State of Oklahoma

DRUG FORMULARY

January 1 - December 31, 2026

This document contains a list of covered drugs for the GlobalHealth State of Oklahoma Employees and Educators plan. The Drug Formulary was updated on 12/1/25. For more recent information or other questions, please contact GlobalHealth Customer Care.

1-877-280-5600
9:00 AM - 5:00 PM, Monday-Friday
www.GlobalHealth.com

GlobalHealth

GlobalHealth, Inc.
210 Park Avenue, Suite 2900
Oklahoma City, OK 73102-5621

MDF26

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IMPORTANT INFORMATION

This formulary applies to Members who enrolled in GlobalHealth through an employer group in the State of Oklahoma, including State, Education, and Local Government employees who enrolled through the State of Oklahoma benefits enrollment process.

Member Materials

Your comprehensive Member handbook has four booklets. Each one has a different purpose.

These documents are important legal documents. Keep them in a safe place.

Booklet	Purpose

***Member Handbook for State, Education, and Local Government Employees* ("*Member Handbook*")**	• Tells you about your benefits.
	  ○ What benefits are covered and how much you will pay.
	  ○ How they are covered (including limitations and exclusions).
	  ○ How to use them.

***Physicians and Health Providers Directory* ("*Provider Directory*")**	• Lists our Network of doctors, and Facilities. • Tells you if a Facility is preferred or not.
Pharmacy Directory	• Lists our Network of pharmacies
***Formulary Drug List for State, Education, and Local Government Employees* ("*Drug Formulary*" or "Formulary")**	• Lists drugs we cover. • Tells you what Tier a drug is in. • Tells you if there are any rules to getting a drug.

Member materials are available on our website. Contact Customer Care for printed copies at no charge. But be aware that the most current *Drug Formulary* and *Provider Directory* lists are on the website.

This is an important legal document. Please keep it in a safe place.

When this document says "we", "us", or "our", it means GlobalHealth, Inc. Words or phrases that start with a capital letter are defined in the *Member Handbook* glossary.

For specific questions about your coverage, please call the phone number printed on your Member ID card.

Preferred Drugs
Preferred drugs are listed in this *Drug Formulary*. Drugs on the list are selected based on quality (effectiveness and safety) as well as cost-effectiveness. Doctors and pharmacists have worked together to develop the Formulary, which includes generics and brand name drugs that are approved by the U. S. Food and Drug Administration (FDA).

For the Member: Generic drugs contain the same active ingredients in the same amounts as brand name products. However, they may be a different color, shape, or size.

For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate. Thank you.

THIS DOCUMENT LIST IS EFFECTIVE AS OF THE DATE ON THE COVER. THIS LIST IS SUBJECT TO CHANGE. *You may find the most current list, including any Utilization Management requirements, on our website. Contact Customer Care for printed copies.*

EXCEPTION REQUESTS

Call 1-877-280-5600 to ask for an exception.

Others that may help with this process include.

- Your doctor or pharmacist.
- The parent of a child under 18 years of age.
- Your power of attorney with medical decision authority. We must have a copy of the signed power of attorney form on file.
- Your authorized representative. You will need to complete the *Appointment of Authorized Representative* form (which can be found on our website) if you want us to share your PHI with anyone else, for example:
  - Your parent, if you are age 18 or over.
  - Your spouse.
  - Your caregiver, friend, neighbor, or other.

Exception Type	Process
Standard Exception	You can ask us to waive coverage rules and limits. You may ask us by mail, e-mail, or telephone. Generally, we will only approve a request if: • The alternative drug is included on the Formulary; • The drug without utilization rules would not work as well for you; and • It would cause you to have harmful side effects. We will not approve a request to lower your Cost-share for a drug. If you ask us to cover a drug that is not on our Formulary, your doctor must send: • The reason you need the non-formulary drug; and • A statement that all Formulary drugs on any Tier: ○ Will not or have not worked;

Exception Type	Process
	○ Would not work as well; or ○ Would have harmful side effects. You should contact us to find out how to ask for an exception. Your doctor will need to send us information. We make a decision within 72 hours if we have the required information. • If we agree, we also cover appropriate refills of the prescription. • If we deny your request, you may ask for an External Review. They will send you their decision within 72 hours after getting your request for review. We will cover your drug during the time we are reviewing. We will also cover your drug during an External Review.
Expedited Exception	You may ask for a fast exceptions process when: • You are suffering from a health condition that may risk your life, health, or ability to regain maximum function; or • You are already using a non-formulary drug. We will tell you our decision within 24 hours after you ask us for a review if we have enough information. • If we agree, we also cover appropriate refills of the prescription. • If we deny your request, you may ask for an External Review. They will send you their decision within 24 hours after getting your request for review. We will cover your drug during the time we are reviewing. We will also cover the drug during an External Review.

HELPFUL NUMBERS

Plan Issuer:
GlobalHealth, Inc.
PO Box 2393
Oklahoma City, OK 73101-2393
www.GlobalHealth.com

GlobalHealth Customer Care and Language Assistance:
1-877-280-5600 (toll-free)
711 (TTY)
Mon – Fri, 9 a.m. – 5 p.m.

Appeals and Grievances:
GlobalHealth, Appeals and Grievances
PO Box 2393
Oklahoma City, OK 73101-2393

Hearing Aid Benefits:
NationsHearing
1-877-241-4736 (toll-free)
711 (TTY)

24/7 Nurse Help Line:
CareNet
1-800-554-9371 (toll-free)
711 (TTY)

24/7 GlobalHealth Compliance Recorded Hotline:
1-877-627-0004 (toll-free)
compliance@globalhealth.com
privacy@globalhealth.com

Behavioral Health/Telehealth:
Carelon Behavioral Health
1-888-434-9204 (Monday – Friday, 7 am – 5 pm Central)
711 (TTY)

Behavioral Health Appeals and Grievances:
Carelon Behavioral Health
PO Box 1851
Hicksville, NY 11802-1851

Mail Claims to:
Carelon Behavioral Health
Claims Processing Center
PO Box 1850
Hicksville, NY 11802-1850

Pharmacy Benefits Manager:
MedImpact
Customer Service
1-800-424-1789 (toll-free)
711 (TTY)

Prior Authorizations:
1-800-361-4542 (toll-free)

Mail Claims to:
MedImpact – DMR
7835 Freedom Avenue NW
North Canton, OH 44720

Prescription Drug Grievances:
1-877-280-5600 (toll-free)
GlobalHealth Pharmacy Exceptions Department
PO Box 2393
Oklahoma City, OK 73101-2393

Drug Appeals:
MedImpact
Attn: Clinical Services
7835 Freedom Avenue NW
North Canton, OH 44720

Mail Order Pharmacy:
MedImpact Birdi Patient Care
1-866-909-5170 (toll-free)

Have your Member ID card with you when you call.
Register on the at www.GlobalHealth.com to access personalized Health Insurance information.
TTY numbers require special telephone equipment and is only for people who have difficulties with hearing or speaking.

PREVENTIVE CARE INDEX

These drugs are available with no Cost-share to you. Drugs listed are based on the recommendations of the U.S. Preventive Services Task Force (USPSTF) in conjunction with the recommendations of Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). Recommendations, ages, and populations may vary.

This list is subject to change as ACA guidelines are updated or modified.

Immunizations
Covered immunizations include those that are routine vaccines recommended by the CDC and that meet the FDA approved indications for age and/or gender limitations. Coverage also includes non-routine immunizations as designated by the CDC.

THERAPEUTIC CLASS INDEX

Tier 4* drugs in the table below are non-preferred specialty medications. You will pay the higher Cost-share for drugs shown below in Tier 4*.

Key
ACA: Affordable Care Act. Those drugs and products available at no Cost-share to the Member because they are part of Preventive Care.

DME: Durable Medical Supplies. Diabetic supplies that may be purchased at a pharmacy. You pay the Durable Medical Equipment Cost-share shown in your *Member Handbook*.

DS: Diabetic Supplies. Diabetic supplies that may be purchased at a pharmacy. You pay the diabetic supplies Cost-share shown in your *Member Handbook*.

OC: Oral Chemotherapy. You will not pay more than $100 per prescription fill, regardless of the cost of the Tier.

OTC: Over-the-Counter. You can get these drugs at no cost (if ACA is also indicated) or at your Plan's lowest Cost-share amount (if LCG is also indicated). Otherwise, you will pay the preferred generic Cost-share amount. Your doctor must prescribe them. Present your prescription and Member ID card to the pharmacist.

PA: Prior Authorization. GlobalHealth requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, GlobalHealth limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, GlobalHealth requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

List of Abbreviations

Tier 1: Generic Drug
Tier 2: Preferred Brand
Tier 3: Non-Preferred Drug
Tier 4 (SP Non-Preferred): Specialty Non-Preferred
Tier 4 (SP Preferred): Specialty Preferred

lowercase italics: Generic drugs
UPPERCASE BOLD: Brand name drugs

Drug Name	Drug Tier	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants		
Adhd Agent - Selective Alpha Adrenergic Agonists**		
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	Tier 1	
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML	Tier 3	ST; TRIAL OF CLONIDINE 0.1 MG ER IN THE PAST 120 DAYS; QL (120 ML per 30 days)
Adhd Agent - Selective Norepinephrine Reuptake Inhibitor**		
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Tier 1	
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	Tier 3	ST; TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHLYPHENIDATE OR DEXTROAMPHETAMINE/AMPHETAMINE IN THE PAST 120 DAYS; QL (30 EA per 30 days)
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	Tier 3	ST; TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHLYPHENIDATE OR DEXTROAMPHETAMINE/AMPHETAMINE IN THE PAST 120 DAYS; QL (60 EA per 30 days)
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	Tier 3	ST; TRIAL OF ATOMOXETINE, CLONIDINE ER, GUANFACINE ER, METHYLPHENIDATE, DEXMETHLYPHENIDATE OR DEXTROAMPHETAMINE/AMPHETAMINE; QL (90 EA per 30 days)
Amphetamine Mixtures**		
amphetamine-dextroamphet er capsule extended release 24 hour 10 mg oral	Tier 1	QL (30 EA per 30 days)
amphetamine-dextroamphet er capsule extended release 24 hour 15 mg oral	Tier 1	QL (30 EA per 30 days)
amphetamine-dextroamphet er capsule extended release 24 hour 20 mg oral	Tier 1	QL (60 EA per 30 days)
amphetamine-dextroamphet er capsule extended release 24 hour 25 mg oral	Tier 1	QL (60 EA per 30 days)
amphetamine-dextroamphet er capsule extended release 24 hour 30 mg oral	Tier 1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Notes
amphetamine-dextroamphet er capsule extended release 24 hour 5 mg oral	Tier 1	QL (30 EA per 30 days)
amphetamine-dextroamphetamine tablet 10 mg oral	Tier 1	QL (60 EA per 30 days)
amphetamine-dextroamphetamine tablet 12.5 mg oral	Tier 1	QL (60 EA per 30 days)
amphetamine-dextroamphetamine tablet 15 mg oral	Tier 1	QL (60 EA per 30 days)
amphetamine-dextroamphetamine tablet 20 mg oral	Tier 1	QL (60 EA per 30 days)
amphetamine-dextroamphetamine tablet 30 mg oral	Tier 1	QL (60 EA per 30 days)
amphetamine-dextroamphetamine tablet 5 mg oral	Tier 1	QL (30 EA per 30 days)
amphetamine-dextroamphetamine tablet 7.5 mg oral	Tier 1	QL (60 EA per 30 days)
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 1	QL (30 EA per 30 days)
Amphetamines**		
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 10 mg oral	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 15 mg oral	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 5 mg oral	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	Tier 1	QL (1800 ML per 30 days)
dextroamphetamine sulfate tablet 10 mg oral	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate tablet 15 mg oral	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate tablet 2.5 mg oral	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate tablet 20 mg oral	Tier 1	QL (90 EA per 30 days)
dextroamphetamine sulfate tablet 30 mg oral	Tier 1	QL (30 EA per 30 days)
dextroamphetamine sulfate tablet 5 mg oral	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate tablet 7.5 mg oral	Tier 1	QL (120 EA per 30 days)
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	Tier 1	QL (30 EA per 30 days)
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (30 EA per 30 days)
methamphetamine hcl oral tablet 5 mg	Tier 1	QL (150 EA per 30 days)
PROCENTRA ORAL SOLUTION 5 MG/5ML	Tier 1	QL (1800 ML per 30 days)
ZENZEDI TABLET 10 MG ORAL	Tier 3	QL (120 EA per 30 days)
ZENZEDI TABLET 15 MG ORAL	Tier 3	ST; TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (120 EA per 30 days)
ZENZEDI TABLET 2.5 MG ORAL	Tier 3	ST; TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (120 EA per 30 days)

Drug Name	Drug Tier	Notes
ZENZEDI TABLET 20 MG ORAL	Tier 3	ST; TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (90 EA per 30 days)
ZENZEDI TABLET 30 MG ORAL	Tier 3	ST; TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (30 EA per 30 days)
ZENZEDI TABLET 5 MG ORAL	Tier 3	QL (120 EA per 30 days)
ZENZEDI TABLET 7.5 MG ORAL	Tier 3	ST; TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (120 EA per 30 days)
Analeptics**		
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	Tier 1	
Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)**		
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 2	PA; QL (30 EA per 30 days)
Histamine H3-Receptor Antagonist/Inverse Agonists**		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 EA per 30 days)
Stimulant Combinations**		
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG	Tier 2	ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (30 EA per 30 days)
Stimulants - Misc.**		
armodafinil tablet 150 mg oral	Tier 1	QL (30 EA per 30 days)
armodafinil tablet 200 mg oral	Tier 1	QL (30 EA per 30 days)
armodafinil tablet 250 mg oral	Tier 1	QL (30 EA per 30 days)
armodafinil tablet 50 mg oral	Tier 1	QL (90 EA per 30 days)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Tier 1	QL (30 EA per 30 days)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Notes
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 2	ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (30 EA per 30 days)
methylphenidate hcl er (cd) capsule extended release 10 mg oral	Tier 1	QL (30 EA per 30 days)
methylphenidate hcl er (cd) capsule extended release 20 mg oral	Tier 1	QL (30 EA per 30 days)
methylphenidate hcl er (cd) capsule extended release 30 mg oral	Tier 1	QL (60 EA per 30 days)
methylphenidate hcl er (cd) capsule extended release 40 mg oral	Tier 1	QL (30 EA per 30 days)
methylphenidate hcl er (cd) capsule extended release 50 mg oral	Tier 1	QL (30 EA per 30 days)
methylphenidate hcl er (cd) capsule extended release 60 mg oral	Tier 1	QL (30 EA per 30 days)
methylphenidate hcl er (la) capsule extended release 24 hour 20 mg oral	Tier 1	QL (30 EA per 30 days)
methylphenidate hcl er (la) capsule extended release 24 hour 30 mg oral	Tier 1	QL (60 EA per 30 days)
methylphenidate hcl er (la) capsule extended release 24 hour 40 mg oral	Tier 1	QL (30 EA per 30 days)
methylphenidate hcl er (la) capsule extended release 24 hour 60 mg oral	Tier 1	QL (30 EA per 30 days)
methylphenidate hcl er (osm) tablet extended release 18 mg oral	Tier 1	QL (60 EA per 30 days)
methylphenidate hcl er (osm) tablet extended release 27 mg oral	Tier 1	QL (60 EA per 30 days)
methylphenidate hcl er (osm) tablet extended release 36 mg oral	Tier 1	QL (60 EA per 30 days)
methylphenidate hcl er (osm) tablet extended release 54 mg oral	Tier 1	QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	Tier 1	QL (60 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 54 mg	Tier 1	QL (60 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl tablet chewable 10 mg oral	Tier 1	QL (180 EA per 30 days)
methylphenidate hcl tablet chewable 2.5 mg oral	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl tablet chewable 5 mg oral	Tier 1	QL (90 EA per 30 days)

Drug Name	Drug Tier	Notes
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr	Tier 1	ST; TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHYLPHENIDATE SUSPENSION/SOLUTION IN THE PAST 120 DAYS; QL (30 EA per 30 days)
modafinil tablet 100 mg oral	Tier 1	QL (60 EA per 30 days)
modafinil tablet 200 mg oral	Tier 1	QL (30 EA per 30 days)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG	Tier 3	ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (30 EA per 30 days)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (180 ML per 30 days)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (240 ML per 30 days)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (300 ML per 30 days)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	ST; TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (60 ML per 30 days)
Allergenic Extracts/Biologicals Misc		
Allergenic Extracts**		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	Tier 2	PA
PALFORZIA (1 MG DAILY DOSE) ORAL 1 X 1 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty

PA - Prior Authorization **ST** - Step Therapy **QL** - Quantity Limit **ACA** - Affordable Care Act
OC - Oral Chemotherapy

Drug Name	Drug Tier	Notes
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA (20 MG DAILY DOSE) ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
PALFORZIA (300 MG TITRATION) ORAL PACKET	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA INITIAL DOSE 1-3YRS ORAL 0.5 & 1 & 1.5 & 3 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA INITIAL DOSE 4-17YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U	Tier 2	PA
Mixed Allergenic Extracts**		
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM	Tier 2	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR	Tier 2	PA
Amebicides		
Amebicides**		
SOLOSEC ORAL PACKET 2 GM	Tier 2	ST; TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE,ORAL CLINDAMYCIN, VAGINAL METRONIDAZOLE GEL, VAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
Aminoglycosides		
Aminoglycosides**		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	Tier 4 (SP Non-Preferred)	PA; Specialty
HUMATIN ORAL CAPSULE 250 MG	Tier 2	
neomycin sulfate oral tablet 500 mg	Tier 1	
TOBI PODHALER INHALATION CAPSULE 28 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (224 EA per 56 days)
tobramycin nebulization solution 300 mg/4ml inhalation	Tier 1	PA; Specialty; QL (224 ML per 56 days)

PA - Prior Authorization **ST** - Step Therapy **QL** - Quantity Limit **ACA** - Affordable Care Act
OC - Oral Chemotherapy

Drug Name	Drug Tier	Notes
tobramycin nebulization solution 300 mg/5ml inhalation	Tier 1	PA; Specialty; QL (280 ML per 56 days)
Analgesics - Anti-Inflammatory		
Antirheumatic - Janus Kinase (Jak) Inhibitors**		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	Tier 4 (SP Preferred)	PA; Specialty
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 4 (SP Preferred)	PA; Specialty; QL (300 ML per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
Antirheumatic Antimetabolites**		
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	Tier 2	
Anti-Tnf-Alpha - Monoclonal Antibodies**		
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml, 80 mg/0.8ml	Tier 4 (SP Preferred)	PA; Specialty
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml	Tier 4 (SP Preferred)	PA; Specialty
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	Tier 4 (SP Preferred)	PA; Specialty; PA requires trial of preferred ADALIMUMAB biosimilar for new patients
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Tier 4 (SP Preferred)	PA; Specialty; PA requires trial of preferred ADALIMUMAB biosimilar for new patients
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 4 (SP Preferred)	PA; Specialty; PA requires trial of preferred ADALIMUMAB biosimilar for new patients
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	Tier 4 (SP Preferred)	PA; Specialty; PA requires trial of preferred ADALIMUMAB biosimilar for new patients
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	Tier 4 (SP Preferred)	PA; Specialty
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 4 (SP Preferred)	PA; Specialty
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML	Tier 4 (SP Preferred)	PA; Specialty
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	Tier 4 (SP Non-Preferred)	PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty

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Drug Name	Drug Tier	Notes
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Cyclooxygenase 2 (Cox-2) Inhibitors**		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	Tier 1	
VYSCOXA ORAL SUSPENSION 10 MG/ML	Tier 3	ST; TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER IN THE PAST 120 DAYS; QL (1200 ML per 30 days)
Gold Compounds**		
RIDAURA ORAL CAPSULE 3 MG	Tier 3	
Interleukin-1 Blockers**		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Interleukin-1Beta Blockers**		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
Interleukin-6 Receptor Inhibitors**		
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (2.28 ML per 28 days)
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 4 (SP Non-Preferred)	PA; Specialty
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Nonsteroidal Anti-Inflammatory Agent Combinations**		
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	Tier 1	
Nonsteroidal Anti-Inflammatory Agents (Nsaids)**		
diclofenac potassium oral tablet 25 mg, 50 mg	Tier 1	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	Tier 1	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	Tier 1	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	Tier 1	
etodolac oral capsule 200 mg, 300 mg	Tier 1	
etodolac oral tablet 400 mg, 500 mg	Tier 1	
flurbiprofen tablet 100 mg oral	Tier 1	
flurbiprofen tablet 50 mg oral	Tier 3	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 1	

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Drug Name	Drug Tier	Notes
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	Tier 1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier 1	
indomethacin er oral capsule extended release 75 mg	Tier 1	
indomethacin oral capsule 25 mg, 50 mg	Tier 1	
ketoprofen capsule 25 mg oral	Tier 1	
ketoprofen capsule 50 mg oral	Tier 3	
ketoprofen er oral capsule extended release 24 hour 200 mg	Tier 1	
ketorolac tromethamine +rfid injection solution 30 mg/ml	Tier 1	
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	Tier 1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	Tier 1	
ketorolac tromethamine oral tablet 10 mg	Tier 1	QL (20 EA per 5 days)
LOFENA ORAL TABLET 25 MG	Tier 1	
LURBIRO ORAL TABLET 100 MG	Tier 3	
meclofenamate sodium oral capsule 100 mg, 50 mg	Tier 3	
mefenamic acid oral capsule 250 mg	Tier 1	
meloxicam oral tablet 15 mg, 7.5 mg	Tier 1	
nabumetone oral tablet 500 mg, 750 mg	Tier 1	
naproxen dr oral tablet delayed release 500 mg	Tier 1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	Tier 1	
naproxen oral tablet delayed release 375 mg, 500 mg	Tier 1	
naproxen sodium oral tablet 275 mg, 550 mg	Tier 1	
oxaprozin oral tablet 600 mg	Tier 1	
piroxicam oral capsule 10 mg, 20 mg	Tier 1	
sulindac oral tablet 150 mg, 200 mg	Tier 1	
TOLECTIN 600 ORAL TABLET 600 MG	Tier 3	
tolmetin sodium oral capsule 400 mg	Tier 3	
tolmetin sodium oral tablet 600 mg	Tier 3	
Phosphodiesterase 4 (Pde4) Inhibitors**		
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (55 EA per 28 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (41 EA per 28 days)
Pyrimidine Synthesis Inhibitors**		
leflunomide oral tablet 10 mg, 20 mg	Tier 1	
Selective Costimulation Modulators**		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty

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Drug Name	Drug Tier	Notes
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Soluble Tumor Necrosis Factor Receptor Agents**		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
Analgesics - Nonnarcotic		
Analgesics - Selective Nav1.8 Sodium Channel Inhibitors**		
JOURNAVX ORAL TABLET 50 MG	Tier 3	PA; QL (29 EA per 14 days)
Analgesics-Sedatives**		
BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET 50-325-40 MG	Tier 1	
butalbital-acetaminophen oral tablet 50-325 mg	Tier 1	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	Tier 1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	Tier 1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Tier 1	
TENCON ORAL TABLET 50-325 MG	Tier 1	
Salicylates**		
aspirin 81 oral tablet chewable 81 mg	Tier 1	ACA
aspirin 81 oral tablet delayed release 81 mg	Tier 1	ACA
aspirin adult low dose oral tablet delayed release 81 mg	Tier 1	ACA
aspirin adult low strength oral tablet delayed release 81 mg	Tier 1	ACA
aspirin childrens oral tablet chewable 81 mg	Tier 1	ACA
aspirin ec adult low dose oral tablet delayed release 81 mg	Tier 1	ACA
aspirin ec low dose oral tablet delayed release 81 mg	Tier 1	ACA
aspirin ec low strength oral tablet delayed release 81 mg	Tier 1	ACA
aspirin low dose oral tablet chewable 81 mg	Tier 1	ACA
aspirin low dose oral tablet delayed release 81 mg	Tier 1	ACA
aspirin oral tablet chewable 81 mg	Tier 1	ACA
aspirin oral tablet delayed release 81 mg	Tier 1	ACA
aspirin regimen oral tablet delayed release 81 mg	Tier 1	ACA
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Tier 1	ACA

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Drug Name	Drug Tier	Notes
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG	Tier 1	ACA
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Tier 1	ACA
childrens aspirin oral tablet chewable 81 mg	Tier 1	ACA
cvs aspirin adult low dose oral tablet chewable 81 mg	Tier 1	ACA
cvs aspirin adult low strength oral tablet delayed release 81 mg	Tier 1	ACA
cvs aspirin ec oral tablet delayed release 81 mg	Tier 1	ACA
cvs aspirin low dose oral tablet delayed release 81 mg	Tier 1	ACA
cvs aspirin low strength oral tablet delayed release 81 mg	Tier 1	ACA
diflunisal oral tablet 500 mg	Tier 1	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG	Tier 1	ACA
eq aspirin adult low dose oral tablet delayed release 81 mg	Tier 1	ACA
eq aspirin low dose oral tablet chewable 81 mg	Tier 1	ACA
eql aspirin low dose oral tablet chewable 81 mg	Tier 1	ACA
eql aspirin low dose oral tablet delayed release 81 mg	Tier 1	ACA
ft aspirin low dose oral tablet delayed release 81 mg	Tier 1	ACA
gnp adult aspirin low strength oral tablet chewable 81 mg	Tier 1	ACA
gnp aspirin low dose oral tablet delayed release 81 mg	Tier 1	ACA
gnp aspirin oral tablet delayed release 81 mg	Tier 1	ACA
goodsense aspirin low dose oral tablet delayed release 81 mg	Tier 1	ACA
goodsense aspirin oral tablet chewable 81 mg	Tier 1	ACA
h-e-b aspirin oral tablet delayed release 81 mg	Tier 1	ACA
kls aspirin low dose oral tablet delayed release 81 mg	Tier 1	ACA
kp aspirin oral tablet delayed release 81 mg	Tier 1	ACA
mm aspirin oral tablet delayed release 81 mg	Tier 1	ACA
qc aspirin low dose oral tablet chewable 81 mg	Tier 1	ACA
qc aspirin low dose oral tablet delayed release 81 mg	Tier 1	ACA
qc childrens aspirin oral tablet chewable 81 mg	Tier 1	ACA
sb childrens aspirin oral tablet chewable 81 mg	Tier 1	ACA
sb low dose asa ec oral tablet delayed release 81 mg	Tier 1	ACA
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG	Tier 1	ACA
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG	Tier 1	ACA
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Tier 1	ACA
Analgesics - Opioid		
Codeine Combinations**		
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	Tier 1	

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Drug Name	Drug Tier	Notes
acetaminophen-codeine solution 120-12 mg/5ml oral	Tier 3	
acetaminophen-codeine solution 120-12 mg/5ml oral	Tier 1	
acetaminophen-codeine solution 300-30 mg/12.5ml oral	Tier 1	
acetaminophen-codeine solution 300-30 mg/12.5ml oral	Tier 3	
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	Tier 1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	Tier 1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	Tier 1	
Hydrocodone Combinations**		
hydrocodone-acetaminophen solution 10-300 mg/15ml oral	Tier 3	QL (6000 ML per 30 days)
hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral	Tier 1	
hydrocodone-acetaminophen solution 5-217 mg/10ml oral	Tier 1	
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	Tier 1	
hydrocodone-acetaminophen tablet 10-300 mg oral	Tier 1	
hydrocodone-acetaminophen tablet 10-325 mg oral	Tier 1	
hydrocodone-acetaminophen tablet 2.5-325 mg oral	Tier 3	
hydrocodone-acetaminophen tablet 5-300 mg oral	Tier 1	
hydrocodone-acetaminophen tablet 5-325 mg oral	Tier 1	
hydrocodone-acetaminophen tablet 7.5-300 mg oral	Tier 1	
hydrocodone-acetaminophen tablet 7.5-325 mg oral	Tier 1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	
Opioid Agonists**		
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	Tier 1	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	Tier 1	
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Tier 1	
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 1	
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	Tier 1	
hydromorphone hcl oral liquid 1 mg/ml	Tier 1	
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
levorphanol tartrate oral tablet 2 mg	Tier 1	
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 1	
methadone hcl oral concentrate 10 mg/ml	Tier 1	
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	Tier 1	
methadone hcl oral tablet 10 mg, 5 mg	Tier 1	
methadone hcl oral tablet soluble 40 mg	Tier 1	

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Drug Name	Drug Tier	Notes
METHADOSE ORAL TABLET SOLUBLE 40 MG	Tier 1	
morphine sulfate (concentrate) oral solution 100 mg/5ml	Tier 1	
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	Tier 1	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	Tier 1	
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Tier 1	
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	Tier 1	
morphine sulfate tablet 15 mg oral	Tier 1	
morphine sulfate tablet 30 mg oral	Tier 1	
morphine sulfate tablet 30 mg oral	Tier 2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 2	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 3	
oxycodone hcl oral concentrate 100 mg/5ml	Tier 1	
oxycodone hcl oral solution 5 mg/5ml	Tier 1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Tier 1	
oxymorphone hcl er tablet extended release 12 hour 10 mg oral	Tier 3	
oxymorphone hcl er tablet extended release 12 hour 15 mg oral	Tier 3	
oxymorphone hcl er tablet extended release 12 hour 20 mg oral	Tier 3	
oxymorphone hcl er tablet extended release 12 hour 30 mg oral	Tier 1	
oxymorphone hcl er tablet extended release 12 hour 40 mg oral	Tier 1	
oxymorphone hcl er tablet extended release 12 hour 5 mg oral	Tier 3	
oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral	Tier 3	
oxymorphone hcl oral tablet 10 mg, 5 mg	Tier 1	
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 1	
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 1	
tramadol hcl oral solution 5 mg/ml	Tier 3	PA
tramadol hcl oral tablet 50 mg	Tier 1	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	Tier 2	
Opioid Combinations**		
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 1	

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Drug Name	Drug Tier	Notes
oxycodone-acetaminophen oral solution 5-325 mg/5ml	Tier 3	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	
Opioid Partial Agonists**		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 2	
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML	Tier 4 (SP Non-Preferred)	PA; Specialty
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML	Tier 4 (SP Non-Preferred)	PA; Specialty
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	Tier 1	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	Tier 1	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	Tier 1	QL (90 EA per 30 days)
butorphanol tartrate nasal solution 10 mg/ml	Tier 1	
SUBLOCADE SOLUTION PREFILLED SYRINGE 100 MG/0.5ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (0.5 ML per 26 days)
SUBLOCADE SOLUTION PREFILLED SYRINGE 300 MG/1.5ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1.5 ML per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	Tier 3	QL (90 EA per 30 days)
Tramadol Combinations**		
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1	
Androgens-Anabolic		
Androgens**		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	Tier 3	PA; QL (150 GM per 30 days)
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML	Tier 3	PA
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 1	
DEPO-TESTOSTERONE SOLUTION 100 MG/ML INTRAMUSCULAR	Tier 3	PA; QL (10 ML per 28 days)
DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR	Tier 1	PA; QL (10 ML per 28 days)
methitest oral tablet 10 mg	Tier 3	
methyltestosterone oral capsule 10 mg	Tier 1	
NATESTO NASAL GEL 5.5 MG/ACT	Tier 3	PA; QL (21.96 GM per 30 days)
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%)	Tier 3	PA; QL (300 GM per 30 days)
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Tier 1	PA; QL (10 ML per 28 days)
testosterone enanthate intramuscular solution 200 mg/ml	Tier 1	PA; QL (5 ML per 28 days)
testosterone gel 1.62 % transdermal	Tier 1	PA; QL (150 GM per 30 days)

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Drug Name	Drug Tier	Notes
testosterone gel 10 mg/act (2%) transdermal	Tier 1	PA; QL (120 GM per 30 days)
testosterone gel 12.5 mg/act (1%) transdermal	Tier 1	PA; QL (300 GM per 30 days)
testosterone gel 20.25 mg/1.25gm (1.62%) transdermal	Tier 1	PA; QL (37.5 GM per 30 days)
testosterone gel 20.25 mg/act (1.62%) transdermal	Tier 1	PA; QL (150 GM per 30 days)
testosterone gel 25 mg/2.5gm (1%) transdermal	Tier 1	PA; QL (150 GM per 30 days)
testosterone gel 40.5 mg/2.5gm (1.62%) transdermal	Tier 3	PA; QL (150 GM per 30 days)
testosterone gel 50 mg/5gm (1%) transdermal	Tier 1	PA; QL (300 GM per 30 days)
testosterone transdermal solution 30 mg/act	Tier 1	PA; QL (180 ML per 30 days)
TLANDO ORAL CAPSULE 112.5 MG	Tier 3	PA; QL (120 EA per 30 days)
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%)	Tier 3	PA; QL (300 GM per 30 days)
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	Tier 3	PA; QL (300 GM per 30 days)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	Tier 3	PA; QL (2 ML per 28 days)
Anorectal And Related Products		
Intrarectal Steroids**		
budesonide rectal foam 2 mg, 2 mg/act	Tier 1	ST; TRIAL OF MESALAMINE ENEMA IN THE PAST 120 DAYS
CORTIFOAM EXTERNAL FOAM 10 %	Tier 2	
hydrocortisone rectal enema 100 mg/60ml	Tier 1	
UCERIS RECTAL FOAM 2 MG/ACT	Tier 3	ST; TRIAL OF MESALAMINE ENEMA IN THE PAST 120 DAYS
Nitrate Vasodilating Agents**		
nitroglycerin rectal ointment 0.4 %	Tier 1	
Rectal Anesthetic/Steroids**		
ANALPRAM HC EXTERNAL LOTION 2.5-1 %	Tier 3	
hydrocortisone ace-pramoxine external cream 1-1 %	Tier 1	
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	Tier 3	
Rectal Steroids**		
anucort-hc rectal suppository 25 mg	Tier 1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	Tier 1	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG	Tier 1	
hydrocortisone (perianal) external cream 1 %, 2.5 %	Tier 1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	Tier 1	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	Tier 1	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	Tier 1	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	Tier 1	
Anthelmintics		
Anthelmintics**		
albendazole oral tablet 200 mg	Tier 1	

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Drug Name	Drug Tier	Notes
benznidazole oral tablet 100 mg, 12.5 mg	Tier 2	
EMVERM ORAL TABLET CHEWABLE 100 MG	Tier 3	
ivermectin oral tablet 3 mg	Tier 1	
praziquantel oral tablet 600 mg	Tier 1	
STROMECTOL ORAL TABLET 3 MG	Tier 3	
Antianginal Agents		
Antianginals-Other**		
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	Tier 1	
Nitrates**		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	Tier 1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	Tier 1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 3	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	Tier 1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 1	
nitroglycerin translingual solution 0.4 mg/spray	Tier 1	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY	Tier 1	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	Tier 1	
Antianxiety Agents		
Antianxiety Agents - Misc.**		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	
hydroxyzine hcl oral syrup 10 mg/5ml	Tier 1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Benzodiazepines**		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 3	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 1	

Drug Name	Drug Tier	Notes
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1	
diazepam oral concentrate 5 mg/ml	Tier 1	
diazepam oral solution 5 mg/5ml	Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 1	
lorazepam oral concentrate 2 mg/ml	Tier 1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	
Antiarrhythmics		
Antiarrhythmics Type I-A**		
disopyramide phosphate oral capsule 100 mg, 150 mg	Tier 1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	Tier 3	
NORPACE ORAL CAPSULE 100 MG, 150 MG	Tier 3	
quinidine gluconate er oral tablet extended release 324 mg	Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 1	
Antiarrhythmics Type I-B**		
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	Tier 1	
Antiarrhythmics Type I-C**		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	Tier 1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	Tier 1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	Tier 1	
Antiarrhythmics Type Iii**		
amiodarone hcl oral tablet 100 mg, 200 mg	Tier 1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 1	
MULTAQ ORAL TABLET 400 MG	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG	Tier 1	
Antiasthmatic And Bronchodilator Agents		
Adrenergic Combinations**		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Tier 2	QL (12 GM per 30 days)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	Tier 2	QL (10.7 GM per 20 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Tier 2	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	Tier 2	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Notes
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Tier 1	QL (10.3 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	Tier 2	QL (10.7 GM per 30 days)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	Tier 1	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Tier 2	QL (4 GM per 20 days)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT	Tier 2	QL (13 GM per 30 days)
fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation	Tier 1	QL (60 EA per 30 days)
fluticasone-salmeterol aerosol powder breath activated 113-14 mcg/act inhalation	Tier 1	ST; TRIAL OF DULERA, BREO ELLIPTA, OR ADVAIR HFA IN THE PAST 120 DAYS; QL (1 EA per 30 days)
fluticasone-salmeterol aerosol powder breath activated 232-14 mcg/act inhalation	Tier 1	ST; TRIAL OF DULERA, BREO ELLIPTA, OR ADVAIR HFA IN THE PAST 120 DAYS; QL (1 EA per 30 days)
fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation	Tier 1	QL (60 EA per 30 days)
fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation	Tier 1	QL (60 EA per 30 days)
fluticasone-salmeterol aerosol powder breath activated 55-14 mcg/act inhalation	Tier 1	ST; TRIAL OF DULERA, BREO ELLIPTA, OR ADVAIR HFA IN THE PAST 120 DAYS; QL (1 EA per 30 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Tier 1	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Tier 2	QL (4 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 2	QL (60 EA per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Tier 1	QL (60 EA per 30 days)
Anti-Ige Monoclonal Antibodies**		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Tier 4 (SP Preferred)	PA; Specialty
Anti-Inflammatory Agents**		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	Tier 1	
Beta Adrenergics**		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 1	QL (14 GM per 30 days)

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Drug Name	Drug Tier	Notes
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 1	QL (17 GM per 30 days)
albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation	Tier 1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	Tier 1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	Tier 3	
albuterol sulfate nebulization solution 0.63 mg/3ml inhalation	Tier 1	
albuterol sulfate nebulization solution 1.25 mg/3ml inhalation	Tier 1	
albuterol sulfate nebulization solution 2.5 mg/0.5ml inhalation	Tier 1	
albuterol sulfate oral syrup 2 mg/5ml, 8 mg/20ml	Tier 1	
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 1	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	Tier 1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	Tier 1	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 2	QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Tier 2	QL (4 GM per 30 days)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	Tier 1	
Bronchodilators - Anticholinergics**		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Tier 3	QL (12.9 GM per 25 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Tier 2	QL (30 EA per 30 days)
ipratropium bromide inhalation solution 0.02 %	Tier 1	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	Tier 3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25 MCG/ACT INHALATION	Tier 2	QL (4 GM per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	Tier 3	QL (4 GM per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	Tier 2	QL (4 GM per 30 days)
tiotropium bromide inhalation capsule 18 mcg	Tier 1	QL (30 EA per 30 days)
YUPELRI INHALATION SOLUTION 175 MCG/3ML	Tier 3	QL (90 ML per 30 days)
Interleukin-5 Antagonists (Igg1 Kappa)**		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	Tier 4 (SP Preferred)	PA; Specialty

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Drug Name	Drug Tier	Notes
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	Tier 4 (SP Preferred)	PA; Specialty
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Tier 4 (SP Preferred)	PA; Specialty
Leukotriene Receptor Antagonists**		
montelukast sodium oral packet 4 mg	Tier 1	
montelukast sodium oral tablet 10 mg	Tier 1	
montelukast sodium oral tablet chewable 4 mg, 5 mg	Tier 1	
zafirlukast oral tablet 10 mg, 20 mg	Tier 1	
Phosphodiesterase 3 & 4 (Pde3 & Pde4) Inhibitors**		
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Selective Phosphodiesterase 4 (Pde4) Inhibitors**		
roflumilast oral tablet 250 mcg, 500 mcg	Tier 1	
Steroid Inhalants**		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 2	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	Tier 2	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 2	QL (13 GM per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	Tier 1	QL (120 ML per 30 days)
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	Tier 2	QL (60 EA per 30 days)
fluticasone propionate hfa aerosol 110 mcg/act inhalation	Tier 2	QL (12 GM per 30 days)
fluticasone propionate hfa aerosol 220 mcg/act inhalation	Tier 2	QL (24 GM per 30 days)
fluticasone propionate hfa aerosol 44 mcg/act inhalation	Tier 2	QL (21.2 GM per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	Tier 2	QL (10.6 GM per 30 days)

Drug Name	Drug Tier	Notes
Thymic Stromal Lymphopoietin (Tslp) Antagonists**		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1.91 ML per 28 days)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1.91 ML per 28 days)
Xanthines**		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	Tier 1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	Tier 3	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	Tier 1	
theophylline er tablet extended release 12 hour 100 mg oral	Tier 2	
theophylline er tablet extended release 12 hour 200 mg oral	Tier 2	
theophylline er tablet extended release 12 hour 300 mg oral	Tier 1	
theophylline er tablet extended release 12 hour 450 mg oral	Tier 1	
theophylline oral elixir 80 mg/15ml	Tier 1	
theophylline oral solution 80 mg/15ml	Tier 1	
Anticoagulants		
Coumarin Anticoagulants**		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 1	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 1	
Direct Factor Xa Inhibitors**		
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	Tier 2	
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	Tier 2	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	Tier 2	
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG	Tier 2	QL (120 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	Tier 2	
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG	Tier 2	QL (960 EA per 30 days)
rivaroxaban oral suspension reconstituted 1 mg/ml	Tier 1	QL (600 ML per 30 days)
rivaroxaban oral tablet 2.5 mg	Tier 1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	Tier 2	QL (600 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	Tier 2	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	Tier 2	

Drug Name	Drug Tier	Notes
Heparins And Heparinoid-Like Agents**		
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%	Tier 1	
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	Tier 1	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	Tier 1	
heparin sodium (porcine) pf solution 1000 unit/ml injection	Tier 1	
heparin sodium (porcine) pf solution 5000 unit/0.5ml injection	Tier 1	
heparin sodium (porcine) pf solution 5000 unit/ml injection	Tier 3	
Low Molecular Weight Heparins**		
enoxaparin sodium injection solution 300 mg/3ml	Tier 1	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	Tier 1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	Tier 3	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	Tier 3	
Synthetic Heparinoid-Like Agents**		
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	Tier 1	
Thrombin Inhibitors - Selective Direct & Reversible**		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	Tier 1	
Anticonvulsants		
Ampa Glutamate Receptor Antagonists**		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 2	QL (680 ML per 30 days)
perampanel tablet 10 mg oral	Tier 1	QL (30 EA per 30 days)
perampanel tablet 12 mg oral	Tier 1	QL (30 EA per 30 days)
perampanel tablet 2 mg oral	Tier 1	QL (120 EA per 30 days)
perampanel tablet 4 mg oral	Tier 1	QL (60 EA per 30 days)
perampanel tablet 6 mg oral	Tier 1	QL (60 EA per 30 days)
perampanel tablet 8 mg oral	Tier 1	QL (30 EA per 30 days)
Anticonvulsants - Benzodiazepines**		
clobazam oral suspension 2.5 mg/ml	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	Tier 1	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Notes
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	Tier 1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	Tier 3	QL (10 EA per 30 days)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	Tier 3	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	Tier 3	QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	Tier 3	QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	Tier 3	QL (10 EA per 30 days)
Anticonvulsants - Misc.**		
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 2	QL (60 EA per 30 days)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Tier 1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	Tier 1	
carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml	Tier 1	
carbamazepine oral tablet 200 mg	Tier 1	
carbamazepine tablet chewable 100 mg oral	Tier 1	
carbamazepine tablet chewable 200 mg oral	Tier 3	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
DIACOMIT ORAL PACKET 250 MG, 500 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 4 (SP Preferred)	ST; Specialty; TRIAL OF OR CONTRAINDICATION TO 2 OF THE FOLLOWING GENERIC ANTICONSULVANTS: CLOBAZAM, VALPROIC ACID DERIVATIVES, LAMOTRIGINE, LEVETIRACETAM, AND TOPIRAMATE IN THE PAST 365 DAYS
eslicarbazepine acetate tablet 200 mg oral	Tier 1	QL (30 EA per 30 days)
eslicarbazepine acetate tablet 400 mg oral	Tier 1	QL (30 EA per 30 days)
eslicarbazepine acetate tablet 600 mg oral	Tier 1	QL (60 EA per 30 days)
eslicarbazepine acetate tablet 800 mg oral	Tier 1	QL (60 EA per 30 days)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Tier 1	
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	Tier 1	
gabapentin tablet 600 mg oral	Tier 1	QL (180 EA per 30 days)
gabapentin tablet 800 mg oral	Tier 1	QL (120 EA per 30 days)

Drug Name	Drug Tier	Notes
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	Tier 1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG	Tier 3	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	Tier 1	
lamotrigine oral kit 25 & 50 & 100 mg	Tier 1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 1	
lamotrigine oral tablet chewable 25 mg, 5 mg	Tier 1	
lamotrigine starter kit-blue oral kit 35 x 25 mg	Tier 1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	Tier 1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	Tier 1	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 1	
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	Tier 1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	Tier 1	
MYSOLINE ORAL TABLET 250 MG, 50 MG	Tier 3	
oxcarbazepine er tablet extended release 24 hour 150 mg oral	Tier 1	ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (90 EA per 30 days)
oxcarbazepine er tablet extended release 24 hour 300 mg oral	Tier 1	ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (90 EA per 30 days)
oxcarbazepine er tablet extended release 24 hour 600 mg oral	Tier 1	ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (120 EA per 30 days)
oxcarbazepine oral suspension 300 mg/5ml	Tier 1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Tier 1	
pregabalin oral solution 20 mg/ml	Tier 1	
primidone tablet 125 mg oral	Tier 3	

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Drug Name	Drug Tier	Notes
primidone tablet 250 mg oral	Tier 1	
primidone tablet 50 mg oral	Tier 1	
ROWEEPRA ORAL TABLET 500 MG	Tier 1	
rufinamide oral suspension 40 mg/ml	Tier 1	ST; TRIAL OF TWO OF THE FOLLOWING: EPIDIOLEX, FELBAMATE, CLOBAZAM, TOPIRAMATE, LAMOTRIGINE OR CLONAZEPAM IN PAST 365 DAYS; QL (2400 ML per 30 days)
rufinamide tablet 200 mg oral	Tier 1	ST; TRIAL OF TWO OF THE FOLLOWING: EPIDIOLEX, FELBAMATE, CLOBAZAM, TOPIRAMATE, LAMOTRIGINE OR CLONAZEPAM IN PAST 365 DAYS; QL (480 EA per 30 days)
rufinamide tablet 400 mg oral	Tier 1	ST; TRIAL OF TWO OF THE FOLLOWING: EPIDIOLEX, FELBAMATE, CLOBAZAM, TOPIRAMATE, LAMOTRIGINE OR CLONAZEPAM IN PAST 365 DAYS; QL (240 EA per 30 days)
SUBVENITE ORAL SUSPENSION 10 MG/ML	Tier 3	PA
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 1	
SUBVENITE STARTER KIT-BLUE ORAL KIT 35 X 25 MG	Tier 1	
SUBVENITE STARTER KIT-GREEN ORAL KIT 84 X 25 MG & 14X100 MG	Tier 1	
SUBVENITE STARTER KIT-ORANGE ORAL KIT 42 X 25 MG & 7 X 100 MG	Tier 1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML	Tier 3	
TEGRETOL ORAL TABLET 200 MG	Tier 3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG	Tier 3	
topiramate er capsule er 24 hour sprinkle 100 mg oral	Tier 1	ST; TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (90 EA per 30 days)
topiramate er capsule er 24 hour sprinkle 150 mg oral	Tier 1	ST; TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (30 EA per 30 days)
topiramate er capsule er 24 hour sprinkle 200 mg oral	Tier 1	ST; TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (30 EA per 30 days)
topiramate er capsule er 24 hour sprinkle 25 mg oral	Tier 1	ST; TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (30 EA per 30 days)
topiramate er capsule er 24 hour sprinkle 50 mg oral	Tier 1	ST; TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (210 EA per 30 days)
topiramate er capsule extended release 24 hour 100 mg oral	Tier 1	QL (90 EA per 30 days)

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Drug Name	Drug Tier	Notes
topiramate er capsule extended release 24 hour 200 mg oral	Tier 1	QL (60 EA per 30 days)
topiramate er capsule extended release 24 hour 25 mg oral	Tier 1	QL (240 EA per 30 days)
topiramate er capsule extended release 24 hour 50 mg oral	Tier 1	QL (210 EA per 30 days)
topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg	Tier 1	
topiramate oral solution 25 mg/ml	Tier 1	PA
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
ZONISADE ORAL SUSPENSION 100 MG/5ML	Tier 3	PA
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Carbamates**		
felbamate oral suspension 600 mg/5ml	Tier 1	
felbamate oral tablet 400 mg, 600 mg	Tier 1	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Tier 2	QL (60 EA per 30 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	Tier 2	QL (60 EA per 30 days)
XCOPRI TABLET 100 MG ORAL	Tier 2	QL (30 EA per 30 days)
XCOPRI TABLET 150 MG ORAL	Tier 2	QL (30 EA per 30 days)
XCOPRI TABLET 200 MG ORAL	Tier 2	QL (60 EA per 30 days)
XCOPRI TABLET 25 MG ORAL	Tier 2	QL (60 EA per 30 days)
XCOPRI TABLET 50 MG ORAL	Tier 2	QL (30 EA per 30 days)
XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL	Tier 2	QL (60 EA per 30 days)
XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG ORAL	Tier 2	QL (30 EA per 30 days)
XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG ORAL	Tier 2	QL (30 EA per 30 days)
Gaba Modulators**		
tiagabine hcl tablet 12 mg oral	Tier 1	ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (120 EA per 30 days)
tiagabine hcl tablet 16 mg oral	Tier 1	ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (90 EA per 30 days)

Drug Name	Drug Tier	Notes
tiagabine hcl tablet 2 mg oral	Tier 1	ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (120 EA per 30 days)
tiagabine hcl tablet 4 mg oral	Tier 1	ST; TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (120 EA per 30 days)
vigabatrin oral packet 500 mg	Tier 1	PA; Specialty
vigabatrin oral tablet 500 mg	Tier 1	PA; Specialty
VIGADRONE ORAL PACKET 500 MG	Tier 1	PA; Specialty
VIGADRONE ORAL TABLET 500 MG	Tier 1	PA; Specialty
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Hydantoins**		
DILANTIN CAPSULE 100 MG ORAL	Tier 3	
DILANTIN CAPSULE 30 MG ORAL	Tier 2	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML	Tier 3	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 1	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	Tier 1	
phenytoin oral suspension 125 mg/5ml	Tier 1	
phenytoin oral tablet chewable 50 mg	Tier 1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Tier 1	
Succinimides**		
CELONTIN ORAL CAPSULE 300 MG	Tier 3	
ethosuximide oral capsule 250 mg	Tier 1	
ethosuximide oral solution 250 mg/5ml	Tier 1	
methsuximide oral capsule 300 mg	Tier 1	
ZARONTIN ORAL CAPSULE 250 MG	Tier 3	
ZARONTIN ORAL SOLUTION 250 MG/5ML	Tier 3	
Valproic Acid**		
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	Tier 1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	Tier 1	

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Drug Name	Drug Tier	Notes
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	Tier 1	
valproic acid oral capsule 250 mg	Tier 1	
valproic acid oral solution 250 mg/5ml, 500 mg/10ml	Tier 1	
Antidepressants		
Alpha-2 Receptor Antagonists (Tetracyclics)**		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	Tier 1	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	Tier 1	
Antidepressant - Miscellaneous Combinations**		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	Tier 3	ST; PAROXET, FLUOX,DULOX,ES/CITALOPRAM, SERTRALINE,MIRTAZ, BUPROPION, VENLAFAX IR/ER,FLUVOXAMINE,DESVENLAFAXINE IN 120 DAYS
Antidepressants - Misc.**		
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	Tier 1	
bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral	Tier 1	
bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral	Tier 1	
bupropion hcl er (xl) tablet extended release 24 hour 450 mg oral	Tier 3	ST; TRIAL OF BUPROPION HCL ER (XL), BUPROPION HCL, OR BUPROPION HCL ER (SR) IN THE PAST 120 DAYS; QL (30 EA per 30 days)
bupropion hcl oral tablet 100 mg, 75 mg	Tier 1	
Gaba Receptor Modulator - Neuroactive Steroid**		
ZURZUVAE CAPSULE 20 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (28 EA per 14 days)
ZURZUVAE CAPSULE 25 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (28 EA per 14 days)
ZURZUVAE CAPSULE 30 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (14 EA per 14 days)
Monoamine Oxidase Inhibitors (Maois)**		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 3	
MARPLAN ORAL TABLET 10 MG	Tier 3	
NARDIL ORAL TABLET 15 MG	Tier 3	
phenelzine sulfate oral tablet 15 mg	Tier 1	
tranylcypromine sulfate oral tablet 10 mg	Tier 1	

Drug Name	Drug Tier	Notes
N-Methyl-D-Aspartic Acid (Nmda) Receptor Antagonists**		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	Tier 4 (SP Preferred)	PA; Specialty
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	Tier 4 (SP Preferred)	PA; Specialty
Selective Serotonin Reuptake Inhibitors (Ssris)**		
citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml	Tier 1	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
escitalopram oxalate oral solution 10 mg/10ml, 5 mg/5ml	Tier 1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	Tier 1	
fluoxetine hcl oral capsule delayed release 90 mg	Tier 1	
fluoxetine hcl oral solution 20 mg/5ml	Tier 1	
fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg	Tier 1	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	Tier 1	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	Tier 1	
paroxetine hcl oral suspension 10 mg/5ml	Tier 1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	
sertraline hcl oral concentrate 20 mg/ml	Tier 1	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Serotonin Modulators**		
RALDESY ORAL SOLUTION 10 MG/ML	Tier 3	PA
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	Tier 1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**		
desvenlafaxine er tablet extended release 24 hour 100 mg oral	Tier 1	ST; SWITCH TO STEP ONE: Generic antidepressant agent
desvenlafaxine er tablet extended release 24 hour 100 mg oral	Tier 3	ST; SWITCH TO STEP ONE: Generic antidepressant agent
desvenlafaxine er tablet extended release 24 hour 50 mg oral	Tier 1	ST; SWITCH TO STEP ONE: Generic antidepressant agent
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	Tier 1	
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL	Tier 3	ST; TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Notes
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL	Tier 3	ST; TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (90 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL	Tier 3	ST; TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL	Tier 3	ST; TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (60 EA per 30 days)
duloxetine hcl capsule delayed release particles 20 mg oral	Tier 1	
duloxetine hcl capsule delayed release particles 30 mg oral	Tier 1	
duloxetine hcl capsule delayed release particles 40 mg oral	Tier 1	ST; TRIAL OF GENERIC DULOXETINE 20 MG CAPS IN THE PAST 120 DAYS; QL (60 EA per 30 days)
duloxetine hcl capsule delayed release particles 60 mg oral	Tier 1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	Tier 2	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Tier 2	
venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg	Tier 3	ST; SWITCH TO STEP ONE: Generic antidepressant agent; QL (60 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	Tier 1	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg	Tier 1	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	
Tricyclic Agents**		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 1	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	Tier 1	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
doxepin hcl oral concentrate 10 mg/ml	Tier 1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	Tier 1	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Tier 1	
nortriptyline hcl oral solution 10 mg/5ml	Tier 1	
protriptyline hcl oral tablet 10 mg, 5 mg	Tier 1	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	Tier 1	

Drug Name	Drug Tier	Notes
Antidiabetics		
Alpha-Glucosidase Inhibitors**		
acarbose oral tablet 100 mg, 25 mg, 50 mg	Tier 1	QL (90 EA per 30 days)
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	QL (90 EA per 30 days)
Biguanides**		
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg	Tier 1	QL (60 EA per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 1	
metformin hcl oral solution 500 mg/5ml	Tier 1	QL (765 ML per 30 days)
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	Tier 1	
Diabetic Other**		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	Tier 2	QL (2 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	Tier 2	QL (2 EA per 30 days)
diazoxide oral suspension 50 mg/ml	Tier 1	
glucagon emergency injection solution reconstituted 1 mg	Tier 1	ST; TRIAL OF BAQSIMI OR GVOKE IN THE PAST 120 DAYS; QL (2 EA per 30 days)
GVOKE HYPOPEN 1-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS	Tier 2	QL (0.2 ML per 30 days)
GVOKE HYPOPEN 1-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS	Tier 2	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS	Tier 2	QL (0.2 ML per 30 days)
GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS	Tier 2	QL (0.4 ML per 30 days)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	Tier 2	QL (0.4 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	Tier 2	QL (0.4 ML per 30 days)
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors**		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL (30 EA per 30 days)
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations**		
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	Tier 2	QL (60 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	Tier 2	QL (30 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	Tier 2	QL (60 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL	Tier 2	QL (30 EA per 30 days)

Drug Name	Drug Tier	Notes
Dopamine Receptor Agonists - Ergot Derivatives**		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	TRIAL OF METFORMIN, METFORMIN ER, GLYBURIDE/METFORMIN, OR GLIPIZIDE/METFORMIN IN THE PAST 120 DAYS; QL (180 EA per 30 days)
Human Insulin**		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
FIASP INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	Tier 2	QL (12 ML per 28 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	Tier 2	
insulin glargine-yfgn subcutaneous solution 100 unit/ml	Tier 2	QL (40 ML per 28 days)
insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml	Tier 2	QL (30 ML per 28 days)
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	Tier 2	QL (30 ML per 28 days)
insulin lispro injection solution 100 unit/ml	Tier 2	QL (40 ML per 28 days)
insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml	Tier 2	QL (30 ML per 28 days)
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	Tier 2	QL (30 ML per 28 days)
LYUMJEV INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Tier 2	QL (30 ML per 28 days)

Drug Name	Drug Tier	Notes
LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	Tier 2	QL (12 ML per 28 days)
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 2	

Drug Name	Drug Tier	Notes
TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Tier 2	QL (18 ML per 28 days)
TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	Tier 2	QL (30 ML per 28 days)
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)**		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Tier 2	PA; QL (2 ML per 28 days)
Incretin Mimetic Agents (Glp-1 Receptor Agonists)**		
exenatide subcutaneous solution pen-injector 10 mcg/0.04ml, 5 mcg/0.02ml	Tier 2	PA; QL (2.4 ML per 28 days)
liraglutide subcutaneous solution pen-injector 18 mg/3ml	Tier 1	PA; QL (9 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	Tier 2	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Tier 2	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	Tier 2	PA; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	PA; QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Tier 2	PA; QL (2 ML per 28 days)
Insulin-Incretin Mimetic Combinations**		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	Tier 2	ST; SWITCH TO STEP ONE: metformin, metformin/TZD, metformin/DPP4, metformin/SGLT2, metformin/meglitinide, metformin/sulfonylurea, insulin; QL (15 ML per 25 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	Tier 2	ST; SWITCH TO STEP ONE: metformin, metformin/TZD, metformin/DPP4, metformin/SGLT2, metformin/meglitinide, metformin/sulfonylurea, insulin; QL (15 ML per 30 days)
Meglitinide Analogues**		
nateglinide oral tablet 120 mg, 60 mg	Tier 1	QL (90 EA per 30 days)
repaglinide tablet 0.5 mg oral	Tier 1	QL (120 EA per 30 days)
repaglinide tablet 1 mg oral	Tier 1	QL (120 EA per 30 days)
repaglinide tablet 2 mg oral	Tier 1	QL (240 EA per 30 days)

Drug Name	Drug Tier	Notes
Progesterone Receptor Antagonists**		
mifepristone oral tablet 300 mg	Tier 1	PA; Specialty; QL (120 EA per 30 days)
Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb**		
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG ORAL	Tier 2	QL (30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG ORAL	Tier 2	QL (60 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-5-1000 MG ORAL	Tier 2	QL (30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-2.5-1000 MG ORAL	Tier 2	QL (60 EA per 30 days)
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations**		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	QL (30 EA per 30 days)
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors**		
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 2	QL (30 EA per 30 days)
JARDIANCE TABLET 10 MG ORAL	Tier 2	QL (60 EA per 30 days)
JARDIANCE TABLET 25 MG ORAL	Tier 2	QL (30 EA per 30 days)
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb**		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Tier 2	QL (60 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL	Tier 2	QL (60 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG ORAL	Tier 2	QL (60 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ORAL	Tier 2	QL (30 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	Tier 2	QL (60 EA per 30 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL	Tier 2	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-500 MG ORAL	Tier 2	QL (30 EA per 30 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL	Tier 2	QL (60 EA per 30 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	Tier 2	QL (60 EA per 30 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL	Tier 2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Notes
Sulfonylurea-Biguanide Combinations**		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	QL (120 EA per 30 days)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	QL (120 EA per 30 days)
Sulfonylureas**		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Tier 1	
glipizide oral tablet 10 mg, 5 mg	Tier 1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Tier 1	QL (60 EA per 30 days)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 1	
Sulfonylurea-Thiazolidinedione Combinations**		
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	Tier 1	QL (30 EA per 30 days)
Thiazolidinedione-Biguanide Combinations**		
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	Tier 1	QL (90 EA per 30 days)
Thiazolidinediones**		
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	Tier 1	
Antidiarrheal/Probiotic Agents		
Antidiarrheal - Chloride Channel Antagonists**		
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	Tier 4 (SP Non-Preferred)	ST; Specialty; TRIAL OF ANTI-RETROVIRAL THERAPY IN THE PAST 120 DAYS; QL (60 EA per 30 days)
Antiperistaltic Agents**		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	Tier 3	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Tier 1	
loperamide hcl oral capsule 2 mg	Tier 1	
opium oral tincture 10 mg/ml (1%)	Tier 1	
Antidotes And Specific Antagonists		
Antidotes - Chelating Agents**		
CHEMET ORAL CAPSULE 100 MG	Tier 2	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	Tier 1	PA; Specialty
deferasirox oral packet 180 mg, 360 mg, 90 mg	Tier 1	PA; Specialty
deferasirox oral tablet 180 mg, 360 mg, 90 mg	Tier 1	PA; Specialty
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	Tier 1	PA; Specialty

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Drug Name	Drug Tier	Notes
deferiprone oral tablet 1000 mg, 500 mg	Tier 1	PA; Specialty
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Cholinesterase Inhibitors**		
pyridostigmine bromide er oral tablet extended release 24 hour 105 mg	Tier 3	
Opioid Antagonists**		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	Tier 2	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	Tier 1	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	Tier 1	
naloxone hcl nasal liquid 4 mg/0.1ml	Tier 1	
naloxone hcl solution cartridge 0.4 mg/ml injection	Tier 1	
naloxone hcl solution cartridge 0.4 mg/ml injection	Tier 3	
naltrexone hcl oral tablet 50 mg	Tier 1	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	Tier 3	
REXTOVY NASAL LIQUID 4 MG/0.25ML	Tier 3	QL (4 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Tier 4 (SP Non-Preferred)	Specialty; QL (1 EA per 28 days)
ZURNAI INJECTION SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML	Tier 3	QL (4 ML per 30 days)
Antiemetics		
5-Ht3 Receptor Antagonists**		
ANZEMET ORAL TABLET 50 MG	Tier 3	QL (21 EA per 30 days)
granisetron hcl oral tablet 1 mg	Tier 1	QL (21 EA per 30 days)
ondansetron hcl oral solution 4 mg/5ml	Tier 1	QL (50 ML per 30 days)
ondansetron hcl tablet 24 mg oral	Tier 1	QL (5 EA per 30 days)
ondansetron hcl tablet 4 mg oral	Tier 1	QL (21 EA per 30 days)
ondansetron hcl tablet 8 mg oral	Tier 1	QL (21 EA per 30 days)
ondansetron oral tablet dispersible 4 mg, 8 mg	Tier 1	QL (21 EA per 30 days)
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	Tier 3	ST; TRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS
Antiemetic Combinations**		
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	Tier 1	
Antiemetics - Anticholinergic**		
dimenhydrinate injection solution 50 mg/ml	Tier 3	
meclizine hcl oral tablet 12.5 mg, 25 mg	Tier 1	
scopolamine transdermal patch 72 hour 1 mg/3days	Tier 1	
trimethobenzamide hcl oral capsule 300 mg	Tier 1	

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Drug Name	Drug Tier	Notes
Antiemetics - Miscellaneous**		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists**		
aprepitant capsule 125 mg oral	Tier 1	QL (4 EA per 28 days)
aprepitant capsule 40 mg oral	Tier 1	QL (8 EA per 28 days)
aprepitant capsule 80 & 125 mg oral	Tier 1	QL (12 EA per 28 days)
aprepitant capsule 80 mg oral	Tier 1	QL (8 EA per 28 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	Tier 2	QL (4 EA per 28 days)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	Tier 2	QL (8 EA per 28 days)
Antifungals		
Antifungals**		
flucytosine oral capsule 250 mg, 500 mg	Tier 1	
griseofulvin microsize oral suspension 125 mg/5ml	Tier 1	
griseofulvin microsize oral tablet 500 mg	Tier 1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Tier 1	
nystatin oral tablet 500000 unit	Tier 1	
terbinafine hcl oral tablet 250 mg	Tier 1	QL (90 EA per 365 days)
Imidazoles**		
ketoconazole oral tablet 200 mg	Tier 1	
Tetrazoles**		
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG	Tier 3	QL (18 EA per 90 days)
Triazoles**		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 3	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	Tier 1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	
itraconazole oral capsule 100 mg	Tier 1	QL (240 EA per 30 days)
itraconazole oral solution 10 mg/ml	Tier 1	
NOXAFIL ORAL PACKET 300 MG	Tier 2	
NOXAFIL ORAL SUSPENSION 40 MG/ML	Tier 2	
posaconazole oral suspension 40 mg/ml	Tier 1	
posaconazole oral tablet delayed release 100 mg	Tier 1	
voriconazole oral suspension reconstituted 40 mg/ml	Tier 1	
voriconazole oral tablet 200 mg, 50 mg	Tier 1	

Drug Name	Drug Tier	Notes
Antihistamines		
Antihistamines - Ethanolamines**		
carbinoxamine maleate er oral suspension extended release 4 mg/5ml	Tier 3	ST; TRIAL OF CARBINOXAMINE IR ORAL SOLUTION IN THE PAST 120 DAYS
carbinoxamine maleate oral solution 4 mg/5ml	Tier 3	
carbinoxamine maleate oral tablet 4 mg	Tier 1	
carbzah oral solution 4 mg/5ml	Tier 3	
clemastine fumarate oral tablet 2.68 mg	Tier 3	
CLEMSZA ORAL TABLET 2.68 MG	Tier 2	
diphenhydramine hcl oral elixir 12.5 mg/5ml	Tier 1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	Tier 3	ST; TRIAL OF CARBINOXAMINE IR ORAL SOLUTION IN THE PAST 120 DAYS
Antihistamines - Non-Sedating**		
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	Tier 1	
desloratadine oral tablet 5 mg	Tier 1	
desloratadine tablet dispersible 2.5 mg oral	Tier 3	
desloratadine tablet dispersible 2.5 mg oral	Tier 1	
desloratadine tablet dispersible 5 mg oral	Tier 3	
desloratadine tablet dispersible 5 mg oral	Tier 1	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	Tier 1	
levocetirizine dihydrochloride oral tablet 5 mg	Tier 1	
Antihistamines - Phenothiazines**		
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	Tier 1	
promethazine hcl solution 12.5 mg/10ml oral	Tier 1	
promethazine hcl solution 6.25 mg/5ml oral	Tier 1	
promethazine hcl solution 6.25 mg/5ml oral	Tier 2	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 1	
Antihistamines - Piperidines**		
cyproheptadine hcl oral syrup 2 mg/5ml	Tier 1	
cyproheptadine hcl oral tablet 4 mg	Tier 1	
Antihyperlipidemics		
Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb**		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	PA; ST; TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS

Drug Name	Drug Tier	Notes
Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors**		
NEXLETOL ORAL TABLET 180 MG	Tier 2	PA; ST; TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS
Antihyperlipidemics - Misc.**		
icosapent ethyl oral capsule 0.5 gm, 1 gm	Tier 1	
Bile Acid Sequestrants**		
cholestyramine light oral powder 4 gm/dose	Tier 1	
cholestyramine oral powder 4 gm/dose	Tier 1	
colesevelam hcl oral tablet 625 mg	Tier 1	
colestipol hcl oral granules 5 gm	Tier 1	
colestipol hcl oral packet 5 gm	Tier 1	
colestipol hcl oral tablet 1 gm	Tier 1	
PREVALITE ORAL POWDER 4 GM/DOSE	Tier 1	
Fibric Acid Derivatives**		
fenofibrate capsule 134 mg oral	Tier 1	
fenofibrate capsule 150 mg oral	Tier 1	
fenofibrate capsule 200 mg oral	Tier 1	
fenofibrate capsule 50 mg oral	Tier 3	
fenofibrate capsule 67 mg oral	Tier 1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Tier 1	
fenofibrate oral tablet 145 mg, 48 mg, 54 mg	Tier 1	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	Tier 1	
fenofibric acid oral tablet 105 mg, 35 mg	Tier 3	
gemfibrozil oral tablet 600 mg	Tier 1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Tier 2	
Hmg Coa Reductase Inhibitors**		
ATORVALIQ ORAL SUSPENSION 20 MG/5ML	Tier 3	ST; SWITCH TO STEP 1: generic statin or generic statin combination
atorvastatin calcium tablet 10 mg oral	Tier 1	ACA, Some restrictions may apply.
atorvastatin calcium tablet 20 mg oral	Tier 1	ACA, Some restrictions may apply.
atorvastatin calcium tablet 40 mg oral	Tier 1	
atorvastatin calcium tablet 80 mg oral	Tier 1	
flolipid oral suspension 20 mg/5ml, 40 mg/5ml	Tier 3	PA
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	Tier 1	ACA, Some restrictions may apply.
fluvastatin sodium oral capsule 20 mg, 40 mg	Tier 1	ACA, Some restrictions may apply.
lovastatin oral tablet 10 mg, 20 mg, 40 mg	Tier 1	ACA, Some restrictions may apply.
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	ACA, Some restrictions may apply.
rosuvastatin calcium tablet 10 mg oral	Tier 1	ACA, Some restrictions may apply.
rosuvastatin calcium tablet 20 mg oral	Tier 1	

Drug Name	Drug Tier	Notes
rosuvastatin calcium tablet 40 mg oral	Tier 1	
rosuvastatin calcium tablet 5 mg oral	Tier 1	ACA, Some restrictions may apply.
simvastatin tablet 10 mg oral	Tier 1	ACA, Some restrictions may apply.
simvastatin tablet 20 mg oral	Tier 1	ACA, Some restrictions may apply.
simvastatin tablet 40 mg oral	Tier 1	ACA, Some restrictions may apply.
simvastatin tablet 5 mg oral	Tier 1	ACA, Some restrictions may apply.
simvastatin tablet 80 mg oral	Tier 1	
Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb**		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	Tier 1	
Intestinal Cholesterol Absorption Inhibitors**		
ezetimibe oral tablet 10 mg	Tier 1	
Microsomal Triglyceride Transfer Protein Inhibitors**		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Nicotinic Acid Derivatives**		
niacin (antihyperlipidemic) oral tablet 500 mg	Tier 1	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	Tier 1	
NIACOR ORAL TABLET 500 MG	Tier 3	
Pcsk9 Inhibitors**		
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Tier 2	ST; SWITCH TO STEP 1: generic statin or generic statin combination; QL (6 ML per 84 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 2	ST; SWITCH TO STEP 1: generic statin or generic statin combination; QL (6 ML per 84 days)
Antihypertensives		
Ace Inhibitor & Calcium Channel Blocker Combinations**		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	Tier 1	
Ace Inhibitors & Thiazide/Thiazide-Like**		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Tier 1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	Tier 3	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 1	

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Drug Name	Drug Tier	Notes
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
Ace Inhibitors**		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	
enalapril maleate oral solution 1 mg/ml	Tier 1	PA
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1	
moexipril hcl oral tablet 15 mg, 7.5 mg	Tier 1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	PA
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
Agents For Pheochromocytoma**		
metyrosine oral capsule 250 mg	Tier 1	PA; Specialty
phenoxybenzamine hcl oral capsule 10 mg	Tier 1	PA; Specialty
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb**		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Tier 1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 1	
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like**		
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 1	ST; SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	

Drug Name	Drug Tier	Notes
Angiotensin Ii Receptor Antagonists**		
ARBLI ORAL SUSPENSION 10 MG/ML	Tier 3	PA
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	Tier 1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Tier 1	
Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides**		
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 1	
Antiadrenergics - Centrally Acting**		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Tier 1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	Tier 1	
guanfacine hcl oral tablet 1 mg, 2 mg	Tier 1	
methyldopa tablet 250 mg oral	Tier 1	
methyldopa tablet 500 mg oral	Tier 3	
Antiadrenergics - Peripherally Acting**		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Tier 1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Tier 1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
TEZRULY ORAL SOLUTION 1 MG/ML	Tier 3	PA
Antihypertensives - Misc.**		
VECAMYL ORAL TABLET 2.5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Beta Blocker & Diuretic Combinations**		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tier 1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 1	
Direct Renin Inhibitors**		
aliskiren fumarate oral tablet 150 mg, 300 mg	Tier 1	
Endothelin Receptor Antagonists**		
TRYVIO ORAL TABLET 12.5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Notes
Selective Aldosterone Receptor Antagonists (Saras)**		
eplerenone oral tablet 25 mg, 50 mg	Tier 1	
Vasodilators**		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	
Anti-Infective Agents - Misc.		
Anti-Infective Agents - Misc.**		
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML	Tier 3	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 2	PA; QL (84 EA per 28 days)
LIKMEZ ORAL SUSPENSION 500 MG/5ML	Tier 3	
metronidazole oral capsule 375 mg	Tier 1	
metronidazole oral tablet 250 mg, 500 mg	Tier 1	
pentamidine isethionate inhalation solution reconstituted 300 mg	Tier 1	
tinidazole oral tablet 250 mg, 500 mg	Tier 1	
trimethoprim oral tablet 100 mg	Tier 1	
XIFAXAN TABLET 200 MG ORAL	Tier 3	PA
XIFAXAN TABLET 550 MG ORAL	Tier 2	PA
Anti-Infective Misc. - Combinations**		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Tier 1	
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	Tier 1	
Antiprotozoal Agents**		
atovaquone oral suspension 750 mg/5ml	Tier 1	
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	
nitazoxanide oral tablet 500 mg	Tier 1	
Glycopeptides**		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	Tier 3	
vancomycin hcl oral capsule 125 mg, 250 mg	Tier 1	
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	Tier 1	
Leprostatics**		
dapsone oral tablet 100 mg, 25 mg	Tier 1	
Lincosamides**		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Tier 1	

Drug Name	Drug Tier	Notes
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	Tier 1	
Monobactams**		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (84 ML per 56 days)
Oxazolidinones**		
linezolid oral suspension reconstituted 100 mg/5ml	Tier 1	
linezolid oral tablet 600 mg	Tier 1	
SIVEXTRO ORAL TABLET 200 MG	Tier 3	PA; QL (6 EA per 6 days)
Penem Combinations*		
ORLYNVAH ORAL TABLET 500-500 MG	Tier 3	PA; QL (60 EA per 30 days)
Urinary Anti-Infectives**		
BLUJEPA ORAL TABLET 750 MG	Tier 3	PA; QL (20 EA per 5 days)
fosfomycin tromethamine oral packet 3 gm	Tier 1	
methenamine hippurate oral tablet 1 gm	Tier 1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
nitrofurantoin monohyd macro oral capsule 100 mg	Tier 1	
nitrofurantoin oral suspension 25 mg/5ml	Tier 1	
Urinary Antiseptic-Antispasmodic &/Or Analgesics**		
URELLE ORAL TABLET 81 MG	Tier 1	
URETRON D/S ORAL TABLET 81.6 MG	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6 MG	Tier 3	
uro-mp oral capsule 118 mg	Tier 1	
Antimalarials		
Antimalarial Combinations**		
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	Tier 1	
COARTEM ORAL TABLET 20-120 MG	Tier 3	
Antimalarials**		
ARAKODA ORAL TABLET 100 MG	Tier 3	
chloroquine phosphate oral tablet 250 mg, 500 mg	Tier 1	
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	Tier 1	
KRINTAFEL ORAL TABLET 150 MG	Tier 3	
mefloquine hcl oral tablet 250 mg	Tier 1	
primaquine phosphate oral tablet 26.3 (15 base) mg	Tier 1	
pyrimethamine oral tablet 25 mg	Tier 1	PA; Specialty
quinine sulfate oral capsule 324 mg	Tier 1	

Drug Name	Drug Tier	Notes
Antimyasthenic/Cholinergic Agents		
Antimyasthenic/Cholinergic Agents**		
FIRDAPSE ORAL TABLET 10 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
pyridostigmine bromide er oral tablet extended release 180 mg	Tier 1	
pyridostigmine bromide oral solution 60 mg/5ml	Tier 1	
pyridostigmine bromide tablet 30 mg oral	Tier 3	
pyridostigmine bromide tablet 60 mg oral	Tier 1	
Antimycobacterial Agents		
Antimycobacterial Agents**		
cycloserine oral capsule 250 mg	Tier 1	
ethambutol hcl oral tablet 100 mg, 400 mg	Tier 1	
isoniazid oral syrup 50 mg/5ml	Tier 1	
isoniazid oral tablet 100 mg, 300 mg	Tier 1	
pretomanid oral tablet 200 mg	Tier 3	QL (30 EA per 30 days)
PRIFTIN ORAL TABLET 150 MG	Tier 2	
pyrazinamide oral tablet 500 mg	Tier 1	
rifabutin oral capsule 150 mg	Tier 1	
rifampin oral capsule 150 mg, 300 mg	Tier 1	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Antineoplastics And Adjunctive Therapies		
Alkylating Agents**		
MYLERAN ORAL TABLET 2 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
Androgen Biosynthesis Inhibitors**		
abiraterone acetate oral tablet 250 mg, 500 mg	Tier 1	PA; Specialty; OC
ABIRTEGA ORAL TABLET 250 MG	Tier 1	PA; Specialty; OC
YONSA ORAL TABLET 125 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
Antiadrenals**		
LYSODREN ORAL TABLET 500 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
Antiandrogens**		
bicalutamide oral tablet 50 mg	Tier 1	OC
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
EULEXIN ORAL CAPSULE 125 MG	Tier 3	OC
nilutamide oral tablet 150 mg	Tier 1	PA; Specialty; OC
NUBEQA ORAL TABLET 300 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
XTANDI ORAL CAPSULE 40 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
Antiestrogens**		
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Tier 2	OC

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Drug Name	Drug Tier	Notes
tamoxifen citrate oral tablet 10 mg, 20 mg	Tier 1	OC; ACA, Some restrictions may apply.
toremifene citrate oral tablet 60 mg	Tier 1	Specialty; OC
Antimetabolites**		
capecitabine oral tablet 150 mg, 500 mg	Tier 1	PA; Specialty; OC
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 3	OC
mercaptopurine oral suspension 2000 mg/100ml	Tier 1	ST; Specialty; TRIAL OF GENERIC MERCAPTOPURINE TABS IN PAST 120 DAYS; OC
mercaptopurine oral tablet 50 mg	Tier 1	OC
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	Tier 1	
methotrexate sodium injection solution reconstituted 1 gm	Tier 1	
methotrexate sodium oral tablet 2.5 mg	Tier 1	OC
methotrexate sodium solution 250 mg/10ml injection	Tier 1	
methotrexate sodium solution 50 mg/2ml injection	Tier 1	
methotrexate sodium solution 50 mg/2ml injection	Tier 3	
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
TABLOID ORAL TABLET 40 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	OC
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 3	OC
Antineoplastic - Akt Inhibitors**		
TRUQAP ORAL TABLET 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
Antineoplastic - Alk Inhibitors**		
ALECENSA ORAL CAPSULE 150 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
ZYKADIA ORAL TABLET 150 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
Antineoplastic - Anti-Cd20 Antibodies**		
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 4 (SP Non-Preferred)	PA; Specialty
RITUXAN INTRAVENOUS SOLUTION 500 MG/50ML	Tier 4 (SP Non-Preferred)	PA; Specialty

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Drug Name	Drug Tier	Notes
Antineoplastic - Anti-Ctla-4 Antibodies**		
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Antineoplastic - Anti-Her2 Agents**		
HERNEXEOS ORAL TABLET 60 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (90 EA per 30 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
Antineoplastic - Anti-Pd-1 Antibodies**		
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Antineoplastic - Bcl-2 Inhibitors**		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
Antineoplastic - Bcr-Abl Kinase Inhibitors**		
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	Tier 1	PA; Specialty; OC
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
imatinib mesylate oral tablet 100 mg, 400 mg	Tier 1	PA; Specialty; OC
imkeldi oral solution 80 mg/ml	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	Tier 1	PA; Specialty; OC
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
Antineoplastic - Braf Kinase Inhibitors**		
BRAFTOVI ORAL CAPSULE 75 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
OJEMDA ORAL TABLET 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
TAFINLAR ORAL TABLET SOLUBLE 10 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
ZELBORAF ORAL TABLET 240 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
Antineoplastic - Btk Inhibitors**		
BRUKINSA ORAL CAPSULE 80 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
BRUKINSA ORAL TABLET 160 MG	Tier 4 (SP Preferred)	PA; Specialty; OC

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Drug Name	Drug Tier	Notes
CALQUENCE ORAL TABLET 100 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 4 (SP Preferred)	PA; Specialty; OC
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
Antineoplastic - Csf1r Kinase Inhibitors**		
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (8 EA per 28 days)
Antineoplastic - Egfr Inhibitors**		
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	Tier 1	PA; Specialty; OC
gefitinib oral tablet 250 mg	Tier 1	PA; Specialty; OC
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
IRESSA ORAL TABLET 250 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
Antineoplastic - Fgfr Kinase Inhibitors**		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
Antineoplastic - Gamma Secretase Inhibitors**		
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
Antineoplastic - Hedgehog Pathway Inhibitors**		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
ERIVEDGE ORAL CAPSULE 150 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
ODOMZO ORAL CAPSULE 200 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
Antineoplastic - Hif-2-Alpha Inhibitors**		
WELIREG ORAL TABLET 40 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
Antineoplastic - Histone Deacetylase Inhibitors**		
ZOLINZA ORAL CAPSULE 100 MG	Tier 4 (SP Preferred)	PA; Specialty; OC

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Drug Name	Drug Tier	Notes
Antineoplastic - Hormonal And Related Agent Combinations**		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Antineoplastic - Immunomodulators**		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
Antineoplastic - Kras Inhibitors**		
KRAZATI ORAL TABLET 200 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
Antineoplastic - Mek Inhibitors**		
COTELLIC ORAL TABLET 20 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
GOMEKLI ORAL TABLET SOLUBLE 1 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	Tier 4 (SP Preferred)	PA; Specialty; OC
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
MEKTOVI ORAL TABLET 15 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
Antineoplastic - Menin Inhibitors**		
KOMZIFTI ORAL CAPSULE 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
Antineoplastic - Met Inhibitors**		
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
TEPMETKO ORAL TABLET 225 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
Antineoplastic - Methyltransferase Inhibitors**		
TAZVERIK ORAL TABLET 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
Antineoplastic - Mtor Kinase Inhibitors**		
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 1	PA; Specialty; OC
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	Tier 1	PA; Specialty; OC
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 1	PA; Specialty; OC

Drug Name	Drug Tier	Notes
Antineoplastic - Multikinase Inhibitors**		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
CAPRELSA ORAL TABLET 100 MG, 300 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
lapatinib ditosylate oral tablet 250 mg	Tier 1	PA; Specialty; OC
NERLYNX ORAL TABLET 40 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
pazopanib hcl tablet 200 mg oral	Tier 1	PA; Specialty; OC
pazopanib hcl tablet 400 mg oral	Tier 4 (SP Preferred)	PA; Specialty; OC
QINLOCK ORAL TABLET 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
RYDAPT ORAL CAPSULE 25 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
sorafenib tosylate oral tablet 200 mg	Tier 1	PA; Specialty; OC
STIVARGA ORAL TABLET 40 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 1	PA; Specialty; OC
TURALIO ORAL CAPSULE 125 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
XOSPATA ORAL TABLET 40 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
Antineoplastic - Pdgfr-Alpha Inhibitors**		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
Antineoplastic - Protease Activators**		
MODEYSO ORAL CAPSULE 125 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (20 EA per 28 days)
Antineoplastic - Proteasome Inhibitors**		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
Antineoplastic - Ret Inhibitors**		
GAVRETO ORAL CAPSULE 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 4 (SP Preferred)	PA; Specialty; OC

Drug Name	Drug Tier	Notes
Antineoplastic - Tropomyosin Receptor Kinase Inhibitors**		
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
IBTROZI ORAL CAPSULE 200 MG	Tier 2	PA; OC
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
ROZLYTREK ORAL PACKET 50 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 4 (SP Preferred)	PA; Specialty; OC
Antineoplastic - Xpo1 Inhibitors**		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
Antineoplastic Combinations**		
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
INQOVI ORAL TABLET 35-100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Antineoplastics - Photoactivated Agents**		
UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML	Tier 3	PA
Antineoplastics Misc.**		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
hydroxyurea oral capsule 500 mg	Tier 1	OC
MATULANE ORAL CAPSULE 50 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
Aromatase Inhibitors**		
anastrozole oral tablet 1 mg	Tier 1	OC; ACA, Some restrictions may apply.

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Drug Name	Drug Tier	Notes
exemestane oral tablet 25 mg	Tier 1	OC; ACA, Some restrictions may apply.
letrozole oral tablet 2.5 mg	Tier 1	OC
Cyclin-Dependent Kinases (Cdk) Inhibitors**		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	Tier 4 (SP Preferred)	PA; Specialty; OC
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
Estrogen Receptor Antagonist**		
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
fulvestrant solution prefilled syringe 250 mg/5ml intramuscular	Tier 1	PA; Specialty
fulvestrant solution prefilled syringe 250 mg/5ml intramuscular	Tier 4 (SP Preferred)	PA; Specialty
INLURIYO ORAL TABLET 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
Folic Acid Antagonists Rescue Agents**		
leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg	Tier 1	OC
Gonadotropin Releasing Hormone (Gnrh) Antagonists**		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	Tier 4 (SP Non-Preferred)	PA; Specialty
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
ORGOVYX ORAL TABLET 120 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (31 EA per 30 days)
Imidazotetrazines**		
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 1	PA; Specialty; OC
Isocitrate Dehydrogenase 1 & 2 (Idh1 & Idh2) Inhibitors**		
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
Isocitrate Dehydrogenase-1 (Idh1) Inhibitors**		
REZLIDHIA ORAL CAPSULE 150 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC

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Drug Name	Drug Tier	Notes
TIBSOVO ORAL TABLET 250 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
Isocitrate Dehydrogenase-2 (Idh2) Inhibitors**		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
Janus Associated Kinase (Jak) Inhibitors**		
INREBIC ORAL CAPSULE 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 4 (SP Preferred)	PA; Specialty; OC; QL (60 EA per 30 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
VONJO ORAL CAPSULE 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC; QL (120 EA per 30 days)
Lhrh Analogs**		
ELIGARD KIT 22.5 MG SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 84 days)
ELIGARD KIT 30 MG SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 112 days)
ELIGARD KIT 45 MG SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 168 days)
ELIGARD KIT 7.5 MG SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 28 days)
leuprolide acetate injection kit 1 mg/0.2ml	Tier 1	PA; Specialty; QL (2 EA per 28 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 28 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 84 days)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 112 days)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 168 days)
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Mitotic Inhibitors**		
etoposide oral capsule 50 mg	Tier 2	PA; OC
Nitrogen Mustards And Related Analogues**		
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	Tier 1	PA; Specialty
cyclophosphamide intravenous solution 1 gm/5ml, 1000 mg/10ml, 2 gm/10ml, 2000 mg/20ml, 500 mg/2.5ml, 500 mg/5ml	Tier 4 (SP Non-Preferred)	PA; Specialty
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 1	OC
cyclophosphamide oral tablet 50 mg	Tier 2	OC

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Drug Name	Drug Tier	Notes
LEUKERAN ORAL TABLET 2 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
Nitrosoureas**		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
lomustine oral capsule 10 mg, 100 mg, 40 mg	Tier 1	PA; Specialty; OC
Ornithine Decarboxylase (Odc) Inhibitors**		
IWILFIN ORAL TABLET 192 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors**		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
ITOVEBI ORAL TABLET 3 MG, 9 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 4 (SP Preferred)	PA; Specialty; OC
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**		
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
Progestins-Antineoplastic**		
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	Tier 1	
megestrol acetate oral tablet 20 mg, 40 mg	Tier 1	OC
Retinoids**		
tretinoin oral capsule 10 mg	Tier 1	PA; Specialty; OC
Selective Estrogen Receptor Degraders**		
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; OC
Selective Retinoid X Receptor Agonists**		
bexarotene oral capsule 75 mg	Tier 1	PA; Specialty; OC
Topoisomerase I Inhibitors**		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 4 (SP Preferred)	PA; Specialty; OC

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Drug Name	Drug Tier	Notes
Urinary Tract Protective Agents**		
mesna oral tablet 400 mg	Tier 1	OC
Vascular Endothelial Growth Factor (Vegf) Inhibitors**		
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 4 (SP Preferred)	PA; Specialty; OC
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
Antiparkinson And Related Therapy Agents		
Adenosine Receptor Antagonist**		
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 4 (SP Non-Preferred)	Specialty; QL (30 EA per 30 days)
Antiparkinson Anticholinergics**		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	Tier 1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	Tier 1	
Antiparkinson Dopaminergics**		
amantadine hcl oral capsule 100 mg	Tier 1	
amantadine hcl oral solution 50 mg/5ml	Tier 1	
amantadine hcl oral tablet 100 mg	Tier 1	
bromocriptine mesylate oral capsule 5 mg	Tier 1	
bromocriptine mesylate oral tablet 2.5 mg	Tier 1	
INBRIJA INHALATION CAPSULE 42 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (300 EA per 30 days)
Antiparkinson Monoamine Oxidase Inhibitors**		
rasagiline mesylate oral tablet 0.5 mg, 1 mg	Tier 1	
selegiline hcl oral capsule 5 mg	Tier 1	
selegiline hcl oral tablet 5 mg	Tier 1	

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Drug Name	Drug Tier	Notes
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 3	ST; TRIAL OF LEVODOPA/CARBIDOPA IN THE PAST 120 DAYS
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	Tier 3	
Central/Peripheral Comt Inhibitors**		
tolcapone oral tablet 100 mg	Tier 1	PA
Decarboxylase Inhibitors**		
carbidopa oral tablet 25 mg	Tier 1	
Levodopa Combinations**		
carbidopa-levodopa er oral capsule extended release 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	Tier 2	ST; TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER IN THE PAST 120 DAYS
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	Tier 1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	Tier 1	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	ST; TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER IN THE PAST 120 DAYS
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Nonergoline Dopamine Receptor Agonists**		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	Tier 4 (SP Non-Preferred)	PA; Specialty
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	Tier 1	PA; Specialty
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	Tier 2	ST; TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML	Tier 4 (SP Non-Preferred)	PA; Specialty
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	Tier 1	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 1	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 1	

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Drug Name	Drug Tier	Notes
Peripheral Comt Inhibitors**		
entacapone oral tablet 200 mg	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	QL (30 EA per 30 days)
Antipsychotics/Antimanic Agents		
Antimanic Agents**		
lithium carbonate er oral tablet extended release 300 mg, 450 mg	Tier 1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	Tier 1	
lithium carbonate oral tablet 300 mg	Tier 1	
lithium oral solution 8 meq/5ml	Tier 1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Tier 3	
Antipsychotics - Misc.**		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 2	QL (30 EA per 30 days)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 3	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	Tier 3	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
NUPLAZID ORAL CAPSULE 34 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
NUPLAZID ORAL TABLET 10 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 3	QL (30 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	Tier 1	
Benzisoxazoles**		
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 351 MG/2.25ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 3	QL (1 ML per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	ST; TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (60 EA per 30 days)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	Tier 3	ST; TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (8 EA per 28 days)
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	Tier 3	ST; TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (12 EA per 28 days)

Drug Name	Drug Tier	Notes
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	Tier 3	ST; TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	Tier 2	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 2	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	Tier 2	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	Tier 1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	Tier 3	QL (1 EA per 28 days)
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 1	
risperidone oral solution 1 mg/ml	Tier 1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
risperidone tablet dispersible 0.25 mg oral	Tier 1	ST; SWITCH TO STEP ONE: generic atypical antipsychotic
risperidone tablet dispersible 0.5 mg oral	Tier 1	
risperidone tablet dispersible 1 mg oral	Tier 1	
risperidone tablet dispersible 2 mg oral	Tier 1	
risperidone tablet dispersible 3 mg oral	Tier 1	
risperidone tablet dispersible 4 mg oral	Tier 1	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	Tier 2	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML	Tier 2	
Butyrophenones**		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	Tier 1	
haloperidol lactate injection solution 5 mg/ml	Tier 1	
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	
Dibenzodiazepines**		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
clozapine tablet dispersible 100 mg oral	Tier 1	
clozapine tablet dispersible 12.5 mg oral	Tier 1	ST; SWITCH TO STEP ONE: generic atypical antipsychotic

Drug Name	Drug Tier	Notes
clozapine tablet dispersible 150 mg oral	Tier 1	
clozapine tablet dispersible 200 mg oral	Tier 1	
clozapine tablet dispersible 25 mg oral	Tier 1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	ST; SWITCH TO STEP ONE: generic atypical antipsychotic
Dibenzo-Oxepino Pyrroles**		
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	Tier 1	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	Tier 3	ST; SWITCH TO STEP ONE: generic atypical antipsychotic; QL (30 EA per 30 days)
Dibenzothiazepines**		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	
Dibenzoxazepines**		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Dihydroindolones**		
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	Tier 3	
Muscarinic Agent - Combinations**		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 3	ST; TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, REXULTI OR VRAYLAR IN THE PAST 120 DAYS
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	Tier 3	ST; TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, REXULTI OR VRAYLAR IN THE PAST 120 DAYS
Phenothiazines**		
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	Tier 1	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
chlorpromazine hcl solution 25 mg/ml injection	Tier 1	
chlorpromazine hcl solution 50 mg/2ml injection	Tier 1	
chlorpromazine hcl solution 50 mg/2ml injection	Tier 2	
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	
fluphenazine decanoate injection solution 25 mg/ml	Tier 1	
fluphenazine hcl injection solution 2.5 mg/ml	Tier 2	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 3	
fluphenazine hcl oral elixir 2.5 mg/5ml	Tier 3	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	
prochlorperazine edisylate injection solution 10 mg/2ml	Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1	
prochlorperazine rectal suppository 25 mg	Tier 1	

Drug Name	Drug Tier	Notes
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Quinolinone Derivatives**		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML	Tier 2	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	Tier 2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	Tier 2	
aripiprazole oral solution 1 mg/ml	Tier 1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	
aripiprazole oral tablet dispersible 10 mg, 15 mg	Tier 1	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	Tier 2	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	Tier 2	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 3	ST; TRY AND FAIL ARIPIPRAZOLE IN PAST 120 DAYS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	
Thienbenzodiazepines**		
olanzapine intramuscular solution reconstituted 10 mg	Tier 1	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG	Tier 3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG	Tier 3	
Thioxanthenes**		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antivirals		
Antiretroviral Combinations**		
abacavir sulfate-lamivudine oral tablet 600-300 mg	Tier 1	QL (30 EA per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 2	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML	Tier 4 (SP Non-Preferred)	Specialty
CIMDUO ORAL TABLET 300-300 MG	Tier 2	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 2	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Notes
DESCOVY TABLET 120-15 MG ORAL	Tier 2	QL (30 EA per 30 days)
DESCOVY TABLET 200-25 MG ORAL	Tier 2	ACA, Some restrictions may apply.; QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	Tier 2	QL (30 EA per 30 days)
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	Tier 1	QL (30 EA per 30 days)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	Tier 1	QL (30 EA per 30 days)
emtricitabine-tenofovir df tablet 100-150 mg oral	Tier 1	QL (30 EA per 30 days)
emtricitabine-tenofovir df tablet 133-200 mg oral	Tier 1	QL (30 EA per 30 days)
emtricitabine-tenofovir df tablet 167-250 mg oral	Tier 1	QL (30 EA per 30 days)
emtricitabine-tenofovir df tablet 200-300 mg oral	Tier 1	ACA, Some restrictions may apply.; QL (30 EA per 30 days)
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	Tier 1	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	QL (30 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	Tier 2	QL (30 EA per 30 days)
lamivudine-zidovudine oral tablet 150-300 mg	Tier 1	QL (60 EA per 30 days)
lopinavir-ritonavir tablet 100-25 mg oral	Tier 1	QL (240 EA per 30 days)
lopinavir-ritonavir tablet 200-50 mg oral	Tier 1	QL (120 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG	Tier 2	QL (30 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 3	QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 2	QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	QL (30 EA per 30 days)
triumeq pd oral tablet soluble 60-5-30 mg	Tier 2	QL (180 EA per 30 days)
Antiretrovirals - Capsid Inhibitors**		
SUNLENCA ORAL TABLET 300 MG	Tier 3	PA
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	Tier 3	PA
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	Tier 3	PA
YEZTUGO ORAL TABLET 300 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)**		
maraviroc oral tablet 150 mg, 300 mg	Tier 1	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 3	
Antiretrovirals - Gp120-Directed Attachment Inhibitor**		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Tier 3	PA; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Notes
Antiretrovirals - Integrase Inhibitors**		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	Tier 4 (SP Non-Preferred)	Specialty; ACA, Some restrictions may apply.; QL (3 ML per 21 days)
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	Tier 2	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	Tier 2	QL (60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100 MG ORAL	Tier 2	QL (180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25 MG ORAL	Tier 2	QL (720 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	Tier 2	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	Tier 2	QL (180 EA per 30 days)
Antiretrovirals - Protease Inhibitors**		
APTIVUS ORAL CAPSULE 250 MG	Tier 3	QL (120 EA per 30 days)
atazanavir sulfate capsule 150 mg oral	Tier 1	QL (60 EA per 30 days)
atazanavir sulfate capsule 200 mg oral	Tier 1	QL (60 EA per 30 days)
atazanavir sulfate capsule 300 mg oral	Tier 1	QL (30 EA per 30 days)
darunavir tablet 600 mg oral	Tier 1	QL (60 EA per 30 days)
darunavir tablet 800 mg oral	Tier 1	QL (30 EA per 30 days)
fosamprenavir calcium oral tablet 700 mg	Tier 1	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	Tier 3	
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	
PREZISTA TABLET 150 MG ORAL	Tier 2	QL (240 EA per 30 days)
PREZISTA TABLET 600 MG ORAL	Tier 2	QL (60 EA per 30 days)
PREZISTA TABLET 75 MG ORAL	Tier 2	QL (480 EA per 30 days)
PREZISTA TABLET 800 MG ORAL	Tier 2	QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	Tier 3	QL (180 EA per 30 days)
ritonavir oral tablet 100 mg	Tier 1	QL (360 EA per 30 days)
VIRACEPT TABLET 250 MG ORAL	Tier 3	QL (300 EA per 30 days)
VIRACEPT TABLET 625 MG ORAL	Tier 3	QL (120 EA per 30 days)
Antiretrovirals - Rti-Non-Nucleoside Analogues**		
EDURANT ORAL TABLET 25 MG	Tier 2	QL (30 EA per 30 days)
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	Tier 2	QL (180 EA per 30 days)
efavirenz oral tablet 600 mg	Tier 1	QL (30 EA per 30 days)
etravirine tablet 100 mg oral	Tier 1	QL (120 EA per 30 days)
etravirine tablet 200 mg oral	Tier 1	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	Tier 2	QL (480 EA per 30 days)
nevirapine er oral tablet extended release 24 hour 400 mg	Tier 1	QL (30 EA per 30 days)
nevirapine oral suspension 50 mg/5ml	Tier 1	
nevirapine oral tablet 200 mg	Tier 1	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	Tier 3	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Notes
Antiretrovirals - Rti-Nucleoside Analogues-Purines**		
abacavir sulfate oral solution 20 mg/ml	Tier 1	
abacavir sulfate oral tablet 300 mg	Tier 1	QL (60 EA per 30 days)
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines**		
emtricitabine oral capsule 200 mg	Tier 1	ACA, Some restrictions may apply.; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 3	
lamivudine oral solution 10 mg/ml, 300 mg/30ml	Tier 1	
lamivudine tablet 150 mg oral	Tier 1	QL (60 EA per 30 days)
lamivudine tablet 300 mg oral	Tier 1	QL (30 EA per 30 days)
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines**		
zidovudine oral capsule 100 mg	Tier 1	QL (90 EA per 30 days)
zidovudine oral syrup 50 mg/5ml	Tier 1	
zidovudine oral tablet 300 mg	Tier 1	QL (60 EA per 30 days)
Antiretrovirals - Rti-Nucleotide Analogues**		
tenofovir disoproxil fumarate oral tablet 300 mg	Tier 1	ACA, Some restrictions may apply.; QL (30 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	Tier 2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	QL (30 EA per 30 days)
Antiretrovirals Adjuvants**		
TYBOST ORAL TABLET 150 MG	Tier 3	QL (30 EA per 30 days)
Antiviral Combinations**		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	Tier 2	QL (20 EA per 28 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	Tier 2	QL (11 EA per 28 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	Tier 2	QL (30 EA per 28 days)
Cmv Agents**		
LIVTENCITY ORAL TABLET 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	PA; QL (120 EA per 30 days)
valganciclovir hcl oral solution reconstituted 50 mg/ml	Tier 1	
valganciclovir hcl oral tablet 450 mg	Tier 1	
Hepatitis B Agents**		
adefovir dipivoxil oral tablet 10 mg	Tier 1	Specialty; QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 4 (SP Preferred)	Specialty
entecavir oral tablet 0.5 mg, 1 mg	Tier 1	Specialty; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Notes
lamivudine oral tablet 100 mg	Tier 1	QL (30 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	Tier 4 (SP Preferred)	Specialty; QL (30 EA per 30 days)
Hepatitis C Agent - Combinations**		
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
EPCLUSA PACKET 150-37.5 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (28 EA per 28 days)
EPCLUSA PACKET 200-50 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (56 EA per 28 days)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (56 EA per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (28 EA per 28 days)
MAVYRET ORAL PACKET 50-20 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (150 EA per 30 days)
MAVYRET ORAL TABLET 100-40 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (84 EA per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (28 EA per 28 days)
Hepatitis C Agents**		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4 (SP Preferred)	PA; Specialty
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty
ribavirin oral capsule 200 mg	Tier 1	PA
ribavirin oral tablet 200 mg	Tier 1	PA
SOVALDI ORAL PACKET 150 MG, 200 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (56 EA per 28 days)
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (28 EA per 28 days)
Herpes Agents - Purine Analogues**		
acyclovir oral capsule 200 mg	Tier 1	
acyclovir oral suspension 200 mg/5ml, 800 mg/20ml	Tier 1	
acyclovir oral tablet 400 mg, 800 mg	Tier 1	
valacyclovir hcl oral tablet 1 gm, 500 mg	Tier 1	
Herpes Agents - Thymidine Analogues**		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 1	
Misc. Antivirals**		
LAGEVRIO ORAL CAPSULE 200 MG	Tier 2	QL (40 EA per 28 days)
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 3	
TEMBEXA ORAL TABLET 100 MG	Tier 3	
TPOXX ORAL CAPSULE 200 MG	Tier 2	PA
Neuraminidase Inhibitors**		
oseltamivir phosphate capsule 30 mg oral	Tier 1	QL (40 EA per 180 days)
oseltamivir phosphate capsule 45 mg oral	Tier 1	QL (20 EA per 180 days)
oseltamivir phosphate capsule 75 mg oral	Tier 1	QL (20 EA per 180 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	Tier 1	QL (120 ML per 30 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 3	QL (40 EA per 180 days)

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Drug Name	Drug Tier	Notes
Pa Endonuclease Inhibitors**		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Tier 3	QL (30 EA per 28 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Tier 3	QL (30 EA per 28 days)
Beta Blockers		
Alpha-Beta Blockers**		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Tier 1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	
labetalol hcl tablet 100 mg oral	Tier 1	
labetalol hcl tablet 200 mg oral	Tier 1	
labetalol hcl tablet 300 mg oral	Tier 1	
labetalol hcl tablet 400 mg oral	Tier 3	
Beta Blockers Cardio-Selective**		
acebutolol hcl oral capsule 200 mg, 400 mg	Tier 1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
betaxolol hcl oral tablet 10 mg, 20 mg	Tier 1	
bisoprolol fumarate tablet 10 mg oral	Tier 1	
bisoprolol fumarate tablet 2.5 mg oral	Tier 2	
bisoprolol fumarate tablet 5 mg oral	Tier 1	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	
LOPRESSOR ORAL SOLUTION 10 MG/ML	Tier 3	PA
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	
Beta Blockers Non-Selective**		
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
pindolol oral tablet 10 mg, 5 mg	Tier 1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	Tier 1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
propranolol hcl solution 20 mg/5ml oral	Tier 1	
propranolol hcl solution 40 mg/5ml oral	Tier 2	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	Tier 1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	

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Drug Name	Drug Tier	Notes
Calcium Channel Blockers		
Calcium Channel Blockers**		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Tier 3	PA
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg	Tier 1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Tier 1	
levamlodipine maleate oral tablet 2.5 mg, 5 mg	Tier 3	PA
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Tier 1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Tier 1	
nifedipine oral capsule 10 mg, 20 mg	Tier 1	
nimodipine oral capsule 30 mg	Tier 1	
nimodipine oral solution 60 mg/20ml	Tier 3	
nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg	Tier 1	
NORLIQVA ORAL SOLUTION 1 MG/ML	Tier 3	PA
NYMALIZE ORAL SOLUTION 6 MG/ML	Tier 3	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	Tier 1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
Cardiotonics		
Cardiac Glycosides**		
digoxin oral solution 0.05 mg/ml	Tier 1	

Drug Name	Drug Tier	Notes
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	Tier 1	
LANOXIN TABLET 125 MCG ORAL	Tier 3	
LANOXIN TABLET 250 MCG ORAL	Tier 1	
LANOXIN TABLET 62.5 MCG ORAL	Tier 3	
Cardiovascular Agents - Misc.		
Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb**		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	Tier 1	
Cardiac Myosin Inhibitors**		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb**		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	Tier 3	QL (240 EA per 30 days)
sacubitril-valsartan tablet 24-26 mg oral	Tier 1	QL (180 EA per 30 days)
sacubitril-valsartan tablet 49-51 mg oral	Tier 1	QL (60 EA per 30 days)
sacubitril-valsartan tablet 97-103 mg oral	Tier 1	QL (60 EA per 30 days)
Nitrate & Vasodilator Combinations**		
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	Tier 1	
Pde Inhibitor-Endothelin Recptor Antagonist Combinations**		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
Prostaglandin Vasodilators**		
alprostadil injection solution 500 mcg/ml	Tier 1	
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	Tier 1	PA; Specialty
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (168 EA per 28 days)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (336 EA per 28 days)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (252 EA per 28 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (90 EA per 30 days)

Drug Name	Drug Tier	Notes
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML, 8 MG/20ML	Tier 4 (SP Non-Preferred)	PA; Specialty
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	Tier 1	PA; Specialty
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	Tier 4 (SP Preferred)	PA; Specialty; QL (112 EA per 28 days)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	Tier 4 (SP Preferred)	PA; Specialty; QL (252 EA per 63 days)
TYVASO INHALATION SOLUTION 0.6 MG/ML	Tier 4 (SP Preferred)	PA; Specialty; QL (11.6 ML per 30 days)
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML	Tier 4 (SP Preferred)	PA; Specialty; QL (81.2 ML per 28 days)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML	Tier 4 (SP Preferred)	PA; Specialty; QL (81.2 ML per 28 days)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)**		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (90 EA per 30 days)
Pulmonary Hypertension - Activin Signaling Inhibitor**		
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	Tier 4 (SP Preferred)	PA; Specialty
Pulmonary Hypertension - Endothelin Receptor Antagonists**		
ambrisentan oral tablet 10 mg, 5 mg	Tier 1	PA; Specialty; QL (30 EA per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	Tier 1	PA; Specialty; QL (60 EA per 30 days)
bosentan oral tablet soluble 32 mg	Tier 1	PA; Specialty; QL (120 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
Pulmonary Hypertension - Phosphodiesterase Inhibitors**		
ALYQ ORAL TABLET 20 MG	Tier 1	PA; Specialty; QL (60 EA per 30 days)
sildenafil citrate oral suspension reconstituted 10 mg/ml	Tier 1	PA
sildenafil citrate oral tablet 20 mg	Tier 1	PA; QL (90 EA per 30 days)
tadalafil (pah) oral tablet 20 mg	Tier 1	PA; Specialty; QL (60 EA per 30 days)
Pulmonary Hypertension - Prostacyclin Receptor Agonist**		
UPTRAVI TABLET 1000 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
UPTRAVI TABLET 1200 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
UPTRAVI TABLET 1400 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
UPTRAVI TABLET 1600 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)

Drug Name	Drug Tier	Notes
UPTRAVI TABLET 200 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
UPTRAVI TABLET 400 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
UPTRAVI TABLET 600 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
UPTRAVI TABLET 800 MCG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	Tier 4 (SP Preferred)	PA; Specialty; QL (200 EA per 30 days)
Selective Cgmp Phosphodiesterase Type 5 Inhibitors**		
tadalafil oral tablet 2.5 mg, 5 mg	Tier 1	PA; QL (30 EA per 30 days)
Sinus Node Inhibitors*		
CORLANOR ORAL SOLUTION 5 MG/5ML	Tier 2	QL (450 ML per 30 days)
ivabradine hcl oral tablet 5 mg, 7.5 mg	Tier 1	QL (60 EA per 30 days)
Transthyretin Stabilizers**		
ATTRUBY ORAL TABLET THERAPY PACK 356 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (112 EA per 28 days)
VYNDAMAX ORAL CAPSULE 61 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (120 EA per 30 days)
Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)**		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA
Cephalosporins		
Cephalosporins - 1St Generation**		
cefadroxil oral capsule 500 mg	Tier 1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	Tier 1	
cefadroxil oral tablet 1 gm	Tier 1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Tier 1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	
cephalexin oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporins - 2Nd Generation**		
cefaclor er oral tablet extended release 12 hour 500 mg	Tier 3	
cefaclor oral capsule 250 mg, 500 mg	Tier 1	
cefaclor oral suspension reconstituted 250 mg/5ml	Tier 3	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporins - 3Rd Generation**		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	

Drug Name	Drug Tier	Notes
cefixime oral capsule 400 mg	Tier 1	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Tier 1	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	Tier 1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	Tier 1	
Contraceptives		
Biphasic Contraceptives - Oral**		
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1	ACA, Some restrictions may apply.
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	Tier 1	ACA, Some restrictions may apply.
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1	ACA, Some restrictions may apply.
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	Tier 2	ACA, Some restrictions may apply.
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1	ACA, Some restrictions may apply.
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1	ACA, Some restrictions may apply.
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	Tier 1	ACA, Some restrictions may apply.
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 1	ACA, Some restrictions may apply.
Combination Contraceptives - Oral**		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
alyacen 1/35 oral tablet 1-35 mg-mcg	Tier 1	ACA, Some restrictions may apply.
APRI ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
AVERI ORAL TABLET 0.15-0.03 MG	Tier 3	ACA, Some restrictions may apply.
AVIANE ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
AYUNA ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
BALZIVA ORAL TABLET 0.4-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
briellyn oral tablet 0.4-35 mg-mcg	Tier 1	ACA, Some restrictions may apply.
CHARLOTTE 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.

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Drug Name	Drug Tier	Notes
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
DELYLA ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	Tier 1	ACA, Some restrictions may apply.
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	Tier 1	ACA, Some restrictions may apply.
ELINEST ORAL TABLET 0.3-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	Tier 1	ACA, Some restrictions may apply.
FALMINA ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG	Tier 3	ACA, Some restrictions may apply.
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
GALBRIELA ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Tier 1	ACA, Some restrictions may apply.
GEMMILY ORAL CAPSULE 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
JASMIEL ORAL TABLET 3-0.02 MG	Tier 1	ACA, Some restrictions may apply.
JOYEAUX ORAL TABLET 0.1-20 MG-MCG(21)	Tier 1	ACA, Some restrictions may apply.
JULEBER ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Tier 1	ACA, Some restrictions may apply.
KALLIGA ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
KURVELO ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.

Drug Name	Drug Tier	Notes
LESSINA ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	Tier 1	ACA, Some restrictions may apply.
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	Tier 1	ACA, Some restrictions may apply.
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LORYNA ORAL TABLET 3-0.02 MG	Tier 1	ACA, Some restrictions may apply.
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	Tier 1	ACA, Some restrictions may apply.
LUIZZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LUIZZA 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
LUTERA ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
marlissa oral tablet 0.15-30 mg-mcg	Tier 1	ACA, Some restrictions may apply.
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
MILI ORAL TABLET 0.25-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
MINZOYA ORAL TABLET 0.1-20 MG-MCG(21)	Tier 1	ACA, Some restrictions may apply.
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
NEXTSTELLIS ORAL TABLET 3-14.2 MG	Tier 3	ACA, Some restrictions may apply.
NIKKI ORAL TABLET 3-0.02 MG	Tier 1	ACA, Some restrictions may apply.
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	Tier 1	ACA, Some restrictions may apply.
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	Tier 1	ACA, Some restrictions may apply.
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	Tier 1	ACA, Some restrictions may apply.
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Tier 1	ACA, Some restrictions may apply.
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	Tier 1	ACA, Some restrictions may apply.
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Tier 1	ACA, Some restrictions may apply.
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.

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Drug Name	Drug Tier	Notes
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
PHILITH ORAL TABLET 0.4-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
SRONYX ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
SYEDA ORAL TABLET 3-0.03 MG	Tier 1	ACA, Some restrictions may apply.
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
TAYSOFY ORAL CAPSULE 1-20 MG-MCG(24)	Tier 1	ACA, Some restrictions may apply.
TURQOZ ORAL TABLET 0.3-30 MG-MCG	Tier 1	ACA, Some restrictions may apply.
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
TYDEMY ORAL TABLET 3-0.03-0.451 MG	Tier 1	ACA, Some restrictions may apply.
VALTYA 1/35 ORAL TABLET 1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
VALTYA 1/50 ORAL TABLET 1-50 MG-MCG	Tier 1	ACA, Some restrictions may apply.
VESTURA ORAL TABLET 3-0.02 MG	Tier 1	ACA, Some restrictions may apply.
VIENVA ORAL TABLET 0.1-20 MG-MCG	Tier 1	ACA, Some restrictions may apply.
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
WERA ORAL TABLET 0.5-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
XELRIA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
ZUMANDIMINE ORAL TABLET 3-0.03 MG	Tier 1	ACA, Some restrictions may apply.
Combination Contraceptives - Transdermal**		
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	Tier 1	ACA
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR	Tier 3	ACA
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 1	ACA
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 1	ACA
Combination Contraceptives - Vaginal**		
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	Tier 3	ACA; QL (1 EA per 365 days)
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	Tier 1	ACA
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	Tier 1	ACA

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Drug Name	Drug Tier	Notes
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	Tier 1	ACA
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	Tier 1	ACA
Continuous Contraceptives - Oral**		
AMETHYST ORAL TABLET 90-20 MCG	Tier 1	ACA, Some restrictions may apply.
DOLISHALE ORAL TABLET 90-20 MCG	Tier 1	ACA, Some restrictions may apply.
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	Tier 1	ACA, Some restrictions may apply.
Copper Contraceptives - Iud**		
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Tier 3	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Tier 3	ACA
Emergency Contraceptives**		
AFTERA ORAL TABLET 1.5 MG	Tier 1	ACA
AFTERPILL ORAL TABLET 1.5 MG	Tier 1	ACA
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	Tier 1	ACA
ELLA ORAL TABLET 30 MG	Tier 2	ACA
HER STYLE ORAL TABLET 1.5 MG	Tier 1	ACA
levonorgestrel oral tablet 1.5 mg	Tier 1	ACA
MY CHOICE ORAL TABLET 1.5 MG	Tier 1	ACA
MY WAY ORAL TABLET 1.5 MG	Tier 1	ACA
NEW DAY ORAL TABLET 1.5 MG	Tier 1	ACA
OPCICON ONE-STEP ORAL TABLET 1.5 MG	Tier 1	ACA
OPTION 2 ORAL TABLET 1.5 MG	Tier 1	ACA
REACT ORAL TABLET 1.5 MG	Tier 1	ACA
TAKE ACTION ORAL TABLET 1.5 MG	Tier 1	ACA
Extended-Cycle Contraceptives - Oral**		
ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG	Tier 1	ACA, Some restrictions may apply.
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	Tier 1	ACA, Some restrictions may apply.
CAMRESE ORAL TABLET 0.15-0.03 &0.01 MG	Tier 1	ACA, Some restrictions may apply.
DAYSEE ORAL TABLET 0.15-0.03 &0.01 MG	Tier 1	ACA, Some restrictions may apply.
ICLEVIA ORAL TABLET 0.15-0.03 MG	Tier 1	ACA, Some restrictions may apply.
INTROVALE ORAL TABLET 0.15-0.03 MG	Tier 1	ACA, Some restrictions may apply.
JAIMIESS ORAL TABLET 0.15-0.03 &0.01 MG	Tier 1	ACA, Some restrictions may apply.
JOLESSA ORAL TABLET 0.15-0.03 MG	Tier 1	ACA, Some restrictions may apply.
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	Tier 1	ACA, Some restrictions may apply.
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	Tier 1	ACA, Some restrictions may apply.
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	Tier 1	ACA, Some restrictions may apply.
RIVELSA ORAL TABLET 42-21-21-7 DAYS	Tier 1	ACA, Some restrictions may apply.
ROSYRAH ORAL TABLET 42-21-21-7 DAYS	Tier 1	ACA, Some restrictions may apply.

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Drug Name	Drug Tier	Notes
SETLAKIN ORAL TABLET 0.15-0.03 MG	Tier 1	ACA, Some restrictions may apply.
SIMPESSE ORAL TABLET 0.15-0.03 &0.01 MG	Tier 1	ACA, Some restrictions may apply.
Four Phase Contraceptives - Oral**		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	Tier 3	ACA, Some restrictions may apply.
Progestin Contraceptives - Implants**		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	Tier 3	ACA, Some restrictions may apply.
Progestin Contraceptives - Injectable**		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	Tier 3	ACA, Some restrictions may apply.
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	Tier 1	ACA, Some restrictions may apply.
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	Tier 1	ACA, Some restrictions may apply.
Progestin Contraceptives - Iud**		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	Tier 2	ACA
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Tier 3	ACA
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	Tier 2	ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	Tier 2	ACA
Progestin Contraceptives - Oral**		
CAMILA ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
DEBLITANE ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
EMZAHH ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
ERRIN ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
HEATHER ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
INCASSIA ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
JENCYCLA ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
LYLEQ ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
LYZA ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
MELEYA ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
NORA-BE ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
norethindrone oral tablet 0.35 mg	Tier 1	ACA, Some restrictions may apply.
NORLYROC ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
ORQUIDEA ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
SHAROBEL ORAL TABLET 0.35 MG	Tier 1	ACA, Some restrictions may apply.
SLYND ORAL TABLET 4 MG	Tier 3	ACA, Some restrictions may apply.

Drug Name	Drug Tier	Notes
Triphasic Contraceptives - Oral**		
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	Tier 1	ACA, Some restrictions may apply.
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	Tier 1	ACA, Some restrictions may apply.
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	Tier 1	ACA, Some restrictions may apply.
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	Tier 1	ACA, Some restrictions may apply.
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	Tier 1	ACA, Some restrictions may apply.
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA, Some restrictions may apply.
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	ACA, Some restrictions may apply.
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 1	ACA, Some restrictions may apply.
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	Tier 1	ACA, Some restrictions may apply.
XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 1	ACA, Some restrictions may apply.
Corticosteroids		
Glucocorticosteroids**		
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty

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Drug Name	Drug Tier	Notes
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
budesonide er oral tablet extended release 24 hour 9 mg	Tier 1	ST; TRIAL OF BALSALAZIDE IN THE PAST 120 DAYS
budesonide oral capsule delayed release particles 3 mg	Tier 1	
cortisone acetate oral tablet 25 mg	Tier 3	
deflazacort oral suspension 22.75 mg/ml	Tier 1	PA; Specialty
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	Tier 1	PA; Specialty
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 3	
dexamethasone oral elixir 0.5 mg/5ml	Tier 1	
dexamethasone oral solution 0.5 mg/5ml	Tier 3	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	Tier 1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
hydrocortisone sod suc (pf) injection solution reconstituted 100 mg	Tier 1	
jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg	Tier 1	PA; Specialty
KYMBEE ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Tier 1	PA; Specialty
MEDROL ORAL TABLET 2 MG	Tier 3	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
methylprednisolone oral tablet therapy pack 4 mg	Tier 1	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG	Tier 3	
prednisolone oral solution 15 mg/5ml	Tier 1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	Tier 1	
prednisolone sodium phosphate tablet dispersible 10 mg oral	Tier 3	
prednisolone sodium phosphate tablet dispersible 10 mg oral	Tier 1	
prednisolone sodium phosphate tablet dispersible 15 mg oral	Tier 3	
prednisolone sodium phosphate tablet dispersible 15 mg oral	Tier 1	
prednisolone sodium phosphate tablet dispersible 30 mg oral	Tier 3	
prednisolone sodium phosphate tablet dispersible 30 mg oral	Tier 1	
prednisone oral solution 5 mg/5ml	Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 1	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	Tier 1	
PYQUVI ORAL SUSPENSION 22.75 MG/ML	Tier 1	PA; Specialty

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Drug Name	Drug Tier	Notes
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG	Tier 3	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49)	Tier 3	
Mineralocorticoids**		
fludrocortisone acetate oral tablet 0.1 mg	Tier 1	
Cough/Cold/Allergy		
Antitussive - Nonnarcotic**		
benzonatate oral capsule 100 mg, 200 mg	Tier 1	
Antitussive - Opioid**		
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	Tier 1	QL (900 ML per 30 days)
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	Tier 1	QL (180 EA per 30 days)
hydromet oral solution 5-1.5 mg/5ml	Tier 1	QL (900 ML per 30 days)
Decongestant & Antihistamine**		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG	Tier 3	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	Tier 1	
Iodine Expectorants**		
SSKI ORAL SOLUTION 1 GM/ML	Tier 3	
Misc. Respiratory Inhalants**		
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	Tier 3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	Tier 1	
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 %	Tier 1	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	Tier 1	
Mucolytics**		
acetylcysteine inhalation solution 10 %, 20 %	Tier 1	
Non-Narc Antitussive-Antihistamine**		
promethazine-dm oral syrup 6.25-15 mg/5ml	Tier 1	
Non-Narc Antitussive-Decongestant-Antihistamine**		
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	Tier 1	
Opioid Antitussive-Antihistamine**		
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	Tier 1	QL (300 ML per 30 days)
promethazine-codeine oral solution 6.25-10 mg/5ml	Tier 1	QL (900 ML per 30 days)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG	Tier 3	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Notes
Dermatologicals		
Acne Antibiotics**		
AMZEEQ EXTERNAL FOAM 4 %	Tier 3	ST; TRIAL OF CLINDAMYCIN GEL OR TRETINOIN GEL 0.025% IN THE PAST 120 DAYS
CLINDACIN ETZ EXTERNAL SWAB 1 %	Tier 1	
CLINDACIN EXTERNAL FOAM 1 %	Tier 1	
CLINDACIN-P EXTERNAL SWAB 1 %	Tier 1	
clindamycin phos (once-daily) external gel 1 %	Tier 1	
clindamycin phos (twice-daily) external gel 1 %	Tier 1	
clindamycin phosphate external foam 1 %	Tier 1	
clindamycin phosphate external lotion 1 %	Tier 1	
clindamycin phosphate external solution 1 %	Tier 1	
clindamycin phosphate external swab 1 %	Tier 1	
dapsone external gel 5 %, 7.5 %	Tier 1	
ery external pad 2 %	Tier 1	
erythromycin external gel 2 %	Tier 1	
erythromycin external solution 2 %	Tier 1	
sulfacetamide sodium (acne) external lotion 10 %	Tier 1	
Acne Combinations**		
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Tier 1	
benzoyl peroxide-erythromycin external gel 5-3 %	Tier 1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 %	Tier 3	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	Tier 1	
clindamycin-tretinoin external gel 1.2-0.025 %	Tier 1	
NEUAC EXTERNAL GEL 1.2-5 %	Tier 1	
ONEXTON EXTERNAL GEL 1.2-3.75 %	Tier 2	ST; TRIAL OF CLINDAMYCIN GEL OR TRETINOIN GEL 0.025% IN THE PAST 120 DAYS
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %	Tier 1	
sulfacetamide sodium-sulfur external suspension 8-4 %	Tier 1	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 %	Tier 1	
Acne Products**		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
adapalene external cream 0.1 %	Tier 1	
adapalene external gel 0.1 %, 0.3 %	Tier 1	
AKLIEF EXTERNAL CREAM 0.005 %	Tier 3	ST; SWITCH TO STEP 1: Generic topical retinoid

Drug Name	Drug Tier	Notes
ALTRENO EXTERNAL LOTION 0.05 %	Tier 3	ST; SWITCH TO STEP 1: Generic topical retinoid
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
AZELEX EXTERNAL CREAM 20 %	Tier 3	ST; TRIAL OF CLINDAMYCIN GEL OR TRETINOIN GEL 0.025% IN THE PAST 120 DAYS
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
DIFFERIN EXTERNAL LOTION 0.1 %	Tier 3	ST; SWITCH TO STEP 1: Generic topical retinoid
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	Tier 1	
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	Tier 1	
tretinoin microsphere gel 0.04 % external	Tier 1	
tretinoin microsphere gel 0.04 % external	Tier 1	ST; SWITCH TO STEP 1: Generic topical retinoid
tretinoin microsphere gel 0.08 % external	Tier 1	
tretinoin microsphere gel 0.1 % external	Tier 1	ST; SWITCH TO STEP 1: Generic topical retinoid
tretinoin microsphere pump gel 0.04 % external	Tier 1	ST; SWITCH TO STEP 1: Generic topical retinoid
tretinoin microsphere pump gel 0.08 % external	Tier 1	
tretinoin microsphere pump gel 0.1 % external	Tier 1	ST; SWITCH TO STEP 1: Generic topical retinoid
WINLEVI EXTERNAL CREAM 1 %	Tier 3	QL (60 GM per 30 days)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
Agents For External Genital And Perianal Warts**		
VEREGEN EXTERNAL OINTMENT 15 %	Tier 3	
Alopecia Agents - Janus Kinus (Jak) Inhibitors**		
LITFULO ORAL CAPSULE 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
Antibiotic Steroid Combinations - Topical**		
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 %	Tier 3	
Antibiotics - Topical**		
gentamicin sulfate external cream 0.1 %	Tier 1	
gentamicin sulfate external ointment 0.1 %	Tier 1	
mupirocin calcium external cream 2 %	Tier 1	
mupirocin external ointment 2 %	Tier 1	

Drug Name	Drug Tier	Notes
Antifungals - Topical Combinations**		
clotrimazole-betamethasone external cream 1-0.05 %	Tier 1	
clotrimazole-betamethasone external lotion 1-0.05 %	Tier 1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	Tier 1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	Tier 1	
Antifungals - Topical**		
CICLODAN EXTERNAL SOLUTION 8 %	Tier 1	
ciclopirox external gel 0.77 %	Tier 1	
ciclopirox external shampoo 1 %	Tier 1	
ciclopirox external solution 8 %	Tier 1	
ciclopirox olamine external cream 0.77 %	Tier 1	
KLAYESTA EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
naftifine hcl external cream 1 %	Tier 1	
naftifine hcl external gel 2 %	Tier 1	
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
nystatin external cream 100000 unit/gm	Tier 1	
nystatin external ointment 100000 unit/gm	Tier 1	
nystatin external powder 100000 unit/gm	Tier 1	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
Anti-Inflammatory Agents - Topical**		
diclofenac epolamine patch 1.3 % external	Tier 1	
diclofenac epolamine patch 1.3 % external	Tier 3	
diclofenac sodium external solution 1.5 %	Tier 1	QL (450 ML per 30 days)
FLECTOR EXTERNAL PATCH 1.3 %	Tier 3	
LICART EXTERNAL PATCH 24 HOUR 1.3 %	Tier 3	ST; TRIAL OF FLECTOR PATCH IN THE PAST 120 DAYS
Antineoplastic Alkylating Agents - Topical**		
VALCHLOR EXTERNAL GEL 0.016 %	Tier 4 (SP Preferred)	PA; Specialty; QL (60 GM per 30 days)
Antineoplastic Antimetabolites - Topical**		
fluorouracil external cream 5 %	Tier 1	
fluorouracil external solution 2 %, 5 %	Tier 1	
Antineoplastic Or Premalignant Lesions - Topical Nsaid's**		
diclofenac sodium external gel 3 %	Tier 1	PA; QL (100 GM per 30 days)

Drug Name	Drug Tier	Notes
Antineoplastic Retinoids - Topical**		
PANRETIN EXTERNAL GEL 0.1 %	Tier 4 (SP Non-Preferred)	Specialty
Antipsoriatics - Systemic**		
acitretin capsule 10 mg oral	Tier 1	QL (120 EA per 30 days)
acitretin capsule 17.5 mg oral	Tier 1	QL (60 EA per 30 days)
acitretin capsule 25 mg oral	Tier 1	QL (60 EA per 30 days)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
methoxsalen rapid oral capsule 10 mg	Tier 1	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
SOTYKTU ORAL TABLET 6 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Tier 4 (SP Non-Preferred)	PA; Specialty
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
Antipsoriatics**		
calcipotriene external cream 0.005 %	Tier 1	
calcipotriene external ointment 0.005 %	Tier 1	
calcipotriene external solution 0.005 %	Tier 1	
CALCITRENE EXTERNAL OINTMENT 0.005 %	Tier 1	
calcitriol ointment 3 mcg/gm external	Tier 3	
calcitriol ointment 3 mcg/gm external	Tier 1	
tazarotene external cream 0.05 %, 0.1 %	Tier 1	
tazarotene external gel 0.05 %, 0.1 %	Tier 1	

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Drug Name	Drug Tier	Notes
VECTICAL EXTERNAL OINTMENT 3 MCG/GM	Tier 3	
VTAMA EXTERNAL CREAM 1 %	Tier 2	PA; QL (60 GM per 30 days)
Antiseborrheic Products**		
selenium sulfide external lotion 2.5 %	Tier 1	
sodium sulfacetamide wash external liquid 10 %	Tier 1	
Antivirals - Topical**		
acyclovir external ointment 5 %	Tier 1	
ZELSUVMI EXTERNAL GEL 10.3 %	Tier 3	PA
Atopic Dermatitis - Janus Kinase (Jak) Inhibitors**		
OPZELURA EXTERNAL CREAM 1.5 %	Tier 2	PA; QL (60 GM per 30 days)
Atopic Dermatitis - Monoclonal Antibodies**		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
Burn Products**		
silver sulfadiazine external cream 1 %	Tier 1	
SSD EXTERNAL CREAM 1 %	Tier 1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	Tier 3	
Corticosteroids - Topical**		
ALA SCALP EXTERNAL LOTION 2 %	Tier 1	ST; TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
ala-cort external cream 1 %	Tier 1	
alclometasone dipropionate external cream 0.05 %	Tier 1	
alclometasone dipropionate external ointment 0.05 %	Tier 1	
amcinonide external cream 0.1 %	Tier 3	ST; TRIAL OF BETAMETHASONE 0.1% OINT, FLUTICASONE 0.005% OINT, TRIAMCINOLONE 0.5% (OINT, CREAM), OR MOMETASONE 0.1% OINT IN THE PAST 120 DAYS
amcinonide external ointment 0.1 %	Tier 1	ST; TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS

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Drug Name	Drug Tier	Notes
betamethasone dipropionate aug external cream 0.05 %	Tier 1	
betamethasone dipropionate aug external gel 0.05 %	Tier 1	
betamethasone dipropionate aug external lotion 0.05 %	Tier 1	
betamethasone dipropionate aug external ointment 0.05 %	Tier 1	
betamethasone dipropionate external cream 0.05 %	Tier 1	
betamethasone dipropionate external lotion 0.05 %	Tier 1	
betamethasone dipropionate external ointment 0.05 %	Tier 1	
betamethasone valerate external cream 0.1 %	Tier 1	
betamethasone valerate external lotion 0.1 %	Tier 1	
betamethasone valerate external ointment 0.1 %	Tier 1	
clobetasol propionate e external cream 0.05 %	Tier 1	
clobetasol propionate emulsion external foam 0.05 %	Tier 1	
clobetasol propionate external cream 0.05 %	Tier 1	
clobetasol propionate external foam 0.05 %	Tier 1	
clobetasol propionate external gel 0.05 %	Tier 1	
clobetasol propionate external liquid 0.05 %	Tier 1	
clobetasol propionate external lotion 0.05 %	Tier 1	
clobetasol propionate external ointment 0.05 %	Tier 1	
clobetasol propionate external shampoo 0.05 %	Tier 1	
clobetasol propionate external solution 0.05 %	Tier 1	
clocortolone pivalate external cream 0.1 %	Tier 1	ST; TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
CLODAN EXTERNAL SHAMPOO 0.05 %	Tier 1	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	Tier 3	
desonide external cream 0.05 %	Tier 1	
desonide external gel 0.05 %	Tier 1	ST; TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
desonide external lotion 0.05 %	Tier 1	
desonide external ointment 0.05 %	Tier 1	
desoximetasone external cream 0.05 %, 0.25 %	Tier 1	
desoximetasone external gel 0.05 %	Tier 1	
desoximetasone external liquid 0.25 %	Tier 1	
desoximetasone external ointment 0.05 %, 0.25 %	Tier 1	
fluocinolone acetonide body external oil 0.01 %	Tier 1	
fluocinolone acetonide external cream 0.01 %, 0.025 %	Tier 1	
fluocinolone acetonide external ointment 0.025 %	Tier 1	
fluocinolone acetonide external solution 0.01 %	Tier 1	

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Drug Name	Drug Tier	Notes
fluocinolone acetonide scalp external oil 0.01 %	Tier 1	
fluocinonide emulsified base external cream 0.05 %	Tier 1	
fluocinonide external cream 0.05 %, 0.1 %	Tier 1	
fluocinonide external gel 0.05 %	Tier 1	
fluocinonide external ointment 0.05 %	Tier 1	
fluocinonide external solution 0.05 %	Tier 1	
flurandrenolide external lotion 0.05 %	Tier 1	
fluticasone propionate external cream 0.05 %	Tier 1	
fluticasone propionate external lotion 0.05 %	Tier 1	
fluticasone propionate external ointment 0.005 %	Tier 1	
halcinonide external cream 0.1 %	Tier 1	ST; TRIAL OF BETAMETH 0.05% OINT/AUG CRM, FLUOCINONIDE 0.05% GEL/OINT/SOLN/CRM, OR DESOXIMET CRM/GEL/OINT IN THE PAST 120 DAYS
halcinonide external solution 0.1 %	Tier 3	ST; TRIAL OF BETAMETH 0.05% OINT/AUG CRM, FLUOCINONIDE 0.05% GEL/OINT/SOLN/CRM, OR DESOXIMET CRM/GEL/OINT IN THE PAST 120 DAYS
halobetasol propionate external cream 0.05 %	Tier 1	
halobetasol propionate external ointment 0.05 %	Tier 1	
hydrocortisone acetate external cream 2.5 %	Tier 3	
hydrocortisone butyrate external cream 0.1 %	Tier 1	
hydrocortisone butyrate external lotion 0.1 %	Tier 1	ST; TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
hydrocortisone butyrate external ointment 0.1 %	Tier 1	ST; TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
hydrocortisone butyrate external solution 0.1 %	Tier 1	
hydrocortisone external cream 1 %, 2.5 %	Tier 1	
hydrocortisone external ointment 1 %, 2.5 %	Tier 1	
hydrocortisone external solution 2.5 %	Tier 3	ST; TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
hydrocortisone lotion 2 % external	Tier 1	ST; TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS

Drug Name	Drug Tier	Notes
hydrocortisone lotion 2.5 % external	Tier 1	
hydrocortisone valerate external cream 0.2 %	Tier 1	
hydrocortisone valerate external ointment 0.2 %	Tier 1	
mometasone furoate external cream 0.1 %	Tier 1	
mometasone furoate external ointment 0.1 %	Tier 1	
mometasone furoate external solution 0.1 %	Tier 1	
SERNIVO EXTERNAL EMULSION 0.05 %	Tier 3	ST; TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
TEXACORT EXTERNAL SOLUTION 2.5 %	Tier 3	ST; TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
TOVET EXTERNAL FOAM 0.05 %	Tier 1	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	Tier 1	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	Tier 1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	Tier 1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	Tier 1	
TRIDERM EXTERNAL CREAM 0.5 %	Tier 1	
Emollients**		
ammonium lactate external cream 12 %	Tier 1	
ammonium lactate external lotion 12 %	Tier 1	
Enzymes - Topical**		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Tier 3	QL (60 GM per 30 days)
Imidazole-Related Antifungals - Topical**		
clotrimazole external cream 1 %	Tier 1	
clotrimazole external solution 1 %	Tier 1	
econazole nitrate external cream 1 %	Tier 1	
ECOZA EXTERNAL FOAM 1 %	Tier 3	
EXELDERM EXTERNAL CREAM 1 %	Tier 3	
EXELDERM EXTERNAL SOLUTION 1 %	Tier 3	
ketoconazole external cream 2 %	Tier 1	QL (180 GM per 1 day)
ketoconazole external shampoo 2 %	Tier 1	
luliconazole external cream 1 %	Tier 3	
LUZU EXTERNAL CREAM 1 %	Tier 3	
oxiconazole nitrate external cream 1 %	Tier 1	
OXISTAT EXTERNAL LOTION 1 %	Tier 3	
sulconazole nitrate external cream 1 %	Tier 3	
sulconazole nitrate external solution 1 %	Tier 3	

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Drug Name	Drug Tier	Notes
Immunomodulators Imidazoquinolinamines - Topical**		
imiquimod external cream 5 %	Tier 1	
Keratolytic/Antimitotic/Vesicant Agents**		
podofilox external gel 0.5 %	Tier 1	
podofilox external solution 0.5 %	Tier 1	
Local Anesthetics - Topical**		
dyclopro external solution 0.5 %	Tier 3	
lidocaine external ointment 5 %	Tier 1	QL (50 GM per 30 days)
lidocaine external patch 5 %	Tier 1	QL (90 EA per 30 days)
lidocaine hcl external solution 4 %	Tier 1	QL (50 ML per 30 days)
LIDOCAN EXTERNAL PATCH 5 %	Tier 1	QL (90 EA per 30 days)
TRIDACAINE II EXTERNAL PATCH 5 %	Tier 1	QL (90 EA per 30 days)
TRIDACAINE III EXTERNAL PATCH 5 %	Tier 1	QL (90 EA per 30 days)
Macrolide Immunosuppressants - Topical**		
HYFTOR EXTERNAL GEL 0.2 %	Tier 4 (SP Non-Preferred)	PA; Specialty
pimecrolimus external cream 1 %	Tier 1	ST; TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
tacrolimus external ointment 0.03 %, 0.1 %	Tier 1	ST; TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
Microtubule Inhibitors - Topical**		
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %	Tier 3	
KLISYRI (350 MG) EXTERNAL OINTMENT 1 %	Tier 3	
Misc. Topical**		
QBREXZA EXTERNAL PAD 2.4 %	Tier 3	
Phosphodiesterase 4 (Pde4) Inhibitors - Topical**		
EUCRISA EXTERNAL OINTMENT 2 %	Tier 2	PA; QL (100 GM per 30 days)
ZORYVE EXTERNAL CREAM 0.05 %, 0.15 %, 0.3 %	Tier 2	PA; QL (60 GM per 30 days)
ZORYVE EXTERNAL FOAM 0.3 %	Tier 2	PA; QL (60 GM per 30 days)
Rosacea Agents**		
azelaic acid external gel 15 %	Tier 1	
brimonidine tartrate external gel 0.33 %	Tier 1	
doxycycline oral capsule delayed release 40 mg	Tier 1	PA
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	Tier 3	PA; QL (30 EA per 30 days)
FINACEA EXTERNAL FOAM 15 %	Tier 2	

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Drug Name	Drug Tier	Notes
ivermectin external cream 1 %	Tier 1	ST; TRIAL OF FINACEA GEL OR FOAM IN THE PAST 120 DAYS
metronidazole external cream 0.75 %	Tier 1	
metronidazole external gel 0.75 %, 1 %	Tier 1	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG	Tier 2	PA
Scabicides & Pediculicides**		
malathion external lotion 0.5 %	Tier 1	
NATROBA EXTERNAL SUSPENSION 0.9 %	Tier 3	
permethrin external cream 5 %	Tier 1	
spinosad suspension 0.9 % external	Tier 3	
spinosad suspension 0.9 % external	Tier 1	
Steroid-Local Anesthetic Combinations**		
EPIFOAM EXTERNAL FOAM 1-1 %	Tier 3	ST; TRIAL OF HYDROCORTISONE/PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 %	Tier 2	
Topical Anesthetic Combinations**		
lidocaine-prilocaine external cream 2.5-2.5 %	Tier 1	QL (30 GM per 30 days)
Topical Selective Retinoid X Receptor Agonists**		
bexarotene external gel 1 %	Tier 1	PA; Specialty; QL (240 GM per 30 days)
Topical Steroid Combinations**		
calcipotriene-betameth diprop external ointment 0.005-0.064 %	Tier 1	ST; TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
calcipotriene-betameth diprop external suspension 0.005-0.064 %	Tier 1	ST; TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	Tier 2	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 %	Tier 3	ST; TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
Wound Dressings**		
FILSUVEZ EXTERNAL GEL 10 %	Tier 4 (SP Non-Preferred)	PA; Specialty
Diagnostic Products		
Diagnostic Drugs**		
PROVOCHOLINE INHALATION KIT	Tier 3	

Drug Name	Drug Tier	Notes
Diagnostic Radiopharmaceuticals - Cardiac**		
FLYRCADO INTRAVENOUS SOLUTION 5-55 MCI/ML	Tier 3	
Diagnostic Tests**		
A1CNOW + PROFESSIONAL SYSTEM IN VITRO KIT	Tier 3	
CONTOUR NEXT TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
CONTOUR TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
ph strips in vitro diagnostic test	Tier 3	
Digestive Aids		
Digestive Enzymes**		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	Tier 2	
SUCRAID ORAL SOLUTION 8500 UNIT/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	Tier 2	
Diuretics		
Carbonic Anhydrase Inhibitors**		
acetazolamide er oral capsule extended release 12 hour 500 mg	Tier 1	
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	
dichlorphenamide oral tablet 50 mg	Tier 1	PA; Specialty
methazolamide oral tablet 25 mg, 50 mg	Tier 1	
ORMALVI ORAL TABLET 50 MG	Tier 1	PA; Specialty
Diuretic Combinations**		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 1	
spironolactone-hctz oral tablet 25-25 mg	Tier 1	
triamterene-hctz oral capsule 37.5-25 mg	Tier 1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	Tier 1	
Loop Diuretics**		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
ethacrynic acid oral tablet 25 mg	Tier 1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (80 EA per 30 days)
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
furosemide solution 10 mg/ml oral	Tier 1	
furosemide solution 8 mg/ml oral	Tier 3	

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Drug Name	Drug Tier	Notes
LASIX ONYU SUBCUTANEOUS CARTRIDGE KIT 80 MG/2.67ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 1 day)
torsemide tablet 10 mg oral	Tier 1	
torsemide tablet 100 mg oral	Tier 1	
torsemide tablet 20 mg oral	Tier 2	
torsemide tablet 20 mg oral	Tier 1	
torsemide tablet 5 mg oral	Tier 1	
Potassium Sparing Diuretics**		
amiloride hcl oral tablet 5 mg	Tier 1	
spironolactone oral suspension 25 mg/5ml	Tier 1	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
triamterene oral capsule 100 mg, 50 mg	Tier 1	
Thiazides And Thiazide-Like Diuretics**		
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5ML	Tier 3	
HEMICLOR ORAL TABLET 12.5 MG	Tier 3	
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	
INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML	Tier 3	PA
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
THALITONE ORAL TABLET 15 MG	Tier 3	
Endocrine And Metabolic Agents - Misc.		
Adenosine Deaminase Scid Treatment - Agents**		
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	Tier 4 (SP Preferred)	PA; Specialty
Alkaptonuria (Aku) Treatment - Agents**		
HARLIKU ORAL TABLET 2 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Atp-Sensitive Potassium Channel Activators**		
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 25 MG, 75 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Bisphosphonates**		
alendronate sodium oral solution 70 mg/75ml	Tier 1	QL (300 ML per 28 days)
alendronate sodium tablet 10 mg oral	Tier 1	QL (30 EA per 30 days)
alendronate sodium tablet 35 mg oral	Tier 1	QL (4 EA per 28 days)

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Drug Name	Drug Tier	Notes
alendronate sodium tablet 70 mg oral	Tier 1	QL (4 EA per 28 days)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	Tier 3	QL (4 EA per 28 days)
ibandronate sodium oral tablet 150 mg	Tier 1	QL (1 EA per 28 days)
risedronate sodium tablet 150 mg oral	Tier 1	ST; SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE; QL (1 EA per 30 days)
risedronate sodium tablet 30 mg oral	Tier 1	ST; SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE; QL (30 EA per 30 days)
risedronate sodium tablet 35 mg oral	Tier 1	ST; SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE; QL (4 EA per 28 days)
risedronate sodium tablet 5 mg oral	Tier 1	ST; SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE; QL (30 EA per 30 days)
Calcimimetic Agents**		
cinacalcet hcl tablet 30 mg oral	Tier 1	Specialty; QL (90 EA per 30 days)
cinacalcet hcl tablet 60 mg oral	Tier 1	Specialty; QL (90 EA per 30 days)
cinacalcet hcl tablet 90 mg oral	Tier 1	Specialty; QL (120 EA per 30 days)
Calcitonins**		
calcitonin (salmon) injection solution 200 unit/ml	Tier 1	QL (15 ML per 30 days)
calcitonin (salmon) nasal solution 200 unit/act	Tier 1	QL (3.7 ML per 30 days)
Carnitine Replenisher - Agents**		
levocarnitine oral solution 1 gm/10ml	Tier 1	
levocarnitine oral tablet 330 mg	Tier 1	
levocarnitine sf oral solution 1 gm/10ml	Tier 1	
Corticotropin**		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
CORTROPHIN INJECTION GEL 80 UNIT/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag		
CRENESSITY CAPSULE 100 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (120 EA per 30 days)
CRENESSITY CAPSULE 25 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (90 EA per 30 days)
CRENESSITY CAPSULE 50 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (90 EA per 30 days)
CRENESSITY ORAL SOLUTION 50 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (240 ML per 30 days)
Cortisol Synthesis Inhibitors**		
ISTURISA TABLET 1 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (240 EA per 30 days)
ISTURISA TABLET 5 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (360 EA per 30 days)

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Drug Name	Drug Tier	Notes
Dopamine Receptor Agonists**		
cabergoline oral tablet 0.5 mg	Tier 1	
Fabry Disease - Agents**		
FABRAZYME SOLUTION RECONSTITUTED 35 MG INTRAVENOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (3 EA per 14 days)
FABRAZYME SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (6 EA per 14 days)
GALAFOLD ORAL CAPSULE 123 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (14 EA per 28 days)
Gaa Deficiency Treatment - Agents**		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Gnrh/Lhrh Antagonists**		
ORILISSA TABLET 150 MG ORAL	Tier 2	PA; QL (28 EA per 28 days)
ORILISSA TABLET 200 MG ORAL	Tier 2	PA; QL (56 EA per 28 days)
Growth Hormone Receptor Antagonists**		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Growth Hormone Releasing Hormones (Ghrh)**		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 EA per 30 days)
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (4 EA per 28 days)
Growth Hormones**		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Tier 4 (SP Preferred)	PA; Specialty
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	Tier 4 (SP Preferred)	PA; Specialty
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	Tier 4 (SP Preferred)	PA; Specialty
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 4 (SP Preferred)	PA; Specialty
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Tier 4 (SP Preferred)	PA; Specialty

Drug Name	Drug Tier	Notes
Hereditary Orotic Aciduria Treatment - Agents*		
XURIDEN ORAL PACKET 2 GM	Tier 4 (SP Non-Preferred)	PA; Specialty
Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents**		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	PA; Specialty
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 4 (SP Preferred)	PA; Specialty
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
Homocystinuria Treatment - Agents**		
betaine oral powder	Tier 1	PA; Specialty
Hyperammonemia Treatment - Agents**		
carglumic acid oral tablet soluble 200 mg	Tier 1	PA; Specialty
Hyperparathyroid Treatment - Vitamin D Analogs**		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	Tier 2	
Hypoparathyroid Treatment - Parathyroid Hormone Analogs**		
YORVIPATH SOLUTION PEN-INJECTOR 168 MCG/0.56ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 ML per 14 days)
YORVIPATH SOLUTION PEN-INJECTOR 294 MCG/0.98ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 ML per 14 days)
YORVIPATH SOLUTION PEN-INJECTOR 420 MCG/1.4ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (2.8 ML per 28 days)
Hypophosphatasia (Hpp) Agents**		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	Tier 4 (SP Preferred)	PA; Specialty
Insulin-Like Growth Factors (Somatomedins)**		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Tier 4 (SP Preferred)	PA; Specialty
Leptin Analogues**		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Lhrh/Gnrh Agonist Analog Pituitary Suppressants**		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 28 days)

Drug Name	Drug Tier	Notes
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 84 days)
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 168 days)
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 365 days)
SYNAREL NASAL SOLUTION 2 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Lipoprotein Lipase Deficiency (Lpld) Deficiency - Agents**		
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 ML per 28 days)
Melanocortin 4 (Mc4) Receptor Agonists**		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Mitochondrial Cardiolipin Binders**		
FORZINITY SUBCUTANEOUS SOLUTION 280 MG/3.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (4 ML per 28 days)
Molybdenum Cofactor Deficiency (Mocd) - Agents**		
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Mucopolysaccharidosis Ii (Mps Ii) - Agents**		
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (39 ML per 7 days)
Natriuretic Peptides**		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Neurokinin 3 (Nk3) Receptor Antagonists**		
VEOZAH ORAL TABLET 45 MG	Tier 3	
Non-Steroidal Mineralocorticoid Receptor Antagonists**		
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3	PA; QL (30 EA per 30 days)
Parathyroid Hormone And Derivatives**		
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	Tier 1	PA; Specialty; QL (2.24 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1.56 ML per 30 days)
Phenylketonuria Treatment - Agents**		
JAVYGTOR ORAL PACKET 100 MG, 500 MG	Tier 1	Specialty

PA - Prior Authorization **ST** - Step Therapy **QL** - Quantity Limit **ACA** - Affordable Care Act
OC - Oral Chemotherapy

Drug Name	Drug Tier	Notes
JAVYGTOR ORAL TABLET 100 MG	Tier 1	Specialty
KUVAN ORAL PACKET 100 MG, 500 MG	Tier 4 (SP Preferred)	Specialty
KUVAN ORAL TABLET 100 MG	Tier 4 (SP Preferred)	Specialty
PALYNZIQ SOLUTION PREFILLED SYRINGE 10 MG/0.5ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 ML per 30 days)
PALYNZIQ SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (240 ML per 30 days)
PALYNZIQ SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 ML per 30 days)
sapropterin dihydrochloride oral packet 100 mg, 500 mg	Tier 1	Specialty
sapropterin dihydrochloride oral tablet 100 mg	Tier 1	Specialty
SEPHIENCE ORAL PACKET 1000 MG, 250 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
ZELVYSIA ORAL PACKET 100 MG, 500 MG	Tier 1	Specialty
Rank Ligand (Rankl) Inhibitors**		
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 4 (SP Preferred)	PA; Specialty
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
Selective Estrogen Receptor Modulators (Serms)**		
OSPHENA ORAL TABLET 60 MG	Tier 3	
raloxifene hcl oral tablet 60 mg	Tier 1	ACA, Some restrictions may apply.
Selective Vasopressin V2-Receptor Antagonists**		
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	Tier 1	PA; Specialty; QL (56 EA per 28 days)
tolvaptan tablet 15 mg oral	Tier 1	PA; Specialty; QL (30 EA per 28 days)
tolvaptan tablet 30 mg oral	Tier 1	PA; Specialty; QL (60 EA per 365 days)
Somatostatic Agents**		
lanreotide acetate subcutaneous solution 120 mg/0.5ml	Tier 1	PA; Specialty
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 1	PA; Specialty
octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg	Tier 1	PA; Specialty
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 4 (SP Preferred)	PA; Specialty
PALSONIFY ORAL TABLET 20 MG, 30 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	Tier 4 (SP Preferred)	PA; Specialty

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Drug Name	Drug Tier	Notes
Urea Cycle Disorder - Agents**		
glycerol phenylbutyrate oral liquid 1.1 gm/ml	Tier 1	PA; Specialty
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	Tier 4 (SP Non-Preferred)	PA; Specialty
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	Tier 4 (SP Non-Preferred)	PA; Specialty
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM	Tier 4 (SP Non-Preferred)	PA; Specialty
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM	Tier 4 (SP Non-Preferred)	PA; Specialty
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM	Tier 4 (SP Non-Preferred)	PA; Specialty
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM	Tier 4 (SP Non-Preferred)	PA; Specialty
PHEBURANE ORAL PELLET 483 MG/GM	Tier 4 (SP Non-Preferred)	PA; Specialty
RAVICTI ORAL LIQUID 1.1 GM/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
sodium phenylbutyrate oral powder 3 gm/tsp	Tier 1	PA; Specialty
sodium phenylbutyrate oral tablet 500 mg	Tier 1	PA; Specialty
Vasopressin**		
desmopressin ace spray refrig nasal solution 0.01 %	Tier 1	
desmopressin acetate injection solution 4 mcg/ml	Tier 1	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	Tier 1	
desmopressin acetate pf injection solution 4 mcg/ml	Tier 1	
desmopressin acetate spray nasal solution 0.01 %	Tier 1	
X-Linked Hypophosphatemia (Xlh) Treatment - Agents**		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Estrogens		
Estrogen & Progestin**		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	Tier 1	
ABIGALE ORAL TABLET 1-0.5 MG	Tier 1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	Tier 2	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	Tier 2	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 1	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 1	
MIMVEY ORAL TABLET 1-0.5 MG	Tier 1	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	
PREMPHASE ORAL TABLET 0.625-5 MG	Tier 2	

Drug Name	Drug Tier	Notes
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	
Estrogen-Progestin-Gnrh Antagonist**		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	Tier 2	PA
Estrogens**		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 3	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	Tier 3	ST; TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS
estradiol gel 0.25 mg/0.25gm transdermal	Tier 1	ST; TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS
estradiol gel 0.5 mg/0.5gm transdermal	Tier 1	ST; TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS
estradiol gel 0.75 mg/0.75gm transdermal	Tier 1	ST; TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS
estradiol gel 0.75 mg/1.25 gm (0.06%) transdermal	Tier 1	
estradiol gel 1 mg/gm transdermal	Tier 1	ST; TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS
estradiol gel 1.25 mg/1.25gm transdermal	Tier 1	ST; TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Tier 1	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Tier 1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	Tier 1	
estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	Tier 1	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	Tier 3	ST; TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS

Drug Name	Drug Tier	Notes
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	Tier 3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 2	
Estrogen-Selective Estrogen Receptor Modulator Comb**		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	
Fluoroquinolones		
Fluoroquinolones**		
BAXDELA ORAL TABLET 450 MG	Tier 3	PA; QL (28 EA per 14 days)
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)	Tier 3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
levofloxacin oral solution 25 mg/ml	Tier 1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
moxifloxacin hcl oral tablet 400 mg	Tier 1	
ofloxacin oral tablet 300 mg, 400 mg	Tier 1	
Gastrointestinal Agents - Misc.		
5-Ht4 Receptor Agonists**		
prucalopride succinate oral tablet 1 mg, 2 mg	Tier 1	QL (30 EA per 30 days)
Bile Acid Synthesis Disorder Agents**		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
CTEXLI ORAL TABLET 250 MG	Tier 4 (SP Preferred)	PA; Specialty
Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists**		
TRULANCE ORAL TABLET 3 MG	Tier 2	QL (30 EA per 30 days)
Farnesoid X Receptor (Fxr) Agonists**		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 4 (SP Preferred)	PA; Specialty
Gallstone Solubilizing Agents**		
ursodiol oral capsule 300 mg	Tier 1	
ursodiol oral tablet 250 mg, 500 mg	Tier 1	
Gastrointestinal Antiallergy Agents**		
cromolyn sodium oral concentrate 100 mg/5ml	Tier 1	

Drug Name	Drug Tier	Notes
Gastrointestinal Chloride Channel Activators**		
lubiprostone capsule 24 mcg oral	Tier 1	QL (60 EA per 30 days)
lubiprostone capsule 8 mcg oral	Tier 1	QL (120 EA per 30 days)
Gastrointestinal Stimulants**		
GIMOTI NASAL SOLUTION 15 MG/ACT	Tier 4 (SP Non-Preferred)	PA; Specialty
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 1	
metoclopramide hcl oral tablet dispersible 5 mg	Tier 3	
Glucagon-Like Peptide-2 (Glp-2) Analogs**		
GATTEX SUBCUTANEOUS KIT 5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (1 EA per 30 days)
Hepatotropics - Thyroid Hormone Receptor-Beta Agonists**		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists**		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	QL (30 EA per 30 days)
Ibs Agent - Mu-Opioid Receptor Agonists**		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 2	QL (60 EA per 30 days)
Ibs Agent - Selective 5-Ht3 Receptor Antagonists**		
alosetron hcl oral tablet 0.5 mg, 1 mg	Tier 1	
Ileal Bile Acid Transporter (Ibat) Inhibitors**		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	Tier 4 (SP Non-Preferred)	PA; Specialty
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	Tier 4 (SP Non-Preferred)	PA; Specialty
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Inflammatory Bowel Agents**		
balsalazide disodium oral capsule 750 mg	Tier 1	
DIPENTUM ORAL CAPSULE 250 MG	Tier 3	
mesalamine er oral capsule extended release 24 hour 0.375 gm	Tier 1	
mesalamine oral capsule delayed release 400 mg	Tier 1	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	Tier 1	

Drug Name	Drug Tier	Notes
mesalamine rectal enema 4 gm	Tier 1	
mesalamine rectal suppository 1000 mg	Tier 1	
mesalamine-cleanser rectal kit 4 gm	Tier 1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	Tier 3	
ROWASA RECTAL KIT 4 GM	Tier 3	
SFROWASA RECTAL ENEMA 4 GM/60ML	Tier 3	
sulfasalazine oral tablet 500 mg	Tier 1	
sulfasalazine oral tablet delayed release 500 mg	Tier 1	
Integrin Receptor Antagonists**		
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Interleukin Antagonists**		
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML	Tier 4 (SP Preferred)	PA; Specialty
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 4 (SP Preferred)	PA; Specialty
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	Tier 4 (SP Preferred)	PA; Specialty; QL (30 ML per 56 days)
SKYRIZI SOLUTION CARTRIDGE 180 MG/1.2ML SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty; QL (1.2 ML per 56 days)
SKYRIZI SOLUTION CARTRIDGE 360 MG/2.4ML SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty; QL (2.4 ML per 56 days)
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26ML	Tier 4 (SP Preferred)	PA; Specialty
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	Tier 4 (SP Preferred)	PA; Specialty
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 4 (SP Preferred)	PA; Specialty
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	Tier 4 (SP Preferred)	PA; Specialty
Intestinal Acidifiers**		
enulose oral solution 10 gm/15ml	Tier 1	
generlac oral solution 10 gm/15ml	Tier 1	
lactulose encephalopathy oral solution 10 gm/15ml	Tier 1	

Drug Name	Drug Tier	Notes
Live Fecal Microbiota (Human)*		
VOWST ORAL CAPSULE	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (12 EA per 3 days)
Peripheral Opioid Receptor Antagonists**		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	
RELISTOR ORAL TABLET 150 MG	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG	Tier 2	
Peroxisome Proliferator-Activated Receptor Agonists**		
IQIRVO ORAL TABLET 80 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
LIVDELZI ORAL CAPSULE 10 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
Phosphate Binder Agents**		
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	Tier 3	ST; TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (360 EA per 30 days)
calcium acetate (phos binder) oral capsule 667 mg	Tier 1	
calcium acetate (phos binder) oral tablet 667 mg	Tier 1	
calcium acetate oral tablet 667 mg	Tier 1	
ferric citrate oral tablet 1 gm 210 mg(fe)	Tier 3	ST; TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (360 EA per 30 days)
FOSRENOL ORAL PACKET 1000 MG, 750 MG	Tier 3	ST; TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (90 EA per 30 days)
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	Tier 1	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	Tier 1	
sevelamer carbonate oral tablet 800 mg	Tier 1	
sevelamer hcl oral tablet 400 mg, 800 mg	Tier 1	
VELPHORO ORAL TABLET CHEWABLE 500 MG	Tier 2	QL (180 EA per 30 days)

Drug Name	Drug Tier	Notes
Tryptophan Hydroxylase Inhibitors**		
XERMELO ORAL TABLET 250 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Tumor Necrosis Factor Alpha Blockers**		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
infliximab intravenous solution reconstituted 100 mg	Tier 4 (SP Non-Preferred)	PA; Specialty
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Genitourinary Agents - Miscellaneous		
5-Alpha Reductase Inhibitors**		
dutasteride oral capsule 0.5 mg	Tier 1	
finasteride oral tablet 5 mg	Tier 1	
Alpha 1-Adrenoceptor Antagonists**		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	Tier 1	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	Tier 3	
silodosin oral capsule 4 mg, 8 mg	Tier 1	
tamsulosin hcl oral capsule 0.4 mg	Tier 1	
Citrates**		
cytra-2 oral solution 500-334 mg/5ml	Tier 1	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	Tier 1	
sod citrate-citric acid oral solution 500-334 mg/5ml	Tier 1	
Cystinosis Agents**		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 4 (SP Preferred)	PA; Specialty
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
PROCYSBI ORAL PACKET 300 MG, 75 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Igan Agents - Endothelin & Angiotensin Ii Receptor Antag**		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 4 (SP Preferred)	PA; Specialty

Drug Name	Drug Tier	Notes
Igan Agents - Endothelin Receptor Antagonist**		
VANRAFIA ORAL TABLET 0.75 MG	Tier 4 (SP Preferred)	PA; Specialty
Interstitial Cystitis Agents**		
ELMIRON ORAL CAPSULE 100 MG	Tier 3	
Phosphates**		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 2	
Prostatic Hypertrophy Agent Combinations**		
JALYN ORAL CAPSULE 0.5-0.4 MG	Tier 3	ST; TRIAL OF FINASTERIDE 5MG, ALFUZOSIN, DOXAZOSIN, PRAZOSIN, SILODOSIN, TAMSULOSIN OR TERAZOSIN IN THE PAST 120 DAYS
Small Interfering Ribonucleic Acid Agents (Sirna)**		
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Urinary Analgesics**		
phenazopyridine hcl oral tablet 100 mg, 200 mg	Tier 1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	Tier 3	
Urinary Stone Agents**		
LITHOSTAT ORAL TABLET 250 MG	Tier 3	
tiopronin oral tablet 100 mg	Tier 1	PA; Specialty
tiopronin oral tablet delayed release 100 mg, 300 mg	Tier 1	PA; Specialty
VENXXIVA ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	Tier 1	PA; Specialty
Gout Agents		
Gout Agent Combinations**		
colchicine-probenecid oral tablet 0.5-500 mg	Tier 1	
Gout Agents**		
allopurinol oral tablet 100 mg, 300 mg	Tier 1	
colchicine oral capsule 0.6 mg	Tier 1	
colchicine oral tablet 0.6 mg	Tier 1	
febuxostat tablet 40 mg oral	Tier 1	
febuxostat tablet 40 mg oral	Tier 1	ST; SWITCH TO STEP ONE: ALLOPURINOL TAB
febuxostat tablet 80 mg oral	Tier 1	
febuxostat tablet 80 mg oral	Tier 1	ST; SWITCH TO STEP ONE: ALLOPURINOL TAB

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Drug Name	Drug Tier	Notes
Uricosurics**		
probenecid oral tablet 500 mg	Tier 1	
Hematological Agents - Misc.		
Agents For Congenital Thrombotic Thrombocytopenic Purpura		
adzynma intravenous kit 1500 unit, 500 unit	Tier 4 (SP Non-Preferred)	PA; Specialty
Antihemophilic Products - Antithrombin-Directed Sirna**		
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2ML	Tier 4 (SP Non-Preferred)	PA; Specialty
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Antihemophilic Products - Monoclonal Antibodies**		
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 300 MG/3ML, 60 MG/1.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	Tier 4 (SP Preferred)	PA; Specialty
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (8 ML per 28 days)
Antihemophilic Products**		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit	Tier 4 (SP Preferred)	Specialty
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty

Drug Name	Drug Tier	Notes
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	Tier 4 (SP Preferred)	Specialty
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	Tier 4 (SP Preferred)	Specialty
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Tier 4 (SP Preferred)	Specialty
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 3000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	Tier 4 (SP Non-Preferred)	Specialty
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	Tier 4 (SP Non-Preferred)	Specialty
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	Tier 4 (SP Preferred)	Specialty
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
obizur intravenous solution reconstituted 500 unit	Tier 4 (SP Preferred)	Specialty
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty

Drug Name	Drug Tier	Notes
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	Tier 4 (SP Preferred)	Specialty
rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit	Tier 4 (SP Preferred)	Specialty
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG	Tier 4 (SP Non-Preferred)	Specialty
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	Tier 4 (SP Preferred)	Specialty
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT	Tier 4 (SP Preferred)	Specialty
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT	Tier 4 (SP Preferred)	Specialty
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4 (SP Preferred)	Specialty
Anti-Von Willebrand Factor Agents**		
CABLIVI INJECTION KIT 11 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Bradykinin B2 Receptor Antagonists**		
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	Tier 1	PA; Specialty
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	Tier 1	PA; Specialty
Bruton's Tyrosine Kinase (Btk) Inhibitors**		
WAYRILZ ORAL TABLET 400 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Direct-Acting P2y12 Inhibitors**		
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 2	QL (60 EA per 30 days)
ticagrelor oral tablet 60 mg, 90 mg	Tier 1	QL (60 EA per 30 days)
Hematorheologic Agents**		
pentoxifylline er oral tablet extended release 400 mg	Tier 1	
Phosphodiesterase Iii Inhibitors**		
cilostazol oral tablet 100 mg, 50 mg	Tier 1	
Plasma Factor Xiia Inhibitors - Monoclonal Antibodies**		
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML	Tier 4 (SP Non-Preferred)	PA; Specialty

Drug Name	Drug Tier	Notes
Plasma Kallikrein Inhibitors - Monoclonal Antibodies**		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	Tier 4 (SP Non-Preferred)	PA; Specialty
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Plasma Kallikrein Inhibitors**		
EKTERLY ORAL TABLET 300 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (120 EA per 30 days)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (28 EA per 28 days)
Platelet Aggregation Inhibitor Combinations**		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	Tier 1	
Platelet Aggregation Inhibitors**		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 1	
Prekallikrein-Directed Antisense Oligonucleotides (Aso)**		
DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (0.8 ML per 28 days)
Protease-Activated Receptor-1 (Par-1) Antagonists**		
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	
Pyruvate Kinase Activators**		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 EA per 30 days)
PYRUKYND TAPER PACK TABLET THERAPY PACK 5 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (7 EA per 7 days)
PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (14 EA per 14 days)
PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 50 MG & 7 X 20 MG ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (14 EA per 14 days)
Quinazoline Agents**		
anagrelide hcl oral capsule 0.5 mg, 1 mg	Tier 1	
Spleen Tyrosine Kinase (Syk) Inhibitors**		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
Thienopyridine Derivatives**		
clopidogrel bisulfate oral tablet 300 mg, 75 mg	Tier 1	
prasugrel hcl oral tablet 10 mg, 5 mg	Tier 1	

Drug Name	Drug Tier	Notes
Hematopoietic Agents		
Agents For Gaucher Disease**		
CERDELGA ORAL CAPSULE 84 MG	Tier 4 (SP Preferred)	Specialty; QL (56 EA per 28 days)
miglustat oral capsule 100 mg	Tier 1	PA; Specialty
YARGESA ORAL CAPSULE 100 MG	Tier 1	PA; Specialty
Amino Acids**		
l-glutamine oral packet 5 gm	Tier 1	PA; Specialty; QL (180 EA per 30 days)
Cobalamin Combinations**		
ABANEU-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG	Tier 1	
Cobalamins**		
cyanocobalamin injection solution 1000 mcg/ml	Tier 1	
hydroxocobalamin acetate intramuscular solution 1000 mcg/ml	Tier 3	
Cxcr4 Receptor Antagonist**		
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML	Tier 4 (SP Preferred)	PA; Specialty
plerixafor subcutaneous solution 24 mg/1.2ml	Tier 1	PA; Specialty
XOLREMDI ORAL CAPSULE 100 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (120 EA per 30 days)
Cytotoxic Agents**		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
SIKLOS ORAL TABLET 100 MG, 1000 MG	Tier 3	
XROMI ORAL SOLUTION 100 MG/ML	Tier 3	PA
Erythropoiesis-Stimulating Agents (Esas)**		
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Tier 4 (SP Preferred)	PA; Specialty
Folic Acid/Folate Combinations**		
AIRAVITE ORAL TABLET 2.5-25-1 MG	Tier 1	
folbee oral tablet 2.5-25-1 mg	Tier 1	
folplex 2.2 oral tablet 2.2-25-0.5 mg	Tier 1	
NUFOL ORAL TABLET 2.5-25-1 MG	Tier 1	
westab one oral tablet 2.5-25-1 mg	Tier 1	
Folic Acid/Folates**		
cvs folic acid oral tablet 800 mcg	Tier 1	ACA
FA-8 ORAL CAPSULE 0.8 MG	Tier 1	
folate oral tablet 400 mcg	Tier 1	ACA
folic acid oral capsule 0.8 mg	Tier 1	
folic acid tablet 1 mg oral (rx)	Tier 1	
folic acid tablet 400 mcg oral	Tier 1	ACA

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Drug Name	Drug Tier	Notes
folic acid tablet 800 mcg oral	Tier 1	ACA
gnp folic acid oral tablet 400 mcg	Tier 1	ACA
kp folic acid oral tablet 800 mcg	Tier 1	ACA
qc folic acid oral tablet 800 mcg	Tier 1	ACA
yl folic acid oral tablet 400 mcg	Tier 1	ACA
Granulocyte Colony-Stimulating Factors (G-Csf)**		
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 4 (SP Preferred)	PA; Specialty
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 4 (SP Preferred)	PA; Specialty
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 4 (SP Non-Preferred)	PA; Specialty
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 4 (SP Preferred)	PA; Specialty
Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)**		
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	Tier 4 (SP Non-Preferred)	PA; Specialty
Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors**		
VAFSEO TABLET 150 MG ORAL	Tier 3	PA; QL (120 EA per 30 days)
VAFSEO TABLET 300 MG ORAL	Tier 3	PA; QL (60 EA per 30 days)
Iron Combinations**		
ferotrinsic oral capsule	Tier 1	
foltrin oral capsule	Tier 1	
hematinic plus vit/minerals oral tablet 106-1 mg	Tier 1	
K-TAN PLUS ORAL CAPSULE 162-115.2-1 MG	Tier 1	
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	Tier 1	
polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg	Tier 1	
se-tan plus oral capsule 162-115.2-1 mg	Tier 1	
TRICON ORAL CAPSULE	Tier 1	
trigels-f forte oral capsule 460-60-0.01-1 mg	Tier 1	
Iron W/ Folic Acid**		
hematinic/folic acid oral tablet 324-1 mg	Tier 1	
Iron**		
BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML	Tier 1	
ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 75 (15 fe) mg/ml	Tier 1	
fe-vite iron oral solution 75 (15 fe) mg/ml	Tier 1	
iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml	Tier 1	

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Drug Name	Drug Tier	Notes
iron infant & toddler oral solution 75 (15 fe) mg/ml	Tier 1	
iron infant/toddler oral solution 75 (15 fe) mg/ml	Tier 1	
iron supplement oral solution 15 mg/ml, 220 (44 fe) mg/5ml	Tier 1	
pc pediatric iron drops oral solution 75 (15 fe) mg/ml	Tier 1	
Thrombopoietin (Tpo) Receptor Agonists**		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
DOPTELET ORAL TABLET 20 MG	Tier 4 (SP Preferred)	PA; Specialty
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG	Tier 4 (SP Preferred)	PA; Specialty
eltrombopag olamine packet 12.5 mg oral	Tier 1	PA; Specialty; QL (240 EA per 30 days)
eltrombopag olamine packet 25 mg oral	Tier 1	PA; Specialty; QL (120 EA per 30 days)
eltrombopag olamine tablet 12.5 mg oral	Tier 1	PA; Specialty; QL (240 EA per 30 days)
eltrombopag olamine tablet 25 mg oral	Tier 1	PA; Specialty; QL (120 EA per 30 days)
eltrombopag olamine tablet 50 mg oral	Tier 1	PA; Specialty; QL (60 EA per 30 days)
eltrombopag olamine tablet 75 mg oral	Tier 1	PA; Specialty; QL (60 EA per 30 days)
MULPLETA ORAL TABLET 3 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (7 EA per 30 days)
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG	Tier 4 (SP Non-Preferred)	PA; Specialty
Hemostatics		
Hemostatics - Systemic**		
aminocaproic acid oral solution 0.25 gm/ml	Tier 1	
aminocaproic acid oral tablet 1000 mg, 500 mg	Tier 1	
tranexamic acid oral tablet 650 mg	Tier 1	
Hypnotics/Sedatives/Sleep Disorder Agents		
Barbiturate Hypnotics**		
phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml	Tier 1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	Tier 1	
Benzodiazepine Hypnotics**		
estazolam oral tablet 1 mg, 2 mg	Tier 1	
flurazepam hcl capsule 15 mg oral	Tier 2	QL (60 EA per 30 days)
flurazepam hcl capsule 15 mg oral	Tier 3	QL (60 EA per 30 days)
flurazepam hcl capsule 30 mg oral	Tier 2	QL (30 EA per 30 days)
flurazepam hcl capsule 30 mg oral	Tier 3	QL (30 EA per 30 days)
midazolam hcl injection solution 10 mg/2ml, 5 mg/ml	Tier 1	
quazepam oral tablet 15 mg	Tier 3	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Tier 1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Notes
Non-Benzodiazepine - Gaba-Receptor Modulators**		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Tier 1	QL (30 EA per 30 days)
zaleplon oral capsule 10 mg, 5 mg	Tier 1	QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	Tier 1	QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	Tier 1	QL (30 EA per 30 days)
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	Tier 1	ST; SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon; QL (30 EA per 30 days)
Orexin Receptor Antagonists**		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	ST; SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon; QL (30 EA per 30 days)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 2	ST; TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (30 EA per 30 days)
QUVIVIQ TABLET 25 MG ORAL	Tier 3	ST; TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (60 EA per 30 days)
QUVIVIQ TABLET 50 MG ORAL	Tier 3	ST; TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (30 EA per 30 days)
Selective Melatonin Receptor Agonists**		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (158 ML per 30 days)
tasimelteon oral capsule 20 mg	Tier 1	PA; Specialty; QL (30 EA per 30 days)
Laxatives		
Bowel Evacuant Combinations**		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	Tier 1	ACA, Some restrictions may apply.
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	Tier 1	ACA, Some restrictions may apply.
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	Tier 1	ACA, Some restrictions may apply.
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	Tier 1	ACA, Some restrictions may apply.
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	Tier 1	ACA, Some restrictions may apply.
peg-3350/electrolytes oral solution reconstituted 236 gm	Tier 1	ACA, Some restrictions may apply.
PEG-PREP ORAL KIT 5-210 MG-GM	Tier 1	ACA, Some restrictions may apply.
Bulk Laxatives**		
fiber oral powder 51.7 %	Tier 1	

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Drug Name	Drug Tier	Notes
Laxatives - Miscellaneous**		
constulose oral solution 10 gm/15ml	Tier 1	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	Tier 1	
Macrolides		
Azithromycin**		
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Tier 1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Tier 1	
Clarithromycin**		
clarithromycin er oral tablet extended release 24 hour 500 mg	Tier 1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	
clarithromycin oral tablet 250 mg, 500 mg	Tier 1	
Erythromycins**		
E.E.S. 400 ORAL TABLET 400 MG	Tier 1	
erythromycin base oral capsule delayed release particles 250 mg	Tier 3	
erythromycin base oral tablet 250 mg, 500 mg	Tier 1	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	Tier 1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	Tier 1	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	Tier 1	
Fidaxomicin**		
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Tier 2	
fidaxomicin oral tablet 200 mg	Tier 1	
Medical Devices And Supplies		
Cervical Caps**		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Tier 2	ACA
Condoms - Male**		
aimsco lubricated	Tier 2	ACA, Some restrictions may apply.
condoms	Tier 2	ACA, Some restrictions may apply.
DUREX EXTRA SENSITIVE THIN DEVICE	Tier 2	ACA, Some restrictions may apply.
DUREX REALFEEL DEVICE	Tier 2	ACA, Some restrictions may apply.
FANTASY LUBRICATED	Tier 2	ACA, Some restrictions may apply.
FANTASY LUBRICATED/SPERMICIDE	Tier 2	ACA, Some restrictions may apply.
KAMELEON LUBRICATED	Tier 2	ACA, Some restrictions may apply.
kimono	Tier 2	ACA, Some restrictions may apply.
KIMONO COLORS DEVICE	Tier 2	ACA, Some restrictions may apply.

Drug Name	Drug Tier	Notes
KIMONO MAXX-LARGE FLARE	Tier 2	ACA, Some restrictions may apply.
kimono micro thin	Tier 2	ACA, Some restrictions may apply.
kimono micro thin plus	Tier 2	ACA, Some restrictions may apply.
kimono plus	Tier 2	ACA, Some restrictions may apply.
kimono ps	Tier 2	ACA, Some restrictions may apply.
kimono ps plus	Tier 2	ACA, Some restrictions may apply.
kimono sensation	Tier 2	ACA, Some restrictions may apply.
kimono sensation plus	Tier 2	ACA, Some restrictions may apply.
KIMONO SPECIAL DEVICE	Tier 2	ACA, Some restrictions may apply.
maxx	Tier 2	ACA, Some restrictions may apply.
maxx plus	Tier 2	ACA, Some restrictions may apply.
REALITY LATEX CONDOMS	Tier 2	ACA, Some restrictions may apply.
REALITY LATEX/ULTRA TEXTURED DEVICE	Tier 2	ACA, Some restrictions may apply.
REALITY LATEX/ULTRA THIN DEVICE	Tier 2	ACA, Some restrictions may apply.
TRUSTEX COLOR CONDOMS + LUBE	Tier 2	ACA, Some restrictions may apply.
TRUSTEX LUB/RIBBED/STUDDED	Tier 2	ACA, Some restrictions may apply.
TRUSTEX LUB/SPERMICIDE EX ST	Tier 2	ACA, Some restrictions may apply.
TRUSTEX LUB/SPERMICIDE XL	Tier 2	ACA, Some restrictions may apply.
TRUSTEX LUBRICATED	Tier 2	ACA, Some restrictions may apply.
TRUSTEX LUBRICATED EX LARGE	Tier 2	ACA, Some restrictions may apply.
TRUSTEX LUBRICATED EXTRA ST	Tier 2	ACA, Some restrictions may apply.
TRUSTEX LUBRICATED/SPERMICIDE	Tier 2	ACA, Some restrictions may apply.
TRUSTEX NATURAL CONDOMS + LUBE	Tier 2	ACA, Some restrictions may apply.
TRUSTEX NON-LUBRICATED	Tier 2	ACA, Some restrictions may apply.
TRUSTEX RIA LUB/SPERMICIDE	Tier 2	ACA, Some restrictions may apply.
TRUSTEX RIA LUBRICATED	Tier 2	ACA, Some restrictions may apply.
TRUSTEX RIA NON-LUBRICATED	Tier 2	ACA, Some restrictions may apply.
TRUSTEX-NONOXYNOL-9/RIB/STUD	Tier 2	ACA, Some restrictions may apply.
Diaphragms**		
CAYA VAGINAL DIAPHRAGM	Tier 2	ACA
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	Tier 2	ACA
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	Tier 2	ACA
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	Tier 2	ACA
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	Tier 2	ACA
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	Tier 2	ACA
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	Tier 2	ACA
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	Tier 2	ACA

Drug Name	Drug Tier	Notes
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	Tier 2	ACA
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	Tier 2	ACA
Glucose Monitoring Test Supplies**		
ACCU-CHEK FASTCLIX LANCET KIT	Tier 2	
ACCU-CHEK FASTCLIX LANCETS	Tier 2	
ACCU-CHEK SAFE-T PRO LANCETS	Tier 2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS	Tier 2	
acti-lance 28g	Tier 2	
acti-lance lite lancets 28g	Tier 2	
acti-lance special lancets 17g	Tier 2	
acti-lance universal 23g	Tier 2	
adjustable lancing device	Tier 2	
advanced mobile lancet	Tier 2	
ADVOCATE LANCETS	Tier 2	
ADVOCATE LANCETS 30G	Tier 2	
ADVOCATE SAFETY LANCETS	Tier 2	
ADVOCATE SAFETY LANCETS 21G	Tier 2	
ADVOCATE SAFETY LANCETS 23G	Tier 2	
ADVOCATE SAFETY LANCETS 26G	Tier 2	
ADVOCATE SAFETY LANCETS 28G	Tier 2	
AGAMATRIX ULTRA-THIN LANCETS	Tier 2	
aimsco twist lancets 32g	Tier 2	
AIMSCO TWIST LANCETS 33G	Tier 2	
AQUALANCE LANCETS 30G	Tier 2	
assure comfort lancets 28g	Tier 2	
ASSURE LANCE LANCETS	Tier 2	
ASSURE LANCE LANCETS 21G	Tier 2	
ASSURE LANCE PLUS SAFETY 25G	Tier 2	
ASSURE LANCE PLUS SAFETY 30G	Tier 2	
ASSURE LANCE SAFETY LANCET 28G	Tier 2	
aurora lancet super thin 30g	Tier 2	
aurora lancet thin 23g	Tier 2	
AUTOLET II CLINISAFE KIT	Tier 2	
AUTOLET LANCING DEVICE	Tier 2	
AUTOLET LITE CLINISAFE KIT	Tier 2	
AUTOLET LITE LANCING DEVICE	Tier 2	
AUTOLET LITE STARTER PACK KIT	Tier 2	
AUTOLET MINI	Tier 2	
AUTOLET PLATFORMS	Tier 2	

Drug Name	Drug Tier	Notes
AUTOLET PLUS	Tier 2	
BD MICROTAINER LANCETS	Tier 2	
CARDIOCOM LANCING DEVICE	Tier 2	
careone advanced lancing dev	Tier 2	
CAREONE LANCET SUPER THIN 30G	Tier 2	
careone lancet thin 23g	Tier 2	
CARESENS LANCETS	Tier 2	
CARESENS LANCETS 30G	Tier 2	
CARETOUCH LANCING/EJECTOR	Tier 2	
CARETOUCH SAFETY LANCETS	Tier 2	
CARETOUCH SAFETY LANCETS 26G	Tier 2	
CARETOUCH TWIST LANCETS 28G	Tier 2	
CARETOUCH TWIST LANCETS 30G	Tier 2	
CARETOUCH TWIST LANCETS 33G	Tier 2	
CARETOUCH TWIST MC LANCETS 30G	Tier 2	
CHOSEN LANCETS 30G	Tier 2	
CHOSEN SAFETY LANCETS 28G	Tier 2	
CLEANLET LANCETS 28G	Tier 2	
CLEVER CHEK LANCETS	Tier 2	
CLEVER CHOICE COMFORT EZ	Tier 2	
CLEVER CHOICE LANCETS 21G	Tier 2	
CLEVER CHOICE LANCETS 23G	Tier 2	
CLEVER CHOICE LANCETS 28G	Tier 2	
COAGUCHEK LANCETS	Tier 2	
comfort assured lancets 28g	Tier 2	
comfort assured lancets 33g	Tier 2	
COMFORT TOUCH LANCETS 31G	Tier 2	
COMFORT TOUCH PLUS LANCETS 28G	Tier 2	
COMFORT TOUCH PLUS LANCETS 30G	Tier 2	
COMFORT TOUCH TWIST LANCET 30G	Tier 2	
cvs lancets original	Tier 2	
cvs lancets thin 26g	Tier 2	
cvs lancing device	Tier 2	
cvs ultra thin lancets	Tier 2	
DEXCOM G6 RECEIVER DEVICE	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)
DEXCOM G6 SENSOR	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (9 EA per 90 days)
DEXCOM G6 TRANSMITTER	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)
DEXCOM G7 15 DAY SENSOR	Tier 2	

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Drug Name	Drug Tier	Notes
DEXCOM G7 RECEIVER DEVICE	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 84 days)
DEXCOM G7 SENSOR	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (9 EA per 90 days)
DIATHRIVE LANCET ULTRA THIN 30	Tier 2	
DIATHRIVE LANCETS	Tier 2	
DROPLET GENTEEL LANCING DEVICE	Tier 2	
DROPLET LANCETS ULTRA THIN 30G	Tier 2	
DROPLET LANCING DEVICE	Tier 2	
DROPLET PERSONAL LANCETS 30G	Tier 2	
DROPSAFE ACTI-LANCE 23G	Tier 2	
DRUG MART ON-THE-GO LANCET 30G	Tier 2	
DRUG MART UNILET LANCETS 28G	Tier 2	
DRUG MART UNILET LANCETS 30G	Tier 2	
DRUG MART UNILET LANCETS 33G	Tier 2	
easy comfort lancets	Tier 2	
easy comfort lancets twist top	Tier 2	
EASY TOUCH LANCETS 21G	Tier 2	
EASY TOUCH LANCETS 23G	Tier 2	
EASY TOUCH LANCETS 26G	Tier 2	
EASY TOUCH LANCETS 28G	Tier 2	
EASY TOUCH LANCETS 28G/TWIST	Tier 2	
EASY TOUCH LANCETS 30G	Tier 2	
EASY TOUCH LANCETS 30G/TWIST	Tier 2	
EASY TOUCH LANCETS 32G	Tier 2	
EASY TOUCH LANCETS 32G/TWIST	Tier 2	
EASY TOUCH LANCETS 33G/TWIST	Tier 2	
EASY TOUCH LANCING DEVICE	Tier 2	
EASY TOUCH SAFETY LANCETS 21G	Tier 2	
EASY TOUCH SAFETY LANCETS 23G	Tier 2	
EASY TOUCH SAFETY LANCETS 26G	Tier 2	
EASY TOUCH SAFETY LANCETS 28G	Tier 2	
EMBRACE LANCETS ULTRA THIN 30G	Tier 2	
EMBRACE PRESSURE ACTIVATED 21G	Tier 2	
EMBRACE PRESSURE ACTIVATED 28G	Tier 2	
EVERSENSE 365 SENSOR/HOLDER	Tier 3	PA; QL (1 EA per 365 days)
EVERSENSE 365 SMART TRANSMIT	Tier 3	PA; QL (1 EA per 365 days)
EVERSENSE SENSOR/HOLDER	Tier 3	PA; QL (3 EA per 90 days)
EVERSENSE SMART TRANSMITTER	Tier 3	PA; QL (1 EA per 90 days)
EZ-LETS LANCETS 21G	Tier 2	
EZ-LETS LANCETS 26G	Tier 2	

Drug Name	Drug Tier	Notes
EZ-LETS LANCETS 28G	Tier 2	
EZ-LETS LANCETS 30G	Tier 2	
FIFTY50 SAFETY SEAL LANCETS	Tier 2	
FIFTY50 UNILET LANCETS 33G	Tier 2	
FINGERSTIX LANCETS	Tier 2	
FORA LANCETS	Tier 2	
FREESTYLE LANCETS	Tier 2	
FREESTYLE LIBRE 14 DAY READER DEVICE	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (6 EA per 84 days)
FREESTYLE LIBRE 2 PLUS SENSOR	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (6 EA per 84 days)
FREESTYLE LIBRE 2 READER DEVICE	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 84 days)
FREESTYLE LIBRE 2 SENSOR	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (6 EA per 84 days)
FREESTYLE LIBRE 3 PLUS SENSOR	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (6 EA per 84 days)
FREESTYLE LIBRE 3 READER DEVICE	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 84 days)
FREESTYLE LIBRE 3 SENSOR	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (6 EA per 84 days)
FREESTYLE LIBRE READER DEVICE	Tier 2	ST; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 84 days)
FREESTYLE UNISTICK II LANCETS	Tier 2	
GENTEEL BUTTERFLY TOUCH LANCET	Tier 2	
global inject ease lancets 28g	Tier 2	
global inject ease lancets 30g	Tier 2	
GLUCOCOM LANCETS 28G	Tier 2	
GLUCOCOM LANCETS 30G	Tier 2	
GLUCOCOM LANCETS 33G	Tier 2	
gnp sterile lancets 28g	Tier 2	
gnp sterile lancets 30g	Tier 2	
gnp sterile lancets 33g	Tier 2	
GOJJI STERILE LANCETS	Tier 2	
GUARDIAN 4 GLUCOSE SENSOR	Tier 3	PA; QL (15 EA per 90 days)
GUARDIAN 4 TRANSMITTER	Tier 3	PA; QL (1 EA per 90 days)

Drug Name	Drug Tier	Notes
GUARDIAN LINK 3 TRANSMITTER	Tier 3	PA; QL (1 EA per 90 days)
GUARDIAN SENSOR (3)	Tier 3	PA; QL (15 EA per 90 days)
guardian sensor 3	Tier 3	PA; QL (15 EA per 90 days)
HAEMOLANCE PLUS	Tier 2	
HAEMOLANCE PLUS HIGH FLOW	Tier 2	
HAEMOLANCE PLUS LOW FLOW	Tier 2	
HAEMOLANCE PLUS MAX FLOW	Tier 2	
HAEMOLANCE PLUS PEDIATRIC FLOW	Tier 2	
h-e-b incontrol adv lancing	Tier 2	
h-e-b incontrol lancets 28g	Tier 2	
h-e-b incontrol lancets 30g	Tier 2	
h-e-b incontrol lancets 33g	Tier 2	
HYPOLANCE AST LANCING KIT	Tier 2	
HY-VEE LANCETS	Tier 2	
hy-vee thin lancets	Tier 2	
IN TOUCH STERILE LANCETS 30G	Tier 2	
kinney lancets	Tier 2	
kinney thin lancets	Tier 2	
KROGER AUTOLET LANCING DEVICE	Tier 2	
KROGER HEALTHPRO LANCET 26G	Tier 2	
kroger lancets	Tier 2	
kroger lancets super thin	Tier 2	
kroger lancets thin	Tier 2	
lancet device with ejector	Tier 2	
lancets	Tier 2	
lancets 28g thin	Tier 2	
lancets 30g	Tier 2	
lancets 33g	Tier 2	
lancets micro thin 33g	Tier 2	
LANCETS SUPER THIN	Tier 2	
lancets super thin 28g	Tier 2	
lancets thin	Tier 2	
LANCETS ULTRA THIN	Tier 2	
lancets ultra thin 30g	Tier 2	
lancing device	Tier 2	
LANZO	Tier 2	
leader advanced lancing device	Tier 2	
LIBERTY MEDICAL LANCETS	Tier 2	
lite touch lancets	Tier 2	
LITETOUCH LANCETS	Tier 2	
live better lancet super thin	Tier 2	
medichoice safety lancet	Tier 2	

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Drug Name	Drug Tier	Notes
medichoice safety lancet extra	Tier 2	
medichoice safety lancet norm	Tier 2	
MEDLANCE PLUS EXTRA 21G	Tier 2	
MEDLANCE PLUS LITE 25G	Tier 2	
MEDLANCE PLUS SPECIAL 0.8MM	Tier 2	
MEDLANCE PLUS SUPERLITE 30G	Tier 2	
MEDLANCE PLUS UNIVERSAL 21G	Tier 2	
MEIJER LANCETS	Tier 2	
MEIJER LANCETS UNIVERSAL 21G	Tier 2	
MEIJER LANCETS UNIVERSAL 30G	Tier 2	
MEIJER LANCETS UNIVERSAL 33G	Tier 2	
MICROLET LANCETS	Tier 2	
MICROLET NEXT LANCING DEVICE	Tier 2	
mini lancing device	Tier 2	
MM TWIST LANCETS	Tier 2	
mobile lancets 30g	Tier 3	
MONOLET LANCETS	Tier 2	
MONOLET OPD LANCETS	Tier 2	
MONOLETTOR SAFETY LANCETS	Tier 2	
multi-lancet device	Tier 2	
MULTI-LANCET DEVICE 2 KIT	Tier 2	
MYGLUCOHEALTH LANCETS 30G	Tier 2	
NOVA SAFETY LANCETS 23G	Tier 2	
NOVA SAFETY LANCETS 28G	Tier 2	
NOVA SUREFLEX LANCETS	Tier 2	
NOVA SUREFLEX LANCING DEVICE	Tier 2	
ONETOUCH DELICA PLUS LANCET30G	Tier 2	
ONETOUCH DELICA PLUS LANCET33G	Tier 2	
ONETOUCH DELICA PLUS LANCING	Tier 2	
ONETOUCH DELICA SAFETY LANCING	Tier 2	
ONETOUCH ULTRA CONTROL IN VITRO LIQUID	Tier 3	
ONETOUCH ULTRASOFT 2 LANCETS	Tier 2	
ONETOUCH VERIO IN VITRO LIQUID	Tier 3	
oval tape	Tier 3	
PERFECT LANCETS 28G	Tier 2	
PERFECT LANCETS 30G	Tier 2	
PERFECT POINT SAFETY LANCETS	Tier 2	
PHARMACIST CHOICE LANCETS	Tier 2	
pip lancets 28g	Tier 2	
pip lancets 30g	Tier 2	
pro comfort lancets 30g	Tier 2	
pro comfort lancets 31g	Tier 2	

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Drug Name	Drug Tier	Notes
pro comfort safety lancets 30g	Tier 2	
PRODIGY LANCETS 28G	Tier 2	
PRODIGY LANCING DEVICE	Tier 2	
PRODIGY SAFETY LANCETS 26G	Tier 2	
PRODIGY TWIST TOP LANCETS 28G	Tier 2	
pure comfort lancets 30g	Tier 2	
px advanced lancing device	Tier 2	
px lancets microthin 33g	Tier 2	
px lancets ultra thin 28g	Tier 2	
qc advanced lancing device	Tier 2	
qc lancets super thin 30g	Tier 2	
qc lancets ultra thin	Tier 2	
qc unilet lancets 28g	Tier 2	
qc unilet lancets micro thin	Tier 2	
READYLANCE SAFETY LANCETS	Tier 2	
reality lancets	Tier 2	
reality trigger lancets	Tier 2	
RELION LANCETS	Tier 2	
RELION LANCETS MICRO-THIN 33G	Tier 2	
RELION LANCETS THIN 26G	Tier 2	
RELION LANCETS ULTRA-THIN 30G	Tier 2	
RELION ULTRA THIN LANCETS 30G	Tier 2	
RIGHTEST ALTERNATE SITE ADAPT	Tier 2	
RIGHTEST GD500 LANCING DEVICE	Tier 2	
RIGHTEST GL300 LANCETS	Tier 2	
safety lancet 30g/pressure act	Tier 2	
SAFETY LANCETS	Tier 2	
SAFETY LANCETS 21G	Tier 2	
SAFETY LANCETS 23G	Tier 2	
safety lancets 28g	Tier 2	
saps health plus lancets	Tier 2	
saps health twist top lancets	Tier 2	
saps twist top lancets	Tier 2	
sapscare twist top lancets	Tier 2	
sb lancets thin	Tier 2	
sb lancets ultra thin	Tier 2	
SIMPLERA SENSOR	Tier 3	PA
SIMPLERA SYNC SENSOR	Tier 3	PA
SIMPLERA SYSTEM	Tier 3	PA
SINGLE-LET	Tier 2	
SMART DIABETES VANTAGE LANCING	Tier 2	
SMARTEST LANCETS 28G	Tier 2	

Drug Name	Drug Tier	Notes
SOLUS V2 LANCETS 28G	Tier 2	
SOLUS V2 LANCING DEVICE	Tier 2	
SOLUS V2 TWIST LANCETS 30G	Tier 2	
STERILANCE TL	Tier 2	
super thin lancets	Tier 2	
sure comfort lancets 18g	Tier 2	
sure comfort lancets 21g	Tier 2	
sure comfort lancets 23g	Tier 2	
sure comfort lancets 28g	Tier 2	
sure comfort lancets 30g	Tier 2	
SURELITE LANCETS	Tier 2	
TECHLITE AST LANCETS	Tier 2	
TECHLITE LANCETS	Tier 2	
TECHLITE LANCETS 26G	Tier 2	
todays health lancing device	Tier 2	
todays health thin lancets 28g	Tier 2	
todays health thin lancets 30g	Tier 2	
TRAVEL LANCETS ADVANCED 28G	Tier 2	
true comfort safety lancets	Tier 2	
true comfort twist top lancets	Tier 2	
TRUEDRAW LANCING DEVICE	Tier 2	
TRUEPLUS LANCETS 26G	Tier 2	
TRUEPLUS LANCETS 28G	Tier 2	
TRUEPLUS LANCETS 30G	Tier 2	
TRUEPLUS LANCETS 33G	Tier 2	
TRUEPLUS SAFETY LANCETS 28G	Tier 2	
twist top lancets 30g	Tier 2	
ULTILET CLASSIC LANCETS	Tier 2	
ULTILET LANCETS	Tier 2	
ULTILET SAFETY LANCETS	Tier 2	
ULTILET SAFETY LANCETS 23G	Tier 2	
ultra thin lancets 31g	Tier 2	
ultra-care lancets 30g	Tier 2	
ULTRA-THIN II AUTO LANCET	Tier 2	
UNILET COMFORTOUCH LANCET	Tier 2	
UNILET EXCELITE	Tier 2	
UNILET EXCELITE II	Tier 2	
UNILET G.P. LANCET	Tier 2	
UNILET G.P. SUPERLITE LANCET	Tier 2	
UNILET GP 28 ULTRA THIN	Tier 2	
UNILET LANCET	Tier 2	
UNILET MICRO-THIN 33G	Tier 2	

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Drug Name	Drug Tier	Notes
UNILET SUPERLITE LANCET	Tier 2	
UNILET SUPER-THIN 30G	Tier 2	
UNILET ULTRA-THIN 28G	Tier 2	
UNISTIK 1	Tier 2	
UNISTIK 2	Tier 2	
UNISTIK 2 COMFORT	Tier 2	
UNISTIK 2 EXTRA	Tier 2	
UNISTIK 2 NEONATAL	Tier 2	
UNISTIK 2 NORMAL	Tier 2	
UNISTIK 2 SUPER	Tier 2	
UNISTIK 3	Tier 2	
UNISTIK 3 COMFORT	Tier 2	
UNISTIK 3 EXTRA	Tier 2	
UNISTIK 3 GENTLE	Tier 2	
UNISTIK 3 NEONATAL	Tier 2	
UNISTIK 3 NORMAL	Tier 2	
UNISTIK CZT COMFORT	Tier 2	
UNISTIK CZT NORMAL	Tier 2	
UNISTIK NORMAL	Tier 2	
UNISTIK PRO SAFETY LANCET	Tier 2	
UNISTIK SAFETY LANCETS 28G	Tier 2	
UNISTIK SAFETY LANCETS 30G	Tier 2	
UNISTIK TOUCH SAFETY LANC 21G	Tier 2	
UNISTIK TOUCH SAFETY LANC 23G	Tier 2	
UNISTIK TOUCH SAFETY LANC 28G	Tier 2	
UNISTIK TOUCH SAFETY LANC 30G	Tier 2	
VERIFINE SAFE LANCET MINI 21G	Tier 2	
VERIFINE SAFE LANCET MINI 23G	Tier 2	
VERIFINE SAFE LANCET MINI 28G	Tier 2	
VERIFINE SAFE LANCET MINI 30G	Tier 2	
VERIFINE UNIVERSAL LANCETS 28G	Tier 2	
VERIFINE UNIVERSAL LANCETS 30G	Tier 2	
VERIFINE UNIVERSAL LANCETS 33G	Tier 2	
VIVAGUARD LANCETS	Tier 2	
VIVAGUARD LANCETS 30G	Tier 2	
VIVAGUARD SAFETY LANCETS 28G	Tier 2	
zevrx twist top lancets 30g	Tier 2	
Insulin Administration Supplies**		
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	Tier 2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	Tier 2	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	Tier 2	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	Tier 2	

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Drug Name	Drug Tier	Notes
OMNIPOD DASH INTRO (GEN 4) KIT	Tier 2	
OMNIPOD DASH PODS (GEN 4)	Tier 2	
V-GO 20 KIT 20 UNIT/24HR	Tier 2	
V-GO 30 KIT 30 UNIT/24HR	Tier 2	
V-GO 40 KIT 40 UNIT/24HR	Tier 2	
Needles & Syringes**		
1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm , 33g x 4 mm	Tier 2	
1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm	Tier 2	
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 33G X 4 MM	Tier 2	
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
aq insulin syringe 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
aqinject pen needle 31g x 5 mm , 32g x 4 mm	Tier 2	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM	Tier 3	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM	Tier 3	
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM	Tier 2	
aum insulin safety pen needle 31g x 4 mm , 31g x 5 mm	Tier 2	
aum mini insulin pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm	Tier 2	
aum pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm	Tier 2	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM	Tier 2	
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM	Tier 2	
aurora pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	Tier 2	
BD AUTOSHIELD DUO 30G X 5 MM	Tier 2	
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML	Tier 2	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	Tier 2	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	Tier 2	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	Tier 2	

Drug Name	Drug Tier	Notes
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM	Tier 2	
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	Tier 2	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	Tier 2	
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	Tier 2	
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	Tier 2	
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	Tier 2	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	Tier 2	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 2	
CAREFINE PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM	Tier 2	
careone insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
careone unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm	Tier 2	
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
CARETOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 33G X 4 MM	Tier 2	
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	Tier 2	
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM	Tier 2	
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	Tier 2	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM	Tier 2	
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM	Tier 2	

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Drug Name	Drug Tier	Notes
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	Tier 2	
DIATHRIVE PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
DROPLET MICRON 34G X 3.5 MM	Tier 2	
DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM	Tier 2	
dropsafe safety pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm	Tier 2	
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm	Tier 2	
drug mart unifine pentips plus 32g x 4 mm	Tier 2	
easy comfort insulin syringe 29g x 5/16" 0.5 ml	Tier 3	
easy comfort insulin syringe 29g x 5/16" 1 ml	Tier 3	
easy comfort insulin syringe 30g x 1/2" 0.5 ml	Tier 2	
easy comfort insulin syringe 30g x 1/2" 1 ml	Tier 2	
easy comfort insulin syringe 30g x 5/16" 0.5 ml	Tier 2	
easy comfort insulin syringe 30g x 5/16" 1 ml	Tier 2	
easy comfort insulin syringe 31g x 1/2" 0.3 ml	Tier 2	
easy comfort insulin syringe 31g x 5/16" 0.3 ml	Tier 2	
easy comfort insulin syringe 31g x 5/16" 0.5 ml	Tier 2	
easy comfort insulin syringe 31g x 5/16" 1 ml	Tier 2	
easy comfort insulin syringe 32g x 5/16" 0.5 ml	Tier 2	
easy comfort insulin syringe 32g x 5/16" 1 ml	Tier 2	
easy comfort pen needles 29g x 4mm	Tier 3	
easy comfort pen needles 29g x 5mm	Tier 3	
easy comfort pen needles 31g x 5 mm	Tier 2	
easy comfort pen needles 31g x 5 mm	Tier 3	
easy comfort pen needles 31g x 6 mm	Tier 2	
easy comfort pen needles 31g x 6 mm	Tier 3	
easy comfort pen needles 31g x 8 mm	Tier 2	

Drug Name	Drug Tier	Notes
easy comfort pen needles 32g x 4 mm	Tier 2	
easy comfort pen needles 32g x 4 mm	Tier 3	
easy comfort pen needles 33g x 4 mm	Tier 2	
easy comfort pen needles 33g x 5 mm	Tier 2	
easy comfort pen needles 33g x 6 mm	Tier 2	
easy glide pen needles 33g x 4 mm	Tier 2	
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	Tier 2	
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML	Tier 2	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM	Tier 2	
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM , 30G X 8 MM	Tier 2	
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	Tier 2	
EMBECTA AUTOSHIELD DUO 30G X 5 MM	Tier 2	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML	Tier 2	
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML, 28G X 1/2" 1 ML	Tier 2	
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	Tier 2	
EMBECTA PEN NEEDLE NANO 32G X 4 MM	Tier 2	
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM	Tier 2	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 2	

Drug Name	Drug Tier	Notes
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm	Tier 2	
global easy glide insulin syr 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml	Tier 2	
global easy glide pen needles 32g x 4 mm	Tier 2	
global inject ease insulin syr 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
global insulin syringes 30g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml	Tier 2	
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
gnp insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
gnp insulin syringes 28gx1/2" 28g x 1/2" 1 ml	Tier 2	
gnp insulin syringes 29gx1/2" 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml	Tier 2	
gnp insulin syringes 30g x 5/16" 1 ml	Tier 2	
gnp insulin syringes 30gx5/16" 30g x 5/16" 0.3 ml	Tier 2	
gnp insulin syringes 31gx5/16" 31g x 5/16" 0.3 ml	Tier 2	
gnp pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm	Tier 2	
gnp ulticare pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm	Tier 2	
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 2	
gnp ultra com insulin syringe 28g x 1/2" 1 ml	Tier 2	
healthwise insulin syr/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
healthwise micron pen needles 32g x 4 mm	Tier 2	
healthwise short pen needles 31g x 5 mm , 31g x 8 mm	Tier 2	
h-e-b incontrol pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	Tier 2	
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	Tier 2	
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML	Tier 2	
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM	Tier 2	
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM	Tier 2	
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	

Drug Name	Drug Tier	Notes
insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm	Tier 2	
INSUPEN32G EXTR3ME 32G X 6 MM	Tier 2	
kinray insulin syringe 29g x 1/2" 0.5 ml	Tier 2	
kroger pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm	Tier 2	
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM	Tier 2	
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 2	
MARATHON MEDICAL PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
MAXICOMFORT II PEN NEEDLE 31G X 6 MM	Tier 2	
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	Tier 2	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM	Tier 2	
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML	Tier 2	
medic insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml	Tier 2	
medicine shoppe pen needles 29g x 12mm , 31g x 8 mm	Tier 2	
meijer pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	Tier 2	
MICRODOT PEN NEEDLE 31G X 6 MM , 32G X 4 MM , 33G X 4 MM	Tier 2	
mm insulin syringe/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
MM PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	

Drug Name	Drug Tier	Notes
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	
NOVOFINE PEN NEEDLE 32G X 6 MM	Tier 2	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	Tier 2	
pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm	Tier 2	
pen needle/5-bevel tip 31g x 8 mm	Tier 3	
pen needle/5-bevel tip 32g x 4 mm	Tier 2	
pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm	Tier 2	
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 2	
PENTIPS GENERIC PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 2	
pip pen needles 31g x 5mm	Tier 2	
pip pen needles 32g x 4mm	Tier 2	
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	Tier 2	
preferred plus unifine pentips 29g x 12mm	Tier 2	
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM , 31G X 8 MM	Tier 2	
PREVENT SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM	Tier 2	
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
pro comfort pen needles 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm	Tier 2	
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	
pure comfort pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm	Tier 2	
pure comfort safety pen needle 31g x 5 mm , 31g x 6 mm , 32g x 4 mm	Tier 2	
px insulin syringe 30g x 1/2" 0.5 ml	Tier 2	
px mini pen needles 31g x 5 mm	Tier 2	
qc pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	Tier 2	
qc unifine pentips 32g x 4 mm	Tier 2	

Drug Name	Drug Tier	Notes
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	Tier 2	
raya sure pen needle 29g x 12mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm	Tier 2	
reality insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml	Tier 2	
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
RELION PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
safety pen needles 30g x 5 mm , 30g x 8 mm	Tier 2	
sb insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 1 ml	Tier 2	
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM	Tier 2	
sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
sure comfort pen needles 29g x 12.7mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm	Tier 2	
techlite insulin syringe 30g x 1/2" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 2	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM	Tier 2	
todays health pen needles 29g x 12mm	Tier 2	
todays health short pen needle 31g x 8 mm	Tier 2	
true comfort insulin syringe 30g x 1/2" 0.5 ml	Tier 3	
true comfort insulin syringe 30g x 1/2" 1 ml	Tier 3	
true comfort insulin syringe 30g x 5/16" 0.5 ml	Tier 3	
true comfort insulin syringe 30g x 5/16" 1 ml	Tier 3	
true comfort insulin syringe 31g x 5/16" 0.5 ml	Tier 2	
true comfort insulin syringe 31g x 5/16" 0.5 ml	Tier 3	
true comfort insulin syringe 31g x 5/16" 1 ml	Tier 2	
true comfort insulin syringe 31g x 5/16" 1 ml	Tier 3	
true comfort insulin syringe 32g x 5/16" 1 ml	Tier 3	
true comfort pen needles 31g x 5 mm , 31g x 6 mm , 32g x 4 mm	Tier 2	

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Drug Name	Drug Tier	Notes
true comfort pro insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml	Tier 2	
true comfort pro pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm	Tier 2	
true comfort safety pen needle 31g x 5 mm , 31g x 6 mm , 32g x 4 mm	Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML	Tier 2	
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
ULTICARE MICRO PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
ULTICARE MINI PEN NEEDLES 30G X 5 MM , 31G X 6 MM , 32G X 6 MM	Tier 2	
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM	Tier 2	
ULTICARE SHORT PEN NEEDLES 30G X 8 MM , 31G X 8 MM	Tier 2	
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 2	
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
ULTILET PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
ultra comfort insulin syringe 30g x 5/16" 0.3 ml	Tier 2	
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	Tier 2	
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML	Tier 2	

Drug Name	Drug Tier	Notes
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
ULTRA THIN PEN NEEDLES 32G X 4 MM	Tier 2	
ultracare insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 2	
ultracare pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm	Tier 2	
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML	Tier 2	
UNIFINE OTC PEN NEEDLES 31G X 5 MM , 32G X 4 MM	Tier 2	
UNIFINE PENTIPS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM	Tier 2	
UNIFINE PENTIPS PLUS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	Tier 2	
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM	Tier 3	
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 2	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 2	
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	Tier 2	
zevrx insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml	Tier 2	
zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	Tier 2	
Migraine Products		
Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)**		
NURTEC ORAL TABLET DISPERSIBLE 75 MG	Tier 2	PA; QL (18 EA per 30 days)

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Drug Name	Drug Tier	Notes
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 2	PA; QL (30 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	PA; QL (16 EA per 30 days)
Cgrp Receptor Antagonists - Monocolonal Antibodies**		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA; QL (3 ML per 90 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	Tier 2	PA; QL (4.5 ML per 90 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	Tier 2	PA; QL (4.5 ML per 90 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 2	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	Tier 2	PA; QL (1 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Tier 2	PA; QL (1 ML per 30 days)
Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors**		
ELYXYB ORAL SOLUTION 120 MG/4.8ML	Tier 3	PA
Migraine Products**		
dihydroergotamine mesylate injection solution 1 mg/ml	Tier 1	
dihydroergotamine mesylate nasal solution 4 mg/ml	Tier 1	PA
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG	Tier 3	PA
Selective Serotonin Agonists 5-Ht(1)**		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 1	ST; SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan; QL (18 EA per 30 days)
eletriptan hydrobromide oral tablet 20 mg, 40 mg	Tier 1	ST; SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan; QL (18 EA per 30 days)
frovatriptan succinate oral tablet 2.5 mg	Tier 1	ST; SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan; QL (9 EA per 30 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg	Tier 1	QL (9 EA per 30 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	Tier 1	QL (27 EA per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	Tier 1	QL (27 EA per 30 days)
sumatriptan solution 20 mg/act nasal	Tier 1	ST; SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan; QL (18 EA per 30 days)
sumatriptan solution 5 mg/act nasal	Tier 1	ST; SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan; QL (36 EA per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	Tier 1	QL (18 ML per 30 days)

Drug Name	Drug Tier	Notes
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	Tier 1	QL (18 ML per 30 days)
sumatriptan succinate tablet 100 mg oral	Tier 1	QL (18 EA per 30 days)
sumatriptan succinate tablet 25 mg oral	Tier 1	QL (9 EA per 30 days)
sumatriptan succinate tablet 50 mg oral	Tier 1	QL (9 EA per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	Tier 1	QL (18 EA per 30 days)
zolmitriptan solution 2.5 mg nasal	Tier 3	ST; SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan; QL (18 EA per 30 days)
zolmitriptan solution 5 mg nasal	Tier 1	ST; SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan; QL (18 EA per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG	Tier 3	ST; SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	Tier 1	QL (18 EA per 30 days)
Selective Serotonin Agonists 5-Ht(1F)**		
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 2	PA; QL (8 EA per 30 days)
Minerals & Electrolytes		
Fluoride**		
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	Tier 1	ACA, Some restrictions may apply.
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	Tier 1	ACA, Some restrictions may apply.
Phosphate**		
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	Tier 1	
phosphorous oral tablet 155-852-130 mg	Tier 1	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	Tier 1	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG	Tier 1	
potassium phosphates-nacl intravenous solution 15 mmol/100ml	Tier 3	
wes-phos 250 neutral oral tablet 155-852-130 mg	Tier 1	
Potassium**		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 1	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	Tier 1	
KLOR-CON ORAL PACKET 20 MEQ	Tier 1	

Drug Name	Drug Tier	Notes
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 1	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	Tier 1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	Tier 1	
potassium chloride er tablet extended release 10 meq oral	Tier 1	
potassium chloride er tablet extended release 15 meq oral	Tier 3	
potassium chloride er tablet extended release 20 meq oral	Tier 1	
potassium chloride er tablet extended release 8 meq oral	Tier 1	
potassium chloride oral packet 20 meq	Tier 1	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	Tier 1	
Sodium**		
sodium chloride (pf) injection solution 0.9 %	Tier 1	
sodium chloride injection solution 2.5 meq/ml	Tier 1	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %	Tier 1	
Zinc**		
GALZIN ORAL CAPSULE 25 MG, 50 MG	Tier 3	
Miscellaneous Therapeutic Classes		
Activated Phosphoinositide 3-Kinase Delta Syndrome Agent**		
JOENJA ORAL TABLET 70 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 EA per 30 days)
Antileprotics**		
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
B-Lymphocyte Stimulator (Blys)-Specific Inhibitors**		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Chelating Agents**		
penicillamine oral tablet 250 mg	Tier 1	PA; Specialty
trientine hcl capsule 250 mg oral	Tier 1	PA; Specialty
trientine hcl capsule 500 mg oral	Tier 4 (SP Non-Preferred)	Specialty
Continuous Renal Replacement Therapy (Crrt) Solutions**		
phoxillum b22k4/0 extracorporeal solution 22-4-1 meq-mmol/l	Tier 3	

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Drug Name	Drug Tier	Notes
Cyclosporine Analogs**		
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
cyclosporine modified oral solution 100 mg/ml	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 1	
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (180 EA per 30 days)
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 3	
NEORAL ORAL SOLUTION 100 MG/ML	Tier 3	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 3	
Enzymes**		
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Farnesyltransferase Inhibitors**		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 4 (SP Preferred)	PA; Specialty
Immunomodulators - Combinations**		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Immunomodulators For Myelodysplastic Syndromes**		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Tier 1	PA; Specialty; OC
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 4 (SP Preferred)	PA; Specialty; OC
Inosine Monophosphate Dehydrogenase Inhibitors**		
CELLCEPT ORAL CAPSULE 250 MG	Tier 3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML	Tier 3	
CELLCEPT ORAL TABLET 500 MG	Tier 3	
mycophenolate mofetil oral capsule 250 mg	Tier 1	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	Tier 1	
mycophenolate mofetil oral tablet 500 mg	Tier 1	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	Tier 1	
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	Tier 1	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG	Tier 3	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 3	PA; QL (450 ML per 30 days)

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Drug Name	Drug Tier	Notes
Irrigation Solutions**		
ringers irrigation irrigation solution	Tier 1	
Macrolide Immunosuppressants**		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	Tier 3	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	Tier 3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Tier 1	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	Tier 3	
PROGRAF ORAL PACKET 0.2 MG, 1 MG	Tier 3	
sirolimus oral solution 1 mg/ml	Tier 1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 1	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 3	
Monoclonal Antibodies**		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Patient Assessment Services - No Drug Dispensed**		
eua patient assessment	Tier 3	
Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib**		
VIJOICE ORAL PACKET 50 MG	Tier 4 (SP Preferred)	PA; Specialty
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	Tier 4 (SP Preferred)	PA; Specialty
Potassium Removing Agents**		
KIONEX COMBINATION SUSPENSION 15 GM/60ML	Tier 1	
LOKELMA ORAL PACKET 10 GM, 5 GM	Tier 2	
sodium polystyrene sulfonate oral powder	Tier 1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML	Tier 1	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	Tier 1	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM	Tier 3	PA
Purine Analogs**		
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 1	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
IMURAN ORAL TABLET 50 MG	Tier 3	

Drug Name	Drug Tier	Notes
Rock Inhibitors**		
REZUROCK ORAL TABLET 200 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Mouth/Throat/Dental Agents		
Anesthetics Topical Oral - Combinations**		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	Tier 3	
Anesthetics Topical Oral**		
lidocaine viscous hcl mouth/throat solution 2 %	Tier 1	
Anti-Infectives - Throat**		
clotrimazole mouth/throat troche 10 mg	Tier 1	
nystatin mouth/throat suspension 100000 unit/ml	Tier 1	
ORAVIG BUCCAL TABLET 50 MG	Tier 3	
Antiseptics - Mouth/Throat**		
chlorhexidine gluconate mouth/throat solution 0.12 %	Tier 1	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	Tier 1	
Saliva Stimulants**		
cevimeline hcl oral capsule 30 mg	Tier 1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 1	
Steroids - Mouth/Throat/Dental**		
KOURZEQ MOUTH/THROAT PASTE 0.1 %	Tier 1	
ORALONE MOUTH/THROAT PASTE 0.1 %	Tier 1	
triamcinolone acetonide mouth/throat paste 0.1 %	Tier 1	
Multivitamins		
Prenatal Mv & Min W/Fe-Fa**		
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG	Tier 3	ACA
completenate oral tablet chewable 29-1 mg	Tier 3	ACA
CO-NATAL FA ORAL TABLET	Tier 3	ACA
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG	Tier 3	ACA
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG	Tier 3	ACA
FOLIVANE-OB ORAL CAPSULE 85-1 MG	Tier 3	ACA
INATAL GT ORAL TABLET	Tier 3	ACA
NIVA-PLUS ORAL TABLET 27-1 MG	Tier 3	ACA
one vite womens plus oral tablet 27-1 mg	Tier 3	ACA
pnv 27-ca/fe/fa oral tablet 60-1 mg	Tier 3	ACA
pnv-select oral tablet 27-0.6-0.4 mg	Tier 3	ACA
PRENATABS RX ORAL TABLET 29-1 MG	Tier 2	ACA
prenatal 19 oral tablet 29-1 mg	Tier 2	ACA
prenatal 19 oral tablet chewable	Tier 2	ACA

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Drug Name	Drug Tier	Notes
prenatal oral tablet 27-1 mg	Tier 3	ACA
prenatal plus oral tablet 27-1 mg	Tier 2	ACA
prenatal plus vitamin/mineral oral tablet 27-1 mg	Tier 3	ACA
PRENATAL-U ORAL CAPSULE 106.5-1 MG	Tier 2	ACA
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG	Tier 3	ACA
se-natal 19 oral tablet 29-1 mg	Tier 2	ACA
se-natal 19 oral tablet chewable 29-1 mg	Tier 2	ACA
TARON-C DHA ORAL CAPSULE 35-1 MG	Tier 3	ACA
thrivite rx oral tablet 29-1 mg	Tier 3	ACA
trinatal rx 1 oral tablet 60-1 mg	Tier 3	ACA
TRINATE ORAL TABLET	Tier 2	ACA
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG	Tier 3	ACA
westab plus oral tablet 27-1 mg	Tier 3	ACA
Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil**		
complete natal dha oral 29-1-200 & 200 mg	Tier 3	ACA
wesnatal dha complete oral 29-1-200 & 200 mg	Tier 3	ACA
Prenatal Mv & Min W/Fe-Fa-Dha**		
OBSTETRIX DHA ORAL 29-1 & 350 MG	Tier 3	ACA
pnv-dha+docusate oral capsule 27-1.25-300 mg	Tier 3	ACA
Musculoskeletal Therapy Agents		
Central Muscle Relaxants**		
baclofen oral suspension 25 mg/5ml	Tier 1	PA
baclofen oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
baclofen solution 10 mg/5ml oral	Tier 1	
baclofen solution 5 mg/5ml oral	Tier 1	
baclofen solution 5 mg/5ml oral	Tier 3	
chlorzoxazone oral tablet 500 mg	Tier 1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	Tier 1	
metaxalone tablet 400 mg oral	Tier 1	QL (240 EA per 30 days)
metaxalone tablet 800 mg oral	Tier 1	QL (120 EA per 30 days)
methocarbamol oral tablet 500 mg, 750 mg	Tier 1	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	Tier 1	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	Tier 1	
tizanidine hcl oral tablet 2 mg, 4 mg	Tier 1	
Direct Muscle Relaxants**		
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	Tier 1	

Drug Name	Drug Tier	Notes
Retinoic Acid Receptor Gamma Selective Agonists**		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Viscosupplements**		
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	Tier 2	PA; QL (12 ML per 180 days)
Nasal Agents - Systemic And Topical		
Antihistamine-Steroid**		
azelastine-fluticasone suspension 137-50 mcg/act nasal	Tier 1	ST; TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE IN THE PAST 120 DAYS; QL (23 GM per 30 days)
azelastine-fluticasone suspension 137-50 mcg/act nasal	Tier 1	ST; TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED; QL (23 GM per 30 days)
Nasal Anticholinergics**		
ipratropium bromide nasal solution 0.03 %, 0.06 %	Tier 1	
Nasal Antihistamines**		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	Tier 1	
olopatadine hcl nasal solution 0.6 %	Tier 1	
Nasal Steroids**		
flunisolide nasal solution 25 mcg/act (0.025%)	Tier 1	QL (25 ML per 30 days)
fluticasone propionate nasal suspension 50 mcg/act	Tier 1	
mometasone furoate nasal suspension 50 mcg/act	Tier 1	
OMNARIS NASAL SUSPENSION 50 MCG/ACT	Tier 3	ST; SWITCH TO STEP ONE: FLUNISOLIDE SPRAY, OR FLUTICASONE PROPIONATE SPRAY; QL (5 GM per 12 days)
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	Tier 3	ST; TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED; QL (6.8 GM per 30 days)
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT	Tier 3	ST; TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED; QL (10.6 GM per 30 days)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	Tier 2	ST; TRIAL OF ONE OF THE FOLLOWING INTRANASAL CORTICOSTEROIDS : MOMETASONE, FLUTICASONE PROPIONATE, OR FLUNISOLIDE IN THE PAST 120 DAYS
Neuromuscular Agents		
Als Agents - Miscellaneous**		
edaravone intravenous solution 30 mg/100ml, 60 mg/100ml	Tier 1	PA; Specialty
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (50 ML per 10 days)

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OC - Oral Chemotherapy

Drug Name	Drug Tier	Notes
RADICAVA ORS STARTER KIT SUSPENSION 105 MG/5ML ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (35 ML per 7 days)
RADICAVA ORS STARTER KIT SUSPENSION 105 MG/5ML ORAL	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (70 ML per 14 days)
Benzathiazoles**		
riluzole oral tablet 50 mg	Tier 1	PA; Specialty
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	Tier 4 (SP Non-Preferred)	PA; Specialty
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Friedrich's Ataxia Agents - Nrf2 Pathway Activators**		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Muscular Dystrophy - Histone Deacetylase Inhibitors*		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (270 ML per 30 days)
Neuromuscular Blocking Agent - Neurotoxins**		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	Tier 4 (SP Non-Preferred)	PA; Specialty
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT	Tier 4 (SP Non-Preferred)	PA; Specialty
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT	Tier 4 (SP Non-Preferred)	PA; Specialty
Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs**		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Spinal Muscular Atrophy-Smn2 Splicing Modifiers**		
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty
EVRYSDI ORAL TABLET 5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
Ophthalmic Agents		
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb**		
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Tier 2	
Beta-Blockers - Ophthalmic Combinations**		
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	Tier 1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	Tier 1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	Tier 1	

Drug Name	Drug Tier	Notes
Beta-Blockers - Ophthalmic**		
betaxolol hcl ophthalmic solution 0.5 %	Tier 1	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	Tier 3	
carteolol hcl ophthalmic solution 1 %	Tier 1	
levobunolol hcl ophthalmic solution 0.5 %	Tier 1	
timolol hemihydrate ophthalmic solution 0.5 %	Tier 1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	Tier 1	
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION 0.5 %	Tier 1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	Tier 1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	Tier 1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	Tier 1	
Cholinergic Agonists**		
TYRVAYA NASAL SOLUTION 0.03 MG/ACT	Tier 2	PA
Cycloplegic Mydriatic Combinations**		
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 %	Tier 3	
Cycloplegic Mydriatics**		
ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 %	Tier 1	
atropine sulfate solution 1 % ophthalmic	Tier 1	
atropine sulfate solution 1 % ophthalmic	Tier 3	
cyclopentolate hcl ophthalmic solution 1 %	Tier 1	
phenylephrine hcl solution 10 % ophthalmic	Tier 1	
phenylephrine hcl solution 2.5 % ophthalmic	Tier 1	
phenylephrine hcl solution 2.5 % ophthalmic	Tier 2	
Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag**		
XIIDRA OPHTHALMIC SOLUTION 5 %	Tier 2	QL (60 EA per 30 days)
Miotics - Direct Acting Pupil Selective**		
VIZZ OPHTHALMIC SOLUTION 1.44 %	Tier 3	QL (25 EA per 25 days)
Miotics - Direct Acting**		
pilocarpine hcl solution 1 % ophthalmic	Tier 1	
pilocarpine hcl solution 1.25 % ophthalmic	Tier 1	QL (10 ML per 30 days)
pilocarpine hcl solution 2 % ophthalmic	Tier 1	
pilocarpine hcl solution 4 % ophthalmic	Tier 1	
QLOSI OPHTHALMIC SOLUTION 0.4 %	Tier 3	ST; TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (60 EA per 30 days)

Drug Name	Drug Tier	Notes
Ophthalmic Antiallergic**		
ALOCRIL OPHTHALMIC SOLUTION 2 %	Tier 3	ST; TRIAL OF CROMOLYN 4% OPHTHALMIC DROPS IN THE PAST 120 DAYS; QL (40 ML per 30 days)
azelastine hcl ophthalmic solution 0.05 %	Tier 1	
bepotastine besilate ophthalmic solution 1.5 %	Tier 1	ST; TRIAL OF GENERIC OPHTH EPINASTINE, AZELASTINE, OR OLAPATADINE IN THE PAST 120 DAYS
cromolyn sodium ophthalmic solution 4 %	Tier 1	
epinastine hcl ophthalmic solution 0.05 %	Tier 1	
olopatadine hcl ophthalmic solution 0.2 %	Tier 1	
Ophthalmic Antibiotics**		
bacitracin ophthalmic ointment 500 unit/gm	Tier 2	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	Tier 2	
ciprofloxacin hcl ophthalmic solution 0.3 %	Tier 1	
erythromycin ointment 5 mg/gm ophthalmic	Tier 1	
erythromycin ointment 5 mg/gm ophthalmic	Tier 2	
gatifloxacin ophthalmic solution 0.5 %	Tier 1	
gentamicin sulfate ophthalmic solution 0.3 %	Tier 1	
levofloxacin ophthalmic solution 0.5 %	Tier 2	
moxifloxacin hcl ophthalmic solution 0.5 %	Tier 1	
ofloxacin ophthalmic solution 0.3 %	Tier 1	
tobramycin ophthalmic solution 0.3 %	Tier 1	
Ophthalmic Antifungal**		
NATACYN OPHTHALMIC SUSPENSION 5 %	Tier 2	
Ophthalmic Anti-Infective Combinations**		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Tier 1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	Tier 1	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	Tier 1	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	Tier 1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	Tier 1	
Ophthalmic Antivirals**		
trifluridine ophthalmic solution 1 %	Tier 1	ST; TRIAL OF BOTH ORAL ANTIVIRALS (ACYCLOVIR & VALACYCLOVIR) IN THE PAST 365 DAYS

Drug Name	Drug Tier	Notes
Ophthalmic Carbonic Anhydrase Inhibitors**		
brinzolamide ophthalmic suspension 1 %	Tier 1	
dorzolamide hcl ophthalmic solution 2 %	Tier 1	
Ophthalmic Diagnostic Products**		
fluorescein-benoxinate ophthalmic solution 0.25-0.4 %	Tier 1	
Ophthalmic Ectoparasiticide*		
XDEMVY OPHTHALMIC SOLUTION 0.25 %	Tier 4 (SP Non-Preferred)	PA; Specialty
Ophthalmic Immunomodulators**		
cyclosporine ophthalmic emulsion 0.05 %	Tier 1	QL (5.5 EA per 30 days)
RESTASIS OPHTHALMIC EMULSION 0.05 %	Tier 2	ST; TRIAL OF TWO OF THE FOLLOWING MIEBO, TYRVAYA, XIIDRA IN THE PAST 365 DAYS; QL (5.5 EA per 30 days)
VERKAZIA OPHTHALMIC EMULSION 0.1 %	Tier 3	PA
Ophthalmic Kinase Inhibitors - Combinations**		
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	Tier 3	ST; SWITCH TO STEP 1: bimatoprost, latanoprost, travoprost eye drops
Ophthalmic Local Anesthetics**		
ALTACAINE OPHTHALMIC SOLUTION 0.5 %	Tier 1	
tetracaine hcl ophthalmic solution 0.5 %	Tier 1	
Ophthalmic Nerve Growth Factors**		
OXERVATE OPHTHALMIC SOLUTION 0.002 %	Tier 4 (SP Non-Preferred)	PA; Specialty
Ophthalmic Nonsteroidal Anti-Inflammatory Agents**		
bromfenac sodium ophthalmic solution 0.075 %	Tier 1	
diclofenac sodium ophthalmic solution 0.1 %	Tier 1	
flurbiprofen sodium ophthalmic solution 0.03 %	Tier 1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	Tier 2	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	Tier 1	
Ophthalmic Rho Kinase Inhibitors**		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	Tier 3	ST; SWITCH TO STEP 1: bimatoprost, latanoprost, travoprost eye drops
Ophthalmic Selective Alpha Adrenergic Agonists**		
apraclonidine hcl ophthalmic solution 0.5 %	Tier 1	
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %	Tier 1	
Ophthalmic Steroid Combinations**		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	Tier 1	

Drug Name	Drug Tier	Notes
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	Tier 1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	Tier 1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	Tier 1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	Tier 1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	Tier 2	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	Tier 1	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	Tier 3	
Ophthalmic Steroids**		
ALREX OPHTHALMIC SUSPENSION 0.2 %	Tier 3	ST; TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS
clobetasol propionate ophthalmic suspension 0.05 %	Tier 3	ST; TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS
dexamethasone sodium phosphate ophthalmic solution 0.1 %	Tier 1	
difluprednate emulsion 0.05 % ophthalmic	Tier 1	
difluprednate emulsion 0.05 % ophthalmic	Tier 1	ST; TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	Tier 2	QL (16.6 ML per 28 days)
fluorometholone ophthalmic suspension 0.1 %	Tier 1	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	Tier 2	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	Tier 2	
loteprednol etabonate ophthalmic gel 0.5 %	Tier 1	
loteprednol etabonate suspension 0.2 % ophthalmic	Tier 1	ST; TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS
loteprednol etabonate suspension 0.5 % ophthalmic	Tier 1	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	Tier 3	ST; TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (25 ML per 14 days)

Drug Name	Drug Tier	Notes
prednisolone acetate ophthalmic suspension 1 %	Tier 1	
prednisolone sodium phosphate ophthalmic solution 1 %	Tier 3	
Ophthalmic Sulfonamides**		
sulfacetamide sodium ophthalmic ointment 10 %	Tier 1	
sulfacetamide sodium ophthalmic solution 10 %	Tier 1	
Ophthalmics - Blepharoptosis Agents*		
UPNEEQ OPHTHALMIC SOLUTION 0.1 %	Tier 3	PA
Ophthalmics - Cystinosis Agents*		
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	Tier 4 (SP Non-Preferred)	PA; Specialty
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Tier 4 (SP Non-Preferred)	PA; Specialty
Ophthalmics Misc. - Other**		
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	Tier 2	
Prostaglandins - Ophthalmic**		
latanoprost ophthalmic solution 0.005 %	Tier 1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 2	
tafluprost (pf) ophthalmic solution 0.0015 %	Tier 1	
travoprost (bak free) ophthalmic solution 0.004 %	Tier 1	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	Tier 3	
Otic Agents		
Otic Agents - Miscellaneous**		
acetic acid otic solution 2 %	Tier 1	
Otic Anti-Infectives**		
ciprofloxacin hcl otic solution 0.2 %	Tier 1	
ofloxacin otic solution 0.3 %	Tier 1	
Otic Steroid-Anti-Infective Combinations**		
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	Tier 1	
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	Tier 3	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	Tier 1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	Tier 1	
OTOVEL OTIC SOLUTION 0.3-0.025 %	Tier 3	
Otic Steroids**		
fluocinolone acetonide otic oil 0.01 %	Tier 1	
hydrocortisone-acetic acid otic solution 1-2 %	Tier 1	

Drug Name	Drug Tier	Notes
Oxytocics		
Oxytocics**		
METHERGINE ORAL TABLET 0.2 MG	Tier 1	
methylergonovine maleate oral tablet 0.2 mg	Tier 1	
Passive Immunizing And Treatment Agents		
Antiviral Monoclonal Antibodies**		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 2	ACA, Some restrictions may apply.
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Immune Serums**		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 4 (SP Non-Preferred)	PA; Specialty
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	Tier 4 (SP Non-Preferred)	PA; Specialty
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	Tier 4 (SP Non-Preferred)	PA; Specialty
GAMASTAN INTRAMUSCULAR SOLUTION	Tier 4 (SP Non-Preferred)	PA; Specialty
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 4 (SP Preferred)	PA; Specialty
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	Tier 4 (SP Preferred)	PA; Specialty
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 4 (SP Non-Preferred)	PA; Specialty
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	Tier 4 (SP Preferred)	PA; Specialty
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 4 (SP Preferred)	PA; Specialty
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 4 (SP Non-Preferred)	PA; Specialty
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 4 (SP Non-Preferred)	PA; Specialty
HYPERRHO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT	Tier 3	
HYPERRHO MINI-DOSE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	Tier 3	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	Tier 4 (SP Preferred)	PA; Specialty

Drug Name	Drug Tier	Notes
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 4 (SP Preferred)	PA; Specialty
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 4 (SP Preferred)	PA; Specialty
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT	Tier 3	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML	Tier 3	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML	Tier 3	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 4 (SP Preferred)	PA; Specialty
YIMMUGO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Passive Immunizing Agents - Combinations**		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Penicillins		
Aminopenicillins**		
amoxicillin oral capsule 250 mg, 500 mg	Tier 1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	Tier 1	
amoxicillin oral tablet 500 mg, 875 mg	Tier 1	
amoxicillin tablet chewable 125 mg oral	Tier 3	
amoxicillin tablet chewable 250 mg oral	Tier 1	
ampicillin oral capsule 500 mg	Tier 1	
Natural Penicillins**		
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 1	
Penicillin Combinations**		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	Tier 1	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	Tier 1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Tier 1	
Penicillinase-Resistant Penicillins**		
dicloxacillin sodium oral capsule 250 mg, 500 mg	Tier 1	

Drug Name	Drug Tier	Notes
Pharmaceutical Adjuvants		
Parenteral Vehicles**		
saline bacteriostatic injection solution 0.9 %	Tier 1	
sodium chloride bacteriostatic solution 0.9 % injection	Tier 1	
sodium chloride bacteriostatic solution 0.9 % injection	Tier 3	
sterile water for injection solution injection	Tier 1	
sterile water for injection solution injection	Tier 2	
sterile water for injection solution injection	Tier 3	
Progestins		
Progestins**		
GALLIFREY ORAL TABLET 5 MG	Tier 1	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
norethindrone acetate oral tablet 5 mg	Tier 1	
progesterone intramuscular oil 50 mg/ml	Tier 1	
progesterone oral capsule 100 mg, 200 mg	Tier 1	
Psychotherapeutic And Neurological Agents - Misc.		
Agents For Opioid Withdrawal**		
lofexidine hcl tablet 0.18 mg oral	Tier 1	QL (108 EA per 9 days)
lofexidine hcl tablet 0.18 mg oral	Tier 1	QL (192 EA per 16 days)
Alcohol Deterrents**		
acamprosate calcium oral tablet delayed release 333 mg	Tier 1	
disulfiram oral tablet 250 mg, 500 mg	Tier 1	
Alzheimer's Treatment - Anti-Amyloid Antibodies**		
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Anti-Cataplectic Agents**		
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (28 EA per 28 days)
sodium oxybate oral solution 500 mg/ml	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (540 ML per 30 days)
Anti-Cataplectic Combinations**		
XYWAV ORAL SOLUTION 500 MG/ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (540 ML per 30 days)
Antidementia Agent Combinations**		
memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg	Tier 1	ST; TRIAL OF GENERIC DONEPEZIL AND MEMANTINE IN PAST 120 DAYS; QL (30 EA per 30 days)

Drug Name	Drug Tier	Notes
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG, 7-10 MG	Tier 3	ST; TRIAL OF GENERIC DONEPEZIL AND MEMANTINE IN PAST 120 DAYS; QL (30 EA per 30 days)
Antisense Oligonucleotide (Aso) Inhibitor Agents**		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Benzodiazepines & Tricyclic Agents**		
chlordiazepoxide-amitriptyline tablet 10-25 mg oral	Tier 1	
chlordiazepoxide-amitriptyline tablet 5-12.5 mg oral	Tier 3	
Cholinomimetics - Ache Inhibitors**		
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	Tier 1	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	Tier 1	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	Tier 1	
galantamine hydrobromide oral solution 4 mg/ml	Tier 1	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	Tier 1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	Tier 1	
ZUNVEYL ORAL TABLET DELAYED RELEASE 10 MG, 15 MG, 5 MG	Tier 3	ST; TRIAL OF GENERIC GALANTAMINE TABS OR GALANTAMINE ER CAPS IN PAST 120 DAYS; QL (60 EA per 30 days)
Melanocortin Receptor Agonists**		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML	Tier 3	PA; QL (2.4 ML per 30 days)
Movement Disorder Drug Therapy**		
AUSTEDO TABLET 12 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
AUSTEDO TABLET 6 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (60 EA per 30 days)
AUSTEDO TABLET 9 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (28 EA per 28 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 1	PA; Specialty

PA - Prior Authorization **ST** - Step Therapy **QL** - Quantity Limit **ACA** - Affordable Care Act
OC - Oral Chemotherapy

Drug Name	Drug Tier	Notes
Ms Agents - Pyrimidine Synthesis Inhibitors**		
teriflunomide oral tablet 14 mg, 7 mg	Tier 1	PA; Specialty; QL (30 EA per 30 days)
Multiple Sclerosis Agents - Antimetabolites**		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 4 (SP Preferred)	PA; Specialty
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 4 (SP Preferred)	PA; Specialty
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 4 (SP Preferred)	PA; Specialty
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 4 (SP Preferred)	PA; Specialty
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 4 (SP Preferred)	PA; Specialty
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 4 (SP Preferred)	PA; Specialty
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 4 (SP Preferred)	PA; Specialty
Multiple Sclerosis Agents - Interferons**		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 28 days)
BETASERON KIT 0.3 MG SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty; QL (1 EA per 28 days)
BETASERON KIT 0.3 MG SUBCUTANEOUS	Tier 4 (SP Preferred)	PA; Specialty; QL (14 EA per 28 days)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1 ML per 30 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1 ML per 30 days)
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (1 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Tier 4 (SP Preferred)	PA; Specialty; QL (4.2 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (6 ML per 28 days)

Drug Name	Drug Tier	Notes
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Tier 4 (SP Preferred)	PA; Specialty; QL (4.2 ML per 28 days)
Multiple Sclerosis Agents - Monoclonal Antibodies**		
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	Tier 4 (SP Preferred)	PA; Specialty
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (7.2 ML per 365 days)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	Tier 4 (SP Preferred)	PA; Specialty; QL (40 ML per 365 days)
TYRUKO INTRAVENOUS CONCENTRATE 300 MG/15ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (15 ML per 28 days)
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (15 ML per 28 days)
Multiple Sclerosis Agents - Nrf2 Pathway Activators**		
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	Tier 1	PA; Specialty; QL (60 EA per 30 days)
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	Tier 1	PA; Specialty; QL (60 EA per 365 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
Multiple Sclerosis Agents - Potassium Channel Blockers**		
dalfampridine er oral tablet extended release 12 hour 10 mg	Tier 1	PA; Specialty; QL (60 EA per 30 days)
Multiple Sclerosis Agents**		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier 4 (SP Preferred)	PA; Specialty; QL (12 ML per 28 days)
glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous	Tier 1	PA; Specialty; QL (30 ML per 30 days)
glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous	Tier 1	PA; Specialty; QL (12 ML per 28 days)
GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	Tier 1	PA; Specialty; QL (30 ML per 30 days)
GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	Tier 1	PA; Specialty; QL (12 ML per 28 days)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists**		
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	Tier 1	
memantine hcl oral solution 10 mg/5ml, 2 mg/ml	Tier 1	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	Tier 1	

Drug Name	Drug Tier	Notes
Phenothiazines & Tricyclic Agents**		
perphenazine-amitriptyline tablet 2-10 mg oral	Tier 3	
perphenazine-amitriptyline tablet 2-25 mg oral	Tier 1	
perphenazine-amitriptyline tablet 4-10 mg oral	Tier 3	
perphenazine-amitriptyline tablet 4-25 mg oral	Tier 3	
perphenazine-amitriptyline tablet 4-50 mg oral	Tier 3	
Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris**		
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	Tier 3	
Pseudobulbar Affect Agent Combinations**		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 2	PA; QL (60 EA per 30 days)
Psychotherapeutic And Neurological Agents - Misc.**		
AQNEURSA ORAL PACKET 1 GM	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 4 (SP Preferred)	PA; Specialty; QL (90 EA per 30 days)
pimozide oral tablet 1 mg, 2 mg	Tier 1	
Small Interfering Ribonucleic Acid (Sirna) Agents**		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (0.5 ML per 84 days)
Smoking Deterrents**		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	Tier 1	ACA, Some restrictions may apply.
cvs nicotine mouth/throat gum 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
cvs nicotine mouth/throat lozenge 2 mg	Tier 1	ACA, Some restrictions may apply.
cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Tier 1	ACA, Some restrictions may apply.
eq nicotine mouth/throat lozenge 4 mg	Tier 1	ACA, Some restrictions may apply.
eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr	Tier 1	ACA, Some restrictions may apply.
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	Tier 1	ACA, Some restrictions may apply.
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
ft nicotine mouth/throat lozenge 2 mg	Tier 1	ACA, Some restrictions may apply.
gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
gnp nicotine mouth/throat gum 4 mg	Tier 1	ACA, Some restrictions may apply.
gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.

Drug Name	Drug Tier	Notes
gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Tier 1	ACA, Some restrictions may apply.
goodsense nicotine mouth/throat gum 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
goodsense nicotine mouth/throat lozenge 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR	Tier 1	ACA, Some restrictions may apply.
KLS QUIT2 MOUTH/THROAT GUM 2 MG	Tier 1	ACA, Some restrictions may apply.
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG	Tier 1	ACA, Some restrictions may apply.
KLS QUIT4 MOUTH/THROAT GUM 4 MG	Tier 1	ACA, Some restrictions may apply.
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG	Tier 1	ACA, Some restrictions may apply.
nicotine mini mouth/throat lozenge 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
nicotine polacrilex mini mouth/throat lozenge 2 mg	Tier 1	ACA, Some restrictions may apply.
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Tier 1	ACA, Some restrictions may apply.
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	Tier 1	ACA, Some restrictions may apply.
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	Tier 1	ACA, Some restrictions may apply.
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	Tier 1	ACA, Some restrictions may apply.
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Tier 1	ACA, Some restrictions may apply.
NICOTROL NS NASAL SOLUTION 10 MG/ML	Tier 2	ACA, Some restrictions may apply.
qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	Tier 1	ACA, Some restrictions may apply.
THRIVE MOUTH/THROAT GUM 2 MG	Tier 1	ACA, Some restrictions may apply.
varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral	Tier 1	ACA, Some restrictions may apply.
varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral	Tier 2	ACA, Some restrictions may apply.
varenicline tartrate tablet 0.5 mg oral	Tier 1	ACA, Some restrictions may apply.
varenicline tartrate tablet 0.5 mg oral	Tier 2	ACA, Some restrictions may apply.
varenicline tartrate tablet 1 mg oral	Tier 1	ACA, Some restrictions may apply.
varenicline tartrate tablet 1 mg oral	Tier 2	ACA, Some restrictions may apply.
varenicline tartrate(continue) oral tablet 1 mg	Tier 1	ACA, Some restrictions may apply.
Sphingosine 1-Phosphate (S1p) Receptor Modulators**		
fingolimod hcl oral capsule 0.5 mg	Tier 1	PA; Specialty; QL (30 EA per 30 days)
MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (24 EA per 365 days)
MAYZENT STARTER PACK TABLET THERAPY PACK 7 X 0.25 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (7 EA per 30 days)
MAYZENT TABLET 0.25 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (120 EA per 30 days)
MAYZENT TABLET 1 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)
MAYZENT TABLET 2 MG ORAL	Tier 4 (SP Preferred)	PA; Specialty; QL (30 EA per 30 days)

Drug Name	Drug Tier	Notes
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (7 EA per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (28 EA per 28 days)
Thienbenzodiazepines & Opioid Antagonists**		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 3	QL (30 EA per 30 days)
Thienbenzodiazepines & Ssris**		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 1	
Vasomotor Symptom Agents - Ssris**		
paroxetine mesylate oral capsule 7.5 mg	Tier 1	
Respiratory Agents - Misc.		
Alpha-Proteinase Inhibitor (Human)**		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML	Tier 4 (SP Non-Preferred)	PA; Specialty
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	Tier 4 (SP Non-Preferred)	PA; Specialty
Cftr Potentiators**		
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 4 (SP Preferred)	PA; Specialty
KALYDECO ORAL TABLET 150 MG	Tier 4 (SP Preferred)	PA; Specialty
Cystic Fibrosis Agent - Combinations**		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	Tier 4 (SP Preferred)	PA; Specialty
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 4 (SP Non-Preferred)	PA; Specialty
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	Tier 4 (SP Preferred)	PA; Specialty
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	Tier 4 (SP Preferred)	PA; Specialty
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	Tier 4 (SP Preferred)	PA; Specialty

Drug Name	Drug Tier	Notes
Cystic Fibrosis Agents - Miscellaneous**		
BRONCHITOL INHALATION CAPSULE 40 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (560 EA per 28 days)
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (10 EA per 30 days)
Dipeptidyl Peptidase 1 (Dpp1) Inhibitors**		
BRINSUPRI ORAL TABLET 10 MG, 25 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (30 EA per 30 days)
Hydrolytic Enzymes**		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 4 (SP Preferred)	PA; Specialty; QL (150 ML per 30 days)
Pulmonary Fibrosis Agents - Kinase Inhibitors**		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 EA per 30 days)
Pulmonary Fibrosis Agents - Phosphodiest 4 (Pde4) Inhib**		
JASCAYD ORAL TABLET 18 MG, 9 MG	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (60 EA per 30 days)
Pulmonary Fibrosis Agents**		
pirfenidone oral capsule 267 mg	Tier 1	PA; Specialty; QL (90 EA per 30 days)
pirfenidone tablet 267 mg oral	Tier 1	PA; Specialty; QL (90 EA per 30 days)
pirfenidone tablet 534 mg oral	Tier 4 (SP Non-Preferred)	PA; Specialty; QL (90 EA per 30 days)
pirfenidone tablet 801 mg oral	Tier 1	PA; Specialty; QL (90 EA per 30 days)
Sulfonamides		
Sulfonamides**		
sulfadiazine oral tablet 500 mg	Tier 1	
Tetracyclines		
Aminomethylcyclines**		
NUZYRA ORAL TABLET 150 MG	Tier 3	PA; QL (30 EA per 14 days)
Tetracyclines**		
avidoxy oral tablet 100 mg	Tier 1	
demeclocycline hcl oral tablet 150 mg, 300 mg	Tier 1	
doxycycline hyclate oral capsule 100 mg, 50 mg	Tier 1	
doxycycline hyclate tablet 100 mg oral	Tier 1	
doxycycline hyclate tablet 150 mg oral	Tier 1	ST; MINOCYCLINE CAPSULES, GENERIC VIBRAMYCIN
doxycycline hyclate tablet 150 mg oral	Tier 1	ST; SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.
doxycycline hyclate tablet 20 mg oral	Tier 1	

Drug Name	Drug Tier	Notes
doxycycline hyclate tablet 50 mg oral	Tier 1	ST; SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.
doxycycline hyclate tablet 75 mg oral	Tier 1	ST; MINOCYCLINE CAPSULES, GENERIC VIBRAMYCIN
doxycycline hyclate tablet 75 mg oral	Tier 1	ST; SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.
doxycycline monohydrate capsule 100 mg oral	Tier 1	
doxycycline monohydrate capsule 150 mg oral	Tier 1	ST; SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.
doxycycline monohydrate capsule 50 mg oral	Tier 1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	Tier 1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	Tier 1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	Tier 1	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG	Tier 1	
TARGADOX ORAL TABLET 50 MG	Tier 1	ST; SWITCH TO STEP ONE: MINOCYCLINE CAPSULES OR GENERIC VIBRAMYCIN.
tetracycline hcl oral capsule 250 mg, 500 mg	Tier 1	
Thyroid Agents		
Antithyroid Agents**		
methimazole oral tablet 10 mg, 5 mg	Tier 1	
propylthiouracil oral tablet 50 mg	Tier 1	
Thyroid Hormones**		
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	
levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 3	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 1	
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Tier 3	ST; TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS

Drug Name	Drug Tier	Notes
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 3	ST; TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
THYQUIDITY ORAL SOLUTION 100 MCG/5ML	Tier 3	ST; TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Tier 3	ST; TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	Tier 3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	
Toxoids		
Toxoid Combinations**		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	Tier 2	ACA, Some restrictions may apply.
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5	Tier 2	ACA, Some restrictions may apply.
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	Tier 2	ACA, Some restrictions may apply.
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 2	ACA, Some restrictions may apply.
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	Tier 2	ACA, Some restrictions may apply.
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2	ACA, Some restrictions may apply.
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 2	ACA, Some restrictions may apply.
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 2	ACA, Some restrictions may apply.
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML	Tier 2	ACA, Some restrictions may apply.
VAXELIS INTRAMUSCULAR SUSPENSION	Tier 2	ACA, Some restrictions may apply.
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2	ACA, Some restrictions may apply.

Drug Name	Drug Tier	Notes
***Ulcer Drugs/Antispasmodics/Anticholinergics ***		
Anticholinergic Combinations**		
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	Tier 3	
DONNATAL ORAL ELIXIR 16.2 MG/5ML	Tier 3	
DONNATAL ORAL TABLET 16.2 MG	Tier 3	
PHENOHYTRO ORAL ELIXIR 16.2 MG/5ML	Tier 1	
PHENOHYTRO ORAL TABLET 16.2 MG	Tier 1	
Antispasmodics**		
dicyclomine hcl oral capsule 10 mg	Tier 1	
dicyclomine hcl oral solution 10 mg/5ml	Tier 1	
dicyclomine hcl oral tablet 20 mg	Tier 1	
Belladonna Alkaloids**		
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	Tier 1	
hyoscyamine sulfate oral solution 0.125 mg/ml	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg	Tier 1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	Tier 1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	Tier 1	
hyosyne oral elixir 0.125 mg/5ml	Tier 1	
hyosyne oral solution 0.125 mg/ml	Tier 1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG	Tier 3	
LEVSIN ORAL TABLET 0.125 MG	Tier 3	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	Tier 3	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	Tier 1	
oscimin oral tablet 0.125 mg	Tier 1	
oscimin sublingual tablet sublingual 0.125 mg	Tier 1	
H-2 Antagonists**		
cimetidine hcl oral solution 300 mg/5ml	Tier 1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	Tier 1	
famotidine oral suspension reconstituted 40 mg/5ml	Tier 1	
famotidine oral tablet 20 mg, 40 mg	Tier 1	
nizatidine capsule 150 mg oral	Tier 1	
nizatidine capsule 300 mg oral	Tier 3	
Misc. Anti-Ulcer**		
sucralfate oral suspension 1 gm/10ml	Tier 1	
sucralfate oral tablet 1 gm	Tier 1	

Drug Name	Drug Tier	Notes
Ppi - Potassium-Competitive Acid Blockers (P-Cab)**		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 3	PA; QL (30 EA per 30 days)
Proton Pump Inhibitor-Antacid Combinations**		
omeprazole-sodium bicarbonate oral capsule 20-1100 mg	Tier 1	PA; QL (30 EA per 30 days)
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	Tier 1	PA
Proton Pump Inhibitors**		
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	Tier 1	QL (30 EA per 30 days)
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	Tier 1	QL (60 EA per 30 days)
esomeprazole magnesium packet 10 mg oral	Tier 1	QL (60 EA per 30 days)
esomeprazole magnesium packet 2.5 mg oral	Tier 1	QL (60 EA per 30 days)
esomeprazole magnesium packet 20 mg oral	Tier 1	QL (60 EA per 30 days)
esomeprazole magnesium packet 40 mg oral	Tier 1	QL (60 EA per 30 days)
esomeprazole magnesium packet 40 mg oral	Tier 1	ST; SWITCH TO STEP 1: OMEPRAZOLE, ESOMEPRAZOLE, PANTOPRAZOLE, LANSOPRAZOLE; QL (60 EA per 30 days)
esomeprazole magnesium packet 5 mg oral	Tier 1	QL (60 EA per 30 days)
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	Tier 3	
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	Tier 1	
lansoprazole oral capsule delayed release 15 mg, 30 mg	Tier 1	QL (60 EA per 30 days)
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	Tier 1	QL (60 EA per 30 days)
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	Tier 1	QL (60 EA per 30 days)
pantoprazole sodium oral packet 40 mg	Tier 1	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	Tier 1	QL (60 EA per 30 days)
rabeprazole sodium oral capsule sprinkle 10 mg	Tier 3	ST; SWITCH TO STEP 1: OMEPRAZOLE, ESOMEPRAZOLE, PANTOPRAZOLE, LANSOPRAZOLE; QL (60 EA per 30 days)
rabeprazole sodium oral tablet delayed release 20 mg	Tier 1	QL (30 EA per 30 days)
Quaternary Anticholinergics**		
glycopyrrolate oral solution 1 mg/5ml	Tier 1	
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	Tier 1	

Drug Name	Drug Tier	Notes
Ulcer Anti-Infective W/ Bismuth Combinations**		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	Tier 1	
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	Tier 1	
Ulcer Anti-Infective W/ Proton Pump Inhibitors**		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	Tier 1	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG	Tier 2	QL (168 EA per 14 days)
Ulcer Drugs - Prostaglandins**		
misoprostol oral tablet 100 mcg, 200 mcg	Tier 1	
Urinary Antispasmodics		
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)**		
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	Tier 1	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	Tier 1	
oxybutynin chloride oral solution 5 mg/5ml	Tier 1	
oxybutynin chloride oral tablet 5 mg	Tier 1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	Tier 3	ST; SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIUM
solifenacin succinate oral tablet 10 mg, 5 mg	Tier 1	ST; SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIUM
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	Tier 1	
tolterodine tartrate oral tablet 1 mg, 2 mg	Tier 1	
trospium chloride er oral capsule extended release 24 hour 60 mg	Tier 1	
trospium chloride oral tablet 20 mg	Tier 1	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists**		
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	Tier 1	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	Tier 2	ST; SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIUM
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Tier 2	ST; SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIUM

Drug Name	Drug Tier	Notes
Urinary Antispasmodics - Cholinergic Agonists**		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Vaccines		
Bacterial Vaccines**		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 2	ACA, Some restrictions may apply.
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Tier 3	ACA, Some restrictions may apply.
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	Tier 2	ACA, Some restrictions may apply.
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	Tier 2	ACA, Some restrictions may apply.
MENVEO INTRAMUSCULAR SOLUTION	Tier 2	ACA, Some restrictions may apply.
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 2	ACA, Some restrictions may apply.
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	Tier 2	ACA, Some restrictions may apply.
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 2	ACA, Some restrictions may apply.
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	Tier 2	ACA, Some restrictions may apply.
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
Viral Vaccine Combinations**		
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 2	ACA, Some restrictions may apply.
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 2	ACA, Some restrictions may apply.
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 2	ACA, Some restrictions may apply.
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	Tier 2	ACA, Some restrictions may apply.
Viral Vaccines**		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	Tier 2	ACA, Some restrictions may apply.
AFLURIA INTRAMUSCULAR SUSPENSION	Tier 2	ACA, Some restrictions may apply.
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.

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Drug Name	Drug Tier	Notes
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	Tier 2	ACA, Some restrictions may apply.
COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	Tier 3	ACA, Some restrictions may apply.
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML	Tier 3	ACA, Some restrictions may apply.
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 2	ACA, Some restrictions may apply.
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	Tier 2	ACA, Some restrictions may apply.
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
FLUCELVAX INTRAMUSCULAR SUSPENSION	Tier 2	ACA, Some restrictions may apply.
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
FLUMIST NASAL LIQUID	Tier 2	ACA, Some restrictions may apply.
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
FLUZONE INTRAMUSCULAR SUSPENSION	Tier 2	ACA, Some restrictions may apply.
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 2	ACA, Some restrictions may apply.
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2	ACA, Some restrictions may apply.
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML	Tier 2	ACA, Some restrictions may apply.
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	Tier 2	ACA, Some restrictions may apply.
IPOL INJECTION SUSPENSION	Tier 2	ACA, Some restrictions may apply.
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML	Tier 3	ACA, Some restrictions may apply.
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Tier 3	ACA, Some restrictions may apply.
nuvaxovid covid-19 vaccine intramuscular suspension prefilled syringe 5 mcg/0.5ml	Tier 2	ACA, Some restrictions may apply.
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	Tier 2	ACA, Some restrictions may apply.
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	Tier 2	ACA, Some restrictions may apply.
ROTARIX ORAL SUSPENSION	Tier 2	ACA, Some restrictions may apply.
ROTATEQ ORAL SOLUTION	Tier 2	ACA, Some restrictions may apply.

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Drug Name	Drug Tier	Notes
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 2	ACA, Some restrictions may apply.
SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML	Tier 2	ACA, Some restrictions may apply.
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Tier 2	ACA, Some restrictions may apply.
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	Tier 2	ACA, Some restrictions may apply.
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML	Tier 2	ACA, Some restrictions may apply.
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	Tier 2	ACA, Some restrictions may apply.
Vaginal And Related Products		
Imidazole-Related Antifungals**		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 2	
miconazole 3 vaginal suppository 200 mg	Tier 3	
terconazole vaginal cream 0.4 %, 0.8 %	Tier 1	
terconazole vaginal suppository 80 mg	Tier 1	
Spermicides**		
ENCARE VAGINAL SUPPOSITORY 100 MG	Tier 2	ACA
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	Tier 2	ACA
TODAY SPONGE VAGINAL 1000 MG	Tier 2	ACA
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	Tier 2	ACA
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	Tier 3	ACA
Vaginal Anti-Infectives**		
clindamycin phosphate vaginal cream 2 %	Tier 1	
CLINDESSE VAGINAL CREAM 2 %	Tier 3	ST; TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE,ORAL CLINDAMYCIN, VAGINAL METRONIDAZOLE GEL, VAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
metronidazole vaginal gel 0.75 %	Tier 1	
NUVESSA VAGINAL GEL 1.3 %	Tier 3	ST; TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE,ORAL CLINDAMYCIN, VAGINAL METRONIDAZOLE GEL, VAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
VANDAZOLE VAGINAL GEL 0.75 %	Tier 1	

Drug Name	Drug Tier	Notes
Vaginal Estrogens**		
estradiol vaginal cream 0.01 %	Tier 1	
estradiol vaginal tablet 10 mcg	Tier 1	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST; TRIAL OF PREMARIN CREAM AND ONE OF THE FOLLOWING: ESTRADIOL CREAM OR VAGINAL TABLET IN THE PAST 365 DAYS
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST; TRIAL OF PREMARIN CREAM AND ONE OF THE FOLLOWING: ESTRADIOL CREAM OR VAGINAL TABLET IN THE PAST 365 DAYS
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG	Tier 1	
Vaginal Progestins**		
CRINONE VAGINAL GEL 4 %, 8 %	Tier 2	
Vasopressors		
Anaphylaxis Therapy Agents**		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	Tier 2	QL (4 EA per 30 days)
epinephrine injection solution auto-injector 0.15 mg/0.3ml	Tier 1	QL (4 EA per 30 days)
NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML	Tier 3	QL (4 EA per 30 days)
Neurogenic Orthostatic Hypotension (Noh) - Agents**		
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Tier 1	PA; Specialty
Vasopressors**		
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

GlobalHealth is committed and required to protect the privacy and confidentiality of our Members' Protected Health Information ("PHI") in compliance with applicable federal and state laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health ("HITECH") Act. This HIPAA Notice of Privacy Practices (the "Notice") contains important information regarding your PHI. Our current Notice is posted at www.GlobalHealth.com.

How GlobalHealth May Use or Disclose Your Health Information

For Treatment. We may use and/or disclose your PHI to a healthcare provider, hospital, or other healthcare facility in order to arrange for or facilitate treatment for you.

For Payment. We may use and/or disclose your PHI for purposes of paying claims from physicians, hospitals, and other healthcare providers for services delivered to you that are covered by your health plan; to determine your eligibility for benefits; to coordinate benefits; to review for medical necessity; to obtain premiums; to issue explanations of benefits to the individual who subscribes to the health plan in which you participate; and other payment related functions.

For Health Plan Operations. We may use and/or disclose PHI about you for health plan operational purposes. Some examples include: risk management, patient safety, quality improvement, internal auditing, utilization review, medical or peer review, certification, regulatory compliance, internal training, accreditation, licensing, credentialing, investigation of complaints, performance improvement, etc. We will not use or disclose your genetic information for underwriting purposes.

Health-Related Business and Services. We may use and disclose your PHI to tell you of health-related products, benefits, or services related to your treatment, care management, or alternate treatments, therapies, providers, or care settings.

Where Permitted or Required by Law. We may use and/or disclose information about you as permitted or required by law. For example, we may disclose information:

- To a regulatory agency for activities including, but not limited to, licensure, certification, accreditation, audits, investigations, inspections, and medical device reporting;

- To law enforcement upon receipt of a court order, warrant, summons, or other similar process;
- In response to a valid court order, subpoena, discovery request, or administrative order related to a lawsuit, dispute or other lawful process;
- To public health agencies or legal authorities charged with preventing or controlling disease, injury or disability;
- For health oversight activities conducted by agencies such as the Centers for Medicare and Medicaid Services ("CMS"), State Department of Health, Insurance Department, etc.;
- For national security purposes, such as protecting the President of the United States or the conducting of intelligence operations;
- In order to comply with laws and regulations related to Workers' Compensation;
- For coordination of insurance or Medicare benefits, if applicable;
- When necessary to prevent or lessen a serious and imminent threat to a person or the public and such disclosure is made to someone that can prevent or lessen the threat (including the target of the threat); and
- In the course of any administrative or judicial proceeding, where required by law.

Business Associates. We may use and/or disclose your PHI to business associates that we contract with to provide services on our behalf. Examples include consultants, accountants, lawyers, auditors, health information organizations, data storage and electronic health record vendors, etc. We will only make these disclosures if we have received satisfactory assurance that the business associate will properly safeguard your PHI.

Personal/Authorized Representatives. We may use and/or disclose PHI to your authorized representative.

Family, Friends, Caregivers. We may disclose your PHI to a family member, caregiver, or friend who accompanies you or is involved in your medical care or treatment, or who helps pay for your medical care or treatment. If you are unable or unavailable to agree or object, we will use our best judgment in communicating with your family and others.

Emergencies. We may use and/or disclose your PHI if necessary in an emergency if the use or disclosure is necessary for your emergency treatment.

Military/Veterans. If you are a member or veteran of the armed forces, we may disclose your PHI as required by military command authorities.

Inmates. If you are an inmate of a correctional institute or under the custody of law enforcement officer, we may disclose your PHI to the correctional institute or law enforcement official.

Appointment Reminders. We may use and/or disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care. This may be done through direct mail, email, or telephone call. If you are not home, we may leave a message on an answering machine or with the person answering the telephone.

Medication and Refill Reminders. We may use and/or disclose your PHI to remind you to refill your prescriptions, to communicate about the generic equivalent of a drug, or to encourage you to take your prescribed medications.

Limited Data Set. If we use your PHI to make a "limited data set," we may give that information to others for purposes of research, public health action or health care operations. The individuals/entities that receive the limited data set are required to take reasonable steps to protect the privacy of your information.

Other Uses. If you are an organ donor, we may release your medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation. We may release your medical information to a coroner or medical examiner.

NOTE: We will disclose your PHI for purposes not described in this notice only with your written authorization. Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of PHI for marketing or fundraising purposes, and disclosures that constitute a sale of PHI require your written authorization. The information authorized for release may include records which may indicate the presence of a communicable or non-communicable disease required to be reported pursuant to State law.

Your Health Information Rights

Right to Inspect and Copy
You have the right to inspect and copy your PHI as provided by law. This right does not apply to psychotherapy notes. Your request must be made in writing. We have the right to charge you the amounts allowed by State and Federal law for such copies. We may deny your request to inspect and copy your records in certain circumstances. If you are denied access, you may appeal to our Privacy Officer.

Right to Confidential Communication
You have the right to receive confidential communication of your PHI by alternate means or at alternative locations. For example, you may request to receive communication from us at an alternate address or telephone number. Your request must be in writing and identify how or where you wish to be contacted. We reserve the right to refuse to honor your request if it is unreasonable or not possible to comply with.

Right to Accounting of Disclosures
You have the right to request an accounting of certain disclosures of your PHI to third parties, except those disclosures made for treatment, payment, or health care or health plan operations and disclosures made to you, authorized by you, or pursuant to this Notice. To receive an accounting, you must submit your request in writing and provide the specific time period requested. You may request an accounting for up to six (6) years prior to the date of your request (three years if PHI is an electronic health record). If you request more than one (1) accounting in a 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost and you may withdraw your request before any costs are incurred.

Right to Request Restrictions on Uses or Disclosures
You have the right to request restrictions or limitations on certain uses and disclosures of your PHI to third parties unless the disclosure is required or permitted by law. Your request must be made in writing and specify (1) what information you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) to whom you want the limits to apply. We are not required to honor your request. If do we agree, we will make all reasonable efforts to comply with your request unless the information is needed to provide emergency treatment to you or the disclosure has already occurred or the disclosure is required by law. Any agreement to restrictions must be signed by a person authorized to make such an agreement on our behalf.

Right to Request Amendment of PHI
You have the right to request an amendment of your PHI if you believe the record is incorrect or incomplete. You must submit your request in writing and state the reason(s) for the amendment. We will deny your request if: (1) it is not in writing or does not include a reason to support the request; (2) the information was not created by us or is not part of the medical record that we maintain; (3) the information is not a part of the record that you would be permitted to inspect and copy, or (4) the information in the record is accurate and complete. If we deny your amendment request, you have a right to file a statement of disagreement with our Privacy Officer.

Right to Be Notified of a Breach
You have the right to receive notification of any breaches of your unsecured PHI.

Right to Revoke Authorization
You may revoke an authorization at any time, in writing, but only as to future uses or disclosures and not disclosures that we have made already, acting on reliance on the authorization you have given us or where authorization was not required.

Right to Receive a Copy of this Notice
You have the right to receive a paper copy of this Notice upon request.

Changes to this Notice
GlobalHealth is required to comply with the requirements of this Notice currently in effect. We reserve the right to change this Notice and make the new provisions effective for all PHI that we maintain. The revised Notice will be made available to you on our website at www.GlobalHealth.com.

To Report a Privacy Violation
If you have a question concerning your privacy rights or believe your rights have been violated, you may contact our Privacy Officer at:

ATTN: Privacy Officer
210 Park Avenue
Suite 2900
Oklahoma City, OK 73102
Toll-free 1-877-627-0004
Email privacy@globalhealth.com

GlobalHealth, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. GlobalHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We will not penalize nor retaliate against you for filing a complaint with the Secretary of DHHS, or with GlobalHealth.

GlobalHealth provides free aids and services to people with disabilities to communicate effectively with us, such as (a) qualified sign language interpreters; (b) written information in other formats (large print, audio, accessible electronic formats, other formats), (c) qualified interpreters; (d) information written in other languages. If you need these services, contact GlobalHealth's Customer Care at 1 (844) 280-5555 (toll-free) (TTY:711).

If you believe that GlobalHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

ATTN: Medicare Compliance Officer
210 Park Ave Suite 2900
Oklahoma City, OK 73102-5621
Email: compliance@globalhealth.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Customer Care is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and

Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html.
Please be advised that most Third-Party App's will not be covered by HIPAA. Most apps will instead fall under the jurisdiction of the Federal Trade Commission (FTC) and the protections provided by the FTC Act. The FTC Act, among other things, protects against deceptive acts (e.g., if an app shares personal data without permission, despite having a privacy policy that says it will not do so). If you have any concerns regarding the use of Third-Party App's and your information you may contact the Federal Trade Commission (FTC) and file a complaint at https://reportfraud.ftc.gov/#/.

Effective Date: 10/01/2023

Original Notice: 04/01/2003
Revised: 04/01/2011
04/01/2013
08/01/2021
10/01/2023
07/2025

Language	Translation
Spanish	Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se encuentran disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-877-280-5600 (TTY: 711).
Chinese	如果您會說中文，我們可以為您提供免費語言幫助服務。也免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打 1-877-280-5600 (TTY 711)。
Tagalog	Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo sa tulong sa wika. Ang naaangkop na mga pantulong na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag sa 1-877-280-5600 (TTY: 711).
French	Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires

	appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-280-5600 (TTY: 711).
Vietnamese	Nếu bạn nói tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Các hỗ trợ và dịch vụ phù trợ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng được cung cấp miễn phí. Gọi 1-877-280-5600 (TTY: 711).
German	Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Auch entsprechende Hilfsmittel und Services zur Bereitstellung von Informationen in barrierefreien Formaten stehen kostenlos kostenlos zur Verfügung. Rufen Sie: 1-877-280-5600 (TTY: 711) an.
Korean	한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하는 적절한 보조 지원 및 서비스도 무료로 제공됩니다. 1-877-280-5600 (TTY 711) 로 전화하세요.
Russian	Если вы говорите по-русски, вам доступны бесплатные услуги языковой помощи. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по номеру 1-877-280-5600 (TTY 711).
Arabic	تتوفر المساعدات والخدمات .إذا كنت تتحدث العربية ، فإن خدمات المساعدة اللغوية المجانية متاحة لك المساعدات المناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا .اتصل بالرقم 1-877-280-5600 (TTY 711).
Italian	Se parli italiano, sono a tua disposizione servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-877-280-5600 (TTY 711).
Portuguese	Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-877-280-5600 (TTY 711)**.**
French Creole	Si w pale kreyòl franse, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib tou gratis. Rele 1-877-280-5600 (TTY 711).
Polish	Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Odpowiednie pomoce pomocnicze i usługi umożliwiające dostarczanie informacji w przystępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-877-280-5600 (TTY 711).
Hindi	यदि आप हिंदी बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं आपके लिए उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक एड्स और सेवाएं भी नि: शुल्क उपलब्ध हैं। कॉल 1-877-280-5600 (TTY 711).

Japanese	日本語を話せる場合は、無料の言語支援サービスをご利用いただけます。アクセシブルな形式で情報を提供するための適切な補助援助やサービスも無料で利用できます。 1-877-280-5600 (TTY 711) に電話します。

GlobalHealth, Inc.
PO Box 2393
Oklahoma City, OK 73101-2393
www.GlobalHealth.com