

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

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<b>ANTITHYROID AGENTS</b>		
Methimazole Tablet	PREFERRED	
<b>ANTIVIRALS</b>		
Acyclovir Tablet	PREFERRED	
<b>Biktarvy Tablet</b>	PREFERRED	(QL)
<b>Descovy Tablet</b>		(PA)(QL)
Emtr/Ten Df Tablet	PREFERRED	(QL)
Emtr/Tenofov Tablet	PREFERRED	(QL)
<b>Genvoya Tablet</b>	PREFERRED	(QL)
<b>Juluca Tablet</b>	PREFERRED	(QL)
<b>Odefsey Tablet</b>	PREFERRED	(QL)
<b>Paxlovid Tablet</b>	PREFERRED	(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)
<b>Triumeq Tablet</b>	PREFERRED	(QL)
<b>Truvada Tablet</b>		(PA)(QL)
Valacyclovir Tablet	PREFERRED	(QL)
<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)
Eszopiclone Tablet	PREFERRED	(QL)
<b>Halcion Tablet</b>		(PA)(QL)
Hydroxyzine	PREFERRED	
<b>Lunesta Tablet</b>		(PA)(QL)
<b>Restoril 7.5Mg And 22.5Mg</b>		(PA)(QL)
Triazolam Tablet	PREFERRED	(QL)
Zolpidem Tablet	PREFERRED	(QL)
Zolpidem Er Tablet	PREFERRED	(QL)
<b>ASTHMA AND COPD*</b>		
<b>Advair</b>		(PA)(QL)
<b>Airduo Dghlr Inhalation</b>		(PA)(QL)(AGE)
Albuterol	PREFERRED	(QL)
<b>Alvesco Inhalation</b>	PREFERRED	(QL)
<b>Anoro Ellipt Inhalation</b>	PREFERRED	(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)
Breyna Inhalation	PREFERRED	(QL)

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<b>Breztri Inhalation</b>		(PA)(QL)
Budes/Formot Inhalation	PREFERRED	(QL)
<b>Combivent Inhalation</b>	PREFERRED	(QL)
<b>Daliresp Tablet</b>		(PA)(QL)
<b>Dulera Inhalation</b>		(PA)(QL)
<b>Flovent</b>		(PA)(QL)
<b>Incruse Elpt Inhalation</b>	PREFERRED	(QL)
Ipratropium	PREFERRED	
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>		(ST)(QL)
<b>Ventolin Hfa Inhalation</b>		(ST)(QL)
<b>Xopenex Hfa Inhalation</b>		(ST)(QL)
<b>BLOOD THINNERS</b>		
<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	
<b>Lovenox Injectable</b>		(PA)
<b>Plavix Tablet</b>		(PA)(QL)
<b>Pradaxa</b>		(PA)(QL)
<b>Savaysa Tablet</b>	PREFERRED	(QL)
Warfarin	PREFERRED	
<b>Xarelto</b>	PREFERRED	(QL)(AGE)
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<b>Firazyr Injectable</b>		(PA)(QL)
<b>CARDIOVASCULAR*</b>		
<b>Aldactone Tablet</b>		(PA)
Amiodarone Tablet	PREFERRED	
Amlod/Benazp Capsule	PREFERRED	

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Amlodipine Tablet	PREFERRED	
Atenolol Tablet	PREFERRED	(QL)
<b>Avapro Tablet</b>		(PA)(QL)
Benazepril Tablet	PREFERRED	
<b>Benicar Tablet</b>		(PA)(QL)
<b>Benicar Hct Tablet</b>		(PA)(QL)
<b>Bystolic Tablet</b>		(PA)(QL)
<b>Cardizem Cd Capsule</b>		(PA)
<b>Cardura Tablet</b>		(PA)(QL)
Carvedilol Tablet	PREFERRED	
Chlorthalid Tablet	PREFERRED	
Clonidine	PREFERRED	
<b>Coreg Tablet</b>		(PA)
<b>Corlanor</b>	PREFERRED	(PA)(QL)
<b>Cozaar Tablet</b>		(PA)(QL)
Diltiazem Capsule	PREFERRED	
<b>Diovan Tablet</b>		(PA)(QL)
<b>Diovan Hct Tablet</b>		(PA)(QL)
Doxazosin Tablet	PREFERRED	(QL)
<b>Edarbi Tablet</b>		(PA)(QL)
<b>Edarbyclor Tablet</b>		(PA)(QL)
<b>Entresto</b>	PREFERRED	(QL)
<b>Epaned Solution</b>		(PA)(QL)(AGE)
Flecainide Tablet	PREFERRED	
Furosemide Tablet	PREFERRED	
Guanfacine Tablet	PREFERRED	
Hydralazine Tablet	PREFERRED	
Hydrochlorothiazide	PREFERRED	
<b>Hyzaar Tablet</b>		(PA)(QL)
<b>Inderal La Capsule</b>		(PA)(QL)
Irbesartan Tablet	PREFERRED	(QL)
Isosorb Mono Tablet	PREFERRED	
Labetalol Tablet	PREFERRED	
<b>Lasix Tablet</b>		(PA)
Lisinop/Hctz Tablet	PREFERRED	
Lisinopril Tablet	PREFERRED	
Losartan Pot Tablet	PREFERRED	(QL)
Losartan/Hct Tablet	PREFERRED	(QL)
<b>Lotensin Tablet</b>		(PA)
<b>Lotrel Capsule</b>		(PA)
Metoprol Suc Tablet	PREFERRED	
Metoprolol	PREFERRED	(PA)(QL)
<b>Micardis Tablet</b>		(PA)(QL)
Midodrine Tablet	PREFERRED	
<b>Minipress Capsule</b>		(PA)

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Minoxidil Tablet	PREFERRED	
<b>Multaq Tablet</b>	PREFERRED	
Nebivolol Tablet	PREFERRED	(QL)
Nifedipine Tablet	PREFERRED	
<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)
Propranolol	PREFERRED	
<b>Qbrelis Solution</b>	PREFERRED	(QL)(AGE)
Spirolact Tablet	PREFERRED	
Telmisartan Tablet	PREFERRED	(QL)
<b>Tenormin Tablet</b>		(PA)(QL)
<b>Thalitone Tablet</b>		(PA)(QL)
<b>Toprol XI Tablet</b>		(PA)
Torseamide Tablet	PREFERRED	
Triamt/Hctz Tablet	PREFERRED	
Valsart/Hctz Tablet	PREFERRED	(QL)
Valsartan Tablet	PREFERRED	(QL)
<b>Zestoretic Tablet</b>		(PA)
<b>Zestril Tablet</b>		(PA)
<b>CHOLESTEROL*</b>		
Atorvastatin Tablet	PREFERRED	(QL)
<b>Colestid Tablet</b>		(PA)
Colestipol Tablet	PREFERRED	(QL)
Ezetimibe Tablet	PREFERRED	(QL)
Fenofibrate	PREFERRED	(ST)(QL)
<b>Lipitor Tablet</b>		(PA)(QL)
<b>Livalo Tablet</b>		(PA)(QL)
Lovastatin Tablet	PREFERRED	(QL)
<b>Lovaza Capsule</b>		(PA)(QL)
Omega-3-Acid Capsule	PREFERRED	(QL)
<b>Praluent Injectable</b>		(PA)(QL)
Pravastatin	PREFERRED	(QL)
<b>Repatha Injectable</b>		(PA)(QL)
<b>Repatha Push Injectable</b>		(PA)(QL)
<b>Repatha Sure Injectable</b>		(PA)(QL)
Rosuvastatin Tablet	PREFERRED	(QL)
Simvastatin Tablet	PREFERRED	(QL)
<b>Vascepa Capsule</b>		(PA)(QL)
<b>Vytorin Tablet</b>		(PA)(QL)
<b>Zetia Tablet</b>		(PA)(QL)
<b>Zocor Tablet</b>		(PA)(QL)

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<b>COMPLEMENT INHIBITORS</b>		
<b>Soliris Injectable</b>		(PA)
<b>Ultomiris Injectable</b>		(PA)
<b>CONTRACEPTION (BIRTH CONTROL)</b>		
<b>Brand Contraceptives</b>		(PA)(ST)
Generic Contraceptives	PREFERRED	(PA)(QL)
<b>Nuvaring</b>		(PA)(QL)
<b>Phexxi Gel</b>		(ST)(QL)
<b>COUGH/COLD/ALLERGY PRODUCTS</b>		
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)
<b>CYSTIC FIBROSIS AGENTS</b>		
<b>Kitabis Packet Neb</b>		(PA)(QL)
<b>Tobi Podhalr Capsule</b>		(PA)(QL)
<b>DENTAL PRODUCTS</b>		
Chlorhex Glu Solution	PREFERRED	
<b>DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS</b>		
<b>Finacea Foam</b>		(PA)
<b>Finacea Gel</b>		(PA)
Mupirocin Oin	PREFERRED	
<b>DERMATOLOGICALS (SKIN) STEROIDS</b>		
Clobetasol	PREFERRED	
<b>Enstilar Inhalation</b>		(PA)
Ft Itch Relf	PREFERRED	(QL)
Hm Hydrocort Cream	PREFERRED	(QL)
Hydrocort	PREFERRED	(QL)
Hydrocort/ Cream	PREFERRED	(QL)
<b>Hydroxym Cream</b>		(PA)(QL)
<b>Taclonex</b>		(PA)
Triamcinolon	PREFERRED	(ST)
<b>DIABETES - INSULIN*</b>		
<b>Admelog Injectable</b>		(PA)
<b>Admelog Solo Injectable</b>		(PA)
<b>Basaglar Injectable</b>	PREFERRED	(PA)
Glargin Yfgn Injectable	PREFERRED	
<b>Humalog Injectable</b>	PREFERRED	
<b>Humalog Jr Injectable</b>	PREFERRED	

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Humalog Kwik Injectable	PREFERRED	(ST)
Humalog Mix	PREFERRED	
Humalog Tmpo Injectable	PREFERRED	
Humulin Injectable	PREFERRED	
Humulin N Injectable	PREFERRED	
Humulin R U-500	PREFERRED	(PA)
Ins Asp Prot Injectable	PREFERRED	
Insulin Aspa Injectable	PREFERRED	
Insulin Glar	PREFERRED	(PA)
Insulin Lisp Injectable	PREFERRED	
<b>Lantus Injectable</b>		
Lantus Solos Injectable	PREFERRED	
Levemir Injectable		(PA)
Novolin Injectable	PREFERRED	
Novolin N Injectable	PREFERRED	
Novolin70/30 Injectable	PREFERRED	
Novolog Injectable	PREFERRED	
Novolog Mix Injectable	PREFERRED	
Semglee Injectable		(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)
Dapagliflozi Tablet	PREFERRED	(QL)
Farxiga Tablet		(PA)(QL)
Glimepiride Tablet	PREFERRED	(PA)(QL)
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)

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Januvia Tablet		(ST)(QL)
Jardiance Tablet		(PA)(QL)
Jentaduetto Tablet		(ST)(QL)
Metformin Tablet	PREFERRED	(PA)(QL)
Metformn Mod Tablet		(PA)
Metformn Osm Tablet		(PA)
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	
<b>DIABETES - TESTING AND SUPPLIES</b>		
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)
Free Libre3 Kit		(ST)(QL)(AGE)
Freesty Libr Kit		(ST)(QL)(AGE)
Freestyle Tes	PREFERRED	(QL)
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)

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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)
Poly Hub Mis	PREFERRED	(QL)
Precision Tes	PREFERRED	(QL)
Precisn Xtra Tes		(PA)(QL)
Safty Needle Mis	PREFERRED	
Vent Needle Mis	PREFERRED	(QL)
<b>ECZEMA AGENTS - TOPICAL</b>		
Eucrisa Oin		(ST)(QL)
<b>FLUORIDE</b>		
Fluoride	PREFERRED	
<b>GASTROINTESTINAL (DIGESTIVE) MISC.</b>		
<b>GASTROINTESTINAL</b>		
Amitiza Capsule		(PA)(QL)(AGE)
Diphen/Atrop Tablet	PREFERRED	
Linzess 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)
<b>GASTROINTESTINAL (DIGESTIVE) NAUSEA &amp;</b>		
Akynzeo	PREFERRED	(PA)(QL)
Antivert Tablet	PREFERRED	(QL)
Emend		(PA)(QL)
Meclizine Tablet	PREFERRED	
Ondansetron		(PA)(QL)
Scopolamine Dis	PREFERRED	
Sustol Injectable		(PA)(QL)
Transderm-Sc Dis		(PA)
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT</b>		
Carafate Tablet		(PA)
Famotidine	PREFERRED	
Pepcid Tablet		(PA)
Sucralfate Tablet	PREFERRED	
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT</b>		
Dexilant Capsule		(PA)(QL)

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Esomeprazole	PREFERRED	(QL)
Gnp Lansopra Capsule	PREFERRED	(QL)
Lansoprazole Capsule	PREFERRED	(QL)
Omeprazole Capsule	PREFERRED	(QL)
Pantoprazole Tablet	PREFERRED	(QL)
Prevacid Capsule		(PA)(QL)
Prevacid 24H Capsule		(PA)
Protonix Tablet		(PA)(QL)
<b>GOUT</b>		
Allopurinol Tablet	PREFERRED	(ST)
Colchicine Tablet	PREFERRED	(QL)
Colcrys Tablet		(PA)(QL)
Uloric Tablet		(PA)(QL)
<b>GROWTH HORMONES</b>		
Genotropin Injectable		(PA)(QL)
Omnitrope Injectable		(PA)(QL)
<b>HEPATITIS THERAPIES</b>		
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)
<b>HORMONE REPLACEMENT THERAPY FEMALE</b>		
Climara Dis		(PA)(QL)(AGE)
Divigel Gel		(PA)(QL)(AGE)
Dotti Dis	PREFERRED	(QL)(AGE)
Duavee 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)
Femring Mis		(PA)(QL)(AGE)
Gallifrey Tablet	PREFERRED	
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)

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Yuvaferm Tablet	PREFERRED	(QL)(AGE)
<b>HORMONE REPLACEMENT THERAPY MALE</b>		
Depo-Testost Injectable		(PA)(AGE)
Testost Cyp Injectable		(PA)(AGE)
Testosterone		(PA)(QL)(AGE)
<b>IMMUNOLOGICAL AGENTS - IMMUNE SYSTEM STIMULATION OR SUPPRESSION</b>		
Actemra Injectable		(PA)(QL)
Adbry Injectable		(PA)(QL)
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)
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
Elidel Cream		(PA)(QL)
Tacrolimus Oin	PREFERRED	(QL)
<b>INFLAMMATORY BOWEL AGENTS</b>		
Apriso Capsule		(PA)(QL)
Canasa Sup		(PA)
Delzicol Capsule		(PA)(QL)
Lialda Tablet		(PA)(QL)
Pentasa Capsule		(PA)(ST)(QL)
Renflexis Injectable		(PA)

Drug Name	Drug Tier	Requirements & Limits
<b>INFLUENZA AGENTS</b>		
Oseltamivir	PREFERRED	(QL)
Tamiflu		(PA)(QL)
<b>INTESTINAL ACIDIFIERS</b>		
Lactulose Solution	PREFERRED	
<b>LAXATIVE COMBINATIONS</b>		
Gavilyte	PREFERRED	
Moviprep Solution		(PA)
Peg 3350	PREFERRED	
Sodium/Potas Solution	PREFERRED	
Suprep Bowel Solution		(PA)
<b>LAXATIVES</b>		
Polyeth Glyc Powder	PREFERRED	(QL)
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
Supprelin La Kit		(PA)(AGE)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
Lidocaine Solution	PREFERRED	
<b>MENTAL HEALTH</b>		
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)
<b>METABOLIC MODIFIERS</b>		
Calcitriol Capsule	PREFERRED	
Kuvan		(PA)(QL)
Nityr Tablet		(PA)(QL)
Olpruva Packet		(PA)(QL)
Orfadin		(PA)(QL)
Pheburane Mis		(PA)(QL)
Strensiq Injectable		(PA)(QL)
<b>MIGRAINE</b>		
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	

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Drug Name	Drug Tier	Requirements & Limits
Sumatriptan Tablet	PREFERRED	
<b>Ubrelvy Tablet</b>		(PA)(QL)
<b>Zomig</b>		(PA)(QL)
<b>MOVEMENT DISORDER</b>		
<b>Austedo Tablet</b>		(PA)(QL)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<b>Ampyra Tablet</b>		(PA)(QL)
<b>Aubagio Tablet</b>		(PA)(QL)
<b>Avonex</b>		(PA)(QL)
<b>Betaseron Injectable</b>		(PA)(QL)
<b>Copaxone Injectable</b>		(PA)(QL)
<b>Gilenya Capsule</b>		(PA)(QL)
Glatiramer Injectable	PREFERRED	(QL)
Glatopa Injectable	PREFERRED	(QL)
<b>Lemtrada Injectable</b>		(PA)
<b>Ocrevus Injectable</b>		(PA)
<b>Plegridy</b>		(PA)(QL)
<b>Rebif</b>		(PA)(QL)
<b>Tecfidera Capsule</b>		(PA)(QL)
<b>Vumerity Capsule</b>		(PA)(QL)
<b>Zeposia Capsule</b>		(PA)(QL)
<b>Zeposia 7Day Capsule</b>		(PA)(QL)
<b>MUSCLE RELAXANTS</b>		
Baclofen Tablet	PREFERRED	(PA)(QL)
Carisoprodol Tablet	PREFERRED	(PA)(QL)
Cyclobenzaprine	PREFERRED	
Methocarbam Tablet	PREFERRED	
<b>Soma Tablet</b>		(PA)(QL)
<b>Tanlor Tablet</b>		(PA)
Tizanidine Tablet	PREFERRED	
<b>Zanaflex Tablet</b>		(PA)
<b>NASAL ALLERGY</b>		
Azelastine Spr	PREFERRED	(ST)(QL)
<b>Dymista Spr</b>		(PA)(QL)
Fluticasone Spr	PREFERRED	(QL)
<b>Xhance Mis</b>		(PA)(QL)
<b>ONCOLOGY/HEMATOLOGY</b>		
Anastrozole Tablet	PREFERRED	(QL)
<b>Aranesp Injectable</b>	PREFERRED	
<b>Arimidex Tablet</b>		(PA)(QL)
<b>Bosulif</b>		(PA)(QL)
<b>Femara Tablet</b>		(PA)(QL)
<b>Fulphila Injectable</b>	PREFERRED	
<b>Granix Injectable</b>	PREFERRED	
<b>Herceptin Injectable</b>		(PA)

Drug Name	Drug Tier	Requirements & Limits
<b>Iclusig Tablet</b>		(PA)(QL)
Imatinib	PREFERRED	(QL)
<b>Imbruvica</b>		(PA)(QL)(AGE)
<b>Kisqali Tablet</b>		(PA)(QL)
Letrozole Tablet	PREFERRED	(QL)
<b>Lynparza Tablet</b>		(PA)(QL)
Methotrexate Tablet	PREFERRED	
<b>Mvasi Injectable</b>	PREFERRED	
<b>Nerlynx Tablet</b>		(PA)(QL)
<b>Neulasta</b>		(PA)
<b>Neupogen Injectable</b>		(PA)
<b>Nivestym Injectable</b>	PREFERRED	
<b>Ogivri Injectable</b>	PREFERRED	
<b>Otrexup Injectable</b>		(ST)(QL)
<b>Perjeta Injectable</b>		(PA)
<b>Rasuvo Injectable</b>		(ST)(QL)
<b>Retacrit Injectable</b>	PREFERRED	
<b>Rituxan Injectable</b>		(PA)(QL)
<b>Ruxience Injectable</b>	PREFERRED	
<b>Sprycel Tablet</b>		(PA)(QL)
Tamoxifen Tablet	PREFERRED	(QL)
<b>Tasigna Capsule</b>		(PA)(QL)
<b>Trazimera Injectable</b>	PREFERRED	
<b>Truxima Injectable</b>	PREFERRED	
<b>Tykerb Tablet</b>		(PA)(QL)
<b>Udenyca Injectable</b>	PREFERRED	
<b>Xtandi</b>		(PA)(QL)
<b>Zarxio Injectable</b>		(PA)
<b>Zirabev Injectable</b>	PREFERRED	
<b>Zytiga Tablet</b>		(PA)(QL)
<b>OPHTHALMIC - ANGIOGENESIS INHIBITORS</b>		
<b>Byooviz Injectable</b>		(PA)(QL)
<b>Cimerli Injectable</b>		(PA)
<b>Eylea Injectable</b>		(PA)
<b>Vabysmo Injectable</b>		(PA)
<b>OPHTHALMIC STEROIDS</b>		
<b>Lotemax</b>		(PA)(QL)
<b>Lotemax Sm Gel</b>		(PA)(QL)
<b>Maxitrol Suspension</b>		(PA)
Neo/Poly/Dex Suspension	PREFERRED	
<b>Pred Forte Suspension</b>		(PA)
<b>Pred Mild Suspension</b>		(ST)
Prednisolone	PREFERRED	(PA)
<b>OPHTHALMICS (EYE) ANTI-INFECTIVES</b>		
<b>Besivance Suspension</b>		(ST)(QL)

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Drug Name	Drug Tier	Requirements & Limits
Erythromycin Oin	PREFERRED	
Moxifloxacin Solution	PREFERRED	(QL)
<b>Ocuflox Dro</b>		(PA)
Ofloxacin Dro	PREFERRED	
Polymyxin B/ Solution	PREFERRED	
Tobramycin Solution	PREFERRED	
<b>Vigamox Dro</b>		(PA)(QL)
<b>OPHTHALMICS (EYE) MISC. OPHTHALMICS</b>		
<b>Alphagan P 0.1%</b>		(PA)(QL)
<b>Combigan Solution</b>		(PA)(QL)
<b>Cosopt Solution</b>		(PA)(QL)
<b>Cosopt Pf Solution</b>		(PA)(QL)
Cyclosporine Emu	PREFERRED	(QL)
Dorzol/Timol Solution	PREFERRED	(QL)
<b>Istalol Solution</b>		(PA)
<b>Restasis Emu</b>		(PA)(QL)
<b>Restasis Mul Emu</b>		(PA)(QL)
Timolol Mal Solution	PREFERRED	
<b>Timolol Male Solution</b>		(ST)
<b>Timoptic Ocu Solution</b>		(PA)
<b>Verkazia Emu</b>		(PA)(QL)
<b>Xiidra Dro</b>		(ST)(QL)
<b>OPHTHALMICS (EYE) PROSTGLANDINS</b>		
<b>Iyuzeh Dro</b>		(ST)(QL)
Latanoprost Solution	PREFERRED	(QL)
<b>Lumigan Solution</b>		(ST)(QL)
<b>Travatan Z Dro</b>		(PA)(QL)
<b>Xalatan Solution</b>		(PA)(QL)
<b>Zioptan Dro</b>		(PA)(QL)
<b>OPIOID PARTIAL AGONISTS</b>		
<b>Belbuca Mis</b>		(ST)(QL)
Buprenorphin Dis	PREFERRED	(QL)
<b>OSTEOPOROSIS*</b>		
Alendronate Tablet	PREFERRED	(QL)
<b>Fosamax Tablet</b>		(PA)(QL)
<b>Tymlos Injectable</b>		(PA)(QL)
<b>PAIN MEDICATIONS - NARCOTICS</b>		
Apap/Codeine Tablet	PREFERRED	(QL)
Bac Tablet	PREFERRED	(QL)
But/Apap/Caf Tablet	PREFERRED	(QL)
<b>Butrans Dis</b>		(PA)(QL)
<b>Dilaudid Tablet</b>		(PA)(QL)
Endocet Tablet	PREFERRED	(QL)
<b>Hydroco/Apap Tablet</b>		(PA)(QL)
Hydromorphon Tablet	PREFERRED	(QL)

Drug Name	Drug Tier	Requirements & Limits
<b>Hysingla Er Tablet</b>		(PA)(QL)
<b>Ms Contin Tablet</b>		(PA)(QL)
<b>Nalocet Tablet</b>		(PA)(QL)
<b>Nucynta Er Tablet</b>		(PA)(QL)
Oxycod/Apap Tablet	PREFERRED	(QL)
Oxycodone Tablet	PREFERRED	(QL)
<b>Oxycontin Tablet</b>		(PA)(QL)
Oxymorphone Tablet	PREFERRED	(ST)(QL)
<b>Percocet Tablet</b>		(PA)(QL)
<b>Prolate Tablet</b>		(PA)(QL)
<b>Roxicodone Tablet</b>		(PA)(QL)
Tramadol	PREFERRED	(QL)
<b>Xtampza Er Capsule</b>		(PA)(QL)
<b>PAIN MEDICATIONS NSAIDS</b>		
<b>Celebrex Capsule</b>		(PA)(QL)
Celecoxib Capsule	PREFERRED	(QL)
Diclofenac 1%	PREFERRED	
Diclofenac 3%	PREFERRED	(QL)
Ft Ibuprofen Tablet	PREFERRED	(QL)
Ft Pain Reli Tablet	PREFERRED	(QL)
Ibuprofen Tablet	PREFERRED	(QL)
Indomethacin Capsule	PREFERRED	
Ketorolac Tablet	PREFERRED	(QL)
Meloxicam Tablet	PREFERRED	
Naproxen Tablet	PREFERRED	
<b>PANCREATIC ENZYME</b>		
<b>Creon Capsule</b>	PREFERRED	(QL)
<b>Pertzye Capsule</b>	PREFERRED	(QL)
<b>Viokace Tablet</b>	PREFERRED	(QL)
<b>Zenpep Capsule</b>	PREFERRED	(QL)
<b>PARKINSON'S</b>		
Carb/Levo Tablet	PREFERRED	(QL)
<b>Dhivy Tablet</b>		(PA)(QL)
Pramipexole Tablet	PREFERRED	(QL)
Ropinirole Tablet	PREFERRED	(QL)
<b>Rytary Capsule</b>		(ST)(QL)
<b>Sinemet Tablet</b>		(PA)(QL)
<b>PHOSPHATE BINDING AGENTS</b>		
<b>Renvela</b>		(PA)
<b>POTASSIUM</b>		
Potassium Chloride	PREFERRED	
<b>POTASSIUM REMOVING RESINS</b>		
<b>Lokelma Packet</b>		(PA)(QL)
<b>PROSTATE</b>		
Alfuzosin Tablet	PREFERRED	(QL)

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Drug Name	Drug Tier	Requirements & Limits
Finasteride Tablet	PREFERRED	(QL)
<b>Flomax Capsule</b>		(PA)(QL)
<b>Proscar Tablet</b>		(PA)(QL)
Tamsulosin Capsule	PREFERRED	(QL)
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
<b>Adempas Tablet</b>		(PA)(QL)
<b>Letairis Tablet</b>		(PA)(QL)
<b>Opsumit Tablet</b>		(PA)(QL)
<b>Orenitram Tablet</b>		(PA)(QL)
<b>Tracleer Tablet</b>		(PA)(QL)
<b>RESPIRATORY THERAPY SUPPLIES</b>		
<b>Aerosol Spacer</b>	PREFERRED	(QL)
<b>SOMATOSTATIC AGENTS</b>		
<b>Somatuline Injectable</b>		(PA)
<b>STEROIDS</b>		
<b>Cortef Tablet</b>		(PA)
Dexamethason Tablet	PREFERRED	
<b>Hemady Tablet</b>		(PA)(QL)
<b>Medrol Tablet</b>		(PA)
Methylpred Tablet	PREFERRED	
Pred Sod Pho Solution	PREFERRED	
Prednisone Tablet	PREFERRED	
<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>THYROID</b>		
<b>Adthyza Tablet</b>	PREFERRED	(PA)
<b>Armour Thyro Tablet</b>	PREFERRED	
<b>Cytomel Tablet</b>		(PA)
Euthyrox Tablet	PREFERRED	
<b>Levothyroxin</b>		(ST)(QL)
Levoxyl Tablet	PREFERRED	
Liothyronine Tablet	PREFERRED	
<b>Niva Thyroid Tablet</b>	PREFERRED	
<b>Np Thyroid Tablet</b>	PREFERRED	
<b>Synthroid Tablet</b>		(PA)
Thyroid Tablet	PREFERRED	
<b>Tirosint Capsule</b>		(PA)(QL)
<b>UNCATEGORIZED</b>		
<b>Oxlumo Injectable</b>		(PA)
<b>Qulipta Tablet</b>		(PA)(QL)(AGE)
<b>Tezspire</b>		(PA)(QL)(AGE)
<b>Tyrvaya Solution</b>		(ST)(QL)

Drug Name	Drug Tier	Requirements & Limits
<b>URINARY ANALGESICS</b>		
Phenazopyridine	PREFERRED	
<b>Pyridium</b>		(PA)
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
<b>Mirabegron Tablet</b>		(ST)(QL)
<b>Myrbetriq</b>		(PA)(ST)(QL)(AGE)
<b>URINARY INCONTINENCE</b>		
Dicyclomine	PREFERRED	
<b>Glycate Tablet</b>		(PA)
Glycopyrrol Tablet	PREFERRED	
Oxybutynin Tablet	PREFERRED	(QL)
<b>Robinul Tablet</b>		(PA)(QL)
<b>Robinul Fort Tablet</b>		(PA)(QL)
Solifenacin Tablet	PREFERRED	(QL)
<b>Vesicare Tablet</b>		(PA)(QL)
<b>VACCINES</b>		
<b>Comirnaty Injectable</b>	PREFERRED	(QL)(AGE)
<b>Moderna Injectable</b>	PREFERRED	(QL)(AGE)
<b>Shingrix Injectable</b>	PREFERRED	(QL)(AGE)
<b>Spikevax Injectable</b>	PREFERRED	(QL)(AGE)
<b>VITAMINS/ELECTROLYTES</b>		
Dodex Injectable	PREFERRED	
Folic Acid Tablet	PREFERRED	
Pot Citra Er Tablet	PREFERRED	
<b>Urocit-K 10 Tablet</b>		(PA)
<b>Urocit-K 15 Tablet</b>		(PA)
<b>Urocit-K 5 Tablet</b>		(PA)
Vitamin D	PREFERRED	

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