

Drug Name	Drug Tier	Requirements & Limits
<b>ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING</b>		
Carbopro Tro Injectable		(PA)
Hemabate Injectable		(PA)
Prepidil Gel	PREFERRED	
<b>ACNE</b>		
Acanya Gel		(PA)
Avar Cleanse Liq	PREFERRED	
Bp 10-1 Emu		(PA)
Cabtreo Gel		(PA)(QL)
Clindacin Inhalation		(ST)
Clindamy/Ben Gel	PREFERRED	
Erygel Gel		(PA)
Erythromycin	PREFERRED	
Fabior Inhalation		(PA)
Metronidazol	PREFERRED	(ST)(QL)
Neuac Gel	PREFERRED	
Noritate Cream		(PA)
Retin-A Cream		(PA)(AGE)
Rhofade Cream		(PA)(QL)
Rosadan	PREFERRED	
Sod Sul/Sulf Liq	PREFERRED	(PA)
Tazarotene		(PA)(AGE)
Ziana Gel		(PA)
<b>AGENTS FOR GAUCHER DISEASE</b>		
Cerdelga Capsule		(PA)(QL)
Elelyso Injectable		(PA)(QL)
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
Phentolamine Injectable	PREFERRED	
<b>ALLERGENIC EXTRACTS</b>		
Odactra Sub		(PA)(QL)(AGE)
Ragwitek Sub		(PA)(QL)(AGE)
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>		
Aralast Np Injectable		(PA)(QL)
<b>ALS AGENTS</b>		
Radicava Injectable		(PA)
Tiglutik Suspension		(PA)(QL)
<b>ANABOLIC STEROIDS</b>		
Oxandrolone Tablet		(PA)
<b>ANALGESICS OTHER</b>		
Acetaminophe	PREFERRED	(QL)
Acetaminophn	PREFERRED	(QL)
Chld Silapap Liq	PREFERRED	(QL)
Ed-Apap Liq	PREFERRED	(QL)
Ft Pain Reli Tablet	PREFERRED	(QL)
Gnp Acetamin Tablet	PREFERRED	(QL)

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Gnp Pain Rel Tablet	PREFERRED	(QL)
M-Pap Liq	PREFERRED	(QL)
Mapap Apap Liq	PREFERRED	(QL)
Sm Pain Rel Tablet	PREFERRED	(QL)
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
Epinephrine Injectable	PREFERRED	(PA)
Epipen		(PA)(QL)
Symjepi Injectable	PREFERRED	
<b>ANTACIDS</b>		
Almacone Dbl Suspension	PREFERRED	
Alum/Magnes/ Suspension	PREFERRED	
Antacid Suspension	PREFERRED	
Antacid Max Suspension	PREFERRED	
Gnp Antacid Suspension	PREFERRED	
Hm Antacid Suspension	PREFERRED	
Mag-Al Plus Liq	PREFERRED	
Magnes/Alum/ Suspension	PREFERRED	
Mintox Suspension	PREFERRED	
Sm Antacid Suspension	PREFERRED	
<b>ANTI-CATAPLECTIC AGENTS</b>		
Sod Oxybate Solution		(PA)(QL)
Xyrem Solution		(PA)(QL)
Xywav Solution		(PA)(QL)
<b>ANTIARRHYTHMICS</b>		
Lidocaine	PREFERRED	
Mexiletine Capsule	PREFERRED	
<b>ANTIBIOTICS</b>		
Amox/K Clav	PREFERRED	
Amoxicillin	PREFERRED	
Augmentin Suspension	PREFERRED	(PA)
Azithromycin	PREFERRED	(QL)
Baxdela Injectable		(PA)(QL)
Bethkis Neb		(PA)(QL)
Cefadroxil Suspension	PREFERRED	
Cefdinir	PREFERRED	
Cefepime Injectable	PREFERRED	
Cefpodo Prox Suspension	PREFERRED	
Cefpodoxime Tablet	PREFERRED	
Ceftazidime/ Solution	PREFERRED	
Ceftriax/Dex Injectable	PREFERRED	
Cefuroxime Tablet	PREFERRED	
Cipro Tablet		(PA)
Ciprofloxacn	PREFERRED	
Clarithromyc Tablet	PREFERRED	
Cleocin		(PA)

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<b>Cleocin Ped Solution</b>		(PA)
<b>Clindamycin</b>		(PA)(ST)
Clindmyc/Nac Injectable	PREFERRED	
Doxycycl Hyc	PREFERRED	(PA)(QL)
Doxycycline Tablet	PREFERRED	(PA)(QL)
Ery-Tab Tablet	PREFERRED	
<b>Firvanq Solution</b>		(PA)(QL)
<b>Hiprex Tablet</b>		(PA)
Levofloxacin	PREFERRED	
Linezolid Tablet	PREFERRED	(QL)
<b>Lymepak Tablet</b>		(PA)(QL)
<b>Macrobid Capsule</b>		(PA)
<b>Macrodantin Capsule</b>		(PA)
Methenam Hip Tablet	PREFERRED	
<b>Minolira Tablet</b>		(PA)(QL)
Moxifloxacin	PREFERRED	(QL)
Neomycin Tablet	PREFERRED	
Nitrofur Mac Capsule	PREFERRED	
Nitrofurantn Capsule	PREFERRED	
Ofloxacin	PREFERRED	(QL)
Oxacillin Injectable	PREFERRED	
Penicillin Vc Tablet	PREFERRED	
<b>Sivextro Tablet</b>		(PA)(QL)
Smz-Tmp Ds	PREFERRED	
<b>Solodyn Tablet</b>		(PA)(QL)
Streptomycin Injectable	PREFERRED	
Sulfadiazine Tablet	PREFERRED	
Sulfatrim Pd Suspension	PREFERRED	
<b>Tobi Neb</b>		(PA)(QL)
Trimethoprim Tablet	PREFERRED	
<b>Vancocin Capsule</b>		(PA)(QL)
Vancomycin	PREFERRED	(QL)
<b>Vibramycin Capsule</b>		(PA)
<b>Zithromax</b>		(PA)(QL)
<b>Zyvox Tablet</b>		(PA)(QL)
<b>ANTIDOTES</b>		
<b>Andexxa Solution</b>		(PA)
<b>Bridion Injectable</b>		(PA)
<b>ANTIDOTES - CHELATING AGENTS</b>		
Deferiprone Tablet	PREFERRED	
<b>Ferprx 2-Day Tablet</b>		(PA)
<b>Ferriprox Tablet</b>		(PA)
<b>ANTIEMETICS - MISCELLANEOUS</b>		
<b>Cesamet Capsule</b>		(PA)(QL)
<b>Dronabinol Capsule</b>		(PA)(QL)

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<b>Marinol Capsule</b>		(PA)(QL)
<b>ANTIFIBRINOLYTICS</b>		
Tranex Acid Tablet	PREFERRED	(QL)
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)</b>		
<b>Eraxis Injectable</b>	PREFERRED	
<b>ANTIFUNGALS</b>		
Antifungal Cream	PREFERRED	
Athlete Foot Cream	PREFERRED	(QL)
Ciclodan Solution	PREFERRED	(QL)
Ciclopirox	PREFERRED	(QL)
Clotrim/Beta Cream	PREFERRED	
Clotrimazole Cream	PREFERRED	(QL)
Fluconazole	PREFERRED	(QL)
Itraconazole Capsule	PREFERRED	(QL)
Ketoconazole	PREFERRED	
<b>Loprox Cream</b>		(PA)
Micotrin Ac Cream	PREFERRED	(QL)
Mycozyl Ac Cream	PREFERRED	(QL)
<b>Naftifine Cream</b>		(PA)
<b>Noxafil</b>		(PA)(QL)
Nyamyx Powder	PREFERRED	(QL)
Nystatin	PREFERRED	(QL)
Nystop Powder	PREFERRED	(QL)
<b>Posaconazole Injectable</b>		(PA)
<b>Sporanox Capsule</b>		(PA)(QL)
Terbinafine Tablet	PREFERRED	(QL)
Tm-Clotrimaz Cream	PREFERRED	(QL)
<b>Tolsura Capsule</b>		(PA)(QL)
<b>ANTHELMINTICS</b>		
<b>Biltricide Tablet</b>		(PA)
Praziquantel Tablet	PREFERRED	
<b>ANTIHISTAMINE HYPNOTICS</b>		
Sleep Aid Liq	PREFERRED	(QL)
Sleeptime Liq	PREFERRED	(QL)
<b>ANTIMALARIALS</b>		
Atovaq/Progu Tablet	PREFERRED	
Chloroquine Tablet	PREFERRED	
Hydroxychlor	PREFERRED	
<b>Malarone Tablet</b>		(PA)
<b>Qulaquin Capsule</b>		(PA)
Quinine Sulf Capsule	PREFERRED	
<b>ANTIMYASTHENIC AGENTS</b>		
<b>Mestinon</b>		(PA)(ST)
<b>Pyridostigmi</b>		(ST)

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<b>Regonal Injectable</b>		(ST)
<b>ANTIMYCOBACTERIAL AGENTS</b>		
Cycloserine Capsule	PREFERRED	
Ethambutol Tablet	PREFERRED	
<b>Myambutol Tablet</b>		(PA)
<b>Mycobutin Capsule</b>		(PA)
<b>Pretomanid Tablet</b>		(PA)(QL)
Rifabutin Capsule	PREFERRED	
Rifampin Capsule	PREFERRED	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<b>Comtan Tablet</b>		(PA)
<b>Entacapone Tablet</b>		(ST)
<b>ANTITHYROID AGENTS</b>		
Methimazole Tablet	PREFERRED	
<b>ANTITOXINS-ANTIVENINS</b>		
Antivenin Na Injectable	PREFERRED	
<b>ANTIVIRALS</b>		
Abaca/Lamivu Tablet	PREFERRED	(QL)
Acyclovir	PREFERRED	
<b>Biktarvy Tablet</b>	PREFERRED	(QL)
<b>Cabenuva Suspension</b>		(PA)(QL)
<b>Complera Tablet</b>	PREFERRED	(QL)
<b>Denavir Cream</b>		(PA)
<b>Descovy Tablet</b>		(PA)(QL)
<b>Dovato Tablet</b>	PREFERRED	(QL)
Emtr/Ten Df Tablet	PREFERRED	(QL)
Emtr/Tenofov Tablet	PREFERRED	(QL)
<b>Epzicom Tablet</b>		(PA)(QL)
Famciclovir Tablet	PREFERRED	
Ganciclovir Injectable	PREFERRED	
<b>Genvoya Tablet</b>	PREFERRED	(QL)
<b>Isentress Tablet</b>	PREFERRED	(QL)
<b>Isentress Hd Tablet</b>	PREFERRED	(QL)
Maraviroc Tablet	PREFERRED	(QL)
<b>Paxlovid Tablet</b>	PREFERRED	(QL)
<b>Penciclovir Cream</b>		(ST)
<b>Prevymis Tablet</b>		(PA)(QL)
<b>Prezcobix Tablet</b>	PREFERRED	(QL)
<b>Retrovir Injectable</b>	PREFERRED	
<b>Rukobia Tablet</b>		(PA)(QL)
<b>Selzentry Tablet</b>		(PA)(QL)
<b>Sitavig Tablet</b>		(PA)(QL)
<b>Symfi Tablet</b>		(PA)(QL)
<b>Symfi Lo Tablet</b>		(PA)(QL)
<b>Symtuza Tablet</b>	PREFERRED	(QL)

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<b>Tivicay Pd Tablet</b>	PREFERRED	(QL)
<b>Triumeq Tablet</b>	PREFERRED	(QL)
<b>Trizivir Tablet</b>		(PA)(QL)
<b>Truvada Tablet</b>		(PA)(QL)
Valacyclovir Tablet	PREFERRED	(QL)
<b>Valcyte Solution</b>		(PA)
Valganciclov Solution	PREFERRED	
<b>Valtrex Tablet</b>		(PA)(QL)
<b>ANXIETY &amp; SLEEP</b>		
<b>Ambien Tablet</b>		(PA)(QL)
<b>Ambien Cr Tablet</b>		(PA)(QL)
<b>Belsomra Tablet</b>		(PA)(QL)
<b>Edluar Sub</b>		(PA)(QL)
Estazolam Tablet	PREFERRED	(QL)
Eszopiclone Tablet	PREFERRED	(QL)
<b>Halcion Tablet</b>		(PA)(QL)
Hydroxyzine	PREFERRED	
<b>Lunesta Tablet</b>		(PA)(QL)
<b>Midazol-NaCl Injectable</b>		(PA)
<b>Midazolam</b>		(PA)
<b>Restoril 7.5Mg And 22.5Mg</b>		(PA)(QL)
Triazolam Tablet	PREFERRED	(QL)
Zolpidem Tablet	PREFERRED	(QL)
Zolpidem Er Tablet	PREFERRED	(QL)
<b>Zolpidem Tar Sub</b>		(PA)(QL)
<b>ASTHMA AND COPD*</b>		
<b>Accolate Tablet</b>		(PA)(QL)
<b>Advair</b>		(PA)(QL)
<b>Airduo Dghlr Inhalation</b>		(PA)(QL)(AGE)
Albuterol	PREFERRED	(QL)
<b>Alvesco Inhalation</b>	PREFERRED	(QL)
Aminophyllin Injectable	PREFERRED	
<b>Anoro Ellipt Inhalation</b>	PREFERRED	(QL)
<b>Arformoterol Neb</b>		(PA)(QL)
<b>Armonair Dig Inhalation</b>		(PA)(QL)(AGE)
<b>Arnuity Elpt Inhalation</b>	PREFERRED	(QL)
<b>Asmanex</b>	PREFERRED	(QL)
<b>Atrovent Hfa Inhalation</b>	PREFERRED	
<b>Bevespi Inhalation</b>	PREFERRED	(QL)
<b>Breo Ellipta Inhalation</b>		(PA)(QL)
<b>Breyna Inhalation</b>		(PA)(QL)
<b>Breztri Inhalationo Inhalation</b>		(PA)(QL)
<b>Brovana Neb</b>		(PA)(QL)
Budes/Formot Inhalation	PREFERRED	(QL)
<b>Combivent Inhalation</b>	PREFERRED	(QL)

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<b>Daliresp Tablet</b>		(PA)(QL)
<b>Dulera Inhalation</b>		(PA)(QL)
<b>Flovent</b>		(PA)(QL)
Flutic/Vilan Inhalation	PREFERRED	(QL)
<b>Incruse Elpt Inhalation</b>	PREFERRED	(QL)
Ipratropium	PREFERRED	
Isoproteren Injectable	PREFERRED	
<b>Levalbuterol</b>		(ST)(QL)
Montelukast	PREFERRED	(QL)
<b>Proair Digih Inhalation</b>		(PA)(QL)
<b>Proair Respi Inhalation</b>		(PA)(QL)
<b>Proventil Inhalation</b>		(PA)(QL)
<b>Pulmicort Suspension</b>		(PA)(QL)
<b>Qvar Rediha Inhalation</b>	PREFERRED	(QL)
<b>Qvar Redihal Inhalation</b>	PREFERRED	(QL)
<b>Serevent Dis Inhalation</b>		(ST)(QL)(AGE)
<b>Singulair</b>		(PA)(QL)
<b>Spiriva Handihaler</b>	PREFERRED	(QL)
<b>Spiriva Respimat</b>		(PA)(QL)
<b>Stiolto Inhalation</b>	PREFERRED	(QL)
<b>Striverdi Inhalation</b>	PREFERRED	(QL)
<b>Symbicort Inhalation</b>		(PA)(QL)
Terbutaline	PREFERRED	(QL)
<b>Trelegy Inhalation</b>		(PA)(QL)
<b>Tudorza Pres Inhalation</b>	PREFERRED	(QL)
<b>Ventolin Hfa Inhalation</b>		(ST)(QL)
<b>Xopenex Hfa Inhalation</b>		(ST)(QL)
Zafirlukast Tablet	PREFERRED	(QL)
<b>BLOOD THINNERS</b>		
<b>Agrylin Capsule</b>		(PA)
Anagrelide Capsule	PREFERRED	
Argatroban Injectable	PREFERRED	
<b>Brilinta Tablet</b>		(ST)(QL)
Clopidogrel Tablet	PREFERRED	(QL)
<b>Effient Tablet</b>		(PA)(QL)
<b>Eliquis Tablet</b>	PREFERRED	(QL)
Enoxaparin Injectable	PREFERRED	
Hep Sod/Nacl Injectable	PREFERRED	(PA)
Heparin Sod Injectable	PREFERRED	
Heparin/Nacl Injectable	PREFERRED	
<b>Lovenox Injectable</b>		(PA)
<b>Plavix Tablet</b>		(PA)(QL)
<b>Pradaxa</b>		(PA)(QL)
Prasugrel Tablet	PREFERRED	(QL)
<b>Savaysa Tablet</b>	PREFERRED	(QL)

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Warfarin	PREFERRED	
<b>Xarelto</b>		PREFERRED(QL)(AGE)
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<b>Firazyr Injectable</b>		(PA)(QL)
<b>Icatibant Injectable</b>		(PA)(QL)
<b>Sajazir Injectable</b>		(PA)(QL)
<b>BULK LAXATIVES</b>		
<b>Konsyl Daily Powder</b>	PREFERRED	(QL)
<b>Konsyl Orig Powder</b>		(PA)(QL)
<b>CARBAPENEMS</b>		
Ertapenem Injectable	PREFERRED	
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
Acetazolamid	PREFERRED	
<b>CARDIOVASCULAR*</b>		
Acebutolol Capsule	PREFERRED	
<b>Aldactone Tablet</b>		(PA)
<b>Aliskiren Tablet</b>		(PA)(QL)
<b>Altace Capsule</b>		(PA)
Amiloride Tablet	PREFERRED	
Amiodarone Tablet	PREFERRED	
Amlod/Benazp Capsule	PREFERRED	
Amlodipine Tablet	PREFERRED	
<b>Atacand Tablet</b>		(PA)(QL)
Atenol/Chlor Tablet	PREFERRED	
Atenolol Tablet	PREFERRED	(QL)
<b>Avapro Tablet</b>		(PA)(QL)
Benazep/Hctz Tablet	PREFERRED	
Benazepril Tablet	PREFERRED	
<b>Benicar Tablet</b>		(PA)(QL)
<b>Benicar Hct Tablet</b>		(PA)(QL)
<b>Betapace Tablet</b>		(PA)
Betaxolol Tablet	PREFERRED	
Bisoprl/Hctz Tablet	PREFERRED	
Bisoprol Fum Tablet	PREFERRED	
Bumetanide	PREFERRED	
<b>Bumex Tablet</b>		(PA)
<b>Bystolic Tablet</b>		(PA)(QL)
<b>Calan Sr Tablet</b>		(PA)
Candesartan Tablet	PREFERRED	(QL)
<b>Cardizem Tablet</b>		(PA)
<b>Cardizem Cd Capsule</b>		(PA)
<b>Cardizem La Tablet</b>		(PA)
<b>Cardura Tablet</b>		(PA)(QL)
Carvedilol Tablet	PREFERRED	
Chlorthalid Tablet	PREFERRED	

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Clonidine	PREFERRED	(PA)(QL)
<b>Coreg Tablet</b>		(PA)
<b>Corgard Tablet</b>		(PA)
<b>Corlanor</b>	PREFERRED	(ST)(QL)
<b>Corlopam Injectable</b>		(PA)
<b>Cozaar Tablet</b>		(PA)(QL)
Digoxin Tablet	PREFERRED	(PA)(QL)
Dilt-Xr Capsule	PREFERRED	
Diltiazem	PREFERRED	(PA)
<b>Diltiazem Er Tablet</b>		(PA)
<b>Diovan Tablet</b>		(PA)(QL)
<b>Diovan Hct Tablet</b>		(PA)(QL)
Dofetilide Capsule	PREFERRED	
Doxazosin Tablet	PREFERRED	(QL)
<b>Edarbi Tablet</b>		(PA)(QL)
<b>Edarbyclor Tablet</b>		(PA)(QL)
Enalapril Tablet	PREFERRED	
Enalaprilat Injectable	PREFERRED	
<b>Entresto Tablet</b>	PREFERRED	(QL)
<b>Epaned Solution</b>		(PA)(QL)(AGE)
<b>Eplerenone Tablet</b>		(ST)
Ethacrynate Injectable	PREFERRED	
<b>Exforge</b>		(PA)(QL)
Flecainide Tablet	PREFERRED	
Fosinopril Tablet	PREFERRED	
Furosemide Tablet	PREFERRED	
<b>Gonitro Powder</b>		(PA)
Guanfacine Tablet	PREFERRED	
<b>Hemangeol Solution</b>		(PA)(QL)
Hydralazine Tablet	PREFERRED	
Hydrochlorothiazide	PREFERRED	
<b>Hyzaar Tablet</b>		(PA)(QL)
Indapamide Tablet	PREFERRED	
<b>Inderal La Capsule</b>		(PA)(QL)
<b>Inspra Tablet</b>		(PA)
Irbesartan Tablet	PREFERRED	(QL)
<b>Isordil Tablet</b>		(PA)
Isosorb Din Tablet	PREFERRED	(ST)
Isosorb Mono Tablet	PREFERRED	
Labetalol	PREFERRED	
<b>Lasix Tablet</b>		(PA)
Lisinop/Hctz Tablet	PREFERRED	
Lisinopril Tablet	PREFERRED	
Losartan Pot Tablet	PREFERRED	(QL)
Losartan/Hct Tablet	PREFERRED	(QL)

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<b>Lotensin Tablet</b>		(PA)
<b>Lotensin Hct Tablet</b>		(PA)
<b>Lotrel Capsule</b>		(PA)
<b>Matzim La Tablet</b>		(PA)
<b>Maxzide</b>		(PA)
<b>Methyldopa Tablet</b>		(ST)(QL)
Metoprl/Hctz Tablet	PREFERRED	
Metoprol Suc Tablet	PREFERRED	
Metoprolol	PREFERRED	(PA)(QL)
<b>Micardis Tablet</b>		(PA)(QL)
Midodrine Tablet	PREFERRED	
<b>Minipress Capsule</b>		(PA)
Minoxidil Tablet	PREFERRED	
<b>Multaq Tablet</b>	PREFERRED	
Nadolol Tablet	PREFERRED	
Nebivolol Tablet	PREFERRED	(QL)
Nifedipine Tablet	PREFERRED	
<b>Nisoldipine Tablet</b>		(PA)
Nitroglyceri Sub	PREFERRED	
Nitroglycern Sub	PREFERRED	
<b>Nitrostat Sub</b>		(PA)
<b>Norvasc Tablet</b>		(PA)
Olm Med/Hctz Tablet	PREFERRED	(QL)
Olmesa Medox Tablet	PREFERRED	(QL)
Pacerone Tablet	PREFERRED	
Prazosin Hcl Capsule	PREFERRED	
<b>Procardia XI Tablet</b>		(PA)
Propafenone	PREFERRED	
Propranolol	PREFERRED	
<b>Qbrelis Solution</b>	PREFERRED	(QL)(AGE)
Ramipril Capsule	PREFERRED	
<b>Ranexa Tablet</b>		(PA)(ST)(QL)
<b>Ranolazine Tablet</b>		(ST)(QL)
<b>Rythmol Sr Capsule</b>		(PA)
<b>Sod Edecrin Injectable</b>		(PA)
Sorine Tablet	PREFERRED	
Sotalol Hcl Tablet	PREFERRED	
Spiro/Hctz Tablet	PREFERRED	
Spironolact Tablet	PREFERRED	
<b>Sular Tablet</b>		(PA)
<b>Tekturna Tablet</b>		(PA)(QL)
<b>Tekturna Hct Tablet</b>		(PA)(QL)
Telmisartan Tablet	PREFERRED	(QL)
<b>Tenoretic Tablet</b>		(PA)
<b>Tenormin Tablet</b>		(PA)(QL)

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Terazosin Capsule	PREFERRED	(QL)
<b>Thalitone Tablet</b>		(PA)(QL)
<b>Tikosyn Capsule</b>		(PA)
<b>Toprol XI Tablet</b>		(PA)
Torse mide Tablet	PREFERRED	
Triamt/Hctz Capsule	PREFERRED	
<b>Tribenzor</b>		(PA)(QL)
Valsart/Hctz Tablet	PREFERRED	(QL)
Valsartan Tablet	PREFERRED	(QL)
<b>Vasotec Tablet</b>		(PA)
Verapamil	PREFERRED	
<b>Verelan Capsule</b>		(PA)
<b>Verelan Pm Capsule</b>		(PA)
<b>Zestoretic Tablet</b>		(PA)
<b>Zestril Tablet</b>		(PA)
<b>Ziac Tablet</b>		(PA)
<b>CAUTERIZING AGENTS</b>		
Silver Nitra Solution	PREFERRED	
<b>CHOLESTEROL*</b>		
Atorvastatin Tablet	PREFERRED	(QL)
Cholestyram Powder	PREFERRED	(QL)
Colesevelam Tablet	PREFERRED	(QL)
<b>Colestid Tablet</b>		(PA)
Colestipol Tablet	PREFERRED	(QL)
<b>Crestor Tablet</b>		(PA)(QL)
<b>Ezallor Spr Capsule</b>		(PA)(QL)
Ezetimibe Tablet	PREFERRED	(QL)
Fenofibrate	PREFERRED	(ST)(QL)
Gemfibrozil Tablet	PREFERRED	(QL)
<b>Icosapent Capsule</b>		(PA)(QL)
<b>Lipitor Tablet</b>		(PA)(QL)
<b>Livalo Tablet</b>		(PA)(QL)
<b>Lopid Tablet</b>		(PA)
Lovastatin Tablet	PREFERRED	(QL)
<b>Lovaza Capsule</b>		(PA)(QL)
<b>Niacin Tablet</b>		(PA)(QL)
<b>Niacin Er Tablet</b>		(PA)(QL)
<b>Omega-3-Acid Capsule</b>		(PA)(QL)
<b>Pitavastatin Tablet</b>		(ST)(QL)
<b>Praluent Injectable</b>		(PA)(QL)
Pravastatin	PREFERRED	(QL)
<b>Questran Powder</b>		(PA)
<b>Repatha Injectable</b>		(PA)(QL)
<b>Repatha Push Injectable</b>		(PA)(QL)
<b>Repatha Sure Injectable</b>		(PA)(QL)

Drug Name	Drug Tier	Requirements & Limits
Rosuvastatin Tablet	PREFERRED	(QL)
Simvastatin Tablet	PREFERRED	(QL)
<b>Vascepa Capsule</b>		(PA)(QL)
<b>Vytorin Tablet</b>		(PA)(QL)
<b>Welchol Tablet</b>		(PA)(QL)
<b>Zetia Tablet</b>		(PA)(QL)
<b>Zocor Tablet</b>		(PA)(QL)
<b>COMPLEMENT INHIBITORS</b>		
<b>Berinert Injectable</b>		(PA)
<b>Ruconest Injectable</b>		(PA)(QL)
<b>Soliris Injectable</b>		(PA)
<b>Ultomiris Injectable</b>		(PA)
<b>CONTRACEPTION (BIRTH CONTROL)</b>		
<b>Brand Contraceptives</b>	PREFERRED	(PA)(ST)(QL)
Generic Contraceptives	PREFERRED	(PA)(ST)(QL)
Medroxyprogesterone	PREFERRED	(QL)
<b>Nuvaring</b>		(PA)(QL)
<b>Phexxi Gel</b>		(ST)(QL)
<b>COUGH/COLD/ALLERGY PRODUCTS</b>		
12Hr Allergy Tablet	PREFERRED	(QL)
24Hr Allergy Tablet	PREFERRED	(QL)
<b>Alahist D Tablet</b>		PREFERRED
<b>Alahist Dm Liq</b>		PREFERRED (QL)
All Day Allg	PREFERRED	(QL)
Aller-Ease Tablet	PREFERRED	(QL)
Allergy 24Hr Tablet	PREFERRED	(QL)
Allergy Chld Solution	PREFERRED	(QL)
Allergy Reli Tablet	PREFERRED	(QL)
Benzonatate	PREFERRED	
Bpm-Pse-Dm Syrup	PREFERRED	
Brom/Pse/Dm Syrup	PREFERRED	(QL)
Cetirizine	PREFERRED	(QL)
<b>Clemastine Syrup</b>		(ST)(QL)(AGE)
Codeine/Gg Solution	PREFERRED	(QL)
Cold & Flu	PREFERRED	
Cyproheptad	PREFERRED	(QL)
Delsym Night	PREFERRED	(QL)
Dm/Gg/Phenyl Liq	PREFERRED	
<b>Ed Bron Gp Liq</b>		PREFERRED
Fexofenadine Tablet	PREFERRED	(QL)
Ft Allergy Tablet	PREFERRED	(QL)
Ft Allr Rif Tablet	PREFERRED	(QL)
Ft Cold&Flu Liq	PREFERRED	(QL)
Ft Mucus Rel Tablet	PREFERRED	(QL)
Ft Tussin Cf Liq	PREFERRED	(QL)

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Drug Name	Drug Tier	Requirements & Limits
Gnp All Day Tablet	PREFERRED	(QL)
Gnp Cld Max Tablet	PREFERRED	(QL)
Gnp Cld/Flu Tablet	PREFERRED	(QL)
Gnp Cld/Head Tablet	PREFERRED	(QL)
Gnp Sin Seve Tablet	PREFERRED	(QL)
Head Congest Tablet	PREFERRED	
<b>Histex-Dm Syrup</b>	PREFERRED	
Hm Daytime Tablet	PREFERRED	
Hm Mucus Dm Tablet	PREFERRED	(QL)
<b>Hycodan</b>		(PA)(QL)
Hydroc/Homat Tablet	PREFERRED	
Hydrocod/Hom Syrup	PREFERRED	
Hydromet Syrup	PREFERRED	
Levocetirizi Tablet	PREFERRED	(QL)
<b>Lohist-Dm Syrup</b>	PREFERRED	
Loratadine Tablet	PREFERRED	(QL)
Mapap Cold Tablet	PREFERRED	
<b>Mucinex</b>		(PA)(QL)
<b>Mucinex Arct Liq</b>		(PA)(QL)
<b>Mucinex Cgh Gra</b>	PREFERRED	(QL)
<b>Mucinex Chil Liq</b>		(PA)(QL)
<b>Mucinex Chld Liq</b>		(PA)(QL)
<b>Mucinex Cng/ Liq</b>	PREFERRED	(QL)
<b>Mucinex Cold</b>		(PA)(QL)
<b>Mucinex Cong Liq</b>		(PA)(QL)
<b>Mucinex D/N Capsule</b>		(PA)(QL)
<b>Mucinex Dm Tablet</b>		(PA)(QL)
<b>Mucinex Fast Liq</b>		(PA)(QL)
<b>Mucinex Free Liq</b>		(PA)(QL)
<b>Mucinex Juni Tablet</b>	PREFERRED	(QL)
Mucinex Max Tablet	PREFERRED	(QL)
Mucinex Ms Liq	PREFERRED	(QL)
<b>Mucinex Nigh</b>	PREFERRED	(QL)
Mucinex Sevr Tablet	PREFERRED	(QL)
<b>Mucinex Sin Capsule</b>		(PA)(QL)
<b>Mucus Cough Liq</b>		(PA)(QL)
Mucus Dm Tablet	PREFERRED	(QL)
Mucus Relief	PREFERRED	(QL)
Mucus-Dm Max Tablet	PREFERRED	(QL)
Multsym Cold Liq	PREFERRED	(QL)
<b>Nasopen Pe Liq</b>	PREFERRED	
<b>Poly-Hist Dm Liq</b>	PREFERRED	
<b>Poly-Tussin Liq</b>	PREFERRED	
Prometh/Cod Solution	PREFERRED	
Promethazine	PREFERRED	

Drug Name	Drug Tier	Requirements & Limits
Robafen Cf Liq	PREFERRED	
Sinus Relief Tablet	PREFERRED	
Sinus Severe Tablet	PREFERRED	
Sm All Day Tablet	PREFERRED	(QL)
Sm Allergy Tablet	PREFERRED	(QL)
Sm Loratadin Tablet	PREFERRED	(QL)
Sm Tussin Cf Liq	PREFERRED	
<b>Tusnel Dm Liq</b>	PREFERRED	(QL)
<b>Tusnel Pedia Liq</b>	PREFERRED	(QL)
<b>Tusnel-Dm Liq</b>	PREFERRED	(QL)
Tussin Cf Liq	PREFERRED	
Tussin Cough Syrup	PREFERRED	
<b>Vanacof Dm Liq</b>		(PA)
<b>Vanacof Dmx Liq</b>	PREFERRED	
<b>Westussin Dm Syrup</b>	PREFERRED	(QL)
<b>CYCLOPLEGIC MYDRIATICS</b>		
Atropine Sul Oin	PREFERRED	
<b>Cyclomydril Solution</b>	PREFERRED	
<b>CYSTIC FIBROSIS AGENTS</b>		
<b>Kalydeco</b>		(PA)(QL)(AGE)
<b>Kitabis Packet Neb</b>		(PA)(QL)
<b>Pulmozyme Solution</b>	PREFERRED	(QL)
<b>Tobi Podhalr Capsule</b>		(PA)(QL)
<b>Trikafta Packet</b>		(PA)(QL)(AGE)
<b>DENTAL PRODUCTS</b>		
Chlorhex Glu Solution	PREFERRED	
<b>DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS</b>		
<b>Bpco Oin</b>		(PA)
<b>Calcipotrien</b>		(PA)
<b>Carac Cream</b>		(PA)
<b>Centany Oin</b>		(ST)
<b>Efudex Cream</b>		(PA)
<b>Finacea Foam</b>		(PA)
<b>Finacea Gel</b>		(PA)
Fluorouracil	PREFERRED	(PA)
Gentamicin	PREFERRED	
<b>Levulan Kera Solution</b>		(PA)
Mupirocin Oin	PREFERRED	
<b>DERMATOLOGICALS (SKIN) STEROIDS</b>		
Beta Diprop	PREFERRED	
Betameth Dip	PREFERRED	
<b>Betameth Val Inhalation</b>		(ST)
Clobetasol	PREFERRED	(ST)
<b>Clodan Sha</b>		(ST)
Desonide Cream	PREFERRED	

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Drug Name	Drug Tier	Requirements & Limits
Desoximetas Cream		(ST)
Duobrii Lot		(PA)(QL)
Enstilar Inhalation		(PA)
Fluocin Acet	PREFERRED	
Fluocinonide	PREFERRED	
Halobetasol	PREFERRED	
Hm Hydrocort Cream	PREFERRED	(QL)
Hydrocort	PREFERRED	(QL)
Hydrocort/ Cream	PREFERRED	(QL)
Mometasone	PREFERRED	(ST)(QL)
Pandel Cream		(PA)
Radiaura Cream		(PA)
Synalar		(PA)
Taclonex		(PA)
Topicort Cream		(PA)
Tovet Kit Kit		(PA)
Triamcinolon	PREFERRED	(ST)
<b>DIABETES - INSULIN*</b>		
Admelog Injectable	PREFERRED	
Admelog Solo Injectable	PREFERRED	
Afrezza Powder		(PA)
Basaglar Injectable	PREFERRED	(PA)
Fiasp Injectable		(PA)(QL)
Fiasp Flex Injectable		(PA)(QL)
Glargin Yfgn	PREFERRED	(PA)
Humalog Injectable		(PA)
Humalog Jr Injectable		(PA)
Humalog Kwik Injectable		(PA)
Humalog Mix	PREFERRED	
Humalog Tmpo Injectable		(PA)
Humulin Injectable	PREFERRED	
Humulin N Injectable	PREFERRED	
Humulin R U-500	PREFERRED	(PA)
Ins Asp Prot Injectable	PREFERRED	
Insulin Aspa Injectable	PREFERRED	(PA)
Insulin Glar		(PA)
Insulin Lisp Injectable		(PA)
Lantus Injectable		(PA)
Lantus Solos Injectable		(PA)
Levemir Injectable		(PA)
Novolin Injectable	PREFERRED	
Novolin N Injectable	PREFERRED	(PA)
Novolin70/30 Injectable	PREFERRED	
Novolog Injectable	PREFERRED	(PA)
Novolog Mix Injectable	PREFERRED	(PA)

Drug Name	Drug Tier	Requirements & Limits
Semglee		(PA)
Toujeo Max Injectable		(PA)
Toujeo Solo Injectable		(PA)
Tresiba Flex Injectable		(PA)(QL)
<b>DIABETES - NON-INSULIN*</b>		
Actos Tablet		(PA)(QL)
Alogliptin Tablet	PREFERRED	(QL)
Baqsimi One Powder	PREFERRED	
Baqsimi Two Powder	PREFERRED	
Bydureon Bc Injectable		(PA)(QL)(AGE)
Byetta Injectable		(PA)(QL)(AGE)
Farxiga Tablet		(PA)(QL)
Glimepiride Tablet	PREFERRED	
Glipizide	PREFERRED	
Glucagen Injectable	PREFERRED	
Glucagon Kit	PREFERRED	
Glucagon Emr Solution	PREFERRED	
Glumetza Tablet		(PA)
Glyburide Tablet	PREFERRED	
Glyxambi Tablet		(PA)(QL)
Gvoke Hypo 1 Injectable	PREFERRED	
Gvoke Hypo 2 Injectable	PREFERRED	
Gvoke Pfs Injectable	PREFERRED	
Invokamet Tablet		(PA)(QL)
Invokamet Xr Tablet		(PA)(QL)
Invokana Tablet		(PA)(QL)
Janumet/Janumet Xr		(ST)(QL)
Januvia Tablet		(ST)(QL)
Jardiance Tablet		(PA)(QL)
Jentadueto Tablet		(ST)(QL)
Metformin Tablet	PREFERRED	(PA)(QL)
Mounjaro Injectable		(PA)(QL)(AGE)
Onglyza Tablet		(PA)(QL)
Oseni Tablet		(PA)(QL)
Ozempic Injectable		(PA)(QL)(AGE)
Pioglitazone Tablet	PREFERRED	(QL)
Qtern Tablet		(PA)(QL)
Repaglinide Tablet		(ST)
Rybelsus Tablet		(PA)(QL)
Segluromet Tablet	PREFERRED	(QL)
Soliqua Injectable		(ST)(QL)(AGE)
Steglatro Tablet	PREFERRED	(QL)
Symlin		(ST)(QL)
Synjardy Tablet		(PA)(QL)
Synjardy Xr Tablet		(PA)(QL)

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Drug Name	Drug Tier	Requirements & Limits
Tradjenta Tablet		(ST)(QL)
Trijardy Xr Tablet		(PA)(QL)
Trulicity Injectable		(PA)(QL)(AGE)
Victoza Injectable		(PA)(QL)(AGE)
Xigduo Xr Tablet		(PA)(QL)
Zegalogue Injectable	PREFERRED	
<b>DIABETES - TESTING AND SUPPLIES</b>		
Accu-Chek Kit		(PA)
Admix Needle Mis	PREFERRED	(QL)
Antigen Test Kit	PREFERRED	(QL)
Autolet Lanc Mis		(PA)(QL)
Bd Eclipse Mis	PREFERRED	
Bd Hypo Need Mis	PREFERRED	(QL)
Bd Needles Mis	PREFERRED	(QL)
Binaxnow Cov Kit	PREFERRED	(QL)
Caretouch Mis	PREFERRED	(QL)
Covid-19 Ag Kit	PREFERRED	(QL)
Covid-19 At- Kit	PREFERRED	(QL)
Covid-19 Rap Kit	PREFERRED	(QL)
Cvs Covid-19 Kit	PREFERRED	(QL)
Dexcom G6 Mis		(ST)(QL)(AGE)
Dexcom G7 Mis		(ST)(QL)(AGE)
Easypoint Mis	PREFERRED	(QL)
Enlite Gluco Mis		(PA)(QL)(AGE)
Eversense Mis		(PA)(QL)(AGE)
Eversense E3 Mis		(PA)(QL)(AGE)
Fastep 1-Pk Kit	PREFERRED	(QL)
Fastep 2-Pk Kit	PREFERRED	(QL)
Fastep 20-Pk Kit	PREFERRED	(QL)
Fastep 25-Pk Kit	PREFERRED	(QL)
Fastep 4-Pk Kit	PREFERRED	(QL)
Fastep 5-Pk Kit	PREFERRED	(QL)
Fill Needle Mis	PREFERRED	(QL)
Filter Needl Mis	PREFERRED	(QL)
Freesty Libr	PREFERRED	(ST)(QL)(AGE)
Freestyle		(ST)(QL)(AGE)
Gotoknow Kit	PREFERRED	(QL)
Guardian Mis		(PA)(QL)(AGE)
Guardian 4 Mis		(PA)(QL)(AGE)
Guardian Con Mis		(PA)(QL)(AGE)
Guardian Rt Mis		(PA)(QL)(AGE)
Hypo Needle Mis	PREFERRED	(QL)
Indicaid Kit	PREFERRED	(QL)
Insulin Syringes	PREFERRED	(QL)
Lancets	PREFERRED	(QL)

Drug Name	Drug Tier	Requirements & Limits
Lucira Kit	PREFERRED	(QL)
Lucira Check Kit	PREFERRED	(QL)
Microlet Mis		(PA)(QL)
Minilink Rt Mis		(PA)(QL)(AGE)
Minimed 630G Mis		(PA)(QL)(AGE)
Needles Mis	PREFERRED	(QL)
On/Go One Kit	PREFERRED	(QL)
Paradigm Rea Mis		(PA)(QL)(AGE)
Pen Needles	PREFERRED	(QL)
Pilot Covid Kit	PREFERRED	(QL)
Poly Hub Mis	PREFERRED	(QL)
Precision Tes	PREFERRED	(QL)
Precisiongli Mis	PREFERRED	(QL)
Precisn Xtra Tes		(PA)(QL)
Quickvue Hom Kit	PREFERRED	(QL)
Safetyglide Mis	PREFERRED	(QL)
Safty Needle Mis	PREFERRED	
Securesafe Mis	PREFERRED	(QL)
Speedy Swab Kit	PREFERRED	(QL)
Unistik 3 Mis	PREFERRED	(QL)
Vent Needle Mis	PREFERRED	(QL)
<b>DIAGNOSTIC PRODUCTS, MISC.</b>		
Carestart Kit	PREFERRED	(QL)
Cleardetect Kit	PREFERRED	(QL)
Clintest Kit	PREFERRED	(QL)
Diatrust Kit	PREFERRED	(QL)
Ellume Cov19 Kit	PREFERRED	(QL)
Flowflex Kit	PREFERRED	(QL)
Ihealth 2-Pk Kit	PREFERRED	(QL)
Ihealth 40Pk Kit	PREFERRED	(QL)
Ihealth 5-Pk Kit	PREFERRED	(QL)
Inteliswab Kit	PREFERRED	(QL)
On/Go Covid Kit	PREFERRED	(QL)
Otc Antigen Kit	PREFERRED	(QL)
<b>DIRECT MUSCLE RELAXANTS</b>		
Dantrium Capsule		(PA)
Dantrolene Capsule	PREFERRED	
<b>ECZEMA AGENTS - TOPICAL</b>		
Eucrisa Oin		(ST)(QL)
<b>ELECTROLYTE MIXTURES</b>		
Kcl/D5w/Lact Injectable	PREFERRED	
Normosol -R Injectable	PREFERRED	
Normosol-R Injectable	PREFERRED	
Plasma-Lyte Injectable		(PA)
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
Urea Hydrati Inhalation		(PA)(QL)

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Drug Name	Drug Tier	Requirements & Limits
<b>EXPECTORANTS</b>		
Chest Conges Liq	PREFERRED	(QL)
Ft Tussin Liq	PREFERRED	(QL)
Mucus&Chst Liq	PREFERRED	(QL)
Mucus+Chst Liq	PREFERRED	(QL)
Robafen Liq	PREFERRED	(QL)
Siltussin Sa Liq	PREFERRED	(QL)
Tusnel-Ex Liq	PREFERRED	(QL)
Tussin Chest Liq	PREFERRED	(QL)
Tussin Mucus Liq	PREFERRED	(QL)
<b>FLUORIDE</b>		
Floriva Dro	PREFERRED	
Fluoride	PREFERRED	
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
Reltone Capsule		(PA)
Urso 250 Tablet		(PA)
Urso Forte Tablet		(PA)
Ursodiol	PREFERRED	
<b>GASTROINTESTINAL (DIGESTIVE) MISC.</b>		
<b>GASTROINTESTINAL</b>		
Amitiza Capsule		(PA)(QL)(AGE)
Anti-Diarrhe Solution	PREFERRED	(QL)
Diphen/Atrop Tablet	PREFERRED	
Hm Anti-Diar Solution	PREFERRED	(QL)
Linzess Capsule		(ST)(QL)
Lomotil Tablet		(PA)
Loperamide Solution	PREFERRED	(QL)
Lubiprostone Capsule		(ST)(QL)(AGE)
Metoclopram Tablet	PREFERRED	
Motegrity Tablet		(ST)(QL)
Movantik Tablet		(ST)(QL)
Reglan Tablet		(PA)
Relistor		(PA)(QL)
Sm Anti-Diar Solution	PREFERRED	(QL)
Symproic Tablet		(ST)(QL)
Trulance Tablet		(ST)(QL)
Viberzi Tablet		(PA)(QL)
Xifaxan Tablet		(PA)
<b>GASTROINTESTINAL (DIGESTIVE) NAUSEA &amp;</b>		
Akynzeo	PREFERRED	(PA)(QL)
Antivert Chw		(PA)(QL)
Dimenhydrin Injectable	PREFERRED	
Emend		(PA)(QL)
Ondansetron	PREFERRED	(QL)

Drug Name	Drug Tier	Requirements & Limits
Sustol Injectable		(PA)(QL)
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS</b>		
Bismth/Metr/ Capsule		(PA)
Carafate		(PA)
Famotidine	PREFERRED	
Pepcid Tablet		(PA)
Pylera Capsule		(PA)
Sucralfate	PREFERRED	
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENTS</b>		
Aciphex Tablet		(PA)(QL)
Dexilant Capsule		(PA)(QL)
Dexlansopraz Capsule		(PA)(QL)
Esomeprazole	PREFERRED	(QL)
Gnp Lansopra Capsule	PREFERRED	(QL)
Gnp Omeprazo Tablet		(ST)(QL)
Gs Lansopraz Tablet		(ST)(QL)(AGE)
Lansoprazole	PREFERRED	(ST)(QL)(AGE)
Omeprazole	PREFERRED	(ST)(QL)
Pantoprazole		(PA)(QL)
Prevacid		(PA)(QL)(AGE)
Prevacid 24H Capsule		(PA)
Protonix		(PA)(QL)
Rabeprazole Tablet	PREFERRED	(QL)
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
Cromolyn Sod Con	PREFERRED	
Gastrocrom Con		(PA)
<b>GENITOURINARY IRRIGANTS</b>		
Sodium Chlor Solution	PREFERRED	
Sorbitol-Man Solution	PREFERRED	
<b>GOLD COMPOUNDS</b>		
Ridaura Capsule	PREFERRED	
<b>GOUT</b>		
Allopurinol Tablet	PREFERRED	(PA)
Colchicine Tablet	PREFERRED	(QL)
Colcrys Tablet		(PA)(QL)
Febuxostat Tablet	PREFERRED	(QL)
Uloric Tablet		(PA)(QL)
<b>GOUT AGENT COMBINATIONS</b>		
Proben/Colch Tablet	PREFERRED	
<b>GROWTH HORMONES</b>		
Genotropin Injectable		(PA)(QL)
Omnitrope Injectable		(PA)(QL)
<b>HEMATOPOIETIC MIXTURES</b>		
Active Fe Tablet	PREFERRED	(QL)
Corvita 150 Tablet	PREFERRED	(QL)

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Drug Name	Drug Tier	Requirements & Limits
Feriva Tablet	PREFERRED	(QL)
Nephron Fa Tablet	PREFERRED	(QL)
Taron Forte Capsule	PREFERRED	(QL)
<b>HEMATORHEOLOGIC AGENTS</b>		
Pentoxifylli Tablet	PREFERRED	
<b>HEMIN</b>		
Panhematin Injectable	PREFERRED	
<b>HEPATITIS THERAPIES</b>		
Baraclude		(PA)(QL)
Entecavir Tablet	PREFERRED	(QL)
Epclusa		(PA)(QL)(AGE)
Harvoni		(PA)(QL)
Ledip-Sofosb Tablet		(PA)(QL)
Mavyret		(PA)(QL)(AGE)
Ribavirin Tablet	PREFERRED	(QL)
Sofos/Velpat Tablet		(PA)(QL)
Vosevi Tablet		(PA)(QL)
Zepatier Tablet		(PA)(QL)
<b>HORMONE RECEPTOR MODULATORS</b>		
Evista Tablet		(PA)(QL)
Raloxifene Tablet	PREFERRED	(QL)
<b>HORMONE REPLACEMENT THERAPY FEMALE</b>		
Activella Tablet		(PA)(QL)(AGE)
Amabelz Tablet	PREFERRED	(QL)(AGE)
Aygestin Tablet		(PA)(QL)
Climara Dis		(PA)(QL)(AGE)
Delestrogen Injectable		(PA)(AGE)
Depo-Estradi Injectable		(PA)(AGE)
Divigel Gel		(PA)(QL)(AGE)
Dotti Dis	PREFERRED	(QL)(AGE)
Elestrin Gel	PREFERRED	(QL)(AGE)
Est Estrogen Tablet	PREFERRED	(QL)(AGE)
Estra/Noreth Tablet	PREFERRED	(QL)(AGE)
Estrace Tablet		(PA)(QL)(AGE)
Estrace Vag Cream		(PA)(AGE)
Estrad Val Injectable		(PA)(AGE)
Estradiol	PREFERRED	(PA)(QL)(AGE)
Estring Mis		(PA)(QL)(AGE)
Estrog/Mtest Tablet	PREFERRED	(QL)(AGE)
Femring Mis		(PA)(QL)(AGE)
Lyllana Dis	PREFERRED	(QL)(AGE)
Menostar Dis	PREFERRED	(QL)(AGE)
Mimvey Tablet	PREFERRED	(QL)(AGE)
Minivelle Dis		(PA)(QL)(AGE)
Norethin Ace Tablet	PREFERRED	

Drug Name	Drug Tier	Requirements & Limits
Oriahnn Capsule		(PA)(QL)
Premarin Tablet		(ST)(AGE)
Premarin Vag Cream		(ST)(AGE)
Prometrium Capsule		(PA)(QL)
Vagifem Tablet		(PA)(QL)(AGE)
Vivelle-Dot Dis		(PA)(QL)(AGE)
Yuvaferm Tablet	PREFERRED	(QL)(AGE)
<b>HORMONE REPLACEMENT THERAPY MALE</b>		
Androderm Dis		(PA)(QL)(AGE)
Aveed Injectable		(PA)(AGE)
Depo-Testost Injectable		(PA)(AGE)
Testost Cyp Injectable		(PA)(AGE)
Testosterone		(PA)(QL)(AGE)
<b>IMMUNE SERUMS</b>		
Asceniv Injectable		(PA)(QL)(AGE)
Hyperrab Injectable	PREFERRED	
Kedrab Solution	PREFERRED	
<b>IMMUNOLOGICAL AGENTS - IMMUNE SYSTEM STIMULATION OR SUPPRESSION</b>		
Abrilada Injectable		(PA)(QL)
Actemra Injectable		(PA)(QL)
Adbry Injectable		(PA)(QL)(AGE)
Cibinqo Tablet		(PA)(QL)(AGE)
Cimzia		(PA)
Cosentyx		(PA)(QL)
Dupixent Injectable		(PA)(QL)(AGE)
Enbrel		(PA)
Entyvio Injectable		(PA)(QL)
Hadlima Injectable		(PA)(QL)
Humira		(PA)(QL)
Ilumya Solution		(PA)(QL)
Kevzara Injectable		(PA)(QL)
Kineret Injectable		(PA)(QL)
Olumiant Tablet		(PA)(QL)
Orencia Injectable		(PA)
Orencia Clck Injectable		(PA)(QL)
Otezla Tablet		(PA)(QL)
Remicade Injectable		(PA)
Rinvoq Tablet		(PA)(QL)
Siliq Injectable		(PA)(QL)
Simponi		(PA)
Skyrizi		(PA)(QL)
Skyrizi Pen Injectable		(PA)(QL)
Sorilux Inhalation		(PA)
Sotyktu Tablet		(PA)(QL)(AGE)

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Drug Name	Drug Tier	Requirements & Limits
Stelara Injectable		(PA)(QL)
Taltz Injectable		(PA)(QL)
Tremfya Injectable		(PA)(QL)
Xeljanz		(PA)(QL)
Xeljanz Xr Tablet		(PA)(QL)
Xolair		(PA)(QL)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
Imiquimod Cream	PREFERRED	(ST)(QL)
Zyclara Cream		(PA)(QL)
Zyclara Pump Cream		(PA)(ST)(QL)
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
Elidel Cream		(PA)(QL)
Pimecrolimus Cream		(ST)(QL)
Protopic Oin		(PA)(QL)
Tacrolimus Oin	PREFERRED	(QL)
<b>INFLAMMATORY BOWEL AGENTS</b>		
Apriso Capsule		(PA)(QL)
Azulfidine Tablet		(PA)
Canasa Sup		(PA)
Delzicol Capsule		(PA)(QL)
Infliximab Injectable		(PA)
Lialda Tablet		(PA)(QL)
Mesalamine Tablet	PREFERRED	(ST)(QL)
Pentasa Capsule		(PA)(ST)(QL)
Renflexis Injectable		(PA)
Sulfasalazin Tablet	PREFERRED	
Velsipity Tablet		(PA)(QL)
<b>INFLUENZA AGENTS</b>		
Oseltamivir	PREFERRED	(QL)
Tamiflu		(PA)(QL)
Xofluza Tablet	PREFERRED	(QL)
<b>INOTROPES</b>		
Dobutamine Injectable	PREFERRED	
<b>INTERLEUKIN-1 BLOCKERS</b>		
Arcalyst Injectable		(PA)(QL)
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
Elmiron Capsule		(PA)
<b>INTESTINAL ACIDIFIERS</b>		
Lactulose Solution	PREFERRED	
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
Salicylic Ac		(PA)(QL)
Urea/Salicy Cream		(PA)
<b>LAXATIVE COMBINATIONS</b>		
Moviprep Solution		(PA)
Suflave Solution		(PA)
Suprep Bowel Solution		(PA)

Drug Name	Drug Tier	Requirements & Limits
<b>LAXATIVES</b>		
Constulose Solution	PREFERRED	
Peg 3350	PREFERRED	(QL)
Polyeth Glyc Powder	PREFERRED	(QL)
<b>LEPROSTATICS</b>		
Dapsone Tablet	PREFERRED	
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
Supprelin La Kit		(PA)(AGE)
Synarel Solution		(PA)(AGE)
<b>LIPIDS</b>		
Dojolvi Liq		(PA)
<b>LOCAL ANESTHETIC COMBINATIONS</b>		
Bupivacaine/ Injectable	PREFERRED	
Marcaine/Epi Injectable		(PA)
Sensorcaine Injectable	PREFERRED	
Sensorcaine/ Injectable	PREFERRED	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
Lido/Prilocn	PREFERRED	
Lidocan Pad	PREFERRED	
Lidocan li Pad	PREFERRED	
Lidoderm Dis		(PA)
Ztlido Pad		(PA)(QL)
<b>MENTAL HEALTH</b>		
Aricept Tablet		(PA)
Donepezil Tablet	PREFERRED	(PA)
Memant Titra Packet	PREFERRED	(QL)
Memantine		(PA)(QL)
Memantine Hc Solution		(PA)
Namenda Tablet		(PA)
Namenda Xr Capsule		(PA)(QL)
Savella		(PA)(QL)
<b>METABOLIC MODIFIERS</b>		
Betaine Anhy Powder		(PA)(QL)
Buphenyl Tablet		(PA)(QL)
Calcitriol Capsule	PREFERRED	
Carnitor		(PA)
Carnitor Sf Solution		(PA)
Cystadane Powder		(PA)(QL)
Elaprase Injectable		(PA)(QL)
Javygtor		(PA)(QL)
Kuvan		(PA)(QL)
Levocarnitin	PREFERRED	
Naglazyme Injectable		(PA)(QL)
Nityr Tablet		(PA)(QL)

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Drug Name	Drug Tier	Requirements & Limits
Opfolda Capsule		(PA)(QL)
Orfadin		(PA)(QL)
Pheburane Mis		(PA)(QL)
Rocaltrol Capsule		(PA)
Sapropterin Powder		(PA)(QL)
Sodium Pheny Tablet		(PA)(QL)
Strensiq Injectable		(PA)(QL)
Vimizim Injectable		(PA)
<b>MIGRAINE</b>		
Aimovig Injectable		(PA)(QL)
Ajovy Injectable		(PA)(QL)
Cinvanti Injectable	PREFERRED	(QL)
Emgality Injectable		(PA)(QL)
Frova Tablet		(PA)(QL)
Frovatriptan Tablet		(ST)(QL)
Imitrex		(PA)(QL)
Maxalt Tablet		(PA)(QL)
Maxalt-Mlt Tablet		(PA)(QL)
Naratriptan Tablet	PREFERRED	(QL)
Nurtec Tablet		(PA)(QL)
Reyvow Tablet		(PA)(QL)
Rizatriptan Tablet	PREFERRED	
Sumatriptan	PREFERRED	(ST)(QL)
Tosymra Solution		(PA)(QL)
Ubrelvy Tablet		(PA)(QL)
Zolmitriptan Tablet	PREFERRED	(QL)
Zomig		(PA)(QL)
<b>MINERALOCORTICIDS</b>		
Fludrocort Tablet	PREFERRED	
<b>MIOTICS</b>		
Pilocarpine	PREFERRED	
Vuity Solution	PREFERRED	(QL)
<b>MISC. RESPIRATORY INHALANTS</b>		
Vapor Steam Liq	PREFERRED	
<b>MONOCLONAL ANTIBODIES</b>		
Synagis Injectable		(PA)
<b>MOVEMENT DISORDER</b>		
Austedo Tablet		(PA)(QL)
Austedo Xr Tablet		(PA)(QL)
Ingrezza Capsule		(PA)(QL)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
Ampyra Tablet		(PA)(QL)
Aubagio Tablet		(PA)(QL)
Avonex		(PA)(QL)
Betaseron Injectable		(PA)(QL)

Drug Name	Drug Tier	Requirements & Limits
Copaxone Injectable		(PA)(QL)
Dalfampridin Tablet	PREFERRED	(QL)
Extavia Injectable		(PA)(QL)
Fingolimod Capsule	PREFERRED	(QL)
Gilenya Capsule		(PA)(QL)
Glatiramer Injectable		(PA)(QL)
Glatopa Injectable		(PA)(QL)
Lemtrada Injectable		(PA)
Ocrevus Injectable		(PA)
Plegridy		(PA)(QL)
Ponvory Tablet		(PA)(QL)
Rebif		(PA)(QL)
Tecfidera Capsule		(PA)(QL)
Vumerity Capsule		(PA)(QL)
Zeposia Capsule		(PA)(QL)
Zeposia 7Day Capsule		(PA)(QL)
<b>MUSCLE RELAXANTS</b>		
Baclofen	PREFERRED	(QL)
Carisoprodol Tablet	PREFERRED	(PA)(QL)
Chlorzoxazon Tablet	PREFERRED	(PA)(QL)
Cyclobenzaprine	PREFERRED	
Gablofen Injectable	PREFERRED	
Metaxalone Tablet		(ST)(QL)
Methocarbam Tablet	PREFERRED	
Orphenadrine Tablet	PREFERRED	
Soma Tablet		(PA)(QL)
Tizanidine Tablet	PREFERRED	
Zanaflex Tablet		(PA)
<b>NASAL ALLERGY</b>		
Azel/Flutic Spr		(ST)
Azelastine Spr	PREFERRED	(ST)(QL)
Beconase Aq Suspension		(ST)(QL)
Dymista Spr		(PA)(QL)
Fluticasone Spr	PREFERRED	(QL)
Xhance Mis		(PA)(QL)
<b>ONCOLOGY/HEMATOLOGY</b>		
Abiraterone Tablet		(PA)(QL)
Adcetris Injectable		(PA)
Alimta Injectable		(PA)
Anastrozole Tablet	PREFERRED	(QL)
Aranesp Injectable	PREFERRED	
Arimidex Tablet		(PA)(QL)
Aromasin Tablet		(PA)(QL)
Bendamustine Injectable		(PA)
Bexarotene Capsule		(PA)(QL)

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Drug Name	Drug Tier	Requirements & Limits
<b>Bicnu Injectable</b>		(PA)
<b>Bortezomib Injectable</b>		(PA)
<b>Bosulif Tablet</b>		(PA)(QL)
<b>Camcevi Injectable</b>		(PA)(QL)(AGE)
Carmustine Injectable	PREFERRED	
Cisplatin Injectable	PREFERRED	
<b>Columvi Injectable</b>		(PA)
<b>Cosela Injectable</b>		(PA)
<b>Cotellic Tablet</b>		(PA)(QL)
Cyclophosph Injectable	PREFERRED	
<b>Danyelza Injectable</b>		(PA)(QL)
<b>Doxil Injectable</b>		(PA)
Doxorubicin Injectable	PREFERRED	
<b>Elitek Injectable</b>	PREFERRED	
<b>Ellence Injectable</b>		(PA)
Exemestane Tablet	PREFERRED	(QL)
<b>Faslodex Injectable</b>		(PA)
<b>Femara Tablet</b>		(PA)(QL)
<b>Fulphila Injectable</b>	PREFERRED	
Fulvestrant Injectable	PREFERRED	
<b>Gazyva Injectable</b>		(PA)
<b>Granix Injectable</b>	PREFERRED	
<b>Herceptin Injectable</b>		(PA)
<b>Hydrea Capsule</b>		(PA)
Hydroxyurea Capsule	PREFERRED	
<b>Iclusig Tablet</b>		(PA)(QL)
Imatinib	PREFERRED	(QL)
<b>Inqovi Tablet</b>		(PA)(QL)
<b>Kepivance Injectable</b>		(PA)
<b>Khapzory Solution</b>		(PA)
<b>Kymriah Suspension</b>		(PA)
Letrozole Tablet	PREFERRED	(QL)
Leucovor Ca Tablet	PREFERRED	(QL)
Mercaptopur Tablet	PREFERRED	
<b>Mesnex Tablet</b>	PREFERRED	
Methotrexate	PREFERRED	
Mitoxantron Injectable	PREFERRED	
<b>Monjuvi Injectable</b>		(PA)
<b>Mvasi Injectable</b>	PREFERRED	
<b>Nerlynx Tablet</b>		(PA)(QL)
<b>Neulasta</b>		(PA)
<b>Neupogen Injectable</b>		(PA)
<b>Nexavar Tablet</b>		(PA)(QL)
<b>Nivestym Injectable</b>	PREFERRED	
<b>Ogivri Injectable</b>	PREFERRED	

Drug Name	Drug Tier	Requirements & Limits
<b>Orgovyx Tablet</b>		(PA)(QL)
<b>Otrexup Injectable</b>		(ST)(QL)
<b>Pedmark Injectable</b>		(PA)(QL)(AGE)
<b>Pemetrexed Injectable</b>		(PA)
<b>Perjeta Injectable</b>		(PA)
<b>Phesgo Solution</b>		(PA)
<b>Rasuvo Injectable</b>		(ST)(QL)
<b>Reblozyl Injectable</b>		(PA)
<b>Retacrit Injectable</b>	PREFERRED	
<b>Rituxan Injectable</b>		(PA)(QL)
<b>Rolvedon Injectable</b>		(PA)
<b>Rubraca Tablet</b>		(PA)(QL)
<b>Ruxience Injectable</b>	PREFERRED	
<b>Rybrevant Solution</b>		(PA)(QL)
<b>Sarclisa Solution</b>		(PA)
<b>Sorafenib Tablet</b>		(PA)(QL)
<b>Sprycel Tablet</b>		(PA)(QL)
<b>Strontium Injectable</b>		(PA)
<b>Tabrecta Tablet</b>		(PA)(QL)
<b>Tafinlar Tablet</b>		(PA)(QL)(AGE)
Tamoxifen Tablet	PREFERRED	(QL)
<b>Targretin Capsule</b>		(PA)(QL)
<b>Tasigna Capsule</b>		(PA)(QL)
<b>Temodar Injectable</b>	PREFERRED	
<b>Temsirolimus Injectable</b>		(PA)
<b>Tepadina Injectable</b>		(PA)
<b>Thiotepa Injectable</b>		(PA)
<b>Tivdak Injectable</b>		(PA)
<b>Torisel Injectable</b>		(PA)
<b>Trazimera Injectable</b>	PREFERRED	
<b>Treanda Injectable</b>		(PA)
<b>Trodelyv Solution</b>		(PA)
<b>Truxima Injectable</b>	PREFERRED	
<b>Turalio Capsule</b>		(PA)(QL)
<b>Tykerb Tablet</b>		(PA)(QL)
<b>Udenyca Injectable</b>	PREFERRED	
<b>Unituxin Injectable</b>		(PA)(QL)
<b>Vanflyta Tablet</b>		(PA)(QL)(AGE)
<b>Velcade Injectable</b>		(PA)
<b>Xalkori Capsule</b>		(PA)(QL)
<b>Xospata Tablet</b>		(PA)(QL)
<b>Xtandi</b>		(PA)(QL)
<b>Zarxio Injectable</b>		(PA)
<b>Zirabev Injectable</b>	PREFERRED	
<b>Zydelig Tablet</b>		(PA)(QL)

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Drug Name	Drug Tier	Requirements & Limits
Zytiga Tablet		(PA)(QL)
<b>OPHTHALMIC - ANGIOGENESIS INHIBITORS</b>		
Byooviz Injectable		(PA)(QL)
Cimerli Injectable		(PA)
Eylea Injectable		(PA)
Vabysmo Injectable		(PA)
<b>OPHTHALMIC STEROIDS</b>		
Dexameth Pho Solution	PREFERRED	
Difluprednat Emu		(ST)(QL)
Durezol Emu		(PA)(QL)
Lotemax	PREFERRED	(PA)(QL)
Lotemax Sm Gel	PREFERRED	(QL)
Loteprednol Gel		(PA)(QL)
Maxitrol Suspension		(PA)
Neo/Poly/Dex Suspension	PREFERRED	
Pred Forte Suspension		(PA)
Pred Mild Suspension		(ST)
Prednisolone	PREFERRED	(PA)
Tobra/Dexame Suspension	PREFERRED	
Tobradex Suspension		(PA)
Tobradex St Suspension		(ST)
Triesence Injectable	PREFERRED	
Xipere Suspension		(PA)
<b>OPHTHALMICS (EYE) ANTI-INFECTIVES</b>		
Azasite Solution		(ST)(QL)
Besivance Suspension		(ST)(QL)
Ocuflox Dro		(PA)
Polymyxin B/ Solution	PREFERRED	
Sulfacet Sod Oin	PREFERRED	
Tobramycin Solution	PREFERRED	
Vigamox Dro		(PA)(QL)
<b>OPHTHALMICS (EYE) MISC. OPHTHALMICS</b>		
Acular Solution		(PA)
Acular Ls Solution		(PA)
Acuvail Solution		(ST)
Brimo/Timolo Solution		(ST)(QL)
Brimonidine 0.15%	PREFERRED	
Combigan Solution		(PA)(QL)
Cosopt Solution		(PA)(QL)
Cosopt Pf Solution		(PA)(QL)
Cyclosporine Emu	PREFERRED	(QL)
Dorzol/Timol Solution	PREFERRED	(QL)
Dorzolamide Solution	PREFERRED	
Epinastine Dro	PREFERRED	
Istalol Solution		(PA)

Drug Name	Drug Tier	Requirements & Limits
Ketorolac	PREFERRED	(QL)
Levobunolol Solution	PREFERRED	
Restasis Emu		(PA)(QL)
Restasis Mul Emu		(PA)(QL)
Rhopressa Solution		(ST)(QL)
Simbrinza Suspension	PREFERRED	(QL)
Timolol Mal Solution	PREFERRED	
Timolol Male Solution		(ST)
Timoptic Solution		(PA)
Timoptic Ocu Solution		(PA)
Verkazia Emu		(PA)(QL)
Xiidra Dro		(ST)(QL)
Zerviate Dro		(PA)(QL)
<b>OPHTHALMICS (EYE) PROSTGLANDINS</b>		
Bimatoprost Solution		(ST)(QL)
Iyuzeh Dro		(ST)(QL)
Latanoprost Solution	PREFERRED	(QL)
Lumigan Solution		(ST)(QL)
Travatan Z Dro		(PA)(QL)
Travoprost Dro		(ST)(QL)
Xalatan Solution		(PA)(QL)
Zioptan Dro		(PA)(QL)
<b>OPIOID PARTIAL AGONISTS</b>		
Belbuca Mis		(ST)(QL)
Buprenorphin Dis		(ST)(QL)
Butorphanol		(PA)(QL)
<b>OSMOTIC DIURETICS</b>		
Mannitol Injectable	PREFERRED	
Osmitrol Injectable	PREFERRED	
Osmitrol Vfx Injectable	PREFERRED	
<b>OSTEOPOROSIS*</b>		
Alendronate Tablet	PREFERRED	(QL)
Fosamax Tablet		(PA)(QL)
Ibandronate	PREFERRED	(ST)(QL)
Tymlos Injectable		(PA)(QL)
Zoledronic Injectable	PREFERRED	
<b>OTIC PREPARATIONS (EAR)</b>		
Cipro/Dexa Suspension	PREFERRED	
Ciprodex Suspension		(PA)
Cortisporin Suspension	PREFERRED	
Neo/Poly/Hc Solution	PREFERRED	
<b>PAIN MEDICATIONS - NARCOTICS</b>		
Apap/Codeine Tablet	PREFERRED	(QL)
Bac Tablet	PREFERRED	(QL)
But/Apap/Caf	PREFERRED	(QL)

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Drug Name	Drug Tier	Requirements & Limits
Butrans Dis		(PA)(QL)
Dilaudid Tablet		(PA)(QL)
Duramorph Injectable		(PA)
Endocet Tablet	PREFERRED	(QL)
Fentanyl Cit Tablet		(PA)(QL)
Fentora Tablet		(PA)(QL)
Fioricet Capsule		(PA)(QL)
Hydroco/Apap Tablet		(PA)(QL)
Hydromorphon Tablet	PREFERRED	(QL)
Hysingla Er Tablet		(PA)(QL)
Morphin/Nacl Injectable		(PA)
Ms Contin Tablet		(PA)(QL)
Nalocet Tablet		(PA)(QL)
Nucynta Er Tablet		(PA)(QL)
Oxycodone Er		(PA)(QL)
Oxycod/Apap Tablet	PREFERRED	(QL)
Oxycodone	PREFERRED	(QL)
Oxymorphone Tablet	PREFERRED	(ST)(QL)
Percocet Tablet		(PA)(QL)
Prolate Tablet		(PA)(QL)
Roxicodone Tablet		(PA)(QL)
Tramadol		(PA)(QL)
Xtampza Er Capsule		(PA)(QL)
<b>PAIN MEDICATIONS NSAIDS</b>		
All Day Pain Tablet	PREFERRED	
All Day Relf Tablet	PREFERRED	
Arthrotec 50 Tablet		(PA)
Arthrotec 75 Tablet		(PA)
Celebrex Capsule		(PA)(QL)
Celecoxib Capsule	PREFERRED	(QL)
Diclo/Misopr Tablet		(PA)
Diclofenac 1%	PREFERRED	(PA)(QL)
Diclofenac 3%	PREFERRED	(PA)(QL)
Etodolac Tablet	PREFERRED	
Ft Ibu Child Suspension	PREFERRED	(QL)
Ibuprofen	PREFERRED	(QL)
Indomethacin Capsule	PREFERRED	
Licart Dis		(PA)(QL)
Meclofen Sod Capsule		(ST)
Meloxicam Tablet	PREFERRED	
Nabumetone Tablet	PREFERRED	
Naproxen Tablet	PREFERRED	
Relafen Ds Tablet		(PA)
<b>PANCREATIC ENZYME</b>		
Creon Capsule	PREFERRED	(QL)

Drug Name	Drug Tier	Requirements & Limits
Pertzye Capsule	PREFERRED	(QL)
Viokace Tablet	PREFERRED	(QL)
Zenpep Capsule	PREFERRED	(QL)
<b>PARKINSON'S</b>		
Amantadine Capsule	PREFERRED	(QL)
Benzotropine Tablet	PREFERRED	(QL)
Bromocriptin Tablet	PREFERRED	(QL)
Carb/Levo Tablet	PREFERRED	(QL)
Carb/Levo Er Tablet	PREFERRED	(QL)
Dhivy Tablet		(PA)(QL)
Miramapex Er Tablet		(PA)(ST)(QL)
Parlodel Tablet		(PA)(QL)
Pramipexole Tablet	PREFERRED	(ST)(QL)
Ropinirole Tablet	PREFERRED	(ST)(QL)
Rytary Capsule		(ST)(QL)
Sinemet Tablet		(PA)(QL)
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
Poly-Vi-Flor Chw	PREFERRED	(QL)
<b>PERIPHERAL VASODILATORS</b>		
Papaverine Solution	PREFERRED	
<b>PHOSPHATE BINDING AGENTS</b>		
Calc Acetate Tablet	PREFERRED	
Renagel Tablet		(PA)
Renvela		(PA)
Sevelamer Tablet	PREFERRED	
<b>PLASMA EXPANDERS</b>		
Hextend Solution	PREFERRED	
<b>PLASMA KALLIKREIN INHIBITORS</b>		
Orladeyo Capsule		(PA)(QL)
Takhzyro Injectable		(PA)(QL)
<b>POSTERIOR PITUITARY HORMONES</b>		
Ddavn Tablet		(PA)(QL)
Desmopressin Tablet	PREFERRED	(QL)
<b>POTASSIUM</b>		
Potassium Chloride	PREFERRED	
<b>POTASSIUM REMOVING RESINS</b>		
Lokelma Packet		(PA)(QL)
Veltassa Powder		(PA)(QL)
<b>PRENATAL VITAMINS</b>		
Complete Nat Packet	PREFERRED	
M-Natal Plus Tablet	PREFERRED	
Niva-Plus Tablet	PREFERRED	
Pnv-Dha Capsule		(PA)
Prenatal Tablet	PREFERRED	(QL)
Prenate Capsule		(PA)
Prenatrix Tablet	PREFERRED	

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Drug Name	Drug Tier	Requirements & Limits
Prenatryl Tablet	PREFERRED	
Trinatal Rx Tablet	PREFERRED	
Virt-Pn Dha Capsule		(PA)
Vitafol Chw		(PA)
Vitafol Strp Mis		(PA)
Vitafol-Nano Tablet		(PA)
Vitamed Md Capsule		(PA)
Wescap-Pn Capsule	PREFERRED	
Wesnata Dha Packet	PREFERRED	
Westab Plus Tablet	PREFERRED	
Zatean-Pn Capsule		(PA)
<b>PROLACTIN INHIBITORS</b>		
Cabergoline Tablet	PREFERRED	(QL)
<b>PROSTAGLANDIN VASODILATORS</b>		
Remodulin Injectable		(PA)
Treprostinil Injectable		(PA)(QL)
Tyvaso Solution		(PA)(QL)
Tyvaso Refil Solution		(PA)(QL)
Tyvaso Start Solution		(PA)(QL)
<b>PROSTATE</b>		
Alfuzosin Tablet	PREFERRED	(QL)
Avodart Capsule		(PA)(QL)
Cialis Tablet		(PA)(QL)
Dutast/Tamsu Capsule		(ST)(QL)
Dutasteride Capsule		(ST)(QL)
Entadfi Capsule		(ST)(QL)
Finasteride Tablet	PREFERRED	(QL)
Flomax Capsule		(PA)(QL)
Jalyn Capsule		(PA)(QL)
Proscar Tablet		(PA)(QL)
Tadalafil Tablet		(PA)(QL)
Tamsulosin Capsule	PREFERRED	(QL)
<b>PROTEINS</b>		
Clinimix Injectable		(PA)
Clinimix E Injectable		(PA)
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
Nuedexta Capsule		(PA)(QL)
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS MISC.</b>		
Ergoloid Mes Tablet	PREFERRED	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
Adempas Tablet		(PA)(QL)
Letairis Tablet		(PA)(QL)
Opsumit Tablet		(PA)(QL)
Orenitram Tablet		(PA)(QL)

Drug Name	Drug Tier	Requirements & Limits
Revatio Tablet		(PA)(QL)
Sildenafil Tablet		(PA)(QL)
Tadliq Suspension		(PA)(QL)
Tracleer Tablet		(PA)(QL)
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
Arava Tablet		(PA)
Leflunomide Tablet	PREFERRED	
<b>RECTAL STEROIDS</b>		
Anusol-Hc Cream		(PA)
Hydrocortiso Cream	PREFERRED	
Procto-Med Cream	PREFERRED	
Proctosol Hc Cream	PREFERRED	
Proctozone Cream	PREFERRED	
<b>RESPIRATORY THERAPY SUPPLIES</b>		
Aerosol Spacer	PREFERRED	(QL)
Inspirease Mis	PREFERRED	(QL)
<b>SALICYLATES</b>		
Aspirin	PREFERRED	(QL)
<b>SCABICIDES &amp; PEDICULICIDES</b>		
Goodsense Liq	PREFERRED	(QL)
Lice Treatmt Liq	PREFERRED	(QL)
Lice Trtmnt Liq	PREFERRED	(QL)
Permethrin Cream	PREFERRED	
<b>SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM</b>		
Chor Gonadot Injectable		(PA)
Novarel Injectable		(PA)
Pregnyl Injectable		(PA)
<b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>		
Gattex Kit		(PA)
<b>SMOKING CESSATION</b>		
Gnp Nicotine	PREFERRED	(QL)(AGE)
Hm Nicotine	PREFERRED	(QL)(AGE)
Nicotine	PREFERRED	(QL)
Nicotine Pol	PREFERRED	(QL)
Nicotine Td Dis	PREFERRED	(QL)(AGE)
Sm Nicotine	PREFERRED	(QL)(AGE)
Varenicline Tablet	PREFERRED	(QL)
<b>SOMATOSTATIC AGENTS</b>		
Mycapssa Capsule		(PA)(QL)
Signifor Injectable		(PA)(QL)
Somatuline Injectable		(PA)
<b>SPERMICIDES</b>		
Vcf Vaginal Mis	PREFERRED	(QL)
<b>STEM CELL MOBILIZERS</b>		
Mozobil Injectable		(PA)

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Drug Name	Drug Tier	Requirements & Limits
Plerixafor Injectable	PREFERRED	
<b>STEROIDS</b>		
Budesonide Capsule	PREFERRED	(QL)
<b>Cortef Tablet</b>		(PA)
Dexamethason	PREFERRED	
<b>Hemady Tablet</b>		(PA)(QL)
<b>Medrol Tablet</b>		(PA)
Methylpred Tablet	PREFERRED	
Pred Sod Pho Solution	PREFERRED	
Prednisone	PREFERRED	
<b>Solu-Cortef Injectable</b>	PREFERRED	
<b>STIMULANT LAXATIVES</b>		
Ft Senna Lax Tablet	PREFERRED	(QL)
Gnp Senna Lx Tablet	PREFERRED	(QL)
Hm Senna Tablet	PREFERRED	(QL)
Senna Tablet	PREFERRED	(QL)
Senna Lax Tablet	PREFERRED	(QL)
Senna-Lax Tablet	PREFERRED	(QL)
Senna-Time Tablet	PREFERRED	(QL)
<b>Senokot Tablet</b>		(PA)(QL)
Sm Senna Lax Tablet	PREFERRED	(QL)
<b>STIMULANTS - ADHD/WAKEFULNESS</b>		
Modafinil Tablet	PREFERRED	(QL)
<b>Nuvigil Tablet</b>		(PA)(QL)
<b>Provigil Tablet</b>		(PA)(QL)
<b>Sunosi Tablet</b>		(PA)(QL)
<b>SURFACTANT LAXATIVES</b>		
<b>Colace Capsule</b>		(PA)(QL)
<b>Colace Clear Capsule</b>		(PA)(QL)
Docusate Sod Capsule	PREFERRED	(QL)
Stool Soften Capsule	PREFERRED	(QL)
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
Ft Nsl Decon Tablet	PREFERRED	(QL)
Gnp Deconge Tablet	PREFERRED	(QL)
Nasal Decong Tablet	PREFERRED	(QL)
Pseudoephedr Tablet	PREFERRED	(QL)
Sinus Cngst Tablet	PREFERRED	(QL)
Sudogest Tablet	PREFERRED	(QL)
Sudogest Max Tablet	PREFERRED	(QL)
<b>THROAT PRODUCTS - MISC.</b>		
<b>Aquoral Spr</b>	PREFERRED	(QL)
<b>THROMBOLYTIC ENZYMES</b>		
<b>Retavase Injectable</b>	PREFERRED	
<b>THYROID</b>		
<b>Adthyza Tablet</b>		(PA)

Drug Name	Drug Tier	Requirements & Limits
<b>Armour Thyro Tablet</b>	PREFERRED	
<b>Cytomel Tablet</b>		(PA)
Euthyrox Tablet	PREFERRED	
Levothyroxin	PREFERRED	
Levoxyl Tablet	PREFERRED	
Liothyronine Tablet	PREFERRED	
<b>Niva Thyroid Tablet</b>	PREFERRED	
<b>Np Thyroid Tablet</b>	PREFERRED	
<b>Synthroid Tablet</b>		(PA)(QL)
Thyroid Tablet	PREFERRED	
<b>Tirosint Capsule</b>	PREFERRED	
<b>UNCATEGORIZED</b>		
<b>Evrysdi Solution</b>		(PA)(QL)
<b>Imlygic Injectable</b>		(PA)
<b>Inpefa Tablet</b>		(PA)(QL)
<b>Kerendia Tablet</b>		(PA)(QL)
<b>Nucala Injectable</b>		(PA)(QL)
<b>Nuzyra Tablet</b>		(PA)(QL)
<b>Oxlumo Injectable</b>		(PA)
<b>Qulipta Tablet</b>		(PA)(QL)(AGE)
<b>Spinraza Injectable</b>		(PA)
<b>Tepezza Injectable</b>		(PA)(QL)
<b>Tezspire</b>		(PA)(QL)(AGE)
<b>Tyrvaya Solution</b>		(ST)(QL)
<b>Uptravi</b>		(PA)(QL)
<b>Verquvo Tablet</b>		(PA)(QL)
<b>Vyndamax Capsule</b>		(PA)(QL)
<b>Wakix Tablet</b>		(PA)(QL)
<b>Welireg Tablet</b>		(PA)(QL)(AGE)
<b>Xerava Injectable</b>		(PA)
<b>URINARY ANALGESICS</b>		
Phenazopyridine	PREFERRED	
<b>Pyridium</b>		(PA)
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
<b>Gemtesa Tablet</b>		(ST)(QL)
<b>Myrbetriq</b>		(ST)(QL)(AGE)
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
Bethanechol Tablet	PREFERRED	
<b>URINARY INCONTINENCE</b>		
<b>Bentyl Injectable</b>		(PA)
<b>Cuvposa Solution</b>		(PA)
Darifenacin Tablet	PREFERRED	(QL)
<b>Detrol Tablet</b>		(PA)(QL)
<b>Detrol La Capsule</b>		(PA)(QL)

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Drug Name	Drug Tier	Requirements & Limits
Dicyclomine	PREFERRED	
<b>Fesoterodine Tablet</b>		(ST)(QL)
<b>Glycate Tablet</b>		(PA)
Glycopyrrol	PREFERRED	
Glycopyrrrola Solution	PREFERRED	
<b>Glyrx-Pf Solution</b>	PREFERRED	
Hyoscyamine	PREFERRED	
<b>Levsin Tablet</b>		(PA)
<b>Levsin/SI Sub</b>		(PA)
Methscopolam Tablet	PREFERRED	
Oscimin	PREFERRED	
Oxybutynin	PREFERRED	(QL)
<b>Robinul Tablet</b>		(PA)(QL)
<b>Robinul Fort Tablet</b>		(PA)(QL)
Solifenacin Tablet	PREFERRED	(QL)
<b>Tolterodine</b>		(ST)(QL)
<b>Toviaz Tablet</b>		(PA)(QL)
Tropium Cl Tablet	PREFERRED	(QL)
<b>Vesicare Tablet</b>		(PA)(QL)
<b>URINARY STONE AGENTS</b>		
<b>Lithostat Tablet</b>	PREFERRED	
<b>VACCINES</b>		
<b>Abrysvo Injectable</b>	PREFERRED	(QL)(AGE)
<b>Bexsero Injectable</b>	PREFERRED	(AGE)
<b>Comirnaty Injectable</b>	PREFERRED	(QL)(AGE)
<b>Gardasil 9 Injectable</b>	PREFERRED	(AGE)
<b>Hepilisav-B Injectable</b>	PREFERRED	(AGE)
<b>M-M-R II Injectable</b>	PREFERRED	(AGE)
<b>Menveo Solution</b>	PREFERRED	(AGE)
<b>Prehevbrio Suspension</b>	PREFERRED	(AGE)
<b>Shingrix Injectable</b>	PREFERRED	(QL)(AGE)
<b>Spikevax Injectable</b>	PREFERRED	(QL)(AGE)
<b>Tenivac Injectable</b>	PREFERRED	(AGE)
<b>Vaxelis Injectable</b>	PREFERRED	(QL)(AGE)
<b>VAGINAL ANTI-INFECTIVES</b>		
<b>Clindesse Cream</b>	PREFERRED	
<b>Nuversa Gel</b>	PREFERRED	(QL)
Terconazole Cream	PREFERRED	
<b>Vandazole Gel</b>	PREFERRED	
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
<b>Jynarque Tablet</b>		(PA)
<b>Samsca Tablet</b>		(PA)
<b>Tolvaptan Tablet</b>		(PA)
<b>VITAMINS/ELECTROLYTES</b>		
Adc/Fluoride Dro	PREFERRED	(AGE)

Drug Name	Drug Tier	Requirements & Limits
Cvs Iron Tablet	PREFERRED	(QL)
Dodex Injectable	PREFERRED	
Fe Gluconate Tablet	PREFERRED	(QL)
Fe Sulfate Tablet	PREFERRED	(QL)
Fe Tablets Tablet	PREFERRED	(QL)
Fe-Vite Iron Solution	PREFERRED	(QL)
<b>Fer-In-Sol Dro</b>		(PA)(QL)
Ferate Tablet	PREFERRED	(QL)
Fergon Tablet	PREFERRED	(QL)
Ferosul Tablet	PREFERRED	(QL)
Ferrotabs Tablet	PREFERRED	(QL)
Ferrous Gluc Tablet	PREFERRED	(QL)
Ferrous Sul Solution	PREFERRED	(QL)
Ferrous Sulf	PREFERRED	(QL)
Ferrousul Tablet	PREFERRED	(QL)
Folic Acid Tablet	PREFERRED	
Hgh-Pot Iron Tablet	PREFERRED	(QL)
High Potency Tablet	PREFERRED	(QL)
Hydroxocobal Injectable	PREFERRED	
Iron Tablet	PREFERRED	(QL)
Iron Drops Dro	PREFERRED	(QL)
Iron Hp Tablet	PREFERRED	(QL)
Iron Inf-Tod Dro	PREFERRED	(QL)
Iron Inf/Tod Dro	PREFERRED	(QL)
Iron Supplem Tablet	PREFERRED	(QL)
Iron Supplmt Dro	PREFERRED	(QL)
Iron Suppmnt Solution	PREFERRED	(QL)
K Citrate Solution	PREFERRED	
<b>Multi-Vit-FI Chw</b>	PREFERRED	(AGE)
Multi-Vit/FI	PREFERRED	(AGE)
Nat-Rul Iron Tablet	PREFERRED	(QL)
Pedia Iron Dro	PREFERRED	(QL)
Pediatric Dro	PREFERRED	(QL)
Pot Citra Er Tablet	PREFERRED	
<b>Pur-Absorb Solution</b>	PREFERRED	(QL)
Px Iron Tablet	PREFERRED	(QL)
<b>Quflora Chw</b>	PREFERRED	(AGE)
Ra Iron Tablet	PREFERRED	(QL)
Sm Iron Tablet	PREFERRED	(QL)
Sv Iron Tablet	PREFERRED	(QL)
Tri-Vit/Fluo Dro	PREFERRED	(AGE)
<b>Urocit-K 10 Tablet</b>		(PA)
<b>Urocit-K 15 Tablet</b>		(PA)
<b>Urocit-K 5 Tablet</b>		(PA)
Vit A/C/D/FI Dro	PREFERRED	(AGE)

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Drug Name	Drug Tier	Requirements & Limits
Vitamin D	PREFERRED	

Drug Name	Drug Tier	Requirements & Limits
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