

Effective as of: 6/1/2024

Drug Name	Drug Tier	Requirements & Limits
ACNE		
Clindamy/Ben Gel	PREFERRED	
Neuac Gel	PREFERRED	
Retin-A Cream		(PA)(AGE)
Rhofade Cream		(PA)(QL)
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
Aralast Np Injectable		(PA)(QL)
ALS AGENTS		
Radicava Injectable		(PA)
ANAPHYLAXIS THERAPY AGENTS		
Epinephrine Injectable	PREFERRED	(PA)
Epipen		(PA)(QL)
ANTI-CATAPLECTIC AGENTS		
Sod Oxybate Solution		(PA)(QL)
Xyrem Solution		(PA)(QL)
Xywav Solution		(PA)(QL)
ANTIBIOTICS		
Amox/K Clav	PREFERRED	
Amoxicillin	PREFERRED	
Augmentin Suspension	PREFERRED	(PA)
Azithromycin	PREFERRED	(QL)
Bethkis Neb		(PA)(QL)
Cefdinir	PREFERRED	
Cefuroxime Tablet	PREFERRED	
Cipro Tablet		(PA)
Ciprofloxacin	PREFERRED	
Cleocin Capsule		(PA)
Clindamycin	PREFERRED	
Doxycycl Hyc	PREFERRED	(PA)(QL)
Doxycycline Tablet	PREFERRED	(PA)(QL)
Levofloxacin Tablet	PREFERRED	
Macrobid Capsule		(PA)
Metronidazol Tablet	PREFERRED	
Nitrofurantn Capsule	PREFERRED	
Penicillin Vk Tablet	PREFERRED	
Smz-Tmp Ds	PREFERRED	
Tobi Neb		(PA)(QL)
Vibramycin Capsule		(PA)
Zithromax		(PA)(QL)
ANTIFUNGALS		
Clotrim/Beta Cream	PREFERRED	
Fluconazole	PREFERRED	(QL)
Ketoconazole	PREFERRED	
Nystatin	PREFERRED	
Terbinafine Tablet	PREFERRED	(QL)

Drug Name	Drug Tier	Requirements & Limits
ANTIMALARIALS		
Hydroxychlor	PREFERRED	
ANTITHYROID AGENTS		
Methimazole Tablet	PREFERRED	
ANTIVIRALS		
Acyclovir Tablet	PREFERRED	
Biktarvy Tablet	PREFERRED	(QL)
Descovy Tablet		(PA)(QL)
Emtr/Ten Df Tablet	PREFERRED	(QL)
Emtr/Tenofov Tablet	PREFERRED	(QL)
Paxlovid Tablet	PREFERRED	(QL)
Sitavig Tablet		(PA)(QL)
Symfi Tablet		(PA)(QL)
Symfi Lo Tablet		(PA)(QL)
Truvada Tablet		(PA)(QL)
Valacyclovir Tablet	PREFERRED	(QL)
Valtrex Tablet		(PA)(QL)
ANXIETY & SLEEP		
Ambien Tablet		(PA)(QL)
Ambien Cr Tablet		(PA)(QL)
Belsomra Tablet		(PA)(QL)
Eszopiclone Tablet	PREFERRED	(QL)
Halcion Tablet		(PA)(QL)
Hydroxyzine	PREFERRED	
Lunesta Tablet		(PA)(QL)
Restoril 7.5Mg And 22.5Mg		(PA)(QL)
Triazolam Tablet	PREFERRED	(QL)
Zolpidem Tablet	PREFERRED	(QL)
Zolpidem Er Tablet	PREFERRED	(QL)
ASTHMA AND COPD*		
Advair		(PA)(QL)
Airduo Dghlr Inhalation		(PA)(QL)(AGE)
Albuterol	PREFERRED	(QL)
Alvesco Inhalation	PREFERRED	(QL)
Anoro Ellipt Inhalation	PREFERRED	(QL)
Armonair Dig Inhalation		(PA)(QL)(AGE)
Arnuity Elpt Inhalation	PREFERRED	(QL)
Asmanex	PREFERRED	(QL)
Atrovent Hfa Inhalation	PREFERRED	
Bevespi Inhalation	PREFERRED	(QL)
Breo Ellipta Inhalation		(PA)(QL)
Breyna Inhalation	PREFERRED	(QL)
Breztri Inhalationo Inhalation		(PA)(QL)
Budes/Formot Inhalation	PREFERRED	(QL)
Combivent Inhalation	PREFERRED	(QL)

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Daliresp Tablet		(PA)(QL)
Dulera Inhalation		(PA)(QL)
Flovent		(PA)(QL)
Incruse Elpt Inhalation	PREFERRED	(QL)
Ipratropium	PREFERRED	
Montelukast	PREFERRED	(QL)
Proair Digih Inhalation		(PA)(QL)
Proair Respi Inhalation		(PA)(QL)
Proventil Inhalation		(PA)(QL)
Pulmicort Suspension		(PA)(QL)
Qvar Rediha Inhalation	PREFERRED	(QL)
Qvar Redihal Inhalation	PREFERRED	(QL)
Serevent Dis Inhalation		(ST)(QL)(AGE)
Singulair		(PA)(QL)
Spiriva Handihaler	PREFERRED	(QL)
Spiriva Respimat		(PA)(QL)
Stiolto Inhalation	PREFERRED	(QL)
Striverdi Inhalation	PREFERRED	(QL)
Symbicort Inhalation		(PA)(QL)
Terbutaline	PREFERRED	(QL)
Trelegy Inhalation		(PA)(QL)
Tudorza Pres Inhalation		(ST)(QL)
Ventolin Hfa Inhalation		(ST)(QL)
Xopenex Hfa Inhalation		(ST)(QL)
BLOOD THINNERS		
Brilinta Tablet		(ST)(QL)
Clopidogrel Tablet	PREFERRED	(QL)
Effient Tablet		(PA)(QL)
Eliquis Tablet	PREFERRED	(QL)
Enoxaparin Injectable	PREFERRED	
Lovenox Injectable		(PA)
Plavix Tablet		(PA)(QL)
Pradaxa		(PA)(QL)
Savaysa Tablet	PREFERRED	(QL)
Warfarin	PREFERRED	
Xarelto	PREFERRED	(QL)(AGE)
BRADYKININ B2 RECEPTOR ANTAGONISTS		
Firazyr Injectable		(PA)(QL)
CARDIOVASCULAR*		
Aldactone Tablet		(PA)
Amiodarone Tablet	PREFERRED	
Amlod/Benazp Capsule	PREFERRED	
Amlodipine Tablet	PREFERRED	
Atenolol Tablet	PREFERRED	(QL)
Avapro Tablet		(PA)(QL)

Drug Name	Drug Tier	Requirements & Limits
Benazepril Tablet	PREFERRED	
Benicar Tablet		(PA)(QL)
Benicar Hct Tablet		(PA)(QL)
Bystolic Tablet		(PA)(QL)
Cardizem Cd Capsule		(PA)
Cardura Tablet		(PA)(QL)
Carvedilol Tablet	PREFERRED	
Chlorthalid Tablet	PREFERRED	
Clonidine	PREFERRED	
Coreg Tablet		(PA)
Corlanor	PREFERRED	(ST)(QL)
Cozaar Tablet		(PA)(QL)
Diltiazem Capsule	PREFERRED	
Diovan Tablet		(PA)(QL)
Diovan Hct Tablet		(PA)(QL)
Doxazosin Tablet	PREFERRED	(QL)
Edarbi Tablet		(PA)(QL)
Edarbyclor Tablet		(PA)(QL)
Entresto Tablet	PREFERRED	(QL)
Epaned Solution		(PA)(QL)(AGE)
Flecainide Tablet	PREFERRED	
Furosemide Tablet	PREFERRED	
Guanfacine Tablet	PREFERRED	
Hydralazine Tablet	PREFERRED	
Hydrochlorothiazide	PREFERRED	
Hyzaar Tablet		(PA)(QL)
Inderal La Capsule		(PA)(QL)
Irbesartan Tablet	PREFERRED	(QL)
Isosorb Mono Tablet	PREFERRED	
Labetalol Tablet	PREFERRED	
Lasix Tablet		(PA)
Lisinop/Hctz Tablet	PREFERRED	
Lisinopril Tablet	PREFERRED	
Losartan Pot Tablet	PREFERRED	(QL)
Losartan/Hct Tablet	PREFERRED	(QL)
Lotensin Tablet		(PA)
Lotrel Capsule		(PA)
Maxzide		(PA)
Metoprol Suc Tablet	PREFERRED	
Metoprolol	PREFERRED	(PA)(QL)
Micardis Tablet		(PA)(QL)
Midodrine Tablet	PREFERRED	
Minipress Capsule		(PA)
Minoxidil Tablet	PREFERRED	
Multaq Tablet	PREFERRED	

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Drug Name	Drug Tier	Requirements & Limits
Nebivolol Tablet	PREFERRED	(QL)
Nifedipine Tablet	PREFERRED	
Norvasc Tablet		(PA)
Olm Med/Hctz Tablet	PREFERRED	(QL)
Olmesa Medox Tablet	PREFERRED	(QL)
Pacerone Tablet	PREFERRED	
Prazosin Hcl Capsule	PREFERRED	
Procardia XI Tablet		(PA)
Propranolol	PREFERRED	
Qbrelis Solution	PREFERRED	(QL)(AGE)
Spirolact Tablet	PREFERRED	
Telmisartan Tablet	PREFERRED	(QL)
Tenormin Tablet		(PA)(QL)
Thalitone Tablet		(PA)(QL)
Toprol XI Tablet		(PA)
Torseamide Tablet	PREFERRED	
Valsart/Hctz Tablet	PREFERRED	(QL)
Valsartan Tablet	PREFERRED	(QL)
Zestoretic Tablet		(PA)
Zestril Tablet		(PA)
CHOLESTEROL*		
Atorvastatin Tablet	PREFERRED	(QL)
Colestid Tablet		(PA)
Colestipol Tablet	PREFERRED	(QL)
Crestor Tablet		(PA)(QL)
Ezetimibe Tablet	PREFERRED	(QL)
Fenofibrate	PREFERRED	(ST)(QL)
Lipitor Tablet		(PA)(QL)
Livalo Tablet		(PA)(QL)
Lovastatin Tablet	PREFERRED	(QL)
Lovaza Capsule		(PA)(QL)
Omega-3-Acid Capsule		(PA)(QL)
Praluent Injectable		(PA)(QL)
Pravastatin	PREFERRED	(QL)
Repatha Injectable		(PA)(QL)
Repatha Push Injectable		(PA)(QL)
Repatha Sure Injectable		(PA)(QL)
Rosuvastatin Tablet	PREFERRED	(QL)
Simvastatin Tablet	PREFERRED	(QL)
Vascepa Capsule		(PA)(QL)
Vytorin Tablet		(PA)(QL)
Zetia Tablet		(PA)(QL)
Zocor Tablet		(PA)(QL)
COMPLEMENT INHIBITORS		
Soliris Injectable		(PA)

Drug Name	Drug Tier	Requirements & Limits
Ultomiris Injectable		(PA)
CONTRACEPTION (BIRTH CONTROL)		
Brand Contraceptives		(PA)(ST)(QL)
Generic Contraceptives	PREFERRED	(PA)(QL)
Nuvaring		(PA)(QL)
Phexxi Gel		(ST)(QL)
COUGH/COLD/ALLERGY PRODUCTS		
All Day Allg Tablet	PREFERRED	(QL)
Allergy Reli Tablet	PREFERRED	(QL)
Benzonatate	PREFERRED	
Cetirizine Tablet	PREFERRED	(QL)
Codeine/Gg Solution	PREFERRED	(QL)
Cyproheptad Tablet	PREFERRED	(QL)
Ft Allergy Tablet	PREFERRED	(QL)
Gnp All Day Tablet	PREFERRED	(QL)
Promethazine	PREFERRED	
Sm All Day Tablet	PREFERRED	(QL)
CYSTIC FIBROSIS AGENTS		
Kitabis Packet Neb		(PA)(QL)
Tobi Podhalr Capsule		(PA)(QL)
DENTAL PRODUCTS		
Chlorhex Glu Solution	PREFERRED	
DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS		
Finacea Foam		(PA)
Finacea Gel		(PA)
Mupirocin Oin	PREFERRED	
DERMATOLOGICALS (SKIN) STEROIDS		
Clobetasol	PREFERRED	
Enstilar Inhalation		(PA)
Hm Hydrocort Cream	PREFERRED	(QL)
Hydrocort	PREFERRED	(QL)
Hydrocort/ Cream	PREFERRED	(QL)
Taclonex		(PA)
Triamcinolon	PREFERRED	(ST)
DIABETES - INSULIN*		
Admelog Injectable		PREFERRED
Admelog Solo Injectable		PREFERRED
Basaglar Injectable		PREFERRED (PA)
Glargin Yfgn Injectable	PREFERRED	
Humalog Injectable		(PA)
Humalog Jr Injectable		(PA)
Humalog Kwik Injectable		(PA)
Humalog Mix	PREFERRED	
Humalog Tmpo Injectable		(PA)
Humulin Injectable	PREFERRED	

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Humulin N Injectable	PREFERRED	
Humulin R U-500	PREFERRED	(PA)
Ins Asp Prot Injectable	PREFERRED	
Insulin Aspa Injectable	PREFERRED	(PA)
Insulin Glar	PREFERRED	(PA)
Insulin Lisp Injectable		(PA)
Lantus Injectable		
Lantus Solos Injectable	PREFERRED	
Levemir Injectable		(PA)
Novolin Injectable	PREFERRED	
Novolin N Injectable	PREFERRED	(PA)
Novolin70/30 Injectable	PREFERRED	
Novolog Injectable	PREFERRED	(PA)
Novolog Mix Injectable	PREFERRED	(PA)
Semglee		(PA)
Toujeo Max Injectable		(PA)
Toujeo Solo Injectable		(PA)
Tresiba Flex Injectable		(PA)(QL)
DIABETES - NON-INSULIN*		
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)
Dapagliflozi Tablet	PREFERRED	(QL)
Farxiga Tablet		(PA)(QL)
Glimepiride Tablet	PREFERRED	
Glipizide	PREFERRED	
Glucagen Injectable	PREFERRED	
Glucagon Kit	PREFERRED	
Glucagon Emr Solution	PREFERRED	
Glumetza Tablet		(PA)
Glyxambi Tablet		(ST)(QL)
Gvoke Hypo 1 Injectable	PREFERRED	
Gvoke Hypo 2 Injectable	PREFERRED	
Gvoke Pfs Injectable	PREFERRED	
Invokamet Tablet		(ST)(QL)
Invokamet Xr Tablet		(ST)(QL)
Invokana Tablet		(ST)(QL)
Janumet/Janumet Xr		(ST)(QL)
Januvia Tablet		(ST)(QL)
Jardiance Tablet		(PA)(QL)
Jentaduetto Tablet		(ST)(QL)
Metformin Tablet	PREFERRED	(PA)(QL)

Drug Name	Drug Tier	Requirements & Limits
Mounjaro Injectable		(PA)(QL)(AGE)
Onglyza Tablet		(PA)(QL)
Oseni Tablet		(PA)(QL)
Ozempic Injectable		(PA)(QL)(AGE)
Pioglitazone Tablet	PREFERRED	(QL)
Segluromet Tablet	PREFERRED	(QL)
Soliqua Injectable		(ST)(QL)(AGE)
Steglatro Tablet	PREFERRED	(QL)
Symlin		(ST)(QL)
Synjardy Tablet		(ST)(QL)
Synjardy Xr Tablet		(ST)(QL)
Tradjenta Tablet		(ST)(QL)
Trijardy Xr Tablet		(ST)(QL)
Trulicity Injectable		(PA)(QL)(AGE)
Victoza Injectable		(PA)(QL)(AGE)
Xigduo Xr Tablet		(PA)(QL)
Zegalogue Injectable	PREFERRED	
DIABETES - TESTING AND SUPPLIES		
Accu-Chek Kit		(PA)
Admix Needle Mis	PREFERRED	(QL)
Bd Eclipse Mis	PREFERRED	
Bd Hypo Need Mis	PREFERRED	(QL)
Bd Needles Mis	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)
Fill Needle Mis	PREFERRED	(QL)
Filter Needl Mis	PREFERRED	(QL)
Freesty Libr Kit		(ST)(QL)(AGE)
Freestyle		(ST)(QL)(AGE)
G4 Sensor Mis		(PA)(QL)(AGE)
Guardian Mis		(PA)(QL)(AGE)
Guardian 4 Mis		(PA)(QL)(AGE)
Guardian Con Mis		(PA)(QL)(AGE)
Hypo Needle Mis	PREFERRED	(QL)
Insulin Syringes	PREFERRED	(QL)
Lancets	PREFERRED	(QL)
Minilink Rt Mis		(PA)(QL)(AGE)
Minimed 630G Mis		(PA)(QL)(AGE)
Needles Mis	PREFERRED	(QL)
Paradigm Rea Mis		(PA)(QL)(AGE)
Pen Needles	PREFERRED	(QL)

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Poly Hub Mis	PREFERRED	(QL)
Precision Tes	PREFERRED	(QL)
Precisn Xtra Tes		(PA)(QL)
Safty Needle Mis	PREFERRED	
Vent Needle Mis	PREFERRED	(QL)
ECZEMA AGENTS - TOPICAL		
Eucrisa Oin		(ST)(QL)
FLUORIDE		
Fluoride	PREFERRED	
GASTROINTESTINAL (DIGESTIVE) MISC.		
GASTROINTESTINAL		
Amitiza Capsule		(PA)(QL)(AGE)
Diphen/Atrop Tablet	PREFERRED	
Linzezz Capsule		(ST)(QL)
Lomotil Tablet		(PA)
Metoclopram Tablet	PREFERRED	
Motegrity Tablet		(ST)(QL)
Movantik Tablet		(ST)(QL)
Reglan Tablet		(PA)
Relistor		(PA)(QL)
Symproic Tablet		(ST)(QL)
Trulance Tablet		(ST)(QL)
GASTROINTESTINAL (DIGESTIVE) NAUSEA &		
Akynzeo	PREFERRED	(PA)(QL)
Antivert Tablet	PREFERRED	(QL)
Emend		(PA)(QL)
Meclizine Tablet	PREFERRED	
Ondansetron	PREFERRED	(QL)
Scopolamine Dis	PREFERRED	
Sustol Injectable		(PA)(QL)
Transderm-Sc Dis		(PA)
GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT		
Carafate Tablet		(PA)
Famotidine	PREFERRED	
Pepcid Tablet		(PA)
Sucralfate Tablet	PREFERRED	
GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT		
Dexilant Capsule		(PA)(QL)
Esomeprazole	PREFERRED	(QL)
Gnp Lansopra Capsule	PREFERRED	(QL)
Heartburn Tr Capsule	PREFERRED	
Lansoprazole Capsule	PREFERRED	(QL)
Omeprazole Capsule	PREFERRED	(QL)
Pantoprazole Tablet	PREFERRED	(QL)

Drug Name	Drug Tier	Requirements & Limits
Prevacid Capsule		(PA)(QL)
Prevacid 24H Capsule		(PA)
Protonix Tablet		(PA)(QL)
GOUT		
Allopurinol Tablet	PREFERRED	(PA)
Colchicine Tablet	PREFERRED	(QL)
Colcrys Tablet		(PA)(QL)
Uloric Tablet		(PA)(QL)
GROWTH HORMONES		
Genotropin Injectable		(PA)(QL)
Omnitrope Injectable		(PA)(QL)
HEPATITIS THERAPIES		
Epclusa		(PA)(QL)(AGE)
Harvoni		(PA)(QL)
Ledip-Sofosb Tablet		(PA)(QL)
Mavyret		(PA)(QL)(AGE)
Sofos/Velpat Tablet		(PA)(QL)
Vosevi Tablet		(PA)(QL)
Zepatier Tablet		(PA)(QL)
HORMONE REPLACEMENT THERAPY FEMALE		
Aygestin Tablet		(PA)(QL)
Climara Dis		(PA)(QL)(AGE)
Divigel Gel		(PA)(QL)(AGE)
Dotti Dis	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)
Femring Mis		(PA)(QL)(AGE)
Lyllana Dis	PREFERRED	(QL)(AGE)
Medroxyprogesterone	PREFERRED	(QL)
Menostar Dis	PREFERRED	(QL)(AGE)
Minivelle Dis		(PA)(QL)(AGE)
Norethin Ace Tablet	PREFERRED	
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)
HORMONE REPLACEMENT THERAPY MALE		
Depo-Testost Injectable		(PA)(AGE)
Testost Cyp Injectable		(PA)(AGE)
Testosterone		(PA)(QL)(AGE)
IMMUNOLOGICAL AGENTS - IMMUNE SYSTEM		
STIMULATION OR SUPPRESSION		
Actemra Injectable		(PA)(QL)

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Adbry Injectable		(PA)(QL)(AGE)
Amjevita Injectable		(PA)(QL)
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)
Rinvoq Tablet		(PA)(QL)
Siliq Injectable		(PA)(QL)
Simponi		(PA)
Skyrizi		(PA)(QL)
Skyrizi Pen Injectable		(PA)(QL)
Stelara Injectable		(PA)(QL)
Taltz Injectable		(PA)(QL)
Xeljanz		(PA)(QL)
Xeljanz Xr Tablet		(PA)(QL)
Xolair		(PA)(QL)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
Elidel Cream		(PA)(QL)
Tacrolimus Oin	PREFERRED	(QL)
INFLAMMATORY BOWEL AGENTS		
Apriso Capsule		(PA)(QL)
Canasa Sup		(PA)
Delzicol Capsule		(PA)(QL)
Lialda Tablet		(PA)(QL)
Pentasa Capsule		(PA)(ST)(QL)
Renflexis Injectable		(PA)
INFLUENZA AGENTS		
Oseltamivir	PREFERRED	(QL)
Tamiflu		(PA)(QL)
INTESTINAL ACIDIFIERS		
Lactulose Solution	PREFERRED	
LAXATIVE COMBINATIONS		
Gavilyte	PREFERRED	
Moviprep Solution		(PA)

Drug Name	Drug Tier	Requirements & Limits
Peg 3350	PREFERRED	
Sodium/Potas Solution	PREFERRED	
Suprep Bowel Solution		(PA)
LAXATIVES		
Polyeth Glyc Powder	PREFERRED	(QL)
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
Supprelin La Kit		(PA)(AGE)
LOCAL ANESTHETICS - TOPICAL		
Lidocaine Solution	PREFERRED	
MENTAL HEALTH		
Aricept Tablet		(PA)
Donepezil Tablet	PREFERRED	(PA)
Memant Titra Packet	PREFERRED	(QL)
Memantine Tablet	PREFERRED	(QL)
Namenda Tablet		(PA)
Namenda Xr Capsule		(PA)(QL)
Savella		(PA)(QL)
METABOLIC MODIFIERS		
Calcitriol Capsule	PREFERRED	
Kuvan		(PA)(QL)
Nityr Tablet		(PA)(QL)
Orfadin		(PA)(QL)
Pheburane Mis		(PA)(QL)
Rocaltrol Capsule		(PA)
Strensiq Injectable		(PA)(QL)
MIGRAINE		
Aimovig Injectable		(PA)(QL)
Ajovy Injectable		(PA)(QL)
Cinvanti Injectable	PREFERRED	(QL)
Emgality Injectable		(PA)(QL)
Imitrex Tablet		(PA)(QL)
Maxalt Tablet		(PA)(QL)
Maxalt-Mlt Tablet		(PA)(QL)
Nurtec Tablet		(PA)(QL)
Reyvow Tablet		(PA)(QL)
Rizatriptan Tablet	PREFERRED	
Sumatriptan Tablet	PREFERRED	
Ubrelvy Tablet		(PA)(QL)
Zomig		(PA)(QL)
MOVEMENT DISORDER		
Austedo Tablet		(PA)(QL)
MULTIPLE SCLEROSIS AGENTS		
Ampyra Tablet		(PA)(QL)
Aubagio Tablet		(PA)(QL)

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Drug Name	Drug Tier	Requirements & Limits
Avonex		(PA)(QL)
Betaseron Injectable		(PA)(QL)
Copaxone Injectable		(PA)(QL)
Extavia Injectable		(PA)(QL)
Gilenya Capsule		(PA)(QL)
Glatiramer Injectable	PREFERRED	(QL)
Glatopa Injectable	PREFERRED	(QL)
Lemtrada Injectable		(PA)
Ocrevus Injectable		(PA)
Plegridy		(PA)(QL)
Rebif		(PA)(QL)
Tecfidera Capsule		(PA)(QL)
Vumerity Capsule		(PA)(QL)
Zeposia Capsule		(PA)(QL)
Zeposia 7Day Capsule		(PA)(QL)
MUSCLE RELAXANTS		
Baclofen Tablet	PREFERRED	(QL)
Carisoprodol Tablet	PREFERRED	(PA)(QL)
Cyclobenzaprine	PREFERRED	
Methocarbam Tablet	PREFERRED	
Soma Tablet		(PA)(QL)
Tizanidine Tablet	PREFERRED	
Zanaflex Tablet		(PA)
NASAL ALLERGY		
Azelastrine Spr	PREFERRED	(ST)(QL)
Dymista Spr		(PA)(QL)
Fluticasone Spr	PREFERRED	(QL)
Xhance Mis		(PA)(QL)
ONCOLOGY/HEMATOLOGY		
Anastrozole Tablet	PREFERRED	(QL)
Aranesp Injectable	PREFERRED	
Arimidex Tablet		(PA)(QL)
Bosulif		(PA)(QL)
Femara Tablet		(PA)(QL)
Fulphila Injectable	PREFERRED	
Granix Injectable	PREFERRED	
Herceptin Injectable		(PA)
Iclusig Tablet		(PA)(QL)
Imatinib	PREFERRED	(QL)
Letrozole Tablet	PREFERRED	(QL)
Methotrexate Tablet	PREFERRED	
Mvasi Injectable	PREFERRED	
Nerlynx Tablet		(PA)(QL)
Neulasta		(PA)
Neupogen Injectable		(PA)

Drug Name	Drug Tier	Requirements & Limits
Nivestym Injectable	PREFERRED	
Ogivri Injectable	PREFERRED	
Otrexup Injectable		(ST)(QL)
Perjeta Injectable		(PA)
Rasuvo Injectable		(ST)(QL)
Retacrit Injectable	PREFERRED	
Rituxan Injectable		(PA)(QL)
Ruxience Injectable	PREFERRED	
Sprycel Tablet		(PA)(QL)
Tamoxifen Tablet	PREFERRED	(QL)
Tasigna Capsule		(PA)(QL)
Trazimera Injectable	PREFERRED	
Truxima Injectable	PREFERRED	
Tykerb Tablet		(PA)(QL)
Udenyca Injectable	PREFERRED	
Xtandi		(PA)(QL)
Zarxio Injectable		(PA)
Zirabev Injectable	PREFERRED	
Zytiga Tablet		(PA)(QL)
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
Byooviz Injectable		(PA)(QL)
Cimerli Injectable		(PA)
Eylea Injectable		(PA)
Vabysmo Injectable		(PA)
OPHTHALMIC STEROIDS		
Lotemax		(PA)(QL)
Lotemax Sm Gel	PREFERRED	(QL)
Maxitrol Suspension		(PA)
Neo/Poly/Dex Suspension	PREFERRED	
Pred Forte Suspension		(PA)
Pred Mild Suspension		(ST)
Prednisolone	PREFERRED	(PA)
OPHTHALMICS (EYE) ANTI-INFECTIVES		
Besivance Suspension		(ST)(QL)
Erythromycin Oin	PREFERRED	
Moxifloxacin Solution	PREFERRED	(QL)
Ocuflox Dro		(PA)
Ofloxacin Dro	PREFERRED	
Polymyxin B/ Solution	PREFERRED	
Tobramycin Solution	PREFERRED	
Vigamox Dro		(PA)(QL)
OPHTHALMICS (EYE) MISC. OPHTHALMICS		
Alphagan P 0.1%		(PA)(QL)
Combigan Solution		(PA)(QL)
Cosopt Solution		(PA)(QL)

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Drug Name	Drug Tier	Requirements & Limits
Cosopt Pf Solution		(PA)(QL)
Cyclosporine Emu	PREFERRED	(QL)
Dorzol/Timol Solution	PREFERRED	(QL)
Istalol Solution		(PA)
Restasis Emu		(PA)(QL)
Restasis Mul Emu		(PA)(QL)
Timolol Mal Solution	PREFERRED	
Timolol Male Solution		(ST)
Timoptic Solution		(PA)
Timoptic Ocu Solution		(PA)
Verkazia Emu		(PA)(QL)
Xiidra Dro		(ST)(QL)
OPHTHALMICS (EYE) PROSTGLANDINS		
Iyuzeh Dro		(ST)(QL)
Latanoprost Solution	PREFERRED	(QL)
Lumigan Solution		(ST)(QL)
Travatan Z Dro		(PA)(QL)
Xalatan Solution		(PA)(QL)
Zioptan Dro		(PA)(QL)
OPIOID PARTIAL AGONISTS		
Belbuca Mis		(ST)(QL)
Buprenorphin Dis		(ST)(QL)
OSTEOPOROSIS*		
Alendronate Tablet	PREFERRED	(QL)
Fosamax Tablet		(PA)(QL)
Tymlos Injectable		(PA)(QL)
OTIC PREPARATIONS (EAR)		
Ciprodex Suspension		(PA)
PAIN MEDICATIONS - NARCOTICS		
Apap/Codeine Tablet	PREFERRED	(QL)
Bac Tablet	PREFERRED	(QL)
But/Apap/Caf Tablet	PREFERRED	(QL)
Butrans Dis		(PA)(QL)
Dilaudid Tablet		(PA)(QL)
Endocet Tablet	PREFERRED	(QL)
Hydroco/Apap Tablet		(PA)(QL)
Hydromorphon Tablet	PREFERRED	(QL)
Hysingla Er Tablet		(PA)(QL)
Ms Contin Tablet		(PA)(QL)
Nalocet Tablet		(PA)(QL)
Nucynta Er Tablet		(PA)(QL)
Oxycodone Er		(PA)(QL)
Oxycod/Apap Tablet	PREFERRED	(QL)
Oxycodone Tablet	PREFERRED	(QL)
Oxymorphone Tablet	PREFERRED	(ST)(QL)

Drug Name	Drug Tier	Requirements & Limits
Percocet Tablet		(PA)(QL)
Prolate Tablet		(PA)(QL)
Roxicodone Tablet		(PA)(QL)
Tramadol	PREFERRED	(QL)
Xtampza Er Capsule		(PA)(QL)
PAIN MEDICATIONS NSAIDS		
Celebrex Capsule		(PA)(QL)
Celecoxib Capsule	PREFERRED	(QL)
Diclofenac 1%	PREFERRED	
Diclofenac 3%	PREFERRED	(QL)
Ft Ibuprofen Tablet	PREFERRED	(QL)
Ibuprofen Tablet	PREFERRED	(QL)
Indomethacin Capsule	PREFERRED	
Ketorolac Tablet	PREFERRED	(QL)
Meloxicam Tablet	PREFERRED	
Naproxen Tablet	PREFERRED	
PANCREATIC ENZYME		
Creon Capsule	PREFERRED	(QL)
Pertzye Capsule	PREFERRED	(QL)
Viokace Tablet	PREFERRED	(QL)
Zenpep Capsule	PREFERRED	(QL)
PARKINSON'S		
Carb/Levo Tablet	PREFERRED	(QL)
Dhivy Tablet		(PA)(QL)
Pramipexole Tablet	PREFERRED	(QL)
Ropinirole Tablet	PREFERRED	(QL)
Rytary Capsule		(ST)(QL)
Sinemet Tablet		(PA)(QL)
PHOSPHATE BINDING AGENTS		
Renvela		(PA)
POTASSIUM		
Potassium Chloride	PREFERRED	
POTASSIUM REMOVING RESINS		
Lokelma Packet		(PA)(QL)
PROSTATE		
Alfuzosin Tablet	PREFERRED	(QL)
Finasteride Tablet	PREFERRED	(QL)
Flomax Capsule		(PA)(QL)
Proscar Tablet		(PA)(QL)
Tamsulosin Capsule	PREFERRED	(QL)
PULMONARY ARTERIAL HYPERTENSION		
Adempas Tablet		(PA)(QL)
Letairis Tablet		(PA)(QL)
Opsumit Tablet		(PA)(QL)
Orenitram Tablet		(PA)(QL)

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Drug Name	Drug Tier	Requirements & Limits
Tracleer Tablet		(PA)(QL)
RESPIRATORY THERAPY SUPPLIES		
Aerosol Spacer	PREFERRED	(QL)
SOMATOSTATIC AGENTS		
Somatuline Injectable		(PA)
STEROIDS		
Cortef Tablet		(PA)
Dexamethason Tablet	PREFERRED	
Hemady Tablet		(PA)(QL)
Medrol Tablet		(PA)
Methylpred Tablet	PREFERRED	
Pred Sod Pho Solution	PREFERRED	
Prednisone Tablet	PREFERRED	
STIMULANTS - ADHD/WAKEFULNESS		
Modafinil Tablet	PREFERRED	(QL)
Nuvigil Tablet		(PA)(QL)
Provigil Tablet		(PA)(QL)
Sunosi Tablet		(PA)(QL)
THYROID		
Adthyza Tablet	PREFERRED	(PA)
Armour Thyro Tablet	PREFERRED	
Cytomel Tablet		(PA)
Euthyrox Tablet	PREFERRED	
Levothyroxin		(ST)(QL)
Levoxyl Tablet	PREFERRED	
Liothyronine Tablet	PREFERRED	
Niva Thyroid Tablet	PREFERRED	
Np Thyroid Tablet	PREFERRED	
Synthroid Tablet		(PA)
Thyroid Tablet	PREFERRED	
Tirosint Capsule		(PA)(QL)
UNCATEGORIZED		
Oxlumo Injectable		(PA)
Qulipta Tablet		(PA)(QL)(AGE)
Tezspire		(PA)(QL)(AGE)
Tyrvaya Solution		(ST)(QL)
URINARY ANALGESICS		
Phenazopyridine	PREFERRED	
Pyridium		(PA)
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
Myrbetriq		(ST)(QL)(AGE)
URINARY INCONTINENCE		
Dicyclomine	PREFERRED	
Glycate Tablet		(PA)

Drug Name	Drug Tier	Requirements & Limits
Glycopyrrol Tablet	PREFERRED	
Oxybutynin Tablet	PREFERRED	(QL)
Robinul Tablet		(PA)(QL)
Robinul Fort Tablet		(PA)(QL)
Solifenacin Tablet	PREFERRED	(QL)
Vesicare Tablet		(PA)(QL)
VACCINES		
Comirnaty Injectable	PREFERRED	(QL)(AGE)
Shingrix Injectable	PREFERRED	(QL)(AGE)
Spikevax Injectable	PREFERRED	(QL)(AGE)
VITAMINS/ELECTROLYTES		
Dodex Injectable	PREFERRED	
Folic Acid Tablet	PREFERRED	
Pot Citra Er Tablet	PREFERRED	
Urocit-K 10 Tablet		(PA)
Urocit-K 15 Tablet		(PA)
Urocit-K 5 Tablet		(PA)
Vitamin D	PREFERRED	

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