Your 2027 New Mexico Large Group Prescription Drug List

Essential 4-Tier

Effective January 1, 2027



United Healthcare

This Prescription Drug List (PDL) is accurate as of January 1, 2027 and is subject to change after this date. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Understanding your Prescription Drug List (PDL)

What is a PDL?

This document includes both brand-name and generic prescription medications approved by the Food and Drug Administration (FDA). Medications are listed by common categories or classes and placed in tiers that represent the cost you pay out-of-pocket. Then, they are listed in alphabetical order.

About this PDL

Where differences exist between this PDL and your benefit plan documents, the benefit plan documents rule. Not all medications listed may be covered by your plan.

How do I use my PDL?

You and your doctor can check the PDL to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or a brand-name, and if there are coverage requirements or limits that apply. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the toll-free phone number on your member ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Your plan sets a cost for each tier. This is how much you will pay when you fill a prescription. See page 4 for more information.

When does the PDL change?

PDL changes typically occur 2-3 times per year. However, changes that have a positive impact for you — such as coverage for new medications or cost savings — may occur at any time. You can log in to your plan's member website listed on your member ID card at any time to check your medication coverage and lower-cost options.

Why are some medications excluded from coverage?

We review treatments based on their total value, including how well they work, how safe they are, their cost and whether options are available to treat the same or similar medical conditions. Certain medications may not be covered or be subject to prior authorization (sometimes referred to as precertification) if your plan covers other lower-cost medications. For example, there may be a lower-cost covered option or an over-the-counter medication that works the same way. In some cases, the same product can be made by 2 or more drug companies, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to your plan's member website listed on your member ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Who decides which medications are covered?

The UnitedHealthcare® Pharmacy and Therapeutics Committee, which includes both internal and external doctors and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, senior UnitedHealth Group® doctors and business leaders meet to evaluate overall health care value. They also set coverage and tier status for all medications.

Medication tips

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

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes, the same company that makes a brand-name medication also makes the generic version.

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a generic or lower-cost option is available and could be right for you. Generic medications are usually your lowest-cost option, but not always. For some plans, if a brand-name drug is filled and a generic is available, your cost-share may be the copayment PLUS the cost difference between the brand-name drug and the generic.

What if I am taking a specialty medication?

Specialty medications are high-cost and are used to treat rare or complex conditions that require extra care and support. For most plans, these medications are managed through a specialty pharmacy. Take advantage of personalized support designed to help you get the most out of your treatment plan. To learn more, visit your plan's website or call the toll-free number on your member ID card.

If you're taking a specialty medication that is on a higher tier, call the toll-free phone number on your member ID card to talk with a pharmacist about finding lower-cost options.

Over-the-counter (OTC) medications

An OTC medication may be the right option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Reading your PDL

The PDL gives you choices. This allows you and your doctor to decide your best course of treatment.

Tier information

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

Drug tier	Includes	Helpful tips
Tier 1	$ **Lower-cost** Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tiers 2 and 3	$$ **Mid-range cost** Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help lower your out-of-pocket costs.
Tier 4	$$$ **Highest-cost** Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they could work for you.

Note: Oral chemotherapeutic agent medications will be provided at a level no less favorable than chemotherapeutic agents are provided under Pharmaceutical Products - Outpatient in your Certificate of Coverage, regardless of tier placement. The amount you will pay for a preferred prescription insulin drug or medically necessary insulin alternative will not exceed a total of $25 per 31-day supply.

Programs and limits

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

Health Care Reform Preventive[1] – This medication is part of a health care reform preventive benefit and is generally covered at no cost to you.

Health Care Reform Preventive[1] **with prior authorization** – May be part of health care reform preventive benefit and covered at no cost to you if prior authorization criteria are met.

Medical – Health Care Reform Preventive[1] – This medication may be covered under the medical benefit as part of a health care reform preventive benefit and may be covered at no cost to you.

Prior authorization – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered. PA criteria can be found at **https://www.uhcprovider.com/en/prior-auth-advance-notification/adv-notification-plan-reqs.html.**

Quantity limits – The largest quantity of medication covered per copayment or in a defined period of time. Quantity limits can be found at **https://www.uhcprovider.com/en/resource-library/drug-lists-pharmacy.html.**

Specialty medication – Specialty medications treat complex or rare conditions and may require special storage and handling. You may have to get these medications from a specialty pharmacy.

Step therapy – Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered. Step therapy criteria can be found at **https://www.uhcprovider.com/en/resource-library/drug-lists-pharmacy/clinical-drug-step-therapy.html.**

1. Health Care Reform Preventive includes human immunodeficiency virus (HIV) preventive medications.

Reading your PDL (continued)

Behavioral health medications

Per New Mexico state law, certain medications used to treat a behavioral health condition may be available for $0 cost-share. These medications will be listed with a Tier Value of **$0 Behav Health**.

Some medications may be covered for $0 cost-share only under certain circumstances. This includes medications prescribed to treat a behavioral health condition that have not been approved by the United States Food and Drug Administration (FDA) to treat that condition. These medications will have a note that they **may be available at $0 when prescribed to treat a behavioral health condition**.

If you are taking a medication that your doctor has identified as treating a behavioral health condition and you are being charged a cost share, a request may be submitted to determine if the drug is eligible for $0 cost share coverage.

Depending on your benefit, these medications may not be covered on your Prescription Drug List or may be subject to prior authorization, step therapy, and/or quantity limit prior to coverage at $0 cost-share.

Over-the-counter contraceptives

Over-the-counter birth control (contraceptives) are available at no cost:

- For no up-front costs, ask your pharmacy to submit a claim to UnitedHealthcare
- If you paid out of pocket, you can submit a reimbursement form. Learn more about the reimbursement process at **https://www.uhc.com/member-resources/forms**

Sexually transmitted infection prevention and treatment

Per New Mexico state law, certain medications used to prevent or treat a sexually transmitted infection may be available for $0 cost-share. These medications will be listed with a Tier Value of **$0 STI or $0 HIV**.

Some medications may be covered for $0 cost-share only under certain circumstances. This includes medications approved by the United States Food and Drug Administration (FDA) to prevent or treat both sexually transmitted infections and other conditions. These medications will have a note that they **may be available at $0 when prescribed to prevent or treat a sexually transmitted infection**.

If you are taking a medication that your doctor has identified as preventing or treating a sexually transmitted infection and you are being charged a cost-share, a request may be submitted to determine if the drug is eligible for $0 cost share coverage.

Depending on your benefit, these medications may not be covered on your Prescription Drug List or may be subject to prior authorization, step therapy, and/or quantity limit prior to coverage at $0 cost-share.

Questions

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

Call the toll-free phone number on your member ID card

Visit your plan's member website listed on your member ID card to:

- View your pharmacy benefit and coverage information, including prescription history
- View medication interactions and side effects
- Locate a participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

And, if home delivery services are included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Set up reminders for refills
- Manage your account

Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
1st generation/Typical - Mood disorder drugs						
CHLORPROMAZ POW HCL	CHLORPROMAZINE HCL (BULK) POWDER	Tier 3				
ADASUVE INH 10MG	LOXAPINE AEROSOL POWDER BREATH ACTIVATED 10 MG	$0 Behav Health				
CHLORPROMAZ TAB 100MG	CHLORPROMAZINE HCL TAB 100 MG	$0 Behav Health		X		
CHLORPROMAZ TAB 10MG	CHLORPROMAZINE HCL TAB 10 MG	$0 Behav Health		X		
CHLORPROMAZ TAB 200MG	CHLORPROMAZINE HCL TAB 200 MG	$0 Behav Health		X		
CHLORPROMAZ TAB 25MG	CHLORPROMAZINE HCL TAB 25 MG	$0 Behav Health		X		
CHLORPROMAZ TAB 50MG	CHLORPROMAZINE HCL TAB 50 MG	$0 Behav Health		X		
FLUPHENAZINE CON 5MG/ML	FLUPHENAZINE HCL ORAL CONC 5 MG/ML	$0 Behav Health				
FLUPHENAZINE ELX 2.5/5ML	FLUPHENAZINE HCL ELIXIR 2.5 MG/5ML	$0 Behav Health				
FLUPHENAZINE TAB 10MG	FLUPHENAZINE HCL TAB 10 MG	$0 Behav Health				
FLUPHENAZINE TAB 1MG	FLUPHENAZINE HCL TAB 1 MG	$0 Behav Health				
FLUPHENAZINE TAB 2.5MG	FLUPHENAZINE HCL TAB 2.5 MG	$0 Behav Health				
FLUPHENAZINE TAB 5MG	FLUPHENAZINE HCL TAB 5 MG	$0 Behav Health				
HALOPERIDOL CON 2MG/ML	HALOPERIDOL LACTATE ORAL CONC 2 MG/ML	$0 Behav Health				
HALOPERIDOL TAB 0.5MG	HALOPERIDOL TAB 0.5 MG	$0 Behav Health				
HALOPERIDOL TAB 10MG	HALOPERIDOL TAB 10 MG	$0 Behav Health				
HALOPERIDOL TAB 1MG	HALOPERIDOL TAB 1 MG	$0 Behav Health				
HALOPERIDOL TAB 20MG	HALOPERIDOL TAB 20 MG	$0 Behav Health				
HALOPERIDOL TAB 2MG	HALOPERIDOL TAB 2 MG	$0 Behav Health				
HALOPERIDOL TAB 5MG	HALOPERIDOL TAB 5 MG	$0 Behav Health				
LOXAPINE CAP 10MG	LOXAPINE SUCCINATE CAP 10 MG	$0 Behav Health				
LOXAPINE CAP 25MG	LOXAPINE SUCCINATE CAP 25 MG	$0 Behav Health				
LOXAPINE CAP 50MG	LOXAPINE SUCCINATE CAP 50 MG	$0 Behav Health				

* May be available at $0 when prescribed to treat a behavioral health condition.

† May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

‡ May be available at $0 when prescribed to treat or prevent a sexually transmitted infection.

Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
LOXAPINE CAP 5MG	LOXAPINE SUCCINATE CAP 5 MG	$0 Behav Health				
MOLINDONE TAB HCL 10MG	MOLINDONE HCL TAB 10 MG	$0 Behav Health				
MOLINDONE TAB HCL 25MG	MOLINDONE HCL TAB 25 MG	$0 Behav Health				
MOLINDONE TAB HCL 5MG	MOLINDONE HCL TAB 5 MG	$0 Behav Health				
PIMOZIDE TAB 1MG	PIMOZIDE TAB 1 MG	$0 Behav Health				
PIMOZIDE TAB 2MG	PIMOZIDE TAB 2 MG	$0 Behav Health				
THIORIDAZINE TAB 100MG	THIORIDAZINE HCL TAB 100 MG	$0 Behav Health				
THIORIDAZINE TAB 10MG	THIORIDAZINE HCL TAB 10 MG	$0 Behav Health				
THIORIDAZINE TAB 25MG	THIORIDAZINE HCL TAB 25 MG	$0 Behav Health				
THIORIDAZINE TAB 50MG	THIORIDAZINE HCL TAB 50 MG	$0 Behav Health				
THIOTHIXENE CAP 10MG	THIOTHIXENE CAP 10 MG	$0 Behav Health				
THIOTHIXENE CAP 1MG	THIOTHIXENE CAP 1 MG	$0 Behav Health				
THIOTHIXENE CAP 2MG	THIOTHIXENE CAP 2 MG	$0 Behav Health				
THIOTHIXENE CAP 5MG	THIOTHIXENE CAP 5 MG	$0 Behav Health				
TRIFLUOPERAZ TAB 10MG	TRIFLUOPERAZINE HCL TAB 10 MG (BASE EQUIVALENT)	$0 Behav Health				
TRIFLUOPERAZ TAB 1MG	TRIFLUOPERAZINE HCL TAB 1 MG (BASE EQUIVALENT)	$0 Behav Health				
TRIFLUOPERAZ TAB 2MG	TRIFLUOPERAZINE HCL TAB 2 MG (BASE EQUIVALENT)	$0 Behav Health				
TRIFLUOPERAZ TAB 5MG	TRIFLUOPERAZINE HCL TAB 5 MG (BASE EQUIVALENT)	$0 Behav Health				
2nd Generation/Atypical - Mood disorder drugs						
ARIPIPRAZOLE SOL 1MG/ML	ARIPIPRAZOLE ORAL SOLUTION 1 MG/ML	$0 Behav Health				
ARIPIPRAZOLE TAB 10MG	ARIPIPRAZOLE TAB 10 MG	$0 Behav Health				
ARIPIPRAZOLE TAB 15MG	ARIPIPRAZOLE TAB 15 MG	$0 Behav Health				
ARIPIPRAZOLE TAB 20MG	ARIPIPRAZOLE TAB 20 MG	$0 Behav Health				
ARIPIPRAZOLE TAB 2MG	ARIPIPRAZOLE TAB 2 MG	$0 Behav Health				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
ARIPIPRAZOLE TAB 30MG	ARIPIPRAZOLE TAB 30 MG	$0 Behav Health				
ARIPIPRAZOLE TAB 5MG	ARIPIPRAZOLE TAB 5 MG	$0 Behav Health				
ASENAPINE SUB 10MG	ASENAPINE MALEATE SL TAB 10 MG (BASE EQUIV)	$0 Behav Health		X		
ASENAPINE SUB 2.5MG	ASENAPINE MALEATE SL TAB 2.5 MG (BASE EQUIV)	$0 Behav Health		X		
ASENAPINE SUB 5MG	ASENAPINE MALEATE SL TAB 5 MG (BASE EQUIV)	$0 Behav Health		X		
CAPLYTA CAP 10.5MG	LUMATEPERONE TOSYLATE CAP 10.5 MG	$0 Behav Health	X	X	X	
CAPLYTA CAP 21MG	LUMATEPERONE TOSYLATE CAP 21 MG	$0 Behav Health	X	X	X	
CAPLYTA CAP 42MG	LUMATEPERONE TOSYLATE CAP 42 MG	$0 Behav Health	X	X	X	
CLOZAPINE TAB 100/ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	$0 Behav Health				
CLOZAPINE TAB 12.5/ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG	$0 Behav Health				
CLOZAPINE TAB 150/ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG	$0 Behav Health				
CLOZAPINE TAB 200/ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG	$0 Behav Health				
CLOZAPINE TAB 25MG ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG	$0 Behav Health				
LURASIDONE TAB 120MG	LURASIDONE HCL TAB 120 MG	$0 Behav Health		X		
LURASIDONE TAB 20MG	LURASIDONE HCL TAB 20 MG	$0 Behav Health		X		
LURASIDONE TAB 40MG	LURASIDONE HCL TAB 40 MG	$0 Behav Health		X		
LURASIDONE TAB 60MG	LURASIDONE HCL TAB 60 MG	$0 Behav Health		X		
LURASIDONE TAB 80MG	LURASIDONE HCL TAB 80 MG	$0 Behav Health		X		
NUPLAZID CAP 34MG	PIMAVANSERIN TARTRATE CAP 34 MG (BASE EQUIVALENT)	$0 Behav Health	X	X		
NUPLAZID TAB 10MG	PIMAVANSERIN TARTRATE TAB 10 MG (BASE EQUIVALENT)	$0 Behav Health	X	X		
OLANZAPINE TAB 10MG	OLANZAPINE TAB 10 MG	$0 Behav Health				
OLANZAPINE TAB 10MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 10 MG	$0 Behav Health				
OLANZAPINE TAB 15MG	OLANZAPINE TAB 15 MG	$0 Behav Health				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
OLANZAPINE TAB 15MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 15 MG	$0 Behav Health				
OLANZAPINE TAB 2.5MG	OLANZAPINE TAB 2.5 MG	$0 Behav Health				
OLANZAPINE TAB 20MG	OLANZAPINE TAB 20 MG	$0 Behav Health				
OLANZAPINE TAB 20MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 20 MG	$0 Behav Health				
OLANZAPINE TAB 5MG	OLANZAPINE TAB 5 MG	$0 Behav Health				
OLANZAPINE TAB 5MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 5 MG	$0 Behav Health				
OLANZAPINE TAB 7.5MG	OLANZAPINE TAB 7.5 MG	$0 Behav Health				
QUETIAPINE TAB 100MG	QUETIAPINE FUMARATE TAB 100 MG	$0 Behav Health				
QUETIAPINE TAB 150MG	QUETIAPINE FUMARATE TAB 150 MG	$0 Behav Health				
QUETIAPINE TAB 150MG ER	QUETIAPINE FUMARATE TAB ER 24HR 150 MG	$0 Behav Health				
QUETIAPINE TAB 200MG	QUETIAPINE FUMARATE TAB 200 MG	$0 Behav Health				
QUETIAPINE TAB 200MG ER	QUETIAPINE FUMARATE TAB ER 24HR 200 MG	$0 Behav Health				
QUETIAPINE TAB 25MG	QUETIAPINE FUMARATE TAB 25 MG	$0 Behav Health				
QUETIAPINE TAB 300MG	QUETIAPINE FUMARATE TAB 300 MG	$0 Behav Health				
QUETIAPINE TAB 300MG ER	QUETIAPINE FUMARATE TAB ER 24HR 300 MG	$0 Behav Health				
QUETIAPINE TAB 400MG	QUETIAPINE FUMARATE TAB 400 MG	$0 Behav Health				
QUETIAPINE TAB 400MG ER	QUETIAPINE FUMARATE TAB ER 24HR 400 MG	$0 Behav Health				
QUETIAPINE TAB 50MG	QUETIAPINE FUMARATE TAB 50 MG	$0 Behav Health				
QUETIAPINE TAB 50MG ER	QUETIAPINE FUMARATE TAB ER 24HR 50 MG	$0 Behav Health				
REXULTI TAB 0.25MG	BREXPIPRAZOLE TAB 0.25 MG	$0 Behav Health		X		
REXULTI TAB 0.5MG	BREXPIPRAZOLE TAB 0.5 MG	$0 Behav Health		X		
REXULTI TAB 1MG	BREXPIPRAZOLE TAB 1 MG	$0 Behav Health		X		
REXULTI TAB 2MG	BREXPIPRAZOLE TAB 2 MG	$0 Behav Health		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
REXULTI TAB 3MG	BREXPIPRAZOLE TAB 3 MG	$0 Behav Health		X		
REXULTI TAB 4MG	BREXPIPRAZOLE TAB 4 MG	$0 Behav Health		X		
RISPERIDONE SOL 1MG/ML	RISPERIDONE SOLN 1 MG/ML	$0 Behav Health				
RISPERIDONE TAB 0.25 ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 0.25 MG	$0 Behav Health				
RISPERIDONE TAB 0.25MG	RISPERIDONE TAB 0.25 MG	$0 Behav Health				
RISPERIDONE TAB 0.5MG	RISPERIDONE TAB 0.5 MG	$0 Behav Health				
RISPERIDONE TAB 0.5MG OD	RISPERIDONE ORALLY DISINTEGRATING TAB 0.5 MG	$0 Behav Health				
RISPERIDONE TAB 1MG	RISPERIDONE TAB 1 MG	$0 Behav Health				
RISPERIDONE TAB 1MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 1 MG	$0 Behav Health				
RISPERIDONE TAB 2MG	RISPERIDONE TAB 2 MG	$0 Behav Health				
RISPERIDONE TAB 2MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 2 MG	$0 Behav Health				
RISPERIDONE TAB 3MG	RISPERIDONE TAB 3 MG	$0 Behav Health				
RISPERIDONE TAB 3MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 3 MG	$0 Behav Health				
RISPERIDONE TAB 4MG	RISPERIDONE TAB 4 MG	$0 Behav Health				
RISPERIDONE TAB 4MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 4 MG	$0 Behav Health				
VRAYLAR CAP 0.5MG	CARIPRAZINE HCL CAP 0.5 MG (BASE EQUIVALENT)	$0 Behav Health		X		
VRAYLAR CAP 0.75MG	CARIPRAZINE HCL CAP 0.75 MG (BASE EQUIVALENT)	$0 Behav Health		X		
VRAYLAR CAP 1.5MG	CARIPRAZINE HCL CAP 1.5 MG (BASE EQUIVALENT)	$0 Behav Health		X		
VRAYLAR CAP 3MG	CARIPRAZINE HCL CAP 3 MG (BASE EQUIVALENT)	$0 Behav Health				
VRAYLAR CAP 4.5MG	CARIPRAZINE HCL CAP 4.5 MG (BASE EQUIVALENT)	$0 Behav Health		X		
VRAYLAR CAP 6MG	CARIPRAZINE HCL CAP 6 MG (BASE EQUIVALENT)	$0 Behav Health		X		
ZIPRASIDONE CAP 20MG	ZIPRASIDONE HCL CAP 20 MG	$0 Behav Health				
ZIPRASIDONE CAP 40MG	ZIPRASIDONE HCL CAP 40 MG	$0 Behav Health				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
ZIPRASIDONE CAP 60MG	ZIPRASIDONE HCL CAP 60 MG	$0 Behav Health				
ZIPRASIDONE CAP 80MG	ZIPRASIDONE HCL CAP 80 MG	$0 Behav Health				
Alcohol deterrents/Anti-craving - Antidotes/Deterrents/Protectants						
ACAMPRO CAL TAB 333MG	ACAMPROSATE CALCIUM TAB DELAYED RELEASE 333 MG	$0 Behav Health				
DISULFIRAM TAB 250MG	DISULFIRAM TAB 250 MG	$0 Behav Health				
DISULFIRAM TAB 500MG	DISULFIRAM TAB 500 MG	$0 Behav Health				
LOFEXIDINE TAB 0.18MG	LOFEXIDINE HCL TAB 0.18 MG (BASE EQUIVALENT)	$0 Behav Health		X		
Alkylating agents - Chemotherapy agents						
CYCLOPHOSPH CAP 25MG	CYCLOPHOSPHAMIDE CAP 25 MG	Tier 3				
CYCLOPHOSPH CAP 50MG	CYCLOPHOSPHAMIDE CAP 50 MG	Tier 3				
CYCLOPHOSPH TAB 25MG	CYCLOPHOSPHAMIDE TAB 25 MG	Tier 3				X
CYCLOPHOSPH TAB 50MG	CYCLOPHOSPHAMIDE TAB 50 MG	Tier 3				X
GLEOSTINE CAP 100MG	LOMUSTINE CAP 100 MG	Tier 3				X
GLEOSTINE CAP 10MG	LOMUSTINE CAP 10 MG	Tier 3				X
GLEOSTINE CAP 40MG	LOMUSTINE CAP 40 MG	Tier 3				X
HEPZATO/50MM INJ 50MG	MELPHALAN HCL FOR INTRA-ARTERIAL SOLN 50 MG (BASE EQUIV)	Tier 3				X
HEPZATO/62MM INJ 50MG	MELPHALAN HCL FOR INTRA-ARTERIAL SOLN 50 MG (BASE EQUIV)	Tier 3				X
LEUKERAN TAB 2MG	CHLORAMBUCIL TAB 2 MG	Tier 3				
LOMUSTINE CAP 100MG	LOMUSTINE CAP 100 MG	Tier 3				X
LOMUSTINE CAP 10MG	LOMUSTINE CAP 10 MG	Tier 3				X
LOMUSTINE CAP 40MG	LOMUSTINE CAP 40 MG	Tier 3				X
MATULANE CAP 50MG	PROCARBAZINE HCL CAP 50 MG	Tier 3				X
MYLERAN TAB 2MG	BUSULFAN TAB 2 MG	Tier 3				
TEMOZOLOMIDE CAP 100MG	TEMOZOLOMIDE CAP 100 MG	Tier 1				X
TEMOZOLOMIDE CAP 140MG	TEMOZOLOMIDE CAP 140 MG	Tier 1				X
TEMOZOLOMIDE CAP 180MG	TEMOZOLOMIDE CAP 180 MG	Tier 1				X
TEMOZOLOMIDE CAP 20MG	TEMOZOLOMIDE CAP 20 MG	Tier 1				X
TEMOZOLOMIDE CAP 250MG	TEMOZOLOMIDE CAP 250 MG	Tier 1				X
TEMOZOLOMIDE CAP 5MG	TEMOZOLOMIDE CAP 5 MG	Tier 1				X
VALCHLOR GEL 0.016%	MECHLORETHAMINE HCL GEL 0.016% (BASE EQUIVALENT)	Tier 3	X	X		X
Alpha-adrenergic agonists - Blood pressure drugs						
CLONIDINE DIS 0.1/24HR	CLONIDINE TD PATCH WEEKLY 0.1 MG/24HR	Tier 3*				
CLONIDINE DIS 0.1/24HR	CLONIDINE TD PATCH WEEKLY 0.1 MG/24HR	Tier 3*				

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† May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
‡ May be available at $0 when prescribed to treat or prevent a sexually transmitted infection.

Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
CLONIDINE DIS 0.2/24HR	CLONIDINE TD PATCH WEEKLY 0.2 MG/24HR	Tier 3*				
CLONIDINE DIS 0.2/24HR	CLONIDINE TD PATCH WEEKLY 0.2 MG/24HR	Tier 3*				
CLONIDINE DIS 0.3/24HR	CLONIDINE TD PATCH WEEKLY 0.3 MG/24HR	Tier 3*				
CLONIDINE DIS 0.3/24HR	CLONIDINE TD PATCH WEEKLY 0.3 MG/24HR	Tier 3*				
CLONIDINE TAB 0.1MG	CLONIDINE HCL TAB 0.1 MG	Tier 1*				
CLONIDINE TAB 0.2MG	CLONIDINE HCL TAB 0.2 MG	Tier 1*				
CLONIDINE TAB 0.3MG	CLONIDINE HCL TAB 0.3 MG	Tier 1*				
GUANFACINE TAB 1MG	GUANFACINE HCL TAB 1 MG	Tier 1				
GUANFACINE TAB 2MG	GUANFACINE HCL TAB 2 MG	Tier 1				
METHYLDOPA TAB 250MG	METHYLDOPA TAB 250 MG	Tier 4	X		X	
METHYLDOPA TAB 500MG	METHYLDOPA TAB 500 MG	Tier 4	X		X	
MIDODRINE TAB 10MG	MIDODRINE HCL TAB 10 MG	Tier 1				
MIDODRINE TAB 2.5MG	MIDODRINE HCL TAB 2.5 MG	Tier 1				
MIDODRINE TAB 5MG	MIDODRINE HCL TAB 5 MG	Tier 1				
Alpha-adrenergic blocking agents - Blood pressure drugs						
CARDURA TAB 1MG	DOXAZOSIN MESYLATE TAB 1 MG	Tier 4				
CARDURA TAB 2MG	DOXAZOSIN MESYLATE TAB 2 MG	Tier 4				
CARDURA TAB 4MG	DOXAZOSIN MESYLATE TAB 4 MG	Tier 4				
CARDURA TAB 8MG	DOXAZOSIN MESYLATE TAB 8 MG	Tier 4				
DOXAZOSIN TAB 1MG	DOXAZOSIN MESYLATE TAB 1 MG	Tier 1				
DOXAZOSIN TAB 2MG	DOXAZOSIN MESYLATE TAB 2 MG	Tier 1				
DOXAZOSIN TAB 4MG	DOXAZOSIN MESYLATE TAB 4 MG	Tier 1				
DOXAZOSIN TAB 8MG	DOXAZOSIN MESYLATE TAB 8 MG	Tier 1				
PHENOXYBENZA CAP 10MG	PHENOXYBENZAMINE HCL CAP 10 MG	Tier 2				
PRAZOSIN HCL CAP 1MG	PRAZOSIN HCL CAP 1 MG	Tier 1*				
PRAZOSIN HCL CAP 2MG	PRAZOSIN HCL CAP 2 MG	Tier 1*				
PRAZOSIN HCL CAP 5MG	PRAZOSIN HCL CAP 5 MG	Tier 1*				
Aminoglycosides - Antibiotics						
ARIKAYCE SUS	AMIKACIN SULFATE LIPOSOME INHAL SUSP 590 MG/8.4ML (BASE EQ)	Tier 4	X	X		X
GENTAMICIN CRE 0.1%	GENTAMICIN SULFATE CREAM 0.1%	Tier 1		X		
GENTAMICIN OIN 0.1%	GENTAMICIN SULFATE OINT 0.1%	Tier 1		X		
HUMATIN CAP 250MG	PAROMOMYCIN SULFATE CAP 250 MG	Tier 2				
NEOMYCIN TAB 500MG	NEOMYCIN SULFATE TAB 500 MG	Tier 1				
TOBRADEX OIN 0.3-0.1%	TOBRAMYCIN-DEXAMETHASONE OPHTH OINT 0.3-0.1%	Tier 3				
Aminosalicylates - Inflammatory bowel disease drugs						
APRISO CAP 0.375GM	MESALAMINE CAP ER 24HR 0.375 GM	Tier 1				
BALSALAZIDE CAP 750MG	BALSALAZIDE DISODIUM CAP 750 MG	Tier 1				
MESALAMINE CAP 400MG DR	MESALAMINE CAP DR 400 MG	Tier 2				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
MESALAMINE ENE 4GM	MESALAMINE ENEMA 4 GM	Tier 1		X		
MESALAMINE KIT 4GM	MESALAMINE RECTAL ENEMA 4 GM & CLEANSER WIPE KIT	Tier 1		X		
MESALAMINE SUP 1000MG	MESALAMINE SUPPOS 1000 MG	Tier 2		X		
MESALAMINE TAB 1.2GM	MESALAMINE TAB DELAYED RELEASE 1.2 GM	Tier 2				
Analgesics - Miscellaneous analgesics						
BAC TAB	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG	Tier 1		X		
BUT/APAP/CAF CAP	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG	Tier 1		X		
BUT/APAP/CAF CAP	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-300-40 MG	Tier 3		X		
BUT/APAP/CAF SOL	BUTALBITAL-ACETAMINOPHEN-CAFFEINE SOLN 50-325-40 MG/15ML	Tier 2				
BUT/APAP/CAF TAB	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG	Tier 1		X		
BUT/ASA/CAFF CAP	BUTALBITAL-ASPIRIN-CAFFEINE CAP 50-325-40 MG	Tier 1				
BUTAL/APAP TAB 50-325MG	BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG	Tier 1				
DYCLOPRO SOL 0.5%	DYCLONINE HCL SOLN 0.5%	Tier 4				
ESGIC CAP	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG	Tier 4		X		
ESGIC TAB	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG	Tier 4		X		
FIORICET CAP	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-300-40 MG	Tier 4		X		
TENCON TAB 50-325MG	BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG	Tier 3				
TURPENTINE SOL SPIRITS	TURPENTINE SPIRIT	Tier 1				
Androgens - Hormone replacement/Modifying drugs						
DANAZOL CAP 100MG	DANAZOL CAP 100 MG	Tier 1				
DANAZOL CAP 200MG	DANAZOL CAP 200 MG	Tier 1				
DANAZOL CAP 50MG	DANAZOL CAP 50 MG	Tier 1				
DEPO-TESTOST INJ 100MG/ML	TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG/ML	Tier 3				
DEPO-TESTOST INJ 200MG/ML	TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML	Tier 4				
KYZATREX CAP 100MG	TESTOSTERONE UNDECANOATE CAP 100 MG	Tier 4	X	X		
KYZATREX CAP 150MG	TESTOSTERONE UNDECANOATE CAP 150 MG	Tier 4	X	X		
KYZATREX CAP 200MG	TESTOSTERONE UNDECANOATE CAP 200 MG	Tier 4	X	X		
METHITEST TAB 10MG	METHYLTESTOSTERONE ORAL TAB 10 MG	Tier 2				
METHYLTESTOS CAP 10MG	METHYLTESTOSTERONE CAP 10 MG	Tier 2				
TESTIM GEL 1%(50MG)	TESTOSTERONE TD GEL 50 MG/5GM (1%)	Tier 2	X	X		
TESTOST CYP INJ 100MG/ML	TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG/ML	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
TESTOST CYP INJ 200MG/ML	TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML	Tier 1				
TESTOST CYP INJ 200MG/ML	TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML	Tier 4				
TESTOST ENAN INJ 200MG/ML	TESTOSTERONE ENANTHATE IM INJ IN OIL 200 MG/ML	Tier 1				
TESTOSTERONE GEL 1.62%	TESTOSTERONE TD GEL 20.25 MG/ACT (1.62%)	Tier 2	X	X		
Angioedema agents						
FABHALTA CAP 200MG	IPTACOPAN HCL CAP 200 MG	Tier 3	X	X		X
VOYDEYA TAB 100MG	DANICOPAN TAB 100 MG	Tier 3	X	X		X
VOYDEYA TAB 50-100MG	DANICOPAN TAB THERAPY PACK 50 MG & 100 MG	Tier 3	X	X		X
ZILBRYSQ INJ 16.6MG	ZILUCOPLAN SODIUM SUBCUTANEOUS SOLN PREF SYR 16.6 MG/0.416ML	Tier 4	X	X		X
ZILBRYSQ INJ 23MG	ZILUCOPLAN SODIUM SUBCUTANEOUS SOLN PREF SYR 23 MG/0.574ML	Tier 4	X	X		X
ZILBRYSQ INJ 32.4MG	ZILUCOPLAN SODIUM SUBCUTANEOUS SOLN PREF SYR 32.4 MG/0.81ML	Tier 4	X	X		X
Angioedema agents - Drugs to treat swelling underneath the skin						
BERINERT INJ 500UNIT	C1 ESTERASE INHIBITOR (HUMAN) FOR IV INJ KIT 500 UNIT	Tier 4	X	X	X	X
HAEGARDA INJ 2000UNIT	C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 2000 UNIT	Tier 3	X	X		X
HAEGARDA INJ 3000UNIT	C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 3000 UNIT	Tier 3	X	X		X
ICATIBANT INJ 30MG/3ML	ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR 30 MG/3ML	Tier 3	X	X		X
RUCONEST INJ 2100UNIT	C1 ESTERASE INHIBITOR (RECOMBINANT) FOR IV INJ 2100 UNIT	Tier 4	X	X		X
TAKHZYRO INJ 300/2ML	LANADELUMAB-FLYO INJ 300 MG/2ML (150 MG/ML)	Tier 3	X	X		X
Angiotensin II receptor antagonists - Blood pressure drugs						
CANDESARTAN TAB 16MG	CANDESARTAN CILEXETIL TAB 16 MG	Tier 3				
CANDESARTAN TAB 32MG	CANDESARTAN CILEXETIL TAB 32 MG	Tier 3				
CANDESARTAN TAB 4MG	CANDESARTAN CILEXETIL TAB 4 MG	Tier 3				
CANDESARTAN TAB 8MG	CANDESARTAN CILEXETIL TAB 8 MG	Tier 3				
IRBESARTAN TAB 150MG	IRBESARTAN TAB 150 MG	Tier 1				
IRBESARTAN TAB 300MG	IRBESARTAN TAB 300 MG	Tier 1				
IRBESARTAN TAB 75MG	IRBESARTAN TAB 75 MG	Tier 1				
LOSARTAN POT TAB 100MG	LOSARTAN POTASSIUM TAB 100 MG	Tier 1				
LOSARTAN POT TAB 25MG	LOSARTAN POTASSIUM TAB 25 MG	Tier 1				
LOSARTAN POT TAB 50MG	LOSARTAN POTASSIUM TAB 50 MG	Tier 1				
OLMESA MEDOX TAB 20MG	OLMESARTAN MEDOXOMIL TAB 20 MG	Tier 2				
OLMESA MEDOX TAB 40MG	OLMESARTAN MEDOXOMIL TAB 40 MG	Tier 2				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
OLMESA MEDOX TAB 5MG	OLMESARTAN MEDOXOMIL TAB 5 MG	Tier 2				
TELMISARTAN TAB 20MG	TELMISARTAN TAB 20 MG	Tier 2				
TELMISARTAN TAB 40MG	TELMISARTAN TAB 40 MG	Tier 2				
TELMISARTAN TAB 80MG	TELMISARTAN TAB 80 MG	Tier 2				
VALSARTAN SOL 20MG/5ML	VALSARTAN ORAL SOLN 4 MG/ML	Tier 4	X			
VALSARTAN TAB 160MG	VALSARTAN TAB 160 MG	Tier 2				
VALSARTAN TAB 320MG	VALSARTAN TAB 320 MG	Tier 2				
VALSARTAN TAB 40MG	VALSARTAN TAB 40 MG	Tier 2				
VALSARTAN TAB 80MG	VALSARTAN TAB 80 MG	Tier 2				
Angiotensin-converting enzyme (ACE) inhibitors - Blood pressure drugs						
BENAZEPRIL TAB 10MG	BENAZEPRIL HCL TAB 10 MG	Tier 1				
BENAZEPRIL TAB 20MG	BENAZEPRIL HCL TAB 20 MG	Tier 1				
BENAZEPRIL TAB 40MG	BENAZEPRIL HCL TAB 40 MG	Tier 1				
BENAZEPRIL TAB 5MG	BENAZEPRIL HCL TAB 5 MG	Tier 1				
CAPTOPRIL TAB 100MG	CAPTOPRIL TAB 100 MG	Tier 1				
CAPTOPRIL TAB 12.5MG	CAPTOPRIL TAB 12.5 MG	Tier 1				
CAPTOPRIL TAB 25MG	CAPTOPRIL TAB 25 MG	Tier 1				
CAPTOPRIL TAB 50MG	CAPTOPRIL TAB 50 MG	Tier 1				
ENALAPRIL SOL 1MG/ML	ENALAPRIL MALEATE ORAL SOLN 1 MG/ML	Tier 3	X			
ENALAPRIL TAB 10MG	ENALAPRIL MALEATE TAB 10 MG	Tier 1				
ENALAPRIL TAB 2.5MG	ENALAPRIL MALEATE TAB 2.5 MG	Tier 1				
ENALAPRIL TAB 20MG	ENALAPRIL MALEATE TAB 20 MG	Tier 1				
ENALAPRIL TAB 5MG	ENALAPRIL MALEATE TAB 5 MG	Tier 1				
FOSINOPRIL TAB 10MG	FOSINOPRIL SODIUM TAB 10 MG	Tier 1				
FOSINOPRIL TAB 20MG	FOSINOPRIL SODIUM TAB 20 MG	Tier 1				
FOSINOPRIL TAB 40MG	FOSINOPRIL SODIUM TAB 40 MG	Tier 1				
LISINOPRIL TAB 10MG	LISINOPRIL TAB 10 MG	Tier 1				
LISINOPRIL TAB 2.5MG	LISINOPRIL TAB 2.5 MG	Tier 1				
LISINOPRIL TAB 20MG	LISINOPRIL TAB 20 MG	Tier 1				
LISINOPRIL TAB 30MG	LISINOPRIL TAB 30 MG	Tier 1				
LISINOPRIL TAB 40MG	LISINOPRIL TAB 40 MG	Tier 1				
LISINOPRIL TAB 5MG	LISINOPRIL TAB 5 MG	Tier 1				
LOTENSIN TAB 10MG	BENAZEPRIL HCL TAB 10 MG	Tier 4				
LOTENSIN TAB 20MG	BENAZEPRIL HCL TAB 20 MG	Tier 4				
LOTENSIN TAB 40MG	BENAZEPRIL HCL TAB 40 MG	Tier 4				
MOEXIPRIL TAB 15MG	MOEXIPRIL HCL TAB 15 MG	Tier 1				
MOEXIPRIL TAB 7.5MG	MOEXIPRIL HCL TAB 7.5 MG	Tier 1				
PERINDOPRIL TAB 2MG	PERINDOPRIL ERBUMINE TAB 2 MG	Tier 2				
PERINDOPRIL TAB 4MG	PERINDOPRIL ERBUMINE TAB 4 MG	Tier 2				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
PERINDOPRIL TAB 8MG	PERINDOPRIL ERBUMINE TAB 8 MG	Tier 2				
QBRELIS SOL 1MG/ML	LISINOPRIL ORAL SOLN 1 MG/ML	Tier 4	X			
QUINAPRIL TAB 10MG	QUINAPRIL HCL TAB 10 MG	Tier 1				
QUINAPRIL TAB 20MG	QUINAPRIL HCL TAB 20 MG	Tier 1				
QUINAPRIL TAB 40MG	QUINAPRIL HCL TAB 40 MG	Tier 1				
QUINAPRIL TAB 5MG	QUINAPRIL HCL TAB 5 MG	Tier 1				
RAMIPRIL CAP 1.25MG	RAMIPRIL CAP 1.25 MG	Tier 1				
RAMIPRIL CAP 10MG	RAMIPRIL CAP 10 MG	Tier 1				
RAMIPRIL CAP 2.5MG	RAMIPRIL CAP 2.5 MG	Tier 1				
RAMIPRIL CAP 5MG	RAMIPRIL CAP 5 MG	Tier 1				
TRANDOLAPRIL TAB 1MG	TRANDOLAPRIL TAB 1 MG	Tier 1				
TRANDOLAPRIL TAB 2MG	TRANDOLAPRIL TAB 2 MG	Tier 1				
TRANDOLAPRIL TAB 4MG	TRANDOLAPRIL TAB 4 MG	Tier 1				
Anthelmintics - Worm infection drugs						
ALBENDAZOLE TAB 200MG	ALBENDAZOLE TAB 200 MG	Tier 3		X		
BENZNIDAZOLE TAB 100MG	BENZNIDAZOLE TAB 100 MG	Tier 2		X		
BENZNIDAZOLE TAB 12.5MG	BENZNIDAZOLE TAB 12.5 MG	Tier 2		X		
BILTRICIDE TAB 600MG	PRAZIQUANTEL TAB 600 MG	Tier 4				
EGATEN TAB 250MG	TRICLABENDAZOLE TAB 250 MG	Tier 3				
EMVERM CHW 100MG	MEBENDAZOLE CHEW TAB 100 MG	Tier 4		X		
IVERMECTIN TAB 3MG	IVERMECTIN TAB 3 MG	Tier 1‡	X	X		
IVERMECTIN TAB 6MG	IVERMECTIN TAB 6 MG	Tier 1‡	X			
PRAZIQUANTEL TAB 600MG	PRAZIQUANTEL TAB 600 MG	Tier 2				
STROMECTOL TAB 3MG	IVERMECTIN TAB 3 MG	Tier 4‡	X	X		
Antiandrogens - Hormone suppressants						
ABIRATERONE TAB 250MG	ABIRATERONE ACETATE TAB 250 MG	Tier 3		X		X
ABIRTEGA TAB 250MG	ABIRATERONE ACETATE TAB 250 MG	Tier 3		X		X
BICALUTAMIDE TAB 50MG	BICALUTAMIDE TAB 50 MG	Tier 1				
ERLEADA TAB 240MG	APALUTAMIDE TAB 240 MG	Tier 3	X	X		X
ERLEADA TAB 60MG	APALUTAMIDE TAB 60 MG	Tier 3	X	X		X
NUBEQA TAB 300MG	DAROLUTAMIDE TAB 300 MG	Tier 3	X	X		X
ORGOVYX TAB 120MG	RELUGOLIX TAB 120 MG	Tier 4	X	X		X
XTANDI CAP 40MG	ENZALUTAMIDE CAP 40 MG	Tier 3	X	X		X
XTANDI TAB 40MG	ENZALUTAMIDE TAB 40 MG	Tier 3	X	X		X
XTANDI TAB 80MG	ENZALUTAMIDE TAB 80 MG	Tier 3	X	X		X
Antiangiogenic agents - Chemotherapy agents						
LENALIDOMIDE CAP 10MG	LENALIDOMIDE CAP 10 MG	Tier 3	X	X		X
LENALIDOMIDE CAP 15MG	LENALIDOMIDE CAP 15 MG	Tier 3	X	X		X
LENALIDOMIDE CAP 2.5MG	LENALIDOMIDE CAPS 2.5 MG	Tier 3	X	X		X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
LENALIDOMIDE CAP 20MG	LENALIDOMIDE CAP 20 MG	Tier 3	X	X		X
LENALIDOMIDE CAP 25MG	LENALIDOMIDE CAP 25 MG	Tier 3	X	X		X
LENALIDOMIDE CAP 5MG	LENALIDOMIDE CAP 5 MG	Tier 3	X	X		X
POMALIDOMIDE CAP 1MG	POMALIDOMIDE CAP 1 MG	Tier 4	X	X		X
POMALIDOMIDE CAP 2MG	POMALIDOMIDE CAP 2 MG	Tier 4	X	X		X
POMALIDOMIDE CAP 3MG	POMALIDOMIDE CAP 3 MG	Tier 4	X	X		X
POMALIDOMIDE CAP 4MG	POMALIDOMIDE CAP 4 MG	Tier 4	X	X		X
THALOMID CAP 100MG	THALIDOMIDE CAP 100 MG	Tier 3	X	X		X
THALOMID CAP 50MG	THALIDOMIDE CAP 50 MG	Tier 3	X	X		X
Antiarrhythmics - Heart regulation drugs						
AMIODARONE TAB 100MG	AMIODARONE HCL TAB 100 MG	Tier 1				
AMIODARONE TAB 200MG	AMIODARONE HCL TAB 200 MG	Tier 1				
AMIODARONE TAB 400MG	AMIODARONE HCL TAB 400 MG	Tier 1				
BETAPACE AF TAB 120MG	SOTALOL HCL (AFIB/AFL) TAB 120 MG	Tier 4				
BETAPACE AF TAB 160MG	SOTALOL HCL (AFIB/AFL) TAB 160 MG	Tier 4				
BETAPACE AF TAB 80MG	SOTALOL HCL (AFIB/AFL) TAB 80 MG	Tier 4				
DISOPYRAMIDE CAP 100MG	DISOPYRAMIDE PHOSPHATE CAP 100 MG	Tier 1				
DISOPYRAMIDE CAP 150MG	DISOPYRAMIDE PHOSPHATE CAP 150 MG	Tier 1				
DOFETILIDE CAP 125MCG	DOFETILIDE CAP 125 MCG (0.125 MG)	Tier 2				
DOFETILIDE CAP 250MCG	DOFETILIDE CAP 250 MCG (0.25 MG)	Tier 2				
DOFETILIDE CAP 500MCG	DOFETILIDE CAP 500 MCG (0.5 MG)	Tier 2				
FLECAINIDE TAB 100MG	FLECAINIDE ACETATE TAB 100 MG	Tier 1				
FLECAINIDE TAB 150MG	FLECAINIDE ACETATE TAB 150 MG	Tier 1				
FLECAINIDE TAB 50MG	FLECAINIDE ACETATE TAB 50 MG	Tier 1				
MEXILETINE CAP 150MG	MEXILETINE HCL CAP 150 MG	Tier 1				
MEXILETINE CAP 200MG	MEXILETINE HCL CAP 200 MG	Tier 1				
MEXILETINE CAP 250MG	MEXILETINE HCL CAP 250 MG	Tier 1				
NORPACE CAP 100MG	DISOPYRAMIDE PHOSPHATE CAP 100 MG	Tier 4				
NORPACE CAP 100MG CR	DISOPYRAMIDE PHOSPHATE CAP ER 12HR 100 MG	Tier 2				
NORPACE CAP 150MG	DISOPYRAMIDE PHOSPHATE CAP 150 MG	Tier 4				
NORPACE CAP 150MG CR	DISOPYRAMIDE PHOSPHATE CAP ER 12HR 150 MG	Tier 2				
PACERONE TAB 100MG	AMIODARONE HCL TAB 100 MG	Tier 3				
PACERONE TAB 200MG	AMIODARONE HCL TAB 200 MG	Tier 4				
PACERONE TAB 400MG	AMIODARONE HCL TAB 400 MG	Tier 3				
PROPAFENONE CAP 225MG ER	PROPAFENONE HCL CAP ER 12HR 225 MG	Tier 4				
PROPAFENONE CAP 325MG ER	PROPAFENONE HCL CAP ER 12HR 325 MG	Tier 4				
PROPAFENONE CAP 425MG ER	PROPAFENONE HCL CAP ER 12HR 425 MG	Tier 4				
PROPAFENONE TAB 150MG	PROPAFENONE HCL TAB 150 MG	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
PROPAFENONE TAB 225MG	PROPAFENONE HCL TAB 225 MG	Tier 1				
PROPAFENONE TAB 300MG	PROPAFENONE HCL TAB 300 MG	Tier 1				
QUINIDINE GL TAB 324MG CR	QUINIDINE GLUCONATE TAB ER 324 MG	Tier 1				
QUINIDINE GL TAB 324MG ER	QUINIDINE GLUCONATE TAB ER 324 MG	Tier 1				
QUINIDINE SU TAB 200MG	QUINIDINE SULFATE TAB 200 MG	Tier 1				
QUINIDINE SU TAB 300MG	QUINIDINE SULFATE TAB 300 MG	Tier 1				
SOTALOL TAB 120MG	SOTALOL HCL TAB 120 MG	Tier 1				
SOTALOL TAB 160MG	SOTALOL HCL TAB 160 MG	Tier 1				
SOTALOL TAB 80MG	SOTALOL HCL TAB 80 MG	Tier 1				
SOTALOL AF TAB 120MG	SOTALOL HCL (AFIB/AFL) TAB 120 MG	Tier 1				
SOTALOL AF TAB 160MG	SOTALOL HCL (AFIB/AFL) TAB 160 MG	Tier 1				
SOTALOL AF TAB 80MG	SOTALOL HCL (AFIB/AFL) TAB 80 MG	Tier 1				
SOTALOL HCL TAB 120MG	SOTALOL HCL TAB 120 MG	Tier 1				
SOTALOL HCL TAB 160MG	SOTALOL HCL TAB 160 MG	Tier 1				
SOTALOL HCL TAB 240MG	SOTALOL HCL TAB 240 MG	Tier 1				
SOTALOL HCL TAB 80MG	SOTALOL HCL TAB 80 MG	Tier 1				
SOTYLIZE SOL 5MG/ML	SOTALOL HCL ORAL SOLUTION 5 MG/ML	Tier 4	X			
TIKOSYN CAP 125MCG	DOFETILIDE CAP 125 MCG (0.125 MG)	Tier 4				
TIKOSYN CAP 250MCG	DOFETILIDE CAP 250 MCG (0.25 MG)	Tier 4				
TIKOSYN CAP 500MCG	DOFETILIDE CAP 500 MCG (0.5 MG)	Tier 4				
Antibacterials, other						
VOWST CAP	FECAL MICROBIOTA SPORES, LIVE-BRPK CAPS	Tier 4	X	X		X
Antibacterials, other - Antibiotics						
ARZOL SILVER MIS NITR APP	SILVER NITRATE-POTASSIUM NITRATE APPLICATOR 75-25%	Tier 3				
BENZALKONIUM SOL 50%	BENZALKONIUM CHLORIDE SOLN 50%	Tier 1				
BENZALKONIUM SOL NF	BENZALKONIUM CHLORIDE SOLN	Tier 2				
CLEOCIN CAP 150MG	CLINDAMYCIN HCL CAP 150 MG	Tier 4				
CLEOCIN CAP 300MG	CLINDAMYCIN HCL CAP 300 MG	Tier 4				
CLEOCIN CAP 75MG	CLINDAMYCIN HCL CAP 75 MG	Tier 2				
CLEOCIN CRE 2% VAG	CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2%	Tier 4‡				
CLEOCIN PED SOL 75MG/5ML	CLINDAMYCIN PALMITATE HCL FOR SOLN 75 MG/5ML (BASE EQUIV)	Tier 4				
CLINDAMYCIN CAP 150MG	CLINDAMYCIN HCL CAP 150 MG	Tier 1				
CLINDAMYCIN CAP 300MG	CLINDAMYCIN HCL CAP 300 MG	Tier 1				
CLINDAMYCIN CAP 75MG	CLINDAMYCIN HCL CAP 75 MG	Tier 1				
CLINDAMYCIN CRE 2% VAG	CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2%	Tier 2‡				
CLINDAMYCIN SOL 75MG/5ML	CLINDAMYCIN PALMITATE HCL FOR SOLN 75 MG/5ML (BASE EQUIV)	Tier 2				
CLINDESSE CRE 2%	CLINDAMYCIN PHOSPHATE (ONE DOSE) VAGINAL CREAM 2%	Tier 2‡				

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COLISTIMETH INJ 150MG	COLISTIMETHATE SOD FOR INJ 150 MG (COLISTIN BASE ACTIVITY)	Tier 1				
COLY-MYCIN M INJ 150MG	COLISTIMETHATE SOD FOR INJ 150 MG (COLISTIN BASE ACTIVITY)	Tier 4				
FEM PH GEL	ACETIC ACID-OXYQUINOLINE VAGINAL GEL 0.9-0.025%	Tier 4				
FIRVANQ SOL 25MG/ML	VANCOMYCIN HCL FOR ORAL SOLN 25 MG/ML (BASE EQUIVALENT)	Tier 4				
FIRVANQ SOL 50MG/ML	VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT)	Tier 4				
FOSFOMYCIN POW 3GM	FOSFOMYCIN TROMETHAMINE POWD PACK 3 GM (BASE EQUIVALENT)	Tier 3				
HIPREX TAB 1GM	METHENAMINE HIPPURATE TAB 1 GM	Tier 4				
IODINE TIN 2%	IODINE TINCTURE	Tier 1				
LIKMEZ SUS 500/5ML	METRONIDAZOLE SUSP 500 MG/5ML	Tier 4‡				
LINEZOLID SUS 100/5ML	LINEZOLID FOR SUSP 100 MG/5ML	Tier 2				
LINEZOLID TAB 600MG	LINEZOLID TAB 600 MG	Tier 2				
LUGOLS SOL IODINE	IODINE SOLUTION	Tier 3				
MACROBID CAP 100MG	NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE CAP 100 MG	Tier 4				
MACRODANTIN CAP 100MG	NITROFURANTOIN MACROCRYSTALLINE CAP 100 MG	Tier 4				
MACRODANTIN CAP 25MG	NITROFURANTOIN MACROCRYSTALLINE CAP 25 MG	Tier 4				
MACRODANTIN CAP 50MG	NITROFURANTOIN MACROCRYSTALLINE CAP 50 MG	Tier 4				
MAFENIDE ACE PAK 5%	MAFENIDE ACETATE PACKET FOR TOPICAL SOLN 5% (50 GM)	Tier 3				
METHENAM HIP TAB 1GM	METHENAMINE HIPPURATE TAB 1 GM	Tier 1				
METHENAM MAN TAB 0.5GM	METHENAMINE MANDELATE TAB 0.5 GM	Tier 1				
METHENAM MAN TAB 1000MG	METHENAMINE MANDELATE TAB 1 GM	Tier 1				
METHENAM MAN TAB 1GM	METHENAMINE MANDELATE TAB 1 GM	Tier 1				
METHENAM MAN TAB 500MG	METHENAMINE MANDELATE TAB 0.5 GM	Tier 1				
METROCREAM CRE 0.75%	METRONIDAZOLE CREAM 0.75%	Tier 4				
METROLOTION LOT 0.75%	METRONIDAZOLE LOTION 0.75%	Tier 4				
METRONIDAZOL CAP 375MG	METRONIDAZOLE CAP 375 MG	Tier 1‡				
METRONIDAZOL CRE 0.75%	METRONIDAZOLE CREAM 0.75%	Tier 1				
METRONIDAZOL GEL 0.75%	METRONIDAZOLE GEL 0.75%	Tier 1				
METRONIDAZOL GEL 0.75%VAG	METRONIDAZOLE VAGINAL GEL 0.75%	Tier 2‡				
METRONIDAZOL LOT 0.75%	METRONIDAZOLE LOTION 0.75%	Tier 1				
METRONIDAZOL TAB 250MG	METRONIDAZOLE TAB 250 MG	Tier 1‡				
METRONIDAZOL TAB 500MG	METRONIDAZOLE TAB 500 MG	Tier 1‡				
MUPIROCIN CRE 2%	MUPIROCIN CALCIUM CREAM 2%	Tier 3		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
MUPIROCIN OIN 2%	MUPIROCIN OINT 2%	Tier 1		X		
NITROFUR MAC CAP 100MG	NITROFURANTOIN MACROCRYSTALLINE CAP 100 MG	Tier 1				
NITROFUR MAC CAP 25MG	NITROFURANTOIN MACROCRYSTALLINE CAP 25 MG	Tier 1				
NITROFUR MAC CAP 50MG	NITROFURANTOIN MACROCRYSTALLINE CAP 50 MG	Tier 1				
NITROFURANTN CAP 100MG	NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE CAP 100 MG	Tier 1				
PHENOL LIQ	PHENOL LIQUID (BULK)	Tier 3				
PHENOL LIQ 89%	PHENOL LIQUID (BULK)	Tier 3				
PHENOL LIQ 89%	PHENOL LIQUID (BULK)	Tier 2				
SILVADENE CRE 1%	SILVER SULFADIAZINE CREAM 1%	Tier 4				
SILVER NITRA SOL 0.5%	SILVER NITRATE SOLN 0.5%	Tier 1				
SILVER SULFA CRE 1%	SILVER SULFADIAZINE CREAM 1%	Tier 1				
SSD CRE 1%	SILVER SULFADIAZINE CREAM 1%	Tier 1				
SULFAMYLON CRE 85MG/GM	MAFENIDE ACETATE CREAM 85 MG/GM	Tier 3				
TINIDAZOLE TAB 250MG	TINIDAZOLE TAB 250 MG	Tier 3‡				
TINIDAZOLE TAB 500MG	TINIDAZOLE TAB 500 MG	Tier 3‡				
TRIMETHOPRIM TAB 100MG	TRIMETHOPRIM TAB 100 MG	Tier 1				
VANCOCIN CAP 125MG	VANCOMYCIN HCL CAP 125 MG (BASE EQUIVALENT)	Tier 4				
VANCOCIN CAP 250MG	VANCOMYCIN HCL CAP 250 MG (BASE EQUIVALENT)	Tier 4				
VANCOMYCIN CAP 125MG	VANCOMYCIN HCL CAP 125 MG (BASE EQUIVALENT)	Tier 1				
VANCOMYCIN CAP 250MG	VANCOMYCIN HCL CAP 250 MG (BASE EQUIVALENT)	Tier 1				
VANCOMYCIN SOL 250/5ML	VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT)	Tier 1				
VANCOMYCIN SOL 25MG/ML	VANCOMYCIN HCL FOR ORAL SOLN 25 MG/ML (BASE EQUIVALENT)	Tier 1				
VANCOMYCIN SOL 50MG/ML	VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT)	Tier 1				
VANDAZOLE GEL 0.75%	METRONIDAZOLE VAGINAL GEL 0.75%	Tier 4‡				
XACIATO GEL 2%	CLINDAMYCIN PHOSPHATE VAGINAL GEL 2%	Tier 2‡		X		
ZYVOX SUS 100MG/5M	LINEZOLID FOR SUSP 100 MG/5ML	Tier 4				
Anticholinergics - Parkinson's disease drugs						
BENZTROPINE TAB 0.5MG	BENZTROPINE MESYLATE TAB 0.5 MG	Tier 1*				
BENZTROPINE TAB 1MG	BENZTROPINE MESYLATE TAB 1 MG	Tier 1*				
BENZTROPINE TAB 2MG	BENZTROPINE MESYLATE TAB 2 MG	Tier 1*				
TRIHEXYPHEN SOL 2MG/5ML	TRIHEXYPHENIDYL HCL ORAL SOLN 0.4 MG/ML	Tier 1*				
TRIHEXYPHEN TAB 2MG	TRIHEXYPHENIDYL HCL TAB 2 MG	Tier 1*				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
TRIHEXYPHEN TAB 5MG	TRIHEXYPHENIDYL HCL TAB 5 MG	Tier 1*				
Anticoagulants - Blood Thinners						
ANTICOAGULNT SOL SOD CITR	ANTICOAGULANT SODIUM CITRATE SOLN 4%	Tier 3				
DABIGATRAN CAP 110MG	DABIGATRAN ETEXILATE MESYLATE CAP 110 MG (ETEXILATE BASE EQ)	Tier 2		X		
DABIGATRAN CAP 150MG	DABIGATRAN ETEXILATE MESYLATE CAP 150 MG (ETEXILATE BASE EQ)	Tier 2		X		
DABIGATRAN CAP 75MG	DABIGATRAN ETEXILATE MESYLATE CAP 75 MG (ETEXILATE BASE EQ)	Tier 2		X		
ELIQUIS CAP 0.15MG	APIXABAN CAP SPRINKLE 0.15 MG	Tier 2		X		
ELIQUIS TAB 0.5MG	APIXABAN TAB FOR ORAL SUSP 0.5 MG	Tier 2		X		
ELIQUIS TAB 1.5MG	APIXABAN TAB FOR ORAL SUSP PACK 3 X 0.5 MG (1.5 MG)	Tier 2		X		
ELIQUIS TAB 2.5MG	APIXABAN TAB 2.5 MG	Tier 2		X		
ELIQUIS TAB 2MG	APIXABAN TAB FOR ORAL SUSP PACK 4 X 0.5 MG (2 MG)	Tier 2		X		
ELIQUIS TAB 5MG	APIXABAN TAB 5 MG	Tier 2		X		
ELIQUIS ST P TAB 5MG	APIXABAN TAB STARTER PACK 5 MG	Tier 2		X		
ENOXAPARIN INJ 100MG/ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 100 MG/ML	Tier 2		X		
ENOXAPARIN INJ 120/0.8	ENOXAPARIN SODIUM INJ SOLN PREF SYR 120 MG/0.8ML	Tier 2		X		
ENOXAPARIN INJ 150MG/ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 150 MG/ML	Tier 2		X		
ENOXAPARIN INJ 30/0.3ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 30 MG/0.3ML	Tier 2		X		
ENOXAPARIN INJ 300/3ML	ENOXAPARIN SODIUM INJ 300 MG/3ML	Tier 2		X		
ENOXAPARIN INJ 40/0.4ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 40 MG/0.4ML	Tier 2		X		
ENOXAPARIN INJ 60/0.6ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 60 MG/0.6ML	Tier 2		X		
ENOXAPARIN INJ 80/0.8ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG/0.8ML	Tier 2		X		
ENOXAPARIN INJ 80MG/0.8	ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG/0.8ML	Tier 2		X		
FONDAPARINUX INJ 10/0.8ML	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 10 MG/0.8ML	Tier 2		X		
FONDAPARINUX INJ 2.5/0.5	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 2.5 MG/0.5ML	Tier 2		X		
FONDAPARINUX INJ 5/0.4ML	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 5 MG/0.4ML	Tier 2		X		
FONDAPARINUX INJ 7.5/0.6	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 7.5 MG/0.6ML	Tier 2		X		
HEPARIN SOD INJ 1000/ML	HEPARIN SODIUM (PORCINE) PF INJ 1000 UNIT/ML	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
HEPARIN SOD INJ 1000/ML	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	Tier 1				
HEPARIN SOD INJ 10000/10	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	Tier 1				
HEPARIN SOD INJ 10000/ML	HEPARIN SODIUM (PORCINE) INJ 10000 UNIT/ML	Tier 1				
HEPARIN SOD INJ 2000/2ML	HEPARIN SODIUM (PORCINE) PF INJ 1000 UNIT/ML	Tier 1				
HEPARIN SOD INJ 20000/ML	HEPARIN SODIUM (PORCINE) INJ 20000 UNIT/ML	Tier 1				
HEPARIN SOD INJ 30000/30	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	Tier 1				
HEPARIN SOD INJ 5000/0.5	HEPARIN SODIUM (PORCINE) PF INJ 5000 UNIT/0.5ML	Tier 1				
HEPARIN SOD INJ 5000/0.5	HEPARIN SODIUM (PORCINE) INJ SOLN PREF SYR 5000 UNIT/0.5ML	Tier 1				
HEPARIN SOD INJ 5000/ML	HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML	Tier 1				
HEPARIN SOD INJ 5000/ML	HEPARIN SODIUM (PORCINE) PF INJ 5000 UNIT/ML	Tier 1				
HEPARIN SOD INJ 50000/10	HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML	Tier 1				
JANTOVEN TAB 10MG	WARFARIN SODIUM TAB 10 MG	Tier 1				
JANTOVEN TAB 1MG	WARFARIN SODIUM TAB 1 MG	Tier 1				
JANTOVEN TAB 2.5MG	WARFARIN SODIUM TAB 2.5 MG	Tier 1				
JANTOVEN TAB 2MG	WARFARIN SODIUM TAB 2 MG	Tier 1				
JANTOVEN TAB 3MG	WARFARIN SODIUM TAB 3 MG	Tier 1				
JANTOVEN TAB 4MG	WARFARIN SODIUM TAB 4 MG	Tier 1				
JANTOVEN TAB 5MG	WARFARIN SODIUM TAB 5 MG	Tier 1				
JANTOVEN TAB 6MG	WARFARIN SODIUM TAB 6 MG	Tier 1				
JANTOVEN TAB 7.5MG	WARFARIN SODIUM TAB 7.5 MG	Tier 1				
NOCLOT-50 SOL ACD-A	ANTICOAGULANT CITRATE DEXTROSE SOLUTION A	Tier 3				
RIVAROXABAN SUS 1MG/ML	RIVAROXABAN FOR SUSP 1 MG/ML	Tier 2		X		
RIVAROXABAN TAB 2.5MG	RIVAROXABAN TAB 2.5 MG	Tier 2		X		
TRICITRASOL CON	ANTICOAGULANT SODIUM CITRATE CONCENTRATE 46.7%	Tier 3				
WARFARIN TAB 10MG	WARFARIN SODIUM TAB 10 MG	Tier 1				
WARFARIN TAB 1MG	WARFARIN SODIUM TAB 1 MG	Tier 1				
WARFARIN TAB 2.5MG	WARFARIN SODIUM TAB 2.5 MG	Tier 1				
WARFARIN TAB 2MG	WARFARIN SODIUM TAB 2 MG	Tier 1				
WARFARIN TAB 3MG	WARFARIN SODIUM TAB 3 MG	Tier 1				
WARFARIN TAB 4MG	WARFARIN SODIUM TAB 4 MG	Tier 1				
WARFARIN TAB 5MG	WARFARIN SODIUM TAB 5 MG	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
WARFARIN TAB 6MG	WARFARIN SODIUM TAB 6 MG	Tier 1				
WARFARIN TAB 7.5MG	WARFARIN SODIUM TAB 7.5 MG	Tier 1				
XARELTO SUS 1MG/ML	RIVAROXABAN FOR SUSP 1 MG/ML	Tier 2		X		
XARELTO TAB 10MG	RIVAROXABAN TAB 10 MG	Tier 2		X		
XARELTO TAB 15MG	RIVAROXABAN TAB 15 MG	Tier 2		X		
XARELTO TAB 2.5MG	RIVAROXABAN TAB 2.5 MG	Tier 2		X		
XARELTO TAB 20MG	RIVAROXABAN TAB 20 MG	Tier 2		X		
XARELTO STAR TAB 15/20MG	RIVAROXABAN TAB STARTER THERAPY PACK 15 MG & 20 MG	Tier 2		X		
Anticonvulsants, other						
ZTALMY SUS 50MG/ML	GANAXOLONE SUSP 50 MG/ML	Tier 4	X			X
Anticonvulsants, other - Seizure control drugs						
EPIDIOLEX SOL 100MG/ML	CANNABIDIOL SOLN 100 MG/ML	Tier 4	X			X
LEVETIRACETA SOL 100MG/ML	LEVETIRACETAM ORAL SOLN 100 MG/ML	Tier 1				
LEVETIRACETA SOL 500/5ML	LEVETIRACETAM ORAL SOLN 100 MG/ML	Tier 1				
LEVETIRACETA TAB 1000MG	LEVETIRACETAM TAB 1000 MG	Tier 1				
LEVETIRACETA TAB 250MG	LEVETIRACETAM TAB 250 MG	Tier 1				
LEVETIRACETA TAB 500MG	LEVETIRACETAM TAB 500 MG	Tier 1				
LEVETIRACETA TAB 500MG ER	LEVETIRACETAM TAB ER 24HR 500 MG	Tier 2				
LEVETIRACETA TAB 750MG	LEVETIRACETAM TAB 750 MG	Tier 1				
LEVETIRACETA TAB 750MG ER	LEVETIRACETAM TAB ER 24HR 750 MG	Tier 2				
NAYZILAM SPR 5MG	MIDAZOLAM NASAL SPRAY SOLN 5 MG/0.1 ML	Tier 3	X	X		
PHENOBARB ELX 20MG/5ML	PHENOBARBITAL ELIXIR 20 MG/5ML	Tier 1				
PHENOBARB SOL 20MG/5ML	PHENOBARBITAL ELIXIR 20 MG/5ML	Tier 1				
PHENOBARB TAB 100MG	PHENOBARBITAL TAB 100 MG	Tier 1				
PHENOBARB TAB 15MG	PHENOBARBITAL TAB 15 MG	Tier 1				
PHENOBARB TAB 16.2MG	PHENOBARBITAL TAB 16.2 MG	Tier 1				
PHENOBARB TAB 30MG	PHENOBARBITAL TAB 30 MG	Tier 1				
PHENOBARB TAB 32.4MG	PHENOBARBITAL TAB 32.4 MG	Tier 1				
PHENOBARB TAB 60MG	PHENOBARBITAL TAB 60 MG	Tier 1				
PHENOBARB TAB 64.8MG	PHENOBARBITAL TAB 64.8 MG	Tier 1				
PHENOBARB TAB 97.2MG	PHENOBARBITAL TAB 97.2 MG	Tier 1				
ROWEEPRA TAB 500MG	LEVETIRACETAM TAB 500 MG	Tier 1				
Anti-cytomegalovirus (CMV) agents - Miscellaneous antiviral drugs						
LIVTENCITY TAB 200MG	MARIBAVIR TAB 200 MG	Tier 4	X	X		X
PREVYMIS PAK 120MG	LETERMOVIR PELLET PACK 120 MG	Tier 3	X			
PREVYMIS PAK 20MG	LETERMOVIR PELLET PACK 20 MG	Tier 3	X			
PREVYMIS TAB 240MG	LETERMOVIR TAB 240 MG	Tier 3	X			
PREVYMIS TAB 480MG	LETERMOVIR TAB 480 MG	Tier 3	X			

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
VALGANCICLOV SOL 50MG/ML	VALGANCICLOVIR HCL FOR SOLN 50 MG/ML (BASE EQUIV)	Tier 1				
VALGANCICLOV TAB 450MG	VALGANCICLOVIR HCL TAB 450 MG (BASE EQUIVALENT)	Tier 1				
Antidepressants, other						
ZURZUVAE CAP 20MG	ZURANOLONE CAP 20 MG	$0 Behav Health	X	X		X
ZURZUVAE CAP 25MG	ZURANOLONE CAP 25 MG	$0 Behav Health	X	X		X
ZURZUVAE CAP 30MG	ZURANOLONE CAP 30 MG	$0 Behav Health	X	X		X
Antidepressants, other - Antidepressants						
BUPROPION TAB 100MG	BUPROPION HCL TAB 100 MG	$0 Behav Health				
BUPROPION TAB 100MG SR	BUPROPION HCL TAB ER 12HR 100 MG	$0 Behav Health				
BUPROPION TAB 150MG SR	BUPROPION HCL TAB ER 12HR 150 MG	$0 Behav Health				
BUPROPION TAB 150MG XL	BUPROPION HCL TAB ER 24HR 150 MG	$0 Behav Health				
BUPROPION TAB 200MG SR	BUPROPION HCL TAB ER 12HR 200 MG	$0 Behav Health				
BUPROPION TAB 300MG XL	BUPROPION HCL TAB ER 24HR 300 MG	$0 Behav Health				
BUPROPION TAB 75MG	BUPROPION HCL TAB 75 MG	$0 Behav Health				
MIRTAZAPINE TAB 15MG	MIRTAZAPINE TAB 15 MG	$0 Behav Health				
MIRTAZAPINE TAB 15MG ODT	MIRTAZAPINE ORALLY DISINTEGRATING TAB 15 MG	$0 Behav Health				
MIRTAZAPINE TAB 30MG	MIRTAZAPINE TAB 30 MG	$0 Behav Health				
MIRTAZAPINE TAB 30MG ODT	MIRTAZAPINE ORALLY DISINTEGRATING TAB 30 MG	$0 Behav Health				
MIRTAZAPINE TAB 45MG	MIRTAZAPINE TAB 45 MG	$0 Behav Health				
MIRTAZAPINE TAB 45MG ODT	MIRTAZAPINE ORALLY DISINTEGRATING TAB 45 MG	$0 Behav Health				
MIRTAZAPINE TAB 7.5MG	MIRTAZAPINE TAB 7.5 MG	$0 Behav Health				
SPRAVATO SOL 56MG DOS	ESKETAMINE HCL NASAL SOLN 28 MG/DEVICE X 2 (56 MG DOSE PACK)	$0 Behav Health	X	X		X
SPRAVATO SOL 84MG DOS	ESKETAMINE HCL NASAL SOLN 28 MG/DEVICE X 3 (84 MG DOSE PACK)	$0 Behav Health	X	X		X
Antidiabetic agents						
BRENZAVVY TAB 20MG	BEXAGLIFLOZIN TAB 20 MG	Tier 3		X	X	

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
Antidiabetic agents - Diabetic drugs						
ACARBOSE TAB 100MG	ACARBOSE TAB 100 MG	Tier 1				
ACARBOSE TAB 25MG	ACARBOSE TAB 25 MG	Tier 1				
ACARBOSE TAB 50MG	ACARBOSE TAB 50 MG	Tier 1				
ALOG/PIOGLIT TAB 12.5-30	ALOGLIPTIN-PIOGLITAZONE TAB 12.5-30 MG	Tier 2		X		
ALOG/PIOGLIT TAB 25-15MG	ALOGLIPTIN-PIOGLITAZONE TAB 25-15 MG	Tier 2		X		
ALOG/PIOGLIT TAB 25-30MG	ALOGLIPTIN-PIOGLITAZONE TAB 25-30 MG	Tier 2		X		
ALOG/PIOGLIT TAB 25-45MG	ALOGLIPTIN-PIOGLITAZONE TAB 25-45 MG	Tier 2		X		
ALOGLIPTIN TAB 12.5MG	ALOGLIPTIN BENZOATE TAB 12.5 MG (BASE EQUIV)	Tier 2		X		
ALOGLIPTIN TAB 25MG	ALOGLIPTIN BENZOATE TAB 25 MG (BASE EQUIV)	Tier 2		X		
ALOGLIPTIN TAB 6.25MG	ALOGLIPTIN BENZOATE TAB 6.25 MG (BASE EQUIV)	Tier 2		X		
ALOGLIPTIN/ TAB METFORM	ALOGLIPTIN-METFORMIN HCL TAB 12.5-500 MG	Tier 2		X		
ALOGLIPTIN/ TAB METFORM	ALOGLIPTIN-METFORMIN HCL TAB 12.5-1000 MG	Tier 2		X		
BYDUREON BC INJ 2/0.85ML	EXENATIDE EXTENDED RELEASE SUSP AUTO-INJECTOR 2 MG/0.85ML	Tier 3				
BYETTA INJ 10MCG	EXENATIDE SOLN PEN-INJECTOR 10 MCG/0.04ML	Tier 3				
BYETTA INJ 5MCG	EXENATIDE SOLN PEN-INJECTOR 5 MCG/0.02ML	Tier 3				
DAPAGLIFLOZI TAB 10MG	DAPAGLIFLOZIN TAB 10 MG	Tier 2		X		
DAPAGLIFLOZI TAB 5MG	DAPAGLIFLOZIN TAB 5 MG	Tier 2		X		
DUETACT TAB 30-2MG	PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-2 MG	Tier 3				
DUETACT TAB 30-4MG	PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-4 MG	Tier 3				
EXENATIDE INJ 10MCG	EXENATIDE SOLN PEN-INJECTOR 10 MCG/0.04ML	Tier 3				
EXENATIDE INJ 5MCG	EXENATIDE SOLN PEN-INJECTOR 5 MCG/0.02ML	Tier 3				
GLIMEPIRIDE TAB 1MG	GLIMEPIRIDE TAB 1 MG	Tier 1				
GLIMEPIRIDE TAB 2MG	GLIMEPIRIDE TAB 2 MG	Tier 1				
GLIMEPIRIDE TAB 4MG	GLIMEPIRIDE TAB 4 MG	Tier 1				
GLIP/METFORM TAB 2.5-250	GLIPIZIDE-METFORMIN HCL TAB 2.5-250 MG	Tier 2				
GLIP/METFORM TAB 2.5-250M	GLIPIZIDE-METFORMIN HCL TAB 2.5-250 MG	Tier 2				
GLIP/METFORM TAB 2.5-500	GLIPIZIDE-METFORMIN HCL TAB 2.5-500 MG	Tier 2				
GLIP/METFORM TAB 2.5-500M	GLIPIZIDE-METFORMIN HCL TAB 2.5-500 MG	Tier 2				
GLIP/METFORM TAB 5-500MG	GLIPIZIDE-METFORMIN HCL TAB 5-500 MG	Tier 2				
GLIPIZIDE TAB 10MG	GLIPIZIDE TAB 10 MG	Tier 1				
GLIPIZIDE TAB 5MG	GLIPIZIDE TAB 5 MG	Tier 1				
GLIPIZIDE ER TAB 10MG	GLIPIZIDE TAB ER 24HR 10 MG	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
GLIPIZIDE ER TAB 2.5MG	GLIPIZIDE TAB ER 24HR 2.5 MG	Tier 1				
GLIPIZIDE ER TAB 5MG	GLIPIZIDE TAB ER 24HR 5 MG	Tier 1				
GLIPIZIDE XL TAB 10MG	GLIPIZIDE TAB ER 24HR 10 MG	Tier 1				
GLIPIZIDE XL TAB 2.5MG	GLIPIZIDE TAB ER 24HR 2.5 MG	Tier 1				
GLIPIZIDE XL TAB 5MG	GLIPIZIDE TAB ER 24HR 5 MG	Tier 1				
GLUCOTROL XL TAB 10MG	GLIPIZIDE TAB ER 24HR 10 MG	Tier 4				
GLUCOTROL XL TAB 5MG	GLIPIZIDE TAB ER 24HR 5 MG	Tier 4				
GLYB/METFORM TAB 1.25-250	GLYBURIDE-METFORMIN TAB 1.25-250 MG	Tier 1				
GLYB/METFORM TAB 2.5-500	GLYBURIDE-METFORMIN TAB 2.5-500 MG	Tier 1				
GLYB/METFORM TAB 5-500MG	GLYBURIDE-METFORMIN TAB 5-500 MG	Tier 1				
GLYBURID MCR TAB 1.5MG	GLYBURIDE MICRONIZED TAB 1.5 MG	Tier 1				
GLYBURID MCR TAB 3MG	GLYBURIDE MICRONIZED TAB 3 MG	Tier 1				
GLYBURID MCR TAB 6MG	GLYBURIDE MICRONIZED TAB 6 MG	Tier 1				
GLYBURIDE TAB 1.25MG	GLYBURIDE TAB 1.25 MG	Tier 1				
GLYBURIDE TAB 2.5MG	GLYBURIDE TAB 2.5 MG	Tier 1				
GLYBURIDE TAB 5MG	GLYBURIDE TAB 5 MG	Tier 1				
GLYXAMBI TAB 10-5 MG	EMPAGLIFLOZIN-LINAGLIPTIN TAB 10-5 MG	Tier 2		X		
GLYXAMBI TAB 25-5 MG	EMPAGLIFLOZIN-LINAGLIPTIN TAB 25-5 MG	Tier 2		X		
JARDIANCE TAB 10MG	EMPAGLIFLOZIN TAB 10 MG	Tier 2		X		
JARDIANCE TAB 25MG	EMPAGLIFLOZIN TAB 25 MG	Tier 2		X		
JENTADUETO TAB 2.5-1000	LINAGLIPTIN-METFORMIN HCL TAB 2.5-1000 MG	Tier 2		X		
JENTADUETO TAB 2.5-500	LINAGLIPTIN-METFORMIN HCL TAB 2.5-500 MG	Tier 2		X		
JENTADUETO TAB 2.5-850	LINAGLIPTIN-METFORMIN HCL TAB 2.5-850 MG	Tier 2		X		
JENTADUETO TAB XR	LINAGLIPTIN-METFORMIN HCL TAB ER 24HR 2.5-1000 MG	Tier 2		X		
JENTADUETO TAB XR	LINAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-1000 MG	Tier 2		X		
LIRAGLUTIDE INJ 18MG/3ML	LIRAGLUTIDE SOLN PEN-INJECTOR 18 MG/3ML (6 MG/ML)	Tier 2	X	X		
LIRAGLUTIDE INJ 18MG/3ML	LIRAGLUTIDE SOLN PEN-INJECTOR 18 MG/3ML (6 MG/ML)	Tier 2	X	X		
METFORMIN SOL 500/5ML	METFORMIN HCL ORAL SOLN 500 MG/5ML	Tier 3				
METFORMIN TAB 1000MG	METFORMIN HCL TAB 1000 MG	Tier 1				
METFORMIN TAB 500MG	METFORMIN HCL TAB 500 MG	Tier 1				
METFORMIN TAB 500MG ER	METFORMIN HCL TAB ER 24HR 500 MG	Tier 1				
METFORMIN TAB 750MG ER	METFORMIN HCL TAB ER 24HR 750 MG	Tier 1				
METFORMIN TAB 850MG	METFORMIN HCL TAB 850 MG	Tier 1				
MIGLITOL TAB 100MG	MIGLITOL TAB 100 MG	Tier 2				
MIGLITOL TAB 25MG	MIGLITOL TAB 25 MG	Tier 2				
MIGLITOL TAB 50MG	MIGLITOL TAB 50 MG	Tier 2				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
MOUNJARO INJ 10MG/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 10 MG/0.5ML	Tier 3	X	X		
MOUNJARO INJ 12.5/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 12.5 MG/0.5ML	Tier 3	X	X		
MOUNJARO INJ 15MG/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 15 MG/0.5ML	Tier 3	X	X		
MOUNJARO INJ 2.5/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 2.5 MG/0.5ML	Tier 3	X	X		
MOUNJARO INJ 5MG/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 5 MG/0.5ML	Tier 3	X	X		
MOUNJARO INJ 7.5/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 7.5 MG/0.5ML	Tier 3	X	X		
NATEGLINIDE TAB 120MG	NATEGLINIDE TAB 120 MG	Tier 2				
NATEGLINIDE TAB 60MG	NATEGLINIDE TAB 60 MG	Tier 2				
OZEMPIC INJ 2MG/3ML	SEMAGLUTIDE SOLN PEN-INJ 0.25 OR 0.5 MG/DOSE (2 MG/3ML)	Tier 3	X	X		
OZEMPIC INJ 4MG/3ML	SEMAGLUTIDE SOLN PEN-INJ 1 MG/DOSE (4 MG/3ML)	Tier 3	X	X		
OZEMPIC INJ 8MG/3ML	SEMAGLUTIDE SOLN PEN-INJ 2 MG/DOSE (8 MG/3ML)	Tier 3	X	X		
OZEMPIC TAB 1.5MG	SEMAGLUTIDE TAB 1.5 MG	Tier 3	X	X		
OZEMPIC TAB 4MG	SEMAGLUTIDE TAB 4 MG	Tier 3	X	X		
OZEMPIC TAB 9MG	SEMAGLUTIDE TAB 9 MG	Tier 3	X	X		
PIOGLIT/GLIM TAB 30-2MG	PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-2 MG	Tier 1				
PIOGLIT/GLIM TAB 30-4MG	PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-4 MG	Tier 1				
PIOGLITA/MET TAB 15-500MG	PIOGLITAZONE HCL-METFORMIN HCL TAB 15-500 MG	Tier 2		X		
PIOGLITA/MET TAB 15-850MG	PIOGLITAZONE HCL-METFORMIN HCL TAB 15-850 MG	Tier 2		X		
PIOGLITAZONE TAB 15MG	PIOGLITAZONE HCL TAB 15 MG (BASE EQUIV)	Tier 1				
PIOGLITAZONE TAB 30MG	PIOGLITAZONE HCL TAB 30 MG (BASE EQUIV)	Tier 1				
PIOGLITAZONE TAB 45MG	PIOGLITAZONE HCL TAB 45 MG (BASE EQUIV)	Tier 1				
REPAGLINIDE TAB 0.5MG	REPAGLINIDE TAB 0.5 MG	Tier 2		X		
REPAGLINIDE TAB 1MG	REPAGLINIDE TAB 1 MG	Tier 2		X		
REPAGLINIDE TAB 2MG	REPAGLINIDE TAB 2 MG	Tier 2		X		
RYBELSUS TAB 14MG	SEMAGLUTIDE TAB 14 MG	Tier 3	X	X		
RYBELSUS TAB 3MG	SEMAGLUTIDE TAB 3 MG	Tier 3	X	X		
RYBELSUS TAB 7MG	SEMAGLUTIDE TAB 7 MG	Tier 3	X	X		
SAXA/METFOR TAB 2.5-1000	SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 2.5-1000 MG	Tier 2		X		
SAXA/METFOR TAB 5-1000MG	SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-1000 MG	Tier 2		X		
SAXA/METFOR TAB 5-500MG	SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-500 MG	Tier 2		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
SAXAGLIPTIN TAB 2.5MG	SAXAGLIPTIN HCL TAB 2.5 MG (BASE EQUIV)	Tier 2		X		
SAXAGLIPTIN TAB 5MG	SAXAGLIPTIN HCL TAB 5 MG (BASE EQUIV)	Tier 2		X		
SYNJARDY TAB	EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-1000 MG	Tier 2		X		
SYNJARDY TAB 12.5-500	EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-500 MG	Tier 2		X		
SYNJARDY TAB 5-1000MG	EMPAGLIFLOZIN-METFORMIN HCL TAB 5-1000 MG	Tier 2		X		
SYNJARDY TAB 5-500MG	EMPAGLIFLOZIN-METFORMIN HCL TAB 5-500 MG	Tier 2		X		
SYNJARDY XR TAB	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 12.5-1000 MG	Tier 2		X		
SYNJARDY XR TAB 10-1000	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 10-1000 MG	Tier 2		X		
SYNJARDY XR TAB 25-1000	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 25-1000 MG	Tier 2		X		
SYNJARDY XR TAB 5-1000MG	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 5-1000 MG	Tier 2		X		
TRADJENTA TAB 5MG	LINAGLIPTIN TAB 5 MG	Tier 2		X		
TRIJARDY XR TAB	EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN TAB ER 24HR 10-5-1000 MG	Tier 2		X		
TRIJARDY XR TAB	EMPAGLIFLOZIN-LINAGLIP-METFORMIN TAB ER 24HR 12.5-2.5-1000MG	Tier 2		X		
TRIJARDY XR TAB	EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN TAB ER 24HR 25-5-1000 MG	Tier 2		X		
TRIJARDY XR TAB	EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN TAB ER 24HR 5-2.5-1000MG	Tier 2		X		
TRULICITY INJ 0.75/0.5	DULAGLUTIDE SOLN AUTO-INJECTOR 0.75 MG/0.5ML	Tier 3	X	X		
TRULICITY INJ 1.5/0.5	DULAGLUTIDE SOLN AUTO-INJECTOR 1.5 MG/0.5ML	Tier 3	X	X		
TRULICITY INJ 3/0.5	DULAGLUTIDE SOLN AUTO-INJECTOR 3 MG/0.5ML	Tier 3	X	X		
TRULICITY INJ 4.5/0.5	DULAGLUTIDE SOLN AUTO-INJECTOR 4.5 MG/0.5ML	Tier 3	X	X		
Antiemetics, other - Nausea and vomiting drugs						
AKYNZEO CAP 300-0.5	NETUPITANT-PALONOSETRON CAP 300-0.5 MG	Tier 4		X		
COMPRO SUP 25MG	PROCHLORPERAZINE SUPPOS 25 MG	Tier 3				
HYDROXYZ PAM CAP 100MG	HYDROXYZINE PAMOATE CAP 100 MG	$0 Behav Health				
HYDROXYZ PAM CAP 25MG	HYDROXYZINE PAMOATE CAP 25 MG	$0 Behav Health				
HYDROXYZ PAM CAP 50MG	HYDROXYZINE PAMOATE CAP 50 MG	$0 Behav Health				
METOCLOPRAM SOL 5MG/5ML	METOCLOPRAMIDE HCL SOLN 5 MG/5ML (10 MG/10ML) (BASE EQUIV)	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
METOCLOPRAM TAB 10MG	METOCLOPRAMIDE HCL TAB 10 MG (BASE EQUIVALENT)	Tier 1				
METOCLOPRAM TAB 5MG	METOCLOPRAMIDE HCL TAB 5 MG (BASE EQUIVALENT)	Tier 1				
PERPHENAZINE TAB 16MG	PERPHENAZINE TAB 16 MG	$0 Behav Health				
PERPHENAZINE TAB 2MG	PERPHENAZINE TAB 2 MG	$0 Behav Health				
PERPHENAZINE TAB 4MG	PERPHENAZINE TAB 4 MG	$0 Behav Health				
PERPHENAZINE TAB 8MG	PERPHENAZINE TAB 8 MG	$0 Behav Health				
PROCHLORPER SUP 25MG	PROCHLORPERAZINE SUPPOS 25 MG	$0 Behav Health				
PROCHLORPER TAB 10MG	PROCHLORPERAZINE MALEATE TAB 10 MG (BASE EQUIVALENT)	$0 Behav Health				
PROCHLORPER TAB 5MG	PROCHLORPERAZINE MALEATE TAB 5 MG (BASE EQUIVALENT)	$0 Behav Health				
REGLAN TAB 10MG	METOCLOPRAMIDE HCL TAB 10 MG (BASE EQUIVALENT)	Tier 4				
REGLAN TAB 5MG	METOCLOPRAMIDE HCL TAB 5 MG (BASE EQUIVALENT)	Tier 4				
SCOPOLAMINE DIS 1MG/3DAY	SCOPOLAMINE TD PATCH 72HR 1 MG/3DAYS	Tier 3				
TRIMETHOBENZ CAP 300MG	TRIMETHOBENZAMIDE HCL CAP 300 MG	Tier 1				
Antiestrogens/Modifiers						
ORSERDU TAB 345MG	ELACESTRANT HYDROCHLORIDE TAB 345 MG	Tier 3	X	X		X
ORSERDU TAB 86MG	ELACESTRANT HYDROCHLORIDE TAB 86 MG	Tier 3	X	X		X
Antiestrogens/Modifiers - Chemotherapy agents						
EMCYT CAP 140MG	ESTRAMUSTINE PHOSPHATE SODIUM CAP 140 MG	Tier 3				
TAMOXIFEN TAB 10MG	TAMOXIFEN CITRATE TAB 10 MG (BASE EQUIVALENT)	Tier 1				
TAMOXIFEN TAB 20MG	TAMOXIFEN CITRATE TAB 20 MG (BASE EQUIVALENT)	Tier 1†				
TOREMIFENE TAB 60MG	TOREMIFENE CITRATE TAB 60 MG (BASE EQUIVALENT)	Tier 3				
Antifungals - Fungal infection drugs						
ANCOBON CAP 250MG	FLUCYTOSINE CAP 250 MG	Tier 4				
ANCOBON CAP 500MG	FLUCYTOSINE CAP 500 MG	Tier 3				
CICLODAN SOL 8%	CICLOPIROX SOLUTION 8%	Tier 1				
CICLOPIROX CRE 0.77%	CICLOPIROX OLAMINE CREAM 0.77% (BASE EQUIV)	Tier 1				
CICLOPIROX GEL 0.77%	CICLOPIROX GEL 0.77%	Tier 1				
CICLOPIROX SHA 1%	CICLOPIROX SHAMPOO 1%	Tier 2				
CICLOPIROX SOL 8%	CICLOPIROX SOLUTION 8%	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
CICLOPIROX SUS 0.77%	CICLOPIROX OLAMINE SUSP 0.77% (BASE EQUIV)	Tier 1				
CLOTRIMAZOLE TRO 10MG	CLOTRIMAZOLE TROCHE 10 MG	Tier 1				
CRESEMBA CAP 186MG	ISAVUCONAZONIUM SULFATE CAP 186 MG	Tier 3				
CRESEMBA CAP 74.5MG	ISAVUCONAZONIUM SULFATE CAP 74.5 MG	Tier 3				
ECONAZOLE CRE 1%	ECONAZOLE NITRATE CREAM 1%	Tier 2				
EXELDERM CRE 1%	SULCONAZOLE NITRATE CREAM 1%	Tier 3				
EXELDERM SOL 1%	SULCONAZOLE NITRATE SOLUTION 1%	Tier 3				
EXODERM LOT 25-1%	SODIUM THIOSULFATE-SALICYLIC ACID LOTION 25-1%	Tier 3				
FLUCONAZOLE SUS 10MG/ML	FLUCONAZOLE FOR SUSP 10 MG/ML	Tier 1‡				
FLUCONAZOLE SUS 40MG/ML	FLUCONAZOLE FOR SUSP 40 MG/ML	Tier 1‡				
FLUCONAZOLE TAB 100MG	FLUCONAZOLE TAB 100 MG	Tier 1‡				
FLUCONAZOLE TAB 150MG	FLUCONAZOLE TAB 150 MG	Tier 1‡				
FLUCONAZOLE TAB 200MG	FLUCONAZOLE TAB 200 MG	Tier 1‡				
FLUCONAZOLE TAB 50MG	FLUCONAZOLE TAB 50 MG	Tier 1‡				
FLUCYTOSINE CAP 250MG	FLUCYTOSINE CAP 250 MG	Tier 1				
FLUCYTOSINE CAP 500MG	FLUCYTOSINE CAP 500 MG	Tier 1				
GRISEOFULVIN SUS 125/5ML	GRISEOFULVIN MICROSIZE SUSP 125 MG/5ML	Tier 1				
GRISEOFULVIN TAB MICR 500	GRISEOFULVIN MICROSIZE TAB 500 MG	Tier 1				
GRISEOFULVIN TAB ULTR 125	GRISEOFULVIN ULTRAMICROSIZE TAB 125 MG	Tier 1				
GRISEOFULVIN TAB ULTR 250	GRISEOFULVIN ULTRAMICROSIZE TAB 250 MG	Tier 1				
GYNAZOLE-1 CRE 2%	BUTOCONAZOLE NITRATE (ONE DOSE) VAGINAL CREAM 2%	Tier 3‡				
HC/IODOQUIN CRE 1-1%	IODOQUINOL-HC CREAM 1-1%	Tier 1				
ITRACONAZOLE CAP 100MG	ITRACONAZOLE CAP 100 MG	Tier 1		X		
ITRACONAZOLE SOL 10MG/ML	ITRACONAZOLE ORAL SOLN 10 MG/ML	Tier 2		X		
KETOCONAZOLE AER 2%	KETOCONAZOLE FOAM 2%	Tier 3			X	
KETOCONAZOLE CRE 2%	KETOCONAZOLE CREAM 2%	Tier 1		X		
KETOCONAZOLE SHA 2%	KETOCONAZOLE SHAMPOO 2%	Tier 1				
KETOCONAZOLE TAB 200MG	KETOCONAZOLE TAB 200 MG	Tier 1				
KETODAN AER 2%	KETOCONAZOLE FOAM 2%	Tier 3			X	
KLAYESTA POW 100000	NYSTATIN TOPICAL POWDER 100000 UNIT/GM	Tier 1		X		
MICONAZOLE 3 SUP 200MG	MICONAZOLE NITRATE VAGINAL SUPPOS 200 MG	Tier 1				
NOXAFIL PAK 300MG	POSACONAZOLE FOR DELAYED RELEASE SUSP PACKET 300 MG	Tier 2				
NOXAFIL SUS 40MG/ML	POSACONAZOLE SUSP 40 MG/ML	Tier 4				
NYAMYC POW 100000	NYSTATIN TOPICAL POWDER 100000 UNIT/GM	Tier 1		X		
NYSTAT/TRIAM CRE	NYSTATIN-TRIAMCINOLONE CREAM 100000-0.1 UNIT/GM-%	Tier 2				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
NYSTAT/TRIAM OIN	NYSTATIN-TRIAMCINOLONE OINT 100000-0.1 UNIT/GM-%	Tier 2				
NYSTATIN CRE 100000	NYSTATIN CREAM 100000 UNIT/GM	Tier 1		X		
NYSTATIN OIN 100000	NYSTATIN OINT 100000 UNIT/GM	Tier 1		X		
NYSTATIN OIN 100000U	NYSTATIN OINT 100000 UNIT/GM	Tier 1		X		
NYSTATIN POW	NYSTATIN (BULK) POWDER	Tier 3				
NYSTATIN POW 100000	NYSTATIN TOPICAL POWDER 100000 UNIT/GM	Tier 1		X		
NYSTATIN POW 100MU	NYSTATIN (BULK) POWDER	Tier 3				
NYSTATIN POW 10BU	NYSTATIN (BULK) POWDER	Tier 3				
NYSTATIN POW 150MU	NYSTATIN (BULK) POWDER	Tier 3				
NYSTATIN POW 1BU	NYSTATIN (BULK) POWDER	Tier 3				
NYSTATIN POW 2BU	NYSTATIN (BULK) POWDER	Tier 3				
NYSTATIN POW 500MU	NYSTATIN (BULK) POWDER	Tier 3				
NYSTATIN POW 50MU	NYSTATIN (BULK) POWDER	Tier 3				
NYSTATIN POW 5BU	NYSTATIN (BULK) POWDER	Tier 3				
NYSTATIN SUS 100000	NYSTATIN SUSP 100000 UNIT/ML	Tier 1				
NYSTATIN TAB 500000	NYSTATIN TAB 500000 UNIT	Tier 1				
NYSTOP POW 100000	NYSTATIN TOPICAL POWDER 100000 UNIT/GM	Tier 1		X		
ORAVIG TAB 50MG	MICONAZOLE BUCCAL TAB 50 MG (MOUTH-THROAT)	Tier 4				
POSACONAZOLE SUS 200/5ML	POSACONAZOLE SUSP 40 MG/ML	Tier 2				
POSACONAZOLE SUS 40MG/ML	POSACONAZOLE SUSP 40 MG/ML	Tier 2				
POSACONAZOLE TAB 100MG DR	POSACONAZOLE TAB DELAYED RELEASE 100 MG	Tier 2				
SPORANOX CAP 100MG	ITRACONAZOLE CAP 100 MG	Tier 4		X		
SPORANOX SOL 10MG/ML	ITRACONAZOLE ORAL SOLN 10 MG/ML	Tier 4		X		
SULCONAZOLE CRE 1%	SULCONAZOLE NITRATE CREAM 1%	Tier 3				
SULCONAZOLE SOL 1%	SULCONAZOLE NITRATE SOLUTION 1%	Tier 3				
TERBINAFINE TAB 250MG	TERBINAFINE HCL TAB 250 MG	Tier 1				
TERCONAZOLE CRE 0.4%	TERCONAZOLE VAGINAL CREAM 0.4%	Tier 1‡				
TERCONAZOLE CRE 0.8%	TERCONAZOLE VAGINAL CREAM 0.8%	Tier 1‡				
TERCONAZOLE SUP 80MG	TERCONAZOLE VAGINAL SUPPOS 80 MG	Tier 1‡				
VFEND SUS 40MG/ML	VORICONAZOLE FOR SUSP 40 MG/ML	Tier 4				
VFEND TAB 50MG	VORICONAZOLE TAB 50 MG	Tier 3		X		
VIVJOA CAP 150MG	OTESECONAZOLE CAP THERAPY PACK 150 MG (12 WEEKS)	Tier 3	X	X		
VORICONAZOLE SUS 40MG/ML	VORICONAZOLE FOR SUSP 40 MG/ML	Tier 1				
VORICONAZOLE TAB 200MG	VORICONAZOLE TAB 200 MG	Tier 1		X		
VORICONAZOLE TAB 50MG	VORICONAZOLE TAB 50 MG	Tier 1		X		
Antigout agents - Gout drugs						
ALLOPURINOL TAB 100MG	ALLOPURINOL TAB 100 MG	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
ALLOPURINOL TAB 300MG	ALLOPURINOL TAB 300 MG	Tier 1				
COLCHICINE CAP 0.6MG	COLCHICINE CAP 0.6 MG	Tier 2				
COLCHICINE TAB 0.6MG	COLCHICINE TAB 0.6 MG	Tier 2				
FEBUXOSTAT TAB 40MG	FEBUXOSTAT TAB 40 MG	Tier 3				
FEBUXOSTAT TAB 80MG	FEBUXOSTAT TAB 80 MG	Tier 3				
GLOPERBA SOL 0.6/5ML	COLCHICINE ORAL SOLN 0.6 MG/5ML	Tier 4	X			
MITIGARE CAP 0.6MG	COLCHICINE CAP 0.6 MG	Tier 2				
PROBEN/COLCH TAB 500-0.5	COLCHICINE W/ PROBENECID TAB 0.5-500 MG	Tier 1				
PROBENECID TAB 500MG	PROBENECID TAB 500 MG	Tier 1				
Anti-hepatitis B (HBV) agents - Hepatitis B drugs						
ADEFOV DIPIV TAB 10MG	ADEFOVIR DIPIVOXIL TAB 10 MG	$0 STI				
BARACLUDE SOL	ENTECAVIR ORAL SOLN 0.05 MG/ML	$0 STI				
ENTECAVIR TAB 0.5MG	ENTECAVIR TAB 0.5 MG	$0 STI				
ENTECAVIR TAB 1MG	ENTECAVIR TAB 1 MG	$0 STI				
LAMIVUDINE TAB 100MG	LAMIVUDINE TAB 100 MG (HBV)	$0 STI				
Anti-hepatitis C (HCV) agents, direct acting agents - Hepatitis C drugs						
LEDIP-SOFOSB TAB 90-400MG	LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG	$0 STI	X	X	X	X
MAVYRET PAK 50-20MG	GLECAPREVIR-PIBRENTASVIR PELLET PACK 50-20 MG	$0 STI	X	X		X
MAVYRET TAB 100-40MG	GLECAPREVIR-PIBRENTASVIR TAB 100-40 MG	$0 STI	X	X		X
SOFOS/VELPAT TAB 400-100	SOFOSBUVIR-VELPATASVIR TAB 400-100 MG	$0 STI	X	X		X
SOVALDI PAK 150MG	SOFOSBUVIR PELLET PACK 150 MG	$0 STI	X	X	X	X
SOVALDI PAK 200MG	SOFOSBUVIR PELLET PACK 200 MG	$0 STI	X	X	X	X
VOSEVI TAB	SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR TAB 400-100-100 MG	$0 STI	X	X		X
ZEPATIER TAB 50-100MG	ELBASVIR-GRAZOPREVIR TAB 50-100 MG	$0 STI	X	X		X
Anti-hepatitis C (HCV) agents, other - Hepatitis C drugs						
PEGASYS INJ	PEGINTERFERON ALFA-2A SOLN PREFILLED SYR 180 MCG/0.5ML	$0 STI				X
PEGASYS INJ 180MCG/M	PEGINTERFERON ALFA-2A INJ 180 MCG/ML	$0 STI				X
RIBAVIRIN CAP 200MG	RIBAVIRIN CAP 200 MG	$0 STI				
Antiherpetic agents - Herpes drugs						
ACYCLOVIR CAP 200MG	ACYCLOVIR CAP 200 MG	Tier 1‡				
ACYCLOVIR OIN 5%	ACYCLOVIR OINT 5%	Tier 3‡				
ACYCLOVIR SUS 200/5ML	ACYCLOVIR SUSP 200 MG/5ML	Tier 1‡				
ACYCLOVIR TAB 400MG	ACYCLOVIR TAB 400 MG	Tier 1‡				
ACYCLOVIR TAB 800MG	ACYCLOVIR TAB 800 MG	Tier 1‡				
FAMCICLOVIR TAB 125MG	FAMCICLOVIR TAB 125 MG	Tier 2‡				
FAMCICLOVIR TAB 250MG	FAMCICLOVIR TAB 250 MG	Tier 2‡				
FAMCICLOVIR TAB 500MG	FAMCICLOVIR TAB 500 MG	Tier 2‡				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
VALACYCLOVIR TAB 1GM	VALACYCLOVIR HCL TAB 1 GM	Tier 1‡		X		
VALACYCLOVIR TAB 500MG	VALACYCLOVIR HCL TAB 500 MG	Tier 1‡				
Antihistamines - Drugs to treat allergies						
AZELASTINE SPR 0.1%	AZELASTINE HCL NASAL SPRAY 0.1% (137 MCG/SPRAY)	Tier 2				
CARBINOXAMIN SOL 4MG/5ML	CARBINOXAMINE MALEATE SOLN 4 MG/5ML	Tier 1				
CARBINOXAMIN TAB 4MG	CARBINOXAMINE MALEATE TAB 4 MG	Tier 1				
CARBZAH SOL 4MG/5ML	CARBINOXAMINE MALEATE SOLN 4 MG/5ML	Tier 2				
CLEMASTINE TAB 2.68MG	CLEMASTINE FUMARATE TAB 2.68 MG	Tier 1				
CLEMASZ TAB 2.68MG	CLEMASTINE FUMARATE TAB 2.68 MG	Tier 3				
CLEMSZA TAB 2.68MG	CLEMASTINE FUMARATE TAB 2.68 MG	Tier 3				
CYPROHEPTAD SYP 2MG/5ML	CYPROHEPTADINE HCL SYRUP 2 MG/5ML	Tier 1				
CYPROHEPTAD TAB 4MG	CYPROHEPTADINE HCL TAB 4 MG	Tier 1				
DIPHENHYDRAM ELX 12.5/5ML	DIPHENHYDRAMINE HCL ELIXIR 12.5 MG/5ML	Tier 1*				
LEVOCETIRIZI SOL 2.5/5ML	LEVOCETIRIZINE DIHYDROCHLORIDE SOLN 2.5 MG/5ML (0.5 MG/ML)	Tier 3				
LEVOCETIRIZI TAB 5MG	LEVOCETIRIZINE DIHYDROCHLORIDE TAB 5 MG	Tier 1				
OLOPATADINE SPR 0.6%	OLOPATADINE HCL NASAL SOLN 0.6%	Tier 3				
PROMETHAZINE SOL 12.5/10	PROMETHAZINE HCL ORAL SOLN 6.25 MG/5ML	Tier 1				
PROMETHAZINE SOL 6.25/5ML	PROMETHAZINE HCL ORAL SOLN 6.25 MG/5ML	Tier 1				
PROMETHAZINE SUP 12.5MG	PROMETHAZINE HCL SUPPOS 12.5 MG	Tier 1				
PROMETHAZINE SUP 25MG	PROMETHAZINE HCL SUPPOS 25 MG	Tier 1				
PROMETHAZINE TAB 12.5MG	PROMETHAZINE HCL TAB 12.5 MG	Tier 1				
PROMETHAZINE TAB 25MG	PROMETHAZINE HCL TAB 25 MG	Tier 1				
PROMETHAZINE TAB 50MG	PROMETHAZINE HCL TAB 50 MG	Tier 1				
PROMETHEGAN SUP 12.5MG	PROMETHAZINE HCL SUPPOS 12.5 MG	Tier 3				
PROMETHEGAN SUP 25MG	PROMETHAZINE HCL SUPPOS 25 MG	Tier 3				
PROMETHEGAN SUP 50MG	PROMETHAZINE HCL SUPPOS 50 MG	Tier 3				
Anti-HIV agents, integrase inhibitors (INSTI)						
DOVATO TAB 50-300MG	DOLUTEGRAVIR SODIUM-LAMIVUDINE TAB 50-300 MG (BASE EQ)	$0 HIV		X		
Anti-HIV agents, integrase inhibitors (INSTI) - HIV drugs						
BIKTARVY TAB	BICTEGRAVIR-EMTRICITABINE-TENOFOVIR AF TAB 50-200-25 MG	$0 HIV		X		
BIKTARVY TAB	BICTEGRAVIR-EMTRICITABINE-TENOFOVIR AF TAB 30-120-15 MG	$0 HIV		X		
CABENUVA SUS 400-600	CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER	$0 HIV		X		
CABENUVA SUS 600-900	CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER	$0 HIV		X		
GENVOYA TAB	ELVITEGRAV-COBIC-EMTRICITAB-TENOFOV AF TAB 150-150-200-10 MG	$0 HIV		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
ISENTRESS CHW 100MG	RALTEGRAVIR POTASSIUM CHEW TAB 100 MG (BASE EQUIV)	$0 HIV				
ISENTRESS CHW 25MG	RALTEGRAVIR POTASSIUM CHEW TAB 25 MG (BASE EQUIV)	$0 HIV				
ISENTRESS POW 100MG	RALTEGRAVIR POTASSIUM PACKET FOR SUSP 100 MG (BASE EQUIV)	$0 HIV				
ISENTRESS TAB 400MG	RALTEGRAVIR POTASSIUM TAB 400 MG (BASE EQUIV)	$0 HIV				
ISENTRESS HD TAB 600MG	RALTEGRAVIR POTASSIUM TAB 600 MG (BASE EQUIV)	$0 HIV				
STRIBILD TAB	ELVITEGRAV-COBIC-EMTRICITAB-TENOFOVDF TAB 150-150-200-300 MG	$0 HIV		X		
TIVICAY TAB 50MG	DOLUTEGRAVIR SODIUM TAB 50 MG (BASE EQUIV)	$0 HIV				
TIVICAY PD TAB 5MG	DOLUTEGRAVIR SODIUM TAB FOR ORAL SUSP 5 MG (BASE EQUIV)	$0 HIV				
TRIUMEQ TAB	ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TAB 600-50-300 MG	$0 HIV		X		
TRIUMEQ PD TAB	ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TAB FOR ORAL SUS 60-5-30 MG	$0 HIV		X		
Anti-HIV agents, non-nucleoside reverse transcriptase inhibitors (NNRTI) - HIV drugs						
COMPLERA TAB	EMTRICITABINE-RILPIVIRINE-TENOFOVIR DF TAB 200-25-300 MG	$0 HIV		X		
DELSTRIGO TAB	DORAVIRINE-LAMIVUDINE-TENOFOVIR DF TAB 100-300-300 MG	$0 HIV		X		
EDURANT PED TAB 2.5MG	RILPIVIRINE HCL TAB FOR ORAL SUSP 2.5 MG (BASE EQUIVALENT)	$0 HIV				
EFAVIR/EMTRI TAB TENOFOVI	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300 MG	$0 HIV		X		
EFAVIR/LAMIV TAB TENOFOVI	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300 MG	$0 HIV		X		
EFAVIR/LAMIV TAB TENOFOVI	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300 MG	$0 HIV		X		
EFAVIRENZ CAP 200MG	EFAVIRENZ CAP 200 MG	$0 HIV				
EFAVIRENZ CAP 50MG	EFAVIRENZ CAP 50 MG	$0 HIV				
EFAVIRENZ TAB 600MG	EFAVIRENZ TAB 600 MG	$0 HIV				
EMTRIC/RILPI TAB TENOF DF	EMTRICITABINE-RILPIVIRINE-TENOFOVIR DF TAB 200-25-300 MG	$0 HIV		X		
ETRAVIRINE TAB 100MG	ETRAVIRINE TAB 100 MG	$0 HIV				
ETRAVIRINE TAB 200MG	ETRAVIRINE TAB 200 MG	$0 HIV				
INTELENCE TAB 100MG	ETRAVIRINE TAB 100 MG	$0 HIV				
INTELENCE TAB 200MG	ETRAVIRINE TAB 200 MG	$0 HIV				
INTELENCE TAB 25MG	ETRAVIRINE TAB 25 MG	$0 HIV				
JULUCA TAB 50-25MG	DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TAB 50-25 MG (BASE EQ)	$0 HIV		X		

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NEVIRAPINE SUS 50MG/5ML	NEVIRAPINE SUSP 50 MG/5ML	$0 HIV				
NEVIRAPINE TAB 200MG	NEVIRAPINE TAB 200 MG	$0 HIV				
NEVIRAPINE TAB 400MG ER	NEVIRAPINE TAB ER 24HR 400 MG	$0 HIV				
ODEFSEY TAB	EMTRICITABINE-RILPIVIRINE-TENOFOVIR AF TAB 200-25-25 MG	$0 HIV		X		
PIFELTRO TAB 100MG	DORAVIRINE TAB 100 MG	$0 HIV				
RILPIVIRINE TAB 25MG	RILPIVIRINE HCL TAB 25 MG (BASE EQUIVALENT)	$0 HIV				
SYMFI TAB	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300 MG	$0 HIV		X		
SYMFI LO TAB	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300 MG	$0 HIV		X		
Anti-HIV agents, nucleoside and nucleotide reverse transcriptase inhibitors (NRTI)						
SUNLENCA INJ	LENACAPAVIR SODIUM SUBCUTANEOUS SOLN 463.5 MG/1.5ML	$0 HIV		X		
SUNLENCA TAB 300MG	LENACAPAVIR SODIUM TAB THERAPY PACK 4 X 300 MG	$0 HIV		X		
SUNLENCA TAB 300MG	LENACAPAVIR SODIUM TAB THERAPY PACK 5 X 300 MG	$0 HIV		X		
SUNLENCA TAB 300MG	LENACAPAVIR SODIUM TAB 300 MG	$0 HIV		X		
YEZTUGO INJ 463.5MG	LENACAPAVIR SODIUM SUBCUT SOLN 463.5 MG/1.5ML (PROPHYLAXIS)	$0 HIV		X		
YEZTUGO TAB 300MG	LENACAPAVIR SODIUM TAB 300 MG (PROPHYLAXIS)	$0 HIV		X		
Anti-HIV agents, nucleoside and nucleotide reverse transcriptase inhibitors (NRTI) - HIV drugs						
ABACA/LAMIVU TAB 600-300	ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG	$0 HIV				
ABACAVIR SOL 20MG/ML	ABACAVIR SULFATE SOLN 20 MG/ML (BASE EQUIV)	$0 HIV				
ABACAVIR TAB 300MG	ABACAVIR SULFATE TAB 300 MG (BASE EQUIV)	$0 HIV				
CIMDUO TAB 300-300	LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TAB 300-300 MG	$0 HIV		X		
DESCOVY TAB 120-15MG	EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TAB 120-15 MG	$0 HIV		X		
DESCOVY TAB 200/25MG	EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TAB 200-25 MG	HCR Prev Care		X		
EMTR/TEN DF TAB 100-150	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 MG	$0 HIV		X		
EMTR/TEN DF TAB 133-200	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 MG	$0 HIV		X		
EMTR/TEN DF TAB 167-250	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 MG	$0 HIV		X		
EMTR/TENOFOV TAB 200-300	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG	HCR Prev Care		X		
EMTRICITABIN CAP 200MG	EMTRICITABINE CAPS 200 MG	$0 HIV				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
EMTRIVA SOL 10MG/ML	EMTRICITABINE SOLN 10 MG/ML	$0 HIV				
LAMIVUD/ZIDO TAB 150-300	LAMIVUDINE-ZIDOVUDINE TAB 150-300 MG	$0 HIV				
LAMIVUDINE SOL 10MG/ML	LAMIVUDINE ORAL SOLN 10 MG/ML	$0 HIV				
LAMIVUDINE TAB 150MG	LAMIVUDINE TAB 150 MG	$0 HIV				
LAMIVUDINE TAB 300MG	LAMIVUDINE TAB 300 MG	$0 HIV				
RETROVIR CAP 100MG	ZIDOVUDINE CAP 100 MG	$0 HIV				
RETROVIR SYP 50MG/5ML	ZIDOVUDINE SYRUP 10 MG/ML	$0 HIV				
TENOFOVIR TAB 300MG	TENOFOVIR DISOPROXIL FUMARATE TAB 300 MG	$0 HIV				
TRUVADA TAB 100-150	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 MG	$0 HIV		X		
TRUVADA TAB 133-200	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 MG	$0 HIV		X		
TRUVADA TAB 167-250	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 MG	$0 HIV		X		
VIREAD POW 40MG/GM	TENOFOVIR DISOPROXIL FUMARATE ORAL POWDER 40 MG/GM	$0 HIV				
VIREAD TAB 150MG	TENOFOVIR DISOPROXIL FUMARATE TAB 150 MG	$0 HIV				
VIREAD TAB 200MG	TENOFOVIR DISOPROXIL FUMARATE TAB 200 MG	$0 HIV				
VIREAD TAB 250MG	TENOFOVIR DISOPROXIL FUMARATE TAB 250 MG	$0 HIV				
ZIDOVUDINE CAP 100MG	ZIDOVUDINE CAP 100 MG	$0 HIV				
ZIDOVUDINE SYP 50MG/5ML	ZIDOVUDINE SYRUP 10 MG/ML	$0 HIV				
ZIDOVUDINE TAB 300MG	ZIDOVUDINE TAB 300 MG	$0 HIV				
Anti-HIV agents, other - HIV drugs						
APRETUDE SUS 600MG ER	CABOTEGRAVIR IM EXTENDED RELEASE SUSP 600 MG/3ML	$0 HIV		x		
FUZEON INJ 90MG	ENFUVIRTIDE FOR INJ 90 MG	$0 HIV				
MARAVIROC TAB 150MG	MARAVIROC TAB 150 MG	$0 HIV	X			
MARAVIROC TAB 300MG	MARAVIROC TAB 300 MG	$0 HIV	X			
RUKOBIA TAB 600MG ER	FOSTEMSAVIR TROMETHAMINE TAB ER 12HR 600 MG	$0 HIV	X			
SELZENTRY SOL 20MG/ML	MARAVIROC ORAL SOLN 20 MG/ML	$0 HIV	X			
SELZENTRY TAB 150MG	MARAVIROC TAB 150 MG	$0 HIV	X			
SELZENTRY TAB 300MG	MARAVIROC TAB 300 MG	$0 HIV	X			
TYBOST TAB 150MG	COBICISTAT TAB 150 MG	$0 HIV				
Anti-HIV agents, protease inhibitors - HIV drugs						
APTIVUS CAP 250MG	TIPRANAVIR CAP 250 MG	$0 HIV				
ATAZANAVIR CAP 150MG	ATAZANAVIR SULFATE CAP 150 MG (BASE EQUIV)	$0 HIV				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
ATAZANAVIR CAP 200MG	ATAZANAVIR SULFATE CAP 200 MG (BASE EQUIV)	$0 HIV				
ATAZANAVIR CAP 300MG	ATAZANAVIR SULFATE CAP 300 MG (BASE EQUIV)	$0 HIV				
DARUNAVIR TAB 600MG	DARUNAVIR TAB 600 MG	$0 HIV				
DARUNAVIR TAB 800MG	DARUNAVIR TAB 800 MG	$0 HIV				
EVOTAZ TAB 300-150	ATAZANAVIR SULFATE-COBICISTAT TAB 300-150 MG (BASE EQUIV)	$0 HIV				
FOSAMPRENAVI TAB 700MG	FOSAMPRENAVIR CALCIUM TAB 700 MG (BASE EQUIV)	$0 HIV				
KALETRA SOL	LOPINAVIR-RITONAVIR SOLN 400-100 MG/5ML (80-20 MG/ML)	$0 HIV				
KALETRA TAB 100-25MG	LOPINAVIR-RITONAVIR TAB 100-25 MG	$0 HIV				
KALETRA TAB 200-50MG	LOPINAVIR-RITONAVIR TAB 200-50 MG	$0 HIV				
LOPIN/RITON TAB 100-25MG	LOPINAVIR-RITONAVIR TAB 100-25 MG	$0 HIV				
LOPIN/RITON TAB 200-50MG	LOPINAVIR-RITONAVIR TAB 200-50 MG	$0 HIV				
NORVIR POW 100MG	RITONAVIR POWDER PACKET 100 MG	$0 HIV				
PREZCOBIX TAB 675/150	DARUNAVIR-COBICISTAT TAB 675-150 MG	$0 HIV				
PREZCOBIX TAB 800-150	DARUNAVIR-COBICISTAT TAB 800-150 MG	$0 HIV				
PREZISTA SUS 100MG/ML	DARUNAVIR ORAL SUSP 100 MG/ML	$0 HIV				
PREZISTA TAB 150MG	DARUNAVIR TAB 150 MG	$0 HIV				
PREZISTA TAB 75MG	DARUNAVIR TAB 75 MG	$0 HIV				
REYATAZ POW 50MG	ATAZANAVIR SULFATE ORAL POWDER PACKET 50 MG (BASE EQUIV)	$0 HIV				
RITONAVIR TAB 100MG	RITONAVIR TAB 100 MG	$0 HIV				
VIRACEPT TAB 250MG	NELFINAVIR MESYLATE TAB 250 MG	$0 HIV				
VIRACEPT TAB 625MG	NELFINAVIR MESYLATE TAB 625 MG	$0 HIV				
Anti-inflammatories, inhaled corticosteroids - Asthma/Lung drugs						
ARNUITY ELPT INH 100MCG	FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100 MCG/ACT	Tier 2		X		
ARNUITY ELPT INH 200MCG	FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200 MCG/ACT	Tier 2		X		
ARNUITY ELPT INH 50MCG	FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50 MCG/ACT	Tier 2		X		
BUDESONIDE SUS 0.25MG/2	BUDESONIDE INHALATION SUSP 0.25 MG/2ML	Tier 2		X		
BUDESONIDE SUS 0.5MG/2	BUDESONIDE INHALATION SUSP 0.5 MG/2ML	Tier 2		X		
BUDESONIDE SUS 1MG/2ML	BUDESONIDE INHALATION SUSP 1 MG/2ML	Tier 2		X		
FLUNISOLIDE SPR 0.025%	FLUNISOLIDE NASAL SOLN 25 MCG/ACT (0.025%)	Tier 3				
FLUTICASONE SPR 50MCG	FLUTICASONE PROPIONATE NASAL SUSP 50 MCG/ACT	Tier 2				
MOMETASONE SPR 50MCG	MOMETASONE FUROATE NASAL SUSP 50 MCG/ACT	Tier 3		X		

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NUCALA INJ 100MG/ML	MEPOLIZUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 4	X	X		X
NUCALA INJ 100MG/ML	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 100 MG/ML	Tier 4	X	X		X
NUCALA INJ 40MG/0.4	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 40 MG/0.4ML	Tier 4	X	X		X
QVAR REDIHA AER 80MCG	BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 80 MCG/ACT	Tier 2		X		
QVAR REDIHAL AER 40MCG	BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 40 MCG/ACT	Tier 2		X		
Anti-influenza agents - Flu drugs						
OSELTAMIVIR CAP 30MG	OSELTAMIVIR PHOSPHATE CAP 30 MG (BASE EQUIV)	Tier 2				
OSELTAMIVIR CAP 45MG	OSELTAMIVIR PHOSPHATE CAP 45 MG (BASE EQUIV)	Tier 2				
OSELTAMIVIR CAP 75MG	OSELTAMIVIR PHOSPHATE CAP 75 MG (BASE EQUIV)	Tier 2				
OSELTAMIVIR SUS 6MG/ML	OSELTAMIVIR PHOSPHATE FOR SUSP 6 MG/ML (BASE EQUIV)	Tier 2				
RELENZA MIS DISKHALE	ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 3				
RIMANTADINE TAB 100MG	RIMANTADINE HYDROCHLORIDE TAB 100 MG	Tier 1				
XOFLUZA TAB 40MG	BALOXAVIR MARBOXIL TAB THERAPY PACK 1 X 40 MG (40 MG DOSE)	Tier 3		X		
XOFLUZA TAB 80MG	BALOXAVIR MARBOXIL TAB THERAPY PACK 1 X 80 MG (80 MG DOSE)	Tier 3		X		
Antileukotrienes - Asthma/Lung drugs						
ACCOLATE TAB 10MG	ZAFIRLUKAST TAB 10 MG	Tier 4				
ACCOLATE TAB 20MG	ZAFIRLUKAST TAB 20 MG	Tier 4				
MONTELUKAST CHW 4MG	MONTELUKAST SODIUM CHEW TAB 4 MG (BASE EQUIV)	Tier 1				
MONTELUKAST CHW 5MG	MONTELUKAST SODIUM CHEW TAB 5 MG (BASE EQUIV)	Tier 1				
MONTELUKAST GRA 4MG	MONTELUKAST SODIUM ORAL GRANULES PACKET 4 MG (BASE EQUIV)	Tier 2				
MONTELUKAST TAB 10MG	MONTELUKAST SODIUM TAB 10 MG (BASE EQUIV)	Tier 1				
SINGULAIR GRA 4MG	MONTELUKAST SODIUM ORAL GRANULES PACKET 4 MG (BASE EQUIV)	Tier 3				
ZAFIRLUKAST TAB 10MG	ZAFIRLUKAST TAB 10 MG	Tier 1				
ZAFIRLUKAST TAB 20MG	ZAFIRLUKAST TAB 20 MG	Tier 1				
Antimetabolites - Chemotherapy agents						
CAPECITABINE TAB 150MG	CAPECITABINE TAB 150 MG	Tier 1				X
CAPECITABINE TAB 500MG	CAPECITABINE TAB 500 MG	Tier 1				X
DROXIA CAP 200MG	HYDROXYUREA CAP 200 MG	Tier 1				

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DROXIA CAP 300MG	HYDROXYUREA CAP 300 MG	Tier 1				
DROXIA CAP 400MG	HYDROXYUREA CAP 400 MG	Tier 1				
HYDROXYUREA CAP 500MG	HYDROXYUREA CAP 500 MG	Tier 1				
MERCAPTOPUR TAB 50MG	MERCAPTOPURINE TAB 50 MG	Tier 1				
MERCAPTOPURI SUS 20MG/ML	MERCAPTOPURINE SUSP 2000 MG/100ML (20 MG/ML)	Tier 3				X
PURIXAN SUS 20MG/ML	MERCAPTOPURINE SUSP 2000 MG/100ML (20 MG/ML)	Tier 4				X
TABLOID TAB 40MG	THIOGUANINE TAB 40 MG	Tier 3				X
Antimycobacterials, other - Miscellaneous anti-infectives						
DAPSONE TAB 100MG	DAPSONE TAB 100 MG	Tier 2				
DAPSONE TAB 25MG	DAPSONE TAB 25 MG	Tier 2				
PRETOMANID TAB 200MG	PRETOMANID TAB 200 MG	Tier 4				
RIFABUTIN CAP 150MG	RIFABUTIN CAP 150 MG	Tier 1				
Antineoplastic - Hormonal and related agents						
INLURIYO TAB 200MG	IMLUNESTRANT TOSYLATE TAB 200 MG	Tier 3	X	X		X
LIFYORLI CAP 125MG DS	RELACORILANT CAP PAK 1 X 25 MG & 1 X 100 MG (125 MG DOSE)	Tier 4	X	X		X
LIFYORLI CAP 150MG DS	RELACORILANT CAP PAK 2 X 25 MG & 1 X 100 MG (150 MG DOSE)	Tier 4	X	X		X
Antineoplastics - Drugs to treat cancer						
JAYPIRCA TAB 100MG	PIRTOBRUTINIB TAB 100 MG	Tier 4	X	X		X
JAYPIRCA TAB 50MG	PIRTOBRUTINIB TAB 50 MG	Tier 4	X	X		X
Antineoplastics, other						
AKEEGA TAB 100/500	NIRAPARIB TOSYLATE-ABIRATERONE ACETATE TAB 100-500 MG	Tier 4	X	X	X	X
AKEEGA TAB 50/500MG	NIRAPARIB TOSYLATE-ABIRATERONE ACETATE TAB 50-500 MG	Tier 4	X	X	X	X
REVUFORJ TAB 110MG	REVUMENIB CITRATE TAB 110 MG	Tier 4	X	X		X
REVUFORJ TAB 160MG	REVUMENIB CITRATE TAB 160 MG	Tier 4	X	X		X
REVUFORJ TAB 25MG	REVUMENIB CITRATE TAB 25 MG	Tier 4	X	X		X
Antineoplastics, other - Chemotherapy agents						
AUGTYRO CAP 160MG	REPOTRECTINIB CAP 160 MG	Tier 3	X	X		X
AUGTYRO CAP 40MG	REPOTRECTINIB CAP 40 MG	Tier 3	X	X		X
AVMAPKI PAK FAKZYNJA	AVUTOMETINIB CAP 0.8 MG & DEFACTINIB TAB 200 MG THERAPY PACK	Tier 4	X	X		X
COPIKTRA CAP 15MG	DUVELISIB CAP 15 MG	Tier 4	X	X		X
COPIKTRA CAP 25MG	DUVELISIB CAP 25 MG	Tier 4	X	X		X
ENSACOVE CAP 100MG	ENSARTINIB HCL CAP 100 MG (BASE EQUIVALENT)	Tier 3	X	X		X
ENSACOVE CAP 25MG	ENSARTINIB HCL CAP 25 MG (BASE EQUIVALENT)	Tier 3	X	X		X

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FRUZAQLA CAP 1MG	FRUQUINTINIB CAP 1 MG	Tier 4	X	X	X	X
FRUZAQLA CAP 5MG	FRUQUINTINIB CAP 5 MG	Tier 4	X	X	X	X
GOMEKLI CAP 1MG	MIRDAMETINIB CAP 1 MG	Tier 4	X	X		X
GOMEKLI CAP 2MG	MIRDAMETINIB CAP 2 MG	Tier 4	X	X		X
GOMEKLI TAB 1MG	MIRDAMETINIB TAB FOR ORAL SUSP 1 MG	Tier 4	X	X		X
HYRNUO TAB 10MG	SEVABERTINIB TAB 10 MG	Tier 3	X	X		X
IBTROZI CAP 200MG	TALETRECTINIB ADIPATE CAP 200 MG	Tier 3	X	X	X	X
INQOVI TAB 35-100MG	DECITABINE-CEDAZURIDINE TAB 35-100 MG	Tier 4	X	X		X
ITOVEBI TAB 3MG	INAVOLISIB TAB 3 MG	Tier 3	X	X		X
ITOVEBI TAB 9MG	INAVOLISIB TAB 9 MG	Tier 3	X	X		X
IWILFIN TAB 192MG	EFLORNITHINE HCL TAB 192 MG	Tier 3	X	X		X
KISQALI TAB 200DOSE	RIBOCICLIB SUCCINATE TAB PACK 200 MG DAILY DOSE	Tier 3	X	X		X
KISQALI TAB 400DOSE	RIBOCICLIB SUCCINATE TAB PACK 400 MG DAILY DOSE (200 MG TAB)	Tier 3	X	X		X
KISQALI TAB 600DOSE	RIBOCICLIB SUCCINATE TAB PACK 600 MG DAILY DOSE (200 MG TAB)	Tier 3	X	X		X
KOSELUGO CAP 10MG	SELUMETINIB SULFATE CAP 10 MG	Tier 3	X	X		X
KOSELUGO CAP 25MG	SELUMETINIB SULFATE CAP 25 MG	Tier 3	X	X		X
KOSELUGO CAP 5MG	SELUMETINIB SULFATE CAP SPRINKLE 5 MG	Tier 3	X	X		X
KOSELUGO CAP 7.5MG	SELUMETINIB SULFATE CAP SPRINKLE 7.5 MG	Tier 3	X	X		X
KRAZATI TAB 200MG	ADAGRASIB TAB 200 MG	Tier 4	X	X		X
LEUCOVOR CA TAB 10MG	LEUCOVORIN CALCIUM TAB 10 MG	Tier 1				
LEUCOVOR CA TAB 15MG	LEUCOVORIN CALCIUM TAB 15 MG	Tier 1				
LEUCOVOR CA TAB 25MG	LEUCOVORIN CALCIUM TAB 25 MG	Tier 1				
LEUCOVOR CA TAB 5MG	LEUCOVORIN CALCIUM TAB 5 MG	Tier 1				
LEUCOVORIN TAB 5MG	LEUCOVORIN CALCIUM TAB 5 MG	Tier 1				
LORBRENA TAB 100MG	LORLATINIB TAB 100 MG	Tier 4	X	X	X	X
LORBRENA TAB 25MG	LORLATINIB TAB 25 MG	Tier 4	X	X	X	X
LUMAKRAS TAB 120MG	SOTORASIB TAB 120 MG	Tier 4	X	X		X
LUMAKRAS TAB 240MG	SOTORASIB TAB 240 MG	Tier 4	X	X		X
LUMAKRAS TAB 320MG	SOTORASIB TAB 320 MG	Tier 4	X	X		X
NINLARO CAP 2.3MG	IXAZOMIB CITRATE CAP 2.3 MG (BASE EQUIVALENT)	Tier 3	X	X		X
NINLARO CAP 3MG	IXAZOMIB CITRATE CAP 3 MG (BASE EQUIVALENT)	Tier 3	X	X		X
NINLARO CAP 4MG	IXAZOMIB CITRATE CAP 4 MG (BASE EQUIVALENT)	Tier 3	X	X		X
OGSIVEO TAB 100MG	NIROGACESTAT HYDROBROMIDE TAB 100 MG	Tier 3	X	X		X
OGSIVEO TAB 150MG	NIROGACESTAT HYDROBROMIDE TAB 150 MG	Tier 3	X	X		X
OGSIVEO TAB 50MG	NIROGACESTAT HYDROBROMIDE TAB 50 MG	Tier 3	X	X		X

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OJJAARA TAB 100MG	MOMELOTINIB DIHYDROCHLORIDE TAB 100 MG	Tier 4	X	X	X	X
OJJAARA TAB 150MG	MOMELOTINIB DIHYDROCHLORIDE TAB 150 MG	Tier 4	X	X	X	X
OJJAARA TAB 200MG	MOMELOTINIB DIHYDROCHLORIDE TAB 200 MG	Tier 4	X	X	X	X
ONUREG TAB 200MG	AZACITIDINE TAB 200 MG	Tier 3	X	X		X
ONUREG TAB 300MG	AZACITIDINE TAB 300 MG	Tier 3	X	X		X
PIQRAY 200MG TAB DOSE	ALPELISIB TAB THERAPY PACK 200 MG DAILY DOSE	Tier 3	X	X		X
PIQRAY 250MG TAB DOSE	ALPELISIB TAB PACK 250 MG DAILY DOSE (200 MG & 50 MG TABS)	Tier 3	X	X		X
PIQRAY 300MG TAB DOSE	ALPELISIB TAB PACK 300 MG DAILY DOSE (2X150 MG TAB)	Tier 3	X	X		X
ROMVIMZA CAP 14MG	VIMSELTINIB CAP 14 MG	Tier 3	X	X		X
ROMVIMZA CAP 20MG	VIMSELTINIB CAP 20 MG	Tier 3	X	X		X
ROMVIMZA CAP 30MG	VIMSELTINIB CAP 30 MG	Tier 3	X	X		X
ROZLYTREK CAP 100MG	ENTRECTINIB CAP 100 MG	Tier 3	X	X		X
ROZLYTREK CAP 200MG	ENTRECTINIB CAP 200 MG	Tier 3	X	X		X
ROZLYTREK PAK 50MG	ENTRECTINIB PELLET PACK 50 MG	Tier 3	X	X		X
SCEMBLIX TAB 100MG	ASCIMINIB HCL TAB 100 MG	Tier 4	X	X		X
SCEMBLIX TAB 20MG	ASCIMINIB HCL TAB 20 MG	Tier 4	X	X		X
SCEMBLIX TAB 40MG	ASCIMINIB HCL TAB 40 MG	Tier 4	X	X		X
TAZVERIK TAB 200MG	TAZEMETOSTAT HBR TAB 200 MG	Tier 4	X	X		X
TRUQAP PAK 160MG	CAPIVASERTIB TAB THERAPY PACK 160 MG	Tier 3	X	X		X
TRUQAP PAK 200MG	CAPIVASERTIB TAB THERAPY PACK 200 MG	Tier 3	X	X		X
TRUQAP TAB 160MG	CAPIVASERTIB TAB 160 MG	Tier 3	X	X		X
TRUQAP TAB 200MG	CAPIVASERTIB TAB 200 MG	Tier 3	X	X		X
VANFLYTA TAB 17.7MG	QUIZARTINIB DIHYDROCHLORIDE TAB 17.7 MG	Tier 4	X	X		X
VANFLYTA TAB 26.5MG	QUIZARTINIB DIHYDROCHLORIDE TAB 26.5 MG	Tier 4	X	X		X
VERZENIO TAB 100MG	ABEMACICLIB TAB 100 MG	Tier 3	X	X		X
VERZENIO TAB 150MG	ABEMACICLIB TAB 150 MG	Tier 3	X	X		X
VERZENIO TAB 200MG	ABEMACICLIB TAB 200 MG	Tier 3	X	X		X
VERZENIO TAB 50MG	ABEMACICLIB TAB 50 MG	Tier 3	X	X		X
VONJO CAP 100MG	PACRITINIB CITRATE CAP 100 MG	Tier 4	X	X		X
VORANIGO TAB 10MG	VORASIDENIB TAB 10 MG	Tier 3	X	X		X
VORANIGO TAB 40MG	VORASIDENIB TAB 40 MG	Tier 3	X	X		X
WELIREG TAB 40MG	BELZUTIFAN TAB 40 MG	Tier 4	X	X		X
XPOVIO PAK 40MG	SELINEXOR TAB THERAPY PACK 40 MG (80 MG ONCE WEEKLY)	Tier 4	X	X		X
XPOVIO PAK 40MG	SELINEXOR TAB THERAPY PACK 40 MG (40 MG TWICE WEEKLY)	Tier 4	X	X		X
XPOVIO PAK 40MG	SELINEXOR TAB THERAPY PACK 40 MG (40 MG ONCE WEEKLY)	Tier 4	X	X		X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
XPOVIO PAK 40MG	SELINEXOR TAB THERAPY PACK 10 MG (40 MG ONCE WEEKLY)	Tier 4	X	X		X
XPOVIO PAK 50MG	SELINEXOR TAB THERAPY PACK 50 MG (100 MG ONCE WEEKLY)	Tier 4	X	X		X
XPOVIO PAK 60MG	SELINEXOR TAB THERAPY PACK 20 MG (60 MG TWICE WEEKLY)	Tier 4	X	X		X
XPOVIO PAK 60MG	SELINEXOR TAB THERAPY PACK 60 MG (60 MG ONCE WEEKLY)	Tier 4	X	X		X
XPOVIO PAK 80MG	SELINEXOR TAB THERAPY PACK 20 MG (80 MG TWICE WEEKLY)	Tier 4	X	X		X
XPOVIO PAK 80MG	SELINEXOR TAB THERAPY PACK 80 MG (80 MG ONCE WEEKLY)	Tier 4	X	X		X
ZOLINZA CAP 100MG	VORINOSTAT CAP 100 MG	Tier 3	X	X		X
Antiparkinson agents, other - Parkinson's disease drugs						
AMANTADINE CAP 100MG	AMANTADINE HCL CAP 100 MG	Tier 1				
AMANTADINE SOL 50MG/5ML	AMANTADINE HCL SOLN 50 MG/5ML	Tier 1				
AMANTADINE TAB 100MG	AMANTADINE HCL TAB 100 MG	Tier 1				
ENTACAPONE TAB 200MG	ENTACAPONE TAB 200 MG	Tier 1				
Antiprotozoals - Protozoal infection drugs						
ARAKODA TAB 100MG	TAFENOQUINE SUCCINATE TAB 100 MG (BASE EQUIVALENT)	Tier 4		X		
ATOVAQ/PROGU TAB 250-100	ATOVAQUONE-PROGUANIL HCL TAB 250-100 MG	Tier 2				
ATOVAQ/PROGU TAB 62.5-25	ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG	Tier 2				
ATOVAQUONE SUS 750/5ML	ATOVAQUONE SUSP 750 MG/5ML	Tier 2				
CHLOROQUINE TAB 250MG	CHLOROQUINE PHOSPHATE TAB 250 MG	Tier 1				
CHLOROQUINE TAB 500MG	CHLOROQUINE PHOSPHATE TAB 500 MG	Tier 1				
COARTEM TAB 20-120MG	ARTEMETHER-LUMEFANTRINE TAB 20-120 MG	Tier 2				
DARAPRIM TAB 25MG	PYRIMETHAMINE TAB 25 MG	Tier 4	X			X
HYDROXYCHLOR TAB 100MG	HYDROXYCHLOROQUINE SULFATE TAB 100 MG	Tier 1				
HYDROXYCHLOR TAB 200MG	HYDROXYCHLOROQUINE SULFATE TAB 200 MG	Tier 1				
HYDROXYCHLOR TAB 300MG	HYDROXYCHLOROQUINE SULFATE TAB 300 MG	Tier 1				
HYDROXYCHLOR TAB 400MG	HYDROXYCHLOROQUINE SULFATE TAB 400 MG	Tier 1				
IMPAVIDO CAP 50MG	MILTEFOSINE CAP 50 MG	Tier 2		X		
KRINTAFEL TAB 150MG	TAFENOQUINE SUCCINATE TAB 150 MG (BASE EQUIVALENT)	Tier 1		X		
LAMPIT TAB 120MG	NIFURTIMOX TAB 120 MG	Tier 4		X		
LAMPIT TAB 30MG	NIFURTIMOX TAB 30 MG	Tier 4		X		
MALARONE TAB 250-100	ATOVAQUONE-PROGUANIL HCL TAB 250-100 MG	Tier 4				
MALARONE TAB 62.5-25	ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG	Tier 4				
MEFLOQUINE TAB 250MG	MEFLOQUINE HCL TAB 250 MG	Tier 1				
NITAZOXANIDE TAB 500MG	NITAZOXANIDE TAB 500 MG	Tier 2		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
PENTAMIDINE INH 300MG	PENTAMIDINE ISETHIONATE FOR NEBULIZATION SOLN 300 MG	Tier 2				
PRIMAQUINE TAB 26.3MG	PRIMAQUINE PHOSPHATE TAB 26.3 MG (15 MG BASE)	Tier 1				
PYRIMETHAMIN TAB 25MG	PYRIMETHAMINE TAB 25 MG	Tier 3	X			X
QUALAQUIN CAP 324MG	QUININE SULFATE CAP 324 MG	Tier 4				
QUININE SULF CAP 324MG	QUININE SULFATE CAP 324 MG	Tier 1				
Antispasmodics, gastrointestinal - Bowel treatment drugs						
BELLA/OPIUM SUP 16.2-60	BELLADONNA ALKALOIDS & OPIUM SUPPOS 16.2-60 MG	Tier 1				
Antispasmodics, gastrointestinal - Stomach and intestine drugs						
ANASPAZ TAB 0.125MG	HYOSCYAMINE SULFATE TAB DISINT 0.125 MG	Tier 2				
CUVPOSA SOL 1MG/5ML	GLYCOPYRROLATE ORAL SOLN 1 MG/5ML	Tier 4				
DICYCLOMINE CAP 10MG	DICYCLOMINE HCL CAP 10 MG	Tier 1				
DICYCLOMINE SOL 10MG/5ML	DICYCLOMINE HCL ORAL SOLN 10 MG/5ML	Tier 1				
DICYCLOMINE TAB 20MG	DICYCLOMINE HCL TAB 20 MG	Tier 1				
GLYCOPYRROL TAB 1MG	GLYCOPYRROLATE TAB 1 MG	Tier 1				
GLYCOPYRROL TAB 2MG	GLYCOPYRROLATE TAB 2 MG	Tier 1				
GLYCOPYRROLA SOL 1MG/5ML	GLYCOPYRROLATE ORAL SOLN 1 MG/5ML	Tier 3				
HYOSCYAMINE DRO 0.125/ML	HYOSCYAMINE SULFATE SOLN 0.125 MG/ML	Tier 1				
HYOSCYAMINE ELX 0.125/5	HYOSCYAMINE SULFATE ELIXIR 0.125 MG/5ML	Tier 1				
HYOSCYAMINE SUB 0.125MG	HYOSCYAMINE SULFATE SL TAB 0.125 MG	Tier 1				
HYOSCYAMINE TAB 0.125MG	HYOSCYAMINE SULFATE TAB DISINT 0.125 MG	Tier 1				
HYOSCYAMINE TAB 0.125MG	HYOSCYAMINE SULFATE TAB 0.125 MG	Tier 1				
HYOSCYAMINE TAB 0.375 ER	HYOSCYAMINE SULFATE TAB ER 12HR 0.375 MG	Tier 1				
HYOSCYAMINE TAB 0.375 SR	HYOSCYAMINE SULFATE TAB ER 12HR 0.375 MG	Tier 1				
HYOSYNE DRO 0.125/ML	HYOSCYAMINE SULFATE SOLN 0.125 MG/ML	Tier 1				
HYOSYNE ELX 0.125/5	HYOSCYAMINE SULFATE ELIXIR 0.125 MG/5ML	Tier 1				
LEVBID TAB 0.375 ER	HYOSCYAMINE SULFATE TAB ER 12HR 0.375 MG	Tier 4				
LEVSIN TAB 0.125MG	HYOSCYAMINE SULFATE TAB 0.125 MG	Tier 4				
LEVSIN/SL SUB 0.125MG	HYOSCYAMINE SULFATE SL TAB 0.125 MG	Tier 4				
METHSCOPOLAM TAB 2.5MG	METHSCOPOLAMINE BROMIDE TAB 2.5 MG	Tier 1				
METHSCOPOLAM TAB 5MG	METHSCOPOLAMINE BROMIDE TAB 5 MG	Tier 1				
NULEV TAB 0.125MG	HYOSCYAMINE SULFATE TAB DISINT 0.125 MG	Tier 4				
OSCIMIN SUB 0.125MG	HYOSCYAMINE SULFATE SL TAB 0.125 MG	Tier 4				
OSCIMIN TAB 0.125MG	HYOSCYAMINE SULFATE TAB 0.125 MG	Tier 4				
Antispasmodics, urinary - Bladder control drugs						
FLAVOXATE TAB 100MG	FLAVOXATE HCL TAB 100 MG	Tier 1				
MIRABEGRON TAB 25MG ER	MIRABEGRON TAB ER 24 HR 25 MG	Tier 3			X	
MIRABEGRON TAB 50MG ER	MIRABEGRON TAB ER 24 HR 50 MG	Tier 3			X	

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
OXYBUTYNIN SOL 5MG/5ML	OXYBUTYNIN CHLORIDE SOLUTION 5 MG/5ML	Tier 1				
OXYBUTYNIN TAB 10MG ER	OXYBUTYNIN CHLORIDE TAB ER 24HR 10 MG	Tier 2				
OXYBUTYNIN TAB 15MG ER	OXYBUTYNIN CHLORIDE TAB ER 24HR 15 MG	Tier 2				
OXYBUTYNIN TAB 2.5MG	OXYBUTYNIN CHLORIDE TAB 2.5 MG	Tier 4				
OXYBUTYNIN TAB 5MG	OXYBUTYNIN CHLORIDE TAB 5 MG	Tier 1				
OXYBUTYNIN TAB 5MG ER	OXYBUTYNIN CHLORIDE TAB ER 24HR 5 MG	Tier 2				
SOLIFENACIN TAB 10MG	SOLIFENACIN SUCCINATE TAB 10 MG	Tier 2				
SOLIFENACIN TAB 5MG	SOLIFENACIN SUCCINATE TAB 5 MG	Tier 2				
TOLTERODINE TAB 1MG	TOLTERODINE TARTRATE TAB 1 MG	Tier 3			X	
TOLTERODINE TAB 2MG	TOLTERODINE TARTRATE TAB 2 MG	Tier 3			X	
TROSPIUM CL TAB 20MG	TROSPIUM CHLORIDE TAB 20 MG	Tier 3				
Antithyroid agents - Thyroid suppressing drugs						
METHIMAZOLE TAB 10MG	METHIMAZOLE TAB 10 MG	Tier 1				
METHIMAZOLE TAB 5MG	METHIMAZOLE TAB 5 MG	Tier 1				
PROPYLTHIOUR TAB 50MG	PROPYLTHIOURACIL TAB 50 MG	Tier 1				
Antituberculars - Tuberculosis drugs						
CYCLOSERINE CAP 250MG	CYCLOSERINE CAP 250 MG	Tier 1				
ETHAMBUTOL TAB 100MG	ETHAMBUTOL HCL TAB 100 MG	Tier 1				
ETHAMBUTOL TAB 400MG	ETHAMBUTOL HCL TAB 400 MG	Tier 1				
ISONIAZID SYP 50MG/5ML	ISONIAZID SYRUP 50 MG/5ML	Tier 1				
ISONIAZID TAB 100MG	ISONIAZID TAB 100 MG	Tier 1				
ISONIAZID TAB 300MG	ISONIAZID TAB 300 MG	Tier 1				
PRIFTIN TAB 150MG	RIFAPENTINE TAB 150 MG	Tier 2				
PYRAZINAMIDE TAB 500MG	PYRAZINAMIDE TAB 500 MG	Tier 1				
RIFAMPIN CAP 150MG	RIFAMPIN CAP 150 MG	Tier 1				
RIFAMPIN CAP 300MG	RIFAMPIN CAP 300 MG	Tier 1				
RIFAPENTINE TAB 150MG	RIFAPENTINE TAB 150 MG	Tier 2				
SIRTURO TAB 100MG	BEDAQUILINE FUMARATE TAB 100 MG (BASE EQUIV)	Tier 2				
SIRTURO TAB 20MG	BEDAQUILINE FUMARATE TAB 20 MG (BASE EQUIV)	Tier 2				
TRECATOR TAB 250MG	ETHIONAMIDE TAB 250 MG	Tier 2				
Antivirals						
TEMBEXA SUS 10MG/ML	BRINCIDOFOVIR ORAL SUSP 10 MG/ML	Tier 4				
TEMBEXA TAB 100MG	BRINCIDOFOVIR TAB 100 MG	Tier 4				
Antivirals - Drugs to treat viral infections						
LAGEVRIO CAP 200MG	MOLNUPIRAVIR CAP 200 MG	$0 COVID		X		
PAXLOVID PAK	NIRMATRELVIR TAB 6 X 150 MG & RITONAVIR TAB 5 X 100 MG PAK	$0 COVID		X		
PAXLOVID TAB 150-100	NIRMATRELVIR TAB 10 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK	$0 COVID		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
PAXLOVID TAB 300-100	NIRMATRELVIR TAB 20 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK	$0 COVID		X		
RIBAVIRIN INH 6GM	RIBAVIRIN FOR INHAL SOLN 6 GM	Tier 3				
VIRAZOLE INH 6GM	RIBAVIRIN FOR INHAL SOLN 6 GM	Tier 4				
XOCOVA TAB 125MG	ENSITRELVIR FUMARATE TAB 125 MG	$0 COVID		X		
Anxiolytics, other - Anxiety drugs						
BUSPIRONE TAB 10MG	BUSPIRONE HCL TAB 10 MG	$0 Behav Health				
BUSPIRONE TAB 15MG	BUSPIRONE HCL TAB 15 MG	$0 Behav Health				
BUSPIRONE TAB 30MG	BUSPIRONE HCL TAB 30 MG	$0 Behav Health				
BUSPIRONE TAB 5MG	BUSPIRONE HCL TAB 5 MG	$0 Behav Health				
BUSPIRONE TAB 7.5MG	BUSPIRONE HCL TAB 7.5 MG	$0 Behav Health				
HYDROXYZ HCL SYP 10MG/5ML	HYDROXYZINE HCL SYRUP 10 MG/5ML	$0 Behav Health				
HYDROXYZ HCL TAB 10MG	HYDROXYZINE HCL TAB 10 MG	$0 Behav Health				
HYDROXYZ HCL TAB 25MG	HYDROXYZINE HCL TAB 25 MG	$0 Behav Health				
HYDROXYZ HCL TAB 50MG	HYDROXYZINE HCL TAB 50 MG	$0 Behav Health				
HYDROXYZINE SOL 10MG/5ML	HYDROXYZINE HCL SYRUP 10 MG/5ML	$0 Behav Health				
HYDROXYZINE SYP 10MG/5ML	HYDROXYZINE HCL SYRUP 10 MG/5ML	$0 Behav Health				
MEPROBAMATE TAB 200MG	MEPROBAMATE TAB 200 MG	$0 Behav Health				
MEPROBAMATE TAB 400MG	MEPROBAMATE TAB 400 MG	$0 Behav Health				
Aromatase inhibitors, 3rd generation - Chemotherapy agents						
ANASTROZOLE TAB 1MG	ANASTROZOLE TAB 1 MG	Tier 1†				
EXEMESTANE TAB 25MG	EXEMESTANE TAB 25 MG	Tier 2†				
LETROZOLE TAB 2.5MG	LETROZOLE TAB 2.5 MG	Tier 1†				
Attention deficit hyperactivity disorder agents, amphetamines - ADHD drugs						
AMPHET/DEXTR CAP 10MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 10 MG	$0 Behav Health		X		
AMPHET/DEXTR CAP 12.5 ER	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 12.5 MG	$0 Behav Health		X		
AMPHET/DEXTR CAP 15MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 15 MG	$0 Behav Health		X		
AMPHET/DEXTR CAP 20MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 20 MG	$0 Behav Health		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
AMPHET/DEXTR CAP 25MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 25 MG	$0 Behav Health		X		
AMPHET/DEXTR CAP 25MG ER	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 25 MG	$0 Behav Health		X		
AMPHET/DEXTR CAP 30MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 30 MG	$0 Behav Health		X		
AMPHET/DEXTR CAP 37.5 ER	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 37.5 MG	$0 Behav Health		X		
AMPHET/DEXTR CAP 50MG ER	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 50 MG	$0 Behav Health		X		
AMPHET/DEXTR CAP 5MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 5 MG	$0 Behav Health		X		
AMPHET/DEXTR TAB 10MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 10 MG	$0 Behav Health				
AMPHET/DEXTR TAB 12.5MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 12.5 MG	$0 Behav Health				
AMPHET/DEXTR TAB 15MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 15 MG	$0 Behav Health				
AMPHET/DEXTR TAB 20MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 20 MG	$0 Behav Health				
AMPHET/DEXTR TAB 30MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 30 MG	$0 Behav Health				
AMPHET/DEXTR TAB 5MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 5 MG	$0 Behav Health				
AMPHET/DEXTR TAB 7.5MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 7.5 MG	$0 Behav Health				
AMPHETAMINE TAB 10MG	AMPHETAMINE SULFATE TAB 10 MG	$0 Behav Health				
AMPHETAMINE TAB 5MG	AMPHETAMINE SULFATE TAB 5 MG	$0 Behav Health				
DEXTROAMPHET CAP 10MG ER	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 10 MG	$0 Behav Health		X		
DEXTROAMPHET CAP 15MG ER	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 15 MG	$0 Behav Health		X		
DEXTROAMPHET CAP 5MG ER	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 5 MG	$0 Behav Health		X		
DEXTROAMPHET SOL 5MG/5ML	DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG/5ML	$0 Behav Health				
DEXTROAMPHET TAB 10MG	DEXTROAMPHETAMINE SULFATE TAB 10 MG	$0 Behav Health				
DEXTROAMPHET TAB 5MG	DEXTROAMPHETAMINE SULFATE TAB 5 MG	$0 Behav Health				
LISDEXAMFETA CAP 10MG	LISDEXAMFETAMINE DIMESYLATE CAP 10 MG	$0 Behav Health		X		
LISDEXAMFETA CAP 20MG	LISDEXAMFETAMINE DIMESYLATE CAP 20 MG	$0 Behav Health		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
LISDEXAMFETA CAP 30MG	LISDEXAMFETAMINE DIMESYLATE CAP 30 MG	$0 Behav Health		X		
LISDEXAMFETA CAP 40MG	LISDEXAMFETAMINE DIMESYLATE CAP 40 MG	$0 Behav Health		X		
LISDEXAMFETA CAP 50MG	LISDEXAMFETAMINE DIMESYLATE CAP 50 MG	$0 Behav Health		X		
LISDEXAMFETA CAP 60MG	LISDEXAMFETAMINE DIMESYLATE CAP 60 MG	$0 Behav Health		X		
LISDEXAMFETA CAP 70MG	LISDEXAMFETAMINE DIMESYLATE CAP 70 MG	$0 Behav Health		X		
LISDEXAMFETA CHW 10MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 10 MG	$0 Behav Health		X		
LISDEXAMFETA CHW 20MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 20 MG	$0 Behav Health		X		
LISDEXAMFETA CHW 30MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 30 MG	$0 Behav Health		X		
LISDEXAMFETA CHW 40MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 40 MG	$0 Behav Health		X		
LISDEXAMFETA CHW 50MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 50 MG	$0 Behav Health		X		
LISDEXAMFETA CHW 60MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 60 MG	$0 Behav Health		X		
METHAMPHETAM TAB 5MG	METHAMPHETAMINE HCL TAB 5 MG	$0 Behav Health				
XELSTRYM PAD 13.5/9HR	DEXTROAMPHETAMINE TD PATCH 13.5 MG/9HR	$0 Behav Health	X	X		
XELSTRYM PAD 18MG/9HR	DEXTROAMPHETAMINE TD PATCH 18 MG/9HR	$0 Behav Health	X	X		
XELSTRYM PAD 4.5MG/9H	DEXTROAMPHETAMINE TD PATCH 4.5 MG/9HR	$0 Behav Health	X	X		
XELSTRYM PAD 9MG/9HR	DEXTROAMPHETAMINE TD PATCH 9 MG/9HR	$0 Behav Health	X	X		
Attention deficit hyperactivity disorder agents, non-amphetamines - ADHD drugs						
ATOMOXETINE CAP 100MG	ATOMOXETINE HCL CAP 100 MG (BASE EQUIV)	$0 Behav Health		X		
ATOMOXETINE CAP 10MG	ATOMOXETINE HCL CAP 10 MG (BASE EQUIV)	$0 Behav Health		X		
ATOMOXETINE CAP 18MG	ATOMOXETINE HCL CAP 18 MG (BASE EQUIV)	$0 Behav Health		X		
ATOMOXETINE CAP 25MG	ATOMOXETINE HCL CAP 25 MG (BASE EQUIV)	$0 Behav Health		X		
ATOMOXETINE CAP 40MG	ATOMOXETINE HCL CAP 40 MG (BASE EQUIV)	$0 Behav Health		X		
ATOMOXETINE CAP 60MG	ATOMOXETINE HCL CAP 60 MG (BASE EQUIV)	$0 Behav Health		X		
ATOMOXETINE CAP 80MG	ATOMOXETINE HCL CAP 80 MG (BASE EQUIV)	$0 Behav Health		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
AZSTARYS CAP 26.1-5.2	SERDEXMETHYLPHENIDATE-DEXMETHYLPHENIDATE CAP 26.1-5.2 MG	$0 Behav Health		X	X	
AZSTARYS CAP 39.2-7.8	SERDEXMETHYLPHENIDATE-DEXMETHYLPHENIDATE CAP 39.2-7.8 MG	$0 Behav Health		X	X	
AZSTARYS CAP 52.3-10.	SERDEXMETHYLPHENIDATE-DEXMETHYLPHENIDATE CAP 52.3-10.4 MG	$0 Behav Health		X	X	
CLONIDINE TAB 0.1MG ER	CLONIDINE HCL TAB ER 12HR 0.1 MG	$0 Behav Health				
DEXMETHYLPH TAB 10MG	DEXMETHYLPHENIDATE HCL TAB 10 MG	$0 Behav Health				
DEXMETHYLPH TAB 2.5MG	DEXMETHYLPHENIDATE HCL TAB 2.5 MG	$0 Behav Health				
DEXMETHYLPH TAB 5MG	DEXMETHYLPHENIDATE HCL TAB 5 MG	$0 Behav Health				
DEXMETHYLPHE CAP 10MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 10 MG	$0 Behav Health		X		
DEXMETHYLPHE CAP 15MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 15 MG	$0 Behav Health		X		
DEXMETHYLPHE CAP 20MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 20 MG	$0 Behav Health		X		
DEXMETHYLPHE CAP 25MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 25 MG	$0 Behav Health		X		
DEXMETHYLPHE CAP 30MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 30 MG	$0 Behav Health		X		
DEXMETHYLPHE CAP 35MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 35 MG	$0 Behav Health		X		
DEXMETHYLPHE CAP 40MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 40 MG	$0 Behav Health		X		
DEXMETHYLPHE CAP 5MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 5 MG	$0 Behav Health		X		
GUANFACINE TAB 1MG ER	GUANFACINE HCL TAB ER 24HR 1 MG (BASE EQUIV)	$0 Behav Health				
GUANFACINE TAB 2MG ER	GUANFACINE HCL TAB ER 24HR 2 MG (BASE EQUIV)	$0 Behav Health				
GUANFACINE TAB 3MG ER	GUANFACINE HCL TAB ER 24HR 3 MG (BASE EQUIV)	$0 Behav Health				
GUANFACINE TAB 4MG ER	GUANFACINE HCL TAB ER 24HR 4 MG (BASE EQUIV)	$0 Behav Health				
JORNAY PM CAP 100MG ER	METHYLPHENIDATE HCL CAP DELAYED ER 24HR 100 MG (PM)	$0 Behav Health		X	X	
JORNAY PM CAP 20MG ER	METHYLPHENIDATE HCL CAP DELAYED ER 24HR 20 MG (PM)	$0 Behav Health		X	X	
JORNAY PM CAP 40MG ER	METHYLPHENIDATE HCL CAP DELAYED ER 24HR 40 MG (PM)	$0 Behav Health		X	X	
JORNAY PM CAP 60MG ER	METHYLPHENIDATE HCL CAP DELAYED ER 24HR 60 MG (PM)	$0 Behav Health		X	X	

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
JORNAY PM CAP 80MG ER	METHYLPHENIDATE HCL CAP DELAYED ER 24HR 80 MG (PM)	$0 Behav Health		X	X	
METHYLPHENID CAP 10MG CD	METHYLPHENIDATE HCL CAP ER 10 MG (CD)	$0 Behav Health		X		
METHYLPHENID CAP 10MG LA	METHYLPHENIDATE HCL CAP ER 24HR 10 MG (LA)	$0 Behav Health		X		
METHYLPHENID CAP 20MG CD	METHYLPHENIDATE HCL CAP ER 20 MG (CD)	$0 Behav Health		X		
METHYLPHENID CAP 20MG LA	METHYLPHENIDATE HCL CAP ER 24HR 20 MG (LA)	$0 Behav Health		X		
METHYLPHENID CAP 30MG CD	METHYLPHENIDATE HCL CAP ER 30 MG (CD)	$0 Behav Health		X		
METHYLPHENID CAP 30MG LA	METHYLPHENIDATE HCL CAP ER 24HR 30 MG (LA)	$0 Behav Health		X		
METHYLPHENID CAP 40MG CD	METHYLPHENIDATE HCL CAP ER 40 MG (CD)	$0 Behav Health		X		
METHYLPHENID CAP 40MG LA	METHYLPHENIDATE HCL CAP ER 24HR 40 MG (LA)	$0 Behav Health		X		
METHYLPHENID CAP 50MG CD	METHYLPHENIDATE HCL CAP ER 50 MG (CD)	$0 Behav Health		X		
METHYLPHENID CAP 60MG CD	METHYLPHENIDATE HCL CAP ER 60 MG (CD)	$0 Behav Health		X		
METHYLPHENID CAP 60MG LA	METHYLPHENIDATE HCL CAP ER 24HR 60 MG (LA)	$0 Behav Health		X		
METHYLPHENID CHW 10MG	METHYLPHENIDATE HCL CHEW TAB 10 MG	$0 Behav Health				
METHYLPHENID CHW 2.5MG	METHYLPHENIDATE HCL CHEW TAB 2.5 MG	$0 Behav Health				
METHYLPHENID CHW 5MG	METHYLPHENIDATE HCL CHEW TAB 5 MG	$0 Behav Health				
METHYLPHENID SOL 10MG/5ML	METHYLPHENIDATE HCL SOLN 10 MG/5ML	$0 Behav Health				
METHYLPHENID SOL 5MG/5ML	METHYLPHENIDATE HCL SOLN 5 MG/5ML	$0 Behav Health				
METHYLPHENID TAB 10MG	METHYLPHENIDATE HCL TAB 10 MG	$0 Behav Health				
METHYLPHENID TAB 10MG ER	METHYLPHENIDATE HCL TAB ER 10 MG	$0 Behav Health		X		
METHYLPHENID TAB 20MG	METHYLPHENIDATE HCL TAB 20 MG	$0 Behav Health				
METHYLPHENID TAB 20MG ER	METHYLPHENIDATE HCL TAB ER 20 MG	$0 Behav Health		X		
METHYLPHENID TAB 27MG DIF	METHYLPHENIDATE HCL TAB ER DIFFUSION 27 MG	$0 Behav Health		X		
METHYLPHENID TAB 27MG OSM	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 27 MG	$0 Behav Health		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
METHYLPHENID TAB 36MG DIF	METHYLPHENIDATE HCL TAB ER DIFFUSION 36 MG	$0 Behav Health		X		
METHYLPHENID TAB 36MG OSM	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 36 MG	$0 Behav Health		X		
METHYLPHENID TAB 54MG DIF	METHYLPHENIDATE HCL TAB ER DIFFUSION 54 MG	$0 Behav Health		X		
METHYLPHENID TAB 54MG OSM	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 54 MG	$0 Behav Health		X		
METHYLPHENID TAB 5MG	METHYLPHENIDATE HCL TAB 5 MG	$0 Behav Health				
ONYDA XR SUS 0.1MG/ML	CLONIDINE HCL EXTENDED RELEASE SUSP 0.1 MG/ML	$0 Behav Health		X		
Benign prostatic hypertrophy agents - Prostate drugs						
ALFUZOSIN TAB 10MG ER	ALFUZOSIN HCL TAB ER 24HR 10 MG	Tier 1				
CARDURA XL TAB 4MG	DOXAZOSIN MESYLATE TAB ER 24 HR 4 MG (BASE EQUIV)	Tier 3				
CARDURA XL TAB 8MG	DOXAZOSIN MESYLATE TAB ER 24 HR 8 MG (BASE EQUIV)	Tier 3				
DUTASTERIDE CAP 0.5MG	DUTASTERIDE CAP 0.5 MG	Tier 2				
FINASTERIDE TAB 5MG	FINASTERIDE TAB 5 MG	Tier 1				
SILODOSIN CAP 4MG	SILODOSIN CAP 4 MG	Tier 3				
SILODOSIN CAP 8MG	SILODOSIN CAP 8 MG	Tier 3				
TADALAFIL TAB 2.5MG	TADALAFIL TAB 2.5 MG	Tier 2		X		
TADALAFIL TAB 5MG	TADALAFIL TAB 5 MG	Tier 2		X		
TAMSULOSIN CAP 0.4MG	TAMSULOSIN HCL CAP 0.4 MG	Tier 1				
TERAZOSIN CAP 10MG	TERAZOSIN HCL CAP 10 MG (BASE EQUIVALENT)	Tier 1				
TERAZOSIN CAP 1MG	TERAZOSIN HCL CAP 1 MG (BASE EQUIVALENT)	Tier 1				
TERAZOSIN CAP 2MG	TERAZOSIN HCL CAP 2 MG (BASE EQUIVALENT)	Tier 1				
TERAZOSIN CAP 5MG	TERAZOSIN HCL CAP 5 MG (BASE EQUIVALENT)	Tier 1				
Benzodiazepines - Anxiety drugs						
ALPRAZOLAM CON 1 MG/ML	ALPRAZOLAM CONC 1 MG/ML	$0 Behav Health				
ALPRAZOLAM TAB 0.25 ODT	ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG	$0 Behav Health				
ALPRAZOLAM TAB 0.25MG	ALPRAZOLAM TAB 0.25 MG	$0 Behav Health				
ALPRAZOLAM TAB 0.5MG	ALPRAZOLAM TAB 0.5 MG	$0 Behav Health				
ALPRAZOLAM TAB 0.5MG ER	ALPRAZOLAM TAB ER 24HR 0.5 MG	$0 Behav Health				
ALPRAZOLAM TAB 0.5MG OD	ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG	$0 Behav Health				
ALPRAZOLAM TAB 0.5MG XR	ALPRAZOLAM TAB ER 24HR 0.5 MG	$0 Behav Health				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
ALPRAZOLAM TAB 1MG	ALPRAZOLAM TAB 1 MG	$0 Behav Health				
ALPRAZOLAM TAB 1MG ER	ALPRAZOLAM TAB ER 24HR 1 MG	$0 Behav Health				
ALPRAZOLAM TAB 1MG ODT	ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG	$0 Behav Health				
ALPRAZOLAM TAB 1MG XR	ALPRAZOLAM TAB ER 24HR 1 MG	$0 Behav Health				
ALPRAZOLAM TAB 2MG	ALPRAZOLAM TAB 2 MG	$0 Behav Health				
ALPRAZOLAM TAB 2MG ER	ALPRAZOLAM TAB ER 24HR 2 MG	$0 Behav Health				
ALPRAZOLAM TAB 2MG ODT	ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG	$0 Behav Health				
ALPRAZOLAM TAB 2MG XR	ALPRAZOLAM TAB ER 24HR 2 MG	$0 Behav Health				
ALPRAZOLAM TAB 3MG ER	ALPRAZOLAM TAB ER 24HR 3 MG	$0 Behav Health				
ALPRAZOLAM TAB 3MG XR	ALPRAZOLAM TAB ER 24HR 3 MG	$0 Behav Health				
CHLORDIAZEP CAP 10MG	CHLORDIAZEPOXIDE HCL CAP 10 MG	$0 Behav Health				
CHLORDIAZEP CAP 25MG	CHLORDIAZEPOXIDE HCL CAP 25 MG	$0 Behav Health				
CHLORDIAZEP CAP 5MG	CHLORDIAZEPOXIDE HCL CAP 5 MG	$0 Behav Health				
CLONAZEP ODT TAB 0.125MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	$0 Behav Health				
CLONAZEP ODT TAB 0.25MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG	$0 Behav Health				
CLONAZEP ODT TAB 0.5MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG	$0 Behav Health				
CLONAZEP ODT TAB 1MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG	$0 Behav Health				
CLONAZEP ODT TAB 2MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG	$0 Behav Health				
CLONAZEPAM TAB 0.5MG	CLONAZEPAM TAB 0.5 MG	$0 Behav Health				
CLONAZEPAM TAB 1MG	CLONAZEPAM TAB 1 MG	$0 Behav Health				
CLONAZEPAM TAB 2MG	CLONAZEPAM TAB 2 MG	$0 Behav Health				
CLORAZ DIPOT TAB 15MG	CLORAZEPATE DIPOTASSIUM TAB 15 MG	$0 Behav Health				
CLORAZ DIPOT TAB 3.75MG	CLORAZEPATE DIPOTASSIUM TAB 3.75 MG	$0 Behav Health				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
CLORAZ DIPOT TAB 7.5MG	CLORAZEPATE DIPOTASSIUM TAB 7.5 MG	$0 Behav Health				
DIAZEPAM CON 25MG/5ML	DIAZEPAM CONC 5 MG/ML	$0 Behav Health				
DIAZEPAM CON 5MG/ML	DIAZEPAM CONC 5 MG/ML	$0 Behav Health				
DIAZEPAM SOL 5MG/5ML	DIAZEPAM ORAL SOLN 1 MG/ML	$0 Behav Health				
DIAZEPAM TAB 10MG	DIAZEPAM TAB 10 MG	$0 Behav Health				
DIAZEPAM TAB 2MG	DIAZEPAM TAB 2 MG	$0 Behav Health				
DIAZEPAM TAB 5MG	DIAZEPAM TAB 5 MG	$0 Behav Health				
ESTAZOLAM TAB 1MG	ESTAZOLAM TAB 1 MG	Tier 1*				
ESTAZOLAM TAB 2MG	ESTAZOLAM TAB 2 MG	Tier 1*				
HALCION TAB 0.25MG	TRIAZOLAM TAB 0.25 MG	Tier 4				
LORAZEPAM CON 2MG/ML	LORAZEPAM CONC 2 MG/ML	$0 Behav Health				
LORAZEPAM TAB 0.5MG	LORAZEPAM TAB 0.5 MG	$0 Behav Health				
LORAZEPAM TAB 1MG	LORAZEPAM TAB 1 MG	$0 Behav Health				
LORAZEPAM TAB 2MG	LORAZEPAM TAB 2 MG	$0 Behav Health				
MIDAZOLAM SYP 2MG/ML	MIDAZOLAM HCL SYRUP 2 MG/ML (BASE EQUIVALENT)	$0 Behav Health				
OXAZEPAM CAP 10MG	OXAZEPAM CAP 10 MG	$0 Behav Health				
OXAZEPAM CAP 15MG	OXAZEPAM CAP 15 MG	$0 Behav Health				
OXAZEPAM CAP 30MG	OXAZEPAM CAP 30 MG	$0 Behav Health				
TRIAZOLAM TAB 0.125MG	TRIAZOLAM TAB 0.125 MG	Tier 1*				
TRIAZOLAM TAB 0.25MG	TRIAZOLAM TAB 0.25 MG	Tier 1*				
Beta-adrenergic blocking agents - Blood pressure drugs						
ACEBUTOLOL CAP 200MG	ACEBUTOLOL HCL CAP 200 MG	Tier 1				
ACEBUTOLOL CAP 400MG	ACEBUTOLOL HCL CAP 400 MG	Tier 1				
ATENOLOL TAB 100MG	ATENOLOL TAB 100 MG	Tier 1				
ATENOLOL TAB 25MG	ATENOLOL TAB 25 MG	Tier 1				
ATENOLOL TAB 50MG	ATENOLOL TAB 50 MG	Tier 1				
BETAXOLOL TAB 10MG	BETAXOLOL HCL TAB 10 MG	Tier 1				
BETAXOLOL TAB 20MG	BETAXOLOL HCL TAB 20 MG	Tier 1				
BISOPROL FUM TAB 10MG	BISOPROLOL FUMARATE TAB 10 MG	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
BISOPROL FUM TAB 2.5MG	BISOPROLOL FUMARATE TAB 2.5 MG	Tier 1				
BISOPROL FUM TAB 5MG	BISOPROLOL FUMARATE TAB 5 MG	Tier 1				
CARVEDILOL TAB 12.5MG	CARVEDILOL TAB 12.5 MG	Tier 1				
CARVEDILOL TAB 25MG	CARVEDILOL TAB 25 MG	Tier 1				
CARVEDILOL TAB 3.125MG	CARVEDILOL TAB 3.125 MG	Tier 1				
CARVEDILOL TAB 6.25MG	CARVEDILOL TAB 6.25 MG	Tier 1				
KAPSPARGO CAP 100MG	METOPROLOL SUCC CAP ER 24HR SPRINKLE 100 MG (TARTRATE EQUIV)	Tier 4				
KAPSPARGO CAP 200MG	METOPROLOL SUCC CAP ER 24HR SPRINKLE 200 MG (TARTRATE EQUIV)	Tier 4				
KAPSPARGO CAP 25MG	METOPROLOL SUCC CAP ER 24HR SPRINKLE 25 MG (TARTRATE EQUIV)	Tier 4				
KAPSPARGO CAP 50MG	METOPROLOL SUCC CAP ER 24HR SPRINKLE 50 MG (TARTRATE EQUIV)	Tier 4				
LABETALOL TAB 100MG	LABETALOL HCL TAB 100 MG	Tier 1				
LABETALOL TAB 200MG	LABETALOL HCL TAB 200 MG	Tier 1				
LABETALOL TAB 300MG	LABETALOL HCL TAB 300 MG	Tier 1				
LABETALOL TAB 400MG	LABETALOL HCL TAB 400 MG	Tier 1				
METOPROL SUC TAB 100MG ER	METOPROLOL SUCCINATE TAB ER 24HR 100 MG (TARTRATE EQUIV)	Tier 2				
METOPROL SUC TAB 200MG ER	METOPROLOL SUCCINATE TAB ER 24HR 200 MG (TARTRATE EQUIV)	Tier 2				
METOPROL SUC TAB 25MG ER	METOPROLOL SUCCINATE TAB ER 24HR 25 MG (TARTRATE EQUIV)	Tier 1				
METOPROL SUC TAB 50MG ER	METOPROLOL SUCCINATE TAB ER 24HR 50 MG (TARTRATE EQUIV)	Tier 2				
METOPROL TAR TAB 100MG	METOPROLOL TARTRATE TAB 100 MG	Tier 1				
METOPROL TAR TAB 25MG	METOPROLOL TARTRATE TAB 25 MG	Tier 1				
METOPROL TAR TAB 50MG	METOPROLOL TARTRATE TAB 50 MG	Tier 1				
NADOLOL TAB 20MG	NADOLOL TAB 20 MG	Tier 1				
NADOLOL TAB 40MG	NADOLOL TAB 40 MG	Tier 1				
NADOLOL TAB 80MG	NADOLOL TAB 80 MG	Tier 1				
NEBIVOLOL TAB 10MG	NEBIVOLOL HCL TAB 10 MG (BASE EQUIVALENT)	Tier 3				
NEBIVOLOL TAB 2.5MG	NEBIVOLOL HCL TAB 2.5 MG (BASE EQUIVALENT)	Tier 3				
NEBIVOLOL TAB 20MG	NEBIVOLOL HCL TAB 20 MG (BASE EQUIVALENT)	Tier 3				
NEBIVOLOL TAB 5MG	NEBIVOLOL HCL TAB 5 MG (BASE EQUIVALENT)	Tier 3				
PINDOLOL TAB 10MG	PINDOLOL TAB 10 MG	Tier 1				
PINDOLOL TAB 5MG	PINDOLOL TAB 5 MG	Tier 1				
PROPRANOLOL CAP 120MG ER	PROPRANOLOL HCL CAP ER 24HR 120 MG	Tier 2				
PROPRANOLOL CAP 160MG ER	PROPRANOLOL HCL CAP ER 24HR 160 MG	Tier 2				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
PROPRANOLOL CAP 60MG ER	PROPRANOLOL HCL CAP ER 24HR 60 MG	Tier 2				
PROPRANOLOL CAP 80MG ER	PROPRANOLOL HCL CAP ER 24HR 80 MG	Tier 2				
PROPRANOLOL SOL 20MG/5ML	PROPRANOLOL HCL ORAL SOLN 20 MG/5ML	Tier 1*				
PROPRANOLOL SOL 40MG/5ML	PROPRANOLOL HCL ORAL SOLN 40 MG/5ML	Tier 1*				
PROPRANOLOL TAB 10MG	PROPRANOLOL HCL TAB 10 MG	Tier 1*				
PROPRANOLOL TAB 20MG	PROPRANOLOL HCL TAB 20 MG	Tier 1*				
PROPRANOLOL TAB 40MG	PROPRANOLOL HCL TAB 40 MG	Tier 1*				
PROPRANOLOL TAB 60MG	PROPRANOLOL HCL TAB 60 MG	Tier 1*				
PROPRANOLOL TAB 80MG	PROPRANOLOL HCL TAB 80 MG	Tier 1*				
TIMOLOL MAL TAB 10MG	TIMOLOL MALEATE TAB 10 MG	Tier 1				
TIMOLOL MAL TAB 20MG	TIMOLOL MALEATE TAB 20 MG	Tier 1				
TIMOLOL MAL TAB 5MG	TIMOLOL MALEATE TAB 5 MG	Tier 1				
Beta-lactam, cephalosporins - Antibiotics						
CEFACLOR CAP 250MG	CEFACLOR CAP 250 MG	Tier 1				
CEFACLOR CAP 500MG	CEFACLOR CAP 500 MG	Tier 1				
CEFACLOR ER TAB 500MG	CEFACLOR MONOHYDRATE TAB ER 12HR 500 MG	Tier 1				
CEFADROXIL CAP 500MG	CEFADROXIL CAP 500 MG	Tier 1				
CEFADROXIL SUS 250/5ML	CEFADROXIL FOR SUSP 250 MG/5ML	Tier 1				
CEFADROXIL SUS 500/5ML	CEFADROXIL FOR SUSP 500 MG/5ML	Tier 1				
CEFADROXIL TAB 1GM	CEFADROXIL TAB 1 GM	Tier 1				
CEFDINIR CAP 300MG	CEFDINIR CAP 300 MG	Tier 1				
CEFDINIR SUS 125/5ML	CEFDINIR FOR SUSP 125 MG/5ML	Tier 1				
CEFDINIR SUS 250/5ML	CEFDINIR FOR SUSP 250 MG/5ML	Tier 1				
CEFIXIME CAP 400MG	CEFIXIME CAP 400 MG	Tier 3‡				
CEFIXIME SUS 100/5ML	CEFIXIME FOR SUSP 100 MG/5ML	Tier 3‡				
CEFIXIME SUS 200/5ML	CEFIXIME FOR SUSP 200 MG/5ML	Tier 3‡				
CEFIXIME TAB 400MG	CEFIXIME TAB 400 MG	Tier 4‡				
CEFPODO PROX SUS 100/5ML	CEFPODOXIME PROXETIL FOR SUSP 100 MG/5ML	Tier 1				
CEFPODO PROX SUS 50MG/5ML	CEFPODOXIME PROXETIL FOR SUSP 50 MG/5ML	Tier 1				
CEFPODOXIME TAB 100MG	CEFPODOXIME PROXETIL TAB 100 MG	Tier 1				
CEFPODOXIME TAB 200MG	CEFPODOXIME PROXETIL TAB 200 MG	Tier 1				
CEFPROZIL SUS 125/5ML	CEFPROZIL FOR SUSP 125 MG/5ML	Tier 1				
CEFPROZIL SUS 250/5ML	CEFPROZIL FOR SUSP 250 MG/5ML	Tier 1				
CEFPROZIL TAB 250MG	CEFPROZIL TAB 250 MG	Tier 1				
CEFPROZIL TAB 500MG	CEFPROZIL TAB 500 MG	Tier 1				
CEFUROXIME TAB 250MG	CEFUROXIME AXETIL TAB 250 MG	Tier 1				
CEFUROXIME TAB 500MG	CEFUROXIME AXETIL TAB 500 MG	Tier 1				
CEPHALEXIN CAP 250MG	CEPHALEXIN CAP 250 MG	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
CEPHALEXIN CAP 500MG	CEPHALEXIN CAP 500 MG	Tier 1				
CEPHALEXIN CAP 750MG	CEPHALEXIN CAP 750 MG	Tier 1				
CEPHALEXIN SUS 125/5ML	CEPHALEXIN FOR SUSP 125 MG/5ML	Tier 1				
CEPHALEXIN SUS 250/5ML	CEPHALEXIN FOR SUSP 250 MG/5ML	Tier 1				
CEPHALEXIN TAB 250MG	CEPHALEXIN TAB 250 MG	Tier 1				
CEPHALEXIN TAB 500MG	CEPHALEXIN TAB 500 MG	Tier 1				
Beta-lactam, penicillins - Antibiotics						
AMOX/K CLAV CHW 200/28.5	AMOXICILLIN & K CLAVULANATE CHEW TAB 200-28.5 MG	Tier 1				
AMOX/K CLAV CHW 400/57	AMOXICILLIN & K CLAVULANATE CHEW TAB 400-57 MG	Tier 1				
AMOX/K CLAV CHW 400MG	AMOXICILLIN & K CLAVULANATE CHEW TAB 400-57 MG	Tier 1				
AMOX/K CLAV SUS 200/5ML	AMOXICILLIN & K CLAVULANATE FOR SUSP 200-28.5 MG/5ML	Tier 1				
AMOX/K CLAV SUS 250/5ML	AMOXICILLIN & K CLAVULANATE FOR SUSP 250-62.5 MG/5ML	Tier 1				
AMOX/K CLAV SUS 400/5ML	AMOXICILLIN & K CLAVULANATE FOR SUSP 400-57 MG/5ML	Tier 1				
AMOX/K CLAV SUS 600/5ML	AMOXICILLIN & K CLAVULANATE FOR SUSP 600-42.9 MG/5ML	Tier 1				
AMOX/K CLAV TAB 250-125	AMOXICILLIN & K CLAVULANATE TAB 250-125 MG	Tier 1				
AMOX/K CLAV TAB 500-125	AMOXICILLIN & K CLAVULANATE TAB 500-125 MG	Tier 1				
AMOX/K CLAV TAB 875-125	AMOXICILLIN & K CLAVULANATE TAB 875-125 MG	Tier 1				
AMOXICILLIN CAP 250MG	AMOXICILLIN (TRIHYDRATE) CAP 250 MG	Tier 1‡				
AMOXICILLIN CAP 500MG	AMOXICILLIN (TRIHYDRATE) CAP 500 MG	Tier 1‡				
AMOXICILLIN CHW 125MG	AMOXICILLIN (TRIHYDRATE) CHEW TAB 125 MG	Tier 1‡				
AMOXICILLIN CHW 250MG	AMOXICILLIN (TRIHYDRATE) CHEW TAB 250 MG	Tier 1‡				
AMOXICILLIN SUS 125/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 125 MG/5ML	Tier 1‡				
AMOXICILLIN SUS 200/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 200 MG/5ML	Tier 1‡				
AMOXICILLIN SUS 250/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 250 MG/5ML	Tier 1‡				
AMOXICILLIN SUS 400/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 400 MG/5ML	Tier 1‡				
AMOXICILLIN TAB 500MG	AMOXICILLIN (TRIHYDRATE) TAB 500 MG	Tier 1‡				
AMOXICILLIN TAB 875MG	AMOXICILLIN (TRIHYDRATE) TAB 875 MG	Tier 1‡				
AMPICILLIN CAP 500MG	AMPICILLIN CAP 500 MG	Tier 1				
DICLOXACILL CAP 250MG	DICLOXACILLIN SODIUM CAP 250 MG	Tier 1				
DICLOXACILL CAP 500MG	DICLOXACILLIN SODIUM CAP 500 MG	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
PENICILLN VK SOL 125/5ML	PENICILLIN V POTASSIUM FOR SOLN 125 MG/5ML	Tier 1				
PENICILLN VK SOL 250/5ML	PENICILLIN V POTASSIUM FOR SOLN 250 MG/5ML	Tier 1				
PENICILLN VK TAB 250MG	PENICILLIN V POTASSIUM TAB 250 MG	Tier 1				
PENICILLN VK TAB 500MG	PENICILLIN V POTASSIUM TAB 500 MG	Tier 1				
Blood formation modifiers - Blood formation drugs						
ALVAIZ TAB 18MG	ELTROMBOPAG CHOLINE TAB 18 MG (BASE EQUIV)	Tier 4	X			X
ALVAIZ TAB 36MG	ELTROMBOPAG CHOLINE TAB 36 MG (BASE EQUIV)	Tier 4	X			X
ALVAIZ TAB 54MG	ELTROMBOPAG CHOLINE TAB 54 MG (BASE EQUIV)	Tier 4	X			X
ALVAIZ TAB 9MG	ELTROMBOPAG CHOLINE TAB 9 MG (BASE EQUIV)	Tier 4	X			X
ANAGRELIDE CAP 0.5MG	ANAGRELIDE HCL CAP 0.5 MG	Tier 1				
ANAGRELIDE CAP 1MG	ANAGRELIDE HCL CAP 1 MG	Tier 1				
ARANESP INJ 100MCG	DARBEPOETIN ALFA SOLN INJ 100 MCG/ML	Tier 3		X		X
ARANESP INJ 100MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 100 MCG/0.5ML	Tier 3		X		X
ARANESP INJ 10MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 10 MCG/0.4ML	Tier 3		X		X
ARANESP INJ 150MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 150 MCG/0.3ML	Tier 3		X		X
ARANESP INJ 200MCG	DARBEPOETIN ALFA SOLN INJ 200 MCG/ML	Tier 3		X		X
ARANESP INJ 200MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 200 MCG/0.4ML	Tier 3		X		X
ARANESP INJ 25MCG	DARBEPOETIN ALFA SOLN INJ 25 MCG/ML	Tier 3		X		X
ARANESP INJ 25MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 25 MCG/0.42ML	Tier 3		X		X
ARANESP INJ 300MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 300 MCG/0.6ML	Tier 3		X		X
ARANESP INJ 40MCG	DARBEPOETIN ALFA SOLN INJ 40 MCG/ML	Tier 3		X		X
ARANESP INJ 40MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 40 MCG/0.4ML	Tier 3		X		X
ARANESP INJ 500MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 500 MCG/ML	Tier 3		X		X
ARANESP INJ 60MCG	DARBEPOETIN ALFA SOLN INJ 60 MCG/ML	Tier 3		X		X
ARANESP INJ 60MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 60 MCG/0.3ML	Tier 3		X		X
DOPTELET TAB 20MG	AVATROMBOPAG MALEATE TAB 20 MG (BASE EQUIV)	Tier 4	X	X		X
DOPTELET SPR CAP 10MG	AVATROMBOPAG MALEATE CAP SPRINKLE 10 MG (BASE EQUIV)	Tier 4	X	X		X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
ELTROMBOPAG POW 12.5MG	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 12.5 MG (BASE EQ)	Tier 4	X	X		X
ELTROMBOPAG POW 25MG	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 25 MG (BASE EQUIV)	Tier 4	X	X		X
ELTROMBOPAG TAB 12.5MG	ELTROMBOPAG OLAMINE TAB 12.5 MG (BASE EQUIV)	Tier 4	X			X
ELTROMBOPAG TAB 25MG	ELTROMBOPAG OLAMINE TAB 25 MG (BASE EQUIV)	Tier 4	X			X
ELTROMBOPAG TAB 50MG	ELTROMBOPAG OLAMINE TAB 50 MG (BASE EQUIV)	Tier 4	X			X
ELTROMBOPAG TAB 75MG	ELTROMBOPAG OLAMINE TAB 75 MG (BASE EQUIV)	Tier 4	X			X
EMPAVELI INJ 1080MG	PEGCETACOPLAN SUBCUTANEOUS SOLN 1080 MG/20ML (54 MG/ML)	Tier 3	X	X		X
JESDUVROQ TAB 1MG	DAPRODUSTAT TAB 1 MG	Tier 4	X			
JESDUVROQ TAB 2MG	DAPRODUSTAT TAB 2 MG	Tier 4	X			
JESDUVROQ TAB 4MG	DAPRODUSTAT TAB 4 MG	Tier 4	X			
JESDUVROQ TAB 6MG	DAPRODUSTAT TAB 6 MG	Tier 4	X			
JESDUVROQ TAB 8MG	DAPRODUSTAT TAB 8 MG	Tier 4	X			
LEUKINE INJ 250MCG	SARGRAMOSTIM LYOPHILIZED FOR INJ 250 MCG	Tier 3				X
MOZOBIL INJ	PLERIXAFOR SUBCUTANEOUS INJ 24 MG/1.2ML (20 MG/ML)	Tier 4				X
MULPLETA TAB 3MG	LUSUTROMBOPAG TAB 3 MG	Tier 4	X	X		X
NEULASTA INJ 6/0.6ML	PEGFILGRASTIM SOLN PREFILLED SYRINGE 6 MG/0.6ML	Tier 3				X
NIVESTYM INJ 300/0.5	FILGRASTIM-AAFI SOLN PREFILLED SYRINGE 300 MCG/0.5ML	Tier 3				X
NIVESTYM INJ 300MCG	FILGRASTIM-AAFI INJ 300 MCG/ML	Tier 3				X
NIVESTYM INJ 480/0.8	FILGRASTIM-AAFI SOLN PREFILLED SYRINGE 480 MCG/0.8ML	Tier 3				X
NIVESTYM INJ 480MCG	FILGRASTIM-AAFI INJ 480 MCG/1.6ML (300 MCG/ML)	Tier 3				X
PLERIXAFOR INJ 24/1.2ML	PLERIXAFOR SUBCUTANEOUS INJ 24 MG/1.2ML (20 MG/ML)	Tier 3				X
PROMACTA POW 12.5MG	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 12.5 MG (BASE EQ)	Tier 4	X	X		X
PROMACTA POW 25MG	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 25 MG (BASE EQUIV)	Tier 4	X	X		X
RETACRIT INJ 10000UNT	EPOETIN ALFA-EPBX INJ 10000 UNIT/ML	Tier 3		X		X
RETACRIT INJ 20000UNI	EPOETIN ALFA-EPBX INJ 20000 UNIT/ML	Tier 3				X
RETACRIT INJ 2000UNIT	EPOETIN ALFA-EPBX INJ 2000 UNIT/ML	Tier 3		X		X
RETACRIT INJ 3000UNIT	EPOETIN ALFA-EPBX INJ 3000 UNIT/ML	Tier 3		X		X
RETACRIT INJ 40000UNT	EPOETIN ALFA-EPBX INJ 40000 UNIT/ML	Tier 3		X		X
RETACRIT INJ 4000UNIT	EPOETIN ALFA-EPBX INJ 4000 UNIT/ML	Tier 3		X		X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
UDENYCA INJ 6MG/.6ML	PEGFILGRASTIM-CBQV SOLN PREFILLED SYRINGE 6 MG/0.6ML	Tier 3				X
UDENYCA INJ 6MG/0.6	PEGFILGRASTIM-CBQV SOLN AUTO-INJECTOR 6 MG/0.6ML	Tier 3				X
XOLREMDI CAP 100MG	MAVORIXAFOR CAP 100 MG	Tier 3	X	X		X
ZARXIO INJ 300/0.5	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 300 MCG/0.5ML	Tier 3				X
ZARXIO INJ 480/0.8	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 480 MCG/0.8ML	Tier 3				X
Bronchodilators, anticholinergic - Asthma/Lung drugs						
IPRATROPIUM AER 17MCG	IPRATROPIUM BROMIDE HFA INHAL AEROSOL 17 MCG/ACT	Tier 3		X		
IPRATROPIUM SOL 0.02%INH	IPRATROPIUM BROMIDE INHAL SOLN 0.02%	Tier 1				
IPRATROPIUM SPR 0.03%	IPRATROPIUM BROMIDE NASAL SOLN 0.03% (21 MCG/SPRAY)	Tier 1				
IPRATROPIUM SPR 0.06%	IPRATROPIUM BROMIDE NASAL SOLN 0.06% (42 MCG/SPRAY)	Tier 1				
SPIRIVA CAP HANDIHLR	TIOTROPIUM BROMIDE INHAL CAP 18 MCG (BASE EQUIV)	Tier 2		X		
SPIRIVA RESP AER 1.25MCG	TIOTROPIUM BROMIDE INHAL AEROSOL 1.25 MCG/ACT	Tier 2		X		
SPIRIVA RESP AER 2.5MCG	TIOTROPIUM BROMIDE INHAL AEROSOL 2.5 MCG/ACT	Tier 2		X		
YUPELRI NEB 175/3ML	REVEFENACIN NEBULIZING SOLUTION 175 MCG/3ML	Tier 4	X	X		
Bronchodilators, sympathomimetic - Asthma/Lung drugs						
ALBUTEROL AER HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ ACT (90MCG BASE EQUIV)	Tier 2		X		
ALBUTEROL AER HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ ACT (90MCG BASE EQUIV)	Tier 2		X		
ALBUTEROL AER HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ ACT (90MCG BASE EQUIV)	Tier 2		X		
ALBUTEROL AER HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ ACT (90MCG BASE EQUIV)	Tier 2		X		
ALBUTEROL NEB 0.083%	ALBUTEROL SULFATE SOLN NEBU 0.083% (2.5 MG/3ML)	Tier 1				
ALBUTEROL NEB 0.5%	ALBUTEROL SULFATE SOLN NEBU 0.5% (5 MG/ ML)	Tier 1				
ALBUTEROL NEB 0.5%	ALBUTEROL SULFATE SOLN NEBU 0.5% (5 MG/ ML)	Tier 3				
ALBUTEROL NEB 0.63MG/3	ALBUTEROL SULFATE SOLN NEBU 0.63 MG/3ML (BASE EQUIV)	Tier 1				
ALBUTEROL NEB 1.25MG/3	ALBUTEROL SULFATE SOLN NEBU 1.25 MG/3ML (BASE EQUIV)	Tier 1				
ALBUTEROL SYP 2MG/5ML	ALBUTEROL SULFATE SYRUP 2 MG/5ML	Tier 1				
ALBUTEROL TAB 2MG	ALBUTEROL SULFATE TAB 2 MG	Tier 3	X			

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
ALBUTEROL TAB 4MG	ALBUTEROL SULFATE TAB 4 MG	Tier 3	X			
ARFORMOTEROL NEB 15/2ML	ARFORMOTEROL TARTRATE SOLN NEBU 15 MCG/2ML (BASE EQUIV)	Tier 4		X		
AUVI-Q INJ 0.15MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML (1:1000)	Tier 2		X		
AUVI-Q INJ 0.1MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	Tier 2		X		
AUVI-Q INJ 0.3MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	Tier 2		X		
EPINEPHRINE INJ 0.15MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (1:2000)	Tier 1		X		
EPINEPHRINE INJ 0.15MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML (1:1000)	Tier 1		X		
EPINEPHRINE INJ 0.15MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML (1:1000)	Tier 1		X		
EPINEPHRINE INJ 0.15MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (1:2000)	Tier 1		X		
EPINEPHRINE INJ 0.3MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	Tier 1		X		
EPINEPHRINE INJ 0.3MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	Tier 1		X		
EPINEPHRINE INJ 0.3MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	Tier 1		X		
EPINEPHRINE INJ 0.3MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	Tier 1		X		
EPINEPHRINE INJ 0.3MG	EPINEPHRINE SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML (1:1000)	Tier 2				
LEVALBUTEROL AER 45/ACT	LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV)	Tier 3		X		
LEVALBUTEROL NEB 0.31MG	LEVALBUTEROL HCL SOLN NEBU 0.31 MG/3ML (BASE EQUIV)	Tier 3		X		
LEVALBUTEROL NEB 0.63MG	LEVALBUTEROL HCL SOLN NEBU 0.63 MG/3ML (BASE EQUIV)	Tier 3		X		
LEVALBUTEROL NEB 1.25/0.5	LEVALBUTEROL HCL SOLN NEBU CONC 1.25 MG/0.5ML (BASE EQUIV)	Tier 3		X		
LEVALBUTEROL NEB 1.25MG	LEVALBUTEROL HCL SOLN NEBU 1.25 MG/3ML (BASE EQUIV)	Tier 3		X		
NEFFY SPR 1MG	EPINEPHRINE NASAL SPRAY 1 MG/0.1ML	Tier 4		X		
NEFFY SPR 2MG	EPINEPHRINE NASAL SPRAY 2 MG/0.1ML	Tier 4		X		
SEREVENT DIS AER 50MCG	SALMETEROL XINAFOATE AER POW BA 50 MCG/ ACT (BASE EQUIV)	Tier 2		X		
STRIVERDI AER 2.5MCG	OLODATEROL HCL INHAL AEROSOL SOLN 2.5 MCG/ACT (BASE EQUIV)	Tier 2		X		
TERBUTALINE TAB 2.5MG	TERBUTALINE SULFATE TAB 2.5 MG	Tier 1				
TERBUTALINE TAB 5MG	TERBUTALINE SULFATE TAB 5 MG	Tier 1				

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XOPENEX HFA AER	LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV)	Tier 3		X		
Calcitonin gene-related peptide (CGRP) receptor antagonist - Migraine drugs						
AIMOVIG INJ 140MG/ML	ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG/ML	Tier 3	X	X	X	
AIMOVIG INJ 70MG/ML	ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 70 MG/ML	Tier 3	X	X	X	
EMGALITY INJ 100MG/ML	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN PREFILLED SYR 100 MG/ML	Tier 3	X	X	X	
EMGALITY INJ 120MG/ML	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN AUTO-INJECTOR 120 MG/ML	Tier 3	X	X	X	
EMGALITY INJ 120MG/ML	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN PREFILLED SYR 120 MG/ML	Tier 3	X	X	X	
NURTEC TAB 75MG ODT	RIMEGEPANT SULFATE TAB DISINT 75 MG	Tier 3	X	X	X	
QULIPTA TAB 10MG	ATOGEPANT TAB 10 MG	Tier 3	X	X	X	
QULIPTA TAB 30MG	ATOGEPANT TAB 30 MG	Tier 3	X	X	X	
QULIPTA TAB 60MG	ATOGEPANT TAB 60 MG	Tier 3	X	X	X	
UBRELVY TAB 100MG	UBROGEPANT TAB 100 MG	Tier 3	X	X	X	
UBRELVY TAB 50MG	UBROGEPANT TAB 50 MG	Tier 3	X	X	X	
ZAVZPRET SPR 10MG	ZAVEGEPANT HCL NASAL SPRAY 10 MG/ACT	Tier 4	X	X	X	
Calcium channel blocking agents - Blood pressure drugs						
AMLODIPINE TAB 10MG	AMLODIPINE BESYLATE TAB 10 MG (BASE EQUIVALENT)	Tier 1				
AMLODIPINE TAB 2.5MG	AMLODIPINE BESYLATE TAB 2.5 MG (BASE EQUIVALENT)	Tier 1				
AMLODIPINE TAB 5MG	AMLODIPINE BESYLATE TAB 5 MG (BASE EQUIVALENT)	Tier 1				
CARTIA XT CAP 120/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 120 MG	Tier 2				
CARTIA XT CAP 180/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 180 MG	Tier 2				
CARTIA XT CAP 240/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 240 MG	Tier 2				
CARTIA XT CAP 300/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 300 MG	Tier 2				
DILTIAZEM CAP 120MG ER	DILTIAZEM HCL CAP ER 12HR 120 MG	Tier 1				
DILTIAZEM CAP 120MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 120 MG	Tier 2				
DILTIAZEM CAP 120MG ER	DILTIAZEM HCL CAP ER 24HR 120 MG	Tier 1				
DILTIAZEM CAP 120MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG	Tier 2				
DILTIAZEM CAP 120MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG	Tier 2				
DILTIAZEM CAP 180MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 180 MG	Tier 2				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
DILTIAZEM CAP 180MG ER	DILTIAZEM HCL CAP ER 24HR 180 MG	Tier 1				
DILTIAZEM CAP 180MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG	Tier 2				
DILTIAZEM CAP 180MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG	Tier 2				
DILTIAZEM CAP 240MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 240 MG	Tier 2				
DILTIAZEM CAP 240MG ER	DILTIAZEM HCL CAP ER 24HR 240 MG	Tier 1				
DILTIAZEM CAP 240MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG	Tier 2				
DILTIAZEM CAP 240MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG	Tier 2				
DILTIAZEM CAP 300MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 300 MG	Tier 2				
DILTIAZEM CAP 300MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG	Tier 2				
DILTIAZEM CAP 360MG CD	DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG	Tier 2				
DILTIAZEM CAP 360MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG	Tier 2				
DILTIAZEM CAP 360MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG	Tier 2				
DILTIAZEM CAP 420MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 420 MG	Tier 2				
DILTIAZEM CAP 60MG ER	DILTIAZEM HCL CAP ER 12HR 60 MG	Tier 1				
DILTIAZEM CAP 90MG ER	DILTIAZEM HCL CAP ER 12HR 90 MG	Tier 1				
DILTIAZEM TAB 120MG	DILTIAZEM HCL TAB 120 MG	Tier 1				
DILTIAZEM TAB 120MG ER	DILTIAZEM HCL TAB ER 24HR 120 MG	Tier 2				
DILTIAZEM TAB 240MG ER	DILTIAZEM HCL TAB ER 24HR 240 MG	Tier 2				
DILTIAZEM TAB 300MG ER	DILTIAZEM HCL TAB ER 24HR 300 MG	Tier 2				
DILTIAZEM TAB 30MG	DILTIAZEM HCL TAB 30 MG	Tier 1				
DILTIAZEM TAB 360MG ER	DILTIAZEM HCL TAB ER 24HR 360 MG	Tier 2				
DILTIAZEM TAB 60MG	DILTIAZEM HCL TAB 60 MG	Tier 1				
DILTIAZEM TAB 90MG	DILTIAZEM HCL TAB 90 MG	Tier 1				
DILTIAZEM ER TAB 180MG	DILTIAZEM HCL TAB ER 24HR 180 MG	Tier 2				
DILTIAZEM ER TAB 240MG	DILTIAZEM HCL TAB ER 24HR 240 MG	Tier 2				
DILTIAZEM ER TAB 300MG	DILTIAZEM HCL TAB ER 24HR 300 MG	Tier 2				
DILTIAZEM ER TAB 360MG	DILTIAZEM HCL TAB ER 24HR 360 MG	Tier 2				
DILTIAZEM ER TAB 420MG	DILTIAZEM HCL TAB ER 24HR 420 MG	Tier 2				
DILT-XR CAP 120MG	DILTIAZEM HCL CAP ER 24HR 120 MG	Tier 1				
DILT-XR CAP 180MG	DILTIAZEM HCL CAP ER 24HR 180 MG	Tier 1				
DILT-XR CAP 240MG	DILTIAZEM HCL CAP ER 24HR 240 MG	Tier 1				
FELODIPINE TAB 10MG ER	FELODIPINE TAB ER 24HR 10 MG	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
FELODIPINE TAB 2.5MG ER	FELODIPINE TAB ER 24HR 2.5 MG	Tier 1				
FELODIPINE TAB 5MG ER	FELODIPINE TAB ER 24HR 5 MG	Tier 1				
ISRADIPINE CAP 2.5MG	ISRADIPINE CAP 2.5 MG	Tier 1				
ISRADIPINE CAP 5MG	ISRADIPINE CAP 5 MG	Tier 1				
MATZIM LA TAB 180MG/24	DILTIAZEM HCL TAB ER 24HR 180 MG	Tier 2				
MATZIM LA TAB 240MG/24	DILTIAZEM HCL TAB ER 24HR 240 MG	Tier 2				
MATZIM LA TAB 300MG/24	DILTIAZEM HCL TAB ER 24HR 300 MG	Tier 2				
MATZIM LA TAB 360MG/24	DILTIAZEM HCL TAB ER 24HR 360 MG	Tier 2				
MATZIM LA TAB 420MG/24	DILTIAZEM HCL TAB ER 24HR 420 MG	Tier 2				
NICARDIPINE CAP 20MG	NICARDIPINE HCL CAP 20 MG	Tier 1				
NICARDIPINE CAP 30MG	NICARDIPINE HCL CAP 30 MG	Tier 1				
NIFEDIPINE CAP 10MG	NIFEDIPINE CAP 10 MG	Tier 1				
NIFEDIPINE CAP 20MG	NIFEDIPINE CAP 20 MG	Tier 1				
NIFEDIPINE TAB 30MG ER	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 30 MG	Tier 1				
NIFEDIPINE TAB 30MG ER	NIFEDIPINE TAB ER 24HR 30 MG	Tier 1				
NIFEDIPINE TAB 60MG ER	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 60 MG	Tier 1				
NIFEDIPINE TAB 60MG ER	NIFEDIPINE TAB ER 24HR 60 MG	Tier 1				
NIFEDIPINE TAB 90MG ER	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 90 MG	Tier 1				
NIFEDIPINE TAB 90MG ER	NIFEDIPINE TAB ER 24HR 90 MG	Tier 1				
NIMODIPINE CAP 30MG	NIMODIPINE CAP 30 MG	Tier 1				
NIMODIPINE SOL 60/20ML	NIMODIPINE ORAL SOLN 60 MG/20ML (3 MG/ML)	Tier 2				
NISOLDIPINE TAB 17MG ER	NISOLDIPINE TAB ER 24HR 17 MG	Tier 2				
NISOLDIPINE TAB 20MG ER	NISOLDIPINE TAB ER 24HR 20 MG	Tier 2				
NISOLDIPINE TAB 25.5MG	NISOLDIPINE TAB ER 24HR 25.5 MG	Tier 2				
NISOLDIPINE TAB 30MG ER	NISOLDIPINE TAB ER 24HR 30 MG	Tier 2				
NISOLDIPINE TAB 34MG ER	NISOLDIPINE TAB ER 24HR 34 MG	Tier 2				
NISOLDIPINE TAB 40MG ER	NISOLDIPINE TAB ER 24HR 40 MG	Tier 2				
NISOLDIPINE TAB 8.5MG ER	NISOLDIPINE TAB ER 24HR 8.5 MG	Tier 2				
NORLIQVA SOL 1MG/ML	AMLODIPINE BESYLATE ORAL SOLN 1 MG/ML (BASE EQUIVALENT)	Tier 4	X			
NYMALIZE SOL	NIMODIPINE ORAL SOLN 6 MG/ML	Tier 2				
SULAR TAB 17MG ER	NISOLDIPINE TAB ER 24HR 17 MG	Tier 4				
SULAR TAB 34MG ER	NISOLDIPINE TAB ER 24HR 34 MG	Tier 4				
SULAR TAB 8.5MG ER	NISOLDIPINE TAB ER 24HR 8.5 MG	Tier 4				
TIADYLT CAP 120MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG	Tier 2				
TIADYLT CAP 180MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG	Tier 2				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
TIADYLT CAP 240MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG	Tier 2				
TIADYLT CAP 300MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG	Tier 2				
TIADYLT CAP 360MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG	Tier 2				
TIADYLT CAP 420MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 420 MG	Tier 2				
TIAZAC CAP 120MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG	Tier 4				
TIAZAC CAP 180MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG	Tier 4				
TIAZAC CAP 240MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG	Tier 4				
TIAZAC CAP 300MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG	Tier 4				
TIAZAC CAP 360MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG	Tier 4				
TIAZAC CAP 420MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 420 MG	Tier 4				
VERAPAMIL CAP 100MG ER	VERAPAMIL HCL CAP ER 24HR 100 MG	Tier 3				
VERAPAMIL CAP 120MG ER	VERAPAMIL HCL CAP ER 24HR 120 MG	Tier 1				
VERAPAMIL CAP 120MG SR	VERAPAMIL HCL CAP ER 24HR 120 MG	Tier 1				
VERAPAMIL CAP 180MG ER	VERAPAMIL HCL CAP ER 24HR 180 MG	Tier 1				
VERAPAMIL CAP 180MG SR	VERAPAMIL HCL CAP ER 24HR 180 MG	Tier 1				
VERAPAMIL CAP 200MG ER	VERAPAMIL HCL CAP ER 24HR 200 MG	Tier 3				
VERAPAMIL CAP 240MG ER	VERAPAMIL HCL CAP ER 24HR 240 MG	Tier 1				
VERAPAMIL CAP 240MG SR	VERAPAMIL HCL CAP ER 24HR 240 MG	Tier 1				
VERAPAMIL CAP 300MG ER	VERAPAMIL HCL CAP ER 24HR 300 MG	Tier 3				
VERAPAMIL CAP 360MG SR	VERAPAMIL HCL CAP ER 24HR 360 MG	Tier 1				
VERAPAMIL TAB 120MG	VERAPAMIL HCL TAB 120 MG	Tier 1				
VERAPAMIL TAB 120MG ER	VERAPAMIL HCL TAB ER 120 MG	Tier 1				
VERAPAMIL TAB 180MG ER	VERAPAMIL HCL TAB ER 180 MG	Tier 1				
VERAPAMIL TAB 240MG ER	VERAPAMIL HCL TAB ER 240 MG	Tier 1				
VERAPAMIL TAB 40MG	VERAPAMIL HCL TAB 40 MG	Tier 1				
VERAPAMIL TAB 80MG	VERAPAMIL HCL TAB 80 MG	Tier 1				
VERELAN CAP 120MG SR	VERAPAMIL HCL CAP ER 24HR 120 MG	Tier 4				
VERELAN CAP 180MG SR	VERAPAMIL HCL CAP ER 24HR 180 MG	Tier 4				
VERELAN CAP 240MG SR	VERAPAMIL HCL CAP ER 24HR 240 MG	Tier 4				
VERELAN CAP 360MG SR	VERAPAMIL HCL CAP ER 24HR 360 MG	Tier 4				
VERELAN PM CAP 100MG ER	VERAPAMIL HCL CAP ER 24HR 100 MG	Tier 4				
VERELAN PM CAP 200MG ER	VERAPAMIL HCL CAP ER 24HR 200 MG	Tier 4				
VERELAN PM CAP 300MG ER	VERAPAMIL HCL CAP ER 24HR 300 MG	Tier 4				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
Calcium channel modifying agents - Seizure control drugs						
CELONTIN CAP 300MG	METHSUXIMIDE CAP 300 MG	Tier 4				
ETHOSUXIMIDE CAP 250MG	ETHOSUXIMIDE CAP 250 MG	Tier 1				
ETHOSUXIMIDE SOL 250/5ML	ETHOSUXIMIDE SOLN 250 MG/5ML	Tier 1				
METHSUXIMIDE CAP 300MG	METHSUXIMIDE CAP 300 MG	Tier 2				
ZARONTIN CAP 250MG	ETHOSUXIMIDE CAP 250 MG	Tier 4				
ZARONTIN SOL 250/5ML	ETHOSUXIMIDE SOLN 250 MG/5ML	Tier 4				
ZONISADE SUS 100MG/5	ZONISAMIDE ORAL SUSP 100 MG/5ML (20 MG/ML)	Tier 4	X			
ZONISAMIDE CAP 100MG	ZONISAMIDE CAP 100 MG	Tier 1				
ZONISAMIDE CAP 25MG	ZONISAMIDE CAP 25 MG	Tier 1				
ZONISAMIDE CAP 50MG	ZONISAMIDE CAP 50 MG	Tier 1				
Cardiovascular agents, other						
CAMZYOS CAP 10MG	MAVACAMTEN CAP 10 MG	Tier 4	X	X		X
CAMZYOS CAP 15MG	MAVACAMTEN CAP 15 MG	Tier 4	X	X		X
CAMZYOS CAP 2.5MG	MAVACAMTEN CAP 2.5 MG	Tier 4	X	X		X
CAMZYOS CAP 5MG	MAVACAMTEN CAP 5 MG	Tier 4	X	X		X
LODOCO TAB 0.5MG	COLCHICINE (CARDIOVASCULAR) TAB 0.5 MG	Tier 4		X		
Cardiovascular agents, other - Miscellaneous cardiac drugs						
ACCURETIC TAB 10-12.5	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 4				
ACCURETIC TAB 20-12.5	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 4				
AMILOR/HCTZ TAB 5-50	AMILORIDE & HYDROCHLOROTHIAZIDE TAB 5-50 MG	Tier 1				
AMLOD/BENAZP CAP 10-20MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-20 MG	Tier 1				
AMLOD/BENAZP CAP 10-40MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-40 MG	Tier 1				
AMLOD/BENAZP CAP 2.5-10MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 2.5-10 MG	Tier 1				
AMLOD/BENAZP CAP 5-10MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-10 MG	Tier 1				
AMLOD/BENAZP CAP 5-20MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-20 MG	Tier 1				
AMLOD/BENAZP CAP 5-40MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-40 MG	Tier 1				
AMLOD/OLMESA TAB 10-20MG	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 10-20 MG	Tier 3				
AMLOD/OLMESA TAB 10-40MG	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 10-40 MG	Tier 3				
AMLOD/OLMESA TAB 5-20MG	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 5-20 MG	Tier 3				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
AMLOD/OLMESA TAB 5-40MG	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 5-40 MG	Tier 3				
AMLOD/VALSAR TAB 10-160MG	AMLODIPINE BESYLATE-VALSARTAN TAB 10-160 MG	Tier 2				
AMLOD/VALSAR TAB 10-320MG	AMLODIPINE BESYLATE-VALSARTAN TAB 10-320 MG	Tier 2				
AMLOD/VALSAR TAB 5-160MG	AMLODIPINE BESYLATE-VALSARTAN TAB 5-160 MG	Tier 2				
AMLOD/VALSAR TAB 5-320MG	AMLODIPINE BESYLATE-VALSARTAN TAB 5-320 MG	Tier 2				
ASPRUZYO SPR GRA 1000MG	RANOLAZINE ER GRANULES PACKET 1000 MG	Tier 4	X			
ASPRUZYO SPR GRA 500MG	RANOLAZINE ER GRANULES PACKET 500 MG	Tier 4	X			
ATENOL/CHLOR TAB 100-25MG	ATENOLOL & CHLORTHALIDONE TAB 100-25 MG	Tier 1				
ATENOL/CHLOR TAB 50-25MG	ATENOLOL & CHLORTHALIDONE TAB 50-25 MG	Tier 1				
BENAZEP/HCTZ TAB 10-12.5	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 1				
BENAZEP/HCTZ TAB 20-12.5	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 1				
BENAZEP/HCTZ TAB 20-25MG	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG	Tier 1				
BENAZEP/HCTZ TAB 5-6.25MG	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG	Tier 1				
BISOPRL/HCTZ TAB 10/6.25	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 10-6.25 MG	Tier 1				
BISOPRL/HCTZ TAB 2.5/6.25	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 2.5-6.25 MG	Tier 1				
BISOPRL/HCTZ TAB 5-6.25MG	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG	Tier 1				
CANDESA/HCTZ TAB 16-12.5	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 16-12.5 MG	Tier 3				
CANDESA/HCTZ TAB 32-12.5	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 32-12.5 MG	Tier 3				
CANDESA/HCTZ TAB 32-25MG	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 32-25 MG	Tier 3				
CAPTOPR/HCTZ TAB 25-15MG	CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 25-15 MG	Tier 1				
CAPTOPR/HCTZ TAB 25-25MG	CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 25-25 MG	Tier 1				
CAPTOPR/HCTZ TAB 50-15MG	CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 50-15 MG	Tier 1				
CAPTOPR/HCTZ TAB 50-25MG	CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 50-25 MG	Tier 1				
CORLANOR SOL 5MG/5ML	IVABRADINE HCL ORAL SOLN 5 MG/5ML (BASE EQUIV)	Tier 3	X	X		
CORLANOR TAB 5MG	IVABRADINE HCL TAB 5 MG (BASE EQUIV)	Tier 3	X	X		
CORLANOR TAB 7.5MG	IVABRADINE HCL TAB 7.5 MG (BASE EQUIV)	Tier 3	X	X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
DIGOXIN SOL 50MCG/ML	DIGOXIN ORAL SOLN 0.05 MG/ML	Tier 1				
DIGOXIN TAB 0.0625MG	DIGOXIN TAB 62.5 MCG (0.0625 MG)	Tier 1				
DIGOXIN TAB 0.125MG	DIGOXIN TAB 125 MCG (0.125 MG)	Tier 1				
DIGOXIN TAB 0.25MG	DIGOXIN TAB 250 MCG (0.25 MG)	Tier 1				
DROXIDOPA CAP 100MG	DROXIDOPA CAP 100 MG	Tier 3	X	X		X
DROXIDOPA CAP 200MG	DROXIDOPA CAP 200 MG	Tier 3	X	X		X
DROXIDOPA CAP 300MG	DROXIDOPA CAP 300 MG	Tier 3	X	X		X
ENALAPR/HCTZ TAB 10-25MG	ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 10-25 MG	Tier 1				
ENALAPR/HCTZ TAB 5-12.5MG	ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 5-12.5 MG	Tier 1				
ENTRESTO CAP 15-16MG	SACUBITRIL-VALSARTAN SPRINKLE CAP 15-16 MG	Tier 4		X		
ENTRESTO CAP 6-6MG	SACUBITRIL-VALSARTAN SPRINKLE CAP 6-6 MG	Tier 4		X		
FOSINOP/HCTZ TAB 10/12.5	FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 1				
FOSINOP/HCTZ TAB 20/12.5	FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 1				
IRBESAR/HCTZ TAB 150-12.5	IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 150-12.5 MG	Tier 1				
IRBESAR/HCTZ TAB 300-12.5	IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 300-12.5 MG	Tier 1				
ISOSO/HYDRAL TAB 20-37.5	ISOSORBIDE DINITRATE-HYDRALAZINE HCL TAB 20-37.5 MG	Tier 2				
IVABRADINE TAB 5MG	IVABRADINE HCL TAB 5 MG (BASE EQUIV)	Tier 3	X	X		
IVABRADINE TAB 7.5MG	IVABRADINE HCL TAB 7.5 MG (BASE EQUIV)	Tier 3	X	X		
LANOXIN TAB 0.0625MG	DIGOXIN TAB 62.5 MCG (0.0625 MG)	Tier 4				
LANOXIN TAB 0.125MG	DIGOXIN TAB 125 MCG (0.125 MG)	Tier 3				
LANOXIN TAB 0.25MG	DIGOXIN TAB 250 MCG (0.25 MG)	Tier 3				
LISINOP/HCTZ TAB 10-12.5	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 1				
LISINOP/HCTZ TAB 20-12.5	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 1				
LISINOP/HCTZ TAB 20-25MG	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG	Tier 1				
LOSARTAN/HCT TAB 100-12.5	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-12.5 MG	Tier 1				
LOSARTAN/HCT TAB 100-25	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-25 MG	Tier 1				
LOSARTAN/HCT TAB 50-12.5	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 50-12.5 MG	Tier 1				
LOTENSIN HCT TAB 10-12.5	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 4				
LOTENSIN HCT TAB 20-12.5	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 4				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
LOTENSIN HCT TAB 20-25MG	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG	Tier 4				
METOPRL/HCTZ TAB 100-25MG	METOPROLOL & HYDROCHLOROTHIAZIDE TAB 100-25 MG	Tier 1				
METOPRL/HCTZ TAB 100-50MG	METOPROLOL & HYDROCHLOROTHIAZIDE TAB 100-50 MG	Tier 1				
METOPRL/HCTZ TAB 50-25MG	METOPROLOL & HYDROCHLOROTHIAZIDE TAB 50-25 MG	Tier 1				
METYROSINE CAP 250MG	METYROSINE CAP 250 MG	Tier 3	X			
OLM MED/HCTZ TAB 20-12.5	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 2				
OLM MED/HCTZ TAB 40-12.5	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	Tier 2				
OLM MED/HCTZ TAB 40-25MG	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-25 MG	Tier 2				
PENTOXIFYLLI TAB 400MG ER	PENTOXIFYLLINE TAB ER 400 MG	Tier 1				
QNAPRIL/HCTZ TAB 10-12.5	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 2				
QNAPRIL/HCTZ TAB 20-12.5	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 2				
QNAPRIL/HCTZ TAB 20-25MG	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-25 MG	Tier 2				
RANOLAZINE TAB 1000MG	RANOLAZINE TAB ER 12HR 1000 MG	Tier 2				
RANOLAZINE TAB 500MG ER	RANOLAZINE TAB ER 12HR 500 MG	Tier 2				
SACUB/VALSAR TAB 24-26MG	SACUBITRIL-VALSARTAN TAB 24-26 MG	Tier 2	X	X		
SACUB/VALSAR TAB 49-51MG	SACUBITRIL-VALSARTAN TAB 49-51 MG	Tier 2	X	X		
SACUB/VALSAR TAB 97-103MG	SACUBITRIL-VALSARTAN TAB 97-103 MG	Tier 2	X	X		
SPIRONO/HCTZ TAB 25/25	SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TAB 25-25 MG	Tier 1				
TELMISA/HCTZ TAB 40-12.5	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	Tier 2				
TELMISA/HCTZ TAB 80-12.5	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	Tier 2				
TELMISA/HCTZ TAB 80-25MG	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-25 MG	Tier 2				
TRANDO/VERAP TAB 1-240 ER	TRANDOLAPRIL-VERAPAMIL HCL TAB ER 1-240 MG	Tier 3				
TRANDO/VERAP TAB 2-180 ER	TRANDOLAPRIL-VERAPAMIL HCL TAB ER 2-180 MG	Tier 3				
TRANDO/VERAP TAB 2-240 ER	TRANDOLAPRIL-VERAPAMIL HCL TAB ER 2-240 MG	Tier 3				
TRANDO/VERAP TAB 4-240 ER	TRANDOLAPRIL-VERAPAMIL HCL TAB ER 4-240 MG	Tier 3				
TRIAMT/HCTZ CAP 37.5-25	TRIAMTERENE & HYDROCHLOROTHIAZIDE CAP 37.5-25 MG	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
TRIAMT/HCTZ TAB 37.5-25	TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 37.5-25 MG	Tier 1				
TRIAMT/HCTZ TAB 75-50MG	TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 75-50 MG	Tier 1				
VALSART/HCTZ TAB 160-12.5	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-12.5 MG	Tier 1				
VALSART/HCTZ TAB 160-25MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-25 MG	Tier 1				
VALSART/HCTZ TAB 320-12.5	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-12.5 MG	Tier 1				
VALSART/HCTZ TAB 320-25MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-25 MG	Tier 1				
VALSART/HCTZ TAB 80-12.5	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	Tier 1				
VECAMYL TAB 2.5MG	MECAMYLAMINE HCL TAB 2.5 MG	Tier 4	X			
VYNDAMAX CAP 61MG	TAFAMIDIS CAP 61 MG	Tier 3	X	X		X
VYNDAQEL CAP 20MG	TAFAMIDIS MEGLUMINE (CARDIAC) CAP 20 MG	Tier 3	X	X		X
Central nervous system, other						
DAYBUE SOL 200MG/ML	TROFINETIDE ORAL SOLN 200 MG/ML	$0 Behav Health	X	X		
DAYBUE STIX POW 5000MG	TROFINETIDE ORAL POWDER PACKET 5000 MG	Tier 3	X	X		
DAYBUE STIX POW 6000MG	TROFINETIDE ORAL POWDER PACKET 6000 MG	Tier 3	X	X		
DAYBUE STIX POW 8000MG	TROFINETIDE ORAL POWDER PACKET 8000 MG	Tier 3	X	X		
RELYVRIO PAK 3-1GM	SODIUM PHENYLBUTYRATE-TAURURSODIOL POWD PACK 3-1 GM	Tier 4				X
SKYCLARYS CAP 50MG	OMAVELOXOLONE CAP 50 MG	Tier 3	X	X		X
VYLEESI INJ 1.75/0.3	BREMELANOTIDE ACET SUBCUTANEOUS SOLN AUTO-INJ 1.75 MG/0.3ML	Tier 4	X	X		
Central nervous system, other - Miscellaneous central nervous system drugs						
ADDYI TAB 100MG	FLIBANSERIN TAB 100 MG	Tier 4	X	X		
AUSTEDO TAB 12MG	DEUTETRABENAZINE TAB 12 MG	Tier 3*	X	X		X
AUSTEDO TAB 6MG	DEUTETRABENAZINE TAB 6 MG	Tier 3*	X	X		X
AUSTEDO TAB 9MG	DEUTETRABENAZINE TAB 9 MG	Tier 3*	X	X		X
AUSTEDO XR TAB 12MG	DEUTETRABENAZINE TAB ER 24HR 12 MG	Tier 3	X	X		X
AUSTEDO XR TAB 18MG	DEUTETRABENAZINE TAB ER 24HR 18 MG	Tier 3	X	X		X
AUSTEDO XR TAB 24MG	DEUTETRABENAZINE TAB ER 24HR 24 MG	Tier 3	X	X		X
AUSTEDO XR TAB 30MG	DEUTETRABENAZINE TAB ER 24HR 30 MG	Tier 3	X	X		X
AUSTEDO XR TAB 36MG	DEUTETRABENAZINE TAB ER 24HR 36 MG	Tier 3	X	X		X
AUSTEDO XR TAB 42MG	DEUTETRABENAZINE TAB ER 24HR 42 MG	Tier 3	X	X		X
AUSTEDO XR TAB 48MG	DEUTETRABENAZINE TAB ER 24HR 48 MG	Tier 3	X	X		X
AUSTEDO XR TAB 6MG	DEUTETRABENAZINE TAB ER 24HR 6 MG	Tier 3	X	X		X
AUSTEDO XR TAB TITR KIT	DEUTETRABENAZINE TAB ER TITRATION PACK 12 & 18 & 24 & 30 MG	Tier 3	X	X		X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
CAFFEINE CIT SOL 20MG/ML	CAFFEINE CITRATE ORAL SOLN 60 MG/3ML (10 MG/ML BASE EQUIV)	Tier 1				
CAFFEINE CIT SOL 60MG/3ML	CAFFEINE CITRATE ORAL SOLN 60 MG/3ML (10 MG/ML BASE EQUIV)	Tier 1				
DM/QUINIDINE CAP 20-10MG	DEXTROMETHORPHAN HBR-QUINIDINE SULFATE CAP 20-10 MG	Tier 2	X	X		
INGREZZA CAP 40-80MG	VALBENAZINE TOSYLATE CAP THERAPY PACK 40 MG (7) & 80 MG (21)	Tier 3*	X	X		X
INGREZZA CAP 40MG	VALBENAZINE TOSYLATE CAP 40 MG (BASE EQUIV)	Tier 3*	X	X		X
INGREZZA CAP 40MG	VALBENAZINE TOSYLATE CAPSULE SPRINKLE 40 MG (BASE EQUIV)	Tier 3	X	X		X
INGREZZA CAP 60MG	VALBENAZINE TOSYLATE CAP 60 MG (BASE EQUIV)	Tier 3*	X	X		X
INGREZZA CAP 60MG	VALBENAZINE TOSYLATE CAPSULE SPRINKLE 60 MG (BASE EQUIV)	Tier 3	X	X		X
INGREZZA CAP 80MG	VALBENAZINE TOSYLATE CAP 80 MG (BASE EQUIV)	Tier 3*	X	X		X
INGREZZA CAP 80MG	VALBENAZINE TOSYLATE CAPSULE SPRINKLE 80 MG (BASE EQUIV)	Tier 3	X	X		X
NUEDEXTA CAP 20-10MG	DEXTROMETHORPHAN HBR-QUINIDINE SULFATE CAP 20-10 MG	Tier 2	X	X		
RADICAVA ORS SUS 105/5ML	EDARAVONE ORAL SUSP 105 MG/5ML	Tier 4	X	X		X
RADICAVA ORS SUS STARTER	EDARAVONE ORAL SUSP 105 MG/5ML	Tier 4	X	X		X
RILUZOLE TAB 50MG	RILUZOLE TAB 50 MG	Tier 1				X
TEGLUTIK SUS 50/10ML	RILUZOLE SUSP 50 MG/10ML	Tier 4	X			X
TETRABENAZIN TAB 12.5MG	TETRABENAZINE TAB 12.5 MG	Tier 3	X			X
TETRABENAZIN TAB 25MG	TETRABENAZINE TAB 25 MG	Tier 3	X			X
TIGLUTIK SUS 50/10ML	RILUZOLE SUSP 50 MG/10ML	Tier 4	X			X
Cholinesterase inhibitors - Alzheimer's disease and dementia drugs						
DONEPEZIL TAB 10MG	DONEPEZIL HYDROCHLORIDE TAB 10 MG	Tier 1				
DONEPEZIL TAB 10MG ODT	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG	Tier 1				
DONEPEZIL TAB 23MG	DONEPEZIL HYDROCHLORIDE TAB 23 MG	Tier 1				
DONEPEZIL TAB 5MG	DONEPEZIL HYDROCHLORIDE TAB 5 MG	Tier 1				
DONEPEZIL TAB 5MG ODT	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG	Tier 1				
DONEPEZIL TAB ODT 10MG	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG	Tier 1				
DONEPEZIL TAB ODT 5MG	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG	Tier 1				
GALANTAMINE CAP 16MG ER	GALANTAMINE HYDROBROMIDE CAP ER 24HR 16 MG	Tier 1				
GALANTAMINE CAP 24MG ER	GALANTAMINE HYDROBROMIDE CAP ER 24HR 24 MG	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
GALANTAMINE CAP 8MG ER	GALANTAMINE HYDROBROMIDE CAP ER 24HR 8 MG	Tier 1				
GALANTAMINE SOL 4MG/ML	GALANTAMINE HYDROBROMIDE ORAL SOLN 4 MG/ML	Tier 1				
GALANTAMINE TAB 12MG	GALANTAMINE HYDROBROMIDE TAB 12 MG	Tier 1				
GALANTAMINE TAB 4MG	GALANTAMINE HYDROBROMIDE TAB 4 MG	Tier 1				
GALANTAMINE TAB 8MG	GALANTAMINE HYDROBROMIDE TAB 8 MG	Tier 1				
RIVASTIGMINE CAP 1.5MG	RIVASTIGMINE TARTRATE CAP 1.5 MG (BASE EQUIVALENT)	Tier 1				
RIVASTIGMINE CAP 3MG	RIVASTIGMINE TARTRATE CAP 3 MG (BASE EQUIVALENT)	Tier 1				
RIVASTIGMINE CAP 4.5MG	RIVASTIGMINE TARTRATE CAP 4.5 MG (BASE EQUIVALENT)	Tier 1				
RIVASTIGMINE CAP 6MG	RIVASTIGMINE TARTRATE CAP 6 MG (BASE EQUIVALENT)	Tier 1				
RIVASTIGMINE DIS 13.3/24	RIVASTIGMINE TD PATCH 24HR 13.3 MG/24HR	Tier 3				
RIVASTIGMINE DIS 4.6MG/24	RIVASTIGMINE TD PATCH 24HR 4.6 MG/24HR	Tier 3				
RIVASTIGMINE DIS 9.5MG/24	RIVASTIGMINE TD PATCH 24HR 9.5 MG/24HR	Tier 3				
Cystic fibrosis agents - Drugs to treat cystic fibrosis						
KALYDECO GRA 13.4MG	IVACAFTOR PACKET 13.4 MG	Tier 3	X	X		X
KALYDECO GRA 5.8MG	IVACAFTOR PACKET 5.8 MG	Tier 3	X	X		X
KALYDECO PAK 25MG	IVACAFTOR PACKET 25 MG	Tier 3	X	X		X
KALYDECO PAK 50MG	IVACAFTOR PACKET 50 MG	Tier 3	X	X		X
KALYDECO PAK 75MG	IVACAFTOR PACKET 75 MG	Tier 3	X	X		X
ORKAMBI GRA 100-125	LUMACAFTOR-IVACAFTOR GRANULES PACKET 100-125 MG	Tier 2	X	X		X
ORKAMBI GRA 150-188	LUMACAFTOR-IVACAFTOR GRANULES PACKET 150-188 MG	Tier 2	X	X		X
ORKAMBI GRA 75-94MG	LUMACAFTOR-IVACAFTOR GRANULES PACKET 75-94 MG	Tier 2	X	X		X
ORKAMBI TAB 100-125	LUMACAFTOR-IVACAFTOR TAB 100-125 MG	Tier 3	X	X		X
ORKAMBI TAB 200-125	LUMACAFTOR-IVACAFTOR TAB 200-125 MG	Tier 3	X	X		X
SYMDEKO TAB 100-150	TEZACAFTOR-IVACAFTOR 100-150 MG & IVACAFTOR 150 MG TAB TBPK	Tier 3	X	X		X
SYMDEKO TAB 50-75MG	TEZACAFTOR-IVACAFTOR 50-75 MG & IVACAFTOR 75 MG TAB TBPK	Tier 3	X	X		X
TOBRAMYCIN NEB 300/4ML	TOBRAMYCIN NEBU SOLN 300 MG/4ML	Tier 3	X	X		X
TRIKAFTA PAK 59.5MG	ELEXACAF-TEZACAF-IVACAF 80-40-60 MG& IVACAF 59.5MG THPK GRAN	Tier 3	X	X		X
TRIKAFTA PAK 75MG	ELEXACAF-TEZACAF-IVACAF 100-50-75 MG& IVACAF 75MG THPK GRAN	Tier 3	X	X		X
TRIKAFTA TAB	ELEXACAF-TEZACAF-IVACAF 50-25-37.5 MG & IVACAFTOR 75 MG TBPK	Tier 3	X	X		X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
TRIKAFTA TAB	ELEXACAF-TEZACAF-IVACAF 100-50-75 MG &IVACAFTOR 150 MG TBPK	Tier 3	X	X		X
Dental and oral agents						
DEBACTEROL SOL 30-50%	SULFURIC ACID-SULFONATED PHENOLICS SOLN 30-50%	Tier 2				
Dental and oral agents - Drugs to treat mouth and throat conditions						
AQUORAL SPR	ARTIFICIAL SALIVA - SOLUTION	Tier 3	X			
AQUORAL SPR	ARTIFICIAL SALIVA - SOLUTION	Tier 3				
CAPHOSOL SOL	ARTIFICIAL SALIVA - SOLUTION	Tier 3				
CEVIMELINE CAP 30MG	CEVIMELINE HCL CAP 30 MG	Tier 1				
CHLORHEX GLU SOL 0.12%	CHLORHEXIDINE GLUCONATE SOLN 0.12%	Tier 1				
CLINPRO 5000 PST 1.1%	SODIUM FLUORIDE PASTE 1.1%	Tier 3				
DENTA 5000 CRE PLUS	SODIUM FLUORIDE CREAM 1.1%	Tier 4				
DENTA 5000 CRE PLUS 2PK	SODIUM FLUORIDE CREAM 1.1%	Tier 4				
DENTA 5000 GEL PLUS SEN	SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%	Tier 3				
DENTAGEL GEL 1.1%	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 4				
EASYGEL GEL 0.4%	STANNOUS FLUORIDE GEL 0.4%	Tier 3				
EASYGEL GEL 0.4%CHRY	STANNOUS FLUORIDE GEL 0.4%	Tier 3				
EASYGEL GEL 0.4%CITR	STANNOUS FLUORIDE GEL 0.4%	Tier 3				
EASYGEL GEL 0.4%MINT	STANNOUS FLUORIDE GEL 0.4%	Tier 3				
FLUORID SENS GEL 1.1-5%	SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%	Tier 3				
FLUORIDEX CON DLY REN	STANNOUS FLUORIDE CONC 0.63%	Tier 3				
FLUORIDEX PST 1.1%	SODIUM FLUORIDE PASTE 1.1%	Tier 3				
FLUORMX 5000 GEL SENSITIV	SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%	Tier 3				
FLUORMX 5000 PST 1.1%	SODIUM FLUORIDE PASTE 1.1%	Tier 3				
FRAICHE 5000 GEL 1.1%	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 4				
JUST RIGHT PST 5000	SODIUM FLUORIDE PASTE 1.1%	Tier 3				
KOURZEQ PST 0.1%	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%	Tier 2				
MUCOSITISRX POW	ARTIFICIAL SALIVA - PACKET	Tier 3				
NA FL/K NITR GEL 1.1-5%	SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%	Tier 1				
ORALONE DENT PST 0.1%	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%	Tier 2				
PERIDEX SOL 0.12%	CHLORHEXIDINE GLUCONATE SOLN 0.12%	Tier 4				
PERIOGARD SOL 0.12%	CHLORHEXIDINE GLUCONATE SOLN 0.12%	Tier 1				
PILOCARPINE TAB 5MG	PILOCARPINE HCL TAB 5 MG	Tier 1				
PILOCARPINE TAB 7.5MG	PILOCARPINE HCL TAB 7.5 MG	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
PREVDNT 5000 CRE 1.1% PLS	SODIUM FLUORIDE CREAM 1.1%	Tier 4				
PREVDNT 5000 GEL 1.1% DRY	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 4				
PREVDNT 5000 GEL 1.1-5%	SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%	Tier 3				
PREVDNT 5000 PST 1.1%	SODIUM FLUORIDE PASTE 1.1%	Tier 3				
PREVDNT 5000 PST 1.1% KID	SODIUM FLUORIDE PASTE 1.1%	Tier 3				
PREVIDENT GEL 1.1% BER	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 4				
PREVIDENT GEL 1.1% MIN	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 4				
PREVIDENT SOL 0.2%	SODIUM FLUORIDE RINSE 0.2%	Tier 3				
SALAGEN TAB 5MG	PILOCARPINE HCL TAB 5 MG	Tier 4				
SALAGEN TAB 7.5MG	PILOCARPINE HCL TAB 7.5 MG	Tier 4				
SF GEL 1.1%	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 1				
SF 5000 PLUS CRE 1.1%	SODIUM FLUORIDE CREAM 1.1%	Tier 1				
SOD FLUORIDE GEL 1.1-5%	SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%	Tier 1				
SOD FLUORIDE SOL 0.2%MINT	SODIUM FLUORIDE RINSE 0.2%	Tier 1				
SODIUM FLUOR CRE 1.1%	SODIUM FLUORIDE CREAM 1.1%	Tier 1				
SODIUM FLUOR CRE 5000 PPM	SODIUM FLUORIDE CREAM 1.1%	Tier 1				
SODIUM FLUOR GEL 1.1%	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 1				
SODIUM FLUOR GEL 5000 PPM	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 1				
SODIUM FLUOR PST 5000 PPM	SODIUM FLUORIDE PASTE 1.1%	Tier 1				
TRIAMCINOLON PST 0.1%	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%	Tier 1				
TRIAMCINOLON PST DEN 0.1%	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%	Tier 1				
Dermatitis and pruitus agents						
HYFTOR GEL 0.2%	SIROLIMUS GEL 0.2%	Tier 4	X	X		
Dermatological agents - Drugs to treat skin conditions						
ACCUTANE CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 2				
ACCUTANE CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 2				
ACCUTANE CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 2				
ACCUTANE CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 2				
ACITRETIN CAP 10MG	ACITRETIN CAP 10 MG	Tier 1				
ACITRETIN CAP 17.5MG	ACITRETIN CAP 17.5 MG	Tier 1				
ACITRETIN CAP 25MG	ACITRETIN CAP 25 MG	Tier 1				
ADAPAL/BEN P GEL 0.1-2.5%	ADAPALENE-BENZOYL PEROXIDE GEL 0.1-2.5%	Tier 3		X		
ADBRY INJ 150MG/ML	TRALOKINUMAB-LDRM SUBCUTANEOUS SOLN PREFILLED SYR 150 MG/ML	Tier 3	X	X		X
ADBRY INJ 300/2ML	TRALOKINUMAB-LDRM SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML	Tier 2	X	X		X
AKLIEF CRE 0.005%	TRIFAROTENE CREAM 0.005%	Tier 4	X	X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
AMELUZ GEL 10%	AMINOLEVULINIC ACID HCL GEL 10%	Tier 3				
AMNESTEEM CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 2				
AMNESTEEM CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 2				
AMNESTEEM CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 2				
AMNESTEEM CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 2				
ANALPRAM HC CRE 2.5-1%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 2.5-1%	Tier 4				
ARTISS KIT 10ML	FIBRIN SEALANT COMPONENT KIT 10 ML	Tier 3				
ARTISS KIT 2ML	FIBRIN SEALANT COMPONENT KIT 2 ML	Tier 3				
ARTISS KIT 4ML	FIBRIN SEALANT COMPONENT KIT 4 ML	Tier 3				
ARTISS SOL 10ML	FIBRIN SEALANT COMPONENT SOLUTION	Tier 3				
ARTISS SOL 2ML	FIBRIN SEALANT COMPONENT SOLUTION	Tier 3				
ARTISS SOL 4ML	FIBRIN SEALANT COMPONENT SOLUTION	Tier 3				
AVAR CLEANSE LIQ 10-5%	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 10-5%	Tier 4				
AZELAIC ACID GEL 15%	AZELAIC ACID GEL 15%	Tier 3				
BENZOIN TIN NF	BENZOIN TINCTURE	Tier 1				
BORIC ACID GRA	BORIC ACID GRANULES	Tier 1				
BRIMONIDINE GEL 0.33%	BRIMONIDINE TARTRATE GEL 0.33% (BASE EQUIVALENT)	Tier 3	X	X		
CALCIP/BETAM SUS	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE SUSP 0.005-0.064%	Tier 3		X		
CALCIPOTRIEN CRE 0.005%	CALCIPOTRIENE CREAM 0.005%	Tier 2		X		
CALCIPOTRIEN OIN 0.005%	CALCIPOTRIENE OINT 0.005%	Tier 2				
CALCIPOTRIEN SOL 0.005%	CALCIPOTRIENE SOLN 0.005% (50 MCG/ML)	Tier 1		X		
CALCITRENE OIN 0.005%	CALCIPOTRIENE OINT 0.005%	Tier 3				
CALCITRIOL OIN 3MCG/GM	CALCITRIOL OINT 3 MCG/GM	Tier 1		X		
CLARAVIS CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 2				
CLARAVIS CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 2				
CLARAVIS CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 2				
CLARAVIS CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 2				
CLINDACIN AER 1%	CLINDAMYCIN PHOSPHATE FOAM 1%	Tier 3				
CLINDACIN MIS ETZ 1%	CLINDAMYCIN PHOSPHATE SWAB 1%	Tier 1				
CLINDACIN-P PAD 1%	CLINDAMYCIN PHOSPHATE SWAB 1%	Tier 1				
CLINDAMY/BEN GEL 1.2-5%	CLINDAMYCIN PHOSPH-BENZOYL PEROXIDE (REFRIG) GEL 1.2 (1)-5%	Tier 3		X		
CLINDAMYCIN AER 1%	CLINDAMYCIN PHOSPHATE FOAM 1%	Tier 3				
CLINDAMYCIN GEL 1% 2XDLY	CLINDAMYCIN PHOSPHATE GEL 1% (TWICE-DAILY)	Tier 2		X		
CLINDAMYCIN GEL 1% 2XDLY	CLINDAMYCIN PHOSPHATE GEL 1% (TWICE-DAILY)	Tier 2		X		
CLINDAMYCIN LOT 1%	CLINDAMYCIN PHOSPHATE LOTION 1%	Tier 3				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
CLINDAMYCIN MIS 1%	CLINDAMYCIN PHOSPHATE SWAB 1%	Tier 1				
CLINDAMYCIN SOL 1%	CLINDAMYCIN PHOSPHATE SOLN 1%	Tier 1				
CLOTRIM/BETA CRE 1-0.05%	CLOTRIMAZOLE W/ BETAMETHASONE CREAM 1-0.05%	Tier 1				
CLOTRIM/BETA CRE DIPROP	CLOTRIMAZOLE W/ BETAMETHASONE CREAM 1-0.05%	Tier 1				
CLOTRIM/BETA LOT DIPROP	CLOTRIMAZOLE W/ BETAMETHASONE LOTION 1-0.05%	Tier 1				
COAL TAR SOL 20%	COAL TAR SOLN 20%	Tier 1				
CONDYLOX GEL 0.5%	PODOFILOX GEL 0.5%	Tier 4‡				
CORTANE-B LOT	HYDROCORTISONE-PRAMOXINE-CHLOROXYLENOL LOT 10-10-1MG/ML	Tier 4				
COSENTYX INJ 150MG/ML	SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML	Tier 3	X	X		X
COSENTYX INJ 300DOSE	SECUKINUMAB SUBCUTANEOUS PREF SYR 150 MG/ML (300 MG DOSE)	Tier 3	X	X		X
COSENTYX INJ 75MG/0.5	SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/0.5ML	Tier 3	X	X		X
COSENTYX PEN INJ 150MG/ML	SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG/ML	Tier 3	X	X		X
COSENTYX PEN INJ 300DOSE	SECUKINUMAB SUBCUTANEOUS AUTO-INJ 150 MG/ML (300 MG DOSE)	Tier 3	X	X		X
COSENTYX UNO INJ 300/2ML	SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML	Tier 3	X	X		X
DICLOFENAC GEL 3%	DICLOFENAC SODIUM (ACTINIC KERATOSES) GEL 3%	Tier 2	X	X		
DRYSOL SOL 20%	ALUMINUM CHLORIDE SOLN 20%	Tier 4				
DUPIXENT INJ 200/1.14	DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 200 MG/1.14ML	Tier 3	X	X		X
DUPIXENT INJ 200MG	DUPILUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 200 MG/1.14ML	Tier 3	X	X		X
DUPIXENT INJ 300/2ML	DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG/2ML	Tier 3	X	X		X
DUPIXENT INJ 300/2ML	DUPILUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML	Tier 3	X	X		X
EBGLYSS INJ 250/2ML	LEBRIKIZUMAB-LBKZ SUBCUTANEOUS SOLN AUTO-INJECT 250 MG/2ML	Tier 3	X	X		X
EBGLYSS INJ 250/2ML	LEBRIKIZUMAB-LBKZ SOLUTION PREFILLED SYRINGE 250 MG/2ML	Tier 3	X	X		X
EFUDEX CRE 5%	FLUOROURACIL CREAM 5%	Tier 4				
ENSTILAR AER	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE FOAM 0.005-0.064%	Tier 4		X		
EPIFOAM AER 1%	PRAMOXINE-HC AEROSOL FOAM 1-1%	Tier 2				
ERY PAD 2%	ERYTHROMYCIN PADS 2%	Tier 3				
ERY/BENZOYL GEL 3-5%	BENZOYL PEROXIDE-ERYTHROMYCIN GEL 5-3%	Tier 1		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
ERYGEL GEL 2%	ERYTHROMYCIN GEL 2%	Tier 3				
ERYTHROMYCIN GEL 2%	ERYTHROMYCIN GEL 2%	Tier 1				
ERYTHROMYCIN SOL 2%	ERYTHROMYCIN SOLN 2%	Tier 1				
EUCRISA OIN 2%	CRISABOROLE OINT 2%	Tier 3		X	X	
FINACEA AER 15%	AZELAIC ACID FOAM 15%	Tier 4				
FLUOROURACIL CRE 5%	FLUOROURACIL CREAM 5%	Tier 1				
FLUOROURACIL SOL 2%	FLUOROURACIL SOLN 2%	Tier 1				
FLUOROURACIL SOL 5%	FLUOROURACIL SOLN 5%	Tier 1				
HALUCORT GEL	DERMATOLOGICAL PRODUCTS MISC - GEL	Tier 3	X			
HC PRAMOXINE CRE 2.5-1%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 2.5-1%	Tier 1				
ICOTYDE TAB 200MG	ICOTROKINRA HCL TAB 200 MG	Tier 3	X	X		X
IMIQUIMOD CRE 5%	IMIQUIMOD CREAM 5%	Tier 1‡				
ISOTRETINOIN CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 2				
ISOTRETINOIN CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 2				
ISOTRETINOIN CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 2				
ISOTRETINOIN CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 2				
KLARON LOT 10%	SULFACETAMIDE SODIUM LOTION 10% (ACNE)	Tier 4				
LITFULO CAP 50MG	RITLECITINIB TOSYLATE CAP 50 MG (BASE EQUIV)	Tier 4	X	X		X
METHOXSALEN CAP 10MG	METHOXSALEN RAPID CAP 10 MG	Tier 1				
METHYL SALIC LIQ	METHYL SALICYLATE LIQUID	Tier 1				
MIRVASO GEL 0.33%	BRIMONIDINE TARTRATE GEL 0.33% (BASE EQUIVALENT)	Tier 3	X	X		
NEMLUVIO INJ 30MG	NEMOLIZUMAB-ILTO FOR SUBCUTANEOUS AUTO-INJECTOR 30 MG	Tier 3	X	X		X
NEUAC GEL 1.2-5%	CLINDAMYCIN PHOSPH-BENZOYL PEROXIDE (REFRIG) GEL 1.2 (1)-5%	Tier 3		X		
OVACE PLUS CRE 10%	SULFACETAMIDE SODIUM CREAM 10%	Tier 3				
OVACE PLUS GEL 10% WASH	SULFACETAMIDE SODIUM CLEANSING GEL 10%	Tier 3				
OVACE PLUS LIQ 10% WASH	SULFACETAMIDE SODIUM LIQUID 10%	Tier 4				
OVACE PLUS SHA 10%	SULFACETAMIDE SODIUM SHAMPOO 10%	Tier 3				
OVACE WASH LIQ 10%	SULFACETAMIDE SODIUM LIQUID 10%	Tier 4				
PIMECROLIMUS CRE 1%	PIMECROLIMUS CREAM 1%	Tier 3		X		
PODOCON-25 SOL	PODOPHYLLUM RESIN SOLN 25%	Tier 3				
PODOFILOX GEL 0.5%	PODOFILOX GEL 0.5%	Tier 3‡				
PODOFILOX SOL 0.5%	PODOFILOX SOLN 0.5%	Tier 1‡				
PRAMOSONE CRE 1-1%	PRAMOXINE-HC CREAM 1-1%	Tier 2				
PRAMOSONE LOT 1%	PRAMOXINE-HC LOTION 1-1%	Tier 2				
PRAMOSONE LOT 1-1%	PRAMOXINE-HC LOTION 1-1%	Tier 2				
PRAMOSONE LOT 2.5%	PRAMOXINE-HC LOTION 1-2.5%	Tier 2				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
PYROGALL ACD OIN	PYROGALLOL-CHLOROBUTANOL OINT 25-2%	Tier 2				
REGRANEX GEL 0.01%	BECAPLERMIN GEL 0.01%	Tier 2	X			
SANTYL OIN 250/GM	COLLAGENASE OINT 250 UNIT/GM	Tier 4		X		
SELENIUM SUL LOT 2.5%	SELENIUM SULFIDE LOTION 2.5%	Tier 1				
SOD SUL/SULF CRE 10-2%	SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-2%	Tier 1				
SOD SUL/SULF CRE 10-5%	SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-5%	Tier 1				
SOD SUL/SULF EMU 10-5%	SULFACETAMIDE SODIUM-SULFUR IN UREA EMULSION 10-5%	Tier 1				
SOD SUL/SULF LIQ 10-5%	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 10-5%	Tier 1				
SOD SUL/SULF LIQ 9-4%	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9-4%	Tier 1				
SOD SUL/SULF LIQ WASH	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9-4%	Tier 1				
SOD SUL/SULF LOT 10-5%	SULFACETAMIDE SODIUM W/ SULFUR LOTION 10-5%	Tier 1				
SOD SUL/SULF SUS 10-5%	SULFACETAMIDE SODIUM W/ SULFUR SUSP 10-5%	Tier 1				
SOD SULFACET GEL 10%	SULFACETAMIDE SODIUM CLEANSING GEL 10%	Tier 1				
SOD SULFACET SHA 10%	SULFACETAMIDE SODIUM SHAMPOO 10%	Tier 1				
SODIUM SULFA LIQ 10% WASH	SULFACETAMIDE SODIUM LIQUID 10%	Tier 1				
SOOLANTRA CRE 1%	IVERMECTIN CREAM 1%	Tier 4		X		
SPEVIGO INJ 150/1ML	SPESOLIMAB-SBZO SUBCUTANEOUS SOLN PREF SYR 150 MG/ML	Tier 4	X	X		X
SPEVIGO INJ 300/2ML	SPESOLIMAB-SBZO SUBCUTANEOUS SOLN PREF SYR 300 MG/2ML	Tier 4	X	X		X
SSS CRE 10%-5%	SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-5%	Tier 1				
SSS 10-5 AER 10-5%	SULFACETAMIDE SODIUM W/ SULFUR FOAM 10-5%	Tier 4				
STARJEMZA INJ 45/0.5ML	USTEKINUMAB-HMNY SOLN PREFILLED SYRINGE 45 MG/0.5ML	Tier 3	X	X		X
STARJEMZA INJ 45/0.5ML	USTEKINUMAB-HMNY SUBCUTANEOUS SOLN 45 MG/0.5ML	Tier 3	X	X		X
STARJEMZA INJ 90MG/ML	USTEKINUMAB-HMNY SOLN PREFILLED SYRINGE 90 MG/ML	Tier 3	X	X		X
STEQEYMA INJ 45/0.5ML	USTEKINUMAB-STBA SOLN PREFILLED SYRINGE 45 MG/0.5ML	Tier 3	X	X		X
STEQEYMA INJ 45/0.5ML	USTEKINUMAB-STBA SUBCUTANEOUS SOLN 45 MG/0.5ML	Tier 2				X
STEQEYMA INJ 90MG/ML	USTEKINUMAB-STBA SOLN PREFILLED SYRINGE 90 MG/ML	Tier 3	X	X		X
SULFACETAMID LOT 10%	SULFACETAMIDE SODIUM LOTION 10% (ACNE)	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
TACROLIMUS OIN 0.03%	TACROLIMUS OINT 0.03%	Tier 2		X		
TACROLIMUS OIN 0.1%	TACROLIMUS OINT 0.1%	Tier 2		X		
TAZAROTENE CRE 0.05%	TAZAROTENE CREAM 0.05%	Tier 3	X	X		
TAZAROTENE CRE 0.1%	TAZAROTENE CREAM 0.1%	Tier 3	X	X		
TAZAROTENE GEL 0.05%	TAZAROTENE GEL 0.05%	Tier 3	X	X		
TAZAROTENE GEL 0.1%	TAZAROTENE GEL 0.1%	Tier 3	X	X		
TISSEEL KIT 10ML	FIBRIN SEALANT COMPONENT KIT 10 ML	Tier 3				
TISSEEL KIT 2ML	FIBRIN SEALANT COMPONENT KIT 2 ML	Tier 3				
TISSEEL KIT 4ML	FIBRIN SEALANT COMPONENT KIT 4 ML	Tier 3				
TREMFYA INJ 100MG/ML	GUSELKUMAB SOLN PREFILLED SYRINGE 100 MG/ML	Tier 3	X	X		X
TREMFYA INJ 100MG/ML	GUSELKUMAB SOLN AUTO-INJECTOR 100 MG/ML	Tier 3	X	X		X
TREMFYA INJ 100MG/ML	GUSELKUMAB SOLN PEN-INJECTOR 100 MG/ML	Tier 3	X	X		X
TREMFYA INJ 200/2ML	GUSELKUMAB SOLN AUTO-INJECTOR 200 MG/2ML	Tier 3	X	X		X
TREMFYA INJ 200/2ML	GUSELKUMAB SOLN PREFILLED SYRINGE 200 MG/2ML	Tier 3	X	X		X
TRETINOIN CRE 0.025%	TRETINOIN CREAM 0.025%	Tier 3		X		
TRETINOIN CRE 0.05%	TRETINOIN CREAM 0.05%	Tier 3		X		
TRETINOIN CRE 0.1%	TRETINOIN CREAM 0.1%	Tier 3		X		
TRILITAS GEL 0.1%	TAZAROTENE GEL 0.1%	Tier 3	X	X		
VIT C BRIGHT DRO 10%	EMOLLIENT - LIQUID	Tier 3				
VIT C BRIGHT DRO 15%	EMOLLIENT - LIQUID	Tier 3				
VTAMA CRE 1%	TAPINAROF CREAM 1%	Tier 4	X	X		
WEZLANA INJ 45/0.5ML	USTEKINUMAB-AUUB INJ 45 MG/0.5ML	Tier 3	X	X		X
WEZLANA INJ 45/0.5ML	USTEKINUMAB-AUUB SOLN PREFILLED SYRINGE 45 MG/0.5ML	Tier 3	X	X		X
WEZLANA INJ 90MG/ML	USTEKINUMAB-AUUB SOLN PREFILLED SYRINGE 90 MG/ML	Tier 3	X	X		X
YESINTEK INJ 45/0.5ML	USTEKINUMAB-KFCE SOLN PREFILLED SYRINGE 45 MG/0.5ML	Tier 3	X	X		X
YESINTEK INJ 45/0.5ML	USTEKINUMAB-KFCE SUBCUTANEOUS SOLN 45 MG/0.5ML	Tier 3	X	X		X
YESINTEK INJ 90MG/ML	USTEKINUMAB-KFCE SOLN PREFILLED SYRINGE 90 MG/ML	Tier 3	X	X		X
ZACLIR LOT 8%	BENZOYL PEROXIDE LOTION 8%	Tier 3				
ZENATANE CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 2				
ZENATANE CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 2				
ZENATANE CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 2				
ZENATANE CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 2				
ZORYVE CRE 0.05%	ROFLUMILAST CREAM 0.05%	Tier 4	X	X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
ZORYVE CRE 0.15%	ROFLUMILAST CREAM 0.15%	Tier 4	X	X		
ZORYVE CRE 0.3%	ROFLUMILAST CREAM 0.3%	Tier 4	X	X		
Dermatological agents - Skin agents						
ANZUPGO CRE 2%	DELGOCITINIB CREAM 20 MG/GM (2%)	Tier 4	X	X		X
B & C OIN	BALSAM PERU-CASTOR OIL OINT	Tier 3				
BALSAM PERU/ OIN CASTOR	BALSAM PERU-CASTOR OIL OINT	Tier 1				
CIBINQO TAB 100MG	ABROCITINIB TAB 100 MG	Tier 3	X	X		X
CIBINQO TAB 200MG	ABROCITINIB TAB 200 MG	Tier 3	X	X		X
CIBINQO TAB 50MG	ABROCITINIB TAB 50 MG	Tier 3	X	X		X
DERPIXA GEL	WOUND DRESSINGS - GEL	Tier 3	X			
FILSUVEZ GEL 10%	BIRCH TRITERPENES GEL 10%	Tier 4	X	X		X
GORDOFILM SOL	SALICYLIC & LACTIC ACIDS SOLN 16.7-16.7%	Tier 2				
HAPRODERM GEL	WOUND DRESSINGS - GEL	Tier 3				
HYDRO 40 AER FOAM	UREA FOAM 40%	Tier 3				
INOVA KIT 4%	BENZOYL PEROXIDE PAD 4% & VITAMIN E TOPICAL 5% KIT	Tier 4				
INOVA KIT 8%	BENZOYL PEROXIDE PAD 8% & VITAMIN E TOPICAL 5% KIT	Tier 4				
INOVA 4/1 KIT ACNE CON	BENZOYL PEROX PAD 4% & SALICYLIC AC PAD 1% & VIT E 5% KIT	Tier 3				
INOVA 8/2 KIT ACNE CON	BENZOYL PEROX PAD 8% & SALICYLIC AC PAD 2% & VIT E 5% KIT	Tier 3				
KERAGEL GEL WOUND	WOUND DRESSINGS - GEL	Tier 3	X			
KERAGELT GEL	WOUND DRESSINGS - GEL	Tier 3	X			
KLISYRI OIN 1% (250)	TIRBANIBULIN OINTMENT 1%	Tier 4		X	X	
KLISYRI OIN 1% (350)	TIRBANIBULIN OINTMENT 1%	Tier 4		X	X	
PRONAL GEL 40-10%	UREA-LACTIC ACID GEL 40-10%	Tier 3				
RADIAPLEXRX GEL	WOUND DRESSINGS - GEL	Tier 3	X			
SALVAX DUO KIT PLUS	SALICYLIC ACID FOAM 6% & UREA IN LACTIC ACID FOAM 35% KIT	Tier 3				
SCALACORT DK KIT	HC LOT 2% & SAL ACID-SULFUR SHAMPOO 2-2% & SHAMPOO KIT	Tier 3				
STRATA GRT GEL	WOUND DRESSINGS - GEL	Tier 3	X			
UREA CRE 20%	UREA CREAM 20%	Tier 1				
UREA CRE 40%	UREA CREAM 40%	Tier 1				
UREA CRE 45%	UREA CREAM 45%	Tier 1				
UREA LOT 40%	UREA LOTION 40%	Tier 1				
UREA NAIL GEL 45%	UREA GEL 45%	Tier 1				
UREMEZ-40 CRE 40%	UREA CREAM 40%	Tier 3				
VENELEX OIN	BALSAM PERU-CASTOR OIL OINT	Tier 3				
XIRUN GEL 40-10%	UREA-LACTIC ACID GEL 40-10%	Tier 3				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
ZACARE KIT KIT 4%	BENZOYL PEROXIDE LOTION 4% & HYALURONATE SODIUM GEL 0.2% KIT	Tier 3				
ZACARE KIT KIT 8%	BENZOYL PEROXIDE LOTION 8% & HYALURONATE SODIUM GEL 0.2% KIT	Tier 3				
ZENPHOR GEL WOUND	WOUND DRESSINGS - GEL	Tier 3				
ZORYVE MIS 0.3%	ROFLUMILAST FOAM 0.3%	Tier 4	X	X		
Diabetes - Glucose monitoring						
ACCU-CHEK KIT FASTCLIX	LANCETS KIT	Tier 1				
ACCU-CHEK KIT GUIDE	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 2		X		
ACCU-CHEK KIT GUIDE ME	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 2		X		
ACCU-CHEK KIT SOFTCLIX	LANCETS KIT	Tier 1				
ACCU-CHEK LIQ GUIDE	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
ACCU-CHEK LIQ SMART	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 1				
ACCU-CHEK SOL	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 1				
ACCU-CHEK TES AVIVA PL	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
ACCU-CHEK TES GUIDE	GLUCOSE BLOOD TEST STRIP	Tier 2		X		
ACCU-CHEK TES SMART	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
ACCUTREND SOL GLUCOSE	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 1				
ACCUTREND TES GLUCOSE	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
ADVANTAGE MIS LANC 28G	LANCETS	Tier 3				
ADVCATE SAFE MIS LANC 21G	LANCETS	Tier 3				
ADVCATE SAFE MIS LANC 23G	LANCETS	Tier 3				
ADVCATE SAFE MIS LANC 28G	LANCETS	Tier 3				
AGAMATRIX TES PRESTO	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
AIMSCO TWIST MIS 32G	LANCETS	Tier 3				
AIMSCO TWIST MIS 33G	LANCETS	Tier 3				
AQINJECT PEN MIS 32GX5/32	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
AQUALANCE MIS 30G	LANCETS	Tier 3				
ASSURE CMFRT MIS 28G	LANCETS	Tier 3				
ASSURE TITAN MIS MONITOR	BLOOD GLUCOSE MONITORING DEVICES	Tier 3		X		
ASSURE TITAN TES STRIPS	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
AUM MINI PEN MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
AUM MINI PEN MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
AUM MINI PEN MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
AUM READYGRD MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
AUTOKEEPER MIS 30GX8MM	INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16")	Tier 2		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
BD PEN NEEDL MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
BD PEN NEEDL MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
BIOTEL CARE TES STRIPS	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
BLOOD GLUCOS KIT MONITOR	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
BLOOD GLUCOS KIT REFILL	BLOOD GLUCOSE MONITORING KIT	Tier 4		X		
BLOOD GLUCOS KIT SYSTEM	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
BLOOD GLUCOS MIS 333	BLOOD GLUCOSE MONITORING DEVICES	Tier 4		X		
BLOOD GLUCOS MIS STRIPS	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
BLOOD GLUCOS TES 333	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
BLOOD GLUCOS TES PREMIUM	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
BLOOD GLUCOS TES STRIPS	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
CAREFINE MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
CAREFINE MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
CAREFINE MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
CARESENS SOL CONTROL	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 2				
CARESENS 30G MIS LANCETS	LANCETS	Tier 3				
CARESENS N KIT PLUS BT	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
CARESENS N MIS FELIZ	BLOOD GLUCOSE MONITORING DEVICES	Tier 3		X		
CARESENS N MIS FELIZ BT	BLOOD GLUCOSE MONITORING DEVICES	Tier 3		X		
CARESENS N MIS MONITOR	BLOOD GLUCOSE MONITORING DEVICES	Tier 3		X		
CARESENS N MIS VOICE	BLOOD GLUCOSE MONITORING DEVICES	Tier 3		X		
CARESENS S LIQ CON A/B	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
CARESENS S MIS FIT	BLOOD GLUCOSE MONITORING DEVICES	Tier 4		X		
CARESENS S MIS FIT BT	BLOOD GLUCOSE MONITORING DEVICES	Tier 4		X		
CARESENS S TES BLD GLUC	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
CARETOUCH KIT SYSTEM	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
CARETOUCH MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
CARETOUCH MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
CARETOUCH MIS LANC 26G	LANCETS	Tier 3				
CARETOUCH MIS LANC 28G	LANCETS	Tier 3				
CARETOUCH MIS LANC 30G	LANCETS	Tier 3				
CARETOUCH MIS TST STRP	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
CARETOUCH MIS TWIST 28	LANCETS	Tier 3				
CARETOUCH MIS TWIST 30	LANCETS	Tier 3				
CARETOUCH MIS TWIST 33	LANCETS	Tier 3				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
CHEMSTRIP TES UGK	URINE GLUCOSE-KETONES TEST STRIPS	Tier 3				
CHEMSTRIP K TES	ACETONE (URINE) TEST STRIP	Tier 2				
CHOSEN MIS 30G	LANCETS	Tier 3				
CHOSEN MIS SAFE 28G	LANCETS	Tier 3				
COAGUCHEK MIS LANCETS	LANCETS	Tier 3				
COMFORT EZ MIS 23G	LANCETS	Tier 3				
COMFORT EZ MIS 28G	LANCETS	Tier 3				
COMFORT EZ MIS 30GX8MM	INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
COMFORT TCH MIS LANC 28G	LANCETS	Tier 3				
COMFORT TCH MIS LANC 30G	LANCETS	Tier 3				
COMFORT TCH MIS LANC 31G	LANCETS	Tier 3				
COMFORT TOUC MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
COMFORT TOUC MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
COMFORT TOUC MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
CONTOUR KIT MONITOR	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
CONTOUR KIT NEXT	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 1		X		
CONTOUR KIT NEXT EZ	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 1		X		
CONTOUR KIT NEXT LNK	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
CONTOUR MIS MONITOR	BLOOD GLUCOSE MONITORING DEVICES	Tier 3		X		
CONTOUR TES BLD GLUC	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
CONTOUR TES NEXT	GLUCOSE BLOOD TEST STRIP	Tier 1		X		
CONTOUR TES NEXT	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
CONTOUR NEXT KIT GEN	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 1		X		
CONTOUR NEXT KIT ONE	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 1		X		
CONTOUR NEXT KIT ONE	BLOOD GLUCOSE MONITORING KIT	Tier 1		X		
CONTOUR NXT KIT LINK 2.4	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
CONTOUR PLUS KIT BLUE	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 1		X		
CONTOUR PLUS LIQ LEVEL 1	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 2				
CONTOUR PLUS LIQ LEVEL 2	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 2				
CONTOUR PLUS TES BLD GLUC	GLUCOSE BLOOD TEST STRIP	Tier 1		X		
CONTROL SOL LIQ LEVEL 2	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
CONTROL SOL LIQ LVL 2/3	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 2				
CVS ADVANCED TES GLUCOSE	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
CVS BLOOD GL MIS METER	BLOOD GLUCOSE MONITORING DEVICES	Tier 3		X		
CVS GLUCOSE TES TEST STR	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
CVS KETONE TES CARE	URINE GLUCOSE-KETONES TEST STRIPS	Tier 2				
CVS LANCETS MIS ORIGINAL	LANCETS	Tier 3				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
CVS LANCETS MIS THIN 26G	LANCETS	Tier 3				
CVS LANCETS MIS THIN 33G	LANCETS	Tier 3				
CVS TRUE MET TES GLUCOSE	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
DEXCOM G6 MIS RECEIVER	CONTINUOUS GLUCOSE SYSTEM RECEIVER	Tier 3	X	X		
DEXCOM G6 MIS SENSOR	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X	X		
DEXCOM G7 MIS RECEIVER	CONTINUOUS GLUCOSE SYSTEM RECEIVER	Tier 3	X	X		
DEXCOM G7 MIS SENSOR	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X	X		
DEXCOM G7 MIS SNSR 15D	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X	X		
DIASTIX TES REAGENT	GLUCOSE URINE TEST-(GLUCOSE OXIDASE) STRIP	Tier 3				
DIASTIX TES STRIPS	GLUCOSE URINE TEST-(GLUCOSE OXIDASE) STRIP	Tier 3				
DROPSAFE MIS LANC 23G	LANCETS	Tier 3				
DROPSAFE MIS LANC 30G	LANCETS	Tier 3				
EASY COMFORT MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
EASY COMFORT MIS LANC 30G	LANCETS	Tier 3				
EASY COMFORT MIS TWIST	LANCETS	Tier 3				
EASY MAX GLC TES STRIP	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
EASY MAX T1 KIT GLUC SYS	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
EASY TOUCH KIT METER	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
EASY TOUCH KIT MONITOR	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
EASY TOUCH LIQ HEALTHPR	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
EASY TOUCH TES STRIPS	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
EASYMAX LIQ NORM/HIG	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
EASYMAX TES	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
EASYMAX 15 LIQ LEVEL2-3	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
EASYMAX 15 SOL LEVEL 2	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
EASYMAX 15 TES	GLUCOSE BLOOD TEST STRIP	Tier 3		X		
EASYMAX NG KIT SYSTEM	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
EASYMAX NG MIS SYSTEM	BLOOD GLUCOSE MONITORING DEVICES	Tier 3		X		
EASYMAX V MIS SYSTEM	BLOOD GLUCOSE MONITORING DEVICES	Tier 3		X		
EMBECTA NANO MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
EMBECTA UF MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
EMBRACE MIS	BLOOD GLUCOSE MONITORING DEVICES	Tier 3		X		
EMBRACE TES BLD GLUC	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
EMBRACE TES BLD GLUC	GLUCOSE BLOOD TEST STRIP	Tier 3		X		
EMBRACE WAVE MIS METER	BLOOD GLUCOSE MONITORING DEVICES	Tier 3		X		
EMBRACE WAVE TES STRIPS	GLUCOSE BLOOD TEST STRIP	Tier 4		X		

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ENLITE GLUCO MIS SENSOR	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X			
FASTCLIX MIS LANCETS	LANCETS	Tier 1				
FINGERSTIX MIS LANCETS	LANCETS	Tier 3				
FORA 6CON TES GTEL	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
FORA TEST GO TES ADV VOIC	KETONE BLOOD TEST STRIP	Tier 3				
FREESTYLE KIT PREC NEO	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
FREESTYLE TES	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
FREESTYLE TES PREC NEO	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
FREESTYLE LB KIT 14D/SEN	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X	X		
FREESTYLE LB KIT 2/SENSOR	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X	X		
FREESTYLE LB KIT 2PLS/SEN	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X	X		
FREESTYLE LB KIT 3/SENSOR	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X	X		
FREESTYLE LB KIT 3PLS/SEN	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X	X		
FREESTYLE LB MIS 14D/RDR	CONTINUOUS GLUCOSE SYSTEM RECEIVER	Tier 3	X	X		
FREESTYLE LB MIS 2/READER	CONTINUOUS GLUCOSE SYSTEM RECEIVER	Tier 3	X	X		
FREESTYLE LB MIS 3/READER	CONTINUOUS GLUCOSE SYSTEM RECEIVER	Tier 3	X	X		
GLUCOCARD TES EXPRESSI	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
GLUCOCARD TES SHINE	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
GLUCOCARD TES VITAL	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
GNP PEN NEED MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
GNP PEN NEED MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
GUARDIAN MIS SENSOR 3	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X	X		
GUARDIAN 4 MIS SENSOR	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X	X		
IHEALTH LIQ CONTROL	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
IHEALTH BLOO TES GLUCOSE	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
INSUPEN MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
INSUPEN32G MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
KETO-DIASTIX TES	URINE GLUCOSE-KETONES TEST STRIPS	Tier 3				
KETONE TES	ACETONE (URINE) TEST STRIP	Tier 2				
KETOSTIX TES STRIP	ACETONE (URINE) TEST STRIP	Tier 2				
LANCET ULTRA MIS THIN 30G	LANCETS	Tier 3				
LANCETS MIS 28G THIN	LANCETS	Tier 3				
LANCETS MIS 30G	LANCETS	Tier 3				
LANCETS MICR MIS THIN 33G	LANCETS	Tier 3				
LANCETS SUPR MIS THIN 28G	LANCETS	Tier 3				
MEDISENSE LIQ GLUC-KET	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
MICRODOT TES	GLUCOSE BLOOD TEST STRIP	Tier 4		X		

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MICRODOT TES XTRA	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
MICROLET MIS LANCETS	LANCETS	Tier 3				
MICROLET NXT MIS LANC 28G	LANCETS	Tier 3				
MINIMED INST MIS SENSOR	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X	X		
MM BLULINK MIS GLUCOSE	BLOOD GLUCOSE MONITORING DEVICES	Tier 3		X		
MM BLULINK TES STRIPS	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
MM TWIST MIS LANCETS	LANCETS	Tier 3				
MOBI CONNECT KIT MONITOR	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
MOBI CONNECT MIS LANCETS	LANCETS	Tier 3				
MOBI CONNECT MIS MONITOR	BLOOD GLUCOSE MONITORING DEVICES	Tier 3		X		
MOBI CONNECT TES STRIPS	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
MOBILE LANCE MIS 30G	LANCETS	Tier 3				
NEUTEK 2TEK SOL CONTROL	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
NEUTEK 2TEK TES STRIPS	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
NOVOFINE MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
NOVOFINE PLS MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
ON CALL TES EXPRESS	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
ON CALL EXPR KIT SYSTEM	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
ONETOUCH KIT ULTRA 2	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
ONETOUCH KIT VERIO FL	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
ONETOUCH KIT VERIO FL	BLOOD GLUCOSE MONITORING DEVICES	Tier 4		X		
ONETOUCH KIT VERIO RE	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
ONETOUCH LIQ ULT CONT	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 1				
ONETOUCH LIQ ULTRA	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 1				
ONETOUCH LIQ VERIO	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 1				
ONETOUCH TES ULT BLUE	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
ONETOUCH TES ULTRA	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
ONETOUCH TES VERIO	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
ONETOUCH DEL MIS LANC DEV	LANCETS	Tier 1				
ONETOUCH DEL MIS PLUS 30G	LANCETS	Tier 1				
ONETOUCH DEL MIS PLUS 30G	LANCETS	Tier 1				
ONETOUCH DEL MIS PLUS 33G	LANCETS	Tier 1				
ONETOUCH DEL MIS PLUS 33G	LANCETS	Tier 1				
ONETOUCH US MIS 2 30G	LANCETS	Tier 1				
OPTIUMEZ TES	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
PEN NEEDLE MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
PEN NEEDLE MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	Tier 2		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
PEN NEEDLE MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
PEN NEEDLES MIS 30GX5/16	INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
PEN NEEDLES MIS 30GX8MM	INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
PEN NEEDLES MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
PEN NEEDLES MIS 32GX5/32	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
PEN NEEDLES MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
PEN NEEDLES MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
PENTIPS MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
PENTIPS MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
PERFECT POIN MIS LANC 28G	LANCETS	Tier 3				
PERFECT POIN MIS LANC 30G	LANCETS	Tier 3				
PIP CONTROL LIQ	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
PRECISION KIT XTRA	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
PRECISION LIQ GLUC/KET	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 2				
PRECISION TES XTRA	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
PRECISN XTRA TES KETONE	KETONE BLOOD TEST STRIP	Tier 3				
PRO COMFORT MIS LANC 30G	LANCETS	Tier 3				
PTS PANELS TES EGLU	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
PURE COMFORT MIS 30G LAN	LANCETS	Tier 3				
PURE COMFORT MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
QUICK TOUCH KIT SYSTEM	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
QUICK TOUCH MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
QUICK TOUCH MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
QUICK TOUCH MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
QUICK TOUCH TES BLD GLUC	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
QUINTET MIS SYSTEM	BLOOD GLUCOSE MONITORING DEVICES	Tier 3		X		
QUINTET TES BLD GLUC	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
QUINTET AC MIS SYSTEM	BLOOD GLUCOSE MONITORING DEVICES	Tier 3		X		
QUINTET AC TES BLD GLUC	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
QUINTET CONT SOL HGH/NORM	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
RELION TES ULTIMA	GLUCOSE BLOOD TEST STRIP	Tier 4		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
RELION PLATN TES GLUCOSE	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
RELION TRUE KIT MET AIR	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
RELION TRUE TES METRIX	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
RELION ULTIM KIT SYSTEM	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
RELION ULTRA MIS THIN 30G	LANCETS	Tier 3				
RIGHTEST TES GT333	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
SAFE-T-PRO MIS LANCETS	LANCETS	Tier 1				
SAFE-T-PRO MIS PLUS	LANCETS	Tier 1				
SAFETY 21G MIS LANCETS	LANCETS	Tier 3				
SAFETY 23G MIS LANCETS	LANCETS	Tier 3				
SAFETY 28G MIS LANCETS	LANCETS	Tier 3				
SENSILANCE MIS 21G	LANCETS	Tier 3				
SENSILANCE MIS 26G	LANCETS	Tier 3				
SENSILANCE MIS 28G	LANCETS	Tier 3				
SIMPLERA MIS SYNC SEN	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X			
SINGLE-LET MIS 23G	LANCETS	Tier 3				
SOFTCLIX MIS LANCETS	LANCETS	Tier 1				
SURE COMFORT MIS 32GX5/32	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
TECHLITE MIS LANC 26G	LANCETS	Tier 3				
TEMPO REFILL KIT	BLOOD GLUCOSE MONITORING KIT	Tier 3		X		
TEMPO WELCOM KIT	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
TOPFINE MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
TRUE COM LAN MIS SAFE 30G	LANCETS	Tier 3				
TRUE COMFORT MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
TRUE FOCUS MIS BLOOD	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
TRUE METRIX KIT AIR	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
TRUE METRIX KIT METER	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 4		X		
TRUE METRIX MIS AIR	BLOOD GLUCOSE MONITORING DEVICES	Tier 3		X		
TRUE METRIX TES GLUCOSE	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
TRUE METRIX TES GLUCOSE	GLUCOSE BLOOD TEST STRIP	Tier 3		X		
TRUE METRIX TES PRO TEST	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
TRUENESS MIS MONITOR	BLOOD GLUCOSE MONITORING DEVICES	Tier 3		X		
TRUENESS TES STRIPS	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
TRUETRACK MIS BLD GLC	BLOOD GLUCOSE MONITORING DEVICES	Tier 3		X		
TRUPLUS LANC MIS 26G	LANCETS	Tier 3				
TRUPLUS LANC MIS 28G	LANCETS	Tier 3				
TRUPLUS LANC MIS 30G	LANCETS	Tier 3				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
TRUPLUS LANC MIS 33G	LANCETS	Tier 3				
TWIST LANCET MIS 30G	LANCETS	Tier 3				
TWIST LANCET MIS 30G MULT	LANCETS	Tier 3				
ULTIGUARD MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
ULTIGUARD MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
ULTRA THIN MIS LANC 28G	LANCETS	Tier 3				
ULTRA THIN MIS LANC 30G	LANCETS	Tier 3				
ULTRA THIN MIS LANCETS	LANCETS	Tier 3				
ULTRA-CARE MIS LANC 30G	LANCETS	Tier 3				
UNIFINE PNTP MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
UNIFINE PROT MIS 30GX8MM	INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
UNIFINE PROT MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
UNIFINE ULTR MIS 32G/6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
UNIFINE ULTR MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
UNILET LANCT MIS 30G	LANCETS	Tier 3				
UNILET LANCT MIS 33G	LANCETS	Tier 3				
UNISTRIP1 TES GENERIC	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
VERIFINE MIS UNIV 28G	LANCETS	Tier 3				
VERIFINE MIS UNIV 30G	LANCETS	Tier 3				
VERIFINE MIS UNIV 33G	LANCETS	Tier 3				
VERIFINE LAN MIS MINI 21G	LANCETS	Tier 3				
VERIFINE LAN MIS MINI 23G	LANCETS	Tier 3				
VERIFINE LAN MIS MINI 28G	LANCETS	Tier 3				
VERIFINE LAN MIS MINI 30G	LANCETS	Tier 3				
VERIFINE PEN MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
VERIFINE PEN MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
VIVAGUARD KIT INO	BLOOD GLUCOSE MONITORING KIT	Tier 3		X		
VIVAGUARD LIQ CONTROL	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
VIVAGUARD MIS 28G	LANCETS	Tier 3				
VIVAGUARD MIS 30G	LANCETS	Tier 3				
VIVAGUARD MIS INO SMRT	BLOOD GLUCOSE MONITORING DEVICES	Tier 3		X		
VIVAGUARD TES INO	GLUCOSE BLOOD TEST STRIP	Tier 4		X		
Diabetic/Endocrine blood: Glucose monitoring						
AUTOLET LANC MIS DEVICE	LANCET DEVICES	Tier 3		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
AUTOLET LITE MIS LANCING	LANCET DEVICES	Tier 3		X		
CARETOUCH MIS EJECTOR	LANCET DEVICES	Tier 3		X		
CHOSEN MIS LANCING	LANCET DEVICES	Tier 3		X		
CVS LANCING MIS DEVICE	LANCET DEVICES	Tier 3		X		
FLOW-EZE MIS VENTED	HYPODERMIC NEEDLES (DISPOSABLE)	Tier 3				
IHEALTH LANC MIS DEVICE	LANCET DEVICES	Tier 3		X		
LANCING MIS DEVICE	LANCET DEVICES	Tier 3		X		
MICROLET MIS NEXT	LANCET DEVICES	Tier 3		X		
MINI LANCING MIS DEVICE	LANCET DEVICES	Tier 3		X		
MM LANCING MIS DEVICE	LANCET DEVICES	Tier 3		X		
MOBI CONNECT MIS LANCING	LANCET DEVICES	Tier 3		X		
ONETOUCH DEL MIS LANC DEV	LANCET DEVICES	Tier 1		X		
TRUEDRAW MIS LANC DEV	LANCET DEVICES	Tier 3		X		
VIVAGUARD MIS LANCING	LANCET DEVICES	Tier 3		X		
Diuretics, carbonic anhydrase inhibitors - Cardiac drugs						
DICHLORPHENA TAB 50MG	DICHLORPHENAMIDE TAB 50 MG	Tier 3	X	X		X
Diuretics, loop - Cardiac drugs						
BUMETANIDE TAB 0.5MG	BUMETANIDE TAB 0.5 MG	Tier 1				
BUMETANIDE TAB 1MG	BUMETANIDE TAB 1 MG	Tier 1				
BUMETANIDE TAB 2MG	BUMETANIDE TAB 2 MG	Tier 1				
BUMEX TAB 0.5MG	BUMETANIDE TAB 0.5 MG	Tier 3				
ENBUMYST SOL 0.5/0.1	BUMETANIDE NASAL SPRAY 0.5 MG/0.1ML	Tier 4	X	X		
ETHACRYNIC TAB ACD 25MG	ETHACRYNIC ACID TAB 25 MG	Tier 4				
FUROSEMIDE SOL 10MG/ML	FUROSEMIDE ORAL SOLN 10 MG/ML	Tier 1				
FUROSEMIDE SOL 40MG/5ML	FUROSEMIDE ORAL SOLN 8 MG/ML	Tier 1				
FUROSEMIDE TAB 20MG	FUROSEMIDE TAB 20 MG	Tier 1				
FUROSEMIDE TAB 40MG	FUROSEMIDE TAB 40 MG	Tier 1				
FUROSEMIDE TAB 80MG	FUROSEMIDE TAB 80 MG	Tier 1				
LASIX TAB 20MG	FUROSEMIDE TAB 20 MG	Tier 4				
LASIX TAB 40MG	FUROSEMIDE TAB 40 MG	Tier 4				
LASIX TAB 80MG	FUROSEMIDE TAB 80 MG	Tier 4				
TORSEMIDE TAB 100MG	TORSEMIDE TAB 100 MG	Tier 1				
TORSEMIDE TAB 10MG	TORSEMIDE TAB 10 MG	Tier 1				
TORSEMIDE TAB 20MG	TORSEMIDE TAB 20 MG	Tier 1				
TORSEMIDE TAB 5MG	TORSEMIDE TAB 5 MG	Tier 1				
Diuretics, potassium-sparing - Cardiac drugs						
AMILORIDE TAB 5MG	AMILORIDE HCL TAB 5 MG	Tier 1				
CAROSPIR SUS 25MG/5ML	SPIRONOLACTONE SUSP 25 MG/5ML	Tier 4	X			
EPLERENONE TAB 25MG	EPLERENONE TAB 25 MG	Tier 2				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
EPLERENONE TAB 50MG	EPLERENONE TAB 50 MG	Tier 2				
SPIRONOLACT TAB 100MG	SPIRONOLACTONE TAB 100 MG	Tier 1				
SPIRONOLACT TAB 25MG	SPIRONOLACTONE TAB 25 MG	Tier 1				
SPIRONOLACT TAB 50MG	SPIRONOLACTONE TAB 50 MG	Tier 1				
SPIRONOLACTO SUS 25MG/5ML	SPIRONOLACTONE SUSP 25 MG/5ML	Tier 3	X			
TRIAMTERENE CAP 100MG	TRIAMTERENE CAP 100 MG	Tier 3				
TRIAMTERENE CAP 50MG	TRIAMTERENE CAP 50 MG	Tier 3				
Diuretics, thiazide - Cardiac drugs						
CHLOROTHIAZI POW	CHLOROTHIAZIDE (BULK) POWDER	Tier 3				
CHLORTHALID TAB 25MG	CHLORTHALIDONE TAB 25 MG	Tier 1				
CHLORTHALID TAB 50MG	CHLORTHALIDONE TAB 50 MG	Tier 1				
DIURIL SUS 250/5ML	CHLOROTHIAZIDE SUSP 250 MG/5ML	Tier 2				
HYDROCHLOROT CAP 12.5MG	HYDROCHLOROTHIAZIDE CAP 12.5 MG	Tier 1				
HYDROCHLOROT TAB 12.5MG	HYDROCHLOROTHIAZIDE TAB 12.5 MG	Tier 1				
HYDROCHLOROT TAB 25MG	HYDROCHLOROTHIAZIDE TAB 25 MG	Tier 1				
HYDROCHLOROT TAB 50MG	HYDROCHLOROTHIAZIDE TAB 50 MG	Tier 1				
INDAPAMIDE TAB 1.25MG	INDAPAMIDE TAB 1.25 MG	Tier 1				
INDAPAMIDE TAB 2.5MG	INDAPAMIDE TAB 2.5 MG	Tier 1				
METOLAZONE TAB 10MG	METOLAZONE TAB 10 MG	Tier 1				
METOLAZONE TAB 2.5MG	METOLAZONE TAB 2.5 MG	Tier 1				
METOLAZONE TAB 5MG	METOLAZONE TAB 5 MG	Tier 1				
Dopamine agonists - Parkinson's disease drugs						
BROMOCRIPTIN CAP 5MG	BROMOCRIPTINE MESYLATE CAP 5 MG (BASE EQUIVALENT)	Tier 1				
BROMOCRIPTIN TAB 2.5MG	BROMOCRIPTINE MESYLATE TAB 2.5 MG (BASE EQUIVALENT)	Tier 1				
PRAMIPEXOLE TAB 0.125MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.125 MG	Tier 1*				
PRAMIPEXOLE TAB 0.25MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.25 MG	Tier 1*				
PRAMIPEXOLE TAB 0.5MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.5 MG	Tier 1*				
PRAMIPEXOLE TAB 0.75MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.75 MG	Tier 1*				
PRAMIPEXOLE TAB 1.5MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 1.5 MG	Tier 1*				
PRAMIPEXOLE TAB 1MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 1 MG	Tier 1*				
ROPINIROLE TAB 0.25MG	ROPINIROLE HYDROCHLORIDE TAB 0.25 MG	Tier 1				
ROPINIROLE TAB 0.5MG	ROPINIROLE HYDROCHLORIDE TAB 0.5 MG	Tier 1				
ROPINIROLE TAB 12MG ER	ROPINIROLE HYDROCHLORIDE TAB ER 24HR 12 MG (BASE EQUIVALENT)	Tier 2				
ROPINIROLE TAB 1MG	ROPINIROLE HYDROCHLORIDE TAB 1 MG	Tier 1				
ROPINIROLE TAB 2MG	ROPINIROLE HYDROCHLORIDE TAB 2 MG	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
ROPINIROLE TAB 2MG ER	ROPINIROLE HYDROCHLORIDE TAB ER 24HR 2 MG (BASE EQUIVALENT)	Tier 2				
ROPINIROLE TAB 3MG	ROPINIROLE HYDROCHLORIDE TAB 3 MG	Tier 1				
ROPINIROLE TAB 4MG	ROPINIROLE HYDROCHLORIDE TAB 4 MG	Tier 1				
ROPINIROLE TAB 4MG ER	ROPINIROLE HYDROCHLORIDE TAB ER 24HR 4 MG (BASE EQUIVALENT)	Tier 2				
ROPINIROLE TAB 5MG	ROPINIROLE HYDROCHLORIDE TAB 5 MG	Tier 1				
ROPINIROLE TAB 6MG ER	ROPINIROLE HYDROCHLORIDE TAB ER 24HR 6 MG (BASE EQUIVALENT)	Tier 2				
ROPINIROLE TAB 8MG ER	ROPINIROLE HYDROCHLORIDE TAB ER 24HR 8 MG (BASE EQUIVALENT)	Tier 2				
Dopamine precursors/L-amino acid decarboxylase inhibitors - Parkinson's disease drugs						
CARB/LEVO TAB 10-100MG	CARBIDOPA & LEVODOPA TAB 10-100 MG	Tier 1				
CARB/LEVO TAB 10-100MG	CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 10-100 MG	Tier 1				
CARB/LEVO TAB 25-100MG	CARBIDOPA & LEVODOPA TAB 25-100 MG	Tier 1				
CARB/LEVO TAB 25-100MG	CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-100 MG	Tier 1				
CARB/LEVO TAB 25-250MG	CARBIDOPA & LEVODOPA TAB 25-250 MG	Tier 1				
CARB/LEVO TAB 25-250MG	CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-250 MG	Tier 1				
CARB/LEVO 50 TAB /ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	Tier 1				
CARB/LEVO 75 TAB /ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	Tier 1				
CARB/LEVO ER TAB 25-100MG	CARBIDOPA & LEVODOPA TAB ER 25-100 MG	Tier 1				
CARB/LEVO ER TAB 50-200MG	CARBIDOPA & LEVODOPA TAB ER 50-200 MG	Tier 1				
CARB/LEVO100 TAB /ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	Tier 1				
CARB/LEVO125 TAB /ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	Tier 1				
CARB/LEVO150 TAB /ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	Tier 1				
CARB/LEVO200 TAB /ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	Tier 1				
CARBIDOPA TAB 25MG	CARBIDOPA TAB 25 MG	Tier 1				
CREXONT CAP 35-140MG	CARBIDOPA & LEVODOPA CAP ER 35-140 MG	Tier 4			X	
CREXONT CAP 52.5-210	CARBIDOPA & LEVODOPA CAP ER 52.5-210 MG	Tier 4			X	
CREXONT CAP 70-280MG	CARBIDOPA & LEVODOPA CAP ER 70-280 MG	Tier 4			X	
CREXONT CAP 87.5-350	CARBIDOPA & LEVODOPA CAP ER 87.5-350 MG	Tier 4			X	
DUOPA SUS 4.63-20	CARBIDOPA-LEVODOPA ENTERAL SUSP 4.63-20 MG/ML	Tier 4	X			
SINEMET TAB 10-100MG	CARBIDOPA & LEVODOPA TAB 10-100 MG	Tier 4				
SINEMET TAB 25-100MG	CARBIDOPA & LEVODOPA TAB 25-100 MG	Tier 4				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
Dyslipidemics, fibric acid derivatives - Cholesterol control drugs						
FENOFIBRATE CAP 130MG	FENOFIBRATE MICRONIZED CAP 130 MG	Tier 2				
FENOFIBRATE CAP 134MG	FENOFIBRATE MICRONIZED CAP 134 MG	Tier 2				
FENOFIBRATE CAP 200MG	FENOFIBRATE MICRONIZED CAP 200 MG	Tier 2				
FENOFIBRATE CAP 43MG	FENOFIBRATE MICRONIZED CAP 43 MG	Tier 2				
FENOFIBRATE CAP 67MG	FENOFIBRATE MICRONIZED CAP 67 MG	Tier 2				
FENOFIBRATE TAB 145MG	FENOFIBRATE TAB 145 MG	Tier 2				
FENOFIBRATE TAB 160MG	FENOFIBRATE TAB 160 MG	Tier 2				
FENOFIBRATE TAB 48MG	FENOFIBRATE TAB 48 MG	Tier 2				
FENOFIBRATE TAB 54MG	FENOFIBRATE TAB 54 MG	Tier 2				
FENOFIBRIC CAP 135MG DR	CHOLINE FENOFIBRATE CAP DR 135 MG (FENOFIBRIC ACID EQUIV)	Tier 2				
FENOFIBRIC CAP 45MG DR	CHOLINE FENOFIBRATE CAP DR 45 MG (FENOFIBRIC ACID EQUIV)	Tier 2				
GEMFIBROZIL TAB 600MG	GEMFIBROZIL TAB 600 MG	Tier 1				
LOPID TAB 600MG	GEMFIBROZIL TAB 600 MG	Tier 4				
Dyslipidemics, HMG CoA reductase inhibitors - Cholesterol control drugs						
ATORVALIQ SUS 20MG/5ML	ATORVASTATIN CALCIUM SUSP 20 MG/5ML (4MG/ML) (BASE EQUIV)	Tier 4	X			
ATORVASTATIN TAB 10MG	ATORVASTATIN CALCIUM TAB 10 MG (BASE EQUIVALENT)	Tier 1†				
ATORVASTATIN TAB 20MG	ATORVASTATIN CALCIUM TAB 20 MG (BASE EQUIVALENT)	Tier 1†				
ATORVASTATIN TAB 40MG	ATORVASTATIN CALCIUM TAB 40 MG (BASE EQUIVALENT)	Tier 1				
ATORVASTATIN TAB 80MG	ATORVASTATIN CALCIUM TAB 80 MG (BASE EQUIVALENT)	Tier 1				
EZALLOR SPR CAP 10MG	ROSUVASTATIN CALCIUM SPRINKLE CAP 10 MG (BASE EQUIVALENT)	Tier 3	X			
EZALLOR SPR CAP 20MG	ROSUVASTATIN CALCIUM SPRINKLE CAP 20 MG (BASE EQUIVALENT)	Tier 3	X			
EZALLOR SPR CAP 40MG	ROSUVASTATIN CALCIUM SPRINKLE CAP 40 MG (BASE EQUIVALENT)	Tier 3	X			
EZALLOR SPR CAP 5MG	ROSUVASTATIN CALCIUM SPRINKLE CAP 5 MG (BASE EQUIVALENT)	Tier 3	X			
FLOLIPID SUS 20MG/5ML	SIMVASTATIN SUSP 20 MG/5ML (4 MG/ML)	Tier 4	X			
FLOLIPID SUS 40MG/5ML	SIMVASTATIN SUSP 40 MG/5ML (8 MG/ML)	Tier 4	X			
FLUVASTATIN CAP 20MG	FLUVASTATIN SODIUM CAP 20 MG (BASE EQUIVALENT)	Tier 1				
FLUVASTATIN CAP 40MG	FLUVASTATIN SODIUM CAP 40 MG (BASE EQUIVALENT)	Tier 1				
FLUVASTATIN TAB 80MG ER	FLUVASTATIN SODIUM TAB ER 24 HR 80 MG (BASE EQUIVALENT)	Tier 3			X	

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
LOVASTATIN TAB 10MG	LOVASTATIN TAB 10 MG	HCR Prev Care				
LOVASTATIN TAB 20MG	LOVASTATIN TAB 20 MG	HCR Prev Care				
LOVASTATIN TAB 40MG	LOVASTATIN TAB 40 MG	HCR Prev Care				
PRAVASTATIN TAB 10MG	PRAVASTATIN SODIUM TAB 10 MG	Tier 1				
PRAVASTATIN TAB 20MG	PRAVASTATIN SODIUM TAB 20 MG	Tier 1				
PRAVASTATIN TAB 40MG	PRAVASTATIN SODIUM TAB 40 MG	Tier 1				
PRAVASTATIN TAB 80MG	PRAVASTATIN SODIUM TAB 80 MG	Tier 1				
ROSUVASTATIN TAB 10MG	ROSUVASTATIN CALCIUM TAB 10 MG	Tier 2				
ROSUVASTATIN TAB 20MG	ROSUVASTATIN CALCIUM TAB 20 MG	Tier 2				
ROSUVASTATIN TAB 40MG	ROSUVASTATIN CALCIUM TAB 40 MG	Tier 2				
ROSUVASTATIN TAB 5MG	ROSUVASTATIN CALCIUM TAB 5 MG	Tier 2				
SIMVASTATIN TAB 10MG	SIMVASTATIN TAB 10 MG	Tier 1†				
SIMVASTATIN TAB 20MG	SIMVASTATIN TAB 20 MG	Tier 1†				
SIMVASTATIN TAB 40MG	SIMVASTATIN TAB 40 MG	Tier 1†				
SIMVASTATIN TAB 5MG	SIMVASTATIN TAB 5 MG	Tier 1†				
SIMVASTATIN TAB 80MG	SIMVASTATIN TAB 80 MG	Tier 1				
Dyslipidemics, other - Miscellaneous cholesterol control drugs						
CHOLESTYRAM POW 4GM	CHOLESTYRAMINE POWDER PACKETS 4 GM	Tier 1				
CHOLESTYRAM POW 4GM	CHOLESTYRAMINE POWDER 4 GM/DOSE	Tier 1				
CHOLESTYRAM POW 4GM LITE	CHOLESTYRAMINE LIGHT POWDER PACKETS 4 GM	Tier 1				
CHOLESTYRAM POW 4GM LITE	CHOLESTYRAMINE LIGHT POWDER 4 GM/DOSE	Tier 1				
COLESEVELAM PAK 3.75GM	COLESEVELAM HCL PACKET FOR SUSP 3.75 GM	Tier 2				
COLESEVELAM TAB 625MG	COLESEVELAM HCL TAB 625 MG	Tier 2				
COLESTID GRA 5GM	COLESTIPOL HCL GRANULES 5 GM	Tier 3				
COLESTID TAB 1GM	COLESTIPOL HCL TAB 1 GM	Tier 4				
COLESTIPOL GRA 5GM	COLESTIPOL HCL GRANULE PACKETS 5 GM	Tier 1				
COLESTIPOL GRA 5GM	COLESTIPOL HCL GRANULES 5 GM	Tier 1				
COLESTIPOL TAB 1GM	COLESTIPOL HCL TAB 1 GM	Tier 1				
EZETIM/SIMVA TAB 10-10MG	EZETIMIBE-SIMVASTATIN TAB 10-10 MG	Tier 3				
EZETIM/SIMVA TAB 10-20MG	EZETIMIBE-SIMVASTATIN TAB 10-20 MG	Tier 3				
EZETIM/SIMVA TAB 10-40MG	EZETIMIBE-SIMVASTATIN TAB 10-40 MG	Tier 3				
EZETIM/SIMVA TAB 10-80MG	EZETIMIBE-SIMVASTATIN TAB 10-80 MG	Tier 3				
EZETIMIBE TAB 10MG	EZETIMIBE TAB 10 MG	Tier 2				
NEXLETOL TAB 180MG	BEMPEDOIC ACID TAB 180 MG	Tier 2	X	X	X	
NEXLIZET TAB 180/10MG	BEMPEDOIC ACID-EZETIMIBE TAB 180-10 MG	Tier 2	X	X	X	
NIACIN TAB 500MG ER	NIACIN TAB ER 500 MG (ANTIHYPERLIPIDEMIC)	Tier 2				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
NIACIN ER TAB 1000MG	NIACIN TAB ER 1000 MG (ANTIHYPERLIPIDEMIC)	Tier 2				
NIACIN ER TAB 500MG	NIACIN TAB ER 500 MG (ANTIHYPERLIPIDEMIC)	Tier 2				
NIACIN ER TAB 500MG ER	NIACIN TAB ER 500 MG (ANTIHYPERLIPIDEMIC)	Tier 2				
NIACIN ER TAB 750MG	NIACIN TAB ER 750 MG (ANTIHYPERLIPIDEMIC)	Tier 2				
OMEGA-3-ACID CAP 1GM	OMEGA-3-ACID ETHYL ESTERS CAP 1 GM	Tier 2				
PREVALITE POW 4GM	CHOLESTYRAMINE LIGHT POWDER 4 GM/DOSE	Tier 1				
PREVALITE POW 4GM PK	CHOLESTYRAMINE LIGHT POWDER PACKETS 4 GM	Tier 1				
QUESTRAN POW 4GM	CHOLESTYRAMINE POWDER PACKETS 4 GM	Tier 4				
QUESTRAN POW 4GM	CHOLESTYRAMINE POWDER 4 GM/DOSE	Tier 4				
QUESTRAN POW 4GM LITE	CHOLESTYRAMINE LIGHT POWDER 4 GM/DOSE	Tier 4				
REPATHA INJ 140MG/ML	EVOLOCUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 140 MG/ML	Tier 2		X		
REPATHA PUSH INJ 420/3.5	EVOLOCUMAB SUBCUTANEOUS SOLN CARTRIDGE/INFUSOR 420 MG/3.5ML	Tier 2		X		
REPATHA SURE INJ 140MG/ML	EVOLOCUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG/ML	Tier 2		X		
Electrolyte/Mineral replacement - Vitamin, mineral and body fluid deficiency drugs						
ATABEX EC TAB 29-1MG	PRENATAL VIT W/ DSS-IRON CARBONYL-FA TAB DR 29-1 MG	Tier 3				
CALCIFOL WAF	CA CARB-FOLIC ACID-VIT D-B6-B12-BORON-MAG WAFER 1342-1.6 MG	Tier 3				
CARGLUMIC TAB 200MG	CARGLUMIC ACID SOLUBLE TAB 200 MG	Tier 3	X			X
CYTRA K GRA CRYSTALS	POTASSIUM CITRATE & CITRIC ACID POWDER PACK 3300-1002 MG	Tier 1				
DOJOLVI LIQ 100%	TRIHEPTANOIN ORAL LIQUID 100%	Tier 4	X			X
EFFER-K TAB 10MEQ	POTASSIUM BICARBONATE-CITRIC ACID EFFER TAB 10 MEQ	Tier 2				
EFFER-K TAB 20MEQ	POTASSIUM BICARBONATE-CITRIC ACID EFFER TAB 20 MEQ	Tier 2				
EFFER-K TAB 25MEQ EF	POTASSIUM BICARBONATE EFFER TAB 25 MEQ	Tier 3				
ENDARI POW 5GM	GLUTAMINE (SICKLE CELL) POWD PACK 5 GM	Tier 4	X	X		
FLORIVA DRO 0.25MG	SODIUM FLUORIDE-VITAMIN D LIQD DROPS 0.25 MG/ML-400 UNIT/ML	Tier 3				
FLUORIDE CHW 0.25MG	SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)	HCR Prev Care				
FLUORIDE CHW 0.5MG	SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF)	HCR Prev Care				
FLUORIDE CHW 1MG	SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)	HCR Prev Care				
GALZIN CAP 25MG	ZINC ACETATE CAP 25 MG (ELEMENTAL ZINC)	Tier 3				
GALZIN CAP 50MG	ZINC ACETATE CAP 50 MG (ELEMENTAL ZINC)	Tier 3				
HEMATINIC/FA TAB	FERROUS FUMARATE-FOLIC ACID TAB 324-1 MG	Tier 4				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
INATAL GT TAB	PRENATAL VIT W/ DSS-IRON CARBONYL-FA TAB 90-1 MG	Tier 2				
K CITRATE SOL CITR ACD	POTASSIUM CITRATE & CITRIC ACID SOLN 1100-334 MG/5ML	Tier 1				
KLOR-CON PAK 20MEQ	POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	Tier 1				
KLOR-CON 10 TAB 10MEQ ER	POTASSIUM CHLORIDE TAB ER 10 MEQ	Tier 1				
KLOR-CON 8 TAB 8MEQ ER	POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG)	Tier 1				
KLOR-CON M10 TAB 10MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 10 MEQ	Tier 1				
KLOR-CON M15 TAB 15MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 15 MEQ	Tier 1				
KLOR-CON M20 TAB 20MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 20 MEQ	Tier 1				
KLOR-CON/EF TAB 25MEQ	POTASSIUM BICARBONATE EFFER TAB 25 MEQ	Tier 3				
K-PHOS TAB	POTASSIUM PHOSPHATE MONOBASIC TAB 500 MG	Tier 2				
K-PHOS TAB NEUTRAL	POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG	Tier 2				
K-PHOS TAB NO 2	POTASSIUM & SODIUM ACID PHOSPHATES TAB 305-700 MG	Tier 2				
K-PRIME TAB 25MEQ EF	POTASSIUM BICARBONATE EFFER TAB 25 MEQ	Tier 3				
K-TAB TAB 20MEQ	POTASSIUM CHLORIDE TAB ER 20 MEQ (1500 MG)	Tier 3				
LEVOCARNITIN SOL 1GM/10ML	LEVOCARNITINE ORAL SOLN 1 GM/10ML (10%)	Tier 1				
LEVOCARNITIN TAB 330MG	LEVOCARNITINE TAB 330 MG	Tier 1				
L-GLUTAMINE POW 5GM	GLUTAMINE (SICKLE CELL) POWD PACK 5 GM	Tier 3	X	X		
MIFEPREX TAB 200MG	MIFEPRISTONE TAB 200 MG	Tier 3				
MIFEPRISTONE TAB 200MG	MIFEPRISTONE TAB 200 MG	Tier 1				
NEONATAL FE TAB	PRENATAL VITAMIN W/ IRON-FOLIC ACID TAB 90-1 MG	Tier 3				
ORACIT SOL	SODIUM CITRATE & CITRIC ACID SOLN 490-640 MG/5ML	Tier 2				
ORAL CITRATE SOL	SODIUM CITRATE & CITRIC ACID SOLN 490-640 MG/5ML	Tier 2				
PHOSPHA 250 TAB NEUTRAL	POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG	Tier 2				
PHOSPHOROUS TAB	POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG	Tier 1				
PHOSPHO-TRIN TAB 250 NEUT	POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG	Tier 3				
PHOXILLUM SOL B22K/40	BICARB-K 22-4 MEQ/L WITH PHOS 1 MMOL/L SOLN (CRRT)	Tier 3				
PHOXILLUM SOL BK4/2.5	BICARB-K-CA 32-4-2.5 MEQ/L WITH PHOS 1 MMOL/L SOLN (CRRT)	Tier 3				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
POT CHLORIDE CAP 10MEQ ER	POTASSIUM CHLORIDE CAP ER 10 MEQ	Tier 1				
POT CHLORIDE CAP 8MEQ ER	POTASSIUM CHLORIDE CAP ER 8 MEQ	Tier 1				
POT CHLORIDE POW 20MEQ	POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	Tier 1				
POT CHLORIDE SOL 10%	POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML)	Tier 1				
POT CHLORIDE SOL 20%	POTASSIUM CHLORIDE ORAL SOLN 20% (40 MEQ/15ML)	Tier 1				
POT CHLORIDE TAB 10MEQ ER	POTASSIUM CHLORIDE TAB ER 10 MEQ	Tier 1				
POT CHLORIDE TAB 15MEQ ER	POTASSIUM CHLORIDE TAB ER 15 MEQ	Tier 1				
POT CHLORIDE TAB 20MEQ ER	POTASSIUM CHLORIDE TAB ER 20 MEQ (1500 MG)	Tier 1				
POT CHLORIDE TAB 8MEQ ER	POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG)	Tier 1				
POT CITRA ER TAB 1080MG	POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	Tier 1				
POT CITRA ER TAB 1620MG	POTASSIUM CITRATE TAB ER 15 MEQ (1620 MG)	Tier 1				
POT CITRA ER TAB 540MG	POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	Tier 1				
POT CL MICRO TAB 10MEQ CR	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 10 MEQ	Tier 1				
POT CL MICRO TAB 10MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 10 MEQ	Tier 1				
POT CL MICRO TAB 15MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 15 MEQ	Tier 1				
POT CL MICRO TAB 20MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 20 MEQ	Tier 1				
PRENA 1 TRUE MIS	PRENAT W/O A W/FE CHEL-FA TAB 30-1.4 MG & DHA CAP 300MG PK	Tier 3				
PRENA1 CHW	PRENAT W/ B2-B6-B12-D3-FOLIC ACID CHEW TAB 1.4 MG	Tier 3				
PRISMASOL SOL 0/0/1.2	BICARB 32 MEQ/L SOLN WITH MG 1.2 MEQ/L (CRRT)	Tier 3				
PRISMASOL SOL 0/2.5	BICARB 32 MEQ/L-DEXT SOLN WITH CA 2.5 MEQ/L (CRRT)	Tier 3				
PRISMASOL SOL 2/0	BICARB 32 MEQ/L-DEXT SOLN WITH K 2 MEQ/L (CRRT)	Tier 3				
PRISMASOL SOL 2/3.5	BICARB 32 MEQ/L-DEXT SOLN WITH K-CA 2-3.5 MEQ/L (CRRT)	Tier 3				
PRISMASOL SOL 4/0/1.2	BICARB 32 MEQ/L-DEXT SOLN WITH K-MG 4-1.2 MEQ/L (CRRT)	Tier 3				
PRISMASOL SOL 4/2.5	BICARB 32 MEQ/L-DEXT SOLN WITH K-CA 4-2.5 MEQ/L (CRRT)	Tier 3				
PRISMASOL SOL B22GK4/0	BICARB 22 MEQ/L-DEXT SOLN WITH K 4 MEQ/L (CRRT)	Tier 3				
SOD CHLORIDE GRA	SODIUM CHLORIDE GRANULES	Tier 3				
SOD CITRATE SOL CITR ACD	SODIUM CITRATE & CITRIC ACID SOLN 500-334 MG/5ML	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
SOD FLUORIDE DRO 0.5MG/ML	SODIUM FLUORIDE SOLN 0.5 MG/ML F (FROM 1.1 MG/ML NAF)	HCR Prev Care				
SODIUM FLUOR CHW 0.25MG	SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)	HCR Prev Care				
SODIUM FLUOR CHW 0.5MG	SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF)	HCR Prev Care				
SODIUM FLUOR CHW 1MG	SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)	HCR Prev Care				
SODIUM FLUOR TAB 0.5MG	SODIUM FLUORIDE TAB 0.5 MG F (FROM 1.1 MG NAF)	HCR Prev Care				
SODIUM FLUOR TAB 1MG	SODIUM FLUORIDE TAB 1 MG F (FROM 2.2 MG NAF)	HCR Prev Care				
TRICITRATES SOL	POT & SOD CITRATES W/ CIT AC SOLN 550-500-334 MG/5ML	Tier 1				
TRI-VIT/FLUO DRO 0.25MG	PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.25 MG/ML	Tier 1				
TRI-VIT/FLUO DRO 0.5MG	PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.5 MG/ML	Tier 1				
UROCIT-K 10 TAB	POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	Tier 4				
UROCIT-K 15 TAB	POTASSIUM CITRATE TAB ER 15 MEQ (1620 MG)	Tier 4				
UROCIT-K 5 TAB	POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	Tier 4				
VITATRUE MIS	PRENAT W/O A W/FE CHEL-FA TAB 30-1.4 MG & DHA CAP 300MG PK	Tier 3				
Electrolyte/Mineral/Metal modifiers						
CHEMET CAP 100MG	SUCCIMER CAP 100 MG	Tier 2				
DEFERASIROX GRA 180MG	DEFERASIROX GRANULES PACKET 180 MG	Tier 3	X			X
DEFERASIROX GRA 360MG	DEFERASIROX GRANULES PACKET 360 MG	Tier 3	X			X
DEFERASIROX GRA 90MG	DEFERASIROX GRANULES PACKET 90 MG	Tier 3	X			X
DEFERASIROX TAB 125MG	DEFERASIROX TAB FOR ORAL SUSP 125 MG	Tier 3	X			X
DEFERASIROX TAB 180MG	DEFERASIROX TAB 180 MG	Tier 3	X			X
DEFERASIROX TAB 250MG	DEFERASIROX TAB FOR ORAL SUSP 250 MG	Tier 3	X			X
DEFERASIROX TAB 360MG	DEFERASIROX TAB 360 MG	Tier 3	X			X
DEFERASIROX TAB 500MG	DEFERASIROX TAB FOR ORAL SUSP 500 MG	Tier 3	X			X
DEFERASIROX TAB 90MG	DEFERASIROX TAB 90 MG	Tier 3	X			X
DEFERIPRONE TAB 1000MG	DEFERIPRONE TAB 1000 MG	Tier 4	X			X
LOKELMA PAK 10GM	SODIUM ZIRCONIUM CYCLOSILICATE FOR SUSP PACKET 10 GM	Tier 3	X	X		
LOKELMA PAK 5GM	SODIUM ZIRCONIUM CYCLOSILICATE FOR SUSP PACKET 5 GM	Tier 3	X	X		
SOD POLY SUL POW	SODIUM POLYSTYRENE SULFONATE POWDER	Tier 1				
SOD POLY SUL SUS 15GM/60	SODIUM POLYSTYRENE SULFONATE SUSP 15 GM/60ML	Tier 1				
SPS SUS 15GM/60	SODIUM POLYSTYRENE SULFONATE SUSP 15 GM/60ML	Tier 3				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
SPS SUS 30GM/120	SODIUM POLYSTYRENE SULFONATE RECTAL SUSP 30 GM/120ML	Tier 3				
TOLVAPTAN PAK 15MG	TOLVAPTAN TAB THERAPY PACK 15 MG	Tier 3	X	X		X
TOLVAPTAN PAK 30-15MG	TOLVAPTAN TAB THERAPY PACK 30 & 15 MG	Tier 3	X	X		X
TOLVAPTAN PAK 45-15MG	TOLVAPTAN TAB THERAPY PACK 45 & 15 MG	Tier 3	X	X		X
TOLVAPTAN PAK 60-30MG	TOLVAPTAN TAB THERAPY PACK 60 & 30 MG	Tier 3	X	X		X
TOLVAPTAN PAK 90-30MG	TOLVAPTAN TAB THERAPY PACK 90 & 30 MG	Tier 3	X	X		X
TOLVAPTAN TAB 15MG	TOLVAPTAN (HYPONATREMIA) TAB 15 MG	Tier 3	X	X		X
TOLVAPTAN TAB 15MG	TOLVAPTAN TAB 15 MG	Tier 3	X			X
TOLVAPTAN TAB 30MG	TOLVAPTAN (HYPONATREMIA) TAB 30 MG	Tier 3	X	X		X
TOLVAPTAN TAB 30MG	TOLVAPTAN TAB 30 MG	Tier 3	X			X
TRIENTINE CAP 500MG	TRIENTINE HCL CAP 500 MG	Tier 4	X			X
VELTASSA POW 16.8GM	PATIROMER SORBITEX CALCIUM FOR SUSP PACKET 16.8 GM (BASE EQ)	Tier 3	X	X		
VELTASSA POW 1GM	PATIROMER SORBITEX CALCIUM FOR SUSP PACKET 1 GM (BASE EQ)	Tier 3	X	X		
VELTASSA POW 25.2GM	PATIROMER SORBITEX CALCIUM FOR SUSP PACKET 25.2 GM (BASE EQ)	Tier 3	X	X		
VELTASSA POW 8.4GM	PATIROMER SORBITEX CALCIUM FOR SUSP PACKET 8.4 GM (BASE EQ)	Tier 3	X	X		
Emetogenic therapy adjuncts - Nausea and vomiting drugs						
ANZEMET TAB 50MG	DOLASETRON MESYLATE TAB 50 MG	Tier 4		X		
APREPITANT CAP 125 & 80	APREPITANT CAPSULE THERAPY PACK 80 & 125 MG	Tier 2		X		
APREPITANT CAP 125MG	APREPITANT CAPSULE 125 MG	Tier 2		X		
APREPITANT CAP 40MG	APREPITANT CAPSULE 40 MG	Tier 2		X		
APREPITANT CAP 80MG	APREPITANT CAPSULE 80 MG	Tier 2		X		
DRONABINOL CAP 10MG	DRONABINOL CAP 10 MG	Tier 1				
DRONABINOL CAP 2.5MG	DRONABINOL CAP 2.5 MG	Tier 1				
DRONABINOL CAP 5MG	DRONABINOL CAP 5 MG	Tier 1				
EMEND SUS 125MG	APREPITANT FOR ORAL SUSP 125 MG (125 MG/5ML)	Tier 2		X		
GRANISETRON TAB 1MG	GRANISETRON HCL TAB 1 MG	Tier 2				
GRANISOL SOL 2MG/10ML	GRANISETRON HCL ORAL SOLN 2 MG/10ML (BASE EQUIVALENT)	Tier 3		X		
ONDANSETRON SOL 4MG/5ML	ONDANSETRON HCL ORAL SOLN 4 MG/5ML	Tier 1				
ONDANSETRON TAB 24MG	ONDANSETRON HCL TAB 24 MG	Tier 1				
ONDANSETRON TAB 4MG	ONDANSETRON HCL TAB 4 MG	Tier 1				
ONDANSETRON TAB 4MG ODT	ONDANSETRON ORALLY DISINTEGRATING TAB 4 MG	Tier 1				
ONDANSETRON TAB 8MG	ONDANSETRON HCL TAB 8 MG	Tier 1				
ONDANSETRON TAB 8MG ODT	ONDANSETRON ORALLY DISINTEGRATING TAB 8 MG	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
SYNDROS SOL 5MG/ML	DRONABINOL SOLN 5 MG/ML	Tier 4	X	X		
Enzyme inhibitors - Chemotherapy agents						
ETOPOSIDE CAP 50MG	ETOPOSIDE CAP 50 MG	Tier 1				X
HYCAMTIN CAP 0.25MG	TOPOTECAN HCL CAP 0.25 MG (BASE EQUIV)	Tier 3	X	X		X
HYCAMTIN CAP 1MG	TOPOTECAN HCL CAP 1 MG (BASE EQUIV)	Tier 3	X	X		X
LYTGOBI TAB 4MG	FUTIBATINIB TAB THERAPY PACK 4 MG (12 MG DAILY DOSE)	Tier 4	X	X		X
LYTGOBI TAB 4MG	FUTIBATINIB TAB THERAPY PACK 4 MG (16 MG DAILY DOSE)	Tier 4	X	X		X
LYTGOBI TAB 4MG	FUTIBATINIB TAB THERAPY PACK 4 MG (20 MG DAILY DOSE)	Tier 4	X	X		X
PEMAZYRE TAB 13.5MG	PEMIGATINIB TAB 13.5 MG	Tier 4	X	X		X
PEMAZYRE TAB 4.5MG	PEMIGATINIB TAB 4.5 MG	Tier 4	X	X		X
PEMAZYRE TAB 9MG	PEMIGATINIB TAB 9 MG	Tier 4	X	X		X
ZYDELIG TAB 150MG	IDELALISIB TAB 150 MG	Tier 4	X	X		X
Enzyme replacements/Modifiers - Enzyme replacements/Modifying drugs						
EVRYSDI SOL	RISDIPLAM FOR SOLN 0.75 MG/ML	Tier 3	X	X		X
EVRYSDI TAB 5MG	RISDIPLAM TAB 5 MG	Tier 3	X	X		X
Ergot alkaloids - Migraine drugs						
CAFERGOT TAB 1-100MG	ERGOTAMINE W/ CAFFEINE TAB 1-100 MG	Tier 4				
DIHYDROERGOT CRY MESYLATE	DIHYDROERGOTAMINE MESYLATE CRYSTALS	Tier 3				
DIHYDROERGOT INJ 1MG/ML	DIHYDROERGOTAMINE MESYLATE INJ 1 MG/ML	Tier 1				
ERGOT/CAFFEN TAB 1-100MG	ERGOTAMINE W/ CAFFEINE TAB 1-100 MG	Tier 3				
MIGERGOT SUP 2/100	ERGOTAMINE W/ CAFFEINE SUPPOS 2-100 MG	Tier 3				
Estrogens - Hormone replacement/Modifying drugs						
ABIGALE TAB 1-0.5MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	Tier 1				
ABIGALE LO TAB 0.5-0.1	ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG	Tier 2				
ACTIVELLA TAB 1-0.5MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	Tier 4				
AFIRMELLE TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	HCR Prev Care				
ALORA DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR	Tier 3		X		
ALORA DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR	Tier 3		X		
ALORA DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR	Tier 3		X		
ALTAVERA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR Prev Care				
ALYACEN TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	HCR Prev Care				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
ALYACEN TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG	HCR Prev Care				
AMETHYST TAB 90-20MCG	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG	HCR Prev Care				
ANGELIQ TAB 0.25-0.5	DROSPIRENONE-ESTRADIOL TAB 0.25-0.5 MG	Tier 3				
ANGELIQ TAB 0.5-1MG	DROSPIRENONE-ESTRADIOL TAB 0.5-1 MG	Tier 3				
ANNOVERA MIS	SEGESTERONE ACE-ETHINYL ESTRADIOL VA RING 0.15-0.013 MG/24HR	Tier 3		X		
APRI TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR Prev Care				
ARANELLE TAB	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG	HCR Prev Care				
ASHLYNA TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	HCR Prev Care				
AUBRA EQ TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	HCR Prev Care				
AUROVELA TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	HCR Prev Care				
AUROVELA TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	HCR Prev Care				
AUROVELA 24 TAB FE 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	HCR Prev Care				
AUROVELA FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	HCR Prev Care				
AUROVELA FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	HCR Prev Care				
AVIANE TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	HCR Prev Care				
AYUNA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR Prev Care				
AZURETTE TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	HCR Prev Care				
BALZIVA TAB	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	HCR Prev Care				
BIJUVA CAP 0.5-100	ESTRADIOL-PROGESTERONE CAP 0.5-100 MG	Tier 3				
BIJUVA CAP 1-100MG	ESTRADIOL-PROGESTERONE CAP 1-100 MG	Tier 3				
BLISOVI 24 TAB FE 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	HCR Prev Care				
BLISOVI FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	HCR Prev Care				
BLISOVI FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	HCR Prev Care				
BRIELLYN TAB	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	HCR Prev Care				
CAMRESE TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	HCR Prev Care				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
CAMRESE LO TAB	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)	HCR Prev Care				
CHARLOTTE 24 CHW FE 1/20	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	HCR Prev Care				
CHATEAL EQ TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR Prev Care				
CLIMARA PRO DIS WEEKLY	ESTRADIOL-LEVONORGESTREL TD PATCH WEEKLY 0.045-0.015 MG/DAY	Tier 3		X		
COMBIPATCH DIS	ESTRADIOL-NORETHINDRONE ACE TD PTTW 0.05-0.14 MG/DAY	Tier 3		X		
COMBIPATCH DIS	ESTRADIOL-NORETHINDRONE ACE TD PTTW 0.05-0.25 MG/DAY	Tier 3		X		
CONJ ESTROGN TAB 0.3MG	ESTROGENS, CONJUGATED TAB 0.3 MG	Tier 4				
CONJ ESTROGN TAB 0.45MG	ESTROGENS, CONJUGATED TAB 0.45 MG	Tier 4				
CONJ ESTROGN TAB 0.625MG	ESTROGENS, CONJUGATED TAB 0.625 MG	Tier 4				
CONJ ESTROGN TAB 0.9MG	ESTROGENS, CONJUGATED TAB 0.9 MG	Tier 4				
CONJ ESTROGN TAB 1.25MG	ESTROGENS, CONJUGATED TAB 1.25 MG	Tier 4				
COVARYX TAB 1.25-2.5	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 1.25-2.5 MG	Tier 2				
COVARYX HS TAB	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 0.625-1.25 MG	Tier 3				
CRYSELLE TAB	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	HCR Prev Care				
CRYSELLE-28 TAB 28 TABS	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	HCR Prev Care				
CYRED EQ TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR Prev Care				
DASETTA TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	HCR Prev Care				
DASETTA TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG	HCR Prev Care				
DAYSEE TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	HCR Prev Care				
DELESTROGEN INJ 10MG/ML	ESTRADIOL VALERATE IM IN OIL 10 MG/ML	Tier 4				
DELESTROGEN INJ 20MG/ML	ESTRADIOL VALERATE IM IN OIL 20 MG/ML	Tier 4				
DELESTROGEN INJ 40MG/ML	ESTRADIOL VALERATE IM IN OIL 40 MG/ML	Tier 4				
DELYLA TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	HCR Prev Care				
DEPO-ESTRADI INJ 5MG/ML	ESTRADIOL CYPIONATE IM IN OIL 5 MG/ML	Tier 3				
DESO/ETHINYL TAB ESTRADIO	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	HCR Prev Care				
DIVIGEL GEL 0.25MG	ESTRADIOL TD GEL 0.25 MG/0.25GM (0.1%)	Tier 3				
DIVIGEL GEL 0.5MG	ESTRADIOL TD GEL 0.5 MG/0.5GM (0.1%)	Tier 3				
DIVIGEL GEL 0.75MG	ESTRADIOL TD GEL 0.75 MG/0.75GM (0.1%)	Tier 3				
DIVIGEL GEL 1.25MG	ESTRADIOL TD GEL 1.25 MG/1.25GM (0.1%)	Tier 3				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
DIVIGEL GEL 1MG/GM	ESTRADIOL TD GEL 1 MG/GM (0.1%)	Tier 3				
DOLISHALE TAB 90-20MCG	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG	HCR Prev Care				
DOTTI DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR	Tier 2		X		
DOTTI DIS 0.0375MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR	Tier 2		X		
DOTTI DIS 0.05MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR	Tier 2		X		
DOTTI DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR	Tier 2		X		
DOTTI DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR	Tier 2		X		
DROS/ETH EST TAB LEVOMEFO	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG	HCR Prev Care				
DUAVEE TAB 0.45-20	CONJUGATED ESTROGENS-BAZEDOXIFENE TAB 0.45-20 MG	Tier 4		X		
EEMT TAB 1.25-2.5	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 1.25-2.5 MG	Tier 2				
EEMT HS TAB	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 0.625-1.25 MG	Tier 3				
ELESTRIN GEL 0.06%	ESTRADIOL GEL 0.06% (0.52 MG/0.87 GM METERED-DOSE PUMP)	Tier 3				
ELINEST TAB	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	HCR Prev Care				
ELURYNG MIS	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR	HCR Prev Care				
ENILLORING MIS	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR	HCR Prev Care				
ENPRESSE-28 TAB	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG	HCR Prev Care				
ENSKYCE TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR Prev Care				
EST ESTROGEN TAB MTEST HS	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 0.625-1.25 MG	Tier 1				
ESTARYLLA TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	HCR Prev Care				
ESTRA/NORETH TAB 0.5-0.1	ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG	Tier 2				
ESTRA/NORETH TAB 1-0.5MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	Tier 1				
ESTRAD VAL INJ 10MG/ML	ESTRADIOL VALERATE IM IN OIL 10 MG/ML	Tier 1				
ESTRAD VAL INJ 20MG/ML	ESTRADIOL VALERATE IM IN OIL 20 MG/ML	Tier 1				
ESTRAD VAL INJ 40MG/ML	ESTRADIOL VALERATE IM IN OIL 40 MG/ML	Tier 1				
ESTRADIOL CRE 0.01%	ESTRADIOL VAGINAL CREAM 0.01%	Tier 4				
ESTRADIOL DIS 0.025MG	ESTRADIOL TD PATCH WEEKLY 0.025 MG/24HR	Tier 1		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
ESTRADIOL DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR	Tier 2		X		
ESTRADIOL DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR	Tier 2		X		
ESTRADIOL DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR	Tier 2		X		
ESTRADIOL DIS 0.0375MG	ESTRADIOL TD PATCH WEEKLY 0.0375 MG/24HR (37.5 MCG/24HR)	Tier 1		X		
ESTRADIOL DIS 0.0375MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR	Tier 2		X		
ESTRADIOL DIS 0.0375MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR	Tier 2		X		
ESTRADIOL DIS 0.0375MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR	Tier 2		X		
ESTRADIOL DIS 0.05MG	ESTRADIOL TD PATCH WEEKLY 0.05 MG/24HR	Tier 1		X		
ESTRADIOL DIS 0.05MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR	Tier 2		X		
ESTRADIOL DIS 0.05MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR	Tier 2		X		
ESTRADIOL DIS 0.05MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR	Tier 2		X		
ESTRADIOL DIS 0.06MG	ESTRADIOL TD PATCH WEEKLY 0.06 MG/24HR	Tier 1		X		
ESTRADIOL DIS 0.075MG	ESTRADIOL TD PATCH WEEKLY 0.075 MG/24HR	Tier 1		X		
ESTRADIOL DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR	Tier 2		X		
ESTRADIOL DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR	Tier 2		X		
ESTRADIOL DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR	Tier 2		X		
ESTRADIOL DIS 0.1MG	ESTRADIOL TD PATCH WEEKLY 0.1 MG/24HR	Tier 1		X		
ESTRADIOL DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR	Tier 2		X		
ESTRADIOL DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR	Tier 2		X		
ESTRADIOL DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR	Tier 2		X		
ESTRADIOL GEL 0.06%	ESTRADIOL GEL 0.06% (0.75 MG/1.25 GM METERED-DOSE PUMP)	Tier 3		X		
ESTRADIOL GEL 0.25MG	ESTRADIOL TD GEL 0.25 MG/0.25GM (0.1%)	Tier 3				
ESTRADIOL GEL 0.5MG	ESTRADIOL TD GEL 0.5 MG/0.5GM (0.1%)	Tier 3				
ESTRADIOL GEL 0.75MG	ESTRADIOL TD GEL 0.75 MG/0.75GM (0.1%)	Tier 3				
ESTRADIOL GEL 1.25MG	ESTRADIOL TD GEL 1.25 MG/1.25GM (0.1%)	Tier 3				
ESTRADIOL GEL 1MG/GM	ESTRADIOL TD GEL 1 MG/GM (0.1%)	Tier 3				
ESTRADIOL TAB 0.5MG	ESTRADIOL TAB 0.5 MG	Tier 1				
ESTRADIOL TAB 10MCG	ESTRADIOL VAGINAL TAB 10 MCG	Tier 2				

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ESTRADIOL TAB 1MG	ESTRADIOL TAB 1 MG	Tier 1				
ESTRADIOL TAB 2MG	ESTRADIOL TAB 2 MG	Tier 1				
ESTRATEST FS TAB 1.25-2.5	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 1.25-2.5 MG	Tier 1				
ESTRATEST HS TAB	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 0.625-1.25 MG	Tier 3				
ESTRING MIS 7.5/24HR	ESTRADIOL VAGINAL RING 2 MG (7.5 MCG/24HRS)	Tier 2		X		
ESTROG/MTEST TAB 1.25-2.5	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 1.25-2.5 MG	Tier 1				
ETHY ETH EST TAB 1-35	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	HCR Prev Care				
ETHYNODIOL TAB 1-50	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG	HCR Prev Care				
ETONOGESTREL MIS ETHY EST	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR	HCR Prev Care				
EVAMIST SPR 1.53MG	ESTRADIOL TRANSDERMAL SPRAY 1.53 MG/ SPRAY	Tier 2				
FALMINA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	HCR Prev Care				
FEIRZA TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	HCR Prev Care				
FEIRZA TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	HCR Prev Care				
FEMRING MIS 0.05/24H	ESTRADIOL ACETATE VAGINAL RING 0.05 MG/24HR	Tier 4		X		
FEMRING MIS 0.1MG/24	ESTRADIOL ACETATE VAGINAL RING 0.1 MG/24HR	Tier 4		X		
FINZALA CHW FE 1/20	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	HCR Prev Care				
FYAVOLV TAB 0.5-2.5	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 0.5 MG-2.5 MCG	Tier 1				
FYAVOLV TAB 1-5	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	Tier 1				
GALBRIELA CHW	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	HCR Prev Care				
HAILEY TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	HCR Prev Care				
HAILEY 24 TAB FE	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	HCR Prev Care				
HAILEY FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	HCR Prev Care				
HAILEY FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	HCR Prev Care				
HALOETTE MIS	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR	HCR Prev Care				

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ICLEVIA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	HCR Prev Care				
IMVEXXY MAIN SUP 10MCG	ESTRADIOL VAGINAL INSERT 10 MCG	Tier 2		X		
IMVEXXY MAIN SUP 4MCG	ESTRADIOL VAGINAL INSERT 4 MCG	Tier 2		X		
IMVEXXY STRT SUP 10MCG	ESTRADIOL VAGINAL INSERT STARTER PACK 10 MCG	Tier 2		X		
IMVEXXY STRT SUP 4MCG	ESTRADIOL VAGINAL INSERT STARTER PACK 4 MCG	Tier 2		X		
INTROVALE TAB	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	HCR Prev Care				
ISIBLOOM TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR Prev Care				
JAIMIESS TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	HCR Prev Care				
JINTELI TAB 1MG-5MCG	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	Tier 1				
JOLESSA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	HCR Prev Care				
JOYEAUX TAB 0.1-20	LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21)	HCR Prev Care				
JULEBER TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR Prev Care				
JUNEL 1.5/30 TAB	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	HCR Prev Care				
JUNEL 1/20 TAB	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	HCR Prev Care				
JUNEL FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	HCR Prev Care				
JUNEL FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	HCR Prev Care				
JUNEL FE 24 TAB 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	HCR Prev Care				
KAITLIB FE CHW	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	HCR Prev Care				
KALLIGA TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR Prev Care				
KARIVA TAB 28 DAY	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	HCR Prev Care				
KELNOR TAB 1/35	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	HCR Prev Care				
KELNOR 1/50 TAB	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG	HCR Prev Care				
KURVELO TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR Prev Care				
LARIN TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	HCR Prev Care				

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LARIN TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	HCR Prev Care				
LARIN 24 TAB FE 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	HCR Prev Care				
LARIN FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	HCR Prev Care				
LARIN FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	HCR Prev Care				
LAYOLIS FE CHW	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	HCR Prev Care				
LEENA TAB	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG	HCR Prev Care				
LESSINA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	HCR Prev Care				
LEVO-ETH EST TAB 90-20MCG	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG	HCR Prev Care				
LEVONEST TAB	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG	HCR Prev Care				
LEVONOR/ETHI TAB	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG	HCR Prev Care				
LEVONOR/ETHI TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	HCR Prev Care				
LEVONOR/ETHI TAB 0.1-20	LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21)	HCR Prev Care				
LEVONOR/ETHI TAB ESTRADIO	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR Prev Care				
LEVONOR/ETHI TAB ESTRADIO	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	HCR Prev Care				
LEVONOR/ETHI TAB ESTRADIO	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)	HCR Prev Care				
LEVONOR/ETHI TAB ESTRADIO	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	HCR Prev Care				
LEVONOR/ETHI TAB ESTRADIO	LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG &ETH EST 0.01 MG	HCR Prev Care				
LEVORA-28 TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR Prev Care				
LO LOESTRIN TAB 1-10-10	NORETHIN-ETH ESTRADIOL-FE TAB 1 MG-10 MCG (24)/10 MCG (2)	HCR Prev Care				
LOJAIMIESS TAB	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)	HCR Prev Care				
LOW-OGESTREL TAB	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	HCR Prev Care				
LUIZZA TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	HCR Prev Care				
LUIZZA 1/20 TAB	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	HCR Prev Care				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
LUTERA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	HCR Prev Care				
LYLLANA DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR	Tier 2		X		
LYLLANA DIS 0.0375MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR	Tier 2		X		
LYLLANA DIS 0.05MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR	Tier 2		X		
LYLLANA DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR	Tier 2		X		
LYLLANA DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR	Tier 2		X		
MARLISSA TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR Prev Care				
MENEST TAB 0.3MG	ESTERIFIED ESTROGENS TAB 0.3 MG	Tier 3				
MENEST TAB 0.625MG	ESTERIFIED ESTROGENS TAB 0.625 MG	Tier 3				
MENEST TAB 1.25MG	ESTERIFIED ESTROGENS TAB 1.25 MG	Tier 3				
MENEST TAB 2.5MG	ESTERIFIED ESTROGENS TAB 2.5 MG	Tier 3				
MENOSTAR DIS 14MCG	ESTRADIOL TD PATCH WEEKLY 14 MCG/24HR	Tier 3		X		
MIBELAS 24 CHW FE	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	HCR Prev Care				
MICROGESTIN TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	HCR Prev Care				
MICROGESTIN TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	HCR Prev Care				
MICROGESTIN TAB FE 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	HCR Prev Care				
MICROGESTIN TAB FE1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	HCR Prev Care				
MILI TAB 0.25/35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	HCR Prev Care				
MIMVEY TAB 1-0.5MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	Tier 1				
MINZOYA TAB 0.1-20	LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21)	HCR Prev Care				
MONO-LINYAH TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	HCR Prev Care				
MYFEMBREE TAB	RELUGOLIX-ESTRADIOL-NORETHINDRONE ACETATE TAB 40-1-0.5 MG	Tier 2	X	X		
NATAZIA TAB	ESTRADIOL VALERATE-DIENOGEST TAB 3 MG /2-2 MG/2-3 MG/1 MG	Tier 1				
NECON TAB 0.5/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG	HCR Prev Care				
NOR/EST/FF TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	HCR Prev Care				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
NORE/ETH/FER CHW 0.4MG-35	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	HCR Prev Care				
NORELGE/ETHI DIS 150/35	NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR	HCR Prev Care				
NORETH/ETHIN CHW FE	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	HCR Prev Care				
NORETH/ETHIN CHW FE 1/20	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	HCR Prev Care				
NORETH/ETHIN TAB 0.5-2.5	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 0.5 MG-2.5 MCG	Tier 1				
NORETH/ETHIN TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	HCR Prev Care				
NORETH/ETHIN TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	HCR Prev Care				
NORETH/ETHIN TAB 1MG-5MCG	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	Tier 1				
NORETH/ETHIN TAB FE	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	HCR Prev Care				
NORETH/ETHIN TAB FE 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	HCR Prev Care				
NORGEST/ETHI TAB 0.25/35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	HCR Prev Care				
NORGEST/ETHI TAB ESTRADIO	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	Tier 2				
NORGEST/ETHI TAB ESTRADIO	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	HCR Prev Care				
NORTREL TAB 0.5/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG	HCR Prev Care				
NORTREL TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	HCR Prev Care				
NORTREL TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG	HCR Prev Care				
NYLIA TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	HCR Prev Care				
NYLIA TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG	HCR Prev Care				
PARAGARD IUD T380A	COPPER IUD	Medical - HCR Prev Care				
PHILITH TAB 0.4-35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	HCR Prev Care				
PIMTREA TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	HCR Prev Care				
PORTIA-28 TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR Prev Care				
PREMARIN TAB 0.3MG	ESTROGENS, CONJUGATED TAB 0.3 MG	Tier 4				
PREMARIN TAB 0.45MG	ESTROGENS, CONJUGATED TAB 0.45 MG	Tier 4				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
PREMARIN TAB 0.625MG	ESTROGENS, CONJUGATED TAB 0.625 MG	Tier 4				
PREMARIN TAB 0.9MG	ESTROGENS, CONJUGATED TAB 0.9 MG	Tier 4				
PREMARIN TAB 1.25MG	ESTROGENS, CONJUGATED TAB 1.25 MG	Tier 4				
PREMARIN VAG CRE 0.625MG	ESTROGENS, CONJUGATED VAGINAL CREAM 0.625 MG/GM	Tier 3				
PREMPHASE TAB	CONJ EST 0.625(14)/CONJ EST-MEDROXYPRO AC TAB 0.625-5MG(14)	Tier 3				
PREMPRO TAB	CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.625-2.5 MG	Tier 4				
PREMPRO TAB 0.3-1.5	CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.3-1.5 MG	Tier 4				
PREMPRO TAB 0.45-1.5	CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.45-1.5 MG	Tier 4				
PREMPRO TAB 0.625-5	CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.625-5 MG	Tier 4				
RECLIPSEN TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR Prev Care				
RIVELSA TAB	LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG &ETH EST 0.01 MG	HCR Prev Care				
ROSYRAH TAB	LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG &ETH EST 0.01 MG	HCR Prev Care				
SETLAKIN TAB	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	HCR Prev Care				
SIMLIYA TAB 28 DAY	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	HCR Prev Care				
SIMPESSE TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	HCR Prev Care				
SPRINTEC 28 TAB 28 DAY	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	HCR Prev Care				
SRONYX TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	HCR Prev Care				
TARINA 24 FE TAB	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	HCR Prev Care				
TARINA FE TAB 1/20 EQ	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	HCR Prev Care				
TILIA FE TAB	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	HCR Prev Care				
TRI-ESTARYLL TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	HCR Prev Care				
TRI-LEGEST TAB FE	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	HCR Prev Care				
TRI-LINYAH TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	HCR Prev Care				
TRI-LO TAB ESTARYLL	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	Tier 2				
TRI-LO- TAB MARZIA	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	Tier 2				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
TRI-LO- TAB SPRINTEC	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	Tier 2				
TRI-LO-MILI TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	Tier 2				
TRI-MILI TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	HCR Prev Care				
TRI-SPRINTEC TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	HCR Prev Care				
TRIVORA-28 TAB	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG	HCR Prev Care				
TRI-VYLIBRA TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	HCR Prev Care				
TRI-VYLIBRA TAB LO	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	Tier 2				
TURQOZ TAB	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	HCR Prev Care				
TYBLUME CHW 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL CHEW TAB 0.1 MG-20 MCG	HCR Prev Care				
TYDEMY TAB	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG	HCR Prev Care				
VALTYA 1/35 TAB	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	HCR Prev Care				
VALTYA 1/50 TAB	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG	HCR Prev Care				
VELIVET PAK	DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG	HCR Prev Care				
VIENVA TAB 0.1-20	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	HCR Prev Care				
VIORELE TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	HCR Prev Care				
VOLNEA TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	HCR Prev Care				
VYFEMLA TAB 0.4-35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	HCR Prev Care				
VYLIBRA TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	HCR Prev Care				
WERA TAB 0.5/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG	HCR Prev Care				
WYMZYA FE CHW 0.4MG-35	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	HCR Prev Care				
XARAH FE TAB	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	HCR Prev Care				
XELRIA FE CHW 0.4MG-35	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	HCR Prev Care				
XULANE DIS 150-35	NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR	HCR Prev Care				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
YASMIN 28 TAB 3-0.03MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	Tier 2				
YAZ TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	Tier 2				
YUVAFEM TAB 10MCG	ESTRADIOL VAGINAL TAB 10 MCG	Tier 2				
ZAFEMY DIS 150/35	NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR	HCR Prev Care				
ZOVIA 1/35 TAB	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	HCR Prev Care				
Fibromyalgia agents - Drugs to treat muscle and soft tissue pain						
DULOXETINE CAP 20MG DR	DULOXETINE HCL ENTERIC COATED PELLETS CAP 20 MG (BASE EQ)	$0 Behav Health				
DULOXETINE CAP 30MG DR	DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ)	$0 Behav Health				
DULOXETINE CAP 60MG DR	DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ)	$0 Behav Health				
LYRICA SOL 20MG/ML	PREGABALIN SOLN 20 MG/ML	Tier 3	X			
MILNACIPRAN MIS TITR PAK	MILNACIPRAN HCL TAB 12.5 MG (5) & 25 MG (8) & 50 MG (42) PAK	Tier 3		X		
MILNACIPRAN TAB 100MG	MILNACIPRAN HCL TAB 100 MG	Tier 3		X		
MILNACIPRAN TAB 12.5MG	MILNACIPRAN HCL TAB 12.5 MG	Tier 3		X		
MILNACIPRAN TAB 25MG	MILNACIPRAN HCL TAB 25 MG	Tier 3		X		
MILNACIPRAN TAB 50MG	MILNACIPRAN HCL TAB 50 MG	Tier 3		X		
PREGABALIN CAP 100MG	PREGABALIN CAP 100 MG	Tier 2*				
PREGABALIN CAP 150MG	PREGABALIN CAP 150 MG	Tier 2*				
PREGABALIN CAP 200MG	PREGABALIN CAP 200 MG	Tier 2*				
PREGABALIN CAP 225MG	PREGABALIN CAP 225 MG	Tier 2*				
PREGABALIN CAP 25MG	PREGABALIN CAP 25 MG	Tier 2*				
PREGABALIN CAP 300MG	PREGABALIN CAP 300 MG	Tier 2*				
PREGABALIN CAP 50MG	PREGABALIN CAP 50 MG	Tier 2*				
PREGABALIN CAP 75MG	PREGABALIN CAP 75 MG	Tier 2*				
PREGABALIN SOL 20MG/ML	PREGABALIN SOLN 20 MG/ML	Tier 2*				
GABA receptor modulators - Drugs for sleeping						
ESZOPICLONE TAB 1MG	ESZOPICLONE TAB 1 MG	Tier 2*				
ESZOPICLONE TAB 2MG	ESZOPICLONE TAB 2 MG	Tier 2*				
ESZOPICLONE TAB 3MG	ESZOPICLONE TAB 3 MG	Tier 2*				
FLURAZEPAM CAP 15MG	FLURAZEPAM HCL CAP 15 MG	Tier 1*				
FLURAZEPAM CAP 30MG	FLURAZEPAM HCL CAP 30 MG	Tier 1*				
RESTORIL CAP 15MG	TEMAZEPAM CAP 15 MG	Tier 4				
RESTORIL CAP 22.5MG	TEMAZEPAM CAP 22.5 MG	Tier 4				
RESTORIL CAP 30MG	TEMAZEPAM CAP 30 MG	Tier 4				
RESTORIL CAP 7.5MG	TEMAZEPAM CAP 7.5 MG	Tier 4				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
TEMAZEPAM CAP 15MG	TEMAZEPAM CAP 15 MG	Tier 1*				
TEMAZEPAM CAP 22.5MG	TEMAZEPAM CAP 22.5 MG	Tier 1*				
TEMAZEPAM CAP 30MG	TEMAZEPAM CAP 30 MG	Tier 1*				
TEMAZEPAM CAP 7.5MG	TEMAZEPAM CAP 7.5 MG	Tier 1*				
ZALEPLON CAP 10MG	ZALEPLON CAP 10 MG	Tier 1*				
ZALEPLON CAP 5MG	ZALEPLON CAP 5 MG	Tier 1*				
ZOLPIDEM TAB 10MG	ZOLPIDEM TARTRATE TAB 10 MG	Tier 1*				
ZOLPIDEM TAB 5MG	ZOLPIDEM TARTRATE TAB 5 MG	Tier 1*				
ZOLPIDEM ER TAB 12.5MG	ZOLPIDEM TARTRATE TAB ER 12.5 MG	Tier 2*				
ZOLPIDEM ER TAB 6.25MG	ZOLPIDEM TARTRATE TAB ER 6.25 MG	Tier 2*				
Gamma-aminobutyric acid (GABA) augmenting agents - Seizure control drugs						
CLOBAZAM SUS 2.5MG/ML	CLOBAZAM SUSPENSION 2.5 MG/ML	Tier 3	X			
CLOBAZAM TAB 10MG	CLOBAZAM TAB 10 MG	Tier 2	X			
CLOBAZAM TAB 20MG	CLOBAZAM TAB 20 MG	Tier 2	X			
DIAZEPAM GEL 10MG	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	Tier 1		X		
DIAZEPAM GEL 2.5MG	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	Tier 1		X		
DIAZEPAM GEL 20MG	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	Tier 1		X		
GABAPENTIN CAP 100MG	GABAPENTIN CAP 100 MG	Tier 1*				
GABAPENTIN CAP 300MG	GABAPENTIN CAP 300 MG	Tier 1*				
GABAPENTIN CAP 400MG	GABAPENTIN CAP 400 MG	Tier 1*				
GABAPENTIN SOL 250/5ML	GABAPENTIN ORAL SOLN 250 MG/5ML	Tier 1*				
GABAPENTIN TAB 600MG	GABAPENTIN TAB 600 MG	Tier 1*				
GABAPENTIN TAB 800MG	GABAPENTIN TAB 800 MG	Tier 1*				
LIBERVANT MIS 10MG	DIAZEPAM BUCCAL FILM 10 MG	Tier 3	X	X		
LIBERVANT MIS 12.5MG	DIAZEPAM BUCCAL FILM 12.5 MG	Tier 3	X	X		
LIBERVANT MIS 15MG	DIAZEPAM BUCCAL FILM 15 MG	Tier 3	X	X		
LIBERVANT MIS 5MG	DIAZEPAM BUCCAL FILM 5 MG	Tier 3	X	X		
LIBERVANT MIS 7.5MG	DIAZEPAM BUCCAL FILM 7.5 MG	Tier 3	X	X		
ONFI SUS 2.5MG/ML	CLOBAZAM SUSPENSION 2.5 MG/ML	Tier 4	X			
ONFI TAB 10MG	CLOBAZAM TAB 10 MG	Tier 4	X			
ONFI TAB 20MG	CLOBAZAM TAB 20 MG	Tier 4	X			
PRIMIDONE TAB 125MG	PRIMIDONE TAB 125 MG	Tier 1				
PRIMIDONE TAB 250MG	PRIMIDONE TAB 250 MG	Tier 1				
PRIMIDONE TAB 50MG	PRIMIDONE TAB 50 MG	Tier 1				
SYMPAZAN MIS 10MG	CLOBAZAM ORAL FILM 10 MG	Tier 4	X			
SYMPAZAN MIS 20MG	CLOBAZAM ORAL FILM 20 MG	Tier 4	X			
SYMPAZAN MIS 5MG	CLOBAZAM ORAL FILM 5 MG	Tier 4	X			

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
TIAGABINE TAB 12MG	TIAGABINE HCL TAB 12 MG	Tier 1				
TIAGABINE TAB 16MG	TIAGABINE HCL TAB 16 MG	Tier 1				
TIAGABINE TAB 2MG	TIAGABINE HCL TAB 2 MG	Tier 1				
TIAGABINE TAB 4MG	TIAGABINE HCL TAB 4 MG	Tier 1				
VALPROIC ACD CAP 250MG	VALPROIC ACID CAP 250 MG	Tier 1*				
VALPROIC ACD SOL 250/5ML	VALPROATE SODIUM ORAL SOLN 250 MG/5ML (BASE EQUIV)	Tier 1*				
VALTOCO SPR 10MG	DIAZEPAM NASAL SPRAY 10 MG/0.1 ML	Tier 3	X	X		
VALTOCO SPR 15MG	DIAZEPAM NASAL SPRAY THER PACK 2 X 7.5 MG/0.1ML (15 MG DOSE)	Tier 3	X	X		
VALTOCO SPR 20MG	DIAZEPAM NASAL SPRAY THER PACK 2 X 10 MG/0.1ML (20 MG DOSE)	Tier 3	X	X		
VALTOCO SPR 5MG	DIAZEPAM NASAL SPRAY 5 MG/0.1 ML	Tier 3	X	X		
VIGABATRIN PAK 500MG	VIGABATRIN POWD PACK 500 MG	Tier 3	X	X		X
VIGABATRIN TAB 500MG	VIGABATRIN TAB 500 MG	Tier 3	X	X		X
VIGADRONE POW 500MG	VIGABATRIN POWD PACK 500 MG	Tier 3	X	X		X
VIGADRONE TAB 500MG	VIGABATRIN TAB 500 MG	Tier 3	X	X		X
VIGAFYDE SOL 100MG/ML	VIGABATRIN ORAL SOLN 100 MG/ML	Tier 3	X	X		X
VIGPODER POW 500MG	VIGABATRIN POWD PACK 500 MG	Tier 3	X	X		X
Gastrointestinal agents, other						
SUFLAVE SOL	PEG 3350-KCL-NACL-NA SULFATE-MAG SULFATE FOR SOLN 178.7 GM	Tier 3		X		
Gastrointestinal agents, other - Miscellaneous gastrointestinal drugs						
ALVIMOPAN CAP 12MG	ALVIMOPAN CAP 12 MG	Tier 3				
CROMOLYN SOD CON 100/5ML	CROMOLYN SODIUM ORAL CONC 100 MG/5ML	Tier 1				
CTEXLI TAB 250MG	CHENODIOL (BASDS) TAB 250 MG	Tier 4	X	X	X	X
DIPHEN/ATROP LIQ 2.5/5	DIPHENOXYLATE W/ ATROPINE LIQ 2.5-0.025 MG/5ML	Tier 1				
DIPHEN/ATROP TAB 2.5MG	DIPHENOXYLATE W/ ATROPINE TAB 2.5-0.025 MG	Tier 1				
GATTEX KIT 5MG	TEDUGLUTIDE (RDNA) FOR INJ KIT 5 MG	Tier 3	X	X		X
IQIRVO TAB 80MG	ELAFIBRANOR TAB 80 MG	Tier 4	X	X	X	X
LIVDELZI CAP 10MG	SELADELPAR LYSINE CAP 10 MG	Tier 4	X	X	X	X
LIVMARLI TAB 10MG	MARALIXIBAT CHLORIDE TAB 10 MG	Tier 4	X	X		X
LIVMARLI TAB 15MG	MARALIXIBAT CHLORIDE TAB 15 MG	Tier 4	X	X		X
LIVMARLI TAB 20MG	MARALIXIBAT CHLORIDE TAB 20 MG	Tier 4	X	X		X
LIVMARLI TAB 30MG	MARALIXIBAT CHLORIDE TAB 30 MG	Tier 4	X	X		X
LOMOTIL TAB 2.5MG	DIPHENOXYLATE W/ ATROPINE TAB 2.5-0.025 MG	Tier 4				
MYALEPT INJ 11.3MG	METRELEPTIN FOR SUBCUTANEOUS INJ 11.3 MG	Tier 4	X	X		X
OPIUM TIN 10MG/ML	OPIUM TINCTURE 1% (10 MG/ML) (MORPHINE EQUIV)	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
PRUCALOPRIDE TAB 1MG	PRUCALOPRIDE SUCCINATE TAB 1 MG (BASE EQUIVALENT)	Tier 3	X	X		
PRUCALOPRIDE TAB 2MG	PRUCALOPRIDE SUCCINATE TAB 2 MG (BASE EQUIVALENT)	Tier 3	X	X		
RELISTOR INJ 12/0.6ML	METHYLNALTREXONE BROMIDE INJ 12 MG/0.6ML (20 MG/ML)	Tier 4	X	X		
RELISTOR INJ 12/0.6ML	METHYLNALTREXONE BROMIDE SOLN PREF SYR 12 MG/0.6ML	Tier 4	X	X		
RELISTOR INJ 8/0.4ML	METHYLNALTREXONE BROMIDE SOLN PREF SYR 8 MG/0.4ML	Tier 4	X	X		
REZDIFFRA TAB 100MG	RESMETIROM 100 MG TAB	Tier 4	X	X		
REZDIFFRA TAB 60MG	RESMETIROM 60 MG TAB	Tier 4	X	X		
REZDIFFRA TAB 80MG	RESMETIROM 80 MG TAB	Tier 4	X	X		
SYMPROIC TAB 0.2MG	NALDEMEDINE TOSYLATE TAB 0.2 MG (BASE EQUIVALENT)	Tier 2	X	X		
URSODIOL CAP 300MG	URSODIOL CAP 300 MG	Tier 1				
URSODIOL TAB 250MG	URSODIOL TAB 250 MG	Tier 1				
URSODIOL TAB 500MG	URSODIOL TAB 500 MG	Tier 1				
VOQUEZNA PAK DUAL PAK	AMOXICILLIN CAP 500 MG & VONOPRAZAN TAB 20 MG THERAPY PACK	Tier 4		X	X	
VOQUEZNA PAK TRIP PK	AMOXICILLIN CAP & CLARITHROMYCIN TAB & VONOPRAZAN TAB PACK	Tier 4		X	X	
XERMELO TAB 250MG	TELOTRISTAT ETHYL TAB 250 MG (AS TELOTRISTAT ETIPRATE)	Tier 4	X	X		X
Genetic or enzyme disorder: Replacement, modifiers, treatment						
BETAINE ANHY POW	BETAINE POWDER FOR ORAL SOLUTION	Tier 3				X
CERDELGA CAP 84MG	ELIGLUSTAT TARTRATE CAP 84 MG (BASE EQUIVALENT)	Tier 3	X			X
CHOLBAM CAP 250MG	CHOLIC ACID CAP 250 MG	Tier 3	X	X		X
CHOLBAM CAP 50MG	CHOLIC ACID CAP 50 MG	Tier 3	X	X		X
CREON CAP 12000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 12000-38000-60000 UNIT	Tier 2				
CREON CAP 24000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 24000-76000-120000 UNIT	Tier 2				
CREON CAP 3000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 3000-9500-15000 UNIT	Tier 2				
CREON CAP 36000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 36000-114000-180000 UNIT	Tier 2				
CREON CAP 6000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 6000-19000-30000 UNIT	Tier 2				
CYSTADANE POW	BETAINE POWDER FOR ORAL SOLUTION	Tier 4				X
CYSTAGON CAP 150MG	CYSTEAMINE BITARTRATE CAP 150 MG	Tier 3				X
CYSTAGON CAP 50MG	CYSTEAMINE BITARTRATE CAP 50 MG	Tier 3				X
GALAFOLD CAP 123MG	MIGALASTAT HCL CAP 123 MG (BASE EQUIVALENT)	Tier 4	X	X		X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
GLYCEROL PHE LIQ 1.1GM/ML	GLYCEROL PHENYLBUTYRATE LIQUID 1.1 GM/ML	Tier 4	X	X		X
MIGLUSTAT CAP 100MG	MIGLUSTAT CAP 100 MG	Tier 3				X
OCALIVA TAB 10MG	OBETICHOLIC ACID TAB 10 MG	Tier 4				X
OCALIVA TAB 5MG	OBETICHOLIC ACID TAB 5 MG	Tier 4				X
OPFOLDA CAP 65MG	MIGLUSTAT (GAA DEFICIENCY) CAP 65 MG	Tier 3	X	X		X
ORFADIN CAP 10MG	NITISINONE CAP 10 MG	Tier 3	X			X
ORFADIN CAP 20MG	NITISINONE CAP 20 MG	Tier 3	X			X
ORFADIN CAP 2MG	NITISINONE CAP 2 MG	Tier 3	X			X
ORFADIN CAP 5MG	NITISINONE CAP 5 MG	Tier 3	X			X
ORFADIN SUS 4MG/ML	NITISINONE SUSP 4 MG/ML	Tier 3	X			X
PERTZYE CAP 16000U	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 16000-57500-60500 UNIT	Tier 4			X	
PERTZYE CAP 24000U	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 24000-86250-90750 UNIT	Tier 4			X	
PERTZYE CAP 4000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 4000-14375-15125 UNIT	Tier 4			X	
PERTZYE CAP 8000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 8000-28750-30250 UNIT	Tier 4			X	
PHENYLBUTYRA POW SODIUM	SODIUM PHENYLBUTYRATE ORAL POWDER 3 GM/TEASPOONFUL	Tier 1	X			X
PROCYSBI GRA 300MG	CYSTEAMINE BITARTRATE DELAYED RELEASE GRANULES PACKET 300 MG	Tier 4				X
PROCYSBI GRA 75MG	CYSTEAMINE BITARTRATE DELAYED RELEASE GRANULES PACKET 75 MG	Tier 4				X
SAPROPTERIN POW 100MG	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 100 MG	Tier 3	X	X		X
SAPROPTERIN POW 500MG	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 500 MG	Tier 3	X	X		X
SAPROPTERIN TAB 100MG	SAPROPTERIN DIHYDROCHLORIDE TAB 100 MG	Tier 3	X	X		X
SODIUM PHENY TAB 500MG	SODIUM PHENYLBUTYRATE TAB 500 MG	Tier 4	X			X
STRENSIQ INJ 18/0.45	ASFOTASE ALFA SUBCUTANEOUS INJ 18 MG/0.45ML	Tier 3	X	X		X
STRENSIQ INJ 28/0.7ML	ASFOTASE ALFA SUBCUTANEOUS INJ 28 MG/0.7ML	Tier 3	X	X		X
STRENSIQ INJ 40MG/ML	ASFOTASE ALFA SUBCUTANEOUS INJ 40 MG/ML	Tier 3	X	X		X
STRENSIQ INJ 80/0.8ML	ASFOTASE ALFA SUBCUTANEOUS INJ 80 MG/0.8ML	Tier 3	X	X		X
SUCRAID SOL 8500/ML	SACROSIDASE SOLN 8500 UNIT/ML	Tier 3	X			X
TEGSEDI INJ 284/1.5	INOTERSEN SOD SUBCUTANEOUS PREF SYR 284 MG/1.5ML (BASE EQ)	Tier 3		X		X
VIOKACE TAB 10440	PANCRELIPASE (LIP-PROT-AMYL) TAB 10440-39150-39150 UNIT	Tier 4			X	
VIOKACE TAB 20880	PANCRELIPASE (LIP-PROT-AMYL) TAB 20880-78300-78300 UNIT	Tier 4			X	

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
VOXZOGO INJ 0.4MG	VOSORITIDE FOR SUBCUTANEOUS INJ 0.4 MG	Tier 4	X	X		X
VOXZOGO INJ 0.56MG	VOSORITIDE FOR SUBCUTANEOUS INJ 0.56 MG	Tier 4	X	X		X
VOXZOGO INJ 1.2MG	VOSORITIDE FOR SUBCUTANEOUS INJ 1.2 MG	Tier 4	X	X		X
WAINUA INJ 45/0.8ML	EPLONTERSEN SODIUM SUBCUTANEOUS SOLN AUTO-INJ 45 MG/0.8ML	Tier 3	X	X		X
XPHOZAH TAB 20MG	TENAPANOR HCL TAB 20 MG	Tier 4	X	X		
XPHOZAH TAB 30MG	TENAPANOR HCL TAB 30 MG	Tier 4	X	X		
XURIDEN POW 2GM	URIDINE TRIACETATE ORAL GRANULES PACKET 2 GM	Tier 3	X	X		X
YORVIPATH INJ 168/0.56	PALOPEGTERIPARATIDE PEN-INJ 168 MCG/0.56ML (TERIPARATIDE EQ)	Tier 4	X	X		X
YORVIPATH INJ 294/0.98	PALOPEGTERIPARATIDE PEN-INJ 294 MCG/0.98ML (TERIPARATIDE EQ)	Tier 4	X	X		X
YORVIPATH INJ 420/1.4	PALOPEGTERIPARATIDE PEN-INJ 420 MCG/1.4ML (TERIPARATIDE EQ)	Tier 4	X	X		X
YUVIWEL INJ 1.3MG	NAVEPEGRITIDE FOR SUBCUTANEOUS INJ 1.3 MG	Tier 4	X	X		X
YUVIWEL INJ 2.8MG	NAVEPEGRITIDE FOR SUBCUTANEOUS INJ 2.8 MG	Tier 4	X	X		X
YUVIWEL INJ 5.5MG	NAVEPEGRITIDE FOR SUBCUTANEOUS INJ 5.5 MG	Tier 4	X	X		X
ZELVYSIA POW 100MG	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 100 MG	Tier 3	X	X		X
ZELVYSIA POW 500MG	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 500 MG	Tier 3	X	X		X
ZENPEP CAP 10000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 10000-32000-42000 UNIT	Tier 2				
ZENPEP CAP 15000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 15000-47000-63000 UNIT	Tier 2				
ZENPEP CAP 20000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 20000-63000-84000 UNIT	Tier 2				
ZENPEP CAP 25000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 25000-79000-105000 UNIT	Tier 2				
ZENPEP CAP 3000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 3000-10000-14000 UNIT	Tier 2				
ZENPEP CAP 40000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 40000-126000-168000 UNIT	Tier 2				
ZENPEP CAP 5000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 5000-17000-24000 UNIT	Tier 2				
ZENPEP CAP 60000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 60000-189600-252600 UNIT	Tier 2				
Genetic or enzyme or protein disorder: Replacement, modifiers, treatment						
ATTRUBY PAK 356MG	ACORAMIDIS HCL TAB PACK 356 MG (712 MG TWICE DAILY)	Tier 3	X	X		X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
Genitourinary agents – Drugs to treat bladder, genital and kidney conditions						
FC2 FEMALE MIS CONDOM	CONDOMS - FEMALE	HCR Prev Care		X		
Genitourinary agents, other - Miscellaneous bladder, genital, and kidney conditions drugs						
AVANAFIL TAB 100MG	AVANAFIL TAB 100 MG	Tier 3	X	X		
AVANAFIL TAB 200MG	AVANAFIL TAB 200 MG	Tier 3	X	X		
AVANAFIL TAB 50MG	AVANAFIL TAB 50 MG	Tier 3	X	X		
BETHANECHOL TAB 10MG	BETHANECHOL CHLORIDE TAB 10 MG	Tier 1				
BETHANECHOL TAB 25MG	BETHANECHOL CHLORIDE TAB 25 MG	Tier 1				
BETHANECHOL TAB 50MG	BETHANECHOL CHLORIDE TAB 50 MG	Tier 1				
BETHANECHOL TAB 5MG	BETHANECHOL CHLORIDE TAB 5 MG	Tier 1				
CAVERJECT INJ 20MCG	ALPROSTADIL FOR INJ 20 MCG	Tier 3		X		
CAVERJECT INJ 40MCG	ALPROSTADIL FOR INJ 40 MCG	Tier 3		X		
CAVERJECT IM KIT 10MCG	ALPROSTADIL FOR INJ KIT 10 MCG	Tier 3		X		
CAVERJECT IM KIT 20MCG	ALPROSTADIL FOR INJ KIT 20 MCG	Tier 3		X		
CERVIDIL VAG MIS 10MG INS	DINOPROSTONE VAGINAL INSERTS 10 MG	Tier 3				
DEPEN TITRA TAB 250MG	PENICILLAMINE TAB 250 MG	Tier 3				X
EDEX 2-CRTDG KIT 10MCG	ALPROSTADIL FOR INJ KIT 10 MCG	Tier 3		X		
EDEX 2-CRTDG KIT 20MCG	ALPROSTADIL FOR INJ KIT 20 MCG	Tier 3		X		
EDEX 2-CRTDG KIT 40MCG	ALPROSTADIL FOR INJ KIT 40 MCG	Tier 3		X		
EDEX 6-CRTDG KIT 10MCG	ALPROSTADIL FOR INJ KIT 10 MCG	Tier 3		X		
EDEX 6-CRTDG KIT 20MCG	ALPROSTADIL FOR INJ KIT 20 MCG	Tier 3		X		
EDEX 6-CRTDG KIT 40MCG	ALPROSTADIL FOR INJ KIT 40 MCG	Tier 3		X		
ENCARE SUP 100MG	NONOXYNOL-9 VAGINAL SUPPOS 100 MG	HCR Prev Care				
FILSPARI TAB 200MG	SPARSENTAN TAB 200 MG	Tier 4	X	X		X
FILSPARI TAB 400MG	SPARSENTAN TAB 400 MG	Tier 4	X	X		X
GYNOL II GEL 3%	NONOXYNOL-9 GEL 3%	HCR Prev Care				
LITHOSTAT TAB 250MG	ACETOHYDROXAMIC ACID TAB 250 MG	Tier 3				
ME/NAPHOS/MB TAB HYO 1	METHENAMINE-HYOSCAMINE-METH BLUE-SOD PHOS TAB 81.6 MG	Tier 1				
PENICILLAMIN TAB 250MG	PENICILLAMINE TAB 250 MG	Tier 3				X
PHENAZO TAB 200MG	PHENAZOPYRIDINE HCL TAB 200 MG	Tier 1				
PHENAZOPYRID TAB 100MG	PHENAZOPYRIDINE HCL TAB 100 MG	Tier 1				
PHENAZOPYRID TAB 200MG	PHENAZOPYRIDINE HCL TAB 200 MG	Tier 1				
PREPIDIL GEL 0.5MG/3G	DINOPROSTONE CERVICAL GEL 0.5 MG/3GM	Tier 3				
PYRIDIUM TAB 100MG	PHENAZOPYRIDINE HCL TAB 100 MG	Tier 3				
PYRIDIUM TAB 200MG	PHENAZOPYRIDINE HCL TAB 200 MG	Tier 3				
RIVFLOZA INJ 128/0.8	NEDOSIRAN SODIUM SUBCUTANEOUS SOLN PREF SYR 128 MG/0.8ML	Tier 4	X	X		X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
RIVFLOZA INJ 160MG/ML	NEDOSIRAN SODIUM SUBCUTANEOUS SOLN PREF SYR 160 MG/ML	Tier 4	X	X		X
RIVFLOZA INJ 80/0.5ML	NEDOSIRAN SODIUM SUBCUTANEOUS SOLN 80 MG/0.5ML	Tier 4	X	X		X
SILDENAFIL TAB 100MG	SILDENAFIL CITRATE TAB 100 MG	Tier 2		X		
SILDENAFIL TAB 25MG	SILDENAFIL CITRATE TAB 25 MG	Tier 2		X		
SILDENAFIL TAB 50MG	SILDENAFIL CITRATE TAB 50 MG	Tier 2		X		
STENDRA TAB 100MG	AVANAFIL TAB 100 MG	Tier 4	X	X		
STENDRA TAB 200MG	AVANAFIL TAB 200 MG	Tier 4	X	X		
STENDRA TAB 50MG	AVANAFIL TAB 50 MG	Tier 4	X	X		
TADALAFIL TAB 10MG	TADALAFIL TAB 10 MG	Tier 2		X		
TADALAFIL TAB 20MG	TADALAFIL TAB 20 MG	Tier 2		X		
TIOPRONIN TAB 100MG	TIOPRONIN TAB 100 MG	Tier 3				X
TIOPRONIN TAB 100MG DR	TIOPRONIN TAB DELAYED RELEASE 100 MG	Tier 3				X
TIOPRONIN TAB 300MG DR	TIOPRONIN TAB DELAYED RELEASE 300 MG	Tier 3				X
TODAY SPONGE MIS	NONOXYNOL-9 VAGINAL SPONGE 1000 MG	HCR Prev Care				
URELLE TAB	METHENAMINE-HYOSC-METH BLUE-SOD PHOS-PHEN SAL TAB 81 MG	Tier 4				
URETRON D/S TAB	METHENAMINE-HYOS-METH BLUE-SOD PHOS-PHEN SAL TAB 81.6 MG	Tier 4				
UROGESIC- TAB BLUE	METHENAMINE-HYOSCAMINE-METH BLUE-SOD PHOS TAB 81.6 MG	Tier 2				
VARDENAFIL TAB 10MG	VARDENAFIL HCL TAB 10 MG	Tier 3		X		
VARDENAFIL TAB 10MG ODT	VARDENAFIL HCL ORALLY DISINTEGRATING TAB 10 MG	Tier 3		X		
VARDENAFIL TAB 2.5MG	VARDENAFIL HCL TAB 2.5 MG	Tier 3		X		
VARDENAFIL TAB 20MG	VARDENAFIL HCL TAB 20 MG	Tier 3		X		
VARDENAFIL TAB 5MG	VARDENAFIL HCL TAB 5 MG	Tier 3		X		
VCF VAGINAL GEL CONTRACE	NONOXYNOL-9 GEL 4%	HCR Prev Care				
VCF VAGINAL MIS CONTRACP	NONOXYNOL-9 FILM 28%	HCR Prev Care				
VILEVEV MB TAB 81MG	METHENAMINE-HYOSC-METH BLUE-SOD PHOS-PHEN SAL TAB 81 MG	Tier 4				
VYBRIQUE MIS 100MG	SILDENAFIL CITRATE ORAL FILM 100 MG (BASE EQUIVALENT)	Tier 3		X		
VYBRIQUE MIS 25MG	SILDENAFIL CITRATE ORAL FILM 25 MG (BASE EQUIVALENT)	Tier 3		X		
VYBRIQUE MIS 50MG	SILDENAFIL CITRATE ORAL FILM 50 MG (BASE EQUIVALENT)	Tier 3		X		
VYBRIQUE MIS 75MG	SILDENAFIL CITRATE ORAL FILM 75 MG (BASE EQUIVALENT)	Tier 3		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
Glucocorticoids - Drugs to treat inflammation						
ANALPRAM HC CRE 1-1%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 1-1%	Tier 4				
ANALPRAM HC LOT 2.5%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL LOTN 2.5-1%	Tier 3				
ANALPRAM-HC CRE 1-1%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 1-1%	Tier 4				
ANALPRAM-HC LOT 2.5%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL LOTN 2.5-1%	Tier 3				
ANUCORT-HC SUP 25MG	HYDROCORTISONE ACETATE SUPPOS 25 MG	Tier 2				
ANUSOL-HC CRE 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	Tier 4				
BUDESONIDE AER 2MG/ACT	BUDESONIDE RECTAL FOAM 2 MG/ACT	Tier 2				
BUDESONIDE CAP 3MG DR	BUDESONIDE DELAYED RELEASE PARTICLES CAP 3 MG	Tier 2				
CORTENEMA ENE 100MG	HYDROCORTISONE ENEMA 100 MG/60ML	Tier 4				
CORTIFOAM AER 90MG	HYDROCORTISONE ACETATE PERIANAL FOAM 10% (90 MG/DOSE)	Tier 2				
EOHILIA SUS 2MG/10ML	BUDESONIDE ORAL SUSPENSION 2 MG/10ML	Tier 4	X	X		
HC PRAMOXINE CRE 1-1%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 1-1%	Tier 1				
HC PRAMOXINE CRE 2.5-1%	PRAMOXINE-HC CREAM 1-2.5%	Tier 1				
HEMMOREX-HC SUP 25MG	HYDROCORTISONE ACETATE SUPPOS 25 MG	Tier 3				
HYDROCORT ENE 100MG	HYDROCORTISONE ENEMA 100 MG/60ML	Tier 1				
HYDROCORT AC SUP 25MG	HYDROCORTISONE ACETATE SUPPOS 25 MG	Tier 2				
HYDROCORT AC SUP 30MG	HYDROCORTISONE ACETATE SUPPOS 30 MG	Tier 2				
HYDROCORTISO CRE 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	Tier 1				
PRAMOSONE OIN 1%	PRAMOXINE-HC OINT 1-1%	Tier 2				
PRAMOSONE OIN 1-1%	PRAMOXINE-HC OINT 1-1%	Tier 2				
PRAMOSONE OIN 2.5%	PRAMOXINE-HC OINT 1-2.5%	Tier 4				
PROCTOFOAM AER HC 1%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL FOAM 1-1%	Tier 2				
PROCTO-MED CRE HC 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	Tier 1				
PROCTOSOL HC CRE 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	Tier 4				
PROCTOZONE CRE -HC 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	Tier 4				
Glutamate reducing agents - Seizure control drugs						
FELBAMATE SUS 600/5ML	FELBAMATE SUSP 600 MG/5ML	Tier 1				
FELBAMATE TAB 400MG	FELBAMATE TAB 400 MG	Tier 1				
FELBAMATE TAB 600MG	FELBAMATE TAB 600 MG	Tier 1				
FELBATOL TAB 400MG	FELBAMATE TAB 400 MG	Tier 4	X			
FELBATOL TAB 600MG	FELBAMATE TAB 600 MG	Tier 4	X			
FYCOMPA SUS 0.5MG/ML	PERAMPANEL SUSP 0.5 MG/ML	Tier 4	X			

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
LAMOTRIGINE CHW 25MG	LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 25 MG	Tier 1*				
LAMOTRIGINE CHW 5MG	LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 5 MG	Tier 1*				
LAMOTRIGINE KIT START 35	LAMOTRIGINE TAB 35 X 25 MG STARTER KIT	Tier 1*				
LAMOTRIGINE KIT START 49	LAMOTRIGINE TAB 25 MG (42) & 100 MG (7) STARTER KIT	Tier 1*				
LAMOTRIGINE KIT START 98	LAMOTRIGINE TAB 84 X 25 MG & 14 X 100 MG STARTER KIT	Tier 1*				
LAMOTRIGINE TAB 100MG	LAMOTRIGINE TAB 100 MG	Tier 1*				
LAMOTRIGINE TAB 150MG	LAMOTRIGINE TAB 150 MG	Tier 1*				
LAMOTRIGINE TAB 200MG	LAMOTRIGINE TAB 200 MG	Tier 1*				
LAMOTRIGINE TAB 25MG	LAMOTRIGINE TAB 25 MG	Tier 1*				
PERAMPANEL SUS 0.5MG/ML	PERAMPANEL SUSP 0.5 MG/ML	Tier 3	X			
PERAMPANEL TAB 10MG	PERAMPANEL TAB 10 MG	Tier 3	X			
PERAMPANEL TAB 12MG	PERAMPANEL TAB 12 MG	Tier 3	X			
PERAMPANEL TAB 2MG	PERAMPANEL TAB 2 MG	Tier 3	X			
PERAMPANEL TAB 4MG	PERAMPANEL TAB 4 MG	Tier 3	X			
PERAMPANEL TAB 6MG	PERAMPANEL TAB 6 MG	Tier 3	X			
PERAMPANEL TAB 8MG	PERAMPANEL TAB 8 MG	Tier 3	X			
SUBVENITE KIT START 35	LAMOTRIGINE TAB 35 X 25 MG STARTER KIT	Tier 1*				
SUBVENITE KIT START 49	LAMOTRIGINE TAB 25 MG (42) & 100 MG (7) STARTER KIT	Tier 1*				
SUBVENITE KIT START 98	LAMOTRIGINE TAB 84 X 25 MG & 14 X 100 MG STARTER KIT	Tier 1*				
SUBVENITE TAB 100MG	LAMOTRIGINE TAB 100 MG	Tier 1*				
SUBVENITE TAB 150MG	LAMOTRIGINE TAB 150 MG	Tier 1*				
SUBVENITE TAB 200MG	LAMOTRIGINE TAB 200 MG	Tier 1*				
SUBVENITE TAB 25MG	LAMOTRIGINE TAB 25 MG	Tier 1*				
TOPIRAMATE CAP 15MG	TOPIRAMATE SPRINKLE CAP 15 MG	Tier 1*				
TOPIRAMATE CAP 25MG	TOPIRAMATE SPRINKLE CAP 25 MG	Tier 1*				
TOPIRAMATE CAP 50MG	TOPIRAMATE SPRINKLE CAP 50 MG	Tier 1				
TOPIRAMATE TAB 100MG	TOPIRAMATE TAB 100 MG	Tier 1*				
TOPIRAMATE TAB 200MG	TOPIRAMATE TAB 200 MG	Tier 1*				
TOPIRAMATE TAB 25MG	TOPIRAMATE TAB 25 MG	Tier 1*				
TOPIRAMATE TAB 50MG	TOPIRAMATE TAB 50 MG	Tier 1*				
Glycemic agents - Diabetic drugs						
BAQSIMI ONE POW 3MG/DOSE	GLUCAGON NASAL POWDER 3 MG/DOSE	Tier 2		X		
BAQSIMI TWO POW 3MG/DOSE	GLUCAGON NASAL POWDER 3 MG/DOSE	Tier 2		X		
DIAZOXIDE SUS 50MG/ML	DIAZOXIDE SUSP 50 MG/ML	Tier 3				
GLUCAGON INJ 1MG	GLUCAGON FOR INJ 1 MG	Tier 2				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
GLUCAGON EMR SOL 1MG	GLUCAGON HCL FOR INJ 1 MG	Tier 2				
GVOKE HYPO 1 INJ 0.5/.1ML	GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	Tier 2		X		
GVOKE HYPO 1 INJ 1/0.2ML	GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	Tier 2		X		
GVOKE HYPO 2 INJ 0.5/.1ML	GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	Tier 2		X		
GVOKE HYPO 2 INJ 1/0.2ML	GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	Tier 2		X		
GVOKE KIT SOL 1/0.2ML	GLUCAGON SUBCUTANEOUS SOLN 1 MG/0.2ML	Tier 2		X		
GVOKE PFS INJ 1/0.2ML	GLUCAGON SUBCUTANEOUS SOLN PREF SYRINGE 1 MG/0.2ML	Tier 2		X		
PROGLYCEM SUS 50MG/ML	DIAZOXIDE SUSP 50 MG/ML	Tier 4				
Hemostasis agents - Drugs to stop bleeding						
ADVATE INJ 1000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1000 UNIT	Tier 3				X
ADVATE INJ 1500UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1500 UNIT	Tier 3				X
ADVATE INJ 2000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 2000 UNIT	Tier 3				X
ADVATE INJ 250UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 250 UNIT	Tier 3				X
ADVATE INJ 3000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 3000 UNIT	Tier 3				X
ADVATE INJ 4000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 4000 UNIT	Tier 3				X
ADVATE INJ 500UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 500 UNIT	Tier 3				X
ADYNOVATE INJ 1000UNIT	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 1000 UNIT	Tier 3				X
ADYNOVATE INJ 1500UNIT	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 1500 UNIT	Tier 3				X
ADYNOVATE INJ 2000UNIT	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 2000 UNIT	Tier 3				X
ADYNOVATE INJ 250UNIT	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 250 UNIT	Tier 3				X
ADYNOVATE INJ 3000UNIT	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 3000 UNIT	Tier 3				X
ADYNOVATE INJ 500UNIT	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 500 UNIT	Tier 3				X
ADYNOVATE INJ 750UNIT	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 750 UNIT	Tier 3				X
AFSTYLA KIT 1000UNIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 1000 UNIT	Tier 3				X
AFSTYLA KIT 1500UNIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 1500 UNIT	Tier 3				X

Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
AFSTYLA KIT 2000UNIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 2000 UNIT	Tier 3				X
AFSTYLA KIT 2500UNIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 2500 UNIT	Tier 3				X
AFSTYLA KIT 250UNIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 250 UNIT	Tier 3				X
AFSTYLA KIT 3000UNIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 3000 UNIT	Tier 3				X
AFSTYLA KIT 500UNIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 500 UNIT	Tier 3				X
ALPHANATE INJ 1000UNIT	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000 UNIT	Tier 3				X
ALPHANATE INJ 1500UNIT	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1500 UNIT	Tier 3				X
ALPHANATE INJ 2000UNIT	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 2000 UNIT	Tier 3				X
ALPHANATE INJ 250 UNIT	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250 UNIT	Tier 3				X
ALPHANATE INJ 500 UNIT	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500 UNIT	Tier 3				X
ALPHANINE SD INJ 1000UNIT	COAGULATION FACTOR IX FOR INJ 1000 UNIT	Tier 3				X
ALPHANINE SD INJ 1500UNIT	COAGULATION FACTOR IX FOR INJ 1500 UNIT	Tier 3				X
ALPHANINE SD INJ 500UNIT	COAGULATION FACTOR IX FOR INJ 500 UNIT	Tier 3				X
ALPROLIX INJ 1000UNIT	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 1000 UNIT	Tier 4				X
ALPROLIX INJ 2000UNIT	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 2000 UNIT	Tier 4				X
ALPROLIX INJ 250UNIT	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 250 UNIT	Tier 3				X
ALPROLIX INJ 3000UNIT	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 3000 UNIT	Tier 4				X
ALPROLIX INJ 4000UNIT	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 4000 UNIT	Tier 4				X
ALPROLIX INJ 500UNIT	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 500 UNIT	Tier 4				X
ALTUVIIIO INJ 1000UNIT	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 1000 UNIT	Tier 3				X
ALTUVIIIO INJ 2000UNIT	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 2000 UNIT	Tier 3				X
ALTUVIIIO INJ 250 UNIT	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 250 UNIT	Tier 3				X
ALTUVIIIO INJ 250UNIT	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 250 UNIT	Tier 3				X
ALTUVIIIO INJ 3000UNIT	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 3000 UNIT	Tier 3				X
ALTUVIIIO INJ 4000UNIT	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 4000 UNIT	Tier 3				X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
ALTUVIIIO INJ 500UNIT	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 500 UNIT	Tier 3				X
AMINOCAPR AC TAB 1000MG	AMINOCAPROIC ACID TAB 1000 MG	Tier 3				
AMINOCAPR AC TAB 500MG	AMINOCAPROIC ACID TAB 500 MG	Tier 3				
AMINOCAPROIC SOL 0.25/ML	AMINOCAPROIC ACID ORAL SOLN 0.25 GM/ML	Tier 3				
ASTRINGYN SOL 259MG/GM	FERRIC SUBSULFATE SOLN 259 MG/GM	Tier 3				
BENEFIX INJ 1000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 1000 UNIT	Tier 3				X
BENEFIX INJ 2000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 2000 UNIT	Tier 3				X
BENEFIX INJ 250UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 250 UNIT	Tier 3				X
BENEFIX INJ 3000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 3000 UNIT	Tier 3				X
BENEFIX INJ 500UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 500 UNIT	Tier 3				X
COAGADEX INJ 250UNIT	COAGULATION FACTOR X (HUMAN) FOR INJ 250 UNIT	Tier 3				X
COAGADEX INJ 500UNIT	COAGULATION FACTOR X (HUMAN) FOR INJ 500 UNIT	Tier 3				X
CORIFACT KIT	FACTOR XIII CONCENTRATE (HUMAN) FOR INJ KIT 1000-1600 UNIT	Tier 3				X
ELOCTATE INJ 1000UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 1000 UNIT	Tier 3				X
ELOCTATE INJ 1500UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 1500 UNIT	Tier 3				X
ELOCTATE INJ 2000UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 2000 UNIT	Tier 3				X
ELOCTATE INJ 250UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 250 UNIT	Tier 3				X
ELOCTATE INJ 3000UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 3000 UNIT	Tier 3				X
ELOCTATE INJ 4000UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 4000 UNIT	Tier 3				X
ELOCTATE INJ 5000UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 5000 UNIT	Tier 3				X
ELOCTATE INJ 500UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 500 UNIT	Tier 3				X
ELOCTATE INJ 6000UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 6000 UNIT	Tier 3				X
ELOCTATE INJ 750UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 750 UNIT	Tier 3				X
FEIBA INJ	ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 1000 UNIT	Tier 3				X
FEIBA INJ	ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 2500 UNIT	Tier 3				X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
FEIBA INJ	ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 500 UNIT	Tier 3				X
HEMLIBRA INJ 105/0.7	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 105 MG/0.7ML (150 MG/ML)	Tier 3	X			X
HEMLIBRA INJ 150/ML	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 150 MG/ML	Tier 3	X			X
HEMLIBRA INJ 300/2ML	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 300 MG/2ML (150 MG/ML)	Tier 3	X			X
HEMLIBRA INJ 30MG/ML	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 30 MG/ML	Tier 3	X			X
HEMLIBRA INJ 60/0.4	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 60 MG/0.4ML (150 MG/ML)	Tier 3	X			X
HEMLIBRA SOL 12/0.4ML	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 12 MG/0.4ML (30 MG/ML)	Tier 3	X			X
HEMOFIL M INJ 1000UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	Tier 3				X
HEMOFIL M INJ 1700UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1700 UNIT	Tier 3				X
HEMOFIL M INJ 250UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT	Tier 3				X
HEMOFIL M INJ 500UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT	Tier 3				X
HUMATE-P SOL 2400UNIT	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-2400 UNIT	Tier 3				X
HUMATE-P SOL 250-600	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250-600 UNIT	Tier 3				X
HUMATE-P SOL 500-1200	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-1200 UNIT	Tier 3				X
HYMPAVZI INJ 150MG/ML	MARSTACIMAB-HNCQ SUBCUTANEOUS SOLN AUTO-INJ 150 MG/ML	Tier 3	X	X		X
HYMPAVZI INJ 75/0.5ML	MARSTACIMAB-HNCQ SUBCUTANEOUS SOLN AUTO-INJ 75 MG/0.5ML	Tier 3	X	x	X	X
IDELVION SOL 1000UNIT	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 1000 UNIT	Tier 4			X	X
IDELVION SOL 2000UNIT	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 2000 UNIT	Tier 4				X
IDELVION SOL 250UNIT	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 250 UNIT	Tier 4				X
IDELVION SOL 3500UNIT	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 3500 UNIT	Tier 4				X
IDELVION SOL 500UNIT	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 500 UNIT	Tier 4				X
KOATE INJ 1000UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	Tier 3				X
KOATE INJ 250UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT	Tier 3				X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
KOATE INJ 500 UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT	Tier 3				X
KOATE-DVI INJ 1000UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	Tier 3				X
KOGENATE FS INJ 1000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 1000 UNIT	Tier 3				X
KOGENATE FS INJ 2000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 2000 UNIT	Tier 3				X
KOGENATE FS INJ 250UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 250 UNIT	Tier 3				X
KOGENATE FS INJ 3000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 3000 UNIT	Tier 3				X
KOGENATE FS INJ 500UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 500 UNIT	Tier 3				X
KOVALTRY INJ 1000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1000 UNIT	Tier 3				X
KOVALTRY INJ 2000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 2000 UNIT	Tier 3				X
KOVALTRY INJ 250UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 250 UNIT	Tier 3				X
KOVALTRY INJ 3000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 3000 UNIT	Tier 3				X
KOVALTRY INJ 500UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 500 UNIT	Tier 3				X
MONSELS FERR SOL SUBSULF	FERRIC SUBSULFATE SOLN	Tier 3				
NOVOEIGHT INJ 1000UNIT	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 1000 UNIT	Tier 3				X
NOVOEIGHT INJ 1500UNIT	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 1500 UNIT	Tier 3				X
NOVOEIGHT INJ 2000UNIT	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 2000 UNIT	Tier 3				X
NOVOEIGHT INJ 250UNIT	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 250 UNIT	Tier 3				X
NOVOEIGHT INJ 3000UNIT	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 3000 UNIT	Tier 3				X
NOVOEIGHT INJ 500UNIT	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 500 UNIT	Tier 3				X
NOVOSEVEN RT INJ 1MG	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 1 MG (1000 MCG)	Tier 3				X
NOVOSEVEN RT INJ 2MG	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 2 MG (2000 MCG)	Tier 3				X
NOVOSEVEN RT INJ 5MG	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 5 MG (5000 MCG)	Tier 3				X
NOVOSEVEN RT INJ 8MG	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 8 MG (8000 MCG)	Tier 3				X
NUWIQ INJ 1000UNIT	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 1000 UNIT	Tier 3				X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
NUWIQ INJ 1500UNIT	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 1500 UNIT	Tier 3				X
NUWIQ INJ 2000UNIT	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 2000 UNIT	Tier 3				X
NUWIQ INJ 2500UNIT	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 2500 UNIT	Tier 3				X
NUWIQ INJ 250UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIII,SIM) FOR INJ 250 UNIT	Tier 3				X
NUWIQ INJ 3000UNIT	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 3000 UNIT	Tier 3				X
NUWIQ INJ 4000UNIT	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 4000 UNIT	Tier 3				X
NUWIQ INJ 500UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIII,SIM) FOR INJ 500 UNIT	Tier 3				X
NUWIQ KIT 1000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 1000 UNIT	Tier 3				X
NUWIQ KIT 1500UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 1500 UNIT	Tier 3				X
NUWIQ KIT 2000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 2000 UNIT	Tier 3				X
NUWIQ KIT 2500UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 2500 UNIT	Tier 3				X
NUWIQ KIT 250UNIT	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,SIM) FOR INJ KIT 250 UNIT	Tier 3				X
NUWIQ KIT 3000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 3000 UNIT	Tier 3				X
NUWIQ KIT 4000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 4000 UNIT	Tier 3				X
NUWIQ KIT 500UNIT	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,SIM) FOR INJ KIT 500 UNIT	Tier 3				X
OBIZUR INJ 500 UNIT	ANTIHEMOPHILIC FACTOR (RECOMB PORC) RPFVIII FOR INJ 500 UNIT	Tier 4				X
PROFILNINE INJ 1000UNIT	FACTOR IX COMPLEX FOR INJ 1000 UNIT	Tier 3				X
PROFILNINE INJ 1500UNIT	FACTOR IX COMPLEX FOR INJ 1500 UNIT	Tier 3				X
PROFILNINE INJ 500UNIT	FACTOR IX COMPLEX FOR INJ 500 UNIT	Tier 3				X
PYRUKYND TAB 20MG	MITAPIVAT SULFATE TAB 20 MG	Tier 4	X	X		X
PYRUKYND TAB 20MGX5MG	MITAPIVAT SULFATE TAB THERAPY PACK 7 X 20 MG & 7 X 5 MG	Tier 4	X	X		X
PYRUKYND TAB 50MG	MITAPIVAT SULFATE TAB 50 MG	Tier 4	X	X		X
PYRUKYND TAB 50MGX20M	MITAPIVAT SULFATE TAB THERAPY PACK 7 X 50 MG & 7 X 20 MG	Tier 4	X	X		X
PYRUKYND TAB 5MG	MITAPIVAT SULFATE TAB 5 MG	Tier 4	X	X		X
PYRUKYND TAB 5MG TP	MITAPIVAT SULFATE TAB THERAPY PACK 5 MG	Tier 4	X	X		X
RECOMBINATE INJ	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 1241-1800 UNIT	Tier 3				X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
RECOMBINATE INJ	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 1801-2400 UNIT	Tier 3				X
RECOMBINATE INJ 220-400	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 220-400 UNIT	Tier 3				X
RECOMBINATE INJ 401-800	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 401-800 UNIT	Tier 3				X
RECOMBINATE INJ 801-1240	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 801-1240 UNIT	Tier 3				X
RECOTHROM SOL 20000UNT	THROMBIN (RECOMBINANT) FOR SOLN 20000 UNIT	Tier 3				
RECOTHROM SOL 5000UNIT	THROMBIN (RECOMBINANT) FOR SOLN 5000 UNIT	Tier 3				
RIXUBIS INJ 1000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1000 UNIT	Tier 3				X
RIXUBIS INJ 2000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 2000 UNIT	Tier 3				X
RIXUBIS INJ 250 UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 250 UNIT	Tier 3				X
RIXUBIS INJ 3000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 3000 UNIT	Tier 3				X
RIXUBIS INJ 500UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 500 UNIT	Tier 3				X
TAVALISSE TAB 100MG	FOSTAMATINIB DISODIUM TAB 100 MG (BASE EQUIVALENT)	Tier 4	X	X		X
TAVALISSE TAB 150MG	FOSTAMATINIB DISODIUM TAB 150 MG (BASE EQUIVALENT)	Tier 4	X	X		X
THROMBIN KIT 5000UNIT	THROMBIN FOR SOLN KIT 5000 UNIT	Tier 3				
THROMBIN-JMI KIT 20000UNT	THROMBIN FOR SOLN KIT 20000 UNIT	Tier 3				
THROMBIN-JMI KIT 5000UNIT	THROMBIN FOR SOLN KIT 5000 UNIT	Tier 3				
THROMBOGEN KIT 10000UNT	THROMBIN FOR SOLN KIT 10000 UNIT	Tier 3				
THROMBOGEN SOL 10000UNT	THROMBIN FOR SOLN 10000 UNIT	Tier 3				
THROMBOGEN SOL 1000UNIT	THROMBIN FOR SOLN 1000 UNIT	Tier 3				
TRANEX ACID TAB 650MG	TRANEXAMIC ACID TAB 650 MG	Tier 2		X		
TRETTEN INJ	COAGULATION FACTOR XIII A-SUBUNIT FOR INJ 2500 UNIT	Tier 4				X
VONVENDI INJ 1300UNIT	VON WILLEBRAND FACTOR (RECOMBINANT) FOR INJ 1300 UNIT	Tier 3				X
VONVENDI INJ 650UNIT	VON WILLEBRAND FACTOR (RECOMBINANT) FOR INJ 650 UNIT	Tier 3				X
WILATE INJ	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-500 UNIT KIT	Tier 3				X
WILATE INJ	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-1000 UNIT KIT	Tier 3				X
Histamine2 (H2) receptor antagonists - Ulcer and stomach acid drugs						
CIMETIDINE SOL 300/5ML	CIMETIDINE HCL SOLN 300 MG/5ML	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
CIMETIDINE TAB 200MG	CIMETIDINE TAB 200 MG	Tier 1				
CIMETIDINE TAB 300MG	CIMETIDINE TAB 300 MG	Tier 1				
CIMETIDINE TAB 400MG	CIMETIDINE TAB 400 MG	Tier 1				
CIMETIDINE TAB 800MG	CIMETIDINE TAB 800 MG	Tier 1				
FAMOTIDINE SUS 40MG/5ML	FAMOTIDINE FOR SUSP 40 MG/5ML	Tier 1				
Hormonal agents, stimulant/Replacement/Modifying (adrenal) - Hormone replacement/Modifying drugs						
ALCLOMETASON CRE 0.05%	ALCLOMETASONE DIPROPIONATE CREAM 0.05%	Tier 1				
ALCLOMETASON OIN 0.05%	ALCLOMETASONE DIPROPIONATE OINT 0.05%	Tier 1				
AMCINONIDE CRE 0.1%	AMCINONIDE CREAM 0.1%	Tier 3				
AMCINONIDE OIN 0.1%	AMCINONIDE OINT 0.1%	Tier 1				
APEXICON E CRE 0.05%	DIFLORASONE DIACETATE EMOLLIENT BASE CREAM 0.05%	Tier 2				
BETA DIPROP CRE 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED CREAM 0.05%	Tier 1				
BETA DIPROP GEL 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED GEL 0.05%	Tier 1				
BETA DIPROP LOT 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED LOTION 0.05%	Tier 3				
BETA DIPROP OIN 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%	Tier 3				
BETAMETH DIP CRE 0.05%	BETAMETHASONE DIPROPIONATE CREAM 0.05%	Tier 2				
BETAMETH DIP LOT 0.05%	BETAMETHASONE DIPROPIONATE LOTION 0.05%	Tier 1				
BETAMETH DIP OIN 0.05%	BETAMETHASONE DIPROPIONATE OINT 0.05%	Tier 2				
BETAMETH VAL CRE 0.1%	BETAMETHASONE VALERATE CREAM 0.1% (BASE EQUIVALENT)	Tier 1				
BETAMETH VAL LOT 0.1%	BETAMETHASONE VALERATE LOTION 0.1% (BASE EQUIVALENT)	Tier 1				
BETAMETH VAL OIN 0.1%	BETAMETHASONE VALERATE OINT 0.1% (BASE EQUIVALENT)	Tier 1				
CLOBETASOL CRE 0.05%	CLOBETASOL PROPIONATE CREAM 0.05%	Tier 2		X		
CLOBETASOL CRE 0.05%	CLOBETASOL PROPIONATE EMOLLIENT BASE CREAM 0.05%	Tier 2		X		
CLOBETASOL GEL 0.05%	CLOBETASOL PROPIONATE GEL 0.05%	Tier 2		X		
CLOBETASOL OIN 0.05%	CLOBETASOL PROPIONATE OINT 0.05%	Tier 2		X		
CLOBETASOL SOL 0.05%	CLOBETASOL PROPIONATE SOLN 0.05%	Tier 1		X		
CLOBETASOL SPR 0.05%	CLOBETASOL PROPIONATE SPRAY 0.05%	Tier 1		X		
CLOBETASOL E CRE 0.05%	CLOBETASOL PROPIONATE EMOLLIENT BASE CREAM 0.05%	Tier 2		X		
CLOCORTOLONE CRE 0.1%	CLOCORTOLONE PIVALATE CREAM 0.1%	Tier 3		X	X	
CORDRAN 80X3 TAP 4MCG/CM	FLURANDRENOLIDE TAPE 4 MCG/SQCM	Tier 3		X		
CORTEF TAB 10MG	HYDROCORTISONE TAB 10 MG	Tier 4				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
CORTEF TAB 20MG	HYDROCORTISONE TAB 20 MG	Tier 4				
CORTEF TAB 5MG	HYDROCORTISONE TAB 5 MG	Tier 4				
DERMA-SMOOTH OIL /FS BODY	FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	Tier 4		X		
DERMA-SMOOTH OIL /FS SCLP	FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL)	Tier 4				
DESONIDE CRE 0.05%	DESONIDE CREAM 0.05%	Tier 2		X		
DESONIDE LOT 0.05%	DESONIDE LOTION 0.05%	Tier 3		X		
DESONIDE OIN 0.05%	DESONIDE OINT 0.05%	Tier 2		X		
DESOWEN CRE 0.05%	DESONIDE CREAM 0.05%	Tier 3		X		
DESOXIMETAS CRE 0.05%	DESOXIMETASONE CREAM 0.05%	Tier 1		X		
DESOXIMETAS CRE 0.25%	DESOXIMETASONE CREAM 0.25%	Tier 1		X		
DESOXIMETAS GEL 0.05%	DESOXIMETASONE GEL 0.05%	Tier 3		X		
DESOXIMETAS OIN 0.05%	DESOXIMETASONE OINT 0.05%	Tier 3		X		
DESOXIMETAS OIN 0.25%	DESOXIMETASONE OINT 0.25%	Tier 3		X		
DEXAMETHASON CON 1MG/ML	DEXAMETHASONE CONC 1 MG/ML	Tier 1				
DEXAMETHASON ELX 0.5/5ML	DEXAMETHASONE ELIXIR 0.5 MG/5ML	Tier 1				
DEXAMETHASON SOL 0.5/5ML	DEXAMETHASONE SOLN 0.5 MG/5ML	Tier 1				
DEXAMETHASON TAB 0.5MG	DEXAMETHASONE TAB 0.5 MG	Tier 1				
DEXAMETHASON TAB 0.75MG	DEXAMETHASONE TAB 0.75 MG	Tier 1				
DEXAMETHASON TAB 1.5MG	DEXAMETHASONE TAB 1.5 MG	Tier 1				
DEXAMETHASON TAB 10-DAY	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (35)	Tier 3				
DEXAMETHASON TAB 13-DAY	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (51)	Tier 3				
DEXAMETHASON TAB 1MG	DEXAMETHASONE TAB 1 MG	Tier 1				
DEXAMETHASON TAB 2MG	DEXAMETHASONE TAB 2 MG	Tier 1				
DEXAMETHASON TAB 4MG	DEXAMETHASONE TAB 4 MG	Tier 1				
DEXAMETHASON TAB 6-DAY	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (21)	Tier 3				
DEXAMETHASON TAB 6MG	DEXAMETHASONE TAB 6 MG	Tier 1				
DIFLORASONE CRE 0.05%	DIFLORASONE DIACETATE CREAM 0.05%	Tier 3		X		
DIPROLENE OIN 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%	Tier 4				
FLUDROCORT TAB 0.1MG	FLUDROCORTISONE ACETATE TAB 0.1 MG	Tier 1				
FLUOCINOLONE CRE 0.01%	FLUOCINOLONE ACETONIDE CREAM 0.01%	Tier 3		X		
FLUOCINOLONE CRE 0.025%	FLUOCINOLONE ACETONIDE CREAM 0.025%	Tier 3		X		
FLUOCINOLONE OIL 0.01% SC	FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL)	Tier 3				
FLUOCINOLONE OIL 0.01%BDY	FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	Tier 3		X		

Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
FLUOCINOLONE OIL 0.01%TOP	FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	Tier 3		X		
FLUOCINOLONE OIN 0.025%	FLUOCINOLONE ACETONIDE OINT 0.025%	Tier 2		X		
FLUOCINOLONE SOL 0.01%	FLUOCINOLONE ACETONIDE SOLN 0.01%	Tier 1				
FLUOCINONIDE CRE 0.05%	FLUOCINONIDE CREAM 0.05%	Tier 1				
FLUOCINONIDE CRE E 0.05%	FLUOCINONIDE EMULSIFIED BASE CREAM 0.05%	Tier 1				
FLUOCINONIDE GEL 0.05%	FLUOCINONIDE GEL 0.05%	Tier 1				
FLUOCINONIDE OIN 0.05%	FLUOCINONIDE OINT 0.05%	Tier 1				
FLUOCINONIDE SOL 0.05%	FLUOCINONIDE SOLN 0.05%	Tier 1				
FLURANDRENOL CRE 0.05%	FLURANDRENOLIDE CREAM 0.05%	Tier 3			X	
FLURANDRENOL LOT 0.05%	FLURANDRENOLIDE LOTION 0.05%	Tier 3		X	X	
FLUTICASONE CRE 0.05%	FLUTICASONE PROPIONATE CREAM 0.05%	Tier 1				
FLUTICASONE OIN 0.005%	FLUTICASONE PROPIONATE OINT 0.005%	Tier 1				
HALOBETASOL CRE 0.05%	HALOBETASOL PROPIONATE CREAM 0.05%	Tier 2		X		
HALOBETASOL OIN 0.05%	HALOBETASOL PROPIONATE OINT 0.05%	Tier 2		X		
HALOG OIN 0.1%	HALCINONIDE OINT 0.1%	Tier 3		X		
HC BUTYRATE CRE 0.1%	HYDROCORTISONE BUTYRATE CREAM 0.1%	Tier 1				
HC BUTYRATE OIN 0.1%	HYDROCORTISONE BUTYRATE OINT 0.1%	Tier 1				
HC BUTYRATE SOL 0.1%	HYDROCORTISONE BUTYRATE SOLN 0.1%	Tier 1				
HC VALERATE CRE 0.2%	HYDROCORTISONE VALERATE CREAM 0.2%	Tier 2		X		
HC VALERATE OIN 0.2%	HYDROCORTISONE VALERATE OINT 0.2%	Tier 3		X		
HYDROCORT CRE 2.5%	HYDROCORTISONE CREAM 2.5%	Tier 1				
HYDROCORT LOT 2.5%	HYDROCORTISONE LOTION 2.5%	Tier 1				
HYDROCORT OIN 1%	HYDROCORTISONE OINT 1%	Tier 1				
HYDROCORT OIN 2.5%	HYDROCORTISONE OINT 2.5%	Tier 1				
HYDROCORT TAB 10MG	HYDROCORTISONE TAB 10 MG	Tier 1				
HYDROCORT TAB 20MG	HYDROCORTISONE TAB 20 MG	Tier 1				
HYDROCORT TAB 5MG	HYDROCORTISONE TAB 5 MG	Tier 1				
MEDROL TAB 16MG	METHYLPREDNISOLONE TAB 16 MG	Tier 4				
MEDROL TAB 2MG	METHYLPREDNISOLONE TAB 2 MG	Tier 2				
MEDROL TAB 4MG	METHYLPREDNISOLONE TAB 4 MG	Tier 4				
MEDROL TAB 4MG	METHYLPREDNISOLONE TAB THERAPY PACK 4 MG (21)	Tier 4				
MEDROL TAB 8MG	METHYLPREDNISOLONE TAB 8 MG	Tier 4				
METHYLPRED TAB 16MG	METHYLPREDNISOLONE TAB 16 MG	Tier 1				
METHYLPRED TAB 32MG	METHYLPREDNISOLONE TAB 32 MG	Tier 1				
METHYLPRED TAB 4MG	METHYLPREDNISOLONE TAB THERAPY PACK 4 MG (21)	Tier 1				
METHYLPRED TAB 4MG	METHYLPREDNISOLONE TAB 4 MG	Tier 1				
METHYLPRED TAB 8MG	METHYLPREDNISOLONE TAB 8 MG	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
MOMETASONE CRE 0.1%	MOMETASONE FUROATE CREAM 0.1%	Tier 1				
MOMETASONE OIN 0.1%	MOMETASONE FUROATE OINT 0.1%	Tier 1				
MOMETASONE SOL 0.1%	MOMETASONE FUROATE SOLUTION 0.1% (LOTION)	Tier 1				
NUCORT LOT 2%	HYDROCORTISONE ACETATE LOTION 2%	Tier 3				
ORAPRED ODT TAB 10MG	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 10 MG (BASE EQ)	Tier 4				
ORAPRED ODT TAB 15MG	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 15 MG (BASE EQ)	Tier 4				
ORAPRED ODT TAB 30MG	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 30 MG (BASE EQ)	Tier 4				
PANDEL CRE 0.1%	HYDROCORTISONE PROBUTATE CREAM 0.1%	Tier 3				
PEDIAPRED SOL 5MG/5ML	PREDNISOLONE SOD PHOSPHATE ORAL SOLN 5 MG/5ML (BASE EQUIV)	Tier 2				
PREDNISOLONE SOL 15MG/5ML	PREDNISOLONE SOD PHOSPHATE ORAL SOLN 15 MG/5ML (BASE EQUIV)	Tier 1				
PREDNISOLONE SOL 15MG/5ML	PREDNISOLONE SOLN 15 MG/5ML	Tier 1				
PREDNISOLONE TAB 10MG ODT	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 10 MG (BASE EQ)	Tier 3				
PREDNISOLONE TAB 15MG ODT	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 15 MG (BASE EQ)	Tier 3				
PREDNISOLONE TAB 30MG ODT	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 30 MG (BASE EQ)	Tier 3				
PREDNISOLONE TAB 5MG	PREDNISOLONE TAB 5 MG	Tier 3				
PREDNISONE CON 5MG/ML	PREDNISONE CONC 5 MG/ML	Tier 1				
PREDNISONE PAK 10MG	PREDNISONE TAB THERAPY PACK 10 MG (21)	Tier 1				
PREDNISONE PAK 10MG	PREDNISONE TAB THERAPY PACK 10 MG (48)	Tier 1				
PREDNISONE PAK 5MG	PREDNISONE TAB THERAPY PACK 5 MG (21)	Tier 1				
PREDNISONE PAK 5MG	PREDNISONE TAB THERAPY PACK 5 MG (48)	Tier 1				
PREDNISONE SOL 5MG/5ML	PREDNISONE ORAL SOLN 5 MG/5ML	Tier 1				
PREDNISONE TAB 10MG	PREDNISONE TAB 10 MG	Tier 1				
PREDNISONE TAB 1MG	PREDNISONE TAB 1 MG	Tier 1				
PREDNISONE TAB 2.5MG	PREDNISONE TAB 2.5 MG	Tier 1				
PREDNISONE TAB 20MG	PREDNISONE TAB 20 MG	Tier 1				
PREDNISONE TAB 50MG	PREDNISONE TAB 50 MG	Tier 1				
PREDNISONE TAB 5MG	PREDNISONE TAB 5 MG	Tier 1				
TAPERDEX PAK 12-DAY	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (49)	Tier 3				
TAPERDEX PAK 6 DAY	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (21)	Tier 4				
TAPERDEX PAK 7-DAY	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (27)	Tier 3				
TEXACORT SOL 2.5%	HYDROCORTISONE SOLN 2.5%	Tier 2				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
TOPICORT CRE 0.05%	DESOXIMETASONE CREAM 0.05%	Tier 4		X		
TOPICORT CRE 0.25%	DESOXIMETASONE CREAM 0.25%	Tier 4		X		
TOPICORT GEL 0.05%	DESOXIMETASONE GEL 0.05%	Tier 4		X		
TOPICORT OIN 0.05%	DESOXIMETASONE OINT 0.05%	Tier 4		X		
TOPICORT OIN 0.25%	DESOXIMETASONE OINT 0.25%	Tier 4		X		
TRIAMCINOLON AER SPRAY	TRIAMCINOLONE ACETONIDE AEROSOL SOLN 0.147 MG/GM	Tier 2		X		
TRIAMCINOLON CRE 0.025%	TRIAMCINOLONE ACETONIDE CREAM 0.025%	Tier 1				
TRIAMCINOLON CRE 0.1%	TRIAMCINOLONE ACETONIDE CREAM 0.1%	Tier 1				
TRIAMCINOLON CRE 0.5%	TRIAMCINOLONE ACETONIDE CREAM 0.5%	Tier 1		X		
TRIAMCINOLON LOT 0.025%	TRIAMCINOLONE ACETONIDE LOTION 0.025%	Tier 1				
TRIAMCINOLON LOT 0.1%	TRIAMCINOLONE ACETONIDE LOTION 0.1%	Tier 1				
TRIAMCINOLON OIN 0.025%	TRIAMCINOLONE ACETONIDE OINT 0.025%	Tier 1				
TRIAMCINOLON OIN 0.1%	TRIAMCINOLONE ACETONIDE OINT 0.1%	Tier 1				
TRIAMCINOLON OIN 0.5%	TRIAMCINOLONE ACETONIDE OINT 0.5%	Tier 1				
TRIDERM CRE 0.5%	TRIAMCINOLONE ACETONIDE CREAM 0.5%	Tier 1		X		
Hormonal agents, stimulant/Replacement/Modifying (pituitary)						
NGENLA INJ 24/1.2ML	SOMATROGON-GHLA SOLUTION PEN-INJECTOR 24 MG/1.2ML (20 MG/ML)	Tier 4	X	X		X
NGENLA INJ 60/1.2ML	SOMATROGON-GHLA SOLUTION PEN-INJECTOR 60 MG/1.2ML (50 MG/ML)	Tier 4	X	X		X
SOGROYA INJ 10MG/1.5	SOMAPACITAN-BECO SOLUTION PEN-INJECTOR 10 MG/1.5ML	Tier 4	X	X		X
SOGROYA INJ 15MG/1.5	SOMAPACITAN-BECO SOLUTION PEN-INJECTOR 15 MG/1.5ML	Tier 4	X	X		X
SOGROYA INJ 5MG/1.5	SOMAPACITAN-BECO SOLUTION PEN-INJECTOR 5 MG/1.5ML	Tier 4	X	X		X
VEOZAH TAB 45MG	FEZOLINETANT TAB 45 MG	Tier 4	X	X		
Hormonal agents, stimulant/Replacement/Modifying (pituitary) - Hormone replacement/Modifying drugs						
DESMOPRESSIN INJ 40/10ML	DESMOPRESSIN ACETATE INJ 4 MCG/ML	Tier 1				
DESMOPRESSIN INJ 4MCG/ML	DESMOPRESSIN ACETATE PRESERVATIVE FREE (PF) INJ 4 MCG/ML	Tier 1				
DESMOPRESSIN INJ 4MCG/ML	DESMOPRESSIN ACETATE INJ 4 MCG/ML	Tier 1				
DESMOPRESSIN SPR 0.01%	DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01% (REFRIGERATED)	Tier 1				
DESMOPRESSIN SPR 0.01%	DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01%	Tier 1				
DESMOPRESSIN TAB 0.1MG	DESMOPRESSIN ACETATE TAB 0.1 MG	Tier 1				
DESMOPRESSIN TAB 0.2MG	DESMOPRESSIN ACETATE TAB 0.2 MG	Tier 1				
INCRELEX INJ 40MG/4ML	MECASERMIN INJ 40 MG/4ML (10 MG/ML)	Tier 3	X	X		X
NOCDURNA SUB 27.7MCG	DESMOPRESSIN ACETATE SUBLINGUAL TAB 27.7 MCG	Tier 3		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
NOCDURNA SUB 55.3MCG	DESMOPRESSIN ACETATE SUBLINGUAL TAB 55.3 MCG	Tier 3		X		
NORDITROPIN INJ 10/1.5ML	SOMATROPIN SOLUTION PEN-INJECTOR 10 MG/1.5ML	Tier 3	X	X		X
NORDITROPIN INJ 15/1.5ML	SOMATROPIN SOLUTION PEN-INJECTOR 15 MG/1.5ML	Tier 3	X	X		X
NORDITROPIN INJ 30/3ML	SOMATROPIN SOLUTION PEN-INJECTOR 30 MG/3ML	Tier 3	X	X		X
NORDITROPIN INJ 5/1.5ML	SOMATROPIN SOLUTION PEN-INJECTOR 5 MG/1.5ML	Tier 3	X	X		X
OMNITROPE INJ 10/1.5ML	SOMATROPIN SOLUTION CARTRIDGE 10 MG/1.5ML	Tier 3	X	X		X
OMNITROPE INJ 5.8MG	SOMATROPIN FOR INJ 5.8 MG	Tier 3	X	X		X
OMNITROPE INJ 5/1.5ML	SOMATROPIN SOLUTION CARTRIDGE 5 MG/1.5ML	Tier 3	X	X		X
SKYTROFA INJ 0.7MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 0.7 MG	Tier 4	X	X		X
SKYTROFA INJ 1.4MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 1.4 MG	Tier 4	X	X		X
SKYTROFA INJ 1.8MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 1.8 MG	Tier 4	X	X		X
SKYTROFA INJ 11MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 11 MG	Tier 4	X	X		X
SKYTROFA INJ 13.3MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CART 13.3 MG	Tier 4	X	X		X
SKYTROFA INJ 2.1MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 2.1 MG	Tier 4	X	X		X
SKYTROFA INJ 2.5MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 2.5 MG	Tier 4	X	X		X
SKYTROFA INJ 3.6MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 3.6 MG	Tier 4	X	X		X
SKYTROFA INJ 3MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 3 MG	Tier 4	X	X		X
SKYTROFA INJ 4.3MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 4.3 MG	Tier 4	X	X		X
SKYTROFA INJ 5.2MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 5.2 MG	Tier 4	X	X		X
SKYTROFA INJ 6.3MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 6.3 MG	Tier 4	X	X		X
SKYTROFA INJ 7.6MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 7.6 MG	Tier 4	X	X		X
SKYTROFA INJ 9.1MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 9.1 MG	Tier 4	X	X		X
Hormonal agents, stimulant/Replacement/Modifying (prostaglandins) - Hormone replacement/Modifying drugs						
MIFEPRISTONE TAB 300MG	MIFEPRISTONE TAB 300 MG	Tier 4	X	X		X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
Hormonal agents, stimulant/Replacement/Modifying (thyroid) - Thyroid replacement drugs						
ARMOUR THYRO TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	Tier 3				
ARMOUR THYRO TAB 15MG	THYROID TAB 15 MG (1/4 GRAIN)	Tier 3				
ARMOUR THYRO TAB 180MG	THYROID TAB 180 MG (3 GRAIN)	Tier 3				
ARMOUR THYRO TAB 240MG	THYROID TAB 240 MG (4 GRAIN)	Tier 3				
ARMOUR THYRO TAB 300MG	THYROID TAB 300 MG (5 GRAIN)	Tier 3				
ARMOUR THYRO TAB 30MG	THYROID TAB 30 MG (1/2 GRAIN)	Tier 3				
ARMOUR THYRO TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	Tier 3				
ARMOUR THYRO TAB 90MG	THYROID TAB 90 MG (1 1/2 GRAIN)	Tier 3				
ERMEZA SOL 150/5ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 150 MCG/5ML	Tier 3	X			
EUTHYROX TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 1				
EUTHYROX TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 1				
EUTHYROX TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 1				
EUTHYROX TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 1				
EUTHYROX TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 1				
EUTHYROX TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 1				
EUTHYROX TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 1				
EUTHYROX TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 1				
EUTHYROX TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	Tier 1				
EUTHYROX TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	Tier 1				
EUTHYROX TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	Tier 1				
EVEXITHROID TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	Tier 3				
EVEXITHROID TAB 15MG	THYROID TAB 15 MG (1/4 GRAIN)	Tier 3				
EVEXITHROID TAB 180MG	THYROID TAB 180 MG (3 GRAIN)	Tier 3				
EVEXITHROID TAB 30MG	THYROID TAB 30 MG (1/2 GRAIN)	Tier 3				
EVEXITHROID TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	Tier 3				
EVEXITHROID TAB 90MG	THYROID TAB 90 MG (1 1/2 GRAIN)	Tier 3				
LEVO-T TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 1				
LEVO-T TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 1				
LEVO-T TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 1				
LEVO-T TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 1				
LEVO-T TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 1				
LEVO-T TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 1				
LEVO-T TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 1				
LEVO-T TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 1				
LEVO-T TAB 300 MCG	LEVOTHYROXINE SODIUM TAB 300 MCG	Tier 1				
LEVO-T TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	Tier 1				
LEVO-T TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	Tier 1				
LEVO-T TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
LEVOTHYROXIN TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 1				
LEVOTHYROXIN TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 1				
LEVOTHYROXIN TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 1				
LEVOTHYROXIN TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 1				
LEVOTHYROXIN TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 1				
LEVOTHYROXIN TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 1				
LEVOTHYROXIN TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 1				
LEVOTHYROXIN TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 1				
LEVOTHYROXIN TAB 300MCG	LEVOTHYROXINE SODIUM TAB 300 MCG	Tier 1				
LEVOTHYROXIN TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	Tier 1				
LEVOTHYROXIN TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	Tier 1				
LEVOTHYROXIN TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	Tier 1				
LEVOXYL TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 2				
LEVOXYL TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 2				
LEVOXYL TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 2				
LEVOXYL TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 2				
LEVOXYL TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 2				
LEVOXYL TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 2				
LEVOXYL TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 2				
LEVOXYL TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 2				
LEVOXYL TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	Tier 2				
LEVOXYL TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	Tier 2				
LEVOXYL TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	Tier 2				
LIOMNY TAB 25MCG	LIOTHYRONINE SODIUM TAB 25 MCG	Tier 2*				
LIOMNY TAB 50MCG	LIOTHYRONINE SODIUM TAB 50 MCG	Tier 2*				
LIOMNY TAB 5MCG	LIOTHYRONINE SODIUM TAB 5 MCG	Tier 2*				
LIOTHYRONINE TAB 25MCG	LIOTHYRONINE SODIUM TAB 25 MCG	Tier 2*				
LIOTHYRONINE TAB 50MCG	LIOTHYRONINE SODIUM TAB 50 MCG	Tier 2*				
LIOTHYRONINE TAB 5MCG	LIOTHYRONINE SODIUM TAB 5 MCG	Tier 2*				
NIVA THYROID TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	Tier 3				
NIVA THYROID TAB 15MG	THYROID TAB 15 MG (1/4 GRAIN)	Tier 3				
NIVA THYROID TAB 30MG	THYROID TAB 30 MG (1/2 GRAIN)	Tier 3				
NIVA THYROID TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	Tier 3				
NIVA THYROID TAB 90MG	THYROID TAB 90 MG (1 1/2 GRAIN)	Tier 3				
NP THYROID TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	Tier 1				
NP THYROID TAB 15MG	THYROID TAB 15 MG (1/4 GRAIN)	Tier 1				
NP THYROID TAB 30MG	THYROID TAB 30 MG (1/2 GRAIN)	Tier 1				
NP THYROID TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	Tier 1				
NP THYROID TAB 90MG	THYROID TAB 90 MG (1 1/2 GRAIN)	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
RENTHYROID TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	Tier 3				
RENTHYROID TAB 15MG	THYROID TAB 15 MG (1/4 GRAIN)	Tier 3				
RENTHYROID TAB 30MG	THYROID TAB 30 MG (1/2 GRAIN)	Tier 3				
RENTHYROID TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	Tier 3				
RENTHYROID TAB 90MG	THYROID TAB 90 MG (1 1/2 GRAIN)	Tier 3				
THYROID TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	Tier 1				
THYROID TAB 15MG	THYROID TAB 15 MG (1/4 GRAIN)	Tier 1				
THYROID TAB 30MG	THYROID TAB 30 MG (1/2 GRAIN)	Tier 1				
THYROID TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	Tier 1				
THYROID TAB 90MG	THYROID TAB 90 MG (1 1/2 GRAIN)	Tier 1				
UNITHROID TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 1				
UNITHROID TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 1				
UNITHROID TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 1				
UNITHROID TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 1				
UNITHROID TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 1				
UNITHROID TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 1				
UNITHROID TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 1				
UNITHROID TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 1				
UNITHROID TAB 300MCG	LEVOTHYROXINE SODIUM TAB 300 MCG	Tier 1				
UNITHROID TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	Tier 1				
UNITHROID TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	Tier 1				
UNITHROID TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	Tier 1				
Hormonal agents, suppressant (adrenal) - Drugs to regulate hormones						
LYSODREN TAB 500MG	MITOTANE TAB 500 MG	Tier 3				
Hormonal agents, suppressant (pituitary) - Hormone suppressants						
CABERGOLINE TAB 0.5MG	CABERGOLINE TAB 0.5 MG	Tier 2				
FIRMAGON INJ 120MG	DEGARELIX ACETATE FOR INJ 120 MG/VIAL (240 MG DOSE)	Tier 4				X
FIRMAGON INJ 80MG	DEGARELIX ACETATE FOR INJ 80 MG (BASE EQUIV)	Tier 4				X
LEUPROLIDE INJ 14 DAY	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML)	Tier 1				X
LEUPROLIDE INJ 1MG/0.2	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML)	Tier 1				X
LEUPROLIDE KIT 14 DAY	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML)	Tier 1				X
LEUPROLIDE KIT 1MG/0.2	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML)	Tier 1				X
OCTREOTIDE INJ 1000/5ML	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML)	Tier 1	X			X
OCTREOTIDE INJ 1000MCG	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML)	Tier 1	X			X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
OCTREOTIDE INJ 100MCG	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 MG/ML)	Tier 1	X			X
OCTREOTIDE INJ 100MCG	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 100 MCG/ML	Tier 1	X			X
OCTREOTIDE INJ 200MCG	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML)	Tier 1	X			X
OCTREOTIDE INJ 5000/5ML	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML)	Tier 1	X			X
OCTREOTIDE INJ 500MCG	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 MG/ML)	Tier 1	X			X
OCTREOTIDE INJ 500MCG	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 500 MCG/ML	Tier 1	X			X
OCTREOTIDE INJ 50MCG/ML	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 MG/ML)	Tier 1	X			X
OCTREOTIDE INJ 50MCG/ML	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 50 MCG/ML	Tier 1	X			X
ORIAHNN CAP	ELAGOLIX-ESTRAD-NORETH 300-1-0.5MG & ELAGOLIX 300MG CAP PACK	Tier 2	X	X		
ORILISSA TAB 150MG	ELAGOLIX SODIUM TAB 150 MG (BASE EQUIV)	Tier 2	X	X		
ORILISSA TAB 200MG	ELAGOLIX SODIUM TAB 200 MG (BASE EQUIV)	Tier 2	X	X		
SYNAREL SOL 2MG/ML	NAFARELIN ACETATE NASAL SOLN 2 MG/ML (200 MCG/ACT) (BASE EQ)	Tier 2				
Immune suppressants						
SKYRIZI INJ 150MG/ML	RISANKIZUMAB-RZAA SOLN PREFILLED SYRINGE 150 MG/ML	Tier 3	X	X		X
SKYRIZI INJ 55/0.37	RISANKIZUMAB-RZAA SOLN PREFILLED SYRINGE 55 MG/0.37ML	Tier 3	X		X	X
SKYRIZI PEN INJ 150MG/ML	RISANKIZUMAB-RZAA SOLN AUTO-INJECTOR 150 MG/ML	Tier 3	X	X	X	X
Immune suppressants - Immune system drugs						
ADALIMU-AATY KIT 20/0.2ML	ADALIMUMAB-AATY PREFILLED SYRINGE KIT 20 MG/0.2ML	Tier 3	X	X		X
ADALIMU-AATY KIT 40/0.4ML	ADALIMUMAB-AATY PREFILLED SYRINGE KIT 40 MG/0.4ML	Tier 3	X	X		X
ADALIMU-AATY KIT 40/0.4ML	ADALIMUMAB-AATY AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 3	X	X		X
ADALIMU-AATY KIT 80/0.8ML	ADALIMUMAB-AATY AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 3	X			X
ADALIMU-ADAZ INJ 10/0.1ML	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 10 MG/0.1ML	Tier 3	X	X		X
ADALIMU-ADAZ INJ 20/0.2ML	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 20 MG/0.2ML	Tier 3	X	X		X
ADALIMU-ADAZ INJ 40/0.4ML	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.4ML	Tier 3	X	X		X
ADALIMU-ADAZ INJ 40/0.4ML	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.4ML	Tier 3	X	X		X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
ADALIMU-ADAZ INJ 80/0.8ML	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML	Tier 3	X	X		X
AMJEVITA INJ 20/0.2ML	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 20 MG/0.2ML	Tier 3	X			X
AMJEVITA INJ 40/0.4ML	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 40 MG/0.4ML	Tier 3	X	X		X
AMJEVITA INJ 40/0.4ML	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 40 MG/0.4ML	Tier 3	X	X		X
AMJEVITA INJ 80/0.8ML	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 80 MG/0.8ML	Tier 3	X	X		X
AZASAN TAB 100MG	AZATHIOPRINE TAB 100 MG	Tier 4				
AZASAN TAB 75 MG	AZATHIOPRINE TAB 75 MG	Tier 4				
AZATHIOPRINE TAB 100MG	AZATHIOPRINE TAB 100 MG	Tier 3				
AZATHIOPRINE TAB 50MG	AZATHIOPRINE TAB 50 MG	Tier 1				
AZATHIOPRINE TAB 75MG	AZATHIOPRINE TAB 75 MG	Tier 3				
CIMZIA 1-SYR INJ 200MG/ML	CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 200 MG/ML	Tier 3	X	X		X
CIMZIA 2-SYR KIT 200MG/ML	CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 200 MG/ML	Tier 3	X	X		X
CIMZIA START KIT 200MG/ML	CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 200 MG/ML	Tier 3	X	X		X
CYCLOSPORINE CAP 100MG	CYCLOSPORINE CAP 100 MG	Tier 1				
CYCLOSPORINE CAP 100MG MD	CYCLOSPORINE MODIFIED CAP 100 MG	Tier 1				
CYCLOSPORINE CAP 25MG	CYCLOSPORINE CAP 25 MG	Tier 1				
CYCLOSPORINE CAP 25MG MOD	CYCLOSPORINE MODIFIED CAP 25 MG	Tier 1				
CYCLOSPORINE CAP 50MG MOD	CYCLOSPORINE MODIFIED CAP 50 MG	Tier 1				
CYCLOSPORINE SOL MODIFIED	CYCLOSPORINE MODIFIED ORAL SOLN 100 MG/ML	Tier 1				
ENBREL INJ 25/0.5ML	ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 25 MG/0.5ML	Tier 3	X	X		X
ENBREL INJ 25MG	ETANERCEPT SUBCUTANEOUS INJ 25 MG/0.5ML	Tier 3	X	X		X
ENBREL INJ 50MG/ML	ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/ML	Tier 3	X	X		X
ENBREL MINI INJ 50MG/ML	ETANERCEPT SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Tier 3	X	X		X
ENBREL SRCLK INJ 50MG/ML	ETANERCEPT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 3	X	X		X
GENGRAF CAP 100MG	CYCLOSPORINE MODIFIED CAP 100 MG	Tier 1				
GENGRAF CAP 25MG	CYCLOSPORINE MODIFIED CAP 25 MG	Tier 1				
GENGRAF SOL 100MG/ML	CYCLOSPORINE MODIFIED ORAL SOLN 100 MG/ML	Tier 1				
JYLAMVO SOL 2MG/ML	METHOTREXATE ORAL SOLN 2 MG/ML	Tier 4	X			
KINERET INJ	ANAKINRA SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/0.67ML	Tier 4	X	X	X	X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
METHOTREXATE INJ 1GM	METHOTREXATE SODIUM FOR INJ 1 GM	Tier 1				
METHOTREXATE INJ 1GM/40ML	METHOTREXATE SODIUM INJ PF 1000 MG/40ML (25 MG/ML)	Tier 1				
METHOTREXATE INJ 250/10ML	METHOTREXATE SODIUM INJ PF 250 MG/10ML (25 MG/ML)	Tier 1				
METHOTREXATE INJ 25MG/ML	METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML)	Tier 1				
METHOTREXATE INJ 25MG/ML	METHOTREXATE SODIUM INJ PF 1000 MG/40ML (25 MG/ML)	Tier 1				
METHOTREXATE INJ 25MG/ML	METHOTREXATE SODIUM INJ 250 MG/10ML (25 MG/ML)	Tier 1				
METHOTREXATE INJ 50MG/2ML	METHOTREXATE SODIUM INJ PF 50 MG/2ML (25 MG/ML)	Tier 1				
METHOTREXATE INJ 50MG/2ML	METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML)	Tier 1				
METHOTREXATE TAB 2.5MG	METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV)	Tier 1				
MYCOPHENOLAT CAP 250MG	MYCOPHENOLATE MOFETIL CAP 250 MG	Tier 1				
MYCOPHENOLAT SUS 200MG/ML	MYCOPHENOLATE MOFETIL FOR ORAL SUSP 200 MG/ML	Tier 1				
MYCOPHENOLAT TAB 500MG	MYCOPHENOLATE MOFETIL TAB 500 MG	Tier 1				
MYCOPHENOLIC TAB 180MG DR	MYCOPHENOLATE SODIUM TAB DR 180 MG (MYCOPHENOLIC ACID EQUIV)	Tier 3				
MYCOPHENOLIC TAB 360MG DR	MYCOPHENOLATE SODIUM TAB DR 360 MG (MYCOPHENOLIC ACID EQUIV)	Tier 3				
MYHIBBIN SUS 200MG/ML	MYCOPHENOLATE MOFETIL ORAL SUSP 200 MG/ML	Tier 1				
OLUMIANT TAB 1MG	BARICITINIB TAB 1 MG	Tier 4	X	X	X	X
OLUMIANT TAB 2MG	BARICITINIB TAB 2 MG	Tier 4	X	X	X	X
OLUMIANT TAB 4MG	BARICITINIB TAB 4 MG	Tier 4	X	X	X	X
OMVOH INJ 100/200	MIRIKIZUMAB-MRKZ SUBCUTANEOUS AUTO-INJ 100 MG/ML & 200MG/2ML	Tier 3	X	X		X
OMVOH INJ 100/200	MIRIKIZUMAB-MRKZ SUBCUTANEOUS PREF SYR 100 MG/ML & 200MG/2ML	Tier 3	X	X		X
OMVOH INJ 100MG/ML	MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOLN AUTO-INJECTOR 100 MG/ML	Tier 3	X	X		X
OMVOH INJ 100MG/ML	MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOL PREFILL SYRINGE 100 MG/ML	Tier 3	X	X		X
OMVOH INJ 200/2ML	MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOL PREFILL SYRINGE 200 MG/2ML	Tier 3	X	X		X
OMVOH INJ 200/2ML	MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOLN AUTO-INJECTOR 200 MG/2ML	Tier 3	X	X		X
ORENCIA INJ 125MG/ML	ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 125 MG/ML	Tier 4	X	X	X	X
ORENCIA INJ 50/0.4ML	ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.4ML	Tier 4	X	X	X	X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
ORENCIA INJ 87.5/0.7	ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 87.5 MG/0.7ML	Tier 4	X	X	X	X
ORENCIA CLCK INJ 125MG/ML	ABATACEPT SUBCUTANEOUS SOLN AUTO-INJECTOR 125 MG/ML	Tier 4	X	X	X	X
PROGRAF CAP 0.5MG	TACROLIMUS CAP 0.5 MG	Tier 4				
PROGRAF CAP 1MG	TACROLIMUS CAP 1 MG	Tier 4				
PROGRAF CAP 5MG	TACROLIMUS CAP 5 MG	Tier 4				
PROGRAF GRA 0.2MG	TACROLIMUS PACKET FOR SUSP 0.2 MG	Tier 4	X			
PROGRAF GRA 1MG	TACROLIMUS PACKET FOR SUSP 1 MG	Tier 4	X			
RASUVO INJ 10MG	METHOTREXATE SOLN PF AUTO-INJECTOR 10 MG/0.2ML	Tier 2		X		
RASUVO INJ 12.5MG	METHOTREXATE SOLN PF AUTO-INJECTOR 12.5 MG/0.25ML	Tier 2		X		
RASUVO INJ 15MG	METHOTREXATE SOLN PF AUTO-INJECTOR 15 MG/0.3ML	Tier 2		X		
RASUVO INJ 17.5MG	METHOTREXATE SOLN PF AUTO-INJECTOR 17.5 MG/0.35ML	Tier 2		X		
RASUVO INJ 20MG	METHOTREXATE SOLN PF AUTO-INJECTOR 20 MG/0.4ML	Tier 2		X		
RASUVO INJ 22.5MG	METHOTREXATE SOLN PF AUTO-INJECTOR 22.5 MG/0.45ML	Tier 2		X		
RASUVO INJ 25MG	METHOTREXATE SOLN PF AUTO-INJECTOR 25 MG/0.5ML	Tier 2		X		
RASUVO INJ 30MG	METHOTREXATE SOLN PF AUTO-INJECTOR 30 MG/0.6ML	Tier 2		X		
RASUVO INJ 7.5MG	METHOTREXATE SOLN PF AUTO-INJECTOR 7.5 MG/0.15ML	Tier 2		X		
SAPHNELO INJ 120/0.8	ANIFROLUMAB-FNIA SOLN PREFILLED SYRINGE 120 MG/0.8ML	Tier 3	X	X		X
SAPHNELO PEN INJ 120/0.8	ANIFROLUMAB-FNIA SOLN AUTO-INJECTOR 120 MG/0.8ML	Tier 3	X	X		X
SIMPONI INJ 100MG/ML	GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/ML	Tier 3	X	X		X
SIMPONI INJ 100MG/ML	GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 100 MG/ML	Tier 3	X	X		X
SIMPONI INJ 50/0.5ML	GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.5ML	Tier 3	X	X		X
SIMPONI INJ 50/0.5ML	GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 50 MG/0.5ML	Tier 3	X	X		X
SIROLIMUS SOL 1MG/ML	SIROLIMUS ORAL SOLN 1 MG/ML	Tier 3				
SIROLIMUS TAB 0.5MG	SIROLIMUS TAB 0.5 MG	Tier 1				
SIROLIMUS TAB 1MG	SIROLIMUS TAB 1 MG	Tier 1				
SIROLIMUS TAB 2MG	SIROLIMUS TAB 2 MG	Tier 1				
SKYRIZI INJ 180/1.2	RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 180 MG/1.2ML	Tier 3	X	X		X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
SKYRIZI INJ 360/2.4	RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 360 MG/2.4ML	Tier 3	X	X		X
TACROLIMUS CAP 0.5MG	TACROLIMUS CAP 0.5 MG	Tier 1				
TACROLIMUS CAP 1MG	TACROLIMUS CAP 1 MG	Tier 1				
TACROLIMUS CAP 5MG	TACROLIMUS CAP 5 MG	Tier 1				
TOFACITINIB SOL 1MG/ML	TOFACITINIB CITRATE ORAL SOLN 1 MG/ML (BASE EQUIVALENT)	Tier 3	X	X		X
TOFACITINIB TAB 10MG	TOFACITINIB CITRATE TAB 10 MG (BASE EQUIVALENT)	Tier 3	X	X		X
TOFACITINIB TAB 11MG ER	TOFACITINIB CITRATE TAB ER 24HR 11 MG (BASE EQUIVALENT)	Tier 3	X	X		X
TOFACITINIB TAB 22MG ER	TOFACITINIB CITRATE TAB ER 24HR 22 MG (BASE EQUIVALENT)	Tier 3	X	X		X
TOFACITINIB TAB 5MG	TOFACITINIB CITRATE TAB 5 MG (BASE EQUIVALENT)	Tier 3	X	X		X
TREXALL TAB 10MG	METHOTREXATE SODIUM TAB 10 MG (BASE EQUIV)	Tier 2				
TREXALL TAB 15MG	METHOTREXATE SODIUM TAB 15 MG (BASE EQUIV)	Tier 2				
TREXALL TAB 5MG	METHOTREXATE SODIUM TAB 5 MG (BASE EQUIV)	Tier 2				
TREXALL TAB 7.5MG	METHOTREXATE SODIUM TAB 7.5 MG (BASE EQUIV)	Tier 2				
XATMEP SOL 2.5MG/ML	METHOTREXATE ORAL SOLN 2.5 MG/ML	Tier 4	X			
Immunological agents, other						
BIMZELX INJ 160MG/ML	BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN PREFILLED SYR 160 MG/ML	Tier 3	X	X	X	X
BIMZELX INJ 160MG/ML	BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN AUTO-INJECTOR 160 MG/ML	Tier 3	X	X	X	X
BIMZELX INJ 320MG/2	BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN AUTO-INJECTOR 320 MG/2ML	Tier 3	X	X	X	X
BIMZELX INJ 320MG/2	BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN PREFILLED SYR 320 MG/2ML	Tier 3	X	X	X	X
JOENJA TAB 70MG	LENIOLISIB PHOSPHATE TAB 70 MG	Tier 3	X	X		X
VIJOICE GRA 50MG	ALPELISIB (PROS) ORAL GRANULES PACKET 50 MG	Tier 4	X	X		X
VIJOICE TAB 125MG	ALPELISIB (PROS) TAB THERAPY PACK 125 MG DAILY DOSE	Tier 4	X	X		X
VIJOICE TAB 250MG	ALPELISIB (PROS) PAK 250 MG DAILY DOSE (200 MG & 50 MG TABS)	Tier 4	X	X		X
VIJOICE TAB 50MG	ALPELISIB (PROS) TAB THERAPY PACK 50 MG DAILY DOSE	Tier 4	X	X		X
VYVGART INJ HYTRULO	EFGARTIGIMOD ALF-HYALUR-QVFC PREF SYR 1000-10000 MG-UNIT/5ML	Tier 4	X	X		X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
Immunomodulators - Immune system drugs						
ACTEMRA INJ 162/0.9	TOCILIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 162 MG/0.9ML	Tier 4	X	X	X	X
ACTEMRA INJ ACTPEN	TOCILIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 162 MG/0.9ML	Tier 4	X	X	X	X
ACTIMMUNE INJ 2MU/0.5	INTERFERON GAMMA-1B INJ 100 MCG/0.5ML (2000000 UNIT/0.5ML)	Tier 3	X	X		X
ARCALYST INJ 220MG	RILONACEPT FOR INJ 220 MG	Tier 3	X	X		X
BENLYSTA INJ 200MG/ML	BELIMUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Tier 3	X	X		X
BENLYSTA INJ 200MG/ML	BELIMUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 3	X	X		X
BEYFORTUS INJ 100MG/ML	NIRSEVIMAB-ALIP IM SOLN PREFILLED SYRINGE 100 MG/ML	HCR Prev Care				
BEYFORTUS INJ 50/0.5ML	NIRSEVIMAB-ALIP IM SOLN PREFILLED SYRINGE 50 MG/0.5ML	HCR Prev Care				
ENFLONSIA INJ 105MG	CLESROVIMAB-CFOR IM SOLN PREFILLED SYRINGE 105 MG/0.7ML	HCR Prev Care				
ENTYVIO PEN INJ 108/0.68	VEDOLIZUMAB SOLN AUTO-INJECTOR 108 MG/0.68ML	Tier 3	X	X		X
LEFLUNOMIDE TAB 10MG	LEFLUNOMIDE TAB 10 MG	Tier 1				
LEFLUNOMIDE TAB 20MG	LEFLUNOMIDE TAB 20 MG	Tier 1				
OTEZLA TAB 10/20	APREMILAST TAB STARTER THERAPY PACK 4 X 10 MG & 51 X 20 MG	Tier 3	X	X		X
OTEZLA TAB 10/20/30	APREMILAST TAB STARTER THERAPY PACK 10 MG & 20 MG & 30 MG	Tier 3	X	X		X
OTEZLA TAB 20MG	APREMILAST TAB 20 MG	Tier 3	X	X		X
OTEZLA TAB 30MG	APREMILAST TAB 30 MG	Tier 3	X	X		X
OTEZLA XR TAB 75MG	APREMILAST TAB ER 24HR 75 MG	Tier 3	X	X		X
OTEZLA/XR TAB 28 DAY	APREMILAST TAB START PACK 10 MG & 20 MG & 30 MG & (ER) 75 MG	Tier 3	X	X		X
RINVOQ TAB 15MG ER	UPADACITINIB TAB ER 24HR 15 MG	Tier 3	X	X		X
RINVOQ TAB 30MG ER	UPADACITINIB TAB ER 24HR 30 MG	Tier 3	X	X		X
RINVOQ TAB 45MG ER	UPADACITINIB TAB ER 24HR 45 MG	Tier 3	X	X		X
RINVOQ LQ SOL 1MG/ML	UPADACITINIB ORAL SOLN 1 MG/ML	Tier 3	X	X		X
TAKHZYRO INJ 150MG/ML	LANADELUMAB-FLYO SOLN PREF SYRINGE 150 MG/ML	Tier 3	X	X		X
TAKHZYRO INJ 300/2ML	LANADELUMAB-FLYO SOLN PREF SYRINGE 300 MG/2ML (150 MG/ML)	Tier 3	X	X		X
Insulins - Diabetic drugs						
ADMIX NEEDLE MIS 18GX1.5"	NEEDLE (DISP) 18 X 1-1/2"	Tier 2				
BD BLNT FILL MIS 18GX1.5	NEEDLE (DISP) 18 X 1-1/2"	Tier 2				
BD BLUNT FIL MIS 18GX1"	NEEDLE (DISP) 18 X 1"	Tier 2				
BD ECLIPSE MIS 18GX1.5"	NEEDLE (DISP) 18 X 1-1/2"	Tier 2				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
HUMALOG INJ 100/ML	INSULIN LISPRO SOLN CARTRIDGE 100 UNIT/ML	Tier 2		X		
HUMALOG JR INJ 100/ML	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (0.5 UNIT DIAL)	Tier 2		X		
HUMALOG KWPN INJ 100/ML	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (1 UNIT DIAL)	Tier 2		X		
HUMALOG KWPN INJ 200/ML	INSULIN LISPRO SOLN PEN-INJECTOR 200 UNIT/ML	Tier 2		X		
HUMALOG MIX INJ 50/50	INSULIN LISPRO PROTAMINE & LISPRO INJ 100 UNIT/ML (50-50)	Tier 2		X		
HUMALOG MIX INJ 50/50KWP	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (50-50)	Tier 2		X		
HUMALOG MIX INJ 75/25KWP	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (75-25)	Tier 2		X		
HUMALOG MIX SUS 75/25	INSULIN LISPRO PROT & LISPRO INJ 100 UNIT/ML (75-25)	Tier 2		X		
HUMULIN INJ 70/30	INSULIN NPH ISOPHANE & REGULAR HUMAN INJ 100 UNIT/ML (70-30)	Tier 2		X		
HUMULIN INJ 70/30KWP	INSULIN NPH & REGULAR SUSP PEN-INJ 100 UNIT/ML (70-30)	Tier 2		X		
HUMULIN N INJ U-100	INSULIN NPH (HUMAN) (ISOPHANE) INJ 100 UNIT/ML	Tier 2		X		
HUMULIN N INJ U-100KWP	INSULIN NPH (HUMAN) (ISOPHANE) SUSP PEN-INJECTOR 100 UNIT/ML	Tier 2		X		
HUMULIN R INJ U-100	INSULIN REGULAR (HUMAN) INJ 100 UNIT/ML	Tier 2		X		
HUMULIN R INJ U-500	INSULIN REGULAR (HUMAN) INJ 500 UNIT/ML	Tier 2		X		
HUMULIN R INJ U-500KWP	INSULIN REGULAR (HUMAN) SOLN PEN-INJECTOR 500 UNIT/ML	Tier 2		X		
HYPO NEEDLE MIS 18GX1"	NEEDLE (DISP) 18 X 1"	Tier 2				
HYPO NEEDLE MIS 18GX1.5"	NEEDLE (DISP) 18 X 1-1/2"	Tier 2				
INSULIN LISP INJ 100/ML	INSULIN LISPRO INJ SOLN 100 UNIT/ML	Tier 2		X		
INSULIN LISP INJ 100/ML	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (1 UNIT DIAL)	Tier 2		X		
INSULIN LISP INJ JR KWPN	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (0.5 UNIT DIAL)	Tier 2		X		
INSULIN LISP INJ PROT KWP	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (75-25)	Tier 2		X		
LANTUS INJ 100/ML	INSULIN GLARGINE INJ 100 UNIT/ML	Tier 2		X		
LANTUS SOLOS INJ 100/ML	INSULIN GLARGINE SOLN PEN-INJECTOR 100 UNIT/ML	Tier 2		X		
LYUMJEV INJ 100UT/ML	INSULIN LISPRO-AABC INJ 100 UNIT/ML	Tier 2		X		
LYUMJEV KWPN INJ 100UT/ML	INSULIN LISPRO-AABC SOLN PEN-INJ 100 UNIT/ML (1 UNIT DIAL)	Tier 2		X		
LYUMJEV KWPN INJ 200UT/ML	INSULIN LISPRO-AABC SOLN PEN-INJECTOR 200 UNIT/ML	Tier 2		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
MYXREDLIN SOL 1UNIT/ML	INSULIN REGULAR (HUMAN) IN NACL 0.9% IV SOLN 100 UNIT/100ML	Tier 3				
POLY HUB MIS 18GX1"	NEEDLE (DISP) 18 X 1"	Tier 2				
POLY HUB MIS 18GX1.5"	NEEDLE (DISP) 18 X 1-1/2"	Tier 2				
SAFTY NEEDLE MIS 18GX1"	NEEDLE (DISP) 18 X 1"	Tier 2				
SAFTY NEEDLE MIS 18GX1.5"	NEEDLE (DISP) 18 X 1-1/2"	Tier 2				
SOLIQUA INJ 100/33	INSULIN GLARGINE-LIXISENATIDE SOL PEN-INJ 100-33 UNIT-MCG/ML	Tier 2		X		
TOUJEO MAX INJ 300/ML	INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML (2 UNIT DIAL)	Tier 3		X		
TOUJEO SOLO INJ 300/ML	INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML (1 UNIT DIAL)	Tier 3		X		
VENT NEEDLE MIS 18GX1"	NEEDLE (DISP) 18 X 1"	Tier 2				
Irritable bowel syndrome agents - Bowel treatment drugs						
ALOSETRON TAB 0.5MG	ALOSETRON HCL TAB 0.5 MG (BASE EQUIV)	Tier 2	X	X		
ALOSETRON TAB 1MG	ALOSETRON HCL TAB 1 MG (BASE EQUIV)	Tier 2	X	X		
LINZESS CAP 145MCG	LINACLOTIDE CAP 145 MCG	Tier 2	X	X		
LINZESS CAP 290MCG	LINACLOTIDE CAP 290 MCG	Tier 2	X	X		
LINZESS CAP 72MCG	LINACLOTIDE CAP 72 MCG	Tier 2	X	X		
LUBIPROSTONE CAP 24MCG	LUBIPROSTONE CAP 24 MCG	Tier 2	X	X		
LUBIPROSTONE CAP 8MCG	LUBIPROSTONE CAP 8 MCG	Tier 2	X	X		
VIBERZI TAB 100MG	ELUXADOLINE TAB 100 MG	Tier 4	X	X		
VIBERZI TAB 75MG	ELUXADOLINE TAB 75 MG	Tier 4	X	X		
Laxatives - Bowel treatment drugs						
CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR Prev Care				
CVS PURELAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR Prev Care				
EQ CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR Prev Care				
EQL CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR Prev Care				
FT CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR Prev Care				
GAVILAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR Prev Care				
GENTLELAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR Prev Care				
GLYCOLAX POW 3350 NF	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR Prev Care				
GNP CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR Prev Care				
LAXACLEAR POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR Prev Care				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
LAXATIVE POW OSMOTIC	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR Prev Care				
MINERAL OIL HEAVY	MINERAL OIL (BULK)	Tier 3				
MINERAL OIL MED VISC	MINERAL OIL (BULK)	Tier 3				
MM CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR Prev Care				
NATURA-LAX POW 3350 NF	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR Prev Care				
PEG 3350 POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR Prev Care				
POLYETH GLYC POW 3350	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR Prev Care				
POLYETH GLYC POW 3350 NF	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR Prev Care				
QC LAXATIVE POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR Prev Care				
RA LAXATIVE POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR Prev Care				
SMOOTH LAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR Prev Care				
SMOOTH LAX POW 3350	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR Prev Care				
SUTAB TAB	SOD SULFATE-MG SULFATE-POT CHLORIDE TAB 1479-225-188 MG	Tier 3		X		
TRUE LAXATIV POW 3350	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR Prev Care				
Laxatives - Drugs to treat constipation						
BASE A PEG POW 1450	POLYETHYLENE GLYCOL 1450 POWDER	Tier 3				
BISACODYL TAB 5MG DR	BISACODYL TAB DELAYED RELEASE 5 MG	HCR Prev Care				
BISACODYL TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR Prev Care				
CONSTULOSE SOL 10/15ML	LACTULOSE SOLUTION 10 GM/15ML	Tier 1				
CVS C-LAX TAB 5MG	BISACODYL TAB DELAYED RELEASE 5 MG	HCR Prev Care				
ENULOSE SOL 10GM/15	LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML	Tier 1				
EQL GENTLE TAB LAXATIVE	BISACODYL TAB DELAYED RELEASE 5 MG	HCR Prev Care				
FT LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR Prev Care				
FT MAG CITRA SOL CHERRY	MAGNESIUM CITRATE SOLN	HCR Prev Care				
FT MAG CITRA SOL LEMON	MAGNESIUM CITRATE SOLN	HCR Prev Care				

Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
GAVILYTE-C SOL	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM	HCR Prev Care				
GAVILYTE-G SOL	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	HCR Prev Care		X		
GAVILYTE-N SOL FLAV PK	PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM	HCR Prev Care		X		
GENERLAC SOL 10/15ML	LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML	Tier 1				
GENERLAC SOL 10GM/15	LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML	Tier 1				
GENTLE LAXAT TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR Prev Care				
GNP GNTL LAX TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR Prev Care				
GNP LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR Prev Care				
GNP MAG CITR SOL CHERRY	MAGNESIUM CITRATE SOLN	HCR Prev Care				
GOLYTELY SOL	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	HCR Prev Care		X		
KP BISACODYL TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR Prev Care				
KRISTALOSE PAK 10GM	LACTULOSE ORAL CRYSTAL PACKET 10 GM	Tier 4				
KRISTALOSE PAK 20GM	LACTULOSE ORAL CRYSTAL PACKET 20 GM	Tier 3				
LACTULOSE PAK 20GM	LACTULOSE ORAL CRYSTAL PACKET 20 GM	Tier 3				
LACTULOSE SOL 10/15ML	LACTULOSE SOLUTION 10 GM/15ML	Tier 1				
LACTULOSE SOL 10GM/15	LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML	Tier 1				
LACTULOSE SOL 20/30ML	LACTULOSE SOLUTION 10 GM/15ML	Tier 1				
LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR Prev Care				
MAG CITRATE SOL CHERRY	MAGNESIUM CITRATE SOLN	HCR Prev Care				
MAG CITRATE SOL GRAPE	MAGNESIUM CITRATE SOLN	HCR Prev Care				
MAG CITRATE SOL LEMON	MAGNESIUM CITRATE SOLN	HCR Prev Care				
MOVIPREP SOL	PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 100 GM	Tier 4		X		
PEG 3350 POW	POLYETHYLENE GLYCOL 3350 POWDER	Tier 3				
PEG/NASUL/C/ SOL NACL/POT	PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 100 GM	Tier 3		X		
PEG-3350 SOL ELECTROL	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	HCR Prev Care		X		
PEG-3350/KCL SOL /SODIUM	PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM	HCR Prev Care		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
PEG-PREP KIT	BISACODYL TAB & PEG 3350-KCL-SOD BICARB-NACL FOR SOLN KIT	Tier 4				
POLY GLYCOL LIQ 1450	POLYETHYLENE GLYCOL 1450 LIQUID	Tier 3				
POLYETH GLYC POW 1450	POLYETHYLENE GLYCOL 1450 POWDER	Tier 3				
QC LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR Prev Care				
RA LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR Prev Care				
SODIUM/POTAS SOL MAGNESIU	SOD SULFATE-POT SULF-MG SULF ORAL SOL 17.5-3.13-1.6 GM/177ML	Tier 3		X		
SUPREP BOWEL SOL PREP KIT	SOD SULFATE-POT SULF-MG SULF ORAL SOL 17.5-3.13-1.6 GM/177ML	Tier 3		X		
WOMANS LAXAT TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR Prev Care				
WOMENS LAXAT TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR Prev Care				
Local anesthetics						
GLYDO GEL 2%	LIDOCAINE HCL URETHRAL/MUCOSAL GEL PREFILLED SYRINGE 2%	Tier 1				
LIDO/PRILOCN CRE 2.5-2.5%	LIDOCAINE-PRILOCAINE CREAM 2.5-2.5%	Tier 1				
LIDOCAINE DIS 5% PATCH	LIDOCAINE PATCH 5%	Tier 3	X			
LIDOCAINE GEL 2%	LIDOCAINE HCL URETHRAL/MUCOSAL GEL PREFILLED SYRINGE 2%	Tier 1				
LIDOCAINE GEL 2% JELLY	LIDOCAINE HCL URETHRAL/MUCOSAL GEL 2%	Tier 1				
LIDOCAINE GEL 2% JELLY	LIDOCAINE HCL URETHRAL/MUCOSAL GEL PREFILLED SYRINGE 2%	Tier 1				
LIDOCAINE OIN 5%	LIDOCAINE OINT 5%	Tier 2		X		
LIDOCAINE SOL 2% ORAL	LIDOCAINE HCL VISCOUS SOLN 2%	Tier 1				
LIDOCAINE SOL 2% VISC	LIDOCAINE HCL VISCOUS SOLN 2%	Tier 1				
LIDOCAINE SOL 4%	LIDOCAINE HCL SOLN 4%	Tier 1				
LIDOCAINE SOL 4%	LIDOCAINE HCL LARYNGOTRACHEAL SOLN 4%	Tier 1				
ZTLIDO PAD 1.8%	LIDOCAINE PATCH 1.8% (36 MG)	Tier 3	X	X		
Macrolides - Antibiotics						
AZITHROMYCIN POW 1GM PAK	AZITHROMYCIN POWD PACK FOR SUSP 1 GM	Tier 1‡				
AZITHROMYCIN SUS 100/5ML	AZITHROMYCIN FOR SUSP 100 MG/5ML	Tier 1‡				
AZITHROMYCIN SUS 200/5ML	AZITHROMYCIN FOR SUSP 200 MG/5ML	Tier 1‡				
AZITHROMYCIN TAB 250MG	AZITHROMYCIN TAB 250 MG	Tier 1‡				
AZITHROMYCIN TAB 500MG	AZITHROMYCIN TAB 500 MG	Tier 1‡				
AZITHROMYCIN TAB 600MG	AZITHROMYCIN TAB 600 MG	Tier 1‡				
CLARITHROMYC SUS 125/5ML	CLARITHROMYCIN FOR SUSP 125 MG/5ML	Tier 2				
CLARITHROMYC SUS 250/5ML	CLARITHROMYCIN FOR SUSP 250 MG/5ML	Tier 2				
CLARITHROMYC TAB 250MG	CLARITHROMYCIN TAB 250 MG	Tier 1				
CLARITHROMYC TAB 500MG	CLARITHROMYCIN TAB 500 MG	Tier 1				

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CLARITHROMYC TAB 500MG ER	CLARITHROMYCIN TAB ER 24HR 500 MG	Tier 2				
DIFICID SUS	FIDAXOMICIN FOR SUSP 40 MG/ML	Tier 4		X		
E.E.S. GRAN SUS 200/5ML	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 200 MG/5ML	Tier 3‡				
ERYPED SUS 200/5ML	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 200 MG/5ML	Tier 3‡				
ERYPED SUS 400/5ML	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 400 MG/5ML	Tier 4‡				
ERY-TAB TAB 250MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 250 MG	Tier 4‡				
ERY-TAB TAB 333MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 333 MG	Tier 4‡				
ERY-TAB TAB 500MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 500 MG	Tier 4‡				
ERYTHROM ETH SUS 200/5ML	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 200 MG/5ML	Tier 1‡				
ERYTHROM ETH SUS 400/5ML	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 400 MG/5ML	Tier 3‡				
ERYTHROM ETH TAB 400MG	ERYTHROMYCIN ETHYLSUCCINATE TAB 400 MG	Tier 1‡				
ERYTHROMYCIN CAP 250MG DR	ERYTHROMYCIN W/ DELAYED RELEASE PARTICLES CAP 250 MG	Tier 1‡				
ERYTHROMYCIN TAB 250MG BS	ERYTHROMYCIN TAB 250 MG	Tier 1‡				
ERYTHROMYCIN TAB 250MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 250 MG	Tier 3‡				
ERYTHROMYCIN TAB 333MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 333 MG	Tier 3‡				
ERYTHROMYCIN TAB 500MG BS	ERYTHROMYCIN TAB 500 MG	Tier 1‡				
ERYTHROMYCIN TAB 500MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 500 MG	Tier 3‡				
FIDAXOMICIN TAB 200MG	FIDAXOMICIN TAB 200 MG	Tier 4		X		
ZITHROMAX POW 1GM PAK	AZITHROMYCIN POWD PACK FOR SUSP 1 GM	Tier 4‡				
ZITHROMAX SUS 200/5ML	AZITHROMYCIN FOR SUSP 200 MG/5ML	Tier 4‡				
ZITHROMAX TAB 250MG	AZITHROMYCIN TAB 250 MG	Tier 4‡				
ZITHROMAX TAB 500MG	AZITHROMYCIN TAB 500 MG	Tier 4‡				
ZITHROMAX TAB TRI-PAK	AZITHROMYCIN TAB 500 MG	Tier 4‡				
ZITHROMAX TAB Z-PAK	AZITHROMYCIN TAB 250 MG	Tier 4‡				
Mast cell stabilizers - Drugs for the lungs						
CROMOLYN SOD NEB 20MG/2ML	CROMOLYN SODIUM SOLN NEBU 20 MG/2ML	Tier 1				
Metabolic bone disease agents - Osteoporosis (bone loss) drugs						
ALENDRONATE SOL 70/75ML	ALENDRONATE SODIUM ORAL SOLN 70 MG/75ML	Tier 1				
ALENDRONATE TAB 10MG	ALENDRONATE SODIUM TAB 10 MG	Tier 1				
ALENDRONATE TAB 35MG	ALENDRONATE SODIUM TAB 35 MG	Tier 1				
ALENDRONATE TAB 70MG	ALENDRONATE SODIUM TAB 70 MG	Tier 1				
BONSITY INJ 560/2.24	TERIPARATIDE SOLN PEN-INJ 560 MCG/2.24ML	Tier 4	X			X
CALCITONIN INJ 200/ML	CALCITONIN (SALMON) INJ 200 UNIT/ML	Tier 3				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
CALCITONIN INJ 400/2ML	CALCITONIN (SALMON) INJ 200 UNIT/ML	Tier 3				
CALCITONIN SPR 200/ACT	CALCITONIN (SALMON) NASAL SOLN 200 UNIT/ACT	Tier 2				
CINACALCET TAB 30MG	CINACALCET HCL TAB 30 MG (BASE EQUIV)	Tier 1				
CINACALCET TAB 60MG	CINACALCET HCL TAB 60 MG (BASE EQUIV)	Tier 1				
CINACALCET TAB 90MG	CINACALCET HCL TAB 90 MG (BASE EQUIV)	Tier 1				
FOSAMAX TAB 70MG	ALENDRONATE SODIUM TAB 70 MG	Tier 4				
FOSAMAX + D TAB 70-2800	ALENDRONATE SODIUM-CHOLECALCIFEROL TAB 70-2800 MG-UNIT	Tier 3				
FOSAMAX + D TAB 70-5600	ALENDRONATE SODIUM-CHOLECALCIFEROL TAB 70-5600 MG-UNIT	Tier 3				
IBANDRONATE TAB 150MG	IBANDRONATE SODIUM TAB 150 MG (BASE EQUIVALENT)	Tier 2				
MIACALCIN INJ 200/ML	CALCITONIN (SALMON) INJ 200 UNIT/ML	Tier 3				
MIACALCIN INJ 400/2ML	CALCITONIN (SALMON) INJ 200 UNIT/ML	Tier 3				
RISEDRONATE TAB 150MG	RISEDRONATE SODIUM TAB 150 MG	Tier 3				
RISEDRONATE TAB 30MG	RISEDRONATE SODIUM TAB 30 MG	Tier 3				
RISEDRONATE TAB 35MG	RISEDRONATE SODIUM TAB 35 MG	Tier 3				
RISEDRONATE TAB 5MG	RISEDRONATE SODIUM TAB 5 MG	Tier 3				
TERIPARATIDE INJ 560/2.24	TERIPARATIDE SOLN PEN-INJ 560 MCG/2.24ML	Tier 4	X			X
TYMLOS INJ	ABALOPARATIDE SUBCUTANEOUS SOLN PEN-INJECTOR 3120 MCG/1.56ML	Tier 4	X			X
Metabolic bone disease agents - Other						
CALCITRIOL CAP 0.25MCG	CALCITRIOL CAP 0.25 MCG	Tier 1				
CALCITRIOL CAP 0.5MCG	CALCITRIOL CAP 0.5 MCG	Tier 1				
CALCITRIOL SOL 1MCG/ML	CALCITRIOL ORAL SOLN 1 MCG/ML	Tier 1				
DOXERCALCIF CAP 0.5MCG	DOXERCALCIFEROL CAP 0.5 MCG	Tier 1				
DOXERCALCIF CAP 1MCG	DOXERCALCIFEROL CAP 1 MCG	Tier 1				
DOXERCALCIF CAP 2.5MCG	DOXERCALCIFEROL CAP 2.5 MCG	Tier 1				
PARICALCITOL CAP 1 MCG	PARICALCITOL CAP 1 MCG	Tier 1				
PARICALCITOL CAP 2 MCG	PARICALCITOL CAP 2 MCG	Tier 1				
PARICALCITOL CAP 4 MCG	PARICALCITOL CAP 4 MCG	Tier 1				
ZEMPLAR CAP 1MCG	PARICALCITOL CAP 1 MCG	Tier 4				
ZEMPLAR CAP 2MCG	PARICALCITOL CAP 2 MCG	Tier 4				
Miscellaneous therapeutic agents						
2-DEOXY-D POW -GLUCOSE	2-DEOXY-D-GLUCOSE POWDER	Tier 4				
ADAPTADERM GEL	GEL BASE - GEL	Tier 3				
AERCHMBR PLS MIS INTERMED	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 3				
AERCHMBR PLS MIS LRG MASK	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 3				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
AERCHMBR PLS MIS MED MASK	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 3				
AERCHMBR PLS MIS SM MASK	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 3				
AEROCHAMBER MIS 2GO	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 3				
AEROCHAMBER MIS HOLDING	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 3				
AEROCHAMBER MIS MTHPIECE	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 3				
ALCOH-WIPE MIS 12"X12"	ALCOHOL SHEETS	Tier 3				
ALPAWASH OIN	POLYETHYLENE GLYCOL OINTMENT	Tier 3				
ALYFTREK TAB	VANZACAFTOR-TEZACAFTOR-DEUTIVACAFTOR TAB 10-50-125 MG	Tier 4	X	X		X
ALYFTREK TAB 4-20-50	VANZACAFTOR-TEZACAFTOR-DEUTIVACAFTOR TAB 4-20-50 MG	Tier 4	X	X		X
ANASTROZOLE POW	ANASTROZOLE (BULK) POWDER	Tier 3				
ANDEMBRY INJ 200/1.2	GARADACIMAB-GXII SOLN AUTO-INJECTOR 200 MG/1.2ML	Tier 3	X	X		X
ANHYDROUS GEL BASE	GEL BASE - GEL	Tier 3				
AQINJECT PEN MIS 31GX3/16	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
AQNEURSA POW 1GM	LEVACETYLLEUCINE FOR SUSP PACKET 1 GM	Tier 4	X	X		X
ASSURE ID MIS 30GX5MM	INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
ASSURE ID MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
ATROPINE POW SULFATE	ATROPINE SULFATE POWDER	Tier 3				
AUM MINI PEN MIS 32GX8MM	INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
AUM MINI PEN MIS 33GX4MM	INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
AUM MINI PEN MIS 33GX5MM	INSULIN PEN NEEDLE 33 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
AUM MINI PEN MIS 33GX6MM	INSULIN PEN NEEDLE 33 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
AUM SAFETY MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
AUM SAFETY MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
AUTOKEEPER MIS 30GX5MM	INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
AUTOSHIELD MIS 30GX5MM	INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
AVTOZMA INJ 162/0.9	TOCILIZUMAB-ANOH SUBCUTANEOUS SOLN PREF SYR 162 MG/0.9ML	Tier 4	X	X	X	X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
AVTOZMA INJ 162/0.9	TOCILIZUMAB-ANOH SUBCUTANEOUS SOLN AUTO-INJ 162 MG/0.9ML	Tier 4	X	X	X	X
BACOCALMINE LIQ	PHARMACEUTICAL EXCIPIENTS (BULK) LIQUID	Tier 3				
BASE CRE LIPOSOME	CREAM BASE LIPOSOMIC	Tier 3				
BD ECLIPSE MIS 23GX1"	NEEDLE (DISP) 23 X 1"	Tier 2				
BD ECLIPSE MIS 25GX5/8"	NEEDLE (DISP) 25 X 5/8"	Tier 2				
BD NEEDLE MIS 30G X 1"	NEEDLE (DISP) 30 X 1"	Tier 3				
BD NEEDLE MIS 30GX1/2"	NEEDLE (DISP) 30 X 1/2"	Tier 2				
BD NEEDLES MIS 27GX1/2"	NEEDLE (DISP) 27 X 1/2"	Tier 2				
BD PEN NEEDL MIS 29GX12.7	INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2")	Tier 2		X		
BD PEN NEEDL MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
BD PEN NEEDL MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
BD SAFETY MIS 23GX1.5"	NEEDLE (DISP) 23 X 1-1/2"	Tier 2				
BD SHARPS MIS 1.4QT	SHARPS CONTAINER - MISC	Tier 3				
BD SHARPS MIS 3.3QT	SHARPS CONTAINER - MISC	Tier 3				
BD SHARPS MIS 5.1L	SHARPS CONTAINER - MISC	Tier 3				
BIGFOOT UNIT KIT PROGRAM	BLOOD GLUCOSE MONITOR KIT W/ MONITOR DEVICE & DIGITAL APP	Tier 3		X		
BISMUTH SUBC POW	BISMUTH SUBCARBONATE POWDER	Tier 3				
BISOPROL FUM POW	BISOPROLOL FUMARATE (BULK) POWDER	Tier 3				
BIXLENVO TAB 75/50MG	BICTEGRAVIR SODIUM-LENACAPAVIR SODIUM TAB 75-50 MG	$0 HIV		X		
BLUJEPA TAB 750MG	GEPOTIDACIN MESYLATE TAB 750 MG	Tier 4		X		
BRINSUPRI TAB 10MG	BRENSOCATIB TAB 10 MG	Tier 4	X	X		X
BRINSUPRI TAB 25MG	BRENSOCATIB TAB 25 MG	Tier 4	X	X		X
BUPIVACAINE POW HCL	BUPIVACAINE HCL POWDER	Tier 3				
CALCIUM POW FOLINATE	LEUCOVORIN CALCIUM POWDER	Tier 4				
CARBOGEL GEL 940	CARBOMER GEL BASE	Tier 3				
CARBOHOL GEL 940	CARBOMER GEL BASE	Tier 2				
CARBOMER GEL AQUEOUS	CARBOMER GEL BASE	Tier 3				
CARBOMER GEL HYDROALC	CARBOMER GEL BASE	Tier 3				
CARDAMYST SPR	ETRIPAMIL NASAL SOLN 2 X 70 MG/DOSE	Tier 4	X	X		
CAREFINE MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
CAREPOINT SA MIS 23GX1"	NEEDLE (DISP) 23 X 1"	Tier 2				
CAREPOINT SA MIS 23GX11/2	NEEDLE (DISP) 23 X 1-1/2"	Tier 2				
CAREPOINT SA MIS 25GX1"	NEEDLE (DISP) 25 X 1"	Tier 2				
CAREPOINT SA MIS 25GX11/2	NEEDLE (DISP) 25 X 1-1/2"	Tier 2				
CAREPOINT SA MIS 25GX5/8"	NEEDLE (DISP) 25 X 5/8"	Tier 2				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
CARETOUCH MIS 27GX1.5"	NEEDLE (DISP) 27 X 1-1/2"	Tier 2				
CARETOUCH MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
CARETOUCH MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
CARETOUCH MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
CAYA DPR	DIAPHRAGM ARC-SPRING	HCR Prev Care				
CEQUR SIMPL KIT 1U EXTND	INJECTION DEVICE FOR INSULIN	Tier 3			X	
CEQUR SIMPL KIT 2U EXTND	INJECTION DEVICE FOR INSULIN	Tier 3			X	
CEQUR SIMPL KIT PATCH 2U	INJECTION DEVICE FOR INSULIN	Tier 3			X	
CHEMSIL K-51 GEL	GEL BASE - GEL	Tier 3				
CHEMSTRIP BG MIS LOG	BLOOD GLUCOSE MONITORING MISC.	Tier 1				
CHERRY SYP	CHERRY SYRUP	Tier 3				
CHOLESTYRAMI POW	CHOLESTYRAMINE (BULK) POWDER	Tier 3	X			
CHOLESTYRAMI POW RESIN	CHOLESTYRAMINE (BULK) POWDER	Tier 3	X			
CISPLATIN POW	CISPLATIN (BULK) POWDER	Tier 3				X
CITRULLINE POW (L)	CITRULLINE (BULK) POWDER	Tier 3				
CLOPIDOGREL POW BISULFAT	CLOPIDOGREL BISULFATE (BULK) POWDER	Tier 3				
CLOVAGEL GEL	GEL BASE - GEL	Tier 3				
COLLODION LIQ FLEXIBLE	COLLODION FLEXIBLE	Tier 3				
COMFORT EZ MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
COMFORT EZ MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
COMFORT TOUC MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
COMFORT TOUC MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
COMFORT TOUC MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
COMFORT TOUC MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
COMFORT TOUC MIS 32GX8MM	INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
COMFORT TOUC MIS 33GX1/4"	INSULIN PEN NEEDLE 33 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
COMFORT TOUC MIS 33GX3/16	INSULIN PEN NEEDLE 33 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
COMFORT TOUC MIS 33GX5/32	INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
CONDOMS MIS	CONDOMS - MALE	HCR Prev Care		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
CONTOUR HIGH LIQ CONTROL	BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	Tier 3				
CONTOUR LOW LIQ CONTROL	BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	Tier 2				
CONTOUR NEXT SOL LEVEL 1	BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	Tier 2				
CONTOUR NEXT SOL LEVEL 2	BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL	Tier 2				
CONTOUR NORM LIQ CONTROL	BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL	Tier 2				
CONTROL MIS SOLUTION	BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL	Tier 2				
CONTROL HIGH SOL UNISTRIP	BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	Tier 3				
CONTROL LOW SOL UNISTRIP	BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	Tier 3				
CORN OIL	CORN OIL (BULK)	Tier 3				
CORN SYP	CORN SYRUP	Tier 3				
CORTROSYN INJ 0.25MG	COSYNTROPIN FOR INJ 0.25 MG	Tier 4				
COSYNTROPIN INJ 0.25MG	COSYNTROPIN FOR INJ 0.25 MG	Tier 1				
CREAM BASE CRE NIOSOMES	CREAM BASE NIOSOMES	Tier 3				
CREAM-HEAVY CRE BASE	CREAM BASE NIOSOMES	Tier 3				
CRENESSITY CAP 100MG	CRINECERFONT CAP 100 MG	Tier 4	X	X		X
CRENESSITY CAP 25MG	CRINECERFONT CAP 25 MG	Tier 4	X	X		X
CRENESSITY CAP 50MG	CRINECERFONT CAP 50 MG	Tier 4	X	X		X
CRENESSITY SOL 50MG/ML	CRINECERFONT ORAL SOLN 50 MG/ML	Tier 4	X	X		X
CRYOSERV SOL	DIMETHYL SULFOXIDE - SOLUTION	Tier 3				
CYCLOPHOSPHA POW	CYCLOPHOSPHAMIDE (BULK) POWDER	Tier 4				
CYCLOSPORINE POW	CYCLOSPORINE (BULK) POWDER	Tier 4				
CYCLOSPORINE POW A	CYCLOSPORINE (BULK) POWDER	Tier 4				
DERMASHIELD GEL HYDROGEL	GEL BASE - GEL	Tier 3				
DEXCOM G6 MIS TRANSMIT	CONTINUOUS GLUCOSE SYSTEM TRANSMITTER	Tier 3	X	X		
DIABECIN HR CRE	LIDOCAINE-BENZALKONIUM (PODIATRIC) CREAM 4.12-0.13%	Tier 3				
DIABETES KIT ADD-ON	BLOOD GLUCOSE MONITOR KIT W/ MONITOR DEVICE & DIGITAL APP	Tier 3		X		
DIABETES KIT SOLUTION	BLOOD GLUCOSE MONITOR KIT W/ MONITOR DEVICE & DIGITAL APP	Tier 3		X		
DIHYDROERGOT POW MESYLATE	DIHYDROERGOTAMINE MESYLATE POWDER	Tier 3				
DIMETHYL SOL SULFOXID	DIMETHYL SULFOXIDE - SOLUTION	Tier 3				
DOXYCYCLINE POW HYCLATE	DOXYCYCLINE HYCLATE POWDER	Tier 3				
DROPLET MICR MIS 34GX9/64	INSULIN PEN NEEDLE 34 G X 3.5 MM (9/64")	Tier 2		X		
DROPSAFE MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
DROPSAFE MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
DROPSAFE MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
DROPSAFE SIC MIS 25GX1"	NEEDLE (DISP) 25 X 1"	Tier 2				
DROPSAFE SIC MIS 25GX5/8"	NEEDLE (DISP) 25 X 5/8"	Tier 2				
DUREX MIS TROPICAL	CONDOMS LATEX LUBRICATED	HCR Prev Care		X		
DUREX EXTRA MIS SENSITIV	CONDOMS LATEX LUBRICATED	HCR Prev Care		X		
EASIVENT MIS	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 3				
EASIVENT MIS MASK LG	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 3				
EASIVENT MIS MASK SM	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 3				
EASIVENT MIS MASK MED	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 3				
EASY COMFORT MIS 29GX4MM	INSULIN PEN NEEDLE 29 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
EASY COMFORT MIS 29GX5MM	INSULIN PEN NEEDLE 29 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
EASY COMFORT MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
EASY COMFORT MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
EASY COMFORT MIS SHARPS	SHARPS CONTAINER - MISC	Tier 3				
EASYMAX SOL NORMAL	BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL	Tier 3				
ECLIPSE NDL MIS 21GX1"	NEEDLE (DISP) 21 X 1"	Tier 2				
ECLIPSE NDLE MIS 21GX1.5"	NEEDLE (DISP) 21 X 1-1/2"	Tier 2				
ECLIPSE NDLE MIS 25GX1.5"	NEEDLE (DISP) 25 X 1-1/2"	Tier 2				
EC-RX DHEA CRE 10%	PRASTERONE (DHEA) CREAM 10% (COMPOUND KIT)	Tier 3				
EC-RX DHEA CRE 4%	PRASTERONE (DHEA) CREAM 4% (COMPOUND KIT)	Tier 3				
EMBECTA AUTO MIS DUO	INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
EMBECTA UF MIS 29GX12.7	INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2")	Tier 2		X		
EMBECTA UF MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
EMBECTA UF MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
EMBRACE SOL LOW	BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	Tier 3				
EMBRACE HIGH LIQ CONTROL	BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	Tier 2				
ERGOLOID MES TAB 1MG ORAL	ERGOLOID MESYLATES TAB 1 MG	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
ESSENTRA MIS 9X9"	ALCOHOL SHEETS	Tier 3				
ETHOSUXIMIDE POW	ETHOSUXIMIDE (BULK) POWDER	Tier 3				
ETHYLPARABEN POW	BULK CHEMICALS - POWDER	Tier 4				
ETOPOSIDE POW	ETOPOSIDE (BULK) POWDER	Tier 4				
FE PYROPHOSP POW	BULK CHEMICALS - POWDER	Tier 4				
FEMCAP MIS 22MM	CERVICAL CAP 22 MM	HCR Prev Care				
FEMCAP MIS 26MM	CERVICAL CAP 26 MM	HCR Prev Care				
FEMCAP MIS 30MM	CERVICAL CAP 30 MM	HCR Prev Care				
FIRDAPSE TAB 10MG	AMIFAMPRIDINE PHOSPHATE TAB 10 MG (BASE EQUIVALENT)	Tier 3	X	X		X
FLAVOR BLEND SUS	ORAL VEHICLES - SUSP	Tier 3				
FLAVOR PLUS LIQ	ORAL VEHICLES	Tier 3				
FLAVOR SWEET SOL DYE FREE	ORAL VEHICLES - SYRUP	Tier 3				
FLAVOR SWEET SOL SF DYE	ORAL VEHICLES - SYRUP	Tier 3				
FLAVOR SWEET SYP	ORAL VEHICLES - SYRUP	Tier 3				
FLEXICHAMBER MIS	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 3				
FLEXICHAMBER MIS MASK LRG	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	Tier 2				
FLEXICHAMBER MIS MASK SM	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	Tier 2				
FLUOROURACIL POW	FLUOROURACIL (BULK) POWDER	Tier 4				
FOLIC ACID POW	FOLIC ACID POWDER	Tier 3				
FOOD COLOR LIQ BLUE	DYE FDC BLUE 1 (BRILLIANT BLUE FCF) - LIQUID	Tier 3				
FORA TEST GO MIS ADV MOBL	BLOOD GLUCOSE/KETONE MONITORING DEVICES	Tier 3				
FORANE SOL	ISOFLURANE INHAL SOLN	Tier 2				
FORMALDEHYDE SOL 10%	FORMALDEHYDE SOLUTION 10%	Tier 1				
FORMALDEHYDE SOL 37%	FORMALDEHYDE SOLUTION 37%	Tier 1				
FREEDOM GEL CEPAPRO	GEL BASE - GEL	Tier 3				
FREEDOM GEL SILOMAC	GEL BASE - GEL	Tier 3				
GLIPIZIDE POW	GLIPIZIDE POWDER	Tier 3				
GLUTARALDEHY SOL 25%	GLUTARAL SOLN 25%	Tier 1				
GLYBURIDE POW	GLYBURIDE POWDER	Tier 3				
GLYCERIN LIQ	GLYCERIN LIQUID	Tier 2				
GLYCERIN LIQ	GLYCERIN LIQUID	Tier 3				
GLYCEROL LIQ FORMAL	GLYCERIN LIQUID	Tier 3				
GNP PEN NEED MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
GNP PEN NEED MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
GNP ULTICARE MIS 31GX5/16	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
GUARDIAN MIS LINK 3	CONTINUOUS GLUCOSE SYSTEM TRANSMITTER	Tier 3	X	X		
GUARDIAN 4 MIS TRANSMIT	CONTINUOUS GLUCOSE SYSTEM TRANSMITTER	Tier 3	X	X		
GUARDIAN CON MIS TRANSMIT	CONTINUOUS GLUCOSE SYSTEM TRANSMITTER	Tier 3	X	X		
GUARDIAN RT MIS CHARGER	CONTINUOUS GLUCOSE MONITOR SUPPLIES	Tier 3	X			
GUARDIAN RT MIS TST PLUG	CONTINUOUS GLUCOSE MONITOR SUPPLIES	Tier 3	X			
HAN-EASE MIS	INJECTION DEVICE - MISC	Tier 3				
HARLIKU TAB 2MG	NITISINONE (AKU) TAB 2 MG	Tier 4	X	X		X
HEPARIN LOCK INJ 100/ML	HEPARIN SODIUM (PORCINE) LOCK FLUSH IV SOLN 100 UNIT/ML	Tier 1				
HEPARIN LOCK INJ 100/ML	HEPARIN SODIUM (PORCINE) LOCK FLUSH PF IV SOLN 100 UNIT/ML	Tier 1				
HEPARIN LOCK INJ 10UNT/ML	HEPARIN SODIUM (PORCINE) LOCK FLUSH IV SOLN 10 UNIT/ML	Tier 1				
HEPARIN LOCK INJ 10UNT/ML	HEPARIN SODIUM (PORCINE) LOCK FLUSH PF IV SOLN 10 UNIT/ML	Tier 1				
HERNEXEOS TAB 60MG	ZONGERTINIB TAB 60 MG	Tier 4	X	X		X
HOLDING CHAM MIS ADULT	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 3				
HOLDING CHAM MIS CHILD	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 3				
HORMONE BASE CRE NIOSOMES	HORMONE CREAM BASE NIOSOMES	Tier 3				
HORMONE HEAV CRE NIOSOMES	HORMONE CREAM BASE NIOSOMES	Tier 3				
HYDROGEL GEL	CARBOMER GEL BASE	Tier 3				
HYDROXYUREA POW	HYDROXYUREA (BULK) POWDER	Tier 4				
HYPO NEEDLE MIS 20GX1"	NEEDLE (DISP) 20 X 1"	Tier 2				
HYPO NEEDLE MIS 22GX1"	NEEDLE (DISP) 22 X 1"	Tier 2				
HYPO NEEDLE MIS 23GX1"	NEEDLE (DISP) 23 X 1"	Tier 2				
HYPO NEEDLE MIS 23GX1.5"	NEEDLE (DISP) 23 X 1-1/2"	Tier 2				
HYPO NEEDLE MIS 25GX1"	NEEDLE (DISP) 25 X 1"	Tier 2				
HYPO NEEDLE MIS 25GX1.5"	NEEDLE (DISP) 25 X 1-1/2"	Tier 2				
HYPO NEEDLE MIS 25GX5/8"	NEEDLE (DISP) 25 X 5/8"	Tier 2				
IDVYNSO TAB 100-0.25	DORAVIRINE-ISLATRAVIR TAB 100-0.25 MG	$0 HIV		X		
INBRIJA CAP 42MG	LEVODOPA INHAL POWDER CAP 42 MG	Tier 3	X	X		X
INFINITY SOL HIGH CON	BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	Tier 2				
INFINITY SOL LOW CON	BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	Tier 2				
INPEN BLUE MIS HUMALOG	INJECTION DEVICE FOR INSULIN	Tier 3			X	
INPEN BLUE MIS NOVO/FIA	INJECTION DEVICE FOR INSULIN	Tier 3			X	

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
INPEN GREY MIS HUMALOG	INJECTION DEVICE FOR INSULIN	Tier 3			X	
INPEN GREY MIS NOVO/FIA	INJECTION DEVICE FOR INSULIN	Tier 3			X	
INPEN PINK MIS HUMALOG	INJECTION DEVICE FOR INSULIN	Tier 3			X	
INPEN PINK MIS NOVO/FIA	INJECTION DEVICE FOR INSULIN	Tier 3			X	
INS SYR U500 MIS 0.5/31G	INSULIN SYRINGE/NEEDLE U-500 0.5 ML 31G X 6MM (15/64")	Tier 2		X		
INS SYR U500 MIS 31GX6MM	INSULIN SYRINGE/NEEDLE U-500 0.5 ML 31G X 6MM (15/64")	Tier 2		X		
INSPIREASE MIS DD SYST	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 3				
INSPIREASE MIS RES BAG	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - BAGS	Tier 2				
INSULIN SYRG MIS 0.3/29G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 29 X 1/2"	Tier 2		X		
INSULIN SYRG MIS 0.3/30G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2"	Tier 2		X		
INSULIN SYRG MIS 0.3/30G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 5/16"	Tier 2		X		
INSULIN SYRG MIS 0.3/31G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 15/64"	Tier 2		X		
INSULIN SYRG MIS 0.3/31G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	Tier 2		X		
INSULIN SYRG MIS 0.3/31G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 1/2"	Tier 2		X		
INSULIN SYRG MIS 0.3ML/31	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	Tier 2		X		
INSULIN SYRG MIS 0.5/28G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2"	Tier 2		X		
INSULIN SYRG MIS 0.5/29G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2"	Tier 2		X		
INSULIN SYRG MIS 0.5/29G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 5/16"	Tier 2		X		
INSULIN SYRG MIS 0.5/30G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 1/2"	Tier 2		X		
INSULIN SYRG MIS 0.5/30G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16"	Tier 2		X		
INSULIN SYRG MIS 0.5/31G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 15/64"	Tier 2		X		
INSULIN SYRG MIS 0.5/31G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	Tier 2		X		
INSULIN SYRG MIS 1/2ML/30	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16"	Tier 2		X		
INSULIN SYRG MIS 1/2ML/31	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	Tier 2		X		
INSULIN SYRG MIS 1ML/27G	INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 5/8"	Tier 2		X		
INSULIN SYRG MIS 1ML/27G	INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2"	Tier 2		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
INSULIN SYRG MIS 1ML/28G	INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2"	Tier 2		X		
INSULIN SYRG MIS 1ML/28G	INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 5/16"	Tier 2		X		
INSULIN SYRG MIS 1ML/29G	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	Tier 2		X		
INSULIN SYRG MIS 1ML/29G	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 5/16"	Tier 2		X		
INSULIN SYRG MIS 1ML/30G	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2"	Tier 2		X		
INSULIN SYRG MIS 1ML/30G	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16"	Tier 2		X		
INSULIN SYRG MIS 1ML/31G	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 15/64"	Tier 2		X		
INSULIN SYRG MIS 1ML/31G	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	Tier 2		X		
INSULIN SYRG MIS 1ML/32G	INSULIN SYRINGE/NEEDLE U-100 1 ML 32 X 5/16"	Tier 2		X		
INSULIN SYRG MIS 27GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 27 X 1/2"	Tier 2		X		
INSULIN SYRG MIS 27GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2"	Tier 2		X		
INSULIN SYRG MIS 28GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2"	Tier 2		X		
INSULIN SYRG MIS 28GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2"	Tier 2		X		
INSULIN SYRG MIS 28GX12MM	INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2"	Tier 2		X		
INSULIN SYRG MIS 29GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	Tier 2		X		
INSULIN SYRG MIS 29GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2"	Tier 2		X		
INSULIN SYRG MIS 29GX12MM	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	Tier 2		X		
INSULIN SYRG MIS 29GX12MM	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2"	Tier 2		X		
INSULIN SYRG MIS 30GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2"	Tier 2		X		
INSULIN SYRG MIS 30GX1/2"	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2"	Tier 2		X		
INSULIN SYRG MIS 30GX12MM	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2"	Tier 2		X		
INSULIN SYRG MIS 30GX5/16	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16"	Tier 2		X		
INSULIN SYRG MIS 30GX5/16	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16"	Tier 2		X		
INSULIN SYRG MIS 30GX8MM	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16"	Tier 2		X		
INSULIN SYRG MIS 30GX8MM	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16"	Tier 2		X		
INSULIN SYRG MIS 31GX5/16	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	Tier 2		X		
INSULIN SYRG MIS 31GX5/16	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	Tier 2		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
INSULIN SYRG MIS 31GX5/16	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	Tier 2		X		
INSULIN SYRG MIS 31GX8MM	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	Tier 2		X		
INSULIN SYRG MIS 31GX8MM	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	Tier 2		X		
INSULIN SYRG MIS 31GX8MM	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	Tier 2		X		
INSUPEN MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
INSUPEN MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
IODINE SOL STRONG	IODINE SOLUTION STRONG 5% (LUGOL'S)	Tier 1				
IODINE SOL STRONG	IODINE SOLUTION STRONG (LUGOL'S) (BULK)	Tier 3				
ISOFLURANE SOL	ISOFLURANE INHAL SOLN	Tier 1				
JOURNAVX TAB 50MG	SUZETRIGINE TAB 50 MG	Tier 4		X		
KOMZIFTI CAP 200MG	ZIFTOMENIB CAP 200 MG	Tier 4	X	X		X
KRISGEL 100 GEL	KRISGEL 100 GEL	Tier 3				
KT TAPE MIS CGM PTCH	CONTINUOUS GLUCOSE MONITOR SUPPLIES	Tier 3	X			
KYGEVVI POW 2GM/2GM	DOXECITINE-DOXRIBTIMINE POWDER PACK 2-2 GM	Tier 4	X	X		X
LANOLIN ANHY OIN	LANOLIN ANHYDROUS OINTMENT	Tier 3				
L-ASPARAGINE POW MONOHYDR	BULK CHEMICALS - POWDER	Tier 4				
L-CITRULLINE POW	CITRULLINE (BULK) POWDER	Tier 3				
LECITHIN GEL	PREMIUM LECITHIN ORGANOGEL BASE GEL	Tier 3				
LECITHIN GRA	LECITHIN GRANULES	Tier 1				
LEUCOVORIN POW CALCIUM	LEUCOVORIN CALCIUM POWDER	Tier 4				
LIPODERM HMW GEL PCCA	GEL BASE - GEL	Tier 3				
LIPOLAYER CRE	CREAM BASE LIPOSOMIC	Tier 3				
LIPOZYME CRE	CREAM BASE LIPOSOMIC	Tier 3				
LOVASTATIN POW	LOVASTATIN (BULK) POWDER	Tier 3				
LOVO-ODF LIQ CUSTOM	PHARMACEUTICAL EXCIPIENTS (BULK) LIQUID	Tier 3				
LUBRAJEL NP GEL	GEL BASE - GEL	Tier 3				
LUGOLS SOL	IODINE SOLUTION STRONG (LUGOL'S) (BULK)	Tier 2				
MAGNESIUM POW BISGLYCI	MAGNESIUM GLYCINATE (BULK) POWDER	Tier 3				
MAGNESIUM POW GLYCINAT	MAGNESIUM GLYCINATE (BULK) POWDER	Tier 3				
MASK VORTEX/ MIS FROG	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	Tier 2				
MASK VORTEX/ MIS LADY BUG	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	Tier 2				
MAXICOMFORT MIS 27GX1/2	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 27 X 1/2"	Tier 2		X		
MAXICOMFORT MIS 27GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2"	Tier 2		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
MAXICOMFORT MIS 31GX1/4"	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
MELATOL PEDI LIQ 1MG/ML	MELATONIN LIQUID 1 MG/ML	Tier 3				
MERCAPTOPURI POW	MERCAPTOPURINE (BULK) POWDER	Tier 4				
MERCAPTOPURI POW	MERCAPTOPURINE MONOHYDRATE (BULK) POWDER	Tier 4				
MERCAPTOPURI POW MONOHYDR	MERCAPTOPURINE MONOHYDRATE (BULK) POWDER	Tier 4				
METHERGINE TAB 0.2MG	METHYLERGONOVINE MALEATE TAB 0.2 MG	Tier 4		X		
METHOTREXATE POW	METHOTREXATE POWDER	Tier 3				
METHYLERGON TAB 0.2MG	METHYLERGONOVINE MALEATE TAB 0.2 MG	Tier 1		X		
METHYLPRED POW ACETATE	METHYLPREDNISOLONE ACETATE POWDER	Tier 3				
METOPIRONE CAP 250MG	METYRAPONE CAP 250 MG	Tier 3				
MICONAZOLE POW NITRATE	MICONAZOLE NITRATE POWDER	Tier 3				
MICROCHAMBER MIS	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 3				
MIDAZOLAM POW	MIDAZOLAM (BULK) POWDER	Tier 3				
MINIMED 630G MIS TRANSMIT	CONTINUOUS GLUCOSE SYSTEM TRANSMITTER	Tier 3	X			
MIPLYFFA CAP 124MG	ARIMOCLOMOL CITRATE CAP 124 MG	Tier 4	X	X		X
MIPLYFFA CAP 47MG	ARIMOCLOMOL CITRATE CAP 47 MG	Tier 4	X	X		X
MIPLYFFA CAP 62MG	ARIMOCLOMOL CITRATE CAP 62 MG	Tier 4	X	X		X
MIPLYFFA CAP 93MG	ARIMOCLOMOL CITRATE CAP 93 MG	Tier 4	X	X		X
MITOMYCIN POW	MITOMYCIN (BULK) POWDER	Tier 4				
MODEYSO CAP 125MG	DORDAVIPRONE HCL CAP 125 MG	Tier 4	X	X		X
MUCOLOX LIQ	PHARMACEUTICAL EXCIPIENTS (BULK) LIQUID	Tier 3				
NEEDL COLLEC MIS DISPOSAL	SHARPS CONTAINER - MISC	Tier 3				
NEEDLE COLLE MIS DISPOSAL	SHARPS CONTAINER - MISC	Tier 3				
NITROFURANTN SUS 25MG/5ML	NITROFURANTOIN SUSP 25 MG/5ML	Tier 3				
NORDIPEN 5 MIS DEVICE	INJECTION DEVICE - MISC	Tier 3				
NORDIPEN DEL MIS SYSTEM	INJECTION DEVICE - MISC	Tier 3				
NOVAFILM GEL	GEL BASE - GEL	Tier 3				
NOVOPEN ECHO MIS	INJECTION DEVICE FOR INSULIN	Tier 3				
OCCLUSADERM GEL PCCA	GEL BASE - GEL	Tier 3				
OMLYCLO INJ 150MG/ML	OMALIZUMAB-IGEC SUBCUTANEOUS SOLN PREFILLED SYR 150 MG/ML	Tier 3	X	X		X
OMLYCLO INJ 300/2ML	OMALIZUMAB-IGEC SUBCUTANEOUS SOLN PREFILLED SYR 300 MG/2ML	Tier 3	X	X		X
OMLYCLO INJ 75/0.5ML	OMALIZUMAB-IGEC SUBCUTANEOUS SOLN PREFILLED SYR 75 MG/0.5ML	Tier 3	X	X		X
OMNIFLEX DPR	DIAPHRAGMS	HCR Prev Care				
OMNIPOD 5 DX KIT INT G7G6	INSULIN INFUSION DISPOSABLE PUMP KIT	Tier 2	X	X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
OMNIPOD 5 DX MIS POD G7G6	INSULIN INFUSION DISPOSABLE PUMP RESERVOIR	Tier 2	X	X		
OMNIPOD5 LIB KIT INTRO	INSULIN INFUSION DISPOSABLE PUMP KIT	Tier 2	X	X		
OMNIPOD5 LIB MIS PODS	INSULIN INFUSION DISPOSABLE PUMP RESERVOIR	Tier 2	X	X		
ONETOUCH LIQ VERIO 4	BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	Tier 1				
ORA-BLEND SUS	ORAL VEHICLES - SUSP	Tier 3				
ORA-BLEND SF SUS	ORAL VEHICLES - SUSP	Tier 3				
ORAPENN SD LIQ SWEET	ORAL VEHICLES	Tier 3				
ORA-PLUS LIQ	ORAL VEHICLES	Tier 3				
ORA-SWEET SYP	ORAL VEHICLES - SYRUP	Tier 2				
ORA-SWEET SF SYP	ORAL VEHICLES - SYRUP	Tier 3				
ORLYNVAH TAB 500-500	SULOPENEM ETZADROXIL-PROBENECID TAB 500-500 MG	Tier 4		X		
OSELTAMIVIR POW	OSELTAMIVIR PHOSPHATE (BULK) POWDER	Tier 3				
PALFORZIA CAP 1-3YRS	PEANUT POWDER-DNFP STARTER PACK 0.5 & 1 & 1.5 & 3 MG	Tier 4	X	X		
PALFORZIA CAP 4-17YRS	PEANUT POWDER-DNFP STARTER PACK 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 4	X	X		
PALFORZIA CAP ESCALAT	PEANUT POWDER-DNFP STARTER PACK 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 4	X	X		
PALFORZIA CAP LEVEL 0	PEANUT POWDER-DNFP CAP SPRINKLE PACK 1 X 1 MG (1 MG DOSE)	Tier 4	X			
PALFORZIA CAP LEVEL 1	PEANUT POWDER-DNFP CAP SPRINKLE PACK 3 X 1 MG (3 MG DOSE)	Tier 4	X	X		
PALFORZIA CAP LEVEL 10	PEANUT POWDER-DNFP PACK 2 X 20 MG & 2 X 100 MG (240 MG DOSE)	Tier 4	X	X		
PALFORZIA CAP LEVEL 2	PEANUT POWDER-DNFP CAP SPRINKLE PACK 6 X 1 MG (6 MG DOSE)	Tier 4	X	X		
PALFORZIA CAP LEVEL 3	PEANUT POWDER-DNFP PACK 2 X 1 MG & 10 MG (12 MG DOSE)	Tier 4	X	X		
PALFORZIA CAP LEVEL 4	PEANUT POWDER-DNFP CAP SPRINKLE PACK 20 MG (20 MG DOSE)	Tier 4	X	X		
PALFORZIA CAP LEVEL 5	PEANUT POWDER-DNFP CAP SPRINKLE PACK 2 X 20 MG (40 MG DOSE)	Tier 4	X	X		
PALFORZIA CAP LEVEL 6	PEANUT POWDER-DNFP CAP SPRINKLE PACK 4 X 20 MG (80 MG DOSE)	Tier 4	X	X		
PALFORZIA CAP LEVEL 7	PEANUT POWDER-DNFP PACK 20 MG & 100 MG (120 MG DOSE)	Tier 4	X	X		
PALFORZIA CAP LEVEL 8	PEANUT POWDER-DNFP PACK 3 X 20 MG & 100 MG (160 MG DOSE)	Tier 4	X	X		
PALFORZIA CAP LEVEL 9	PEANUT POWDER-DNFP PACK 2 X 100 MG (200 MG DOSE)	Tier 4	X	X		
PALFORZIA POW LEVEL 11	PEANUT ALLERGEN POWDER-DNFP TITRATION PACKET 300 MG	Tier 4	X	X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
PALFORZIA POW LEVEL 11	PEANUT ALLERGEN POWDER-DNFP MAINTENANCE PACKET 300 MG	Tier 4	X	X		
PARI VORTEX MIS ADL MASK	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	Tier 2				
PCCA ACACIA SYP BASE	ACACIA SYRUP	Tier 3				
PCCA COBASE OIN #1	COBASE #1 OINTMENT BASE	Tier 3				
PCCA CUSTOM CRE LIPO-MAX	CREAM BASE LIPOSOMIC	Tier 3				
PCCA LIPOSOM CRE DRY	CREAM BASE LIPOSOMIC	Tier 3				
PCCA LIPOSOM CRE NORMAL	CREAM BASE LIPOSOMIC	Tier 3				
PCCA LIPOSOM CRE OILY	CREAM BASE LIPOSOMIC	Tier 3				
PCCA LIPOSOM CRE SENSITIV	CREAM BASE LIPOSOMIC	Tier 3				
PCCA SWEET SYP -SF	ORAL VEHICLES - SYRUP	Tier 3				
PCCA SYRUP SYP VEHICLE	ORAL VEHICLES - SYRUP	Tier 3				
PCCA-PLUS SUS	ORAL VEHICLES - SUSP	Tier 3				
PEG BASE OIN	POLYETHYLENE GLYCOL OINTMENT	Tier 3				
PEN NEEDLE MIS 29GX3/16	INSULIN PEN NEEDLE 29 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
PEN NEEDLE MIS 29GX5/16	INSULIN PEN NEEDLE 29 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
PEN NEEDLE MIS 31GX3/16	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
PEN NEEDLE MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
PEN NEEDLE MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
PEN NEEDLE MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
PEN NEEDLE MIS 33GX4MM	INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
PEN NEEDLE MIS 33GX5/32	INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
PEN NEEDLE MIS 33GX5MM	INSULIN PEN NEEDLE 33 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
PEN NEEDLE MIS 33GX6MM	INSULIN PEN NEEDLE 33 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
PEN NEEDLES MIS 29GX1/2"	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	Tier 2		X		
PEN NEEDLES MIS 29GX10MM	INSULIN PEN NEEDLE 29 G X 10 MM	Tier 2		X		
PEN NEEDLES MIS 29GX12.7	INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2")	Tier 2		X		
PEN NEEDLES MIS 29GX12MM	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	Tier 2		X		
PEN NEEDLES MIS 30GX3/16	INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
PEN NEEDLES MIS 30GX5MM	INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16")	Tier 2		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
PEN NEEDLES MIS 31GX1/4"	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
PEN NEEDLES MIS 31GX3/16	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
PEN NEEDLES MIS 31GX5/16	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
PEN NEEDLES MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
PEN NEEDLES MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
PEN NEEDLES MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
PEN NEEDLES MIS 32GX8MM	INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
PEN NEEDLES MIS 33GX5/32	INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
PENTIPS MIS 29GX12MM	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	Tier 2		X		
PENTIPS MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
PENTIPS MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
PERFECT POIN MIS 25GX1"	NEEDLE (DISP) 25 X 1"	Tier 2				
PETROLATUM GEL WHITE	WHITE PETROLATUM TOPICAL GEL	Tier 3				
PETROLATUM OIN WHITE	WHITE PETROLATUM OINTMENT	Tier 3				
PETROLATUM OIN YELLOW	PETROLATUM OINTMENT	Tier 3				
PIVOT SUPPLY KIT	INSULIN INFUSION DISPOSABLE PUMP RESERVOIR KIT	Tier 2	X	X		
PIVYA TAB 185MG	PIVMECILLINAM HCL TABS 185 MG	Tier 4		X		
PLO GEL MEDIFLO	PREMIUM LECITHIN ORGANOGEL BASE GEL	Tier 3				
PLO MEDIFLO GEL 30	PREMIUM LECITHIN ORGANOGEL BASE GEL	Tier 3				
PLO MEDIFLO KIT 30 KIT	PREMIUM LECITHIN ORGANOGEL BASE KIT	Tier 3				
PLO MEDIFLO KIT KIT	PREMIUM LECITHIN ORGANOGEL BASE KIT	Tier 3				
PLO TRANSDER CRE	TRANSDERMAL BASE CREAM	Tier 3				
PLO20 GEL FLOWABLE	PREMIUM LECITHIN ORGANOGEL BASE GEL	Tier 3				
PLO20 GEL NON-FLOW	PREMIUM LECITHIN ORGANOGEL BASE GEL	Tier 3				
POLY HUB MIS 20GX1"	NEEDLE (DISP) 20 X 1"	Tier 2				
POLY HUB MIS 21GX1"	NEEDLE (DISP) 21 X 1"	Tier 2				
POLY HUB MIS 21GX1.5"	NEEDLE (DISP) 21 X 1-1/2"	Tier 2				
POLY HUB MIS 22GX1"	NEEDLE (DISP) 22 X 1"	Tier 2				
POLY HUB MIS 22GX1.5"	NEEDLE (DISP) 22 X 1-1/2"	Tier 2				
POLY HUB MIS 23GX1"	NEEDLE (DISP) 23 X 1"	Tier 2				
POLY HUB MIS 23GX1.5"	NEEDLE (DISP) 23 X 1-1/2"	Tier 2				
POLY HUB MIS 25GX1"	NEEDLE (DISP) 25 X 1"	Tier 2				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
POLY HUB MIS 25GX1.5"	NEEDLE (DISP) 25 X 1-1/2"	Tier 2				
POLY HUB MIS 25GX5/8"	NEEDLE (DISP) 25 X 5/8"	Tier 2				
POLY HUB MIS 27GX1/2"	NEEDLE (DISP) 27 X 1/2"	Tier 2				
POLY HUB MIS 30GX1/2"	NEEDLE (DISP) 30 X 1/2"	Tier 2				
POLYETH GLYC OIN 8000	POLYETHYLENE GLYCOL 8000 OINT	Tier 3				
POLYMAC GEL PROGEL	GEL BASE - GEL	Tier 3				
POLYOX POW WSR-301	BULK CHEMICALS - POWDER	Tier 4				
POLYOX WSR POW -301	BULK CHEMICALS - POWDER	Tier 4				
POLYPEG OIN BASE	POLYETHYLENE GLYCOL OINTMENT	Tier 3				
POLYSORBATE LIQ 80	POLYSORBATE 80 LIQ	Tier 3				
POLYSORBATE LIQ 80	POLYSORBATE 80 LIQ	Tier 2				
POT IODIDE SOL 1GM/ML	POTASSIUM IODIDE ORAL SOLN 1 GM/ML	Tier 1				
POT PHOSPHAT GRA DIBASIC	POTASSIUM PHOSPHATE DIBASIC GRANULES	Tier 3				
PREVENT DROP MIS 31GX1/4"	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
PREVENT DROP MIS 31GX5/16	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
PREVENT SAFE MIS 31GX1/4"	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
PREVENT SAFE MIS 31GX5/16	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
PRO COMFORT MIS 0.5/30G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16"	Tier 2		X		
PRO COMFORT MIS 0.5/31G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	Tier 2		X		
PRO COMFORT MIS 1ML/30G	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16"	Tier 2		X		
PRO COMFORT MIS 1ML/31G	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	Tier 2		X		
PROCHAMBER MIS VHC	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 3				
PROGESTERONE POW MICRONIZ	PROGESTERONE MICRONIZED (BULK) POWDER	Tier 3				
PURE COMFORT MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
PURE COMFORT MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
PURIFIED LIQ WATER	DISTILLED WATER	Tier 3				
PYRIDOSTIGMI TAB ER 105MG	PYRIDOSTIGMINE BROMIDE TAB ER 24HR 105 MG (PROTECTIVE)	Tier 3				
QFITLIA INJ 20/0.2ML	FITUSIRAN SODIUM SUBCUTANEOUS SOLN 20 MG/0.2ML	Tier 4	X	X	X	X
QFITLIA INJ 50/0.5ML	FITUSIRAN SODIUM SUBCUTANEOUS SOLN AUTO-INJ 50 MG/0.5ML	Tier 4	X	X	X	X
QUICK TOUCH MIS 29GX12.7	INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2")	Tier 2		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
QUICK TOUCH MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
QUICK TOUCH MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
QUICK TOUCH MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
QUICK TOUCH MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
QUICK TOUCH MIS 32GX8MM	INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
QUICK TOUCH MIS 33GX4MM	INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
QUICK TOUCH MIS 33GX5MM	INSULIN PEN NEEDLE 33 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
QUICK TOUCH MIS 33GX6MM	INSULIN PEN NEEDLE 33 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
QUICK TOUCH MIS 33GX8MM	INSULIN PEN NEEDLE 33 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
RA PEN NEEDL MIS 31GX3/16	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
RADIOGARDASE CAP 0.5GM	PRUSSIAN BLUE INSOLUBLE CAP 0.5 GM	Tier 3				
RASPBERRY SYP	RASPBERRY SYRUP	Tier 3				
RAYA SURE MIS 29GX12MM	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	Tier 2		X		
RAYA SURE MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
RAYA SURE MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
RAYA SURE MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
RAYA SURE MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
RAYASAL CRE 5.9%	SALICYLIC ACID CREAM 5.9%	Tier 3				
RHAPSIDO TAB 25MG	REMIBRUTINIB TAB 25 MG	Tier 3	X	X		X
RIBAVIRIN POW	RIBAVIRIN (BULK) POWDER	Tier 4				
SAFETYGLIDE MIS 21GX1"	NEEDLE (DISP) 21 X 1"	Tier 2				
SAFETYGLIDE MIS 21GX1.5"	NEEDLE (DISP) 21 X 1-1/2"	Tier 2				
SAFTY NEEDLE MIS 19GX1"	NEEDLE (DISP) 19 X 1"	Tier 2				
SAFTY NEEDLE MIS 19GX1.5"	NEEDLE (DISP) 19 X 1-1/2"	Tier 2				
SAFTY NEEDLE MIS 20GX1"	NEEDLE (DISP) 20 X 1"	Tier 2				
SAFTY NEEDLE MIS 20GX1.5"	NEEDLE (DISP) 20 X 1-1/2"	Tier 2				
SAFTY NEEDLE MIS 21GX1"	NEEDLE (DISP) 21 X 1"	Tier 2				
SAFTY NEEDLE MIS 21GX1.5"	NEEDLE (DISP) 21 X 1-1/2"	Tier 2				
SAFTY NEEDLE MIS 22GX1"	NEEDLE (DISP) 22 X 1"	Tier 2				
SAFTY NEEDLE MIS 22GX1.5"	NEEDLE (DISP) 22 X 1-1/2"	Tier 2				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
SAFTY NEEDLE MIS 23GX1"	NEEDLE (DISP) 23 X 1"	Tier 2				
SAFTY NEEDLE MIS 25GX1"	NEEDLE (DISP) 25 X 1"	Tier 2				
SAFTY NEEDLE MIS 25GX5/8"	NEEDLE (DISP) 25 X 5/8"	Tier 2				
SALICATE LIQ 10%	SALICYLIC ACID LIQUID 10%	Tier 3				
SALICYLIC AC SOL 26%	SALICYLIC ACID SOLN 26%	Tier 1				
SECURESAFE MIS 29GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2"	Tier 2		X		
SECURESAFE MIS 29GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	Tier 2		X		
SEVOFLURANE SOL	SEVOFLURANE INHAL SOLN	Tier 1				
SHARP CONTAI MIS	SHARPS CONTAINER - MISC	Tier 3				
SHARPS COLL MIS 0.05GAL	SHARPS CONTAINER - MISC	Tier 3				
SHARPS COLL MIS 5.4QT	SHARPS CONTAINER - MISC	Tier 3				
SHARPS COLL MIS 6.9QT	SHARPS CONTAINER - MISC	Tier 3				
SHARPS COLL MIS 8.2QT	SHARPS CONTAINER - MISC	Tier 3				
SHARPS CONT MIS 1 QT	SHARPS CONTAINER - MISC	Tier 3				
SHARPS CONTA MIS 0.05L	SHARPS CONTAINER - MISC	Tier 3				
SHARPS UNIV MIS CONTAINE	SHARPS CONTAINER - MISC	Tier 3				
SIMPLE SYP	SIMPLE - SYRUP	Tier 3				
SIMPLGEL 30 GEL	GEL BASE - GEL	Tier 3				
SIROLIMUS POW	SIROLIMUS (BULK) POWDER	Tier 4				
SOD PYROPHOS POW ANHYDROU	BULK CHEMICALS - POWDER	Tier 4				
SODIUM POW CHLORIDE	SODIUM CHLORIDE POWDER	Tier 3				
SOHONOS CAP 1.5MG	PALOVAROTENE CAP 1.5 MG	Tier 4	X	X		X
SOHONOS CAP 10MG	PALOVAROTENE CAP 10 MG	Tier 4	X	X		X
SOHONOS CAP 1MG	PALOVAROTENE CAP 1 MG	Tier 4	X	X		X
SOHONOS CAP 2.5MG	PALOVAROTENE CAP 2.5 MG	Tier 4	X	X		X
SOHONOS CAP 5MG	PALOVAROTENE CAP 5 MG	Tier 4	X	X		X
SSKI SOL 1GM/ML	POTASSIUM IODIDE ORAL SOLN 1 GM/ML	Tier 3				
SURE COMFORT MIS 31GX1/4	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
SURE COMFORT MIS 31GX3/16	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
SURE COMFORT MIS 31GX5/16	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
SUSPENDRX SUS SWEET	ORAL VEHICLES - SUSP	Tier 3				
SUSPENDRX SUS UNSWEET	ORAL VEHICLES - SUSP	Tier 3				
SUSPENSION SUS VEHICLE	ORAL VEHICLES - SUSP	Tier 3				
SYRG/NEEDLE MIS 29GX12.5	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	Tier 2		X		
SYRG/NEEDLE MIS 31GX8MM	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	Tier 2		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
SYRG/NEEDLE MIS 31GX8MM	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	Tier 2		X		
SYRG/NEEDLE MIS 31GX8MM	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	Tier 2		X		
SYRPALTA SYP	ORAL VEHICLES - SYRUP	Tier 3				
SYRPALTA SYP	SIMPLE - SYRUP	Tier 3				
SYRSPEND SF LIQ	ORAL VEHICLES	Tier 3				
SYRSPEND SF SUS PH4	ORAL VEHICLES FOR SUSP	Tier 3				
SYRUP SYP VEHICLE	ORAL VEHICLES - SYRUP	Tier 3				
SYRUP SF SYP VEHICLE	ORAL VEHICLES - SYRUP	Tier 3				
TACROLIMUS POW	TACROLIMUS (BULK) POWDER	Tier 4				
TACROLIMUS POW MONOHYD	TACROLIMUS (BULK) POWDER	Tier 4				
TDC MAX CRE	TRANSDERMAL BASE CREAM	Tier 3				
TERBUTALINE POW SULFATE	TERBUTALINE SULFATE POWDER	Tier 3				
TERRELL SOL	ISOFLURANE INHAL SOLN	Tier 1				
TESTOSTERONE CRY YAM	TESTOSTERONE MICRONIZED (BULK) CRYSTALS	Tier 3				
TESTOSTERONE POW	TESTOSTERONE (BULK) POWDER	Tier 3				
TESTOSTERONE POW CYPIONAT	TESTOSTERONE CYPIONATE (BULK) POWDER	Tier 3				
TESTOSTERONE POW ENANTHAT	TESTOSTERONE ENANTHATE (BULK) POWDER	Tier 3				
TESTOSTERONE POW MICRONIZ	TESTOSTERONE MICRONIZED (BULK) POWDER	Tier 3				
TESTOSTERONE POW SOY	TESTOSTERONE MICRONIZED (BULK) POWDER	Tier 3				
TESTOSTERONE POW SOY	TESTOSTERONE (BULK) POWDER	Tier 3				
THIOGUANINE POW	THIOGUANINE (BULK) POWDER	Tier 4				
THIOTEPA POW	THIOTEPA (BULK) POWDER	Tier 4				
TOMMY GEL GEL	GEL BASE - GEL	Tier 3				
TRANSDERMAL CRE PAIN BAS	TRANSDERMAL BASE CREAM	Tier 3				
TRICHLOROACE CRY ACID	TRICHLOROACETIC ACID (BULK) CRYSTALS	Tier 3				
TRICHOSOL SOL	EXTERNAL VEHICLES - SOLUTION	Tier 3				
TROJAN MIS BARESKIN	CONDOMS LATEX LUBRICATED	HCR Prev Care		X		
TROJAN MAGN MIS	CONDOMS LATEX LUBRICATED	HCR Prev Care		X		
TROJAN ULTRA MIS RIBBED	CONDOMS LATEX LUBRICATED	HCR Prev Care		X		
TROJAN ULTRA MIS THIN	CONDOMS LATEX LUBRICATED	HCR Prev Care		X		
TROJAN-ENZ MIS LUBRICAT	CONDOMS LATEX LUBRICATED	HCR Prev Care		X		
TROJAN-ENZ MIS W/SPERMI	CONDOMS LATEX LUBRICATED	HCR Prev Care		X		
TRUE COVER MIS CONDOM	CONDOMS LATEX LUBRICATED	HCR Prev Care		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
TRUE METRIX SOL LEVEL 1	BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	Tier 2				
TRUE METRIX SOL LEVEL 2	BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL	Tier 2				
TRUE METRIX SOL LEVEL 3	BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	Tier 2				
TRYNGOLZA INJ 50MG/0.8	OLEZARSEN SOD SUBCUT SOLN AUTO-INJECT 50 MG/0.8ML (BASE EQ)	Tier 4	X	X		X
TRYNGOLZA INJ 80MG/0.8	OLEZARSEN SOD SUBCUT SOLN AUTO-INJECT 80 MG/0.8ML (BASE EQ)	Tier 4	X	X		X
TRYPTYR SOL 0.003%	ACOLTREMON OPHTH SOLN 0.003%	Tier 4	X	X		
TWIIST KIT REFILL	INSULIN INFUSION DISPOSABLE PUMP RESERVOIR KIT	Tier 2	X	X		
TWIIST KIT STARTER	INSULIN INFUSION DISPOSABLE PUMP KIT	Tier 2	X	X		
TWIIST REFIL KIT INFUSION	INSULIN INFUSION DISPOSABLE PUMP RESERVOIR/INFUS SET KIT	Tier 2	X	X		
ULTANE SOL	SEVOFLURANE INHAL SOLN	Tier 3				
UNIFINE PNTP MIS 29GX12MM	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	Tier 2		X		
UNIFINE PNTP MIS 31GX3/16	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
UNIFINE PNTP MIS 31GX5/16	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
UNIFINE PNTP MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
UNIFINE PNTP MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
UNIFINE PNTP MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
UNIFINE PROT MIS 30GX5MM	INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
UNIFINE SAFE MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
UNIFINE SAFE MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
UNIFINE SAFE MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
UNIFINE ULTR MIS 29GX12MM	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	Tier 2		X		
UNIFINE ULTR MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
UNIFINE ULTR MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
UNIFINE ULTR MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
UNIFINE ULTR MIS 34G/3.5	INSULIN PEN NEEDLE 34 G X 3.5 MM (9/64")	Tier 2		X		
UNISPEND ANH SUS SWEETENE	ORAL VEHICLES - SUSP	Tier 3				
UREA POW	UREA POWDER	Tier 3				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
UREA PRILLED BEA	UREA BEADS	Tier 3				
VANRAFIA TAB 0.75MG	ATRASENTAN HCL TAB 0.75 MG	Tier 4	X	X		X
VERIFINE PEN MIS 29GX12MM	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	Tier 2		X		
VERIFINE PEN MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
VERIFINE PEN MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
VERISAFE MIS 23GX1.5"	NEEDLE (DISP) 23 X 1-1/2"	Tier 2				
VERISAFE MIS 25GX1"	NEEDLE (DISP) 25 X 1"	Tier 2				
VERSABASE GEL	VERSABASE GEL	Tier 3				
VERSAFREE SYP	ORAL VEHICLES - SYRUP	Tier 3				
VERSAPENN AG GEL ANHYDROU	TRANSDERMAL BASE GEL	Tier 3				
VERSAPENN AL GEL ANHYDROU	TRANSDERMAL BASE GEL	Tier 3				
VERSAPLUS SYP	ORAL VEHICLES - SYRUP	Tier 3				
VERSAPRO GEL ANHYDROU	GEL BASE - GEL	Tier 3				
VISTOGARD PAK 10GM	URIDINE TRIACETATE ORAL GRANULES PACKET 10 GM	Tier 3		X		
VITATROCHE GRA BASE SF	TROCHE BASE GRANULES	Tier 3				
VORTEX CHAMB MIS PEDI MAS	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 3				
VORTEX MASK MIS PEDS MED	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	Tier 2				
VORTEX MASK MIS PEDS SML	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	Tier 2				
VORTEX VALVD MIS CHAMBER	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 3				
VORTEX VALVD MIS CHAMBER	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
VORTEX VALVE MIS CHAMBER	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
VORTEX/MASK MIS CHILDS	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
VORTEX/MASK MIS TODDLER	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
VYKAT XR TAB 150MG	DIAZOXIDE CHOLINE TAB ER 24HR 150 MG	Tier 3	X	X		X
VYKAT XR TAB 25MG	DIAZOXIDE CHOLINE TAB ER 24HR 25 MG	Tier 3	X	X		X
VYKAT XR TAB 75MG	DIAZOXIDE CHOLINE TAB ER 24HR 75 MG	Tier 3	X	X		X
WA-001 EXPER OIL SOIL SUR	ETHOXYLATED MACADAMIA NUT OIL	Tier 3				
WIDE-SEAL DPR KIT 60	DIAPHRAGM WIDE SEAL 60 MM	HCR Prev Care				
WIDE-SEAL DPR KIT 65	DIAPHRAGM WIDE SEAL 65 MM	HCR Prev Care				
WIDE-SEAL DPR KIT 70	DIAPHRAGM WIDE SEAL 70 MM	HCR Prev Care				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
WIDE-SEAL DPR KIT 75	DIAPHRAGM WIDE SEAL 75 MM	HCR Prev Care				
WIDE-SEAL DPR KIT 80	DIAPHRAGM WIDE SEAL 80 MM	HCR Prev Care				
WIDE-SEAL DPR KIT 85	DIAPHRAGM WIDE SEAL 85 MM	HCR Prev Care				
WIDE-SEAL DPR KIT 90	DIAPHRAGM WIDE SEAL 90 MM	HCR Prev Care				
WIDE-SEAL DPR KIT 95	DIAPHRAGM WIDE SEAL 95 MM	HCR Prev Care				
ZELSUVMI GEL 10.3%	BERDAZIMER SODIUM GEL 10.3%	Tier 4		X		
ZOKINVY CAP 50MG	LONAFARNIB CAP 50 MG	Tier 3	X	X		X
ZOKINVY CAP 75MG	LONAFARNIB CAP 75 MG	Tier 3	X	X		X
ZYCUBO INJ 2.9MG	COPPER HISTIDINATE FOR SUBCUTANEOUS SOLN 2.9 MG	Tier 4	X	X		X
Molecular target inhibitors - Chemotherapy agents						
ALECENSA CAP 150MG	ALECTINIB HCL CAP 150 MG (BASE EQUIVALENT)	Tier 3	X	X		X
ALUNBRIG PAK	BRIGATINIB TAB INITIATION THERAPY PACK 90 MG & 180 MG	Tier 3	X	X		X
ALUNBRIG TAB 180MG	BRIGATINIB TAB 180 MG	Tier 3	X	X		X
ALUNBRIG TAB 30MG	BRIGATINIB TAB 30 MG	Tier 3	X	X		X
ALUNBRIG TAB 90MG	BRIGATINIB TAB 90 MG	Tier 3	X	X		X
AYVAKIT TAB 100MG	AVAPRITINIB TAB 100 MG	Tier 4	X	X		X
AYVAKIT TAB 200MG	AVAPRITINIB TAB 200 MG	Tier 4	X	X		X
AYVAKIT TAB 25MG	AVAPRITINIB TAB 25 MG	Tier 4	X	X		X
AYVAKIT TAB 300MG	AVAPRITINIB TAB 300 MG	Tier 4	X	X		X
AYVAKIT TAB 50MG	AVAPRITINIB TAB 50 MG	Tier 4	X	X		X
BOSULIF CAP 100MG	BOSUTINIB CAP 100 MG	Tier 3	X	X	X	X
BOSULIF CAP 50MG	BOSUTINIB CAP 50 MG	Tier 3	X	X	X	X
BOSUTINIB TAB 100MG	BOSUTINIB TAB 100 MG	Tier 3	X	X	X	X
BOSUTINIB TAB 400MG	BOSUTINIB TAB 400 MG	Tier 3	X	X	X	X
BOSUTINIB TAB 500MG	BOSUTINIB TAB 500 MG	Tier 3	X	X	X	X
BRUKINSA CAP 80MG	ZANUBRUTINIB CAP 80 MG	Tier 4	X	X	X	X
BRUKINSA TAB 160MG	ZANUBRUTINIB TAB 160 MG	Tier 4	X	X	X	X
CABOMETYX TAB 20MG	CABOZANTINIB S-MALATE TAB 20 MG (BASE EQUIVALENT)	Tier 3	X	X		X
CABOMETYX TAB 40MG	CABOZANTINIB S-MALATE TAB 40 MG (BASE EQUIVALENT)	Tier 3	X	X		X
CABOMETYX TAB 60MG	CABOZANTINIB S-MALATE TAB 60 MG (BASE EQUIVALENT)	Tier 3	X	X		X
CALQUENCE TAB 100MG	ACALABRUTINIB MALEATE TAB 100 MG	Tier 3	X	X		X
CAPRELSA TAB 100MG	VANDETANIB TAB 100 MG	Tier 3	X	X		X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
CAPRELSA TAB 300MG	VANDETANIB TAB 300 MG	Tier 3	X	X		X
COMETRIQ KIT 100MG	CABOZANTINIB S-MAL CAP 1 X 80 MG & 1 X 20 MG (100 DOSE) KIT	Tier 3	X	X		X
COMETRIQ KIT 140MG	CABOZANTINIB S-MAL CAP 1 X 80 MG & 3 X 20 MG (140 DOSE) KIT	Tier 3	X	X		X
COMETRIQ KIT 60MG	CABOZANTINIB S-MALATE CAP 3 X 20 MG (60 MG DOSE) KIT	Tier 3	X	X		X
COTELLIC TAB 20MG	COBIMETINIB FUMARATE TAB 20 MG (BASE EQUIVALENT)	Tier 4	X	X		X
DASATINIB TAB 100MG	DASATINIB TAB 100 MG	Tier 3	X	X		X
DASATINIB TAB 140MG	DASATINIB TAB 140 MG	Tier 3	X	X		X
DASATINIB TAB 20MG	DASATINIB TAB 20 MG	Tier 3	X	X		X
DASATINIB TAB 50MG	DASATINIB TAB 50 MG	Tier 3	X	X		X
DASATINIB TAB 70MG	DASATINIB TAB 70 MG	Tier 3	X	X		X
DASATINIB TAB 80MG	DASATINIB TAB 80 MG	Tier 3	X	X		X
DAURISMO TAB 100MG	GLASDEGIB MALEATE TAB 100 MG (BASE EQUIVALENT)	Tier 3	X	X		X
DAURISMO TAB 25MG	GLASDEGIB MALEATE TAB 25 MG (BASE EQUIVALENT)	Tier 3	X	X		X
ERIVEDGE CAP 150MG	VISMODEGIB CAP 150 MG	Tier 3	X	X		X
ERLOTINIB TAB 100MG	ERLOTINIB HCL TAB 100 MG (BASE EQUIVALENT)	Tier 1	X	X		X
ERLOTINIB TAB 150MG	ERLOTINIB HCL TAB 150 MG (BASE EQUIVALENT)	Tier 1	X	X		X
ERLOTINIB TAB 25MG	ERLOTINIB HCL TAB 25 MG (BASE EQUIVALENT)	Tier 1	X	X		X
EVEROLIMUS TAB 10MG	EVEROLIMUS TAB 10 MG	Tier 3	X	X		X
EVEROLIMUS TAB 2.5MG	EVEROLIMUS TAB 2.5 MG	Tier 3	X	X		X
EVEROLIMUS TAB 2MG	EVEROLIMUS TAB FOR ORAL SUSP 2 MG	Tier 3	X	X		X
EVEROLIMUS TAB 3MG	EVEROLIMUS TAB FOR ORAL SUSP 3 MG	Tier 3	X	X		X
EVEROLIMUS TAB 5MG	EVEROLIMUS TAB 5 MG	Tier 3	X	X		X
EVEROLIMUS TAB 5MG	EVEROLIMUS TAB FOR ORAL SUSP 5 MG	Tier 3	X	X		X
EVEROLIMUS TAB 7.5MG	EVEROLIMUS TAB 7.5 MG	Tier 3	X	X		X
GAVRETO CAP 100MG	PRALSETINIB CAP 100 MG	Tier 4	X	X		X
GEFITINIB TAB 250MG	GEFITINIB TAB 250 MG	Tier 4	X	X		X
GILOTRIF TAB 20MG	AFATINIB DIMALEATE TAB 20 MG (BASE EQUIVALENT)	Tier 4	X	X		X
GILOTRIF TAB 30MG	AFATINIB DIMALEATE TAB 30 MG (BASE EQUIVALENT)	Tier 4	X	X		X
GILOTRIF TAB 40MG	AFATINIB DIMALEATE TAB 40 MG (BASE EQUIVALENT)	Tier 4	X	X		X
ICLUSIG TAB 10MG	PONATINIB HCL TAB 10 MG (BASE EQUIV)	Tier 4	X	X		X
ICLUSIG TAB 15MG	PONATINIB HCL TAB 15 MG (BASE EQUIV)	Tier 4	X	X		X
ICLUSIG TAB 30MG	PONATINIB HCL TAB 30 MG (BASE EQUIV)	Tier 4	X	X		X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
ICLUSIG TAB 45MG	PONATINIB HCL TAB 45 MG (BASE EQUIV)	Tier 4	X	X		X
IDHIFA TAB 100MG	ENASIDENIB MESYLATE TAB 100 MG (BASE EQUIVALENT)	Tier 3	X	X		X
IDHIFA TAB 50MG	ENASIDENIB MESYLATE TAB 50 MG (BASE EQUIVALENT)	Tier 3	X	X		X
IMATINIB MES TAB 100MG	IMATINIB MESYLATE TAB 100 MG (BASE EQUIVALENT)	Tier 1		X		X
IMATINIB MES TAB 400MG	IMATINIB MESYLATE TAB 400 MG (BASE EQUIVALENT)	Tier 1		X		X
IMBRUVICA CAP 140MG	IBRUTINIB CAP 140 MG	Tier 3	X	X		X
IMBRUVICA CAP 70MG	IBRUTINIB CAP 70 MG	Tier 3	X	X		X
IMBRUVICA SUS 70MG/ML	IBRUTINIB ORAL SUSP 70 MG/ML	Tier 3	X	X		X
IMBRUVICA TAB 420MG	IBRUTINIB TAB 420 MG	Tier 3	X	X		X
IMKELDI SOL 80MG/ML	IMATINIB MESYLATE ORAL SOLN 80 MG/ML (BASE EQUIVALENT)	Tier 4	X	X		X
INLYTA TAB 1MG	AXITINIB TAB 1 MG	Tier 4	X	X		X
INLYTA TAB 5MG	AXITINIB TAB 5 MG	Tier 4	X	X		X
IRESSA TAB 250MG	GEFITINIB TAB 250 MG	Tier 4	X	X		X
JAKAFI TAB 10MG	RUXOLITINIB PHOSPHATE TAB 10 MG (BASE EQUIVALENT)	Tier 3	X	X		X
JAKAFI TAB 15MG	RUXOLITINIB PHOSPHATE TAB 15 MG (BASE EQUIVALENT)	Tier 3	X	X		X
JAKAFI TAB 20MG	RUXOLITINIB PHOSPHATE TAB 20 MG (BASE EQUIVALENT)	Tier 3	X	X		X
JAKAFI TAB 25MG	RUXOLITINIB PHOSPHATE TAB 25 MG (BASE EQUIVALENT)	Tier 3	X	X		X
JAKAFI TAB 5MG	RUXOLITINIB PHOSPHATE TAB 5 MG (BASE EQUIVALENT)	Tier 3	X	X		X
JAKAFI XR TAB 11MG	RUXOLITINIB PHOSPHATE TAB ER 24HR 11 MG (BASE EQUIVALENT)	Tier 3	X	X		X
JAKAFI XR TAB 22MG	RUXOLITINIB PHOSPHATE TAB ER 24HR 22 MG (BASE EQUIVALENT)	Tier 3	X	X		X
JAKAFI XR TAB 33MG	RUXOLITINIB PHOSPHATE TAB ER 24HR 33 MG (BASE EQUIVALENT)	Tier 3	X	X		X
JAKAFI XR TAB 44MG	RUXOLITINIB PHOSPHATE TAB ER 24HR 44 MG (BASE EQUIVALENT)	Tier 3	X	X		X
JAKAFI XR TAB 55MG	RUXOLITINIB PHOSPHATE TAB ER 24HR 55 MG (BASE EQUIVALENT)	Tier 3	X	X		X
LAPATINIB TAB 250MG	LAPATINIB DITOSYLATE TAB 250 MG (BASE EQUIV)	Tier 3	X	X		X
LAZCLUZE TAB 240MG	LAZERTINIB MESYLATE TAB 240 MG	Tier 4	X	X		X
LAZCLUZE TAB 80MG	LAZERTINIB MESYLATE TAB 80 MG	Tier 4	X	X		X
LENVIMA CAP 10 MG	LENVATINIB CAP THERAPY PACK 10 MG (10 MG DAILY DOSE)	Tier 3	X	X		X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
LENVIMA CAP 12MG	LENVATINIB CAP THERAPY PACK 3 X 4 MG (12 MG DAILY DOSE)	Tier 3	X	X		X
LENVIMA CAP 14 MG	LENVATINIB CAP THERAPY PACK 10 & 4 MG (14 MG DAILY DOSE)	Tier 3	X	X		X
LENVIMA CAP 18 MG	LENVATINIB CAP THER PACK 10 MG & 2 X 4 MG (18 MG DAILY DOSE)	Tier 3	X	X		X
LENVIMA CAP 20 MG	LENVATINIB CAP THERAPY PACK 2 X 10 MG (20 MG DAILY DOSE)	Tier 3	X	X		X
LENVIMA CAP 24 MG	LENVATINIB CAP THER PACK 2 X 10 MG & 4 MG (24 MG DAILY DOSE)	Tier 3	X	X		X
LENVIMA CAP 4MG	LENVATINIB CAP THERAPY PACK 4 MG (4 MG DAILY DOSE)	Tier 3	X	X		X
LENVIMA CAP 8 MG	LENVATINIB CAP THERAPY PACK 2 X 4 MG (8 MG DAILY DOSE)	Tier 3	X	X		X
LYNPARZA TAB 100MG	OLAPARIB TAB 100 MG	Tier 3	X	X		X
LYNPARZA TAB 150MG	OLAPARIB TAB 150 MG	Tier 3	X	X		X
MEKINIST SOL 0.05/ML	TRAMETINIB DIMETHYL SULFOXIDE FOR SOLN 0.05 MG/ML (BASE EQ)	Tier 4		X	X	X
MEKINIST TAB 0.5MG	TRAMETINIB DIMETHYL SULFOXIDE TAB 0.5 MG (BASE EQUIVALENT)	Tier 4	X	X	X	X
MEKINIST TAB 2MG	TRAMETINIB DIMETHYL SULFOXIDE TAB 2 MG (BASE EQUIVALENT)	Tier 4	X	X	X	X
NERLYNX TAB 40MG	NERATINIB MALEATE TAB 40 MG (BASE EQUIVALENT)	Tier 3	X	X		X
NILOTINB HCL CAP 150MG	NILOTINIB HCL CAP 150 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
NILOTINB HCL CAP 200MG	NILOTINIB HCL CAP 200 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
NILOTINB HCL CAP 50MG	NILOTINIB HCL CAP 50 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
ODOMZO CAP 200MG	SONIDEGIB PHOSPHATE CAP 200 MG (BASE EQUIVALENT)	Tier 3	X	X		X
OJEMDA SUS 25MG/ML	TOVORAFENIB FOR ORAL SUSP 25 MG/ML	Tier 4	X	X		X
OJEMDA TAB 100MG	TOVORAFENIB TAB 100 MG	Tier 4	X	X		X
PAZOPANIB TAB 400MG	PAZOPANIB HCL TAB 400 MG (BASE EQUIV)	Tier 4	X			X
RETEVMO CAP 40MG	SELPERCATINIB CAP 40 MG	Tier 4	X	X		X
RETEVMO CAP 80MG	SELPERCATINIB CAP 80 MG	Tier 4	X	X		X
RETEVMO TAB 120MG	SELPERCATINIB TAB 120 MG	Tier 4	X	X		X
RETEVMO TAB 160MG	SELPERCATINIB TAB 160 MG	Tier 4	X	X		X
RETEVMO TAB 40MG	SELPERCATINIB TAB 40 MG	Tier 4	X	X		X
RETEVMO TAB 80MG	SELPERCATINIB TAB 80 MG	Tier 4	X	X		X
REZLIDHIA CAP 150MG	OLUTASIDENIB CAP 150 MG	Tier 3	X	X		X
RYDAPT CAP 25MG	MIDOSTAURIN CAP 25 MG	Tier 3	X	X		X
SORAFENIB TAB 200MG	SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	Tier 3	X	X		X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
STIVARGA TAB 40MG	REGORAFENIB TAB 40 MG	Tier 3	X	X		X
SUNITINIB CAP 12.5MG	SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)	Tier 3	X	X		X
SUNITINIB CAP 25MG	SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)	Tier 3	X	X		X
SUNITINIB CAP 37.5MG	SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)	Tier 3	X	X		X
SUNITINIB CAP 50MG	SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)	Tier 3	X	X		X
TABRECTA TAB 150MG	CAPMATINIB HCL TAB 150 MG	Tier 4	X	X		X
TABRECTA TAB 200MG	CAPMATINIB HCL TAB 200 MG	Tier 4	X	X		X
TAFINLAR CAP 50MG	DABRAFENIB MESYLATE CAP 50 MG (BASE EQUIVALENT)	Tier 4	X	X	X	X
TAFINLAR CAP 75MG	DABRAFENIB MESYLATE CAP 75 MG (BASE EQUIVALENT)	Tier 4	X	X	X	X
TAFINLAR TAB 10MG	DABRAFENIB MESYLATE TAB FOR ORAL SUSP 10 MG (BASE EQUIV)	Tier 4		X	X	X
TAGRISSO TAB 40MG	OSIMERTINIB MESYLATE TAB 40 MG (BASE EQUIVALENT)	Tier 4	X	X		X
TAGRISSO TAB 80MG	OSIMERTINIB MESYLATE TAB 80 MG (BASE EQUIVALENT)	Tier 4	X	X		X
TEPMETKO TAB 225MG	TEPOTINIB HCL TAB 225 MG	Tier 4	X	X		X
TIBSOVO TAB 250MG	IVOSIDENIB TAB 250 MG	Tier 3	X	X		X
TORPENZ TAB 10MG	EVEROLIMUS TAB 10 MG	Tier 3	X	X		X
TORPENZ TAB 2.5MG	EVEROLIMUS TAB 2.5 MG	Tier 3	X	X		X
TORPENZ TAB 5MG	EVEROLIMUS TAB 5 MG	Tier 3	X	X		X
TORPENZ TAB 7.5MG	EVEROLIMUS TAB 7.5 MG	Tier 3	X	X		X
TUKYSA TAB 150MG	TUCATINIB TAB 150 MG	Tier 3	X	X		X
TUKYSA TAB 50MG	TUCATINIB TAB 50 MG	Tier 3	X	X		X
TURALIO CAP 125MG	PEXIDARTINIB HCL CAP 125 MG (BASE EQUIVALENT)	Tier 3	X	X		X
VENCLEXTA TAB 100MG	VENETOCLAX TAB 100 MG	Tier 3	X	X		X
VENCLEXTA TAB 10MG	VENETOCLAX TAB 10 MG	Tier 3	X	X		X
VENCLEXTA TAB 50MG	VENETOCLAX TAB 50 MG	Tier 3	X	X		X
VENCLEXTA TAB START PK	VENETOCLAX TAB THERAPY STARTER PACK 10 & 50 & 100 MG	Tier 3	X	X		X
VITRAKVI CAP 100MG	LAROTRECTINIB SULFATE CAP 100 MG (BASE EQUIVALENT)	Tier 3	X	X		X
VITRAKVI CAP 25MG	LAROTRECTINIB SULFATE CAP 25 MG (BASE EQUIVALENT)	Tier 3	X	X		X
VITRAKVI SOL 20MG/ML	LAROTRECTINIB SULFATE ORAL SOLN 20 MG/ML (BASE EQUIVALENT)	Tier 3	X	X		X
VIZIMPRO TAB 15MG	DACOMITINIB TAB 15 MG	Tier 4	X	X		X
VIZIMPRO TAB 30MG	DACOMITINIB TAB 30 MG	Tier 4	X	X		X

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VIZIMPRO TAB 45MG	DACOMITINIB TAB 45 MG	Tier 4	X	X		X
XOSPATA TAB 40MG	GILTERITINIB FUMARATE TABLET 40 MG (BASE EQUIVALENT)	Tier 4	X	X		X
YULITHIRA TAB 10MG	EVEROLIMUS TAB 10 MG	Tier 3	X	X		X
YULITHIRA TAB 2.5MG	EVEROLIMUS TAB 2.5 MG	Tier 3	X	X		X
YULITHIRA TAB 5MG	EVEROLIMUS TAB 5 MG	Tier 3	X	X		X
YULITHIRA TAB 7.5MG	EVEROLIMUS TAB 7.5 MG	Tier 3	X	X		X
ZEJULA TAB 100MG	NIRAPARIB TOSYLATE TAB 100 MG (BASE EQUIVALENT)	Tier 3	X	X		X
ZEJULA TAB 200MG	NIRAPARIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	Tier 3	X	X		X
ZEJULA TAB 300MG	NIRAPARIB TOSYLATE TAB 300 MG (BASE EQUIVALENT)	Tier 3	X	X		X
ZELBORAF TAB 240MG	VEMURAFENIB TAB 240 MG	Tier 3	X	X		X
ZYDELIG TAB 100MG	IDELALISIB TAB 100 MG	Tier 4	X	X		X
Monoamine oxidase B (MAO-B) inhibitors - Parkinson's disease drugs						
RASAGILINE TAB 0.5MG	RASAGILINE MESYLATE TAB 0.5 MG (BASE EQUIV)	Tier 2				
RASAGILINE TAB 1MG	RASAGILINE MESYLATE TAB 1 MG (BASE EQUIV)	Tier 2				
SELEGILINE CAP 5MG	SELEGILINE HCL CAP 5 MG	Tier 1				
SELEGILINE TAB 5MG	SELEGILINE HCL TAB 5 MG	Tier 1				
Monoamine Oxidase inhibitors - Antidepressants						
NARDIL TAB 15MG	PHENELZINE SULFATE TAB 15 MG	Tier 4				
PARNATE TAB 10MG	TRANYLCYPROMINE SULFATE TAB 10 MG	Tier 4				
PHENELZINE TAB 15MG	PHENELZINE SULFATE TAB 15 MG	$0 Behav Health				
TRANYLCYPROM TAB 10MG	TRANYLCYPROMINE SULFATE TAB 10 MG	$0 Behav Health				
Mood stabilizers - Mood disorder drugs						
DEPAKOTE TAB 125MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 125 MG	Tier 4	X			
DEPAKOTE TAB 250MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 250 MG	Tier 4	X			
DEPAKOTE TAB 500MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 500 MG	Tier 4	X			
DEPAKOTE ER TAB 250MG	DIVALPROEX SODIUM TAB ER 24 HR 250 MG	Tier 4	X			
DEPAKOTE ER TAB 500MG	DIVALPROEX SODIUM TAB ER 24 HR 500 MG	Tier 4	X			
DEPAKOTE SPR CAP 125MG	DIVALPROEX SODIUM CAP DELAYED RELEASE SPRINKLE 125 MG	Tier 4	X			
DIVALPROEX CAP 125MG DR	DIVALPROEX SODIUM CAP DELAYED RELEASE SPRINKLE 125 MG	Tier 2*				
DIVALPROEX TAB 125MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 125 MG	Tier 1*				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
DIVALPROEX TAB 250MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 250 MG	Tier 1*				
DIVALPROEX TAB 250MG ER	DIVALPROEX SODIUM TAB ER 24 HR 250 MG	Tier 2*				
DIVALPROEX TAB 500MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 500 MG	Tier 1*				
DIVALPROEX TAB 500MG ER	DIVALPROEX SODIUM TAB ER 24 HR 500 MG	Tier 2*				
LITHIUM SOL 8MEQ/5ML	LITHIUM ORAL SOLUTION 8 MEQ/5ML	$0 Behav Health				
LITHIUM CARB CAP 150MG	LITHIUM CARBONATE CAP 150 MG	$0 Behav Health				
LITHIUM CARB CAP 300MG	LITHIUM CARBONATE CAP 300 MG	$0 Behav Health				
LITHIUM CARB CAP 600MG	LITHIUM CARBONATE CAP 600 MG	$0 Behav Health				
LITHIUM CARB TAB 300MG	LITHIUM CARBONATE TAB 300 MG	$0 Behav Health				
LITHIUM CARB TAB 300MG ER	LITHIUM CARBONATE TAB ER 300 MG	$0 Behav Health				
LITHIUM CARB TAB 450MG ER	LITHIUM CARBONATE TAB ER 450 MG	$0 Behav Health				
LITHOBID TAB 300MG	LITHIUM CARBONATE TAB ER 300 MG	Tier 4	X			
Multiple sclerosis agents						
CLADRIBINE PAK 10MG(10)	CLADRIBINE TAB THERAPY PACK 10 MG (10 TABS)	Tier 4	X	X	X	X
CLADRIBINE PAK 10MG(4)	CLADRIBINE TAB THERAPY PACK 10 MG (4 TABS)	Tier 4	X	X	X	X
CLADRIBINE PAK 10MG(5)	CLADRIBINE TAB THERAPY PACK 10 MG (5 TABS)	Tier 4	X	X	X	X
CLADRIBINE PAK 10MG(6)	CLADRIBINE TAB THERAPY PACK 10 MG (6 TABS)	Tier 4	X	X	X	X
CLADRIBINE PAK 10MG(7)	CLADRIBINE TAB THERAPY PACK 10 MG (7 TABS)	Tier 4	X	X	X	X
CLADRIBINE PAK 10MG(8)	CLADRIBINE TAB THERAPY PACK 10 MG (8 TABS)	Tier 4	X	X	X	X
CLADRIBINE PAK 10MG(9)	CLADRIBINE TAB THERAPY PACK 10 MG (9 TABS)	Tier 4	X	X	X	X
Multiple sclerosis agents - Multiple sclerosis drugs						
AVONEX PEN KIT 30MCG	INTERFERON BETA-1A IM AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 3	X	X		X
AVONEX PREFL KIT 30MCG	INTERFERON BETA-1A IM PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 3	X	X		X
BAFIERTAM CAP 95MG	MONOMETHYL FUMARATE CAPSULE DELAYED RELEASE 95 MG	Tier 3	X	X		X
BETASERON INJ 0.3MG	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	Tier 3	X	X		X
DALFAMPRIDIN TAB 10MG ER	DALFAMPRIDINE TAB ER 12HR 10 MG	Tier 3	X	X		X
DIMETHYL FUM CAP 120MG DR	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG	Tier 1	X	X		X
DIMETHYL FUM CAP 240MG DR	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG	Tier 1	X	X		X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
DIMETHYL FUM CAP STARTER	DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG	Tier 1	X	X		X
FINGOLIMOD CAP 0.5MG	FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)	Tier 1	X	X		X
GLATIRAMER INJ 20MG/ML	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML	Tier 3	X	X		X
GLATIRAMER INJ 40MG/ML	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML	Tier 3	X	X		X
GLATOPA INJ 20MG/ML	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML	Tier 3	X	X		X
GLATOPA INJ 40MG/ML	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML	Tier 3	X	X		X
KESIMPTA INJ 20/.4ML	OFATUMUMAB SOLN AUTO-INJECTOR 20 MG/0.4ML	Tier 3	X	X		X
MAYZENT PAK STARTER	SIPONIMOD FUMARATE TAB 0.25 MG (12) STARTER PACK	Tier 4	X	X		X
MAYZENT PAK STARTER	SIPONIMOD FUMARATE TAB 0.25 MG (7) STARTER PACK	Tier 4	X	X		X
MAYZENT TAB 0.25MG	SIPONIMOD FUMARATE TAB 0.25 MG (BASE EQUIV)	Tier 4	X	X		X
MAYZENT TAB 1MG	SIPONIMOD FUMARATE TAB 1 MG (BASE EQUIV)	Tier 4	X	X		X
MAYZENT TAB 2MG	SIPONIMOD FUMARATE TAB 2 MG (BASE EQUIV)	Tier 4	X	X		X
PLEGRIDY INJ	PEGINTERFERON BETA-1A SOLN PREFILLED SYRINGE 125 MCG/0.5ML	Tier 4	X	X		X
PLEGRIDY INJ	PEGINTERFERON BETA-1A IM SOLN PREFILLED SYR 125 MCG/0.5ML	Tier 4	X	X		X
PLEGRIDY INJ PEN	PEGINTERFERON BETA-1A SOLN AUTO-INJECTOR 125 MCG/0.5ML	Tier 4	X	X		X
PLEGRIDY INJ STARTER	PEGINTERFERON BETA-1A SOLN PREF SYR 63 & 94 MCG/0.5ML PACK	Tier 4	X	X		X
PLEGRIDY PEN INJ STARTER	PEGINTERFERON BETA-1A SOLN AUTO-INJ 63 & 94 MCG/0.5ML PACK	Tier 4	X	X		X
TERIFLUNOMID TAB 14MG	TERIFLUNOMIDE TAB 14 MG	Tier 3	X	X		X
TERIFLUNOMID TAB 7MG	TERIFLUNOMIDE TAB 7 MG	Tier 3	X	X		X
ZEPOSIA CAP 0.92MG	OZANIMOD HCL CAP 0.92 MG	Tier 4	X	X	X	X
ZEPOSIA CAP STR KIT	OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG & 21 X 0.92 MG	Tier 4	X		X	X
ZEPOSIA 7DAY CAP STR PACK	OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG	Tier 4	X	X	X	X
N-methyl-D-aspartate (NMDA) receptor antagonist - Alzheimer's disease and dementia drugs						
MEMANT TITRA PAK 5-10MG	MEMANTINE HCL TAB 28 X 5 MG & 21 X 10 MG TITRATION PACK	Tier 1				
MEMANTINE SOL 2MG/ML	MEMANTINE HCL ORAL SOLUTION 2 MG/ML	Tier 4				
MEMANTINE TAB HCL 10MG	MEMANTINE HCL TAB 10 MG	Tier 1				
MEMANTINE TAB HCL 5MG	MEMANTINE HCL TAB 5 MG	Tier 1				
MEMANTINE HC CAP 14MG ER	MEMANTINE HCL CAP ER 24HR 14 MG	Tier 1				
MEMANTINE HC CAP 21MG ER	MEMANTINE HCL CAP ER 24HR 21 MG	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
MEMANTINE HC CAP 28MG ER	MEMANTINE HCL CAP ER 24HR 28 MG	Tier 1				
MEMANTINE HC CAP 7MG ER	MEMANTINE HCL CAP ER 24HR 7 MG	Tier 1				
MEMANTINE HC SOL 2MG/ML	MEMANTINE HCL ORAL SOLUTION 2 MG/ML	Tier 4				
Nonsteroidal anti-inflammatory drugs - Pain/Anti-inflammatory drugs						
ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR Prev Care				
ASPIRIN TAB 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR Prev Care				
ASPIRIN TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR Prev Care				
ASPIRIN 81 TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR Prev Care				
ASPIRIN ADLT TAB 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR Prev Care				
ASPIRIN ADLT TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR Prev Care				
ASPIRIN CHLD CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR Prev Care				
ASPIRIN EC TAB 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR Prev Care				
ASPIRIN LOW CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR Prev Care				
ASPIRIN LOW TAB 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR Prev Care				
ASPIRIN LOW TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR Prev Care				
ASPIRIN REGI TAB 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR Prev Care				
BAYER LOW CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR Prev Care				
CELECOXIB CAP 100MG	CELECOXIB CAP 100 MG	Tier 2				
CELECOXIB CAP 200MG	CELECOXIB CAP 200 MG	Tier 2				
CELECOXIB CAP 400MG	CELECOXIB CAP 400 MG	Tier 2				
CELECOXIB CAP 50MG	CELECOXIB CAP 50 MG	Tier 2				
CVS ASPIRIN TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR Prev Care				
DAYPRO TAB 600MG	OXAPROZIN TAB 600 MG	Tier 4				
DICLO/MISOPR TAB 50-0.2MG	DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 50-0.2 MG	Tier 3				
DICLO/MISOPR TAB 75-0.2MG	DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 75-0.2 MG	Tier 3				
DICLOFEN POT TAB 50MG	DICLOFENAC POTASSIUM TAB 50 MG	Tier 2				
DICLOFENAC TAB 100MG ER	DICLOFENAC SODIUM TAB ER 24HR 100 MG	Tier 3				
DICLOFENAC TAB 25MG DR	DICLOFENAC SODIUM TAB DELAYED RELEASE 25 MG	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
DICLOFENAC TAB 50MG DR	DICLOFENAC SODIUM TAB DELAYED RELEASE 50 MG	Tier 1				
DICLOFENAC TAB 75MG DR	DICLOFENAC SODIUM TAB DELAYED RELEASE 75 MG	Tier 1				
DIFLUNISAL TAB 500MG	DIFLUNISAL TAB 500 MG	Tier 3				
EC-NAPROSYN TAB 375MG	NAPROXEN TAB EC 375 MG	Tier 3				
EC-NAPROSYN TAB 500MG	NAPROXEN TAB EC 500 MG	Tier 4				
EC-NAPROXEN TAB 375MG	NAPROXEN TAB EC 375 MG	Tier 1				
EC-NAPROXEN TAB 500MG	NAPROXEN TAB EC 500 MG	Tier 1				
EQ ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR Prev Care				
EQL ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR Prev Care				
ETODOLAC CAP 200MG	ETODOLAC CAP 200 MG	Tier 2				
ETODOLAC CAP 300MG	ETODOLAC CAP 300 MG	Tier 2				
ETODOLAC TAB 400MG	ETODOLAC TAB 400 MG	Tier 2				
ETODOLAC TAB 500MG	ETODOLAC TAB 500 MG	Tier 2				
ETODOLAC ER TAB 400MG	ETODOLAC TAB ER 24HR 400 MG	Tier 3				
ETODOLAC ER TAB 500MG	ETODOLAC TAB ER 24HR 500 MG	Tier 3				
ETODOLAC ER TAB 600MG	ETODOLAC TAB ER 24HR 600 MG	Tier 3				
FLURBIPROFEN TAB 100MG	FLURBIPROFEN TAB 100 MG	Tier 1				
FLURBIPROFEN TAB 50MG	FLURBIPROFEN TAB 50 MG	Tier 1				
FT ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR Prev Care				
FT ASPIRIN TAB 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR Prev Care				
GNP ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR Prev Care				
GNP ASPIRIN TAB 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR Prev Care				
GNP ASPIRIN TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR Prev Care				
GOODSENSE TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR Prev Care				
IBU TAB 400MG	IBUPROFEN TAB 400 MG	Tier 1				
IBU TAB 600MG	IBUPROFEN TAB 600 MG	Tier 1				
IBU TAB 800MG	IBUPROFEN TAB 800 MG	Tier 1				
IBUPROFEN TAB 400MG	IBUPROFEN TAB 400 MG	Tier 1				
IBUPROFEN TAB 600MG	IBUPROFEN TAB 600 MG	Tier 1				
IBUPROFEN TAB 800MG	IBUPROFEN TAB 800 MG	Tier 1				
INDOMETHACIN CAP 25MG	INDOMETHACIN CAP 25 MG	Tier 1				
INDOMETHACIN CAP 50MG	INDOMETHACIN CAP 50 MG	Tier 1				
INDOMETHACIN CAP 75MG ER	INDOMETHACIN CAP ER 75 MG	Tier 2				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
INDOMETHACIN SUP 50MG	INDOMETHACIN SUPPOS 50 MG	Tier 3	X			
KETOROLAC TAB 10MG	KETOROLAC TROMETHAMINE TAB 10 MG	Tier 1				
KLS ASPIRIN TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR Prev Care				
KP ASPIRIN TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR Prev Care				
LURBIPR TAB 100MG	FLURBIPROFEN TAB 100 MG	Tier 3				
LURBIRO TAB 100MG	FLURBIPROFEN TAB 100 MG	Tier 3				
MECLOFEN SOD CAP 100MG	MECLOFENAMATE SODIUM CAP 100 MG	Tier 3				
MECLOFEN SOD CAP 50MG	MECLOFENAMATE SODIUM CAP 50 MG	Tier 3				
MEFENAM ACID CAP 250MG	MEFENAMIC ACID CAP 250 MG	Tier 3				
MELOXICAM SUS 7.5/5ML	MELOXICAM SUSP 7.5 MG/5ML	Tier 4	X			
MELOXICAM TAB 15MG	MELOXICAM TAB 15 MG	Tier 1				
MELOXICAM TAB 7.5MG	MELOXICAM TAB 7.5 MG	Tier 1				
MM ASPIRIN TAB LOW DOSE	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR Prev Care				
NABUMETONE TAB 500MG	NABUMETONE TAB 500 MG	Tier 1				
NABUMETONE TAB 750MG	NABUMETONE TAB 750 MG	Tier 1				
NAPROXEN TAB 250MG	NAPROXEN TAB 250 MG	Tier 1				
NAPROXEN TAB 375MG	NAPROXEN TAB 375 MG	Tier 1				
NAPROXEN TAB 500MG	NAPROXEN TAB 500 MG	Tier 1				
NAPROXEN DR TAB 375MG	NAPROXEN TAB EC 375 MG	Tier 1				
NAPROXEN DR TAB 500MG	NAPROXEN TAB EC 500 MG	Tier 1				
NAPROXEN SOD TAB 275MG	NAPROXEN SODIUM TAB 275 MG	Tier 2				
NAPROXEN SOD TAB 550MG	NAPROXEN SODIUM TAB 550 MG	Tier 2				
OXAPROZIN TAB 600MG	OXAPROZIN TAB 600 MG	Tier 2				
PIROXICAM CAP 10MG	PIROXICAM CAP 10 MG	Tier 2				
PIROXICAM CAP 20MG	PIROXICAM CAP 20 MG	Tier 2				
QC ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR Prev Care				
RA ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR Prev Care				
RA ASPIRIN TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR Prev Care				
SALSALATE TAB 500MG	SALSALATE TAB 500 MG	Tier 1				
SALSALATE TAB 750MG	SALSALATE TAB 750 MG	Tier 1				
SM ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR Prev Care				
SM CHILD ASA CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR Prev Care				
ST JOSEPH CHW LOW 81MG	ASPIRIN CHEW TAB 81 MG	HCR Prev Care				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
ST JOSEPH TAB LOW 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR Prev Care				
SULINDAC TAB 150MG	SULINDAC TAB 150 MG	Tier 1				
SULINDAC TAB 200MG	SULINDAC TAB 200 MG	Tier 1				
Ophthalmic agents, other - Miscellaneous eye drugs						
AKTEN GEL 3.5% OP	LIDOCAINE HCL OPHTH GEL 3.5%	Tier 3				
ALCAINE SOL 0.5% OP	PROPARACAINE HCL OPHTH SOLN 0.5%	Tier 3				
ALTACAINE SOL 0.5% OP	TETRACAINE HCL OPHTH SOLN 0.5%	Tier 3				
ATROPINE SUL OIN 1% OP	ATROPINE SULFATE OPHTH OINT 1%	Tier 1				
ATROPINE SUL SOL 1% OP	ATROPINE SULFATE OPHTH SOLN 1%	Tier 1				
BACIT/POLYMY OIN OP	BACITRACIN-POLYMYXIN B OPHTH OINT	Tier 1				
CYCLOGYL SOL 0.5% OP	CYCLOPENTOLATE HCL OPHTH SOLN 0.5%	Tier 4				
CYCLOGYL SOL 1% OP	CYCLOPENTOLATE HCL OPHTH SOLN 1%	Tier 4				
CYCLOGYL SOL 2% OP	CYCLOPENTOLATE HCL OPHTH SOLN 2%	Tier 4				
CYCLOPENTOL SOL 1% OP	CYCLOPENTOLATE HCL OPHTH SOLN 1%	Tier 1				
CYSTADROPS SOL 0.37%	CYSTEAMINE HCL OPHTH SOLN 0.37% (BASE EQUIVALENT)	Tier 4	X	X		X
CYSTARAN SOL 0.44%	CYSTEAMINE HCL OPHTH SOLN 0.44% (BASE EQUIVALENT)	Tier 3	X	X		X
GELFILM MIS OP	GELATIN ADSORBABLE OPHTH FILM	Tier 2				
MIEBO DRO 1.3GM/ML	PERFLUOROHEXYLOCTANE OPHTH SOLN 1.338 GM/ML	Tier 4	X	X		
NEO/BAC/POLY OIN OP	NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5)MG-400UNT-10000UNT OP OIN	Tier 1				
NEO/POLY/BAC OIN OP	NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5)MG-400UNT-10000UNT OP OIN	Tier 1				
NEO/POLY/GRA SOL OP	NEOMYCIN-POLYMY-GRAMICID OP SOL 1.75-10000-0.025MG-UNT-MG/ML	Tier 1				
NEO-POLYCIN OIN OP	NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5)MG-400UNT-10000UNT OP OIN	Tier 3				
OXERVATE SOL 20MCG/ML	CENEGERMIN-BKBJ OPHTH SOLN 0.002% (20 MCG/ML)	Tier 4	X	X		X
PHENYLEPHRIN SOL 10% OP	PHENYLEPHRINE HCL OPHTH SOLN 10%	Tier 1				
PHENYLEPHRIN SOL 2.5% OP	PHENYLEPHRINE HCL OPHTH SOLN 2.5%	Tier 1				
POLYCIN OIN OP	BACITRACIN-POLYMYXIN B OPHTH OINT	Tier 3				
POLYMYXIN B/ SOL TRIMETHP	POLYMYXIN B-TRIMETHOPRIM OPHTH SOLN 10000 UNIT/ML-0.1%	Tier 1				
PROPARACAINE SOL 0.5% OP	PROPARACAINE HCL OPHTH SOLN 0.5%	Tier 1				
RESTASIS EMU 0.05% OP	CYCLOSPORINE (OPHTH) EMULSION 0.05% (PF)	Tier 4	X	X		
RHOPRESSA SOL 0.02%	NETARSUDIL DIMESYLATE OPHTH SOLN 0.02%	Tier 3		X		
ROCKLATAN DRO	NETARSUDIL DIMESYLATE-LATANOPROST OPHTH SOLN 0.02-0.005%	Tier 3		X		
TETRACAINE SOL 0.5% OP	TETRACAINE HCL OPHTH SOLN 0.5%	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
TOBRA/DEXAME SUS 0.3-0.1%	TOBRAMYCIN-DEXAMETHASONE OPHTH SUSP 0.3-0.1%	Tier 2				
VERKAZIA EMU 0.1% OP	CYCLOSPORINE (OPHTH) EMULSION 0.1%	Tier 4	X	X		
VEVYE DRO 0.1%	CYCLOSPORINE (OPHTH) SOLN 0.1%	Tier 4	X	X		
XIIDRA DRO 5%	LIFITEGRAST OPHTH SOLN 5%	Tier 4	X	X		
Ophthalmic anti-allergy agents - Allergy, infection and inflammation drugs						
ALOCRIL SOL 2%	NEDOCROMIL SODIUM OPHTH SOLN 2%	Tier 3				
AZELASTINE DRO 0.05%	AZELASTINE HCL OPHTH SOLN 0.05%	Tier 1				
CROMOLYN SOD SOL 4% OP	CROMOLYN SODIUM OPHTH SOLN 4%	Tier 1				
CYCLOMYDRIL SOL OP	CYCLOPENTOLATE W/ PHENYLEPHRINE OPHTH SOLN 0.2-1%	Tier 3				
EPINASTINE DRO 0.05%	EPINASTINE HCL OPHTH SOLN 0.05%	Tier 4		X		
Ophthalmic antibiotics - Drugs to treat eye infections						
AZASITE SOL 1%	AZITHROMYCIN OPHTH SOLN 1%	Tier 3				
BACITRACIN OIN OP	BACITRACIN OPHTH OINT 500 UNIT/GM	Tier 1				
BESIFLOXACIN SUS 0.6%	BESIFLOXACIN HCL OPHTH SUSP 0.6% (BASE EQUIV)	Tier 3				
BESIVANCE SUS 0.6%	BESIFLOXACIN HCL OPHTH SUSP 0.6% (BASE EQUIV)	Tier 3				
BETADINE SOL 5% OP	POVIDONE-IODINE OPHTH SOLN 5%	Tier 3				
CILOXAN OIN 0.3% OP	CIPROFLOXACIN HCL OPHTH OINT 0.3%	Tier 3				
CIPROFLOXACN SOL 0.3% OP	CIPROFLOXACIN HCL OPHTH SOLN 0.3% (BASE EQUIVALENT)	Tier 1				
ERYTHROMYCIN OIN 0.5% OP	ERYTHROMYCIN OPHTH OINT 5 MG/GM	Tier 1†				
ERYTHROMYCIN OIN 5MG/GM	ERYTHROMYCIN OPHTH OINT 5 MG/GM	Tier 1†				
GATIFLOXACIN SOL 0.5%	GATIFLOXACIN OPHTH SOLN 0.5%	Tier 3				
GENTAMICIN SOL 0.3% OP	GENTAMICIN SULFATE OPHTH SOLN 0.3%	Tier 1		X		
LEVOFLOXACIN SOL 0.5%	LEVOFLOXACIN OPHTH SOLN 0.5%	Tier 1				
LEVOFLOXACIN SOL 1.5%	LEVOFLOXACIN OPHTH SOLN 1.5%	Tier 1				
MOXIFLOXACIN SOL 0.5%	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQ) (2 TIMES DAILY)	Tier 3				
MOXIFLOXACIN SOL 0.5%	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQUIV)	Tier 3				
MOXIFLOXACIN SOL HCL 0.5%	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQUIV)	Tier 3				
OCUFLOX DRO 0.3% OP	OFLOXACIN OPHTH SOLN 0.3%	Tier 4				
OFLOXACIN DRO 0.3% OP	OFLOXACIN OPHTH SOLN 0.3%	Tier 1				
SULFACET SOD OIN 10% OP	SULFACETAMIDE SODIUM OPHTH OINT 10%	Tier 1				
SULFACET SOD SOL 10% OP	SULFACETAMIDE SODIUM OPHTH SOLN 10%	Tier 1				
TOBRAMYCIN SOL 0.3% OP	TOBRAMYCIN OPHTH SOLN 0.3%	Tier 1		X		
TOBREX OIN 0.3% OP	TOBRAMYCIN OPHTH OINT 0.3%	Tier 3		X		
XDEMVY DRO 0.25%	LOTILANER OPHTH SOLN 0.25%	Tier 4	X	X		

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Ophthalmic antiglaucoma agents - Glaucoma drugs						
ACETAZOLAMID CAP 500MG ER	ACETAZOLAMIDE CAP ER 12HR 500 MG	Tier 1				
ACETAZOLAMID TAB 125MG	ACETAZOLAMIDE TAB 125 MG	Tier 1				
ACETAZOLAMID TAB 250MG	ACETAZOLAMIDE TAB 250 MG	Tier 1				
ALPHAGAN P SOL 0.1% OP	BRIMONIDINE TARTRATE OPHTH SOLN 0.1%	Tier 2		X		
ALPHAGAN P SOL 0.15% OP	BRIMONIDINE TARTRATE OPHTH SOLN 0.15%	Tier 4		X		
APRACLONIDIN SOL 0.5% OP	APRACLONIDINE HCL OPHTH SOLN 0.5% (BASE EQUIVALENT)	Tier 1				
BETAXOLOL SOL 0.5% OP	BETAXOLOL HCL OPHTH SOLN 0.5%	Tier 1				
BETIMOL SOL 0.25% OP	TIMOLOL OPHTH SOLN 0.25%	Tier 2		X		
BETIMOL SOL 0.5% OP	TIMOLOL OPHTH SOLN 0.5%	Tier 4		X		
BETOPTIC-S SUS 0.25% OP	BETAXOLOL HCL OPHTH SUSP 0.25%	Tier 3				
BRIMONIDINE SOL 0.15% OP	BRIMONIDINE TARTRATE OPHTH SOLN 0.15%	Tier 2		X		
BRIMONIDINE SOL 0.2% OP	BRIMONIDINE TARTRATE OPHTH SOLN 0.2%	Tier 1				
BRINZOLAMIDE SUS 1%	BRINZOLAMIDE OPHTH SUSP 1%	Tier 2		X		
BRINZOLAMIDE SUS 1% OP	BRINZOLAMIDE OPHTH SUSP 1%	Tier 2		X		
CARTEOLOL SOL 1% OP	CARTEOLOL HCL OPHTH SOLN 1%	Tier 1				
COMBIGAN SOL 0.2/0.5%	BRIMONIDINE TARTRATE-TIMOLOL MALEATE OPHTH SOLN 0.2-0.5%	Tier 2		X		
COSOPT SOL 2-0.5%OP	DORZOLAMIDE HCL-TIMOLOL MALEATE OPHTH SOLN 2-0.5%	Tier 4				
DORZOL/TIMOL SOL 2-0.5%OP	DORZOLAMIDE HCL-TIMOLOL MALEATE OPHTH SOLN 2-0.5%	Tier 2				
DORZOLAMIDE SOL 2% OP	DORZOLAMIDE HCL OPHTH SOLN 2%	Tier 1				
DORZOLAMIDE SOL 2% OP	DORZOLAMIDE HCL OPHTH SOLN 2%	Tier 4				
IOPIDINE SOL 1% OP	APRACLONIDINE HCL OPHTH SOLN 1% (BASE EQUIVALENT)	Tier 3				
ISTALOL SOL 0.5% OP	TIMOLOL MALEATE OPHTH SOLN 0.5% (ONCE-DAILY)	Tier 4				
LEVOBUNOLOL SOL 0.5% OP	LEVOBUNOLOL HCL OPHTH SOLN 0.5%	Tier 1				
METHAZOLAMID TAB 25MG	METHAZOLAMIDE TAB 25 MG	Tier 1				
METHAZOLAMID TAB 50MG	METHAZOLAMIDE TAB 50 MG	Tier 1				
PHOSPHOLINE SOL 0.125%OP	ECHOTHIOPHATE IODIDE OPHTH FOR SOLN 0.125%	Tier 2				
PILOCARPINE SOL 1% OP	PILOCARPINE HCL OPHTH SOLN 1%	Tier 1				
PILOCARPINE SOL 2% OP	PILOCARPINE HCL OPHTH SOLN 2%	Tier 1				
PILOCARPINE SOL 4% OP	PILOCARPINE HCL OPHTH SOLN 4%	Tier 1				
TIMOLOL GEL SOL 0.25% OP	TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.25%	Tier 1				
TIMOLOL GEL SOL 0.5% OP	TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.5%	Tier 1				
TIMOLOL HEMI SOL 0.5% OP	TIMOLOL OPHTH SOLN 0.5%	Tier 2		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
TIMOLOL MAL SOL 0.25% OP	TIMOLOL MALEATE PRESERVATIVE FREE OPHTH SOLN 0.25%	Tier 2				
TIMOLOL MAL SOL 0.25% OP	TIMOLOL MALEATE OPHTH SOLN 0.25%	Tier 1				
TIMOLOL MAL SOL 0.5% OP	TIMOLOL MALEATE PRESERVATIVE FREE OPHTH SOLN 0.5%	Tier 2				
TIMOLOL MAL SOL 0.5% OP	TIMOLOL MALEATE OPHTH SOLN 0.5%	Tier 1				
TIMOLOL MALE SOL 0.5%	TIMOLOL MALEATE OPHTH SOLN 0.5% (ONCE-DAILY)	Tier 3				
TIMOLOL MALE SOL 0.5% OP	TIMOLOL MALEATE OPHTH SOLN 0.5% (ONCE-DAILY)	Tier 3				
TIMOPTIC OCU SOL 0.25% OP	TIMOLOL MALEATE PRESERVATIVE FREE OPHTH SOLN 0.25%	Tier 4				
TIMOPTIC OCU SOL 0.5% OP	TIMOLOL MALEATE PRESERVATIVE FREE OPHTH SOLN 0.5%	Tier 4				
Ophthalmic anti-inflammatories - Allergy, infection and inflammation drugs						
ACULAR SOL 0.5% OP	KETOROLAC TROMETHAMINE OPHTH SOLN 0.5%	Tier 4				
ACULAR LS SOL 0.4% OP	KETOROLAC TROMETHAMINE OPHTH SOLN 0.4%	Tier 4				
ALOMIDE SOL 0.1% OP	LODOXAMIDE TROMETHAMINE OPHTH SOLN 0.1%	Tier 3				
ALREX SUS 0.2%	LOTEPREDNOL ETABONATE OPHTH SUSP 0.2%	Tier 4		X		
BROMFENAC DRO 0.09% OP	BROMFENAC SODIUM OPHTH SOLN 0.09% (BASE EQUIV) (ONCE-DAILY)	Tier 3				
DEXAMETH PHO SOL 0.1% OP	DEXAMETHASONE SODIUM PHOSPHATE OPHTH SOLN 0.1%	Tier 1				
DICLOFENAC SOL 0.1% OP	DICLOFENAC SODIUM OPHTH SOLN 0.1%	Tier 1				
DIFLUPREDNAT EMU 0.05%	DIFLUPREDNATE OPHTH EMULSION 0.05%	Tier 3				
EYSUVIS DRO 0.25%	LOTEPREDNOL ETABONATE OPHTH SUSP 0.25%	Tier 4		X		
FLAREX SUS 0.1% OP	FLUOROMETHOLONE ACETATE OPHTH SUSP 0.1%	Tier 2				
FLUOROMETHOL SUS 0.1% OP	FLUOROMETHOLONE OPHTH SUSP 0.1%	Tier 1				
FLURBIPROFEN SOL 0.03% OP	FLURBIPROFEN SODIUM OPHTH SOLN 0.03%	Tier 1				
FML FORTE SUS 0.25% OP	FLUOROMETHOLONE OPHTH SUSP 0.25%	Tier 3				
FML LIQUIFLM SUS 0.1% OP	FLUOROMETHOLONE OPHTH SUSP 0.1%	Tier 4				
INVELTYS SUS 1%	LOTEPREDNOL ETABONATE OPHTH SUSP 1%	Tier 3				
KETOROLAC SOL 0.4% OP	KETOROLAC TROMETHAMINE OPHTH SOLN 0.4%	Tier 1				
KETOROLAC SOL 0.5% OP	KETOROLAC TROMETHAMINE OPHTH SOLN 0.5%	Tier 1				
LOTEMAX OIN 0.5%	LOTEPREDNOL ETABONATE OPHTH OINT 0.5%	Tier 3				
LOTEMAX SM GEL 0.38%	LOTEPREDNOL ETABONATE OPHTH GEL 0.38%	Tier 3		X		
LOTEPR/TOBRA SUS 0.5-0.3%	LOTEPREDNOL ETABONATE-TOBRAMYCIN OPHTH SUSP 0.5-0.3%	Tier 3				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
LOTEPREDNOL SUS 0.2%	LOTEPREDNOL ETABONATE OPHTH SUSP 0.2%	Tier 3		X		
LOTEPREDNOL SUS 0.5%	LOTEPREDNOL ETABONATE OPHTH SUSP 0.5%	Tier 3		X		
MAXIDEX SUS 0.1% OP	DEXAMETHASONE OPHTH SUSP 0.1%	Tier 2				
MAXITROL OIN 0.1% OP	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH OINT 0.1%	Tier 4				
MAXITROL SUS 0.1% OP	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	Tier 4				
MITOSOL KIT 0.2MG	MITOMYCIN FOR OPHTH SOLN KIT 0.2 MG	Tier 3				
NEO/POLY/BAC OIN /HC 1%OP	BACITRACIN-POLYMYXIN-NEOMYCIN-HC OPHTH OINT 1%	Tier 1				
NEO/POLY/DEX OIN 0.1% OP	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH OINT 0.1%	Tier 1				
NEO/POLY/DEX SUS 0.1% OP	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	Tier 1				
NEO/POLY/HC SUS OP	NEOMYCIN-POLYMYXIN-HC OPHTH SUSP	Tier 1				
NEO-POLYCIN OIN HC 1%OP	BACITRACIN-POLYMYXIN-NEOMYCIN-HC OPHTH OINT 1%	Tier 3				
NEVANAC SUS 0.1% OP	NEPAFENAC OPHTH SUSP 0.1%	Tier 4				
PRED MILD SUS 0.12% OP	PREDNISOLONE ACETATE OPHTH SUSP 0.12%	Tier 3				
PRED SOD PHO SOL 1% OP	PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1%	Tier 1				
PREDNISOLONE SUS 1% OP	PREDNISOLONE ACETATE OPHTH SUSP 1%	Tier 1				
SULF/PRED NA SOL OP	SULFACETAMIDE SODIUM-PREDNISOLONE OPHTH SOLN 10-0.23(0.25)%	Tier 1				
ZYLET SUS 0.5-0.3%	LOTEPREDNOL ETABONATE-TOBRAMYCIN OPHTH SUSP 0.5-0.3%	Tier 3				
Ophthalmic antivirals - Drugs to treat eye infections						
NATACYN SUS 5% OP	NATAMYCIN OPHTH SUSP 5%	Tier 4				
TRIFLURIDINE SOL 1% OP	TRIFLURIDINE OPHTH SOLN 1%	Tier 1				
ZIRGAN GEL 0.15%	GANCICLOVIR OPHTH GEL 0.15%	Tier 4				
Ophthalmic prostaglandin and prostamide analogs - Glaucoma drugs						
BIMATOPROST SOL 0.01% OP	BIMATOPROST OPHTH SOLN 0.01%	Tier 2		X		
BIMATOPROST SOL 0.03% OP	BIMATOPROST OPHTH SOLN 0.03%	Tier 2		X		
LATANOPROST SOL 0.005%	LATANOPROST OPHTH SOLN 0.005%	Tier 1				
TAFLUPROST SOL 0.0015%	TAFLUPROST PRESERVATIVE FREE (PF) OPHTH SOLN 0.0015%	Tier 3		X	X	
TRAVOPROST DRO 0.004%	TRAVOPROST OPHTH SOLN 0.004% (BENZALKONIUM FREE) (BAK FREE)	Tier 3		X		
XELPROS EMU 0.005%	LATANOPROST OPHTH EMULSION 0.005%	Tier 3		X		
ZIOPTAN DRO 0.0015%	TAFLUPROST PRESERVATIVE FREE (PF) OPHTH SOLN 0.0015%	Tier 3		X	X	
Opioid analgesics, long-acting - Opioid pain relievers						
BELBUCA MIS 150MCG	BUPRENORPHINE HCL BUCCAL FILM 150 MCG (BASE EQUIVALENT)	Tier 3	X	X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
BELBUCA MIS 300MCG	BUPRENORPHINE HCL BUCCAL FILM 300 MCG (BASE EQUIVALENT)	Tier 3	X	X		
BELBUCA MIS 450MCG	BUPRENORPHINE HCL BUCCAL FILM 450 MCG (BASE EQUIVALENT)	Tier 3	X	X		
BELBUCA MIS 600MCG	BUPRENORPHINE HCL BUCCAL FILM 600 MCG (BASE EQUIVALENT)	Tier 3	X	X		
BELBUCA MIS 750MCG	BUPRENORPHINE HCL BUCCAL FILM 750 MCG (BASE EQUIVALENT)	Tier 3	X	X		
BELBUCA MIS 75MCG	BUPRENORPHINE HCL BUCCAL FILM 75 MCG (BASE EQUIVALENT)	Tier 3	X	X		
BELBUCA MIS 900MCG	BUPRENORPHINE HCL BUCCAL FILM 900 MCG (BASE EQUIVALENT)	Tier 3	X	X		
BUPRENORPHIN DIS 10MCG/HR	BUPRENORPHINE TD PATCH WEEKLY 10 MCG/HR	Tier 3	X	X		
BUPRENORPHIN DIS 15MCG/HR	BUPRENORPHINE TD PATCH WEEKLY 15 MCG/HR	Tier 3	X	X		
BUPRENORPHIN DIS 20MCG/HR	BUPRENORPHINE TD PATCH WEEKLY 20 MCG/HR	Tier 3	X	X		
BUPRENORPHIN DIS 5MCG/HR	BUPRENORPHINE TD PATCH WEEKLY 5 MCG/HR	Tier 3	X	X		
BUPRENORPHIN DIS 7.5/HR	BUPRENORPHINE TD PATCH WEEKLY 7.5 MCG/HR	Tier 3	X	X		
DISKETS TAB 40MG	METHADONE HCL TAB FOR ORAL SUSP 40 MG	Tier 3		X		
FENTANYL DIS 100MCG/H	FENTANYL TD PATCH 72HR 100 MCG/HR	Tier 2	X	X		
FENTANYL DIS 12MCG/HR	FENTANYL TD PATCH 72HR 12 MCG/HR	Tier 2	X	X		
FENTANYL DIS 25MCG/HR	FENTANYL TD PATCH 72HR 25 MCG/HR	Tier 2	X	X		
FENTANYL DIS 50MCG/HR	FENTANYL TD PATCH 72HR 50 MCG/HR	Tier 2	X	X		
FENTANYL DIS 75MCG/HR	FENTANYL TD PATCH 72HR 75 MCG/HR	Tier 2	X	X		
HYDROCODONE CAP 10MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 10 MG	Tier 3	X	X		
HYDROCODONE CAP 15MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 15 MG	Tier 3	X	X		
HYDROCODONE CAP 20MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 20 MG	Tier 3	X	X		
HYDROCODONE CAP 30MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 30 MG	Tier 3	X	X		
HYDROCODONE CAP 40MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 40 MG	Tier 3	X	X		
HYDROCODONE CAP 50MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 50 MG	Tier 3	X	X		
HYDROCODONE TAB 100MG ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 100 MG	Tier 3	X	X		
HYDROCODONE TAB 120MG ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 120 MG	Tier 3	X	X		
HYDROCODONE TAB 20MG ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 20 MG	Tier 3	X	X		
HYDROCODONE TAB 30MG ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 30 MG	Tier 3	X	X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
HYDROCODONE TAB 40MG ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 40 MG	Tier 3	X	X		
HYDROCODONE TAB 60MG ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 60 MG	Tier 3	X	X		
HYDROCODONE TAB 80MG ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 80 MG	Tier 3	X	X		
HYDROMORPHON TAB 12MG ER	HYDROMORPHONE HCL TAB ER 24HR 12 MG	Tier 3	X	X		
HYDROMORPHON TAB 16MG ER	HYDROMORPHONE HCL TAB ER 24HR 16 MG	Tier 3	X	X		
HYDROMORPHON TAB 32MG ER	HYDROMORPHONE HCL TAB ER 24HR 32 MG	Tier 3	X	X		
HYDROMORPHON TAB 8MG ER	HYDROMORPHONE HCL TAB ER 24HR 8 MG	Tier 3	X	X		
METHADONE CON 10MG/ML	METHADONE HCL CONC 10 MG/ML	Tier 1		X		
METHADONE SOL 10MG/5ML	METHADONE HCL SOLN 10 MG/5ML	Tier 1	X	X		
METHADONE SOL 5MG/5ML	METHADONE HCL SOLN 5 MG/5ML	Tier 1	X	X		
METHADONE TAB 10MG	METHADONE HCL TAB 10 MG	Tier 1	X	X		
METHADONE TAB 40MG	METHADONE HCL TAB FOR ORAL SUSP 40 MG	Tier 1		X		
METHADONE TAB 5MG	METHADONE HCL TAB 5 MG	Tier 1	X	X		
METHADOSE CON 10MG/ML	METHADONE HCL CONC 10 MG/ML	Tier 3		X		
METHADOSE TAB 40MG	METHADONE HCL TAB FOR ORAL SUSP 40 MG	Tier 1		X		
METHADOSE SF CON 10MG/ML	METHADONE HCL CONC 10 MG/ML	Tier 3		X		
MORPHINE SUL CAP 100MG ER	MORPHINE SULFATE CAP ER 24HR 100 MG	Tier 3	X	X		
MORPHINE SUL CAP 10MG ER	MORPHINE SULFATE CAP ER 24HR 10 MG	Tier 3	X	X		
MORPHINE SUL CAP 120MG ER	MORPHINE SULFATE BEADS CAP ER 24HR 120 MG	Tier 3	X	X		
MORPHINE SUL CAP 20MG ER	MORPHINE SULFATE CAP ER 24HR 20 MG	Tier 3	X	X		
MORPHINE SUL CAP 30MG ER	MORPHINE SULFATE BEADS CAP ER 24HR 30 MG	Tier 3	X	X		
MORPHINE SUL CAP 30MG ER	MORPHINE SULFATE CAP ER 24HR 30 MG	Tier 3	X	X		
MORPHINE SUL CAP 45MG ER	MORPHINE SULFATE BEADS CAP ER 24HR 45 MG	Tier 3	X	X		
MORPHINE SUL CAP 50MG ER	MORPHINE SULFATE CAP ER 24HR 50 MG	Tier 3	X	X		
MORPHINE SUL CAP 60MG ER	MORPHINE SULFATE BEADS CAP ER 24HR 60 MG	Tier 3	X	X		
MORPHINE SUL CAP 60MG ER	MORPHINE SULFATE CAP ER 24HR 60 MG	Tier 3	X	X		
MORPHINE SUL CAP 75MG ER	MORPHINE SULFATE BEADS CAP ER 24HR 75 MG	Tier 3	X	X		
MORPHINE SUL CAP 80MG ER	MORPHINE SULFATE CAP ER 24HR 80 MG	Tier 3	X	X		
MORPHINE SUL CAP 90MG ER	MORPHINE SULFATE BEADS CAP ER 24HR 90 MG	Tier 3	X	X		
MORPHINE SUL TAB 100MG ER	MORPHINE SULFATE TAB ER 100 MG	Tier 1	X	X		
MORPHINE SUL TAB 15MG ER	MORPHINE SULFATE TAB ER 15 MG	Tier 1	X	X		
MORPHINE SUL TAB 200MG ER	MORPHINE SULFATE TAB ER 200 MG	Tier 1	X	X		
MORPHINE SUL TAB 30MG ER	MORPHINE SULFATE TAB ER 30 MG	Tier 1	X	X		
MORPHINE SUL TAB 60MG ER	MORPHINE SULFATE TAB ER 60 MG	Tier 1	X	X		
NUCYNTA ER TAB 100MG	TAPENTADOL HCL TAB ER 12HR 100 MG	Tier 4	X	X		
NUCYNTA ER TAB 150MG	TAPENTADOL HCL TAB ER 12HR 150 MG	Tier 4	X	X		
NUCYNTA ER TAB 200MG	TAPENTADOL HCL TAB ER 12HR 200 MG	Tier 4	X	X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
NUCYNTA ER TAB 250MG	TAPENTADOL HCL TAB ER 12HR 250 MG	Tier 4	X	X		
NUCYNTA ER TAB 50MG	TAPENTADOL HCL TAB ER 12HR 50 MG	Tier 4	X	X		
OXYMORPHONE TAB 10MG ER	OXYMORPHONE HCL TAB ER 12HR 10 MG	Tier 3	X	X		
OXYMORPHONE TAB 15MG ER	OXYMORPHONE HCL TAB ER 12HR 15 MG	Tier 3	X	X		
OXYMORPHONE TAB 20MG ER	OXYMORPHONE HCL TAB ER 12HR 20 MG	Tier 3	X	X		
OXYMORPHONE TAB 30MG ER	OXYMORPHONE HCL TAB ER 12HR 30 MG	Tier 3	X	X		
OXYMORPHONE TAB 40MG ER	OXYMORPHONE HCL TAB ER 12HR 40 MG	Tier 3	X	X		
OXYMORPHONE TAB 5MG ER	OXYMORPHONE HCL TAB ER 12HR 5 MG	Tier 3	X	X		
OXYMORPHONE TAB 7.5MG ER	OXYMORPHONE HCL TAB ER 12HR 7.5 MG	Tier 3	X	X		
TRAMADOL HCL TAB 100MG ER	TRAMADOL HCL TAB ER 24HR 100 MG	Tier 2		X		
TRAMADOL HCL TAB 100MG ER	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 100 MG	Tier 2		X		
TRAMADOL HCL TAB 100MG ER	TRAMADOL HCL TAB ER 24HR 100 MG	Tier 2		X		
TRAMADOL HCL TAB 200MG ER	TRAMADOL HCL TAB ER 24HR 200 MG	Tier 2		X		
TRAMADOL HCL TAB 200MG ER	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 200 MG	Tier 2		X		
TRAMADOL HCL TAB 200MG ER	TRAMADOL HCL TAB ER 24HR 200 MG	Tier 2		X		
TRAMADOL HCL TAB 300MG ER	TRAMADOL HCL TAB ER 24HR 300 MG	Tier 2		X		
TRAMADOL HCL TAB 300MG ER	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 300 MG	Tier 2		X		
TRAMADOL HCL TAB 300MG ER	TRAMADOL HCL TAB ER 24HR 300 MG	Tier 2		X		
XTAMPZA ER CAP 13.5MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 13.5 MG	Tier 4	X	X		
XTAMPZA ER CAP 18MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 18 MG	Tier 4	X	X		
XTAMPZA ER CAP 27MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 27 MG	Tier 4	X	X		
XTAMPZA ER CAP 36MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 36 MG	Tier 4	X	X		
XTAMPZA ER CAP 9MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 9 MG	Tier 4	X	X		
Opioid analgesics, short-acting - Opioid pain relievers						
APAP/CODEINE SOL 120-12/5	ACETAMINOPHEN W/ CODEINE SOLN 120-12 MG/5ML	Tier 1		X		
APAP/CODEINE TAB 300-15MG	ACETAMINOPHEN W/ CODEINE TAB 300-15 MG	Tier 1		X		
APAP/CODEINE TAB 300-30MG	ACETAMINOPHEN W/ CODEINE TAB 300-30 MG	Tier 1		X		
APAP/CODEINE TAB 300-60MG	ACETAMINOPHEN W/ CODEINE TAB 300-60 MG	Tier 1		X		
ASCOMP/COD CAP 30MG	BUTALBITAL-ASPIRIN-CAFF W/ CODEINE CAP 50-325-40-30 MG	Tier 1		X		
BUT/APAP/CAF CAP CODEINE	BUTALBITAL-ACETAMINOPHEN-CAFF W/ COD CAP 50-325-40-30 MG	Tier 1		X		
BUT/ASA/CAF/ CAP CODEINE	BUTALBITAL-ASPIRIN-CAFF W/ CODEINE CAP 50-325-40-30 MG	Tier 1		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
BUTORPHANOL SOL 10MG/ML	BUTORPHANOL TARTRATE NASAL SOLN 10 MG/ML	Tier 2		X		
CODEINE SULF TAB 15MG	CODEINE SULFATE TAB 15 MG	Tier 1		X		
CODEINE SULF TAB 30MG	CODEINE SULFATE TAB 30 MG	Tier 1		X		
CODEINE SULF TAB 60MG	CODEINE SULFATE TAB 60 MG	Tier 1		X		
ENDOCET TAB 10-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG	Tier 1		X		
ENDOCET TAB 2.5-325	OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG	Tier 1		X		
ENDOCET TAB 5-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG	Tier 1		X		
ENDOCET TAB 7.5-325	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG	Tier 1		X		
FENTANYL OT LOZ 1200MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 1200 MCG	Tier 2		X		
FENTANYL OT LOZ 1600MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 1600 MCG	Tier 2		X		
FENTANYL OT LOZ 200MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 200 MCG	Tier 2		X		
FENTANYL OT LOZ 400MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 400 MCG	Tier 2		X		
FENTANYL OT LOZ 600MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 600 MCG	Tier 2		X		
FENTANYL OT LOZ 800MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 800 MCG	Tier 2		X		
HYDRO/ACETA SOL 10-325MG	HYDROCODONE-ACETAMINOPHEN SOLN 10-325 MG/15ML	Tier 2		X		
HYDRO/APAP SOL	HYDROCODONE-ACETAMINOPHEN SOLN 10-300 MG/15ML	Tier 1		X		
HYDROCO/APAP SOL 7.5-325	HYDROCODONE-ACETAMINOPHEN SOLN 7.5-325 MG/15ML	Tier 2		X		
HYDROCO/APAP TAB 10-325MG	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	Tier 1		X		
HYDROCO/APAP TAB 2.5-325	HYDROCODONE-ACETAMINOPHEN TAB 2.5-325 MG	Tier 1		X		
HYDROCO/APAP TAB 5-325MG	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	Tier 1		X		
HYDROCO/APAP TAB 7.5-325	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	Tier 1		X		
HYDROCOD/IBU TAB 10-200MG	HYDROCODONE-IBUPROFEN TAB 10-200 MG	Tier 1		X		
HYDROCOD/IBU TAB 5-200MG	HYDROCODONE-IBUPROFEN TAB 5-200 MG	Tier 1		X		
HYDROCOD/IBU TAB 7.5-200	HYDROCODONE-IBUPROFEN TAB 7.5-200 MG	Tier 1		X		
HYDROMORPHON LIQ 1MG/ML	HYDROMORPHONE HCL LIQD 1 MG/ML	Tier 1		X		
HYDROMORPHON SUP 3MG	HYDROMORPHONE HCL SUPPOS 3 MG	Tier 1		X		
HYDROMORPHON TAB 2MG	HYDROMORPHONE HCL TAB 2 MG	Tier 1		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
HYDROMORPHON TAB 4MG	HYDROMORPHONE HCL TAB 4 MG	Tier 1		X		
HYDROMORPHON TAB 8MG	HYDROMORPHONE HCL TAB 8 MG	Tier 1		X		
MEPERIDINE SOL 50MG/5ML	MEPERIDINE HCL ORAL SOLN 50 MG/5ML	Tier 1		X		
MEPERIDINE TAB 50MG	MEPERIDINE HCL TAB 50 MG	Tier 1		X		
MORPHINE SUL SOL 100/5ML	MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	Tier 1		X		
MORPHINE SUL SOL 10MG/5ML	MORPHINE SULFATE ORAL SOLN 10 MG/5ML	Tier 1		X		
MORPHINE SUL SOL 20MG/5ML	MORPHINE SULFATE ORAL SOLN 20 MG/5ML	Tier 1		X		
MORPHINE SUL SOL 20MG/ML	MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	Tier 1		X		
MORPHINE SUL SUP 10MG	MORPHINE SULFATE SUPPOS 10 MG	Tier 1		X		
MORPHINE SUL SUP 20MG	MORPHINE SULFATE SUPPOS 20 MG	Tier 1		X		
MORPHINE SUL SUP 30MG	MORPHINE SULFATE SUPPOS 30 MG	Tier 1		X		
MORPHINE SUL SUP 5MG	MORPHINE SULFATE SUPPOS 5 MG	Tier 1		X		
MORPHINE SUL TAB 15MG	MORPHINE SULFATE TAB 15 MG	Tier 1		X		
MORPHINE SUL TAB 30MG	MORPHINE SULFATE TAB 30 MG	Tier 1		X		
OXYCOD/APAP TAB 10-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG	Tier 1		X		
OXYCOD/APAP TAB 2.5-325	OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG	Tier 1		X		
OXYCOD/APAP TAB 5-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG	Tier 1		X		
OXYCOD/APAP TAB 7.5-325	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG	Tier 1		X		
OXYCODONE CAP 5MG	OXYCODONE HCL CAP 5 MG	Tier 1		X		
OXYCODONE CON 100/5ML	OXYCODONE HCL CONC 100 MG/5ML (20 MG/ML)	Tier 1		X		
OXYCODONE SOL 5MG/5ML	OXYCODONE HCL SOLN 5 MG/5ML	Tier 1		X		
OXYCODONE TAB 10MG	OXYCODONE HCL TAB 10 MG	Tier 1		X		
OXYCODONE TAB 15MG	OXYCODONE HCL TAB 15 MG	Tier 1		X		
OXYCODONE TAB 20MG	OXYCODONE HCL TAB 20 MG	Tier 1		X		
OXYCODONE TAB 30MG	OXYCODONE HCL TAB 30 MG	Tier 1		X		
OXYCODONE TAB 5MG	OXYCODONE HCL TAB 5 MG	Tier 1		X		
OXYMORPHONE TAB HCL 10MG	OXYMORPHONE HCL TAB 10 MG	Tier 2		X		
OXYMORPHONE TAB HCL 5MG	OXYMORPHONE HCL TAB 5 MG	Tier 2		X		
PENTAZ/NALOX TAB 50-0.5MG	PENTAZOCINE W/ NALOXONE HCL TAB 50-0.5 MG	Tier 1		X		
TAPENTADOL TAB 100MG	TAPENTADOL HCL TAB 100 MG	Tier 4		X		
TAPENTADOL TAB 50MG	TAPENTADOL HCL TAB 50 MG	Tier 4		X		
TAPENTADOL TAB 75MG	TAPENTADOL HCL TAB 75 MG	Tier 4		X		
TRAMADL/APAP TAB 37.5-325	TRAMADOL-ACETAMINOPHEN TAB 37.5-325 MG	Tier 1		X		
TRAMADOL HCL TAB 50MG	TRAMADOL HCL TAB 50 MG	Tier 1		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
Opioid dependence treatments - Antidotes/Deterrents/Protectants						
BUPREN/NALOX MIS 12-3MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 12-3 MG (BASE EQUIV)	$0 Behav Health		X		
BUPREN/NALOX MIS 2-0.5MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 2-0.5 MG (BASE EQUIV)	$0 Behav Health		X		
BUPREN/NALOX MIS 4-1MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 4-1 MG (BASE EQUIV)	$0 Behav Health		X		
BUPREN/NALOX MIS 8-2MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 8-2 MG (BASE EQUIV)	$0 Behav Health		X		
BUPREN/NALOX SUB 2-0.5MG	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2-0.5 MG (BASE EQUIV)	$0 Behav Health		X		
BUPREN/NALOX SUB 8-2MG	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8-2 MG (BASE EQUIV)	$0 Behav Health		X		
BUPRENORPHIN SUB 2MG	BUPRENORPHINE HCL SL TAB 2 MG (BASE EQUIV)	$0 Behav Health		X		
BUPRENORPHIN SUB 8MG	BUPRENORPHINE HCL SL TAB 8 MG (BASE EQUIV)	$0 Behav Health		X		
NALTREXONE TAB 50MG	NALTREXONE HCL TAB 50 MG	$0 Behav Health		X		
ZUBSOLV SUB 0.7-0.18	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 0.7-0.18 MG (BASE EQ)	$0 Behav Health		X		
ZUBSOLV SUB 1.4-0.36	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 1.4-0.36 MG (BASE EQ)	$0 Behav Health		X		
ZUBSOLV SUB 11.4-2.9	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 11.4-2.9 MG (BASE EQ)	$0 Behav Health		X		
ZUBSOLV SUB 2.9-0.71	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2.9-0.71 MG (BASE EQ)	$0 Behav Health		X		
ZUBSOLV SUB 5.7-1.4	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 5.7-1.4 MG (BASE EQ)	$0 Behav Health		X		
ZUBSOLV SUB 8.6-2.1	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8.6-2.1 MG (BASE EQ)	$0 Behav Health		X		
Opioid reversal agents - Antidotes/Deterrents/Protectants						
FT NALOXONE SPR 4MG	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	$0 Behav Health		X		
GNP NALOXONE SPR 4MG	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	$0 Behav Health		X		
KLOXXADO SPR 8MG	NALOXONE HCL NASAL SPRAY 8 MG/0.1ML	$0 Behav Health		X		
NALOXONE INJ 0.4MG/ML	NALOXONE HCL INJ 0.4 MG/ML	$0 Behav Health		X		
NALOXONE INJ 0.4MG/ML	NALOXONE HCL INJ 4 MG/10ML	$0 Behav Health		X		
NALOXONE INJ 0.4MG/ML	NALOXONE HCL SOLN CARTRIDGE 0.4 MG/ML	$0 Behav Health		X		
NALOXONE INJ 4MG/10ML	NALOXONE HCL INJ 4 MG/10ML	$0 Behav Health		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
NALOXONE SPR	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	$0 Behav Health		X		
NALOXONE SPR 4MG	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	$0 Behav Health		X		
NALOXONE HCL INJ 0.4MG/ML	NALOXONE HCL SOLN PREFILLED SYRINGE 0.4 MG/ML	$0 Behav Health		X		
NALOXONE HCL INJ 1MG/ML	NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG/2ML	$0 Behav Health		X		
NALOXONE HCL INJ 2MG/2ML	NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG/2ML	$0 Behav Health		X		
NALOXONE HCL SPR 4MG	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	$0 Behav Health		X		
NARCAN SPR 4MG	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	$0 Behav Health		X		
OPVEE SPR 2.7/0.1	NALMEFENE HCL NASAL SPRAY 2.7 MG/0.1ML (BASE EQUIV)	$0 Behav Health		X		
REXTOVY SPR 4/0.25ML	NALOXONE HCL NASAL SPRAY 4 MG/0.25ML	$0 Behav Health		X		
REZENOPY SPR 10MG	NALOXONE HCL NASAL SPRAY 10 MG/0.11ML	$0 Behav Health		X		
RIVIVE SPR 3/0.1ML	NALOXONE HCL NASAL SPRAY 3 MG/0.1ML	$0 Behav Health		X		
ZIMHI SOL	NALOXONE HCL SOLN PREFILLED SYRINGE 5 MG/0.5ML	$0 Behav Health		X		
ZURNAI INJ 1.5/0.5	NALMEFENE HCL SOLN AUTO-INJECTOR 1.5 MG/0.5ML (BASE EQUIV)	$0 Behav Health		X		
Otic agents - Drugs for the ear						
ACETIC ACID SOL 2% OTIC	ACETIC ACID OTIC SOLN 2%	Tier 1				
CETRAXAL SOL 0.2%	CIPROFLOXACIN HCL OTIC SOLN 0.2% (BASE EQUIVALENT)	Tier 3				
CIPRO/DEXA SUS 0.3-0.1%	CIPROFLOXACIN-DEXAMETHASONE OTIC SUSP 0.3-0.1%	Tier 4				
CIPROFLOXACN SOL 0.2%	CIPROFLOXACIN HCL OTIC SOLN 0.2% (BASE EQUIVALENT)	Tier 1				
CORTISPORIN SUS -TC OTIC	NEOMYCIN-COLISTIN-HC-THONZONIUM OTIC SUSP 3.3-3-10-0.5 MG/ML	Tier 3				
DERMOTIC OIL 0.01%	FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%	Tier 4				
FLAC OIL 0.01% OT	FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%	Tier 1				
FLUOCINOLONE OIL 0.01% OT	FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%	Tier 1				
HC/ACET ACID SOL 1-2%OTIC	HYDROCORTISONE W/ ACETIC ACID OTIC SOLN 1-2%	Tier 1				
NEO/POLY/HC SOL 1% OTIC	NEOMYCIN-POLYMYXIN-HC OTIC SOLN 1%	Tier 1				
NEO/POLY/HC SUS 1% OTIC	NEOMYCIN-POLYMYXIN-HC OTIC SUSP 3.5 MG/ML-10000 UNIT/ML-1%	Tier 1				
PRAMOTIC DRO 1-0.1%	PRAMOXINE-CHLOROXYLENOL OTIC LIQUID 1-0.1%	Tier 3				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
Otic agents - Drugs to treat ear conditions						
OFLOXACIN DRO 0.3%OTIC	OFLOXACIN OTIC SOLN 0.3%	Tier 2				
Parasympathomimetics - Myasthenia gravis drugs						
MESTINON SOL 60MG/5ML	PYRIDOSTIGMINE BROMIDE ORAL SOLN 60 MG/5ML	Tier 4				
PYRIDOSTIGM TAB 60MG	PYRIDOSTIGMINE BROMIDE TAB 60 MG	Tier 1				
PYRIDOSTIGMI SOL 60MG/5ML	PYRIDOSTIGMINE BROMIDE ORAL SOLN 60 MG/5ML	Tier 3				
PYRIDOSTIGMI TAB ER 180MG	PYRIDOSTIGMINE BROMIDE TAB ER 180 MG	Tier 1				
Pediculicides/Scabicides - Scabies and lice drugs						
CROTAN LOT 10%	CROTAMITON LOTION 10%	Tier 3				
ELIMITE CRE 5%	PERMETHRIN CREAM 5%	Tier 4‡				
EURAX CRE 10%	CROTAMITON CREAM 10%	Tier 2				
MALATHION LOT 0.5%	MALATHION LOTION 0.5%	Tier 1‡				
OVIDE LOT 0.5%	MALATHION LOTION 0.5%	Tier 4‡				
PERMETHRIN CRE 5%	PERMETHRIN CREAM 5%	Tier 1‡				
PRURADIK LOT 10%	CROTAMITON LOTION 10%	Tier 3				
SPINOSAD SUS 0.9%	SPINOSAD SUSP 0.9%	Tier 3				
SULF LIME SOL	SULFURATED LIME SOLUTION	Tier 1				
Phosphate binders - Phosphate-removing agents						
CALC ACETATE CAP 667MG	CALCIUM ACETATE (PHOSPHATE BINDER) CAP 667 MG (169 MG CA)	Tier 1				
CALC ACETATE TAB 667MG	CALCIUM ACETATE (PHOSPHATE BINDER) TAB 667 MG	Tier 1				
FOSRENOL POW 1000MG	LANTHANUM CARBONATE ORAL POWDER PACK 1000 MG (ELEMENTAL)	Tier 3			X	
FOSRENOL POW 750MG	LANTHANUM CARBONATE ORAL POWDER PACK 750 MG (ELEMENTAL)	Tier 3			X	
LANTHANUM CHW 1000MG	LANTHANUM CARBONATE CHEW TAB 1000 MG (ELEMENTAL)	Tier 3			X	
LANTHANUM CHW 500MG	LANTHANUM CARBONATE CHEW TAB 500 MG (ELEMENTAL)	Tier 3			X	
LANTHANUM CHW 750MG	LANTHANUM CARBONATE CHEW TAB 750 MG (ELEMENTAL)	Tier 3			X	
SEVELAM CARB POW 0.8GM	SEVELAMER CARBONATE PACKET 0.8 GM	Tier 2	X			
SEVELAM CARB POW 2.4GM	SEVELAMER CARBONATE PACKET 2.4 GM	Tier 2	X			
SEVELAM CARB TAB 800MG	SEVELAMER CARBONATE TAB 800 MG	Tier 2				
VELPHORO CHW 500MG	SUCROFERRIC OXYHYDROXIDE CHEW TAB 500 MG	Tier 4			X	
Phosphodiesterase inhibitors, airways disease - Drugs for the lungs						
ELIXOPHYLLIN ELX 80/15ML	THEOPHYLLINE ELIXIR 80 MG/15ML	Tier 3				
ROFLUMILAST TAB 250MCG	ROFLUMILAST TAB 250 MCG	Tier 2		X		
ROFLUMILAST TAB 500MCG	ROFLUMILAST TAB 500 MCG	Tier 2		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
THEO-24 CAP 100MG CR	THEOPHYLLINE CAP ER 24HR 100 MG	Tier 3				
THEO-24 CAP 200MG CR	THEOPHYLLINE CAP ER 24HR 200 MG	Tier 3				
THEO-24 CAP 300MG CR	THEOPHYLLINE CAP ER 24HR 300 MG	Tier 3				
THEO-24 CAP 400MG ER	THEOPHYLLINE CAP ER 24HR 400 MG	Tier 3				
THEOPHYLLINE ELX 80/15ML	THEOPHYLLINE ELIXIR 80 MG/15ML	Tier 1				
THEOPHYLLINE SOL 80/15ML	THEOPHYLLINE SOLN 80 MG/15ML	Tier 1				
THEOPHYLLINE TAB 100MG ER	THEOPHYLLINE TAB ER 12HR 100 MG	Tier 1				
THEOPHYLLINE TAB 200MG ER	THEOPHYLLINE TAB ER 12HR 200 MG	Tier 1				
THEOPHYLLINE TAB 300MG ER	THEOPHYLLINE TAB ER 12HR 300 MG	Tier 1				
THEOPHYLLINE TAB 400MG ER	THEOPHYLLINE TAB ER 24HR 400 MG	Tier 1				
THEOPHYLLINE TAB 450MG ER	THEOPHYLLINE TAB ER 12HR 450 MG	Tier 1				
THEOPHYLLINE TAB 600MG ER	THEOPHYLLINE TAB ER 24HR 600 MG	Tier 1				
Platelet modifying agents - Platelet modifying drugs						
ASA/DIPYRIDA CAP 25-200MG	ASPIRIN-DIPYRIDAMOLE CAP ER 12HR 25-200 MG	Tier 3				
CABLIVI KIT 11MG	CAPLACIZUMAB-YHDP FOR INJ KIT 11 MG	Tier 3	X	X		X
CILOSTAZOL TAB 100MG	CILOSTAZOL TAB 100 MG	Tier 1				
CILOSTAZOL TAB 50MG	CILOSTAZOL TAB 50 MG	Tier 1				
CLOPIDOGREL TAB 300MG	CLOPIDOGREL BISULFATE TAB 300 MG (BASE EQUIV)	Tier 1				
CLOPIDOGREL TAB 75MG	CLOPIDOGREL BISULFATE TAB 75 MG (BASE EQUIV)	Tier 1				
DIPYRIDAMOLE TAB 25MG	DIPYRIDAMOLE TAB 25 MG	Tier 1				
DIPYRIDAMOLE TAB 50MG	DIPYRIDAMOLE TAB 50 MG	Tier 1				
DIPYRIDAMOLE TAB 75MG	DIPYRIDAMOLE TAB 75 MG	Tier 1				
PRASUGREL TAB 10MG	PRASUGREL HCL TAB 10 MG (BASE EQUIV)	Tier 3				
PRASUGREL TAB 5MG	PRASUGREL HCL TAB 5 MG (BASE EQUIV)	Tier 3				
TICAGRELOR TAB 60MG	TICAGRELOR TAB 60 MG	Tier 3		X		
TICAGRELOR TAB 90MG	TICAGRELOR TAB 90 MG	Tier 3		X		
ZONTIVITY TAB 2.08MG	VORAPAXAR SULFATE TAB 2.08 MG (BASE EQUIVALENT)	Tier 4		X		
Progesterone agonists/Antagonists - Hormone replacement/Modifying drugs						
ELLA TAB 30MG	ULIPRISTAL ACETATE TAB 30 MG	HCR Prev Care		X		
Progestins						
OPILL TAB 0.075MG	NORGESTREL TAB 0.075 MG	HCR Prev Care				
Progestins - Hormone replacement/Modifying drugs						
AFTERA TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR Prev Care				
CAMILA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR Prev Care				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
CRINONE GEL 4% VAG	PROGESTERONE VAGINAL GEL 4%	Tier 4			X	
CRINONE GEL 8% VAG	PROGESTERONE VAGINAL GEL 8%	Tier 4			X	
CURAE TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR Prev Care				
DEBLITANE TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR Prev Care				
DEPO-PROVERA INJ 150MG/ML	MEDROXYPROGESTERONE ACETATE IM SUSP 150 MG/ML	Tier 4		X		
DEPO-PROVERA INJ 150MG/ML	MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML	Tier 4		X		
DEPO-SQ PROV INJ 104	MEDROXYPROGESTERONE ACETATE SUSP PREF SYR 104 MG/0.65ML	HCR Prev Care		X		
ECONTRA OS TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR Prev Care				
EMZAHH TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR Prev Care				
ENDOMETRIN SUP 100MG	PROGESTERONE VAGINAL INSERT 100 MG	Tier 2				
ERRIN TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR Prev Care				
GALLIFREY TAB 5MG	NORETHINDRONE ACETATE TAB 5 MG	Tier 1				
HEATHER TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR Prev Care				
HER STYLE TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR Prev Care				
INCASSIA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR Prev Care				
JENCYCLA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR Prev Care				
KYLEENA IUD 19.5MG	LEVONORGESTREL RELEASING IUD 17.5 MCG/DAY (19.5 MG TOTAL)	Medical - HCR Prev Care				
LEVONORGESTR TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR Prev Care				
LILETTA IUD 52MG	LEVONORGESTREL IUD 20.1 MCG/DAY (INITIAL) (52 MG TOTAL)	Medical - HCR Prev Care				
LYLEQ TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR Prev Care				
LYZA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR Prev Care				
MEDROXYPR AC INJ 150MG/ML	MEDROXYPROGESTERONE ACETATE IM SUSP 150 MG/ML	HCR Prev Care		X		
MEDROXYPR AC INJ 150MG/ML	MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML	HCR Prev Care		X		
MEDROXYPR AC TAB 10MG	MEDROXYPROGESTERONE ACETATE TAB 10 MG	Tier 1				
MEDROXYPR AC TAB 2.5MG	MEDROXYPROGESTERONE ACETATE TAB 2.5 MG	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
MEDROXYPR AC TAB 5MG	MEDROXYPROGESTERONE ACETATE TAB 5 MG	Tier 1				
MEGESTROL SUS 625MG/5M	MEGESTROL ACETATE SUSP 625 MG/5ML	Tier 3				
MEGESTROL AC SUS 40MG/ML	MEGESTROL ACETATE SUSP 40 MG/ML	Tier 1				
MEGESTROL AC TAB 20MG	MEGESTROL ACETATE TAB 20 MG	Tier 1				
MEGESTROL AC TAB 40MG	MEGESTROL ACETATE TAB 40 MG	Tier 1				
MELEYA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR Prev Care				
MIRENA IUD SYSTEM	LEVONORGESTREL IUD 21 MCG/DAY (INITIAL) (52 MG TOTAL)	Medical - HCR Prev Care				
MY CHOICE TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR Prev Care				
MY WAY TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR Prev Care				
NEW DAY TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR Prev Care				
NEXPLANON IMP 68MG	ETONOGESTREL SUBDERMAL IMPLANT 68 MG	Medical - HCR Prev Care				
NORA-BE TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR Prev Care				
NORETHIN ACE TAB 5MG	NORETHINDRONE ACETATE TAB 5 MG	Tier 1				
NORETHINDRON TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR Prev Care				
NORLYROC TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR Prev Care				
OPCICON TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR Prev Care				
OPTION 2 TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR Prev Care				
ORQUIDEA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR Prev Care				
PLAN B TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR Prev Care				
PROGESTERONE CAP 100MG	PROGESTERONE CAP 100 MG	Tier 2				
PROGESTERONE CAP 200MG	PROGESTERONE CAP 200 MG	Tier 2				
PROGESTERONE INJ 500/10ML	PROGESTERONE IM IN OIL 50 MG/ML	Tier 1				
PROGESTERONE INJ 50MG/ML	PROGESTERONE IM IN OIL 50 MG/ML	Tier 1				
PROGESTERONE SUP 100MG	PROGESTERONE VAGINAL INSERT 100 MG	Tier 2				
PROVERA TAB 10MG	MEDROXYPROGESTERONE ACETATE TAB 10 MG	Tier 4				
PROVERA TAB 2.5MG	MEDROXYPROGESTERONE ACETATE TAB 2.5 MG	Tier 4				
PROVERA TAB 5MG	MEDROXYPROGESTERONE ACETATE TAB 5 MG	Tier 4				
REACT TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR Prev Care				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
SHAROBEL TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR Prev Care				
SHEWISE TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR Prev Care				
SKYLA IUD 13.5MG	LEVONORGESTREL RELEASING IUD 14 MCG/ DAY (13.5 MG TOTAL)	Medical - HCR Prev Care				
SLYND TAB 4MG	DROSPIRENONE TAB 4 MG	Tier 4				
TAKE ACTION TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR Prev Care				
YOUR CHOICE TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR Prev Care				
Protectants - Ulcer and stomach acid drugs						
CYTOTEC TAB 100MCG	MISOPROSTOL TAB 100 MCG	Tier 4				
CYTOTEC TAB 200MCG	MISOPROSTOL TAB 200 MCG	Tier 4				
MISOPROSTOL TAB 100MCG	MISOPROSTOL TAB 100 MCG	Tier 1				
MISOPROSTOL TAB 200MCG	MISOPROSTOL TAB 200 MCG	Tier 1				
SUCRALFATE SUS 1GM/10ML	SUCRALFATE SUSP 1 GM/10ML	Tier 3				
SUCRALFATE TAB 1GM	SUCRALFATE TAB 1 GM	Tier 1				
Proton pump inhibitors - Ulcer and stomach acid drugs						
ESOMEPRAZOLE GRA 10MG DR	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 10 MG	Tier 4	X	X	X	
ESOMEPRAZOLE GRA 2.5MG DR	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACK 2.5 MG	Tier 4	X	X	X	
ESOMEPRAZOLE GRA 20MG DR	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 20 MG	Tier 4	X	X	X	
ESOMEPRAZOLE GRA 40MG DR	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 40 MG	Tier 4	X	X	X	
ESOMEPRAZOLE GRA 5MG DR	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 5 MG	Tier 4	X	X	X	
FIRST-OMEPRA SUS 2MG/ML	OMEPRAZOLE SUSP 2 MG/ML (COMPOUND KIT)	Tier 3	X			
FIRST-PANTPR SUS 4MG/ML	PANTOPRAZOLE SODIUM SUSP 4 MG/ML (COMPOUND KIT)	Tier 3				
LANSOPRAZOLE SUS 3MG/ML	LANSOPRAZOLE SUSP 3 MG/ML (COMPOUND KIT)	Tier 3	X			
LANSOPRAZOLE TAB 15MG ODT	LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 15 MG	Tier 3	X	X	X	
LANSOPRAZOLE TAB 30MG ODT	LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 30 MG	Tier 3	X	X	X	
OMEPRAZOLE CAP 10MG	OMEPRAZOLE CAP DELAYED RELEASE 10 MG	Tier 1				
OMEPRAZOLE CAP 20MG	OMEPRAZOLE CAP DELAYED RELEASE 20 MG	Tier 1				
OMEPRAZOLE CAP 40MG	OMEPRAZOLE CAP DELAYED RELEASE 40 MG	Tier 1				
PANTOPRAZOLE TAB 20MG	PANTOPRAZOLE SODIUM EC TAB 20 MG (BASE EQUIV)	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
PANTOPRAZOLE TAB 40MG	PANTOPRAZOLE SODIUM EC TAB 40 MG (BASE EQUIV)	Tier 1				
RABEPRAZOLE TAB 20MG	RABEPRAZOLE SODIUM EC TAB 20 MG	Tier 2		X		
VOQUEZNA TAB 10MG	VONOPRAZAN FUMARATE TAB 10 MG	Tier 4	X	X		
VOQUEZNA TAB 20MG	VONOPRAZAN FUMARATE TAB 20 MG	Tier 4	X	X		
Pulmonary antihypertensives - Asthma/Lung drugs						
ADEMPAS TAB 0.5MG	RIOCIGUAT TAB 0.5 MG	Tier 3	X	X		X
ADEMPAS TAB 1.5MG	RIOCIGUAT TAB 1.5 MG	Tier 3	X	X		X
ADEMPAS TAB 1MG	RIOCIGUAT TAB 1 MG	Tier 3	X	X		X
ADEMPAS TAB 2.5MG	RIOCIGUAT TAB 2.5 MG	Tier 3	X	X		X
ADEMPAS TAB 2MG	RIOCIGUAT TAB 2 MG	Tier 3	X	X		X
AMBRISENTAN TAB 10MG	AMBRISENTAN TAB 10 MG	Tier 3	X	X		X
AMBRISENTAN TAB 5MG	AMBRISENTAN TAB 5 MG	Tier 3	X	X		X
BOSENTAN TAB 125MG	BOSENTAN TAB 125 MG	Tier 3	X	X		X
BOSENTAN TAB 32MG	BOSENTAN TAB FOR ORAL SUSP 32 MG	Tier 3	X	X		X
BOSENTAN TAB 62.5MG	BOSENTAN TAB 62.5 MG	Tier 3	X	X		X
MACITENTAN TAB 10MG	MACITENTAN TAB 10 MG	Tier 3	X	X		X
ORENITRAM TAB 0.125MG	TREPROSTINIL DIOLAMINE TAB ER 0.125 MG (BASE EQUIV)	Tier 4	X	X		X
ORENITRAM TAB 0.25MG	TREPROSTINIL DIOLAMINE TAB ER 0.25 MG (BASE EQUIV)	Tier 4	X	X		X
ORENITRAM TAB 1MG	TREPROSTINIL DIOLAMINE TAB ER 1 MG (BASE EQUIV)	Tier 4	X	X		X
ORENITRAM TAB 2.5MG	TREPROSTINIL DIOLAMINE TAB ER 2.5 MG (BASE EQUIV)	Tier 4	X	X		X
ORENITRAM TAB 5MG	TREPROSTINIL DIOLAMINE TAB ER 5 MG (BASE EQUIV)	Tier 4	X	X		X
ORENITRAM TAB MONTH 1	TREPROSTINIL TAB ER TITR PK (MO1) 126 X0.125MG & 42 X0.25MG	Tier 4	X	X		X
ORENITRAM TAB MONTH 2	TREPROSTINIL TAB ER TITR PK (MO2) 126 X0.125MG & 210 X0.25MG	Tier 4	X	X		X
ORENITRAM TAB MONTH 3	TREPROSTINIL TAB ER TITR PK(MO3)126X0.125MG&42X0.25MG&84X1MG	Tier 4	X	X		X
SILDENAFIL SUS 10MG/ML	SILDENAFIL CITRATE FOR SUSPENSION 10 MG/ML	Tier 4	X	X		X
SILDENAFIL TAB 20MG	SILDENAFIL CITRATE TAB 20 MG	Tier 1		X		X
TADALAFIL TAB 20MG	TADALAFIL TAB 20 MG (PAH)	Tier 1	X	X		X
TADLIQ SUS 20MG/5ML	TADALAFIL ORAL SUSP 20 MG/5ML (PAH)	Tier 4	X	X		X
TRACLEER TAB 32MG	BOSENTAN TAB FOR ORAL SUSP 32 MG	Tier 4	X	X		X
TYVASO SOL 0.6MG/ML	TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML	Tier 3	X			X
TYVASO DPI POW 16-32-48	TREPROSTINIL INH POWD 112 X 16MCG & 112 X 32MCG & 28 X 48MCG	Tier 3	X	X		X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
TYVASO DPI POW 16MCG	TREPROSTINIL INH POWDER 16 MCG/ CARTRIDGE	Tier 3	X	X		X
TYVASO DPI POW 32MCG	TREPROSTINIL INH POWDER 32 MCG/ CARTRIDGE	Tier 3	X	X		X
TYVASO DPI POW 48-80MCG	TREPROSTINIL INH POWDER 112 X 48MCG & 112 X 80MCG	Tier 3	X			X
TYVASO DPI POW 48MCG	TREPROSTINIL INH POWDER 48 MCG/ CARTRIDGE	Tier 3	X	X		X
TYVASO DPI POW 64MCG	TREPROSTINIL INH POWDER 64 MCG/ CARTRIDGE	Tier 3	X	X		X
TYVASO DPI POW 80MCG	TREPROSTINIL INH POWDER 80 MCG/ CARTRIDGE	Tier 3	X	X		X
TYVASO DPI POW MAIN KIT	TREPROSTINIL INH POWDER 112 X 32MCG & 112 X 64MCG	Tier 3	X	X		X
TYVASO DPI POW MAIN KIT	TREPROSTINIL INH POWDER 112 X 48MCG & 112 X 64MCG	Tier 3	X	X		X
TYVASO RF KT SOL 0.6MG/ML	TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML	Tier 3	X			X
TYVASO ST KT SOL 0.6MG/ML	TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML	Tier 3	X			X
UPTRAVI TAB 1000MCG	SELEXIPAG TAB 1000 MCG	Tier 4	X	X		X
UPTRAVI TAB 100MCG	SELEXIPAG TAB 100 MCG	Tier 4	X			X
UPTRAVI TAB 1200MCG	SELEXIPAG TAB 1200 MCG	Tier 4	X	X		X
UPTRAVI TAB 1400MCG	SELEXIPAG TAB 1400 MCG	Tier 4	X	X		X
UPTRAVI TAB 150MCG	SELEXIPAG TAB 150 MCG	Tier 4	X			X
UPTRAVI TAB 1600MCG	SELEXIPAG TAB 1600 MCG	Tier 4	X	X		X
UPTRAVI TAB 200MCG	SELEXIPAG TAB 200 MCG	Tier 4	X	X		X
UPTRAVI TAB 400MCG	SELEXIPAG TAB 400 MCG	Tier 4	X	X		X
UPTRAVI TAB 600MCG	SELEXIPAG TAB 600 MCG	Tier 4	X	X		X
UPTRAVI TAB 800MCG	SELEXIPAG TAB 800 MCG	Tier 4	X	X		X
UPTRAVI PACK TAB 200/800	SELEXIPAG TAB THERAPY PACK 200 MCG (140) & 800 MCG (60)	Tier 4	X	X		X
VENTAVIS SOL 10MCG/ML	ILOPROST INHALATION SOLUTION 10 MCG/ML	Tier 3	X			X
VENTAVIS SOL 20MCG/ML	ILOPROST INHALATION SOLUTION 20 MCG/ML	Tier 3	X			X
YUTREPIA CAP 106MCG	TREPROSTINIL SODIUM INHAL CAP 106 MCG	Tier 3	X	X		X
YUTREPIA CAP 26.5MCG	TREPROSTINIL SODIUM INHAL CAP 26.5 MCG	Tier 3	X	X		X
YUTREPIA CAP 53MCG	TREPROSTINIL SODIUM INHAL CAP 53 MCG	Tier 3	X	X		X
YUTREPIA CAP 79.5MCG	TREPROSTINIL SODIUM INHAL CAP 79.5 MCG	Tier 3	X	X		X
Pulmonary fibrosis agents - Drugs to treat pulmonary fibrosis						
PIRFENIDONE TAB 267MG	PIRFENIDONE TAB 267 MG	Tier 3	X	X		X
PIRFENIDONE TAB 801MG	PIRFENIDONE TAB 801 MG	Tier 3	X	X		X
Quinolones - Antibiotics						
BAXDELA TAB 450MG	DELAFLOXACIN MEGLUMINE TAB 450 MG (BASE EQUIV)	Tier 4				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
CIPRO TAB 250MG	CIPROFLOXACIN HCL TAB 250 MG (BASE EQUIV)	Tier 4‡				
CIPRO TAB 500MG	CIPROFLOXACIN HCL TAB 500 MG (BASE EQUIV)	Tier 4‡				
CIPRO (10%) SUS 500MG/5	CIPROFLOXACIN FOR ORAL SUSP 500 MG/5ML (10%) (10 GM/100ML)	Tier 3‡				
CIPRO (5%) SUS 250MG/5	CIPROFLOXACIN FOR ORAL SUSP 250 MG/5ML (5%) (5 GM/100ML)	Tier 3‡				
CIPROFLOXACN TAB 250MG	CIPROFLOXACIN HCL TAB 250 MG (BASE EQUIV)	Tier 1‡				
CIPROFLOXACN TAB 500MG	CIPROFLOXACIN HCL TAB 500 MG (BASE EQUIV)	Tier 1‡				
CIPROFLOXACN TAB 750MG	CIPROFLOXACIN HCL TAB 750 MG (BASE EQUIV)	Tier 1‡				
LEVOFLOXACIN SOL 25MG/ML	LEVOFLOXACIN ORAL SOLN 25 MG/ML	Tier 1‡				
LEVOFLOXACIN TAB 250MG	LEVOFLOXACIN TAB 250 MG	Tier 1‡				
LEVOFLOXACIN TAB 500MG	LEVOFLOXACIN TAB 500 MG	Tier 1‡				
LEVOFLOXACIN TAB 750MG	LEVOFLOXACIN TAB 750 MG	Tier 1‡				
MOXIFLOXACIN TAB 400MG	MOXIFLOXACIN HCL TAB 400 MG (BASE EQUIV)	Tier 3‡				
OFLOXACIN TAB 300MG	OFLOXACIN TAB 300 MG	Tier 1				
OFLOXACIN TAB 400MG	OFLOXACIN TAB 400 MG	Tier 1				
XEPI CRE 1%	OZENOXACIN CREAM 1%	Tier 3				
Respiratory tract agents, other - Asthma/Lung drugs						
ACETYLCYST SOL 10%	ACETYLCYSTEINE INHAL SOLN 10%	Tier 1				
ACETYLCYST SOL 20%	ACETYLCYSTEINE INHAL SOLN 20%	Tier 1				
ADVAIR HFA AER 115/21	FLUTICASONE-SALMETEROL INHAL AEROSOL 115-21 MCG/ACT	Tier 3		X		
ADVAIR HFA AER 230/21	FLUTICASONE-SALMETEROL INHAL AEROSOL 230-21 MCG/ACT	Tier 3		X		
ADVAIR HFA AER 45/21	FLUTICASONE-SALMETEROL INHAL AEROSOL 45-21 MCG/ACT	Tier 3		X		
AIRSUPRA AER 90-80MCG	ALBUTEROL-BUDESONIDE INHALATION AEROSOL 90-80 MCG/ACT	Tier 3		X		
ANORO ELLIPT AER 62.5-25	UMECLIDINIUM-VILANTEROL AERO POWD BA 62.5-25 MCG/ACT	Tier 3		X		
BEVESPI AER 9-4.8MCG	GLYCOPYRROLATE-FORMOTEROL FUMARATE AEROSOL 9-4.8 MCG/ACT	Tier 2		X		
BREO ELLIPTA INH 100-25	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 100-25 MCG/ACT	Tier 3		X		
BREO ELLIPTA INH 200-25	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 200-25 MCG/ACT	Tier 3		X		
BREO ELLIPTA INH 50-25MCG	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 50-25 MCG/ACT	Tier 3		X		
BREZTRI AERO AER 18MCG	BUDESONIDE-GLYCOPYRROLATE-FORMOTEROL AERS 160-18-4.8 MCG/ACT	Tier 3				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
BREZTRI AERO AER 9MCG	BUDESONIDE-GLYCOPYRROLATE-FORMOTEROL AERS 160-9-4.8 MCG/ACT	Tier 3		X		
CODEINE/GG SOL 10-100/5	GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	Tier 1				
COMBIVENT AER 20-100	IPRATROPIUM-ALBUTEROL INHAL AEROSOL SOLN 20-100 MCG/ACT	Tier 4		X		
FASENRA PEN INJ 30MG/ML	BENRALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 30 MG/ML	Tier 4	X	X		X
FLUTIC/SALME AER 100/50	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT	Tier 3		X		
FLUTIC/SALME AER 250/50	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT	Tier 3		X		
FLUTIC/SALME AER 500/50	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT	Tier 3		X		
FLUTIC/SALME INH 113/14	FLUTICASONE-SALMETEROL AER POWDER BA 113-14 MCG/ACT	Tier 3		X		
FLUTIC/SALME INH 232/14	FLUTICASONE-SALMETEROL AER POWDER BA 232-14 MCG/ACT	Tier 3		X		
FLUTIC/SALME INH 55/14	FLUTICASONE-SALMETEROL AER POWDER BA 55-14 MCG/ACT	Tier 3		X		
G TUSSIN AC LIQ 100-10/5	GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	Tier 1				
GG/CODEINE SOL 100-10/5	GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	Tier 1				
GG/CODEINE SOL 200-20MG	GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	Tier 1				
GRASTEK SUB 2800BAU	TIMOTHY GRASS POLLEN ALLERGEN EXT SL TAB 2800 BAU	Tier 4	X	X		
HYD POL/CPM SUS 10-8/5ML	HYDROCOD POLST-CHLORPHEN POLST ER SUSP 10-8 MG/5ML	Tier 3	X	X		
HYDROC/HOMAT TAB 5-1.5MG	HYDROCODONE BITART-HOMATROPINE METHYLBROMIDE TAB 5-1.5 MG	Tier 1	X			
HYDROCOD/HOM SYP 5-1.5/5	HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG/5ML	Tier 1	X	X		
HYDROMET SYP 5-1.5/5	HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG/5ML	Tier 1	X	X		
HYPERSAL NEB 3.5%	SODIUM CHLORIDE SOLN NEBU 3.5%	Tier 2				
HYPERSAL NEB 7%	SODIUM CHLORIDE SOLN NEBU 7%	Tier 2				
IPRATROPIUM/ SOL ALBUTER	IPRATROPIUM-ALBUTEROL NEBU SOLN 0.5-2.5(3) MG/3ML	Tier 2				
KALYDECO TAB 150MG	IVACAFTOR TAB 150 MG	Tier 3	X	X		X
MAXI-TUSS AC SOL	GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	Tier 1				
NEBUSAL NEB 3%	SODIUM CHLORIDE SOLN NEBU 3%	Tier 3				
NEOTUSS PLUS LIQ	PHENYLEPHRINE-CHLORPHEN-DM LIQUID 7.5-4-30 MG/5ML	Tier 3				
ODACTRA SUB	DUST MITE MIXED EXT SL TAB 12 SQ-HDM	Tier 4	X	X		
ORALAIR SUB 300 IR	GRASS MIXED POLLEN EXT SL TAB 300 IR (INDEX OF REACTIVITY)	Tier 4	X	X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
ORALAIR ADLT SUB 300 IR	GRASS MIXED POLLEN EXT SL TAB 300 IR (INDEX OF REACTIVITY)	Tier 4	X	X		
ORALAIR CHLD SUB 100 IR	GRASS MIXED POLLEN EXT SL TAB 100 IR (INDEX OF REACTIVITY)	Tier 4	X	X		
PIRFENIDONE CAP 267MG	PIRFENIDONE CAP 267 MG	Tier 2	X	X		X
PIRFENIDONE TAB 534MG	PIRFENIDONE TAB 534 MG	Tier 3	X	X		X
PROMETH VC SYP 6.25-5/5	PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG/5ML	Tier 1				
PROMETH/COD SOL 6.25-10	PROMETHAZINE W/ CODEINE SYRUP 6.25-10 MG/5ML	Tier 1	X	X		
PROMETH/PE SOL 6.25-5/5	PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG/5ML	Tier 1				
PULMOSAL NEB 7%	SODIUM CHLORIDE SOLN NEBU 7%	Tier 2				
PULMOZYME SOL 1MG/ML	DORNASE ALFA INHAL SOLN 2.5 MG/2.5ML	Tier 3	X	X		X
RAGWITEK SUB	SHORT RAGWEED POLLEN ALLERGEN EXTRACT SL TAB 12 AMB A 1-U	Tier 4	X	X		
SOD CHLORIDE NEB 0.9%	SODIUM CHLORIDE SOLN NEBU 0.9%	Tier 1				
SOD CHLORIDE NEB 10%	SODIUM CHLORIDE SOLN NEBU 10%	Tier 1				
SOD CHLORIDE NEB 3%	SODIUM CHLORIDE SOLN NEBU 3%	Tier 1				
SOD CHLORIDE NEB 7%	SODIUM CHLORIDE SOLN NEBU 7%	Tier 1				
STIOLTO AER 2.5-2.5	TIOTROPIUM BR-OLODATEROL INHAL AERO SOLN 2.5-2.5 MCG/ACT	Tier 2		X		
SYMBICORT AER 160-4.5	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG/ACT	Tier 3		X		
SYMBICORT AER 80-4.5	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT	Tier 3		X		
TEZSPIRE INJ 210MG	TEZEPELUMAB-EKKO SUBCUTANEOUS SOLN AUTO-INJ 210 MG/1.91ML	Tier 4	X	X		X
TRELEGY AER 100MCG	FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 100-62.5-25 MCG/ACT	Tier 3		X		
TRELEGY AER 200MCG	FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 200-62.5-25 MCG/ACT	Tier 3		X		
TUXARIN ER TAB 54.3-8MG	CODEINE PHOS-CHLORPHENIRAMINE MALEATE TAB ER 12HR 54.3-8 MG	Tier 3	X	X		
WIXELA INHUB AER 100/50	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT	Tier 3		X		
WIXELA INHUB AER 250/50	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT	Tier 3		X		
WIXELA INHUB AER 500/50	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT	Tier 3		X		
XOLAIR INJ 150MG/ML	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML	Tier 3	X	X		X
XOLAIR INJ 150MG/ML	OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG/ML	Tier 3	X	X		X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
XOLAIR INJ 300/2ML	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG/2ML	Tier 3	X	X		X
XOLAIR INJ 300/2ML	OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML	Tier 3	X	X		X
XOLAIR INJ 75/0.5	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/0.5ML	Tier 3	X	X		X
XOLAIR INJ 75/0.5	OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 75 MG/0.5ML	Tier 3	X	X		X
Respiratory tract/Pulmonary agents - Drugs to treat allergies, cough, cold and lung conditions						
ADRENALIN SOL 1:1000	EPINEPHRINE HCL NASAL SOLN 0.1%	Tier 2				
BENZONATATE CAP 100MG	BENZONATATE CAP 100 MG	Tier 1				
BENZONATATE CAP 200MG	BENZONATATE CAP 200 MG	Tier 1				
BROM/PSE/DM SYP 2-30-10	PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG/5ML	Tier 1				
EPINEPHRINE SOL 30/30ML	EPINEPHRINE HCL NASAL SOLN 0.1%	Tier 1				
PROMETHAZINE SOL DM	PROMETHAZINE-DM SYRUP 6.25-15 MG/5ML	Tier 1				
PROMETHAZINE SYP DM	PROMETHAZINE-DM SYRUP 6.25-15 MG/5ML	Tier 1				
Retinoids - Chemotherapy agents						
BEXAROTENE CAP 75MG	BEXAROTENE CAP 75 MG	Tier 3				X
BEXAROTENE GEL 1%	BEXAROTENE GEL 1%	Tier 4		X		X
PANRETIN GEL 0.1%	ALITRETINOIN GEL 0.1%	Tier 3				
TRETINOIN CAP 10MG	TRETINOIN CAP 10 MG	Tier 3		X		X
Selective estrogen receptor modifying agents - Hormone replacement/Modifying drugs						
OSPHENA TAB 60MG	OSPEMIFENE TAB 60 MG	Tier 3	X	X		
RALOXIFENE TAB 60MG	RALOXIFENE HCL TAB 60 MG	Tier 2†				
Serotonin (5-HT) receptor agonists - Migraine drugs						
ALMOTRIP MAL TAB 12.5MG	ALMOTRIPTAN MALATE TAB 12.5 MG	Tier 4		X		
ALMOTRIP MAL TAB 6.25MG	ALMOTRIPTAN MALATE TAB 6.25 MG	Tier 4		X		
ALMOTRIPTAN TAB 12.5MG	ALMOTRIPTAN MALATE TAB 12.5 MG	Tier 4		X		
ALMOTRIPTAN TAB 6.25MG	ALMOTRIPTAN MALATE TAB 6.25 MG	Tier 4		X		
ELETRIPTAN TAB 20MG	ELETRIPTAN HYDROBROMIDE TAB 20 MG (BASE EQUIVALENT)	Tier 3		X		
ELETRIPTAN TAB 40MG	ELETRIPTAN HYDROBROMIDE TAB 40 MG (BASE EQUIVALENT)	Tier 3		X		
FROVATRIPTAN TAB 2.5MG	FROVATRIPTAN SUCCINATE TAB 2.5 MG (BASE EQUIVALENT)	Tier 3		X		
NARATRIPTAN TAB 1MG	NARATRIPTAN HCL TAB 1 MG (BASE EQUIV)	Tier 1		X		
NARATRIPTAN TAB 2.5MG	NARATRIPTAN HCL TAB 2.5 MG (BASE EQUIV)	Tier 1		X		
RIZATRIPTAN TAB 10MG	RIZATRIPTAN BENZOATE TAB 10 MG (BASE EQUIVALENT)	Tier 1		X		
RIZATRIPTAN TAB 10MG ODT	RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 10 MG (BASE EQ)	Tier 1		X		

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
RIZATRIPTAN TAB 5MG	RIZATRIPTAN BENZOATE TAB 5 MG (BASE EQUIVALENT)	Tier 1		X		
RIZATRIPTAN TAB 5MG ODT	RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 5 MG (BASE EQ)	Tier 1		X		
SUMATRIPTAN INJ 4MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	Tier 1		X		
SUMATRIPTAN INJ 4MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	Tier 1		X		
SUMATRIPTAN INJ 6/0.5ML	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML	Tier 1		X		
SUMATRIPTAN INJ 6/0.5ML	SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML	Tier 1		X		
SUMATRIPTAN INJ 6MG/.5ML	SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML	Tier 1		X		
SUMATRIPTAN INJ 6MG/.5ML	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML	Tier 1		X		
SUMATRIPTAN INJ 6MG/0.5	SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML	Tier 1		X		
SUMATRIPTAN INJ 6MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML	Tier 1		X		
SUMATRIPTAN INJ 6MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6 MG/0.5ML	Tier 1		X		
SUMATRIPTAN SPR 20MG/ACT	SUMATRIPTAN NASAL SPRAY 20 MG/ACT	Tier 2		X		
SUMATRIPTAN SPR 5MG/ACT	SUMATRIPTAN NASAL SPRAY 5 MG/ACT	Tier 2		X		
SUMATRIPTAN TAB 100MG	SUMATRIPTAN SUCCINATE TAB 100 MG	Tier 1		X		
SUMATRIPTAN TAB 25MG	SUMATRIPTAN SUCCINATE TAB 25 MG	Tier 1		X		
SUMATRIPTAN TAB 50MG	SUMATRIPTAN SUCCINATE TAB 50 MG	Tier 1		X		
ZOLMITRIPTAN TAB 2.5 MG	ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 2.5 MG	Tier 3		X		
ZOLMITRIPTAN TAB 2.5MG	ZOLMITRIPTAN TAB 2.5 MG	Tier 2		X		
ZOLMITRIPTAN TAB 5MG	ZOLMITRIPTAN TAB 5 MG	Tier 2		X		
ZOLMITRIPTAN TAB 5MG ODT	ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 5 MG	Tier 3		X		
ZOMIG SPR 2.5MG	ZOLMITRIPTAN NASAL SPRAY 2.5 MG/SPRAY UNIT	Tier 3		X		
ZOMIG SPR 5MG	ZOLMITRIPTAN NASAL SPRAY 5 MG/SPRAY UNIT	Tier 2		X		
Skeletal muscle relaxants - Drugs for muscle pain and spasm						
BACLOFEN TAB 10MG	BACLOFEN TAB 10 MG	Tier 1				
BACLOFEN TAB 20MG	BACLOFEN TAB 20 MG	Tier 1				
CARISOPRODOL TAB 350MG	CARISOPRODOL TAB 350 MG	Tier 1				
CHLORZOXAZON TAB 500MG	CHLORZOXAZONE TAB 500 MG	Tier 2				
CYCLOBENZAPR TAB 10MG	CYCLOBENZAPRINE HCL TAB 10 MG	Tier 1				
CYCLOBENZAPR TAB 5MG	CYCLOBENZAPRINE HCL TAB 5 MG	Tier 1				
DANTRIUM CAP 25MG	DANTROLENE SODIUM CAP 25 MG	Tier 4				
DANTROLENE CAP 100MG	DANTROLENE SODIUM CAP 100 MG	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
DANTROLENE CAP 25MG	DANTROLENE SODIUM CAP 25 MG	Tier 1				
DANTROLENE CAP 50MG	DANTROLENE SODIUM CAP 50 MG	Tier 1				
METAXALONE TAB 400MG	METAXALONE TAB 400 MG	Tier 3				
METAXALONE TAB 800MG	METAXALONE TAB 800 MG	Tier 3				
METHOCARBAM TAB 500MG	METHOCARBAMOL TAB 500 MG	Tier 1				
METHOCARBAM TAB 750MG	METHOCARBAMOL TAB 750 MG	Tier 1				
ORPHENADRINE TAB 100MG ER	ORPHENADRINE CITRATE TAB ER 12HR 100 MG	Tier 2				
TIZANIDINE CAP 2MG	TIZANIDINE HCL CAP 2 MG (BASE EQUIVALENT)	Tier 2				
TIZANIDINE CAP 4MG	TIZANIDINE HCL CAP 4 MG (BASE EQUIVALENT)	Tier 2				
TIZANIDINE CAP 6MG	TIZANIDINE HCL CAP 6 MG (BASE EQUIVALENT)	Tier 2				
TIZANIDINE TAB 2MG	TIZANIDINE HCL TAB 2 MG (BASE EQUIVALENT)	Tier 1				
TIZANIDINE TAB 4MG	TIZANIDINE HCL TAB 4 MG (BASE EQUIVALENT)	Tier 1				
Skeletal muscle relaxants - Pain/Swelling management drugs						
BACLOFEN SOL 10MG/5ML	BACLOFEN ORAL SOLN 10 MG/5ML	Tier 3	X			
BACLOFEN SOL 5MG/5ML	BACLOFEN ORAL SOLN 5 MG/5ML	Tier 3				
BACLOFEN SUS 25MG/5ML	BACLOFEN SUSP 25 MG/5ML	Tier 3	X			
BACLOFEN TAB 5MG	BACLOFEN TAB 5 MG	Tier 1				
Sleep disorders, other - Drugs for sleeping						
ARMODAFINIL TAB 150MG	ARMODAFINIL TAB 150 MG	$0 Behav Health		X		
ARMODAFINIL TAB 200MG	ARMODAFINIL TAB 200 MG	$0 Behav Health		X		
ARMODAFINIL TAB 250MG	ARMODAFINIL TAB 250 MG	$0 Behav Health		X		
ARMODAFINIL TAB 50MG	ARMODAFINIL TAB 50 MG	$0 Behav Health		X		
BELSOMRA TAB 10MG	SUVOREXANT TAB 10 MG	Tier 4*		X		
BELSOMRA TAB 15MG	SUVOREXANT TAB 15 MG	Tier 4*		X		
BELSOMRA TAB 20MG	SUVOREXANT TAB 20 MG	Tier 4*		X		
BELSOMRA TAB 5MG	SUVOREXANT TAB 5 MG	Tier 4*		X		
HETLIOZ CAP 20MG	TASIMELTEON CAPSULE 20 MG	Tier 4*	X	X		X
HETLIOZ LQ SUS 4MG/ML	TASIMELTEON ORAL SUSP 4 MG/ML	Tier 4*	X	X		X
LUMRYZ PAK 6GM	SODIUM OXYBATE PACK FOR ORAL ER SUSP 6 GM	$0 Behav Health	X	X		X
LUMRYZ PAK 7.5GM	SODIUM OXYBATE PACK FOR ORAL ER SUSP 7.5 GM	$0 Behav Health	X	X		X
LUMRYZ PAK 9GM	SODIUM OXYBATE PACK FOR ORAL ER SUSP 9 GM	$0 Behav Health	X	X		X
LUMRYZ PAK STARTER	SODIUM OXYBATE PACK FOR ER SUSP 4.5 & 6 & 7.5 GM STARTER PAK	$0 Behav Health	X	X		X
LUMRYZ PKG 4.5GM	SODIUM OXYBATE PACK FOR ORAL ER SUSP 4.5 GM	$0 Behav Health	X	X		X

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
MODAFINIL TAB 100MG	MODAFINIL TAB 100 MG	$0 Behav Health		X		
MODAFINIL TAB 200MG	MODAFINIL TAB 200 MG	$0 Behav Health		X		
RAMELTEON TAB 8MG	RAMELTEON TAB 8 MG	Tier 4*		X		
SOD OXYBATE SOL 500MG/ML	SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	$0 Behav Health	X	X		X
SUNOSI TAB 150MG	SOLRIAMFETOL HCL TAB 150 MG (BASE EQUIV)	$0 Behav Health	X	X		
SUNOSI TAB 75MG	SOLRIAMFETOL HCL TAB 75 MG (BASE EQUIV)	$0 Behav Health	X	X		
TASIMELTEON CAP 20MG	TASIMELTEON CAPSULE 20 MG	Tier 4	X	X		X
WAKIX TAB 17.8MG	PITOLISANT HCL TAB 17.8 MG (BASE EQUIVALENT)	$0 Behav Health	X	X		X
WAKIX TAB 4.45MG	PITOLISANT HCL TAB 4.45 MG (BASE EQUIVALENT)	$0 Behav Health	X	X		X
XYWAV SOL 0.5GM/ML	CALCIUM, MAG, POTASSIUM, & SOD OXYBATES ORAL SOLN 500 MG/ML	$0 Behav Health	X	X		X
Smoking cessation agents - Deterrents						
BUPROPION TAB 150MG SR	BUPROPION HCL (SMOKING DETERRENT) TAB ER 12HR 150 MG	HCR Prev Care				
CVS NICOTINE DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	HCR Prev Care				
CVS NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	HCR Prev Care				
CVS NICOTINE DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	HCR Prev Care				
CVS NICOTINE GUM 2MG CINN	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
CVS NICOTINE GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
CVS NICOTINE GUM 2MG ORIG	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
CVS NICOTINE GUM 2MGFRUIT	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
CVS NICOTINE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
CVS NICOTINE GUM 4MG CINN	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
CVS NICOTINE GUM 4MG MINT	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
CVS NICOTINE GUM 4MG ORIG	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
CVS NICOTINE GUM 4MGFRUIT	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
CVS NICOTINE LOZ 2MG	NICOTINE POLACRILEX LOZENGE 2 MG	HCR Prev Care				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
CVS NICOTINE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	HCR Prev Care				
CVS NICOTINE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	HCR Prev Care				
EQ NICOTINE DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	HCR Prev Care				
EQ NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	HCR Prev Care				
EQ NICOTINE DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	HCR Prev Care				
EQ NICOTINE GUM 2MG CINN	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
EQ NICOTINE GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
EQ NICOTINE GUM 2MGFRUIT	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
EQ NICOTINE GUM 4MG CINN	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
EQ NICOTINE GUM 4MG MINT	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
EQ NICOTINE GUM 4MG ORIG	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
EQ NICOTINE GUM 4MGFRUIT	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
EQ NICOTINE LOZ 2MG CINN	NICOTINE POLACRILEX LOZENGE 2 MG	HCR Prev Care				
EQ NICOTINE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	HCR Prev Care				
EQ NICOTINE LOZ 4MG CINN	NICOTINE POLACRILEX LOZENGE 4 MG	HCR Prev Care				
EQ NICOTINE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	HCR Prev Care				
FT NICOTINE DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	HCR Prev Care				
FT NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	HCR Prev Care				
FT NICOTINE DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	HCR Prev Care				
FT NICOTINE GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
FT NICOTINE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
FT NICOTINE LOZ 2MG	NICOTINE POLACRILEX LOZENGE 2 MG	HCR Prev Care				
FT NICOTINE LOZ 4MG	NICOTINE POLACRILEX LOZENGE 4 MG	HCR Prev Care				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
GNP NICOTINE DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	HCR Prev Care				
GNP NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	HCR Prev Care				
GNP NICOTINE DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	HCR Prev Care				
GNP NICOTINE GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
GNP NICOTINE GUM 2MG ORIG	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
GNP NICOTINE GUM 4MG FRT	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
GNP NICOTINE GUM 4MG MINT	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
GNP NICOTINE GUM 4MG ORIG	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
GNP NICOTINE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	HCR Prev Care				
GNP NICOTINE LOZ 4MG CHER	NICOTINE POLACRILEX LOZENGE 4 MG	HCR Prev Care				
GNP NICOTINE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	HCR Prev Care				
GNP NICOTINE LOZ MINI 2MG	NICOTINE POLACRILEX LOZENGE 2 MG	HCR Prev Care				
HABITROL DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	HCR Prev Care				
HM NICOTINE GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
HM NICOTINE GUM 4MG FRT	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
KLS QUIT2 GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
KLS QUIT2 LOZ 2MG	NICOTINE POLACRILEX LOZENGE 2 MG	HCR Prev Care				
KLS QUIT4 GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
KLS QUIT4 LOZ 4MG	NICOTINE POLACRILEX LOZENGE 4 MG	HCR Prev Care				
NICODERM CQ DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	HCR Prev Care				
NICODERM CQ DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	HCR Prev Care				
NICODERM CQ DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	HCR Prev Care				
NICORETTE GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
NICORETTE GUM 2MG CINN	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
NICORETTE GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
NICORETTE GUM 2MG ORIG	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
NICORETTE GUM 2MGFRUIT	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
NICORETTE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
NICORETTE GUM 4MG CINN	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
NICORETTE GUM 4MG MINT	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
NICORETTE GUM 4MG ORIG	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
NICORETTE GUM 4MGFRUIT	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
NICORETTE LOZ 2MG	NICOTINE POLACRILEX LOZENGE 2 MG	HCR Prev Care				
NICORETTE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	HCR Prev Care				
NICORETTE LOZ 4MG	NICOTINE POLACRILEX LOZENGE 4 MG	HCR Prev Care				
NICORETTE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	HCR Prev Care				
NICORETTE ST GUM 2MG ORIG	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
NICORETTE ST GUM 4MG ORIG	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
NICOTINE DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	HCR Prev Care				
NICOTINE DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	HCR Prev Care				
NICOTINE GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
NICOTINE GUM 2MGFRUIT	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
NICOTINE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
NICOTINE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	HCR Prev Care				
NICOTINE LOZ 4MG CINN	NICOTINE POLACRILEX LOZENGE 4 MG	HCR Prev Care				
NICOTINE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	HCR Prev Care				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
NICOTINE LOZ MINI 2MG	NICOTINE POLACRILEX LOZENGE 2 MG	HCR Prev Care				
NICOTINE POL GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
NICOTINE POL GUM 2MG CINN	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
NICOTINE POL GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
NICOTINE POL GUM 2MG ORIG	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
NICOTINE POL GUM 2MG REF	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
NICOTINE POL GUM 2MG STRT	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
NICOTINE POL GUM 2MGFRUIT	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
NICOTINE POL GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
NICOTINE POL GUM 4MG CINN	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
NICOTINE POL GUM 4MG MINT	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
NICOTINE POL GUM 4MG ORIG	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
NICOTINE POL GUM 4MG REF	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
NICOTINE POL GUM 4MG STRT	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
NICOTINE POL GUM 4MGFRUIT	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
NICOTINE POL LOZ 2MG CHRY	NICOTINE POLACRILEX LOZENGE 2 MG	HCR Prev Care				
NICOTINE POL LOZ 2MG CINN	NICOTINE POLACRILEX LOZENGE 2 MG	HCR Prev Care				
NICOTINE POL LOZ 2MG MINI	NICOTINE POLACRILEX LOZENGE 2 MG	HCR Prev Care				
NICOTINE POL LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	HCR Prev Care				
NICOTINE POL LOZ 4MG CHRY	NICOTINE POLACRILEX LOZENGE 4 MG	HCR Prev Care				
NICOTINE POL LOZ 4MG CINN	NICOTINE POLACRILEX LOZENGE 4 MG	HCR Prev Care				
NICOTINE POL LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	HCR Prev Care				
NICOTINE SYS KIT TRANSDER	NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR	HCR Prev Care				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
NICOTINE TD DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	HCR Prev Care				
NICOTINE TD DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	HCR Prev Care				
NICOTINE TD DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	HCR Prev Care				
NICOTROL NS SPR 10MG/ML	NICOTINE NASAL SPRAY 10 MG/ML (0.5 MG/ SPRAY)	HCR Prev Care	X			
QC NICOTINE DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	HCR Prev Care				
QC NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	HCR Prev Care				
RA NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	HCR Prev Care				
RA NICOTINE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
RA NICOTINE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	HCR Prev Care				
RA NICOTINE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	HCR Prev Care				
SM NICOTINE DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	HCR Prev Care				
SM NICOTINE DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	HCR Prev Care				
SM NICOTINE GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
SM NICOTINE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
SM NICOTINE GUM 4MG MINT	NICOTINE POLACRILEX GUM 4 MG	HCR Prev Care				
THRIVE GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	HCR Prev Care				
VARENICLINE TAB 0.5& 1MG	VARENICLINE TARTRATE TAB 11 X 0.5 MG & 42 X 1 MG START PACK	HCR Prev Care				
VARENICLINE TAB 0.5MG	VARENICLINE TARTRATE TAB 0.5 MG (BASE EQUIV)	HCR Prev Care				
VARENICLINE TAB 1MG	VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV)	HCR Prev Care				
Sodium channel agents - Seizure control drugs						
CARBAMAZEPIN CAP 100MG ER	CARBAMAZEPINE CAP ER 12HR 100 MG	Tier 2*				
CARBAMAZEPIN CAP 200MG ER	CARBAMAZEPINE CAP ER 12HR 200 MG	Tier 2*				
CARBAMAZEPIN CAP 300MG ER	CARBAMAZEPINE CAP ER 12HR 300 MG	Tier 2*				
CARBAMAZEPIN CHW 100MG	CARBAMAZEPINE CHEW TAB 100 MG	Tier 1*				
CARBAMAZEPIN CHW 200MG	CARBAMAZEPINE CHEW TAB 200 MG	Tier 1				
CARBAMAZEPIN SUS 100/5ML	CARBAMAZEPINE SUSP 100 MG/5ML	Tier 1*				
CARBAMAZEPIN TAB 100MG ER	CARBAMAZEPINE TAB ER 12HR 100 MG	Tier 2*				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
CARBAMAZEPIN TAB 200MG	CARBAMAZEPINE TAB 200 MG	Tier 1*				
CARBAMAZEPIN TAB 200MG ER	CARBAMAZEPINE TAB ER 12HR 200 MG	Tier 2*				
CARBAMAZEPIN TAB 400MG ER	CARBAMAZEPINE TAB ER 12HR 400 MG	Tier 2*				
DILANTIN CAP 100MG	PHENYTOIN SODIUM EXTENDED CAP 100 MG	Tier 3				
DILANTIN CAP 30MG	PHENYTOIN SODIUM EXTENDED CAP 30 MG	Tier 3				
DILANTIN CHW 50MG	PHENYTOIN CHEW TAB 50 MG	Tier 3				
DILANTIN-125 SUS 125/5ML	PHENYTOIN SUSP 125 MG/5ML	Tier 3				
EPITOL TAB 200MG	CARBAMAZEPINE TAB 200 MG	Tier 1*				
LACOSAMIDE SOL 100/10ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 2				
LACOSAMIDE SOL 10MG/ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 2				
LACOSAMIDE SOL 150/15ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 2				
LACOSAMIDE SOL 200/20ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 2				
LACOSAMIDE SOL 50/5ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 2				
LACOSAMIDE SOL 50MG/5ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 2				
LACOSAMIDE TAB 100MG	LACOSAMIDE TAB 100 MG	Tier 2				
LACOSAMIDE TAB 150MG	LACOSAMIDE TAB 150 MG	Tier 2				
LACOSAMIDE TAB 200MG	LACOSAMIDE TAB 200 MG	Tier 2				
LACOSAMIDE TAB 50MG	LACOSAMIDE TAB 50 MG	Tier 2				
MOTPOLY XR CAP 100MG	LACOSAMIDE CAP ER 24HR 100 MG	Tier 4	X			
MOTPOLY XR CAP 150MG	LACOSAMIDE CAP ER 24HR 150 MG	Tier 4	X			
MOTPOLY XR CAP 200MG	LACOSAMIDE CAP ER 24HR 200 MG	Tier 4	X			
OXCARBAZEPIN SUS 300/5ML	OXCARBAZEPINE SUSP 300 MG/5ML (60 MG/ML)	Tier 1*				
OXCARBAZEPIN TAB 150MG	OXCARBAZEPINE TAB 150 MG	Tier 1*				
OXCARBAZEPIN TAB 300MG	OXCARBAZEPINE TAB 300 MG	Tier 1*				
OXCARBAZEPIN TAB 600MG	OXCARBAZEPINE TAB 600 MG	Tier 1*				
PHENYTEK CAP 200MG	PHENYTOIN SODIUM EXTENDED CAP 200 MG	Tier 1				
PHENYTEK CAP 300MG	PHENYTOIN SODIUM EXTENDED CAP 300 MG	Tier 1				
PHENYTOIN CHW 50MG	PHENYTOIN CHEW TAB 50 MG	Tier 1				
PHENYTOIN SUS 125/5ML	PHENYTOIN SUSP 125 MG/5ML	Tier 1				
PHENYTOIN EX CAP 100MG	PHENYTOIN SODIUM EXTENDED CAP 100 MG	Tier 1				
PHENYTOIN EX CAP 200MG	PHENYTOIN SODIUM EXTENDED CAP 200 MG	Tier 1				
PHENYTOIN EX CAP 300MG	PHENYTOIN SODIUM EXTENDED CAP 300 MG	Tier 1				
RUFINAMIDE SUS 40MG/ML	RUFINAMIDE SUSP 40 MG/ML	Tier 3				
RUFINAMIDE TAB 200MG	RUFINAMIDE TAB 200 MG	Tier 3	X			
RUFINAMIDE TAB 400MG	RUFINAMIDE TAB 400 MG	Tier 3	X			
TEGRETOL SUS 100/5ML	CARBAMAZEPINE SUSP 100 MG/5ML	Tier 4				
TEGRETOL TAB 200MG	CARBAMAZEPINE TAB 200 MG	Tier 4				
VIMPAT SOL 10MG/ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 4	X			

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
SSRIs/SNRIs (Selective serotonin reuptake inhibitors/Serotonin and norepinephrine reuptake inhibitor) - Antidepressants						
CITALOPRAM SOL 10MG/5ML	CITALOPRAM HYDROBROMIDE ORAL SOLN 10 MG/5ML	$0 Behav Health				
CITALOPRAM TAB 10MG	CITALOPRAM HYDROBROMIDE TAB 10 MG (BASE EQUIV)	$0 Behav Health				
CITALOPRAM TAB 20MG	CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV)	$0 Behav Health				
CITALOPRAM TAB 40MG	CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV)	$0 Behav Health				
DESVENLAFAX TAB 100MG ER	DESVENLAFAXINE SUCCINATE TAB ER 24HR 100 MG (BASE EQUIV)	$0 Behav Health				
DESVENLAFAX TAB 25MG ER	DESVENLAFAXINE SUCCINATE TAB ER 24HR 25 MG (BASE EQUIV)	$0 Behav Health				
DESVENLAFAX TAB 50MG ER	DESVENLAFAXINE SUCCINATE TAB ER 24HR 50 MG (BASE EQUIV)	$0 Behav Health				
DRIZALMA CAP 20MG DR	DULOXETINE HCL CAP DELAYED RELEASE SPRINKLE 20 MG (BASE EQ)	$0 Behav Health		X		
DRIZALMA CAP 30MG DR	DULOXETINE HCL CAP DELAYED RELEASE SPRINKLE 30 MG (BASE EQ)	$0 Behav Health		X		
DRIZALMA CAP 40MG DR	DULOXETINE HCL CAP DELAYED RELEASE SPRINKLE 40 MG (BASE EQ)	$0 Behav Health		X		
DRIZALMA CAP 60MG DR	DULOXETINE HCL CAP DELAYED RELEASE SPRINKLE 60 MG (BASE EQ)	$0 Behav Health		X		
ESCITALOPRAM SOL 5MG/5ML	ESCITALOPRAM OXALATE SOLN 5 MG/5ML (BASE EQUIV)	$0 Behav Health				
ESCITALOPRAM TAB 10MG	ESCITALOPRAM OXALATE TAB 10 MG (BASE EQUIV)	$0 Behav Health				
ESCITALOPRAM TAB 20MG	ESCITALOPRAM OXALATE TAB 20 MG (BASE EQUIV)	$0 Behav Health				
ESCITALOPRAM TAB 5MG	ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV)	$0 Behav Health				
FLUOXETINE CAP 10MG	FLUOXETINE HCL CAP 10 MG	$0 Behav Health				
FLUOXETINE CAP 20MG	FLUOXETINE HCL CAP 20 MG	$0 Behav Health				
FLUOXETINE CAP 40MG	FLUOXETINE HCL CAP 40 MG	$0 Behav Health				
FLUOXETINE CAP 90MG DR	FLUOXETINE HCL CAP DELAYED RELEASE 90 MG	$0 Behav Health		X		
FLUOXETINE SOL 20MG/5ML	FLUOXETINE HCL SOLUTION 20 MG/5ML	$0 Behav Health				
FLUOXETINE TAB 10MG	FLUOXETINE HCL TAB 10 MG	$0 Behav Health				
FLUOXETINE TAB 20MG	FLUOXETINE HCL TAB 20 MG	$0 Behav Health				
FLUOXETINE TAB 60MG	FLUOXETINE HCL TAB 60 MG	$0 Behav Health				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
FLUVOXAMINE CAP 100MG ER	FLUVOXAMINE MALEATE CAP ER 24HR 100 MG	$0 Behav Health				
FLUVOXAMINE CAP 150MG ER	FLUVOXAMINE MALEATE CAP ER 24HR 150 MG	$0 Behav Health				
FLUVOXAMINE TAB 100MG	FLUVOXAMINE MALEATE TAB 100 MG	$0 Behav Health				
FLUVOXAMINE TAB 25MG	FLUVOXAMINE MALEATE TAB 25 MG	$0 Behav Health				
FLUVOXAMINE TAB 50MG	FLUVOXAMINE MALEATE TAB 50 MG	$0 Behav Health				
NEFAZODONE TAB 100MG	NEFAZODONE HCL TAB 100 MG	$0 Behav Health				
NEFAZODONE TAB 150MG	NEFAZODONE HCL TAB 150 MG	$0 Behav Health				
NEFAZODONE TAB 200MG	NEFAZODONE HCL TAB 200 MG	$0 Behav Health				
NEFAZODONE TAB 250MG	NEFAZODONE HCL TAB 250 MG	$0 Behav Health				
NEFAZODONE TAB 50MG	NEFAZODONE HCL TAB 50 MG	$0 Behav Health				
OLANZA/FLUOX CAP 12-25MG	OLANZAPINE-FLUOXETINE HCL CAP 12-25 MG	$0 Behav Health		X		
OLANZA/FLUOX CAP 12-50MG	OLANZAPINE-FLUOXETINE HCL CAP 12-50 MG	$0 Behav Health		X		
OLANZA/FLUOX CAP 3-25MG	OLANZAPINE-FLUOXETINE HCL CAP 3-25 MG	$0 Behav Health		X		
OLANZA/FLUOX CAP 6-25MG	OLANZAPINE-FLUOXETINE HCL CAP 6-25 MG	$0 Behav Health		X		
OLANZA/FLUOX CAP 6-50MG	OLANZAPINE-FLUOXETINE HCL CAP 6-50 MG	$0 Behav Health		X		
PAROXETIN ER TAB 12.5MG	PAROXETINE HCL TAB ER 24HR 12.5 MG	$0 Behav Health				
PAROXETIN ER TAB 37.5MG	PAROXETINE HCL TAB ER 24HR 37.5 MG	$0 Behav Health				
PAROXETINE SUS 10MG/5ML	PAROXETINE HCL ORAL SUSP 10 MG/5ML (BASE EQUIV)	$0 Behav Health				
PAROXETINE TAB 10MG	PAROXETINE HCL TAB 10 MG	$0 Behav Health				
PAROXETINE TAB 20MG	PAROXETINE HCL TAB 20 MG	$0 Behav Health				
PAROXETINE TAB 25MG ER	PAROXETINE HCL TAB ER 24HR 25 MG	$0 Behav Health				
PAROXETINE TAB 30MG	PAROXETINE HCL TAB 30 MG	$0 Behav Health				
PAROXETINE TAB 40MG	PAROXETINE HCL TAB 40 MG	$0 Behav Health				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
PAXIL SUS 10MG/5ML	PAROXETINE HCL ORAL SUSP 10 MG/5ML (BASE EQUIV)	$0 Behav Health				
SERTRALINE CON 20MG/ML	SERTRALINE HCL ORAL CONCENTRATE FOR SOLUTION 20 MG/ML	$0 Behav Health				
SERTRALINE TAB 100MG	SERTRALINE HCL TAB 100 MG	$0 Behav Health				
SERTRALINE TAB 25MG	SERTRALINE HCL TAB 25 MG	$0 Behav Health				
SERTRALINE TAB 50MG	SERTRALINE HCL TAB 50 MG	$0 Behav Health				
SYMBYAX CAP 3-25MG	OLANZAPINE-FLUOXETINE HCL CAP 3-25 MG	Tier 4		X		
SYMBYAX CAP 6-25MG	OLANZAPINE-FLUOXETINE HCL CAP 6-25 MG	Tier 4		X		
TRAZODONE TAB 100MG	TRAZODONE HCL TAB 100 MG	$0 Behav Health				
TRAZODONE TAB 150MG	TRAZODONE HCL TAB 150 MG	$0 Behav Health				
TRAZODONE TAB 300MG	TRAZODONE HCL TAB 300 MG	$0 Behav Health				
TRAZODONE TAB 50MG	TRAZODONE HCL TAB 50 MG	$0 Behav Health				
TRINTELLIX TAB 10MG	VORTIOXETINE HBR TAB 10 MG (BASE EQUIV)	$0 Behav Health		X	X	
TRINTELLIX TAB 20MG	VORTIOXETINE HBR TAB 20 MG (BASE EQUIV)	$0 Behav Health		X	X	
TRINTELLIX TAB 5MG	VORTIOXETINE HBR TAB 5 MG (BASE EQUIV)	$0 Behav Health		X	X	
VENLAFAXINE CAP 150MG ER	VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)	$0 Behav Health				
VENLAFAXINE CAP 37.5 ER	VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT)	$0 Behav Health				
VENLAFAXINE CAP 75MG ER	VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)	$0 Behav Health				
VENLAFAXINE TAB 100MG	VENLAFAXINE HCL TAB 100 MG (BASE EQUIVALENT)	$0 Behav Health				
VENLAFAXINE TAB 25MG	VENLAFAXINE HCL TAB 25 MG (BASE EQUIVALENT)	$0 Behav Health				
VENLAFAXINE TAB 37.5MG	VENLAFAXINE HCL TAB 37.5 MG (BASE EQUIVALENT)	$0 Behav Health				
VENLAFAXINE TAB 50MG	VENLAFAXINE HCL TAB 50 MG (BASE EQUIVALENT)	$0 Behav Health				
VENLAFAXINE TAB 75MG	VENLAFAXINE HCL TAB 75 MG (BASE EQUIVALENT)	$0 Behav Health				
VILAZODONE TAB 10MG	VILAZODONE HCL TAB 10 MG	$0 Behav Health				
VILAZODONE TAB 20MG	VILAZODONE HCL TAB 20 MG	$0 Behav Health				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
VILAZODONE TAB 40MG	VILAZODONE HCL TAB 40 MG	$0 Behav Health				
Sulfonamides - Antibiotics						
BACTRIM TAB 400-80MG	SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 400-80 MG	Tier 4‡				
BACTRIM DS TAB 800-160	SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG	Tier 4‡				
SMZ/TMP DS TAB 800-160	SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG	Tier 1‡				
SMZ-TMP SUS 200-40/5	SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP 200-40 MG/5ML	Tier 1‡				
SMZ-TMP TAB 400-80MG	SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 400-80 MG	Tier 1‡				
SULFADIAZINE TAB 500MG	SULFADIAZINE TAB 500 MG	Tier 1				
SULFASALAZIN TAB 500MG	SULFASALAZINE TAB 500 MG	Tier 1				
SULFASALAZIN TAB 500MG DR	SULFASALAZINE TAB DELAYED RELEASE 500 MG	Tier 1				
SULFATRIM PD SUS 200-40/5	SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP 200-40 MG/5ML	Tier 1‡				
Tetracyclines - Antibiotics						
AVIDOXY TAB 100MG	DOXYCYCLINE MONOHYDRATE TAB 100 MG	Tier 4‡				
AVIDOXY DK KIT	DOXYCYCLINE TAB 100 MG & SUNCREEN & SAL ACID WASH 2% KIT	Tier 3				
DEMECLOCYCL TAB 150MG	DEMECLOCYCLINE HCL TAB 150 MG	Tier 1				
DEMECLOCYCL TAB 300MG	DEMECLOCYCLINE HCL TAB 300 MG	Tier 1				
DOXYCYC MONO CAP 100MG	DOXYCYCLINE MONOHYDRATE CAP 100 MG	Tier 1‡				
DOXYCYC MONO CAP 50MG	DOXYCYCLINE MONOHYDRATE CAP 50 MG	Tier 1‡				
DOXYCYC MONO TAB 100MG	DOXYCYCLINE MONOHYDRATE TAB 100 MG	Tier 1‡				
DOXYCYC MONO TAB 150MG	DOXYCYCLINE MONOHYDRATE TAB 150 MG	Tier 1‡				
DOXYCYC MONO TAB 50MG	DOXYCYCLINE MONOHYDRATE TAB 50 MG	Tier 1‡				
DOXYCYC MONO TAB 75MG	DOXYCYCLINE MONOHYDRATE TAB 75 MG	Tier 1‡				
DOXYCYCL HYC CAP 100MG	DOXYCYCLINE HYCLATE CAP 100 MG	Tier 2‡				
DOXYCYCL HYC CAP 50MG	DOXYCYCLINE HYCLATE CAP 50 MG	Tier 2‡				
DOXYCYCL HYC TAB 100MG	DOXYCYCLINE HYCLATE TAB 100 MG	Tier 2‡				
DOXYCYCL HYC TAB 20MG	DOXYCYCLINE HYCLATE TAB 20 MG	Tier 1‡				
DOXYCYCLINE SUS 25MG/5ML	DOXYCYCLINE MONOHYDRATE FOR SUSP 25 MG/5ML	Tier 3‡				
MINOCYCLINE CAP 100MG	MINOCYCLINE HCL CAP 100 MG	Tier 1				
MINOCYCLINE CAP 50MG	MINOCYCLINE HCL CAP 50 MG	Tier 1				
MINOCYCLINE CAP 75MG	MINOCYCLINE HCL CAP 75 MG	Tier 1				
MINOCYCLINE TAB 105MG ER	MINOCYCLINE HCL TAB ER 24HR 105 MG	Tier 2				
MINOCYCLINE TAB 115MG ER	MINOCYCLINE HCL TAB ER 24HR 115 MG	Tier 2				
MINOCYCLINE TAB 135MG ER	MINOCYCLINE HCL TAB ER 24HR 135 MG	Tier 2				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
MINOCYCLINE TAB 45MG ER	MINOCYCLINE HCL TAB ER 24HR 45 MG	Tier 2				
MINOCYCLINE TAB 55MG ER	MINOCYCLINE HCL TAB ER 24HR 55 MG	Tier 2				
MINOCYCLINE TAB 65MG ER	MINOCYCLINE HCL TAB ER 24HR 65 MG	Tier 2				
MINOCYCLINE TAB 80MG ER	MINOCYCLINE HCL TAB ER 24HR 80 MG	Tier 2				
MINOCYCLINE TAB 90MG ER	MINOCYCLINE HCL TAB ER 24HR 90 MG	Tier 2				
NUZYRA TAB 150MG	OMADACYCLINE TOSYLATE TAB 150 MG (BASE EQUIVALENT)	Tier 4		X		
TETRACYCLINE CAP 250MG	TETRACYCLINE HCL CAP 250 MG	Tier 3				
TETRACYCLINE CAP 500MG	TETRACYCLINE HCL CAP 500 MG	Tier 3				
Treatment adjuncts - Supportive chemotherapy drugs						
MESNA TAB 400MG	MESNA TAB 400 MG	Tier 2				X
MESNEX TAB 400MG	MESNA TAB 400 MG	Tier 4				X
Treatment-resistant - Mood disorder drugs						
CLOZAPINE TAB 100MG	CLOZAPINE TAB 100 MG	$0 Behav Health				
CLOZAPINE TAB 200MG	CLOZAPINE TAB 200 MG	$0 Behav Health				
CLOZAPINE TAB 25MG	CLOZAPINE TAB 25 MG	$0 Behav Health				
CLOZAPINE TAB 50MG	CLOZAPINE TAB 50 MG	$0 Behav Health				
CLOZARIL TAB 100MG	CLOZAPINE TAB 100 MG	Tier 4				
CLOZARIL TAB 200MG	CLOZAPINE TAB 200 MG	Tier 4				
CLOZARIL TAB 25MG	CLOZAPINE TAB 25 MG	Tier 4				
CLOZARIL TAB 50MG	CLOZAPINE TAB 50 MG	Tier 4				
Tricyclics - Antidepressants						
AMITRIPTYLIN TAB 100MG	AMITRIPTYLINE HCL TAB 100 MG	$0 Behav Health				
AMITRIPTYLIN TAB 10MG	AMITRIPTYLINE HCL TAB 10 MG	$0 Behav Health				
AMITRIPTYLIN TAB 150MG	AMITRIPTYLINE HCL TAB 150 MG	$0 Behav Health				
AMITRIPTYLIN TAB 25MG	AMITRIPTYLINE HCL TAB 25 MG	$0 Behav Health				
AMITRIPTYLIN TAB 50MG	AMITRIPTYLINE HCL TAB 50 MG	$0 Behav Health				
AMITRIPTYLIN TAB 75MG	AMITRIPTYLINE HCL TAB 75 MG	$0 Behav Health				
AMOXAPINE TAB 100MG	AMOXAPINE TAB 100 MG	$0 Behav Health				
AMOXAPINE TAB 150MG	AMOXAPINE TAB 150 MG	$0 Behav Health				
AMOXAPINE TAB 25MG	AMOXAPINE TAB 25 MG	$0 Behav Health				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
AMOXAPINE TAB 50MG	AMOXAPINE TAB 50 MG	$0 Behav Health				
CDP/AMITRIP TAB 10-25MG	CHLORDIAZEPOXIDE-AMITRIPTYLINE TAB 10-25 MG	$0 Behav Health				
CDP/AMITRIP TAB 5-12.5MG	CHLORDIAZEPOXIDE-AMITRIPTYLINE TAB 5-12.5 MG	$0 Behav Health				
CLOMIPRAMINE CAP 25MG	CLOMIPRAMINE HCL CAP 25 MG	$0 Behav Health				
CLOMIPRAMINE CAP 50MG	CLOMIPRAMINE HCL CAP 50 MG	$0 Behav Health				
CLOMIPRAMINE CAP 75MG	CLOMIPRAMINE HCL CAP 75 MG	$0 Behav Health				
DESIPRAMINE TAB 100MG	DESIPRAMINE HCL TAB 100 MG	$0 Behav Health				
DESIPRAMINE TAB 10MG	DESIPRAMINE HCL TAB 10 MG	$0 Behav Health				
DESIPRAMINE TAB 150MG	DESIPRAMINE HCL TAB 150 MG	$0 Behav Health				
DESIPRAMINE TAB 25MG	DESIPRAMINE HCL TAB 25 MG	$0 Behav Health				
DESIPRAMINE TAB 50MG	DESIPRAMINE HCL TAB 50 MG	$0 Behav Health				
DESIPRAMINE TAB 75MG	DESIPRAMINE HCL TAB 75 MG	$0 Behav Health				
DOXEPIN HCL CAP 100MG	DOXEPIN HCL CAP 100 MG	$0 Behav Health				
DOXEPIN HCL CAP 10MG	DOXEPIN HCL CAP 10 MG	$0 Behav Health				
DOXEPIN HCL CAP 150MG	DOXEPIN HCL CAP 150 MG	$0 Behav Health				
DOXEPIN HCL CAP 25MG	DOXEPIN HCL CAP 25 MG	$0 Behav Health				
DOXEPIN HCL CAP 50MG	DOXEPIN HCL CAP 50 MG	$0 Behav Health				
DOXEPIN HCL CAP 75MG	DOXEPIN HCL CAP 75 MG	$0 Behav Health				
DOXEPIN HCL CON 10MG/ML	DOXEPIN HCL CONC 10 MG/ML	$0 Behav Health				
IMIPRAM HCL TAB 10MG	IMIPRAMINE HCL TAB 10 MG	$0 Behav Health				
IMIPRAM HCL TAB 25MG	IMIPRAMINE HCL TAB 25 MG	$0 Behav Health				
IMIPRAM HCL TAB 50MG	IMIPRAMINE HCL TAB 50 MG	$0 Behav Health				
IMIPRAM PAM CAP 100MG	IMIPRAMINE PAMOATE CAP 100 MG	$0 Behav Health				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
IMIPRAM PAM CAP 125MG	IMIPRAMINE PAMOATE CAP 125 MG	$0 Behav Health				
IMIPRAM PAM CAP 150MG	IMIPRAMINE PAMOATE CAP 150 MG	$0 Behav Health				
IMIPRAM PAM CAP 75MG	IMIPRAMINE PAMOATE CAP 75 MG	$0 Behav Health				
NORPRAMIN TAB 10MG	DESIPRAMINE HCL TAB 10 MG	Tier 4				
NORPRAMIN TAB 25MG	DESIPRAMINE HCL TAB 25 MG	Tier 4				
NORTRIPTYLIN CAP 10MG	NORTRIPTYLINE HCL CAP 10 MG	$0 Behav Health				
NORTRIPTYLIN CAP 25MG	NORTRIPTYLINE HCL CAP 25 MG	$0 Behav Health				
NORTRIPTYLIN CAP 50MG	NORTRIPTYLINE HCL CAP 50 MG	$0 Behav Health				
NORTRIPTYLIN CAP 75MG	NORTRIPTYLINE HCL CAP 75 MG	$0 Behav Health				
NORTRIPTYLIN SOL 10MG/5ML	NORTRIPTYLINE HCL SOLN 10 MG/5ML	$0 Behav Health				
PERPHEN/AMIT TAB 2-10MG	PERPHENAZINE-AMITRIPTYLINE TAB 2-10 MG	$0 Behav Health				
PERPHEN/AMIT TAB 2-25MG	PERPHENAZINE-AMITRIPTYLINE TAB 2-25 MG	$0 Behav Health				
PERPHEN/AMIT TAB 4-10MG	PERPHENAZINE-AMITRIPTYLINE TAB 4-10 MG	$0 Behav Health				
PERPHEN/AMIT TAB 4-25MG	PERPHENAZINE-AMITRIPTYLINE TAB 4-25 MG	$0 Behav Health				
PERPHEN/AMIT TAB 4-50MG	PERPHENAZINE-AMITRIPTYLINE TAB 4-50 MG	$0 Behav Health				
PROTRIPTYLIN TAB 10MG	PROTRIPTYLINE HCL TAB 10 MG	$0 Behav Health				
PROTRIPTYLIN TAB 5MG	PROTRIPTYLINE HCL TAB 5 MG	$0 Behav Health				
TRIMIPRAMINE CAP 100MG	TRIMIPRAMINE MALEATE CAP 100 MG	$0 Behav Health				
TRIMIPRAMINE CAP 25MG	TRIMIPRAMINE MALEATE CAP 25 MG	$0 Behav Health				
TRIMIPRAMINE CAP 50MG	TRIMIPRAMINE MALEATE CAP 50 MG	$0 Behav Health				
Vaccines						
ABRYSVO INJ	RSV PRE-FUSION F A&B VAC RECOMB FOR IM SOLN 120 MCG/0.5ML	HCR Prev Care				
ABRYSVO INJ 120MCG	RSV PRE-FUSION F A&B VAC RECOMB FOR IM SOLN 120 MCG/0.5ML	HCR Prev Care				
ACTHIB INJ	HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VACCINE FOR INJ	HCR Prev Care				
ADACEL INJ	TET TOX-DIPH-ACELL PERTUSS AD INJ 5-2-15.5 LF-LF-MCG/0.5ML	HCR Prev Care				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
ADACEL INJ	TET-DIPH-ACELL PERTUSS AD PREF SYR 5-2-15.5 LF-MCG/0.5ML	HCR Prev Care				
AREXVY INJ 120MCG	RSVPREF3 VACCINE RECOMB ADJUVANTED FOR IM SUSP 120 MCG/0.5ML	HCR Prev Care				
BEXSERO INJ	MENINGOCOCCAL VAC B (RECOMB OMV ADJUV) INJ PREFILLED SYRINGE	HCR Prev Care				
BOOSTRIX INJ	TET TOX-DIPH-ACELL PERTUSS AD INJ 5-2.5-18.5 LF-LF-MCG/0.5ML	HCR Prev Care				
BOOSTRIX INJ	TET-DIPH-ACELL PERTUSS AD PREF SYR 5-2.5-18.5 LF-MCG/0.5ML	HCR Prev Care				
CAPVAXIVE INJ 0.5ML	PNEUMOCOCCAL 21-VALENT CONJUGATE VACCINE SOLN PREF SYR 0.5ML	HCR Prev Care				
COMIRNATY INJ 30/.3ML	COVID-19 MRNA VAC TRIS-PFIZER IM SUSP PREF SYR 30 MCG/0.3ML	HCR Prev Care				
COMIRNATY INJ 30/0.3ML	COVID-19 MRNA VAC TRIS-PFIZER IM SUSP PREF SYR 30 MCG/0.3ML	HCR Prev Care				
COMIRNATY 5- INJ 11/25-26	COVID-19 MRNA VAC TRIS-S 5-11Y-PFIZER IM SUSP 10 MCG/0.3ML	HCR Prev Care				
COMIRNATY 5- INJ 11/26-27	COVID-19 MRNA VAC TRIS-S 5-11Y-PFIZER IM SUSP 10 MCG/0.3ML	HCR Prev Care				
DAPTACEL INJ	DIPH, ACELLULAR PERT & TET TOX INJ 15 LF-23 MCG-5 LF/0.5ML	HCR Prev Care				
DENGVAXIA SUS	DENGUE VIRUS VACCINE LIVE TETRAVALENT FOR SUBCUTANEOUS SUSP	HCR Prev Care				
ENGERIX-B INJ 10/0.5ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 10 MCG/0.5ML	HCR Prev Care				
ENGERIX-B INJ 20MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP 20 MCG/ML	HCR Prev Care				
ENGERIX-B INJ 20MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 20 MCG/ML	HCR Prev Care				
FLUAD INJ 2026-27	INFLUENZA VAC TYPE A&B SURFACE ANT ADJ SUSP PREF SYR 0.5 ML	HCR Prev Care				
FLUARIX INJ 2026-27	INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML	HCR Prev Care				
FLUCELVAX INJ 2026-27	INFLUENZA VIRUS VAC TISS-CULT SUBUNIT SUSP PREF SYR 0.5 ML	HCR Prev Care				
FLULAVAL INJ 2026-27	INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML	HCR Prev Care				
FLUMIST NASA LIQ 2026-27	INFLUENZA VIRUS VACCINE LIVE INTRANASAL LIQUID	HCR Prev Care				
FLUZONE INJ 2026-27	INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML	HCR Prev Care				
FLUZONE INJ 2026-27	INFLUENZA VIRUS VACCINE SPLIT IM SUSP	HCR Prev Care				
FLUZONE HD INJ 2026-27	INFLUENZA VIRUS VAC SPLIT HIGH-DOSE PF SUSP PREF SYR 0.5ML	HCR Prev Care				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
GARDASIL 9 INJ	HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC IM SUSP	HCR Prev Care				
GARDASIL 9 INJ	HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC SUSP PREF SYR	HCR Prev Care				
HAVRIX INJ 1440UNIT	HEPATITIS A VACCINE SUSP PREFILLED SYR 1440 EL UNIT/ML	HCR Prev Care				
HAVRIX INJ 720UNIT	HEPATITIS A VACCINE SUSP PREFILLED SYR 720 EL UNIT/0.5ML	HCR Prev Care				
HEPLISAV-B INJ 20/0.5ML	HEPATITIS B VACCINE RECOMB ADJUVANTED PREF SYR 20 MCG/0.5ML	HCR Prev Care				
HIBERIX SOL 10MCG	HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VAC FOR INJ 10 MCG	HCR Prev Care				
INFANRIX INJ	DIPH, ACELLULAR PERT & TET TOX INJ 25 LF-58 MCG-10 LF/0.5ML	HCR Prev Care				
IPOL INJ INACTIVE	POLIOVIRUS VACCINE, IPV INJ SUSP	HCR Prev Care				
MENQUADFI INJ	MENINGOCOCCAL (A, C, Y, AND W-135) TETANUS CONJUGATE VACCINE	HCR Prev Care				
MENVEO INJ	MENINGOCOCCAL (A, C, Y, AND W-135) OLIGO CONJ VAC FOR INJ	HCR Prev Care				
MENVEO SOL	MENINGOCOCCAL (A, C, Y, AND W-135) OLIGO CONJ VAC IM SOLN	HCR Prev Care				
M-M-R II INJ	MEASLES-MUMPS-RUBELLA VIRUS VACCINES FOR INJ SOLN	HCR Prev Care				
MNEXSPIKE INJ 2025-26	COVID-19 MRNA VACCINE-MODERNA IM SUSP PREF SYR 10 MCG/0.2ML	HCR Prev Care				
MNEXSPIKE INJ 2026-27	COVID-19 MRNA VACCINE-MODERNA IM SUSP PREF SYR 10 MCG/0.2ML	HCR Prev Care				
PEDIARIX INJ 0.5ML	DIPH-TET TOX-ACELL PERT-HEP B-POLIO IPV VAC SUSP PREF SYR	HCR Prev Care				
PEDVAXHIB INJ 7.5MCG	HAEMOPHILUS B POLYSACCHARIDE CONJ VAC IM SUSP 7.5 MCG/0.5 ML	HCR Prev Care				
PENBRAYA INJ	MENINGOCOCCAL ACYW (TET CONJ)-MENING B (RCMB) VACC FOR INJ	HCR Prev Care				
PENMENVY INJ	MENINGOCOCCAL ACWY (OLIGO CONJ)-MENING B (RCMB) VACC FOR INJ	HCR Prev Care				
PENTACEL INJ	DIPH-AC PER-TET TOX AD-POLIOV-HAEMOPH B POLY VAC FOR IM SUSP	HCR Prev Care				
PNEUMOVAX 23 INJ 25/0.5	PNEUMOCOCCAL VACCINE POLYVALENT SOLN PREF SYR 25 MCG/0.5ML	HCR Prev Care				
PREVNAR 20 INJ	PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE SUS PREF SYR 0.5 ML	HCR Prev Care				
PRIORIX INJ	MEASLES-MUMPS-RUBELLA VIRUS VACCINES FOR SUBCUTANEOUS SUSP	HCR Prev Care				
PROQUAD INJ	MEASLES-MUMPS-RUBELLA-VARICELLA VIRUS VACCINES FOR SUSP	HCR Prev Care				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
QUADRACEL INJ 0.5ML	DIPH-TETANUS TOX AD-ACELL PERT & POLIO VIRUS, IPV VAC INJ	HCR Prev Care				
RECOMBIVA HB INJ 10MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 10 MCG/ML	HCR Prev Care				
RECOMBIVA HB INJ 10MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP 10 MCG/ML	HCR Prev Care				
RECOMBIVA HB INJ 5MCG/0.5	HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 5 MCG/0.5ML	HCR Prev Care				
RECOMBIVA HB INJ 5MCG/0.5	HEPATITIS B VACCINE (RECOMBINANT) SUSP 5 MCG/0.5ML	HCR Prev Care				
RECOMBIVA-HB INJ 40MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP 40 MCG/ML	HCR Prev Care				
ROTARIX SUS	ROTAVIRUS VACCINE, LIVE ORAL SUSP	HCR Prev Care				
ROTATEQ SOL	ROTAVIRUS VACCINE, LIVE ORAL PENTAVALENT SOLN	HCR Prev Care				
SHINGRIX INJ 50/0.5ML	ZOSTER VAC RECOMBINANT ADJUVANTED FOR IM INJ 50 MCG/0.5ML	HCR Prev Care				
SPIKEVAX INJ 2025-26	COVID-19 MRNA VACCINE-MODERNA IM SUSP PREF SYR 50 MCG/0.5ML	HCR Prev Care				
SPIKEVAX INJ 2025-26	COVID-19 MRNA VAC 6MO-11YR-MODERNA IM SUSP PFS 25 MCG/0.25ML	HCR Prev Care				
SPIKEVAX INJ 2026-27	COVID-19 MRNA VACCINE-MODERNA IM SUSP PREF SYR 50 MCG/0.5ML	HCR Prev Care				
SPIKEVAX INJ 2026-27	COVID-19 MRNA VAC 6MO-11YR-MODERNA IM SUSP PFS 25 MCG/0.25ML	HCR Prev Care				
TDVAX INJ 2-2 LF	TETANUS-DIPHTHERIA TOXOIDS (TD) INJ 2-2 LF/0.5ML	HCR Prev Care				
TENIVAC INJ 5-2LF	TETANUS-DIPHTHERIA TOXOIDS (TD) INJ 5-2 LF/0.5ML	HCR Prev Care				
TRUMENBA INJ	MENINGOCOCCAL GROUP B VAC (RECOMB) IM SUSP PREFILLED SYR	HCR Prev Care				
TWINRIX INJ	HEP A-HEP B VACCINE SUSP PREF SYR 720-20 ELU-MCG/ML	HCR Prev Care				
VAQTA INJ 25/0.5ML	HEPATITIS A VACCINE SUSP PREFILLED SYR 25 UNIT/0.5ML	HCR Prev Care				
VAQTA INJ 25/0.5ML	HEPATITIS A VACCINE INJ SUSP 25 UNIT/0.5ML	HCR Prev Care				
VAQTA INJ 50UNT/ML	HEPATITIS A VACCINE SUSP PREFILLED SYR 50 UNIT/ML	HCR Prev Care				
VAQTA INJ 50UNT/ML	HEPATITIS A VACCINE INJ SUSP 50 UNIT/ML	HCR Prev Care				
VARIVAX INJ	VARICELLA VIRUS VAC LIVE FOR INJ 1350 PFU/0.5ML	HCR Prev Care				
VAXELIS INJ	DIPH-TET TOX-AC PERT AD-POLIO IPV-HIB-HEP B REC SUSP PRE SYR	HCR Prev Care				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
VAXELIS INJ	DIPH-TET TOX-AC PERT AD-POLIO IPV-HIB-HEPATITIS B RECMB SUSP	HCR Prev Care				
VAXNEUVANCE INJ	PNEUMOCOCCAL 15-VALENT CONJUGATE VACCINE SUS PREF SYR 0.5 ML	HCR Prev Care				
Vasodilators, direct-acting arterial - Chest pain drugs						
HYDRALAZINE TAB 100MG	HYDRALAZINE HCL TAB 100 MG	Tier 1				
HYDRALAZINE TAB 10MG	HYDRALAZINE HCL TAB 10 MG	Tier 1				
HYDRALAZINE TAB 25MG	HYDRALAZINE HCL TAB 25 MG	Tier 1				
HYDRALAZINE TAB 50MG	HYDRALAZINE HCL TAB 50 MG	Tier 1				
MINOXIDIL TAB 10MG	MINOXIDIL TAB 10 MG	Tier 1				
MINOXIDIL TAB 2.5MG	MINOXIDIL TAB 2.5 MG	Tier 1				
Vasodilators, direct-acting arterial/Venous - Chest pain drugs						
ISOSORB DIN TAB 10MG	ISOSORBIDE DINITRATE TAB 10 MG	Tier 1				
ISOSORB DIN TAB 20MG	ISOSORBIDE DINITRATE TAB 20 MG	Tier 1				
ISOSORB DIN TAB 30MG	ISOSORBIDE DINITRATE TAB 30 MG	Tier 1				
ISOSORB DIN TAB 5MG	ISOSORBIDE DINITRATE TAB 5 MG	Tier 1				
ISOSORB MONO TAB 10MG	ISOSORBIDE MONONITRATE TAB 10 MG	Tier 1				
ISOSORB MONO TAB 120MG ER	ISOSORBIDE MONONITRATE TAB ER 24HR 120 MG	Tier 1				
ISOSORB MONO TAB 20MG	ISOSORBIDE MONONITRATE TAB 20 MG	Tier 1				
ISOSORB MONO TAB 30MG ER	ISOSORBIDE MONONITRATE TAB ER 24HR 30 MG	Tier 1				
ISOSORB MONO TAB 60MG ER	ISOSORBIDE MONONITRATE TAB ER 24HR 60 MG	Tier 1				
NITRO-BID OIN 2%	NITROGLYCERIN OINT 2%	Tier 2				
NITRO-DUR DIS 0.1MG/HR	NITROGLYCERIN TD PATCH 24HR 0.1 MG/HR	Tier 3				
NITRO-DUR DIS 0.2MG/HR	NITROGLYCERIN TD PATCH 24HR 0.2 MG/HR	Tier 3				
NITRO-DUR DIS 0.3MG/HR	NITROGLYCERIN TD PATCH 24HR 0.3 MG/HR	Tier 3				
NITRO-DUR DIS 0.4MG/HR	NITROGLYCERIN TD PATCH 24HR 0.4 MG/HR	Tier 3				
NITRO-DUR DIS 0.6MG/HR	NITROGLYCERIN TD PATCH 24HR 0.6 MG/HR	Tier 3				
NITRO-DUR DIS 0.8MG/HR	NITROGLYCERIN TD PATCH 24HR 0.8 MG/HR	Tier 3				
NITROGLYCER DIS 0.1MG/HR	NITROGLYCERIN TD PATCH 24HR 0.1 MG/HR	Tier 1				
NITROGLYCER DIS 0.2MG/HR	NITROGLYCERIN TD PATCH 24HR 0.2 MG/HR	Tier 1				
NITROGLYCER DIS 0.4MG/HR	NITROGLYCERIN TD PATCH 24HR 0.4 MG/HR	Tier 1				
NITROGLYCER DIS 0.6MG/HR	NITROGLYCERIN TD PATCH 24HR 0.6 MG/HR	Tier 1				
NITROGLYCER OIN 2%	NITROGLYCERIN OINT 2%	Tier 2				
NITROGLYCERI OIN 0.4%	NITROGLYCERIN OINT 0.4%	Tier 4		X		
NITROGLYCERI SUB 0.6MG	NITROGLYCERIN SL TAB 0.6 MG	Tier 1				
NITROGLYCERN SUB 0.3MG	NITROGLYCERIN SL TAB 0.3 MG	Tier 1				
NITROGLYCERN SUB 0.4MG	NITROGLYCERIN SL TAB 0.4 MG	Tier 1				
NITROSTAT SUB 0.3MG	NITROGLYCERIN SL TAB 0.3 MG	Tier 4				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
NITROSTAT SUB 0.4MG	NITROGLYCERIN SL TAB 0.4 MG	Tier 4				
NITROSTAT SUB 0.6MG	NITROGLYCERIN SL TAB 0.6 MG	Tier 4				
NITRO-TIME CAP 2.5MG ER	NITROGLYCERIN CAP ER 2.5 MG	Tier 3				
NITRO-TIME CAP 6.5MG ER	NITROGLYCERIN CAP ER 6.5 MG	Tier 3				
NITRO-TIME CAP 9MG ER	NITROGLYCERIN CAP ER 9 MG	Tier 3				
Vitamins						
ATABEX OB TAB 29-1MG	PRENATAL VIT W/ FE BISGLYCINATE CHELATE-FA TAB 29-1 MG	Tier 3				
CITRANATAL CAP HARMONY	PRENAT W/O A W/FE FUM-FE CBN-DSS-FA-DHA CAP 27-1-260 MG	Tier 3				
CITRANATAL CAP MEDLEY	PRENAT W/O A W/FE FUM-FE CBN-FA-DHA CAP 27-1-200 MG	Tier 3				
CITRANATAL MIS 90 DHA	PRENAT W/O A W/FECBN-FEGL-DSS-FA TAB 90 &DHA CAP 300MG PAK	Tier 4				
CITRANATAL MIS B-CALM	PRENAT W/O A W/FECBN-FEGLU-FA TAB 20-1 MG & VIT B6 TAB PAK	Tier 3				
CITRANATAL PAK ASSURE	PRENAT W/O A W/FECBN-FEGL-DSS-FA TAB & DHA CAP 300 MG PACK	Tier 4				
C-NATE DHA CAP 28-1-200	PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG	Tier 3				
COMPLETE NAT PAK DHA	PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 200 PK	Tier 2				
COMPLETENATE CHW	PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG	Tier 3				
CO-NATAL FA TAB 29-1MG	PRENATAL VIT W/ FE FUMARATE-FA TAB 29-1 MG	Tier 2				
CONCEPT DHA CAP	PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 53.5-38-1 MG	Tier 4				
CONCEPT OB CAP	PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 130-92.4-1 MG	Tier 4				
CYANOCOBALAM INJ 1000MCG	CYANOCOBALAMIN INJ 1000 MCG/ML	Tier 1				
CYANOCOBALAM SPR 500MCG	CYANOCOBALAMIN NASAL SPRAY 500 MCG/0.1ML	Tier 3				
DODEX INJ	CYANOCOBALAMIN INJ 1000 MCG/ML	Tier 4				
DRISDOL CAP 50000UNT	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	Tier 4				
ELITE-OB TAB	PRENATAL VIT W/ IRON CARBONYL-FA TAB 50-1.25 MG	Tier 3				
ENBRACE HR CAP	PRENATAL VIT W/ FE GLY CYS-FA-OMEGA 3 FATTY ACIDS CAP	Tier 3				
ERGOCALCIFER CAP 1.25MG	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	Tier 1				
FA-8 CAP 800MCG	FOLIC ACID CAP 0.8 MG	HCR Prev Care				
FLOTREX CHW	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG	Tier 3				
FOLIC ACID TAB 1000MCG	FOLIC ACID TAB 1 MG	Tier 1				
FOLIC ACID TAB 1MG	FOLIC ACID TAB 1 MG	Tier 1				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
FOLIC ACID TAB 400MCG	FOLIC ACID TAB 400 MCG	HCR Prev Care				
FOLIC ACID TAB 800MCG	FOLIC ACID TAB 800 MCG	HCR Prev Care				
FOLIVANE-OB CAP	PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 85-1 MG	Tier 4				
FT FOLIC ACI TAB 400MCG	FOLIC ACID TAB 400 MCG	HCR Prev Care				
KOSHR PRENAT TAB 30-1MG	PRENATAL VIT W/ IRON CARBONYL-FA TAB 30-1 MG	Tier 1				
MATRIAPRO CHW	PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG	Tier 3				
M-NATAL PLUS TAB	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 3				
MULTI VIT/FL CHW 0.25MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG	Tier 1				
MULTIVIT/FL CHW 0.25MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG	Tier 1				
MULTIVIT/FL CHW 0.5MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.5 MG	Tier 1				
MULTIVIT/FL CHW 1MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG	Tier 1				
MULTI-VIT/FL DRO /FE 0.25	PEDIATRIC MULTIPLE VITAMINS W/ FL-FE DROPS 0.25-10 MG/ML	Tier 1				
NASCOBAL SPR 500MCG	CYANOCOBALAMIN NASAL SPRAY 500 MCG/0.1ML	Tier 4				
NEONATAL TAB COMPLETE	PRENATAL VIT W/ FE FUMARATE-FA TAB 29-1 MG	Tier 3				
NEONATAL TAB COMPLTE	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 3				
NEONATAL TAB PLUS	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 3				
NEONATAL 19 TAB	PRENATAL VITAMIN-FOLIC ACID TAB 1 MG	Tier 3				
NEONATAL PLS TAB 27-1MG	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 3				
NEONATAL/DHA MIS	PRENATAL MV W/FE FUM-FA TAB 29-1 MG & DHA CAP 200 MG PACK	Tier 3				
NESTABS TAB	PRENATAL VIT W/O VIT A W/ FE BISGLYCINATE-FA TAB 32-1 MG	Tier 3				
NESTABS DHA PAK	PRENAT W/O A W/ FE BISGLYC-FA TAB 32-1 MG & OMEGA CAP PACK	Tier 3				
NESTABS ONE CAP	PRENAT W/O A W/FECBN-BISG-METHYLF-DHA CAP 38-1-225 MG	Tier 3				
NIVA-PLUS TAB	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 3				
OB COMPLETE CAP ONE	PRENATAL W/O A W/FECBN-FE ASP GLYC-FA-FISH CAP 50-1-476 MG	Tier 3				
OB COMPLETE CAP PETITE	PRENAT W/O A W/FECBN-FEASPGLYC-FA-OMEGA CAP 35-5-1-200 MG	Tier 3				
OB COMPLETE TAB	PRENATAL VIT W/ IRON CARBONYL-FA TAB 50-1.25 MG	Tier 3				

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Medication name	Generic medication name	Tier	Prior authorization	Quantity limits	Step therapy	Specialty
OB COMPLETE TAB PREMIER	PRENATAL VIT W/ FE CBN-FE ASP GLYC-FA TAB 30-20-1 MG	Tier 3				
OB COMPLETE/ CAP DHA	PRENAT W/ IRON CBN-FE ASP GLYC-FA-OMEGA CAP 30-10-1-200 MG	Tier 3				
ONE VITE TAB 1MG PLUS	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 3				
ONENATAL RX TAB	PRENATAL MULTIVITAMINS & MINERALS W/ IRON & FA TAB 1 MG	Tier 3				
PHYTONADIONE TAB 5MG	PHYTONADIONE TAB 5 MG	Tier 3		X		
PNV 27-CA/FE TAB /FA	PRENATAL VIT W/ FE FUMARATE-FA TAB 60-1 MG	Tier 1				
PNV PRENATOL TAB	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 3				
PNV-DHA CAP	PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 27-0.6-0.4-300 MG	Tier 4				
PNV-DHA CAP DOCUSATE	PRENATAL W/O VIT A W/ FE FUM-DSS-FA-DHA CAP 27-1.25-300 MG	Tier 3				
PNV-OMEGA CAP	PRENAT W/O A W/ FE FUMARATE-METHYLFOLATE-FA-OMEGA 3 CAP	Tier 3				
PNV-SELECT TAB	PRENATAL VIT W/ FE FUM-METHYLFOLATE-FA TAB 27-0.6-0.4 MG	Tier 3				
POLY-VI-FLOR CHW W/IRON	PEDIATRIC MULTIPLE VITAMINS W/ FL-FE CHEW TAB 0.5-10 MG	Tier 3				
POLY-VI-FLOR SUS /IRON	PEDIATRIC MULTIPLE VITAMIN W/ FL-FE SUSP 0.25-7 MG/ML	Tier 3				
PREMESISRX TAB	PRENATAL W/ CALCIUM-VIT B6-VIT B12-FA-GINGER TAB 1 MG	Tier 3				
PRENA1 PEARL CAP	PRENAT W/OA W/FEFUM-NA FERED-FA-DHA CAP ER 30-1.4-200 MG	Tier 3				
PRENACORE CHW	PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG	Tier 3				
PRENAISSANCE CAP	PRENATAL W/O VIT A W/ FE FUM-DSS-FA-DHA CAP 29-1.25-325 MG	Tier 2				
PRENAISSANCE CAP PLUS	PRENATAL W/O A W/FE CBN-DSS-FA-DHA CAP 28-1-250 MG	Tier 2				
PRENATAL TAB 27-1MG	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 1				
PRENATAL TAB PLUS	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 1				
PRENATAL 19 CHW 29-1MG	PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG	Tier 1				
PRENATAL 19 CHW TAB	PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG	Tier 1				
PRENATAL 19 TAB 29-1MG	PRENATAL VIT W/ DSS-FE FUMARATE-FA TAB 29-1 MG	Tier 1				
PRENATAL-U CAP 106.5-1	PRENATAL W/O A VIT W/ FE FUMARATE-FA CAP 106.5-1 MG	Tier 2				
PRENATE CAP ENHANCE	PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 28-0.6-0.4-400 MG	Tier 3				
PRENATE AM TAB 1MG	PRENATAL W/ CALCIUM-VIT B6-VIT B12-FA-GINGER TAB 1 MG	Tier 3				

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PRENATVITE TAB COMPLETE	PRENATAL MULTIVITAMINS & MINERALS W/ IRON & FA TAB 1 MG	Tier 3				
PRENATVITE TAB PLUS	PRENATAL MULTIVITAMINS & MINERALS W/ IRON & FA TAB 1 MG	Tier 3				
PRENATVITE TAB RX	PRENATAL MULTIVITAMINS & MINERALS W/ IRON & FA TAB 0.8 MG	Tier 3				
PRIMACARE CAP	PRENAT W/O A W/FEASP-METHLF-FA-OMEG CAP 30-0.75-0.25-470MG	Tier 3				
PROVIDA OB CAP	PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 20-20-1.25 MG	Tier 3				
QUFLORA PED CHW 0.25MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG	Tier 3				
QUFLORA PED CHW 0.5MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.5 MG	Tier 3				
QUFLORA PED CHW 1MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG	Tier 3				
RELNATE DHA CAP	PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG	Tier 3				
SELECT-OB CHW	PRENATAL VIT W/ FE POLYSAC CMPLX-FA CHEW TAB 29-1 MG	Tier 4				
SELECT-OB CHW	PRENAT W/ FEPOLYCMPLX-METHYLFOL-FA CHEW TAB 29-0.6-0.4 MG	Tier 3				
SELECT-OB+ PAK DHA	PRENATAL MV W/FE POLY-FA CHW 29-1 MG & DHA CAP 250 MG PAK	Tier 3				
SE-NATAL 19 CHW	PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG	Tier 3				
SE-NATAL 19 TAB	PRENATAL VIT W/ DSS-FE FUMARATE-FA TAB 29-1 MG	Tier 3				
TARON-C DHA CAP	PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 35-1 MG	Tier 4				
THRIVITE RX TAB 29-1MG	PRENATAL VIT W/ IRON CARBONYL-FA TAB 29-1 MG	Tier 3				
TRICARE TAB PRENATAL	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 3				
TRINATAL RX TAB 1	PRENATAL VIT W/ FE FUMARATE-FA TAB 60-1 MG	Tier 3				
TRINATE TAB	PRENATAL VIT W/ FE FUMARATE-FA TAB 28-1 MG	Tier 3				
TRISTART DHA CAP	PRENAT W/O A W/FECBN-METHYLF-FA-DHA CAP 31-0.6-0.4-200 MG	Tier 3				
TRI-VI-FLORO SUS 0.25/ML	PED VIT ACD & L-METHYLFOLATE W/ FLUORIDE SUSP 0.25 MG/ML	Tier 3				
TRI-VI-FLORO SUS 0.5MG/ML	PED VIT ACD & L-METHYLFOLATE W/ FLUORIDE SUSP 0.5 MG/ML	Tier 3				
VITAFOL CAP ULTRA	PRENAT W/FE POLY-METHYLFOL-FA-DHA CAP 29-0.6-0.4-200 MG	Tier 3				
VITAFOL CHW GUMMIES	PRENAT VIT W/ FE PHOS-FA-OMEGA CHEW TAB 3.33-0.333-34.8 MG	Tier 3				
VITAFOL FE+ CAP	PRENAT W/FE POLY-METHYLFOL-FA-DHA CAP 90-0.6-0.4-200 MG	Tier 3				

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VITAFOL STRP MIS 1MG	PRENATAL W/ B6-B12-CHOLECALCIFEROL-FOLIC ACID FILM 1 MG	Tier 3				
VITAFOL-NANO TAB	PRENATAL W/O A W/ FEFUM-L METHYLFOL-FA TAB 18-0.6-0.4 MG	Tier 3				
VITAFOL-OB PAK +DHA	PRENATAL MV W/FE FUM-FA TAB 65-1 MG & DHA CAP 250 MG PACK	Tier 3				
VITAFOL-OB TAB 65-1MG	PRENATAL VIT W/ FE FUMARATE-FA TAB 65-1 MG	Tier 3				
VITAFOL-ONE CAP	PRENATAL MV W/ FE POLYSAC CMPLX-FA-DHA CAP 29-1-200 MG	Tier 3				
VITAMED MD CAP ONE RX	PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 30-0.6-0.4-200 MG	Tier 3				
VITAMIN D CAP 1.25MG	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	Tier 1				
VITAMIN D CAP 50000	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	Tier 1				
VITAMIN D CAP 50000UNT	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	Tier 1				
VITAPEARL CAP	PRENAT W/OA W/FEFUM-NA FERED-FA-DHA CAP ER 30-1.4-200 MG	Tier 3				
VITATHELY TAB	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 3				
WESCAP-C DHA CAP	PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 53.5-38-1 MG	Tier 4				
WESCAP-PN CAP DHA	PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 27-0.6-0.4-300 MG	Tier 4				
WESNATAL DHA PAK COMPLETE	PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 200 PK	Tier 2				
WESNATE DHA CAP	PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG	Tier 3				
WESTGEL DHA CAP	PRENAT W/O A W/FECBN-METHYLF-FA-DHA CAP 31-0.6-0.4-200 MG	Tier 3				
WHEAT GERM OIL	WHEAT GERM - OIL	Tier 1				
Vitamins - Vitamin, mineral and body fluid deficiency drugs						
CYANOCOBAL POW	CYANOCOBALAMIN (BULK) POWDER	Tier 3				
CYANOCOBALAM CRY	CYANOCOBALAMIN (BULK) CRYSTALS	Tier 3				
CYANOCOBALAM SOL 2000MCG	CYANOCOBALAMIN INJ 2000 MCG/ML	Tier 3				

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. (TTY 711).

ማሳሰቢያ፦ አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملاحظه: إذا كنت تتحدث **اللغه العربيه (Arabic)**، تسوفر لك خدمات المساعدة اللغويه المجانيه

والمراسلات المجانيه بتنسيقات اخرى، مثل الطباعه باحرف كبيرة. اتصل بالرقم المجانى المدون على

بطاقه تعريف العضو حاصلك.

দেখুন: আপনি যদি বাংলায় (Bengali-Bangala) কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

ចំណាំ៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Cambodian-Mon-Khmer)
សេវាជំនួយភាសាឥតគិតថ្លៃ និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត
ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរស័ព្ទមកលេខឥតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

請注意：如果您說中文 (Chinese - Traditional)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION : Si vous parlez français (French), des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale Kreyòl Ayisyen (Haitian Creole), gen sèvis lang gratis ak kominikasyon nan lòt fòma lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά (Greek), υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

ધ્યાન આપો: જો તમે **ગુજરાતી (Gujarati)** બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કૉલ કરો.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイアルにお電話ください。

알림 사항: **한국어(Korean)**를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າ**ພາສາລາວ (Lao)**, ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆຟຣີ, ເຊັ່ນ: ກ ານພິມຕົວອັກສອນຂະໜາດໃຫຍ່.
ໂທຫາເບີໂທຟຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

ध्यान दिनु होस्: यदि तपाईंले **नेपाली (Nepali)** बोल्नुहुन्छ भने, नि:शुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा नि:शुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लागि उपलब्ध छन्। आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

توجه: اگر به زبان **فارسی (Persian-Farsi)** صحبت می‌کنید، خدمات زبانی کمک زبانی و ارتباطات زبانی در قالب‌های دیگر، مانند خط بزرگ، در دسترس شما هستند. با شماره زبانی مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

UWAGA: Dla osób mówiących po polsku (Polish) dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala português (Portuguese), tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ਧਿਆਨ ਦਿਓ ਜੇ ਤੁਸ ਪੰਜਾਬੀ (Punjabi) ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫ਼ਤ ਸੰਚਾਰ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਮੈਂਬਰ ਪਛਾਣ ਕਾਰਡ 'ਤੇ ਟੋਲ-ਫ੍ਰੀ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

ВНИМАНИЕ! Если вы говорите на русском языке (Russian), вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. (TTY 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้
คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่นๆ ฟรี เช่น การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

ЗВЕРНІТЬ УВАГУ! Якщо ви розмовляєте українською (Ukrainian), ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як от набрані великим шрифтом. Телефонуйте на безкоштовний номер телефону, зазначений на вашій ідентифікаційній картці учасника.

توجہ دیں: اگر اب **اردو (Urdu)** رواں بولتے ہیں تو رواں کی معاون خدمات اور دیگر فارمیسی میں مواصلات، جیسے نرخ نامے، اب کے لیے مفت دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال کریں۔

LƯU Ý: Nếu quý vị nói Tiếng Việt (Vietnamese), quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

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WF22414158-C 2027 Prescription Drug List – New Mexico Large Group Essential 4-Tier

United Healthcare