•	•		•
NINLARO – ixazomib citrate cap 4 mg (base equivalent)	2	•	•		•
NUBEQA – darolutamide tab 300 mg	2	•	•		•
ODOMZO – sonidegib phosphate cap 200 mg (base equivalent)	2	•	•		•
pazopanib hcl tab 200 mg (base equiv) (Votrient)	1	•	•		•
PIQRAY 200MG DAILY DOSE – alpelisib tab therapy pack 200 mg daily dose	2	•	•		•
PIQRAY 250MG DAILY DOSE – alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	2	•	•		•
PIQRAY 300MG DAILY DOSE – alpelisib tab pack 300 mg daily dose (2x150 mg tab)	2	•	•		•
POMALYST – pomalidomide cap 1 mg	2	•	•		•
POMALYST – pomalidomide cap 2 mg	2	•	•		•
POMALYST – pomalidomide cap 3 mg	2	•	•		•
POMALYST – pomalidomide cap 4 mg	2	•	•		•
PURIXAN – mercaptopurine susp 2000 mg/100ml (20 mg/ml)	2	•			
RETEVMO – selpercatinib cap 40 mg	2	•	•		•
RETEVMO – selpercatinib cap 80 mg	2	•	•		•
RETEVMO – selpercatinib tab 40 mg	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
RETEVMO – selpercatinib tab 80 mg	2	•	•		•
RETEVMO – selpercatinib tab 120 mg	2	•	•		•
RETEVMO – selpercatinib tab 160 mg	2	•	•		•
ROZLYTREK – entrectinib pellet pack 50 mg	2	•	•		•
ROZLYTREK – entrectinib cap 100 mg	2	•	•		•
ROZLYTREK – entrectinib cap 200 mg	2	•	•		•
RUBRACA – rucaparib camsylate tab 200 mg (base equivalent)	2	•	•		•
RUBRACA – rucaparib camsylate tab 250 mg (base equivalent)	2	•	•		•
RUBRACA – rucaparib camsylate tab 300 mg (base equivalent)	2	•	•		•
RYDAPT – midostaurin cap 25 mg	2	•	•		•
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	1	•	•		•
SPRYCEL – dasatinib tab 20 mg	2	•	•		•
SPRYCEL – dasatinib tab 50 mg	2	•	•		•
SPRYCEL – dasatinib tab 70 mg	2	•	•		•
SPRYCEL – dasatinib tab 80 mg	2	•	•		•
SPRYCEL – dasatinib tab 100 mg	2	•	•		•
SPRYCEL – dasatinib tab 140 mg	2	•	•		•
STIVARGA – regorafenib tab 40 mg	2	•	•		•
sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	1	•	•		•
sunitinib malate cap 25 mg (base equivalent) (Sutent)	1	•	•		•
sunitinib malate cap 37.5 mg (base equivalent) (Sutent)	1	•	•		•
sunitinib malate cap 50 mg (base equivalent) (Sutent)	1	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SUTENT – sunitinib malate cap 12.5 mg (base equivalent)	2	•	•		•
SUTENT – sunitinib malate cap 25 mg (base equivalent)	2	•	•		•
SUTENT – sunitinib malate cap 37.5 mg (base equivalent)	2	•	•		•
SUTENT – sunitinib malate cap 50 mg (base equivalent)	2	•	•		•
TABLOID – thioguanine tab 40 mg	2				
TABRECTA – capmatinib hcl tab 150 mg	2	•	•		•
TABRECTA – capmatinib hcl tab 200 mg	2	•	•		•
TAFINLAR – dabrafenib mesylate tab for oral susp 10 mg (base equiv)	2	•	•		•
TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent)	2	•	•		•
TAFINLAR – dabrafenib mesylate cap 75 mg (base equivalent)	2	•	•		•
TAGRISSE – osimertinib mesylate tab 40 mg (base equivalent)	2	•	•		•
TAGRISSE – osimertinib mesylate tab 80 mg (base equivalent)	2	•	•		•
TALZENNA – talazoparib tosylate cap 0.1 mg (base equivalent)	2	•	•		•
TALZENNA – talazoparib tosylate cap 0.25 mg (base equivalent)	2	•	•		•
TALZENNA – talazoparib tosylate cap 0.35 mg (base equivalent)	2	•	•		•
TALZENNA – talazoparib tosylate cap 0.5 mg (base equivalent)	2	•	•		•
TALZENNA – talazoparib tosylate cap 0.75 mg (base equivalent)	2	•	•		•
TALZENNA – talazoparib tosylate cap 1 mg (base equivalent)	2	•	•		•
tamoxifen citrate tab 10 mg (base equivalent)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>tamoxifen citrate tab 20 mg (base equivalent)</b>	1				
<b>TASIGNA – nilotinib hcl cap 50 mg (base equivalent)</b>	2	•	•		•
<b>TASIGNA – nilotinib hcl cap 150 mg (base equivalent)</b>	2	•	•		•
<b>TASIGNA – nilotinib hcl cap 200 mg (base equivalent)</b>	2	•	•		•
<b>temozolomide cap 5 mg (Temodar)</b>	1	•	•		
<b>temozolomide cap 20 mg (Temodar)</b>	1	•	•		
<b>temozolomide cap 100 mg (Temodar)</b>	1	•	•		
<b>temozolomide cap 140 mg (Temodar)</b>	1	•	•		
<b>temozolomide cap 180 mg (Temodar)</b>	1	•	•		
<b>temozolomide cap 250 mg (Temodar)</b>	1	•	•		
<b>TIBSOVO – ivosidenib tab 250 mg</b>	2	•	•		•
<b>toremifene citrate tab 60 mg (base equivalent) (Fareston)</b>	1				
<b>tretinoin cap 10 mg</b>	1	•	•		
<b>TYKERB – lapatinib ditosylate tab 250 mg (base equiv)</b>	2	•	•		•
<b>VENCLEXTA – venetoclax tab 10 mg</b>	2	•	•		•
<b>VENCLEXTA – venetoclax tab 50 mg</b>	2	•	•		•
<b>VENCLEXTA – venetoclax tab 100 mg</b>	2	•	•		•
<b>VENCLEXTA STARTING PACK – venetoclax tab therapy starter pack 10 &amp; 50 &amp; 100 mg</b>	2	•	•		•
<b>VERZENIO – abemaciclib tab 50 mg</b>	2	•	•		•
<b>VERZENIO – abemaciclib tab 100 mg</b>	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>VERZENIO – abemaciclib tab 150 mg</b>	2	•	•		•
<b>VERZENIO – abemaciclib tab 200 mg</b>	2	•	•		•
<b>VITRAKVI – larotrectinib sulfate oral soln 20 mg/ml (base equivalent)</b>	2	•	•		•
<b>VITRAKVI – larotrectinib sulfate cap 25 mg (base equivalent)</b>	2	•	•		•
<b>VITRAKVI – larotrectinib sulfate cap 100 mg (base equivalent)</b>	2	•	•		•
<b>VOTRIENT – pazopanib hcl tab 200 mg (base equiv)</b>	2	•	•		•
<b>XALKORI – crizotinib cap 200 mg</b>	2	•	•		•
<b>XALKORI – crizotinib cap 250 mg</b>	2	•	•		•
<b>XALKORI – crizotinib cap sprinkle 20 mg</b>	2	•	•		•
<b>XALKORI – crizotinib cap sprinkle 50 mg</b>	2	•	•		•
<b>XALKORI – crizotinib cap sprinkle 150 mg</b>	2	•	•		•
<b>XTANDI – enzalutamide cap 40 mg</b>	2	•	•		•
<b>XTANDI – enzalutamide tab 40 mg</b>	2	•	•		•
<b>XTANDI – enzalutamide tab 80 mg</b>	2	•	•		•
<b>YONSA – abiraterone acetate micronized tab 125 mg</b>	2	•	•		•
<b>ZEJULA – niraparib tosylate tab 100 mg (base equivalent)</b>	2	•	•		•
<b>ZEJULA – niraparib tosylate tab 200 mg (base equivalent)</b>	2	•	•		•
<b>ZEJULA – niraparib tosylate tab 300 mg (base equivalent)</b>	2	•	•		•
<b>ZELBORAF – vemurafenib tab 240 mg</b>	2	•	•		•
<b>ZOLINZA – vorinostat cap 100 mg</b>	2	•	•		•
<b>ZYDELIG – idelalisib tab 100 mg</b>	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ZYDELIG – idelalisib tab 150 mg	2	•	•		•
ZYKADIA – ceritinib tab 150 mg	2	•	•		•
ZYTIGA – abiraterone acetate tab 500 mg	2	•	•		•
<b>HORMONES, DIABETES AND RELATED DRUGS</b>					
<b>CORTICOSTEROIDS</b>					
budesonide delayed release particles cap 3 mg (Entocort ec)	1				
DEXAMETHASONE – dexamethasone soln 0.5 mg/5ml	2				
dexamethasone elixir 0.5 mg/5ml	1				
dexamethasone tab 0.5 mg	1				
dexamethasone tab 0.75 mg	1				
dexamethasone tab 1 mg	1				
dexamethasone tab 1.5 mg	1				
dexamethasone tab 2 mg	1				
dexamethasone tab 4 mg	1				
dexamethasone tab 6 mg	1				
DEXAMETHASONE 10-DAY DOSE – dexamethasone tab therapy pack 1.5 mg (35)	2				
DEXAMETHASONE 13-DAY DOSE – dexamethasone tab therapy pack 1.5 mg (51)	2				
fludrocortisone acetate tab 0.1 mg	1				
hydrocortisone tab 5 mg (Cortef)	1				
hydrocortisone tab 10 mg (Cortef)	1				
hydrocortisone tab 20 mg (Cortef)	1				
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	1				
methylprednisolone tab 4 mg (Medrol)	1				
methylprednisolone tab 8 mg (Medrol)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
methylprednisolone tab 16 mg (Medrol)	1				
methylprednisolone tab 32 mg (Medrol)	1				
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	1				
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1				
prednisolone soln 15 mg/5ml	1				
PREDNISONONE – prednisone oral soln 5 mg/5ml	2				
prednisone tab therapy pack 5 mg (21)	1				
prednisone tab therapy pack 5 mg (48)	1				
prednisone tab therapy pack 10 mg (21)	1				
prednisone tab therapy pack 10 mg (48)	1				
prednisone tab 1 mg	1				
prednisone tab 2.5 mg	1				
prednisone tab 5 mg	1				
prednisone tab 10 mg	1				
prednisone tab 20 mg	1				
prednisone tab 50 mg	1				
<b>MALE HORMONES</b>					
danazol cap 50 mg	1		•		
danazol cap 100 mg	1		•		
danazol cap 200 mg	1		•		
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	1				
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	1				
testosterone td gel 25 mg/2.5gm (1%) (Androgel)	1		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>testosterone td gel 50 mg/5gm (1%) (AndroGel)</b>	1		•		•
<b>testosterone td gel 12.5 mg/act (1%) (AndroGel pump)</b>	1		•		•
<b>testosterone td gel 20.25 mg/act (1.62%) (AndroGel pump)</b>	1		•		•
<b>testosterone td soln 30 mg/act (Axiron)</b>	1		•		•
<b>ESTROGENS</b>					
<b>CLIMARA PRO – estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day</b>	2				•
<b>DUAVEE – conjugated estrogens-bazedoxifene tab 0.45-20 mg</b>	2				
<b>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg (Activella)</b>	1				
<b>estradiol &amp; norethindrone acetate tab 1-0.5 mg (Activella)</b>	1				
<b>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (EstroGel)</b>	1				•
<b>estradiol tab 0.5 mg (Estrace)</b>	1				
<b>estradiol tab 1 mg (Estrace)</b>	1				
<b>estradiol tab 2 mg (Estrace)</b>	1				
<b>estradiol td gel 0.25 mg/0.25gm (0.1%) (Divigel)</b>	1				•
<b>estradiol td gel 0.5 mg/0.5gm (0.1%) (Divigel)</b>	1				•
<b>estradiol td gel 0.75 mg/0.75gm (0.1%) (Divigel)</b>	1				•
<b>estradiol td gel 1 mg/gm (0.1%) (Divigel)</b>	1				•
<b>estradiol td gel 1.25 mg/1.25gm (0.1%) (Divigel)</b>	1				•
<b>estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot)</b>	1				•
<b>estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot)</b>	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot)</b>	1				•
<b>estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot)</b>	1				•
<b>estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot)</b>	1				•
<b>estradiol td patch weekly 0.025 mg/24hr (Climara)</b>	1				•
<b>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara)</b>	1				•
<b>estradiol td patch weekly 0.05 mg/24hr (Climara)</b>	1				•
<b>estradiol td patch weekly 0.06 mg/24hr (Climara)</b>	1				•
<b>estradiol td patch weekly 0.075 mg/24hr (Climara)</b>	1				•
<b>estradiol td patch weekly 0.1 mg/24hr (Climara)</b>	1				•
<b>MYFEMBREE – relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg</b>	2		•		•
<b>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt low dose)</b>	1				
<b>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</b>	1				
<b>ORIAHNN – elagolix-estradiol-noreth 300-1-0.5mg &amp; elagolix 300mg cap pack</b>	2		•		•
<b>PREMARIN – estrogens, conjugated tab 0.3 mg</b>	2				
<b>PREMARIN – estrogens, conjugated tab 0.45 mg</b>	2				
<b>PREMARIN – estrogens, conjugated tab 0.625 mg</b>	2				
<b>PREMARIN – estrogens, conjugated tab 0.9 mg</b>	2				
<b>PREMARIN – estrogens, conjugated tab 1.25 mg</b>	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
PREMPHASE – conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)	2				
PREMPRO – conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg	2				
PREMPRO – conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg	2				
PREMPRO – conjugated estrogen-medroxyprogest acetate tab 0.625-2.5 mg	2				
PREMPRO – conjugated estrogen-medroxyprogest acetate tab 0.625-5 mg	2				
<b>PROGESTINS</b>					
medroxyprogesterone acetate tab 2.5 mg (Provera)	1				
medroxyprogesterone acetate tab 5 mg (Provera)	1				
medroxyprogesterone acetate tab 10 mg (Provera)	1				
norethindrone acetate tab 5 mg (Aygestin)	1				
progesterone cap 100 mg (Prometrium)	1				
progesterone cap 200 mg (Prometrium)	1				
<b>BIRTH CONTROL</b>					
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	1				
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen)	1				
drosiprenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	1				
drosiprenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	1				
ELLA – ulipristal acetate tab 30 mg	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1				
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Zovia 1/50e)	1				
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	1				
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	1				
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1				
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1				
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1				
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg- mcg	1				
LO LOESTRIN FE – norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	2				
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	1				
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	1				
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1				
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Ovcon-35)	1				
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Brevicon-28)	1				
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35)	1				
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Femcon fe)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
norethindrone ac-ethinyl estrad- fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	1				
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)	1				
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21)	1				
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)	1				
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30)	1				
norethindrone tab 0.35 mg (Nor- qd)	1				
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Ortho-novum 7/7/7)	1				
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Tri- norinyl 28)	1				
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho- cyclen)	1				
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg- mcg (Ortho tri-cyclen lo)	1				
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg- mcg (Ortho tri-cyclen)	1				
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1				
NUVARING – etonogestrel- ethinyl estradiol va ring 0.12-0.015 mg/24hr	1				
TYBLUME – levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	2				
VELIVET – desogest- ethin est tab	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
0.1-0.025/0.125-0.025/0.15-0.025r mg					
<b>INFERTILITY</b>					
CHORIONIC GONADOTROPIN – chorionic gonadotropin for im inj 10000 unit	2	•			
FOLLISTIM AQ – follitropin beta inj 300 unit/0.36ml	2	•			
FOLLISTIM AQ – follitropin beta inj 600 unit/0.72ml	2	•			
FOLLISTIM AQ – follitropin beta inj 900 unit/1.08ml	2	•			
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Ganirelix acetate)	1	•			
LUPRON DEPOT-PED (1-MONTH – leuprolide acetate for inj pediatric kit 7.5 mg	2	•			
LUPRON DEPOT-PED (1-MONTH – leuprolide acetate for inj pediatric kit 11.25 mg	2	•			
LUPRON DEPOT-PED (1-MONTH – leuprolide acetate for inj pediatric kit 15 mg	2	•			
LUPRON DEPOT-PED (3-MONTH – leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	2	•			
LUPRON DEPOT-PED (3-MONTH – leuprolide acetate (3 month) for inj pediatric kit 30 mg	2	•			
LUPRON DEPOT-PED (6-MONTH – leuprolide acet (6 month) for im inj pediatric kit 45 mg	2	•			
NOVAREL – chorionic gonadotropin for im inj 5000 unit	2	•			
ORILISSA – elagolix sodium tab 150 mg (base equiv)	2		•		•
ORILISSA – elagolix sodium tab 200 mg (base equiv)	2		•		•



Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
PREGNYL – chorionic gonadotropin for im inj 10000 unit	2	•			
PREGNYL W/DILUENT BENZYL – chorionic gonadotropin for im inj 10000 unit	2	•			
SYNAREL – nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	2				
<b>DIABETES</b>					
acarbose tab 25 mg (Precose)	1				
acarbose tab 50 mg (Precose)	1				
acarbose tab 100 mg (Precose)	1				
BAQSIMI ONE PACK – glucagon nasal powder 3 mg/dose	2				
BAQSIMI TWO PACK – glucagon nasal powder 3 mg/dose	2				
diazoxide susp 50 mg/ml (Proglycem)	1				
FARXIGA – dapagliflozin propanediol tab 5 mg (base equivalent)	2				•
FARXIGA – dapagliflozin propanediol tab 10 mg (base equivalent)	2				•
glimepiride tab 1 mg (Amaryl)	1				
glimepiride tab 2 mg (Amaryl)	1				
glimepiride tab 4 mg (Amaryl)	1				
glipizide tab er 24hr 2.5 mg (Glucotrol xl)	1				
glipizide tab er 24hr 5 mg (Glucotrol xl)	1				
glipizide tab er 24hr 10 mg (Glucotrol xl)	1				
glipizide tab 5 mg (Glucotrol)	1				
glipizide tab 10 mg (Glucotrol)	1				
glipizide-metformin hcl tab 2.5-250 mg	1				
glipizide-metformin hcl tab 2.5-500 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
glipizide-metformin hcl tab 5-500 mg	1				
GLUCAGON EMERGENCY KIT FO – glucagon hcl for inj 1 mg	2				
glyburide tab 1.25 mg	1				
glyburide tab 2.5 mg	1				
glyburide tab 5 mg	1				
glyburide-metformin tab 1.25-250 mg (Glucovance)	1				
glyburide-metformin tab 2.5-500 mg (Glucovance)	1				
glyburide-metformin tab 5-500 mg (Glucovance)	1				
GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg	2				•
GLYXAMBI – empagliflozin-linagliptin tab 25-5 mg	2				•
GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	2				
GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 1 mg/0.2ml	2				
GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	2				
GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 1 mg/0.2ml	2				
GVOKE KIT – glucagon subcutaneous soln 1 mg/0.2ml	2				
GVOKE PFS – glucagon subcutaneous soln pref syringe 1 mg/0.2ml	2				
JARDIANCE – empagliflozin tab 10 mg	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
JARDIANCE – empagliflozin tab 25 mg	2				•
metformin hcl tab er 24hr 500 mg (Glucophage xr)	1				
metformin hcl tab er 24hr 750 mg (Glucophage xr)	1				
metformin hcl tab 500 mg (Glucophage)	1				
metformin hcl tab 850 mg (Glucophage)	1				
metformin hcl tab 1000 mg (Glucophage)	1				
MIGLITOL – miglitol tab 25 mg	2				
MIGLITOL – miglitol tab 50 mg	2				
MIGLITOL – miglitol tab 100 mg	2				
MOUNJARO – tirzepatide soln auto-injector 2.5 mg/0.5ml	2		•		•
MOUNJARO – tirzepatide soln auto-injector 5 mg/0.5ml	2		•		•
MOUNJARO – tirzepatide soln auto-injector 7.5 mg/0.5ml	2		•		•
MOUNJARO – tirzepatide soln auto-injector 10 mg/0.5ml	2		•		•
MOUNJARO – tirzepatide soln auto-injector 12.5 mg/0.5ml	2		•		•
MOUNJARO – tirzepatide soln auto-injector 15 mg/0.5ml	2		•		•
nateglinide tab 60 mg (Starlix)	1				
nateglinide tab 120 mg (Starlix)	1				
OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)	2		•		•
OZEMPIC – semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	2		•		•
OZEMPIC – semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)	2		•		•
pioglitazone hcl tab 15 mg (base equiv) (Actos)	1				
pioglitazone hcl tab 30 mg (base equiv) (Actos)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
pioglitazone hcl tab 45 mg (base equiv) (Actos)	1				
pioglitazone hcl-metformin hcl tab 15-500 mg (Actoplus met)	1				
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)	1				
repaglinide tab 0.5 mg (Prandin)	1				
repaglinide tab 1 mg (Prandin)	1				
repaglinide tab 2 mg (Prandin)	1				
RYBELSUS – semaglutide tab 3 mg	2		•		•
RYBELSUS – semaglutide tab 7 mg	2		•		•
RYBELSUS – semaglutide tab 14 mg	2		•		•
SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2			•	•
SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg	2				•
SYNJARDY – empagliflozin-metformin hcl tab 5-1000 mg	2				•
SYNJARDY – empagliflozin-metformin hcl tab 12.5-500 mg	2				•
SYNJARDY – empagliflozin-metformin hcl tab 12.5-1000 mg	2				•
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg	2				•
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 10-1000 mg	2				•
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	2				•
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 25-1000 mg	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	2				•
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg	2				•
TRIJARDY XR – empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	2				•
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg	2				•
VICTOZA – liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	2		•		•
XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg	2				•
XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg	2				•
XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg	2				•
XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg	2				•
XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg	2				•
XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	2			•	•
ZEGALOGUE – dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	2				
ZEGALOGUE – dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	2				
<b>DIABETES - INSULINS</b>					
<b>Rapid-Acting Insulins</b>					
FIASP – insulin aspart (with niacinamide) inj 100 unit/ml	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FIASP FLEXTOUCH – insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2				
FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2				
HUMALOG – insulin lispro soln cartridge 100 unit/ml	1				
HUMALOG – insulin lispro inj soln 100 unit/ml	1				
HUMALOG JUNIOR KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	1				
HUMALOG KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	1				
HUMALOG KWIKPEN – insulin lispro soln pen-injector 200 unit/ml	1				
HUMALOG TEMPO PEN – insulin lispro soln pen-inj w/ transmitter port 100 unit/ml	1				
LYUMJEV – insulin lispro-aabc inj 100 unit/ml	1				
LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	1				
LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-injector 200 unit/ml	1				
LYUMJEV TEMPO PEN – insulin lispro-aabc soln pen-inj w/ transmit port 100 unit/ml	1				
NOVOLOG – insulin aspart inj soln 100 unit/ml	1				
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml	1				
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml	1				
<b>Short-Acting Insulins</b>					

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
HUMULIN R – insulin regular (human) inj 100 unit/ml	1				
HUMULIN R U-500 (CONCENTR – insulin regular (human) inj 500 unit/ml	2				
HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml	2				
NOVOLIN R – insulin regular (human) inj 100 unit/ml	1				
NOVOLIN R FLEXPEN – insulin regular (human) soln pen-injector 100 unit/ml	2				
<b>Intermediate-Acting Insulins</b>					
HUMALOG MIX 50/50 – insulin lispro protamine & lispro inj 100 unit/ml (50-50)	1				
HUMALOG MIX 50/50 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	1				
HUMALOG MIX 75/25 – insulin lispro prot & lispro inj 100 unit/ml (75-25)	1				
HUMALOG MIX 75/25 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	1				
HUMULIN N – insulin nph (human) (isophane) inj 100 unit/ml	1				
HUMULIN N KWIKPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1				
HUMULIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)	1				
HUMULIN 70/30 KWIKPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1				
NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
NOVOLIN N FLEXPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2				
NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)	2				
NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2				
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	1				
NOVOLOG MIX 70/30 PREFILL – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	1				
<b>Basal Insulins</b>					
INSULIN GLARGINE-YFGN – insulin glargine-yfgn soln pen-injector 100 unit/ml	2				
INSULIN GLARGINE-YFGN – insulin glargine-yfgn inj 100 unit/ml	2				
LEVEMIR – insulin detemir inj 100 unit/ml	2				
SEMGLEE – insulin glargine-yfgn soln pen-injector 100 unit/ml	2				
SEMGLEE – insulin glargine-yfgn inj 100 unit/ml	2				
TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2				
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2				
TRESIBA – insulin degludec inj 100 unit/ml	2				
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml	2				
<b>THYROID REGULATION</b>					
levothyroxine sodium tab 25 mcg (Synthroid)	1				
levothyroxine sodium tab 50 mcg (Synthroid)	1				
levothyroxine sodium tab 75 mcg (Synthroid)	1				
levothyroxine sodium tab 88 mcg (Synthroid)	1				
levothyroxine sodium tab 100 mcg (Synthroid)	1				
levothyroxine sodium tab 112 mcg (Synthroid)	1				
levothyroxine sodium tab 125 mcg (Synthroid)	1				
levothyroxine sodium tab 137 mcg (Synthroid)	1				
levothyroxine sodium tab 150 mcg (Synthroid)	1				
levothyroxine sodium tab 175 mcg (Synthroid)	1				
levothyroxine sodium tab 200 mcg (Synthroid)	1				
levothyroxine sodium tab 300 mcg (Synthroid)	1				
liothyronine sodium tab 5 mcg (Cytomel)	1				
liothyronine sodium tab 25 mcg (Cytomel)	1				
liothyronine sodium tab 50 mcg (Cytomel)	1				
methimazole tab 5 mg (Tapazole)	1				
methimazole tab 10 mg (Tapazole)	1				
propylthiouracil tab 50 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
THYQUIDITY – levothyroxine sodium oral solution 100 mcg/5ml	2				
<b>GROWTH HORMONE</b>					
GENOTROPIN – somatropin for subcutaneous inj cartridge 5 mg	2	•	•		
GENOTROPIN – somatropin for subcutaneous inj cartridge 12 mg (36 unit)	2	•	•		
GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 0.2 mg	2	•	•		
GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 0.4 mg	2	•	•		
GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 0.6 mg	2	•	•		
GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 0.8 mg	2	•	•		
GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 1 mg	2	•	•		
GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 1.2 mg	2	•	•		
GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 1.4 mg	2	•	•		
GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 1.6 mg	2	•	•		
GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 1.8 mg	2	•	•		
GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 2 mg	2	•	•		
INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml)	2	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
OMNITROPE – somatropin for inj 5.8 mg	2	•	•		
OMNITROPE – somatropin solution cartridge 5 mg/1.5ml	2	•	•		
OMNITROPE – somatropin solution cartridge 10 mg/1.5ml	2	•	•		
<b>OTHER HORMONES AND RELATED DRUGS</b>					
ALENDRONATE SODIUM – alendronate sodium tab 5 mg	2				
alendronate sodium tab 10 mg	1				
alendronate sodium tab 35 mg	1				
alendronate sodium tab 70 mg (Fosamax)	1				
betaine powder for oral solution (Cystadane)	1	•			
cabergoline tab 0.5 mg	1				
calcitonin (salmon) nasal soln 200 unit/act (Miacalcin)	1				
calcitriol cap 0.25 mcg (Rocaltrol)	1				
calcitriol cap 0.5 mcg (Rocaltrol)	1				
CARBAGLU – carglumic acid soluble tab 200 mg	2	•	•		
carglumic acid soluble tab 200 mg (Carbaglu)	1	•	•		
cinacalcet hcl tab 30 mg (base equiv) (Sensipar)	1				
cinacalcet hcl tab 60 mg (base equiv) (Sensipar)	1				
cinacalcet hcl tab 90 mg (base equiv) (Sensipar)	1				
CYSTADANE – betaine powder for oral solution	2	•			
desmopressin acetate inj 4 mcg/ml (Ddavn)	1				
desmopressin acetate nasal spray soln 0.01% (Ddavn)	1				
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavn)	1				
desmopressin acetate tab 0.1 mg (Ddavn)	1				
desmopressin acetate tab 0.2 mg (Ddavn)	1				
FORTEO – teriparatide soln pen-inj 600 mcg/2.4ml	2	•	•		•
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	1				
KERENDIA – finerenone tab 10 mg	2			•	•
KERENDIA – finerenone tab 20 mg	2			•	•
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	1				
levocarnitine tab 330 mg (Carnitor)	1				
LUPRON DEPOT-PED (1-MONTH – leuprolide acetate for inj pediatric kit 7.5 mg	2	•			
LUPRON DEPOT-PED (1-MONTH – leuprolide acetate for inj pediatric kit 11.25 mg	2	•			
LUPRON DEPOT-PED (1-MONTH – leuprolide acetate for inj pediatric kit 15 mg	2	•			
methylergonovine maleate tab 0.2 mg	1				
nitisinone cap 2 mg (Orfadin)	1	•			
nitisinone cap 5 mg (Orfadin)	1	•			
nitisinone cap 10 mg (Orfadin)	1	•			
nitisinone cap 20 mg (Orfadin)	1	•			
NITYR – nitisinone tab 2 mg	2	•			
NITYR – nitisinone tab 5 mg	2	•			
NITYR – nitisinone tab 10 mg	2	•			
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (Sandostatin)	1	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (Sandostatin)	1	•			
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) (Sandostatin)	1	•			
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin)	1	•			
octreotide acetate inj 1000 mcg/ml (1 mg/ml) (Sandostatin)	1	•			
ORFADIN – nitisinone susp 4 mg/ml	2	•			
raloxifene hcl tab 60 mg (Evista)	1				
REVCovi – elapegamase-ivlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	2	•			
risedronate sodium tab 5 mg (Actonel)	1				
risedronate sodium tab 30 mg (Actonel)	1				
risedronate sodium tab 35 mg (Actonel)	1				
risedronate sodium tab 150 mg (Actonel)	1				
SANDOSTATIN LAR DEPOT – octreotide acetate for im inj kit 10 mg	2	•			
SANDOSTATIN LAR DEPOT – octreotide acetate for im inj kit 20 mg	2	•			
SANDOSTATIN LAR DEPOT – octreotide acetate for im inj kit 30 mg	2	•			
STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml	2	•	•		
STRENSIQ – asfotase alfa subcutaneous inj 28 mg/0.7ml	2	•	•		
STRENSIQ – asfotase alfa subcutaneous inj 40 mg/ml	2	•	•		
STRENSIQ – asfotase alfa subcutaneous inj 80 mg/0.8ml	2	•	•		
teriparatide soln pen-inj 600 mcg/2.4ml (Forteo)	1	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
TYMLOS – abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	2	•	•		•
<b>HEART AND CIRCULATORY DRUGS</b>					
<b>ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATIONS</b>					
benazepril & hydrochlorothiazide tab 5-6.25 mg	1				
benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)	1				
benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)	1				
benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)	1				
benazepril hcl tab 5 mg	1				
benazepril hcl tab 10 mg (Lotensin)	1				
benazepril hcl tab 20 mg (Lotensin)	1				
benazepril hcl tab 40 mg (Lotensin)	1				
captopril tab 12.5 mg	1				
captopril tab 25 mg	1				
captopril tab 50 mg	1				
captopril tab 100 mg	1				
CAPTOPRIL/ HYDROCHLOROTHIA – captopril & hydrochlorothiazide tab 25-15 mg	2				
CAPTOPRIL/ HYDROCHLOROTHIA – captopril & hydrochlorothiazide tab 50-15 mg	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</b>	1				
<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (Vaseretic)</b>	1				
<b>enalapril maleate tab 2.5 mg (Vasotec)</b>	1				
<b>enalapril maleate tab 5 mg (Vasotec)</b>	1				
<b>enalapril maleate tab 10 mg (Vasotec)</b>	1				
<b>enalapril maleate tab 20 mg (Vasotec)</b>	1				
<b>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</b>	1				
<b>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</b>	1				
<b>fosinopril sodium tab 10 mg</b>	1				
<b>fosinopril sodium tab 20 mg</b>	1				
<b>fosinopril sodium tab 40 mg</b>	1				
<b>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg (Zestoretic)</b>	1				
<b>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg (Zestoretic)</b>	1				
<b>lisinopril &amp; hydrochlorothiazide tab 20-25 mg (Zestoretic)</b>	1				
<b>lisinopril tab 2.5 mg (Zestril)</b>	1				
<b>lisinopril tab 5 mg (Prinivil)</b>	1				
<b>lisinopril tab 10 mg (Prinivil)</b>	1				
<b>lisinopril tab 20 mg (Prinivil)</b>	1				
<b>lisinopril tab 30 mg (Zestril)</b>	1				
<b>lisinopril tab 40 mg (Zestril)</b>	1				
<b>moexipril hcl tab 7.5 mg (Univasc)</b>	1				
<b>moexipril hcl tab 15 mg (Univasc)</b>	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>PERINDOPRIL ERBUMINE – perindopril erbumine tab 2 mg</b>	2				
<b>PERINDOPRIL ERBUMINE – perindopril erbumine tab 8 mg</b>	2				
<b>perindopril erbumine tab 4 mg (Aceon)</b>	1				
<b>quinapril hcl tab 5 mg (Accupril)</b>	1				
<b>quinapril hcl tab 10 mg (Accupril)</b>	1				
<b>quinapril hcl tab 20 mg (Accupril)</b>	1				
<b>quinapril hcl tab 40 mg (Accupril)</b>	1				
<b>quinapril-hydrochlorothiazide tab 10-12.5 mg (Accuretic)</b>	1				
<b>quinapril-hydrochlorothiazide tab 20-12.5 mg (Accuretic)</b>	1				
<b>QUINAPRIL/ HYDROCHLOROTHIA – quinapril-hydrochlorothiazide tab 20-25 mg</b>	2				
<b>ramipril cap 1.25 mg (Altace)</b>	1				
<b>ramipril cap 2.5 mg (Altace)</b>	1				
<b>ramipril cap 5 mg (Altace)</b>	1				
<b>ramipril cap 10 mg (Altace)</b>	1				
<b>trandolapril tab 1 mg (Mavik)</b>	1				
<b>trandolapril tab 2 mg (Mavik)</b>	1				
<b>trandolapril tab 4 mg (Mavik)</b>	1				
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs) AND COMBINATIONS</b>					
<b>amlodipine besylate-valsartan tab 5-160 mg (Exforge)</b>	1				
<b>amlodipine besylate-valsartan tab 5-320 mg (Exforge)</b>	1				
<b>amlodipine besylate-valsartan tab 10-160 mg (Exforge)</b>	1				
<b>amlodipine besylate-valsartan tab 10-320 mg (Exforge)</b>	1				
<b>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (Exforge hct)</b>	1				



Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</b> (Exforge hct)	1				
<b>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</b> (Exforge hct)	1				
<b>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</b> (Exforge hct)	1				
<b>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</b> (Exforge hct)	1				
<b>candesartan cilexetil tab 4 mg</b> (Atacand)	1				
<b>candesartan cilexetil tab 8 mg</b> (Atacand)	1				
<b>candesartan cilexetil tab 16 mg</b> (Atacand)	1				
<b>candesartan cilexetil tab 32 mg</b> (Atacand)	1				
<b>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</b> (Atacand hct)	1				
<b>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</b> (Atacand hct)	1				
<b>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</b> (Atacand hct)	1				
<b>irbesartan tab 75 mg</b> (Avapro)	1				
<b>irbesartan tab 150 mg</b> (Avapro)	1				
<b>irbesartan tab 300 mg</b> (Avapro)	1				
<b>irbesartan-hydrochlorothiazide tab 150-12.5 mg</b> (Avalide)	1				
<b>irbesartan-hydrochlorothiazide tab 300-12.5 mg</b> (Avalide)	1				
<b>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</b> (Hyzaar)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</b> (Hyzaar)	1				
<b>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</b> (Hyzaar)	1				
<b>losartan potassium tab 25 mg</b> (Cozaar)	1				
<b>losartan potassium tab 50 mg</b> (Cozaar)	1				
<b>losartan potassium tab 100 mg</b> (Cozaar)	1				
<b>olmesartan medoxomil tab 5 mg</b> (Benicar)	1				
<b>olmesartan medoxomil tab 20 mg</b> (Benicar)	1				
<b>olmesartan medoxomil tab 40 mg</b> (Benicar)	1				
<b>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</b> (Benicar hct)	1				
<b>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</b> (Benicar hct)	1				
<b>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</b> (Benicar hct)	1				
<b>telmisartan tab 20 mg</b> (Micardis)	1				
<b>telmisartan tab 40 mg</b> (Micardis)	1				
<b>telmisartan tab 80 mg</b> (Micardis)	1				
<b>VALSARTAN – valsartan oral soln 4 mg/ml</b>	2			•	
<b>valsartan tab 40 mg</b> (Diovan)	1				
<b>valsartan tab 80 mg</b> (Diovan)	1				
<b>valsartan tab 160 mg</b> (Diovan)	1				
<b>valsartan tab 320 mg</b> (Diovan)	1				
<b>valsartan-hydrochlorothiazide tab 80-12.5 mg</b> (Diovan hct)	1				
<b>valsartan-hydrochlorothiazide tab 160-12.5 mg</b> (Diovan hct)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>valsartan-hydrochlorothiazide tab 160-25 mg</b> (Diovan hct)	1				
<b>valsartan-hydrochlorothiazide tab 320-12.5 mg</b> (Diovan hct)	1				
<b>valsartan-hydrochlorothiazide tab 320-25 mg</b> (Diovan hct)	1				
<b>BETA BLOCKERS AND COMBINATIONS</b>					
<b>acebutolol hcl cap 200 mg</b> (Sectral)	1				
<b>acebutolol hcl cap 400 mg</b> (Sectral)	1				
<b>atenolol &amp; chlorthalidone tab 50-25 mg</b> (Tenoretic 50)	1				
<b>atenolol &amp; chlorthalidone tab 100-25 mg</b> (Tenoretic 100)	1				
<b>atenolol tab 25 mg</b> (Tenormin)	1				
<b>atenolol tab 50 mg</b> (Tenormin)	1				
<b>atenolol tab 100 mg</b> (Tenormin)	1				
<b>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</b> (Ziac)	1				
<b>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</b> (Ziac)	1				
<b>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</b> (Ziac)	1				
<b>bisoprolol fumarate tab 5 mg</b> (Zebeta)	1				
<b>bisoprolol fumarate tab 10 mg</b> (Zebeta)	1				
<b>carvedilol tab 3.125 mg</b> (Coreg)	1				
<b>carvedilol tab 6.25 mg</b> (Coreg)	1				
<b>carvedilol tab 12.5 mg</b> (Coreg)	1				
<b>carvedilol tab 25 mg</b> (Coreg)	1				
<b>labetalol hcl tab 100 mg</b> (Trandate)	1				
<b>labetalol hcl tab 200 mg</b> (Trandate)	1				
<b>labetalol hcl tab 300 mg</b> (Trandate)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</b> (Lopressor hct)	1				
<b>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</b> (Lopressor hct)	1				
<b>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</b>	1				
<b>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</b> (Toprol xl)	1				
<b>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</b> (Toprol xl)	1				
<b>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</b> (Toprol xl)	1				
<b>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</b> (Toprol xl)	1				
<b>metoprolol tartrate tab 25 mg</b>	1				
<b>metoprolol tartrate tab 50 mg</b> (Lopressor)	1				
<b>metoprolol tartrate tab 100 mg</b> (Lopressor)	1				
<b>nadolol tab 20 mg</b> (Corgard)	1				
<b>nadolol tab 40 mg</b> (Corgard)	1				
<b>nadolol tab 80 mg</b> (Corgard)	1				
<b>pindolol tab 5 mg</b>	1				
<b>pindolol tab 10 mg</b>	1				
<b>propranolol hcl cap er 24hr 60 mg</b> (Inderal la)	1				
<b>propranolol hcl cap er 24hr 80 mg</b> (Inderal la)	1				
<b>propranolol hcl cap er 24hr 120 mg</b> (Inderal la)	1				
<b>propranolol hcl cap er 24hr 160 mg</b> (Inderal la)	1				
<b>propranolol hcl oral soln 20 mg/5ml</b>	1				
<b>propranolol hcl tab 10 mg</b>	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
propranolol hcl tab 20 mg	1				
propranolol hcl tab 40 mg	1				
propranolol hcl tab 60 mg	1				
propranolol hcl tab 80 mg	1				
<b>CALCIUM CHANNEL BLOCKERS AND COMBINATIONS</b>					
amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)	1				
amlodipine besylate tab 5 mg (base equivalent) (Norvasc)	1				
amlodipine besylate tab 10 mg (base equivalent) (Norvasc)	1				
amlodipine besylate-benazepril hcl cap 2.5-10 mg (Lotrel)	1				
amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel)	1				
amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel)	1				
amlodipine besylate-benazepril hcl cap 5-40 mg (Lotrel)	1				
amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel)	1				
amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel)	1				
diltiazem hcl cap er 24hr 120 mg	1				
diltiazem hcl cap er 24hr 180 mg	1				
diltiazem hcl cap er 24hr 240 mg	1				
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)	1				
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)	1				
diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)	1				
diltiazem hcl coated beads cap er 24hr 300 mg	1				
diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac)	1				
diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac)	1				
diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac)	1				
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac)	1				
diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac)	1				
diltiazem hcl tab 30 mg (Cardizem)	1				
diltiazem hcl tab 60 mg (Cardizem)	1				
diltiazem hcl tab 90 mg	1				
diltiazem hcl tab 120 mg (Cardizem)	1				
felodipine tab er 24hr 2.5 mg	1				
felodipine tab er 24hr 5 mg	1				
felodipine tab er 24hr 10 mg	1				
nifedipine tab er 24hr 30 mg (Adalat cc)	1				
nifedipine tab er 24hr 60 mg (Adalat cc)	1				
nifedipine tab er 24hr 90 mg (Adalat cc)	1				
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)	1				
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl)	1				
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl)	1				
nimodipine cap 30 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
TELMISARTAN/AMLODIPINE – telmisartan-amlodipine tab 40-5 mg	2			•	
TELMISARTAN/AMLODIPINE – telmisartan-amlodipine tab 40-10 mg	2			•	
TELMISARTAN/AMLODIPINE – telmisartan-amlodipine tab 80-5 mg	2			•	
TELMISARTAN/AMLODIPINE – telmisartan-amlodipine tab 80-10 mg	2			•	
verapamil hcl cap er 24hr 120 mg (Verelan)	1				
verapamil hcl cap er 24hr 180 mg (Verelan)	1				
verapamil hcl cap er 24hr 240 mg (Verelan)	1				
verapamil hcl tab er 120 mg (Calan sr)	1				
verapamil hcl tab er 180 mg (Calan sr)	1				
verapamil hcl tab er 240 mg (Calan sr)	1				
verapamil hcl tab 40 mg	1				
verapamil hcl tab 80 mg (Calan)	1				
verapamil hcl tab 120 mg (Calan)	1				
<b>CHEST PAIN</b>					
isosorbide dinitrate tab 5 mg (Isordil titradose)	1				
isosorbide dinitrate tab 10 mg	1				
isosorbide dinitrate tab 20 mg	1				
isosorbide dinitrate tab 30 mg	1				
isosorbide mononitrate tab er 24hr 30 mg	1				
isosorbide mononitrate tab er 24hr 60 mg	1				
isosorbide mononitrate tab er 24hr 120 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
isosorbide mononitrate tab 10 mg	1				
isosorbide mononitrate tab 20 mg	1				
NITRO-TIME – nitroglycerin cap er 2.5 mg	2				
NITRO-TIME – nitroglycerin cap er 6.5 mg	2				
NITRO-TIME – nitroglycerin cap er 9 mg	2				
nitroglycerin sl tab 0.3 mg (Nitrostat)	1				
nitroglycerin sl tab 0.4 mg (Nitrostat)	1				
nitroglycerin sl tab 0.6 mg (Nitrostat)	1				
nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur)	1				
nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)	1				
nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur)	1				
nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur)	1				
<b>CHOLESTEROL LOWERING</b>					
atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)	1				
atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)	1				
atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)	1				
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	1				
cholestyramine light powder 4 gm/dose (Questran light)	1				
cholestyramine powder 4 gm/ dose (Questran)	1				
colesevelam hcl tab 625 mg (Welchol)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>colestipol hcl granule packets 5 gm</b> (Colestid flavored)	1				
<b>colestipol hcl granules 5 gm</b> (Colestid flavored)	1				
<b>colestipol hcl tab 1 gm</b> (Colestid)	1				
<b>ezetimibe tab 10 mg</b> (Zetia)	1				
<b>ezetimibe-simvastatin tab 10-10 mg</b> (Vytorin)	1			•	
<b>ezetimibe-simvastatin tab 10-20 mg</b> (Vytorin)	1			•	
<b>ezetimibe-simvastatin tab 10-40 mg</b> (Vytorin)	1			•	
<b>ezetimibe-simvastatin tab 10-80 mg</b> (Vytorin)	1			•	
<b>fenofibrate micronized cap 67 mg</b> (Lofibra)	1				
<b>fenofibrate micronized cap 134 mg</b> (Lofibra)	1				
<b>fenofibrate micronized cap 200 mg</b> (Lofibra)	1				
<b>fenofibrate tab 48 mg</b> (Tricor)	1				
<b>fenofibrate tab 54 mg</b> (Lofibra)	1				
<b>fenofibrate tab 145 mg</b> (Tricor)	1				
<b>fenofibrate tab 160 mg</b> (Lofibra)	1				
<b>gemfibrozil tab 600 mg</b> (Lopid)	1				
<b>lovastatin tab 10 mg</b>	1				
<b>lovastatin tab 20 mg</b> (Mevacor)	1				
<b>lovastatin tab 40 mg</b> (Mevacor)	1				
<b>NEXLETOL – bempedoic acid tab 180 mg</b>	2		•	•	
<b>NEXLIZET – bempedoic acid-ezetimibe tab 180-10 mg</b>	2		•	•	
<b>niacin tab er 500 mg</b> (antihyperlipidemic) (Niaspan)	1				
<b>niacin tab er 750 mg</b> (antihyperlipidemic) (Niaspan)	1				
<b>niacin tab er 1000 mg</b> (antihyperlipidemic) (Niaspan)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>pravastatin sodium tab 10 mg</b>	1				
<b>pravastatin sodium tab 20 mg</b> (Pravachol)	1				
<b>pravastatin sodium tab 40 mg</b> (Pravachol)	1				
<b>pravastatin sodium tab 80 mg</b> (Pravachol)	1				
<b>rosuvastatin calcium tab 5 mg</b> (Crestor)	1				
<b>rosuvastatin calcium tab 10 mg</b> (Crestor)	1				
<b>rosuvastatin calcium tab 20 mg</b> (Crestor)	1				
<b>rosuvastatin calcium tab 40 mg</b> (Crestor)	1				
<b>simvastatin tab 5 mg</b> (Zocor)	1				
<b>simvastatin tab 10 mg</b> (Zocor)	1				
<b>simvastatin tab 20 mg</b> (Zocor)	1				
<b>simvastatin tab 40 mg</b> (Zocor)	1				
<b>simvastatin tab 80 mg</b> (Zocor)	1				
<b>VASCEPA – icosapent ethyl cap 0.5 gm</b>	1				
<b>VASCEPA – icosapent ethyl cap 1 gm</b>	1				
<b>FLUID RETENTION</b>					
<b>acetazolamide cap er 12hr 500 mg</b> (Diamox)	1				
<b>acetazolamide tab 125 mg</b>	1				
<b>acetazolamide tab 250 mg</b>	1				
<b>amiloride hcl tab 5 mg</b>	1				
<b>AMILORIDE/ HYDROCHLOROTHIA – amiloride &amp; hydrochlorothiazide tab 5-50 mg</b>	2				
<b>bumetanide tab 0.5 mg</b>	1				
<b>bumetanide tab 1 mg</b>	1				
<b>bumetanide tab 2 mg</b>	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
chlorthalidone tab 25 mg	1				
chlorthalidone tab 50 mg	1				
furosemide oral soln 10 mg/ml	1				
furosemide tab 20 mg (Lasix)	1				
furosemide tab 40 mg (Lasix)	1				
furosemide tab 80 mg (Lasix)	1				
hydrochlorothiazide cap 12.5 mg (Microzide)	1				
hydrochlorothiazide tab 12.5 mg	1				
hydrochlorothiazide tab 25 mg	1				
hydrochlorothiazide tab 50 mg	1				
indapamide tab 1.25 mg	1				
indapamide tab 2.5 mg	1				
methazolamide tab 25 mg (Neptazane)	1				
methazolamide tab 50 mg (Neptazane)	1				
metolazone tab 2.5 mg (Zaroxolyn)	1				
metolazone tab 5 mg (Zaroxolyn)	1				
metolazone tab 10 mg	1				
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	1				
spironolactone tab 25 mg (Aldactone)	1				
spironolactone tab 50 mg (Aldactone)	1				
spironolactone tab 100 mg (Aldactone)	1				
torsemide tab 5 mg (Demadex)	1				
torsemide tab 10 mg (Demadex)	1				
torsemide tab 20 mg (Demadex)	1				
torsemide tab 100 mg (Demadex)	1				
triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	1				
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	1				
<b>HEART RHYTHM</b>					
amiodarone hcl tab 100 mg	1				
amiodarone hcl tab 200 mg (Cordarone)	1				
disopyramide phosphate cap 100 mg (Norpace)	1				
disopyramide phosphate cap 150 mg (Norpace)	1				
flecainide acetate tab 50 mg	1				
flecainide acetate tab 100 mg	1				
flecainide acetate tab 150 mg	1				
mexiletine hcl cap 150 mg	1				
mexiletine hcl cap 200 mg	1				
mexiletine hcl cap 250 mg	1				
propafenone hcl cap er 12hr 225 mg (Rythmol sr)	1				
propafenone hcl cap er 12hr 325 mg (Rythmol sr)	1				
propafenone hcl cap er 12hr 425 mg (Rythmol sr)	1				
propafenone hcl tab 150 mg (Rythmol)	1				
propafenone hcl tab 225 mg (Rythmol)	1				
propafenone hcl tab 300 mg	1				
quinidine gluconate tab er 324 mg	1				
QUINIDINE SULFATE – quinidine sulfate tab 200 mg	2				
QUINIDINE SULFATE – quinidine sulfate tab 300 mg	2				
sotalol hcl (afib/af) tab 80 mg (Betapace af)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>sotalol hcl (afib/af) tab 120 mg</b> (Betapace af)	1				
<b>sotalol hcl (afib/af) tab 160 mg</b> (Betapace af)	1				
<b>sotalol hcl tab 80 mg</b> (Betapace)	1				
<b>sotalol hcl tab 120 mg</b> (Betapace)	1				
<b>sotalol hcl tab 160 mg</b> (Betapace)	1				
<b>sotalol hcl tab 240 mg</b>	1				
<b>OTHER HEART RELATED DRUGS</b>					
<b>ambrisentan tab 5 mg</b> (Letairis)	1	•	•		•
<b>ambrisentan tab 10 mg</b> (Letairis)	1	•	•		•
<b>bosentan tab 62.5 mg</b> (Tracleer)	1	•	•		•
<b>bosentan tab 125 mg</b> (Tracleer)	1	•	•		•
<b>clonidine hcl tab 0.1 mg</b> (Catapres)	1				
<b>clonidine hcl tab 0.2 mg</b> (Catapres)	1				
<b>clonidine hcl tab 0.3 mg</b> (Catapres)	1				
<b>clonidine td patch weekly</b> <b>0.1 mg/24hr</b> (Catapres-tts-1)	1				
<b>clonidine td patch weekly</b> <b>0.2 mg/24hr</b> (Catapres-tts-2)	1				
<b>clonidine td patch weekly</b> <b>0.3 mg/24hr</b> (Catapres-tts-3)	1				
<b>CORLANOR – ivabradine hcl oral</b> <b>soln 5 mg/5ml (base equiv)</b>	2		•		•
<b>CORLANOR – ivabradine hcl tab</b> <b>5 mg (base equiv)</b>	2		•		•
<b>CORLANOR – ivabradine hcl tab</b> <b>7.5 mg (base equiv)</b>	2		•		•
<b>digoxin oral soln 0.05 mg/ml</b> (Digoxin)	1				
<b>digoxin tab 125 mcg (0.125 mg)</b> (Lanoxin)	1				
<b>digoxin tab 250 mcg (0.25 mg)</b> (Lanoxin)	1				
<b>doxazosin mesylate tab 1 mg</b> (Cardura)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>doxazosin mesylate tab 2 mg</b> (Cardura)	1				
<b>doxazosin mesylate tab 4 mg</b> (Cardura)	1				
<b>doxazosin mesylate tab 8 mg</b> (Cardura)	1				
<b>ENTRESTO – sacubitril-valsartan</b> <b>tab 24-26 mg</b>	2				
<b>ENTRESTO – sacubitril-valsartan</b> <b>tab 49-51 mg</b>	2				
<b>ENTRESTO – sacubitril-valsartan</b> <b>tab 97-103 mg</b>	2				
<b>ENTRESTO – sacubitril-valsartan</b> <b>sprinkle cap 6-6 mg</b>	2				
<b>ENTRESTO – sacubitril-valsartan</b> <b>sprinkle cap 15-16 mg</b>	2				
<b>eplerenone tab 25 mg</b> (Inspra)	1				
<b>eplerenone tab 50 mg</b> (Inspra)	1				
<b>guanfacine hcl tab 1 mg</b> (Tenex)	1				
<b>guanfacine hcl tab 2 mg</b> (Tenex)	1				
<b>hydralazine hcl tab 10 mg</b>	1				
<b>hydralazine hcl tab 25 mg</b>	1				
<b>hydralazine hcl tab 50 mg</b>	1				
<b>hydralazine hcl tab 100 mg</b>	1				
<b>ivabradine hcl tab 5 mg (base</b> <b>equiv)</b> (Corlanor)	1		•		•
<b>ivabradine hcl tab 7.5 mg (base</b> <b>equiv)</b> (Corlanor)	1		•		•
<b>METHYLDOPA – methyldopa tab</b> <b>250 mg</b>	2				
<b>METHYLDOPA – methyldopa tab</b> <b>500 mg</b>	2				
<b>midodrine hcl tab 2.5 mg</b>	1				
<b>midodrine hcl tab 5 mg</b>	1				
<b>midodrine hcl tab 10 mg</b>	1				
<b>minoxidil tab 2.5 mg</b>	1				
<b>minoxidil tab 10 mg</b>	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
OPSUMIT – macitentan tab 10 mg	2	•	•		•
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	1				
prazosin hcl cap 1 mg (Minipress)	1				
prazosin hcl cap 2 mg (Minipress)	1				
prazosin hcl cap 5 mg (Minipress)	1				
sildenafil citrate tab 20 mg (Revatio)	1	•	•		•
tadalafil tab 20 mg (pah) (Adcirca)	1	•	•		•
terazosin hcl cap 1 mg (base equivalent)	1				
terazosin hcl cap 2 mg (base equivalent)	1				
terazosin hcl cap 5 mg (base equivalent)	1				
terazosin hcl cap 10 mg (base equivalent)	1				
TRACLEER – bosentan tab for oral susp 32 mg	2	•	•		•
UPTRAVI – selexipag tab 200 mcg	2	•	•		•
UPTRAVI – selexipag tab 400 mcg	2	•	•		•
UPTRAVI – selexipag tab 600 mcg	2	•	•		•
UPTRAVI – selexipag tab 800 mcg	2	•	•		•
UPTRAVI – selexipag tab 1000 mcg	2	•	•		•
UPTRAVI – selexipag tab 1200 mcg	2	•	•		•
UPTRAVI – selexipag tab 1400 mcg	2	•	•		•
UPTRAVI – selexipag tab 1600 mcg	2	•	•		•
UPTRAVI TITRATION PACK – selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
VERQUVO – vericiguat tab 2.5 mg	2		•		•
VERQUVO – vericiguat tab 5 mg	2		•		•
VERQUVO – vericiguat tab 10 mg	2		•		•
VYNDAMAX – tafamidis cap 61 mg	2	•	•		•
VYNDAQEL – tafamidis meglumine (cardiac) cap 20 mg	2	•	•		•
<b>ERECTILE DYSFUNCTION</b>					
tadalafil tab 2.5 mg (Cialis)	1				•
tadalafil tab 5 mg (Cialis)	1				•
tadalafil tab 10 mg (Cialis)	1				•
tadalafil tab 20 mg (Cialis)	1				•
<b>BEE STING KITS</b>					
AUVI-Q – epinephrine solution auto-injector 0.1 mg/0.1ml	2				
AUVI-Q – epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	2				
AUVI-Q – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	2				
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	1				
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	1				
<b>RESPIRATORY AGENTS</b>					
<b>ANTI-HISTAMINES</b>					
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1				
CLEMASTINE FUMARATE – clemastine fumarate tab 2.68 mg	2				
cyproheptadine hcl syrup 2 mg/5ml	1				
cyproheptadine hcl tab 4 mg	1				



Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
DESLORATADINE ODT – desloratadine tab orally disintegrating 2.5 mg	2				
DESLORATADINE ODT – desloratadine tab orally disintegrating 5 mg	2				
desloratadine tab 5 mg (Clarinet)	1				
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml) (Xyzal)	1				
levocetirizine dihydrochloride tab 5 mg (Xyzal)	1				
promethazine hcl oral soln 6.25 mg/5ml	1				
promethazine hcl suppos 12.5 mg	1				
promethazine hcl suppos 25 mg	1				
promethazine hcl tab 12.5 mg	1				
promethazine hcl tab 25 mg	1				
promethazine hcl tab 50 mg	1				
PROMETHEGAN – promethazine hcl suppos 50 mg	2				
RYVENT – carbinoxamine maleate tab 6 mg	2				
<b>NASAL PRODUCTS</b>					
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1				•
azelastine hcl nasal spray 0.15% (205.5 mcg/spray) (Astepro)	1				•
flunisolide nasal soln 25 mcg/act (0.025%)	1				•
fluticasone propionate nasal susp 50 mcg/act (Flonase)	1				•
ipratropium bromide nasal soln 0.03% (21 mcg/spray) (Atrovent)	1				•
ipratropium bromide nasal soln 0.06% (42 mcg/spray) (Atrovent)	1				•
mometasone furoate nasal susp 50 mcg/act (Nasonex)	1				•
<b>COUGH/COLD/ALLERGY</b>					

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
acetylcysteine inhal soln 10%	1				
acetylcysteine inhal soln 20%	1				
<b>ASTHMA/COPD</b>					
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 100-50 mcg/act	2			•	•
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 250-50 mcg/act	2			•	•
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 500-50 mcg/act	2			•	•
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act	2				•
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 115-21 mcg/act	2				•
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 230-21 mcg/act	2				•
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	1				•
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1				
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1				
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1				
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1				
albuterol sulfate syrup 2 mg/5ml	1				
albuterol sulfate tab 2 mg	1				
albuterol sulfate tab 4 mg	1				
ANORO ELLIPTA – umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	2				•
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 50 mcg/act	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act	1				•
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act	1				•
ASMANEX HFA – mometasone furoate inhal aerosol suspension 50 mcg/act	1				•
ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act	1				•
ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act	1				•
ASMANEX TWISTHALER 120 ME – mometasone furoate inhal powd 220 mcg/act (breath activated)	1				•
ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 110 mcg/act (breath activated)	1				•
ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 220 mcg/act (breath activated)	1				•
ASMANEX TWISTHALER 60 MET – mometasone furoate inhal powd 220 mcg/act (breath activated)	1				•
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act	2				•
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	2				•
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	2				•
BREZTRI AEROSPHERE – budesonide-glycopyrrolate-	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
formoterol aers 160-9-4.8 mcg/act					
budesonide inhalation susp 0.25 mg/2ml (Pulmicort)	1				
budesonide inhalation susp 0.5 mg/2ml (Pulmicort)	1				
budesonide inhalation susp 1 mg/2ml (Pulmicort)	1				
cromolyn sodium soln nebu 20 mg/2ml	1				
DULERA – mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act	2				•
DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	2				•
DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	2				•
FASENRA PEN – benralizumab subcutaneous soln auto-injector 30 mg/ml	2	•	•		•
FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 55-14 mcg/act	2				•
FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 113-14 mcg/act	2				•
FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 232-14 mcg/act	2				•
fluticasone-salmeterol aer powder ba 100-50 mcg/act (Advair diskus)	1				•
fluticasone-salmeterol aer powder ba 250-50 mcg/act (Advair diskus)	1				•
fluticasone-salmeterol aer powder ba 500-50 mcg/act (Advair diskus)	1				•
INCRUSE ELLIPTA – umeclidinium br aero powd	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
breath act 62.5 mcg/act (base eq)					
ipratropium bromide inhal soln 0.02%	1				
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml (Duoneb)	1				
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1				
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (Xopenex)	1				
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (Xopenex)	1				
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (Xopenex)	1				
montelukast sodium chew tab 4 mg (base equiv) (Singulair)	1				
montelukast sodium chew tab 5 mg (base equiv) (Singulair)	1				
montelukast sodium oral granules packet 4 mg (base equiv) (Singulair)	1				
montelukast sodium tab 10 mg (base equiv) (Singulair)	1				
NUCALA – mepolizumab subcutaneous solution auto-injector 100 mg/ml	2	•	•		•
NUCALA – mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	2	•	•		•
NUCALA – mepolizumab subcutaneous solution pref syringe 100 mg/ml	2	•	•		•
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act	1				•
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	2				•
SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	1				•
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	2				•
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	2				•
STIOLTO RESPIMAT – tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	2				•
STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	2				•
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	1				•
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	1				•
terbutaline sulfate tab 2.5 mg	1				
terbutaline sulfate tab 5 mg	1				
TEZSPIRE – tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	2	•	•		•
theophylline tab er 12hr 300 mg	1				
theophylline tab er 12hr 450 mg	1				
theophylline tab er 24hr 400 mg	1				
theophylline tab er 24hr 600 mg	1				
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act	2				•
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2				•
XOLAIR – omalizumab subcutaneous soln auto-injector 75 mg/0.5ml	2	•	•		
XOLAIR – omalizumab subcutaneous soln auto-injector 150 mg/ml	2	•	•		
XOLAIR – omalizumab subcutaneous soln auto-injector 300 mg/2ml	2	•	•		
XOLAIR – omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml	2	•	•		
XOLAIR – omalizumab subcutaneous soln prefilled syringe 150 mg/ml	2	•	•		
XOLAIR – omalizumab subcutaneous soln prefilled syringe 300 mg/2ml	2	•	•		
zafirlukast tab 10 mg (Accolate)	1				
zafirlukast tab 20 mg (Accolate)	1				
<b>OTHER RESPIRATORY DRUGS</b>					
KALYDECO – ivacaftor tab 150 mg	2	•	•		•
KALYDECO – ivacaftor packet 5.8 mg	2	•	•		•
KALYDECO – ivacaftor packet 13.4 mg	2	•	•		•
KALYDECO – ivacaftor packet 25 mg	2	•	•		•
KALYDECO – ivacaftor packet 50 mg	2	•	•		•
KALYDECO – ivacaftor packet 75 mg	2	•	•		•
PULMOZYME – dornase alfa inhal soln 2.5 mg/2.5ml	2	•			
SYMDEKO – tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SYMDEKO – tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	2	•	•		•
TRIKAFTA – elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	2	•	•		•
TRIKAFTA – elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	2	•	•		•
TRIKAFTA – elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	2	•	•		•
TRIKAFTA – elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	2	•	•		•

**GASTROINTESTINAL DRUGS****LAXATIVES**

GAVILYTE-C – peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	2				
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lactulose solution 10 gm/15ml	1				
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peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1				
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peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)	1				
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PEG-PREP – bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	2				
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**ANTIDIARRHEALS**

diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	1				
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loperamide hcl cap 2 mg	1				
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**ULCER/GERD**

CIMETIDINE HYDROCHLORIDE – cimetidine hcl soln 300 mg/5ml	2				
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cimetidine tab 300 mg	1				
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cimetidine tab 400 mg	1				
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cimetidine tab 800 mg	1				
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Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
dicyclomine hcl cap 10 mg (Bentyl)	1				
dicyclomine hcl oral soln 10 mg/5ml	1				
dicyclomine hcl tab 20 mg (Bentyl)	1				
esomeprazole magnesium cap delayed release 20 mg (base eq) (Nexium)	1				•
esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)	1				•
esomeprazole magnesium for delayed release susp packet 10 mg (Nexium)	1				•
esomeprazole magnesium for delayed release susp packet 20 mg (Nexium)	1				•
esomeprazole magnesium for delayed release susp packet 40 mg (Nexium)	1				•
famotidine for susp 40 mg/5ml	1				
famotidine tab 20 mg (Pepcid)	1				
famotidine tab 40 mg (Pepcid)	1				
glycopyrrolate tab 1 mg (Robinul)	1				
glycopyrrolate tab 2 mg (Robinul forte)	1				
lansoprazole cap delayed release 15 mg (Prevacid)	1				•
lansoprazole cap delayed release 30 mg (Prevacid)	1				•
LANSOPRAZOLE/AMOXICILLIN/ – amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg	2				
methscopolamine bromide tab 2.5 mg (Pamine)	1				
methscopolamine bromide tab 5 mg (Pamine forte)	1				
misoprostol tab 100 mcg (Cytotec)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
misoprostol tab 200 mcg (Cytotec)	1				
NEXIUM – esomeprazole magnesium for delayed release susp pack 2.5 mg	2			•	•
NEXIUM – esomeprazole magnesium for delayed release susp packet 5 mg	2			•	•
NIZATIDINE – nizatidine cap 150 mg	2				
NIZATIDINE – nizatidine cap 300 mg	2				
omeprazole cap delayed release 10 mg (Prilosec)	1				•
omeprazole cap delayed release 20 mg (Prilosec)	1				•
omeprazole cap delayed release 40 mg (Prilosec)	1				•
pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)	1				•
pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)	1				•
sucralfate tab 1 gm (Carafate)	1				
<b>NAUSEA AND VOMITING</b>					
aprepitant capsule therapy pack 80 & 125 mg (Emend)	1				
aprepitant capsule 40 mg (Emend)	1				
aprepitant capsule 80 mg (Emend)	1				
aprepitant capsule 125 mg (Emend)	1				
EMEND – aprepitant for oral susp 125 mg (125 mg/5ml)	2				
granisetron hcl tab 1 mg	1				
meclizine hcl tab 12.5 mg	1				
meclizine hcl tab 25 mg	1				
ONDANSETRON HCL – ondansetron hcl tab 24 mg	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>ondansetron hcl oral soln 4 mg/5ml (Zofran)</b>	1				
<b>ondansetron hcl tab 4 mg (Zofran)</b>	1				
<b>ondansetron hcl tab 8 mg (Zofran)</b>	1				
<b>ondansetron orally disintegrating tab 4 mg (Zofran odt)</b>	1				
<b>ondansetron orally disintegrating tab 8 mg (Zofran odt)</b>	1				
<b>scopolamine td patch 72hr 1 mg/3days (Transderm-scop)</b>	1				
<b>trimethobenzamide hcl cap 300 mg (Tigan)</b>	1				
<b>DIGESTIVE ENZYMES</b>					
<b>CREON – pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit</b>	2				
<b>CREON – pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit</b>	2				
<b>CREON – pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit</b>	2				
<b>CREON – pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit</b>	2				
<b>CREON – pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit</b>	2				
<b>ZENPEP – pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit</b>	2				
<b>ZENPEP – pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit</b>	2				
<b>ZENPEP – pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit</b>	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>ZENPEP – pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit</b>	2				
<b>ZENPEP – pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit</b>	2				
<b>ZENPEP – pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit</b>	2				
<b>ZENPEP – pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit</b>	2				
<b>ZENPEP – pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit</b>	2				
<b>OTHER GASTROINTESTINAL DRUGS</b>					
<b>alosetron hcl tab 0.5 mg (base equiv) (Lotronex)</b>	1				
<b>alosetron hcl tab 1 mg (base equiv) (Lotronex)</b>	1				
<b>balsalazide disodium cap 750 mg (Colazal)</b>	1				
<b>calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (Phoslo)</b>	1				
<b>calcium acetate (phosphate binder) tab 667 mg (Eliphos)</b>	1				
<b>CHENODAL – chenodiol tab 250 mg</b>	2	•			
<b>ENTYVIO PEN – vedolizumab soln auto-injector 108 mg/0.68ml</b>	2	•	•		•
<b>lactulose (encephalopathy) solution 10 gm/15ml</b>	1				
<b>mesalamine cap dr 400 mg (Delzicol)</b>	1				
<b>mesalamine cap er 24hr 0.375 gm (Apriso)</b>	1				
<b>mesalamine enema 4 gm</b>	1				
<b>mesalamine suppos 1000 mg (Canasa)</b>	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
mesalamine tab delayed release 800 mg	1				
mesalamine tab delayed release 1.2 gm (Lialda)	1				
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1				
metoclopramide hcl tab 5 mg (base equivalent) (Reglan)	1				
metoclopramide hcl tab 10 mg (base equivalent) (Reglan)	1				
MOVANTIK – naloxegol oxalate tab 12.5 mg (base equivalent)	2		•		•
MOVANTIK – naloxegol oxalate tab 25 mg (base equivalent)	2		•		•
OMVOH – mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/ml	2	•	•		•
OMVOH – mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/ml	2	•	•		•
PENTASA – mesalamine cap er 500 mg	2				
sevelamer carbonate packet 0.8 gm (Renvela)	1				
sevelamer carbonate packet 2.4 gm (Renvela)	1				
sevelamer carbonate tab 800 mg (Renvela)	1				
SKYRIZI – risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml	2	•	•		•
SKYRIZI – risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml	2	•	•		•
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	1				
sulfasalazine tab 500 mg (Azulfidine)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
SYMPROIC – naldemedine tosylate tab 0.2 mg (base equivalent)	2		•		•
TRULANCE – plecanatide tab 3 mg	2		•		•
ursodiol cap 300 mg (Actigall)	1				
ursodiol tab 250 mg (Urso 250)	1				
ursodiol tab 500 mg (Urso forte)	1				
<b>GENITOURINARY DRUGS</b>					
<b>URINARY TRACT SPASMS</b>					
oxybutynin chloride solution 5 mg/5ml	1				
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	1				
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	1				
oxybutynin chloride tab er 24hr 15 mg (Ditropan xl)	1				
oxybutynin chloride tab 5 mg	1				
solifenacin succinate tab 5 mg (Vesicare)	1				
solifenacin succinate tab 10 mg (Vesicare)	1				
tolterodine tartrate cap er 24hr 2 mg (Detrol la)	1				
tolterodine tartrate cap er 24hr 4 mg (Detrol la)	1				
tolterodine tartrate tab 1 mg (Detrol)	1				
tolterodine tartrate tab 2 mg (Detrol)	1				
<b>VAGINAL PRODUCTS</b>					
clindamycin phosphate vaginal cream 2% (Cleocin)	1				
ENDOMETRIN – progesterone vaginal insert 100 mg	2				
estradiol vaginal cream 0.1 mg/gm (Estrace)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>estradiol vaginal tab 10 mcg</b> (Vagifem)	1				
<b>ESTRING – estradiol vaginal ring</b> <b>2 mg (7.5 mcg/24hrs)</b>	2				•
<b>metronidazole vaginal gel 0.75%</b> (Metrogel-vaginal)	1				
<b>terconazole vaginal cream 0.4%</b> (Terazol 7)	1				
<b>terconazole vaginal cream 0.8%</b>	1				
<b>terconazole vaginal suppos</b> <b>80 mg</b>	1				
<b>VANDAZOLE – metronidazole</b> <b>vaginal gel 0.75%</b>	2				
<b>OTHER GENITOURINARY DRUGS</b>					
<b>alfuzosin hcl tab er 24hr 10 mg</b> (Uroxatral)	1				
<b>CYSTAGON – cysteamine</b> <b>bitartrate cap 50 mg</b>	2	•			
<b>CYSTAGON – cysteamine</b> <b>bitartrate cap 150 mg</b>	2	•			
<b>dutasteride cap 0.5 mg</b> (Avodart)	1				
<b>finasteride tab 5 mg</b> (Proscar)	1				
<b>potassium citrate tab er 5 meq</b> <b>(540 mg)</b> (Urocit-k 5)	1				
<b>potassium citrate tab er 10 meq</b> <b>(1080 mg)</b> (Urocit-k 10)	1				
<b>potassium citrate tab er 15 meq</b> <b>(1620 mg)</b> (Urocit-k 15)	1				
<b>silodosin cap 4 mg</b> (Rapaflo)	1				
<b>silodosin cap 8 mg</b> (Rapaflo)	1				
<b>sodium citrate &amp; citric acid soln</b> <b>500-334 mg/5ml</b> (Shohls solution modi)	1				
<b>tamsulosin hcl cap 0.4 mg</b> (Flomax)	1				
<b>CENTRAL NERVOUS SYSTEM DRUGS</b>					
<b>ANXIETY</b>					
<b>alprazolam tab er 24hr 0.5 mg</b> (Xanax xr)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>alprazolam tab er 24hr 1 mg</b> (Xanax xr)	1				
<b>alprazolam tab er 24hr 2 mg</b> (Xanax xr)	1				
<b>alprazolam tab er 24hr 3 mg</b> (Xanax xr)	1				
<b>alprazolam tab 0.25 mg</b> (Xanax)	1				
<b>alprazolam tab 0.5 mg</b> (Xanax)	1				
<b>alprazolam tab 1 mg</b> (Xanax)	1				
<b>alprazolam tab 2 mg</b> (Xanax)	1				
<b>bupirone hcl tab 5 mg</b>	1				
<b>bupirone hcl tab 10 mg</b>	1				
<b>bupirone hcl tab 15 mg</b>	1				
<b>bupirone hcl tab 30 mg</b>	1				
<b>diazepam oral soln 1 mg/ml</b>	1				
<b>diazepam tab 2 mg</b> (Valium)	1				
<b>diazepam tab 5 mg</b> (Valium)	1				
<b>diazepam tab 10 mg</b> (Valium)	1				
<b>hydroxyzine hcl syrup 10 mg/5ml</b>	1				
<b>hydroxyzine hcl tab 10 mg</b>	1				
<b>hydroxyzine hcl tab 25 mg</b>	1				
<b>hydroxyzine hcl tab 50 mg</b>	1				
<b>hydroxyzine pamoate cap 25 mg</b> (Vistaril)	1				
<b>hydroxyzine pamoate cap 50 mg</b> (Vistaril)	1				
<b>lorazepam conc 2 mg/ml</b> (Lorazepam intensol)	1				
<b>lorazepam tab 0.5 mg</b> (Ativan)	1				
<b>lorazepam tab 1 mg</b> (Ativan)	1				
<b>lorazepam tab 2 mg</b> (Ativan)	1				
<b>DEPRESSION</b>					
<b>amitriptyline hcl tab 10 mg</b>	1				
<b>amitriptyline hcl tab 25 mg</b>	1				
<b>amitriptyline hcl tab 50 mg</b>	1				
<b>amitriptyline hcl tab 75 mg</b>	1				



Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
amitriptyline hcl tab 100 mg	1				
amitriptyline hcl tab 150 mg	1				
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)	1				•
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)	1				•
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)	1				•
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)	1				•
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)	1				•
bupropion hcl tab 75 mg (Wellbutrin)	1				•
bupropion hcl tab 100 mg (Wellbutrin)	1				•
citalopram hydrobromide oral soln 10 mg/5ml	1				•
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)	1				•
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)	1				•
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)	1				•
clomipramine hcl cap 25 mg (Anafranil)	1				
clomipramine hcl cap 50 mg (Anafranil)	1				
clomipramine hcl cap 75 mg (Anafranil)	1				
desipramine hcl tab 10 mg (Norpramin)	1				
desipramine hcl tab 25 mg (Norpramin)	1				
desipramine hcl tab 50 mg (Norpramin)	1				
desipramine hcl tab 75 mg (Norpramin)	1				
desipramine hcl tab 100 mg (Norpramin)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
desipramine hcl tab 150 mg (Norpramin)	1				
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Pristiq)	1				•
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq)	1				•
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)	1				•
doxepin hcl cap 10 mg	1				
doxepin hcl cap 25 mg	1				
doxepin hcl cap 50 mg	1				
doxepin hcl cap 75 mg	1				
doxepin hcl cap 100 mg	1				
doxepin hcl conc 10 mg/ml	1				
duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)	1				•
duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)	1				•
duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta)	1				•
escitalopram oxalate soln 5 mg/5ml (base equiv) (Lexapro)	1				•
escitalopram oxalate tab 5 mg (base equiv) (Lexapro)	1				•
escitalopram oxalate tab 10 mg (base equiv) (Lexapro)	1				•
escitalopram oxalate tab 20 mg (base equiv) (Lexapro)	1				•
FLUOXETINE DR – fluoxetine hcl cap delayed release 90 mg	2			•	•
fluoxetine hcl cap 10 mg (Prozac)	1				•
fluoxetine hcl cap 20 mg (Prozac)	1				•
fluoxetine hcl cap 40 mg (Prozac)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
fluoxetine hcl solution 20 mg/5ml	1				•
fluvoxamine maleate tab 25 mg	1				•
fluvoxamine maleate tab 50 mg	1				•
fluvoxamine maleate tab 100 mg	1				•
imipramine hcl tab 10 mg (Tofranil)	1				
imipramine hcl tab 25 mg (Tofranil)	1				
imipramine hcl tab 50 mg (Tofranil)	1				
mirtazapine tab 7.5 mg	1				•
mirtazapine tab 15 mg (Remeron)	1				•
mirtazapine tab 30 mg (Remeron)	1				•
mirtazapine tab 45 mg (Remeron)	1				•
nortriptyline hcl cap 10 mg (Pamelor)	1				
nortriptyline hcl cap 25 mg (Pamelor)	1				
nortriptyline hcl cap 50 mg (Pamelor)	1				
nortriptyline hcl cap 75 mg (Pamelor)	1				
nortriptyline hcl soln 10 mg/5ml	1				
paroxetine hcl tab er 24hr 12.5 mg (Paxil cr)	1				•
paroxetine hcl tab er 24hr 25 mg (Paxil cr)	1				•
paroxetine hcl tab er 24hr 37.5 mg (Paxil cr)	1				•
paroxetine hcl tab 10 mg (Paxil)	1				•
paroxetine hcl tab 20 mg (Paxil)	1				•
paroxetine hcl tab 30 mg (Paxil)	1				•
paroxetine hcl tab 40 mg (Paxil)	1				•
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	1				•
sertraline hcl tab 25 mg (Zoloft)	1				•
sertraline hcl tab 50 mg (Zoloft)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
sertraline hcl tab 100 mg (Zoloft)	1				•
tranylcypromine sulfate tab 10 mg (Parnate)	1				
trazodone hcl tab 50 mg	1				
trazodone hcl tab 100 mg	1				
trazodone hcl tab 150 mg	1				
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)	1				•
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)	1				•
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)	1				•
venlafaxine hcl tab 25 mg (base equivalent)	1				•
venlafaxine hcl tab 37.5 mg (base equivalent)	1				•
venlafaxine hcl tab 50 mg (base equivalent)	1				•
venlafaxine hcl tab 75 mg (base equivalent)	1				•
venlafaxine hcl tab 100 mg (base equivalent)	1				•
ZURZUVAE – zuranolone cap 20 mg	2	•			•
ZURZUVAE – zuranolone cap 25 mg	2	•			•
ZURZUVAE – zuranolone cap 30 mg	2	•			•
<b>PSYCHOTIC AND BIPOLAR DISORDERS</b>					
aripiprazole tab 2 mg (Abilify)	1				•
aripiprazole tab 5 mg (Abilify)	1				•
aripiprazole tab 10 mg (Abilify)	1				•
aripiprazole tab 15 mg (Abilify)	1				•
aripiprazole tab 20 mg (Abilify)	1				•
aripiprazole tab 30 mg (Abilify)	1				•
chlorpromazine hcl tab 10 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
chlorpromazine hcl tab 25 mg	1				
chlorpromazine hcl tab 50 mg	1				
chlorpromazine hcl tab 100 mg	1				
chlorpromazine hcl tab 200 mg	1				
CLOZAPINE ODT – clozapine orally disintegrating tab 12.5 mg	2			•	•
clozapine tab 25 mg (Clozaril)	1				•
clozapine tab 50 mg	1				•
clozapine tab 100 mg (Clozaril)	1				•
clozapine tab 200 mg	1				•
fluphenazine hcl tab 1 mg	1				
fluphenazine hcl tab 2.5 mg	1				
fluphenazine hcl tab 5 mg	1				
fluphenazine hcl tab 10 mg	1				
haloperidol lactate oral conc 2 mg/ml	1				
haloperidol tab 0.5 mg	1				
haloperidol tab 1 mg	1				
haloperidol tab 2 mg	1				
haloperidol tab 5 mg	1				
haloperidol tab 10 mg	1				
haloperidol tab 20 mg	1				
LATUDA – lurasidone hcl tab 20 mg	2			•	•
LATUDA – lurasidone hcl tab 40 mg	2			•	•
LATUDA – lurasidone hcl tab 60 mg	2			•	•
LATUDA – lurasidone hcl tab 80 mg	2			•	•
LATUDA – lurasidone hcl tab 120 mg	2			•	•
lithium carbonate cap 150 mg (Lithium carbonate)	1				
lithium carbonate cap 300 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
lithium carbonate cap 600 mg (Lithium carbonate)	1				
lithium carbonate tab er 300 mg (Lithobid)	1				
lithium carbonate tab er 450 mg	1				
lithium carbonate tab 300 mg	1				
lithium oral solution 8 meq/5ml	1				
loxapine succinate cap 5 mg (Loxitane)	1				
loxapine succinate cap 10 mg	1				
loxapine succinate cap 25 mg	1				
loxapine succinate cap 50 mg	1				
lurasidone hcl tab 20 mg (Latuda)	1				•
lurasidone hcl tab 40 mg (Latuda)	1				•
lurasidone hcl tab 60 mg (Latuda)	1				•
lurasidone hcl tab 80 mg (Latuda)	1				•
lurasidone hcl tab 120 mg (Latuda)	1				•
olanzapine orally disintegrating tab 5 mg (Zyprexa zydis)	1				•
olanzapine orally disintegrating tab 10 mg (Zyprexa zydis)	1				•
olanzapine orally disintegrating tab 15 mg (Zyprexa zydis)	1				•
olanzapine orally disintegrating tab 20 mg (Zyprexa zydis)	1				•
olanzapine tab 2.5 mg (Zyprexa)	1				•
olanzapine tab 5 mg (Zyprexa)	1				•
olanzapine tab 7.5 mg (Zyprexa)	1				•
olanzapine tab 10 mg (Zyprexa)	1				•
olanzapine tab 15 mg (Zyprexa)	1				•
olanzapine tab 20 mg (Zyprexa)	1				•
perphenazine tab 2 mg	1				
perphenazine tab 4 mg	1				
perphenazine tab 8 mg	1				
perphenazine tab 16 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>prochlorperazine maleate tab 5 mg (base equivalent)</b> (Compazine)	1				
<b>prochlorperazine maleate tab 10 mg (base equivalent)</b> (Compazine)	1				
<b>prochlorperazine suppos 25 mg</b>	1				
<b>quetiapine fumarate tab er 24hr 50 mg</b> (Seroquel xr)	1				•
<b>quetiapine fumarate tab er 24hr 150 mg</b> (Seroquel xr)	1				•
<b>quetiapine fumarate tab er 24hr 200 mg</b> (Seroquel xr)	1				•
<b>quetiapine fumarate tab er 24hr 300 mg</b> (Seroquel xr)	1				•
<b>quetiapine fumarate tab er 24hr 400 mg</b> (Seroquel xr)	1				•
<b>quetiapine fumarate tab 25 mg</b> (Seroquel)	1				•
<b>quetiapine fumarate tab 50 mg</b> (Seroquel)	1				•
<b>quetiapine fumarate tab 100 mg</b> (Seroquel)	1				•
<b>quetiapine fumarate tab 200 mg</b> (Seroquel)	1				•
<b>quetiapine fumarate tab 300 mg</b> (Seroquel)	1				•
<b>quetiapine fumarate tab 400 mg</b> (Seroquel)	1				•
<b>REXULTI – brexpiprazole tab 0.25 mg</b>	2				•
<b>REXULTI – brexpiprazole tab 0.5 mg</b>	2				•
<b>REXULTI – brexpiprazole tab 1 mg</b>	2				•
<b>REXULTI – brexpiprazole tab 2 mg</b>	2				•
<b>REXULTI – brexpiprazole tab 3 mg</b>	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>REXULTI – brexpiprazole tab 4 mg</b>	2				•
<b>RISPERIDONE ODT – risperidone orally disintegrating tab 0.25 mg</b>	2			•	•
<b>risperidone orally disintegrating tab 0.5 mg</b> (Risperdal m-tab)	1				•
<b>risperidone orally disintegrating tab 1 mg</b> (Risperdal m-tab)	1				•
<b>risperidone orally disintegrating tab 2 mg</b> (Risperdal m-tab)	1				•
<b>risperidone orally disintegrating tab 3 mg</b> (Risperdal m-tab)	1				•
<b>risperidone orally disintegrating tab 4 mg</b> (Risperdal m-tab)	1				•
<b>risperidone soln 1 mg/ml</b> (Risperdal)	1				•
<b>risperidone tab 0.25 mg</b> (Risperdal)	1				•
<b>risperidone tab 0.5 mg</b> (Risperdal)	1				•
<b>risperidone tab 1 mg</b> (Risperdal)	1				•
<b>risperidone tab 2 mg</b> (Risperdal)	1				•
<b>risperidone tab 3 mg</b> (Risperdal)	1				•
<b>risperidone tab 4 mg</b> (Risperdal)	1				•
<b>thiothixene cap 1 mg</b>	1				
<b>thiothixene cap 2 mg</b>	1				
<b>thiothixene cap 5 mg</b>	1				
<b>thiothixene cap 10 mg</b>	1				
<b>trifluoperazine hcl tab 1 mg (base equivalent)</b>	1				
<b>trifluoperazine hcl tab 2 mg (base equivalent)</b>	1				
<b>trifluoperazine hcl tab 5 mg (base equivalent)</b>	1				
<b>trifluoperazine hcl tab 10 mg (base equivalent)</b>	1				
<b>VRAYLAR – cariprazine hcl cap 1.5 mg (base equivalent)</b>	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
VRAYLAR – cariprazine hcl cap 3 mg (base equivalent)	2				•
VRAYLAR – cariprazine hcl cap 4.5 mg (base equivalent)	2				•
VRAYLAR – cariprazine hcl cap 6 mg (base equivalent)	2				•
ziprasidone hcl cap 20 mg (Geodon)	1				•
ziprasidone hcl cap 40 mg (Geodon)	1				•
ziprasidone hcl cap 60 mg (Geodon)	1				•
ziprasidone hcl cap 80 mg (Geodon)	1				•
<b>SLEEP AIDS</b>					
estazolam tab 1 mg	1				
estazolam tab 2 mg	1				
eszopiclone tab 1 mg (Lunesta)	1				•
eszopiclone tab 2 mg (Lunesta)	1				•
eszopiclone tab 3 mg (Lunesta)	1				•
FLURAZEPAM HYDROCHLORIDE – flurazepam hcl cap 15 mg	2				
FLURAZEPAM HYDROCHLORIDE – flurazepam hcl cap 30 mg	2				
phenobarbital elixir 20 mg/5ml	1				
phenobarbital tab 15 mg	1				
phenobarbital tab 16.2 mg	1				
phenobarbital tab 30 mg	1				
phenobarbital tab 32.4 mg	1				
phenobarbital tab 60 mg	1				
phenobarbital tab 100 mg	1				
temazepam cap 15 mg (Restoril)	1				
temazepam cap 30 mg (Restoril)	1				
zaleplon cap 5 mg (Sonata)	1				•
zaleplon cap 10 mg (Sonata)	1				•
ZOLPIDEM TARTRATE – zolpidem tartrate sl tab 1.75 mg	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ZOLPIDEM TARTRATE – zolpidem tartrate sl tab 3.5 mg	2				•
zolpidem tartrate tab er 6.25 mg (Ambien cr)	1				•
zolpidem tartrate tab er 12.5 mg (Ambien cr)	1				•
zolpidem tartrate tab 5 mg (Ambien)	1				•
zolpidem tartrate tab 10 mg (Ambien)	1				•
<b>HYPERACTIVITY/NARCOLEPSY</b>					
ADDERALL – amphetamine-dextroamphetamine tab 5 mg	2				•
ADDERALL – amphetamine-dextroamphetamine tab 7.5 mg	2				•
ADDERALL – amphetamine-dextroamphetamine tab 10 mg	2				•
ADDERALL – amphetamine-dextroamphetamine tab 12.5 mg	2				•
ADDERALL – amphetamine-dextroamphetamine tab 15 mg	2				•
ADDERALL – amphetamine-dextroamphetamine tab 20 mg	2				•
ADDERALL – amphetamine-dextroamphetamine tab 30 mg	2				•
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 5 mg	2				•
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 10 mg	2				•
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 15 mg	2				•
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 20 mg	2				•
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 25 mg	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 30 mg	2				•
amphetamine-dextroamphetamine cap er 24hr 5 mg (Adderall xr)	1				•
amphetamine-dextroamphetamine cap er 24hr 10 mg (Adderall xr)	1				•
amphetamine-dextroamphetamine cap er 24hr 15 mg (Adderall xr)	1				•
amphetamine-dextroamphetamine cap er 24hr 20 mg (Adderall xr)	1				•
amphetamine-dextroamphetamine cap er 24hr 25 mg (Adderall xr)	1				•
amphetamine-dextroamphetamine cap er 24hr 30 mg (Adderall xr)	1				•
amphetamine-dextroamphetamine tab 5 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 7.5 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 10 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 12.5 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 15 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 20 mg (Adderall)	1				•
amphetamine-dextroamphetamine tab 30 mg (Adderall)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
armodafinil tab 50 mg (Nuvigil)	1				
armodafinil tab 150 mg (Nuvigil)	1				
armodafinil tab 200 mg (Nuvigil)	1				
armodafinil tab 250 mg (Nuvigil)	1				
atomoxetine hcl cap 10 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 18 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 25 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 40 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 60 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 80 mg (base equiv) (Strattera)	1				•
atomoxetine hcl cap 100 mg (base equiv) (Strattera)	1				•
AZSTARYS – serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg	2				•
AZSTARYS – serdexmethylphenidate-dexmethylphenidate cap 39.2-7.8 mg	2				•
AZSTARYS – serdexmethylphenidate-dexmethylphenidate cap 52.3-10.4 mg	2				•
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) (Cafcit)	1				
CONCERTA – methylphenidate hcl tab er osmotic release (osm) 18 mg	2				•
CONCERTA – methylphenidate hcl tab er osmotic release (osm) 27 mg	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
CONCERTA – methylphenidate hcl tab er osmotic release (osm) 36 mg	2				•
CONCERTA – methylphenidate hcl tab er osmotic release (osm) 54 mg	2				•
dexmethylphenidate hcl cap er 24 hr 5 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 35 mg (Focalin xr)	1				•
dexmethylphenidate hcl cap er 24 hr 40 mg (Focalin xr)	1				•
dexmethylphenidate hcl tab 2.5 mg (Focalin)	1				•
dexmethylphenidate hcl tab 5 mg (Focalin)	1				•
dexmethylphenidate hcl tab 10 mg (Focalin)	1				•
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	1				•
dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine)	1				•
dextroamphetamine sulfate cap er 24hr 15 mg (Dexedrine)	1				•
dextroamphetamine sulfate tab 5 mg	1				•
dextroamphetamine sulfate tab 10 mg	1				•
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 5 mg	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 10 mg	2				•
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 15 mg	2				•
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 20 mg	2				•
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 25 mg	2				•
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 30 mg	2				•
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 35 mg	2				•
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 40 mg	2				•
guanfacine hcl tab er 24hr 1 mg (base equiv) (Intuniv)	1				•
guanfacine hcl tab er 24hr 2 mg (base equiv) (Intuniv)	1				•
guanfacine hcl tab er 24hr 3 mg (base equiv) (Intuniv)	1				•
guanfacine hcl tab er 24hr 4 mg (base equiv) (Intuniv)	1				•
JORNAY PM – methylphenidate hcl cap delayed er 24hr 20 mg (pm)	2				•
JORNAY PM – methylphenidate hcl cap delayed er 24hr 40 mg (pm)	2				•
JORNAY PM – methylphenidate hcl cap delayed er 24hr 60 mg (pm)	2				•
JORNAY PM – methylphenidate hcl cap delayed er 24hr 80 mg (pm)	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits	Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
JORNAY PM – methylphenidate hcl cap delayed er 24hr 100 mg (pm)	2				•	methylphenidate hcl tab 5 mg (Ritalin)	1				•
lisdexamfetamine dimesylate cap 10 mg (Vyvanse)	1				•	methylphenidate hcl tab 10 mg (Ritalin)	1				•
lisdexamfetamine dimesylate cap 20 mg (Vyvanse)	1				•	methylphenidate hcl tab 20 mg (Ritalin)	1				•
lisdexamfetamine dimesylate cap 30 mg (Vyvanse)	1				•	METHYLPHENIDATE HYDROCHLO – methylphenidate hcl tab er osmotic release (osm) 72 mg	2				•
lisdexamfetamine dimesylate cap 40 mg (Vyvanse)	1				•	METHYLPHENIDATE HYDROCHLO – methylphenidate hcl tab er 24hr 18 mg	2				•
lisdexamfetamine dimesylate cap 50 mg (Vyvanse)	1				•	METHYLPHENIDATE HYDROCHLO – methylphenidate hcl tab er 24hr 27 mg	2				•
lisdexamfetamine dimesylate cap 60 mg (Vyvanse)	1				•	METHYLPHENIDATE HYDROCHLO – methylphenidate hcl tab er 24hr 36 mg	2				•
lisdexamfetamine dimesylate cap 70 mg (Vyvanse)	1				•	METHYLPHENIDATE HYDROCHLO – methylphenidate hcl tab er 24hr 54 mg	2				•
lisdexamfetamine dimesylate chew tab 10 mg (Vyvanse)	1				•	modafinil tab 100 mg (Provigil)	1				
lisdexamfetamine dimesylate chew tab 20 mg (Vyvanse)	1				•	modafinil tab 200 mg (Provigil)	1				
lisdexamfetamine dimesylate chew tab 30 mg (Vyvanse)	1				•	QUILLICHEW ER – methylphenidate hcl chew tab extended release 20 mg	2				•
lisdexamfetamine dimesylate chew tab 40 mg (Vyvanse)	1				•	QUILLICHEW ER – methylphenidate hcl chew tab extended release 30 mg	2				•
lisdexamfetamine dimesylate chew tab 50 mg (Vyvanse)	1				•	QUILLICHEW ER – methylphenidate hcl chew tab extended release 40 mg	2				•
lisdexamfetamine dimesylate chew tab 60 mg (Vyvanse)	1				•	QUILLIVANT XR – methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml)	2				•
methylphenidate hcl tab er osmotic release (osm) 18 mg (Concerta)	1				•						
methylphenidate hcl tab er osmotic release (osm) 27 mg (Concerta)	1				•						
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	1				•						
methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta)	1				•						



Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
RELEXXII – methylphenidate hcl tab er osmotic release (osm) 72 mg	2				•
SUNOSI – solriamfetol hcl tab 75 mg (base equiv)	2		•		•
SUNOSI – solriamfetol hcl tab 150 mg (base equiv)	2		•		•
VYVANSE – lisdexamfetamine dimesylate cap 10 mg	2				•
VYVANSE – lisdexamfetamine dimesylate cap 20 mg	2				•
VYVANSE – lisdexamfetamine dimesylate cap 30 mg	2				•
VYVANSE – lisdexamfetamine dimesylate cap 40 mg	2				•
VYVANSE – lisdexamfetamine dimesylate cap 50 mg	2				•
VYVANSE – lisdexamfetamine dimesylate cap 60 mg	2				•
VYVANSE – lisdexamfetamine dimesylate cap 70 mg	2				•
VYVANSE – lisdexamfetamine dimesylate chew tab 10 mg	2				•
VYVANSE – lisdexamfetamine dimesylate chew tab 20 mg	2				•
VYVANSE – lisdexamfetamine dimesylate chew tab 30 mg	2				•
VYVANSE – lisdexamfetamine dimesylate chew tab 40 mg	2				•
VYVANSE – lisdexamfetamine dimesylate chew tab 50 mg	2				•
VYVANSE – lisdexamfetamine dimesylate chew tab 60 mg	2				•
<b>MULTIPLE SCLEROSIS</b>					
AUBAGIO – teriflunomide tab 7 mg	2	•		•	•
AUBAGIO – teriflunomide tab 14 mg	2	•		•	•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
AVONEX – interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	2	•			•
AVONEX PEN – interferon beta-1a im auto-injector kit 30 mcg/0.5ml	2	•			•
BETASERON – interferon beta-1b for inj kit 0.3 mg	2	•			•
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	1	•			•
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	1	•			•
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	1	•			•
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	1	•			•
GILENYA – fingolimod hcl cap 0.5 mg (base equiv)	2	•		•	•
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	1	•			•
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	1	•			•
KESIMPTA – ofatumumab soln auto-injector 20 mg/0.4ml	2	•			•
MAVENCLAD – cladribine tab therapy pack 10 mg (4 tabs)	2	•			•
MAVENCLAD – cladribine tab therapy pack 10 mg (5 tabs)	2	•			•
MAVENCLAD – cladribine tab therapy pack 10 mg (6 tabs)	2	•			•
MAVENCLAD – cladribine tab therapy pack 10 mg (7 tabs)	2	•			•
MAVENCLAD – cladribine tab therapy pack 10 mg (8 tabs)	2	•			•
MAVENCLAD – cladribine tab therapy pack 10 mg (9 tabs)	2	•			•
MAVENCLAD – cladribine tab therapy pack 10 mg (10 tabs)	2	•			•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
MAYZENT – siponimod fumarate tab 0.25 mg (base equiv)	2	•			•
MAYZENT – siponimod fumarate tab 1 mg (base equiv)	2	•			•
MAYZENT – siponimod fumarate tab 2 mg (base equiv)	2	•			•
MAYZENT STARTER PACK – siponimod fumarate tab 0.25 mg (7) starter pack	2	•			•
MAYZENT STARTER PACK – siponimod fumarate tab 0.25 mg (12) starter pack	2	•			•
PLEGRIDY – peginterferon beta-1a soln auto-injector 125 mcg/0.5ml	2	•			•
PLEGRIDY – peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	2	•			•
PLEGRIDY – peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	2	•			•
PLEGRIDY STARTER PACK – peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack	2	•			•
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	2	•			•
REBIF – interferon beta-1a soln pref syr 22 mcg/0.5ml	2	•			•
REBIF – interferon beta-1a soln pref syr 44 mcg/0.5ml	2	•			•
REBIF REBIDOSE – interferon beta-1a soln auto-inj 22 mcg/0.5ml	2	•			•
REBIF REBIDOSE – interferon beta-1a soln auto-inj 44 mcg/0.5ml	2	•			•
REBIF REBIDOSE TITRATION – interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	•			•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
REBIF TITRATION PACK – interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	•			•
teriflunomide tab 7 mg (Aubagio)	1	•			•
teriflunomide tab 14 mg (Aubagio)	1	•			•
ZEPOSIA – ozanimod hcl cap 0.92 mg	2	•	•		•
ZEPOSIA STARTER KIT – ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	2	•			•
ZEPOSIA 7-DAY STARTER PAC – ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	2	•	•		•
<b>OTHER CENTRAL NERVOUS SYSTEM DRUGS</b>					
acamprosate calcium tab delayed release 333 mg (Campral)	1				
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban)	1				
CHLORDIAZEPOXIDE/AMITRIPT – chlordiazepoxide-amitriptyline tab 5-12.5 mg	2				
disulfiram tab 250 mg (Antabuse)	1				
disulfiram tab 500 mg (Antabuse)	1				
donepezil hydrochloride orally disintegrating tab 5 mg (Aricept odt)	1				
donepezil hydrochloride orally disintegrating tab 10 mg (Aricept odt)	1				
donepezil hydrochloride tab 5 mg (Aricept)	1				
donepezil hydrochloride tab 10 mg (Aricept)	1				
FLUOXETINE HYDROCHLORIDE – fluoxetine hcl (pmdd) tab 10 mg	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FLUOXETINE HYDROCHLORIDE – fluoxetine hcl (pmdd) tab 20 mg	2				
GALANTAMINE HYDROBROMIDE – galantamine hydrobromide oral soln 4 mg/ml	2				
galantamine hydrobromide cap er 24hr 8 mg (Razadyne er)	1				
galantamine hydrobromide cap er 24hr 16 mg (Razadyne er)	1				
galantamine hydrobromide cap er 24hr 24 mg (Razadyne er)	1				
galantamine hydrobromide tab 4 mg (Razadyne)	1				
galantamine hydrobromide tab 8 mg (Razadyne)	1				
galantamine hydrobromide tab 12 mg (Razadyne)	1				
memantine hcl oral solution 2 mg/ml (Namenda)	1				
memantine hcl tab 5 mg (Namenda)	1				
memantine hcl tab 10 mg (Namenda)	1				
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	1				
NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered)	2				
NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray)	2				
PIMOZIDE – pimozide tab 1 mg	2				
PIMOZIDE – pimozide tab 2 mg	2				
rivastigmine tartrate cap 1.5 mg (base equivalent)	1				
rivastigmine tartrate cap 3 mg (base equivalent)	1				
rivastigmine tartrate cap 4.5 mg (base equivalent)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
rivastigmine tartrate cap 6 mg (base equivalent)	1				
tetrabenazine tab 12.5 mg (Xenazine)	1	•	•		•
tetrabenazine tab 25 mg (Xenazine)	1	•	•		•
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1				
varenicline tartrate tab 0.5 mg (base equiv)	1				
varenicline tartrate tab 1 mg (base equiv)	1				
WAINUA – eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8ml	2	•	•		•
<b>PAIN RELIEF DRUGS</b>					
<b>NON-NARCOTIC DRUGS</b>					
ALLZITAL – butalbital-acetaminophen tab 25-325 mg	2				•
butalbital-acetaminophen tab 50-325 mg	1				•
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1				•
butalbital-aspirin-caffeine cap 50-325-40 mg (Fiorinal)	1				•
TENCON – butalbital-acetaminophen tab 50-325 mg	2				•
<b>NARCOTIC DRUGS</b>					
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	1				•
acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3)	1				•
acetaminophen w/ codeine tab 300-60 mg (Tylenol/codeine #4)	1				•
ACETAMINOPHEN/CODEINE – acetaminophen w/ codeine soln 120-12 mg/5ml	2				•
buprenorphine hcl sl tab 2 mg (base equiv)	1		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>buprenorphine hcl sl tab 8 mg (base equiv)</b>	1		•		•
<b>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Fiorinal/ codeine #3)</b>	1				•
<b>CODEINE SULFATE – codeine sulfate tab 15 mg</b>	2				•
<b>CODEINE SULFATE – codeine sulfate tab 60 mg</b>	2				•
<b>codeine sulfate tab 30 mg</b>	1				•
<b>fentanyl td patch 72hr 12 mcg/hr (Duragesic)</b>	1		•		•
<b>fentanyl td patch 72hr 25 mcg/hr (Duragesic)</b>	1		•		•
<b>fentanyl td patch 72hr 50 mcg/hr (Duragesic)</b>	1		•		•
<b>fentanyl td patch 72hr 75 mcg/hr (Duragesic)</b>	1		•		•
<b>fentanyl td patch 72hr 100 mcg/hr (Duragesic)</b>	1		•		•
<b>hydrocodone-acetaminophen soln 7.5-325 mg/15ml (Hycet)</b>	1				•
<b>hydrocodone-acetaminophen tab 10-325 mg (Norco)</b>	1				•
<b>hydrocodone-acetaminophen tab 5-325 mg (Norco)</b>	1				•
<b>hydrocodone-acetaminophen tab 7.5-325 mg (Norco)</b>	1				•
<b>hydrocodone-ibuprofen tab 7.5-200 mg (Vicoprofen)</b>	1				•
<b>HYDROCODONE/IBUPROFEN – hydrocodone-ibuprofen tab 5-200 mg</b>	2				•
<b>hydromorphone hcl liqd 1 mg/ml (Dilaudid)</b>	1				•
<b>hydromorphone hcl tab 2 mg (Dilaudid)</b>	1				•
<b>hydromorphone hcl tab 4 mg (Dilaudid)</b>	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>hydromorphone hcl tab 8 mg (Dilaudid)</b>	1				•
<b>methadone hcl conc 10 mg/ml (Methadose)</b>	1				•
<b>methadone hcl soln 5 mg/5ml (Methadone hcl)</b>	1				•
<b>methadone hcl soln 10 mg/5ml (Methadone hcl)</b>	1				•
<b>methadone hcl tab for oral susp 40 mg</b>	1				•
<b>methadone hcl tab 5 mg (Dolophine hcl)</b>	1				•
<b>methadone hcl tab 10 mg (Dolophine)</b>	1				•
<b>MORPHINE SULFATE – morphine sulfate oral soln 10 mg/5ml</b>	2				•
<b>MORPHINE SULFATE – morphine sulfate tab 15 mg</b>	2				•
<b>MORPHINE SULFATE – morphine sulfate tab 30 mg</b>	2				•
<b>MORPHINE SULFATE ER – morphine sulfate cap er 24hr 10 mg</b>	2		•		•
<b>MORPHINE SULFATE ER – morphine sulfate cap er 24hr 20 mg</b>	2		•		•
<b>MORPHINE SULFATE ER – morphine sulfate cap er 24hr 30 mg</b>	2		•		•
<b>MORPHINE SULFATE ER – morphine sulfate cap er 24hr 50 mg</b>	2		•		•
<b>MORPHINE SULFATE ER – morphine sulfate cap er 24hr 60 mg</b>	2		•		•
<b>MORPHINE SULFATE ER – morphine sulfate cap er 24hr 80 mg</b>	2		•		•
<b>MORPHINE SULFATE ER – morphine sulfate cap er 24hr 100 mg</b>	2		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
morphine sulfate oral soln 10 mg/5ml	1				•
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1				•
morphine sulfate tab er 15 mg (Ms contin)	1		•		•
morphine sulfate tab er 30 mg (Ms contin)	1		•		•
morphine sulfate tab er 60 mg (Ms contin)	1		•		•
morphine sulfate tab er 100 mg (Ms contin)	1		•		•
morphine sulfate tab er 200 mg (Ms contin)	1		•		•
morphine sulfate tab 15 mg (Morphine sulfate)	1				•
morphine sulfate tab 30 mg (Morphine sulfate)	1				•
oxycodone hcl conc 100 mg/5ml (20 mg/ml) (Oxycodone hcl)	1				•
oxycodone hcl soln 5 mg/5ml (Oxycodone hcl)	1				•
oxycodone hcl tab 5 mg (Roxicodone)	1				•
oxycodone hcl tab 10 mg	1				•
oxycodone hcl tab 15 mg (Roxicodone)	1				•
oxycodone hcl tab 20 mg	1				•
oxycodone hcl tab 30 mg (Roxicodone)	1				•
oxycodone w/ acetaminophen tab 5-325 mg (Percocet)	1				•
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	1				•
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	1				•
TRAMADOL HCL ER – tramadol hcl tab er 24hr biphasic release 100 mg	2		•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
TRAMADOL HCL ER – tramadol hcl tab er 24hr biphasic release 200 mg	2		•		•
TRAMADOL HCL ER – tramadol hcl tab er 24hr biphasic release 300 mg	2		•		•
tramadol hcl tab er 24hr 100 mg	1		•		•
tramadol hcl tab er 24hr 200 mg	1		•		•
tramadol hcl tab er 24hr 300 mg	1		•		•
tramadol hcl tab 50 mg (Ultram)	1				•
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	1				•
<b>RHEUMATOID AND OSTEOARTHRITIS</b>					
ADALIMUMAB-AATY 1-PEN KIT – adalimumab-aaty auto-injector kit 40 mg/0.4ml	2	•	•		•
ADALIMUMAB-AATY 1-PEN KIT – adalimumab-aaty auto-injector kit 80 mg/0.8ml	2	•	•		•
ADALIMUMAB-AATY 2-PEN KIT – adalimumab-aaty auto-injector kit 40 mg/0.4ml	2	•	•		•
ADALIMUMAB-AATY 2-SYRINGE – adalimumab-aaty prefilled syringe kit 20 mg/0.2ml	2	•	•		•
ADALIMUMAB-AATY 2-SYRINGE – adalimumab-aaty prefilled syringe kit 40 mg/0.4ml	2	•	•		•
ADALIMUMAB-ADAZ – adalimumab-adaz soln auto-injector 40 mg/0.4ml	2	•	•		•
ADALIMUMAB-ADAZ – adalimumab-adaz soln prefilled syringe 40 mg/0.4ml	2	•	•		•
celecoxib cap 50 mg (Celebrex)	1				
celecoxib cap 100 mg (Celebrex)	1				
celecoxib cap 200 mg (Celebrex)	1				
celecoxib cap 400 mg (Celebrex)	1				
diclofenac potassium tab 50 mg (Cataflam)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
diclofenac sodium tab delayed release 25 mg	1				
diclofenac sodium tab delayed release 50 mg	1				
diclofenac sodium tab delayed release 75 mg	1				
ENBREL – etanercept subcutaneous inj 25 mg/0.5ml	2	•	•		•
ENBREL – etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	2	•	•		•
ENBREL – etanercept subcutaneous soln prefilled syringe 50 mg/ml	2	•	•		•
ENBREL MINI – etanercept subcutaneous solution cartridge 50 mg/ml	2	•	•		•
ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml	2	•	•		•
etodolac cap 200 mg	1				
etodolac cap 300 mg	1				
etodolac tab er 24hr 400 mg	1				
etodolac tab er 24hr 500 mg	1				
etodolac tab er 24hr 600 mg	1				
etodolac tab 400 mg	1				
etodolac tab 500 mg	1				
FLURBIPROFEN – flurbiprofen tab 50 mg	2				
flurbiprofen tab 100 mg	1				
HADLIMA – adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml	2	•	•		•
HADLIMA – adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml	2	•	•		•
HADLIMA PUSH TOUCH – adalimumab-bwwd soln auto-injector 40 mg/0.4ml	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
HADLIMA PUSH TOUCH – adalimumab-bwwd soln auto-injector 40 mg/0.8ml	2	•	•		•
HUMIRA – adalimumab prefilled syringe kit 10 mg/0.1ml	2	•	•		•
HUMIRA – adalimumab prefilled syringe kit 20 mg/0.2ml	2	•	•		•
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.8ml	2	•	•		•
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.4ml	2	•	•		•
HUMIRA PEN – adalimumab auto-injector kit 40 mg/0.8ml	2	•	•		•
HUMIRA PEN – adalimumab auto-injector kit 40 mg/0.4ml	2	•	•		•
HUMIRA PEN – adalimumab auto-injector kit 80 mg/0.8ml	2	•	•		•
HUMIRA PEN-CD/UC/HS START – adalimumab auto-injector kit 80 mg/0.8ml	2	•	•		•
HUMIRA PEN-PS/UV STARTER – adalimumab auto-injector kit 80 mg/0.8ml & 40 mg/0.4ml	2	•	•		•
ibuprofen susp 100 mg/5ml	1				
ibuprofen tab 400 mg	1				
ibuprofen tab 600 mg	1				
ibuprofen tab 800 mg	1				
indomethacin cap 25 mg	1				
indomethacin cap 50 mg	1				
leflunomide tab 10 mg (Arava)	1				
leflunomide tab 20 mg (Arava)	1				
meloxicam tab 7.5 mg (Mobic)	1				
meloxicam tab 15 mg (Mobic)	1				
nabumetone tab 500 mg	1				
nabumetone tab 750 mg	1				
naproxen sodium tab 275 mg (Anaprox)	1				
naproxen sodium tab 550 mg (Anaprox ds)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
naproxen tab 250 mg (Naprosyn)	1				
naproxen tab 375 mg (Naprosyn)	1				
naproxen tab 500 mg (Naprosyn)	1				
OTREXUP – methotrexate soln pf auto-injector 10 mg/0.4ml	2			•	
OTREXUP – methotrexate soln pf auto-injector 12.5 mg/0.4ml	2			•	
OTREXUP – methotrexate soln pf auto-injector 15 mg/0.4ml	2			•	
OTREXUP – methotrexate soln pf auto-injector 17.5 mg/0.4ml	2			•	
OTREXUP – methotrexate soln pf auto-injector 20 mg/0.4ml	2			•	
OTREXUP – methotrexate soln pf auto-injector 22.5 mg/0.4ml	2			•	
OTREXUP – methotrexate soln pf auto-injector 25 mg/0.4ml	2			•	
oxaprozin tab 600 mg (Daypro)	1				
piroxicam cap 10 mg (Feldene)	1				
piroxicam cap 20 mg (Feldene)	1				
RINVOQ – upadacitinib tab er 24hr 15 mg	2	•	•		•
RINVOQ – upadacitinib tab er 24hr 30 mg	2	•	•		•
RINVOQ – upadacitinib tab er 24hr 45 mg	2	•	•		•
RINVOQ LQ – upadacitinib oral soln 1 mg/ml	2	•	•		•
SIMLANDI 1-PEN KIT – adalimumab-ryvk auto-injector kit 40 mg/0.4ml	2	•	•		•
SIMLANDI 2-PEN KIT – adalimumab-ryvk auto-injector kit 40 mg/0.4ml	2	•	•		•
SIMPONI – golimumab subcutaneous soln auto-injector 100 mg/ml	2	•	•		•
SIMPONI – golimumab subcutaneous soln prefilled syringe 100 mg/ml	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
sulindac tab 150 mg	1				
sulindac tab 200 mg	1				
TYENNE – tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	2		•		•
TYENNE – tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	2		•		•
XELJANZ – tofacitinib citrate oral soln 1 mg/ml (base equivalent)	2	•	•		•
XELJANZ – tofacitinib citrate tab 5 mg (base equivalent)	2	•	•		•
XELJANZ – tofacitinib citrate tab 10 mg (base equivalent)	2	•	•		•
XELJANZ XR – tofacitinib citrate tab er 24hr 11 mg (base equivalent)	2	•	•		•
XELJANZ XR – tofacitinib citrate tab er 24hr 22 mg (base equivalent)	2	•	•		•
<b>MIGRAINE HEADACHES</b>					
AIMOVIG – erenumab-aoee subcutaneous soln auto-injector 70 mg/ml	2		•		•
AIMOVIG – erenumab-aoee subcutaneous soln auto-injector 140 mg/ml	2		•		•
AJOVY – fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	2		•		•
AJOVY – fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	2		•		•
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	1				
dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal)	1		•		•
eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>eletriptan hydrobromide tab 40 mg (base equivalent)</b> (Relpax)	1				•
<b>EMGALITY – galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml</b>	2		•		•
<b>EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml</b>	2		•		•
<b>EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml</b>	2		•		•
<b>naratriptan hcl tab 1 mg (base equiv)</b> (Amerge)	1				•
<b>naratriptan hcl tab 2.5 mg (base equiv)</b> (Amerge)	1				•
<b>NURTEC – rimegepant sulfate tab disint 75 mg</b>	2		•		•
<b>QULIPTA – atogepant tab 10 mg</b>	2		•		•
<b>QULIPTA – atogepant tab 30 mg</b>	2		•		•
<b>QULIPTA – atogepant tab 60 mg</b>	2		•		•
<b>REYVOW – lasmiditan succinate tab 50 mg</b>	2		•		•
<b>REYVOW – lasmiditan succinate tab 100 mg</b>	2		•		•
<b>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</b> (Maxalt-mlt)	1				•
<b>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</b> (Maxalt-mlt)	1				•
<b>rizatriptan benzoate tab 5 mg (base equivalent)</b> (Maxalt)	1				•
<b>rizatriptan benzoate tab 10 mg (base equivalent)</b> (Maxalt)	1				•
<b>sumatriptan nasal spray 5 mg/act</b> (Imitrex)	1				•
<b>sumatriptan nasal spray 20 mg/act</b> (Imitrex)	1				•
<b>sumatriptan succinate inj 6 mg/0.5ml</b> (Imitrex)	1				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>sumatriptan succinate solution auto-injector 4 mg/0.5ml</b> (Imitrex statdose sys)	1				•
<b>sumatriptan succinate solution auto-injector 6 mg/0.5ml</b> (Imitrex statdose sys)	1				•
<b>sumatriptan succinate tab 25 mg</b> (Imitrex)	1				•
<b>sumatriptan succinate tab 50 mg</b> (Imitrex)	1				•
<b>sumatriptan succinate tab 100 mg</b> (Imitrex)	1				•
<b>UBRELVY – ubrogepant tab 50 mg</b>	2		•		•
<b>UBRELVY – ubrogepant tab 100 mg</b>	2		•		•
<b>GOUT</b>					
<b>allopurinol tab 100 mg</b> (Zyloprim)	1				
<b>allopurinol tab 300 mg</b> (Zyloprim)	1				
<b>colchicine tab 0.6 mg</b> (Colcrys)	1				
<b>colchicine w/ probenecid tab 0.5-500 mg</b>	1				
<b>probenecid tab 500 mg</b>	1				
<b>NEUROMUSCULAR DRUGS</b>					
<b>SEIZURES</b>					
<b>APTIOM – eslicarbazepine acetate tab 200 mg</b>	2				
<b>APTIOM – eslicarbazepine acetate tab 400 mg</b>	2				
<b>APTIOM – eslicarbazepine acetate tab 600 mg</b>	2				
<b>APTIOM – eslicarbazepine acetate tab 800 mg</b>	2				
<b>carbamazepine cap er 12hr 100 mg</b> (Carbatrol)	1				
<b>carbamazepine cap er 12hr 200 mg</b> (Carbatrol)	1				
<b>carbamazepine cap er 12hr 300 mg</b> (Carbatrol)	1				



Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
carbamazepine chew tab 100 mg	1				
carbamazepine susp 100 mg/5ml (Tegretol)	1				
carbamazepine tab er 12hr 100 mg (Tegretol-xr)	1				
carbamazepine tab er 12hr 200 mg (Tegretol-xr)	1				
carbamazepine tab er 12hr 400 mg (Tegretol-xr)	1				
carbamazepine tab 200 mg (Tegretol)	1				
clonazepam tab 0.5 mg (Klonopin)	1				
clonazepam tab 1 mg (Klonopin)	1				
clonazepam tab 2 mg (Klonopin)	1				
diazepam rectal gel delivery system 10 mg (Diastat acudial)	1				
diazepam rectal gel delivery system 20 mg (Diastat acudial)	1				
DILANTIN – phenytoin sodium extended cap 30 mg	2				
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	1				
divalproex sodium tab delayed release 125 mg (Depakote)	1				
divalproex sodium tab delayed release 250 mg (Depakote)	1				
divalproex sodium tab delayed release 500 mg (Depakote)	1				
divalproex sodium tab er 24 hr 250 mg (Depakote er)	1				
divalproex sodium tab er 24 hr 500 mg (Depakote er)	1				
EPIDIOLEX – cannabidiol soln 100 mg/ml	2	•	•		
ethosuximide cap 250 mg (Zarontin)	1				
ethosuximide soln 250 mg/5ml (Zarontin)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
gabapentin cap 100 mg (Neurontin)	1				
gabapentin cap 300 mg (Neurontin)	1				
gabapentin cap 400 mg (Neurontin)	1				
gabapentin oral soln 250 mg/5ml (Neurontin)	1				
gabapentin tab 600 mg (Neurontin)	1				
gabapentin tab 800 mg (Neurontin)	1				
lacosamide oral solution 10 mg/ ml (Vimpat)	1				
lacosamide tab 50 mg (Vimpat)	1				
lacosamide tab 100 mg (Vimpat)	1				
lacosamide tab 150 mg (Vimpat)	1				
lacosamide tab 200 mg (Vimpat)	1				
lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di)	1				
lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di)	1				
lamotrigine tab 25 mg (Lamictal)	1				
lamotrigine tab 100 mg (Lamictal)	1				
lamotrigine tab 150 mg (Lamictal)	1				
lamotrigine tab 200 mg (Lamictal)	1				
levetiracetam oral soln 100 mg/ ml (Keppra)	1				
levetiracetam tab er 24hr 500 mg (Keppra xr)	1				
levetiracetam tab er 24hr 750 mg (Keppra xr)	1				
levetiracetam tab 250 mg (Keppra)	1				
levetiracetam tab 500 mg (Keppra)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
levetiracetam tab 750 mg (Keppra)	1				
levetiracetam tab 1000 mg (Keppra)	1				
methsuximide cap 300 mg (Celontin)	1				
NAYZILAM – midazolam nasal spray soln 5 mg/0.1 ml	2				•
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	1				
oxcarbazepine tab 150 mg (Trileptal)	1				
oxcarbazepine tab 300 mg (Trileptal)	1				
oxcarbazepine tab 600 mg (Trileptal)	1				
phenytoin chew tab 50 mg (Dilantin infatabs)	1				
phenytoin sodium extended cap 100 mg (Dilantin)	1				
phenytoin sodium extended cap 200 mg (Phenytek)	1				
phenytoin sodium extended cap 300 mg (Phenytek)	1				
phenytoin susp 125 mg/5ml (Dilantin)	1				
pregabalin cap 25 mg (Lyrica)	1				•
pregabalin cap 50 mg (Lyrica)	1				•
pregabalin cap 75 mg (Lyrica)	1				•
pregabalin cap 100 mg (Lyrica)	1				•
pregabalin cap 150 mg (Lyrica)	1				•
pregabalin cap 200 mg (Lyrica)	1				•
pregabalin cap 225 mg (Lyrica)	1				•
pregabalin cap 300 mg (Lyrica)	1				•
pregabalin soln 20 mg/ml (Lyrica)	1				•
primidone tab 50 mg (Mysoline)	1				
primidone tab 250 mg (Mysoline)	1				
rufinamide tab 200 mg (Banzel)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
rufinamide tab 400 mg (Banzel)	1				
topiramate sprinkle cap 15 mg (Topamax sprinkle)	1				
topiramate sprinkle cap 25 mg (Topamax sprinkle)	1				
topiramate tab 25 mg (Topamax)	1				
topiramate tab 50 mg (Topamax)	1				
topiramate tab 100 mg (Topamax)	1				
topiramate tab 200 mg (Topamax)	1				
valproate sodium oral soln 250 mg/5ml (base equiv) (Depakene)	1				
valproic acid cap 250 mg (Depakene)	1				
VALTOCO 10 MG DOSE – diazepam nasal spray 10 mg/0.1 ml	2				•
VALTOCO 15 MG DOSE – diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	2				•
VALTOCO 20 MG DOSE – diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	2				•
VALTOCO 5 MG DOSE – diazepam nasal spray 5 mg/0.1 ml	2				•
vigabatrin powd pack 500 mg (Sabril)	1				
vigabatrin tab 500 mg (Sabril)	1				
VIMPAT – lacosamide oral solution 10 mg/ml	2				
VIMPAT – lacosamide tab 50 mg	2				
VIMPAT – lacosamide tab 100 mg	2				
VIMPAT – lacosamide tab 150 mg	2				
VIMPAT – lacosamide tab 200 mg	2				
zonisamide cap 25 mg (Zonegran)	1				
zonisamide cap 50 mg	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>zonisamide cap 100 mg</b> (Zonegran)	1				
<b>PARKINSON'S DISEASE</b>					
<b>amantadine hcl cap 100 mg</b>	1				
<b>amantadine hcl soln 50 mg/5ml</b>	1				
<b>benztropine mesylate tab 0.5 mg</b>	1				
<b>benztropine mesylate tab 1 mg</b>	1				
<b>benztropine mesylate tab 2 mg</b>	1				
<b>carbidopa &amp; levodopa tab er</b> <b>25-100 mg</b> (Sinemet cr)	1				
<b>carbidopa &amp; levodopa tab er</b> <b>50-200 mg</b> (Sinemet cr)	1				
<b>carbidopa &amp; levodopa tab</b> <b>10-100 mg</b> (Sinemet)	1				
<b>carbidopa &amp; levodopa tab</b> <b>25-100 mg</b> (Sinemet)	1				
<b>carbidopa &amp; levodopa tab</b> <b>25-250 mg</b> (Sinemet)	1				
<b>carbidopa-levodopa-entacapone</b> <b>tabs 12.5-50-200 mg</b> (Stalevo 50)	1				
<b>carbidopa-levodopa-entacapone</b> <b>tabs 18.75-75-200 mg</b> (Stalevo 75)	1				
<b>carbidopa-levodopa-entacapone</b> <b>tabs 25-100-200 mg</b> (Stalevo 100)	1				
<b>carbidopa-levodopa-entacapone</b> <b>tabs 31.25-125-200 mg</b> (Stalevo 125)	1				
<b>carbidopa-levodopa-entacapone</b> <b>tabs 37.5-150-200 mg</b> (Stalevo 150)	1				
<b>carbidopa-levodopa-entacapone</b> <b>tabs 50-200-200 mg</b> (Stalevo 200)	1				
<b>CARBIDOPA/LEVODOPA ODT –</b> <b>carbidopa &amp; levodopa orally</b> <b>disintegrating tab 10-100 mg</b>	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>CARBIDOPA/LEVODOPA ODT –</b> <b>carbidopa &amp; levodopa orally</b> <b>disintegrating tab 25-100 mg</b>	2				
<b>CARBIDOPA/LEVODOPA ODT –</b> <b>carbidopa &amp; levodopa orally</b> <b>disintegrating tab 25-250 mg</b>	2				
<b>entacapone tab 200 mg</b> (Comtan)	1				
<b>INBRIJA – levodopa inhal</b> <b>powder cap 42 mg</b>	2	•			
<b>pramipexole dihydrochloride tab</b> <b>0.125 mg</b> (Mirapex)	1				
<b>pramipexole dihydrochloride tab</b> <b>0.25 mg</b> (Mirapex)	1				
<b>pramipexole dihydrochloride tab</b> <b>0.5 mg</b> (Mirapex)	1				
<b>pramipexole dihydrochloride tab</b> <b>0.75 mg</b> (Mirapex)	1				
<b>pramipexole dihydrochloride tab</b> <b>1 mg</b> (Mirapex)	1				
<b>pramipexole dihydrochloride tab</b> <b>1.5 mg</b> (Mirapex)	1				
<b>rasagiline mesylate tab 0.5 mg</b> <b>(base equiv)</b> (Azilect)	1				
<b>rasagiline mesylate tab 1 mg</b> <b>(base equiv)</b> (Azilect)	1				
<b>ropinirole hydrochloride tab</b> <b>0.25 mg</b> (Requip)	1				
<b>ropinirole hydrochloride tab</b> <b>0.5 mg</b> (Requip)	1				
<b>ropinirole hydrochloride tab</b> <b>1 mg</b> (Requip)	1				
<b>ropinirole hydrochloride tab</b> <b>2 mg</b> (Requip)	1				
<b>ropinirole hydrochloride tab</b> <b>3 mg</b> (Requip)	1				
<b>ropinirole hydrochloride tab</b> <b>4 mg</b> (Requip)	1				
<b>ropinirole hydrochloride tab</b> <b>5 mg</b> (Requip)	1				
<b>selegiline hcl cap 5 mg</b> (Eldepryl)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
selegiline hcl tab 5 mg	1				
trihexyphenidyl hcl tab 2 mg	1				
trihexyphenidyl hcl tab 5 mg	1				
<b>MUSCLE RELAXANTS</b>					
baclofen tab 10 mg	1				
baclofen tab 20 mg	1				
chlorzoxazone tab 500 mg	1				
cyclobenzaprine hcl tab 5 mg	1				
cyclobenzaprine hcl tab 10 mg	1				
methocarbamol tab 500 mg (Robaxin)	1				
methocarbamol tab 750 mg (Robaxin-750)	1				
orphenadrine citrate tab er 12hr 100 mg	1				
tizanidine hcl tab 2 mg (base equivalent)	1				
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	1				
<b>OTHER NEUROMUSCULAR DRUGS</b>					
pyridostigmine bromide tab 60 mg (Mestinon)	1				
riluzole tab 50 mg (Rilutek)	1	•			
<b>SUPPLEMENTS</b>					
<b>VITAMINS</b>					
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	1				
phytonadione tab 5 mg (Mephyton)	1				
<b>MINERALS AND ELECTROLYTES</b>					
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	1				
potassium chloride cap er 8 meq (Micro-k)	1				
potassium chloride cap er 10 meq (Micro-k)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
potassium chloride microencapsulated crys er tab 10 meq	1				
potassium chloride microencapsulated crys er tab 20 meq	1				
potassium chloride oral soln 10% (20 meq/15ml)	1				
potassium chloride oral soln 20% (40 meq/15ml)	1				
potassium chloride powder packet 20 meq	1				
potassium chloride tab er 8 meq (600 mg)	1				
potassium chloride tab er 10 meq (K-tab)	1				
potassium phosphate monobasic tab 500 mg (K- phos)	1				
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) (Luride)	1				
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) (Luride)	1				
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (Luride)	1				
<b>BLOOD MODIFYING DRUGS</b>					
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 250 unit	2	•	•		
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 500 unit	2	•	•		
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 1000 unit	2	•	•		
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 1500 unit	2	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 2000 unit	2	•	•		
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 3000 unit	2	•	•		
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 4000 unit	2	•	•		
ALTUVIIIIO – antihemophilic fact rcmb fc-vwf-xten-ehrl for inj 250 unit	2	•	•		
ALTUVIIIIO – antihemophilic fact rcmb fc-vwf-xten-ehrl for inj 500 unit	2	•	•		
ALTUVIIIIO – antihemophilic fact rcmb fc-vwf-xten-ehrl for inj 1000 unit	2	•	•		
ALTUVIIIIO – antihemophilic fact rcmb fc-vwf-xten-ehrl for inj 2000 unit	2	•	•		
ALTUVIIIIO – antihemophilic fact rcmb fc-vwf-xten-ehrl for inj 3000 unit	2	•	•		
ALTUVIIIIO – antihemophilic fact rcmb fc-vwf-xten-ehrl for inj 4000 unit	2	•	•		
anagrelide hcl cap 0.5 mg (Agraylin)	1				
anagrelide hcl cap 1 mg	1				
BENEFIX – coagulation factor ix (recombinant) for inj kit 250 unit	2	•	•		
BENEFIX – coagulation factor ix (recombinant) for inj kit 500 unit	2	•	•		
BENEFIX – coagulation factor ix (recombinant) for inj kit 1000 unit	2	•	•		
BENEFIX – coagulation factor ix (recombinant) for inj kit 2000 unit	2	•	•		

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
BENEFIX – coagulation factor ix (recombinant) for inj kit 3000 unit	2	•	•		
BRILINTA – ticagrelor tab 60 mg	2				
BRILINTA – ticagrelor tab 90 mg	2				
CERDELGA – eliglustat tartrate cap 84 mg (base equivalent)	2	•	•		•
cilostazol tab 50 mg (Pletal)	1				
cilostazol tab 100 mg (Pletal)	1				
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1				
COAGADEX – coagulation factor x (human) for inj 250 unit	2	•	•		
COAGADEX – coagulation factor x (human) for inj 500 unit	2	•	•		
CORIFACT – factor xiii concentrate (human) for inj kit 1000-1600 unit	2	•	•		
cyanocobalamin inj 1000 mcg/ml	1				
dipyridamole tab 25 mg (Persantine)	1				
dipyridamole tab 50 mg (Persantine)	1				
dipyridamole tab 75 mg (Persantine)	1				
DOPTELET – avatrombopag maleate tab 20 mg (base equiv)	2	•	•		•
ELIQUIS – apixaban tab 2.5 mg	2				•
ELIQUIS – apixaban tab 5 mg	2				•
ELIQUIS STARTER PACK – apixaban tab starter pack 5 mg	2				•
EMPAVELI – pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	2	•	•		•
enoxaparin sodium inj soln pref syr 30 mg/0.3ml (Lovenox)	1				
enoxaparin sodium inj soln pref syr 40 mg/0.4ml (Lovenox)	1				
enoxaparin sodium inj soln pref syr 60 mg/0.6ml (Lovenox)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
enoxaparin sodium inj soln pref syr 80 mg/0.8ml (Lovenox)	1				
enoxaparin sodium inj soln pref syr 100 mg/ml (Lovenox)	1				
enoxaparin sodium inj soln pref syr 120 mg/0.8ml (Lovenox)	1				
enoxaparin sodium inj soln pref syr 150 mg/ml (Lovenox)	1				
enoxaparin sodium inj 300 mg/3ml (Lovenox)	1				
FABHALTA – iptacopan hcl cap 200 mg	2	•	•		•
FEIBA – antiinhibitor coagulant complex for iv soln 500 unit	2	•	•		
FEIBA – antiinhibitor coagulant complex for iv soln 1000 unit	2	•	•		
FEIBA – antiinhibitor coagulant complex for iv soln 2500 unit	2	•	•		
folic acid tab 1 mg	1				
FULPHILA – pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	2	•			
HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	2	•	•		•
HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	2	•	•		•
HUMATE-P – antihemophilic factor/vwf (human) for inj 250-600 unit	2	•	•		
HUMATE-P – antihemophilic factor/vwf (human) for inj 500-1200 unit	2	•	•		
HUMATE-P – antihemophilic factor/vwf (human) for inj 1000-2400 unit	2	•	•		
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	1	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 250 unit	2	•	•		
KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 500 unit	2	•	•		
KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 1000 unit	2	•	•		
KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 2000 unit	2	•	•		
KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 3000 unit	2	•	•		
KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 250 unit	2	•	•		
KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 500 unit	2	•	•		
KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 1000 unit	2	•	•		
KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 2000 unit	2	•	•		
KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 3000 unit	2	•	•		
MULPLETA – lusutrombopag tab 3 mg	2	•	•		•
NIVESTYM – filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	2	•			
NIVESTYM – filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	2	•			
NIVESTYM – filgrastim-aafi inj 300 mcg/ml	2	•			
NIVESTYM – filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	2	•			

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
NOVOEIGHT – antihemophilic factor rcmb (bd trunc-rfviii) for inj 250 unit	2	•	•		
NOVOEIGHT – antihemophilic factor rcmb (bd trunc-rfviii) for inj 500 unit	2	•	•		
NOVOEIGHT – antihemophilic factor rcmb (bd trunc-rfviii) for inj 1000 unit	2	•	•		
NOVOEIGHT – antihemophilic factor rcmb (bd trunc-rfviii) for inj 1500 unit	2	•	•		
NOVOEIGHT – antihemophilic factor rcmb (bd trunc-rfviii) for inj 2000 unit	2	•	•		
NOVOEIGHT – antihemophilic factor rcmb (bd trunc-rfviii) for inj 3000 unit	2	•	•		
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 1 mg (1000 mcg)	2	•	•		
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 2 mg (2000 mcg)	2	•	•		
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 5 mg (5000 mcg)	2	•	•		
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 8 mg (8000 mcg)	2	•	•		
NYVEPRIA – pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	2	•			
OBIZUR – antihemophilic factor (recomb porc) rpfviii for inj 500 unit	2	•	•		
pentoxifylline tab er 400 mg	1				
PRADAXA – dabigatran etexilate mesylate pellet pack 20 mg	2				•
PRADAXA – dabigatran etexilate mesylate pellet pack 30 mg	2				•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
PRADAXA – dabigatran etexilate mesylate pellet pack 40 mg	2				•
PRADAXA – dabigatran etexilate mesylate pellet pack 50 mg	2				•
PRADAXA – dabigatran etexilate mesylate pellet pack 110 mg	2				•
PRADAXA – dabigatran etexilate mesylate pellet pack 150 mg	2				•
prasugrel hcl tab 5 mg (base equiv) (Effient)	1				
prasugrel hcl tab 10 mg (base equiv) (Effient)	1				
RETACRIT – epoetin alfa-epbx inj 2000 unit/ml	2	•			
RETACRIT – epoetin alfa-epbx inj 3000 unit/ml	2	•			
RETACRIT – epoetin alfa-epbx inj 4000 unit/ml	2	•			
RETACRIT – epoetin alfa-epbx inj 10000 unit/ml	2	•			
RETACRIT – epoetin alfa-epbx inj 20000 unit/ml	2	•			
RETACRIT – epoetin alfa-epbx inj 40000 unit/ml	2	•			
TAKHZYRO – lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	2	•	•		•
TAKHZYRO – lanadelumab-flyo soln pref syringe 150 mg/ml	2	•	•		•
TAKHZYRO – lanadelumab-flyo soln pref syringe 300 mg/2ml (150 mg/ml)	2	•	•		•
TRETEN – coagulation factor xiii a-subunit for inj 2500 unit	2	•	•		
VONVENDI – von willebrand factor (recombinant) for inj 650 unit	2	•	•		
VONVENDI – von willebrand factor (recombinant) for inj 1300 unit	2	•	•		
warfarin sodium tab 1 mg (Coumadin)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>warfarin sodium tab 2 mg</b> (Coumadin)	1				
<b>warfarin sodium tab 2.5 mg</b> (Coumadin)	1				
<b>warfarin sodium tab 3 mg</b> (Coumadin)	1				
<b>warfarin sodium tab 4 mg</b> (Coumadin)	1				
<b>warfarin sodium tab 5 mg</b> (Coumadin)	1				
<b>warfarin sodium tab 6 mg</b> (Coumadin)	1				
<b>warfarin sodium tab 7.5 mg</b> (Coumadin)	1				
<b>warfarin sodium tab 10 mg</b> (Coumadin)	1				
XARELTO – rivaroxaban for susp 1 mg/ml	2				•
XARELTO – rivaroxaban tab 2.5 mg	2				•
XARELTO – rivaroxaban tab 10 mg	2				•
XARELTO – rivaroxaban tab 15 mg	2				•
XARELTO – rivaroxaban tab 20 mg	2				•
XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg & 20 mg	2				•
ZARXIO – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	2	•			
ZARXIO – filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	2	•			
<b>TOPICAL DRUGS</b>					
<b>EYE</b>					
<i>Anti-infectives</i>					
BACITRACIN – bacitracin ophth ointment 500 unit/gm	2				
<b>bacitracin-polymyxin b ophth ointment</b>	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</b> (Ciloxan)	1				
<b>erythromycin ophth oint 5 mg/ gm</b>	1				
<b>gentamicin sulfate ophth soln 0.3% (Garamycin)</b>	1				
<b>moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)</b>	1				
MOXIFLOXACIN HYDROCHLORID – <b>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</b>	2				
NATACYN – natamycin ophth susp 5%	2				
<b>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</b>	1				
NEOMYCIN/POLYMYXIN/GRAMIC – neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt- mg/ml	2				
<b>ofloxacin ophth soln 0.3%</b> (Ocuflox)	1				
<b>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</b> (Polytrim)	1				
<b>sulfacetamide sodium ophth soln 10% (Bleph-10)</b>	1				
<b>tobramycin ophth soln 0.3%</b> (Tobrex)	1				
TRIFLURIDINE – trifluridine ophth soln 1%	2				
<b>Steroids and Combination Products</b>					
<b>bacitracin-polymyxin-neomycin- hc ophth oint 1%</b>	1				
<b>fluorometholone ophth susp 0.1% (Fml liquifilm)</b>	1				
LOTEMAX – loteprednol etabonate ophth gel 0.5%	2				



Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
LOTEMAX SM – loteprednol etabonate ophth gel 0.38%	2				
loteprednol etabonate ophth gel 0.5% (Lotemax)	1				
loteprednol etabonate ophth susp 0.5% (Lotemax)	1				
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	1				
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	1				
prednisolone acetate ophth susp 1% (Pred forte)	1				
SULFACETAMIDE SODIUM/ PRED – sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2				
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	1				
<b>Glaucoma</b>					
APRACLONIDINE – apraclonidine hcl ophth soln 0.5% (base equivalent)	2				
BETAXOLOL HCL – betaxolol hcl ophth soln 0.5%	2				
brimonidine tartrate ophth soln 0.1% (Alphagan p)	1				
brimonidine tartrate ophth soln 0.2%	1				
CARTEOLOL HCL – carteolol hcl ophth soln 1%	2				
dorzolamide hcl ophth soln 2% (Trusopt)	1				
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	1				
latanoprost ophth soln 0.005% (Xalatan)	1				•
LEVOBUNOLOL HCL – levobunolol hcl ophth soln 0.5%	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>pilocarpine hcl ophth soln 1%</b> (Isopto carpine)	1				
<b>pilocarpine hcl ophth soln 2%</b> (Isopto carpine)	1				
<b>pilocarpine hcl ophth soln 4%</b> (Isopto carpine)	1				
RHOPRESSA – netarsudil dimesylate ophth soln 0.02%	2				•
timolol maleate ophth soln 0.25% (Timoptic)	1				
timolol maleate ophth soln 0.5% (Timoptic)	1				
<b>Other Eye Products</b>					
atropine sulfate ophth soln 1% (Atropine sulfate)	1				
azelastine hcl ophth soln 0.05% (Optivar)	1				
CROMOLYN SODIUM – cromolyn sodium ophth soln 4%	2				
cyclopentolate hcl ophth soln 1% (Cyclogyl)	1				
diclofenac sodium ophth soln 0.1%	1				
FLURBIPROFEN SODIUM – flurbiprofen sodium ophth soln 0.03%	2				
ketorolac tromethamine ophth soln 0.4% (Acular Is)	1				
ketorolac tromethamine ophth soln 0.5% (Acular)	1				
RESTASIS – cyclosporine (ophth) emulsion 0.05%	1		•		•
<b>EAR</b>					
acetic acid otic soln 2%	1				
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	1				
hydrocortisone w/ acetic acid otic soln 1-2% (Vosol hc)	1				
neomycin-polymyxin-hc otic soln 1% (Cortisporin)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1				
ofloxacin otic soln 0.3%	1				
<b>MOUTH AND THROAT (local)</b>					
cevimeline hcl cap 30 mg (Evoxac)	1				
chlorhexidine gluconate soln 0.12% (Peridex)	1				
clotrimazole troche 10 mg	1				
lidocaine hcl viscous soln 2%	1				
nystatin susp 100000 unit/ml	1				
pilocarpine hcl tab 5 mg (Salagen)	1				
pilocarpine hcl tab 7.5 mg (Salagen)	1				
triamcinolone acetonide dental paste 0.1%	1				
<b>ANORECTAL AGENTS</b>					
CORTIFOAM – hydrocortisone acetate perianal foam 10% (90 mg/dose)	2				
hydrocortisone enema 100 mg/60ml (Cortenema)	1				
hydrocortisone perianal cream 2.5% (Anusol-hc)	1				
<b>SKIN CONDITIONS/PRODUCTS</b>					
<b>Acne</b>					
adapalene cream 0.1% (Differin)	1				
adapalene gel 0.1% (Differin)	1				
adapalene gel 0.3% (Differin)	1				
adapalene-benzoyl peroxide gel 0.1-2.5% (Epiduo)	1				
azelaic acid gel 15% (Finacea)	1				
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac)	1				
clindamycin phosphate gel 1% (Cleocin-t)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
clindamycin phosphate lotion 1% (Cleocin-t)	1				
clindamycin phosphate soln 1% (Cleocin-t)	1				
clindamycin phosphate swab 1% (Cleocin-t)	1				
doxycycline (rosacea) cap delayed release 40 mg (Oracea)	1				
ERY – erythromycin pads 2%	2				
erythromycin gel 2% (Erygel)	1				
erythromycin soln 2%	1				
isotretinoin cap 10 mg	1				
isotretinoin cap 20 mg	1				
isotretinoin cap 30 mg (Claravis)	1				
isotretinoin cap 40 mg	1				
metronidazole cream 0.75% (Metrocream)	1				
metronidazole gel 0.75%	1				
metronidazole gel 1% (Metrogel)	1				
SOOLANTRA – ivermectin cream 1%	2				
sulfacetamide sodium lotion 10% (acne) (Klaron)	1				
tazarotene cream 0.05% (Tazorac)	1				
tazarotene cream 0.1% (Tazorac)	1				
tazarotene gel 0.05% (Tazorac)	1				
tazarotene gel 0.1% (Tazorac)	1				
TAZORAC – tazarotene cream 0.05%	2				
TAZORAC – tazarotene gel 0.05%	2				
TAZORAC – tazarotene gel 0.1%	2				
tretinoin cream 0.025% (Retin-a)	1				
tretinoin cream 0.05% (Retin-a)	1				
tretinoin cream 0.1% (Retin-a)	1				
tretinoin gel 0.01% (Retin-a)	1				
<b>Anti-infectives</b>					

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
acyclovir oint 5% (Zovirax)	1				
ciclopirox gel 0.77% (Loprox)	1				
ciclopirox olamine cream 0.77% (base equiv)	1				
ciclopirox olamine susp 0.77% (base equiv)	1				
ciclopirox shampoo 1% (Loprox shampoo)	1				
ciclopirox solution 8% (Penlac nail lacquer)	1		•	•	
econazole nitrate cream 1%	1				
gentamicin sulfate cream 0.1%	1				
gentamicin sulfate oint 0.1%	1				
ketoconazole cream 2%	1				
ketoconazole shampoo 2% (Nizoral)	1				
mupirocin oint 2% (Bactroban)	1				
NAFTIFINE HCL – naftifine hcl cream 1%	2				
nystatin cream 100000 unit/gm	1				
nystatin oint 100000 unit/gm	1				
nystatin topical powder 100000 unit/gm	1				
silver sulfadiazine cream 1% (Silvadene)	1				
<b>Corticosteroids</b>					
ALA-SCALP – hydrocortisone lotion 2%	2				
alclometasone dipropionate cream 0.05% (Acloivate)	1				
alclometasone dipropionate oint 0.05%	1				
BETAMETHASONE DIPROPIONAT – betamethasone dipropionate augmented gel 0.05%	2				
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
betamethasone dipropionate augmented lotion 0.05% (Diprolene)	1				
betamethasone dipropionate augmented oint 0.05% (Diprolene)	1				
betamethasone dipropionate cream 0.05%	1				
betamethasone dipropionate lotion 0.05%	1				
betamethasone dipropionate oint 0.05%	1				
betamethasone valerate cream 0.1% (base equivalent)	1				
betamethasone valerate lotion 0.1% (base equivalent)	1				
betamethasone valerate oint 0.1% (base equivalent)	1				
clobetasol propionate cream 0.05% (Temovate)	1				
clobetasol propionate emollient base cream 0.05% (Temovate e)	1				
clobetasol propionate foam 0.05% (Olux)	1			•	
clobetasol propionate gel 0.05% (Temovate)	1				
clobetasol propionate oint 0.05% (Temovate)	1				
clobetasol propionate soln 0.05% (Temovate)	1				
DESONIDE – desonide gel 0.05%	2				
desonide cream 0.05% (Desowen)	1				
desonide oint 0.05% (Desowen)	1				
desoximetasone cream 0.25% (Topicort)	1				
desoximetasone oint 0.25% (Topicort)	1				
fluocinolone acetonide cream 0.01%	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>fluocinolone acetonide cream 0.025%</b> (Synalar)	1				
<b>fluocinolone acetonide oil 0.01% (body oil)</b> (Derma-smoothe/fs bod)	1				
<b>fluocinolone acetonide oil 0.01% (scalp oil)</b> (Derma-smoothe/fs sca)	1				
<b>fluocinolone acetonide oint 0.025%</b> (Synalar)	1				
<b>fluocinolone acetonide soln 0.01%</b> (Synalar)	1				
<b>FLUOCINONIDE – fluocinonide gel 0.05%</b>	2				
<b>fluocinonide cream 0.05%</b>	1				
<b>fluocinonide cream 0.1%</b> (Vanos)	1				
<b>fluocinonide emulsified base cream 0.05%</b>	1				
<b>fluocinonide oint 0.05%</b>	1				
<b>fluocinonide soln 0.05%</b>	1				
<b>FLURANDRENOLIDE – flurandrenolide cream 0.05%</b>	2				
<b>FLURANDRENOLIDE – flurandrenolide lotion 0.05%</b>	2				
<b>FLUTICASONE PROPIONATE – fluticasone propionate lotion 0.05%</b>	2				
<b>fluticasone propionate cream 0.05%</b> (Cutivate)	1				
<b>fluticasone propionate oint 0.005%</b> (Cutivate)	1				
<b>halobetasol propionate cream 0.05%</b> (Ultravate)	1				
<b>HYDROCORTISONE – hydrocortisone lotion 2%</b>	2				
<b>HYDROCORTISONE – hydrocortisone lotion 2.5%</b>	2				
<b>hydrocortisone cream 2.5%</b>	1				
<b>hydrocortisone oint 2.5%</b>	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>hydrocortisone valerate cream 0.2%</b>	1				
<b>mometasone furoate cream 0.1%</b> (Elocon)	1				
<b>mometasone furoate oint 0.1%</b> (Elocon)	1				
<b>mometasone furoate solution 0.1% (lotion)</b> (Elocon)	1				
<b>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</b>	1				
<b>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</b>	1				
<b>triamcinolone acetonide cream 0.025%</b>	1				
<b>triamcinolone acetonide cream 0.1%</b>	1				
<b>triamcinolone acetonide cream 0.5%</b>	1				
<b>triamcinolone acetonide lotion 0.025%</b>	1				
<b>triamcinolone acetonide lotion 0.1%</b>	1				
<b>triamcinolone acetonide oint 0.025%</b>	1				
<b>triamcinolone acetonide oint 0.1%</b>	1				
<b>triamcinolone acetonide oint 0.5%</b>	1				
<b>Other Skin Products</b>					
<b>acitretin cap 10 mg</b> (Soriatane)	1				
<b>acitretin cap 17.5 mg</b> (Soriatane)	1				
<b>acitretin cap 25 mg</b> (Soriatane)	1				
<b>ADBRY – tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml</b>	2	•	•		•
<b>ADBRY – tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml</b>	2	•	•		•
<b>CALCIPOTRIENE – calcipotriene soln 0.005% (50 mcg/ml)</b>	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>calcipotriene cream 0.005%</b> (Dovonex)	1				•
CIBINQO – abrocitinib tab 50 mg	2	•	•		•
CIBINQO – abrocitinib tab 100 mg	2	•	•		•
CIBINQO – abrocitinib tab 200 mg	2	•	•		•
COSENTYX – secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	2	•	•		•
COSENTYX – secukinumab subcutaneous soln prefilled syringe 150 mg/ml	2	•	•		•
COSENTYX – secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	2	•	•		•
COSENTYX SENSOREADY PEN – secukinumab subcutaneous soln auto-injector 150 mg/ml	2	•	•		•
COSENTYX SENSOREADY PEN – secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	2	•	•		•
COSENTYX UNOREADY – secukinumab subcutaneous soln auto-injector 300 mg/2ml	2	•	•		•
CROTAN – crotamiton lotion 10%	2				
DELUO ANTIMICROBIAL WOUND – wound cleansers - solution	2				
<b>diclofenac sodium (actinic keratosis) gel 3%</b> (Solaraze)	1		•		•
DUPIXENT – dupilumab subcutaneous soln auto-injector 200 mg/1.14ml	2	•	•		•
DUPIXENT – dupilumab subcutaneous soln auto-injector 300 mg/2ml	2	•	•		•
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	2	•	•		•
<b>fluorouracil cream 5%</b> (Efudex)	1		•		•
<b>fluorouracil soln 5%</b>	1				
<b>imiquimod cream 5%</b> (Aldara)	1				•
<b>lidocaine hcl soln 4%</b> (Xylocaine)	1				
<b>lidocaine patch 5%</b> (Lidoderm)	1				
<b>lidocaine-prilocaine cream 2.5-2.5%</b> (Emla)	1				
<b>malathion lotion 0.5%</b> (Ovide)	1				
METHOXSALEN – methoxsalen rapid cap 10 mg	2				
<b>permethrin cream 5%</b> (Elimite)	1				
PODOFILOX – podofilox soln 0.5%	2				
<b>selenium sulfide lotion 2.5%</b>	1				
SKYRIZI – risankizumab-rzaa soln prefilled syringe 150 mg/ml	2	•	•		•
SKYRIZI PEN – risankizumab-rzaa soln auto-injector 150 mg/ml	2	•	•		•
SOTYKTU – deucravacitinib tab 6 mg	2	•	•		•
STELARA – ustekinumab inj 45 mg/0.5ml	2	•	•		•
STELARA – ustekinumab soln prefilled syringe 45 mg/0.5ml	2	•	•		•
STELARA – ustekinumab soln prefilled syringe 90 mg/ml	2	•	•		•
<b>tacrolimus oint 0.03%</b> (Protopic)	1			•	
<b>tacrolimus oint 0.1%</b> (Protopic)	1			•	
TREMFYA – guselkumab soln auto-injector 100 mg/ml	2	•	•		•
TREMFYA – guselkumab soln prefilled syringe 100 mg/ml	2	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent)	2	•			
<b>MISCELLANEOUS CATEGORIES (includes supplies and devices)</b>					
<b>DIABETIC SUPPLIES</b>					
CONTOUR BLOOD GLUCOSE MON – blood glucose monitoring devices	2				
CONTOUR BLOOD GLUCOSE TES – glucose blood test strip	2				•
CONTOUR HIGH CONTROL – blood glucose calibration - liquid - high	2				
CONTOUR LOW CONTROL – blood glucose calibration - liquid - low	2				
CONTOUR NEXT BLOOD GLUCOS – glucose blood test strip	2				•
CONTOUR NEXT BLOOD GLUCOS – blood glucose monitoring kit w/ device	2				
CONTOUR NEXT CONTROL LEVE – blood glucose calibration - liquid - normal	2				
CONTOUR NEXT CONTROL LEVE – blood glucose calibration - liquid - low	2				
CONTOUR NEXT EZ BLOOD GLU – blood glucose monitoring kit w/ device	2				
CONTOUR NEXT GEN BLOOD GL – blood glucose monitoring devices	2				
CONTOUR NEXT GEN BLOOD GL – blood glucose monitoring kit w/ device	2				
CONTOUR NEXT LINK BLOOD G – blood glucose monitoring kit w/ device	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
CONTOUR NEXT LINK WIRELES – blood glucose monitoring kit w/ device	2				
CONTOUR NEXT ONE BLOOD GL – blood glucose monitoring devices	2				
CONTOUR NEXT ONE BLOOD GL – blood glucose monitoring kit	2				
CONTOUR NORMAL CONTROL – blood glucose calibration - liquid - normal	2				
CONTOUR PLUS BLOOD GLUCOS – glucose blood test strip	2				•
CONTOUR PLUS BLUE BLOOD G – blood glucose monitoring kit w/ device	2				
DEXCOM G6 RECEIVER – continuous glucose system receiver	2			•	•
DEXCOM G6 SENSOR – continuous glucose system sensor	2			•	•
DEXCOM G6 TRANSMITTER – continuous glucose system transmitter	2			•	•
DEXCOM G7 RECEIVER – continuous glucose system receiver	2			•	•
DEXCOM G7 SENSOR – continuous glucose system sensor	2			•	•
FREESTYLE LIBRE 14 DAY/RE – continuous glucose system receiver	2			•	•
FREESTYLE LIBRE 14 DAY/SE – continuous glucose system sensor	2			•	•
FREESTYLE LIBRE 2 PLUS/SE – continuous glucose system sensor	2			•	•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
FREESTYLE LIBRE 2/READER/ – continuous glucose system receiver	2			•	•
FREESTYLE LIBRE 2/SENSOR/ – continuous glucose system sensor	2			•	•
FREESTYLE LIBRE 3 PLUS/SE – continuous glucose system sensor	2			•	•
FREESTYLE LIBRE 3/READER/ – continuous glucose system receiver	2			•	•
FREESTYLE LIBRE 3/SENSOR/ – continuous glucose system sensor	2			•	•
FREESTYLE LIBRE/READER/FL – continuous glucose system receiver	2			•	•
IN TOUCH DIABETES MANAGEM – blood glucose monitoring misc.	2				
ONETOUCH ULTRA – glucose blood test strip	2				•
ONETOUCH ULTRA BLUE TEST – glucose blood test strip	2				•
ONETOUCH ULTRA CONTROL – blood glucose calibration - liquid	2				
ONETOUCH ULTRA CONTROL SO – blood glucose calibration - liquid	2				
ONETOUCH ULTRA TEST STRIP – glucose blood test strip	2				•
ONETOUCH ULTRA 2 – blood glucose monitoring kit w/ device	2				
ONETOUCH VERIO – blood glucose monitoring kit w/ device	2				
ONETOUCH VERIO FLEX BLOOD – blood glucose monitoring kit w/ device	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
ONETOUCH VERIO IQ BLOOD G – blood glucose monitoring kit w/ device	2				
ONETOUCH VERIO LEVEL 3 CO – blood glucose calibration - liquid	2				
ONETOUCH VERIO LEVEL 4 CO – blood glucose calibration - liquid - high	2				
ONETOUCH VERIO REFLECT – blood glucose monitoring kit w/ device	2				
ONETOUCH VERIO TEST STRIP – glucose blood test strip	2				•
B-D INSULIN SYRINGE MICRO – insulin syringe/needle u-100 1 ml 28 x 1/2"	2				
B-D INSULIN SYRINGE ULTRA – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2				
B-D INSULIN SYRINGE ULTRA – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2				
B-D INSULIN SYRINGE ULTRA – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2				
BD LO-DOSE INSULIN SYRIN – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2				
BD AUTOSHIELD DUO 30G X 5 – insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2				
BD INSULIN SYRINGE LUER-L – insulin syringe (disp) u-100 1 ml	2				
BD INSULIN SYRINGE MICROF – insulin syringe/needle u-100 0.3 ml 28 x 1/2"	2				
BD INSULIN SYRINGE MICROF – insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
BD INSULIN SYRINGE MICROF – insulin syringe/needle u-100 1 ml 27 x 5/8"	2				
BD INSULIN SYRINGE MICROF – insulin syringe/needle u-100 1 ml 28 x 1/2"	2				
BD INSULIN SYRINGE SAFETY – insulin syringe/needle u-100 1 ml 29 x 1/2"	2				
BD INSULIN SYRINGE ULTRA – insulin syringe/needle u-100 1 ml 30 x 1/2"	2				
BD INSULIN SYRINGE ULTRA- insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2				
BD INSULIN SYRINGE ULTRA- insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2				
BD INSULIN SYRINGE ULTRA- insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2				
BD INSULIN SYRINGE ULTRA- insulin syringe/needle u-100 1 ml 30 x 1/2"	2				
BD INSULIN SYRINGE ULTRA- insulin syringe/needle u-100 1 ml 31 x 5/16"	2				
BD INSULIN SYRINGE ULTRA- insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2				
BD INSULIN SYRINGE ULTRA- insulin syringe/needle u-100 0.3 ml 31 x 1/2"	2				
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2				
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2				
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2				
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1 ml 30 x 1/2"	2				
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 1 ml 31 x 5/16"	2				
BD INSULIN SYRINGE ULTRAF – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2				
BD INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 1 ml 27 x 1/2"	2				
BD INSULIN SYRINGE/U-100/ – insulin syringe/needle u-100 2 ml 27.5 x 5/8"	2				
BD INSULIN SYRINGE/U-500/ – insulin syringe/needle u-500 0.5 ml 31g x 6mm (15/64")	2				
BD INSULIN SYRINGE/0.3ML/ – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2				
BD INSULIN SYRINGE/0.5ML/ – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2				
BD INSULIN SYRINGE/1ML/27 – insulin syringe/needle u-100 1 ml 27 x 1/2"	2				
BD INSULIN SYRINGE/1ML/29 – insulin syringe/needle u-100 1 ml 29 x 1/2"	2				
BD MICROTAINER LANCETS – lancets	2				
BD PEN NEEDLE/MICRO/ULTRA – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2				
BD PEN NEEDLE/MINI/ULTRA- – insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2				
BD PEN NEEDLE/NANO 2ND GE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2				



Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
BD PEN NEEDLE/NANO/ULTRA – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2				
BD PEN NEEDLE/ORIGINAL/UL – insulin pen needle 29 g x 12.7 mm (1/2")	2				
BD PEN NEEDLE/SHORT/ULTRA – insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2				
BD SAFETY-GLIDE INSULIN S – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2				
BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2				
BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2				
BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2				
BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2				
BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2				
BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2				
BD SAFETYGLIDE INSULIN SY – insulin syringe/needle u-100 1 ml 31 x 15/64"	2				
BD SYRINGE LUER-LOK/1ML – syringe (disposable) 1 ml	2				
BD VEO INSULIN SYRINGE UL – insulin syringe/needle u-100 0.3 ml 31 x 15/64"	2				
BD VEO INSULIN SYRINGE UL – insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
BD VEO INSULIN SYRINGE UL – insulin syringe/needle u-100 1 ml 31 x 15/64"	2				
FINGERSTIX LANCETS – lancets	2				
LIFESCAN UNISTIK 2 DEEP P – lancets	2				
MICROLET LANCETS – lancets	2				
MICROLET NEXT – lancet devices	2				
NOVOPEN ECHO – injection device for insulin	2				
OMNIPOD DASH INTRO KIT (G – insulin infusion disposable pump kit	2				
OMNIPOD DASH PODS (GEN 4) – insulin infusion disposable pump reservoir	2				•
OMNIPOD 5 DEXCOM G7G6 INT – insulin infusion disposable pump kit	2				
OMNIPOD 5 DEXCOM G7G6 POD – insulin infusion disposable pump reservoir	2				
OMNIPOD 5 LIBRE2 PLUS G6 – insulin infusion disposable pump reservoir	2				
OMNIPOD 5 LIBRE2 PLUS G6 – insulin infusion disposable pump kit	2				
ONETOUCH DELICA LANCETS E – lancets	2				
ONETOUCH DELICA LANCETS F – lancets	2				
ONETOUCH DELICA PLUS LANC – lancets	2				
ONETOUCH DELICA SAFETY LA – lancets	2				
ONETOUCH LANCETS – lancets	2				
ONETOUCH ULTRASOFT 2 LANC – lancets	2				
SINGLE-LET – lancets	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
<b>MISCELLANEOUS DRUGS</b>					
azathioprine tab 50 mg (Imuran)	1				
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	1				•
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone)	1				•
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	1				•
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone)	1				•
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1				•
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1				•
CHEMET – succimer cap 100 mg	2				
cyclosporine cap 25 mg (Sandimmune)	1				
cyclosporine cap 100 mg (Sandimmune)	1				
cyclosporine modified cap 25 mg (Neoral)	1				
cyclosporine modified cap 50 mg (Cyclosporine modifie)	1				
cyclosporine modified cap 100 mg (Neoral)	1				
cyclosporine modified oral soln 100 mg/ml (Neoral)	1				
everolimus tab 0.25 mg (Zortress)	1				
everolimus tab 0.5 mg (Zortress)	1				
everolimus tab 0.75 mg (Zortress)	1				
everolimus tab 1 mg (Zortress)	1				
KLOXXADO – naloxone hcl nasal spray 8 mg/0.1ml	2				
lenalidomide caps 2.5 mg (Revlimid)	1	•	•		•
lenalidomide cap 5 mg (Revlimid)	1	•	•		•

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
lenalidomide cap 10 mg (Revlimid)	1	•	•		•
lenalidomide cap 15 mg (Revlimid)	1	•	•		•
lenalidomide cap 20 mg (Revlimid)	1	•	•		•
lenalidomide cap 25 mg (Revlimid)	1	•	•		•
LOKELMA – sodium zirconium cyclosilicate for susp packet 5 gm	2				
LOKELMA – sodium zirconium cyclosilicate for susp packet 10 gm	2				
mycophenolate mofetil cap 250 mg (Cellcept)	1				
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	1				
mycophenolate mofetil tab 500 mg (Cellcept)	1				
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic)	1				
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic)	1				
MYHIBBIN – mycophenolate mofetil oral susp 200 mg/ml	2				
naloxone hcl inj 0.4 mg/ml	1				
naloxone hcl inj 4 mg/10ml	1				
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	1				
NALOXONE HYDROCHLORIDE – naloxone hcl soln cartridge 0.4 mg/ml	2				
NALOXONE HYDROCHLORIDE – naloxone hcl soln prefilled syringe 0.4 mg/ml	2				
naltrexone hcl tab 50 mg (Revia)	1				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
OPVEE – nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	2				
penicillamine tab 250 mg (Depen titratabs)	1	•			
REVLIMID – lenalidomide caps 2.5 mg	2	•	•		•
REVLIMID – lenalidomide cap 5 mg	2	•	•		•
REVLIMID – lenalidomide cap 10 mg	2	•	•		•
REVLIMID – lenalidomide cap 15 mg	2	•	•		•
REVLIMID – lenalidomide cap 20 mg	2	•	•		•
REVLIMID – lenalidomide cap 25 mg	2	•	•		•
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sirolimus oral soln 1 mg/ml (Rapamune)	1				
sirolimus tab 0.5 mg (Rapamune)	1				
sirolimus tab 1 mg (Rapamune)	1				
sirolimus tab 2 mg (Rapamune)	1				
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VELTASSA – patiomer sorbitex calcium for susp packet 8.4 gm (base eq)	2				

Drug Name	Tier Designation	Specialty	Prior Authorization	Step Therapy	Dispensing Limits
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VELTASSA – patiomer sorbitex calcium for susp packet 25.2 gm (base eq)	2				
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citalopram hydrobromide tab 40 mg (base equiv) (Celexa).....	44	clozapine tab 100 mg (Clozaril).....	46
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CLARITHROMYCIN – clarithromycin for susp 250 mg/5ml.....	3	COAGADEX – coagulation factor x (human) for inj 500 unit.....	64
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clarithromycin tab 250 mg (Biaxin).....	3	CODEINE SULFATE – codeine sulfate tab 60 mg.....	55
clarithromycin tab 500 mg (Biaxin).....	3	codeine sulfate tab 30 mg.....	55
CLEMASTINE FUMARATE – clemastine fumarate tab 2.68 mg.....	35	colchicine tab 0.6 mg (Colcrys).....	59
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clindamycin hcl cap 75 mg (Cleocin).....	8	colesevelam hcl tab 625 mg (Welchol).....	31
clindamycin hcl cap 150 mg (Cleocin).....	8	colestipol hcl granule packets 5 gm (Colestid flavored).....	32
clindamycin hcl cap 300 mg (Cleocin).....	8	colestipol hcl granules 5 gm (Colestid flavored).....	32
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr).....	8	colestipol hcl tab 1 gm (Colestid).....	32
clindamycin phosphate gel 1% (Cleocin-t).....	69	COMETRIQ – cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit.....	10
clindamycin phosphate lotion 1% (Cleocin-t).....	69	COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit.....	10
clindamycin phosphate soln 1% (Cleocin-t).....	69	COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit.....	10
clindamycin phosphate swab 1% (Cleocin-t).....	69		

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CONTOUR BLOOD GLUCOSE TES – glucose blood test strip.....	73	CREON – pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit.....	41
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		<b>danazol cap 50 mg.....</b>	<b>16</b>
		<b>danazol cap 100 mg.....</b>	<b>16</b>
		<b>danazol cap 200 mg.....</b>	<b>16</b>
		<b>dapsone tab 25 mg.....</b>	<b>8</b>
		<b>dapsone tab 100 mg.....</b>	<b>8</b>
		<b>darunavir tab 600 mg (Prezista).....</b>	<b>6</b>
		<b>darunavir tab 800 mg (Prezista).....</b>	<b>6</b>

dasatinib tab 20 mg (Sprycel).....	10	DEXAMETHASONE – dexamethasone soln 0.5 mg/5ml.....	16
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dasatinib tab 70 mg (Sprycel).....	10	dexamethasone tab 0.5 mg.....	16
dasatinib tab 80 mg (Sprycel).....	10	dexamethasone tab 0.75 mg.....	16
dasatinib tab 100 mg (Sprycel).....	10	dexamethasone tab 1 mg.....	16
dasatinib tab 140 mg (Sprycel).....	10	dexamethasone tab 1.5 mg.....	16
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DELUO ANTIMICROBIAL WOUND – wound cleansers - solution.....	72	dexamethasone tab 4 mg.....	16
demeclocycline hcl tab 150 mg.....	3	dexamethasone tab 6 mg.....	16
demeclocycline hcl tab 300 mg.....	3	DEXCOM G6 RECEIVER – continuous glucose system receiver.....	73
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desipramine hcl tab 75 mg (Norpramin).....	44	dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr).....	50
desipramine hcl tab 100 mg (Norpramin).....	44	dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr).....	50
desipramine hcl tab 150 mg (Norpramin).....	44	dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr).....	50
DESLORATADINE ODT – desloratadine tab orally disintegrating 2.5 mg.....	36	dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr).....	50
DESLORATADINE ODT – desloratadine tab orally disintegrating 5 mg.....	36	dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr).....	50
desloratadine tab 5 mg (Clarinx).....	36	dexmethylphenidate hcl cap er 24 hr 35 mg (Focalin xr).....	50
desmopressin acetate inj 4 mcg/ml (Ddvp).....	25	dexmethylphenidate hcl cap er 24 hr 40 mg (Focalin xr).....	50
desmopressin acetate nasal spray soln 0.01% (Ddvp).....	25	dexmethylphenidate hcl tab 2.5 mg (Focalin).....	50
desmopressin acetate nasal spray soln 0.01% (refrigerated).....	25	dexmethylphenidate hcl tab 5 mg (Focalin).....	50
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddvp).....	25	dexmethylphenidate hcl tab 10 mg (Focalin).....	50
desmopressin acetate tab 0.1 mg (Ddvp).....	25	dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine).....	50
desmopressin acetate tab 0.2 mg (Ddvp).....	25	dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine).....	50
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette).....	18	dextroamphetamine sulfate cap er 24hr 15 mg (Dexedrine).....	50
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen).....	18	dextroamphetamine sulfate tab 5 mg.....	50
desonide cream 0.05% (Desowen).....	70	dextroamphetamine sulfate tab 10 mg.....	50
DESONIDE – desonide gel 0.05%.....	70	diazepam oral soln 1 mg/ml.....	43
desonide oint 0.05% (Desowen).....	70	diazepam rectal gel delivery system 10 mg (Diastat acudial).....	60
desoximetasone cream 0.25% (Topicort).....	70	diazepam rectal gel delivery system 20 mg (Diastat acudial).....	60
desoximetasone oint 0.25% (Topicort).....	70	diazepam tab 2 mg (Valium).....	43
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Pristiq).....	44	diazepam tab 5 mg (Valium).....	43
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq).....	44	diazepam tab 10 mg (Valium).....	43
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq).....	44	diazoxide susp 50 mg/ml (Proglycem).....	20
DEXAMETHASONE 10-DAY DOSE – dexamethasone tab therapy pack 1.5 mg (35).....	16		
DEXAMETHASONE 13-DAY DOSE – dexamethasone tab therapy pack 1.5 mg (51).....	16		

diclofenac potassium tab 50 mg (Cataflam).....	56	dipyridamole tab 25 mg (Persantine).....	64
diclofenac sodium (actinic keratoses) gel 3% (Solaraze).....	72	dipyridamole tab 50 mg (Persantine).....	64
diclofenac sodium ophth soln 0.1%.....	68	dipyridamole tab 75 mg (Persantine).....	64
diclofenac sodium tab delayed release 25 mg.....	57	disopyramide phosphate cap 100 mg (Norpace).....	33
diclofenac sodium tab delayed release 50 mg.....	57	disopyramide phosphate cap 150 mg (Norpace).....	33
diclofenac sodium tab delayed release 75 mg.....	57	disulfiram tab 250 mg (Antabuse).....	53
dicloxacillin sodium cap 250 mg.....	2	disulfiram tab 500 mg (Antabuse).....	53
dicloxacillin sodium cap 500 mg.....	2	divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles).....	60
dicyclomine hcl cap 10 mg (Bentyl).....	40	divalproex sodium tab delayed release 125 mg (Depakote).....	60
dicyclomine hcl oral soln 10 mg/5ml.....	40	divalproex sodium tab delayed release 250 mg (Depakote).....	60
dicyclomine hcl tab 20 mg (Bentyl).....	40	divalproex sodium tab delayed release 500 mg (Depakote).....	60
DIFICID – fidaxomicin for susp 40 mg/ml.....	3	divalproex sodium tab er 24 hr 250 mg (Depakote er).....	60
DIFICID – fidaxomicin tab 200 mg.....	3	divalproex sodium tab er 24 hr 500 mg (Depakote er).....	60
digoxin oral soln 0.05 mg/ml (Digoxin).....	34	donepezil hydrochloride orally disintegrating tab 5 mg (Aricept odt).....	53
digoxin tab 125 mcg (0.125 mg) (Lanoxin).....	34	donepezil hydrochloride orally disintegrating tab 10 mg (Aricept odt).....	53
digoxin tab 250 mcg (0.25 mg) (Lanoxin).....	34	donepezil hydrochloride tab 5 mg (Aricept).....	53
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45).....	58	donepezil hydrochloride tab 10 mg (Aricept).....	53
dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal).....	58	DOPTLET – avatrombopag maleate tab 20 mg (base equiv).....	64
DILANTIN – phenytoin sodium extended cap 30 mg.....	60	dorzolamide hcl ophth soln 2% (Trusopt).....	68
diltiazem hcl cap er 24hr 120 mg.....	30	dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt).....	68
diltiazem hcl cap er 24hr 180 mg.....	30	DOVATO – dolutegravir sodium-lamivudine tab 50-300 mg (base eq).....	6
diltiazem hcl cap er 24hr 240 mg.....	30	doxazosin mesylate tab 1 mg (Cardura).....	34
diltiazem hcl coated beads cap er 24hr 300 mg.....	30	doxazosin mesylate tab 2 mg (Cardura).....	34
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd).....	30	doxazosin mesylate tab 4 mg (Cardura).....	34
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd).....	30	doxazosin mesylate tab 8 mg (Cardura).....	34
diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd).....	30	doxepin hcl cap 10 mg.....	44
diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac).....	30	doxepin hcl cap 25 mg.....	44
diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac).....	30	doxepin hcl cap 50 mg.....	44
diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac).....	30	doxepin hcl cap 75 mg.....	44
diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac).....	30	doxepin hcl cap 100 mg.....	44
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac).....	30	doxepin hcl conc 10 mg/ml.....	44
diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac).....	30	doxycycline hyclate cap 50 mg.....	3
diltiazem hcl tab 90 mg.....	30	doxycycline hyclate cap 100 mg (Vibramycin).....	3
diltiazem hcl tab 30 mg (Cardizem).....	30	doxycycline hyclate tab 20 mg.....	3
diltiazem hcl tab 60 mg (Cardizem).....	30	doxycycline hyclate tab 100 mg.....	3
diltiazem hcl tab 120 mg (Cardizem).....	30	doxycycline monohydrate cap 50 mg.....	3
dimethyl fumarate capsule delayed release 120 mg (Tecfidera).....	52	doxycycline monohydrate cap 100 mg (Monodox).....	3
dimethyl fumarate capsule delayed release 240 mg (Tecfidera).....	52	doxycycline monohydrate tab 50 mg (Adoxa).....	3
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa).....	52	doxycycline monohydrate tab 75 mg (Adoxa).....	3
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil).....	39	doxycycline monohydrate tab 100 mg (Adoxa pak 1/100).....	3
		doxycycline monohydrate tab 150 mg (Adoxa pak 1/150).....	3
		doxycycline (rosacea) cap delayed release 40 mg (Oracea).....	69

<b>drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)</b> .....	<b>18</b>	EMGALITY – galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml.....	<b>59</b>
<b>drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)</b> .....	<b>18</b>	EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml.....	<b>59</b>
DUAVEE – conjugated estrogens-bazedoxifene tab 0.45-20 mg.....	17	EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml.....	<b>59</b>
DULERA – mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act.....	37	EMPAVELI – pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml).....	<b>64</b>
DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act.....	37	<b>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (Truvada)</b> .....	<b>6</b>
DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act.....	37	<b>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (Truvada)</b> .....	<b>6</b>
<b>duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)</b> .....	<b>44</b>	<b>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (Truvada)</b> .....	<b>6</b>
<b>duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)</b> .....	<b>44</b>	<b>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)</b> .....	<b>6</b>
<b>duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta)</b> .....	<b>44</b>	<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</b> .....	<b>27</b>
DUPIXENT – dupilumab subcutaneous soln auto-injector 200 mg/1.14ml.....	72	<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (Vaseretic)</b> .....	<b>27</b>
DUPIXENT – dupilumab subcutaneous soln auto-injector 300 mg/2ml.....	72	<b>enalapril maleate tab 2.5 mg (Vasotec)</b> .....	<b>27</b>
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml.....	72	<b>enalapril maleate tab 5 mg (Vasotec)</b> .....	<b>27</b>
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 300 mg/2ml.....	72	<b>enalapril maleate tab 10 mg (Vasotec)</b> .....	<b>27</b>
<b>dutasteride cap 0.5 mg (Avodart)</b> .....	<b>43</b>	<b>enalapril maleate tab 20 mg (Vasotec)</b> .....	<b>27</b>
<b>E</b>		ENBREL – etanercept subcutaneous inj 25 mg/0.5ml.....	57
<b>econazole nitrate cream 1%</b> .....	<b>70</b>	ENBREL – etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml.....	57
<b>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)</b> .....	<b>6</b>	ENBREL – etanercept subcutaneous soln prefilled syringe 50 mg/ml.....	57
<b>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)</b> .....	<b>6</b>	ENBREL MINI – etanercept subcutaneous solution cartridge 50 mg/ml.....	57
<b>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)</b> .....	<b>6</b>	ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml.....	57
<b>efavirenz tab 600 mg (Sustiva)</b> .....	<b>6</b>	ENDOMETRIN – progesterone vaginal insert 100 mg.....	42
<b>eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)</b> .....	<b>58</b>	<b>enoxaparin sodium inj 300 mg/3ml (Lovenox)</b> .....	<b>65</b>
<b>eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)</b> .....	<b>59</b>	<b>enoxaparin sodium inj soln pref syr 30 mg/0.3ml (Lovenox)</b> .....	<b>64</b>
ELIGARD – leuprolide acetate for subcutaneous inj kit 7.5 mg.....	10	<b>enoxaparin sodium inj soln pref syr 40 mg/0.4ml (Lovenox)</b> .....	<b>64</b>
ELIGARD – leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg.....	10	<b>enoxaparin sodium inj soln pref syr 60 mg/0.6ml (Lovenox)</b> .....	<b>64</b>
ELIGARD – leuprolide acetate (4 month) for subcutaneous inj kit 30 mg.....	10	<b>enoxaparin sodium inj soln pref syr 80 mg/0.8ml (Lovenox)</b> .....	<b>65</b>
ELIGARD – leuprolide acetate (6 month) for subcutaneous inj kit 45 mg.....	10	<b>enoxaparin sodium inj soln pref syr 100 mg/ml (Lovenox)</b> .....	<b>65</b>
ELIQUIS – apixaban tab 2.5 mg.....	64	<b>enoxaparin sodium inj soln pref syr 120 mg/0.8ml (Lovenox)</b> .....	<b>65</b>
ELIQUIS – apixaban tab 5 mg.....	64	<b>enoxaparin sodium inj soln pref syr 150 mg/ml (Lovenox)</b> .....	<b>65</b>
ELIQUIS STARTER PACK – apixaban tab starter pack 5 mg.....	64	<b>entacapone tab 200 mg (Comtan)</b> .....	<b>62</b>
ELLA – ulipristal acetate tab 30 mg.....	18	<b>entecavir tab 0.5 mg (Baraclude)</b> .....	<b>5</b>
EMEND – aprepitant for oral susp 125 mg (125 mg/5ml).....	40	<b>entecavir tab 1 mg (Baraclude)</b> .....	<b>5</b>
		ENTRESTO – sacubitril-valsartan sprinkle cap 6-6 mg.....	34
		ENTRESTO – sacubitril-valsartan sprinkle cap 15-16 mg.....	34
		ENTRESTO – sacubitril-valsartan tab 24-26 mg.....	34

ENTRESTO – sacubitril-valsartan tab 49-51 mg.....	34	estradiol tab 0.5 mg (Estrace).....	17
ENTRESTO – sacubitril-valsartan tab 97-103 mg.....	34	estradiol tab 1 mg (Estrace).....	17
ENTYVIO PEN – vedolizumab soln auto-injector 108 mg/0.68ml.....	41	estradiol tab 2 mg (Estrace).....	17
EPCLUSA – sofosbuvir-velpatasvir pellet pack 150-37.5 mg.....	5	estradiol td gel 0.25 mg/0.25gm (0.1%) (Divigel).....	17
EPCLUSA – sofosbuvir-velpatasvir pellet pack 200-50 mg.....	5	estradiol td gel 0.5 mg/0.5gm (0.1%) (Divigel).....	17
EPCLUSA – sofosbuvir-velpatasvir tab 200-50 mg.....	5	estradiol td gel 0.75 mg/0.75gm (0.1%) (Divigel).....	17
EPCLUSA – sofosbuvir-velpatasvir tab 400-100 mg.....	5	estradiol td gel 1 mg/gm (0.1%) (Divigel).....	17
EPIDIOLEX – cannabidiol soln 100 mg/ml.....	60	estradiol td gel 1.25 mg/1.25gm (0.1%) (Divigel).....	17
<b>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak).....</b>	<b>35</b>	estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot).....	17
<b>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak).....</b>	<b>35</b>	estradiol td patch twice weekly 0.05 mg/24hr (Vivelle- dot).....	17
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<b>glyburide tab 1.25 mg</b> .....	<b>20</b>		
<b>glyburide tab 2.5 mg</b> .....	<b>20</b>		

HARVONI – ledipasvir-sofosbuvir tab 45-200 mg.....	5	HUMIRA PEN – adalimumab auto-injector kit 80 mg/0.8ml.....	57
HARVONI – ledipasvir-sofosbuvir tab 90-400 mg.....	5	HUMIRA PEN-CD/UC/HS START – adalimumab auto-injector kit 80 mg/0.8ml.....	57
HIZENTRA – immune globulin (human) subcutaneous inj 1 gm/5ml.....	9	HUMIRA PEN-PS/UV STARTER – adalimumab auto-injector kit 80 mg/0.8ml & 40 mg/0.4ml.....	57
HIZENTRA – immune globulin (human) subcutaneous inj 2 gm/10ml.....	9	HUMULIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30).....	23
HIZENTRA – immune globulin (human) subcutaneous inj 4 gm/20ml.....	9	HUMULIN 70/30 KWIKPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30).....	23
HIZENTRA – immune globulin (human) subcutaneous inj 10 gm/50ml.....	9	HUMULIN N – insulin nph (human) (isophane) inj 100 unit/ml.....	23
HIZENTRA – immune globulin (human) subcutaneous soln pref syr 1 gm/5ml.....	9	HUMULIN N KWIKPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml.....	23
HIZENTRA – immune globulin (human) subcutaneous soln pref syr 2 gm/10ml.....	9	HUMULIN R – insulin regular (human) inj 100 unit/ml.....	23
HIZENTRA – immune globulin (human) subcutaneous soln pref syr 4 gm/20ml.....	9	HUMULIN R U-500 (CONCENTR – insulin regular (human) inj 500 unit/ml.....	23
HIZENTRA – immune globulin (human) subcutaneous soln pref syr 10 gm/50ml.....	9	HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml.....	23
HUMALOG – insulin lispro inj soln 100 unit/ml.....	22	HYCANTIN – topotecan hcl cap 0.25 mg (base equiv).....	11
HUMALOG – insulin lispro soln cartridge 100 unit/ml.....	22	HYCANTIN – topotecan hcl cap 1 mg (base equiv).....	11
HUMALOG JUNIOR KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial).....	22	<b>hydralazine hcl tab 10 mg.....</b>	<b>34</b>
HUMALOG KWIKPEN – insulin lispro soln pen-injector 200 unit/ml.....	22	<b>hydralazine hcl tab 25 mg.....</b>	<b>34</b>
HUMALOG KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (1 unit dial).....	22	<b>hydralazine hcl tab 50 mg.....</b>	<b>34</b>
HUMALOG MIX 75/25 – insulin lispro prot & lispro inj 100 unit/ml (75-25).....	23	<b>hydralazine hcl tab 100 mg.....</b>	<b>34</b>
HUMALOG MIX 50/50 – insulin lispro protamine & lispro inj 100 unit/ml (50-50).....	23	<b>hydrochlorothiazide cap 12.5 mg (Microzide).....</b>	<b>33</b>
HUMALOG MIX 50/50 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50).....	23	<b>hydrochlorothiazide tab 12.5 mg.....</b>	<b>33</b>
HUMALOG MIX 75/25 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25).....	23	<b>hydrochlorothiazide tab 25 mg.....</b>	<b>33</b>
HUMALOG TEMPO PEN – insulin lispro soln pen-inj w/ transmitter port 100 unit/ml.....	22	<b>hydrochlorothiazide tab 50 mg.....</b>	<b>33</b>
HUMATE-P – antihemophilic factor/vwf (human) for inj 250-600 unit.....	65	HYDROCODONE/IBUPROFEN – hydrocodone-ibuprofen tab 5-200 mg.....	55
HUMATE-P – antihemophilic factor/vwf (human) for inj 500-1200 unit.....	65	<b>hydrocodone-acetaminophen soln 7.5-325 mg/15ml (Hycet).....</b>	<b>55</b>
HUMATE-P – antihemophilic factor/vwf (human) for inj 1000-2400 unit.....	65	<b>hydrocodone-acetaminophen tab 7.5-325 mg (Norco).....</b>	<b>55</b>
HUMATIN – paromomycin sulfate cap 250 mg.....	4	<b>hydrocodone-acetaminophen tab 5-325 mg (Norco).....</b>	<b>55</b>
HUMIRA – adalimumab prefilled syringe kit 10 mg/0.1ml.....	57	<b>hydrocodone-acetaminophen tab 10-325 mg (Norco).....</b>	<b>55</b>
HUMIRA – adalimumab prefilled syringe kit 20 mg/0.2ml.....	57	<b>hydrocodone-ibuprofen tab 7.5-200 mg (Vicoprofen).....</b>	<b>55</b>
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.8ml.....	57	<b>hydrocortisone cream 2.5%.....</b>	<b>71</b>
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.4ml.....	57	<b>hydrocortisone enema 100 mg/60ml (Cortenema).....</b>	<b>69</b>
HUMIRA PEN – adalimumab auto-injector kit 40 mg/0.8ml.....	57	HYDROCORTISONE – hydrocortisone lotion 2%.....	71
HUMIRA PEN – adalimumab auto-injector kit 40 mg/0.4ml.....	57	HYDROCORTISONE – hydrocortisone lotion 2.5%.....	71
		<b>hydrocortisone oint 2.5%.....</b>	<b>71</b>
		<b>hydrocortisone perianal cream 2.5% (Anusol-hc).....</b>	<b>69</b>
		<b>hydrocortisone tab 5 mg (Cortef).....</b>	<b>16</b>
		<b>hydrocortisone tab 10 mg (Cortef).....</b>	<b>16</b>
		<b>hydrocortisone tab 20 mg (Cortef).....</b>	<b>16</b>
		<b>hydrocortisone valerate cream 0.2%.....</b>	<b>71</b>
		<b>hydrocortisone w/ acetic acid otic soln 1-2% (Vosol hc).....</b>	<b>68</b>
		<b>hydromorphone hcl liqd 1 mg/ml (Dilaudid).....</b>	<b>55</b>
		<b>hydromorphone hcl tab 2 mg (Dilaudid).....</b>	<b>55</b>
		<b>hydromorphone hcl tab 4 mg (Dilaudid).....</b>	<b>55</b>

hydromorphone hcl tab 8 mg (Dilaudid).....	55
hydroxychloroquine sulfate tab 100 mg.....	8
hydroxychloroquine sulfate tab 300 mg.....	8
hydroxychloroquine sulfate tab 400 mg.....	8
hydroxychloroquine sulfate tab 200 mg (Plaquenil).....	8
hydroxyurea cap 500 mg (Hydrea).....	11
hydroxyzine hcl syrup 10 mg/5ml.....	43
hydroxyzine hcl tab 10 mg.....	43
hydroxyzine hcl tab 25 mg.....	43
hydroxyzine hcl tab 50 mg.....	43
hydroxyzine pamoate cap 25 mg (Vistaril).....	43
hydroxyzine pamoate cap 50 mg (Vistaril).....	43
HYQVIA – immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit.....	9
HYQVIA – immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit.....	9
HYQVIA – immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit.....	9
HYQVIA – immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit.....	9
HYQVIA – immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit.....	9
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<b>ibandronate sodium tab 150 mg (base equivalent)</b> <b>(Boniva).....</b>	<b>25</b>
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IBRANCE – palbociclib cap 100 mg.....	11
IBRANCE – palbociclib cap 125 mg.....	11
IBRANCE – palbociclib tab 75 mg.....	11
IBRANCE – palbociclib tab 100 mg.....	11
IBRANCE – palbociclib tab 125 mg.....	11
<b>ibuprofen susp 100 mg/5ml.....</b>	<b>57</b>
<b>ibuprofen tab 400 mg.....</b>	<b>57</b>
<b>ibuprofen tab 600 mg.....</b>	<b>57</b>
<b>ibuprofen tab 800 mg.....</b>	<b>57</b>
<b>icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr).....</b>	<b>65</b>
ICLUSIG – ponatinib hcl tab 10 mg (base equiv).....	11
ICLUSIG – ponatinib hcl tab 15 mg (base equiv).....	11
ICLUSIG – ponatinib hcl tab 30 mg (base equiv).....	11
ICLUSIG – ponatinib hcl tab 45 mg (base equiv).....	11
<b>imatinib mesylate tab 100 mg (base equivalent)</b> <b>(Gleevec).....</b>	<b>11</b>
<b>imatinib mesylate tab 400 mg (base equivalent)</b> <b>(Gleevec).....</b>	<b>11</b>
IMBRUVICA – ibrutinib cap 70 mg.....	11
IMBRUVICA – ibrutinib cap 140 mg.....	11
IMBRUVICA – ibrutinib oral susp 70 mg/ml.....	11
IMBRUVICA – ibrutinib tab 140 mg.....	11
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IMBRUVICA – ibrutinib tab 420 mg.....	12
<b>imipramine hcl tab 10 mg (Tofranil).....</b>	<b>45</b>
<b>imipramine hcl tab 25 mg (Tofranil).....</b>	<b>45</b>
<b>imipramine hcl tab 50 mg (Tofranil).....</b>	<b>45</b>
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INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml).....	24
INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/act (base eq).....	37
<b>indapamide tab 1.25 mg.....</b>	<b>33</b>
<b>indapamide tab 2.5 mg.....</b>	<b>33</b>
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INLYTA – axitinib tab 1 mg.....	12
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INSULIN GLARGINE-YFGN – insulin glargine-yfgn inj 100 unit/ml.....	23
INSULIN GLARGINE-YFGN – insulin glargine-yfgn soln pen-injector 100 unit/ml.....	23
INTELENCE – etravirine tab 25 mg.....	6
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<b>ipratropium bromide inhal soln 0.02%.....</b>	<b>38</b>
<b>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</b> <b>(Atrovent).....</b>	<b>36</b>
<b>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</b> <b>(Atrovent).....</b>	<b>36</b>
<b>irbesartan-hydrochlorothiazide tab 150-12.5 mg</b> <b>(Avalide).....</b>	<b>28</b>
<b>irbesartan-hydrochlorothiazide tab 300-12.5 mg</b> <b>(Avalide).....</b>	<b>28</b>
<b>irbesartan tab 75 mg (Avapro).....</b>	<b>28</b>
<b>irbesartan tab 150 mg (Avapro).....</b>	<b>28</b>
<b>irbesartan tab 300 mg (Avapro).....</b>	<b>28</b>
IRESSA – gefitinib tab 250 mg.....	12
ISENTRESS HD – raltegravir potassium tab 600 mg (base equiv).....	6
ISENTRESS – raltegravir potassium chew tab 25 mg (base equiv).....	6
ISENTRESS – raltegravir potassium chew tab 100 mg (base equiv).....	6
ISENTRESS – raltegravir potassium packet for susp 100 mg (base equiv).....	6
ISENTRESS – raltegravir potassium tab 400 mg (base equiv).....	6
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<b>isoniazid syrup 50 mg/5ml.....</b>	<b>4</b>
<b>isoniazid tab 300 mg.....</b>	<b>4</b>
<b>isosorbide dinitrate tab 10 mg.....</b>	<b>31</b>
<b>isosorbide dinitrate tab 20 mg.....</b>	<b>31</b>
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<b>isosorbide mononitrate tab er 24hr 30 mg.....</b>	<b>31</b>
<b>isosorbide mononitrate tab er 24hr 60 mg.....</b>	<b>31</b>
<b>isosorbide mononitrate tab er 24hr 120 mg.....</b>	<b>31</b>
<b>isosorbide mononitrate tab 10 mg.....</b>	<b>31</b>

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isotretinoin cap 10 mg.....	69	KISQALI – ribociclib succinate tab pack 200 mg daily dose.....	12
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isotretinoin cap 30 mg (Claravis).....	69	KLOXXADO – naloxone hcl nasal spray 8 mg/0.1ml.....	77
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itraconazole oral soln 10 mg/ml (Sporanox).....	4	KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 500 unit.....	65
ivabradine hcl tab 5 mg (base equiv) (Corlanor).....	34	KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 1000 unit.....	65
ivabradine hcl tab 7.5 mg (base equiv) (Corlanor).....	34	KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 2000 unit.....	65
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JAKAFI – ruxolitinib phosphate tab 5 mg (base equivalent).....	12	KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 500 unit.....	65
JAKAFI – ruxolitinib phosphate tab 10 mg (base equivalent).....	12	KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 1000 unit.....	65
JAKAFI – ruxolitinib phosphate tab 15 mg (base equivalent).....	12	KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 2000 unit.....	65
JAKAFI – ruxolitinib phosphate tab 20 mg (base equivalent).....	12	KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 3000 unit.....	65
JAKAFI – ruxolitinib phosphate tab 25 mg (base equivalent).....	12	<b>L</b>	
JARDIANCE – empagliflozin tab 10 mg.....	20	labetalol hcl tab 100 mg (Trandate).....	29
JARDIANCE – empagliflozin tab 25 mg.....	21	labetalol hcl tab 200 mg (Trandate).....	29
JORNAY PM – methylphenidate hcl cap delayed er 24hr 20 mg (pm).....	50	labetalol hcl tab 300 mg (Trandate).....	29
JORNAY PM – methylphenidate hcl cap delayed er 24hr 40 mg (pm).....	50	lacosamide oral solution 10 mg/ml (Vimpat).....	60
JORNAY PM – methylphenidate hcl cap delayed er 24hr 60 mg (pm).....	50	lacosamide tab 50 mg (Vimpat).....	60
JORNAY PM – methylphenidate hcl cap delayed er 24hr 80 mg (pm).....	50	lacosamide tab 100 mg (Vimpat).....	60
JORNAY PM – methylphenidate hcl cap delayed er 24hr 100 mg (pm).....	51	lacosamide tab 150 mg (Vimpat).....	60
JULUCA – dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq).....	6	lacosamide tab 200 mg (Vimpat).....	60
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<b>K</b>		lactulose solution 10 gm/15ml.....	39
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KALETRA – lopinavir-ritonavir tab 200-50 mg.....	7	lamivudine oral soln 10 mg/ml (Epivir).....	7
KALYDECO – ivacaftor packet 5.8 mg.....	39	lamivudine tab 150 mg (Epivir).....	7
KALYDECO – ivacaftor packet 13.4 mg.....	39	lamivudine tab 300 mg (Epivir).....	7
KALYDECO – ivacaftor packet 25 mg.....	39	lamivudine tab 100 mg (hbv) (Epivir hbv).....	5
KALYDECO – ivacaftor packet 50 mg.....	39	lamivudine-zidovudine tab 150-300 mg (Combivir).....	7
KALYDECO – ivacaftor packet 75 mg.....	39	lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di).....	60
KALYDECO – ivacaftor tab 150 mg.....	39	lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di).....	60
KERENDIA – finerenone tab 10 mg.....	25	lamotrigine tab 25 mg (Lamictal).....	60
KERENDIA – finerenone tab 20 mg.....	25	lamotrigine tab 100 mg (Lamictal).....	60
KESIMPTA – ofatumumab soln auto-injector 20 mg/0.4ml.....	52	lamotrigine tab 150 mg (Lamictal).....	60
ketoconazole cream 2%.....	70	lamotrigine tab 200 mg (Lamictal).....	60
ketoconazole shampoo 2% (Nizoral).....	70		
ketorolac tromethamine ophth soln 0.5% (Acular).....	68		

LANSOPRAZOLE/AMOXICILLIN/ – amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg.....	40	LEVEMIR – insulin detemir inj 100 unit/ml.....	23
<b>lansoprazole cap delayed release 15 mg (Prevacid).....</b>	<b>40</b>	<b>levetiracetam oral soln 100 mg/ml (Keppra).....</b>	<b>60</b>
<b>lansoprazole cap delayed release 30 mg (Prevacid).....</b>	<b>40</b>	<b>levetiracetam tab er 24hr 500 mg (Keppra xr).....</b>	<b>60</b>
<b>lapatinib ditosylate tab 250 mg (base equiv) (Tykerb).....</b>	<b>12</b>	<b>levetiracetam tab er 24hr 750 mg (Keppra xr).....</b>	<b>60</b>
<b>latanoprost ophth soln 0.005% (Xalatan).....</b>	<b>68</b>	<b>levetiracetam tab 250 mg (Keppra).....</b>	<b>60</b>
LATUDA – lurasidone hcl tab 20 mg.....	46	<b>levetiracetam tab 500 mg (Keppra).....</b>	<b>60</b>
LATUDA – lurasidone hcl tab 40 mg.....	46	<b>levetiracetam tab 750 mg (Keppra).....</b>	<b>61</b>
LATUDA – lurasidone hcl tab 60 mg.....	46	<b>levetiracetam tab 1000 mg (Keppra).....</b>	<b>61</b>
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LATUDA – lurasidone hcl tab 120 mg.....	46	<b>levocarnitine oral soln 1 gm/10ml (10%) (Carnitor).....</b>	<b>25</b>
LEDIPASVIR/SOFOSBUVIR – ledipasvir-sofosbuvir tab 90-400 mg.....	5	<b>levocarnitine tab 330 mg (Carnitor).....</b>	<b>25</b>
<b>leflunomide tab 10 mg (Arava).....</b>	<b>57</b>	<b>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ ml) (Xyzal).....</b>	<b>36</b>
<b>leflunomide tab 20 mg (Arava).....</b>	<b>57</b>	<b>levocetirizine dihydrochloride tab 5 mg (Xyzal).....</b>	<b>36</b>
<b>lenalidomide cap 5 mg (Revlimid).....</b>	<b>77</b>	<b>levofloxacin oral soln 25 mg/ml (Levaquin).....</b>	<b>4</b>
<b>lenalidomide cap 10 mg (Revlimid).....</b>	<b>77</b>	<b>levofloxacin tab 250 mg (Levaquin).....</b>	<b>4</b>
<b>lenalidomide cap 15 mg (Revlimid).....</b>	<b>77</b>	<b>levofloxacin tab 500 mg (Levaquin).....</b>	<b>4</b>
<b>lenalidomide cap 20 mg (Revlimid).....</b>	<b>77</b>	<b>levofloxacin tab 750 mg (Levaquin).....</b>	<b>4</b>
<b>lenalidomide cap 25 mg (Revlimid).....</b>	<b>77</b>	<b>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg.....</b>	<b>18</b>
<b>lenalidomide caps 2.5 mg (Revlimid).....</b>	<b>77</b>	<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg.....</b>	<b>18</b>
LENVIMA 14 MG DAILY DOSE – lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose).....	12	<b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg.....</b>	<b>18</b>
LENVIMA 10 MG DAILY DOSE – lenvatinib cap therapy pack 10 mg (10 mg daily dose).....	12	<b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....</b>	<b>18</b>
LENVIMA 4 MG DAILY DOSE – lenvatinib cap therapy pack 4 mg (4 mg daily dose).....	12	<b>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7) (Loseasonique).....</b>	<b>18</b>
LENVIMA 12MG DAILY DOSE – lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose).....	12	<b>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7) (Seasonique).....</b>	<b>18</b>
LENVIMA 20 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose).....	12	<b>levothyroxine sodium tab 25 mcg (Synthroid).....</b>	<b>24</b>
LENVIMA 8 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose).....	12	<b>levothyroxine sodium tab 50 mcg (Synthroid).....</b>	<b>24</b>
LENVIMA 18 MG DAILY DOSE – lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose).....	12	<b>levothyroxine sodium tab 75 mcg (Synthroid).....</b>	<b>24</b>
LENVIMA 24 MG DAILY DOSE – lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose).....	12	<b>levothyroxine sodium tab 88 mcg (Synthroid).....</b>	<b>24</b>
<b>letrozole tab 2.5 mg (Femara).....</b>	<b>12</b>	<b>levothyroxine sodium tab 100 mcg (Synthroid).....</b>	<b>24</b>
<b>leucovorin calcium tab 5 mg.....</b>	<b>12</b>	<b>levothyroxine sodium tab 112 mcg (Synthroid).....</b>	<b>24</b>
<b>leucovorin calcium tab 15 mg.....</b>	<b>12</b>	<b>levothyroxine sodium tab 125 mcg (Synthroid).....</b>	<b>24</b>
<b>leucovorin calcium tab 25 mg.....</b>	<b>12</b>	<b>levothyroxine sodium tab 137 mcg (Synthroid).....</b>	<b>24</b>
LEUKERAN – chlorambucil tab 2 mg.....	12	<b>levothyroxine sodium tab 150 mcg (Synthroid).....</b>	<b>24</b>
<b>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml).....</b>	<b>12</b>	<b>levothyroxine sodium tab 175 mcg (Synthroid).....</b>	<b>24</b>
LEUPROLIDE ACETATE – leuprolide acetate (3 month) for inj 22.5 mg.....	12	<b>levothyroxine sodium tab 200 mcg (Synthroid).....</b>	<b>24</b>
<b>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv).....</b>	<b>38</b>	<b>lidocaine hcl soln 4% (Xylocaine).....</b>	<b>72</b>
<b>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (Xopenex).....</b>	<b>38</b>	<b>lidocaine hcl viscous soln 2%.....</b>	<b>69</b>
<b>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (Xopenex).....</b>	<b>38</b>	<b>lidocaine patch 5% (Lidoderm).....</b>	<b>72</b>
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		<b>linezolid tab 600 mg (Zyvox).....</b>	<b>8</b>
		<b>liothyronine sodium tab 5 mcg (Cytomel).....</b>	<b>24</b>
		<b>liothyronine sodium tab 25 mcg (Cytomel).....</b>	<b>24</b>
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<b>MAYRET – glecaprevir-pibrentasvir tab 100-40 mg</b> .....	<b>5</b>	<b>metformin hcl tab 500 mg (Glucophage)</b> .....	<b>21</b>
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<b>methylprednisolone tab 32 mg (Medrol).....</b>	<b>16</b>	<b>mirtazapine tab 15 mg (Remeron).....</b>	<b>45</b>
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<b>metolazone tab 5 mg (Zaroxolyn).....</b>	<b>33</b>	<b>moexipril hcl tab 7.5 mg (Univasc).....</b>	<b>27</b>
<b>metoprolol &amp; hydrochlorothiazide tab 100-50 mg.....</b>	<b>29</b>	<b>moexipril hcl tab 15 mg (Univasc).....</b>	<b>27</b>
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<b>metoprolol succinate tab er 24hr 200 mg (tartrate</b> <b>equiv) (Toprol xl).....</b>	<b>29</b>	<b>montelukast sodium chew tab 5 mg (base equiv)</b> <b>(Singulair).....</b>	<b>38</b>
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