2021 Exclusive

DRUG LIST

(Formulary)

Capital BLUE

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Capital BlueCross
Exclusive Full Formulary

April 2021

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To search for a drug name within a PDF of this document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.

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Introduction

The Capital BlueCross Exclusive Full Formulary is a list of your plan's covered drugs for a broad range of diseases and conditions.

Members are encouraged to show this list to their providers and pharmacists. Providers are encouraged to prescribe drugs on this list, when its appropriate for the member. Decisions about therapy and treatment are always between members and their provider.

This list is updated from time to time. The most current version is available at **CapitalBlueCross.com** or by calling the Member Services number on back of your member ID card.

How Drugs are Selected for Coverage and Tier Placement

Covered drugs on this list are selected and placed into tiers (refer to Member Prescription Benefit section) based on the recommendations of a Pharmacy and Therapeutics (P&T) Committee composed of physicians and pharmacists from throughout the country. The committee reviews prescription drugs regulated by the U.S. Food and Drug Administration (FDA) and makes its decision based on safety, efficacy, and the availability of other products within that class of drugs. Capital BlueCross has created this formulary to give members access to quality, affordable prescription drugs and to provide providers with a list of preferred drugs for cost-effective prescribing.

The P&T Committee reviews drugs when they are newly approved by the FDA and at least annually afterwards. Drug coverage can change at any time, and the drug list will be updated quarterly. There are many reasons why drug coverage or tier placement may change. Examples include:

- The tier level of a drug may increase (change to a higher tier or become noncovered) when an FDA-approved bioequivalent generic medication becomes available
- Change in the cost of the drugs or its classification by the U.S. Food and Drug Administration (FDA) or nationally-recognized drug databases (e.g., Medispan)

Additional Coverage Considerations

Coverage is limited to prescription drugs approved by the Food and Drug Administration (FDA) as evidenced by a New Drug Application (NDA), Abbreviated New Drug Application (ANDA), or Biologics License Application (BLA) on file with the FDA. However, any legal requirements or group-specific benefits for coverage supersede this (e.g. preventive drugs under the Affordable Care Act).

If your provider believes that a new drug is medically necessary before the P&T Committee's evaluation, your provider may submit a nonformulary exception request for coverage.

Formulary Tiers

The tier a drug is in determines how much you have to pay toward its cost.

Depending on your plan, you could have as many as six tiers:*

- **Tier 1:** Generics Preferred
- **Tier 2**: Generics Nonpreferred
- **Tier 3**: Brands Preferred
- **Tier 4**: Brands Nonpreferred
- **Tier 5**: Specialty Preferred
- **Tier 6:** Specialty Nonpreferred

*Some plans have fewer tiers, and for example, may combine all generics in one tier. To verify your cost share for a drug, visit CapitalBlueCross.com or call the phone number on the back of your member ID card.

Generic Drugs

Generic drugs are typically the most affordable and offer a lower cost share than brand-name drugs. The active ingredient in a generic drug is chemically identical to the active ingredient in the brand-name version. To help lower your out-of-pocket costs, choose generic drugs whenever possible. This can result in long-term savings, especially in the case of drugs taken daily and refilled frequently. Choosing a brand-name drug when the generic version is available could result in a reduced benefit and higher out-of-pocket cost.

Generic Drug Substitution

Capital BlueCross encourages generic drug substitution if the FDA has determined the generic drug is bioequivalent to the brand-name product. Depending on your prescription drug plan, one of the following generic substitution policies will be applied. What you pay for a brand-name drug when a generic version is available varies depending on your generic substitution program. Check your plan documents to find which program applies to you.

- *Mandatory generic substitution*: If a generic drug is available, and the provider indicates "Dispense as Written" (DAW) or if you request the brand-name drug, you must pay the cost difference between the brand-name drug and its generic cost. You also must pay the applicable brand copayment and/or coinsurance, up to the original cost of the brand-name drug.

- *Restricted generic substitution*: If a generic drug is available and you request the brand-name drug, you must pay the cost difference between the brand-name drug and its generic cost. You also must pay the applicable brand copayment and/or coinsurance, up to the original cost of the brand-name drug. If your provider indicates DAW, then you pay the applicable copayment and/or coinsurance for the brand product, but need not pay the cost difference between the two drugs.

- *Voluntary generic substitution*: You pay only the applicable copayment and/or coinsurance for the brand-name drug.

Coverage considerations

Your pharmacy benefit includes coverage for many prescription drugs, although some exclusions may apply. For example, drugs indicated for cosmetic purposes, such as Propecia, for hair growth, may not be covered. Drugs that have not received FDA approval are not covered. Prescription products that have over-the-counter (OTC) equivalents may not be covered. Drugs that are not FDA-approved for self-administration may be available through your medical benefit. Some plans may exclude coverage for certain agents or drug categories, like those used for erectile dysfunction or weight loss.

Most prescription drug benefit plans provide coverage for up to a 30-day supply of drugs, with some exceptions. Your plan may also provide coverage for up to a 90-day supply of maintenance drugs. Maintenance drugs are those drugs you may take on an ongoing basis for conditions such as high blood pressure, diabetes, or high cholesterol. Specialty drugs are limited to a 30-day supply.

Specialty Drugs: Specialty drugs are used in the treatment of medical conditions such as hepatitis, multiple sclerosis, and rheumatoid arthritis. Specialty drugs may be oral or injectable drugs that can either be self-administered or administered by a healthcare professional. Specialty drugs are distributed through your plan's specialty pharmacy, Alliance Rx Walgreens Prime. To receive information on starting service, call 800.533.7606 (TTY 866.830.4366) or fax 844.834.2550 or access My Account via CapitalBlueCross.com.

Injectable Drug Policy: Self-administered pharmacy injectable drugs are usually covered under the Capital BlueCross prescription drug benefit. Injectable drugs that are not routinely self-administered are not covered under the prescription drug benefit, but may be covered under your medical benefit. Select medical injectable drugs may be available from AllianceRx Walgreens Prime (by calling 800.533.7606 (TTY 866.830.4366) or faxing 844.834.2550), or access My Account via CapitalBlueCross.com. Capital BlueCross' specialty medical injectable provider, which will assist with distribution and billing of these drugs.

On behalf of Capital BlueCross, AllianceRx Walgreens Prime, an independent company by Walgreens Specialty Pharmacy Holdings, LLC, assists in dispensing home delivery and specialty medications for our members.

Affordable Care Act: Some drugs may have limited or $0 cost-sharing under the Affordable Care Act, including drugs in such categories as aspirin, breast cancer preventive, fluoride supplements, folic acid supplements, iron supplements, statins, tobacco cessation, vaccines, and some contraceptive drugs and devices.

Compound Drug Policy: Prescribed compound drug products are considered Brand Nonpreferred and may require prior authorization.

Benefit Exclusions/Limitations: Depending on your prescription drug plan, some drugs listed may not be covered. Access My Account at CapitalBlueCross.com for exclusions and drug plan materials. Examples of contractual exclusions include:

- Appetite suppressants (weight loss)
- Drugs used for cosmetic purposes (wrinkles, hair loss, etc.)
- Erectile dysfunction drugs
- Non self-administered injectable drugs
- Experimental and investigational (including off-label use) use
- Some types of vitamins (nonprenatal)
- Products with over-the-counter equivalents

Utilization Management

Prior Authorization (PA): Your prescription drug plan may require prior authorization for certain drugs. This means that your provider will need to submit a request for coverage of these drugs, which will need to be approved before the drug will be covered under your plan. If a prior authorization is commonly required for a drug listed in this document, it will be noted with a dot in the prior authorization column next to that drug. Some plans may require prior authorization on additional drugs beyond those noted in this document. Refer to your prescription drug plan materials for details about your particular benefits.

Step Therapy: Your prescription drug plan may include a step therapy for certain drugs. This means you may need to try another proven, cost-effective drug before coverage may be available for the drug included in the program. Many brand drugs have less expensive generic or brand alternatives that might be an option for you. If a step therapy is commonly required for drugs in this document, they will be noted with a dot in the step therapy column next to that drug. Some plans may have step therapy programs on additional drugs beyond those noted in this document. Refer to your prescription drug plan materials for details about your particular benefits.

Quantity Level Limits (QLL): Certain drugs have a quantity level limit to support safety. These drugs will be noted with a dot in the quantity level limits column next to the drug. Limits may include quantity of covered drug per prescription, quantity of covered drug in a given time period, coverage only for members within a certain age range, and coverage only for members of a specific gender. If your provider prescribes a greater quantity of drug than what the quantity level limit allows, you can still get the drug; however, you will be responsible for the full cost of the prescription beyond what your coverage allows.

Special Programs

Medication Synchronization: You may obtain a partial fill or refill of your maintenance prescription drugs at your option when you are taking two or more maintenance medications. This can help make it easier for you to take medications correctly as prescribed. You can work with your in-network retail pharmacist to receive up to 28 days' worth of a maintenance medication, so that the refill syncs up with another maintenance medication you are taking. We will prorate your applicable cost-share amounts (copay, coinsurance) to align with the reduced supply. You can initiate a synchronization up to three times per year. (This program does not apply to mail order prescriptions through AllianceRx Walgreens Prime.)

Split Fill: To minimize waste and reduce your costs for certain pharmacy-dispensed specialty drugs that have a high potential for adverse side effects, we will "split fill" (i.e., partially fill) select specialty drugs for up to three months when you are new to treatment. New to treatment means, you receive a prescription of a select drug and have had no claims history of the drug in the past 120 days. The goal is to confirm effectiveness and tolerance before you receive a full supply.

- Specialty drugs selected for this program are noted in your drug list and in the Guide to Prescription Drug Benefits on CapitalBlueCross.com. The select drugs are subject to change at Capital BlueCross' discretion.
- You may call the phone number on the back of your member ID card or work with your pharmacist to opt out of this program and receive a full supply if you wish.
- We will prorate your copays to align with the reduced supply.
- Prior authorization and quantity limits may apply.

Note: Some state laws may not allow a prescription drug plan to cover certain controlled substance drugs if they are dispensed in a quantity greater than the dispensing limit. You will be responsible for the full cost of the prescription, with no benefits applied, if the dispensed quantity exceeds the dispensing limit.

Nonformulary Exception Process

Prescription drugs that aren't listed on your formulary are not covered by your plan, unless approved through the nonformulary consideration (formulary exception) process. Your provider can submit a nonformulary consideration request on your behalf if they think you would benefit from a drug that's not on your formulary.

How to use this list

There are two ways to find information about the coverage of a drug. You can search for the drug by name from your secure account at Capital BlueCross.com, if you have Capital BlueCross prescription drug benefits. Or you can find information on this drug list.

The easiest way to find a drug on this list is to search for the drug name within a PDF of this document. Use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.
The formulary is organized into broad categories (e.g. anti-infective drugs). Within most categories, drugs are sub-grouped by drug class (e.g. penicillins) or by use for a specific medical condition (e.g. diabetes). The graphic below shows the information provided in each column of the drug list and is an example only.

Drug Name (1)	Tier (2)	Specialty (3)	Prior Authorization (3)	Enhanced Prior Auth (4)	Quantity Level Limits (4)
ANTI-INFECTIVE AGENTS					
PENICILLINS					
AMOXICILLIN- amoxicillin (trihydrate) chew tab 125 mg	BN				
AMOXICILLIN- amoxicillin (trihydrate) chew tab 250 mg	BN				
amoxicillin (trihydrate) cap 250 mg	GP				
amoxicillin (trihydrate) cap 500 mg	GP				
amoxicillin (trihydrate) for susp 125 mg/5ml	GP				
amoxicillin (trihydrate) for susp 200 mg/5ml	GP				
amoxicillin (trihydrate) for susp 250 mg/5ml	GP				
amoxicillin (trihydrate) for susp 400 mg/5ml	GP				
amoxicillin (trihydrate) tab 500 mg	GP				

1 Column 1 (**Drug Name**): lists the drug name.

Generic drugs are listed in lowercase **boldface**. Brand name drugs are CAPITALIZED.

Separate drug entries are required for some dosage forms such as extended release and delayed release.

2 Column 2 (**Tier**): indicates the Tier level.

- Generics Preferred are marked with a “GP”
- Generics Nonpreferred are marked with an “GN”
- Brands Preferred are marked with a “BP”
- Brands Nonpreferred are marked with an “BN”
- Specialty Preferred Drugs are marked with a “GP” “GN” or “BP” CAPITAL letters. These drugs are also marked with a dot in the Specialty column.

- Specialty Nonpreferred Drugs are marked with an “BN;” These drugs are also marked with a dot in the Specialty column

Drugs that are denoted with a “+” in the Prescription Drug List indicate group specific coverage. Please refer to your benefit booklet for coverage details.

3 Column 3 (**Specialty**): indicates a specialty drug that needs to be filled at a participating specialty pharmacy in our network.

4 Columns 4, 5, and 6 (**Prior Authorization, Step Therapy, Quantity Level Limits**): indicate Utilization Management (UM) Programs that apply to the prescription drug If an indicator is present in one or more of these columns. Some plans may have UM on additional drugs beyond those noted in this document. Access My Account at CapitalBlueCross.com for additional UM and drug plan materials.

5 Column 7 (**PHC**): indicates Preventive Healthcare. Drugs that have been reviewed by the Capital BlueCross P&T Committee and are mandated by PPACA to have $0 cost share for members with individual coverage or members of a group health plan that is not “grandfathered” under PPACA. Please consult your employer for questions relating to grandfathered status.

6 Column 8 (**Limited Distribution**): indicates if the drug is considered Limited Distribution, meaning there is a restriction on which pharmacies can dispense them. This limits where the member may obtain the prescription. Members may be required to use another pharmacy for limited distribution prescription drugs.

Abbreviation Key

aer ..... aerosol
cap ..... capsules
chew ..... chewable
conc ..... concentrate
cr ..... controlled release
dr ..... delayed release
ec ..... enteric coated
equiv ..... equivalent
er ..... extended release
gm ..... gram
inhal ..... inhaler
inj ..... injection
liqd ..... liquid
mg ..... milligram
ml ..... milliliter
nebu ..... nebulizer
odt ..... orally disintegrating tabs
oint ..... ointment
ophth ..... ophthalmic
osm ..... osmotic release
pack ..... packets
powd ..... powder
pttw ..... twice-weekly patch
sl ..... sublingual
soln ..... solution
suppos ..... suppositories
susp ..... suspension
tab ..... tablets
td ..... transdermal
w/ ..... with

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
ANTI-INFECTIVE AGENTS					
PENICILLINS					
AMOXICILLIN- amoxicillin (trihydrate) chew tab 125 mg	BN				
AMOXICILLIN- amoxicillin (trihydrate) chew tab 250 mg	BN				
amoxicillin (trihydrate) cap 250 mg	GP				
amoxicillin (trihydrate) cap 500 mg	GP				
amoxicillin (trihydrate) for susp 125 mg/5ml	GP				
amoxicillin (trihydrate) for susp 200 mg/5ml	GP				
amoxicillin (trihydrate) for susp 250 mg/5ml	GP				
amoxicillin (trihydrate) for susp 400 mg/5ml	GP				
amoxicillin (trihydrate) tab 500 mg	GP				
amoxicillin (trihydrate) tab 875 mg	GP				
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	GP				
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)	GN				
amoxicillin & k clavulanate for susp 400-57 mg/5ml	GN				
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	GN				
amoxicillin & k clavulanate tab 250-125 mg	GN				
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	GP				
amoxicillin & k clavulanate tab 875-125 mg	GP				
AMOXICILLIN/CLAVULANATE P- amoxicillin & k clavulanate chew tab 200-28.5 mg	BN				
AMOXICILLIN/CLAVULANATE P- amoxicillin & k clavulanate chew tab 400-57 mg	BN				
AMOXICILLIN/CLAVULANATE P- amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	BN				
AMPICILLIN- ampicillin cap 500 mg	BN				
AUGMENTIN- amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	BN				
dicloxacillin sodium cap 250 mg	GN				
dicloxacillin sodium cap 500 mg	GN				
PENICILLIN V POTASSIUM- penicillin v potassium for soln 125 mg/5ml	BN				
PENICILLIN V POTASSIUM- penicillin v potassium for soln 250 mg/5ml	BN				
penicillin v potassium tab 250 mg	GP				
penicillin v potassium tab 500 mg	GP				
CEPHALOSPORINS					
CEFACLOR- cefaclor cap 250 mg	GN				
CEFACLOR- cefaclor cap 500 mg	GN				
CEFACLOR- cefaclor for susp 125 mg/5ml	NC				
CEFACLOR- cefaclor for susp 250 mg/5ml	NC				
CEFACLOR- cefaclor for susp 375 mg/5ml	NC				
CEFACLOR ER- cefaclor monohydrate tab er 12hr 500 mg	NC				
CEFADROXIL- cefadroxil tab 1 gm	GN				
cefadroxil cap 500 mg	GP				
cefadroxil for susp 250 mg/5ml	GN				
cefadroxil for susp 500 mg/5ml	GN				
cefdinir cap 300 mg	GP				
cefdinir for susp 125 mg/5ml	GN				
cefdinir for susp 250 mg/5ml	GN				
cefixime cap 400 mg (Suprax)	GN				
cefixime for susp 100 mg/5ml (Suprax)	GN				
cefixime for susp 200 mg/5ml (Suprax)	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
cefpodoxime proxetil for susp 50 mg/5ml	GN				
cefpodoxime proxetil for susp 100 mg/5ml	GN				
cefpodoxime proxetil tab 100 mg	GN				
cefpodoxime proxetil tab 200 mg	GN				
cefprozil for susp 125 mg/5ml	GN				
cefprozil for susp 250 mg/5ml	GN				
cefprozil tab 250 mg	GN				
cefprozil tab 500 mg	GN				
cefuroxime axetil tab 250 mg	GN				
cefuroxime axetil tab 500 mg	GN				
CEPHALEXIN- cephalexin tab 250 mg	NC				
CEPHALEXIN- cephalexin tab 500 mg	NC				
cephalexin cap 250 mg (Keflex)	GP				
cephalexin cap 500 mg (Keflex)	GP				
cephalexin cap 750 mg (Keflex)	GN				
cephalexin for susp 125 mg/5ml	GN				
cephalexin for susp 250 mg/5ml	GN				
SUPRAX- cefixime chew tab 100 mg	NC				
SUPRAX- cefixime chew tab 200 mg	NC				
SUPRAX- cefixime for susp 500 mg/5ml	NC				
MACROLIDES					
AZITHROMYCIN- azithromycin powd pack for susp 1 gm	BP				
azithromycin for susp 100 mg/5ml (Zithromax)	GN				
azithromycin for susp 200 mg/5ml (Zithromax)	GN				
azithromycin tab 250 mg (Zithromax)	GP				
azithromycin tab 500 mg (Zithromax)	GP				
azithromycin tab 600 mg (Zithromax)	GN				
CLARITHROMYCIN- clarithromycin for susp 125 mg/5ml	BN				
CLARITHROMYCIN- clarithromycin for susp 250 mg/5ml	BN				
clarithromycin tab er 24hr 500 mg	GN				
clarithromycin tab 250 mg	GN				
clarithromycin tab 500 mg	GN				
DIFICID- fidaxomicin for susp 40 mg/ml	BN				
DIFICID- fidaxomicin tab 200 mg	BN				
E.E.S. 400- erythromycin ethylsuccinate tab 400 mg	BN				
ERYTHROCIN STEARATE- erythromycin stearate tab 250 mg	BP				
ERYTHROMYCIN- erythromycin w/ delayed release particles cap 250 mg	BN				
ERYTHROMYCIN ETHYLSUCCINA- erythromycin ethylsuccinate tab 400 mg	BN				
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	GN				
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	GN				
erythromycin tab delayed release 250 mg	GN				
erythromycin tab delayed release 333 mg	GN				
erythromycin tab delayed release 500 mg	GN				
erythromycin tab 250 mg	GN				
erythromycin tab 500 mg	GN				
ZITHROMAX- azithromycin powd pack for susp 1 gm	BN				
TETRACYCLINES					
demeclocycline hcl tab 150 mg	GN				
demeclocycline hcl tab 300 mg	GN				
DORYX- doxycycline hyclate tab delayed release 80 mg	NC				
DORYX MPC- doxycycline hyclate tab delayed release 120 mg	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
DOXYCYCLINE HYCLATE- doxycycline hyclate tab delayed release 80 mg	NC				
DOXYCYCLINE HYCLATE- doxycycline hyclate tab 50 mg	NC				
doxycycline hyclate cap 50 mg	GN				
doxycycline hyclate cap 100 mg (Vibramycin)	GP				
doxycycline hyclate tab delayed release 50 mg (Doryx)	NC				
doxycycline hyclate tab delayed release 75 mg	NC				
doxycycline hyclate tab delayed release 100 mg	NC				
doxycycline hyclate tab delayed release 150 mg	NC				
doxycycline hyclate tab delayed release 200 mg (Doryx)	NC				
doxycycline hyclate tab 20 mg	GN				
doxycycline hyclate tab 75 mg (Acticlate)	NC				
doxycycline hyclate tab 100 mg	GP				
doxycycline hyclate tab 150 mg (Acticlate)	NC				
doxycycline monohydrate cap 50 mg	GP				
doxycycline monohydrate cap 75 mg	NC				
doxycycline monohydrate cap 100 mg	GP				
doxycycline monohydrate cap 150 mg	NC				
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	GN				
doxycycline monohydrate tab 50 mg	GN				
doxycycline monohydrate tab 75 mg	GN				
doxycycline monohydrate tab 100 mg	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
doxycycline monohydrate tab 150 mg	GN				
minocycline hcl cap 50 mg (Minocin)	GP				
minocycline hcl cap 75 mg	GN				
minocycline hcl cap 100 mg	GN				
minocycline hcl tab er 24hr 45 mg	NC				
minocycline hcl tab er 24hr 55 mg (Solodyn)	NC				
minocycline hcl tab er 24hr 65 mg (Solodyn)	NC				
minocycline hcl tab er 24hr 80 mg (Solodyn)	NC				
minocycline hcl tab er 24hr 90 mg	NC				
minocycline hcl tab er 24hr 105 mg (Solodyn)	NC				
minocycline hcl tab er 24hr 115 mg (Solodyn)	NC				
minocycline hcl tab er 24hr 135 mg	NC				
minocycline hcl tab 50 mg	NC				
minocycline hcl tab 75 mg	NC				
minocycline hcl tab 100 mg	NC				
MINOCYCLINE HYDROCHLORIDE- minocycline hcl cap er 24hr 45 mg (base equivalent)	NC				
MINOCYCLINE HYDROCHLORIDE- minocycline hcl cap er 24hr 90 mg (base equivalent)	NC				
MINOCYCLINE HYDROCHLORIDE- minocycline hcl cap er 24hr 135 mg (base equivalent)	NC				
MINOLIRA- minocycline hcl tab er 24hr biphasic release 105 mg	NC				
MINOLIRA- minocycline hcl tab er 24hr biphasic release 135 mg	NC				
NUZYRA- omadacycline tosylate tab 150 mg (base equivalent)	BN				
SEYSARA- sarecycline hcl tab 60 mg (base equivalent)	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
SEYSARA- sarecycline hcl tab 100 mg (base equivalent)	NC				
SEYSARA- sarecycline hcl tab 150 mg (base equivalent)	NC				
TARGADOX- doxycycline hyclate tab 50 mg	NC				
tetracycline hcl cap 250 mg	GN				
tetracycline hcl cap 500 mg	GN				
VIBRAMYCIN- doxycycline calcium syrup 50 mg/5ml	NC				
XIMINO- minocycline hcl cap er 24hr 45 mg (base equivalent)	NC				
XIMINO- minocycline hcl cap er 24hr 90 mg (base equivalent)	NC				
XIMINO- minocycline hcl cap er 24hr 135 mg (base equivalent)	NC				
FLUOROQUINOLONES					
BAXDELA- delafloxacin meglumine tab 450 mg (base equiv)	BN				
CIPRO- ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	BN				
CIPRO- ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	BN				
CIPROFLOXACIN HCL- ciprofloxacin hcl tab 100 mg (base equiv)	BN				
ciprofloxacin hcl tab 250 mg (base equiv) (Cipro)	GP				
ciprofloxacin hcl tab 500 mg (base equiv) (Cipro)	GP				
ciprofloxacin hcl tab 750 mg (base equiv)	GP				
levofloxacin oral soln 25 mg/ml	GN				
levofloxacin tab 250 mg	GP				
levofloxacin tab 500 mg (Levaquin)	GP				
levofloxacin tab 750 mg (Levaquin)	GP				
moxifloxacin hcl tab 400 mg (base equiv)	GN				
OFLOXACIN- ofloxacin tab 300 mg	BP				
ofloxacin tab 400 mg	GN				
AMINOGLYCOSIDES					

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
ARIKAYCE- amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	BN	•	•		•
BETHKIS- tobramycin nebu soln 300 mg/4ml	BN	•			
KITABIS PAK- tobramycin nebu soln 300 mg/5ml	BN	•			
neomycin sulfate tab 500 mg	GP				
PAROMOMYCIN SULFATE- paromomycin sulfate cap 250 mg	BP				
TOBI PODHALER- tobramycin inhal cap 28 mg	BN	•			
TOBRAMYCIN- tobramycin nebu soln 300 mg/5ml	BN	•			
tobramycin nebu soln 300 mg/5ml (Tobi)	GN	•			
tobramycin nebu soln 300 mg/4ml (Bethkis)	GN	•			
SULFONAMIDES					
SULFADIAZINE- sulfadiazine tab 500 mg	BP				
ANTIMYCOBACTERIAL AGENTS					
CYCLOSERINE- cycloserine cap 250 mg	GN				
ethambutol hcl tab 100 mg (Myambutol)	GN				
ethambutol hcl tab 400 mg (Myambutol)	GN				
ISONIAZID- isoniazid syrup 50 mg/5ml	BN				
ISONIAZID- isoniazid tab 100 mg	GP				
isoniazid tab 300 mg	GP				
PASER- aminosalicylic acid er granules packet 4 gm	BN				
PRETOMANID- pretomanid tab 200 mg	BN				
PRIFTIN- rifapentine tab 150 mg	BP				
PYRAZINAMIDE- pyrazinamide tab 500 mg	GN				
rifabutin cap 150 mg (Mycobutin)	GN				
rifampin cap 150 mg (Rifadin)	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
rifampin cap 300 mg (Rifadin)	GN				
SIRTURO- bedaquiline fumarate tab 20 mg (base equiv)	BN				
SIRTURO- bedaquiline fumarate tab 100 mg (base equiv)	BN				
TRECATOR- ethionamide tab 250 mg	BN				
ANTIFUNGALS					
CRESEMBA- isavuconazonium sulfate cap 186 mg (isavuconazole 100 mg)	BN		•		
fluconazole for susp 10 mg/ml (Diflucan)	GN				
fluconazole for susp 40 mg/ml (Diflucan)	GN				
fluconazole tab 50 mg (Diflucan)	GP				
fluconazole tab 100 mg (Diflucan)	GP				
fluconazole tab 150 mg (Diflucan)	GP				
fluconazole tab 200 mg (Diflucan)	GP				
flucytosine cap 250 mg (Ancobon)	GN				
flucytosine cap 500 mg (Ancobon)	GN				
griseofulvin microsize susp 125 mg/5ml	GN				
griseofulvin microsize tab 500 mg	GN				
griseofulvin ultramicrosize tab 125 mg	GN				
griseofulvin ultramicrosize tab 250 mg	GN				
itraconazole cap 100 mg (Sporanox)	GN				•
itraconazole oral soln 10 mg/ml (Sporanox)	GN		•		•
ketoconazole tab 200 mg	NC				
NOXAFIL- posaconazole susp 40 mg/ml	BP		•		
nystatin tab 500000 unit	GN				
posaconazole tab delayed release 100 mg (Noxafil)	GN		•		
terbinafine hcl tab 250 mg	GP				•
TOLSURA- itraconazole cap 65 mg	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
voriconazole for susp 40 mg/ml (Vfend)	GN		•		
voriconazole tab 50 mg (Vfend)	GN		•		
voriconazole tab 200 mg (Vfend)	GN		•		
ANTIVIRALS					
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	GN				•
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	GN				•
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	GN				•
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (Trizivir)	GN				•
acyclovir cap 200 mg (Zovirax)	GP				
acyclovir susp 200 mg/5ml (Zovirax)	GN				
acyclovir tab 400 mg (Zovirax)	GP				
acyclovir tab 800 mg (Zovirax)	GP				
adefovir dipivoxil tab 10 mg (Hepsera)	GN				
APTIVUS- tipranavir cap 250 mg	BN				•
APTIVUS- tipranavir oral soln 100 mg/ml	BN				•
atazanavir sulfate cap 150 mg (base equiv) (Reyataz)	GN				•
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	GN				•
atazanavir sulfate cap 300 mg (base equiv) (Reyataz)	GN				•
ATRIPLA- efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	BP				•
BARACLUDE- entecavir oral soln 0.05 mg/ml	BP	•			
BIKTARVY- bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	BP				•
CIMDUO- lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	BP				•
COMPLERA- emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	BN				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
CRIXIVAN- indinavir sulfate cap 200 mg	BN				•
CRIXIVAN- indinavir sulfate cap 400 mg	BN				•
DELSTRIGO- doravirine-lamivudine-tenofovir df tab 100-300-300 mg	BP				•
DESCOVY- emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	BP				•
DOVATO- dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	BP				•
EDURANT- rilpivirine hcl tab 25 mg (base equivalent)	BN				•
efavirenz cap 50 mg (Sustiva)	GN				•
efavirenz cap 200 mg (Sustiva)	GN				•
efavirenz tab 600 mg (Sustiva)	GN				•
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)	GN				•
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)	GN				•
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	GN				•
emtricitabine caps 200 mg (Emtriva)	GN				•
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (Truvada)	NC				
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (Truvada)	NC				
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (Truvada)	NC				
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	NC				
EMTRIVA- emtricitabine caps 200 mg	BN				•
EMTRIVA- emtricitabine soln 10 mg/ml	BN				•
entecavir tab 0.5 mg (Baraclude)	GN	•			
entecavir tab 1 mg (Baraclude)	GN	•			

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
EPCLUSA- sofosbuvir-velpatasvir tab 200-50 mg	BP	•	•		•
EPCLUSA- sofosbuvir-velpatasvir tab 400-100 mg	NC				
EPIVIR HBV- lamivudine oral soln 5 mg/ml (hbv)	BN				
EVOTAZ- atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	BP				•
famciclovir tab 125 mg	GP				
famciclovir tab 250 mg	GN				
famciclovir tab 500 mg	GN				
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	GN				•
FUZEON- enfuvirtide for inj 90 mg	BN	•			•
GENVOYA- elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	BP				•
HARVONI- ledipasvir-sofosbuvir pellet pack 33.75-150 mg	BP	•	•		•
HARVONI- ledipasvir-sofosbuvir pellet pack 45-200 mg	BP	•	•		•
HARVONI- ledipasvir-sofosbuvir tab 45-200 mg	BP	•	•		•
HARVONI- ledipasvir-sofosbuvir tab 90-400 mg	NC				
INTELENCE- etravirine tab 25 mg	BP				•
INTELENCE- etravirine tab 100 mg	BP				•
INTELENCE- etravirine tab 200 mg	BP				•
INVIRASE- saquinavir mesylate tab 500 mg	BN				•
ISENTRESS- raltegravir potassium chew tab 25 mg (base equiv)	BP				•
ISENTRESS- raltegravir potassium chew tab 100 mg (base equiv)	BP				•
ISENTRESS- raltegravir potassium packet for susp 100 mg (base equiv)	BP				•
ISENTRESS- raltegravir potassium tab 400 mg (base equiv)	BP				•
ISENTRESS HD- raltegravir potassium tab 600 mg (base equiv)	BP				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
JULUCA- dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	BP				•
KALETRA- lopinavir-ritonavir tab 100-25 mg	BP				•
KALETRA- lopinavir-ritonavir tab 200-50 mg	BP				•
lamivudine oral soln 10 mg/ml (Epivir)	GN				•
lamivudine tab 100 mg (hbv) (Epivir hbv)	GN				
lamivudine tab 150 mg (Epivir)	GN				•
lamivudine tab 300 mg (Epivir)	GN				•
lamivudine-zidovudine tab 150-300 mg (Combivir)	GN				•
LEDIPASVIR/SOFOSBUVIR- ledipasvir-sofosbuvir tab 90-400 mg	BP	•	•		•
LEXIVA- fosamprenavir calcium susp 50 mg/ml (base equiv)	BN				•
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	GN				•
MAVYRET- glecaprevir-pibrentasvir tab 100-40 mg	BP	•	•		•
NEVIRAPINE ER- nevirapine tab er 24hr 100 mg	BN				•
nevirapine susp 50 mg/5ml (Viramune)	GN				•
nevirapine tab er 24hr 400 mg (Viramune xr)	GN				•
nevirapine tab 200 mg (Viramune)	GP				•
NORVIR- ritonavir oral soln 80 mg/ml	BP				•
NORVIR- ritonavir powder packet 100 mg	BN				•
ODEFSEY- emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	BP				•
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	GN				•
oseltamivir phosphate cap 45 mg (base equiv) (Tamiflu)	GN				•
oseltamivir phosphate cap 75 mg (base equiv) (Tamiflu)	GN				•
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	GN				•
PEGASYS- peginterferon alfa-2a inj 180 mcg/ml	BP	•	•		
PEGASYS- peginterferon alfa-2a inj 180 mcg/0.5ml	BP	•	•		
PEGINTRON- peginterferon alfa-2b for inj kit 50 mcg/0.5ml	BN	•	•		
PIFELTRO- doravirine tab 100 mg	NC				
PREVYMIS- letermovir tab 240 mg	BN				•
PREVYMIS- letermovir tab 480 mg	BN				•
PREZCOBIX- darunavir-cobicistat tab 800-150 mg	BP				•
PREZISTA- darunavir ethanolate susp 100 mg/ml (base equiv)	BP				•
PREZISTA- darunavir ethanolate tab 75 mg (base equiv)	BP				•
PREZISTA- darunavir ethanolate tab 150 mg (base equiv)	BP				•
PREZISTA- darunavir ethanolate tab 600 mg (base equiv)	BP				•
PREZISTA- darunavir ethanolate tab 800 mg (base equiv)	BP				•
RELENZA DISKHALER- zanamivir aero powder breath activated 5 mg/ blister	BN				•
REYATAZ- atazanavir sulfate oral powder packet 50 mg (base equiv)	BN				•
ribavirin cap 200 mg	GN	•			
ribavirin for inhal soln 6 gm (Virazole)	GN	•			
ribavirin tab 200 mg	GN	•			
RIMANTADINE HYDROCHLORIDE- rimantadine hydrochloride tab 100 mg	NC				
ritonavir tab 100 mg (Norvir)	GN				•
RUKOBIA- fostemsavir tromethamine tab er 12hr 600 mg	BN				•
SELZENTRY- maraviroc oral soln 20 mg/ml	BN				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
SELZENTRY- maraviroc tab 25 mg	BN				•
SELZENTRY- maraviroc tab 75 mg	BN				•
SELZENTRY- maraviroc tab 150 mg	BN				•
SELZENTRY- maraviroc tab 300 mg	BN				•
SITAVIG- acyclovir buccal tab 50 mg	NC				
SOFOSBUVIR/VELPATASVIR- sofosbuvir-velpatasvir tab 400-100 mg	BP	•	•		•
SOVALDI- sofosbuvir pellet pack 150 mg	BP	•	•		•
SOVALDI- sofosbuvir pellet pack 200 mg	BP	•	•		•
SOVALDI- sofosbuvir tab 200 mg	BP	•	•		•
SOVALDI- sofosbuvir tab 400 mg	BP	•	•		•
stavudine cap 15 mg	GN				•
stavudine cap 20 mg	GN				•
stavudine cap 30 mg	GN				•
stavudine cap 40 mg	GN				•
STRIBILD- elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	BN				•
SYMFI- efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	BP				•
SYMFI LO- efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	BP				•
SYMTUZA- darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	BP				•
TEMIXYS- lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	BP				•
tenofovir disoproxil fumarate tab 300 mg (Viread)	GN				•
TIVICAY- dolutegravir sodium tab 10 mg (base equiv)	BP				•
TIVICAY- dolutegravir sodium tab 25 mg (base equiv)	BP				•
TIVICAY- dolutegravir sodium tab 50 mg (base equiv)	BP				•
TIVICAY PD- dolutegravir sodium tab for oral susp 5 mg (base equiv)	BP				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
TRIUMEQ- abacavir-dolutegravir-lamivudine tab 600-50-300 mg	BP				•
TRUVADA- emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	GN				•
TRUVADA- emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	GN				•
TRUVADA- emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	GN				•
TRUVADA- emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	GN				•
TYBOST- cobicistat tab 150 mg	BN				•
valacyclovir hcl tab 500 mg (Valtrex)	GP				
valacyclovir hcl tab 1 gm (Valtrex)	GP				
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	GN				
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	GN				
VEMLIDY- tenofovir alafenamide fumarate tab 25 mg	BN	•			
VIEKIRA PAK- ombitas-paritapre-riton & dasab tab pak 12.5-75-50 & 250 mg	NC				
VIRACEPT- nelfinavir mesylate tab 250 mg	BN				•
VIRACEPT- nelfinavir mesylate tab 625 mg	BN				•
VIREAD- tenofovir disoproxil fumarate oral powder 40 mg/gm	BP				•
VIREAD- tenofovir disoproxil fumarate tab 150 mg	BP				•
VIREAD- tenofovir disoproxil fumarate tab 200 mg	BP				•
VIREAD- tenofovir disoproxil fumarate tab 250 mg	BP				•
VOSEVI- sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	BP	•	•		•
XOFLUZA- baloxavir marboxil tab therapy pack 2 x 20 mg (40 mg dose)	BN				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
XOFLUZA- baloxavir marboxil tab therapy pack 2 x 40 mg (80 mg dose)	BN				•
ZEPATIER- elbasvir-grazoprevir tab 50-100 mg	NC				
zidovudine cap 100 mg (Retrovir)	GN				•
zidovudine syrup 10 mg/ml (Retrovir)	GN				•
zidovudine tab 300 mg	GN				•
ANTIMALARIALS					
ARAKODA- tafenoquine succinate tab 100 mg (base equivalent)	BN				
atovaquone-proguanil hcl tab 62.5-25 mg (Malarone)	GN				
atovaquone-proguanil hcl tab 250-100 mg (Malarone)	GN				
CHLOROQUINE PHOSPHATE- chloroquine phosphate tab 500 mg	BN				
chloroquine phosphate tab 250 mg	GN				
COARTEM- artemether-lumefantrine tab 20-120 mg	BN				
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	GN				
KRINTAFEL- tafenoquine succinate tab 150 mg (base equivalent)	BN				
MEFLOQUINE HCL- mefloquine hcl tab 250 mg	BP				
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	GN				
pyrimethamine tab 25 mg (Daraprim)	GN				
quinine sulfate cap 324 mg (Qualaquin)	GN				
AMEBICIDES					
SOLOSEC- secnidazole granules packet 2 gm	NC				
ANTHELMINTICS					
albendazole tab 200 mg (Albenza)	GN				
BENZNIDAZOLE- benznidazole tab 12.5 mg	BP				
BENZNIDAZOLE- benznidazole tab 100 mg	BP				
EMVERM- mebendazole chew tab 100 mg	NC				
ivermectin tab 3 mg (Stromectol)	GN				
praziquantel tab 600 mg (Biltricide)	GN				
ANTI-INFECTIVE AGENTS - MISC.					
AEMCOLO- rifamycin sodium tab delayed release 194 mg (base equiv)	NC				
ALINIA- nitazoxanide for susp 100 mg/5ml	BP				•
ALINIA- nitazoxanide tab 500 mg	BP				•
atovaquone susp 750 mg/5ml (Mepron)	GN				
CAYSTON- aztreonam lysine for inhal soln 75 mg (base equivalent)	BN	•			
clindamycin hcl cap 75 mg (Cleocin)	GN				
clindamycin hcl cap 150 mg (Cleocin)	GP				
clindamycin hcl cap 300 mg (Cleocin)	GP				
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	GN				
dapsone tab 25 mg	GN				
dapsone tab 100 mg	GN				
FIRVANQ- vancomycin hcl for oral soln 25 mg/ml (base equivalent)	BN				
FIRVANQ- vancomycin hcl for oral soln 50 mg/ml (base equivalent)	BN				
fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)	GN				
IMPAVIDO- miltefosine cap 50 mg	BP				
LAMPIT- nifurtimox tab 30 mg	BN				
LAMPIT- nifurtimox tab 120 mg	BN				
linezolid for susp 100 mg/5ml (Zyvox)	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
linezolid tab 600 mg (Zyvox)	GN				
methenamine hippurate tab 1 gm (Hiprex)	GN				
metronidazole cap 375 mg (Flagyl)	GN				
metronidazole tab 250 mg (Flagyl)	GP				
metronidazole tab 500 mg (Flagyl)	GP				
MONUROL- fosfomycin tromethamine powd pack 3 gm (base equivalent)	BN				
nitazoxanide tab 500 mg (Alinia)	GN				•
nitrofurantoin macrocrystalline cap 25 mg (Macrodantin)	GN				
nitrofurantoin macrocrystalline cap 50 mg (Macrodantin)	GN				
nitrofurantoin macrocrystalline cap 100 mg (Macrodantin)	GN				
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	GP				
nitrofurantoin susp 25 mg/5ml	GN				
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	GN				
PRIMSOL- trimethoprim hcl oral soln 50 mg/5ml (base equiv)	BN				
SIVEXTRO- tedizolid phosphate tab 200 mg	BN				
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	GN				
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	GP				
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	GP				
tinidazole tab 250 mg	GN				
tinidazole tab 500 mg	GN				
trimethoprim tab 100 mg	GP				
vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)	GN				
vancomycin hcl cap 250 mg (base equivalent) (Vancocin)	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
VANCOMYCIN HYDROCHLORIDE- vancomycin hcl for oral soln 50 mg/ml (base equivalent)	NC				
XENLETA- lefamulin acetate tab 600 mg	BN				
XIFAXAN- rifaximin tab 200 mg	BN				
XIFAXAN- rifaximin tab 550 mg	BP				
BIOLOGICALS					
VACCINES					
ACTHIB- haemophilus b polysaccharide conjugate vaccine for inj	BP				
AFLURIA QUADRIVALENT 2020- influenza virus vac split quadrivalent susp pref syr 0.25 ml	BP				
AFLURIA QUADRIVALENT 2020- influenza virus vac split quadrivalent susp pref syr 0.5ml	BP				
AFLURIA QUADRIVALENT 2020- influenza virus vaccine split quadrivalent im inj	BP				
BEXSERO- meningococcal vac b (recomb omv adjuv) inj prefilled syringe	BP				
ENGERIX-B- hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml	BP				
ENGERIX-B- hepatitis b vaccine (recombinant) susp 20 mcg/ml	BP				
FLUAD QUADRIVALENT INFLUE- influenza vac type a&b surface ant adj quad pref syr 0.5 ml	BP				
FLUAD 2020-2021- influenza vac type a&b surface ant adj susp pref syr 0.5 ml	BP				
FLUARIX QUADRIVALENT 2020- influenza virus vac split quadrivalent susp pref syr 0.5ml	BP				
FLUBLOK QUADRIVALENT 2020- influenza vac recomb ha quad pf soln pref syr 0.5 ml	BP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
FLUCELVAX QUADRIVALENT 20- influenza vac tiss-cult subunt quad susp pref syr 0.5 ml	BP				
FLUCELVAX QUADRIVALENT 20- influenza vac tissue-cultured subunit quadrivalent im susp	BP				
FLULAVAL QUADRIVALENT 202- influenza virus vac split quadrivalent susp pref syr 0.5ml	BP				
FLUMIST QUADRIVALENT- influenza virus vaccine live quadrivalent intranasal susp	BP				
FLUZONE HIGH-DOSE PF 2020- influenza vac split high-dose quad pf susp pref syr 0.7 ml	BP				
FLUZONE QUADRIVALENT 2020- influenza virus vac split quadrivalent susp pref syr 0.5ml	BP				
FLUZONE QUADRIVALENT 2020- influenza virus vaccine split quadrivalent im inj	BP				
FLUZONE QUADRIVALENT 2020- influenza virus vaccine split quadrivalent inj 0.5 ml	BP				
GARDASIL 9- human papillomavirus (hpv) 9-valent recomb vac im susp	BP				
GARDASIL 9- human papillomavirus (hpv) 9-valent recomb vac susp pref syr	BP				
HAVRIX- hepatitis a vaccine inj susp 720 el unit/0.5ml	BP				
HAVRIX- hepatitis a vaccine inj susp 1440 el unit/ml	BP				
HEPLISAV-B- hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	BP				
HIBERIX- haemophilus b polysaccharide conjugate vac for inj 10 mcg	BP				
IMOVAX RABIES (H.D.C.V.)- rabies virus vaccine, hdc inj	BP				
IPOL INACTIVATED IPV- poliovirus vaccine, ipv injection	BP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
M-M-R II- measles-mumps-rubella virus vaccines for inj soln	BP				
MENACTRA- meningococcal (a, c, y, and w-135) conjugate vaccine inj	BP				
MENQUADFI- meningococcal (a, c, y, and w-135) conjugate vaccine inj	BP				
MENVEO- meningococcal (a, c, y, and w-135) oligo conj vac for inj	BP				
MODERNA COVID-19 VACCINE- covid-19 (sars-cov-2)mrna vacc- moderna im susp 100 mcg/0.5ml	BP				
PEDVAX HIB- haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	BP				
PFIZER-BIONTECH COVID-19- covid-19 (sars-cov-2) mrna vacc- pfizer im susp 30 mcg/0.3ml	BP				
PNEUMOVAX 23- pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	BP				
PNEUMOVAX 23/1 DOSE- pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	BP				
PREVNAR 13- pneumococcal 13- valent conjugate vaccine inj	BP				
PROQUAD- measles-mumps-rubella- varicella virus vaccines for susp	BP				
RABAVERT- rabies vaccine, pcec for inj	BP				
RECOMBIVAX HB- hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	BP				
RECOMBIVAX HB- hepatitis b vaccine (recombinant) susp 10 mcg/ml	BP				
RECOMBIVAX HB- hepatitis b vaccine (recombinant) susp 40 mcg/ml	BP				
ROTARIX- rotavirus vaccine, live for oral susp	BP				
ROTATEQ- rotavirus vaccine, live oral pentavalent soln	BP				
SHINGRIX- zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	BP				
TRUMENBA- meningococcal group b vac (recomb) im susp prefilled syr	BP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
TWINRIX- hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	BP				
TYPHIM VI- typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	NC				
VAQTA- hepatitis a vaccine inj susp 25 unit/0.5ml	BP				
VAQTA- hepatitis a vaccine inj susp 50 unit/ml	BP				
VARIVAX- varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	BP				
VIVOTIF- typhoid vaccine cap delayed release	NC				
TOXOIDS					
ADACEL- tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	BP				
BOOSTRIX- tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	BP				
DAPTACEL- diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	BP				
DIPHTHERIA/TETANUS TOXOID- diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	BP				
INFANRIX- diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	BP				
KINRIX- diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	BP				
PEDIARIX- diph-tetanus tox-acell pert-hepatitis b-polio ipv vac inj	BP				
PENTACEL- diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	BP				
QUADRACEL- diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	BP				
TDVAX- tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	BP				
TENIVAC- tetanus-diphtheria toxoids (td) inj 5-2 lfu	BP				
VAXELIS- diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	BP				
VAXELIS- diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	BP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
BIOLOGICALS MISC					
GRASTEK- timothy grass pollen allergen ext sl tab 2800 bau	BN		•		•
ODACTRA- dust mite mixed ext sl tab 12 sq-hdm	BN		•		•
ORALAIR- grass mixed pollen ext sl tab 300 ir (index of reactivity)	BN		•		•
PALFORZIA INITIAL DOSE ES- peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 & 6 mg	NC				
PALFORZIA LEVEL 1- peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose)	NC				
PALFORZIA LEVEL 10- peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose)	NC				
PALFORZIA LEVEL 11 (MAINT- peanut allergen powder-dnfp maintenance packet 300 mg	NC				
PALFORZIA LEVEL 11 (TITRA- peanut allergen powder-dnfp titration packet 300 mg	NC				
PALFORZIA LEVEL 2- peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose)	NC				
PALFORZIA LEVEL 3- peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose)	NC				
PALFORZIA LEVEL 4- peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose)	NC				
PALFORZIA LEVEL 5- peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose)	NC				
PALFORZIA LEVEL 6- peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose)	NC				
PALFORZIA LEVEL 7- peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose)	NC				
PALFORZIA LEVEL 8- peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose)	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
PALFORZIA LEVEL 9- peanut powder-dnfp pack 2 x 100 mg (200 mg dose)	NC				
RAGWITEK- short ragweed pollen allergen extract sl tab 12 amb a 1-u	BN		•		•
ANTINEOPLASTIC AGENTS					
ANTINEOPLASTICS					
abiraterone acetate tab 250 mg (Zytiga)	GN	•	•		•
abiraterone acetate tab 500 mg (Zytiga)	GN	•	•		•
ACTIMMUNE- interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	BP	•			
AFINITOR- everolimus tab 10 mg	BP	•	•		•
AFINITOR DISPERZ- everolimus tab for oral susp 2 mg	BP	•	•		•
AFINITOR DISPERZ- everolimus tab for oral susp 3 mg	BP	•	•		•
AFINITOR DISPERZ- everolimus tab for oral susp 5 mg	BP	•	•		•
ALECENSA- alectinib hcl cap 150 mg (base equivalent)	BP	•	•		•
ALUNBRIG- brigatinib tab initiation therapy pack 90 mg & 180 mg	BP	•	•		•
ALUNBRIG- brigatinib tab 30 mg	BP	•	•		•
ALUNBRIG- brigatinib tab 90 mg	BP	•	•		•
ALUNBRIG- brigatinib tab 180 mg	BP	•	•		•
anastrozole tab 1 mg (Arimidex)	GP				
AYVAKIT- avapritinib tab 100 mg	BP	•	•		•
AYVAKIT- avapritinib tab 200 mg	BP	•	•		•
AYVAKIT- avapritinib tab 300 mg	BP	•	•		•
BALVERSA- erdafitinib tab 3 mg	BN	•	•		•
BALVERSA- erdafitinib tab 4 mg	BN	•	•		•
BALVERSA- erdafitinib tab 5 mg	BN	•	•		•
bexarotene cap 75 mg (Targretin)	GN	•	•		
bicalutamide tab 50 mg (Casodex)	GP				
BOSULIF- bosutinib tab 100 mg	BP	•	•		•
BOSULIF- bosutinib tab 400 mg	BP	•	•		•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
BOSULIF- bosutinib tab 500 mg	BP	•	•		•
BRAFTOVI- encorafenib cap 75 mg	BN	•	•		•
BRUKINSA- zanubrutinib cap 80 mg	BN	•	•		•
CABOMETYX- cabozantinib s-malate tab 20 mg (base equivalent)	BP	•	•		•
CABOMETYX- cabozantinib s-malate tab 40 mg (base equivalent)	BP	•	•		•
CABOMETYX- cabozantinib s-malate tab 60 mg (base equivalent)	BP	•	•		•
CALQUENCE- acalabrutinib cap 100 mg	BN	•	•		•
capecitabine tab 150 mg (Xeloda)	GN	•	•		
capecitabine tab 500 mg (Xeloda)	GN	•	•		
CAPRELSA- vandetanib tab 100 mg	BP	•	•		•
CAPRELSA- vandetanib tab 300 mg	BP	•	•		•
COMETRIQ- cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	BP	•	•		•
COMETRIQ- cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	BP	•	•		•
COMETRIQ- cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	BP	•	•		•
COPIKTRA- duvelisib cap 15 mg	BN	•	•		•
COPIKTRA- duvelisib cap 25 mg	BN	•	•		•
COTELLIC- cobimetinib fumarate tab 20 mg (base equivalent)	BP	•	•		•
cyclophosphamide cap 25 mg (Cyclophosphamide)	GN				
cyclophosphamide cap 50 mg (Cyclophosphamide)	GN				
DAURISMO- glasdegib maleate tab 25 mg (base equivalent)	BN	•	•		•
DAURISMO- glasdegib maleate tab 100 mg (base equivalent)	BN	•	•		•
ELIGARD- leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	BN	•			
ELIGARD- leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	BN	•			

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
ELIGARD- leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	BN	•			
ELIGARD- leuprolide acetate for subcutaneous inj kit 7.5 mg	BN	•			
EMCYT- estramustine phosphate sodium cap 140 mg	BP				
ERIVEDGE- vismodegib cap 150 mg	BP	•	•		•
ERLEADA- apalutamide tab 60 mg	BP	•	•		•
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	GN	•	•		•
erlotinib hcl tab 100 mg (base equivalent) (Tarceva)	GN	•	•		•
erlotinib hcl tab 150 mg (base equivalent) (Tarceva)	GN	•	•		•
ETOPOSIDE- etoposide cap 50 mg	BP				
everolimus tab 2.5 mg (Afinitor)	GN	•	•		•
everolimus tab 5 mg (Afinitor)	GN	•	•		•
everolimus tab 7.5 mg (Afinitor)	GN	•	•		•
exemestane tab 25 mg (Aromasin)	GN				
FARYDAK- panobinostat lactate cap 10 mg (base equivalent)	BP	•	•		•
FARYDAK- panobinostat lactate cap 15 mg (base equivalent)	BP	•	•		•
FARYDAK- panobinostat lactate cap 20 mg (base equivalent)	BP	•	•		•
flutamide cap 125 mg	GN				
GAVRETO- pralsetinib cap 100 mg	BN	•	•		•
GILOTRIF- afatinib dimaleate tab 20 mg (base equivalent)	BP	•	•		•
GILOTRIF- afatinib dimaleate tab 30 mg (base equivalent)	BP	•	•		•
GILOTRIF- afatinib dimaleate tab 40 mg (base equivalent)	BP	•	•		•
GLEOSTINE- lomustine cap 10 mg	BP				
GLEOSTINE- lomustine cap 40 mg	BP				
GLEOSTINE- lomustine cap 100 mg	BP				
HYCAMTIN- topotecan hcl cap 0.25 mg (base equiv)	BP	•	•		
HYCAMTIN- topotecan hcl cap 1 mg (base equiv)	BP	•	•		
hydroxyurea cap 500 mg (Hydrea)	GN				
IBRANCE- palbociclib cap 75 mg	BP	•	•		•
IBRANCE- palbociclib cap 100 mg	BP	•	•		•
IBRANCE- palbociclib cap 125 mg	BP	•	•		•
IBRANCE- palbociclib tab 75 mg	BP	•	•		•
IBRANCE- palbociclib tab 100 mg	BP	•	•		•
IBRANCE- palbociclib tab 125 mg	BP	•	•		•
ICLUSIG- ponatinib hcl tab 10 mg (base equiv)	BP	•	•		•
ICLUSIG- ponatinib hcl tab 15 mg (base equiv)	BP	•	•		•
ICLUSIG- ponatinib hcl tab 30 mg (base equiv)	BP	•	•		•
ICLUSIG- ponatinib hcl tab 45 mg (base equiv)	BP	•	•		•
IDHIFA- enasidenib mesylate tab 50 mg (base equivalent)	BN	•	•		•
IDHIFA- enasidenib mesylate tab 100 mg (base equivalent)	BN	•	•		•
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	GN	•	•		•
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	GN	•	•		•
IMBRUVICA- ibrutinib cap 70 mg	BP	•	•		•
IMBRUVICA- ibrutinib cap 140 mg	BP	•	•		•
IMBRUVICA- ibrutinib tab 140 mg	BP	•	•		•
IMBRUVICA- ibrutinib tab 280 mg	BP	•	•		•
IMBRUVICA- ibrutinib tab 420 mg	BP	•	•		•
IMBRUVICA- ibrutinib tab 560 mg	BP	•	•		•
INLYTA- axitinib tab 1 mg	BP	•	•		•
INLYTA- axitinib tab 5 mg	BP	•	•		•
INQOVI- decitabine-cedazuridine tab 35-100 mg	BN	•	•		•
INREBIC- fedratinib hcl cap 100 mg	BN	•	•		•
INTRON A- interferon alfa-2b inj 6000000 unit/ml	BP	•			

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
INTRON A- interferon alfa-2b inj 10000000 unit/ml	BP	•			
INTRON A- interferon alfa-2b for inj 10000000 unit	BP	•			
INTRON A- interferon alfa-2b for inj 18000000 unit	BP	•			
INTRON A- interferon alfa-2b for inj 50000000 unit	BP	•			
IRESSA- gefitinib tab 250 mg	BP	•	•		•
JAKAFI- ruxolitinib phosphate tab 5 mg (base equivalent)	BP	•	•		•
JAKAFI- ruxolitinib phosphate tab 10 mg (base equivalent)	BP	•	•		•
JAKAFI- ruxolitinib phosphate tab 15 mg (base equivalent)	BP	•	•		•
JAKAFI- ruxolitinib phosphate tab 20 mg (base equivalent)	BP	•	•		•
JAKAFI- ruxolitinib phosphate tab 25 mg (base equivalent)	BP	•	•		•
KISQALI- ribociclib succinate tab pack 200 mg daily dose	BP	•	•		•
KISQALI- ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	BP	•	•		•
KISQALI- ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	BP	•	•		•
KISQALI FEMARA 200 DOSE- ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	BP	•	•		•
KISQALI FEMARA 400 DOSE- ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	BP	•	•		•
KISQALI FEMARA 600 DOSE- ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	BP	•	•		•
KOSELUGO- selumetinib sulfate cap 10 mg	BN	•	•		•
KOSELUGO- selumetinib sulfate cap 25 mg	BN	•	•		•
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	GN	•	•		•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
LENVIMA 10 MG DAILY DOSE- lenvatinib cap therapy pack 10 mg (10 mg daily dose)	BP	•	•		•
LENVIMA 12MG DAILY DOSE- lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	BP	•	•		•
LENVIMA 14 MG DAILY DOSE- lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	BP	•	•		•
LENVIMA 18 MG DAILY DOSE- lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	BP	•	•		•
LENVIMA 20 MG DAILY DOSE- lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	BP	•	•		•
LENVIMA 24 MG DAILY DOSE- lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	BP	•	•		•
LENVIMA 4 MG DAILY DOSE- lenvatinib cap therapy pack 4 mg (4 mg daily dose)	BP	•	•		•
LENVIMA 8 MG DAILY DOSE- lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	BP	•	•		•
letrozole tab 2.5 mg (Femara)	GP				
leucovorin calcium tab 5 mg	GN				
leucovorin calcium tab 10 mg	GN				
leucovorin calcium tab 15 mg	GN				
leucovorin calcium tab 25 mg	GN				
LEUKERAN- chlorambucil tab 2 mg	BP				
leuprolide acetate inj kit 5 mg/ml	GN	•			
LONSURF- trifluridine-tipiracil tab 15-6.14 mg	BP	•	•		•
LONSURF- trifluridine-tipiracil tab 20-8.19 mg	BP	•	•		•
LORBRENA- lorlatinib tab 25 mg	BN	•	•		•
LORBRENA- lorlatinib tab 100 mg	BN	•	•		•
LUPRON DEPOT (1-MONTH)- leuprolide acetate for inj kit 3.75 mg	BP	•			
LUPRON DEPOT (1-MONTH)- leuprolide acetate for inj kit 7.5 mg	BP	•			

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
LUPRON DEPOT (3-MONTH)- leuprolide acetate (3 month) for inj kit 11.25 mg	BP	•			
LUPRON DEPOT (3-MONTH)- leuprolide acetate (3 month) for inj kit 22.5 mg	BP	•			
LUPRON DEPOT (4-MONTH)- leuprolide acetate (4 month) for inj kit 30 mg	BP	•			
LUPRON DEPOT (6-MONTH)- leuprolide acetate (6 month) for inj kit 45 mg	BP	•			
LYNPARZA- olaparib tab 100 mg	BP	•	•		•
LYNPARZA- olaparib tab 150 mg	BP	•	•		•
LYSODREN- mitotane tab 500 mg	BP		•		
MATULANE- procarbazine hcl cap 50 mg	BP	•	•		
megestrol acetate susp 40 mg/ml	GN				
megestrol acetate tab 20 mg	GP				
megestrol acetate tab 40 mg	GP				
MEKINIST- trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	BP	•	•		•
MEKINIST- trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	BP	•	•		•
MEKTOVI- binimetinib tab 15 mg	BN	•	•		•
melphalan tab 2 mg (Alkeran)	GN				
mercaptopurine tab 50 mg	GN				
MESNEX- mesna tab 400 mg	BP				
METHOTREXATE SODIUM- methotrexate sodium inj 250 mg/10ml (25 mg/ml)	BN				
methotrexate sodium for inj 1 gm	GN				
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	GP				
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	GP				
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	GN				
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	GP				
methotrexate sodium tab 2.5 mg (base equiv)	GN				
MYLERAN- busulfan tab 2 mg	BP				
NERLYNX- neratinib maleate tab 40 mg (base equivalent)	BN	•	•		•
NEXAVAR- sorafenib tosylate tab 200 mg (base equivalent)	BP	•	•		•
nilutamide tab 150 mg (Nilandron)	GN				
NINLARO- ixazomib citrate cap 2.3 mg (base equivalent)	BP	•	•		•
NINLARO- ixazomib citrate cap 3 mg (base equivalent)	BP	•	•		•
NINLARO- ixazomib citrate cap 4 mg (base equivalent)	BP	•	•		•
NUBEQA- darolutamide tab 300 mg	BP	•	•		•
ODOMZO- sonidegib phosphate cap 200 mg (base equivalent)	BP	•	•		•
ONUREG- azacitidine tab 200 mg	BN	•	•		•
ONUREG- azacitidine tab 300 mg	BN	•	•		•
PEMAZYRE- pemigatinib tab 4.5 mg	BN	•	•		•
PEMAZYRE- pemigatinib tab 9 mg	BN	•	•		•
PEMAZYRE- pemigatinib tab 13.5 mg	BN	•	•		•
PIQRAY 200MG DAILY DOSE- alpelisib tab therapy pack 200 mg daily dose	BP	•	•		•
PIQRAY 250MG DAILY DOSE- alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	BP	•	•		•
PIQRAY 300MG DAILY DOSE- alpelisib tab pack 300 mg daily dose (2x150 mg tab)	BP	•	•		•
POMALYST- pomalidomide cap 1 mg	BP	•	•		•
POMALYST- pomalidomide cap 2 mg	BP	•	•		•
POMALYST- pomalidomide cap 3 mg	BP	•	•		•
POMALYST- pomalidomide cap 4 mg	BP	•	•		•
PURIXAN- mercaptopurine susp 2000 mg/100ml (20 mg/ml)	BP				
QINLOCK- ripretinib tab 50 mg	BN	•	•		•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
RETEVMO- selpercatinib cap 40 mg	BP	•	•		•
RETEVMO- selpercatinib cap 80 mg	BP	•	•		•
ROZLYTREK- entrectinib cap 100 mg	BP	•	•		•
ROZLYTREK- entrectinib cap 200 mg	BP	•	•		•
RUBRACA- rucaparib camsylate tab 200 mg (base equivalent)	BP	•	•		•
RUBRACA- rucaparib camsylate tab 250 mg (base equivalent)	BP	•	•		•
RUBRACA- rucaparib camsylate tab 300 mg (base equivalent)	BP	•	•		•
RYDAPT- midostaurin cap 25 mg	BP	•	•		•
SOLTAMOX- tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	BN				
SPRYCEL- dasatinib tab 20 mg	BP	•	•		•
SPRYCEL- dasatinib tab 50 mg	BP	•	•		•
SPRYCEL- dasatinib tab 70 mg	BP	•	•		•
SPRYCEL- dasatinib tab 80 mg	BP	•	•		•
SPRYCEL- dasatinib tab 100 mg	BP	•	•		•
SPRYCEL- dasatinib tab 140 mg	BP	•	•		•
STIVARGA- regorafenib tab 40 mg	BP	•	•		•
SUTENT- sunitinib malate cap 12.5 mg (base equivalent)	BP	•	•		•
SUTENT- sunitinib malate cap 25 mg (base equivalent)	BP	•	•		•
SUTENT- sunitinib malate cap 37.5 mg (base equivalent)	BP	•	•		•
SUTENT- sunitinib malate cap 50 mg (base equivalent)	BP	•	•		•
SYNRIBO- omacetaxine mepesuccinate for inj 3.5 mg	BP	•			
TABLOID- thioguanine tab 40 mg	BP				
TABRECTA- capmatinib hcl tab 150 mg	BP	•	•		•
TABRECTA- capmatinib hcl tab 200 mg	BP	•	•		•
TAFINLAR- dabrafenib mesylate cap 50 mg (base equivalent)	BP	•	•		•
TAFINLAR- dabrafenib mesylate cap 75 mg (base equivalent)	BP	•	•		•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
TAGRISSO- osimertinib mesylate tab 40 mg (base equivalent)	BP	•	•		•
TAGRISSO- osimertinib mesylate tab 80 mg (base equivalent)	BP	•	•		•
TALZENNA- talazoparib tosylate cap 0.25 mg (base equivalent)	BP	•	•		•
TALZENNA- talazoparib tosylate cap 1 mg (base equivalent)	BP	•	•		•
tamoxifen citrate tab 10 mg (base equivalent)	GP				
tamoxifen citrate tab 20 mg (base equivalent)	GN				
TASIGNA- nilotinib hcl cap 50 mg (base equivalent)	BP	•	•		•
TASIGNA- nilotinib hcl cap 150 mg (base equivalent)	BP	•	•		•
TASIGNA- nilotinib hcl cap 200 mg (base equivalent)	BP	•	•		•
TAZVERIK- tazemetostat hbr tab 200 mg	BN	•	•		•
temozolomide cap 5 mg (Temodar)	GN	•	•		
temozolomide cap 20 mg (Temodar)	GN	•	•		
temozolomide cap 100 mg (Temodar)	GN	•	•		
temozolomide cap 140 mg (Temodar)	GN	•	•		
temozolomide cap 180 mg (Temodar)	GN	•	•		
temozolomide cap 250 mg (Temodar)	GN	•	•		
TIBSOVO- ivosidenib tab 250 mg	BN	•	•		•
toremifene citrate tab 60 mg (base equivalent) (Fareston)	GN				
tretinoin cap 10 mg	GN		•		
TREXALL- methotrexate sodium tab 5 mg (base equiv)	BN				
TREXALL- methotrexate sodium tab 7.5 mg (base equiv)	BN				
TREXALL- methotrexate sodium tab 10 mg (base equiv)	BN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
TREXALL- methotrexate sodium tab 15 mg (base equiv)	BN				
TUKYSA- tucatinib tab 50 mg	BN	•	•		•
TUKYSA- tucatinib tab 150 mg	BN	•	•		•
TURALIO- pexidartinib hcl cap 200 mg (base equivalent)	BN	•	•		•
TYKERB- lapatinib ditosylate tab 250 mg (base equiv)	BP	•	•		•
VENCLEXTA- venetoclax tab 10 mg	BP	•	•		•
VENCLEXTA- venetoclax tab 50 mg	BP	•	•		•
VENCLEXTA- venetoclax tab 100 mg	BP	•	•		•
VENCLEXTA STARTING PACK- venetoclax tab therapy starter pack 10 & 50 & 100 mg	BP	•	•		•
VERZENIO- abemaciclib tab 50 mg	BP	•	•		•
VERZENIO- abemaciclib tab 100 mg	BP	•	•		•
VERZENIO- abemaciclib tab 150 mg	BP	•	•		•
VERZENIO- abemaciclib tab 200 mg	BP	•	•		•
VITRAKVI- larotrectinib sulfate cap 25 mg (base equivalent)	BP	•	•		•
VITRAKVI- larotrectinib sulfate cap 100 mg (base equivalent)	BP	•	•		•
VITRAKVI- larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	BP	•	•		•
VIZIMPRO- dacomitinib tab 15 mg	BN	•	•		•
VIZIMPRO- dacomitinib tab 30 mg	BN	•	•		•
VIZIMPRO- dacomitinib tab 45 mg	BN	•	•		•
VOTRIENT- pazopanib hcl tab 200 mg (base equiv)	BP	•	•		•
XALKORI- crizotinib cap 200 mg	BP	•	•		•
XALKORI- crizotinib cap 250 mg	BP	•	•		•
XATMEP- methotrexate oral soln 2.5 mg/ml	NC				
XOSPATA- gilteritinib fumarate tablet 40 mg (base equivalent)	BN	•	•		•
XPOVIO 100 MG ONCE WEEKLY- selinexor tab therapy pack 20 mg (100 mg once weekly)	BN	•	•		•
XPOVIO 40 MG ONCE WEEKLY- selinexor tab therapy pack 20 mg (40 mg once weekly)	BN	•	•		•
XPOVIO 40 MG TWICE WEEKLY- selinexor tab therapy pack 20 mg (40 mg twice weekly)	BN	•	•		•
XPOVIO 60 MG ONCE WEEKLY- selinexor tab therapy pack 20 mg (60 mg once weekly)	BN	•	•		•
XPOVIO 60 MG TWICE WEEKLY- selinexor tab therapy pack 20 mg (60 mg twice weekly)	BN	•	•		•
XPOVIO 80 MG ONCE WEEKLY- selinexor tab therapy pack 20 mg (80 mg once weekly)	BN	•	•		•
XPOVIO 80 MG TWICE WEEKLY- selinexor tab therapy pack 20 mg (80 mg twice weekly)	BN	•	•		•
XTANDI- enzalutamide cap 40 mg	BP	•	•		•
YONSA- abiraterone acetate tab 125 mg	BP	•	•		•
ZEJULA- niraparib tosylate cap 100 mg (base equivalent)	BN	•	•		•
ZELBORAF- vemurafenib tab 240 mg	BP	•	•		•
ZOLINZA- vorinostat cap 100 mg	BP	•	•		•
ZYDELIG- idelalisib tab 100 mg	BP	•	•		•
ZYDELIG- idelalisib tab 150 mg	BP	•	•		•
ZYKADIA- ceritinib tab 150 mg	BP	•	•		•
ZYTIGA- abiraterone acetate tab 500 mg	BP	•	•		•
ENDOCRINE AND METABOLIC DRUGS					
CORTICOSTEROIDS					
ALKINDI SPRINKLE- hydrocortisone cap sprinkle 0.5 mg	NC				
ALKINDI SPRINKLE- hydrocortisone cap sprinkle 1 mg	NC				
ALKINDI SPRINKLE- hydrocortisone cap sprinkle 2 mg	NC				
ALKINDI SPRINKLE- hydrocortisone cap sprinkle 5 mg	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
budesonide delayed release particles cap 3 mg (Entocort ec)	GN				
budesonide tab er 24hr 9 mg (Uceris)	NC				
DEXABLISS- dexamethasone tab therapy pack 1.5 mg (39)	NC				
DEXAMETHASONE- dexamethasone soln 0.5 mg/5ml	BN				
DEXAMETHASONE- dexamethasone tab 1 mg	BP				
DEXAMETHASONE- dexamethasone tab 2 mg	BP				
dexamethasone elixir 0.5 mg/5ml	GN				
DEXAMETHASONE INTENSOL- dexamethasone conc 1 mg/ml	BN				
dexamethasone tab therapy pack 1.5 mg (21)	NC				
dexamethasone tab 0.5 mg	GP				
dexamethasone tab 0.75 mg	GP				
dexamethasone tab 1.5 mg	GP				
dexamethasone tab 4 mg	GP				
dexamethasone tab 6 mg	GP				
DEXAMETHASONE 10-DAY DOSE- dexamethasone tab therapy pack 1.5 mg (35)	NC				
DEXAMETHASONE 13-DAY DOSE- dexamethasone tab therapy pack 1.5 mg (51)	NC				
DXEVO 11-DAY- dexamethasone tab therapy pack 1.5 mg (39)	NC				
EMFLAZA- deflazacort susp 22.75 mg/ml	NC				
EMFLAZA- deflazacort tab 6 mg	NC				
EMFLAZA- deflazacort tab 18 mg	NC				
EMFLAZA- deflazacort tab 30 mg	NC				
EMFLAZA- deflazacort tab 36 mg	NC				
fludrocortisone acetate tab 0.1 mg	GP				
HEMADY- dexamethasone tab 20 mg	NC				
hydrocortisone tab 5 mg (Cortef)	GN				
hydrocortisone tab 10 mg (Cortef)	GN				
hydrocortisone tab 20 mg (Cortef)	GN				
MEDROL- methylprednisolone tab 2 mg	BN				
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	GP				
methylprednisolone tab 4 mg (Medrol)	GP				
methylprednisolone tab 8 mg (Medrol)	GN				
methylprednisolone tab 16 mg (Medrol)	GP				
methylprednisolone tab 32 mg (Medrol)	GP				
MILLIPRED- prednisolone tab 5 mg	NC				
ORTIKOS- budesonide cap er 24hr 6 mg	NC				
ORTIKOS- budesonide cap er 24hr 9 mg	NC				
PREDNISOLONE- prednisolone syrup 15 mg/5ml (usp solution equivalent)	BN				
prednisolone sod phos orally disintegr tab 10 mg (base eq) (Orapred odt)	NC				
prednisolone sod phos orally disintegr tab 15 mg (base eq) (Orapred odt)	NC				
prednisolone sod phos orally disintegr tab 30 mg (base eq) (Orapred odt)	NC				
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	GN				
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	GP				
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)	GN				
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
PREDNISOLONE SODIUM PHOSP- prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	BN				
PREDNISONE- prednisone oral soln 5 mg/5ml	BP				
PREDNISONE INTENSOL- prednisone conc 5 mg/ml	BN				
prednisone tab therapy pack 5 mg (21)	GP				
prednisone tab therapy pack 5 mg (48)	GP				
prednisone tab therapy pack 10 mg (21)	GN				
prednisone tab therapy pack 10 mg (48)	GN				
prednisone tab 1 mg	GP				
prednisone tab 2.5 mg	GP				
prednisone tab 5 mg	GP				
prednisone tab 10 mg	GP				
prednisone tab 20 mg	GP				
prednisone tab 50 mg	GP				
RAYOS- prednisone tab delayed release 1 mg	NC				
RAYOS- prednisone tab delayed release 2 mg	NC				
RAYOS- prednisone tab delayed release 5 mg	NC				
TAPERDEX 12-DAY- dexamethasone tab therapy pack 1.5 mg (49)	NC				
TAPERDEX 7-DAY- dexamethasone tab therapy pack 1.5 mg (27)	NC				
ZCORT 7-DAY- dexamethasone tab therapy pack 1.5 mg (25)	NC				
ANDROGEN-ANABOLIC					
ANADROL-50- oxymetholone tab 50 mg	BN		•		
ANDRODERM- testosterone td patch 24hr 2 mg/24hr	NC				
ANDRODERM- testosterone td patch 24hr 4 mg/24hr	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
AVEED- testosterone undecanoate im inj in oil 750 mg/3ml (250mg/ml)	NC				
danazol cap 50 mg	GN		•		
danazol cap 100 mg	GN		•		
danazol cap 200 mg	GN		•		
JATENZO- testosterone undecanoate cap 158 mg	NC				
JATENZO- testosterone undecanoate cap 198 mg	NC				
JATENZO- testosterone undecanoate cap 237 mg	NC				
METHITEST- methyltestosterone oral tab 10 mg	BN		•		•
METHYLTESTOSTERONE- methyltestosterone cap 10 mg	BN		•		•
NATESTO- testosterone nasal gel 5.5 mg/act	NC				
oxandrolone tab 2.5 mg	GN		•		
oxandrolone tab 10 mg	GN		•		
TESTOSTERONE- testosterone td gel 50 mg/5gm (1%)	NC				
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	GN		•		•
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	GN		•		•
TESTOSTERONE ENANTHATE- testosterone enanthate im inj in oil 200 mg/ml	BN		•		•
TESTOSTERONE PUMP- testosterone td gel 12.5 mg/act (1%)	NC				
testosterone td gel 25 mg/2.5gm (1%) (Androgel)	GN		•		•
testosterone td gel 50 mg/5gm (1%) (Androgel)	GN		•		•
testosterone td gel 12.5 mg/act (1%)	GN		•		•
testosterone td gel 20.25 mg/1.25gm (1.62%) (Androgel)	GN		•		•
testosterone td gel 40.5 mg/2.5gm (1.62%) (Androgel)	GN		•		•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	GN		•		•
testosterone td gel 10mg/act (2%) (Fortesta)	NC				
testosterone td soln 30 mg/act	GN		•		•
VOGELXO- testosterone td gel 50 mg/5gm (1%)	NC				
VOGELXO PUMP- testosterone td gel 12.5 mg/act (1%)	NC				
XYOSTED- testosterone enanthate solution auto-injector 50 mg/0.5ml	NC				
XYOSTED- testosterone enanthate solution auto-injector 75 mg/0.5ml	NC				
XYOSTED- testosterone enanthate solution auto-injector 100 mg/0.5ml	NC				
ESTROGENS					
ALORA- estradiol td patch twice weekly 0.025 mg/24hr	BN				•
ALORA- estradiol td patch twice weekly 0.05 mg/24hr	BN				•
ALORA- estradiol td patch twice weekly 0.075 mg/24hr	BN				•
ALORA- estradiol td patch twice weekly 0.1 mg/24hr	BN				•
ANGELIQ- drospirenone-estradiol tab 0.25-0.5 mg	BN				
ANGELIQ- drospirenone-estradiol tab 0.5-1 mg	BN				
BIJUVA- estradiol-progesterone cap 1-100 mg	NC				
CLIMARA PRO- estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	BP				•
COMBIPATCH- estradiol-norethindrone ace td pttw 0.05-0.14 mg/day	BN				•
COMBIPATCH- estradiol-norethindrone ace td pttw 0.05-0.25 mg/day	BN				•
DELESTROGEN- estradiol valerate im in oil 10 mg/ml	BN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
DEPO-ESTRADIOL- estradiol cypionate im in oil 5 mg/ml	BN				
DIVIGEL- estradiol td gel 0.25 mg/0.25gm (0.1%)	BP				•
DIVIGEL- estradiol td gel 0.5 mg/0.5gm (0.1%)	BP				•
DIVIGEL- estradiol td gel 0.75 mg/0.75gm (0.1%)	BP				•
DIVIGEL- estradiol td gel 1 mg/gm (0.1%)	BP				•
DIVIGEL- estradiol td gel 1.25 mg/1.25gm (0.1%)	BP				•
DUAVEE- conjugated estrogens-bazedoxifene tab 0.45-20 mg	BP				
ELESTRIN- estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)	BN				•
estradiol & norethindrone acetate tab 0.5-0.1 mg (Activella)	GN				
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	GN				
estradiol tab 0.5 mg (Estrace)	GP				
estradiol tab 1 mg (Estrace)	GP				
estradiol tab 2 mg (Estrace)	GP				
estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot)	GN				•
estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot)	GN				•
estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot)	GN				•
estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot)	GN				•
estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot)	GN				•
estradiol td patch weekly 0.025 mg/24hr (Climara)	GN				•
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara)	GN				•
estradiol td patch weekly 0.05 mg/24hr (Climara)	GN				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
estradiol td patch weekly 0.06 mg/24hr (Climara)	GN				•
estradiol td patch weekly 0.075 mg/24hr (Climara)	GN				•
estradiol td patch weekly 0.1 mg/24hr (Climara)	GN				•
estradiol valerate im in oil 20 mg/ml (Delestrogen)	GN				
estradiol valerate im in oil 40 mg/ml (Delestrogen)	GN				
ESTROGEL- estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	BP				•
EVAMIST- estradiol transdermal spray 1.53 mg/spray	BN				•
MENEST- esterified estrogens tab 0.3 mg	BN				
MENEST- esterified estrogens tab 0.625 mg	BN				
MENEST- esterified estrogens tab 1.25 mg	BN				
MENOSTAR- estradiol td patch weekly 14 mcg/24hr	BN				•
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt low dose)	GN				
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	GN				
ORIAHNN- elagolix-estrad-noreth 300-1-0.5mg & elagolix 300mg cap pack	BP		•		•
PREFEST- estradiol tab 1 mg(15)/ estrad-norgestimate tab 1-0.09mg(15)	BN				
PREMARIN- estrogens, conjugated tab 0.3 mg	BP				
PREMARIN- estrogens, conjugated tab 0.45 mg	BP				
PREMARIN- estrogens, conjugated tab 0.625 mg	BP				
PREMARIN- estrogens, conjugated tab 0.9 mg	BP				
PREMARIN- estrogens, conjugated tab 1.25 mg	BP				
PREMPHASE- conj est 0.625(14)/ conj est-medroxypro ac tab 0.625-5mg(14)	BP				
PREMPRO- conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg	BP				
PREMPRO- conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg	BP				
PREMPRO- conjugated estrogen-medroxyprogest acetate tab 0.625-2.5 mg	BP				
PREMPRO- conjugated estrogen-medroxyprogest acetate tab 0.625-5 mg	BP				
CONTRACEPTIVES					
ANNOVERA- segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr	NC				
BALCOLTRA- levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	NC				
DEPO-SUBQ PROVERA 104- medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	BN				
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	GN				
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	GN				
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	GP				
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	GN				
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)	GN				
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	GN				
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
ELLA- ulipristal acetate tab 30 mg	BP				
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	GN				
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	GN				
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Nuvaring)	NC				
FALESSA- levonorgest-eth estrad tab 0.1 mg-20 mcg & fa tab 1 mg kit	BN				
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Quartette)	GN				
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	GN				
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	GN				
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	GN				
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	GP				
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	GP				
levonorgestrel tab 1.5 mg	GN				
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	GP				
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	GN				
LO LOESTRIN FE- norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	BN				
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	GN				
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	GN				
NATAZIA- estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	BN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	GN				
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	GN				
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Ortho-novum 1/35)	GP				
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	GN				
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	GN				
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	GN				
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)	GP				
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21)	GN				
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)	GP				
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30)	GP				
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)	GN				
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)	NC				
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	GN				
norethindrone tab 0.35 mg (Ortho micronor)	GP				
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Ortho-novum 7/7/7)	GN				
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	GP				
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo)	GP				
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	GP				
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	GN				
NUVARING- etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	GN				
SLYND- drospirenone tab 4 mg	NC				
TAYTULLA- norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	NC				
TWIRLA- levonorgestrel-ethinyl estradiol td ptwk 120-30 mcg/24hr	NC				
TYBLUME- levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	GP				
XULANE- norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	BP				
PROGESTINS					
medroxyprogesterone acetate tab 2.5 mg (Provera)	GP				
medroxyprogesterone acetate tab 5 mg (Provera)	GP				
medroxyprogesterone acetate tab 10 mg (Provera)	GP				
megestrol acetate susp 625 mg/5ml (Megace es)	GN				
norethindrone acetate tab 5 mg (Aygestin)	GN				
progesterone im in oil 50 mg/ml	GN				
progesterone micronized cap 100 mg (Prometrium)	GN				
progesterone micronized cap 200 mg (Prometrium)	GN				
ANTIDIABETICS					
Antidiabetics					
acarbose tab 25 mg (Precose)	GN				
acarbose tab 50 mg (Precose)	GN				
acarbose tab 100 mg (Precose)	GN				
ADLYXIN- lixisenatide soln pen-injector 20 mcg/0.2ml (100 mcg/ml)	NC				
ADLYXIN STARTER PACK- lixisenatide pen-inj starter kit 10 mcg/0.2ml & 20 mcg/0.2ml	NC				
ALOGLIPTIN- alogliptin benzoate tab 6.25 mg (base equiv)	NC				
ALOGLIPTIN- alogliptin benzoate tab 12.5 mg (base equiv)	NC				
ALOGLIPTIN- alogliptin benzoate tab 25 mg (base equiv)	NC				
ALOGLIPTIN/METFORMIN HCL- alogliptin-metformin hcl tab 12.5-500 mg	NC				
ALOGLIPTIN/METFORMIN HCL- alogliptin-metformin hcl tab 12.5-1000 mg	NC				
ALOGLIPTIN/PIOGLITAZONE- alogliptin-pioglitazone tab 12.5-15 mg	NC				
ALOGLIPTIN/PIOGLITAZONE- alogliptin-pioglitazone tab 12.5-30 mg	NC				
ALOGLIPTIN/PIOGLITAZONE- alogliptin-pioglitazone tab 12.5-45 mg	NC				
ALOGLIPTIN/PIOGLITAZONE- alogliptin-pioglitazone tab 25-15 mg	NC				
ALOGLIPTIN/PIOGLITAZONE- alogliptin-pioglitazone tab 25-30 mg	NC				
ALOGLIPTIN/PIOGLITAZONE- alogliptin-pioglitazone tab 25-45 mg	NC				
AVANDIA- rosiglitazone maleate tab 2 mg (base equiv)	NC				
AVANDIA- rosiglitazone maleate tab 4 mg (base equiv)	NC				
BAQSIMI ONE PACK- glucagon nasal powder 3 mg/dose	BP				
BAQSIMI TWO PACK- glucagon nasal powder 3 mg/dose	BP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
BYDUREON BCISE- exenatide extended release susp auto-injector 2 mg/0.85ml	BN			•	•
BYETTA- exenatide soln pen-injector 5 mcg/0.02ml	NC				
BYETTA- exenatide soln pen-injector 10 mcg/0.04ml	NC				
CYCLOSET- bromocriptine mesylate tab 0.8 mg (base equivalent)	NC				
diazoxide susp 50 mg/ml (Proglycem)	GN				
FARXIGA- dapagliflozin propanediol tab 5 mg (base equivalent)	BP				•
FARXIGA- dapagliflozin propanediol tab 10 mg (base equivalent)	BP				•
glimepiride tab 1 mg (Amaryl)	GP				
glimepiride tab 2 mg (Amaryl)	GP				
glimepiride tab 4 mg (Amaryl)	GP				
glipizide tab er 24hr 2.5 mg (Glucotrol xl)	GP				
glipizide tab er 24hr 5 mg (Glucotrol xl)	GP				
glipizide tab er 24hr 10 mg (Glucotrol xl)	GP				
glipizide tab 5 mg (Glucotrol)	GP				
glipizide tab 10 mg (Glucotrol)	GP				
glipizide-metformin hcl tab 2.5-250 mg	GN				
glipizide-metformin hcl tab 2.5-500 mg	GN				
glipizide-metformin hcl tab 5-500 mg	GN				
GLUCAGEN HYPOKIT- glucagon hcl (rdna) for inj 1 mg (base equiv)	BN				
glucagon (rdna) for inj kit 1 mg (Glucagon emergency k)	GN				
GLUCAGON EMERGENCY KIT- glucagon (rdna) for inj kit 1 mg	BP				
GLUCAGON EMERGENCY KIT FO- glucagon hcl for inj 1 mg	BP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
glyburide micronized tab 1.5 mg (Glynase)	GP				
glyburide micronized tab 3 mg (Glynase)	GP				
glyburide micronized tab 6 mg (Glynase)	GP				
glyburide tab 1.25 mg	GP				
glyburide tab 2.5 mg	GP				
glyburide tab 5 mg	GP				
glyburide-metformin tab 1.25-250 mg	GP				
glyburide-metformin tab 2.5-500 mg	GP				
glyburide-metformin tab 5-500 mg	GP				
GLYXAMBI- empagliflozin-linagliptin tab 10-5 mg	BP				•
GLYXAMBI- empagliflozin-linagliptin tab 25-5 mg	BP				•
GVOKE HYPOPEN 1-PACK- glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	BP				
GVOKE HYPOPEN 1-PACK- glucagon subcutaneous solution auto-injector 1 mg/0.2ml	BP				
GVOKE HYPOPEN 2-PACK- glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	BP				
GVOKE HYPOPEN 2-PACK- glucagon subcutaneous solution auto-injector 1 mg/0.2ml	BP				
GVOKE PFS- glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml	BP				
GVOKE PFS- glucagon subcutaneous soln pref syringe 1 mg/0.2ml	BP				
INVOKAMET- canagliflozin-metformin hcl tab 50-500 mg	BP				•
INVOKAMET- canagliflozin-metformin hcl tab 50-1000 mg	BP				•
INVOKAMET- canagliflozin-metformin hcl tab 150-500 mg	BP				•
INVOKAMET- canagliflozin-metformin hcl tab 150-1000 mg	BP				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr 50-500 mg	BP				•
INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr 50-1000 mg	BP				•
INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr 150-500 mg	BP				•
INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr 150-1000 mg	BP				•
INVOKANA- canagliflozin tab 100 mg	BP				•
INVOKANA- canagliflozin tab 300 mg	BP				•
JANUMET- sitagliptin-metformin hcl tab 50-500 mg	BP				•
JANUMET- sitagliptin-metformin hcl tab 50-1000 mg	BP				•
JANUMET XR- sitagliptin-metformin hcl tab er 24hr 50-500 mg	BP				•
JANUMET XR- sitagliptin-metformin hcl tab er 24hr 50-1000 mg	BP				•
JANUMET XR- sitagliptin-metformin hcl tab er 24hr 100-1000 mg	BP				•
JANUVIA- sitagliptin phosphate tab 25 mg (base equiv)	BP				•
JANUVIA- sitagliptin phosphate tab 50 mg (base equiv)	BP				•
JANUVIA- sitagliptin phosphate tab 100 mg (base equiv)	BP				•
JARDIANCE- empagliflozin tab 10 mg	BP				•
JARDIANCE- empagliflozin tab 25 mg	BP				•
JENTADUETO- linagliptin-metformin hcl tab 2.5-500 mg	NC				
JENTADUETO- linagliptin-metformin hcl tab 2.5-850 mg	NC				
JENTADUETO- linagliptin-metformin hcl tab 2.5-1000 mg	NC				
JENTADUETO XR- linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	NC				
JENTADUETO XR- linagliptin-metformin hcl tab er 24hr 5-1000 mg	NC				
KAZANO- alogliptin-metformin hcl tab 12.5-500 mg	NC				
KAZANO- alogliptin-metformin hcl tab 12.5-1000 mg	NC				
KOMBIGLYZE XR- saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	NC				
KOMBIGLYZE XR- saxagliptin-metformin hcl tab er 24hr 5-500 mg	NC				
KOMBIGLYZE XR- saxagliptin-metformin hcl tab er 24hr 5-1000 mg	NC				
KORLYM- mifepristone tab 300 mg	BN	•	•		•
metformin hcl oral soln 500 mg/5ml (Riomet)	NC				
metformin hcl tab er 24hr 500 mg (Glucophage xr)	GP				•
metformin hcl tab er 24hr 750 mg (Glucophage xr)	GP				•
metformin hcl tab er 24hr osmotic 500 mg (Fortamet)	NC				
metformin hcl tab er 24hr osmotic 1000 mg (Fortamet)	NC				
metformin hcl tab er 24hr modified release 500 mg (Glumetza)	NC				
metformin hcl tab er 24hr modified release 1000 mg (Glumetza)	NC				
metformin hcl tab 500 mg (Glucophage)	GP				
metformin hcl tab 850 mg (Glucophage)	GP				
metformin hcl tab 1000 mg (Glucophage)	GP				
miglitol tab 25 mg (Glyset)	GN				
miglitol tab 50 mg (Glyset)	GN				
miglitol tab 100 mg (Glyset)	GN				
nateglinide tab 60 mg (Starlix)	GN				
nateglinide tab 120 mg (Starlix)	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
NESINA- alogliptin benzoate tab 6.25 mg (base equiv)	NC				
NESINA- alogliptin benzoate tab 12.5 mg (base equiv)	NC				
NESINA- alogliptin benzoate tab 25 mg (base equiv)	NC				
ONGLYZA- saxagliptin hcl tab 2.5 mg (base equiv)	NC				
ONGLYZA- saxagliptin hcl tab 5 mg (base equiv)	NC				
OSENI- alogliptin-pioglitazone tab 12.5-15 mg	NC				
OSENI- alogliptin-pioglitazone tab 12.5-30 mg	NC				
OSENI- alogliptin-pioglitazone tab 12.5-45 mg	NC				
OSENI- alogliptin-pioglitazone tab 25-15 mg	NC				
OSENI- alogliptin-pioglitazone tab 25-30 mg	NC				
OSENI- alogliptin-pioglitazone tab 25-45 mg	NC				
OZEMPIC- semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)	BP			•	•
OZEMPIC- semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml)	BP			•	•
pioglitazone hcl tab 15 mg (base equiv) (Actos)	GP				
pioglitazone hcl tab 30 mg (base equiv) (Actos)	GP				
pioglitazone hcl tab 45 mg (base equiv) (Actos)	GP				
pioglitazone hcl-glimepiride tab 30-2 mg (Duetact)	NC				
pioglitazone hcl-glimepiride tab 30-4 mg (Duetact)	NC				
pioglitazone hcl-metformin hcl tab 15-500 mg (Actoplus met)	GN				
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
QTERN- dapagliflozin-saxagliptin tab 5-5 mg	BN				•
QTERN- dapagliflozin-saxagliptin tab 10-5 mg	BN				•
repaglinide tab 0.5 mg	GN				
repaglinide tab 1 mg	GN				
repaglinide tab 2 mg (Prandin)	GN				
RYBELSUS- semaglutide tab 3 mg	BP			•	•
RYBELSUS- semaglutide tab 7 mg	BP			•	•
RYBELSUS- semaglutide tab 14 mg	BP			•	•
SEGLUROMET- ertugliflozin-metformin hcl tab 2.5-500 mg	BN				•
SEGLUROMET- ertugliflozin-metformin hcl tab 2.5-1000 mg	BN				•
SEGLUROMET- ertugliflozin-metformin hcl tab 7.5-500 mg	BN				•
SEGLUROMET- ertugliflozin-metformin hcl tab 7.5-1000 mg	BN				•
SOLIQUA 100/33- insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	BP			•	•
STEGLATRO- ertugliflozin l-pyroglutamic acid tab 5 mg (base equiv)	BN				•
STEGLATRO- ertugliflozin l-pyroglutamic acid tab 15 mg (base equiv)	BN				•
STEGLUJAN- ertugliflozin-sitagliptin tab 5-100 mg	NC				
STEGLUJAN- ertugliflozin-sitagliptin tab 15-100 mg	NC				
SYMLINPEN 120- pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	NC				
SYMLINPEN 60- pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	NC				
SYNJARDY- empagliflozin-metformin hcl tab 5-500 mg	BP				•
SYNJARDY- empagliflozin-metformin hcl tab 5-1000 mg	BP				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
SYNJARDY- empagliflozin-metformin hcl tab 12.5-500 mg	BP				•
SYNJARDY- empagliflozin-metformin hcl tab 12.5-1000 mg	BP				•
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 5-1000 mg	BP				•
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 10-1000 mg	BP				•
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	BP				•
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 25-1000 mg	BP				•
TOLBUTAMIDE- tolbutamide tab 500 mg	BN				
TRADJENTA- linagliptin tab 5 mg	NC				
TRIJARDY XR- empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	BP				•
TRIJARDY XR- empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	BP				•
TRIJARDY XR- empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg	BP				•
TRIJARDY XR- empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg	BP				•
TRULICITY- dulaglutide soln pen-injector 0.75 mg/0.5ml	BP			•	•
TRULICITY- dulaglutide soln pen-injector 1.5 mg/0.5ml	BP			•	•
TRULICITY- dulaglutide soln pen-injector 3 mg/0.5ml	BP			•	•
TRULICITY- dulaglutide soln pen-injector 4.5 mg/0.5ml	BP			•	•
VICTOZA- liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	BP			•	•
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg	BP				•
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 5-500 mg	BP				•
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 5-1000 mg	BP				•
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 10-500 mg	BP				•
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 10-1000 mg	BP				•
XULTOPHY 100/3.6- insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	BP			•	•
Rapid-Acting Insulins					
ADMELOG- insulin lispro inj 100 unit/ml	NC				
ADMELOG SOLOSTAR- insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	NC				
APIDRA- insulin glulisine inj 100 unit/ml	NC				
APIDRA SOLOSTAR- insulin glulisine soln pen-injector inj 100 unit/ml	NC				
FIASP- insulin aspart (with niacinamide) inj 100 unit/ml	BP				•
FIASP FLEXTOUCH- insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	BP				•
FIASP PENFILL- insulin aspart (with niacinamide) soln cartridge 100 unit/ml	BP				•
HUMALOG- insulin lispro inj 100 unit/ml	NC				
HUMALOG- insulin lispro soln cartridge 100 unit/ml	NC				
HUMALOG JUNIOR KWIKPEN- insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	NC				
HUMALOG KWIKPEN- insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	NC				
HUMALOG KWIKPEN- insulin lispro soln pen-injector 200 unit/ml	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
INSULIN ASPART- insulin aspart inj 100 unit/ml	BP				•
INSULIN ASPART FLEXPEN- insulin aspart soln pen-injector 100 unit/ml	BP				•
INSULIN ASPART PENFILL- insulin aspart soln cartridge 100 unit/ml	BP				•
INSULIN LISPRO- insulin lispro inj 100 unit/ml	NC				
INSULIN LISPRO JUNIOR KWI- insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	NC				
INSULIN LISPRO KWIKPEN- insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	NC				
LYUMJEV- insulin lispro-aabc inj 100 unit/ml	NC				
LYUMJEV KWIKPEN- insulin lispro-aabc soln pen-injector 200 unit/ml	NC				
LYUMJEV KWIKPEN- insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	NC				
NOVOLOG- insulin aspart inj 100 unit/ml	BP				•
NOVOLOG FLEXPEN- insulin aspart soln pen-injector 100 unit/ml	BP				•
NOVOLOG PENFILL- insulin aspart soln cartridge 100 unit/ml	BP				•
Short-Acting Insulins					
AFREZZA- insulin regular (human) inh powd 90 x 8 unit & 90 x 12 unit	NC				
AFREZZA- insulin regular (human) inh powd 4 & 8 & 12 unit/cart (60)	NC				
AFREZZA- insulin regular (human) inhal powd 90 x 4 unit & 90 x 8 unit	NC				
AFREZZA- insulin regular (human) inhalation powder 4 unit/cartridge	NC				
AFREZZA- insulin regular (human) inhalation powder 8 unit/cartridge	NC				
AFREZZA- insulin regular (human) inhalation powder 12 unit/cartridge	NC				
HUMULIN R- insulin regular (human) inj 100 unit/ml	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
HUMULIN R U-500 (CONCENTR- insulin regular (human) inj 500 unit/ml	BP				•
HUMULIN R U-500 KWIKPEN- insulin regular (human) soln pen-injector 500 unit/ml	BP				•
NOVOLIN R- insulin regular (human) inj 100 unit/ml	BP				•
NOVOLIN R FLEXPEN- insulin regular (human) soln pen-injector 100 unit/ml	BP				•
NOVOLIN R FLEXPEN RELION- insulin regular (human) soln pen-injector 100 unit/ml	BP				•
NOVOLIN R RELION- insulin regular (human) inj 100 unit/ml	BP				•
Intermediate-Acting Insulins					
HUMALOG MIX 50/50- insulin lispro protamine & lispro inj 100 unit/ml (50-50)	NC				
HUMALOG MIX 50/50 KWIKPEN- insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	NC				
HUMALOG MIX 75/25- insulin lispro prot & lispro inj 100 unit/ml (75-25)	NC				
HUMALOG MIX 75/25 KWIKPEN- insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	NC				
HUMULIN N- insulin nph (human) (isophane) inj 100 unit/ml	NC				
HUMULIN N KWIKPEN- insulin nph (human) (isophane) susp pen-injector 100 unit/ml	NC				
HUMULIN 70/30- insulin nph isophane & regular human inj 100 unit/ml (70-30)	NC				
HUMULIN 70/30 KWIKPEN- insulin nph & regular susp pen-inj 100 unit/ml (70-30)	NC				
INSULIN ASPART PROTAMINE/- insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	BP				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
INSULIN ASPART PROTAMINE/-insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	BP				•
INSULIN LISPRO PROTAMINE/-insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	NC				
NOVOLIN N- insulin nph (human) (isophane) inj 100 unit/ml	BP				•
NOVOLIN N FLEXPEN- insulin nph (human) (isophane) susp pen-injector 100 unit/ml	BP				•
NOVOLIN N FLEXPEN RELION-insulin nph (human) (isophane) susp pen-injector 100 unit/ml	BP				•
NOVOLIN N RELION- insulin nph (human) (isophane) inj 100 unit/ml	BP				•
NOVOLIN 70/30- insulin nph isophane & regular human inj 100 unit/ml (70-30)	BP				•
NOVOLIN 70/30 FLEXPEN- insulin nph & regular susp pen-inj 100 unit/ml (70-30)	BP				•
NOVOLIN 70/30 FLEXPEN REL-insulin nph & regular susp pen-inj 100 unit/ml (70-30)	BP				•
NOVOLIN 70/30 RELION- insulin nph isophane & regular human inj 100 unit/ml (70-30)	BP				•
NOVOLOG MIX 70/30- insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	BP				•
NOVOLOG MIX 70/30 PREFILL-insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	BP				•
Basal Insulins					
BASAGLAR KWIKPEN-insulin glargine soln pen-injector 100 unit/ml	NC				
LANTUS- insulin glargine inj 100 unit/ml	BP				•
LANTUS SOLOSTAR- insulin glargine soln pen-injector 100 unit/ml	BP				•
LEVEMIR- insulin detemir inj 100 unit/ml	BP				•
LEVEMIR FLEXTOUCH- insulin detemir soln pen-injector 100 unit/ml	BP				•
SEMGLEE- insulin glargine inj 100 unit/ml	NC				
SEMGLEE- insulin glargine soln pen-injector 100 unit/ml	NC				
TOUJEO MAX SOLOSTAR-insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	BP				•
TOUJEO SOLOSTAR- insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	BP				•
TRESIBA- insulin degludec inj 100 unit/ml	BP				•
TRESIBA FLEXTOUCH- insulin degludec soln pen-injector 100 unit/ml	BP				•
TRESIBA FLEXTOUCH- insulin degludec soln pen-injector 200 unit/ml	BP				•
THYROID AGENTS					
ARMOUR THYROID- thyroid tab 15 mg (1/4 grain)	BN				
ARMOUR THYROID- thyroid tab 30 mg (1/2 grain)	BN				
ARMOUR THYROID- thyroid tab 60 mg (1 grain)	BN				
ARMOUR THYROID- thyroid tab 90 mg (1 1/2 grain)	BN				
ARMOUR THYROID- thyroid tab 120 mg (2 grain)	BN				
ARMOUR THYROID- thyroid tab 180 mg (3 grain)	BN				
ARMOUR THYROID- thyroid tab 240 mg (4 grain)	BN				
ARMOUR THYROID- thyroid tab 300 mg (5 grain)	BN				
LEVOTHYROXINE SODIUM-levothyroxine sodium cap 13 mcg	BN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 25 mcg	BN				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 50 mcg	BN				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 75 mcg	BN				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 88 mcg	BN				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 100 mcg	BN				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 112 mcg	BN				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 125 mcg	BN				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 137 mcg	BN				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 150 mcg	BN				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 175 mcg	BN				
LEVOTHYROXINE SODIUM- levothyroxine sodium cap 200 mcg	BN				
levothyroxine sodium tab 25 mcg (Synthroid)	GP				
levothyroxine sodium tab 50 mcg (Synthroid)	GP				
levothyroxine sodium tab 75 mcg (Synthroid)	GP				
levothyroxine sodium tab 88 mcg (Synthroid)	GP				
levothyroxine sodium tab 100 mcg (Synthroid)	GP				
levothyroxine sodium tab 112 mcg (Synthroid)	GP				
levothyroxine sodium tab 125 mcg (Synthroid)	GP				
levothyroxine sodium tab 137 mcg (Synthroid)	GP				
levothyroxine sodium tab 150 mcg (Synthroid)	GP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
levothyroxine sodium tab 175 mcg (Synthroid)	GP				
levothyroxine sodium tab 200 mcg (Synthroid)	GP				
levothyroxine sodium tab 300 mcg (Synthroid)	GP				
liothyronine sodium tab 5 mcg (Cytomel)	GN				
liothyronine sodium tab 25 mcg (Cytomel)	GN				
liothyronine sodium tab 50 mcg (Cytomel)	GN				
methimazole tab 5 mg (Tapazole)	GP				
methimazole tab 10 mg (Tapazole)	GP				
NATURE-THROID- thyroid tab 16.25 mg	BN				
NATURE-THROID- thyroid tab 32.5 mg	BN				
NATURE-THROID- thyroid tab 48.75 mg (3/4 grain)	BN				
NATURE-THROID- thyroid tab 65 mg	BN				
NATURE-THROID- thyroid tab 81.25 mg	BN				
NATURE-THROID- thyroid tab 97.5 mg	BN				
NATURE-THROID- thyroid tab 113.75 mg	BN				
NATURE-THROID- thyroid tab 130 mg	BN				
NATURE-THROID- thyroid tab 195 mg	BN				
NATURE-THROID- thyroid tab 260 mg	BN				
NATURE-THROID- thyroid tab 325 mg (5 grain)	BN				
NATURE-THROID- thyroid tab 146.25 mg	BN				
NATURE-THROID NT-2.5- thyroid tab 162.5 mg (2 1/2 grain)	BN				
propylthiouracil tab 50 mg	GN				
SYNTHROID- levothyroxine sodium tab 25 mcg	BP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
SYNTHROID- levothyroxine sodium tab 50 mcg	BP				
SYNTHROID- levothyroxine sodium tab 75 mcg	BP				
SYNTHROID- levothyroxine sodium tab 88 mcg	BP				
SYNTHROID- levothyroxine sodium tab 100 mcg	BP				
SYNTHROID- levothyroxine sodium tab 112 mcg	BP				
SYNTHROID- levothyroxine sodium tab 125 mcg	BP				
SYNTHROID- levothyroxine sodium tab 137 mcg	BP				
SYNTHROID- levothyroxine sodium tab 150 mcg	BP				
SYNTHROID- levothyroxine sodium tab 175 mcg	BP				
SYNTHROID- levothyroxine sodium tab 200 mcg	BP				
SYNTHROID- levothyroxine sodium tab 300 mcg	BP				
thyroid tab 15 mg (1/4 grain) (Armour thyroid)	GP				
thyroid tab 30 mg (1/2 grain) (Armour thyroid)	GP				
thyroid tab 60 mg (1 grain) (Armour thyroid)	GN				
thyroid tab 90 mg (1 1/2 grain) (Armour thyroid)	GN				
thyroid tab 120 mg (2 grain) (Armour thyroid)	GN				
TIROSINT- levothyroxine sodium cap 13 mcg	BN				
TIROSINT- levothyroxine sodium cap 25 mcg	BN				
TIROSINT- levothyroxine sodium cap 50 mcg	BN				
TIROSINT- levothyroxine sodium cap 75 mcg	BN				
TIROSINT- levothyroxine sodium cap 88 mcg	BN				
TIROSINT- levothyroxine sodium cap 100 mcg	BN				
TIROSINT- levothyroxine sodium cap 112 mcg	BN				
TIROSINT- levothyroxine sodium cap 125 mcg	BN				
TIROSINT- levothyroxine sodium cap 137 mcg	BN				
TIROSINT- levothyroxine sodium cap 150 mcg	BN				
TIROSINT- levothyroxine sodium cap 175 mcg	BN				
TIROSINT- levothyroxine sodium cap 200 mcg	BN				
TIROSINT-SOL- levothyroxine sodium oral solution 13 mcg/ml	BN				
TIROSINT-SOL- levothyroxine sodium oral solution 25 mcg/ml	BN				
TIROSINT-SOL- levothyroxine sodium oral solution 50 mcg/ml	BN				
TIROSINT-SOL- levothyroxine sodium oral solution 75 mcg/ml	BN				
TIROSINT-SOL- levothyroxine sodium oral solution 88 mcg/ml	BN				
TIROSINT-SOL- levothyroxine sodium oral solution 100 mcg/ml	BN				
TIROSINT-SOL- levothyroxine sodium oral solution 112 mcg/ml	BN				
TIROSINT-SOL- levothyroxine sodium oral solution 125 mcg/ml	BN				
TIROSINT-SOL- levothyroxine sodium oral solution 137 mcg/ml	BN				
TIROSINT-SOL- levothyroxine sodium oral solution 150 mcg/ml	BN				
TIROSINT-SOL- levothyroxine sodium oral solution 175 mcg/ml	BN				
TIROSINT-SOL- levothyroxine sodium oral solution 200 mcg/ml	BN				
WESTHROID- thyroid tab 32.5 mg	BN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
WESTHROID- thyroid tab 65 mg	BN				
WESTHROID- thyroid tab 97.5 mg	BN				
WESTHROID- thyroid tab 130 mg	BN				
WESTHROID- thyroid tab 195 mg	BN				
WP THYROID- thyroid tab 16.25 mg	BN				
WP THYROID- thyroid tab 32.5 mg	BN				
WP THYROID- thyroid tab 48.75 mg (3/4 grain)	BN				
WP THYROID- thyroid tab 65 mg	BN				
WP THYROID- thyroid tab 81.25 mg	BN				
WP THYROID- thyroid tab 97.5 mg	BN				
WP THYROID- thyroid tab 113.75 mg	BN				
WP THYROID- thyroid tab 130 mg	BN				
OXYTOCICS					
CERVIDIL- dinoprostone vaginal inserts 10 mg	BN				
methylergonovine maleate tab 0.2 mg	GN				
PREPIDIL- dinoprostone cervical gel 0.5 mg/3gm	BN				
PROSTIN E2- dinoprostone vaginal suppos 20 mg	BN				
ENDOCRINE and METABOLIC AGENTS - MISC.					
ACTHAR- corticotropin inj gel 80 unit/ml	BN	•	•		
ALENDRONATE SODIUM- alendronate sodium tab 5 mg	BN				
alendronate sodium oral soln 70 mg/75ml	GN				
alendronate sodium tab 10 mg	GP				
alendronate sodium tab 35 mg	GP				
alendronate sodium tab 70 mg (Fosamax)	GP				
BINOSTO- alendronate sodium effervescent tab 70 mg	NC				
BYNFEZIA PEN- octreotide acetate soln pen-injector 2500 mcg/ml (2.8 ml)	NC				
cabergoline tab 0.5 mg	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
calcitonin (salmon) nasal soln 200 unit/act	GN				
calcitriol cap 0.25 mcg (Rocaltrol)	GP				
calcitriol cap 0.5 mcg (Rocaltrol)	GN				
calcitriol oral soln 1 mcg/ml (Rocaltrol)	GN				
CARBAGLU- carglumic acid tab 200 mg	BN	•	•		
CETROTIDE- cetrorelix acetate for inj kit 0.25 mg	NC				
CHORIONIC GONADOTROPIN- chorionic gonadotropin for im inj 10000 unit	BP	•	•		•
cinacalcet hcl tab 30 mg (base equiv) (Sensipar)	GN	•			
cinacalcet hcl tab 60 mg (base equiv) (Sensipar)	GN	•			
cinacalcet hcl tab 90 mg (base equiv) (Sensipar)	GN	•			
CLOMIPHENE CITRATE- clomiphene citrate tab 50 mg	BP				
CYSTADANE- betaine powder for oral solution	BP	•			
DDAVP- desmopressin acetate nasal soln 0.01% (refrigerated)	BN				
desmopressin acetate inj 4 mcg/ml (Ddavp)	GN				
desmopressin acetate nasal spray soln 0.01% (Ddavp)	GN				
desmopressin acetate nasal spray soln 0.01% (refrigerated)	GN				
desmopressin acetate tab 0.1 mg (Ddavp)	GN				
desmopressin acetate tab 0.2 mg (Ddavp)	GN				
doxercalciferol cap 0.5 mcg	GN				
doxercalciferol cap 1 mcg	GN				
doxercalciferol cap 2.5 mcg	GN				
EGRIFTA SV- tesamorelin acetate for inj 2 mg (base equiv)	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
FOLLISTIM AQ- follitropin beta inj 300 unit/0.36ml	BP	•	•		•
FOLLISTIM AQ- follitropin beta inj 600 unit/0.72ml	BP	•	•		•
FOLLISTIM AQ- follitropin beta inj 900 unit/1.08ml	BP	•	•		•
FORTEO- teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	NC				
FOSAMAX PLUS D- alendronate sodium-cholecalciferol tab 70-2800 mg-unit	NC				
FOSAMAX PLUS D- alendronate sodium-cholecalciferol tab 70-5600 mg-unit	NC				
GALAFOLD- migalastat hcl cap 123 mg (base equivalent)	BN	•	•		•
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Ganirelix acetate)	GN	•	•		•
GENOTROPIN- somatropin for inj 12 mg (13.8 mg overfill)	NC				
GENOTROPIN- somatropin for subcutaneous inj 5 mg	NC				
GENOTROPIN MINIQUICK- somatropin for inj 0.2 mg	NC				
GENOTROPIN MINIQUICK- somatropin for inj 0.4 mg	NC				
GENOTROPIN MINIQUICK- somatropin for inj 0.6 mg	NC				
GENOTROPIN MINIQUICK- somatropin for inj 0.8 mg	NC				
GENOTROPIN MINIQUICK- somatropin for inj 1 mg	NC				
GENOTROPIN MINIQUICK- somatropin for inj 1.2 mg	NC				
GENOTROPIN MINIQUICK- somatropin for inj 1.4 mg	NC				
GENOTROPIN MINIQUICK- somatropin for inj 1.6 mg	NC				
GENOTROPIN MINIQUICK- somatropin for inj 1.8 mg	NC				
GENOTROPIN MINIQUICK- somatropin for inj 2 mg	NC				
GONAL-F- follitropin alfa for inj 450 unit	NC				
GONAL-F- follitropin alfa for inj 1050 unit	NC				
GONAL-F RFF- follitropin alfa for subcutaneous inj 75 unit	NC				
GONAL-F RFF REDIJECT- follitropin alfa inj 300 unit/0.5ml	NC				
GONAL-F RFF REDIJECT- follitropin alfa inj 450 unit/0.75ml	NC				
GONAL-F RFF REDIJECT- follitropin alfa inj 900 unit/1.5ml	NC				
HUMATROPE- somatropin for inj 6 mg (18 unit)	NC				
HUMATROPE- somatropin for inj 12 mg (36 unit)	NC				
HUMATROPE- somatropin for inj 24 mg	NC				
HUMATROPE COMBO PACK- somatropin for inj 5 mg	NC				
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	GP				
INCRELEX- mecasermin inj 40 mg/4ml (10 mg/ml)	BP	•			
ISTURISA- osilodrostat phosphate tab 1 mg	BN	•	•		•
ISTURISA- osilodrostat phosphate tab 5 mg	BN	•	•		•
ISTURISA- osilodrostat phosphate tab 10 mg	BN	•	•		•
JYNARQUE- tolvaptan tab therapy pack 15 mg	BN	•	•		•
JYNARQUE- tolvaptan tab therapy pack 30 & 15 mg	BN	•	•		•
JYNARQUE- tolvaptan tab therapy pack 45 & 15 mg	BN	•	•		•
JYNARQUE- tolvaptan tab therapy pack 60 & 30 mg	BN	•	•		•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
JYNARQUE- tolvaptan tab therapy pack 90 & 30 mg	BN	•	•		•
JYNARQUE- tolvaptan tab 15 mg	BN	•	•		•
JYNARQUE- tolvaptan tab 30 mg	BN	•	•		•
KUVAN- sapropterin dihydrochloride powder packet 100 mg	BN	•	•		
KUVAN- sapropterin dihydrochloride powder packet 500 mg	BN	•	•		
KUVAN- sapropterin dihydrochloride soluble tab 100 mg	BN	•	•		
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	GN				
levocarnitine tab 330 mg (Carnitor)	GN				
LUPANETA PACK- leuprolide (1 mon) inj 3.75 mg & norethindrone tab 5 mg kit	BN	•			
LUPANETA PACK- leuprolide (3 mon) inj 11.25 mg & norethindrone tab 5 mg kit	BN	•			
LUPRON DEPOT-PED (1-MONTH- leuprolide acetate for inj pediatric kit 7.5 mg	BP	•			
LUPRON DEPOT-PED (1-MONTH- leuprolide acetate for inj pediatric kit 11.25 mg	BP	•			
LUPRON DEPOT-PED (1-MONTH- leuprolide acetate for inj pediatric kit 15 mg	BP	•			
LUPRON DEPOT-PED (3-MONTH- leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	BP	•			
LUPRON DEPOT-PED (3-MONTH- leuprolide acetate (3 month) for inj pediatric kit 30 mg	BP	•			
MENOPUR- menotropins for subcutaneous inj 75 unit	BP	•	•		•
MIACALCIN- calcitonin (salmon) inj 200 unit/ml	BN				
MYALEPT- metreleptin for subcutaneous inj 11.3 mg	BN	•	•		
MYCAPSSA- octreotide acetate cap delayed release 20 mg	BN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
NATPARA- parathyroid hormone (recombinant) for inj cartridge 25 mcg	BN	•	•		•
NATPARA- parathyroid hormone (recombinant) for inj cartridge 50 mcg	BN	•	•		•
NATPARA- parathyroid hormone (recombinant) for inj cartridge 75 mcg	BN	•	•		•
NATPARA- parathyroid hormone (recombinant) for inj cartridge 100 mcg	BN	•	•		•
nitisinone cap 2 mg (Orfadin)	GN	•			
nitisinone cap 5 mg (Orfadin)	GN	•			
nitisinone cap 10 mg (Orfadin)	GN	•			
NITYR- nitisinone tab 2 mg	BP	•			
NITYR- nitisinone tab 5 mg	BP	•			
NITYR- nitisinone tab 10 mg	BP	•			
NOCDURNA- desmopressin acetate sublingual tab 27.7 mcg	NC				
NOCDURNA- desmopressin acetate sublingual tab 55.3 mcg	NC				
NORDITROPIN FLEXPRO- somatropin solution pen-injector 5 mg/1.5ml	BP	•	•		
NORDITROPIN FLEXPRO- somatropin solution pen-injector 10 mg/1.5ml	BP	•	•		
NORDITROPIN FLEXPRO- somatropin solution pen-injector 15 mg/1.5ml	BP	•	•		
NORDITROPIN FLEXPRO- somatropin solution pen-injector 30 mg/3ml	BP	•	•		
NOVAREL- chorionic gonadotropin for im inj 5000 unit	BP	•	•		•
NOVAREL- chorionic gonadotropin for im inj 10000 unit	BP	•	•		•
NUTROPIN AQ NUSPIN 10- somatropin solution pen-injector 10 mg/2ml	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
NUTROPIN AQ NUSPIN 20- somatropin solution pen-injector 20 mg/2ml	NC				
NUTROPIN AQ NUSPIN 5- somatropin solution pen-injector 5 mg/2ml	NC				
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (Sandostatin)	GN	•			
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (Sandostatin)	GN	•			
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	GN	•			
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin)	GN	•			
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	GN	•			
OMNITROPE- somatropin for inj 5.8 mg	NC				
OMNITROPE- somatropin solution cartridge 5 mg/1.5ml	NC				
OMNITROPE- somatropin solution cartridge 10 mg/1.5ml	NC				
ORFADIN- nitisinone cap 20 mg	BP	•			
ORFADIN- nitisinone susp 4 mg/ml	BP	•			
ORILISSA- elagolix sodium tab 150 mg (base equiv)	BP		•		•
ORILISSA- elagolix sodium tab 200 mg (base equiv)	BP		•		•
OSPHENA- ospemifene tab 60 mg	NC				
OVIDREL- choriogonadotropin alfa inj 250 mcg/0.5ml	NC				
PALYNZIQ- pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml	BN	•	•		
PALYNZIQ- pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml	BN	•	•		
PALYNZIQ- pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	BN	•	•		
paricalcitol cap 1 mcg (Zemplar)	GN				
paricalcitol cap 2 mcg (Zemplar)	GN				
paricalcitol cap 4 mcg	GN				
PREGNYL W/DILUENT BENZYL- chorionic gonadotropin for im inj 10000 unit	BP	•	•		•
raloxifene hcl tab 60 mg (Evista)	GN				
RAVICTI- glycerol phenylbutyrate liquid 1.1 gm/ml	BN	•	•		
RAYALDEE- calcifediol cap er 30 mcg	NC				
REVCOVI- elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	BP	•			
risedronate sodium tab delayed release 35 mg (Atelvia)	GN				
risedronate sodium tab 5 mg (Actonel)	GN				
risedronate sodium tab 30 mg (Actonel)	GN				
risedronate sodium tab 35 mg (Actonel)	GN				
risedronate sodium tab 150 mg (Actonel)	GN				
SAIZEN- somatropin (non-refrigerated) for inj 5 mg	NC				
SAIZEN- somatropin (non-refrigerated) for inj 8.8 mg	NC				
SAIZENPREP RECONSTITUTION- somatropin (non-refrigerated) for inj 8.8 mg	NC				
SAMSCA- tolvaptan tab 15 mg	BN	•			•
sapropterin dihydrochloride powder packet 100 mg (Kuvan)	GN	•	•		
sapropterin dihydrochloride powder packet 500 mg (Kuvan)	GN	•	•		
sapropterin dihydrochloride soluble tab 100 mg (Kuvan)	GN	•	•		
SEROSTIM- somatropin (non-refrigerated) for subcutaneous inj 4 mg	NC				
SEROSTIM- somatropin (non-refrigerated) for subcutaneous inj 5 mg	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
SEROSTIM- somatropin (non-refrigerated) for subcutaneous inj 6 mg	NC				
SIGNIFOR- pasireotide diaspartate inj 0.3 mg/ml (base equiv)	BN	•			
SIGNIFOR- pasireotide diaspartate inj 0.6 mg/ml (base equiv)	BN	•			
SIGNIFOR- pasireotide diaspartate inj 0.9 mg/ml (base equiv)	BN	•			
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	GN	•	•		
sodium phenylbutyrate tab 500 mg (Buphenyl)	GN	•	•		
SOMAVERT- pegvisomant for inj 10 mg (as protein)	BN	•			
SOMAVERT- pegvisomant for inj 15 mg (as protein)	BN	•			
SOMAVERT- pegvisomant for inj 20 mg (as protein)	BN	•			
SOMAVERT- pegvisomant for inj 25 mg (as protein)	BN	•			
SOMAVERT- pegvisomant for inj 30 mg (as protein)	BN	•			
STIMATE- desmopressin acetate nasal soln 1.5 mg/ml	BP	•			
STRENSIQ- asfotase alfa subcutaneous inj 18 mg/0.45ml	BP	•	•		
STRENSIQ- asfotase alfa subcutaneous inj 28 mg/0.7ml	BP	•	•		
STRENSIQ- asfotase alfa subcutaneous inj 40 mg/ml	BP	•	•		
STRENSIQ- asfotase alfa subcutaneous inj 80 mg/0.8ml	BP	•	•		
SYNAREL- nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	BN	•			
TERIPARATIDE- teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml	NC				
TOLVAPTAN- tolvaptan tab 15 mg	BN	•			•
tolvaptan tab 30 mg (Samsca)	GN	•			•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
TYMLOS- abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	BP	•	•		•
XURIDEN- uridine triacetate oral granules packet 2 gm	NC				
ZOMACTON- somatropin for inj 10 mg	NC				
ZOMACTON- somatropin for subcutaneous inj 5 mg	NC				
ZORBTIVE- somatropin (non-refrigerated) for subcutaneous inj 8.8 mg	NC				
CARDIOVASCULAR AGENTS					
CARDIOTONICS					
DIGOXIN- digoxin oral soln 0.05 mg/ml	BN				
digoxin oral soln 0.05 mg/ml (Digoxin)	GN				
digoxin tab 125 mcg (0.125 mg) (Lanoxin)	GP				
digoxin tab 250 mcg (0.25 mg) (Lanoxin)	GP				
LANOXIN- digoxin tab 62.5 mcg (0.0625 mg)	BN				
LANOXIN- digoxin tab 125 mcg (0.125 mg)	BN				
LANOXIN- digoxin tab 250 mcg (0.25 mg)	BN				
ANTIANGINAL AGENTS					
DILATRATE SR- isosorbide dinitrate cap er 40 mg	BN				
GONITRO- nitroglycerin sublingual powder packet 400 mcg	NC				
isosorbide dinitrate tab 5 mg (Isordil titradose)	GN				
isosorbide dinitrate tab 10 mg	GN				
isosorbide dinitrate tab 20 mg	GN				
isosorbide dinitrate tab 30 mg	GN				
isosorbide dinitrate tab 40 mg (Isordil titradose)	GN				
isosorbide mononitrate tab er 24hr 30 mg	GP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
isosorbide mononitrate tab er 24hr 60 mg	GP				
isosorbide mononitrate tab er 24hr 120 mg	GN				
isosorbide mononitrate tab 10 mg	GP				
isosorbide mononitrate tab 20 mg	GP				
NITRO-BID- nitroglycerin oint 2%	BN				
NITRO-DUR- nitroglycerin td patch 24hr 0.3 mg/hr	BN				
NITRO-DUR- nitroglycerin td patch 24hr 0.8 mg/hr	BN				
NITRO-TIME- nitroglycerin cap er 2.5 mg	BN				
NITRO-TIME- nitroglycerin cap er 6.5 mg	BN				
NITRO-TIME- nitroglycerin cap er 9 mg	BN				
nitroglycerin sl tab 0.3 mg (Nitrostat)	GN				
nitroglycerin sl tab 0.4 mg (Nitrostat)	GN				
nitroglycerin sl tab 0.6 mg (Nitrostat)	GN				
nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur)	GN				
nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)	GP				
nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur)	GN				
nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur)	GN				
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	GN				
NITROMIST- nitroglycerin lingual aerosol 400 mcg/spray	BN				
ranolazine tab er 12hr 500 mg (Ranexa)	GN				
ranolazine tab er 12hr 1000 mg (Ranexa)	GN				
BETA BLOCKERS					

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
acebutolol hcl cap 200 mg	GN				
acebutolol hcl cap 400 mg	GN				
atenolol tab 25 mg (Tenormin)	GP				
atenolol tab 50 mg (Tenormin)	GP				
atenolol tab 100 mg (Tenormin)	GP				
betaxolol hcl tab 10 mg	GN				
betaxolol hcl tab 20 mg	GN				
bisoprolol fumarate tab 5 mg	GN				
bisoprolol fumarate tab 10 mg	GN				
BYSTOLIC- nebivolol hcl tab 2.5 mg (base equivalent)	NC				
BYSTOLIC- nebivolol hcl tab 5 mg (base equivalent)	NC				
BYSTOLIC- nebivolol hcl tab 10 mg (base equivalent)	NC				
BYSTOLIC- nebivolol hcl tab 20 mg (base equivalent)	NC				
carvedilol phosphate cap er 24hr 10 mg (Coreg cr)	NC				
carvedilol phosphate cap er 24hr 20 mg (Coreg cr)	NC				
carvedilol phosphate cap er 24hr 40 mg (Coreg cr)	NC				
carvedilol phosphate cap er 24hr 80 mg (Coreg cr)	NC				
carvedilol tab 3.125 mg (Coreg)	GP				
carvedilol tab 6.25 mg (Coreg)	GP				
carvedilol tab 12.5 mg (Coreg)	GP				
carvedilol tab 25 mg (Coreg)	GP				
HEMANGEOL- propranolol hcl oral soln 4.28 mg/ml (3.75 mg/ml base equiv)	NC				
INDERAL XL- propranolol hcl sustained-release beads cap er 24hr 80 mg	NC				
INDERAL XL- propranolol hcl sustained-release beads cap er 24hr 120 mg	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
INNOPRAN XL- propranolol hcl sustained-release beads cap er 24hr 80 mg	NC				
INNOPRAN XL- propranolol hcl sustained-release beads cap er 24hr 120 mg	NC				
KAPSPARGO SPRINKLE- metoprolol succ cap er 24hr sprinkle 25 mg (tartrate equiv)	NC				
KAPSPARGO SPRINKLE- metoprolol succ cap er 24hr sprinkle 50 mg (tartrate equiv)	NC				
KAPSPARGO SPRINKLE- metoprolol succ cap er 24hr sprinkle 100 mg (tartrate equiv)	NC				
KAPSPARGO SPRINKLE- metoprolol succ cap er 24hr sprinkle 200 mg (tartrate equiv)	NC				
labetalol hcl tab 100 mg	GP				
labetalol hcl tab 200 mg	GN				
labetalol hcl tab 300 mg	GN				
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)	GP				
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)	GP				
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl)	GP				
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl)	GN				
metoprolol tartrate tab 25 mg	GP				
metoprolol tartrate tab 37.5 mg	GN				
metoprolol tartrate tab 50 mg (Lopressor)	GP				
metoprolol tartrate tab 75 mg	GN				
metoprolol tartrate tab 100 mg (Lopressor)	GP				
nadolol tab 20 mg (Corgard)	GN				
nadolol tab 40 mg (Corgard)	GN				
nadolol tab 80 mg (Corgard)	GN				
pindolol tab 5 mg	GN				
pindolol tab 10 mg	GN				
PROPRANOLOL HCL- propranolol hcl oral soln 20 mg/5ml	BP				
PROPRANOLOL HCL- propranolol hcl oral soln 40 mg/5ml	BP				
propranolol hcl cap er 24hr 60 mg (Inderal la)	GN				
propranolol hcl cap er 24hr 80 mg (Inderal la)	GN				
propranolol hcl cap er 24hr 120 mg (Inderal la)	GN				
propranolol hcl cap er 24hr 160 mg (Inderal la)	GN				
propranolol hcl tab 10 mg	GP				
propranolol hcl tab 20 mg	GP				
propranolol hcl tab 40 mg	GP				
propranolol hcl tab 60 mg	GN				
propranolol hcl tab 80 mg	GN				
sotalol hcl (afib/afl) tab 80 mg (Betapace af)	GP				
sotalol hcl (afib/afl) tab 120 mg (Betapace af)	GP				
sotalol hcl (afib/afl) tab 160 mg (Betapace af)	GP				
sotalol hcl tab 80 mg (Betapace)	GP				
sotalol hcl tab 120 mg (Betapace)	GP				
sotalol hcl tab 160 mg (Betapace)	GP				
sotalol hcl tab 240 mg	GP				
SOTYLIZE- sotalol hcl oral solution 5 mg/ml	NC				
timolol maleate tab 5 mg	NC				
timolol maleate tab 10 mg	NC				
timolol maleate tab 20 mg	NC				
CALCIUM CHANNEL BLOCKERS					
amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)	GP				
amlodipine besylate tab 5 mg (base equivalent) (Norvasc)	GP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
amlodipine besylate tab 10 mg (base equivalent) (Norvasc)	GP				
CARDIZEM LA- diltiazem hcl coated beads tab er 24hr 120 mg	BN				
CONJUPRI- levamlodipine maleate tab 2.5 mg	NC				
CONJUPRI- levamlodipine maleate tab 5 mg	NC				
CONSENSI- amlodipine besylate-celecoxib tab 2.5-200 mg	NC				
CONSENSI- amlodipine besylate-celecoxib tab 5-200 mg	NC				
CONSENSI- amlodipine besylate-celecoxib tab 10-200 mg	NC				
diltiazem hcl cap er 12hr 60 mg	GN				
diltiazem hcl cap er 12hr 90 mg	GN				
diltiazem hcl cap er 12hr 120 mg	GN				
diltiazem hcl cap er 24hr 120 mg	GN				
diltiazem hcl cap er 24hr 180 mg	GN				
diltiazem hcl cap er 24hr 240 mg	GN				
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)	GP				
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)	GP				
diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)	GP				
diltiazem hcl coated beads cap er 24hr 300 mg (Cardizem cd)	GN				
diltiazem hcl coated beads cap er 24hr 360 mg (Cardizem cd)	GN				
diltiazem hcl coated beads tab er 24hr 180 mg (Cardizem la)	GN				
diltiazem hcl coated beads tab er 24hr 240 mg (Cardizem la)	GN				
diltiazem hcl coated beads tab er 24hr 300 mg (Cardizem la)	GN				
diltiazem hcl coated beads tab er 24hr 360 mg (Cardizem la)	GN				
diltiazem hcl coated beads tab er 24hr 420 mg (Cardizem la)	GN				
diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac)	GP				
diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac)	GN				
diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac)	GN				
diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac)	GN				
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac)	GN				
diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac)	GN				
diltiazem hcl tab 30 mg (Cardizem)	GP				
diltiazem hcl tab 60 mg (Cardizem)	GP				
diltiazem hcl tab 90 mg	GN				
diltiazem hcl tab 120 mg (Cardizem)	GN				
felodipine tab er 24hr 2.5 mg	GP				
felodipine tab er 24hr 5 mg	GP				
felodipine tab er 24hr 10 mg	GP				
isradipine cap 2.5 mg	GN				
isradipine cap 5 mg	GN				
KATERZIA- amlodipine benzoate oral susp 1 mg/ml (base equivalent)	NC				
nicardipine hcl cap 20 mg	GN				
nicardipine hcl cap 30 mg	GN				
nifedipine cap 10 mg (Procardia)	GN				
nifedipine cap 20 mg	GN				
nifedipine tab er 24hr 30 mg (Adalat cc)	GP				
nifedipine tab er 24hr 60 mg (Adalat cc)	GN				
nifedipine tab er 24hr 90 mg (Adalat cc)	GN				
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)	GP				
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl)	GP				
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl)	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
nimodipine cap 30 mg	GN				
NISOLDIPINE ER- nisoldipine tab er 24hr 20 mg	BN				
NISOLDIPINE ER- nisoldipine tab er 24hr 25.5 mg	BN				
NISOLDIPINE ER- nisoldipine tab er 24hr 30 mg	BN				
NISOLDIPINE ER- nisoldipine tab er 24hr 40 mg	BN				
nisoldipine tab er 24hr 8.5 mg (Sular)	NC				
nisoldipine tab er 24hr 17 mg (Sular)	NC				
nisoldipine tab er 24hr 34 mg (Sular)	NC				
NYMALIZE- nimodipine oral soln 6 mg/ml	BN				
verapamil hcl cap er 24hr 120 mg (Verelan)	GN				
verapamil hcl cap er 24hr 180 mg (Verelan)	GN				
verapamil hcl cap er 24hr 240 mg (Verelan)	GN				
VERAPAMIL HCL ER- verapamil hcl cap er 24hr 100 mg	BN				
VERAPAMIL HCL ER- verapamil hcl cap er 24hr 300 mg	BN				
VERAPAMIL HCL SR- verapamil hcl cap er 24hr 360 mg	BN				
verapamil hcl tab er 120 mg (Calan sr)	GP				
verapamil hcl tab er 180 mg (Calan sr)	GP				
verapamil hcl tab er 240 mg (Calan sr)	GP				
verapamil hcl tab 40 mg	GP				
verapamil hcl tab 80 mg	GP				
verapamil hcl tab 120 mg (Calan)	GP				
VERAPAMIL HYDROCHLORIDE E- verapamil hcl cap er 24hr 200 mg	BN				
VERELAN PM- verapamil hcl cap er 24hr 100 mg	BN				
VERELAN PM- verapamil hcl cap er 24hr 200 mg	BN				
VERELAN PM- verapamil hcl cap er 24hr 300 mg	BN				
ANTIARRHYTHMICS					
amiodarone hcl tab 100 mg	GN				
amiodarone hcl tab 200 mg	GP				
amiodarone hcl tab 400 mg	GN				
disopyramide phosphate cap 100 mg (Norpace)	GN				
disopyramide phosphate cap 150 mg (Norpace)	GN				
dofetilide cap 125 mcg (0.125 mg) (Tikosyn)	GN	•			
dofetilide cap 250 mcg (0.25 mg) (Tikosyn)	GN	•			
dofetilide cap 500 mcg (0.5 mg) (Tikosyn)	GN	•			
flecainide acetate tab 50 mg	GN				
flecainide acetate tab 100 mg	GN				
flecainide acetate tab 150 mg	GN				
mexiletine hcl cap 150 mg	GN				
mexiletine hcl cap 200 mg	GN				
mexiletine hcl cap 250 mg	GN				
MULTAQ- dronedarone hcl tab 400 mg (base equivalent)	BP				
NORPACE- disopyramide phosphate cap 100 mg	BN				
NORPACE- disopyramide phosphate cap 150 mg	BN				
NORPACE CR- disopyramide phosphate cap er 12hr 100 mg	BN				
NORPACE CR- disopyramide phosphate cap er 12hr 150 mg	BN				
propafenone hcl cap er 12hr 225 mg (Rythmol sr)	GN				
propafenone hcl cap er 12hr 325 mg (Rythmol sr)	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
propafenone hcl cap er 12hr 425 mg (Rythmol sr)	GN				
propafenone hcl tab 150 mg	GP				
propafenone hcl tab 225 mg	GN				
propafenone hcl tab 300 mg	GN				
quinidine gluconate tab er 324 mg	GN				
QUINIDINE SULFATE- quinidine sulfate tab 200 mg	BP				
QUINIDINE SULFATE- quinidine sulfate tab 300 mg	BP				
ANTIHYPERTENSIVES					
aliskiren fumarate tab 150 mg (base equivalent) (Tekturna)	NC				
aliskiren fumarate tab 300 mg (base equivalent) (Tekturna)	NC				
amlodipine besylate-benazepril hcl cap 2.5-10 mg	GP				
amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel)	GP				
amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel)	GP				
amlodipine besylate-benazepril hcl cap 5-40 mg	GP				
amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel)	GP				
amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel)	GP				
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Azor)	GN				
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (Azor)	GN				
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Azor)	GN				
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Azor)	GN				
amlodipine besylate-valsartan tab 5-160 mg (Exforge)	GP				
amlodipine besylate-valsartan tab 5-320 mg (Exforge)	GP				
amlodipine besylate-valsartan tab 10-160 mg (Exforge)	GP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
amlodipine besylate-valsartan tab 10-320 mg (Exforge)	GN				
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (Exforge hct)	GN				
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Exforge hct)	GN				
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Exforge hct)	GN				
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (Exforge hct)	GN				
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Exforge hct)	GN				
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	GP				
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	GN				
benazepril & hydrochlorothiazide tab 5-6.25 mg	GN				
benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)	GN				
benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)	GN				
benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)	GN				
benazepril hcl tab 5 mg	GP				
benazepril hcl tab 10 mg (Lotensin)	GP				
benazepril hcl tab 20 mg (Lotensin)	GP				
benazepril hcl tab 40 mg (Lotensin)	GP				
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)	GP				
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)	GP				
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)	GP				
candesartan cilexetil tab 4 mg (Atacand)	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
candesartan cilexetil tab 8 mg (Atacand)	GN				
candesartan cilexetil tab 16 mg (Atacand)	GN				
candesartan cilexetil tab 32 mg (Atacand)	GN				
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct)	GN				
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct)	GN				
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct)	GN				
captopril tab 12.5 mg	GN				
captopril tab 25 mg	GN				
captopril tab 50 mg	GN				
captopril tab 100 mg	GN				
CAPTOPRIL/HYDROCHLOROTHIA- captopril & hydrochlorothiazide tab 25-15 mg	NC				
CAPTOPRIL/HYDROCHLOROTHIA- captopril & hydrochlorothiazide tab 25-25 mg	NC				
CAPTOPRIL/HYDROCHLOROTHIA- captopril & hydrochlorothiazide tab 50-15 mg	NC				
CAPTOPRIL/HYDROCHLOROTHIA- captopril & hydrochlorothiazide tab 50-25 mg	NC				
clonidine hcl tab 0.1 mg (Catapres)	GP				
clonidine hcl tab 0.2 mg (Catapres)	GP				
clonidine hcl tab 0.3 mg (Catapres)	GP				
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	GN				
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	GN				
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
doxazosin mesylate tab 1 mg (Cardura)	GP				
doxazosin mesylate tab 2 mg (Cardura)	GP				
doxazosin mesylate tab 4 mg (Cardura)	GP				
doxazosin mesylate tab 8 mg (Cardura)	GP				
DUTOPROL- metoprolol & hydrochlorothiazide tab er 24hr 25-12.5 mg	NC				
DUTOPROL- metoprolol & hydrochlorothiazide tab er 24hr 50-12.5 mg	NC				
DUTOPROL- metoprolol & hydrochlorothiazide tab er 24hr 100-12.5 mg	NC				
EDARBI- azilsartan medoxomil tab 40 mg	NC				
EDARBI- azilsartan medoxomil tab 80 mg	NC				
EDARBYCLOR- azilsartan medoxomil-chlorthalidone tab 40-12.5 mg	NC				
EDARBYCLOR- azilsartan medoxomil-chlorthalidone tab 40-25 mg	NC				
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	GP				
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	GP				
enalapril maleate tab 2.5 mg (Vasotec)	GP				
enalapril maleate tab 5 mg (Vasotec)	GP				
enalapril maleate tab 10 mg (Vasotec)	GP				
enalapril maleate tab 20 mg (Vasotec)	GP				
EPANED- enalapril maleate oral soln 1 mg/ml	BN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
eplerenone tab 25 mg (Inspra)	GN				
eplerenone tab 50 mg (Inspra)	GN				
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	GN				
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	GN				
fosinopril sodium tab 10 mg	GP				
fosinopril sodium tab 20 mg	GP				
fosinopril sodium tab 40 mg	GP				
guanfacine hcl tab 1 mg	GN				
guanfacine hcl tab 2 mg	GN				
hydralazine hcl tab 10 mg	GP				
hydralazine hcl tab 25 mg	GP				
hydralazine hcl tab 50 mg	GP				
hydralazine hcl tab 100 mg	GP				
irbesartan tab 75 mg (Avapro)	GP				
irbesartan tab 150 mg (Avapro)	GP				
irbesartan tab 300 mg (Avapro)	GP				
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)	GP				
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)	GP				
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)	GP				
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)	GP				
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)	GP				
lisinopril tab 2.5 mg (Zestril)	GP				
lisinopril tab 5 mg (Prinivil)	GP				
lisinopril tab 10 mg (Prinivil)	GP				
lisinopril tab 20 mg (Prinivil)	GP				
lisinopril tab 30 mg (Zestril)	GP				
lisinopril tab 40 mg (Zestril)	GP				
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar)	GP				
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar)	GP				
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar)	GP				
losartan potassium tab 25 mg (Cozaar)	GP				
losartan potassium tab 50 mg (Cozaar)	GP				
losartan potassium tab 100 mg (Cozaar)	GP				
methyldopa tab 250 mg	GP				
methyldopa tab 500 mg	GN				
METHYLDOPA/HYDROCHLOROTHI- methyldopa & hydrochlorothiazide tab 250-15 mg	NC				
METHYLDOPA/HYDROCHLOROTHI- methyldopa & hydrochlorothiazide tab 250-25 mg	NC				
metoprolol & hydrochlorothiazide tab 50-25 mg (Lopressor hct)	GN				
metoprolol & hydrochlorothiazide tab 100-25 mg	GN				
METOPROLOL/HYDROCHLOROTHI- metoprolol & hydrochlorothiazide tab 100-50 mg	BN				
metyrosine cap 250 mg (Demser)	NC				
minoxidil tab 2.5 mg	GP				
minoxidil tab 10 mg	GP				
moexipril hcl tab 7.5 mg	GN				
moexipril hcl tab 15 mg	GN				
olmesartan medoxomil tab 5 mg (Benicar)	GP				
olmesartan medoxomil tab 20 mg (Benicar)	GP				
olmesartan medoxomil tab 40 mg (Benicar)	GP				
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct)	GP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct)	GP				
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct)	GP				
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (Tribenzor)	GN				
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (Tribenzor)	GN				
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (Tribenzor)	GN				
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (Tribenzor)	GN				
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (Tribenzor)	GN				
perindopril erbumine tab 2 mg	GP				
perindopril erbumine tab 4 mg	GP				
perindopril erbumine tab 8 mg	GN				
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	GN				
prazosin hcl cap 1 mg (Minipress)	GN				
prazosin hcl cap 2 mg (Minipress)	GN				
prazosin hcl cap 5 mg (Minipress)	GN				
PRESTALIA- perindopril arginine-amlodipine besylate tab 3.5-2.5 mg	NC				
PRESTALIA- perindopril arginine-amlodipine besylate tab 7-5 mg	NC				
PRESTALIA- perindopril arginine-amlodipine besylate tab 14-10 mg	NC				
PROPRANOLOL/ HYDROCHLOROTH- propranolol & hydrochlorothiazide tab 40-25 mg	BN				
PROPRANOLOL/ HYDROCHLOROTH- propranolol & hydrochlorothiazide tab 80-25 mg	BN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
QBRELIS- lisinopril oral soln 1 mg/ml	BN				
quinapril hcl tab 5 mg (Accupril)	GP				
quinapril hcl tab 10 mg (Accupril)	GP				
quinapril hcl tab 20 mg (Accupril)	GP				
quinapril hcl tab 40 mg (Accupril)	GP				
quinapril-hydrochlorothiazide tab 10-12.5 mg (Accuretic)	GN				
quinapril-hydrochlorothiazide tab 20-12.5 mg (Accuretic)	GN				
quinapril-hydrochlorothiazide tab 20-25 mg (Accuretic)	GN				
ramipril cap 1.25 mg (Altace)	GP				
ramipril cap 2.5 mg (Altace)	GP				
ramipril cap 5 mg (Altace)	GP				
ramipril cap 10 mg (Altace)	GP				
TEKTURNA HCT- aliskiren-hydrochlorothiazide tab 150-12.5 mg	NC				
TEKTURNA HCT- aliskiren-hydrochlorothiazide tab 150-25 mg	NC				
TEKTURNA HCT- aliskiren-hydrochlorothiazide tab 300-12.5 mg	NC				
TEKTURNA HCT- aliskiren-hydrochlorothiazide tab 300-25 mg	NC				
telmisartan tab 20 mg (Micardis)	GN				
telmisartan tab 40 mg (Micardis)	GN				
telmisartan tab 80 mg (Micardis)	GP				
telmisartan-amlodipine tab 40-5 mg (Twynsta)	GN				
telmisartan-amlodipine tab 40-10 mg (Twynsta)	GN				
telmisartan-amlodipine tab 80-5 mg (Twynsta)	GN				
telmisartan-amlodipine tab 80-10 mg (Twynsta)	GN				
telmisartan-hydrochlorothiazide tab 40-12.5 mg (Micardis hct)	GN				
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
telmisartan-hydrochlorothiazide tab 80-25 mg (Micardis hct)	GN				
terazosin hcl cap 1 mg (base equivalent)	GP				
terazosin hcl cap 2 mg (base equivalent)	GP				
terazosin hcl cap 5 mg (base equivalent)	GP				
terazosin hcl cap 10 mg (base equivalent)	GP				
trandolapril tab 1 mg	GP				
trandolapril tab 2 mg	GP				
trandolapril tab 4 mg	GP				
trandolapril-verapamil hcl tab er 2-180 mg (Tarka)	GN				
trandolapril-verapamil hcl tab er 2-240 mg (Tarka)	GN				
trandolapril-verapamil hcl tab er 4-240 mg (Tarka)	GN				
TRANDOLAPRIL/VERAPAMIL HC- trandolapril-verapamil hcl tab er 1-240 mg	BN				
valsartan tab 40 mg (Diovan)	GP				
valsartan tab 80 mg (Diovan)	GP				
valsartan tab 160 mg (Diovan)	GP				
valsartan tab 320 mg (Diovan)	GP				
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)	GP				
valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)	GP				
valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct)	GP				
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)	GP				
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)	GP				
VECAMYL- mecamylamine hcl tab 2.5 mg	BN				
DIURETICS					
acetazolamide cap er 12hr 500 mg	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
acetazolamide tab 125 mg	GN				
acetazolamide tab 250 mg	GN				
ALDACTAZIDE- spironolactone & hydrochlorothiazide tab 50-50 mg	BN				
amiloride & hydrochlorothiazide tab 5-50 mg	GP				
amiloride hcl tab 5 mg	GP				
bumetanide tab 0.5 mg (Bumex)	GN				
bumetanide tab 1 mg (Bumex)	GN				
bumetanide tab 2 mg (Bumex)	GN				
CAROSPIR- spironolactone susp 25 mg/5ml	NC				
chlorthalidone tab 25 mg	GP				
chlorthalidone tab 50 mg	GN				
DIURIL- chlorothiazide susp 250 mg/5ml	BN				
ethacrynic acid tab 25 mg (Edecrin)	NC				
FUROSEMIDE- furosemide oral soln 8 mg/ml	NC				
furosemide oral soln 10 mg/ml	GP				
furosemide tab 20 mg (Lasix)	GP				
furosemide tab 40 mg (Lasix)	GP				
furosemide tab 80 mg (Lasix)	GP				
hydrochlorothiazide cap 12.5 mg	GP				
hydrochlorothiazide tab 12.5 mg	GP				
hydrochlorothiazide tab 25 mg	GP				
hydrochlorothiazide tab 50 mg	GP				
indapamide tab 1.25 mg	GP				
indapamide tab 2.5 mg	GP				
KEVEYIS- dichlorphenamide tab 50 mg	NC				
methazolamide tab 25 mg	GN				
methazolamide tab 50 mg	GN				
metolazone tab 2.5 mg	GN				
metolazone tab 5 mg	GN				
metolazone tab 10 mg	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	GN				
spironolactone tab 25 mg (Aldactone)	GP				
spironolactone tab 50 mg (Aldactone)	GP				
spironolactone tab 100 mg (Aldactone)	GP				
torsemide tab 5 mg	GP				
torsemide tab 10 mg	GP				
torsemide tab 20 mg	GP				
torsemide tab 100 mg	GP				
triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide)	GP				
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	GP				
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	GP				
triamterene cap 50 mg (Dyrenium)	GN				
triamterene cap 100 mg (Dyrenium)	GN				
VASOPRESSORS					
AUVI-Q- epinephrine solution auto-injector 0.1 mg/0.1ml	NC				
AUVI-Q- epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	NC				
AUVI-Q- epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	NC				
EPINEPHRINE- epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	NC				
EPINEPHRINE- epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	NC				
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak - Mylan Products)	GN				
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak - Mylan Products)	GN				
midodrine hcl tab 2.5 mg	GN				
midodrine hcl tab 5 mg	GN				
midodrine hcl tab 10 mg	GN				
NORTHERA- droxidopa cap 100 mg	NC				
NORTHERA- droxidopa cap 200 mg	NC				
NORTHERA- droxidopa cap 300 mg	NC				
SYMJEPI- epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)	BP				
SYMJEPI- epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)	BP				
ANTIHYPERLIPIDEMICS					
ALTOPREV- lovastatin tab er 24hr 20 mg	NC				
ALTOPREV- lovastatin tab er 24hr 40 mg	NC				
ALTOPREV- lovastatin tab er 24hr 60 mg	NC				
ANTARA- fenofibrate micronized cap 30 mg	NC				
ANTARA- fenofibrate micronized cap 90 mg	NC				
atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)	GP				
atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)	GP				
atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)	GP				
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	GP				
cholestyramine light powder packets 4 gm	GN				
cholestyramine light powder 4 gm/dose (Questran light)	GN				
cholestyramine powder packets 4 gm (Questran)	GN				
cholestyramine powder 4 gm/dose (Questran)	GN				
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (Trilipix)	GN				
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) (Trilipix)	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
colesevelam hcl packet for susp 3.75 gm (Welchol)	GN				
colesevelam hcl tab 625 mg (Welchol)	GN				
colestipol hcl granule packets 5 gm (Colestid flavored)	GN				
colestipol hcl granules 5 gm (Colestid flavored)	GN				
colestipol hcl tab 1 gm (Colestid)	GN				
EZALLOR SPRINKLE- rosuvastatin calcium sprinkle cap 5 mg (base equivalent)	NC				
EZALLOR SPRINKLE- rosuvastatin calcium sprinkle cap 10 mg (base equivalent)	NC				
EZALLOR SPRINKLE- rosuvastatin calcium sprinkle cap 20 mg (base equivalent)	NC				
EZALLOR SPRINKLE- rosuvastatin calcium sprinkle cap 40 mg (base equivalent)	NC				
ezetimibe tab 10 mg (Zetia)	GN				
ezetimibe-simvastatin tab 10-10 mg (Vytorin)	GN				
ezetimibe-simvastatin tab 10-20 mg (Vytorin)	GN				
ezetimibe-simvastatin tab 10-40 mg (Vytorin)	GN				
ezetimibe-simvastatin tab 10-80 mg (Vytorin)	GN				
FENOFIBRATE- fenofibrate cap 50 mg	NC				
FENOFIBRATE- fenofibrate cap 150 mg	NC				
fenofibrate micronized cap 43 mg	GN				
fenofibrate micronized cap 67 mg	GN				
fenofibrate micronized cap 130 mg	NC				
fenofibrate micronized cap 134 mg	GN				
fenofibrate micronized cap 200 mg	GN				
fenofibrate tab 40 mg (Fenoglide)	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
fenofibrate tab 48 mg (Tricor)	GP				
fenofibrate tab 54 mg	GP				
fenofibrate tab 120 mg (Fenoglide)	NC				
fenofibrate tab 145 mg (Tricor)	GP				
fenofibrate tab 160 mg	GP				
FENOFIBRIC ACID- fenofibric acid tab 35 mg	NC				
FENOFIBRIC ACID- fenofibric acid tab 105 mg	NC				
FIBRICOR- fenofibric acid tab 35 mg	NC				
FIBRICOR- fenofibric acid tab 105 mg	NC				
FLOLIPID- simvastatin susp 20 mg/5ml (4 mg/ml)	NC				
FLOLIPID- simvastatin susp 40 mg/5ml (8 mg/ml)	NC				
fluvastatin sodium cap 20 mg (base equivalent)	NC				
fluvastatin sodium cap 40 mg (base equivalent)	NC				
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	NC				
gemfibrozil tab 600 mg (Lopid)	GP				
icosapent ethyl cap 1 gm (Vascepa)	GN		•		•
JUXTAPID- lomitapide mesylate cap 5 mg (base equiv)	BN	•	•		•
JUXTAPID- lomitapide mesylate cap 10 mg (base equiv)	BN	•	•		•
JUXTAPID- lomitapide mesylate cap 20 mg (base equiv)	BN	•	•		•
JUXTAPID- lomitapide mesylate cap 30 mg (base equiv)	BN	•	•		•
LIPOFEN- fenofibrate cap 50 mg	NC				
LIPOFEN- fenofibrate cap 150 mg	NC				
LIVALO- pitavastatin calcium tab 1 mg	NC				
LIVALO- pitavastatin calcium tab 2 mg	NC				
LIVALO- pitavastatin calcium tab 4 mg	NC				
lovastatin tab 10 mg	GP				
lovastatin tab 20 mg	GP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
lovastatin tab 40 mg	GP				
NEXLETOL- bempedoic acid tab 180 mg	BP		•		•
NEXLIZET- bempedoic acid-ezetimibe tab 180-10 mg	BP		•		•
NIACIN- niacin (antihyperlipidemic) tab 500 mg	NC				
niacin tab er 500 mg (antihyperlipidemic) (Niaspan)	GN				
niacin tab er 750 mg (antihyperlipidemic) (Niaspan)	GN				
niacin tab er 1000 mg (antihyperlipidemic) (Niaspan)	GN				
NIACOR- niacin (antihyperlipidemic) tab 500 mg	NC				
omega-3-acid ethyl esters cap 1 gm (Lovaza)	GN +				
PRALUENT- alirocumab subcutaneous solution auto-injector 75 mg/ml	NC				
PRALUENT- alirocumab subcutaneous solution auto-injector 150 mg/ml	NC				
pravastatin sodium tab 10 mg	GP				
pravastatin sodium tab 20 mg (Pravachol)	GP				
pravastatin sodium tab 40 mg (Pravachol)	GP				
pravastatin sodium tab 80 mg (Pravachol)	GP				
REPATHA- evolocumab subcutaneous soln prefilled syringe 140 mg/ml	BP		•		•
REPATHA PUSHTRONEX SYSTEM- evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	BP		•		•
REPATHA SURECLICK- evolocumab subcutaneous soln auto-injector 140 mg/ml	BP		•		•
rosuvastatin calcium tab 5 mg (Crestor)	GP				
rosuvastatin calcium tab 10 mg (Crestor)	GP				
rosuvastatin calcium tab 20 mg (Crestor)	GP				
rosuvastatin calcium tab 40 mg (Crestor)	GP				
simvastatin tab 5 mg (Zocor)	GP				
simvastatin tab 10 mg (Zocor)	GP				
simvastatin tab 20 mg (Zocor)	GP				
simvastatin tab 40 mg (Zocor)	GP				
simvastatin tab 80 mg (Zocor)	GP				
VASCEPA- icosapent ethyl cap 0.5 gm	BP		•		•
VASCEPA- icosapent ethyl cap 1 gm	BP		•		•
ZYPITAMAG- pitavastatin magnesium tab 2 mg (base equiv)	NC				
ZYPITAMAG- pitavastatin magnesium tab 4 mg (base equiv)	NC				
CARDIOVASCULAR AGENTS - MISC.					
ADEMPAS- riociguat tab 0.5 mg	BN	•	•		•
ADEMPAS- riociguat tab 1 mg	BN	•	•		•
ADEMPAS- riociguat tab 1.5 mg	BN	•	•		•
ADEMPAS- riociguat tab 2 mg	BN	•	•		•
ADEMPAS- riociguat tab 2.5 mg	BN	•	•		•
ambrisentan tab 5 mg (Letairis)	GN	•	•		•
ambrisentan tab 10 mg (Letairis)	GN	•	•		•
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	NC				
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	NC				
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	NC				
amlodipine besylate-atorvastatin calcium tab 5-10 mg (Caduet)	NC				
amlodipine besylate-atorvastatin calcium tab 5-20 mg (Caduet)	NC				
amlodipine besylate-atorvastatin calcium tab 5-40 mg (Caduet)	NC				
amlodipine besylate-atorvastatin calcium tab 5-80 mg (Caduet)	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
amlodipine besylate-atorvastatin calcium tab 10-10 mg (Caduet)	NC				
amlodipine besylate-atorvastatin calcium tab 10-20 mg (Caduet)	NC				
amlodipine besylate-atorvastatin calcium tab 10-40 mg (Caduet)	NC				
amlodipine besylate-atorvastatin calcium tab 10-80 mg (Caduet)	NC				
BIDIL- isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	BN				
bosentan tab 62.5 mg (Tracleer)	GN	•	•		•
bosentan tab 125 mg (Tracleer)	GN	•	•		•
CORLANOR- ivabradine hcl oral soln 5 mg/5ml (base equiv)	BP		•		•
CORLANOR- ivabradine hcl tab 5 mg (base equiv)	BP		•		•
CORLANOR- ivabradine hcl tab 7.5 mg (base equiv)	BP		•		•
ENTRESTO- sacubitril-valsartan tab 24-26 mg	BP				
ENTRESTO- sacubitril-valsartan tab 49-51 mg	BP				
ENTRESTO- sacubitril-valsartan tab 97-103 mg	BP				
OPSUMIT- macitentan tab 10 mg	BP	•	•		•
ORENITRAM- treprostinil diolamine tab er 0.125 mg (base equiv)	BN	•	•		
ORENITRAM- treprostinil diolamine tab er 0.25 mg (base equiv)	BN	•	•		
ORENITRAM- treprostinil diolamine tab er 1 mg (base equiv)	BN	•	•		
ORENITRAM- treprostinil diolamine tab er 2.5 mg (base equiv)	BN	•	•		
ORENITRAM- treprostinil diolamine tab er 5 mg (base equiv)	BN	•	•		
sildenafil citrate for suspension 10 mg/ml (Revatio)	GN	•	•		•
sildenafil citrate tab 20 mg (Revatio)	GN	•	•		•
tadalafil tab 20 mg (pah) (Adcirca)	GN	•	•		•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
TRACLEER- bosentan tab for oral susp 32 mg	BP	•	•		•
TYVASO- treprostinil inhalation solution 0.6 mg/ml	BN	•	•		•
TYVASO REFILL- treprostinil inhalation solution 0.6 mg/ml	BN	•	•		•
TYVASO STARTER- treprostinil inhalation solution 0.6 mg/ml	BN	•	•		•
UPTRAVI- selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	BP	•	•		•
UPTRAVI- selexipag tab 200 mcg	BP	•	•		•
UPTRAVI- selexipag tab 400 mcg	BP	•	•		•
UPTRAVI- selexipag tab 600 mcg	BP	•	•		•
UPTRAVI- selexipag tab 800 mcg	BP	•	•		•
UPTRAVI- selexipag tab 1000 mcg	BP	•	•		•
UPTRAVI- selexipag tab 1200 mcg	BP	•	•		•
UPTRAVI- selexipag tab 1400 mcg	BP	•	•		•
UPTRAVI- selexipag tab 1600 mcg	BP	•	•		•
VENTAVIS- iloprost inhalation solution 10 mcg/ml	BN	•	•		•
VENTAVIS- iloprost inhalation solution 20 mcg/ml	BN	•	•		•
VYNDAMAX- tafamidis cap 61 mg	BP	•	•		•
VYNDAQEL- tafamidis meglumine (cardiac) cap 20 mg	BP	•	•		•
ERECTILE DYSFUNCTION					
CAVERJECT- alprostadil for inj 40 mcg	BN				
CAVERJECT IMPULSE- alprostadil for inj kit 10 mcg	BN				
CAVERJECT IMPULSE- alprostadil for inj kit 20 mcg	BN				
EDEX- alprostadil for inj kit 10 mcg	BN				
EDEX- alprostadil for inj kit 20 mcg	BN				
EDEX- alprostadil for inj kit 40 mcg	BN				
MUSE- alprostadil urethral pellet 125 mcg	BN				
MUSE- alprostadil urethral pellet 250 mcg	BN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
MUSE- alprostadil urethral pellet 500 mcg	BN				
MUSE- alprostadil urethral pellet 1000 mcg	BN				
sildenafil citrate tab 25 mg (Viagra)	GN				•
sildenafil citrate tab 50 mg (Viagra)	GN				•
sildenafil citrate tab 100 mg (Viagra)	GN				•
STENDRA- avanafil tab 50 mg	BN				•
STENDRA- avanafil tab 100 mg	BN				•
STENDRA- avanafil tab 200 mg	BN				•
tadalafil tab 2.5 mg (Cialis)	GN				•
tadalafil tab 5 mg (Cialis)	GN				•
tadalafil tab 10 mg (Cialis)	GN				•
tadalafil tab 20 mg (Cialis)	GN				•
vardenafil hcl orally disintegrating tab 10 mg (Staxyn)	GN				•
vardenafil hcl tab 2.5 mg	GN				•
vardenafil hcl tab 5 mg	GN				•
vardenafil hcl tab 10 mg (Levitra)	GN				•
vardenafil hcl tab 20 mg (Levitra)	GN				•
RESPIRATORY AGENTS					
ANTIHISTAMINES					
CARBINOXAMINE MALEATE- carbinoxamine maleate soln 4 mg/5ml	BN				
CARBINOXAMINE MALEATE- carbinoxamine maleate tab 4 mg	BN				
CARBINOXAMINE MALEATE- carbinoxamine maleate tab 6 mg	NC				
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	GN +				
CLEMASTINE FUMARATE- clemastine fumarate tab 2.68 mg	BN				
cyproheptadine hcl syrup 2 mg/5ml	GN				
cyproheptadine hcl tab 4 mg	GP				
DESLORATADINE ODT- desloratadine tab orally disintegrating 2.5 mg	BN +				
DESLORATADINE ODT- desloratadine tab orally disintegrating 5 mg	BN +				
desloratadine tab 5 mg (Clarinex)	GN +				
DEXCHLORPHENIRAMINE MALEA- dexchlorpheniramine maleate oral soln 2 mg/5ml	NC				
diphenhydramine hcl elixir 12.5 mg/5ml	GN +				
diphenhydramine hcl liquid 12.5 mg/5ml	GN +				
KARBINAL ER- carbinoxamine maleate extended release susp 4 mg/5ml	NC				
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	GN +				
levocetirizine dihydrochloride tab 5 mg	GN +				
promethazine hcl suppos 12.5 mg	GN				
promethazine hcl suppos 25 mg	GN				
promethazine hcl syrup 6.25 mg/5ml	GP				
promethazine hcl tab 12.5 mg	GP				
promethazine hcl tab 25 mg	GP				
promethazine hcl tab 50 mg	GP				
PROMETHEGAN- promethazine hcl suppos 50 mg	BN				
RYCLORA- dexchlorpheniramine maleate oral soln 2 mg/5ml	NC				
RYVENT- carbinoxamine maleate tab 6 mg	NC				
NASAL AGENTS - SYSTEMIC and TOPICAL					
azelastine hcl nasal spray 0.1% (137 mcg/spray)	GP				•
azelastine hcl nasal spray 0.15% (205.5 mcg/spray) (Astepro)	NC				
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (Dymista)	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
BECONASE AQ- beclomethasone dipropionate monohyd nasal susp 42 mcg/spray	BN +				•
FLUNISOLIDE- flunisolide nasal soln 25 mcg/act (0.025%)	BN +				•
fluticasone propionate nasal susp 50 mcg/act	GP				•
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	GN				•
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	GN				•
mometasone furoate nasal susp 50 mcg/act (Nasonex)	GN +				•
olopatadine hcl nasal soln 0.6% (Patanase)	NC				
OMNARIS- ciclesonide nasal susp 50 mcg/act	BN +				•
QNASL- beclomethasone dipropionate nasal aerosol 80 mcg/act	BN +				•
QNASL CHILDRENS- beclomethasone dipropionate nasal aerosol 40 mcg/act	BN +				•
XHANCE- fluticasone propionate nasal exhaler susp 93 mcg/act	BN +				•
ZETONNA- ciclesonide nasal aerosol soln 37 mcg/act (50 mcg/valve)	BN +				•
COUGH/COLD/ALLERGY					
acetylcysteine inhal soln 10%	GN				
acetylcysteine inhal soln 20%	GN				
benzonatate cap 100 mg (Tessalon perles)	GP				
benzonatate cap 150 mg	GN				
benzonatate cap 200 mg	GP				
CLARINEX-D 12 HOUR- desloratadine & pseudoephedrine tab er 12hr 2.5-120 mg	NC				
HYCODAN- hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	GP				
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	GP				
hydrocodone w/ homatropine tab 5-1.5 mg	GN				
promethazine w/ codeine syrup 6.25-10 mg/5ml	GP				
promethazine-dm syrup 6.25-15 mg/5ml	GP				
PROMETHAZINE/PHENYLEPHRIN- promethazine & phenylephrine syrup 6.25-5 mg/5ml	BN				
PROMETHAZINE/PHENYLEPHRIN- promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	BN				
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	GN +				
sodium chloride soln nebu 3%	GP				
sodium chloride soln nebu 7% (Hyper-sal)	GP				
TUSSICAPS- hydrocod polst-chlorphen polst cap er 12hr 10-8 mg	NC				
TUXARIN ER- codeine phos-chlorpheniramine maleate tab er 12hr 54.3-8 mg	NC				
TUZISTRA XR- codeine polist-chlorphen polist er susp 14.7-2.8 mg/5ml	NC				
ANTIASTHMATIC and BRONCHODILATOR AGENTS					
ADVAIR DISKUS- fluticasone-salmeterol aer powder ba 100-50 mcg/dose	GN				•
ADVAIR DISKUS- fluticasone-salmeterol aer powder ba 250-50 mcg/dose	GN				•
ADVAIR DISKUS- fluticasone-salmeterol aer powder ba 500-50 mcg/dose	GN				•
ADVAIR HFA- fluticasone-salmeterol inhal aerosol 45-21 mcg/act	BP				•
ADVAIR HFA- fluticasone-salmeterol inhal aerosol 115-21 mcg/act	BP				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
ADVAIR HFA- fluticasone-salmeterol inhal aerosol 230-21 mcg/act	BP				•
AIRDUO DIGIHALER 113/14- fluticasone-salmeterol aer powder ba 113-14 mcg/act w/sensor	NC				
AIRDUO DIGIHALER 232/14- fluticasone-salmeterol aer powder ba 232-14 mcg/act w/sensor	NC				
AIRDUO DIGIHALER 55/14- fluticasone-salmeterol aer powder ba 55-14 mcg/act w/ sensor	NC				
AIRDUO RESPICLICK 113/14- fluticasone-salmeterol aer powder ba 113-14 mcg/act	NC				
AIRDUO RESPICLICK 232/14- fluticasone-salmeterol aer powder ba 232-14 mcg/act	NC				
AIRDUO RESPICLICK 55/14- fluticasone-salmeterol aer powder ba 55-14 mcg/act	NC				
ALBUTEROL SULFATE ER- albuterol sulfate tab er 12hr 4 mg	BN				
ALBUTEROL SULFATE ER- albuterol sulfate tab er 12hr 8 mg	BN				
ALBUTEROL SULFATE HFA- albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	NC				
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	GN				•
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	GP				
albuterol sulfate soln nebu 0.5% (5 mg/ml)	GN				
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	GN				
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	GN				
albuterol sulfate syrup 2 mg/5ml	GP				
albuterol sulfate tab 2 mg	GN				
albuterol sulfate tab 4 mg	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
ALVESCO- ciclesonide inhal aerosol 80 mcg/act	NC				
ALVESCO- ciclesonide inhal aerosol 160 mcg/act	NC				
ANORO ELLIPTA- umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh	BP				•
ARMONAIR DIGIHALER- fluticasone propionate aer pow ba 55 mcg/act with sensor	NC				
ARMONAIR DIGIHALER- fluticasone propionate aer pow ba 113 mcg/act with sensor	NC				
ARMONAIR DIGIHALER- fluticasone propionate aer pow ba 232 mcg/act with sensor	NC				
ARNUITY ELLIPTA- fluticasone furoate aerosol powder breath activ 50 mcg/act	BP				•
ARNUITY ELLIPTA- fluticasone furoate aerosol powder breath activ 100 mcg/act	BP				•
ARNUITY ELLIPTA- fluticasone furoate aerosol powder breath activ 200 mcg/act	BP				•
ASMANEX HFA- mometasone furoate inhal aerosol suspension 50 mcg/act	BP				•
ASMANEX HFA- mometasone furoate inhal aerosol suspension 100 mcg/act	BP				•
ASMANEX HFA- mometasone furoate inhal aerosol suspension 200 mcg/act	BP				•
ASMANEX TWISTHALER 120 ME- mometasone furoate inhal powd 220 mcg/inh (breath activated)	BP				•
ASMANEX TWISTHALER 30 MET- mometasone furoate inhal powd 110 mcg/inh (breath activated)	BP				•
ASMANEX TWISTHALER 30 MET- mometasone furoate inhal powd 220 mcg/inh (breath activated)	BP				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
ASMANEX TWISTHALER 60 MET- mometasone furoate inhal powd 220 mcg/inh (breath activated)	BP				•
ATROVENT HFA- ipratropium bromide hfa inhal aerosol 17 mcg/act	BN				•
BEVESPI AEROSPHERE- glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act	NC				
BREO ELLIPTA- fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh	BP				•
BREO ELLIPTA- fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh	BP				•
BREZTRI AEROSPHERE- budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	BP				•
BROVANA- arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	BP				
budesonide inhalation susp 0.25 mg/2ml (Pulmicort)	GN				
budesonide inhalation susp 0.5 mg/2ml (Pulmicort)	GN				
budesonide inhalation susp 1 mg/2ml (Pulmicort)	GN				
BUDESONIDE/FORMOTEROL FUM- budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	NC				
BUDESONIDE/FORMOTEROL FUM- budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	NC				
COMBIVENT RESPIMAT- ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	BN				•
cromolyn sodium soln nebu 20 mg/2ml	GN				
DALIRESP- roflumilast tab 250 mcg	BN				
DALIRESP- roflumilast tab 500 mcg	BN				
DUAKLIR PRESSAIR- aclidinium br-formoterol fum aero pow br act 400-12 mcg/act	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
DULERA- mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act	BP				•
DULERA- mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	BP				•
DULERA- mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	BP				•
ELIXOPHYLLIN- theophylline elixir 80 mg/15ml	BN				
FASENRA PEN- benralizumab subcutaneous soln auto-injector 30 mg/ml	BN		•		•
FLOVENT DISKUS- fluticasone propionate aer pow ba 50 mcg/blister	BP				•
FLOVENT DISKUS- fluticasone propionate aer pow ba 100 mcg/blister	BP				•
FLOVENT DISKUS- fluticasone propionate aer pow ba 250 mcg/blister	BP				•
FLOVENT HFA- fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	BP				•
FLOVENT HFA- fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	BP				•
FLOVENT HFA- fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	BP				•
FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol aer powder ba 55-14 mcg/act	GN				•
FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol aer powder ba 113-14 mcg/act	GN				•
FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol aer powder ba 232-14 mcg/act	GN				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
fluticasone-salmeterol aer powder ba 100-50 mcg/dose (Advair diskus)	NC				
fluticasone-salmeterol aer powder ba 250-50 mcg/dose (Advair diskus)	NC				
fluticasone-salmeterol aer powder ba 500-50 mcg/dose (Advair diskus)	NC				
INCRUSE ELLIPTA- umeclidinium br aero powd breath act 62.5 mcg/inh (base eq)	BP				•
ipratropium bromide inhal soln 0.02%	GP				
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	GN				
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	GN				
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (Xopenex)	GN				
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (Xopenex)	GN				
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (Xopenex)	GN				
LEVALBUTEROL TARTRATE HFA- levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	NC				
LONHALA MAGNAIR REFILL KI- glycopyrrolate inhal solution 25 mcg/ml	NC				
LONHALA MAGNAIR STARTER K- glycopyrrolate inhal solution 25 mcg/ml	NC				
montelukast sodium chew tab 4 mg (base equiv) (Singulair)	GP				
montelukast sodium chew tab 5 mg (base equiv) (Singulair)	GP				
montelukast sodium oral granules packet 4 mg (base equiv) (Singulair)	NC				
montelukast sodium tab 10 mg (base equiv) (Singulair)	GP				
NUCALA- mepolizumab subcutaneous solution auto-injector 100 mg/ml	BN		•		•
NUCALA- mepolizumab subcutaneous solution pref syringe 100 mg/ml	BN		•		•
PERFOROMIST- formoterol fumarate soln nebu 20 mcg/2ml	NC				
PROAIR DIGIHALER- albuterol sulfate aer pow ba 108 mcg/act with sensor	NC				
PROAIR RESPICLICK- albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv)	NC				
PULMICORT FLEXHALER- budesonide inhal aero powd 90 mcg/act (breath activated)	NC				
PULMICORT FLEXHALER- budesonide inhal aero powd 180 mcg/act (breath activated)	NC				
QVAR REDIHALER- beclomethasone diprop hfa breath act inh aer 40 mcg/act	BP				•
QVAR REDIHALER- beclomethasone diprop hfa breath act inh aer 80 mcg/act	BP				•
SEEBRI NEOHALER- glycopyrrolate inhal cap 15.6 mcg	NC				
SEREVENT DISKUS- salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv)	BP				•
SPIRIVA HANDIHALER- tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	BP				•
SPIRIVA RESPIMAT- tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	BP				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
SPIRIVA RESPIMAT- tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	BP				•
STIOLTO RESPIMAT- tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	BP				•
STRIVERDI RESPIMAT- olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	BP				•
SYMBICORT- budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	BP				•
SYMBICORT- budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	BP				•
terbutaline sulfate tab 2.5 mg	GN				
terbutaline sulfate tab 5 mg	GN				
THEO-24- theophylline cap er 24hr 100 mg	BN				
THEO-24- theophylline cap er 24hr 200 mg	BN				
THEO-24- theophylline cap er 24hr 300 mg	BN				
THEO-24- theophylline cap er 24hr 400 mg	BN				
THEOPHYLLINE ER- theophylline tab er 12hr 300 mg	BN				
THEOPHYLLINE ER- theophylline tab er 12hr 450 mg	BN				
theophylline soln 80 mg/15ml	GN				
theophylline tab er 24hr 400 mg	GN				
theophylline tab er 24hr 600 mg	GN				
TRELEGY ELLIPTA- fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh	BP				•
TRELEGY ELLIPTA- fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh	BP				•
TUDORZA PRESSAIR- aclidinium bromide aerosol powd breath activated 400 mcg/act	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
UTIBRON NEOHALER- indacaterol-glycopyrrolate inhal cap 27.5-15.6 mcg	NC				
VENTOLIN HFA- albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	GN				•
XOPENEX HFA- levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	NC				
YUPELRI- revefenacin inhalation solution 175 mcg/3ml	NC				
zafirlukast tab 10 mg (Accolate)	GN				
zafirlukast tab 20 mg (Accolate)	GN				
zileuton tab er 12hr 600 mg	NC				
ZYFLO- zileuton tab 600 mg	NC				
RESPIRATORY AGENTS - MISC.					
ESBRIET- pirfenidone cap 267 mg	BN	•	•		•
ESBRIET- pirfenidone tab 267 mg	BN	•	•		•
ESBRIET- pirfenidone tab 801 mg	BN	•	•		•
GLASSIA- alpha1-proteinase inhibitor (human) inj 1000 mg/50ml	BN				
KALYDECO- ivacaftor packet 25 mg	BP	•	•		•
KALYDECO- ivacaftor packet 50 mg	BP	•	•		•
KALYDECO- ivacaftor packet 75 mg	BP	•	•		•
OFEV- nintedanib esylate cap 100 mg (base equivalent)	BN	•	•		•
OFEV- nintedanib esylate cap 150 mg (base equivalent)	BN	•	•		•
ORKAMBI- lumacaftor-ivacaftor granules packet 100-125 mg	BN	•	•		•
ORKAMBI- lumacaftor-ivacaftor granules packet 150-188 mg	BN	•	•		•
ORKAMBI- lumacaftor-ivacaftor tab 100-125 mg	BN	•	•		•
ORKAMBI- lumacaftor-ivacaftor tab 200-125 mg	BN	•	•		•
PULMOZYME- dornase alfa inhal soln 1 mg/ml	BP	•			

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
SYMDEKO- tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	BP	•	•		•
SYMDEKO- tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	BP	•	•		•
TRIKAFTA- elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	BP	•	•		•
GASTROINTESTINAL AGENTS					
LAXATIVES					
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	GN				
CLENPIQ- sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/160ml	NC				
GAVILYTE-C- peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	BN				
KRISTALOSE- lactulose oral crystal packet 10 gm	NC				
KRISTALOSE- lactulose oral crystal packet 20 gm	NC				
LACTULOSE- lactulose oral crystal packet 10 gm	NC				
lactulose solution 10 gm/15ml	GN				
OSMOPREP- sod phos mono-sod phos di tabs 1.102-0.398 gm(1.5gm na phos)	NC				
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	NC				
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)	GP				
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	GP				
PLENVU- peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm	NC				
SUPREP BOWEL PREP KIT- sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	BN				
ANTIDIARRHEALS					
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	GN				
DIPHENOXYLATE/ATROPINE- diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	BN				
loperamide hcl cap 2 mg	GN +				
MOTOFEN- difenoxin w/ atropine tab 1-0.025 mg	BN				
MYTESI- crofelemer tab delayed release 125 mg	BN				
ULCER DRUGS					
ACIPHEX SPRINKLE- rabeprazole sodium capsule sprinkle dr 5 mg	BN +			•	•
ACIPHEX SPRINKLE- rabeprazole sodium capsule sprinkle dr 10 mg	BN +			•	•
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack	NC				
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg (Librax)	NC				
CIMETIDINE HYDROCHLORIDE- cimetidine hcl soln 300 mg/5ml	BN +				
cimetidine tab 200 mg	GN +				
cimetidine tab 300 mg	GN +				
cimetidine tab 400 mg	GN +				
cimetidine tab 800 mg	GN +				
CUVPOSA- glycopyrrolate oral soln 1 mg/5ml	BN				
DEXILANT- dexlansoprazole cap delayed release 30 mg	BN +			•	•
DEXILANT- dexlansoprazole cap delayed release 60 mg	BN +			•	•
dicyclomine hcl cap 10 mg	GP				
dicyclomine hcl oral soln 10 mg/5ml	GN				
dicyclomine hcl tab 20 mg	GP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
esomeprazole magnesium cap delayed release 20 mg (base eq) (Nexium)	GN +				•
esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)	GN +				•
esomeprazole magnesium for delayed release susp packet 10 mg (Nexium)	GN				•
esomeprazole magnesium for delayed release susp packet 20 mg (Nexium)	GN				•
esomeprazole magnesium for delayed release susp packet 40 mg (Nexium)	GN				•
ESOMEPRAZOLE STRONTIUM- esomeprazole strontium cap delayed release 49.3 mg	BN +			•	•
famotidine for susp 40 mg/5ml	GN				
famotidine tab 20 mg (Pepcid)	GN +				
famotidine tab 40 mg (Pepcid)	GP				
GLYCATE- glycopyrrolate tab 1.5 mg	NC				
GLYCOPYRROLATE- glycopyrrolate tab 1.5 mg	NC				
glycopyrrolate tab 1 mg	GN				
glycopyrrolate tab 2 mg	GN				
HELIDAC THERAPY- metronidaz tab-tetracyc cap-bis subsal chew tab therapy pack	NC				
lansoprazole cap delayed release 15 mg (Prevacid)	GN +				•
lansoprazole cap delayed release 30 mg (Prevacid)	GN +				•
lansoprazole tab delayed release orally disintegrating 15 mg (Prevacid solutab)	GN +				•
lansoprazole tab delayed release orally disintegrating 30 mg (Prevacid solutab)	GN +				•
LIBRAX- chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
methscopolamine bromide tab 2.5 mg	GN				
methscopolamine bromide tab 5 mg	GN				
misoprostol tab 100 mcg (Cytotec)	GP				
misoprostol tab 200 mcg (Cytotec)	GP				
NEXIUM- esomeprazole magnesium for delayed release susp packet 5 mg	BP			•	•
NEXIUM- esomeprazole magnesium for delayed release susp pack 2.5 mg	BP			•	•
NIZATIDINE- nizatidine cap 150 mg	BN +				
NIZATIDINE- nizatidine cap 300 mg	GN +				
NIZATIDINE- nizatidine oral soln 15 mg/ml	BN +				
OMECLAMOX-PAK- amoxicillin cap-clarithro tab w/ omepraz cap dr therapy pack	NC				
omeprazole cap delayed release 10 mg	GP				•
omeprazole cap delayed release 20 mg	GP				•
omeprazole cap delayed release 40 mg	GP				•
omeprazole-sodium bicarbonate cap 20-1100 mg (Zegerid)	GN +				•
omeprazole-sodium bicarbonate cap 40-1100 mg (Zegerid)	GN +				•
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg (Zegerid)	GN +				•
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg (Zegerid)	GN +				•
pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)	GP				•
pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)	GP				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
pantoprazole sodium for delayed release susp packet 40 mg (Protonix)	GN +				•
PRILOSEC- omeprazole magnesium for delayed release susp packet 2.5 mg	BN +			•	•
PRILOSEC- omeprazole magnesium for delayed release susp packet 10 mg	BN +			•	•
PROPANTHELINE BROMIDE- propantheline bromide tab 15 mg	BN				
PROTONIX- pantoprazole sodium for delayed release susp packet 40 mg	BN +			•	•
PYLERA- bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	NC				
RABEPRAZOLE SODIUM DR SPR- rabeprazole sodium capsule sprinkle dr 10 mg	BN +			•	•
rabeprazole sodium ec tab 20 mg (Aciphex)	GN +				•
sucralfate susp 1 gm/10ml (Carafate)	NC				
sucralfate tab 1 gm (Carafate)	GN				
TALICIA- amoxicillin-rifabutin-omeprazole cap dr 250-12.5-10 mg	NC				
ANTIEMETICS					
AKYNZEO- netupitant-palonosetron cap 300-0.5 mg	NC				
ANZEMET- dolasetron mesylate tab 50 mg	BN				•
ANZEMET- dolasetron mesylate tab 100 mg	BN				•
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	GN				•
aprepitant capsule 40 mg (Emend)	GN				
aprepitant capsule 80 mg (Emend)	GN				•
aprepitant capsule 125 mg (Emend)	GN				•
BONJESTA- doxylamine-pyridoxine tab er 20-20 mg	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)	NC				
dronabinol cap 2.5 mg (Marinol)	GN				
dronabinol cap 5 mg (Marinol)	GN				
dronabinol cap 10 mg (Marinol)	GN				
EMEND- aprepitant for oral susp 125 mg (125 mg/5ml)	BP				•
granisetron hcl tab 1 mg	GN				•
meclizine hcl chew tab 25 mg	GN +				
meclizine hcl tab 12.5 mg	GN +				
meclizine hcl tab 25 mg	GN +				
MECLIZINE HYDROCHLORIDE- meclizine hcl tab 50 mg	BN +				
ONDANSETRON HCL- ondansetron hcl tab 24 mg	BN				•
ondansetron hcl oral soln 4 mg/5ml	GN				•
ondansetron hcl tab 4 mg (Zofran)	GP				•
ondansetron hcl tab 8 mg (Zofran)	GP				•
ondansetron orally disintegrating tab 4 mg	GP				•
ondansetron orally disintegrating tab 8 mg	GP				•
SANCUSO- granisetron td patch 3.1 mg/24hr (contains 34.3 mg)	NC				
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	GN				
SYNDROS- dronabinol soln 5 mg/ml	NC				
trimethobenzamide hcl cap 300 mg (Tigan)	GN				
VARUBI- rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	BP				•
ZUPLENZ- ondansetron oral soluble film 4 mg	NC				
ZUPLENZ- ondansetron oral soluble film 8 mg	NC				
DIGESTIVE AIDS					

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
CREON- pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	BP				
CREON- pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	BP				
CREON- pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	BP				
CREON- pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	BP				
CREON- pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	BP				
PANCREAZE- pancrelipase (lip-prot-amyl) dr cap 2600-6200-10850 unit	NC				
PANCREAZE- pancrelipase (lip-prot-amyl) dr cap 4200-14200-24600 unit	NC				
PANCREAZE- pancrelipase (lip-prot-amyl) dr cap 10500-35500-61500 unit	NC				
PANCREAZE- pancrelipase (lip-prot-amyl) dr cap 16800-56800-98400 unit	NC				
PANCREAZE- pancrelipase (lip-prot-amyl) dr cap 21000-54700-83900 unit	NC				
PERTZYE- pancrelipase (lip-prot-amyl) dr cap 4000-14375-15125 unit	NC				
PERTZYE- pancrelipase (lip-prot-amyl) dr cap 8000-28750-30250 unit	NC				
PERTZYE- pancrelipase (lip-prot-amyl) dr cap 16000-57500-60500 unit	NC				
PERTZYE- pancrelipase (lip-prot-amyl) dr cap 24000-86250-90750 unit	NC				
SUCRAID- sacrosidase soln 8500 unit/ml	BN				
VIOKACE- pancrelipase (lip-prot-amyl) tab 10440-39150-39150 unit	NC				
VIOKACE- pancrelipase (lip-prot-amyl) tab 20880-78300-78300 unit	NC				
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	BP				
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	BP				
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	BP				
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	BP				
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	BP				
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	BP				
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	BP				
GASTROINTESTINAL AGENTS- MISC.					
alosetron hcl tab 0.5 mg (base equiv) (Lotronex)	NC				
alosetron hcl tab 1 mg (base equiv) (Lotronex)	NC				
AMITIZA- lubiprostone cap 8 mcg	NC				
AMITIZA- lubiprostone cap 24 mcg	NC				
AURYXIA- ferric citrate tab 1 gm (210 mg ferric iron)	BN				
balsalazide disodium cap 750 mg (Colazal)	GN				
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	GN				
calcium acetate (phosphate binder) tab 667 mg	GN +				
CHENODAL- chenodiol tab 250 mg	BP	•			
CHOLBAM- cholic acid cap 50 mg	BN	•			
CHOLBAM- cholic acid cap 250 mg	BN	•			
CIMZIA- certolizumab pegol inj kit 2 x 200 mg/ml	BN	•	•		•
CIMZIA STARTER KIT- certolizumab pegol inj kit 6 x 200 mg/ml	BN	•	•		•
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	GN				
DIPENTUM- olsalazine sodium cap 250 mg	NC				
FOSRENOL- lanthanum carbonate oral powder pack 750 mg (elemental)	BN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
FOSRENOL- lanthanum carbonate oral powder pack 1000 mg (elemental)	BN				
GATTEX- teduglutide (rdna) for inj kit 5 mg	BN	•	•		
GIMOTI- metoclopramide hcl nasal spray 15 mg/act	NC				
lactulose (encephalopathy) solution 10 gm/15ml	GN				
lanthanum carbonate chew tab 500 mg (elemental) (Fosrenol)	GN				
lanthanum carbonate chew tab 750 mg (elemental) (Fosrenol)	GN				
lanthanum carbonate chew tab 1000 mg (elemental) (Fosrenol)	GN				
LINZESS- linaclotide cap 72 mcg	NC				
LINZESS- linaclotide cap 145 mcg	NC				
LINZESS- linaclotide cap 290 mcg	NC				
LUBIPROSTONE- lubiprostone cap 8 mcg	NC				
LUBIPROSTONE- lubiprostone cap 24 mcg	NC				
mesalamine cap dr 400 mg (Delzicol)	GN				
mesalamine cap er 24hr 0.375 gm (Apriso)	GN				
mesalamine enema 4 gm	GN				
mesalamine suppos 1000 mg (Canasa)	GN				
mesalamine tab delayed release 800 mg (Asacol hd)	GN				
mesalamine tab delayed release 1.2 gm (Lialda)	GN				
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	GN				
metoclopramide hcl tab 5 mg (base equivalent) (Reglan)	GP				
metoclopramide hcl tab 10 mg (base equivalent) (Reglan)	GP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
METOCLOPRAMIDE ODT- metoclopramide hcl orally disintegrating tab 5 mg (base eq)	BN				
METOCLOPRAMIDE ODT- metoclopramide hcl orally disintegrating tab 10 mg (base eq)	BN				
MOTEGRITY- prucalopride succinate tab 1 mg (base equivalent)	NC				
MOTEGRITY- prucalopride succinate tab 2 mg (base equivalent)	NC				
MOVANTIK- naloxegol oxalate tab 12.5 mg (base equivalent)	NC				
MOVANTIK- naloxegol oxalate tab 25 mg (base equivalent)	NC				
OCALIVA- obeticholic acid tab 5 mg	BN	•	•		•
OCALIVA- obeticholic acid tab 10 mg	BN	•	•		•
PENTASA- mesalamine cap er 250 mg	NC				
PENTASA- mesalamine cap er 500 mg	NC				
PHOSLYRA- calcium acetate (phosphate binder) oral soln 667 mg/5ml	BN				
RELISTOR- methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml)	NC				
RELISTOR- methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml)	NC				
RELISTOR- methylnaltrexone bromide tab 150 mg	NC				
sevelamer carbonate packet 0.8 gm (Renvela)	GN				
sevelamer carbonate packet 2.4 gm (Renvela)	GN				
sevelamer carbonate tab 800 mg (Renvela)	GN				
sevelamer hcl tab 800 mg (Renagel)	GN				
SEVELAMER HYDROCHLORIDE- sevelamer hcl tab 400 mg	BN				
SFROWASA- mesalamine sulfite-free (sf) enema 4 gm/60ml	BN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	GN				
sulfasalazine tab 500 mg (Azulfidine)	GN				
SYMPROIC- naldemedine tosylate tab 0.2 mg (base equivalent)	BP		•		•
TRULANCE- plecanatide tab 3 mg	BP		•		•
ursodiol cap 300 mg (Actigall)	GN				
ursodiol tab 250 mg (Urso 250)	GN				
ursodiol tab 500 mg (Urso forte)	GN				
VELPHORO- sucroferric oxyhydroxide chew tab 500 mg	BP				
VIBERZI- eluxadoline tab 75 mg	BP				
VIBERZI- eluxadoline tab 100 mg	BP				
XERMELO- telotristat ethyl tab 250 mg (as telotristat etiprate)	BN	•	•		•
ZELNORM- tegaserod maleate tab 6 mg (base equivalent)	NC				
GENITOURINARY AGENTS					
URINARY ANTISPASMODICS					
bethanechol chloride tab 5 mg (Urecholine)	GN				
bethanechol chloride tab 10 mg (Urecholine)	GN				
bethanechol chloride tab 25 mg (Urecholine)	GN				
bethanechol chloride tab 50 mg (Urecholine)	GN				
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) (Enablex)	NC				
darifenacin hydrobromide tab er 24hr 15 mg (base equiv) (Enablex)	NC				
flavoxate hcl tab 100 mg	NC				
GELNIQUE- oxybutynin chloride td gel 10%	NC				
MYRBETRIQ- mirabegron tab er 24 hr 25 mg	BP				
MYRBETRIQ- mirabegron tab er 24 hr 50 mg	BP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
oxybutynin chloride syrup 5 mg/5ml	GP				
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	GP				
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	GP				
oxybutynin chloride tab er 24hr 15 mg	GP				
oxybutynin chloride tab 5 mg	GP				
OXYTROL- oxybutynin td patch twice weekly 3.9 mg/24hr	BN +				
solifenacin succinate tab 5 mg (Vesicare)	GN				
solifenacin succinate tab 10 mg (Vesicare)	GN				
tolterodine tartrate cap er 24hr 2 mg (Detrol la)	GN				
tolterodine tartrate cap er 24hr 4 mg (Detrol la)	GN				
tolterodine tartrate tab 1 mg (Detrol)	GN				
tolterodine tartrate tab 2 mg (Detrol)	GN				
TOVIAZ- fesoterodine fumarate tab er 24hr 4 mg	NC				
TOVIAZ- fesoterodine fumarate tab er 24hr 8 mg	NC				
trospium chloride cap er 24hr 60 mg	GN				
trospium chloride tab 20 mg	GN				
VAGINAL PRODUCTS					
CLEOCIN- clindamycin phosphate vaginal suppos 100 mg	NC				
clindamycin phosphate vaginal cream 2% (Cleocin)	GN				
CLINDESSE- clindamycin phosphate (one dose) vaginal cream 2%	BN				
CRINONE- progesterone vaginal gel 4%	NC				
CRINONE- progesterone vaginal gel 8%	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
ENCARE- nonoxynol-9 vaginal suppos 100 mg	BP				
ENDOMETRIN- progesterone vaginal insert 100 mg	BP				•
estradiol vaginal cream 0.1 mg/gm (Estrace)	GN				
estradiol vaginal tab 10 mcg (Vagifem)	NC				
ESTRING- estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	BN				•
FEMRING- estradiol acetate vaginal ring 0.05 mg/24hr	BN				•
FEMRING- estradiol acetate vaginal ring 0.1 mg/24hr	BN				•
GYNAZOLE-1- butoconazole nitrate (one dose) vaginal cream 2%	BN				
IMVEXXY MAINTENANCE PACK- estradiol vaginal insert 4 mcg	NC				
IMVEXXY MAINTENANCE PACK- estradiol vaginal insert 10 mcg	NC				
IMVEXXY STARTER PACK- estradiol vaginal insert starter pack 4 mcg	NC				
IMVEXXY STARTER PACK- estradiol vaginal insert starter pack 10 mcg	NC				
INTRAROSA- prasterone vaginal insert 6.5 mg	NC				
metronidazole vaginal gel 0.75% (Metrogel-vaginal)	GN				
MICONAZOLE 3- miconazole nitrate vaginal suppos 200 mg	BN				
NUVESSA- metronidazole vaginal gel 1.3%	BN				
OPTIONS GYNOL II VAGINAL- nonoxynol-9 gel 3%	BP				
PHEXXI- lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	NC				
PREMARIN- estrogens, conjugated vaginal cream 0.625 mg/gm	BN				
SHUR-SEAL- nonoxynol-9 gel 2%	BP				
terconazole vaginal cream 0.4%	GN				
terconazole vaginal cream 0.8%	GN				
terconazole vaginal suppos 80 mg	GN				
TODAY SPONGE- nonoxynol-9 vaginal sponge 1000 mg	BP				
VAGIFEM- estradiol vaginal tab 10 mcg	GN				
VCF VAGINAL CONTRACEPTIVE- nonoxynol-9 gel 4%	GP				
VCF VAGINAL CONTRACEPTIVE- nonoxynol-9 film 28%	BP				
VCF VAGINAL CONTRACEPTIVE- nonoxynol-9 foam 12.5%	BP				
GENITOURINARY AGENTS - MISC.					
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	GP				
CARDURA XL- doxazosin mesylate tab er 24 hr 4 mg (base equiv)	NC				
CARDURA XL- doxazosin mesylate tab er 24 hr 8 mg (base equiv)	NC				
CYSTAGON- cysteamine bitartrate cap 50 mg	BP	•			
CYSTAGON- cysteamine bitartrate cap 150 mg	BP	•			
dutasteride cap 0.5 mg (Avodart)	GP				
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	GN				
ELMIRON- pentosan polysulfate sodium caps 100 mg	BN		•		
finasteride tab 5 mg (Proscar)	GP				
K-PHOS NO 2- potassium & sodium acid phosphates tab 305-700 mg	BP				
LITHOSTAT- acetohydroxamic acid tab 250 mg	BN				
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	GN				
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	GN				
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	GN				
PROCYSBI- cysteamine bitartrate cap delayed release 25 mg (base equiv)	BN	•	•		

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
PROCYSBI- cysteamine bitartrate cap delayed release 75 mg (base equiv)	BN	•	•		
PROCYSBI- cysteamine bitartrate delayed release granules packet 75 mg	BN	•	•		
PROCYSBI- cysteamine bitartrate delayed release granules packet 300 mg	BN	•	•		
silodosin cap 4 mg (Rapaflo)	NC				
silodosin cap 8 mg (Rapaflo)	NC				
sodium citrate & citric acid soln 500-334 mg/5ml	GN				
tamsulosin hcl cap 0.4 mg (Flomax)	GP				
THIOLA EC- tiopronin tab delayed release 100 mg	BN	•			
THIOLA EC- tiopronin tab delayed release 300 mg	BN	•			
CENTRAL NERVOUS SYSTEM DRUGS					
ANTIANXIETY AGENTS					
ALPRAZOLAM INTENSOL- alprazolam conc 1 mg/ml	BN				
alprazolam orally disintegrating tab 0.25 mg	GN				
alprazolam orally disintegrating tab 0.5 mg	GN				
alprazolam orally disintegrating tab 1 mg	GN				
alprazolam orally disintegrating tab 2 mg	GN				
alprazolam tab er 24hr 0.5 mg (Xanax xr)	GP				
alprazolam tab er 24hr 1 mg (Xanax xr)	GP				
alprazolam tab er 24hr 2 mg (Xanax xr)	GN				
alprazolam tab er 24hr 3 mg (Xanax xr)	GN				
alprazolam tab 0.25 mg (Xanax)	GP				
alprazolam tab 0.5 mg (Xanax)	GP				
alprazolam tab 1 mg (Xanax)	GP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
alprazolam tab 2 mg (Xanax)	GP				
buspirone hcl tab 5 mg	GP				
buspirone hcl tab 7.5 mg	NC				
buspirone hcl tab 10 mg	GP				
buspirone hcl tab 15 mg	GP				
buspirone hcl tab 30 mg	GN				
chlordiazepoxide hcl cap 5 mg	GP				
chlordiazepoxide hcl cap 10 mg	GP				
chlordiazepoxide hcl cap 25 mg	GP				
clorazepate dipotassium tab 3.75 mg	GN				
clorazepate dipotassium tab 7.5 mg (Tranxene t)	GN				
clorazepate dipotassium tab 15 mg	GN				
DIAZEPAM- diazepam oral soln 1 mg/ml	BP				
diazepam conc 5 mg/ml	GN				
diazepam tab 2 mg (Valium)	GP				
diazepam tab 5 mg (Valium)	GP				
diazepam tab 10 mg (Valium)	GP				
hydroxyzine hcl syrup 10 mg/5ml	GP				
hydroxyzine hcl tab 10 mg	GP				
hydroxyzine hcl tab 25 mg	GP				
hydroxyzine hcl tab 50 mg	GP				
HYDROXYZINE PAMOATE- hydroxyzine pamoate cap 100 mg	BN				
hydroxyzine pamoate cap 25 mg (Vistaril)	GP				
hydroxyzine pamoate cap 50 mg (Vistaril)	GP				
lorazepam conc 2 mg/ml	GN				
lorazepam tab 0.5 mg (Ativan)	GP				
lorazepam tab 1 mg (Ativan)	GP				
lorazepam tab 2 mg (Ativan)	GP				
meprobamate tab 200 mg	NC				
meprobamate tab 400 mg	NC				
oxazepam cap 10 mg	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
oxazepam cap 15 mg	GN				
oxazepam cap 30 mg	GN				
ANTIDEPRESSANTS					
amitriptyline hcl tab 10 mg	GP				
amitriptyline hcl tab 25 mg	GP				
amitriptyline hcl tab 50 mg	GP				
amitriptyline hcl tab 75 mg	GN				
amitriptyline hcl tab 100 mg	GN				
amitriptyline hcl tab 150 mg	GN				
AMOXAPINE- amoxapine tab 25 mg	NC				
AMOXAPINE- amoxapine tab 50 mg	NC				
AMOXAPINE- amoxapine tab 100 mg	NC				
AMOXAPINE- amoxapine tab 150 mg	NC				
APLENZIN- bupropion hbr tab er 24hr 174 mg	NC				
APLENZIN- bupropion hbr tab er 24hr 348 mg	NC				
APLENZIN- bupropion hbr tab er 24hr 522 mg	NC				
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)	GP				•
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)	GP				•
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)	GP				•
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)	GP				•
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)	GP				•
bupropion hcl tab 75 mg	GN				•
bupropion hcl tab 100 mg	GN				•
BUPROPION HYDROCHLORIDE E- bupropion hcl tab er 24hr 450 mg	NC				
citalopram hydrobromide oral soln 10 mg/5ml	GN				•
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)	GP				•
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)	GP				•
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)	GP				•
clomipramine hcl cap 25 mg (Anafranil)	GN				
clomipramine hcl cap 50 mg (Anafranil)	GN				
clomipramine hcl cap 75 mg (Anafranil)	GN				
desipramine hcl tab 10 mg (Norpramin)	GN				
desipramine hcl tab 25 mg (Norpramin)	GN				
desipramine hcl tab 50 mg	GN				
desipramine hcl tab 75 mg	GN				
desipramine hcl tab 100 mg	GN				
desipramine hcl tab 150 mg	GN				
DESVENLAFAXINE ER- desvenlafaxine tab er 24hr 50 mg	NC				
DESVENLAFAXINE ER- desvenlafaxine tab er 24hr 100 mg	NC				
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Pristiq)	GN				•
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq)	GN				•
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)	GN				•
DOXEPIN HCL- doxepin hcl cap 150 mg	BN				
doxepin hcl cap 10 mg	GP				
doxepin hcl cap 25 mg	GN				
doxepin hcl cap 50 mg	GN				
doxepin hcl cap 75 mg	GN				
doxepin hcl cap 100 mg	GN				
doxepin hcl conc 10 mg/ml	GP				
DRIZALMA SPRINKLE- duloxetine hcl cap delayed release sprinkle 20 mg (base eq)	NC				
DRIZALMA SPRINKLE- duloxetine hcl cap delayed release sprinkle 30 mg (base eq)	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
DRIZALMA SPRINKLE- duloxetine hcl cap delayed release sprinkle 40 mg (base eq)	NC				
DRIZALMA SPRINKLE- duloxetine hcl cap delayed release sprinkle 60 mg (base eq)	NC				
duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)	GP				•
duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)	GP				•
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	NC				
duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta)	GP				•
EMSAM- selegiline td patch 24hr 6 mg/24hr	BN				
EMSAM- selegiline td patch 24hr 9 mg/24hr	BN				
EMSAM- selegiline td patch 24hr 12 mg/24hr	BN				
escitalopram oxalate soln 5 mg/5ml (base equiv)	GN				•
escitalopram oxalate tab 5 mg (base equiv) (Lexapro)	GP				•
escitalopram oxalate tab 10 mg (base equiv) (Lexapro)	GP				•
escitalopram oxalate tab 20 mg (base equiv) (Lexapro)	GP				•
FETZIMA- levomilnacipran hcl cap er 24hr 20 mg (base equivalent)	BN			•	•
FETZIMA- levomilnacipran hcl cap er 24hr 40 mg (base equivalent)	BN			•	•
FETZIMA- levomilnacipran hcl cap er 24hr 80 mg (base equivalent)	BN			•	•
FETZIMA- levomilnacipran hcl cap er 24hr 120 mg (base equivalent)	BN			•	•
FETZIMA TITRATION PACK- levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	BN			•	•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
FLUOXETINE DR- fluoxetine hcl cap delayed release 90 mg	BN			•	•
fluoxetine hcl cap 10 mg (Prozac)	GP				•
fluoxetine hcl cap 20 mg (Prozac)	GP				•
fluoxetine hcl cap 40 mg (Prozac)	GP				•
fluoxetine hcl solution 20 mg/5ml	GN				•
fluoxetine hcl tab 10 mg	NC				
fluoxetine hcl tab 20 mg	NC				
fluoxetine hcl tab 60 mg (Fluoxetine hydrochlo)	NC				
fluvoxamine maleate cap er 24hr 100 mg	NC				
fluvoxamine maleate cap er 24hr 150 mg	NC				
fluvoxamine maleate tab 25 mg	GN				•
fluvoxamine maleate tab 50 mg	GN				•
fluvoxamine maleate tab 100 mg	GN				•
FORFIVO XL- bupropion hcl tab er 24hr 450 mg	NC				
imipramine hcl tab 10 mg (Tofranil)	GP				
imipramine hcl tab 25 mg (Tofranil)	GP				
imipramine hcl tab 50 mg (Tofranil)	GP				
imipramine pamoate cap 75 mg	GN				
imipramine pamoate cap 100 mg	GN				
imipramine pamoate cap 125 mg	GN				
imipramine pamoate cap 150 mg	GN				
MAPROTILINE HCL- maprotiline hcl tab 25 mg	NC				
MAPROTILINE HCL- maprotiline hcl tab 50 mg	NC				
MAPROTILINE HCL- maprotiline hcl tab 75 mg	NC				
MARPLAN- isocarboxazid tab 10 mg	BN				
mirtazapine orally disintegrating tab 15 mg (Remeron soltab)	GN				•
mirtazapine orally disintegrating tab 30 mg (Remeron soltab)	GN				•
mirtazapine orally disintegrating tab 45 mg (Remeron soltab)	GN				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
mirtazapine tab 7.5 mg	GN				•
mirtazapine tab 15 mg (Remeron)	GP				•
mirtazapine tab 30 mg (Remeron)	GP				•
mirtazapine tab 45 mg	GP				•
NEFAZODONE HCL- nefazodone hcl tab 100 mg	NC				
NEFAZODONE HCL- nefazodone hcl tab 150 mg	NC				
NEFAZODONE HYDROCHLORIDE- nefazodone hcl tab 50 mg	NC				
NEFAZODONE HYDROCHLORIDE- nefazodone hcl tab 200 mg	NC				
NEFAZODONE HYDROCHLORIDE- nefazodone hcl tab 250 mg	NC				
NORTRIPTYLINE HCL- nortriptyline hcl soln 10 mg/5ml	BN				
nortriptyline hcl cap 10 mg (Pamelor)	GP				
nortriptyline hcl cap 25 mg (Pamelor)	GP				
nortriptyline hcl cap 50 mg (Pamelor)	GP				
nortriptyline hcl cap 75 mg (Pamelor)	GP				
paroxetine hcl tab er 24hr 12.5 mg (Paxil cr)	NC				
paroxetine hcl tab er 24hr 25 mg (Paxil cr)	NC				
paroxetine hcl tab er 24hr 37.5 mg (Paxil cr)	NC				
paroxetine hcl tab 10 mg (Paxil)	GP				•
paroxetine hcl tab 20 mg (Paxil)	GP				•
paroxetine hcl tab 30 mg (Paxil)	GP				•
paroxetine hcl tab 40 mg (Paxil)	GP				•
PAXIL- paroxetine hcl oral susp 10 mg/5ml (base equiv)	NC				
PEXEVA- paroxetine mesylate tab 10 mg (base equiv)	NC				
PEXEVA- paroxetine mesylate tab 20 mg (base equiv)	NC				
PEXEVA- paroxetine mesylate tab 30 mg (base equiv)	NC				
PEXEVA- paroxetine mesylate tab 40 mg (base equiv)	NC				
phenelzine sulfate tab 15 mg (Nardil)	GN				
protriptyline hcl tab 5 mg	GN				
protriptyline hcl tab 10 mg	GN				
sertraline hcl oral concentrate for solution 20 mg/ml	GN				•
sertraline hcl tab 25 mg (Zoloft)	GP				•
sertraline hcl tab 50 mg (Zoloft)	GP				•
sertraline hcl tab 100 mg (Zoloft)	GP				•
tranylcypromine sulfate tab 10 mg (Parnate)	GN				
trazodone hcl tab 50 mg	GP				
trazodone hcl tab 100 mg	GP				
trazodone hcl tab 150 mg	GP				
trazodone hcl tab 300 mg	GN				
trimipramine maleate cap 25 mg	GN				
trimipramine maleate cap 50 mg	GN				
trimipramine maleate cap 100 mg	GN				
TRINTELLIX- vortioxetine hbr tab 5 mg (base equiv)	BN			•	•
TRINTELLIX- vortioxetine hbr tab 10 mg (base equiv)	BN			•	•
TRINTELLIX- vortioxetine hbr tab 20 mg (base equiv)	BN			•	•
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)	GP				•
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)	GP				•
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)	GP				•
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	NC				
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	NC				
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	NC				
venlafaxine hcl tab 25 mg (base equivalent)	GP				•
venlafaxine hcl tab 37.5 mg (base equivalent)	GP				•
venlafaxine hcl tab 50 mg (base equivalent)	GP				•
venlafaxine hcl tab 75 mg (base equivalent)	GP				•
venlafaxine hcl tab 100 mg (base equivalent)	GP				•
VIIBRYD- vilazodone hcl tab 10 mg	BN			•	•
VIIBRYD- vilazodone hcl tab 20 mg	BN			•	•
VIIBRYD- vilazodone hcl tab 40 mg	BN			•	•
VIIBRYD STARTER PACK- vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	BN			•	•
ANTIPSYCHOTICS					
ABILIFY MYCITE- aripiprazole tab 2 mg with sensor	NC				
ABILIFY MYCITE- aripiprazole tab 5 mg with sensor	NC				
ABILIFY MYCITE- aripiprazole tab 10 mg with sensor	NC				
ABILIFY MYCITE- aripiprazole tab 15 mg with sensor	NC				
ABILIFY MYCITE- aripiprazole tab 20 mg with sensor	NC				
ABILIFY MYCITE- aripiprazole tab 30 mg with sensor	NC				
ADASUVE- loxapine aerosol powder breath activated 10 mg	BN				
aripiprazole oral solution 1 mg/ml	GN				•
aripiprazole orally disintegrating tab 10 mg	GN				•
aripiprazole orally disintegrating tab 15 mg	GN				•
aripiprazole tab 2 mg (Abilify)	GN				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
aripiprazole tab 5 mg (Abilify)	GN				•
aripiprazole tab 10 mg (Abilify)	GN				•
aripiprazole tab 15 mg (Abilify)	GN				•
aripiprazole tab 20 mg (Abilify)	GN				•
aripiprazole tab 30 mg (Abilify)	GN				•
asenapine maleate sl tab 2.5 mg (base equiv) (Saphris)	GN				•
asenapine maleate sl tab 5 mg (base equiv) (Saphris)	GN				•
asenapine maleate sl tab 10 mg (base equiv) (Saphris)	GN				•
CAPLYTA- lumateperone tosylate cap 42 mg	NC				
chlorpromazine hcl tab 10 mg	GN				
chlorpromazine hcl tab 25 mg	GN				
chlorpromazine hcl tab 50 mg	GN				
chlorpromazine hcl tab 100 mg	GN				
chlorpromazine hcl tab 200 mg	GN				
CLOZAPINE ODT- clozapine orally disintegrating tab 12.5 mg	BN			•	•
CLOZAPINE ODT- clozapine orally disintegrating tab 150 mg	BN			•	•
CLOZAPINE ODT- clozapine orally disintegrating tab 200 mg	BN			•	•
clozapine orally disintegrating tab 25 mg (Fazaclo)	GN				•
clozapine orally disintegrating tab 100 mg (Fazaclo)	GN				•
clozapine tab 25 mg (Clozaril)	GN				•
clozapine tab 50 mg (Clozapine)	GN				•
clozapine tab 100 mg (Clozaril)	GN				•
clozapine tab 200 mg (Clozapine)	GN				•
EQUETRO- carbamazepine (antipsychotic) cap er 12hr 100 mg	BN				
EQUETRO- carbamazepine (antipsychotic) cap er 12hr 200 mg	BN				
EQUETRO- carbamazepine (antipsychotic) cap er 12hr 300 mg	BN				
FANAPT- iloperidone tab 1 mg	BN			•	•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
FANAPT- iloperidone tab 2 mg	BN			•	•
FANAPT- iloperidone tab 4 mg	BN			•	•
FANAPT- iloperidone tab 6 mg	BN			•	•
FANAPT- iloperidone tab 8 mg	BN			•	•
FANAPT- iloperidone tab 10 mg	BN			•	•
FANAPT- iloperidone tab 12 mg	BN			•	•
FANAPT TITRATION PACK- iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	BN			•	•
FLUPHENAZINE HCL- fluphenazine hcl oral conc 5 mg/ml	BN				
fluphenazine hcl tab 1 mg	GN				
fluphenazine hcl tab 2.5 mg	GN				
fluphenazine hcl tab 5 mg	GN				
fluphenazine hcl tab 10 mg	GN				
FLUPHENAZINE HYDROCHLORID- fluphenazine hcl elixir 2.5 mg/5ml	BN				
haloperidol lactate oral conc 2 mg/ml	GP				
haloperidol tab 0.5 mg	GP				
haloperidol tab 1 mg	GP				
haloperidol tab 2 mg	GP				
haloperidol tab 5 mg	GN				
haloperidol tab 10 mg	GN				
haloperidol tab 20 mg	GN				
LATUDA- lurasidone hcl tab 20 mg	BN			•	•
LATUDA- lurasidone hcl tab 40 mg	BN			•	•
LATUDA- lurasidone hcl tab 60 mg	BN			•	•
LATUDA- lurasidone hcl tab 80 mg	BN			•	•
LATUDA- lurasidone hcl tab 120 mg	BN			•	•
LITHIUM- lithium oral solution 8 meq/5ml	BP				
LITHIUM CARBONATE- lithium carbonate cap 150 mg	BN				
LITHIUM CARBONATE- lithium carbonate cap 600 mg	BN				
lithium carbonate cap 150 mg (Lithium carbonate)	GP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
lithium carbonate cap 300 mg	GP				
lithium carbonate cap 600 mg (Lithium carbonate)	GP				
lithium carbonate tab er 300 mg (Lithobid)	GP				
lithium carbonate tab er 450 mg	GP				
lithium carbonate tab 300 mg	GP				
LITHOBID- lithium carbonate tab er 300 mg	BN				
loxapine succinate cap 5 mg	GN				
loxapine succinate cap 10 mg	GN				
loxapine succinate cap 25 mg	GN				
loxapine succinate cap 50 mg	GN				
MOLINDONE HYDROCHLORIDE- molindone hcl tab 5 mg	BN				
MOLINDONE HYDROCHLORIDE- molindone hcl tab 10 mg	BN				
MOLINDONE HYDROCHLORIDE- molindone hcl tab 25 mg	BN				
NUPLAZID- pimavanserin tartrate cap 34 mg (base equivalent)	NC				
NUPLAZID- pimavanserin tartrate tab 10 mg (base equivalent)	NC				
olanzapine orally disintegrating tab 5 mg (Zyprexa zydis)	GN				•
olanzapine orally disintegrating tab 10 mg (Zyprexa zydis)	GN				•
olanzapine orally disintegrating tab 15 mg (Zyprexa zydis)	GN				•
olanzapine orally disintegrating tab 20 mg (Zyprexa zydis)	GN				•
olanzapine tab 2.5 mg (Zyprexa)	GP				•
olanzapine tab 5 mg (Zyprexa)	GP				•
olanzapine tab 7.5 mg (Zyprexa)	GP				•
olanzapine tab 10 mg (Zyprexa)	GP				•
olanzapine tab 15 mg (Zyprexa)	GP				•
olanzapine tab 20 mg (Zyprexa)	GP				•
paliperidone tab er 24hr 1.5 mg (Invega)	GN				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
paliperidone tab er 24hr 3 mg (Invega)	GN				•
paliperidone tab er 24hr 6 mg (Invega)	GN				•
paliperidone tab er 24hr 9 mg (Invega)	GN				•
perphenazine tab 2 mg	GN				
perphenazine tab 4 mg	GN				
perphenazine tab 8 mg	GN				
perphenazine tab 16 mg	GN				
prochlorperazine maleate tab 5 mg (base equivalent)	GP				
prochlorperazine maleate tab 10 mg (base equivalent)	GP				
prochlorperazine suppos 25 mg	GN				
quetiapine fumarate tab er 24hr 50 mg (Seroquel xr)	GN				•
quetiapine fumarate tab er 24hr 150 mg (Seroquel xr)	GN				•
quetiapine fumarate tab er 24hr 200 mg (Seroquel xr)	GN				•
quetiapine fumarate tab er 24hr 300 mg (Seroquel xr)	GN				•
quetiapine fumarate tab er 24hr 400 mg (Seroquel xr)	GN				•
quetiapine fumarate tab 25 mg (Seroquel)	GP				•
quetiapine fumarate tab 50 mg (Seroquel)	GP				•
quetiapine fumarate tab 100 mg (Seroquel)	GP				•
quetiapine fumarate tab 200 mg (Seroquel)	GP				•
quetiapine fumarate tab 300 mg (Seroquel)	GP				•
quetiapine fumarate tab 400 mg (Seroquel)	GP				•
REXULTI- brexpiprazole tab 0.25 mg	BN			•	•
REXULTI- brexpiprazole tab 0.5 mg	BN			•	•
REXULTI- brexpiprazole tab 1 mg	BN			•	•
REXULTI- brexpiprazole tab 2 mg	BN			•	•
REXULTI- brexpiprazole tab 3 mg	BN			•	•
REXULTI- brexpiprazole tab 4 mg	BN			•	•
RISPERIDONE ODT- risperidone orally disintegrating tab 0.25 mg	BN			•	•
risperidone orally disintegrating tab 0.5 mg	GN				•
risperidone orally disintegrating tab 1 mg	GN				•
risperidone orally disintegrating tab 2 mg	GN				•
risperidone orally disintegrating tab 3 mg	GN				•
risperidone orally disintegrating tab 4 mg	GN				•
risperidone soln 1 mg/ml (Risperdal)	GN				•
risperidone tab 0.25 mg (Risperdal)	GP				•
risperidone tab 0.5 mg (Risperdal)	GP				•
risperidone tab 1 mg (Risperdal)	GP				•
risperidone tab 2 mg (Risperdal)	GP				•
risperidone tab 3 mg (Risperdal)	GP				•
risperidone tab 4 mg (Risperdal)	GP				•
SAPHRIS- asenapine maleate sl tab 2.5 mg (base equiv)	BN			•	•
SAPHRIS- asenapine maleate sl tab 5 mg (base equiv)	BN			•	•
SAPHRIS- asenapine maleate sl tab 10 mg (base equiv)	BN			•	•
SECUADO- asenapine td patch 24 hr 3.8 mg/24hr	BN			•	•
SECUADO- asenapine td patch 24 hr 5.7 mg/24hr	BN			•	•
SECUADO- asenapine td patch 24 hr 7.6 mg/24hr	BN			•	•
thioridazine hcl tab 10 mg	NC				
thioridazine hcl tab 25 mg	NC				
thioridazine hcl tab 50 mg	NC				
thioridazine hcl tab 100 mg	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
thiothixene cap 1 mg	GN				
thiothixene cap 2 mg	GN				
thiothixene cap 5 mg	GN				
thiothixene cap 10 mg	GN				
trifluoperazine hcl tab 1 mg (base equivalent)	GN				
trifluoperazine hcl tab 2 mg (base equivalent)	GN				
trifluoperazine hcl tab 5 mg (base equivalent)	GN				
trifluoperazine hcl tab 10 mg (base equivalent)	GN				
VERSACLOZ- clozapine susp 50 mg/ml	BN			•	•
VRAYLAR- cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6)	BN			•	•
VRAYLAR- cariprazine hcl cap 1.5 mg (base equivalent)	BN			•	•
VRAYLAR- cariprazine hcl cap 3 mg (base equivalent)	BN			•	•
VRAYLAR- cariprazine hcl cap 4.5 mg (base equivalent)	BN			•	•
VRAYLAR- cariprazine hcl cap 6 mg (base equivalent)	BN			•	•
ziprasidone hcl cap 20 mg (Geodon)	GN				•
ziprasidone hcl cap 40 mg (Geodon)	GN				•
ziprasidone hcl cap 60 mg (Geodon)	GN				•
ziprasidone hcl cap 80 mg (Geodon)	GN				•
HYPNOTICS					
BELSOMRA- suvorexant tab 5 mg	NC				
BELSOMRA- suvorexant tab 10 mg	NC				
BELSOMRA- suvorexant tab 15 mg	NC				
BELSOMRA- suvorexant tab 20 mg	NC				
DAYVIGO- lemborexant tab 5 mg	NC				
DAYVIGO- lemborexant tab 10 mg	NC				
DORAL- quazepam tab 15 mg	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
doxepin hcl (sleep) tab 3 mg (base equiv) (Silenor)	NC				
doxepin hcl (sleep) tab 6 mg (base equiv) (Silenor)	NC				
EDLUAR- zolpidem tartrate sl tab 5 mg	NC				
EDLUAR- zolpidem tartrate sl tab 10 mg	NC				
estazolam tab 1 mg	GN				
estazolam tab 2 mg	GN				
eszopiclone tab 1 mg (Lunesta)	GP				•
eszopiclone tab 2 mg (Lunesta)	GP				•
eszopiclone tab 3 mg (Lunesta)	GP				•
FLURAZEPAM HCL- flurazepam hcl cap 15 mg	BN				
FLURAZEPAM HCL- flurazepam hcl cap 30 mg	BN				
HALCION- triazolam tab 0.25 mg	NC				
HETLIOZ- tasimelteon capsule 20 mg	BN	•	•		•
phenobarbital elixir 20 mg/5ml	GN				
phenobarbital tab 15 mg	GP				
phenobarbital tab 16.2 mg	GN				
phenobarbital tab 30 mg	GP				
phenobarbital tab 32.4 mg	GN				
phenobarbital tab 60 mg	GP				
phenobarbital tab 64.8 mg	GN				
phenobarbital tab 97.2 mg	GN				
phenobarbital tab 100 mg	GP				
QUAZEPAM- quazepam tab 15 mg	NC				
ramelteon tab 8 mg (Rozerem)	NC				
temazepam cap 7.5 mg (Restoril)	GN				
temazepam cap 15 mg (Restoril)	GP				
temazepam cap 22.5 mg (Restoril)	GN				
temazepam cap 30 mg (Restoril)	GP				
triazolam tab 0.125 mg	NC				
triazolam tab 0.25 mg (Halcion)	NC				
zaleplon cap 5 mg	GP				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
zaleplon cap 10 mg	GP				•
zolpidem tartrate sl tab 1.75 mg (Intermezzo)	GN				•
zolpidem tartrate sl tab 3.5 mg (Intermezzo)	GN				•
zolpidem tartrate tab er 6.25 mg (Ambien cr)	GN				•
zolpidem tartrate tab er 12.5 mg (Ambien cr)	GN				•
zolpidem tartrate tab 5 mg (Ambien)	GP				•
zolpidem tartrate tab 10 mg (Ambien)	GP				•
ZOLPIMIST- zolpidem tartrate oral spray 5 mg/act	NC				
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS					
ADDERALL XR- amphetamine-dextroamphetamine cap er 24hr 5 mg	GN				•
ADDERALL XR- amphetamine-dextroamphetamine cap er 24hr 10 mg	GN				•
ADDERALL XR- amphetamine-dextroamphetamine cap er 24hr 15 mg	GN				•
ADDERALL XR- amphetamine-dextroamphetamine cap er 24hr 20 mg	GN				•
ADDERALL XR- amphetamine-dextroamphetamine cap er 24hr 25 mg	GN				•
ADDERALL XR- amphetamine-dextroamphetamine cap er 24hr 30 mg	GN				•
ADHANSIA XR- methylphenidate hcl cap er 24hr 25 mg	NC				
ADHANSIA XR- methylphenidate hcl cap er 24hr 35 mg	NC				
ADHANSIA XR- methylphenidate hcl cap er 24hr 45 mg	NC				
ADHANSIA XR- methylphenidate hcl cap er 24hr 55 mg	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
ADHANSIA XR- methylphenidate hcl cap er 24hr 70 mg	NC				
ADHANSIA XR- methylphenidate hcl cap er 24hr 85 mg	NC				
ADZENYS ER- amphetamine extended release susp 1.25 mg/ml	NC				
ADZENYS XR-ODT- amphetamine tab extended release disintegrating 3.1 mg	NC				
ADZENYS XR-ODT- amphetamine tab extended release disintegrating 6.3 mg	NC				
ADZENYS XR-ODT- amphetamine tab extended release disintegrating 9.4 mg	NC				
ADZENYS XR-ODT- amphetamine tab extended release disintegrating 12.5 mg	NC				
ADZENYS XR-ODT- amphetamine tab extended release disintegrating 15.7 mg	NC				
ADZENYS XR-ODT- amphetamine tab extended release disintegrating 18.8 mg	NC				
AMPHETAMINE ER- amphetamine extended release susp 1.25 mg/ml	NC				
amphetamine sulfate tab 5 mg (Evekeo)	NC				
amphetamine sulfate tab 10 mg (Evekeo)	NC				
amphetamine-dextroamphetamine cap er 24hr 5 mg (Adderall xr)	NC				
amphetamine-dextroamphetamine cap er 24hr 10 mg (Adderall xr)	NC				
amphetamine-dextroamphetamine cap er 24hr 15 mg (Adderall xr)	NC				
amphetamine-dextroamphetamine cap er 24hr 20 mg (Adderall xr)	NC				
amphetamine-dextroamphetamine cap er 24hr 25 mg (Adderall xr)	NC				
amphetamine-dextroamphetamine cap er 24hr 30 mg (Adderall xr)	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
amphetamine-dextroamphetamine tab 5 mg (Adderall)	GN				•
amphetamine-dextroamphetamine tab 7.5 mg (Adderall)	GN				•
amphetamine-dextroamphetamine tab 10 mg (Adderall)	GN				•
amphetamine-dextroamphetamine tab 12.5 mg (Adderall)	GN				•
amphetamine-dextroamphetamine tab 15 mg (Adderall)	GN				•
amphetamine-dextroamphetamine tab 20 mg (Adderall)	GN				•
amphetamine-dextroamphetamine tab 30 mg (Adderall)	GN				•
armodafinil tab 50 mg (Nuvigil)	GN				
armodafinil tab 150 mg (Nuvigil)	GN				
armodafinil tab 200 mg (Nuvigil)	GN				
armodafinil tab 250 mg (Nuvigil)	GN				
atomoxetine hcl cap 10 mg (base equiv) (Strattera)	GN				•
atomoxetine hcl cap 18 mg (base equiv) (Strattera)	GN				•
atomoxetine hcl cap 25 mg (base equiv) (Strattera)	GN				•
atomoxetine hcl cap 40 mg (base equiv) (Strattera)	GN				•
atomoxetine hcl cap 60 mg (base equiv) (Strattera)	GN				•
atomoxetine hcl cap 80 mg (base equiv) (Strattera)	GN				•
atomoxetine hcl cap 100 mg (base equiv) (Strattera)	GN				•
BENZPHETAMINE HCL- benzphetamine hcl tab 25 mg	NC				
benzphetamine hcl tab 50 mg	NC				
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	GN				
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	GN				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
CONCERTA- methylphenidate hcl tab er osmotic release (osm) 18 mg	GN				•
CONCERTA- methylphenidate hcl tab er osmotic release (osm) 27 mg	GN				•
CONCERTA- methylphenidate hcl tab er osmotic release (osm) 36 mg	GN				•
CONCERTA- methylphenidate hcl tab er osmotic release (osm) 54 mg	GN				•
CONTRAVE- naltrexone hcl-bupropion hcl tab er 12hr 8-90 mg	BN		•		•
COTEMPLA XR-ODT- methylphenidate tab extended release disintegrating 8.6 mg	NC				
COTEMPLA XR-ODT- methylphenidate tab extended release disintegrating 17.3 mg	NC				
COTEMPLA XR-ODT- methylphenidate tab extended release disintegrating 25.9 mg	NC				
DAYTRANA- methylphenidate td patch 10 mg/9hr	NC				
DAYTRANA- methylphenidate td patch 15 mg/9hr	NC				
DAYTRANA- methylphenidate td patch 20 mg/9hr	NC				
DAYTRANA- methylphenidate td patch 30 mg/9hr	NC				
dexmethylphenidate hcl cap er 24 hr 5 mg (Focalin xr)	GN				•
dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr)	GN				•
dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr)	GN				•
dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr)	GN				•
dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr)	GN				•
dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr)	GN				•
dexmethylphenidate hcl cap er 24 hr 35 mg (Focalin xr)	GN				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
dexmethylphenidate hcl cap er 24 hr 40 mg (Focalin xr)	GN				•
dexmethylphenidate hcl tab 2.5 mg (Focalin)	GP				•
dexmethylphenidate hcl tab 5 mg (Focalin)	GN				•
dexmethylphenidate hcl tab 10 mg (Focalin)	GN				•
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	GN				•
dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine)	GN				•
dextroamphetamine sulfate cap er 24hr 15 mg (Dexedrine)	GN				•
dextroamphetamine sulfate oral solution 5 mg/5ml (Procentra)	GN				•
dextroamphetamine sulfate tab 5 mg	GN				•
dextroamphetamine sulfate tab 10 mg	GN				•
DIETHYLPROPION HCL ER- diethylpropion hcl tab er 24hr 75 mg	NC				
diethylpropion hcl tab 25 mg	NC				
DYANAVEL XR- amphetamine extended release susp 2.5 mg/ml	NC				
EVEKEO ODT- amphetamine sulfate orally disintegrating tab 5 mg	NC				
EVEKEO ODT- amphetamine sulfate orally disintegrating tab 10 mg	NC				
EVEKEO ODT- amphetamine sulfate orally disintegrating tab 15 mg	NC				
EVEKEO ODT- amphetamine sulfate orally disintegrating tab 20 mg	NC				
guanfacine hcl tab er 24hr 1 mg (base equiv) (Intuniv)	GN				•
guanfacine hcl tab er 24hr 2 mg (base equiv) (Intuniv)	GN				•
guanfacine hcl tab er 24hr 3 mg (base equiv) (Intuniv)	GN				•
guanfacine hcl tab er 24hr 4 mg (base equiv) (Intuniv)	GN				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
JORNAY PM- methylphenidate hcl cap delayed er 24hr 20 mg (pm)	NC				
JORNAY PM- methylphenidate hcl cap delayed er 24hr 40 mg (pm)	NC				
JORNAY PM- methylphenidate hcl cap delayed er 24hr 60 mg (pm)	NC				
JORNAY PM- methylphenidate hcl cap delayed er 24hr 80 mg (pm)	NC				
JORNAY PM- methylphenidate hcl cap delayed er 24hr 100 mg (pm)	NC				
LOMAIRA- phentermine hcl tab 8 mg	BN		•		•
methamphetamine hcl tab 5 mg (Desoxyn)	GN				•
methylphenidate hcl cap er 10 mg (cd)	GN				•
methylphenidate hcl cap er 20 mg (cd)	GN				•
methylphenidate hcl cap er 30 mg (cd)	GN				•
methylphenidate hcl cap er 40 mg (cd)	GN				•
methylphenidate hcl cap er 50 mg (cd)	GN				•
methylphenidate hcl cap er 60 mg (cd)	GN				•
methylphenidate hcl cap er 24hr 10 mg (la) (Ritalin la)	NC				
methylphenidate hcl cap er 24hr 20 mg (la) (Ritalin la)	GN				•
methylphenidate hcl cap er 24hr 30 mg (la) (Ritalin la)	GN				•
methylphenidate hcl cap er 24hr 40 mg (la) (Ritalin la)	GN				•
methylphenidate hcl cap er 24hr 60 mg (la)	NC				
methylphenidate hcl cap er 24hr 10 mg (xr) (Aptensio xr)	NC				
methylphenidate hcl cap er 24hr 15 mg (xr) (Aptensio xr)	NC				
methylphenidate hcl cap er 24hr 20 mg (xr) (Aptensio xr)	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
methylphenidate hcl cap er 24hr 30 mg (xr) (Aptensio xr)	NC				
methylphenidate hcl cap er 24hr 40 mg (xr) (Aptensio xr)	NC				
methylphenidate hcl cap er 24hr 50 mg (xr) (Aptensio xr)	NC				
methylphenidate hcl cap er 24hr 60 mg (xr) (Aptensio xr)	NC				
methylphenidate hcl chew tab 2.5 mg	GN				•
methylphenidate hcl chew tab 5 mg	GN				•
methylphenidate hcl chew tab 10 mg	GN				•
methylphenidate hcl soln 5 mg/5ml (Methylin)	GN				•
methylphenidate hcl soln 10 mg/5ml (Methylin)	GN				•
methylphenidate hcl tab er osmotic release (osm) 18 mg (Concerta)	GN				•
methylphenidate hcl tab er osmotic release (osm) 27 mg (Concerta)	GN				•
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	GN				•
methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta)	GN				•
methylphenidate hcl tab er 10 mg	GN				•
methylphenidate hcl tab er 20 mg	GN				•
methylphenidate hcl tab er 24hr 27 mg	NC				
methylphenidate hcl tab er 24hr 36 mg	NC				
methylphenidate hcl tab er 24hr 54 mg	NC				
methylphenidate hcl tab 5 mg (Ritalin)	GP				•
methylphenidate hcl tab 10 mg (Ritalin)	GN				•
methylphenidate hcl tab 20 mg (Ritalin)	GN				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
METHYLPHENIDATE HYDROCHLO- methylphenidate hcl tab er osmotic release (osm) 72 mg	NC				
METHYLPHENIDATE HYDROCHLO- methylphenidate hcl tab er 24hr 18 mg	NC				
modafinil tab 100 mg (Provigil)	GN				
modafinil tab 200 mg (Provigil)	GN				
MYDAYIS- amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	NC				
MYDAYIS- amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	NC				
MYDAYIS- amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	NC				
MYDAYIS- amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	NC				
PHENDIMETRAZINE TARTRATE- phendimetrazine tartrate cap er 24hr 105 mg	NC				
phendimetrazine tartrate tab 35 mg	NC				
phentermine hcl cap 15 mg	GP		•		•
phentermine hcl cap 30 mg	GP		•		•
phentermine hcl cap 37.5 mg (Adipex-p)	GP		•		•
phentermine hcl tab 37.5 mg (Adipex-p)	GP		•		•
QSYMIA- phentermine hcl-topiramate cap er 24hr 3.75-23 mg	BN		•		•
QSYMIA- phentermine hcl-topiramate cap er 24hr 7.5-46 mg	BN		•		•
QSYMIA- phentermine hcl-topiramate cap er 24hr 11.25-69 mg	BN		•		•
QSYMIA- phentermine hcl-topiramate cap er 24hr 15-92 mg	BN		•		•
QUILLICHEW ER- methylphenidate hcl chew tab extended release 20 mg	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
QUILLICHEW ER- methylphenidate hcl chew tab extended release 30 mg	NC				
QUILLICHEW ER- methylphenidate hcl chew tab extended release 40 mg	NC				
QUILLIVANT XR- methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml)	NC				
RELEXXII- methylphenidate hcl tab er osmotic release (osm) 72 mg	NC				
SAXENDA- liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml)	BN		•		•
SUNOSI- solriamfetol hcl tab 75 mg (base equiv)	BP		•		•
SUNOSI- solriamfetol hcl tab 150 mg (base equiv)	BP		•		•
VYVANSE- lisdexamfetamine dimesylate cap 10 mg	BP				•
VYVANSE- lisdexamfetamine dimesylate cap 20 mg	BP				•
VYVANSE- lisdexamfetamine dimesylate cap 30 mg	BP				•
VYVANSE- lisdexamfetamine dimesylate cap 40 mg	BP				•
VYVANSE- lisdexamfetamine dimesylate cap 50 mg	BP				•
VYVANSE- lisdexamfetamine dimesylate cap 60 mg	BP				•
VYVANSE- lisdexamfetamine dimesylate cap 70 mg	BP				•
VYVANSE- lisdexamfetamine dimesylate chew tab 10 mg	BP				•
VYVANSE- lisdexamfetamine dimesylate chew tab 20 mg	BP				•
VYVANSE- lisdexamfetamine dimesylate chew tab 30 mg	BP				•
VYVANSE- lisdexamfetamine dimesylate chew tab 40 mg	BP				•
VYVANSE- lisdexamfetamine dimesylate chew tab 50 mg	BP				•
VYVANSE- lisdexamfetamine dimesylate chew tab 60 mg	BP				•
WAKIX- pitolisant hcl tab 4.45 mg (base equivalent)	NC				
WAKIX- pitolisant hcl tab 17.8 mg (base equivalent)	NC				
XENICAL- orlistat cap 120 mg	BN		•		•
ZENZEDI- dextroamphetamine sulfate tab 2.5 mg	NC				
ZENZEDI- dextroamphetamine sulfate tab 7.5 mg	NC				
ZENZEDI- dextroamphetamine sulfate tab 15 mg	NC				
ZENZEDI- dextroamphetamine sulfate tab 20 mg	NC				
ZENZEDI- dextroamphetamine sulfate tab 30 mg	NC				
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.					
acamprosate calcium tab delayed release 333 mg	GN				
ADDYI- flibanserin tab 100 mg	BN		•		•
AUBAGIO- teriflunomide tab 7 mg	BP	•	•		•
AUBAGIO- teriflunomide tab 14 mg	BP	•	•		•
AUSTEDO- deutetrabenazine tab 6 mg	BN	•	•		•
AUSTEDO- deutetrabenazine tab 9 mg	BN	•	•		•
AUSTEDO- deutetrabenazine tab 12 mg	BN	•	•		•
AVONEX- interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	BP	•	•		•
AVONEX PEN- interferon beta-1a im auto-injector kit 30 mcg/0.5ml	BP	•	•		•
BAFIERTAM- monomethyl fumarate capsule delayed release 95 mg	NC				
BETASERON- interferon beta-1b for inj kit 0.3 mg	BP	•	•		•
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	GN				
CHANTIX- varenicline tartrate tab 0.5 mg (base equiv)	BP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
CHANTIX- varenicline tartrate tab 1 mg (base equiv)	BP				
CHANTIX CONTINUING MONTH- varenicline tartrate tab 1 mg (base equiv)	BP				
CHANTIX STARTING MONTH PA- varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	BP				
CHLORDIAZEPOXIDE/AMITRIPT- chlordiazepoxide-amitriptyline tab 5-12.5 mg	BN				
CHLORDIAZEPOXIDE/AMITRIPT- chlordiazepoxide-amitriptyline tab 10-25 mg	BN				
dalfampridine tab er 12hr 10 mg (Ampyra)	GN	•	•		•
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	GN	•	•		•
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	GN	•	•		•
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	GN	•	•		•
disulfiram tab 250 mg (Antabuse)	GN				
disulfiram tab 500 mg (Antabuse)	GN				
donepezil hydrochloride orally disintegrating tab 5 mg	GP				
donepezil hydrochloride orally disintegrating tab 10 mg	GP				
donepezil hydrochloride tab 5 mg (Aricept)	GP				
donepezil hydrochloride tab 10 mg (Aricept)	GP				
donepezil hydrochloride tab 23 mg (Aricept)	GN				
ERGOLOID MESYLATES- ergoloid mesylates tab 1 mg	NC				
EXTAVIA- interferon beta-1b for inj kit 0.3 mg	NC				
FLUOXETINE HYDROCHLORIDE- fluoxetine hcl (pmdd) tab 10 mg	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
FLUOXETINE HYDROCHLORIDE- fluoxetine hcl (pmdd) tab 20 mg	NC				
GALANTAMINE HYDROBROMIDE- galantamine hydrobromide oral soln 4 mg/ml	BN				
galantamine hydrobromide cap er 24hr 8 mg (Razadyne er)	GN				
galantamine hydrobromide cap er 24hr 16 mg (Razadyne er)	GN				
galantamine hydrobromide cap er 24hr 24 mg (Razadyne er)	GN				
galantamine hydrobromide tab 4 mg (Razadyne)	GN				
galantamine hydrobromide tab 8 mg (Razadyne)	GN				
galantamine hydrobromide tab 12 mg (Razadyne)	GN				
GILENYA- fingolimod hcl cap 0.5 mg (base equiv)	BP	•	•		•
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	NC				
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone - Mylan Products)	GN	•	•		•
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	NC				
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone - Mylan Products)	GN	•	•		•
HORIZANT- gabapentin enacarbil tab er 300 mg	NC				
HORIZANT- gabapentin enacarbil tab er 600 mg	NC				
INGREZZA- valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	BN	•	•		•
INGREZZA- valbenazine tosylate cap 40 mg (base equiv)	BN	•	•		•
INGREZZA- valbenazine tosylate cap 80 mg (base equiv)	BN	•	•		•
KESIMPTA- ofatumumab soln auto-injector 20 mg/0.4ml	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
LUCEMYRA- lofexidine hcl tab 0.18 mg (base equivalent)	BN		•		•
LYRICA CR- pregabalin tab er 24hr 82.5 mg	NC				
LYRICA CR- pregabalin tab er 24hr 165 mg	NC				
LYRICA CR- pregabalin tab er 24hr 330 mg	NC				
MAVENCLAD- cladribine tab therapy pack 10 mg (4 tabs)	BP	•	•		•
MAVENCLAD- cladribine tab therapy pack 10 mg (5 tabs)	BP	•	•		•
MAVENCLAD- cladribine tab therapy pack 10 mg (6 tabs)	BP	•	•		•
MAVENCLAD- cladribine tab therapy pack 10 mg (7 tabs)	BP	•	•		•
MAVENCLAD- cladribine tab therapy pack 10 mg (8 tabs)	BP	•	•		•
MAVENCLAD- cladribine tab therapy pack 10 mg (9 tabs)	BP	•	•		•
MAVENCLAD- cladribine tab therapy pack 10 mg (10 tabs)	BP	•	•		•
MAYZENT- siponimod fumarate tab 0.25 mg (base equiv)	BP	•	•		•
MAYZENT- siponimod fumarate tab 2 mg (base equiv)	BP	•	•		•
MAYZENT STARTER PACK- siponimod fumarate tab 0.25 mg (12) starter pack	BP	•	•		•
memantine hcl cap er 24hr 7 mg (Namenda xr)	NC				
memantine hcl cap er 24hr 14 mg (Namenda xr)	NC				
memantine hcl cap er 24hr 21 mg (Namenda xr)	NC				
memantine hcl cap er 24hr 28 mg (Namenda xr)	NC				
memantine hcl oral solution 2 mg/ml	GN				
memantine hcl tab 5 mg (Namenda)	GP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
memantine hcl tab 10 mg (Namenda)	GP				
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	GN				
NAMENDA XR TITRATION PACK- memantine hcl cap er 24hr 7 mg & 14 mg & 21 mg & 28 mg pack	NC				
NAMZARIC- memantine hcl-donepezil hcl cap er 24hr 7-10 mg	NC				
NAMZARIC- memantine hcl-donepezil hcl cap er 24hr 14-10 mg	NC				
NAMZARIC- memantine hcl-donepezil hcl cap er 24hr 21-10 mg	NC				
NAMZARIC- memantine hcl-donepezil hcl cap er 24hr 28-10 mg	NC				
NAMZARIC- memantine-donepezil cap er 24hr 7 & 14 & 21 & 28-10 mg pack	NC				
nicotine polacrilex gum 2 mg	GN				
nicotine polacrilex gum 4 mg	GN				
nicotine polacrilex lozenge 2 mg	GN				
nicotine polacrilex lozenge 4 mg	GN				
nicotine td patch 24hr 7 mg/24hr	GN				
nicotine td patch 24hr 14 mg/24hr	GN				
nicotine td patch 24hr 21 mg/24hr	GN				
NICOTINE TRANSDERMAL SYST- nicotine td patch 24 hr kit 21-14-7 mg/24hr	BP				
NICOTROL INHALER- nicotine inhaler system 10 mg (4 mg delivered)	BP				
NICOTROL NS- nicotine nasal spray 10 mg/ml (0.5 mg/spray)	BP				
NUEDEXTA- dextromethorphan hbr-quinidine sulfate cap 20-10 mg	BN		•		•
olanzapine-fluoxetine hcl cap 3-25 mg (Symbyax)	NC				
olanzapine-fluoxetine hcl cap 6-25 mg (Symbyax)	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
olanzapine-fluoxetine hcl cap 6-50 mg (Symbyax)	NC				
olanzapine-fluoxetine hcl cap 12-25 mg	NC				
olanzapine-fluoxetine hcl cap 12-50 mg (Symbyax)	NC				
paroxetine mesylate cap 7.5 mg (base equiv) (Brisdelle)	NC				
PERPHENAZINE/AMITRIPTYLIN- perphenazine-amitriptyline tab 2-10 mg	BN				
PERPHENAZINE/AMITRIPTYLIN- perphenazine-amitriptyline tab 2-25 mg	BN				
PERPHENAZINE/AMITRIPTYLIN- perphenazine-amitriptyline tab 4-10 mg	BN				
PERPHENAZINE/AMITRIPTYLIN- perphenazine-amitriptyline tab 4-25 mg	BN				
PERPHENAZINE/AMITRIPTYLIN- perphenazine-amitriptyline tab 4-50 mg	BN				
PIMOZIDE- pimozide tab 1 mg	BN				
PIMOZIDE- pimozide tab 2 mg	BN				
PLEGRIDY- peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	BP	•	•		•
PLEGRIDY- peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	BP	•	•		•
PLEGRIDY STARTER PACK- peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	BP	•	•		•
PLEGRIDY STARTER PACK- peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	BP	•	•		•
REBIF- interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml)	BP	•	•		•
REBIF- interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml)	BP	•	•		•
REBIF REBIDOSE- interferon beta-1a soln auto-inj 22 mcg/0.5ml (12mu/ml)	BP	•	•		•
REBIF REBIDOSE- interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml)	BP	•	•		•
REBIF REBIDOSE TITRATION- interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	BP	•	•		•
REBIF TITRATION PACK- interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	BP	•	•		•
rivastigmine tartrate cap 1.5 mg (base equivalent)	GN				
rivastigmine tartrate cap 3 mg (base equivalent)	GN				
rivastigmine tartrate cap 4.5 mg (base equivalent)	GN				
rivastigmine tartrate cap 6 mg (base equivalent)	GN				
rivastigmine td patch 24hr 4.6 mg/24hr (Exelon)	GN				
rivastigmine td patch 24hr 9.5 mg/24hr (Exelon)	GN				
rivastigmine td patch 24hr 13.3 mg/24hr (Exelon)	GN				
SAVELLA- milnacipran hcl tab 12.5 mg	NC				
SAVELLA- milnacipran hcl tab 25 mg	NC				
SAVELLA- milnacipran hcl tab 50 mg	NC				
SAVELLA- milnacipran hcl tab 100 mg	NC				
SAVELLA TITRATION PACK- milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	NC				
TEGSEDI- inotersen sod subcutaneous pref syr 284 mg/1.5ml (base eq)	BN	•	•		•
tetrabenazine tab 12.5 mg (Xenazine)	GN	•	•		•
tetrabenazine tab 25 mg (Xenazine)	GN	•	•		•
VUMERITY- diroximel fumarate capsule delayed release 231 mg	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
VYLEESI- bremelanotide acet subcutaneous soln auto-inj 1.75 mg/0.3ml	BN		•		•
XYREM- sodium oxybate oral solution 500 mg/ml	BN	•	•		•
XYWAV- calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	BN	•	•		•
ZEPOSIA- ozanimod hcl cap 0.92 mg	BP	•	•		•
ZEPOSIA STARTER KIT- ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 30 x 0.92 mg	BP	•	•		•
ZEPOSIA 7-DAY STARTER PAC- ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	BP	•	•		•
ANALGESICS AND ANESTHETICS					
ANALGESICS - NON-NARCOTIC					
ALLZITAL- butalbital-acetaminophen tab 25-325 mg	NC				
aspirin chew tab 81 mg	GP				
aspirin tab delayed release 81 mg	GP				
butalbital-acetaminophen cap 50-300 mg (Butalbital/acetamino)	NC				
butalbital-acetaminophen tab 50-300 mg	NC				
butalbital-acetaminophen tab 50-325 mg	GN				
butalbital-acetaminophen-caffeine cap 50-300-40 mg (Fioricet)	GN				
butalbital-acetaminophen-caffeine cap 50-325-40 mg	NC				
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	GN				
butalbital-aspirin-caffeine cap 50-325-40 mg (Fiorinal)	GN				
BUTALBITAL/ACETAMINOPHEN- butalbital-acetaminophen tab 25-325 mg	NC				
BUTALBITAL/ASPIRIN/CAFFEI- butalbital-aspirin-caffeine tab 50-325-40 mg	BN				
diflunisal tab 500 mg	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
TENCON- butalbital-acetaminophen tab 50-325 mg	BN				
VTOL LQ- butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml	NC				
ANALGESICS - NARCOTIC					
acetaminophen w/ codeine soln 120-12 mg/5ml	GP				•
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	GP				•
acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3)	GP				•
acetaminophen w/ codeine tab 300-60 mg (Tylenol/codeine #4)	GN				•
ACETAMINOPHEN/CAFFEINE/ DI- acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	BN				•
ACETAMINOPHEN/CAFFEINE/ DI- acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg	NC				
APADAZ- benzhydrocodone hcl-acetaminophen tab 4.08-325 mg	NC				
APADAZ- benzhydrocodone hcl-acetaminophen tab 6.12-325 mg	NC				
APADAZ- benzhydrocodone hcl-acetaminophen tab 8.16-325 mg	NC				
BELBUCA- buprenorphine hcl buccal film 75 mcg (base equivalent)	BP		•		•
BELBUCA- buprenorphine hcl buccal film 150 mcg (base equivalent)	BP		•		•
BELBUCA- buprenorphine hcl buccal film 300 mcg (base equivalent)	BP		•		•
BELBUCA- buprenorphine hcl buccal film 450 mcg (base equivalent)	BP		•		•
BELBUCA- buprenorphine hcl buccal film 600 mcg (base equivalent)	BP		•		•
BELBUCA- buprenorphine hcl buccal film 750 mcg (base equivalent)	BP		•		•
BELBUCA- buprenorphine hcl buccal film 900 mcg (base equivalent)	BP		•		•
BENZHYDROCODONE/ ACETAMINO- benzhydrocodone hcl-acetaminophen tab 4.08-325 mg	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
BENZHYDROCODONE/ ACETAMINO- benzhydrocodone hcl-acetaminophen tab 6.12-325 mg	NC				
BENZHYDROCODONE/ ACETAMINO- benzhydrocodone hcl-acetaminophen tab 8.16-325 mg	NC				
BUNAVAIL- buprenorphine-naloxone buccal film 2.1-0.3 mg (base equiv)	NC				
BUNAVAIL- buprenorphine-naloxone buccal film 4.2-0.7 mg (base equiv)	NC				
BUNAVAIL- buprenorphine-naloxone buccal film 6.3-1 mg (base equiv)	NC				
buprenorphine hcl sl tab 2 mg (base equiv)	GN				•
buprenorphine hcl sl tab 8 mg (base equiv)	GN				•
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	GN				•
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone)	GN				•
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	GN				•
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone)	GN				•
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	GN				•
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	GN				•
buprenorphine td patch weekly 5 mcg/hr (Butrans)	NC				
buprenorphine td patch weekly 7.5 mcg/hr (Butrans)	NC				
buprenorphine td patch weekly 10 mcg/hr (Butrans)	NC				
buprenorphine td patch weekly 15 mcg/hr (Butrans)	NC				
buprenorphine td patch weekly 20 mcg/hr (Butrans)	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (Fioricet/codeine)	NC				
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	GN				
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Fiorinal/ codeine #3)	GN				
butorphanol tartrate nasal soln 10 mg/ml	GN				•
CODEINE SULFATE- codeine sulfate tab 15 mg	BN				•
CODEINE SULFATE- codeine sulfate tab 60 mg	BN				•
codeine sulfate tab 30 mg (Codeine sulfate)	GN				•
CONZIP- tramadol hcl cap er 24hr biphasic release 100 mg	NC				
CONZIP- tramadol hcl cap er 24hr biphasic release 200 mg	NC				
CONZIP- tramadol hcl cap er 24hr biphasic release 300 mg	NC				
FENTANYL CITRATE- fentanyl citrate buccal tab 100 mcg (base equiv)	NC				
FENTANYL CITRATE- fentanyl citrate buccal tab 200 mcg (base equiv)	NC				
FENTANYL CITRATE- fentanyl citrate buccal tab 400 mcg (base equiv)	NC				
FENTANYL CITRATE- fentanyl citrate buccal tab 600 mcg (base equiv)	NC				
FENTANYL CITRATE- fentanyl citrate buccal tab 800 mcg (base equiv)	NC				
fentanyl citrate lozenge on a handle 200 mcg (Actiq)	GN		•		•
fentanyl citrate lozenge on a handle 400 mcg (Actiq)	GN		•		•
fentanyl citrate lozenge on a handle 600 mcg (Actiq)	GN		•		•
fentanyl citrate lozenge on a handle 800 mcg (Actiq)	GN		•		•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
fentanyl citrate lozenge on a handle 1200 mcg (Actiq)	GN		•		•
fentanyl citrate lozenge on a handle 1600 mcg (Actiq)	GN		•		•
fentanyl td patch 72hr 12 mcg/hr (Duragesic)	GN		•		•
fentanyl td patch 72hr 25 mcg/hr (Duragesic)	GN		•		•
fentanyl td patch 72hr 37.5 mcg/hr	NC				
fentanyl td patch 72hr 50 mcg/hr (Duragesic)	GN		•		•
fentanyl td patch 72hr 62.5 mcg/hr	NC				
fentanyl td patch 72hr 75 mcg/hr (Duragesic)	GN		•		•
fentanyl td patch 72hr 87.5 mcg/hr	NC				
fentanyl td patch 72hr 100 mcg/hr (Duragesic)	GN		•		•
FENTORA- fentanyl citrate buccal tab 100 mcg (base equiv)	NC				
FENTORA- fentanyl citrate buccal tab 200 mcg (base equiv)	NC				
FENTORA- fentanyl citrate buccal tab 400 mcg (base equiv)	NC				
FENTORA- fentanyl citrate buccal tab 600 mcg (base equiv)	NC				
FENTORA- fentanyl citrate buccal tab 800 mcg (base equiv)	NC				
hydrocodone bitartrate cap er 12hr 10 mg (Zohydro er)	NC				
hydrocodone bitartrate cap er 12hr 15 mg (Zohydro er)	NC				
hydrocodone bitartrate cap er 12hr 20 mg (Zohydro er)	NC				
hydrocodone bitartrate cap er 12hr 30 mg (Zohydro er)	NC				
hydrocodone bitartrate cap er 12hr 40 mg (Zohydro er)	NC				
hydrocodone bitartrate cap er 12hr 50 mg (Zohydro er)	NC				
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	GN				•
hydrocodone-acetaminophen soln 10-325 mg/15ml	NC				
hydrocodone-acetaminophen tab 10-325 mg (Norco)	GP				•
hydrocodone-acetaminophen tab 5-300 mg	GN				•
hydrocodone-acetaminophen tab 7.5-300 mg	GN				•
hydrocodone-acetaminophen tab 5-325 mg (Norco)	GP				•
hydrocodone-acetaminophen tab 7.5-325 mg (Norco)	GP				•
hydrocodone-acetaminophen tab 10-300 mg	GN				•
hydrocodone-ibuprofen tab 5-200 mg	GN				•
hydrocodone-ibuprofen tab 7.5-200 mg	GN				•
hydrocodone-ibuprofen tab 10-200 mg	GN				•
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	GN				•
hydromorphone hcl tab er 24hr 8 mg	NC				
hydromorphone hcl tab er 24hr 12 mg	NC				
hydromorphone hcl tab er 24hr 16 mg	NC				
hydromorphone hcl tab er 24hr 32 mg	NC				
hydromorphone hcl tab 2 mg (Dilaudid)	GP				•
hydromorphone hcl tab 4 mg (Dilaudid)	GP				•
hydromorphone hcl tab 8 mg (Dilaudid)	GN				•
HYSINGLA ER- hydrocodone bitartrate tab er 24hr deter 20 mg	NC				
HYSINGLA ER- hydrocodone bitartrate tab er 24hr deter 30 mg	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
HYSINGLA ER- hydrocodone bitartrate tab er 24hr deter 40 mg	NC				
HYSINGLA ER- hydrocodone bitartrate tab er 24hr deter 60 mg	NC				
HYSINGLA ER- hydrocodone bitartrate tab er 24hr deter 80 mg	NC				
HYSINGLA ER- hydrocodone bitartrate tab er 24hr deter 100 mg	NC				
HYSINGLA ER- hydrocodone bitartrate tab er 24hr deter 120 mg	NC				
LAZANDA- fentanyl citrate nasal spray 100 mcg/act (base equiv)	NC				
LAZANDA- fentanyl citrate nasal spray 400 mcg/act (base equiv)	NC				
LEVORPHANOL TARTRATE- levorphanol tartrate tab 3 mg	NC				
levorphanol tartrate tab 2 mg	NC				
levorphanol tartrate tab 3 mg (Levorphanol tartrate)	NC				
LORTAB- hydrocodone-acetaminophen soln 10-300 mg/15ml	NC				
MEPERIDINE HCL- meperidine hcl oral soln 50 mg/5ml	NC				
MEPERIDINE HCL- meperidine hcl tab 50 mg	NC				
methadone hcl conc 10 mg/ml (Methadose)	GN				
methadone hcl soln 5 mg/5ml (Methadone hcl)	GN		•		•
methadone hcl soln 10 mg/5ml (Methadone hcl)	GN		•		•
methadone hcl tab for oral susp 40 mg	GN				
methadone hcl tab 5 mg (Dolophine)	GP		•		•
methadone hcl tab 10 mg (Dolophine)	GP		•		•
MORPHINE SULFATE- morphine sulfate tab 15 mg	BP				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
MORPHINE SULFATE- morphine sulfate tab 30 mg	BP				•
morphine sulfate cap er 24hr 10 mg (Kadian)	GN		•		•
morphine sulfate cap er 24hr 20 mg (Kadian)	GN		•		•
morphine sulfate cap er 24hr 30 mg (Kadian)	GN		•		•
morphine sulfate cap er 24hr 50 mg (Kadian)	GN		•		•
morphine sulfate cap er 24hr 60 mg (Kadian)	GN		•		•
morphine sulfate cap er 24hr 80 mg (Kadian)	GN		•		•
morphine sulfate cap er 24hr 100 mg (Kadian)	GN		•		•
MORPHINE SULFATE ER- morphine sulfate beads cap er 24hr 30 mg	NC				
MORPHINE SULFATE ER- morphine sulfate beads cap er 24hr 45 mg	NC				
MORPHINE SULFATE ER- morphine sulfate beads cap er 24hr 60 mg	NC				
MORPHINE SULFATE ER- morphine sulfate beads cap er 24hr 75 mg	NC				
MORPHINE SULFATE ER- morphine sulfate beads cap er 24hr 90 mg	NC				
MORPHINE SULFATE ER- morphine sulfate beads cap er 24hr 120 mg	NC				
MORPHINE SULFATE ER- morphine sulfate cap er 24hr 40 mg	NC				
morphine sulfate oral soln 10 mg/5ml	GP				•
morphine sulfate oral soln 20 mg/5ml	GN				•
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	GN				•
morphine sulfate tab er 15 mg (Ms contin)	GP		•		•
morphine sulfate tab er 30 mg (Ms contin)	GN		•		•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
morphine sulfate tab er 60 mg (Ms contin)	GN		•		•
morphine sulfate tab er 100 mg (Ms contin)	GN		•		•
morphine sulfate tab er 200 mg (Ms contin)	GN		•		•
morphine sulfate tab 15 mg (Morphine sulfate)	GN				•
morphine sulfate tab 30 mg (Morphine sulfate)	GN				•
NALOCET- oxycodone w/ acetaminophen tab 2.5-300 mg	NC				
NUCYNTA- tapentadol hcl tab 50 mg	NC				
NUCYNTA- tapentadol hcl tab 75 mg	NC				
NUCYNTA- tapentadol hcl tab 100 mg	NC				
NUCYNTA ER- tapentadol hcl tab er 12hr 50 mg	NC				
NUCYNTA ER- tapentadol hcl tab er 12hr 100 mg	NC				
NUCYNTA ER- tapentadol hcl tab er 12hr 150 mg	NC				
NUCYNTA ER- tapentadol hcl tab er 12hr 200 mg	NC				
NUCYNTA ER- tapentadol hcl tab er 12hr 250 mg	NC				
OXAYDO- oxycodone hcl tab 5 mg	NC				
OXAYDO- oxycodone hcl tab 7.5 mg	NC				
oxycodone hcl cap 5 mg	GN				•
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	GN				•
OXYCODONE HCL ER- oxycodone hcl tab er 12hr deter 10 mg	NC				
OXYCODONE HCL ER- oxycodone hcl tab er 12hr deter 15 mg	NC				
OXYCODONE HCL ER- oxycodone hcl tab er 12hr deter 20 mg	NC				
OXYCODONE HCL ER- oxycodone hcl tab er 12hr deter 30 mg	NC				
OXYCODONE HCL ER- oxycodone hcl tab er 12hr deter 40 mg	NC				
OXYCODONE HCL ER- oxycodone hcl tab er 12hr deter 60 mg	NC				
OXYCODONE HCL ER- oxycodone hcl tab er 12hr deter 80 mg	NC				
oxycodone hcl soln 5 mg/5ml	GN				•
oxycodone hcl tab 5 mg (Roxicodone)	GP				•
oxycodone hcl tab 10 mg	GP				•
oxycodone hcl tab 15 mg (Roxicodone)	GN				•
oxycodone hcl tab 20 mg	GN				•
oxycodone hcl tab 30 mg (Roxicodone)	GN				•
OXYCODONE HYDROCHLORIDE E- oxycodone hcl tab er 12hr deter 10 mg	NC				
OXYCODONE HYDROCHLORIDE E- oxycodone hcl tab er 12hr deter 20 mg	NC				
OXYCODONE HYDROCHLORIDE E- oxycodone hcl tab er 12hr deter 40 mg	NC				
oxycodone w/ acetaminophen tab 2.5-325 mg (Percocet)	GN				•
oxycodone w/ acetaminophen tab 5-325 mg (Percocet)	GP				•
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	GN				•
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	GN				•
OXYCODONE/ACETAMINOPHEN- oxycodone w/ acetaminophen tab 2.5-300 mg	NC				
OXYCODONE/ACETAMINOPHEN- oxycodone w/ acetaminophen tab 5-300 mg	NC				
OXYCODONE/ACETAMINOPHEN- oxycodone w/ acetaminophen tab 10-300 mg	NC				
OXYCODONE/ASPIRIN- oxycodone-aspirin tab 4.8355-325 mg	BN				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
OXYCONTIN- oxycodone hcl tab er 12hr deter 10 mg	BP		•		•
OXYCONTIN- oxycodone hcl tab er 12hr deter 15 mg	BP		•		•
OXYCONTIN- oxycodone hcl tab er 12hr deter 20 mg	BP		•		•
OXYCONTIN- oxycodone hcl tab er 12hr deter 30 mg	BP		•		•
OXYCONTIN- oxycodone hcl tab er 12hr deter 40 mg	BP		•		•
OXYCONTIN- oxycodone hcl tab er 12hr deter 60 mg	BP		•		•
OXYCONTIN- oxycodone hcl tab er 12hr deter 80 mg	BP		•		•
oxymorphone hcl tab 5 mg (Opana)	GN				•
oxymorphone hcl tab 10 mg (Opana)	GN				•
OXYMORPHONE HYDROCHLORIDE- oxymorphone hcl tab er 12hr 5 mg	BN		•		•
OXYMORPHONE HYDROCHLORIDE- oxymorphone hcl tab er 12hr 7.5 mg	BN		•		•
OXYMORPHONE HYDROCHLORIDE- oxymorphone hcl tab er 12hr 10 mg	BN		•		•
OXYMORPHONE HYDROCHLORIDE- oxymorphone hcl tab er 12hr 15 mg	BN		•		•
OXYMORPHONE HYDROCHLORIDE- oxymorphone hcl tab er 12hr 20 mg	BN		•		•
OXYMORPHONE HYDROCHLORIDE- oxymorphone hcl tab er 12hr 30 mg	BN		•		•
OXYMORPHONE HYDROCHLORIDE- oxymorphone hcl tab er 12hr 40 mg	BN		•		•
pentazocine w/ naloxone tab 50-0.5 mg	NC				
PROLATE- oxycodone w/ acetaminophen tab 5-300 mg	NC				
PROLATE- oxycodone w/ acetaminophen tab 7.5-300 mg	NC				
PROLATE- oxycodone w/ acetaminophen tab 10-300 mg	NC				
SUBSYS- fentanyl sublingual spray 100 mcg	NC				
SUBSYS- fentanyl sublingual spray 200 mcg	NC				
SUBSYS- fentanyl sublingual spray 400 mcg	NC				
SUBSYS- fentanyl sublingual spray 600 mcg	NC				
SUBSYS- fentanyl sublingual spray 800 mcg	NC				
SUBSYS- fentanyl sublingual spray 1200 mcg (600 mcg x 2)	NC				
SUBSYS- fentanyl sublingual spray 1600 mcg (800 mcg x 2)	NC				
tramadol hcl tab er 24hr 100 mg	GN		•		•
tramadol hcl tab er 24hr 200 mg	GN		•		•
tramadol hcl tab er 24hr 300 mg	GN		•		•
tramadol hcl tab er 24hr biphasic release 100 mg	GN		•		•
tramadol hcl tab er 24hr biphasic release 200 mg	GN		•		•
tramadol hcl tab er 24hr biphasic release 300 mg	GN		•		•
tramadol hcl tab 50 mg (Ultram)	GP				•
TRAMADOL HYDROCHLORIDE- tramadol hcl tab 100 mg	NC				
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	GP				•
TREZIX- acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	BN				•
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 9 mg	BN		•		•
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 13.5 mg	BN		•		•
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 18 mg	BN		•		•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 27 mg	BN		•		•
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 36 mg	BN		•		•
ZUBSOLV- buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq)	NC				
ZUBSOLV- buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	NC				
ZUBSOLV- buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq)	NC				
ZUBSOLV- buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq)	NC				
ZUBSOLV- buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	NC				
ZUBSOLV- buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq)	NC				
ANALGESICS - ANTI-INFLAMMATORY					
ACTEMRA- tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	BP	•	•		•
ACTEMRA ACTPEN- tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	BP	•	•		•
ARCALYST- rilonacept for inj 220 mg	BN	•	•		•
celecoxib cap 50 mg (Celebrex)	GP				
celecoxib cap 100 mg (Celebrex)	GP				
celecoxib cap 200 mg (Celebrex)	GP				
celecoxib cap 400 mg (Celebrex)	GN				
DICLOFENAC- diclofenac cap 35 mg	NC				
diclofenac potassium tab 50 mg	GN				
diclofenac sodium tab delayed release 25 mg	GN				
diclofenac sodium tab delayed release 50 mg	GP				
diclofenac sodium tab delayed release 75 mg	GP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
diclofenac sodium tab er 24hr 100 mg	NC				
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	GN				
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	GN				
DUEXIS- ibuprofen-famotidine tab 800-26.6 mg	NC				
ENBREL- etanercept for subcutaneous inj 25 mg	BP	•	•		•
ENBREL- etanercept subcutaneous inj 25 mg/0.5ml	BP	•	•		•
ENBREL- etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	BP	•	•		•
ENBREL- etanercept subcutaneous soln prefilled syringe 50 mg/ml	BP	•	•		•
ENBREL MINI- etanercept subcutaneous solution cartridge 50 mg/ml	BP	•	•		•
ENBREL SURECLICK- etanercept subcutaneous solution auto-injector 50 mg/ml	BP	•	•		•
etodolac cap 200 mg	GN				
etodolac cap 300 mg	GN				
etodolac tab er 24hr 400 mg	GN				
etodolac tab er 24hr 500 mg	GN				
etodolac tab er 24hr 600 mg	GN				
etodolac tab 400 mg (Lodine)	GN				
etodolac tab 500 mg	GN				
FENOPROFEN CALCIUM- fenoprofen calcium cap 200 mg	NC				
FENOPROFEN CALCIUM- fenoprofen calcium cap 400 mg	NC				
fenoprofen calcium tab 600 mg (Nalfon)	NC				
FENORTHO- fenoprofen calcium cap 200 mg	NC				
FLURBIPROFEN- flurbiprofen tab 50 mg	GP			•	

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
flurbiprofen tab 100 mg	GN				
HUMIRA- adalimumab prefilled syringe kit 10 mg/0.1ml	BP	•	•		•
HUMIRA- adalimumab prefilled syringe kit 20 mg/0.2ml	BP	•	•		•
HUMIRA- adalimumab prefilled syringe kit 40 mg/0.8ml	BP	•	•		•
HUMIRA- adalimumab prefilled syringe kit 40 mg/0.4ml	BP	•	•		•
HUMIRA PEDIATRIC CROHNS D- adalimumab prefilled syringe kit 80 mg/0.8ml	BP	•	•		•
HUMIRA PEDIATRIC CROHNS D- adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml	BP	•	•		•
HUMIRA PEN- adalimumab pen-injector kit 40 mg/0.8ml	BP	•	•		•
HUMIRA PEN- adalimumab pen-injector kit 40 mg/0.4ml	BP	•	•		•
HUMIRA PEN- adalimumab pen-injector kit 80 mg/0.8ml	BP	•	•		•
HUMIRA PEN-CD/UC/HS START- adalimumab pen-injector kit 40 mg/0.8ml	BP	•	•		•
HUMIRA PEN-CD/UC/HS START- adalimumab pen-injector kit 80 mg/0.8ml	BP	•	•		•
HUMIRA PEN-PS/UV STARTER- adalimumab pen-injector kit 40 mg/0.8ml	BP	•	•		•
HUMIRA PEN-PS/UV STARTER- adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	BP	•	•		•
ibuprofen susp 100 mg/5ml	GN +				
ibuprofen tab 400 mg	GP				
ibuprofen tab 600 mg	GP				
ibuprofen tab 800 mg	GP				
INDOCIN- indomethacin suppos 50 mg	NC				
INDOCIN- indomethacin susp 25 mg/5ml	NC				
INDOMETHACIN- indomethacin cap 20 mg	NC				
indomethacin cap er 75 mg	GN				
indomethacin cap 25 mg	GP				
indomethacin cap 50 mg	GP				
KETOPROFEN- ketoprofen cap 25 mg	NC				
KETOPROFEN- ketoprofen cap 50 mg	NC				
KETOPROFEN- ketoprofen cap 75 mg	NC				
KETOPROFEN ER- ketoprofen cap er 24hr 200 mg	NC				
KETOROLAC TROMETHAMINE- ketorolac tromethamine nasal spray 15.75 mg/spray	NC				
ketorolac tromethamine tab 10 mg	GN				•
KEVZARA- sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml	BN	•	•		•
KEVZARA- sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	BN	•	•		•
KEVZARA- sarilumab subcutaneous solution auto-injector 150 mg/1.14ml	BN	•	•		•
KEVZARA- sarilumab subcutaneous solution auto-injector 200 mg/1.14ml	BN	•	•		•
KINERET- anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	NC				
leflunomide tab 10 mg (Arava)	GN				
leflunomide tab 20 mg (Arava)	GN				
MECLOFENAMATE SODIUM- meclofenamate sodium cap 50 mg	NC				
MECLOFENAMATE SODIUM- meclofenamate sodium cap 100 mg	NC				
mefenamic acid cap 250 mg	NC				
meloxicam cap 5 mg (Vivlodex)	NC				
meloxicam cap 10 mg (Vivlodex)	NC				
meloxicam tab 7.5 mg (Mobic)	GP				
meloxicam tab 15 mg (Mobic)	GP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
nabumetone tab 500 mg	GP				
nabumetone tab 750 mg	GP				
NALFON- fenoprofen calcium cap 400 mg	NC				
NAPRELAN- naproxen sodium tab er 24hr 750 mg (base equiv)	NC				
NAPROXEN SODIUM- naproxen sodium tab er 24hr 750 mg (base equiv)	NC				
naproxen sodium tab er 24hr 375 mg (base equiv) (Naprelan)	NC				
naproxen sodium tab er 24hr 500 mg (base equiv) (Naprelan)	NC				
naproxen sodium tab 275 mg	GN				
naproxen sodium tab 550 mg	GN				
naproxen susp 125 mg/5ml (Naprosyn)	NC				
naproxen tab ec 375 mg (Ec-naprosyn)	GP				
naproxen tab ec 500 mg (Ec-naproxen)	GP				
naproxen tab 250 mg	GP				
naproxen tab 375 mg	GP				
naproxen tab 500 mg	GP				
naproxen-esomeprazole magnesium tab dr 375-20 mg (Vimovo)	NC				
naproxen-esomeprazole magnesium tab dr 500-20 mg (Vimovo)	NC				
OLUMIANT- baricitinib tab 1 mg	NC				
OLUMIANT- baricitinib tab 2 mg	NC				
ORENCIA- abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	NC				
ORENCIA- abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	NC				
ORENCIA- abatacept subcutaneous soln prefilled syringe 125 mg/ml	NC				
ORENCIA CLICKJECT- abatacept subcutaneous soln auto-injector 125 mg/ml	NC				
OTEZLA- apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	BP	•	•		•
OTEZLA- apremilast tab 30 mg	BP	•	•		•
OTREXUP- methotrexate soln pf auto-injector 10 mg/0.4ml	BP	•		•	
OTREXUP- methotrexate soln pf auto-injector 12.5 mg/0.4ml	BP	•		•	
OTREXUP- methotrexate soln pf auto-injector 15 mg/0.4ml	BP	•		•	
OTREXUP- methotrexate soln pf auto-injector 17.5 mg/0.4ml	BP	•		•	
OTREXUP- methotrexate soln pf auto-injector 20 mg/0.4ml	BP	•		•	
OTREXUP- methotrexate soln pf auto-injector 22.5 mg/0.4ml	BP	•		•	
OTREXUP- methotrexate soln pf auto-injector 25 mg/0.4ml	BP	•		•	
oxaprozin tab 600 mg (Daypro)	GN				
piroxicam cap 10 mg (Feldene)	GN				
piroxicam cap 20 mg (Feldene)	GN				
QMIIZ ODT- meloxicam orally disintegrating tab 7.5 mg	NC				
QMIIZ ODT- meloxicam orally disintegrating tab 15 mg	NC				
RASUVO- methotrexate soln pf auto-injector 7.5 mg/0.15ml	NC				
RASUVO- methotrexate soln pf auto-injector 10 mg/0.2ml	NC				
RASUVO- methotrexate soln pf auto-injector 12.5 mg/0.25ml	NC				
RASUVO- methotrexate soln pf auto-injector 15 mg/0.3ml	NC				
RASUVO- methotrexate soln pf auto-injector 17.5 mg/0.35ml	NC				
RASUVO- methotrexate soln pf auto-injector 20 mg/0.4ml	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
RASUVO- methotrexate soln pf auto-injector 22.5 mg/0.45ml	NC				
RASUVO- methotrexate soln pf auto-injector 25 mg/0.5ml	NC				
RASUVO- methotrexate soln pf auto-injector 30 mg/0.6ml	NC				
RELAFEN DS- nabumetone tab 1000 mg	NC				
RIDAURA- auranofin cap 3 mg	BN				
RINVOQ- upadacitinib tab er 24hr 15 mg	BP	•	•		•
SIMPONI- golimumab subcutaneous soln auto-injector 50 mg/0.5ml	NC				
SIMPONI- golimumab subcutaneous soln auto-injector 100 mg/ml	BP	•	•		•
SIMPONI- golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml	NC				
SIMPONI- golimumab subcutaneous soln prefilled syringe 100 mg/ml	BP	•	•		•
SPRIX- ketorolac tromethamine nasal spray 15.75 mg/spray	NC				
sulindac tab 150 mg	GP				
sulindac tab 200 mg	GP				
TIVORBEX- indomethacin cap 20 mg	NC				
TOLMETIN SODIUM- tolmetin sodium cap 400 mg	BN			•	
TOLMETIN SODIUM- tolmetin sodium tab 600 mg	NC				
VIVLODEX- meloxicam cap 5 mg	NC				
VIVLODEX- meloxicam cap 10 mg	NC				
XELJANZ- tofacitinib citrate oral soln 1 mg/ml (base equivalent)	BP	•	•		•
XELJANZ- tofacitinib citrate tab 5 mg (base equivalent)	BP	•	•		•
XELJANZ- tofacitinib citrate tab 10 mg (base equivalent)	BP	•	•		•
XELJANZ XR- tofacitinib citrate tab er 24hr 11 mg (base equivalent)	BP	•	•		•
XELJANZ XR- tofacitinib citrate tab er 24hr 22 mg (base equivalent)	BP	•	•		•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
ZIPSOR- diclofenac potassium cap 25 mg	NC				
ZORVOLEX- diclofenac cap 18 mg	NC				
ZORVOLEX- diclofenac cap 35 mg	NC				
MIGRAINE PRODUCTS					
AIMOVIG- erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	BP	•	•		•
AIMOVIG- erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	BP	•	•		•
AJOVY- fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	NC				
AJOVY- fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	NC				
almotriptan malate tab 6.25 mg	NC				
almotriptan malate tab 12.5 mg	NC				
CAMBIA- diclofenac potassium (migraine) packet 50 mg	NC				
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	GN				
dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal)	NC				
eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)	GN				•
eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)	GN				•
EMGALITY- galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	BP	•	•		•
EMGALITY- galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	BP	•	•		•
EMGALITY- galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	BP	•	•		•
ERGOMAR- ergotamine tartrate sl tab 2 mg	BN				
ergotamine w/ caffeine tab 1-100 mg (Cafergot)	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	NC				
MIGERGOT- ergotamine w/ caffeine suppos 2-100 mg	BN				
naratriptan hcl tab 1 mg (base equiv) (Amerge)	GN				•
naratriptan hcl tab 2.5 mg (base equiv) (Amerge)	GN				•
NURTEC- rimegepant sulfate tab disint 75 mg	BN		•		•
ONZETRA XSAIL- sumatriptan succinate exhaler powder 11 mg/ nosepiece	NC				
REYVOW- lasmiditan succinate tab 50 mg	BN		•		•
REYVOW- lasmiditan succinate tab 100 mg	BN		•		•
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) (Maxalt-mlt)	GP				•
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	GP				•
rizatriptan benzoate tab 5 mg (base equivalent)	GP				•
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	GP				•
sumatriptan nasal spray 5 mg/act (Imitrex)	GN				•
sumatriptan nasal spray 20 mg/act (Imitrex)	GN				•
SUMATRIPTAN SUCCINATE- sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	BP			•	•
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	GN				•
sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)	GN				•
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)	GN				•
sumatriptan succinate solution cartridge 4 mg/0.5ml (Imitrex statdose ref)	GN				•
sumatriptan succinate solution cartridge 6 mg/0.5ml (Imitrex statdose ref)	GN				•
sumatriptan succinate tab 25 mg (Imitrex)	GP				•
sumatriptan succinate tab 50 mg (Imitrex)	GP				•
sumatriptan succinate tab 100 mg (Imitrex)	GP				•
sumatriptan-naproxen sodium tab 85-500 mg (Treximet)	NC				
TOSYMRA- sumatriptan nasal spray 10 mg/act	NC				
UBRELVY- ubrogepant tab 50 mg	BN		•		•
UBRELVY- ubrogepant tab 100 mg	BN		•		•
ZEMBRACE SYMTOUCH- sumatriptan succinate solution auto-injector 3 mg/0.5ml	NC				
ZOLMITRIPTAN- zolmitriptan nasal spray 2.5 mg/spray unit	NC				
ZOLMITRIPTAN- zolmitriptan nasal spray 5 mg/spray unit	NC				
zolmitriptan orally disintegrating tab 2.5 mg (Zomig zmt)	GN				•
zolmitriptan orally disintegrating tab 5 mg (Zomig zmt)	GN				•
zolmitriptan tab 2.5 mg (Zomig)	GN				•
zolmitriptan tab 5 mg (Zomig)	GN				•
ZOMIG- zolmitriptan nasal spray 2.5 mg/spray unit	NC				
ZOMIG- zolmitriptan nasal spray 5 mg/spray unit	NC				
GOUT AGENTS					
allopurinol tab 100 mg (Zyloprim)	GP				
allopurinol tab 300 mg (Zyloprim)	GP				
COLCHICINE- colchicine cap 0.6 mg	NC				
colchicine tab 0.6 mg (Colcrys)	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
colchicine w/ probenecid tab 0.5-500 mg	GN				
febuxostat tab 40 mg (Uloric)	NC				
febuxostat tab 80 mg (Uloric)	NC				
GLOPERBA- colchicine oral soln 0.6 mg/5ml	NC				
MITIGARE- colchicine cap 0.6 mg	BP				
probenecid tab 500 mg	GN				
NEUROMUSCULAR DRUGS					
ANTICONVULSANTS					
APTIOM- eslicarbazepine acetate tab 200 mg	BN				
APTIOM- eslicarbazepine acetate tab 400 mg	BN				
APTIOM- eslicarbazepine acetate tab 600 mg	BN				
APTIOM- eslicarbazepine acetate tab 800 mg	BN				
BANZEL- rufinamide susp 40 mg/ml	BN				
BANZEL- rufinamide tab 200 mg	BN				
BANZEL- rufinamide tab 400 mg	BN				
BRIVIACT- brivaracetam oral soln 10 mg/ml	NC				
BRIVIACT- brivaracetam tab 10 mg	NC				
BRIVIACT- brivaracetam tab 25 mg	NC				
BRIVIACT- brivaracetam tab 50 mg	NC				
BRIVIACT- brivaracetam tab 75 mg	NC				
BRIVIACT- brivaracetam tab 100 mg	NC				
carbamazepine cap er 12hr 100 mg (Carbatrol)	GN				
carbamazepine cap er 12hr 200 mg (Carbatrol)	GN				
carbamazepine cap er 12hr 300 mg (Carbatrol)	GN				
carbamazepine chew tab 100 mg	GN				
carbamazepine susp 100 mg/5ml (Tegretol)	GN				
carbamazepine tab er 12hr 100 mg (Tegretol-xr)	GN				
carbamazepine tab er 12hr 200 mg (Tegretol-xr)	GN				
carbamazepine tab er 12hr 400 mg (Tegretol-xr)	GN				
carbamazepine tab 200 mg (Tegretol)	GN				
CARBATROL- carbamazepine cap er 12hr 100 mg	BN				
CARBATROL- carbamazepine cap er 12hr 200 mg	BN				
CARBATROL- carbamazepine cap er 12hr 300 mg	BN				
CELONTIN- methsuximide cap 300 mg	BN				
clobazam suspension 2.5 mg/ml (Onfi)	GN				
clobazam tab 10 mg (Onfi)	GN				
clobazam tab 20 mg (Onfi)	GN				
clonazepam orally disintegrating tab 0.125 mg	GN				
clonazepam orally disintegrating tab 0.25 mg	GN				
clonazepam orally disintegrating tab 0.5 mg	GN				
clonazepam orally disintegrating tab 1 mg	GN				
clonazepam orally disintegrating tab 2 mg	GN				
clonazepam tab 0.5 mg (Klonopin)	GP				
clonazepam tab 1 mg (Klonopin)	GP				
clonazepam tab 2 mg (Klonopin)	GP				
DIACOMIT- stiripentol cap 250 mg	BN	•			
DIACOMIT- stiripentol cap 500 mg	BN	•			
DIACOMIT- stiripentol packet 250 mg	BN	•			
DIACOMIT- stiripentol packet 500 mg	BN	•			
DIASTAT ACUDIAL- diazepam rectal gel delivery system 10 mg	BP				
DIASTAT ACUDIAL- diazepam rectal gel delivery system 20 mg	BP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
DIASTAT PEDIATRIC- diazepam rectal gel delivery system 2.5 mg	BP				
DIAZEPAM RECTAL GEL- diazepam rectal gel delivery system 2.5 mg	BN				
DIAZEPAM RECTAL GEL- diazepam rectal gel delivery system 10 mg	BN				
DIAZEPAM RECTAL GEL- diazepam rectal gel delivery system 20 mg	BN				
DILANTIN- phenytoin sodium extended cap 30 mg	BP				
DILANTIN- phenytoin sodium extended cap 100 mg	BN				
DILANTIN INFATABS- phenytoin chew tab 50 mg	BN				
DILANTIN-125- phenytoin susp 125 mg/5ml	BN				
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	GN				
divalproex sodium tab delayed release 125 mg (Depakote)	GP				
divalproex sodium tab delayed release 250 mg (Depakote)	GP				
divalproex sodium tab delayed release 500 mg (Depakote)	GP				
divalproex sodium tab er 24 hr 250 mg (Depakote er)	GN				
divalproex sodium tab er 24 hr 500 mg (Depakote er)	GN				
EPIDIOLEX- cannabidiol soln 100 mg/ml	BP	•	•		
ethosuximide cap 250 mg (Zarontin)	GN				
ethosuximide soln 250 mg/5ml (Zarontin)	GN				
felbamate susp 600 mg/5ml (Felbatol)	GN				
felbamate tab 400 mg (Felbatol)	GN				
felbamate tab 600 mg (Felbatol)	GN				
FINTEPLA- fenfluramine hcl oral soln 2.2 mg/ml	BN	•	•		•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
FYCOMPA- perampanel susp 0.5 mg/ml	BN				
FYCOMPA- perampanel tab 2 mg	BN				
FYCOMPA- perampanel tab 4 mg	BN				
FYCOMPA- perampanel tab 6 mg	BN				
FYCOMPA- perampanel tab 8 mg	BN				
FYCOMPA- perampanel tab 10 mg	BN				
FYCOMPA- perampanel tab 12 mg	BN				
gabapentin cap 100 mg (Neurontin)	GP				
gabapentin cap 300 mg (Neurontin)	GP				
gabapentin cap 400 mg (Neurontin)	GP				
gabapentin oral soln 250 mg/5ml (Neurontin)	GN				
gabapentin tab 600 mg (Neurontin)	GP				
gabapentin tab 800 mg (Neurontin)	GP				
LAMICTAL ODT- lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	BN				
LAMICTAL ODT- lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	BN				
LAMICTAL ODT- lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	BN				
LAMICTAL XR- lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit	BN				
LAMICTAL XR- lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit	BN				
LAMICTAL XR- lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit	BN				
lamotrigine orally disintegrating tab 25 mg (Lamictal odt)	NC				
lamotrigine orally disintegrating tab 50 mg (Lamictal odt)	NC				
lamotrigine orally disintegrating tab 100 mg (Lamictal odt)	NC				
lamotrigine orally disintegrating tab 200 mg (Lamictal odt)	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di)	GN				
lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di)	GN				
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (Lamictal odt)	NC				
lamotrigine tab er 24hr 25 mg (Lamictal xr)	GN				
lamotrigine tab er 24hr 50 mg (Lamictal xr)	GN				
lamotrigine tab er 24hr 100 mg (Lamictal xr)	GN				
lamotrigine tab er 24hr 200 mg (Lamictal xr)	GN				
lamotrigine tab er 24hr 250 mg (Lamictal xr)	GN				
lamotrigine tab er 24hr 300 mg (Lamictal xr)	GN				
lamotrigine tab 25 mg (Lamictal)	GP				
lamotrigine tab 100 mg (Lamictal)	GP				
lamotrigine tab 150 mg (Lamictal)	GP				
lamotrigine tab 200 mg (Lamictal)	GP				
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)	GN				
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	GN				
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak)	GN				
levetiracetam oral soln 100 mg/ml (Keppra)	GN				
levetiracetam tab er 24hr 500 mg (Keppra xr)	GN				
levetiracetam tab er 24hr 750 mg (Keppra xr)	GN				
levetiracetam tab 250 mg (Keppra)	GP				
levetiracetam tab 500 mg (Keppra)	GP				
levetiracetam tab 750 mg (Keppra)	GN				
levetiracetam tab 1000 mg (Keppra)	GN				
MYSOLINE- primidone tab 50 mg	BN				
MYSOLINE- primidone tab 250 mg	BN				
NAYZILAM- midazolam nasal spray soln 5 mg/0.1 ml	BN				•
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	GN				
oxcarbazepine tab 150 mg (Trileptal)	GP				
oxcarbazepine tab 300 mg (Trileptal)	GN				
oxcarbazepine tab 600 mg (Trileptal)	GN				
OXTELLAR XR- oxcarbazepine tab er 24hr 150 mg	NC				
OXTELLAR XR- oxcarbazepine tab er 24hr 300 mg	NC				
OXTELLAR XR- oxcarbazepine tab er 24hr 600 mg	NC				
PHENYTEK- phenytoin sodium extended cap 200 mg	BN				
PHENYTEK- phenytoin sodium extended cap 300 mg	BN				
phenytoin chew tab 50 mg (Dilantin infatabs)	GN				
phenytoin sodium extended cap 100 mg (Dilantin)	GN				
phenytoin sodium extended cap 200 mg (Phenytek)	GN				
phenytoin sodium extended cap 300 mg (Phenytek)	GN				
phenytoin susp 125 mg/5ml (Dilantin-125)	GN				
pregabalin cap 25 mg (Lyrica)	GN				•
pregabalin cap 50 mg (Lyrica)	GN				•
pregabalin cap 75 mg (Lyrica)	GN				•
pregabalin cap 100 mg (Lyrica)	GN				•
pregabalin cap 150 mg (Lyrica)	GN				•
pregabalin cap 200 mg (Lyrica)	GN				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
pregabalin cap 225 mg (Lyrica)	GN				•
pregabalin cap 300 mg (Lyrica)	GN				•
pregabalin soln 20 mg/ml (Lyrica)	GN				•
primidone tab 50 mg (Mysoline)	GP				
primidone tab 250 mg (Mysoline)	GP				
QUDEXY XR- topiramate cap er 24hr sprinkle 25 mg	BN		•		•
QUDEXY XR- topiramate cap er 24hr sprinkle 50 mg	BN		•		•
QUDEXY XR- topiramate cap er 24hr sprinkle 100 mg	BN		•		•
QUDEXY XR- topiramate cap er 24hr sprinkle 150 mg	BN		•		•
QUDEXY XR- topiramate cap er 24hr sprinkle 200 mg	BN		•		•
rufinamide susp 40 mg/ml (Banzel)	GN				
SPRITAM- levetiracetam tab disintegrating soluble 250 mg	BN				
SPRITAM- levetiracetam tab disintegrating soluble 500 mg	BN				
SPRITAM- levetiracetam tab disintegrating soluble 750 mg	BN				
SPRITAM- levetiracetam tab disintegrating soluble 1000 mg	BN				
SYMPAZAN- clobazam oral film 5 mg	NC				
SYMPAZAN- clobazam oral film 10 mg	NC				
SYMPAZAN- clobazam oral film 20 mg	NC				
TEGRETOL- carbamazepine susp 100 mg/5ml	BN				
TEGRETOL- carbamazepine tab 200 mg	BN				
TEGRETOL-XR- carbamazepine tab er 12hr 100 mg	BN				
TEGRETOL-XR- carbamazepine tab er 12hr 200 mg	BN				
TEGRETOL-XR- carbamazepine tab er 12hr 400 mg	BN				
tiagabine hcl tab 2 mg (Gabitril)	GN				
tiagabine hcl tab 4 mg (Gabitril)	GN				
tiagabine hcl tab 12 mg (Gabitril)	GN				
tiagabine hcl tab 16 mg (Gabitril)	GN				
topiramate cap er 24hr sprinkle 25 mg (Qudexy xr)	GN		•		•
topiramate cap er 24hr sprinkle 50 mg (Qudexy xr)	GN		•		•
topiramate cap er 24hr sprinkle 100 mg (Qudexy xr)	GN		•		•
topiramate cap er 24hr sprinkle 150 mg (Qudexy xr)	GN		•		•
topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)	GN		•		•
topiramate sprinkle cap 15 mg (Topamax sprinkle)	GN				
topiramate sprinkle cap 25 mg (Topamax sprinkle)	GN				
topiramate tab 25 mg (Topamax)	GP				
topiramate tab 50 mg (Topamax)	GP				
topiramate tab 100 mg (Topamax)	GP				
topiramate tab 200 mg (Topamax)	GP				
TROKENDI XR- topiramate cap er 24hr 25 mg	BN		•		•
TROKENDI XR- topiramate cap er 24hr 50 mg	BN		•		•
TROKENDI XR- topiramate cap er 24hr 100 mg	BN		•		•
TROKENDI XR- topiramate cap er 24hr 200 mg	BN		•		•
valproate sodium oral soln 250 mg/5ml (base equiv)	GN				
valproic acid cap 250 mg (Depakene)	GN				
VALTOCO- diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	BN				•
VALTOCO- diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	BN				•
VALTOCO- diazepam nasal spray 5 mg/0.1 ml	BN				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
VALTOCO- diazepam nasal spray 10 mg/0.1 ml	BN				•
vigabatrin powd pack 500 mg (Sabril)	GN	•			
vigabatrin tab 500 mg (Sabril)	GN	•			
VIMPAT- lacosamide oral solution 10 mg/ml	BN				
VIMPAT- lacosamide tab 50 mg	BN				
VIMPAT- lacosamide tab 100 mg	BN				
VIMPAT- lacosamide tab 150 mg	BN				
VIMPAT- lacosamide tab 200 mg	BN				
XCOPRI- cenobamate tab pack 50 mg & 200 mg tabs (250 mg daily dose)	BN				
XCOPRI- cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	BN				
XCOPRI- cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	BN				
XCOPRI- cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg	BN				
XCOPRI- cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg	BN				
XCOPRI- cenobamate tab 50 mg	BN				
XCOPRI- cenobamate tab 100 mg	BN				
XCOPRI- cenobamate tab 150 mg	BN				
XCOPRI- cenobamate tab 200 mg	BN				
ZARONTIN- ethosuximide cap 250 mg	BN				
ZARONTIN- ethosuximide soln 250 mg/5ml	BN				
zonisamide cap 25 mg (Zonegran)	GP				
zonisamide cap 50 mg	GP				
zonisamide cap 100 mg (Zonegran)	GN				
ANTIPARKINSON AGENTS					
amantadine hcl cap 100 mg	GN				
amantadine hcl syrup 50 mg/5ml	GP				
amantadine hcl tab 100 mg	GN				
APOKYN- apomorphine hcl soln cartridge 30 mg/3ml	BN	•			

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
benztropine mesylate tab 0.5 mg	GP				
benztropine mesylate tab 1 mg	GP				
benztropine mesylate tab 2 mg	GP				
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	GN				
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	GN				
carbidopa & levodopa orally disintegrating tab 10-100 mg	GN				
carbidopa & levodopa orally disintegrating tab 25-100 mg	GN				
carbidopa & levodopa orally disintegrating tab 25-250 mg	GN				
carbidopa & levodopa tab er 25-100 mg (Sinemet cr)	GN				
carbidopa & levodopa tab er 50-200 mg (Sinemet cr)	GN				
carbidopa & levodopa tab 10-100 mg (Sinemet)	GP				
carbidopa & levodopa tab 25-100 mg (Sinemet)	GP				
carbidopa & levodopa tab 25-250 mg (Sinemet)	GN				
carbidopa tab 25 mg (Lodosyn)	GN				
CARBIDOPA/LEVODOPA/ENTACA- carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	BN				
CARBIDOPA/LEVODOPA/ENTACA- carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	BN				
CARBIDOPA/LEVODOPA/ENTACA- carbidopa-levodopa-entacapone tabs 25-100-200 mg	BN				
CARBIDOPA/LEVODOPA/ENTACA- carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	BN				
CARBIDOPA/LEVODOPA/ENTACA- carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	BN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
CARBIDOPA/LEVODOPA/ENTACA- carbidopa-levodopa-entacapone tabs 50-200-200 mg	BN				
DUOPA- carbidopa-levodopa enteral susp 4.63-20 mg/ml	BN				
entacapone tab 200 mg (Comtan)	GN				
GOCOVRI- amantadine hcl cap er 24hr 68.5 mg (base equivalent)	NC				
GOCOVRI- amantadine hcl cap er 24hr 137 mg (base equivalent)	NC				
INBRIJA- levodopa inhal powder cap 42 mg	BP	•			
KYNMOBI- apomorphine hydrochloride film 10 mg	BP				
KYNMOBI- apomorphine hydrochloride film 15 mg	BP				
KYNMOBI- apomorphine hydrochloride film 20 mg	BP				
KYNMOBI- apomorphine hydrochloride film 25 mg	BP				
KYNMOBI- apomorphine hydrochloride film 30 mg	BP				
NEUPRO- rotigotine td patch 24hr 1 mg/24hr	BN				
NEUPRO- rotigotine td patch 24hr 2 mg/24hr	BN				
NEUPRO- rotigotine td patch 24hr 3 mg/24hr	BN				
NEUPRO- rotigotine td patch 24hr 4 mg/24hr	BN				
NEUPRO- rotigotine td patch 24hr 6 mg/24hr	BN				
NEUPRO- rotigotine td patch 24hr 8 mg/24hr	BN				
NOURIANZ- istradefylline tab 20 mg	NC				
NOURIANZ- istradefylline tab 40 mg	NC				
ONGENTYS- opicapone cap 25 mg	NC				
ONGENTYS- opicapone cap 50 mg	NC				
OSMOLEX ER- amantadine hcl tab er 24hr pak 129 mg & 193 mg (322 mg dose)	NC				
OSMOLEX ER- amantadine hcl tab er 24hr 129 mg (base equivalent)	NC				
OSMOLEX ER- amantadine hcl tab er 24hr 193 mg (base equivalent)	NC				
OSMOLEX ER- amantadine hcl tab er 24hr 258 mg (base equivalent)	NC				
pramipexole dihydrochloride tab er 24hr 0.375 mg (Mirapex er)	NC				
pramipexole dihydrochloride tab er 24hr 0.75 mg (Mirapex er)	NC				
pramipexole dihydrochloride tab er 24hr 1.5 mg (Mirapex er)	NC				
pramipexole dihydrochloride tab er 24hr 2.25 mg (Mirapex er)	NC				
pramipexole dihydrochloride tab er 24hr 3 mg (Mirapex er)	NC				
pramipexole dihydrochloride tab er 24hr 3.75 mg (Mirapex er)	NC				
pramipexole dihydrochloride tab er 24hr 4.5 mg (Mirapex er)	NC				
pramipexole dihydrochloride tab 0.125 mg (Mirapex)	GP				
pramipexole dihydrochloride tab 0.25 mg (Mirapex)	GP				
pramipexole dihydrochloride tab 0.5 mg (Mirapex)	GP				
pramipexole dihydrochloride tab 0.75 mg (Mirapex)	GP				
pramipexole dihydrochloride tab 1 mg (Mirapex)	GP				
pramipexole dihydrochloride tab 1.5 mg (Mirapex)	GP				
rasagiline mesylate tab 0.5 mg (base equiv) (Azilect)	GN				
rasagiline mesylate tab 1 mg (base equiv) (Azilect)	GN				
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	NC				
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (Requip xl)	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (Requip xl)	NC				
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (Requip xl)	NC				
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (Requip xl)	NC				
ropinirole hydrochloride tab 0.25 mg	GP				
ropinirole hydrochloride tab 0.5 mg	GP				
ropinirole hydrochloride tab 1 mg	GP				
ropinirole hydrochloride tab 2 mg	GP				
ropinirole hydrochloride tab 3 mg	GP				
ropinirole hydrochloride tab 4 mg	GP				
ropinirole hydrochloride tab 5 mg	GP				
RYTARY- carbidopa & levodopa cap er 23.75-95 mg	BN				
RYTARY- carbidopa & levodopa cap er 36.25-145 mg	BN				
RYTARY- carbidopa & levodopa cap er 48.75-195 mg	BN				
RYTARY- carbidopa & levodopa cap er 61.25-245 mg	BN				
SELEGILINE HCL- selegiline hcl tab 5 mg	BN				
selegiline hcl cap 5 mg	GN				
STALEVO 100- carbidopa-levodopa-entacapone tabs 25-100-200 mg	BN				
STALEVO 125- carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	BN				
STALEVO 150- carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	BN				
STALEVO 200- carbidopa-levodopa-entacapone tabs 50-200-200 mg	BN				
STALEVO 50- carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	BN				
STALEVO 75- carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	BN				
tolcapone tab 100 mg (Tasmar)	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
trihexyphenidyl hcl oral soln 0.4 mg/ml	GN				
trihexyphenidyl hcl tab 2 mg	GP				
trihexyphenidyl hcl tab 5 mg	GP				
XADAGO- safinamide mesylate tab 50 mg (base equiv)	NC				
XADAGO- safinamide mesylate tab 100 mg (base equiv)	NC				
ZELAPAR- selegiline hcl orally disintegrating tab 1.25 mg	NC				
NEUROMUSCULAR AGENTS					
EVRYSDI- risdiplam for soln 0.75 mg/ml	BN	•	•		•
EXONDYS 51- eteplirsen iv soln 100 mg/2ml (50 mg/ml)	NC				
EXONDYS 51- eteplirsen iv soln 500 mg/10ml (50 mg/ml)	NC				
riluzole tab 50 mg (Rilutek)	GN				
TIGLUTIK- riluzole susp 50 mg/10ml	NC				
VILTEPSO- viltolarsen iv soln 250 mg/5ml (50 mg/ml)	NC				
VYONDYS 53- golodirsen iv soln 100 mg/2ml (50 mg/ml)	NC				
MUSCULOSKELETAL THERAPY AGENTS					
baclofen tab 5 mg	NC				
baclofen tab 10 mg	GP				
baclofen tab 20 mg	GN				
carisoprodol tab 250 mg (Soma)	NC				
carisoprodol tab 350 mg (Soma)	NC				
CARISOPRODOL/ASPIRIN/CODE- carisoprodol w/ aspirin & codeine tab 200-325-16 mg	NC				
CHLORZOXAZONE- chlorzoxazone tab 250 mg	NC				
chlorzoxazone tab 375 mg	NC				
chlorzoxazone tab 500 mg	GN				
chlorzoxazone tab 750 mg	NC				
cyclobenzaprine hcl cap er 24hr 15 mg (Amrix)	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
cyclobenzaprine hcl cap er 24hr 30 mg (Amrix)	NC				
cyclobenzaprine hcl tab 5 mg	GP				
cyclobenzaprine hcl tab 7.5 mg (Fexmid)	GN				
cyclobenzaprine hcl tab 10 mg	GP				
dantrolene sodium cap 25 mg (Dantrium)	GN				
dantrolene sodium cap 50 mg (Dantrium)	GN				
dantrolene sodium cap 100 mg	GN				
metaxalone tab 400 mg	NC				
metaxalone tab 800 mg (Skelaxin)	NC				
methocarbamol tab 500 mg	GP				
methocarbamol tab 750 mg (Robaxin-750)	GP				
orphenadrine citrate tab er 12hr 100 mg	GP				
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (Norgesic forte)	NC				
OZOBAX- baclofen oral soln 5 mg/5ml	NC				
SOMA- carisoprodol tab 250 mg	NC				
SOMA- carisoprodol tab 350 mg	NC				
tizanidine hcl cap 2 mg (base equivalent) (Zanaflex)	NC				
tizanidine hcl cap 4 mg (base equivalent) (Zanaflex)	NC				
tizanidine hcl cap 6 mg (base equivalent) (Zanaflex)	NC				
tizanidine hcl tab 2 mg (base equivalent)	GP				
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	GP				
ANTIMYASTHENIC AGENTS					
FIRDAPSE- amifampridine phosphate tab 10 mg (base equivalent)	BN	•	•		•
GUANIDINE HCL- guanidine hcl tab 125 mg	BN				
PYRIDOSTIGMINE BROMIDE- pyridostigmine bromide tab 30 mg	NC				
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	GN				
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	GN				
pyridostigmine bromide tab 60 mg (Mestinon)	GN				
RUZURGI- amifampridine tab 10 mg	BN	•	•		•
NUTRITIONAL PRODUCTS					
VITAMINS					
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	GP				
phytonadione tab 5 mg (Mephyton)	GN				
MULTIVITAMINS					
ATABEX EC- prenatal vit w/ dss-iron carbonyl-fa tab dr 29-1 mg	BN +				
ATABEX OB- prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	BN +				
AZESCHEW PRENATAL/POSTNAT- prenatal w/o a vit w/ fe fum-fa tab chew 13-1 mg	BN +				
AZESCO- prenatal vit w/ fe gluconate-fa tab 13-1 mg	BN +				
C-NATE DHA- prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg	BN +				
CITRANATAL ASSURE- prenat w/o a w/fecbn-fegl-dss-fa tab & dha cap 300 mg pack	BN +				
CITRANATAL B-CALM- prenat w/o a w/fecbn-feglu-fa tab 20-1 mg & vit b6 tab pak	BN +				
CITRANATAL BLOOM- prenatal vit w/ dss-fe cbn-fe gluc-fa tab 90-1 mg	BN +				
CITRANATAL BLOOM DHA- prenat w/ o a w/fecbn-fegl-dss-fa tab 90 &dha cap 300mg pak	BN +				
CITRANATAL DHA- prenat w/o a w/ fecbn-fegl-dss-fa tab & dha cap 250 mg pack	BN +				
CITRANATAL ESSENCE- prenat w/o a w/fecbn-fegl-fa tab 35-1 & dha cap 300 mg pak	BN +				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
CITRANATAL HARMONY- prenat w/ o a w/fe fum-fe cbn-dss-fa-dha cap 27-1-260 mg	BN +				
CITRANATAL MEDLEY- prenat w/ o a w/fe fum-fe cbn-fa-dha cap 27-1-200 mg	BN +				
CITRANATAL RX- prenatal w/o a w/ fe carbonyl-fe gluc-dss-fa tab 27-1mg	BN +				
CITRANATAL 90 DHA- prenat w/o a w/fecbn-fegl-dss-fa tab 90 &dha cap 300mg pak	BN +				
CO-NATAL FA- prenatal vit w/ fe fumarate-fa tab 29-1 mg	BN +				
CONCEPT DHA- prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	BN +				
CONCEPT OB- prenatal w/o a w/fe fum-fe poly-fa cap 130-92.4-1 mg	BN +				
DUET DHA BALANCED- prenat w/fe poly-na fered-fa tab 25-1 & omega cap 267 mg	BN +				
DUET DHA 400- prenat w/fe poly-na fered-fa tab 25-1 & omega cap 400 mg	BN +				
ENBRACE HR- prenatal vit w/ fe gly cys-fa-omega 3 fatty acids cap	BN +				
INATAL GT- prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	BN +				
JENLIVA PRENATAL/POSTNATA- prenatal multivitamins & minerals w/ iron & fa cap 1 mg	BN +				
KOSHER PRENATAL PLUS IRON- prenatal vit w/ iron carbonyl-fa tab 30-1 mg	BN +				
M-NATAL PLUS- prenatal vit w/ fe fumarate-fa tab 27-1 mg	BN +				
MARNATAL-F- prenatal w/o vit a w/ fe polysac cmplx-fa cap 60-1 mg	BN +				
MYNATAL- prenatal multivitamins & minerals w/ iron & fa cap 1 mg	BN +				
MYNATAL PLUS- prenatal vit w/ fe fumarate-fa tab 65-1 mg	BN +				
MYNATAL-Z- prenatal vit w/ fe fumarate-fa tab 65-1 mg	BN +				
NATACHEW- prenatal vit w/ fe fum-fe bisglycin-fa chew tab 28-1 mg	BN +				
NATALVIT- prenatal vit w/ fe fumarate-fa tab 75-1 mg	BN +				
NEEVO DHA- prenat w/o a w/fefum-methylfol-omegas cap 27-1.13 mg	BN +				
NEONATAL COMPLETE- prenatal vit w/ fe fumarate-fa tab 27-1 mg	BN +				
NEONATAL COMPLETE- prenatal vit w/ fe fumarate-fa tab 29-1 mg	BN +				
NEONATAL FE- prenatal vitamin w/ iron-folic acid tab 90-1 mg	BN +				
NEONATAL PLUS- prenatal vit w/ fe fumarate-fa tab 27-1 mg	BN +				
NEONATAL VITAMIN- prenatal vit w/ fe fumarate-fa tab 27-0.8 mg	BN +				
NEONATAL 19- prenatal vitamin-folic acid tab 1 mg	BN +				
NEONATAL/DHA- prenatal mv w/ fe fum-fa tab 29-1 mg & dha cap 200 mg pack	BN +				
NESTABS- prenatal vit w/o vit a w/ fe bisglycinate-fa tab 32-1 mg	BN +				
NESTABS DHA- prenat w/o a w/ fe bisglyc-fa tab 32-1 mg & omega cap pack	BN +				
NESTABS ONE- prenat w/o a w/fecbn-bisg-methylf-dha cap 38-1-225 mg	BN +				
NIVA-PLUS- prenatal vit w/ fe fumarate-fa tab 27-1 mg	BN +				
O-CAL PRENATAL- prenatal vit w/ fe fumarate-fa tab 15-1 mg	BN +				
OB COMPLETE- prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	BN +				
OB COMPLETE ONE- prenatal w/o a w/fecbn-fe asp glyc-fa-fish cap 50-1-476 mg	BN +				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
OB COMPLETE PETITE- prenat w/o a w/fecbn-feaspglyc-fa-omega cap 35-5-1-200 mg	BN +				
OB COMPLETE PREMIER- prenatal vit w/ fe cbn-fe asp glyc-fa tab 30-20-1 mg	BN +				
OB COMPLETE/DHA- prenat w/ iron cbn-fe asp glyc-fa-omega cap 30-10-1-200 mg	BN +				
OBSTETRIX DHA- prenat w/fecbn-fa-dss tab 29-1 mg & omega 3 cap 387 mg pak	BN +				
OBSTETRIX EC- prenatal vit w/ dss-iron carbonyl-fa tab 29-1 mg	BN +				
OBSTETRIX ONE- prenat w/o a w/ fecbn-bisg-methylf-dss-dha cap 38-1-225 mg	BN +				
ONE VITE WOMENS PRENATAL- prenatal vit w/ fe fumarate-fa tab 27-1 mg	BN +				
PNV TABS 20-1- prenat vit w/fe bisglyc chelate-fa tab 20-1mg (1.7mg dfe)	BN +				
PNV TABS 29-1- prenatal vit w/ iron carbonyl-fa tab 29-1 mg	BN +				
PNV-DHA- prenat w/o a w/ fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg	BN +				
PNV-DHA+DOCUSATE- prenatal w/ o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg	BN +				
PNV-OMEGA- prenat w/o a w/ fe fumarate-methylfolate-fa-omega 3 cap	BN +				
PNV-SELECT- prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg	BN +				
PREGEN DHA- prenatal mv & min w/ fe carbonyl-fa-dha cap 28-1-35 mg	BN +				
PREGENNA- prenat vit w/fe bisglyc chelate-fa tab 20-1mg (1.7mg dfe)	BN +				
PREMESISRX- prenatal w/ calcium-vit b6-vit b12-fa-ginger tab 1 mg	BN +				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
PRENA 1 TRUE- prenat w/o a w/fe chel-fa tab 30-1.4 mg & dha cap 300mg pk	BN +				
PRENAISSANCE- prenatal w/o vit a w/ fe fum-dss-fa-dha cap 29-1.25-325 mg	BN +				
PRENAISSANCE PLUS- prenatal w/o a w/fe cbn-dss-fa-dha cap 28-1-250 mg	BN +				
PRENARA- prenatal vit w/ fe fumarate-fa cap 15-1 mg	BN +				
PRENATABS RX- prenatal vit w/ iron carbonyl-fa tab 29-1 mg	BP				
PRENATAL- prenatal vit w/ fe fumarate-fa tab 27-1 mg	BN +				
PRENATAL PLUS IRON- prenatal vit w/ iron carbonyl-fa tab 29-1 mg	BP				
PRENATAL VITAMINS PLUS LO- prenatal vit w/ fe fumarate-fa tab 27-1 mg	BP				
PRENATAL 19- prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	BP				
PRENATAL 19- prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	BP				
PRENATAL-U- prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	BP				
PRENATE- prenat mv & min w/ l-methylfolate-fa chew tab 0.6-0.4 mg	BN +				
PRENATE AM- prenatal w/ calcium-vit b6-vit b12-fa-ginger tab 1 mg	BN +				
PRENATE DHA- prenat w/o a w/feaspg-methfol-fa-dha cap 18-0.6-0.4-300 mg	BN +				
PRENATE ELITE- prenatal w/ fe asp gly-l methylfol-fa tab 20-0.6-0.4 mg	BN +				
PRENATE ENHANCE- prenat w/ o a w/fefum-methfol-fa-dha cap 28-0.6-0.4-400 mg	BN +				
PRENATE ESSENTIAL- prenat w/ o a w/feaspg-methfol-fa-dha cap 18-0.6-0.4-300 mg	BN +				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
PRENATE MINI- prenat w/oa w/ fecb-feasp-meth-fa-dha cap 18-0.6-0.4-350 mg	BN +				
PRENATE PIXIE- prenat w/o a w/feaspg-methfol-fa-dha cap 10-0.6-0.4-200 mg	BN +				
PRENATE RESTORE- prenat w/ o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-400 mg	BN +				
PRENATRIX- prenatal vit w/ fe fumarate-fa tab 27-1 mg	BN +				
PRENATRYL- prenatal vit w/ fe fumarate-fa tab 27-1 mg	BN +				
PRENATVITE COMPLETE- prenatal multivitamins & minerals w/ iron & fa tab 1 mg	BN +				
PRENATVITE PLUS- prenatal multivitamins & minerals w/ iron & fa tab 1 mg	BN +				
PRENATVITE RX- prenatal multivitamins & minerals w/iron & fa tab 0.8 mg	BN +				
PRENA1 CHEW- prenat w/ b2-b6-b12-d3-folic acid chew tab 1.4 mg	BN +				
PRENA1 PEARL- prenat w/oa w/ fefum-na fered-fa-dha cap er 30-1.4-200 mg	BN +				
PREPLUS- prenatal vit w/ fe fumarate-fa tab 27-1 mg	BN +				
PRETAB- prenatal vit w/ fe fumarate-fa tab 29-1 mg	BN +				
PRIMACARE- prenat w/o a w/ feasp-methlf-fa-omeg cap 30-0.75-0.25-470mg	BN +				
PROVIDA OB- prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg	BN +				
RELNATE DHA- prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg	BN +				
SE-NATAL 19- prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	BP				
SE-NATAL 19- prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	BP				
SELECT-OB- prenat w/ fepolycmplx-methylfol-fa chew tab 29-0.6-0.4 mg	BN +				
SELECT-OB- prenatal vit w/ fe polysac cmplx-fa chew tab 29-1 mg	BN +				
SELECT-OB+DHA- prenatal mv w/ fe poly-fa chw 29-1 mg & dha cap 250 mg pak	BN +				
TARON-PREX- prenatal w/o vit a w/ fe fum-dss-fa-dha cap 30-1.2-265 mg	BN +				
THRIVITE RX- prenatal vit w/ iron carbonyl-fa tab 29-1 mg	BN +				
TRICARE- prenatal vit w/ fe fumarate-fa tab 27-1 mg	BN +				
TRICARE PRENATAL DHA ONE- prenatal w/fe fumarate-fa-dss-fish oil cap 27-1-500 mg	BN +				
TRINATE- prenatal vit w/ fe fumarate-fa tab 28-1 mg	BP				
TRINAZ- prenatal vit w/ fe gluconate-fa tab 12-1 mg	BN +				
TRISTART DHA- prenat w/o a w/fecbn-methylf-fa-dha cap 31-0.6-0.4-200 mg	BN +				
TRISTART FREE- prenat w/o a w/dha & fecbn-methylf-fa cap 33-1 mg	BN +				
TRISTART ONE- prenat w/o a w/fecbn-methylf-fa-dha cap 35-1-215 mg	BN +				
VINATE DHA RF- prenat w/o a w/fefum-methylfol-omegas cap 27-1.13 mg	BN +				
VINATE II- prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	BP				
VINATE ONE- prenatal vit w/ fe fumarate-fa tab 60-1 mg	BP				
VIRT-C DHA- prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	BN +				
VIRT-NATE DHA- prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg	BN +				
VIRT-PN DHA- prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg	BN +				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
VIRT-PN PLUS- prenat w/o a w/ fe fumarate-methylfolate-fa-omega 3 cap	BN +				
VITAFOL FE+- prenat w/fe poly-methylfol-fa-dha cap 90-0.6-0.4-200 mg	BN +				
VITAFOL GUMMIES- prenat vit w/ fe phos-fa-omega chew tab 3.33-0.333-34.8 mg	BN +				
VITAFOL STRIPS- prenatal w/ b6-b12-cholecalciferol-folic acid film 1 mg	BN +				
VITAFOL ULTRA- prenat w/ fe poly-methylfol-fa-dha cap 29-0.6-0.4-200 mg	BN +				
VITAFOL-NANO- prenatal w/o a w/ fefum-l methylfol-fa tab 18-0.6-0.4 mg	BN +				
VITAFOL-OB- prenatal vit w/ fe fumarate-fa tab 65-1 mg	BN +				
VITAFOL-OB+DHA- prenatal mv w/ fe fum-fa tab 65-1 mg & dha cap 250 mg pack	BN +				
VITAFOL-ONE- prenatal mv w/ fe polysac cmplx-fa-dha cap 29-1-200 mg	BN +				
VITAMEDMD ONE RX/QUATREFO- prenat w/o a w/fefum-methfol-fa-dha cap 30-0.6-0.4-200 mg	BN +				
VITAMEDMD REDICHEW RX- prenat w/ b2-b6-b12-d3-folic acid chew tab 1.4 mg	BN +				
VITAPEARL- prenat w/oa w/fefum-na fered-fa-dha cap er 30-1.4-200 mg	BN +				
VITATHELY/GINGER- prenatal vit w/ fe fumarate-fa tab 27-1 mg	BN +				
VITATRUE- prenat w/o a w/fe chel-fa tab 30-1.4 mg & dha cap 300mg pk	BN +				
VIVA DHA- prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg	BN +				
VP-PNV-DHA- prenatal vit w/ fe fum-fa-omega 3 cap 28-1-215.8 mg	BN +				
WESTAB PLUS- prenatal vit w/ fe fumarate-fa tab 27-1 mg	BN +				
WESTGEL DHA- prenat w/o a w/fecbn-methylf-fa-dha cap 31-0.6-0.4-200 mg	BN +				
ZALVIT- prenatal vit w/ fe gluconate-fa tab 13-1 mg	BN +				
MINERALS and ELECTROLYTES					
FLORIVA- sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml	BN				
GALZIN- zinc acetate cap 25 mg (elemental zinc)	BN				
GALZIN- zinc acetate cap 50 mg (elemental zinc)	BN				
K-PHOS- potassium phosphate monobasic tab 500 mg	BP				
K-TAB- potassium chloride tab er 8 meq (600 mg)	BN				
KLOR-CON M15- potassium chloride microencapsulated crys er tab 15 meq	BN				
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	GN				
potassium chloride cap er 8 meq	GN				
potassium chloride cap er 10 meq	GN				
POTASSIUM CHLORIDE ER- potassium chloride tab er 8 meq (600 mg)	BN				
potassium chloride microencapsulated crys er tab 10 meq	GP				
potassium chloride microencapsulated crys er tab 20 meq	GP				
potassium chloride oral soln 10% (20 meq/15ml)	GN				
potassium chloride oral soln 20% (40 meq/15ml)	GN				
potassium chloride powder packet 20 meq	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
potassium chloride tab er 8 meq (600 mg)	GP				
potassium chloride tab er 10 meq (K-tab)	GP				
potassium chloride tab er 20 meq (1500 mg) (K-tab)	GN				
SODIUM FLUORIDE- sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	BP				
SODIUM FLUORIDE- sodium fluoride tab 1 mg f (from 2.2 mg naf)	BP				
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	GP				
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	GP				
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	GP				
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	GN				
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	GP				
NUTRIENTS					
DOJOLVI- triheptanoin oral liquid 100%	NC				
HEMATOLOGICAL AGENTS					
HEMATOPOIETIC AGENTS					
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 25 mcg/ml	BP	•	•		
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 40 mcg/ml	BP	•	•		
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 60 mcg/ml	BP	•	•		
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 100 mcg/ml	BP	•	•		
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 200 mcg/ml	BP	•	•		
ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 300 mcg/ml	BP	•	•		
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	BP	•	•		
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	BP	•	•		
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	BP	•	•		
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	BP	•	•		
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	BP	•	•		
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	BP	•	•		
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	BP	•	•		
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	BP	•	•		
ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 500 mcg/ml	BP	•	•		
carbonyl iron susp 15 mg/1.25ml (elemental iron)	GP				
CERDELGA- eliglustat tartrate cap 84 mg (base equivalent)	BP	•	•		•
cyanocobalamin inj 1000 mcg/ml	GP				
DOPTELET- avatrombopag maleate tab 20 mg (base equiv)	BP	•	•		•
DROXIA- hydroxyurea cap 200 mg	BN				
DROXIA- hydroxyurea cap 300 mg	BN				
DROXIA- hydroxyurea cap 400 mg	BN				
ENDARI- glutamine (sickle cell) powd pack 5 gm	BN	•	•		
EPOGEN- epoetin alfa inj 2000 unit/ml	BN	•	•		
EPOGEN- epoetin alfa inj 3000 unit/ml	BN	•	•		
EPOGEN- epoetin alfa inj 4000 unit/ml	BN	•	•		
EPOGEN- epoetin alfa inj 10000 unit/ml	BN	•	•		

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
EPOGEN- epoetin alfa inj 20000 unit/ml	BN	•	•		
FERROUS SULFATE- ferrous sulfate liquid 220 mg/5ml (44 mg/5ml elemental fe)	BP				
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	GP				
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	GP				
ferrous sulfate syrup 300 mg/5ml (60 mg/5ml elemental fe)	GN				
folic acid cap 0.8 mg	GP				
folic acid tab 400 mcg	GP				
folic acid tab 800 mcg	GP				
folic acid tab 1 mg	GP				
FULPHILA- pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	BP	•			
GRANIX- tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	BP	•			
GRANIX- tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	BP	•			
GRANIX- tbo-filgrastim subcutaneous inj 300 mcg/ml	BP	•			
GRANIX- tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml)	BP	•			
HYDROXOCOBALAMIN- hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	BN				
IRON UP- polysaccharide iron complex liquid 15 mg/0.5ml (fe equiv)	BP				
LEUKINE- sargramostim lyophilized for inj 250 mcg	BN	•			
miglustat cap 100 mg (Zavesca)	GN	•	•		•
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml	BN	•	•		
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 50 mcg/0.3ml	BN	•	•		
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 75 mcg/0.3ml	BN	•	•		
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 100 mcg/0.3ml	BN	•	•		
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 150 mcg/0.3ml	BN	•	•		
MIRCERA- methoxy peg-epoetin beta soln prefilled syr 200 mcg/0.3ml	BN	•	•		
MULPLETA- lusutrombopag tab 3 mg	BP	•	•		•
NASCOBAL- cyanocobalamin nasal spray 500 mcg/0.1ml	NC				
NEULASTA- pegfilgrastim soln prefilled syringe 6 mg/0.6ml	BP	•			
NEULASTA ONPRO KIT- pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml	BP	•			
NEUPOGEN- filgrastim inj 300 mcg/ml	BP	•			
NEUPOGEN- filgrastim inj 480 mcg/1.6ml (300 mcg/ml)	BP	•			
NEUPOGEN- filgrastim soln prefilled syringe 300 mcg/0.5ml	BP	•			
NEUPOGEN- filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml)	BP	•			
NIVESTYM- filgrastim-aafi inj 300 mcg/ml	BP	•			
NIVESTYM- filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	BP	•			
NIVESTYM- filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	BP	•			
NIVESTYM- filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	BP	•			
NOVAFERRUM PEDIATRIC DROP- polysaccharide iron complex liquid 15 mg/ml (fe equiv)	BP				
OXBRYTA- voxelotor tab 500 mg	BN	•	•		•
PROCRIT- epoetin alfa inj 2000 unit/ml	BP	•	•		
PROCRIT- epoetin alfa inj 3000 unit/ml	BP	•	•		
PROCRIT- epoetin alfa inj 4000 unit/ml	BP	•	•		
PROCRIT- epoetin alfa inj 10000 unit/ml	BP	•	•		

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
PROCRIT- epoetin alfa inj 20000 unit/ml	BP	•	•		
PROCRIT- epoetin alfa inj 40000 unit/ml	BP	•	•		
PROMACTA- eltrombopag olamine powder pack for susp 25 mg (base equiv)	BN	•	•		•
PROMACTA- eltrombopag olamine powder pack for susp 12.5 mg (base eq)	BN	•	•		•
PROMACTA- eltrombopag olamine tab 12.5 mg (base equiv)	BN	•	•		•
PROMACTA- eltrombopag olamine tab 25 mg (base equiv)	BN	•	•		•
PROMACTA- eltrombopag olamine tab 50 mg (base equiv)	BN	•	•		•
PROMACTA- eltrombopag olamine tab 75 mg (base equiv)	BN	•	•		•
RETACRIT- epoetin alfa-epbx inj 2000 unit/ml	BP	•	•		
RETACRIT- epoetin alfa-epbx inj 3000 unit/ml	BP	•	•		
RETACRIT- epoetin alfa-epbx inj 4000 unit/ml	BP	•	•		
RETACRIT- epoetin alfa-epbx inj 10000 unit/ml	BP	•	•		
RETACRIT- epoetin alfa-epbx inj 20000 unit/ml	BP	•	•		
RETACRIT- epoetin alfa-epbx inj 40000 unit/ml	BP	•	•		
SIKLOS- hydroxyurea tab 100 mg	BN	•			
SIKLOS- hydroxyurea tab 1000 mg	BN	•			
UDENYCA- pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	BP	•			
ZARXIO- filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	BP	•			
ZARXIO- filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	BP	•			
ZIEXTENZO- pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	BP				
ANTICOAGULANTS					

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
ELIQUIS- apixaban tab 2.5 mg	BP				•
ELIQUIS- apixaban tab 5 mg	BP				•
ELIQUIS STARTER PACK- apixaban tab starter pack 5 mg	BP				•
enoxaparin sodium inj 30 mg/0.3ml (Lovenox)	GN				•
enoxaparin sodium inj 40 mg/0.4ml (Lovenox)	GN				•
enoxaparin sodium inj 60 mg/0.6ml (Lovenox)	GN				•
enoxaparin sodium inj 80 mg/0.8ml (Lovenox)	GN				•
enoxaparin sodium inj 100 mg/ml (Lovenox)	GN				•
enoxaparin sodium inj 120 mg/0.8ml (Lovenox)	GN				•
enoxaparin sodium inj 150 mg/ml (Lovenox)	GN				•
enoxaparin sodium inj 300 mg/3ml (Lovenox)	GN				•
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (Arixtra)	GN				•
fondaparinux sodium subcutaneous inj 5 mg/0.4ml (Arixtra)	GN				•
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (Arixtra)	GN				•
fondaparinux sodium subcutaneous inj 10 mg/0.8ml (Arixtra)	GN				•
FRAGMIN- dalteparin sodium inj 10000 unit/ml	BN				•
FRAGMIN- dalteparin sodium inj 2500 unit/0.2ml	BN				•
FRAGMIN- dalteparin sodium inj 5000 unit/0.2ml	BN				•
FRAGMIN- dalteparin sodium inj 7500 unit/0.3ml	BN				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
FRAGMIN- dalteparin sodium inj 12500 unit/0.5ml	BN				•
FRAGMIN- dalteparin sodium inj 15000 unit/0.6ml	BN				•
FRAGMIN- dalteparin sodium inj 18000 unit/0.72ml	BN				•
FRAGMIN- dalteparin sodium inj 95000 unit/3.8ml	BN				•
HEPARIN SODIUM- heparin sodium (porcine) pf inj 5000 unit/ml	BN				
heparin sodium (porcine) inj 1000 unit/ml	GN				
heparin sodium (porcine) inj 5000 unit/ml	GN				
heparin sodium (porcine) inj 10000 unit/ml	GN				
heparin sodium (porcine) inj 20000 unit/ml	GN				
heparin sodium (porcine) pf inj 5000 unit/0.5ml	GN				
PRADAXA- dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	BN				•
PRADAXA- dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	BN				•
PRADAXA- dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	BN				•
SAVAYSA- edoxaban tosylate tab 15 mg (base equivalent)	NC				
SAVAYSA- edoxaban tosylate tab 30 mg (base equivalent)	NC				
SAVAYSA- edoxaban tosylate tab 60 mg (base equivalent)	NC				
warfarin sodium tab 1 mg (Coumadin)	GP				
warfarin sodium tab 2 mg (Coumadin)	GP				
warfarin sodium tab 2.5 mg (Coumadin)	GP				
warfarin sodium tab 3 mg (Coumadin)	GP				
warfarin sodium tab 4 mg (Coumadin)	GP				
warfarin sodium tab 5 mg (Coumadin)	GP				
warfarin sodium tab 6 mg (Coumadin)	GP				
warfarin sodium tab 7.5 mg (Coumadin)	GP				
warfarin sodium tab 10 mg (Coumadin)	GP				
XARELTO- rivaroxaban tab 2.5 mg	BP				•
XARELTO- rivaroxaban tab 10 mg	BP				•
XARELTO- rivaroxaban tab 15 mg	BP				•
XARELTO- rivaroxaban tab 20 mg	BP				•
XARELTO STARTER PACK- rivaroxaban tab starter therapy pack 15 mg & 20 mg	BP				•
HEMOSTATICS					
aminocaproic acid oral soln 0.25 gm/ml (Amicar)	GN				
aminocaproic acid tab 500 mg (Amicar)	GN				
aminocaproic acid tab 1000 mg (Amicar)	GN				
ARTISS- fibrin sealant component solution	BN				
RECOTHROM- thrombin (recombinant) for soln 5000 unit	BN				
RECOTHROM- thrombin (recombinant) for soln 20000 unit	BN				
RECOTHROM SPRAY KIT- thrombin (recombinant) for soln 20000 unit	BN				
RECOTHROM/SPRAY APPLICATO- thrombin (recombinant) for soln 20000 unit	BN				
THROMBIN-JMI DILUENT- thrombin for soln 5000 unit	BN				
THROMBIN-JMI DILUENT- thrombin for soln 20000 unit	BN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
THROMBIN-JMI EPISTAXIS- thrombin for soln kit 5000 unit	BN				
THROMBIN-JMI SYRINGE SPRA- thrombin for soln kit 5000 unit	BN				
THROMBIN-JMI SYRINGE SPRA- thrombin for soln kit 20000 unit	BN				
THROMBIN-JMI W/DIL SPRAY- thrombin for soln kit 20000 unit	BN				
TISSEEL- fibrin sealant component kit 2 ml	BN				
TISSEEL- fibrin sealant component kit 4 ml	BN				
TISSEEL- fibrin sealant component kit 10 ml	BN				
TISSEEL- fibrin sealant component solution	BN				
tranexamic acid tab 650 mg (Lysteda)	GN				
HEMATOLOGICAL AGENTS - MISC.					
ADVATE- antihemophilic factor recomb (rahf-pfm) for inj 250 unit	BP	•	•		
ADVATE- antihemophilic factor recomb (rahf-pfm) for inj 500 unit	BP	•	•		
ADVATE- antihemophilic factor recomb (rahf-pfm) for inj 1000 unit	BP	•	•		
ADVATE- antihemophilic factor recomb (rahf-pfm) for inj 1500 unit	BP	•	•		
ADVATE- antihemophilic factor recomb (rahf-pfm) for inj 2000 unit	BP	•	•		
ADVATE- antihemophilic factor recomb (rahf-pfm) for inj 3000 unit	BP	•	•		
ADVATE- antihemophilic factor recomb (rahf-pfm) for inj 4000 unit	BP	•	•		
ADYNOVATE- antihemophilic factor recomb pegylated for inj 250 unit	BP	•	•		
ADYNOVATE- antihemophilic factor recomb pegylated for inj 500 unit	BP	•	•		
ADYNOVATE- antihemophilic factor recomb pegylated for inj 750 unit	BP	•	•		
ADYNOVATE- antihemophilic factor recomb pegylated for inj 1000 unit	BP	•	•		
ADYNOVATE- antihemophilic factor recomb pegylated for inj 1500 unit	BP	•	•		
ADYNOVATE- antihemophilic factor recomb pegylated for inj 2000 unit	BP	•	•		
ADYNOVATE- antihemophilic factor recomb pegylated for inj 3000 unit	BP	•	•		
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 250 unit	BP	•	•		
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 500 unit	BP	•	•		
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 1000 unit	BP	•	•		
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 1500 unit	BP	•	•		
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 2000 unit	BP	•	•		
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 2500 unit	BP	•	•		
AFSTYLA- antihemophilic fact rcmb single chain for inj kit 3000 unit	BP	•	•		
ALPHANATE- antihemophilic factor/ vwf (human) for inj 250 unit	BP	•			
ALPHANATE- antihemophilic factor/ vwf (human) for inj 500 unit	BP	•			
ALPHANATE- antihemophilic factor/ vwf (human) for inj 1000 unit	BP	•			
ALPHANATE- antihemophilic factor/ vwf (human) for inj 1500 unit	BP	•			
ALPHANATE- antihemophilic factor/ vwf (human) for inj 2000 unit	BP	•			
ALPHANINE SD- coagulation factor ix for inj 500 unit	BP	•	•		
ALPHANINE SD- coagulation factor ix for inj 1000 unit	BP	•	•		
ALPHANINE SD- coagulation factor ix for inj 1500 unit	BP	•	•		
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 250 unit	BP	•	•		
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 500 unit	BP	•	•		

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 1000 unit	BP	•	•		
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 2000 unit	BP	•	•		
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 3000 unit	BP	•	•		
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 4000 unit	BP	•	•		
anagrelide hcl cap 0.5 mg (Agrylin)	GN				
anagrelide hcl cap 1 mg	GN				
aspirin-dipyridamole cap er 12hr 25-200 mg (Aggrenox)	GN				
ASPIRIN/OMEPRAZOLE- aspirin-omeprazole tab delayed release 81-40 mg	NC				
ASPIRIN/OMEPRAZOLE- aspirin-omeprazole tab delayed release 325-40 mg	NC				
BENEFIX- coagulation factor ix (recombinant) for inj kit 250 unit	BP	•	•		
BENEFIX- coagulation factor ix (recombinant) for inj kit 500 unit	BP	•	•		
BENEFIX- coagulation factor ix (recombinant) for inj kit 1000 unit	BP	•	•		
BENEFIX- coagulation factor ix (recombinant) for inj kit 2000 unit	BP	•	•		
BENEFIX- coagulation factor ix (recombinant) for inj kit 3000 unit	BP	•	•		
BERINERT- c1 esterase inhibitor (human) for iv inj kit 500 unit	BN	•	•		•
BRILINTA- ticagrelor tab 60 mg	BP				
BRILINTA- ticagrelor tab 90 mg	BP				
CABLIVI- caplacizumab-yhdp for inj kit 11 mg	BN	•			•
cilostazol tab 50 mg	GP				
cilostazol tab 100 mg	GP				
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	GP				
clopidogrel bisulfate tab 300 mg (base equiv)	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
COAGADEX- coagulation factor x (human) for inj 250 unit	BP	•	•		
COAGADEX- coagulation factor x (human) for inj 500 unit	BP	•	•		
CORIFACT- factor xiii concentrate (human) for inj kit 1000-1600 unit	BP	•			
dipyridamole tab 25 mg	GN				
dipyridamole tab 50 mg	GN				
dipyridamole tab 75 mg	GN				
DURLAZA- aspirin capsule er 24hr 162.5 mg	NC				
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 250 unit	BP	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 500 unit	BP	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 750 unit	BP	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 1000 unit	BP	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 1500 unit	BP	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 2000 unit	BP	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 3000 unit	BP	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 4000 unit	BP	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 5000 unit	BP	•	•		
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiifc) for inj 6000 unit	BP	•	•		
ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 500 unit	BP	•	•		
ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 1000 unit	BP	•	•		
ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 1500 unit	BP	•	•		

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 2000 unit	BP	•	•		
ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 3000 unit	BP	•	•		
FEIBA- antiinhibitor coagulant complex for iv soln 500 unit	BP	•			
FEIBA- antiinhibitor coagulant complex for iv soln 1000 unit	BP	•			
FEIBA- antiinhibitor coagulant complex for iv soln 2500 unit	BP	•			
FIBRYGA- fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	BP		•		
HAEGARDA- c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	BP	•	•		•
HAEGARDA- c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	BP	•	•		•
HEMLIBRA- emicizumab-kxwh subcutaneous soln 30 mg/ml	BP	•	•		•
HEMLIBRA- emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml)	BP	•	•		•
HEMLIBRA- emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml)	BP	•	•		•
HEMLIBRA- emicizumab-kxwh subcutaneous soln 150 mg/ml	BP	•	•		•
HEMOFIL M- antihemophilic factor (human) for inj 250 unit	BP	•	•		
HEMOFIL M- antihemophilic factor (human) for inj 500 unit	BP	•	•		
HEMOFIL M- antihemophilic factor (human) for inj 1000 unit	BP	•	•		
HEMOFIL M- antihemophilic factor (human) for inj 1700 unit	BP	•	•		
HUMATE-P- antihemophilic factor/vwf (human) for inj 250-600 unit	BP	•			
HUMATE-P- antihemophilic factor/vwf (human) for inj 500-1200 unit	BP	•			
HUMATE-P- antihemophilic factor/vwf (human) for inj 1000-2400 unit	BP	•			
icatibant acetate inj 30 mg/3ml (base equivalent) (Firazyr)	GN	•	•		•
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 250 unit	BP	•	•		
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 500 unit	BP	•	•		
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 1000 unit	BP	•	•		
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 2000 unit	BP	•	•		
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 3500 unit	BP	•	•		
IXINITY- coagulation factor ix (recombinant) for inj 250 unit	BP	•	•		
IXINITY- coagulation factor ix (recombinant) for inj 500 unit	BP	•	•		
IXINITY- coagulation factor ix (recombinant) for inj 1000 unit	BP	•	•		
IXINITY- coagulation factor ix (recombinant) for inj 1500 unit	BP	•	•		
IXINITY- coagulation factor ix (recombinant) for inj 2000 unit	BP	•	•		
IXINITY- coagulation factor ix (recombinant) for inj 3000 unit	BP	•	•		
JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	BP	•	•		
JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit	BP	•	•		
JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 2000 unit	BP	•	•		
JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 3000 unit	BP	•	•		
KOATE- antihemophilic factor (human) for inj 250 unit	BP	•	•		
KOATE- antihemophilic factor (human) for inj 500 unit	BP	•	•		
KOATE- antihemophilic factor (human) for inj 1000 unit	BP	•	•		

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
KOATE-DVI- antihemophilic factor (human) for inj 250 unit	BP	•	•		
KOATE-DVI- antihemophilic factor (human) for inj 500 unit	BP	•	•		
KOATE-DVI- antihemophilic factor (human) for inj 1000 unit	BP	•	•		
KOGENATE FS- antihemophilic factor (recombinant) for inj kit 250 unit	BP	•	•		
KOGENATE FS- antihemophilic factor (recombinant) for inj kit 500 unit	BP	•	•		
KOGENATE FS- antihemophilic factor (recombinant) for inj kit 1000 unit	BP	•	•		
KOGENATE FS- antihemophilic factor (recombinant) for inj kit 2000 unit	BP	•	•		
KOGENATE FS- antihemophilic factor (recombinant) for inj kit 3000 unit	BP	•	•		
KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 250 unit	BP	•	•		
KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 500 unit	BP	•	•		
KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 1000 unit	BP	•	•		
KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 2000 unit	BP	•	•		
KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 3000 unit	BP	•	•		
MONONINE- coagulation factor ix for inj 1000 unit	BP	•	•		
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit	BP	•	•		
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 500 unit	BP	•	•		
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 1000 unit	BP	•	•		
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 1500 unit	BP	•	•		
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 2000 unit	BP	•	•		
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 3000 unit	BP	•	•		

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 1 mg (1000 mcg)	BP	•			
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 2 mg (2000 mcg)	BP	•			
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 5 mg (5000 mcg)	BP	•			
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 8 mg (8000 mcg)	BP	•			
NUWIQ- antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit	BP	•	•		
NUWIQ- antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 500 unit	BP	•	•		
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit	BP	•	•		
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2000 unit	BP	•	•		
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2500 unit	BP	•	•		
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 3000 unit	BP	•	•		
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 4000 unit	BP	•	•		
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit	BP	•	•		
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2000 unit	BP	•	•		
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2500 unit	BP	•	•		
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 3000 unit	BP	•	•		
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 4000 unit	BP	•	•		
NUWIQ- antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit	BP	•	•		
NUWIQ- antihemophilic factor rcmb (bdd-rfviii,sim) for inj 500 unit	BP	•	•		
OBIZUR- antihemophilic factor (recomb porc) rpfviii for inj 500 unit	BP	•			

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
pentoxifylline tab er 400 mg	GN				
prasugrel hcl tab 5 mg (base equiv) (Effient)	GN				
prasugrel hcl tab 10 mg (base equiv) (Effient)	GN				
PROFILNINE- factor ix complex for inj 500 unit	BP	•	•		
PROFILNINE- factor ix complex for inj 1000 unit	BP	•	•		
PROFILNINE- factor ix complex for inj 1500 unit	BP	•	•		
REBINYN- coagulation factor ix recomb glycopegylated for inj 500 unt	BP	•	•		
REBINYN- coagulation factor ix recomb glycopegylated for inj 1000 unt	BP	•	•		
REBINYN- coagulation factor ix recomb glycopegylated for inj 2000 unt	BP	•	•		
RECOMBINATE- antihemophilic factor (recombinant) for inj 220-400 unit	BP	•	•		
RECOMBINATE- antihemophilic factor (recombinant) for inj 401-800 unit	BP	•	•		
RECOMBINATE- antihemophilic factor (recombinant) for inj 801-1240 unit	BP	•	•		
RECOMBINATE- antihemophilic factor (recombinant) for inj 1241-1800 unit	BP	•	•		
RECOMBINATE- antihemophilic factor (recombinant) for inj 1801-2400 unit	BP	•	•		
RIASTAP- fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	BP		•		
RIXUBIS- coagulation factor ix (recombinant) for inj 250 unit	BP	•	•		
RIXUBIS- coagulation factor ix (recombinant) for inj 500 unit	BP	•	•		
RIXUBIS- coagulation factor ix (recombinant) for inj 1000 unit	BP	•	•		
RIXUBIS- coagulation factor ix (recombinant) for inj 2000 unit	BP	•	•		
RIXUBIS- coagulation factor ix (recombinant) for inj 3000 unit	BP	•	•		
RUCONEST- c1 esterase inhibitor (recombinant) for iv inj 2100 unit	BN	•	•		•
SEVENFACT- coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg)	BN				
SEVENFACT- coagulation factor viia (recom)-jncw for inj 5 mg (5000 mcg)	BN				
TAKHZYRO- lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	BP	•	•		•
TAVALISSE- fostamatinib disodium tab 100 mg (base equivalent)	BN	•	•		•
TAVALISSE- fostamatinib disodium tab 150 mg (base equivalent)	BN	•	•		•
TRETTEN- coagulation factor xiii a-subunit for inj 2000-3125 unit	BP	•			
VONVENDI- von willebrand factor (recombinant) for inj 650 unit	BP	•			
VONVENDI- von willebrand factor (recombinant) for inj 1300 unit	BP	•			
WILATE- antihemophilic factor/vwf (human) for inj 500-500 unit kit	BP	•			
WILATE- antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	BP	•			
XYNTHA- antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit	BP	•	•		
XYNTHA- antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit	BP	•	•		
XYNTHA- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit	BP	•	•		
XYNTHA- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit	BP	•	•		
XYNTHA SOLOFUSE- antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit	BP	•	•		
XYNTHA SOLOFUSE- antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit	BP	•	•		

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
XYNTHA SOLOFUSE- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit	BP	•	•		
XYNTHA SOLOFUSE- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit	BP	•	•		
XYNTHA SOLOFUSE- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 3000 unit	BP	•	•		
YOSPRALA- aspirin-omeprazole tab delayed release 81-40 mg	NC				
YOSPRALA- aspirin-omeprazole tab delayed release 325-40 mg	NC				
ZONTIVITY- vorapaxar sulfate tab 2.08 mg (base equivalent)	BN				
TOPICAL PRODUCTS					
OPHTHALMIC AGENTS					
ACUVAIL- ketorolac tromethamine (pf) ophth soln 0.45%	NC				
AKTEN- lidocaine hcl ophth gel 3.5%	BN				
ALOCRIL- nedocromil sodium ophth soln 2%	BN +				
ALOMIDE- lodoxamide tromethamine ophth soln 0.1%	BN +				
ALPHAGAN P- brimonidine tartrate ophth soln 0.1%	NC				
ALREX- loteprednol etabonate ophth susp 0.2%	BP				
apraclonidine hcl ophth soln 0.5% (base equivalent)	GN				
ATROPINE SULFATE- atropine sulfate ophth soln 1%	BN				
AZASITE- azithromycin ophth soln 1%	NC				
azelastine hcl ophth soln 0.05%	GP				
AZOPT- brinzolamide ophth susp 1%	NC				
BACITRACIN- bacitracin ophth oint 500 unit/gm	BP				
bacitracin-polymyxin b ophth oint	GP				
bacitracin-polymyxin-neomycin-hc ophth oint 1%	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
BEPREVE- bepotastine besilate ophth soln 1.5%	BN +			•	
BESIVANCE- besifloxacin hcl ophth susp 0.6% (base equiv)	NC				
BETADINE OPHTHALMIC PREP- povidone-iodine ophth soln 5%	NC				
betaxolol hcl ophth soln 0.5%	GN				
BETIMOL- timolol ophth soln 0.25%	NC				
BETIMOL- timolol ophth soln 0.5%	NC				
BETOPTIC-S- betaxolol hcl ophth susp 0.25%	NC				
bimatoprost ophth soln 0.03%	NC				
BLEPHAMIDE- sulfacetamide sodium-prednisolone ophth susp 10-0.2%	NC				
BLEPHAMIDE S.O.P.- sulfacetamide sodium-prednisolone ophth oint 10-0.2%	NC				
brimonidine tartrate ophth soln 0.15% (Alphagan p)	NC				
brimonidine tartrate ophth soln 0.2%	GP				
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	GN				
BROMSITE- bromfenac sodium ophth soln 0.075% (base equivalent)	NC				
CARTEOLOL HCL- carteolol hcl ophth soln 1%	BN				
CEQUA- cyclosporine (ophth) soln 0.09% (pf)	BN +		•		•
CILOXAN- ciprofloxacin hcl ophth oint 0.3%	NC				
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)	GP				
COMBIGAN- brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	NC				
cromolyn sodium ophth soln 4%	GP				
CYCLOMYDRIL- cyclopentolate w/ phenylephrine ophth soln 0.2-1%	BN				
cyclopentolate hcl ophth soln 0.5% (Cyclogyl)	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
cyclopentolate hcl ophth soln 1% (Cyclogyl)	GP				
cyclopentolate hcl ophth soln 2% (Cyclogyl)	GN				
CYSTADROPS- cysteamine hcl ophth soln 0.37% (base equivalent)	BN				
CYSTARAN- cysteamine hcl ophth soln 0.44% (base equivalent)	BN	•			
DEXAMETHASONE SODIUM PHOS- dexamethasone sodium phosphate ophth soln 0.1%	BP				
diclofenac sodium ophth soln 0.1%	GP				
dorzolamide hcl ophth soln 2% (Trusopt)	GP				
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt)	GP				
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (Cosopt pf)	NC				
DUREZOL- difluprednate ophth emulsion 0.05%	NC				
epinastine hcl ophth soln 0.05%	GN +				
erythromycin ophth oint 5 mg/gm	GP				
FLAREX- fluorometholone acetate ophth susp 0.1%	BN				
fluorometholone ophth susp 0.1% (Fml liquifilm)	GN				
FLURBIPROFEN SODIUM- flurbiprofen sodium ophth soln 0.03%	BN				
FML- fluorometholone ophth oint 0.1%	NC				
FML FORTE- fluorometholone ophth susp 0.25%	NC				
gatifloxacin ophth soln 0.5% (Zymaxid)	GN				
GENTAK- gentamicin sulfate ophth oint 0.3%	BN				
gentamicin sulfate ophth soln 0.3%	GP				
ILEVRO- nepafenac ophth susp 0.3%	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
INVELTYS- loteprednol etabonate ophth susp 1%	NC				
IOPIDINE- apraclonidine hcl ophth soln 1% (base equivalent)	NC				
ISOPTO ATROPINE- atropine sulfate ophth soln 1%	BN				
ketorolac tromethamine ophth soln 0.4% (Acular ls)	GN				
ketorolac tromethamine ophth soln 0.5% (Acular)	GP				
LACRISERT- artificial tear ophth insert	BN				
LASTACAFT- alcaftadine ophth soln 0.25%	BN +			•	
latanoprost ophth soln 0.005% (Xalatan)	GP				•
LEVOBUNOLOL HCL- levobunolol hcl ophth soln 0.5%	BN				
levofloxacin ophth soln 0.5%	GN				
LOTEMAX- loteprednol etabonate ophth gel 0.5%	BP				
LOTEMAX- loteprednol etabonate ophth oint 0.5%	BP				
LOTEMAX SM- loteprednol etabonate ophth gel 0.38%	BP				
loteprednol etabonate ophth susp 0.5% (Lotemax)	GN				
LUMIGAN- bimatoprost ophth soln 0.01%	NC				
MAXIDEX- dexamethasone ophth susp 0.1%	BN				
MITOSOL- mitomycin for ophth soln kit 0.2 mg	NC				
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	GN				
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (Moxeza)	NC				
NATACYN- natamycin ophth susp 5%	BP				
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	GP				
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	GP				
NEOMYCIN/POLYMYXIN/GRAMIC- neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	BN				
NEOMYCIN/POLYMYXIN/HYDROC- neomycin-polymyxin-hc ophth susp	NC				
NEVANAC- nepafenac ophth susp 0.1%	NC				
ofloxacin ophth soln 0.3% (Ocuflox)	GN				
olopatadine hcl ophth soln 0.1% (base equivalent) (Patanol)	GN +				
olopatadine hcl ophth soln 0.2% (base equivalent) (Pataday)	GN +				
OXERVATE- cenegermin-bkbj ophth soln 0.002% (20 mcg/ml)	BN	•	•		•
phenylephrine hcl ophth soln 2.5%	GN				
phenylephrine hcl ophth soln 10%	GN				
PHOSPHOLINE IODIDE- echothiophate iodide ophth for soln 0.125%	NC				
pilocarpine hcl ophth soln 1% (Isopto carpine)	GN				
pilocarpine hcl ophth soln 2% (Isopto carpine)	GN				
pilocarpine hcl ophth soln 4% (Isopto carpine)	GN				
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	GP				
PRED FORTE- prednisolone acetate ophth susp 1%	NC				
PRED MILD- prednisolone acetate ophth susp 0.12%	NC				
PRED-G- gentamicin-prednisolone ace ophth susp 0.3-1%	BN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
PRED-G S.O.P.- gentamicin-prednisolone ace ophth oint 0.3-0.6%	BN				
PREDNISOLONE ACETATE- prednisolone acetate ophth susp 1%	BP				
PREDNISOLONE SODIUM PHOSP- prednisolone sodium phosphate ophth soln 1%	BN				
PROLENSA- bromfenac sodium ophth soln 0.07% (base equivalent)	NC				
proparacaine hcl ophth soln 0.5% (Alcaine)	GN				
RESTASIS- cyclosporine (ophth) emulsion 0.05%	BN +		•		•
RESTASIS MULTIDOSE- cyclosporine (ophth) emulsion 0.05%	BN +		•		•
RHOPRESSA- netarsudil dimesylate ophth soln 0.02%	NC				
ROCKLATAN- netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	NC				
SIMBRINZA- brinzolamide-brimonidine tartrate ophth susp 1-0.2%	BP				
SULFACETAMIDE SODIUM- sulfacetamide sodium ophth oint 10%	BN				
sulfacetamide sodium ophth soln 10% (Bleph-10)	GN				
SULFACETAMIDE SODIUM/PRED- sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	BN				
tetracaine hcl ophth soln 0.5%	GP				
timolol maleate ophth gel forming soln 0.25% (Timoptic-xe)	NC				
timolol maleate ophth gel forming soln 0.5% (Timoptic-xe)	NC				
timolol maleate ophth soln 0.25% (Timoptic)	GP				
timolol maleate ophth soln 0.5% (Timoptic)	GP				
timolol maleate ophth soln 0.5% (once-daily) (Istalol)	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
timolol maleate preservative free ophth soln 0.5% (Timoptic ocudose)	NC				
TIMOPTIC OCUDOSE- timolol maleate preservative free ophth soln 0.25%	NC				
TIMOPTIC OCUDOSE- timolol maleate preservative free ophth soln 0.5%	NC				
TIMOPTIC-XE- timolol maleate ophth gel forming soln 0.25%	BN				
TIMOPTIC-XE- timolol maleate ophth gel forming soln 0.5%	BN				
TOBRADEX- tobramycin-dexamethasone ophth oint 0.3-0.1%	NC				
TOBRADEX ST- tobramycin-dexamethasone ophth susp 0.3-0.05%	NC				
tobramycin ophth soln 0.3% (Tobrex)	GP				
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	GN				
TOBREX- tobramycin ophth oint 0.3%	NC				
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	NC				
TRIFLURIDINE- trifluridine ophth soln 1%	BP				
UPNEEQ- oxymetazoline hcl ophth soln 0.1%	NC				
VYZULTA- latanoprostene bunod ophth soln 0.024%	NC				
XELPROS- latanoprost ophth emulsion 0.005%	NC				
XIIDRA- lifitegrast ophth soln 5%	BN +		•		•
ZERVIATE- cetirizine hcl ophth soln 0.24% (base equiv)	BN +			•	
ZIOPTAN- tafluprost preservative free (pf) ophth soln 0.0015%	NC				
ZIRGAN- ganciclovir ophth gel 0.15%	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
ZYLET- loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	NC				
OTIC AGENTS					
acetic acid otic soln 2%	GN				
CETRAXAL- ciprofloxacin hcl otic soln 0.2% (base equivalent)	BN				
CIPRO HC- ciprofloxacin-hydrocortisone otic susp 0.2-1%	NC				
CIPRODEX- ciprofloxacin-dexamethasone otic susp 0.3-0.1%	BN				
CIPROFLOXACIN- ciprofloxacin hcl otic soln 0.2% (base equivalent)	BN				
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	GN				
CIPROFLOXACIN/FLUOCINOLON- ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	NC				
CORTISPORIN-TC- neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	NC				
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	GN				
hydrocortisone w/ acetic acid otic soln 1-2%	GN				
neomycin-polymyxin-hc otic soln 1%	GN				
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	GN				
ofloxacin otic soln 0.3% (Floxin otic)	GN				
OTOVEL- ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	NC				
MOUTH/THROAT/DENTAL AGENTS					
ARESTIN- minocycline hcl subgingival powder cartridge 1 mg	NC				
cevimeline hcl cap 30 mg (Evoxac)	GN				
chlorhexidine gluconate soln 0.12% (Peridex)	GP				
clotrimazole troche 10 mg	GN				
LIDOCAINE HCL- lidocaine hcl laryngotracheal soln 4%	BN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
lidocaine hcl viscous soln 2%	GP				
NAFRINSE DAILY/ACIDULATED- sodium fluoride-phosphoric acid for soln 1 mg/5ml (f equiv)	BN				
NAFRINSE DAILY/NEUTRAL- sodium fluoride for soln rinse 0.05%	BN				
NAFRINSE WEEKLY- sodium fluoride for soln rinse 0.2%	BN				
nystatin susp 100000 unit/ml	GN				
ORAVIG- miconazole buccal tab 50 mg (mouth-throat)	BN				
pilocarpine hcl tab 5 mg (Salagen)	GN				
pilocarpine hcl tab 7.5 mg (Salagen)	GN				
PREVIDENT RINSE- sodium fluoride rinse 0.2%	BN				
sodium fluoride cream 1.1% (Prevident 5000 plus)	GP				
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	GP				
sodium fluoride paste 1.1% (Prevident 5000 boost)	GP				
sodium fluoride-potassium nitrate paste 1.1-5% (Prevident 5000 sensi)	GP				
stannous fluoride conc 0.63%	GP				
stannous fluoride gel 0.4%	GN				
triamcinolone acetonide dental paste 0.1%	GN				
ANORECTAL AGENTS					
ANALPRAM-HC- hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%	BN				
CORTIFOAM- hydrocortisone acetate perianal foam 10% (90 mg/dose)	BP				
hydrocortisone acetate suppos 25 mg	GN				
hydrocortisone acetate w/ pramoxine perianal cream 1-1% (Analpram-hc)	GN				
hydrocortisone enema 100 mg/60ml (Cortenema)	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
hydrocortisone perianal cream 1% (Proctocort)	GN				
hydrocortisone perianal cream 2.5% (Anusol-hc)	GN				
PROCTOFOAM HC- hydrocortisone acetate w/ pramoxine perianal foam 1-1%	BN				
RECTIV- nitroglycerin oint 0.4%	BN				
UCERIS- budesonide rectal foam 2 mg/act	BN				
DERMATOLOGICALS					
ABSORICA- isotretinoin cap 10 mg	NC				
ABSORICA- isotretinoin cap 20 mg	NC				
ABSORICA- isotretinoin cap 25 mg	NC				
ABSORICA- isotretinoin cap 30 mg	NC				
ABSORICA- isotretinoin cap 35 mg	NC				
ABSORICA- isotretinoin cap 40 mg	NC				
ABSORICA LD- isotretinoin micronized cap 8 mg	NC				
ABSORICA LD- isotretinoin micronized cap 16 mg	NC				
ABSORICA LD- isotretinoin micronized cap 24 mg	NC				
ABSORICA LD- isotretinoin micronized cap 32 mg	NC				
acitretin cap 10 mg (Soriatane)	GN				
acitretin cap 17.5 mg	GN				
acitretin cap 25 mg (Soriatane)	GN				
acyclovir cream 5% (Zovirax)	GN +				
acyclovir oint 5% (Zovirax)	GN +				
ACZONE- dapsone gel 7.5%	NC				
ADAPALENE- adapalene pads 0.1%	BN +		•		
ADAPALENE- adapalene soln 0.1%	BN +		•		
adapalene cream 0.1% (Differin)	GN +		•		

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
adapalene gel 0.1% (Differin)	GN +		•		
adapalene gel 0.3% (Differin)	GN +		•		
adapalene-benzoyl peroxide gel 0.1-2.5% (Epiduo)	NC				
AKLIEF- trifarotene cream 0.005%	NC				
ALA SCALP- hydrocortisone lotion 2%	NC				
ALA-SCALP- hydrocortisone lotion 2%	NC				
alclometasone dipropionate cream 0.05%	GN				•
alclometasone dipropionate oint 0.05%	GN				•
ALTABAX- retapamulin oint 1%	NC				
ALTRENO- tretinoin lotion 0.05%	NC				
AMCINONIDE- amcinonide cream 0.1%	NC				
AMCINONIDE- amcinonide lotion 0.1%	NC				
AMCINONIDE- amcinonide oint 0.1%	NC				
AMELUZ- aminolevulinic acid hcl gel 10%	NC				
AMZEEQ- minocycline hcl micronized foam 4%	NC				
APEXICON E- diflorasone diacetate emollient base cream 0.05%	NC				
ARAZLO- tazarotene (acne) lotion 0.045%	NC				
AUGMENTED BETAMETHASONE D- betamethasone dipropionate augmented gel 0.05%	BN				•
azelaic acid gel 15% (Finacea)	GN				
AZELEX- azelaic acid cream 20%	NC				
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	NC				
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	GP				•
betamethasone dipropionate augmented lotion 0.05%	GN				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
betamethasone dipropionate augmented oint 0.05% (Diprolene)	GN				•
betamethasone dipropionate cream 0.05%	GN				•
betamethasone dipropionate lotion 0.05%	GN				•
betamethasone dipropionate oint 0.05%	GN				•
betamethasone valerate aerosol foam 0.12% (Luxiq)	GN				•
betamethasone valerate cream 0.1% (base equivalent)	GN				•
betamethasone valerate lotion 0.1% (base equivalent)	GN				•
betamethasone valerate oint 0.1% (base equivalent)	GN				•
BRYHALI- halobetasol propionate lotion 0.01%	NC				
CALCIPOTRIENE- calcipotriene foam 0.005%	NC				
calcipotriene cream 0.005% (Dovonex)	GN				
calcipotriene oint 0.005%	GN				
calcipotriene soln 0.005% (50 mcg/ml)	GN				
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)	NC				
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex)	NC				
CALCITRIOL- calcitriol oint 3 mcg/gm	NC				
CAPEX- fluocinolone acetonide shampoo 0.01%	NC				
CARAC- fluorouracil cream 0.5%	NC				
CENTANY- mupirocin oint 2%	NC				
ciclopirox gel 0.77%	GN				
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	GN				
ciclopirox olamine susp 0.77% (base equiv) (Loprox)	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
ciclopirox shampoo 1% (Loprox shampoo)	GN				
ciclopirox solution 8% (Penlac Nail Lacquer)	GN				•
CLINDAGEL- clindamycin phosphate gel 1%	NC				
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac)	GN				
CLINDAMYCIN PHOSPHATE- clindamycin phosphate gel 1%	NC				
clindamycin phosphate foam 1% (Evoclin)	NC				
clindamycin phosphate gel 1% (Cleocin-t)	GN				
clindamycin phosphate lotion 1% (Cleocin-t)	GN				
clindamycin phosphate soln 1%	GN				
clindamycin phosphate swab 1%	GN				
clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin)	GN				
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (Acanya)	NC				
clindamycin phosphate-tretinoin gel 1.2-0.025% (Ziana)	NC				
clobetasol propionate cream 0.05% (Temovate)	GN				•
clobetasol propionate emollient base cream 0.05%	GN				•
clobetasol propionate emulsion foam 0.05% (Olux-e)	NC				
clobetasol propionate foam 0.05% (Olux)	NC				
clobetasol propionate gel 0.05%	GN				•
clobetasol propionate lotion 0.05% (Clobex)	GN				•
clobetasol propionate oint 0.05% (Temovate)	GN				•
clobetasol propionate shampoo 0.05% (Clobex)	GN				•
clobetasol propionate soln 0.05%	GN				•
clobetasol propionate spray 0.05% (Clobex)	NC				
CLOCORTOLONE PIVALATE- clocortolone pivalate cream 0.1%	NC				
CLODERM- clocortolone pivalate cream 0.1%	NC				
clotrimazole cream 1%	GN +				
clotrimazole soln 1%	GN +				
clotrimazole w/ betamethasone cream 1-0.05% (Lotrisone)	GN				
clotrimazole w/ betamethasone lotion 1-0.05%	GN				
CONDYLOX- podofilox gel 0.5%	BN				
CORDRAN- flurandrenolide cream 0.025%	NC				
CORDRAN- flurandrenolide tape 4 mcg/sqcm	NC				
CORTISPORIN- bacitracin-polymyxin-neomycin hc oint 1%	NC				
CORTISPORIN- neomycin-polymyxin-hc crm 3.5 mg/gm-10000 unt/gm-0.5%	NC				
COSENTYX- secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	BP	•	•		•
COSENTYX- secukinumab subcutaneous soln prefilled syringe 150 mg/ml	BP	•	•		•
COSENTYX SENSOREADY PEN- secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	BP	•	•		•
COSENTYX SENSOREADY PEN- secukinumab subcutaneous soln auto-injector 150 mg/ml	BP	•	•		•
CROTAN- crotamiton lotion 10%	BN				
dapsone gel 5% (Aczone)	NC				
dapsone gel 7.5% (Aczone)	NC				
DENAVIR- penciclovir cream 1%	BN +				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
desonide cream 0.05% (Desowen)	GN				•
desonide gel 0.05% (Desonate)	NC				
desonide lotion 0.05%	GN				•
desonide oint 0.05%	GN				•
desoximetasone cream 0.05% (Topicort)	NC				
desoximetasone cream 0.25% (Topicort)	GN				•
desoximetasone gel 0.05% (Topicort)	NC				
desoximetasone oint 0.05% (Topicort)	NC				
desoximetasone oint 0.25% (Topicort)	GN				•
desoximetasone spray 0.25% (Topicort)	NC				
DICLOFENAC EPOLAMINE- diclofenac epolamine patch 1.3%	NC				
diclofenac sodium (actinic keratoses) gel 3%	GN		•		
diclofenac sodium gel 1% (Voltaren)	GN +				•
diclofenac sodium soln 1.5%	GN				•
DIFFERIN- adapalene lotion 0.1%	BN +		•		
DIFLORASONE DIACETATE- diflorasone diacetate cream 0.05%	NC				
diflorasone diacetate oint 0.05%	NC				
DOXEPIN HYDROCHLORIDE- doxepin hcl cream 5%	NC				
DOXYCYCLINE- doxycycline (rosacea) cap delayed release 40 mg	NC				
DUOBRII- halobetasol propionate-tazarotene lotion 0.01-0.045%	NC				
DUPIXENT- dupilumab subcutaneous soln pen-injector 300 mg/2ml	BN	•	•		•
DUPIXENT- dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	BN	•	•		•
DUPIXENT- dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	BN	•	•		•
econazole nitrate cream 1%	GN				
ECOZA- econazole nitrate foam 1%	NC				
ENSTILAR- calcipotriene-betamethasone dipropionate foam 0.005-0.064%	BP				
EPIDUO FORTE- adapalene-benzoyl peroxide gel 0.3-2.5%	NC				
EPIFOAM- pramoxine-hc aerosol foam 1-1%	NC				
ERTACZO- sertaconazole nitrate cream 2%	NC				
ERY- erythromycin pads 2%	BN			•	
erythromycin gel 2% (Erygel)	GN				
erythromycin soln 2%	GN				
EUCRISA- crisaborole oint 2%	NC				
EXELDERM- sulconazole nitrate cream 1%	NC				
EXELDERM- sulconazole nitrate solution 1%	NC				
FABIOR- tazarotene (acne) foam 0.1%	NC				
FINACEA- azelaic acid foam 15%	NC				
FLECTOR- diclofenac epolamine patch 1.3%	NC				
fluocinolone acetonide cream 0.01%	GN				•
fluocinolone acetonide cream 0.025% (Synalar)	GN				•
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	GN				•
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	GN				•
fluocinolone acetonide oint 0.025% (Synalar)	GN				•
fluocinolone acetonide soln 0.01% (Synalar)	GN				•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
fluocinonide cream 0.05%	GN				•
fluocinonide cream 0.1% (Vanos)	NC				
fluocinonide emulsified base cream 0.05%	GN				•
fluocinonide gel 0.05%	GN				•
fluocinonide oint 0.05%	GN				•
fluocinonide soln 0.05%	GN				•
FLUOROPLEX- fluorouracil cream 1%	NC				
FLUOROURACIL- fluorouracil cream 0.5%	NC				
FLUOROURACIL- fluorouracil soln 2%	BN				
FLUOROURACIL- fluorouracil soln 5%	BN				
fluorouracil cream 5% (Efudex)	GN		•		•
flurandrenolide cream 0.05% (Cordran)	NC				
flurandrenolide lotion 0.05% (Cordran)	NC				
flurandrenolide oint 0.05% (Cordran)	NC				
fluticasone propionate cream 0.05%	GN				•
fluticasone propionate lotion 0.05% (Cutivate)	NC				
fluticasone propionate oint 0.005%	GN				•
gentamicin sulfate cream 0.1%	GN				
gentamicin sulfate oint 0.1%	NC				
halcinonide cream 0.1% (Halog)	NC				
HALOBETASOL PROPIONATE- halobetasol propionate foam 0.05%	NC				
halobetasol propionate cream 0.05%	GN				•
halobetasol propionate oint 0.05%	GN				•
HALOG- halcinonide oint 0.1%	NC				
HALOG- halcinonide soln 0.1%	NC				
HYDROCORTISONE BUTYRATE- hydrocortisone butyrate soln 0.1%	GN				•
hydrocortisone butyrate cream 0.1% (Locoid)	GN				•
hydrocortisone butyrate hydrophilic lipo base cream 0.1% (Locoid lipocream)	NC				
hydrocortisone butyrate lotion 0.1% (Locoid)	NC				
hydrocortisone butyrate oint 0.1%	GN				•
hydrocortisone cream 1%	GN +				•
hydrocortisone cream 2.5%	GP				•
hydrocortisone lotion 2.5%	GN				•
hydrocortisone oint 1%	GN +				•
hydrocortisone oint 2.5%	GP				•
hydrocortisone valerate cream 0.2%	GN				•
hydrocortisone valerate oint 0.2%	GN				•
imiquimod cream 3.75% (Zyclara)	NC				
imiquimod cream 5% (Aldara)	GN				•
IMPOYZ- clobetasol propionate cream 0.025%	NC				
isotretinoin cap 10 mg	GN				
isotretinoin cap 20 mg	GN				
isotretinoin cap 30 mg	GN				
isotretinoin cap 40 mg	GN				
ivermectin lotion 0.5% (Sklice)	GN				
JUBLIA- efinaconazole soln 10%	NC				
KERYDIN- tavaborole soln 5%	NC				
ketoconazole cream 2%	GN				
ketoconazole foam 2% (Extina)	NC				
ketoconazole shampoo 2% (Nizoral)	GP				
lactic acid (ammonium lactate) cream 12% (Lac-hydrin)	GN +				
lactic acid (ammonium lactate) lotion 12%	GN +				
LEVULAN KERASTICK- aminolevulinic acid hcl for soln 20% (stick applicator)	NC				
LEXETTE- halobetasol propionate foam 0.05%	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
LICART- diclofenac epolamine patch 24hr 1.3%	NC				
LIDOCAINE AND TETRACAINE- lidocaine-tetracaine cream 7-7%	NC				
LIDOCAINE HCL JELLY- lidocaine hcl urethral/mucosal gel 2%	BN +		•		•
lidocaine hcl soln 4%	GN		•		•
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	GN +		•		•
lidocaine oint 5%	NC				
lidocaine patch 5% (Lidoderm)	GN		•		•
lidocaine-prilocaine cream 2.5-2.5%	GN		•		•
LIDOCAINE/TETRACAINE- lidocaine-tetracaine cream 7-7%	NC				
LINDANE- lindane shampoo 1%	BN				
LULICONAZOLE- luliconazole cream 1%	NC				
LUZU- luliconazole cream 1%	NC				
mafenide acetate packet for topical soln 5% (50 gm) (Sulfamylon)	NC				
malathion lotion 0.5% (Ovide)	GN				
MENTAX- butenafine hcl cream 1%	BN +				
methoxsalen rapid cap 10 mg (Oxsoralen ultra)	GN				
metronidazole cream 0.75% (Metrocream)	GN				
metronidazole gel 0.75%	GN				
metronidazole gel 1% (Metrogel)	GN				
metronidazole lotion 0.75% (Metrolotion)	GN				
MICONAZOLE NITRATE/ZINC O- miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	BN +				
MIRVASO- brimonidine tartrate gel 0.33% (base equivalent)	BN				
mometasone furoate cream 0.1% (Elocon)	GN				•
mometasone furoate oint 0.1%	GP				•
mometasone furoate solution 0.1% (lotion)	GN				•
mupirocin calcium cream 2%	NC				
mupirocin oint 2%	GP				
NAFTIFINE HCL- naftifine hcl cream 1%	NC				
naftifine hcl cream 2% (Naftin)	GN +				
NAFTIFINE HYDROCHLORIDE- naftifine hcl cream 2%	GN +				
NAFTIN- naftifine hcl gel 2%	NC				
NATROBA- spinosad susp 0.9%	BN				
NEO-SYNALAR- neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	NC				
NORITATE- metronidazole cream 1%	NC				
nystatin cream 100000 unit/gm	GP				
nystatin oint 100000 unit/gm	GP				
nystatin topical powder 100000 unit/gm	GN				
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	GN +				
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	GN +				
ONEXTON- clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	NC				
ORACEA- doxycycline (rosacea) cap delayed release 40 mg	NC				
oxiconazole nitrate cream 1% (Oxistat)	NC				
OXISTAT- oxiconazole nitrate lotion 1%	NC				
PANDEL- hydrocortisone probutate cream 0.1%	NC				
PANRETIN- alitretinoin gel 0.1%	NC				
PENNSAID- diclofenac sodium soln 2%	NC				
permethrin cream 5% (Elimite)	GN				
PICATO- ingenol mebutate gel 0.015%	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
PICATO- ingenol mebutate gel 0.05%	NC				
pimecrolimus cream 1% (Elidel)	NC				
PLIAGLIS- lidocaine-tetracaine cream 7-7%	NC				
podofilox soln 0.5%	GN				
PRAMOSONE- pramoxine-hc cream 1-1%	NC				
PRAMOSONE- pramoxine-hc lotion 1-1%	NC				
PRAMOSONE- pramoxine-hc lotion 1-2.5%	NC				
PREDNICARBATE- prednicarbate cream 0.1%	BN				•
PREDNICARBATE- prednicarbate oint 0.1%	BN				•
PRUDOXIN- doxepin hcl cream 5%	NC				
PSORCON- diflorasone diacetate cream 0.05%	NC				
QBREXZA- glycopyrronium tosylate pad 2.4% (base equivalent)	NC				
REGRANEX- becaplermin gel 0.01%	BN				
RETIN-A MICRO- tretinoin microsphere gel 0.06%	NC				
RETIN-A MICRO PUMP- tretinoin microsphere gel 0.08%	NC				
RHOFADE- oxymetazoline hcl cream 1%	NC				
SANTYL- collagenase oint 250 unit/gm	BN				
selenium sulfide lotion 2.5%	GP				
SERNIVO- betamethasone dipropionate spray emulsion 0.05% (base equiv)	NC				
SILIQ- brodalumab subcutaneous soln prefilled syringe 210 mg/1.5ml	NC				
silver sulfadiazine cream 1% (Silvadene)	GP				
SKLICE- ivermectin lotion 0.5%	BN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
SKYRIZI- risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit	BP	•	•		•
SOOLANTRA- ivermectin cream 1%	BP				
SORILUX- calcipotriene foam 0.005%	NC				
SPINOSAD- spinosad susp 0.9%	BN				
STELARA- ustekinumab inj 45 mg/0.5ml	BP	•	•		•
STELARA- ustekinumab soln prefilled syringe 45 mg/0.5ml	BP	•	•		•
STELARA- ustekinumab soln prefilled syringe 90 mg/ml	BP	•	•		•
SULCONAZOLE NITRATE- sulconazole nitrate cream 1%	NC				
SULCONAZOLE NITRATE- sulconazole nitrate solution 1%	NC				
sulfacetamide sodium lotion 10% (acne) (Klaron)	GN				
SULFAMYLON- mafenide acetate cream 85 mg/gm	BN				
SYNERA- lidocaine-tetracaine topical patch 70-70 mg	NC				
tacrolimus oint 0.03% (Protopic)	GN			•	
tacrolimus oint 0.1% (Protopic)	GN			•	
TALTZ- ixekizumab subcutaneous soln auto-injector 80 mg/ml	NC				
TALTZ- ixekizumab subcutaneous soln prefilled syringe 80 mg/ml	NC				
TARGRETIN- bexarotene gel 1%	NC				
tavaborole soln 5% (Kerydin)	NC				
tazarotene cream 0.1% (Tazorac)	GN		•		
TAZORAC- tazarotene cream 0.05%	BP				
TAZORAC- tazarotene gel 0.05%	BP				
TAZORAC- tazarotene gel 0.1%	BP				
TEXACORT- hydrocortisone soln 2.5%	NC				
TREMFYA- guselkumab soln pen-injector 100 mg/ml	BP	•	•		•
TREMFYA- guselkumab soln prefilled syringe 100 mg/ml	BP	•	•		•

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
tretinoin cream 0.025% (Retin-a)	GN		•		
tretinoin cream 0.05% (Retin-a)	GN		•		
tretinoin cream 0.1% (Retin-a)	GN		•		
tretinoin gel 0.01% (Retin-a)	GN		•		
tretinoin gel 0.025% (Retin-a)	GN		•		
tretinoin gel 0.05% (Atralin)	GN		•		
tretinoin microsphere gel 0.04% (Retin-a micro)	NC				
tretinoin microsphere gel 0.1% (Retin-a micro)	NC				
triamcinolone acetonide aerosol soln 0.147 mg/gm (Kenalog)	NC				
triamcinolone acetonide cream 0.025%	GP				•
triamcinolone acetonide cream 0.1%	GP				•
triamcinolone acetonide cream 0.5%	GP				•
triamcinolone acetonide lotion 0.025%	GN				•
triamcinolone acetonide lotion 0.1%	GN				•
triamcinolone acetonide oint 0.025%	GP				•
triamcinolone acetonide oint 0.05%	NC				
triamcinolone acetonide oint 0.1%	GP				•
triamcinolone acetonide oint 0.5%	GP				•
ULTRAVATE- halobetasol propionate lotion 0.05%	NC				
VALCHLOR- mechlorethamine hcl gel 0.016% (base equivalent)	BP	•			
VECTICAL- calcitriol oint 3 mcg/gm	NC				
VELTIN- clindamycin phosphate-tretinoin gel 1.2-0.025%	NC				
VERDESO- desonide foam 0.05%	NC				
VEREGEN- sinecatechins oint 15%	BN				
VUSION- miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	BN +				
XEPI- ozenoxacin cream 1%	NC				
XERESE- acyclovir-hydrocortisone cream 5-1%	BN +				
XOLEGEL- ketoconazole gel 2%	NC				
ZILXI- minocycline hcl micronized foam 1.5%	NC				
ZONALON- doxepin hcl cream 5%	NC				
ZTLIDO- lidocaine patch 1.8% (36 mg)	NC				
ZYCLARA- imiquimod cream 3.75%	NC				
ZYCLARA PUMP- imiquimod cream 2.5%	NC				
ZYCLARA PUMP- imiquimod cream 3.75%	NC				
MISCELLANEOUS PRODUCTS					
ANTIDOTES					
CHEMET- succimer cap 100 mg	BP				
deferasirox granules packet 90 mg (Jadenu sprinkle)	GN	•			
deferasirox granules packet 180 mg (Jadenu sprinkle)	GN	•			
deferasirox granules packet 360 mg (Jadenu sprinkle)	GN	•			
deferasirox tab for oral susp 125 mg (Exjade)	GN	•			
deferasirox tab for oral susp 250 mg (Exjade)	GN	•			
deferasirox tab for oral susp 500 mg (Exjade)	GN	•			
deferasirox tab 90 mg (Jadenu)	GN	•			
deferasirox tab 180 mg	GN	•			
deferasirox tab 360 mg (Jadenu)	GN	•			
deferiprone tab 500 mg (Ferriprox)	GN	•			
FERRIPROX- deferiprone oral soln 100 mg/ml	BN	•			
FERRIPROX- deferiprone tab 500 mg	BN	•			
FERRIPROX- deferiprone tab 1000 mg	BN	•			
FERRIPROX TWICE-A-DAY- deferiprone (twice daily) tab 1000 mg	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
JADENU SPRINKLE- deferasirox granules packet 90 mg	BN	•			
JADENU SPRINKLE- deferasirox granules packet 180 mg	BN	•			
JADENU SPRINKLE- deferasirox granules packet 360 mg	BN	•			
NALOXONE HCL- naloxone hcl soln cartridge 0.4 mg/ml	BN				
naloxone hcl inj 0.4 mg/ml	GN				
naloxone hcl inj 4 mg/10ml	GN				
naloxone hcl soln prefilled syringe 2 mg/2ml	GN				
naltrexone hcl tab 50 mg	GN				
NARCAN- naloxone hcl nasal spray 4 mg/0.1ml	BP				
RADIOGARDASE- prussian blue insoluble cap 0.5 gm	BN				
VISTOGARD- uridine triacetate oral granules packet 10 gm	NC				
DIAGNOSTIC PRODUCTS					
ACCU-CHEK AVIVA PLUS- glucose blood test strip	NC				
ACCU-CHEK COMPACT PLUS- glucose blood test strip	NC				
ACCU-CHEK COMPACT STRIPS- glucose blood test strip	NC				
ACCU-CHEK COMPACT TEST DR- glucose blood test strip	NC				
ACCU-CHEK GUIDE- glucose blood test strip	NC				
ACCU-CHEK SMARTVIEW STRIP- glucose blood test strip	NC				
ACCUTREND GLUCOSE- glucose blood test strip	NC				
ADVANCE INTUITION TEST ST- glucose blood test strip	NC				
ADVANCE MICRO-DRAW TEST S- glucose blood test strip	NC				
ADVOCATE REDI-CODE- glucose blood test strip	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
ADVOCATE REDI-CODE+ TEST- glucose blood test strip	NC				
ADVOCATE TEST STRIPS- glucose blood test strip	NC				
AGAMATRIX AMP NO CODE TES- glucose blood test strip	NC				
AGAMATRIX JAZZ TEST STRIP- glucose blood test strip	NC				
AGAMATRIX KEYNOTE TEST ST- glucose blood test strip	NC				
AGAMATRIX PRESTO TEST STR- glucose blood test strip	NC				
ASSURE II- glucose blood test strip	NC				
ASSURE II CHECK STRIP- glucose blood test strip	NC				
ASSURE II TEST STRIPS- glucose blood test strip	NC				
ASSURE PLATINUM TEST STRI- glucose blood test strip	NC				
ASSURE PRISM MULTI TEST S- glucose blood test strip	NC				
ASSURE PRO TEST STRIPS- glucose blood test strip	NC				
ASSURE 3 TEST STRIPS- glucose blood test strip	NC				
ASSURE 4 TEST STRIPS- glucose blood test strip	NC				
AT LAST TEST STRIPS- glucose blood test strip	NC				
BIOSCANNER GLUCOSE TEST S- glucose blood test strip	NC				
BLOOD GLUCOSE TEST STRIPS- glucose blood test strip	NC				
CAREONE BLOOD GLUCOSE TES- glucose blood test strip	NC				
CARESENS N BLOOD GLUCOSE- glucose blood test strip	NC				
CARETOUCH BLOOD GLUCOSE T- glucose blood test strip	NC				
CLEVER CHEK AUTO-CODE TES- glucose blood test strip	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
CLEVER CHEK AUTO-CODE VOI- glucose blood test strip	NC				
CLEVER CHEK TEST STRIPS- glucose blood test strip	NC				
CLEVER CHOICE AUTO-CODE P- glucose blood test strip	NC				
CLEVER CHOICE MICRO TEST- glucose blood test strip	NC				
CLEVER CHOICE NO CODING T- glucose blood test strip	NC				
CLEVER CHOICE TALK NO COD- glucose blood test strip	NC				
CONTOUR BLOOD GLUCOSE TES- glucose blood test strip	NC				
CONTOUR NEXT BLOOD GLUCOS- glucose blood test strip	NC				
COOL BLOOD GLUCOSE TEST S- glucose blood test strip	NC				
CVS ADVANCED GLUCOSE METE- glucose blood test strip	NC				
CVS GLUCOSE METER TEST ST- glucose blood test strip	NC				
DIATHRIVE BLOOD GLUCOSE T- glucose blood test strip	NC				
DIATHRIVE+ BLOOD GLUCOSE- glucose blood test strip	NC				
DIATRUE PLUS BLOOD GLUCOS- glucose blood test strip	NC				
DUO-CARE TEST STRIPS- glucose blood test strip	NC				
EASY PLUS II BLOOD GLUCOS- glucose blood test strip	NC				
EASY STEP TEST STRIPS- glucose blood test strip	NC				
EASY TALK BLOOD GLUCOSE T- glucose blood test strip	NC				
EASY TOUCH GLUCOSE TEST S- glucose blood test strip	NC				
EASY TRAK BLOOD GLUCOSE T- glucose blood test strip	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
EASY TRAK II BLOOD GLUCOS- glucose blood test strip	NC				
EASYGLUCO- glucose blood test strip	NC				
EASYGLUCO PLUS- glucose blood test strip	NC				
EASYMAX TEST STRIPS- glucose blood test strip	NC				
EASYMAX 15 TEST STRIPS- glucose blood test strip	NC				
EASYPRO BLOOD GLUCOSE TES- glucose blood test strip	NC				
EASYPRO PLUS- glucose blood test strip	NC				
ELEMENT COMPACT TEST STRI- glucose blood test strip	NC				
ELEMENT TEST STRIPS- glucose blood test strip	NC				
EMBRACE BLOOD GLUCOSE TES- glucose blood test strip	NC				
EMBRACE EVO BLOOD GLUCOSE- glucose blood test strip	NC				
EMBRACE PRO BLOOD GLUCOSE- glucose blood test strip	NC				
EMBRACE TALK BLOOD GLUCOS- glucose blood test strip	NC				
EQ BLOOD GLUCOSE TEST STR- glucose blood test strip	NC				
EVENCARE + BLOOD GLUCOSE- glucose blood test strip	NC				
EVENCARE BLOOD GLUCOSE TE- glucose blood test strip	NC				
EVENCARE G2 TEST STRIPS- glucose blood test strip	NC				
EVENCARE G3 TEST STRIPS- glucose blood test strip	NC				
EVENCARE MINI BLOOD GLUCO- glucose blood test strip	NC				
EVENCARE PROVIEW BLOOD GL- glucose blood test strip	NC				
EVOLUTION AUTOCODE- glucose blood test strip	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
EXACTECH R-S-G TEST STRIP- glucose blood test strip	NC				
EXACTECH TEST STRIPS- glucose blood test strip	NC				
FIFTY50 GLUCOSE TEST STRI- glucose blood test strip	NC				
FORA BLOOD GLUCOSE TEST S- glucose blood test strip	NC				
FORA D15G BLOOD GLUCOSE T- glucose blood test strip	NC				
FORA D20 BLOOD GLUCOSE TE- glucose blood test strip	NC				
FORA D40/G31 BLOOD GLUCOS- glucose blood test strip	NC				
FORA GD20 TEST STRIPS- glucose blood test strip	NC				
FORA GD50 BLOOD GLUCOSE T- glucose blood test strip	NC				
FORA GTEL BLOOD GLUCOSE T- glucose blood test strip	NC				
FORA G20 BLOOD GLUCOSE TE- glucose blood test strip	NC				
FORA G30/PREMIUM V10 BLOO- glucose blood test strip	NC				
FORA TN'G/TN'G VOICE BLOO- glucose blood test strip	NC				
FORA V10 BLOOD GLUCOSE TE- glucose blood test strip	NC				
FORA V12 BLOOD GLUCOSE TE- glucose blood test strip	NC				
FORA V20 BLOOD GLUCOSE TE- glucose blood test strip	NC				
FORA V30A BLOOD GLUCOSE T- glucose blood test strip	NC				
FORA 6 CONNECT- glucose blood test strip	NC				
FORACARE GD40- glucose blood test strip	NC				
FORACARE PREMIUM V10 TEST- glucose blood test strip	NC				
FORACARE TEST N GO TEST S- glucose blood test strip	NC				
FORTISCARE BLOOD GLUCOSE- glucose blood test strip	NC				
FREESTYLE INSULINX BLOOD- glucose blood test strip	NC				
FREESTYLE LITE TEST STRIP- glucose blood test strip	NC				
FREESTYLE PRECISION NEO B- glucose blood test strip	NC				
FREESTYLE TEST STRIPS- glucose blood test strip	NC				
GENULTIMATE TEST STRIPS- glucose blood test strip	NC				
GE100 BLOOD GLUCOSE TEST- glucose blood test strip	NC				
GHT TEST STRIPS- glucose blood test strip	NC				
GLUCO PERFECT 3 TEST STRI- glucose blood test strip	NC				
GLUCOCARD EXPRESSION BLOO- glucose blood test strip	NC				
GLUCOCARD SHINE TEST STRI- glucose blood test strip	NC				
GLUCOCARD VITAL TEST STRI- glucose blood test strip	NC				
GLUCOCARD X-SENSOR- glucose blood test strip	NC				
GLUCOCARD 01 SENSOR PLUS- glucose blood test strip	NC				
GLUCOCOM TEST STRIPS- glucose blood test strip	NC				
GLUCONAVII BLOOD GLUCOSE- glucose blood test strip	NC				
GLUCOSE METER TEST STRIPS- glucose blood test strip	NC				
GNP EASY TOUCH GLUCOSE TE- glucose blood test strip	NC				
GOJJI BLOOD GLUCOSE TEST- glucose blood test strip	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
GOODSENSE PREMIUM BLOOD G- glucose blood test strip	NC				
HARMONY BLOOD GLUCOSE TES- glucose blood test strip	NC				
HW EMBRACE PRO BLOOD GLUC- glucose blood test strip	NC				
HW EMBRACE TALK BLOOD GLU- glucose blood test strip	NC				
IGLUCOSE BLOOD GLUCOSE TE- glucose blood test strip	NC				
IN TOUCH BLOOD GLUCOSE TE- glucose blood test strip	NC				
INFINITY BLOOD GLUCOSE TE- glucose blood test strip	NC				
INFINITY VOICE- glucose blood test strip	NC				
KROGER BLOOD GLUCOSE TEST- glucose blood test strip	NC				
KROGER HEALTHPRO GLUCOSE- glucose blood test strip	NC				
KROGER PREMIUM BLOOD GLUC- glucose blood test strip	NC				
KROGER TEST STRIPS- glucose blood test strip	NC				
LIBERTY NEXT GENERATION B- glucose blood test strip	NC				
LIBERTY TEST STRIPS- glucose blood test strip	NC				
MEIJER BLOOD GLUCOSE TEST- glucose blood test strip	NC				
MEIJER ESSENTIAL BLOOD GL- glucose blood test strip	NC				
MEIJER PREMIUM BLOOD GLUC- glucose blood test strip	NC				
MEIJER TRUETEST BLOOD GLU- glucose blood test strip	NC				
MEIJER TRUETRACK BLOOD GL- glucose blood test strip	NC				
MICRODOT TEST STRIPS- glucose blood test strip	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
MICRODOT XTRA TEST STRIPS- glucose blood test strip	NC				
MM EASY TOUCH GLUCOSE TES- glucose blood test strip	NC				
MYGLUCOHEALTH BLOOD GLUCO- glucose blood test strip	NC				
NEUTEK 2TEK TEST STRIPS- glucose blood test strip	NC				
NOVA MAX GLUCOSE TEST STR- glucose blood test strip	NC				
ONE DROP BLOOD GLUCOSE TE- glucose blood test strip	NC				
ONETOUCH ULTRA- glucose blood test strip	BP				•
ONETOUCH ULTRA BLUE- glucose blood test strip	BP				•
ONETOUCH ULTRA TEST STRIP- glucose blood test strip	BP				•
ONETOUCH VERIO TEST STRIP- glucose blood test strip	BP				•
OPTIUM TEST STRIPS- glucose blood test strip	NC				
OPTIUMEZ TEST STRIPS- glucose blood test strip	NC				
PHARMACIST CHOICE AUTOCOD- glucose blood test strip	NC				
PHARMACIST CHOICE NO CODI- glucose blood test strip	NC				
POCKETCHEM EZ BLOOD GLUCO- glucose blood test strip	NC				
PRECISION PCX- glucose blood test strip	NC				
PRECISION PCX PLUS TEST S- glucose blood test strip	NC				
PRECISION POINT OF CARE T- glucose blood test strip	NC				
PRECISION QID TEST STRIPS- glucose blood test strip	NC				
PRECISION SOF-TACT TEST S- glucose blood test strip	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
PRECISION XTRA BLOOD GLUC- glucose blood test strip	NC				
PREMIUM BLOOD GLUCOSE TES- glucose blood test strip	NC				
PRESTIGE TEST STRIPS- glucose blood test strip	NC				
PRO VOICE V8/V9 BLOOD GLU- glucose blood test strip	NC				
PRODIGY NO CODING BLOOD G- glucose blood test strip	NC				
PTS PANELS GLUCOSE TEST- glucose blood test strip	NC				
QUICKTEK TEST STRIPS- glucose blood test strip	NC				
QUINTET AC BLOOD GLUCOSE- glucose blood test strip	NC				
QUINTET BLOOD GLUCOSE TES- glucose blood test strip	NC				
REFUAH PLUS BLOOD GLUCOSE- glucose blood test strip	NC				
RELION BLOOD GLUCOSE TEST- glucose blood test strip	NC				
RELION CONFIRM/MICRO TEST- glucose blood test strip	NC				
RELION PREMIER BLOOD GLUC- glucose blood test strip	NC				
RELION PRIME BLOOD GLUCOS- glucose blood test strip	NC				
RELION TRUE METRIX BLOOD- glucose blood test strip	NC				
RELION ULTIMA BLOOD GLUCO- glucose blood test strip	NC				
RELION ULTIMA TEST STRIPS- glucose blood test strip	NC				
REXALL BLOOD GLUCOSE TEST- glucose blood test strip	NC				
RIGHTEST GS100 BLOOD GLUC- glucose blood test strip	NC				
RIGHTEST GS300 BLOOD GLUC- glucose blood test strip	NC				
RIGHTEST GS550 BLOOD GLUC- glucose blood test strip	NC				
SMART SENSE PREMIUM BLOOD- glucose blood test strip	NC				
SMART SENSE VALUE BLOOD G- glucose blood test strip	NC				
SMARTEST BLOOD GLUCOSE TE- glucose blood test strip	NC				
SOLUS V2 AUDIBLE TEST- glucose blood test strip	NC				
SUPREME TEST STRIPS- glucose blood test strip	NC				
SURE-TEST EASYPLUS MINI B- glucose blood test strip	NC				
TGT BLOOD GLUCOSE TEST ST- glucose blood test strip	NC				
TRUE FOCUS SELF MONITORIN- glucose blood test strip	NC				
TRUE METRIX BLOOD GLUCOSE- glucose blood test strip	NC				
TRUE METRIX SELF MONITORI- glucose blood test strip	NC				
TRUETEST STRIPS- glucose blood test strip	NC				
TRUETRACK TEST- glucose blood test strip	NC				
ULTIMA TEST STRIPS- glucose blood test strip	NC				
UNISTRIP1 GENERIC- glucose blood test strip	NC				
VERASENS BLOOD GLUCOSE TE- glucose blood test strip	NC				
VIVAGUARD INO BLOOD GLUCO- glucose blood test strip	NC				
MEDICAL DEVICES					
ADULT MASK- respiratory therapy supplies - devices	BP				
AEROBIKA- respiratory therapy supplies - devices	BP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
AEROCHAMBER MINI AEROSOL- spacer/aerosol-holding chambers - device	BP				
AEROCHAMBER MV- spacer/ aerosol-holding chambers - device	BP				
AEROCHAMBER PLUS FLOW-VU- spacer/aerosol-holding chambers - device	BP				
AEROCHAMBER PLUS FLOW-VU/- spacer/aerosol-holding chambers - device	BP				
AEROCHAMBER Z-STAT PLUS V- spacer/aerosol-holding chambers - device	BP				
AEROCHAMBER Z-STAT PLUS/F- spacer/aerosol-holding chambers - device	BP				
AEROCHAMBER Z-STAT PLUS/L- spacer/aerosol-holding chambers - device	BP				
AEROCHAMBER Z-STAT PLUS/M- spacer/aerosol-holding chambers - device	BP				
AEROCHAMBER Z-STAT PLUS/S- spacer/aerosol-holding chambers - device	BP				
AEROVENT PLUS HOLDING CHA- spacer/aerosol-holding chambers - device	BP				
ALL FLOW 1000 PFT FILTER- respiratory therapy supplies - devices	BP				
ALL FLOW 2000 PFT FILTER- respiratory therapy supplies - devices	BP				
ALL FLOW 3000 PFT FILTER- respiratory therapy supplies - devices	BP				
ALL FLOW 4000 PFT FILTER- respiratory therapy supplies - devices	BP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
ALL FLOW 5000 PFT FILTER- respiratory therapy supplies - devices	BP				
ALL FLOW 6000 PFT FILTER- respiratory therapy supplies - devices	BP				
ALL FLOW 7000 PFT FILTER- respiratory therapy supplies - devices	BP				
BREATHE EASE/LARGE MASK- spacer/aerosol-holding chambers - device	BP				
BREATHE EASE/MEDIUM MASK- spacer/aerosol-holding chambers - device	BP				
BREATHE EASE/SMALL MASK- spacer/aerosol-holding chambers - device	BP				
BREATHERITE VALVED MDI CH- respiratory therapy supplies - devices	BP				
CAYA- diaphragm arc-spring	BP				
CLEVER CHOICE ANTI-STATIC- spacer/aerosol-holding chambers - device	BP				
CO MONITOR- respiratory therapy supplies - devices	BP				
COMPACT SPACE CHAMBER/ANT- spacer/aerosol-holding chambers - device	BP				
CONTOUR HIGH CONTROL- blood glucose calibration - liquid - high	NC				
CONTOUR LOW CONTROL- blood glucose calibration - liquid - low	NC				
CONTOUR NEXT CONTROL LEVE- blood glucose calibration - liquid - low	NC				
CONTOUR NEXT CONTROL LEVE- blood glucose calibration - liquid - normal	NC				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
CONTOUR NORMAL CONTROL- blood glucose calibration - liquid - normal	NC				
DEXCOM G5 MOBILE RECEIVER- continuous blood glucose system receiver	BP			•	•
DEXCOM G5 MOBILE TRANSMIT- continuous blood glucose system transmitter	BP			•	•
DEXCOM G5 MOBILE/G4 PLATI- continuous blood glucose system sensor	BP			•	•
DEXCOM G5 RECEIVER KIT- continuous blood glucose system receiver	BP			•	•
DEXCOM G6 RECEIVER- continuous blood glucose system receiver	BP			•	•
DEXCOM G6 SENSOR- continuous blood glucose system sensor	BP			•	•
DEXCOM G6 TRANSMITTER- continuous blood glucose system transmitter	BP			•	•
EASIVENT- spacer/aerosol-holding chambers - device	BP				
EASIVENT/MASK-LARGE- spacer/ aerosol-holding chambers - device	BP				
EASIVENT/MASK-MEDIUM- spacer/ aerosol-holding chambers - device	BP				
EASIVENT/MASK-SMALL- spacer/ aerosol-holding chambers - device	BP				
EQ SPACE CHAMBER ANTI-STA- spacer/aerosol-holding chambers - device	BP				
FC FEMALE CONDOM- condoms - female	BP				
FC2 FEMALE CONDOM- condoms - female	BP				
FEMCAP- cervical cap 22 mm	BP				
FEMCAP- cervical cap 26 mm	BP				
FEMCAP- cervical cap 30 mm	BP				
FLEXICHAMBER- spacer/aerosol-holding chambers - device	BP				
FLEXICHAMBER ADULT MASK/S- spacer/aerosol-holding chamber supplies - masks	BP				
FLEXICHAMBER CHILD MASK/L- spacer/aerosol-holding chamber supplies - masks	BP				
FLEXICHAMBER CHILD MASK/S- spacer/aerosol-holding chamber supplies - masks	BP				
FREESTYLE LIBRE 14 DAY/RE- continuous blood glucose system receiver	NC				
FREESTYLE LIBRE 14 DAY/SE- continuous blood glucose system sensor	NC				
FREESTYLE LIBRE 2/READER/- continuous blood glucose system receiver	NC				
FREESTYLE LIBRE 2/SENSOR/- continuous blood glucose system sensor	NC				
FREESTYLE LIBRE/READER/FL- continuous blood glucose system receiver	NC				
FREESTYLE LIBRE/SENSOR/FL- continuous blood glucose system sensor	NC				
IN-CHECK DIAL INSPIRATORY- respiratory therapy supplies - devices	BP				
IN-CHECK INSPIRATORY FLOW- respiratory therapy supplies - devices	BP				
INSPIRACHAMBER/ANTI-STATI- spacer/aerosol-holding chambers - device	BP				
INSPIRACHAMBER/LARGE- spacer/ aerosol-holding chambers - device	BP				
INSPIRACHAMBER/SOOTHERMAS- spacer/aerosol-holding chambers - device	BP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
INSPIREASE DRUG DELIVERY- spacer/aerosol-holding chambers - device	BP				
INSPIREASE RESERVOIR BAGS- spacer/aerosol-holding chamber supplies - bags	BP				
INSULIN PEN NEEDLES - VARIOUS	BP				
INSULIN SYRINGES - VARIOUS	BP				
LANCETS - VARIOUS	BP				
MASK VORTEX/CHILD/FROG- spacer/aerosol-holding chamber supplies - masks	BP				
MASK VORTEX/TODDLER/LADY- spacer/aerosol-holding chamber supplies - masks	BP				
MICROCHAMBER- spacer/aerosol-holding chambers - device	BP				
MISC NEEDLES AND SYRINGES - VARIOUS	BP				
NEBULIZER CUP/TUBING- respiratory therapy supplies - devices	BP				
OMBRA TABLE TOP COMPRESSO- respiratory therapy supplies - devices	BP				
OMNIFLEX DIAPHRAGM- diaphragms	BP				
ONE FLOW FVC MONITORING S- respiratory therapy supplies - devices	BP				
ONETOUCH VERIO CONTROL SO- blood glucose calibration - liquid - high	BP				
OPTICHAMBER- spacer/aerosol-holding chambers - device	BP				
OPTICHAMBER DIAMOND- spacer/aerosol-holding chambers - device	BP				
OPTICHAMBER DIAMOND/MEDIU- spacer/aerosol-holding chambers - device	BP				
OPTICHAMBER DIAMOND/SMALL- spacer/aerosol-holding chambers - device	BP				
PANDA MASK LARGE- spacer/aerosol-holding chamber supplies - masks	BP				
PANDA MASK MEDIUM- spacer/aerosol-holding chamber supplies - masks	BP				
PANDA MASK SMALL- spacer/aerosol-holding chamber supplies - masks	BP				
PARI MANUAL INTERRUPTER- respiratory therapy supplies - devices	BP				
PARI TREK S COMBO PACK- respiratory therapy supplies - devices	BP				
PEDIATRIC PANDA MASK- spacer/aerosol-holding chamber supplies - masks	BP				
POCKET CHAMBER- spacer/aerosol-holding chambers - device	BP				
POCKET SPACER- spacer/aerosol-holding chambers - device	BP				
PRO COMFORT INHALER SPACE- spacer/aerosol-holding chambers - device	BP				
PROCARE SPACER CHAMBER W/- spacer/aerosol-holding chambers - device	BP				
PULMONEB LT COMPRESSOR/NE- nebulizers	BP				
RITEFLO- spacer/aerosol-holding chambers - device	BP				
SPIRO PD- respiratory therapy supplies - devices	BP				
SURESTEP PRO HIGH GLUCOSE- blood glucose calibration - liquid - high	BP				
SURESTEP PRO LOW GLUCOSE- blood glucose calibration - liquid - low	BP				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
SURESTEP PRO NORMAL GLUCO- blood glucose calibration - liquid - normal	BP				
VORTEX HOLDING CHAMBER/ MA- respiratory therapy supplies - devices	BP				
VORTEX VALVED HOLDING CHA- spacer/aerosol-holding chambers - device	BP				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 60 mm	BP				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 65 mm	BP				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 70 mm	BP				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 75 mm	BP				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 80 mm	BP				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 85 mm	BP				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 90 mm	BP				
WIDE-SEAL SILICONE DIAPHR- diaphragm wide seal 95 mm	BP				
ASSORTED CLASSES					
ASTAGRAF XL- tacrolimus cap er 24hr 0.5 mg	BN				
ASTAGRAF XL- tacrolimus cap er 24hr 1 mg	BN				
ASTAGRAF XL- tacrolimus cap er 24hr 5 mg	BN				
AZASAN- azathioprine tab 75 mg	BN				
AZASAN- azathioprine tab 100 mg	BN				
azathioprine tab 50 mg (Imuran)	GN				
BENLYSTA- belimumab subcutaneous solution auto-injector 200 mg/ml	BN	•	•		•
BENLYSTA- belimumab subcutaneous solution prefilled syringe 200 mg/ml	BN	•	•		•
CELLCEPT- mycophenolate mofetil cap 250 mg	BN				
CELLCEPT- mycophenolate mofetil for oral susp 200 mg/ml	BN				
CELLCEPT- mycophenolate mofetil tab 500 mg	BN				
cyclosporine cap 25 mg (Sandimmune)	GN				
cyclosporine cap 100 mg (Sandimmune)	GN				
cyclosporine modified cap 25 mg (Neoral)	GN				
cyclosporine modified cap 50 mg	GN				
cyclosporine modified cap 100 mg (Neoral)	GN				
cyclosporine modified oral soln 100 mg/ml (Neoral)	GN				
ENSPRYNG- satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	BN	•	•		•
ENVARSUS XR- tacrolimus tab er 24hr 0.75 mg	BN				
ENVARSUS XR- tacrolimus tab er 24hr 1 mg	BN				
ENVARSUS XR- tacrolimus tab er 24hr 4 mg	BN				
everolimus tab 0.25 mg (Zortress)	GN				
everolimus tab 0.5 mg (Zortress)	GN				
everolimus tab 0.75 mg (Zortress)	GN				
IMURAN- azathioprine tab 50 mg	BN				
LOKELMA- sodium zirconium cyclosilicate for susp packet 5 gm	BP				
LOKELMA- sodium zirconium cyclosilicate for susp packet 10 gm	BP				
mycophenolate mofetil cap 250 mg (Cellcept)	GN				
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	GN				
mycophenolate mofetil tab 500 mg (Cellcept)	GN				
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic)	GN				

Drug Name	Tier	Specialty	Prior Authorization	Enhanced Prior Auth	Quantity Level Limits
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic)	GN				
MYFORTIC- mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	BN				
MYFORTIC- mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	BN				
NEORAL- cyclosporine modified cap 25 mg	BN				
NEORAL- cyclosporine modified cap 100 mg	BN				
NEORAL- cyclosporine modified oral soln 100 mg/ml	BN				
penicillamine cap 250 mg (Cuprimine)	NC				
penicillamine tab 250 mg (Depen titratabs)	GN				
PROGRAF- tacrolimus cap 0.5 mg	BN				
PROGRAF- tacrolimus cap 1 mg	BN				
PROGRAF- tacrolimus cap 5 mg	BN				
PROGRAF- tacrolimus packet for susp 0.2 mg	BN				
PROGRAF- tacrolimus packet for susp 1 mg	BN				
RAPAMUNE- sirolimus oral soln 1 mg/ml	BN				
RAPAMUNE- sirolimus tab 0.5 mg	BN				
RAPAMUNE- sirolimus tab 1 mg	BN				
RAPAMUNE- sirolimus tab 2 mg	BN				
REVLIMID- lenalidomide caps 2.5 mg	BP	•	•		•
REVLIMID- lenalidomide cap 5 mg	BP	•	•		•
REVLIMID- lenalidomide cap 10 mg	BP	•	•		•
REVLIMID- lenalidomide cap 15 mg	BP	•	•		•
REVLIMID- lenalidomide cap 20 mg	BP	•	•		•
REVLIMID- lenalidomide cap 25 mg	BP	•	•		•
SANDIMMUNE- cyclosporine cap 25 mg	BN				
SANDIMMUNE- cyclosporine cap 100 mg	BN				
SANDIMMUNE- cyclosporine oral soln 100 mg/ml	BN				
sirolimus oral soln 1 mg/ml (Rapamune)	GN				
sirolimus tab 0.5 mg (Rapamune)	GN				
sirolimus tab 1 mg (Rapamune)	GN				
sirolimus tab 2 mg (Rapamune)	GN				
sodium polystyrene sulfonate powder	GN				
SPS- sodium polystyrene sulfonate oral susp 15 gm/60ml	GN				
tacrolimus cap 0.5 mg (Prograf)	GN				
tacrolimus cap 1 mg (Prograf)	GN				
tacrolimus cap 5 mg (Prograf)	GN				
THALOMID- thalidomide cap 50 mg	BP	•	•		•
THALOMID- thalidomide cap 100 mg	BP	•	•		•
THALOMID- thalidomide cap 150 mg	BP	•	•		•
THALOMID- thalidomide cap 200 mg	BP	•	•		•
trientine hcl cap 250 mg (Syprine)	GN				
VELTASSA- patiromer sorbitex calcium for susp packet 8.4 gm (base eq)	BP	•			
VELTASSA- patiromer sorbitex calcium for susp packet 16.8 gm (base eq)	BP	•			
VELTASSA- patiromer sorbitex calcium for susp packet 25.2 gm (base eq)	BP	•			
ZORTRESS- everolimus tab 0.25 mg	BN				
ZORTRESS- everolimus tab 0.5 mg	BN				
ZORTRESS- everolimus tab 0.75 mg	BN				
ZORTRESS- everolimus tab 1 mg	BN				

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zafirlukast tab 10 mg (Accolate).... 56
zafirlukast tab 20 mg (Accolate).... 56
zaleplon cap 5 mg.... 71
zaleplon cap 10 mg.... 72
ZALVIT -prenatal vit w/ fe gluconate-fa tab 13-1 mg....102
ZARONTIN -ethosuximide cap 250 mg.... 95
ZARONTIN -ethosuximide soln 250 mg/5ml....95
ZARXIO -filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml....105
ZARXIO -filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml....105
ZCORT 7-DAY -dexamethasone tab therapy pack 1.5 mg (25).... 20
ZEJULA -niraparib tosylate cap 100 mg (base equivalent)....18
ZELAPAR -selegiline hcl orally disintegrating tab 1.25 mg....97
ZELBORAF -vemurafenib tab 240 mg.... 18
ZELNORM -tegaserod maleate tab 6 mg (base equivalent)....62
ZEMBRACE SYMTOUCH -sumatriptan succinate solution auto-injector 3 mg/0.5ml....90
ZENPEP -pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit....60
ZENPEP -pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit....60
ZENPEP -pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit.... 60
ZENPEP -pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit.... 60
ZENPEP -pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit.... 60
ZENPEP -pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit.... 60
ZENPEP -pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit.... 60
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ZENZEDI -dextroamphetamine sulfate tab 30 mg....76
ZEPATIER -elbasvir-grazoprevir tab 50-100 mg....9
ZEPOSIA 7-DAY STARTER PAC -ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg.... 80
ZEPOSIA -ozanimod hcl cap 0.92 mg.... 80
ZEPOSIA STARTER KIT -ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 30 x 0.92 mg....80
ZERVIATE -cetirizine hcl ophth soln 0.24% (base equiv)....115
ZETONNA -ciclesonide nasal aerosol soln 37 mcg/act (50 mcg/valve).... 52
zidovudine cap 100 mg (Retrovir).... 9
zidovudine syrup 10 mg/ml (Retrovir)....9
zidovudine tab 300 mg....9
ZIEXTENZO -pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml....105
zileuton tab er 12hr 600 mg.... 56
ZILXI -minocycline hcl micronized foam 1.5%.... 123
ZIOPTAN -tafluprost preservative free (pf) ophth soln 0.0015%.... 115
ziprasidone hcl cap 20 mg (Geodon).... 71
ziprasidone hcl cap 40 mg (Geodon).... 71
ziprasidone hcl cap 60 mg (Geodon).... 71
ziprasidone hcl cap 80 mg (Geodon).... 71
ZIPSOR -diclofenac potassium cap 25 mg....89
ZIRGAN -ganciclovir ophth gel 0.15%.... 115
ZITHROMAX -azithromycin powd pack for susp 1 gm..... 2
ZOLINZA -vorinostat cap 100 mg.... 18
zolmitriptan orally disintegrating tab 2.5 mg (Zomig zmt).... 90
zolmitriptan orally disintegrating tab 5 mg (Zomig zmt).... 90
zolmitriptan tab 2.5 mg (Zomig)....90
zolmitriptan tab 5 mg (Zomig)....90
ZOLMITRIPTAN -zolmitriptan nasal spray 2.5 mg/spray unit.... 90
ZOLMITRIPTAN -zolmitriptan nasal spray 5 mg/spray unit.... 90
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zolpidem tartrate sl tab 3.5 mg (Intermezzo)....72
zolpidem tartrate tab er 6.25 mg (Ambien cr)....72
zolpidem tartrate tab er 12.5 mg (Ambien cr)....72
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ZOMACTON -somatropin for inj 10 mg....37
ZOMACTON -somatropin for subcutaneous inj 5 mg..... 37
ZOMIG -zolmitriptan nasal spray 2.5 mg/spray unit....90
ZOMIG -zolmitriptan nasal spray 5 mg/spray unit.... 90
ZONALON -doxepin hcl cream 5%....123
zonisamide cap 50 mg.... 95

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ZONTIVITY -vorapaxar sulfate tab 2.08 mg (base equivalent)..... 112
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ZUBSOLV -buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)..... 86
ZUBSOLV -buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq)..... 86
ZUBSOLV -buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq)..... 86
ZUBSOLV -buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)..... 86
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ZYCLARA PUMP -imiquimod cream 2.5%..... 123
ZYCLARA PUMP -imiquimod cream 3.75%..... 123
ZYDELIG -idelalisib tab 100 mg..... 18
ZYDELIG -idelalisib tab 150 mg..... 18
ZYFLO -zileuton tab 600 mg..... 56
ZYKADIA -ceritinib tab 150 mg..... 18
ZYLET -loteprednol etabonate-tobramycin ophth susp 0.5-0.3%..... 115
ZYPITAMAG -pitavastatin magnesium tab 2 mg (base equiv)..... 49
ZYPITAMAG -pitavastatin magnesium tab 4 mg (base equiv)..... 49
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