



Effective July 1, 2024

Your Prescription Drug List Serve You Rx Biosimilar Advantage Formulary

Please read: This document contains information about the drugs covered under your pharmacy benefit plan.

If you have questions:

- Call customer service at **800-759-3203**.
- Visit **ServeYouRx.com**
 - Locate a participating retail pharmacy by ZIP code
 - Perform drug cost comparisons
 - Search the drug database for generics, brand-names, generic equivalents and other drug information
 - View quality and safety information about prescription alternatives about prescription alternatives



Your Prescription Drug List (PDL)

The Prescription Drug List, or formulary, is a listing of the most commonly prescribed medications sorted by therapeutic category. The PDL identifies the drugs available for certain conditions and organizes them into cost levels, also known as tiers. It is intended to be used as a guide to help you and your doctor choose the best course of treatment for you. Drug designation by category is for reference only and not clinical comparison. The PDL is not intended to be a substitute for the clinical knowledge and judgement of the medical practitioner in their choice of drug therapy. In all cases, the prescriber is expected to select appropriate drug therapy for the individual patient and provide high-quality healthcare.

Please note

- Where differences are noted between this PDL and your benefit plan documents, the benefit plan documents will rule.
- This document is not intended to be a complete list of medications and devices, and not all medications and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.
- You may also log on to [ServeYouRx.com](https://www.ServeYouRx.com) or call customer service at **800-759-3203** for more information.

At Serve You Rx, we are committed to helping you better understand your medication options.

Your pharmacy benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your pharmacy benefit, we've included some of the most commonly asked questions about the PDL.

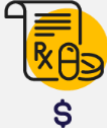

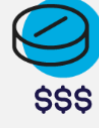
HOW DO I USE MY PRESCRIPTION DRUG LIST?

Bring this PDL with you when you see your doctor. You and your doctor should consult it when choosing a medication. It is organized by common medical conditions. Medications are then listed alphabetically and identified as generic or brand, and if special rules apply. If your medication is not listed in this document, please visit [ServeYouRx.com](https://www.ServeYouRx.com) or call customer service at **800-759-3203**.

WHAT ARE TIERS?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, which is determined by your employer or plan sponsor. Tier 1 medications are your lowest-cost options. If your medication is placed in Tier 2 or 3, look to see if there is a Tier 1 option available. Discuss these options with your doctor.

Check your benefit plan documents to find out your specific pharmacy plan costs.

\$	DRUG TIER	INCLUDES	HELPFUL TIPS
	Tier 1 Lowest Cost	Lower-cost, commonly used generic drugs	Use Tier 1 drugs for the lowest out-of-pocket costs.
	Tier 2 Mid-Range Cost	Many common brand-name drugs, called preferred brands	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
	Tier 3 Highest Cost	Mostly higher-cost brand drugs, also known as non-preferred brands	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.

Please Note

Plans may have different tiers (4, none, etc.). If your plan has a Tier 4, specialty drugs are included in this tier. If you have a high deductible plan, the tier cost levels may apply once you hit your deductible. Refer to your enrollment and plan documents or call customer service at **800-759-3203** for more information about your benefit plan.

WHEN DOES THE PRESCRIPTION DRUG LIST CHANGE?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when its generic becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

When a medication changes tiers, you may have to pay a different amount for that medication.

PROGRAMS AND LIMITS

Some medications are noted with letters or symbols next to them. The letters and symbols refer to pharmacy benefit programs and are provided to help you check which medications may have a program or limit. Your benefit plan determines how these medications may be covered for you.

PA	Prior Authorization — Your doctor is required to provide additional information to determine coverage.
ST	Step Therapy — Trial of lower cost medication(s) is required before a higher cost medication is covered, based on continually updated, evidenced-based research and widely accepted medical practices.
QL	Quantity Limits — Amount of medication covered per copayment or in a specific time period. For selected medications, may include conversion from twice-daily dosing to one-time-daily dosing.
SP	Specialty Medication — Medication is designated as a specialty pharmacy drug.
E	Excluded — May be excluded from coverage or subject to prior authorization. Lower-cost options are available and covered. Authorized Brand Alternatives (ABAs) are excluded.

WHAT IS THE DIFFERENCE BETWEEN BRAND-NAME AND GENERIC MEDICATIONS?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent of a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes the same company that makes a brand-name medication also makes the generic version.

IS IT A GENERIC OR BRAND-NAME DRUG?

The drug list shows **brand-name** drugs in **bold** type (for example, **Crestor**) and generic drugs in plain type (for example, rosuvastatin).

WHAT IF MY DOCTOR WRITES A BRAND-NAME PRESCRIPTION?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always. Visit the drug cost comparison tool in the Member Portal at [ServeYouRx.com](https://www.ServeYouRx.com) to be sure.

ARE YOU TAKING A SPECIALTY MEDICATION?

Specialty medications treat rare or complex conditions and are typically higher cost medications. Specialty drugs have the following characteristics:

- Treat complex and often costly medical conditions such as cancer, rheumatoid arthritis, multiple sclerosis, hepatitis C, and pulmonary hypertension
- Are often injected or infused (IV) medicines, but may also be taken orally
- Require close monitoring of response to drug therapy
- May require individualized dosing, medical devices to administer the medicine, and/or special handling and delivery
- Require additional education for safe and cost-effective use

Please Note

Not all specialty medications are listed in the PDL.

Serve You DirectRxSM Specialty Pharmacy stocks most specialty medications and is committed to helping patients navigate the complexity of specialty drug therapy with helpful programs, services, and enhanced patient care. Call customer service at [800-759-3203](tel:800-759-3203) and have your prescriptions delivered right to your home or office.

SHOULD I TALK TO MY DOCTOR ABOUT OTC MEDICATIONS?

An over-the-counter (OTC, no prescription required) medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered under your pharmacy benefit, they may cost less than your out-of-pocket expense for prescription medications.

HOW DO I GET UPDATED INFORMATION ABOUT MY PHARMACY BENEFIT?

Since the PDL may change during your plan year, we encourage you to visit [ServeYouRx.com](https://www.ServeYouRx.com) or call customer service at **800-759-3203** for more current information. When you register at [ServeYouRx.com](https://www.ServeYouRx.com), you can use the website's helpful tools and features to:

- Perform drug cost comparisons;
- Learn how to use mail service for home delivery of your medications;
- View your medication history;
- Locate in-plan, out-of-plan, and 24-hour pharmacies near you;
- Refill your prescriptions;
- Search the drug database for generics, brand-names, generic equivalents, and other drug information;
- View quality and safety information about prescription alternatives; and
- View any plan-specific content.

If you need more information:

Call customer service at 800-759-3203

Visit the member portal at
ServeYouRx.com to...

- Compare drug prices
- Find your lowest prescription cost
- Locate your pharmacy and get driving directions
- Keep track of your health history
- Learn more about your drugs

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Acne/Rosacea		
Absorica	E	
Absorica LD	3	PA
Accutane	1	
Amnesteem	1	
Claravis	1	
Isotretinoin	1	
Minolira	E	
Oracea	E	
Seysara	3	ST
Solodyn	E	
Zenatane	1	
Addiction/Substance Abuse		
Brixadi	3	SP
Buprenorphine SL	1	QL
Buprenorphine/Naloxone	1	QL
Kloxxado	2	
Naloxone Nasal Spray	1	
Naltrexone Tab	1	
Narcan	2	
Opvee	2	
Reset	2	PA
Reset-O	2	PA
Suboxone	E	
Sublocade	3	SP
Varenicline	1	
Vivitrol	3	SP
Zimhi	3	
Zubsolv	2	QL

Anti-Infectives: Antibiotics

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Amoxicillin	1	
Amoxicillin/Clavulanate	1	
Avidoxy	1	
Azithromycin	1	
Bethkis	E	SP
Cayston	E	SP
Cefadroxil	1	
Cefdinir	1	
Cefuroxime	1	
Cephalexin	1	
Ciprofloxacin/Dexamethasone Otic	1	
Ciprofloxacin Tab	1	
Clarithromycin Tab	1	
Cleocin Vaginal Cream, Suppository	E	
Clindamycin Cap	1	
Dificid	3	
Doryx MPC	E	
Doxycycline Hyclate	1	
Doxycycline Hyclate DR Tab 80mg	E	
Doxycycline Monohydrate	1	
Kitabis	E	SP
Levofloxacin Tab	1	
Metronidazole Tab	1	
Minocycline Cap	1	
Mondoxyn NL	1	
Neomycin/Polymyxin/HC Otic	1	
Nitrofurantoin Macrocrystals	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Nitrofurantoin Monohydrate Macrocrystals	1	
Nitrofurantoin Suspension 50mg/mL	E	
Nuversa	E	
Nuzyra	3	PA
Ofloxacin Otic	1	
Penicillin VK	1	
Sulfamethoxazole-Trimethoprim	1	
Sulfatrim Pediatric	1	
Targadox	E	
TOBI Nebulizer	E	SP
TOBI Podhaler	3	QL, SP
Tobramycin Nebulization Solution 300mg/5mL (Kitabis ABA)	E	SP
Anti-Infectives: Antifungals		
Brexafemme	E	
Ciclodan	1	
Clotrimazole Cream	1	
Cresemba	3	
Fluconazole	1	
Jublia	E	
Nyamyc	1	
Nystatin Mouth/Throat	1	
Nystop	1	
Terbinafine Tab	1	QL
Tolsura	E	
Vivjoa	E	
Anti-Infectives: Antivirals		
Acyclovir Cap, Tab	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Baraclude Tab	E	
Epclusa	2	PA, QL, SP
Harvoni	2	PA, QL, SP
Lagevrio	3	QL
Ledipasvir/Sofosbuvir (Harvoni ABA)	E	SP
Mavyret	2	PA, QL, SP
Oseltamivir Phosphate Cap	1	
Paxlovid	3	QL
Sofosbuvir/Velpatasvir (Epclusa ABA)	E	SP
Tamiflu	E	
Valacyclovir	1	QL
Valtrex	E	
Vemlidy	E	
Vosevi	2	PA, QL, SP
Xofluza	3	QL
Blood Disorders		
Advate	2	SP
Adynovate	3	SP
Afstyla	3	SP
Alprolix	3	SP
Altuviiiio	3	SP
Aranesp	2	PA, SP
Doptelet	3	PA, SP
Eloctate	3	SP
Empaveli	3	PA, SP
Epogen	E	SP
Esperoct	3	SP
Fulphila	E	SP
Fynetra	E	SP

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Granix	E	SP
Idelvion	3	SP
Javygtor	E	SP
Jivi	3	SP
Koate	2	SP
Kogenate FS	2	SP
Kovaltry	2	SP
Mulpleta	2	PA, SP
Neulasta	3	PA, SP
Neulasta Onpro	3	PA, SP
Neupogen	E	SP
Nivestym	2	PA, SP
Novoeight	2	SP
Nuwiq	2	SP
Nyvepria	E	SP
Palyenziq	E	SP
Procrit	2	PA, SP
Promacta	3	PA, SP
Rebinyn	3	SP
Recombinate	2	SP
Releuko	E	SP
Retacrit	2	PA, SP
Rolvedon	E	SP
Sevenfact	E	SP
Soliris	3	PA, SP
Stimufend	E	SP
Tavalisse	3	PA, SP
Tranexamic Acid Tab	1	
Udenyca	3	PA, SP
Udenyca On-Body	3	PA, QL, SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Ultomiris	3	PA, SP
Wilate	2	SP
Xyntha	2	SP
Xyntha Solofuse	2	SP
Zarxio	2	PA, SP
Ziextenzo	E	SP
Cancer		
Abiraterone	1	PA, SP
Afinitor	E	SP
Afinitor Disperz	E	SP
Alecensa	2	PA, SP
Alunbrig	2	PA, QL, SP
AlymSYS	3	PA, SP
Anastrozole Tab	1	
Arimidex	E	
Avastin	E	SP
Belrapzo	E	SP
Bendamustine (Apotex, Baxter manufacturer)	E	SP
Cabometyx	2	PA, SP
Calquence	3	PA, SP
Capecitabine	1	SP
Cosela	E	SP
Cotellic	3	PA, SP
Darzalex Faspro	E	SP
Erivedge	3	PA, SP
Erleada	3	PA, SP
Exkivity	3	PA, SP
Fotivda	E	SP
Gavreto	3	PA, SP

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Gleevec	E	SP
Herceptin	E	SP
Herzuma	3	PA, SP
Ibrance	3	PA, SP
Iclusig	3	PA, QL, SP
Idhifa	3	PA, QL, SP
Imatinib Mesylate	1	PA, SP
Imbruvica Cap, Suspension	3	PA, SP
Imbruvica Tab 140mg, 280mg	E	SP
Inqovi	E	SP
Kanjinti	3	PA, SP
Kisqali	3	PA, SP
Kisqali Femara	3	PA, SP
Koselugo	3	PA, SP
Lenalidomide	1	PA, SP
Letrozole	1	
Lumakras	3	PA, SP
Lynparza	2	PA, SP
Mekinist	3	PA, SP
Mvasi	3	PA, SP
Nubeqa	3	PA, SP
Odomzo	3	PA, SP
Ogivri	2	PA, SP
Ontruzant	3	PA, SP
Orgovyx	3	PA, SP
Panretin	3	
Pemazyre	E	SP
Phesgo	2	PA, SP
Piqray	3	PA, SP
Pomalyst	3	PA, SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Retevmo	3	PA, SP
Revlimid	2	PA, SP
Rezlidhia	E	SP
Riabni	2	PA, SP
Rituxan	E	SP
Rozlytrek	3	PA, SP
Rubraca	E	SP
Ruxience	2	PA, SP
Rydapt	3	PA, SP
Scemblix	3	PA, QL, SP
Rylaze	E	SP
Sprycel	2	PA, SP
Stivarga	2	PA, SP
Sutent	E	SP
Tabrecta	3	PA, SP
Tafinlar	3	PA, SP
Tagrisso	3	PA, SP
Talzenna	E	SP
Tamoxifen Tab	1	
Targretin Cap	E	SP
Tasigna	3	PA, SP
Tazverik	E	SP
Temozolomide	1	PA, SP
Tepmetko	E	SP
Trazimera	3	PA, SP
Treanda	E	SP
Truxima	3	PA, SP
Vegzelma	2	PA, SP
Verzenio	3	PA, SP
Vitrakvi	3	PA, SP

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Vivimusta	E	SP
Xalkori	E	SP
Xtandi	3	PA, SP
Yonsa	E	SP
Zejula	2	PA, SP
Zelboraf	3	PA, SP
Zirabev	2	PA, SP
Zytiga	E	SP

Cardiovascular/Heart Disease: Anticoagulants

Brilinta	2	
Clopidogrel	1	
Eliquis	2	QL
Enoxaparin	1	
Jantoven	1	
Plavix	E	
Pradaxa Cap	2	QL
Prasugrel	1	
Warfarin	1	
Xarelto	2	QL
Yosprala	E	

Cardiovascular/Heart Disease: High Blood Pressure

Altace	E	
Amlodipine	1	
Amlodipine/Benazepril	1	
Amlodipine/Olmesartan	1	
Amlodipine/Valsartan	1	
Atacand	E	
Atenolol	1	
Atenolol/Chlorthalidone	1	
Avapro	E	
Azor	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Benazepril	1	
Benicar	E	
Benicar HCT	E	
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
Bystolic	E	
Candesartan	1	
Cardizem LA 180mg, 240mg, 300mg, 360mg, 420mg	E	
Cartia XT	1	
Carvedilol	1	
Catapres-TTS	E	
Chlorthalidone	1	
Clonidine Tab	1	
Conjupri	E	
Coreg	E	
Coreg CR	E	
Cozaar	E	
Diltiazem ER	1	
Diovan	E	
Diovan HCT	E	
Doxazosin	1	
Edarbi	3	ST
Edarbyclor	3	ST
Enalapril	1	
Exforge	E	
Exforge HCT	E	
Furoscix	E	
Furosemide	1	
Guanfacine	1	
Hydralazine	1	
Hydrochlorothiazide	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Hyzaar	E	
Inderal LA	E	
Inderal XL	E	
Innopran XL	E	
Irbesartan	1	
Irbesartan/HCTZ	1	
Kaspargo Sprinkle	E	
Katerzia	E	
Labetalol	1	
Lasix	E	
Levamlodipine (Conjupri ABA)	E	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	
Losartan/HCTZ	1	
Lotrel	E	
Metoprolol Succinate ER	1	
Metoprolol Tartrate	1	
Micardis	E	
Micardis HCT	E	
Minoxidil	1	
Nadolol	1	
Nebivolol	1	
Nifedipine ER	1	
Nifedipine ER Osmotic	1	
Norliqva	3	PA, QL
Norvasc	E	
Olmesartan	1	
Olmesartan/HCTZ	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Prazosin	1	
Propranolol	1	
Propranolol ER	1	
Ramipril	1	
Spiroonolactone	1	
Tekturna	2	ST
Telmisartan	1	
Tenormin	E	
Toprol XL	E	
Torsemide	1	
Triamterene/HCTZ	1	
Tribenzor	E	
Valsartan Solution	E	
Valsartan Tab	1	
Valsartan/HCTZ	1	
Verapamil ER	1	
Zestril	E	
Cardiovascular/Heart Disease: High Cholesterol		
Atorvaliq	E	
Atorvastatin	1	
Colestid	E	
Colestid Flavored	E	
Crestor	E	
Ezetimibe	1	
Ezetimibe/Rosuvastatin (Roszet ABA)	E	
Fenofibrate	1	
Fenofibrate Micronized	1	
Gemfibrozil	1	
Icosapent Ethyl	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Leqvio	E	
Lescol XL	E	
Lipitor	E	
Livalo	E	
Lovastatin	1	
Lovaza	E	
Nexletol	2	PA, QL
Nexlizet	2	PA, QL
Omega-3 Acid	1	
Praluent	E	
Pravastatin	1	
Questran	E	
Questran Light	E	
Repatha	2	PA, QL
Rosuvastatin	1	
Roszet	E	
Simvastatin	1	
Tricor	E	
Vascepa	2	
Vytorin	E	
Welchol	E	
Zetia	E	
Zocor	E	
Zypitamag	E	
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Aspruzo Sprinkle	E	
Camzyos	E	SP
Corlanor	3	PA, QL
Digoxin	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Entresto	2	QL
Flecainide	1	
Inpefa	E	
Isosorbide Mononitrate ER	1	
Multaq	3	
Nitroglycerin SL	1	
Nitrostat	E	
Ranolazine ER	1	
Soanz	E	
Tikosyn	E	
Verquvo	3	PA, QL
Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension (PAH)		
Adcirca	E	SP
Adempas	2	PA, QL, SP
Letairis	E	SP
Liqrev	E	SP
Opsumit	2	PA, QL, SP
Orenitram	3	PA, QL, SP
Remodulin	E	SP
Revatio	E	SP
Sildenafil Tab 20mg	1	PA, QL
Tadliq	E	SP
Tracleer 62.5mg, 125mg	E	SP
Treprostinil	1	PA, QL, SP
Tyvaso	3	PA, QL, SP
Tyvaso DPI	3	PA, QL, SP
Central Nervous System: Alzheimer's/Dementia		
Adlarity	E	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Aduhelm	E	SP
Donepezil	1	
Leqembi	E	SP
Memantine	1	
Namzaric	2	QL
Central Nervous System: Antipsychotics		
Abilify	E	
Abilify Asimtufii	3	
Abilify Maintena	3	
Aripiprazole	1	QL
Aristada	3	
Aristada Initio	3	
Invega Hafyera	3	ST
Invega Sustenna	3	
Invega Trinza	3	
Latuda	E	
Lurasidone	1	QL
Lybalvi	E	
Olanzapine	1	
Perseris	3	
Quetiapine	1	
Quetiapine ER	1	QL
Rexulti	3	QL
Risperdal	E	
Risperidone	1	
Rykindo	3	QL
Saphris	E	
Secuado	E	
Seroquel	E	
Seroquel XR	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Uzedy	3	QL
Vraylar	3	QL
Ziprasidone	1	
Zyprexa	E	
Central Nervous System: Attention Deficit Disorder		
Adzenys XR-ODT	E	
Amphetamine/ Dextroamphetamine	1	
Amphetamine/ Dextroamphetamine ER	1	
Amphetamine/ Dextroamphetamine 3-Bead ER	1	
Atomoxetine	1	
Azstarys	2	ST
Cotempla XR-ODT	E	
Daytrana	E	
Dexmethylphenidate	1	
Dexmethylphenidate ER	1	
Dextroamphetamine	1	
Dyanavel XR	E	
Evekeo	E	
Focalin	E	
Focalin XR	E	
Guanfacine ER	1	
Intuniv	E	
Jornay PM	3	ST
Lisdexamfetamine	1	
Methylphenidate CD	1	
Methylphenidate ER	1	
Methylphenidate LA	1	

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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Methylphenidate OSM	1	
Methylphenidate Tab	1	
Methylphenidate XR	1	
Mydayis	E	
Qelbree	E	
Quillichew ER	E	
Relexxi	3	ST
Quillivant XR	E	
Ritalin	E	
Ritalin LA	E	
Strattera	E	
Vyvanse	3	
Xelstrym	E	
Zenzedi	E	
Central Nervous System: Depression		
Amitriptyline	1	
Auvelity	E	
Bupropion	1	
Bupropion SR	1	QL
Bupropion XL	1	QL
Bupropion XL 450mg (Forfivo XL ABA)	E	
Celexa	E	
Citalopram Cap	E	
Citalopram Tab	1	
Cymbalta	E	
Desvenlafaxine ER	1	QL
Doxepin	1	
Duloxetine	1	QL
Effexor XR	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Escitalopram Tab	1	
Fluoxetine	1	
Fluvoxamine	1	
Forfivo XL	E	
Lexapro	E	
Mirtazapine	1	
Nortriptyline	1	
Paroxetine Tab	1	
Paxil CR	E	
Paxil Tab	E	
Pristiq	E	
Prozac	E	
Sertraline Cap	E	
Sertraline Tab	1	
Spravato	3	PA, SP
Trazodone	1	
Trintellix	3	QL, ST
Venlafaxine	1	
Venlafaxine Besylate ER	E	
Venlafaxine ER	1	
Vilazodone	1	QL
Wellbutrin SR	E	
Wellbutrin XL	E	
Zoloft	E	
Central Nervous System: Migraine		
Aimovig	2	PA, QL
Ajovy	2	PA, QL
Bac	1	
Butalbital/Acetaminophen/ Caffeine	1	

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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Eletriptan	1	QL
Emgality 100mg/mL	2	PA, QL
Emgality 120mg/mL	E	
Imitrex	E	
Imitrex Statdose	E	
Maxalt	E	
Maxalt-MLT	E	
Naratriptan	1	QL
Nurtec	2	PA, QL
Onzetra Xsail	E	
Qulipta	2	PA, QL
Relpax	E	
Reyvow	E	
Rizatriptan	1	QL
Sumatriptan Tab	1	QL
Tosymra	E	
Treximet	E	
Trudhesa	E	
Ubrelvy	2	PA, QL
Zavzpret	3	PA, QL
Zembrace Symtouch	E	
Central Nervous System: Multiple Sclerosis		
Ampyra	E	SP
Aubagio	E	SP
Avonex	2	PA, QL, SP
Bafiertam	2	PA, QL, SP
Betaseron	2	PA, QL, SP
Copaxone 20mg/mL	E	SP
Copaxone 40mg/mL	2	PA, QL, SP
Dalfampridine ER	1	PA, QL, SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Dimethyl Fumarate	1	PA, QL, SP
Extavia	E	SP
Fingolimod	1	QL, PA, SP
Gilenya 0.5mg Cap	E	SP
Glatiramer Acetate	1	PA, QL, SP
Glatopa	1	PA, QL, SP
Kesimpta	2	PA, QL, SP
Mavenclad	3	PA, SP
Mayzent	3	PA, QL, SP
Plegridy	E	SP
Ponvory	E	SP
Rebif	E	SP
Tascenso ODT	E	SP
Tecfidera	E	SP
Vumerity	2	PA, QL, SP
Zeposia	3	PA, QL, SP
Central Nervous System: Other		
Alprazolam Tab	1	QL
Armodafinil	1	
Ativan Tab	E	
Austedo	3	PA, QL, SP
Austedo XR	3	PA, QL, SP
Buspirone	1	
Daybue	E	SP
Diazepam Tab	1	
Exservan	E	
Gralise	3	QL, ST
Horizant	3	PA, QL
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	

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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Lithium	1	
Lithium ER	1	
Lorazepam Tab	1	
Loreev XR	E	
Lumryz	E	SP
Modafinil	1	
Nuvigil	E	
Provigil	E	
Radicava ORS	2	PA, QL, SP
Sodium Oxybate [Xyrem ABA (Amneal manufacturer)]	E	SP
Sodium Oxybate (Hikma manufacture)	3	PA, QL, SP
Sunosi	2	PA, QL
Tegsedi	3	PA, SP
Teglutik	2	PA, QL
Valium	E	
Wakix	3	PA, QL, SP
Xanax	E	
Xanax ER	E	
Xyrem	E	SP
Xywav	3	PA, QL, SP
Central Nervous System: Parkinson's Disease		
Benzotropine	1	
Carbidopa-Levodopa	1	
Dhivy	E	
Gocovri	E	
Inbrija	3	PA, SP
Neupro	3	
Nourianz	3	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Ongentys	3	QL, ST
Osmolex ER	E	
Pramipexole	1	
Ropinirole	1	
Rytary	3	ST
Central Nervous System: Sedatives/Hypnotics		
Ambien	E	
Ambien CR	E	
Belsomra	3	QL, ST
Dayvigo	3	QL, ST
Eszopiclone	1	QL
Lunesta	E	
Quviviq	E	
Restoril	E	
Temazepam	1	
Triazolam	1	QL
Zolpidem Tab	1	QL
Zolpidem Cap	E	
Zolpidem ER	1	QL
Central Nervous System: Seizure Disorders		
Aptiom	3	
Briviact	3	ST
Carbatrol	E	
Clonazepam	1	QL
Depakote	E	
Depakote ER	E	
Depakote Sprinkles	E	
Dilantin Cap 100mg	E	
Dilantin Infatabs	E	

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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Dilantin Suspension	E	
Divalproex DR	1	
Divalproex ER	1	
Elepsia XR	E	
Epidiolex	3	PA, SP
Eprontia	E	
Fycompa	3	
Gabapentin	1	
Kepra	E	
Kepra XR	E	
Klonopin	E	
Lacosamide	1	
Lamictal	E	
Lamictal ODT	E	
Lamictal Starter Kit	E	
Lamictal XR	E	
Lamotrigine	1	
Lamotrigine ER	1	
Levetiracetam	1	
Lyrica	E	
Lyrica CR	E	
Nayzilam	3	QL
Neurontin	E	
Onfi	E	
Oxcarbazepine	1	
Oxtellar XR	E	
Pregabalin	1	QL
Primidone	1	
Qudexy XR	E	
Roweepra	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Sabril	E	SP
Subvenite	1	
Sympazan	3	PA
Tegretol	E	
Tegretol-XR	E	
Topamax	E	
Topamax Sprinkle	E	
Topiramate	1	
Trileptal	E	
Trokendi XR	E	
Valtoco	3	QL
Vimpat	E	
Xcopri	3	ST
Zonegran	E	
Zonisade	E	
Zonisamide	1	
Dermatology		
Acanya	E	
Aczone	E	
Acyclovir Ointment	1	
Adapalene/Benzoyl Peroxide Gel	1	
Aklief	3	PA
Ala-Cort Cream	1	
Ala Scalp	E	
Amzeeq	3	
Apexicon E	E	
Arazlo	E	
Azelaic Acid Gel	1	
Benzamycin	E	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Betamethasone Cream, Ointment	1	
Capex	E	
Ciclopirox Solution	1	
Clindacin ETZ Swab	1	
Clindacin-P	1	
Clindagel	E	
Clindamycin Gel, Lotion, Solution, Swab	1	
Clindamycin/Benzoyl Peroxide Gel	1	
Clobetasol Cream, Ointment, Solution	1	
Clobex	E	
Cloderm	E	
Clotrimazole/ Betamethasone Cream	1	
Cordran Tape	E	
Differin Cream, Gel, Lotion	E	
Duobrii	E	
Elidel	E	
Enstilar	3	QL
Epiduo	E	
Epiduo Forte	3	
Epsolay	E	
Eucrisa	2	QL, ST
Fabior	E	
Finacea Foam	3	ST
Fluocinonide Cream, Solution	1	
Halog Cream, Ointment	E	
Hydrocortisone Cream, Ointment	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Hyftor	E	
Imiquimod Cream	1	
Impoysz	E	
Kenalog Spray	E	
Ketoconazole Cream, Shampoo	1	
Klayesta	1	
Klisyri	3	ST
Lexette	E	
Lidocaine Ointment	1	
Lidocaine/Prilocaine Cream	1	
Metrogel	E	
Metronidazole Cream, Gel	1	
Mirvaso	2	
Mometasone Cream, Ointment	1	
Mupirocin Ointment	1	
Natroba	E	
Noritate	E	
Nystatin Cream, Ointment	1	
Onexton	3	ST
Opzelura	E	
Pandel	E	
Retin-A	E	
Retin-A Micro 0.06%, 0.08%	3	PA
Retin-A-Micro 0.04%, 0.1%	E	
Rhofade	E	
Santyl	3	
Silvadene	E	
Soolantra	3	
Sorilux	E	

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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Taclonex	3	QL
Tacrolimus Ointment	1	
Tazarotene Foam	E	
Tazorac	E	
Topicort Spray	E	
Tretinoin Cream	1	PA
Triamcinolone Cream, Ointment	1	
Triamcinolone in Absorbase	1	
Triderm	1	
Twynéo	3	PA
Ultravate	E	
Vectical	E	
Veltin	E	
Verdeso	E	
Vtama	3	PA
Vyjuvek	3	PA, SP
Winlevi	E	
Wynzora	3	PA, QL
Xaciato	3	
Xepi	3	
Ximino	3	
Ziana	E	
Zilxi	3	ST
Zoryve	E	
Zovirax	E	
Zyclara	E	
Zyclara Pump	E	
Diabetes/Endocrine Blood: Glucose Monitoring		

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Accu-Chek FastClix Lancet Kit	2	
Accu-Chek SoftClix Lancet Device Kit	2	
BD Ultra-Fine Insulin Syringes	2	
BD Ultra-Fine Pen Needles	2	
CeQur Simplicity 2U	2	
CeQur Simplicity Inserter	2	
Contour Next EZ Kit w/ Device	2	
Contour Next Gen Monitor	2	
Contour Next Monitor Kit w/Device	2	
Contour Next One Kit	2	
Contour Next Gen Test Strips	2	
Contour Test Strips	2	
Dexcom G6 Receiver, Sensor, Transmitter	2	
Dexcom G7 Receiver, Sensor	2	
Enlite Glucose Sensor	3	
Eversense E3 Sensor/ Holder/Smart Transmitter	E	
Eversense Sensor/Holder	E	
Eversense Smart Transmitter	E	
FreeStyle Libre 2 Reader, Sensor	E	
FreeStyle Libre 3 Reader, Sensor	E	
FreeStyle Libre 14 Day Reader, Sensor	E	
FreeStyle Libre Reader	E	
Guardian 4 Glucose Sensor, Transmitter	3	

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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Guardian Connect Transmitter	3	
Guardian Link 3 Transmitter	3	
Guardian Sensor 3	3	
Novofine Autocover Pen Needles	2	
Novofine Pen Needles	2	
Novofine Plus Pen Needles	2	
Omnipod 5 G6 Intro (Gen 5)	2	PA, QL
Omnipod 5 G6 Pod (Gen 5)	2	PA, QL
Omnipod Classic Pods (Gen 3)	2	PA, QL
Omnipod Dash Intro (Gen 4)	2	PA, QL
Omnipod Dash Pods (Gen 4)	2	PA, QL
OneTouch Ultra 2 Kit w/ Device	E	
OneTouch Ultra TestStrips	E	
OneTouch Verio Flex System Kit	E	
OneTouch Verio Reflect Kit w/ Device	E	
OneTouch Verio Test Strips	E	
Tempo Refill	E	
Tempo Smart Button	E	
Tempo Welcome	E	
V-Go 20	2	PA, QL
V-Go 30	2	PA, QL
V-Go 40	2	PA, QL
Diabetes/Endocrine: Insulin		
Admelog	1	
Admelog SoloStar	1	
Apidra	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Apidra SoloStar	1	
Basaglar KwikPen	1	
Basaglar Tempo Pen	E	
Fiasp	1	
Fiasp FlexTouch	1	
Fiasp Penfill	1	
Humalog Mix 50/50 Vials and KwikPen	1	
Humalog Mix 75/25 Vials and KwikPen	1	
Humalog Tempo Pen	E	
Humalog U-100 Junior KwikPen	1	
Humalog Vials and KwikPen	1	
Humulin 70/30 Vials and KwikPen	1	
Humulin N Vials and KwikPen	1	
Humulin R U-500 Vials and KwikPen	1	
Humulin R Vials	1	
Insulin Aspart (Novolog ABA)	E	
Insulin Aspart FlexPen (Novolog FlexPen ABA)	E	
Insulin Aspart Mix 70/30 (Novolog Mix 70/30 ABA)	E	
Insulin Aspart Mix 70/30 FlexPen (Novolog Mix 70/30 FlexPen ABA)	E	
Insulin Aspart Penfill (Novolog Penfill ABA)	E	
Insulin Degludec (Tresiba ABA)	E	
Insulin Degludec FlexTouch (Tresiba FlexTouch ABA)	E	

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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Insulin Glargine 100 unit/mL (Lantus ABA)	E	
Insulin Glargine SoloStar 100 unit/mL (Lantus SoloStar ABA)	E	
Insulin Glargine 300 unit/mL (Toujeo Solostar ABA)	E	
Insulin Glargine-yfgn	E	
Insulin Lispro	1	
Insulin Lispro Junior KwikPen	1	
Insulin Lispro KwikPen	1	
Insulin Lispro Mix 75/25 KwikPen	1	
Lantus SoloStar	1	
Lantus U-100 Vials	1	
Levemir U-100 Vials and FlexPen	E	
Lyumjev Tempo Pen	E	
Lyumjev Vials and KwikPen	1	
Novolin 70/30 Relion Vials and FlexPen	E	
Novolin 70/30 Vials and FlexPen	1	
Novolin R Relion Vials and FlexPen	E	
Novolin R Vials and FlexPen	1	
Novolin N Relion Vials and FlexPen	E	
Novolin N Vials and FlexPen	1	
Novolog FlexPen	1	
Novolog Mix 70/30 Vials and FlexPen	1	
Novolog Penfill	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Novolog Relion Mix 70/30 Vials and FlexPen	E	
Novolog Relion Vials and FlexPen	E	
Novolog U-100 Vials	1	
Rezvoglar KwikPen	1	
Semglee (yfgn)	E	
Soliqua	2	QL, ST
Toujeo Max SoloStar	1	
Toujeo SoloStar	1	
Tresiba	E	
Tresiba FlexTouch	E	
Diabetes/Endocrine: Non-Insulin		
Alogliptin	E	
Alogliptin/Metformin	E	
Alogliptin/Pioglitazone	E	
Baqsimi	2	
Brenzavvy	E	
Bydureon BCise	2	PA, QL
Byetta	2	PA, QL
Dapagliflozin (Farxiga ABA)	E	
Dapagliflozin/Metformin ER (Xigduo XR ABA)	E	
Farxiga	2	
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glipizide XL	1	
GlucaGen HypoKit	E	
Glucagon Emergency Kit (Fresenius manufacturer)	2	

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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Glumetza	E	
Glyburide	1	
Glyxambi	2	
Gvoke HypoPen	E	
Gvoke Kit	E	
Gvoke PFS	E	
Invokamet	E	
Invokamet XR	E	
Invokana	E	
Janumet	2	ST
Janumet XR	2	ST
Januvia	2	ST
Jardiance	2	
Jentadueto	2	ST
Jentadueto XR	2	ST
Kombiglyze XR	E	
Metformin 500mg, 850mg, 1000mg	1	
Metformin 625mg	E	
Metformin ER	1	
Metformin ER Modified Release (generic Glumetza)	E	
Metformin ER Osmotic (generic Fortamet)	E	
Mounjaro	2	PA, QL
Onglyza	E	
Ozempic	2	PA, QL
Pioglitazone	1	
Qtern	E	
Rybelsus	2	PA, QL
Segluromet	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Steglatro	E	
Steglujan	E	
SymlinPen	3	
Synjardy	2	
Synjardy XR	2	
Tradjenta	2	ST
Trijardy XR	2	
Trulicity	2	PA, QL
Tzield	E	
Victoza	2	PA, QL
Xigduo XR	2	
Zegalogue	2	
Endocrine: Growth Hormone		
Genotropin	E	SP
Humatrope	E	SP
Ngenla	3	PA, SP
Norditropin FlexPro	2	PA, SP
Nutropin AQ NuSpin	2	PA, SP
Omnitrope	2	PA, SP
Saizen	E	SP
Skytrofa	3	PA, SP
Sogroya	E	SP
Zomacton	E	SP
Endocrine: Other		
Acthar	2	PA, SP
Alkindi Sprinkle	E	
Cabergoline	1	
Calcitriol Cap	1	
Cortef	E	
Cortisone Tab	E	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Cortrophin	2	PA, SP
Dexamethasone Tab	1	
Fludrocortisone Acetate Tab	1	
Hemady	E	
Hydrocortisone Tab	1	
Isturisa	E	SP
Kenalog-40	E	
Lanreotide	E	SP
Lupron Depot 7.5mg, 22.5mg, 30mg, 45mg	2	PA, SP
Lupron Depot-Ped	3	PA, SP
Methylprednisolone Tab	1	
Mycapssa	E	SP
Osphena	3	
Prednisone	1	
Prednisolone	1	
Prednisolone Sodium Phosphate Solution	1	
Rayos	E	
Recorlev	E	SP
Signifor	E	SP
Somatuline Depot	3	PA, SP
Supprelin LA	2	PA, QL, SP
Tarpeyo	E	SP
Triptodur	3	PA, QL, SP
Endocrine: Thyroid Hormone Replacement		
Adthyza	3	
Armour Thyroid	3	ST
Cytomel	E	
Ermeza	E	
Euthyrox	1	

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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Levo-T	1	
Levothyroxine Cap (Tirosint ABA)	E	
Levothyroxine Tab	1	
Levoxyl	1	
Liothyronine	1	
Methimazole	1	
Niva Thyroid	3	ST
NP Thyroid	1	
Synthroid	E	
Thyquidity	E	
Tirosint	E	
Tirosint-Sol	E	
Unithroid	1	
Eye Conditions: Antibiotics		
Azasite	3	
Besivance	3	
Ciprofloxacin Ophthalmic	1	
Erythromycin Ophthalmic	1	
Moxifloxacin Ophthalmic	1	
Ofloxacin Ophthalmic	1	
Polymyxin B/Trimethoprim Ophthalmic	1	
Tobradex ST	3	
Tobramycin Ophthalmic	1	
Tobramycin/Dexamethasone Ophthalmic	1	
Vigamox	E	
Zylet	3	
Eye Conditions: Glaucoma		
Alphagan P	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Azopt	E	
Betimol	3	
Brimonidine Ophthalmic	1	
Brimonidine/Timolol Ophthalmic	1	
Combigan	E	
Cosopt	E	
Cosopt PF	E	
Dorzolamide/Timolol Ophthalmic	1	
Dorzolamide/Timolol Ophthalmic PF	1	
Iyuzeh	E	
Latanoprost Ophthalmic	1	QL
Lumigan	2	QL
Rhopressa	3	
Rocklatan	3	QL
Simbrinza	2	
Timolol Maleate Ophthalmic (Once-Daily)	1	
Timolol Maleate Ocular	1	
Timolol Maleate Ophthalmic	1	
Timolol Maleate Ophthalmic PF	1	
Timoptic Ocudose	E	
Travatan Z	E	
Vyzulta	E	
Xalatan	E	
Zioptan	E	
Eye Conditions: Other		
Beovu	E	SP
Bepreve	E	
Bromsite	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Byooviz	E	SP
Cequa	E	
Cimerli	2	PA, SP
Cyclosporine Ophthalmic	1	PA
Eysuvis	3	PA, QL
Flarex	3	
Ilevro	E	
Inveltys	3	
Izervay	3	PA, SP
Ketorolac Ophthalmic	1	
Latisse	E	
Lotemax Suspension	E	
Lotemax SM	3	
Lucentis	E	SP
Miebo	2	PA, QL
Neomycin/Polymyxin/Dexamethasone Ophthalmic Ointment, Suspension	1	
Nevanac	E	
Olopatadine Ophthalmic	1	
Pred Forte	E	
Pred Mild	3	
Prednisolone Ophthalmic	1	
Prolensa	E	
Restasis	2	PA
Restasis Multidose	2	PA
Tyrvaya	3	PA, QL
Verkazia	E	
Vuity	E	
Xdemvy	E	
Xiidra	2	PA

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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Zerviate	E	
Gastrointestinal: Acid Suppression		
Aciphex	E	
Carafate Tab	E	
Dexlansoprazole	1	QL
Dexilant	E	
Duexis	E	
Esomeprazole Magnesium (Rx only)	1	QL
Famotidine (Rx only)	1	
Ibuprofen/Famotidine	E	
Konvomep	E	
Lansoprazole (Rx only)	1	QL
Misoprostol	1	
Nexium Cap	E	
Omeprazole (Rx only)	1	QL
Omeprazole/Sodium Bicarbonate	E	
Pantoprazole	1	QL
Prevacid	E	
Prevacid SoluTab	E	
Protonix Tab	E	
Rabeprazole	1	QL
Rabeprazole Sprinkle (Aciphex Sprinkle ABA)	E	
Sucralfate Tab	1	
Vimovo	E	
Zegerid	E	
Gastrointestinal: Inflammatory Bowel Disease		
Apriso	2	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Budesonide Cap, Tab	1	
Canasa	E	
Cortifoam	3	
Delzicol	E	
Dipentum	E	
Hydrocortisone (Perianal)	1	
Lialda	E	
Mesalamine DR	1	
Mesalamine ER 0.375gm	1	
Pentasa	E	
Proctofoam-HC	2	
Procto-Med HC	1	
Proctosol HC	1	
Proctozone-HC	1	
Sulfasalazine	1	
Uceris Rectal	3	
Uceris Tab	E	
Gastrointestinal: Nausea/Vomiting		
Gimoti	E	
Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	
Ondansetron Tab	1	
Prochlorperazine	1	
Sancuso	E	
Scopolamine	1	
Varubi	3	QL
Gastrointestinal: Other		
Clenpiq	3	
Constulose	1	

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Creon	2	
Dicyclomine	1	
Diphenoxylate/Atropine	1	
Gavilyte-C	1	
Gavilyte-G	1	
Glycopyrrolate Tab 1mg, 2mg	1	
Golytely	E	
Hyoscyamine Sulfate SL	1	
Hyoscyamine Sulfate Tab	1	
Ibsrela	E	
Lactulose	1	
Linzess	2	QL, ST
Motegrity	3	QL, ST
Motofen	E	
Movantik	E	
Moviprep	E	
Na Sulfate-K Sulfate-Mg Sulfate	1	
Omeclamox-Pak	2	
Pancreaze	E	
PEG 3350-KCl-Na Bicarb-NaCl	1	
PEG-3350/Electrolytes	1	
Pertzye	E	
Plenvu	E	
Pylera	3	ST
Rebyota	3	PA, QL, SP
Relistor	E	
Reltone	E	
Suflave	3	
Suprep Bowel Prep	3	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Sutab	3	
Symproic	2	QL, ST
Talicia	3	
Trulance	E	
Ursodiol Cap 200mg, 400mg (Reltone ABA)	E	
Viberzi	3	PA, QL
Viokace	E	
Voquezna Dual Pak	3	QL
Voquezna Triple Pak	3	QL
Vowst	E	SP
Xifaxan 200mg Tab	E	
Zenpep	2	
Gout		
Allopurinol 100mg, 300mg	1	
Allopurinol 200mg	E	
Colchicine Tab	1	
Gloperba	E	
Lodoco	E	
Mitigare	E	
HIV/AIDS		
Apretude	E	
Biktarvy	3	
Cabenuva	E	
Cimduo	2	
Descovy	E	
Dovato	2	
Emtricitabine/Tenofovir Disoproxil Fumarate	1	
Juluca	2	

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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Prezcobix	2	
Symfi	2	
Symfi Lo	2	
Symtuza	3	
Triumeq	2	
Truvada	E	
Vocabria	E	
Infertility		
Cetrotide	E	SP
Follistim AQ	2	PA, SP
Ganirelix (Organon manufacturer)	1	SP
Gonal-f	E	SP
Gonal-f RFF	E	SP
Menopur	3	PA, SP
Ovidrel	3	SP
Inflammatory Conditions		
Abrilada (non-preferred NDCs*)	E	SP
Abrilada (preferred NDCs*)	3	PA, QL, SP
Actemra ⁺	3	PA, QL, SP
Adalimumab-aacf	2	PA, QL, SP
Adalimumab-aaty (non-preferred NDCs*)	3	PA, QL, SP
Adalimumab-aaty (preferred NDCs*)	2	PA, QL, SP
Adalimumab-adaz	3	PA, QL, SP
Adalimumab-adbm (Boehringer Ingelheim manufacturer)	2	PA, QL, SP
Adalimumab-fkjp	2	PA, QL, SP
Adalimumab-ryvk	E	SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Amjevita (non-preferred NDCs*)	E	SP
Amjevita (preferred NDCs*)	3	PA, QL, SP
Avsola	2	PA, SP
Cimzia	2	PA, QL, SP
Cosentyx	E	SP
Cyltezo	E	SP
Enbrel	2	PA, QL, SP
Hadlima (non-preferred NDCs*)	3	PA, QL, SP
Hadlima (preferred NDCs*)	2	PA, QL, SP
Hulio	E	SP
Humira	E	SP
Hydroxychloroquine	1	
Hyrimoz (Cordavis manufacturer)	2	PA, QL, SP
Hyrimoz (Sandoz manufacturer)	E	SP
Idacio	E	SP
Inflectra	3	PA, SP
Infliximab	2	PA, SP
Leflunomide	1	
Methotrexate Sodium	1	
Olumiant	3	PA, QL, SP
Orencia ⁺	3	PA, QL, SP
Otezla	2	PA, QL, SP
Otrexup	E	
Plaquenil	E	
Rasuvo	2	PA, QL
Remicade	E	SP
Renflexis	3	PA, SP
Rinvoq	E	SP

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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Simponi	2	PA, QL, SP
Simponi Aria	2	PA, SP
Skyrizi	E	SP
Sotyktu⁺	3	PA, QL, SP
Stelara	E	SP
Taltz⁺	3	PA, QL, SP
Tremfya	E	SP
Trexall	3	
Xeljanz	2	PA, QL, SP
Xeljanz XR	2	PA, QL, SP
Yuflyma	E	SP
Yusimry	2	PA, QL, SP

+Tier 3 Preferred

* Check Member Portal for NDCs

Men's Health: Erectile Dysfunction

Cialis	E	
Sildenafil 25mg, 50mg, 100mg	1	QL
Stendra	E	
Tadalafil	1	QL
Viagra	E	

Men's Health: Prostate

Alfuzosin ER	1	
Avodart	E	
Cialis 2.5mg, 5mg	E	
Dutasteride	1	
Finasteride 5mg	1	
Flomax	E	
Tamsulosin	1	

Men's Health: Testosterone Therapy

Androderm	2	PA
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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Androgel	E	
Aveed	E	
Depo-Testosterone	E	
Fortesta	E	
Jatenzo	E	
Natesto	E	
Testim	E	
Testopel	E	
Testosterone Cypionate IM Injection	1	
Testosterone Gel	1	
Tlando	E	
Vogelxo	E	
Xyosted	E	

Miscellaneous

Adbry	2	PA, QL, SP
Amondys 45	E	SP
Arakoda	3	
Asceniv	E	SP
Auryxia	E	
Auvi-Q	3	
Benlysta	3	PA, SP
Benzonatate	1	
Besremi	E	SP
Bronchitol	E	PA, QL, SP
Buphenyl	E	SP
Cerdelga	3	PA, SP
Chlorhexidine Gluconate Mouth/Throat	1	
Cibinqo	2	PA, QL, SP
Cinryze	E	SP

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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Clarinet	E	
Clarinet-D	E	
Cuprimine	E	SP
Cutaquig	E	SP
Cuvrior	3	SP
Depen Titratabs	2	SP
Desmopressin Acetate Tab	1	
Dojolvi	E	
Dupixent	2	PA, QL, SP
Dysport	2	PA
Elevidys	E	SP
Elfabrio	E	SP
Elmiron	E	
Emverm	2	
Endari	3	PA
Epinephrine Auto-Injector	1	
Epipen	3	ST
Epipen Jr	E	
Esbriet	E	SP
Exondys 51	E	SP
Fabrazyme	2	PA, SP
Fasenra	2	PA, SP
Fasenra Pen	2	PA, SP
Firazyr	E	SP
Firdapse	E	SP
Haegarda	3	PA, SP
Hemangeol	3	
Hetlioz	E	SP
Hetlioz LQ	E	SP
Hizentra	3	PA, SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Ingrezza	3	PA, QL, SP
Joenja	E	SP
Jynarque	E	SP
Kerendia	3	PA, QL
Kuvan	E	SP
Lidocaine Mouth/Throat	1	
Lidocaine Viscous	1	
Litfulo	3	PA, QL, SP
Livmarli	E	SP
Lupkynis	E	SP
Myobloc	2	PA
Nityr	3	PA, SP
Nucala	2	PA, QL, SP
Ofev	3	PA, SP
Olpruva	E	SP
Orfadin	3	PA, SP
Oriahnn	2	PA, QL
Orilissa	2	PA, QL
Orladeyo	3	PA, QL, SP
Oxbryta	E	SP
Palforzia	E	SP
Panzyga	E	SP
Penicillamine Cap	E	SP
PerioGard	1	
Pheburane	3	SP
Phenazo 200mg Tab	1	
Phenazopyridine (Rx only)	1	
Promethazine	1	
Promethazine DM	1	
Propecia	E	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Pseudoephedrine/ Brompheniramine/DM	1	
Pulmozyme	2	PA, SP
Qbrexza	3	QL
Ravicti	E	SP
Royaldee	3	PA
Rezurock	E	SP
Ruconest	3	PA, SP
Sandostatin	E	SP
Scenesse	E	SP
Sensipar	E	
Strensiq	2	PA, SP
Takhyzo	3	PA, SP
Tavneos	E	SP
Thiola	3	SP
Thiola EC	3	SP
Trikafta	3	PA, QL, SP
Velphoro	3	
Veozah	E	
Vijoice	E	SP
Viltepso	E	SP
Vyleesi	3	PA, QL
Vyondys 53	E	SP
Vyvgart	3	PA, SP
Vyvgart Hytrulo	3	PA, SP
Xembify	3	PA, SP
Xhance	E	
Xeomin	2	PA
Zolgensma	3	SP
Musculoskeletal: Osteoarthritis		

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Durolane	2	PA
Euflexxa	2	PA
Gelsyn-3	2	PA
Gel-One	E	
Genvisc 850	E	
Hyalgan	E	
Hymovis	E	
Monovisc	E	
Orthovisc	E	
Supartz FX	E	
Synojynt	E	
Synvisc	E	
Synvisc-One	E	
Triluron	E	
TriVisc	E	
Visco-3	E	
Musculoskeletal: Osteoporosis		
Alendronate Tab	1	QL
Forteo	E	SP
Ibandronate	1	QL
Prolia	2	PA, QL, SP
Teriparatide (Recombinant)	2	PA, QL, SP
Tymlos	2	PA, SP
Musculoskeletal: Other		
Amrix	E	
Baclofen Solution 5mg/5mL	E	
Baclofen Solution 10mg/5mL (Ozobax DS ABA)	E	
Baclofen Tab	1	
Carisoprodol	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Cyclobenzaprine Tab	1	
Fleqsuvy	E	
Lorzone	3	
Lyvispah	E	
Methocarbamol	1	
Ozobax DS	E	
Soma	E	
Tizanidine Tab	1	
Zanaflex	E	
Musculoskeletal: Pain Relief		
Acetaminophen w/ Codeine	1	QL
Acetaminophen/Caffeine/ Dihydrocodeine	1	QL
Apadaz	E	
Arthrotec	E	
Belbuca	2	PA, QL
Benzhydrocodone/ Acetaminophen	E	
Butrans	E	
Cambia	E	
Celebrex	E	
Celecoxib	1	QL
Conzip	E	
Diclofenac Gel 1%	1	QL
Diclofenac Patch 1.3% (Flector ABA)	E	
Diclofenac Potassium Tab	1	
Diclofenac Sodium Tab	1	
Dilaudid Liquid, Tab	E	
Elyxyb	E	
Endocet	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Etodolac	1	
Fentanyl Citrate Buccal Tab (Fentora ABA)	E	
Fentora	E	
Fiorcet	E	
Fiorcet/Codeine	E	
Flector	E	
Hydrocodone/ Acetaminophen	1	QL
Hydromorphone Tab	1	QL
Hysingla ER	2	PA, QL
Ibuprofen Suspension 100mg/5mL (Rx only)	1	
Ibuprofen Tab (Rx only)	1	
Indomethacin Cap	1	
Ketorolac Tab	1	QL
Licart	E	
Lidocan	E	
Lidocan III	E	
Lidocaine Patch	1	
Lidoderm	E	
Meloxicam	1	
Morphine Sulfate ER	1	PA, QL
MS Contin	E	
Nabumetone	1	
Nalfon	E	
Naprelan	3	
Naproxen (Rx only)	1	
Norgesic	E	
Norgesic Forte	E	
Nucynta	E	
Nucynta ER	E	

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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Orphengesic Forte (Norgesic Forte ABA)	E	
Oxycodone w/ Acetaminophen	1	QL
Oxycodone ER (Oxycontin ABA)	E	
Oxycodone Powder	E	
Oxycodone Tab	1	QL
Oxycontin	2	PA, QL
Pennsaid	E	
Percocet	E	
Qdolo	E	
Relafen DS	E	
Roxicodone	E	
Roxybond	E	
Seglentis	E	
Sprix	E	
Tramadol	1	QL
Tramadol ER (Conzip ABA)	E	
Tramadol Solution (Qdolo ABA)	E	
Trezix	3	QL
Xtampza ER	2	PA, QL
Zipsor	E	
ZTlido	E	
Overactive Bladder		
Gemtesa	E	
Myrbetriq Suspension	E	
Myrbetriq Tab	2	
Oxybutynin	1	
Oxybutynin ER	1	
Solifenacin	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Tolterodine ER	1	
Toviaz	E	
Vesicare	E	
Vesicare LS	E	
Respiratory: Asthma/COPD		
Advair Diskus	E	
Advair HFA	1	QL
AirDuo Digihaler	E	
AirDuo RespiClick	E	
Airsupra	2	QL
Albuterol HFA	1	QL
Albuterol HFA (Ventolin HFA ABA)	E	
Albuterol Inhalation Solution	1	QL
Alvesco	E	
Anoro Ellipta	2	QL
ArmonAir Digihaler	E	
Arnuity Ellipta	2	QL
Asmanex	E	
Asmanex HFA	E	
Atrovent HFA	3	QL
Bevespi Aerosphere	E	
Breo Ellipta	1	QL
Breyna	1	
Breztri Aerosphere	2	QL
Brovana	E	
Budesonide Inhalation Suspension	1	QL
Combivent Respimat	2	QL
Duaklir Pressair	E	
Dulera	E	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Fluticasone Furoate/ Vilanterol (Breo Ellipta ABA)	E	
Fluticasone Propionate Diskus (Flovent Diskus ABA)	E	
Fluticasone Propionate HFA (Flovent HFA ABA)	E	
Fluticasone/Salmeterol 100/50, 250/50, 500/50	1	
Fluticasone/Salmeterol 45/21, 115/21, 230/21 (Advair HFA ABA)	E	
Fluticasone/Salmeterol 55/14, 113/14, 232/14 (AirDuo RespiClick ABA)	E	
Incruse Ellipta	E	
Ipratropium/Albuterol	1	QL
Levalbuterol HFA (Xopenex HFA ABA)	E	
Montelukast	1	
Perforomist	3	QL
ProAir Digihaler	E	
ProAir RespiClick	E	
Proventil HFA	E	
Pulmicort Flexhaler	E	
Pulmicort Suspension	E	
Qvar RediHaler	2	QL
Serevent Diskus	2	QL
Singulair	E	
Spiriva HandiHaler	E	
Spiriva Respimat	2	QL
Stiolto Respimat	2	QL
Striverdi Respimat	2	QL

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Symbicort	3	QL, ST
Tezspire	2	PA, QL, SP
Tiotropium Bromide Monohydrate	1	QL
Trelegy Ellipta	2	QL
Tudorza Pressair	E	
Ventolin HFA	E	
Wixela Inhub	1	QL
Xolair	2	PA, SP
Xopenex HFA	E	
Yupelri	3	QL
Respiratory: Nasal Allergies		
Azelastine Nasal Spray	1	QL
Azelastine/Fluticasone Nasal Spray	1	QL
Dymista	2	QL
Fluticasone Propionate Nasal Spray (Rx only)	1	
Ipratropium Nasal Spray	1	
Mometasone Nasal Spray	1	QL
Omnaris	3	QL
QNasi	3	QL
QNasi Childrens	3	QL
Ryaltris	3	
Zetonna	3	QL
Respiratory: Oral Allergies		
Cetirizine Solution (Rx only)	1	
Cyproheptadine Tab	1	
Levocetirizine Tab (Rx only)	1	
Transplant		
Azathioprine Tab	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Mycophenolate Mofetil	1	
Mycophenolate Sodium	1	
Mycophenolic Acid	1	
Tacrolimus Cap	1	
Vitamins/Electrolytes		
Accrufer	E	
Carnitor	E	
Carnitor SF	E	
Cyanocobalamin Injection 1000mcg/mL	1	
Cyanocobalamin Nasal Spray	1	
Ergocalciferol Cap	1	
Folic Acid 1mg Tab	1	
K-Tab	E	
Klor-Con 10	1	
Klor-Con Extended Release	1	
Klor-Con m10, m15, m20	1	
Lokelma	3	
Nascobal	3	
Potassium Chloride Crys ER	1	
Potassium Chloride ER	1	
Potassium Citrate ER	1	
Veltassa	3	
Vitamin D (ergocalciferol) (Rx only)	1	
Weight Loss Management		
Adipex-P	E	
Contrave	E	
Imcivree	E	SP
Phentermine	1	PA
Qsymia	3	PA

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Saxenda	2	PA
Wegovy	2	PA
Zepbound	2	PA
Women's Health: Birth Control		
Afirmelle	1	
Altavera	1	
Alyacen 1/35	1	
Amethia	1	
Annovera	3	
Apri	1	
Ashlyna	1	
Aubra EQ	1	
Aurovela 1/20	1	
Aurovela 1.5/30	1	
Aurovela 24 Fe	1	
Aurovela Fe 1/20	1	
Aurovela Fe 1.5/30	1	
Aviane	1	
Ayuna	1	
Balcoltra	3	
Balziva	1	
Beyaz	E	
Blisovi 24 Fe	1	
Blisovi Fe 1/20	1	
Blisovi Fe 1.5/30	1	
Briellyn	1	
Camila	1	
Camrese	1	
Camrese Lo	1	
Chateal EQ	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Cryselle-28	1	
Cyred EQ	1	
Dasetta 1/35	1	
Daysee	1	
Deblitane	1	
Delyla	1	
Drospirenone/Ethinyl Estradiol	1	
Elinest	1	
Eluryng	1	
Eniloring	1	
Enskyce	1	
Errin	1	
Estarylla	1	
Estradiol/Norethindrone Acetate	1	
Etonogestrel/Ethinyl Estradiol	1	
Falmina	1	
Fayosim	1	
Hailey 1.5/30	1	
Hailey 24 Fe	1	
Hailey Fe 1/20	1	
Hailey Fe 1.5/30	1	
Haloette	1	
Heather	1	
Iclevia	1	
Incassia	1	
Isibloom	1	
Jaimiess	1	
Jasmiel	1	
Jencycla	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Jolessa	1	
Juleber	1	
Junel 1/20	1	
Junel 1.5/30	1	
Junel Fe 1/20	1	
Junel Fe 1.5/30	1	
Junel Fe 24	1	
Kalliga	1	
Kurvelo	1	
Larin 1/20	1	
Larin 1.5/30	1	
Larin 24 Fe	1	
Larin Fe 1/20	1	
Larin Fe 1.5/30	1	
Lessina	1	
Levonorgestrel/Ethinyl Estradiol	1	
Levonorgestrel/Ethinyl Estradiol 91-day	1	
Levonorgestrel/Ethinyl Estradiol and Ethinyl Estradiol	1	
Levora-28 0.15/30	1	
Lo Loestrin Fe	E	
Loestrin 1/20 (21)	E	
Loestrin 1.5/30 (21)	E	
Loestrin Fe 1/20	E	
Loestrin Fe 1.5/30	E	
Lojaimiess	1	
Loryna	1	
Low-Ogestrel	1	
Lo-Zumandimine	1	
Lutera	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Lyleq	1	
Lyza	1	
Marlissa	1	
Medroxyprogesterone Acetate Injection	1	QL
Microgestin 1/20	1	
Microgestin 1.5/30	1	
Microgestin 24 Fe	1	
Microgestin Fe 1/20	1	
Microgestin Fe 1.5/30	1	
Mili	1	
Mirena	3	
Mono-Linyah	1	
Natazia	2	
Necon 0.5/35-28	1	
Nextstellis	E	
Nikki	1	
Nora-BE	1	
Norelgestromin/Ethinyl Estradiol	1	
Norethindrone	1	
Norethindrone Acetate	1	
Norethindrone Acetate/Ethinyl Estradiol	1	
Norethindrone Acetate/Ethinyl Estradiol/Fe	1	
Norgestimate/Ethinyl Estradiol	1	
Norgestimate/Ethinyl Estradiol Triphasic	1	
Norlyroc	1	
Nortel 0.5/35 (28)	1	
Nortel 1/35 (21)	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Nortrel 1/35 (28)	1	
Nylia 1/35	1	
Nymyo	1	
Ocella	1	
Phexxi	E	
Philith	1	
Portia-28	1	
Reclipsen	1	
Rivelsa	1	
Safyral	E	
Setlakin	1	
Sharobel	1	
Simpesse	1	
Slynd	E	
Sprintec 28	1	
Sronyx	1	
Syeda	1	
Tarina 24 Fe	1	
Tarina Fe 1/20 EQ	1	
Tri-Estarylla	1	
Tri-Linyah	1	
Tri-Lo-Estarylla	1	
Tri-Lo-Marzia	1	
Tri-Lo-Mili	1	
Tri-Lo-Sprintec	1	
Tri-Mili	1	
Tri-Nymyo	1	
Tri-Sprintec	1	
Tri-Vylibra	1	
Tri-Vylibra Lo	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Turqoz	1	
Twirla	E	
Vestura	1	
Vienna	1	
Vyfemia	1	
Vylibra	1	
Wera	1	
Xulane	1	
Yasmin 28	E	
Yaz	E	
Zafemy	1	
Zumandimine	1	
Women's Health: Hormone Replacement		
Amabelz	1	
Bijuva	3	
Climara	E	
Climara Pro	2	
Delestrogen IM Injection	E	
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Evamist	3	
Imvexxy	2	
Lyllana	1	
Medroxyprogesterone Acetate Tab	1	
Mimvey	1	
Myfembree	2	PA, QL
Premarin Tab	2	
Premarin Vaginal Cream	2	
Premphase	2	
Prempro	2	
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Vagifem	E	
Vivelle-Dot	E	
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Women's Health: Vaginal Anti-Infectives		
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Bold type = Brand name drug [Plain type = Generic drug]

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