

Atrium Health

Table of Contents

Analgesics - Drugs for Pain	3
Analgesics - Drugs for Pain and Inflammation	5
Anesthetics	6
Anti-Addiction / Substance Abuse Treatment Agents	8
Antibacterials	9
Anticoagulants	13
Anticonvulsants - Drugs for Seizures	14
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia	16
Antidepressants	16
Antiemetics - Drugs for Nausea and Vomiting	18
Antifungals	19
Antigout Agents	20
Antimigraine Agents	20
Antimyasthenic Agents	20
Antimycobacterials	21
Antineoplastics - Drugs for Cancer	21
Antiparasitics	27
Antiparkinson Agents	27
Antiplatelets	28
Antipsychotics - Drugs for Mood Disorders	28
Antivirals	29
Anxiolytics - Drugs for Anxiety	31
Bipolar Agents - Drugs for Mood Disorders	31
Blood Products and Modifiers - Drugs for Blood Disorders	32
Cardiovascular Agents - Drugs for Heart and Circulation Conditions	33
Central Nervous System Agents	40
Central Nervous System Agents - Drugs for Attention Deficit Disorder	40
Central Nervous System Agents - Drugs for Multiple Sclerosis	40
Central Nervous System Agents - Miscellaneous	41
Dental and Oral Agents - Drugs for Mouth and Throat Conditions	42
Dermatological Agents - Drugs for Skin Conditions	43
Diabetes - Antidiabetic Agents	48
Diabetes - Glucose Monitoring	49
Diabetes - Glycemic Agents	62
Diabetes - Insulins	62
Electrolytes / Minerals / Metals / Vitamins	64
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer	69
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions	70
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment	72
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions	73
Genitourinary Agents - Drugs for Prostate Conditions	74
Hormonal Agents - Adrenal	74
Hormonal Agents - Men's Health	76
Hormonal Agents - Pituitary	76
Hormonal Agents - Prostaglandins	77
Hormonal Agents - Selective Estrogen Receptor Modifying Agents	77
Hormonal Agents - Sex Hormones and Birth Control	78
Hormonal Agents - Thyroid	81
Immunological Agents - Drugs for Immune System Stimulation or Suppression	82
Inflammatory Bowel Disease Agents	87
Metabolic Bone Disease Agents - Drugs for Osteoporosis	87
Metabolic Bone Disease Agents - Other	88
Miscellaneous Therapeutic Agents	88
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation	97

Ophthalmic Agents - Drugs for Glaucoma.....	98
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....	99
Otic Agents - Drugs for Ear Conditions.....	100
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold.....	100
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions.....	101
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.....	103
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....	104
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	104
Sleep Disorder Agents.....	105

Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen intravenous solution	TIER 01	
acetaminophen-codeine	TIER 01	QL
APADAZ	EXCLUDED	QL
apap-caff-dihydrocodeine	TIER 01	QL
ascomp-codeine	TIER 01	
bac	TIER 01	
BELBUCA	TIER 02	PA; QL
BENZHYDROCODONE-ACETAMINOPHEN	EXCLUDED	QL
buprenorphine	TIER 01	PA; QL
buprenorphine hcl injection	TIER 01	
butalbital-acetaminophen oral tablet 50-325 mg	TIER 01	
butalbital-apap-caff-cod	TIER 01	
butalbital-apap-caffeine oral capsule 50-300-40 mg	TIER 01	
butalbital-apap-caffeine oral tablet	TIER 01	
butalbital-asa-caff-codeine	TIER 01	
butalbital-aspirin-caffeine	TIER 01	
butorphanol tartrate injection	TIER 01	
butorphanol tartrate nasal	TIER 01	QL
BUTRANS	EXCLUDED	PA; QL
codeine sulfate	TIER 01	QL
CONZIP	EXCLUDED	PA; QL
DEMEROL	TIER 03	
DILAUDID INJECTION	TIER 03	
DILAUDID ORAL	EXCLUDED	QL
DURAMORPH	TIER 03	
endocet	TIER 01	QL

Drug Name	Drug Tier	Notes
fentanyl	TIER 01	PA; QL
fentanyl citrate buccal lozenge on a handle	TIER 01	PA; QL
FENTANYL CITRATE BUCCAL TABLET	EXCLUDED	PA; QL
FENTANYL CITRATE INJECTION SOLUTION PREFILLED SYRINGE 250 MCG/5ML	TIER 03	
fentanyl citrate solution prefilled syringe 100 mcg/2ml injection	TIER 01	
FENTANYL CITRATE SOLUTION PREFILLED SYRINGE 100 MCG/2ML INJECTION	TIER 03	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	TIER 03	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 1000-0.9 MCG/50ML-%, 5-0.9 MCG/ML-%, 500-0.9 MCG/50ML-%, 550-0.9 MCG/55ML-%	TIER 03	
FIORICET	EXCLUDED	
FIORICET/CODEINE	EXCLUDED	
hydrocodone bitartrate er	TIER 01	PA; QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	TIER 01	PA; QL
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	TIER 01	QL

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	TIER 01	QL
hydrocodone-ibuprofen	TIER 01	QL
hydromorphone hcl er	TIER 01	PA; QL
hydromorphone hcl injection solution 0.25 mg/0.5ml, 2 mg/ml, 4 mg/ml	TIER 01	
HYDROMORPHONE HCL INJECTION SOLUTION 0.5 MG/ML	TIER 03	
HYDROMORPHONE HCL INTRAVENOUS	TIER 03	
hydromorphone hcl oral	TIER 01	QL
hydromorphone hcl pf	TIER 01	
hydromorphone hcl solution 0.2 mg/ml injection	TIER 01	
HYDROMORPHONE HCL SOLUTION 0.2 MG/ML INJECTION	TIER 03	
HYDROMORPHONE HCL SOLUTION 1 MG/ML INJECTION	TIER 03	
hydromorphone hcl solution 1 mg/ml injection	TIER 01	
HYDROMORPHONE HCL-NACL INJECTION SOLUTION 20-0.9 MG/100ML-%	TIER 03	
HYDROMORPHONE HCL-NACL INTRAVENOUS	TIER 03	
HYSINGLA ER	TIER 02	PA; QL
INFUMORPH 200	TIER 03	
INFUMORPH 500	TIER 03	
meperidine hcl injection	TIER 01	
meperidine hcl oral	TIER 01	QL
methadone hcl injection	TIER 01	

Drug Name	Drug Tier	Notes
methadone hcl intensol	TIER 01	
methadone hcl oral concentrate	TIER 01	
methadone hcl oral solution	TIER 01	
methadone hcl oral tablet	TIER 01	PA
methadone hcl oral tablet soluble	TIER 01	
METHADONE HCL-NACL	TIER 03	
METHADONE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%, 5-0.9 MG/5ML-%	TIER 03	
METHADOSE ORAL CONCENTRATE 10 MG/ML	TIER 03	
methadose oral tablet soluble	TIER 01	
METHADOSE SUGAR-FREE	TIER 03	
mitigo	TIER 01	
morphine sulfate (concentrate) oral solution 100 mg/5ml	TIER 01	QL
morphine sulfate (pf)	TIER 01	
morphine sulfate er	TIER 01	PA; QL
morphine sulfate er beads	TIER 01	PA; QL
MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML	TIER 03	
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	TIER 01	
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML	TIER 03	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml	TIER 01	
morphine sulfate oral	TIER 01	QL
MORPHINE SULFATE-NACL INJECTION	TIER 03	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/ML-%, 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%, 500-0.9 MG/100ML-%	TIER 03	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
MS CONTIN	EXCLUDED	PA; QL
nalbuphine hcl injection	TIER 01	
NUCYNTA	EXCLUDED	QL
NUCYNTA ER	EXCLUDED	PA; QL
OXYCODONE HCL	EXCLUDED	
oxycodone hcl oral capsule	TIER 01	QL
oxycodone hcl oral concentrate	TIER 01	QL
oxycodone hcl oral solution	TIER 01	QL
oxycodone hcl oral tablet	TIER 01	QL
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT	EXCLUDED	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	TIER 03	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	TIER 01	QL
OXYCONTIN	TIER 02	PA; QL

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
oxymorphone hcl	TIER 01	QL
oxymorphone hcl er	TIER 01	PA; QL
pentazocine-naloxone hcl	TIER 01	QL
PERCOCET	EXCLUDED	QL
QDOLO	EXCLUDED	QL
remifentanil hcl	TIER 01	
ROXICODONE	EXCLUDED	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG	EXCLUDED	PA; QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG	EXCLUDED	QL
SEGLENTIS	EXCLUDED	PA
TENCON	TIER 03	
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR	EXCLUDED	PA; QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	TIER 01	PA; QL
tramadol hcl er	TIER 01	PA; QL
TRAMADOL HCL ORAL SOLUTION	EXCLUDED	QL
tramadol hcl oral tablet 100 mg, 50 mg	TIER 01	QL
tramadol-acetaminophen	TIER 01	QL
TREZIX	TIER 03	QL
ULTIVA	TIER 03	
XTAMPZA ER	TIER 02	PA; QL
Analgesics - Drugs for Pain and Inflammation		
ARTHROTEC	EXCLUDED	
CALDOLOR	TIER 03	
CELEBREX	EXCLUDED	
celecoxib oral	TIER 01	
COMBOGESIC	TIER 03	

Drug Name	Drug Tier	Notes
COXANTO	EXCLUDED	PA
DAYPRO	TIER 03	
DICLOFENAC PATCH 1.3%	EXCLUDED	PA
diclofenac potassium oral tablet 50 mg	TIER 01	
diclofenac sodium er	TIER 01	
diclofenac sodium external gel 1 %	TIER 01	
diclofenac sodium external solution 1.5 %	TIER 01	PA
diclofenac sodium oral	TIER 01	
DICLOFONO	TIER 03	
diflunisal oral	TIER 01	
DUEXIS	EXCLUDED	PA
ELYXYB	EXCLUDED	PA
etodolac	TIER 01	
etodolac er	TIER 01	
FLECTOR	EXCLUDED	PA
flurbiprofen oral	TIER 01	
ibuprofen lysine	TIER 01	
ibuprofen oral suspension 100 mg/5ml	TIER 01	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	TIER 01	
ibuprofen-famotidine	EXCLUDED	PA
indomethacin er	TIER 01	
indomethacin oral capsule	TIER 01	
indomethacin sodium	TIER 01	
ketoprofen oral capsule 50 mg	TIER 01	
ketorolac tromethamine injection solution 15 mg/ml	TIER 01	
ketorolac tromethamine intramuscular solution 60 mg/2ml	TIER 01	

Drug Name	Drug Tier	Notes
ketorolac tromethamine oral	TIER 01	
ketorolac tromethamine solution 30 mg/ml injection	TIER 01	
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	TIER 03	
LICART	EXCLUDED	PA
LODINE	TIER 03	
meloxicam oral tablet	TIER 01	
nabumetone oral	TIER 01	
NALFON	EXCLUDED	
naproxen oral tablet	TIER 01	
naproxen sodium oral tablet 275 mg, 550 mg	TIER 01	
NEOPROFEN	TIER 03	
OXAPROZIN ORAL CAPSULE	EXCLUDED	PA
oxaprozin oral tablet	TIER 01	
PENNSAID	EXCLUDED	PA
piroxicam oral	TIER 01	
RELAFEN DS	EXCLUDED	PA
SPRIX	EXCLUDED	PA
sulindac oral	TIER 01	
TOLECTIN 600	EXCLUDED	
VIMOVO	EXCLUDED	PA
ZIPSOR	EXCLUDED	
Anesthetics		
ARTICADENT DENTAL	TIER 03	
bupivacaine hcl (pf)	TIER 01	
bupivacaine hcl (pf)	TIER 01	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.25 % (10 ML)	TIER 03	
bupivacaine hcl solution 0.25 % injection	TIER 01	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
BUPIVACAINE HCL SOLUTION 0.25 % INJECTION	TIER 03	
bupivacaine hcl solution 0.5 % injection	TIER 01	
BUPIVACAINE HCL SOLUTION 0.5 % INJECTION	TIER 03	
bupivacaine-epinephrine	TIER 01	
bupivacaine-epinephrine (pf)	TIER 01	
chloroprocaine hcl (pf)	TIER 01	
COCAINE HCL NASAL	TIER 03	
ethyl chloride	TIER 01	
EXPAREL	TIER 03	
GEBAUERS PAIN EASE	TIER 03	
GEBAUERS SPRAY AND STRETCH	TIER 03	
glydo	TIER 01	
L.E.T.	TIER 03	
L.E.T. (RACEPINEPHRINE)	TIER 03	
L.E.T. EXTERNAL SOLUTION 4-0.05-0.5 %	TIER 03	
lidocaine external ointment 5 %	TIER 01	
lidocaine external patch 5 %	TIER 01	
LIDOCAINE HCL (BUFFERED)	TIER 03	
LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML, 200 MG/10ML, 60 MG/3ML	TIER 03	
lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml	TIER 01	
lidocaine hcl (cardiac) pf	TIER 01	

Drug Name	Drug Tier	Notes
lidocaine hcl (cardiac) solution prefilled syringe 100 mg/5ml intravenous	TIER 01	
LIDOCAINE HCL (CARDIAC) SOLUTION PREFILLED SYRINGE 100 MG/5ML INTRAVENOUS	TIER 03	
lidocaine hcl (pf)	TIER 01	
lidocaine hcl external solution	TIER 01	
lidocaine hcl injection solution 0.5 %	TIER 01	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE	TIER 03	
LIDOCAINE HCL INTRAVENOUS	TIER 03	
LIDOCAINE HCL SOLUTION 1 % INJECTION	TIER 03	
lidocaine hcl solution 1 % injection	TIER 01	
LIDOCAINE HCL SOLUTION 2 % INJECTION	TIER 03	
lidocaine hcl solution 2 % injection	TIER 01	
lidocaine hcl urethral/mucosal	TIER 01	
LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-%	TIER 03	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	TIER 01	
LIDOCAINE(BUFFERD)-EPINEPHRINE	TIER 03	
LIDOCAINE-EPINEPHRINE (3 ML)	TIER 03	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
LIDOCAINE-EPINEPHRINE (PF) INJECTION SOLUTION 1 %-1:100000	TIER 03	
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200000	TIER 01	
lidocaine-epinephrine (pf) solution 2 %-1:200000 injection	TIER 01	
LIDOCAINE-EPINEPHRINE (PF) SOLUTION 2 %-1:200000 INJECTION	TIER 03	
lidocaine-epinephrine injection	TIER 01	
lidocaine-prilocaine external cream	TIER 01	
LIDOCAINE-SODIUM BICARBONATE	TIER 03	
LIDOCAN	EXCLUDED	PA
LIDODERM	EXCLUDED	PA
LIDO-RACEPINEPHRINE-TETRACAINE	TIER 03	
MARCAINE	TIER 03	
MARCAINE PRESERVATIVE FREE	TIER 03	
MARCAINE/EPINEPHRINE	TIER 03	
MARCAINE/EPINEPHRINE PF	TIER 03	
NAROPIN INJECTION SOLUTION 10 MG/ML, 5 MG/ML, 7.5 MG/ML	TIER 03	
NESACAINE	TIER 03	
NESACAINE-MPF	TIER 03	
NOBELA	TIER 03	
NOLIRA	TIER 03	
ORABLOC	TIER 03	
POLOCAINE	TIER 03	

Drug Name	Drug Tier	Notes
POLOCAINE-MPF	TIER 03	
PREPIV SUPPLY	TIER 03	
ropivacaine hcl injection solution	TIER 01	
ROPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.5 %	TIER 03	
ROPIVACAINE HCL-NACL INJECTION	TIER 03	
SENSORCAINE	TIER 03	
SENSORCAINE/EPINEPHRINE	TIER 03	
SENSORCAINE-MPF	TIER 03	
SENSORCAINE-MPF/EPINEPHRINE	TIER 03	
STERILE TOPICAL L.E.T. GEL	TIER 03	
TOPICAL L.E.T.	TIER 03	
TRIDACAINE II	EXCLUDED	PA
TRIDACAINE III	EXCLUDED	PA
VENIPUNCTURE PX1 PHLEBOTOMY	TIER 03	
XYLOCAINE	TIER 03	
XYLOCAINE/EPINEPHRINE	TIER 03	
XYLOCAINE-MPF	TIER 03	
XYLOCAINE-MPF/EPINEPHRINE	TIER 03	
ZTLIDO	EXCLUDED	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	TIER 01	
BRIXADI	SPECIALTY	
BRIXADI (WEEKLY)	SPECIALTY	
buprenorphine hcl sublingual	TIER 01	QL
buprenorphine hcl-naloxone hcl	TIER 01	QL

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
bupropion hcl er (smoking det)	TIER 01	QL
disulfiram oral	TIER 01	
KLOXXADO	TIER 02	
lofexidine hcl	TIER 01	
LUCEMYRA	TIER 03	ST; QL
NALMEFENE HCL	TIER 03	
naloxone hcl injection	TIER 01	
naloxone hcl nasal	TIER 01	
naltrexone hcl oral	TIER 01	
NARCAN	TIER 02	
NICOTROL	TIER 03	QL
NICOTROL NS	TIER 03	QL
OPVEE	TIER 02	
REXTOVY	TIER 02	
SUBLOCADE	SPECIALTY	
SUBOXONE	EXCLUDED	QL
varenicline tartrate	TIER 01	QL
varenicline tartrate (starter)	TIER 01	QL
varenicline tartrate(continue)	TIER 01	QL
VIVITROL	SPECIALTY	
ZIMHI	TIER 03	
ZUBSOLV	TIER 02	QL
Antibacterials		
AEMCOLO	TIER 03	PA
amikacin sulfate injection	TIER 01	
amoxicillin	TIER 01	
amoxicillin-potassium clavulanate	TIER 01	
amoxicillin-potassium clavulanate er	TIER 01	
ampicillin	TIER 01	
ampicillin sodium	TIER 01	
ampicillin-sulbactam sodium	TIER 01	
ARIKAYCE	SPECIALTY	PA

Effective December 1, 2024

Drug Name	Drug Tier	Notes
AUGMENTIN	TIER 03	
AUGMENTIN ES-600	TIER 03	
avidoxy	TIER 01	
AVYCAZ	TIER 03	
AZACTAM	TIER 03	
azithromycin intravenous	TIER 01	
azithromycin oral	TIER 01	
aztreonam	TIER 01	
BACTRIM	TIER 03	
BACTRIM DS	TIER 03	
BATIZIA	TIER 03	
benzalkonium chloride external solution	TIER 01	
BICILLIN C-R	TIER 03	
BICILLIN C-R 900/300	TIER 03	
BICILLIN L-A	TIER 03	
cefaclor	TIER 01	
cefaclor er	TIER 01	
cefadroxil	TIER 01	
CEFAZOLIN IN SODIUM CHLORIDE	TIER 03	
CEFAZOLIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE	TIER 03	
cefazolin sodium injection solution reconstituted	TIER 01	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
cefazolin sodium intravenous solution reconstituted	TIER 01	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%	TIER 01	

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
CEFAZOLIN SODIUM- DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%	TIER 03	
cefazolin sodium- dextrose intravenous solution reconstituted	TIER 01	
cefdinir	TIER 01	
cefepime hcl injection	TIER 01	
cefepime hcl intravenous solution	TIER 01	
cefepime hcl intravenous solution reconstituted 2 gm	TIER 01	
cefepime-dextrose	TIER 01	
cefixime	TIER 01	
CEFOTAN	TIER 03	
CEFOTAXIME SODIUM	TIER 03	
cefotetan disodium	TIER 01	
cefoxitin sodium	TIER 01	
CEFOXITIN SODIUM- DEXTROSE	TIER 03	
cefpodoxime proxetil	TIER 01	
cefprozil	TIER 01	
ceftazidime injection	TIER 01	
ceftazidime intravenous	TIER 01	
ceftriaxone sodium in dextrose	TIER 01	
ceftriaxone sodium injection	TIER 01	
ceftriaxone sodium intravenous	TIER 01	
ceftriaxone sodium- dextrose	TIER 01	
cefuroxime axetil	TIER 01	
cefuroxime sodium	TIER 01	
cephalexin oral capsule 250 mg, 500 mg	TIER 01	

Drug Name	Drug Tier	Notes
cephalexin oral suspension reconstituted	TIER 01	
cephalexin oral tablet	TIER 01	
chloramphenicol sod succinate	TIER 01	
CIPRO	TIER 03	
ciprofloxacin hcl oral	TIER 01	
ciprofloxacin in d5w	TIER 01	
clarithromycin er	TIER 01	
clarithromycin oral	TIER 01	
CLEOCIN ORAL	TIER 03	
CLEOCIN PHOSPHATE	TIER 03	
CLEOCIN VAGINAL	EXCLUDED	
clindamycin hcl oral	TIER 01	
clindamycin palmitate hcl	TIER 01	
clindamycin phosphate in d5w	TIER 01	
CLINDAMYCIN PHOSPHATE IN NACL	TIER 03	
clindamycin phosphate injection	TIER 01	
clindamycin phosphate vaginal	TIER 01	
CLINDESSE	TIER 03	
colistimethate sodium (cba)	TIER 01	
COLY-MYCIN M	TIER 03	
DALVANCE	TIER 03	
daptomycin	TIER 01	
DAPTOMYCIN-SODIUM CHLORIDE	TIER 03	
demeclocycline hcl	TIER 01	
dicloxacillin sodium	TIER 01	
DIFICID	TIER 03	
DORYX MPC	EXCLUDED	
doxy 100	TIER 01	
doxycycline hyclate intravenous	TIER 01	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
doxycycline hyclate oral capsule	TIER 01	
doxycycline hyclate oral tablet 100 mg, 20 mg	TIER 01	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	EXCLUDED	
doxycycline monohydrate oral capsule 100 mg, 50 mg	TIER 01	
doxycycline monohydrate oral suspension reconstituted	TIER 01	
doxycycline monohydrate oral tablet	TIER 01	
E.E.S. 400	TIER 03	
E.E.S. GRANULES	TIER 03	
ertapenem sodium	TIER 01	
ERYPED 200	TIER 03	
ERYPED 400	TIER 03	
ERY-TAB	TIER 03	
ERYTHROCIN LACTOBIONATE	TIER 03	
erythromycin base oral	TIER 01	
erythromycin ethylsuccinate oral	TIER 01	
erythromycin lactobionate	TIER 01	
erythromycin oral	TIER 01	
EXTENCILLINE	TIER 03	
FETROJA	TIER 03	
FIRVANQ	TIER 03	
fosfomicin tromethamine	TIER 01	
gentamicin in saline	TIER 01	
gentamicin sulfate external	TIER 01	
gentamicin sulfate injection	TIER 01	
HIPREX	TIER 03	

Drug Name	Drug Tier	Notes
HUMATIN	TIER 02	
hydrogen peroxide	TIER 01	
imipenem-cilastatin	TIER 01	
iodine tincture external tincture 2 %	TIER 01	
KIMYRSA	TIER 03	
LENTOCILIN	TIER 03	
levofloxacin in d5w	TIER 01	
levofloxacin intravenous	TIER 01	
levofloxacin oral	TIER 01	
LIKMEZ	EXCLUDED	PA
LINCOCIN	TIER 03	
lincomycin hcl injection	TIER 01	
linezolid in sodium chloride	TIER 01	
linezolid intravenous	TIER 01	
linezolid oral	TIER 01	QL
LUGOLS STRONG IODINE	TIER 03	
MACROBID	TIER 03	
MACRODANTIN	TIER 03	
mafenide acetate external	TIER 01	
meropenem	TIER 01	
MEROPENEM-SODIUM CHLORIDE	TIER 03	
methenamine hippurate	TIER 01	
metronidazole intravenous	TIER 01	
metronidazole oral tablet	TIER 01	
metronidazole vaginal	TIER 01	
MINOCIN	TIER 03	
minocycline hcl oral capsule	TIER 01	
MINOLIRA	EXCLUDED	
mondoxyne nl	TIER 01	
moxifloxacin hcl in nacl	TIER 01	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
MOXIFLOXACIN HCL INTRAVENOUS	TIER 03	
moxifloxacin hcl oral	TIER 01	
mupirocin ointment	TIER 01	
nafcillin sodium	TIER 01	
NAFCILLIN SODIUM IN DEXTROSE	TIER 03	
neomycin sulfate oral	TIER 01	
nitrofurantoin macrocrystal	TIER 01	
nitrofurantoin monohydrate macrocrystals	TIER 01	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	EXCLUDED	PA
NUVESSA	EXCLUDED	
NUZYRA	TIER 03	
ofloxacin oral	TIER 01	
ORBACTIV	TIER 03	
oxacillin sodium	TIER 01	
OXACILLIN SODIUM IN DEXTROSE	TIER 03	
PENICILLIN G POT IN DEXTROSE	TIER 03	
penicillin g potassium	TIER 01	
penicillin g sodium	TIER 01	
penicillin v potassium	TIER 01	
PFIZERPEN	TIER 03	
piperacillin sod-tazobactam sod	TIER 01	
polymyxin b sulfate injection	TIER 01	
PRIMAXIN IV	TIER 03	
RECARBRIO	TIER 03	
SEYSARA	TIER 03	ST
SILVADENE	EXCLUDED	
silver nitrate external	TIER 01	

Drug Name	Drug Tier	Notes
silver sulfadiazine external	TIER 01	
SIVEXTRO INTRAVENOUS	TIER 03	QL
SOLOSEC	TIER 03	ST
ssd	TIER 01	
streptomycin sulfate intramuscular	TIER 01	
sulfadiazine oral	TIER 01	
sulfamethoxazole-trimethoprim	TIER 01	
sulfatrim pediatric	TIER 01	
TARGADOX	EXCLUDED	
tazicef injection	TIER 01	
TAZICEF INTRAVENOUS SOLUTION	TIER 03	
tazicef intravenous solution reconstituted	TIER 01	
TEFLARO	TIER 03	
tetracycline hcl oral capsule	TIER 01	
tigecycline	TIER 01	
tinidazole oral	TIER 01	
tobramycin sulfate injection	TIER 01	
trimethoprim oral	TIER 01	
TYGACIL	TIER 03	
UNASYN	TIER 03	
VABOMERE	TIER 03	
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	TIER 03	
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	TIER 01	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous	TIER 01	
VANCOMYCIN HCL IN DEXTROSE SOLUTION 1.25-5 GM/250ML-% INTRAVENOUS	TIER 03	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	TIER 01	
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/250ML-%, 1.25-0.9 GM/250ML-%, 1.5-0.9 GM/250ML-%, 1.5-0.9 GM/500ML-%, 1.75-0.9 GM/250ML-%, 1.75-0.9 GM/500ML-%, 2-0.9 GM/500ML-%, 750-0.9 MG/250ML-%	TIER 03	
VANCOMYCIN HCL IN NACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	TIER 03	
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	TIER 01	
vancomycin hcl intravenous solution	TIER 01	
vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 1.75 gm, 100 gm, 2 gm, 500 mg, 750 mg	TIER 01	
vancomycin hcl oral	TIER 01	
vancomycin hcl solution reconstituted 1 gm intravenous	TIER 01	
VANCOMYCIN HCL SOLUTION RECONSTITUTED 1 GM INTRAVENOUS	TIER 03	

Drug Name	Drug Tier	Notes
vancomycin hcl solution reconstituted 10 gm intravenous	TIER 01	
VANCOMYCIN HCL SOLUTION RECONSTITUTED 10 GM INTRAVENOUS	TIER 03	
vancomycin hcl solution reconstituted 5 gm intravenous	TIER 01	
VANCOMYCIN HCL SOLUTION RECONSTITUTED 5 GM INTRAVENOUS	TIER 03	
VANDAZOLE	TIER 03	ST
VIBATIV	TIER 03	
XACIATO	TIER 03	
XERAVA	TIER 03	
XIFAXAN ORAL TABLET 200 MG	EXCLUDED	PA
XIFAXAN ORAL TABLET 550 MG	TIER 03	PA
ZEMDRI	TIER 03	
ZERBAXA	TIER 03	
ZITHROMAX	TIER 03	
ZITHROMAX TRI-PAK	TIER 03	
ZITHROMAX Z-PAK	TIER 03	
ZOSYN	TIER 03	
ZYVOX INTRAVENOUS	TIER 03	
ZYVOX ORAL SUSPENSION RECONSTITUTED	TIER 03	QL
Anticoagulants		
ACD FORMULA A	TIER 03	
ACD-A NOCLOT-50	TIER 03	
ANGIOMAX	TIER 03	
ANTICOAGULANT SODIUM CITRATE	TIER 03	
argatroban intravenous solution 50 mg/50ml	TIER 01	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
ARIXTRA	TIER 03	
bd heparin posiflush	TIER 01	
bivalirudin trifluoroacetate intravenous solution reconstituted	TIER 01	
dabigatran etexilate mesylate	TIER 01	
DEFENCATH	TIER 03	
ELIQUIS	TIER 02	
ELIQUIS DVT/PE STARTER PACK	TIER 02	
enoxaparin sodium	TIER 01	
fondaparinux sodium	TIER 01	
FRAGMIN	TIER 03	
heparin (porcine) in nacl intravenous solution	TIER 01	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	TIER 03	
heparin na (pork) lock flsh pf	TIER 01	
heparin sod (porcine) in d5w	TIER 01	
heparin sod (pork) lock flush	TIER 01	
heparin sodium (porcine)	TIER 01	
heparin sodium (porcine) pf	TIER 01	
jantoven	PREVENT	
LOVENOX	TIER 03	
PRADAXA ORAL CAPSULE	TIER 02	
PRADAXA ORAL PACKET	TIER 03	
SAVAYSA	TIER 03	

Drug Name	Drug Tier	Notes
SODIUM CITRATE IN VITRO	TIER 03	
SODIUM CITRATE LOCK FLUSH	TIER 03	
SODIUM CITRATE- GENTAMICIN SULF	TIER 03	
TNKASE	TIER 03	
TRICITRASOL	TIER 03	
warfarin sodium oral	PREVENT	
XARELTO	TIER 02	
XARELTO STARTER PACK	TIER 02	
Anticonvulsants - Drugs for Seizures		
APTIOM	TIER 03	
BRIVIACT INTRAVENOUS	TIER 03	
BRIVIACT ORAL	TIER 03	ST
carbamazepine er oral capsule extended release 12 hour	PREVENT	
carbamazepine er oral tablet extended release 12 hour 100 mg	TIER 01	
carbamazepine er oral tablet extended release 12 hour 200 mg, 400 mg	PREVENT	
carbamazepine oral suspension	PREVENT	
carbamazepine oral tablet	PREVENT	
carbamazepine oral tablet chewable 100 mg	PREVENT	
carbamazepine oral tablet chewable 200 mg	TIER 01	
CARBATROL	EXCLUDED	
CELONTIN	TIER 03	
CEREBYX	TIER 03	
clobazam	TIER 01	PA
DEPAKOTE	EXCLUDED	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
DEPAKOTE ER	EXCLUDED	
DEPAKOTE SPRINKLES	EXCLUDED	
DIACOMIT	SPECIALTY	PA
diazepam rectal	TIER 01	QL
DILANTIN INFATABS	EXCLUDED	
DILANTIN ORAL CAPSULE 100 MG	EXCLUDED	
DILANTIN ORAL CAPSULE 30 MG	TIER 02	
DILANTIN ORAL SUSPENSION	EXCLUDED	
DILANTIN-125	EXCLUDED	
divalproex sodium er	TIER 01	
divalproex sodium oral	TIER 01	
ELEPSIA XR	EXCLUDED	
EPIDIOLEX	SPECIALTY	PA
epitol	PREVENT	
EPRONTIA	EXCLUDED	
ethosuximide oral	TIER 01	
felbamate	TIER 01	
FINTEPLA	SPECIALTY	PA
fosphenytoin sodium	TIER 01	
FYCOMPA	TIER 03	
gabapentin oral capsule	TIER 01	
gabapentin oral solution	TIER 01	
gabapentin oral tablet 600 mg, 800 mg	TIER 01	
KEPPRA INTRAVENOUS	TIER 03	
KEPPRA ORAL	EXCLUDED	
KEPPRA XR	EXCLUDED	
lacosamide	TIER 01	
LAMICTAL	EXCLUDED	
LAMICTAL ODT	EXCLUDED	
LAMICTAL STARTER	EXCLUDED	
LAMICTAL XR ORAL KIT	TIER 03	

Drug Name	Drug Tier	Notes
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	EXCLUDED	
lamotrigine er	TIER 01	
lamotrigine oral	TIER 01	
lamotrigine starter kit-blue	TIER 01	
lamotrigine starter kit-green	TIER 01	
lamotrigine starter kit-orange	TIER 01	
levetiracetam er	TIER 01	
levetiracetam in nacl	TIER 01	
levetiracetam intravenous	TIER 01	
levetiracetam oral	TIER 01	
LIBERVANT	TIER 03	QL
methsuximide	TIER 01	
MOTPOLY XR	TIER 03	ST
NAYZILAM	TIER 03	QL
NEURONTIN	EXCLUDED	
ONFI	EXCLUDED	PA
oxcarbazepine	TIER 01	
oxcarbazepine er	TIER 01	ST
OXTELLAR XR	EXCLUDED	
pentobarbital sodium injection	TIER 01	
phenobarbital oral	TIER 01	
phenobarbital sodium injection	TIER 01	
phenytek	PREVENT	
phenytoin infatabs	PREVENT	
phenytoin oral	PREVENT	
phenytoin sodium extended	PREVENT	
phenytoin sodium injection	TIER 01	
primidone oral tablet 250 mg, 50 mg	TIER 01	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
QUDEXY XR	EXCLUDED	
roweepira	TIER 01	
rufinamide	TIER 01	PA
SABRIL	EXCLUDED	PA
SEZABY	TIER 03	
subvenite	TIER 01	
subvenite starter kit-blue	TIER 01	
subvenite starter kit-green	TIER 01	
subvenite starter kit-orange	TIER 01	
SYMPAZAN	TIER 03	PA
TEGRETOL	EXCLUDED	
TEGRETOL-XR	EXCLUDED	
tiagabine hcl	TIER 01	
TOPAMAX	EXCLUDED	
TOPAMAX SPRINKLE	EXCLUDED	
topiramate er oral capsule er 24 hour sprinkle	TIER 01	
topiramate er oral capsule extended release 24 hour	TIER 01	ST
topiramate oral	TIER 01	
TRILEPTAL	EXCLUDED	
TROKENDI XR	EXCLUDED	
valproate sodium intravenous	TIER 01	
valproic acid oral capsule	TIER 01	
valproic acid oral solution	PREVENT	
VALTOCO	TIER 03	QL
vigabatrin	SPECIALTY	PA
vigadrone	SPECIALTY	PA
vigpoder	SPECIALTY	PA
VIMPAT	EXCLUDED	
XCOPRI	TIER 03	ST
ZARONTIN	TIER 02	
ZONEGRAN	EXCLUDED	

Drug Name	Drug Tier	Notes
ZONISADE	EXCLUDED	PA
zonisamide oral	TIER 01	
ZTALMY	SPECIALTY	PA
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ADLARITY	EXCLUDED	PA
donepezil hcl	TIER 01	
galantamine hydrobromide	TIER 01	
galantamine hydrobromide er	TIER 01	
LEQEMBI	EXCLUDED	PA
memantine hcl	TIER 01	
memantine hcl er	TIER 01	
NAMZARIC	TIER 02	
rivastigmine tartrate	TIER 01	
Antidepressants		
amitriptyline hcl oral	PREVENT	
amoxapine	TIER 01	
AUVELITY	EXCLUDED	
bupropion hcl er (sr)	TIER 01	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	TIER 01	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	EXCLUDED	
bupropion hcl oral	TIER 01	
CELEXA	EXCLUDED	
chlordiazepoxide-amitriptyline	TIER 01	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	EXCLUDED	
citalopram hydrobromide oral solution	PREVENT	
citalopram hydrobromide oral tablet	PREVENT	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
clomipramine hcl oral	TIER 01	
CYMBALTA	EXCLUDED	
desipramine hcl oral	TIER 01	
DESVENLAFAXINE ER	TIER 03	ST; QL
desvenlafaxine succinate er	TIER 01	
doxepin hcl oral capsule	TIER 01	
doxepin hcl oral concentrate	TIER 01	
duloxetine hcl oral	PREVENT	
EFFEXOR XR	EXCLUDED	
EMSAM	TIER 03	
escitalopram oxalate oral	PREVENT	
FETZIMA	TIER 03	ST; QL
FETZIMA TITRATION	TIER 03	ST; QL
fluoxetine hcl oral capsule	PREVENT	
fluoxetine hcl oral capsule delayed release	PREVENT	
fluoxetine hcl oral solution	PREVENT	
fluoxetine hcl oral tablet 10 mg, 60 mg	TIER 01	
fluvoxamine maleate	TIER 01	
fluvoxamine maleate er	TIER 01	
FORFIVO XL	EXCLUDED	
imipramine hcl oral	TIER 01	
imipramine pamoate	TIER 01	
LEXAPRO	EXCLUDED	
MARPLAN	TIER 03	
mirtazapine oral	TIER 01	
NARDIL	TIER 03	
nefazodone hcl	TIER 01	
NORPRAMIN	TIER 03	
nortriptyline hcl oral	TIER 01	
olanzapine-fluoxetine hcl	TIER 01	
PARNATE	TIER 03	
paroxetine hcl er	TIER 01	

Drug Name	Drug Tier	Notes
paroxetine hcl oral suspension	TIER 01	
paroxetine hcl oral tablet	PREVENT	
PAXIL CR	EXCLUDED	
PAXIL ORAL SUSPENSION	TIER 03	ST
PAXIL ORAL TABLET	EXCLUDED	
perphenazine-amitriptyline	TIER 01	
phenelzine sulfate oral	TIER 01	
PRISTIQ	EXCLUDED	
protriptyline hcl	TIER 01	
PROZAC	EXCLUDED	
REMERON	TIER 03	
REMERON SOLTAB	TIER 03	
SERTRALINE HCL ORAL CAPSULE	EXCLUDED	
sertraline hcl oral concentrate	PREVENT	
sertraline hcl oral tablet	PREVENT	
SPRAVATO (56 MG DOSE)	SPECIALTY	PA
SPRAVATO (84 MG DOSE)	SPECIALTY	PA
SYMBYAX	TIER 03	
tranylcypromine sulfate	TIER 01	
trazodone hcl oral	TIER 01	
trimipramine maleate oral	TIER 01	
TRINTELLIX	TIER 03	ST; QL
VENLAFAXINE BESYLATE ER	EXCLUDED	
venlafaxine hcl	PREVENT	
venlafaxine hcl er oral capsule extended release 24 hour	PREVENT	
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	PREVENT	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
VIIBRYD	TIER 03	ST; QL
vilazodone hcl	TIER 01	
WELLBUTRIN SR	EXCLUDED	
WELLBUTRIN XL	EXCLUDED	
ZOLOFT	EXCLUDED	
ZULRESSO	SPECIALTY	PA
ZURZUVAE	TIER 03	PA
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO (READY-TO-USE)	TIER 03	
AKYNZEO (TO-BE-DILUTED)	TIER 03	
AKYNZEO INTRAVENOUS	TIER 03	
AKYNZEO ORAL	TIER 03	QL
ANTIVERT	TIER 03	
ANZEMET	TIER 03	QL
APONVIE	TIER 03	
aprepitant	TIER 01	QL
BARHEMSYS	TIER 03	
BONJESTA	TIER 03	PA; QL
CINVANTI	TIER 03	
compro	TIER 01	
DICLEGIS	TIER 03	PA; QL
dimenhydrinate injection	TIER 01	
doxylamine-pyridoxine	TIER 01	PA; QL
dronabinol	TIER 01	PA; QL
droperidol injection	TIER 01	
EMEND INTRAVENOUS	TIER 03	
EMEND ORAL	TIER 03	QL
EMEND TRI-PACK	TIER 03	QL
FOCINVEZ	TIER 03	
fosaprepitant dimeglumine	TIER 01	
GIMOTI	EXCLUDED	PA

Drug Name	Drug Tier	Notes
granisetron hcl intravenous	TIER 01	
granisetron hcl oral	TIER 01	QL
MARINOL ORAL CAPSULE 2.5 MG	TIER 03	PA; QL
meclizine hcl oral tablet	TIER 01	
metoclopramide hcl injection	TIER 01	
metoclopramide hcl oral	TIER 01	
ondansetron hcl injection	TIER 01	
ondansetron hcl oral solution	TIER 01	QL
ondansetron hcl oral tablet 4 mg, 8 mg	TIER 01	
ondansetron odt	TIER 01	
palonosetron hcl	TIER 01	
perphenazine oral	TIER 01	
PHENERGAN	TIER 03	
prochlorperazine	TIER 01	
prochlorperazine edisylate injection	TIER 01	
prochlorperazine maleate oral	TIER 01	
promethazine hcl injection	TIER 01	
promethazine hcl oral	TIER 01	
promethazine hcl rectal	TIER 01	
promethegan	TIER 01	
REGLAN	TIER 03	
SANCUSO	EXCLUDED	PA; QL
scopolamine	TIER 01	
SUSTOL	TIER 03	QL
SYNDROS	TIER 03	PA; QL
TIGAN	TIER 03	
TRANSDERM-SCOP	TIER 03	
trimethobenzamide hcl oral	TIER 01	
VARUBI (180 MG DOSE)	TIER 03	QL

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
Antifungals		
ABELCET	TIER 03	
amphotericin b intravenous	TIER 01	
amphotericin b liposome	TIER 01	
ANCOBON	TIER 03	
BREXAFEMME	EXCLUDED	
CANCIDAS	TIER 03	
casprofungin acetate	TIER 01	
ciclodan	TIER 01	
ciclopirox external	TIER 01	
ciclopirox olamine external	TIER 01	
clotrimazole external	TIER 01	
clotrimazole mouth/throat	TIER 01	
clotrimazole-betamethasone	TIER 01	
CRESEMBA INTRAVENOUS	SPECIALTY	
CRESEMBA ORAL	SPECIALTY	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	TIER 03	
econazole nitrate external	TIER 01	
ERAXIS	TIER 03	
EXODERM	TIER 03	
fluconazole in sodium chloride	TIER 01	
fluconazole oral	TIER 01	
flucytosine oral	TIER 01	
griseofulvin microsize oral	TIER 01	
griseofulvin ultramicrosize	TIER 01	
GYNAZOLE-1	TIER 03	
itraconazole oral	TIER 01	PA
JUBLIA	EXCLUDED	PA

Drug Name	Drug Tier	Notes
ketoconazole external cream	TIER 01	
ketoconazole external shampoo	TIER 01	
ketoconazole oral	TIER 01	
klayesta	TIER 01	
micalfungin sodium	TIER 01	
MICAFUNGIN SODIUM-NACL	TIER 03	
miconazole 3	TIER 01	
MYCAMINE	TIER 03	
naftifine hcl external gel	TIER 01	
NOXAFIL INTRAVENOUS	SPECIALTY	
NOXAFIL ORAL PACKET	SPECIALTY	PA
NOXAFIL ORAL SUSPENSION	SPECIALTY	PA
nyamyc	TIER 01	
nystatin external	TIER 01	
nystatin mouth/throat	TIER 01	
nystatin oral	TIER 01	
nystatin-triamcinolone	TIER 01	
nystop	TIER 01	
posaconazole intravenous	SPECIALTY	
posaconazole oral	SPECIALTY	PA
SPORANOX	TIER 03	PA
tavaborole	TIER 01	PA
terbinafine hcl oral	TIER 01	QL
terconazole	TIER 01	
TOLSURA	EXCLUDED	PA
VFEND	SPECIALTY	PA
VFEND IV	SPECIALTY	
VIVJOA	EXCLUDED	PA
voriconazole intravenous	SPECIALTY	
voriconazole oral	SPECIALTY	PA

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	TIER 01	
allopurinol sodium	TIER 01	
ALOPRIM	TIER 03	
colchicine oral	TIER 01	
colchicine-probenecid	TIER 01	
febuxostat	TIER 01	ST
GLOPERBA	EXCLUDED	PA
MITIGARE	EXCLUDED	
probenecid	TIER 01	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	SPECIALTY	PA
AJOVY	TIER 02	PA
CAMBIA	EXCLUDED	
dihydroergotamine mesylate injection	TIER 01	PA; QL
dihydroergotamine mesylate nasal	TIER 01	PA; QL
eletriptan hydrobromide	TIER 01	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	EXCLUDED	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	SPECIALTY	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	EXCLUDED	PA
ERGOMAR	TIER 03	PA; QL
ergotamine-caffeine	TIER 01	PA; QL
IMITREX	EXCLUDED	QL

Drug Name	Drug Tier	Notes
IMITREX STATDOSE REFILL	EXCLUDED	QL
IMITREX STATDOSE SYSTEM	EXCLUDED	QL
MAXALT	EXCLUDED	QL
MAXALT-MLT	EXCLUDED	QL
MIGERGOT	TIER 03	PA; QL
naratriptan hcl	TIER 01	QL
NURTEC	TIER 02	PA
ONZETRA XSAIL	EXCLUDED	QL
QULIPTA	TIER 02	PA; QL
RELPAK	EXCLUDED	QL
REYVOW	EXCLUDED	PA
rizatriptan benzoate	TIER 01	QL
sumatriptan nasal	TIER 01	QL
sumatriptan succinate oral	TIER 01	QL
sumatriptan succinate refill subcutaneous solution cartridge	TIER 01	QL
sumatriptan succinate subcutaneous	TIER 01	QL
TOSYMRA	EXCLUDED	QL
TREXIMET	EXCLUDED	QL
TRUDHESA	EXCLUDED	PA; QL
UBRELVY	TIER 02	PA
VYEPTI	TIER 03	PA
ZAVZPRET	TIER 03	PA
ZEMBRACE SYMTOUCH	EXCLUDED	QL
zolmitriptan nasal solution 5 mg	TIER 01	QL
zolmitriptan oral	TIER 01	QL
ZOMIG ORAL	EXCLUDED	QL
Antimyasthenic Agents		
BLOXIVERZ	TIER 03	
MESTINON ORAL SOLUTION	TIER 03	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml	TIER 01	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 3 MG/3ML, 5 MG/5ML	TIER 03	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 4 MG/4ML, 5 MG/5ML	TIER 03	
neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous	TIER 01	
NEOSTIGMINE METHYLSULFATE SOLUTION PREFILLED SYRINGE 3 MG/3ML INTRAVENOUS	TIER 03	
pyridostigmine bromide er	TIER 01	
pyridostigmine bromide oral	TIER 01	
REGONOL	TIER 03	
Antimycobacterials		
cycloserine oral	TIER 01	
dapsone oral	TIER 01	
ethambutol hcl oral	TIER 01	
isoniazid injection	TIER 01	
isoniazid oral	TIER 01	
PRETOMANID	TIER 03	
PRIFTIN	TIER 03	
pyrazinamide oral	TIER 01	
rifabutin	TIER 01	
RIFADIN	TIER 03	
rifampin intravenous	TIER 01	

Drug Name	Drug Tier	Notes
rifampin oral	TIER 01	
SIRTURO	TIER 03	
TRECTOR	TIER 03	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	SPECIALTY	PA
ABRAXANE	SPECIALTY	
ADCETRIS	SPECIALTY	PA
adriamycin	SPECIALTY	
AFINITOR	EXCLUDED	PA
AFINITOR DISPERZ	EXCLUDED	PA
AKEEGA	EXCLUDED	PA
ALECENSA	SPECIALTY	PA
ALIMTA	SPECIALTY	
ALIQOPA	SPECIALTY	PA
ALUNBRIG	SPECIALTY	PA
ALYMSYS	EXCLUDED	PA
anastrozole oral	TIER 01	
ANKTIVA	SPECIALTY	PA
ARIMIDEX	EXCLUDED	
ARRANON	SPECIALTY	
arsenic trioxide intravenous	SPECIALTY	
ARZERRA	SPECIALTY	PA
ASPARLAS	SPECIALTY	
AUGTYRO	SPECIALTY	PA
AVASTIN	SPECIALTY	PA
AYVAKIT	SPECIALTY	PA
azacitidine	SPECIALTY	
BALVERSA	SPECIALTY	PA
BAVENCIO	SPECIALTY	PA
BELEODAQ	SPECIALTY	PA
BELRAPZO	EXCLUDED	PA
BENDAMUSTINE HCL INTRAVENOUS SOLUTION	EXCLUDED	PA

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
bendamustine hcl intravenous solution reconstituted	SPECIALTY	PA
BENDEKA	SPECIALTY	PA
BESPONSА	SPECIALTY	PA
BESREMI	EXCLUDED	PA
bexarotene	SPECIALTY	PA
bicalutamide	TIER 01	
bleomycin sulfate	SPECIALTY	
BLINCYTO	SPECIALTY	PA
bortezomib	SPECIALTY	PA
BOSULIF	SPECIALTY	PA
BRAFTOVI	SPECIALTY	PA
BRUKINSA	SPECIALTY	PA
busulfan	SPECIALTY	
BUSULFEX	SPECIALTY	
CABOMETYX	SPECIALTY	PA
CALQUENCE	SPECIALTY	PA
CAMPTOSAR	SPECIALTY	
capecitabine	SPECIALTY	
CAPRELSA	SPECIALTY	PA
carboplatin	SPECIALTY	
carmustine	SPECIALTY	
CASODEX	TIER 03	
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml	SPECIALTY	
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	SPECIALTY	
cisplatin solution 50 mg/50ml intravenous	SPECIALTY	
CISPLATIN SOLUTION 50 MG/50ML INTRAVENOUS	SPECIALTY	
cladribine	SPECIALTY	
clofarabine	SPECIALTY	
COLUMVI	SPECIALTY	PA

Drug Name	Drug Tier	Notes
COMETRIQ	SPECIALTY	PA
COPIKTRA	SPECIALTY	PA
COSELA	EXCLUDED	PA
COTELLIC	SPECIALTY	PA
cyclophosphamide injection	SPECIALTY	
CYCLOPHOSPHAMIDE INTRAVENOUS	SPECIALTY	
cyclophosphamide oral capsule	SPECIALTY	
CYCLOPHOSPHAMIDE ORAL TABLET	SPECIALTY	
CYRAMZA	SPECIALTY	PA
cytarabine	SPECIALTY	
cytarabine (pf)	SPECIALTY	
dacarbazine	SPECIALTY	
dactinomycin	SPECIALTY	
DANYELZA	SPECIALTY	PA
DARZALEX	SPECIALTY	PA
DARZALEX FASPRO	EXCLUDED	PA
dasatinib	SPECIALTY	PA
daunorubicin hcl	SPECIALTY	
DAURISMO	SPECIALTY	PA
decitabine	SPECIALTY	
dexrazoxane	SPECIALTY	
dexrazoxane hcl	SPECIALTY	
docetaxel	SPECIALTY	
DOCIVYX	SPECIALTY	
DOXIL	SPECIALTY	
doxorubicin hcl	SPECIALTY	
doxorubicin hcl liposomal	SPECIALTY	
DROXIA	TIER 03	
ELITEK	SPECIALTY	
ELLENCЕ	SPECIALTY	
ELREXFIO	SPECIALTY	PA
EMPLICITI	SPECIALTY	PA
ENHERTU	SPECIALTY	PA

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
EPKINLY	SPECIALTY	PA
ERBITUX	SPECIALTY	PA
eribulin mesylate	SPECIALTY	PA
ERIVEDGE	SPECIALTY	PA
ERLEADA	SPECIALTY	PA
erlotinib hcl	SPECIALTY	PA
ETOPOPHOS	SPECIALTY	
etoposide intravenous	SPECIALTY	
etoposide oral	SPECIALTY	
EULEXIN	TIER 03	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	SPECIALTY	PA
everolimus oral tablet soluble	SPECIALTY	PA
EVOMELA	SPECIALTY	
exemestane	SPECIALTY	
FARESTON	SPECIALTY	
FASLODEX	SPECIALTY	
floxuridine	SPECIALTY	
fludarabine phosphate	SPECIALTY	
fluorouracil intravenous	SPECIALTY	
FOLOTYN	SPECIALTY	PA
FOTIVDA	EXCLUDED	PA
FRUZAQLA	SPECIALTY	PA
fulvestrant	SPECIALTY	
FYARRO	SPECIALTY	PA
GAVRETO	SPECIALTY	PA
GAZYVA	SPECIALTY	PA
gefitinib	SPECIALTY	PA
gemcitabine hcl	SPECIALTY	
GILOTRIF	SPECIALTY	PA
GLEEVEC	EXCLUDED	PA
GLEOSTINE	SPECIALTY	
HALAVEN	SPECIALTY	PA
HERCEPTIN	SPECIALTY	PA
HERCEPTIN HYLECTA	SPECIALTY	PA

Drug Name	Drug Tier	Notes
HERZUMA	EXCLUDED	PA
HYCAMTIN	SPECIALTY	
HYDREA	TIER 03	
hydroxyurea oral	TIER 01	
IBRANCE	SPECIALTY	PA
ICLUSIG	SPECIALTY	PA
IDAMYCIN PFS	SPECIALTY	
idarubicin hcl	SPECIALTY	
IDHIFA	SPECIALTY	PA
IFEX	SPECIALTY	
ifosfamide	SPECIALTY	
imatinib mesylate	SPECIALTY	PA
IMBRUVICA ORAL CAPSULE	SPECIALTY	PA
IMBRUVICA ORAL SUSPENSION	SPECIALTY	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG	EXCLUDED	PA
IMBRUVICA ORAL TABLET 420 MG	SPECIALTY	PA
IMDELLTRA	SPECIALTY	PA
IMFINZI	SPECIALTY	PA
IMJUDO	SPECIALTY	PA
INLYTA	SPECIALTY	PA
INQOVI	EXCLUDED	PA
INREBIC	SPECIALTY	PA
IRESSA	SPECIALTY	PA
irinotecan hcl	SPECIALTY	
ISTODAX	SPECIALTY	PA
IXEMPRA KIT	SPECIALTY	
JAKAFI	SPECIALTY	PA
JAYPIRCA	SPECIALTY	PA
JEMPERLI	SPECIALTY	PA
JEVTANA	SPECIALTY	PA
KADCYLA	SPECIALTY	PA
KANJINTI	SPECIALTY	PA

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
KEYTRUDA	SPECIALTY	PA
KHAPZORY	SPECIALTY	ST
KIMMTRAK	SPECIALTY	PA
KISQALI (200 MG DOSE)	SPECIALTY	PA
KISQALI (400 MG DOSE)	SPECIALTY	PA
KISQALI (600 MG DOSE)	SPECIALTY	PA
KOSELUGO	SPECIALTY	PA
KRAZATI	SPECIALTY	PA
KYPROLIS	SPECIALTY	PA
lapatinib ditosylate	SPECIALTY	PA
lenalidomide	SPECIALTY	PA
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	SPECIALTY	PA
letrozole oral	TIER 01	
leucovorin calcium injection	TIER 01	
leucovorin calcium oral	TIER 01	
LEUKERAN	SPECIALTY	
levoleucovorin calcium	SPECIALTY	
levoleucovorin calcium pf	SPECIALTY	
LIBTAYO	SPECIALTY	PA
LONSURF	SPECIALTY	PA
LOQTORZI	SPECIALTY	PA
LORBRENA	SPECIALTY	PA
LUMAKRAS	SPECIALTY	PA
LUNSUMIO	SPECIALTY	PA
LYNPARZA	SPECIALTY	PA
LYSODREN	SPECIALTY	
LYTGOBI (12 MG DAILY DOSE)	SPECIALTY	PA

Drug Name	Drug Tier	Notes
LYTGOBI (16 MG DAILY DOSE)	SPECIALTY	PA
LYTGOBI (20 MG DAILY DOSE)	SPECIALTY	PA
MARGENZA	SPECIALTY	PA
MATULANE	SPECIALTY	
MEKINIST	SPECIALTY	PA
MEKTOVI	SPECIALTY	PA
melphalan hcl	SPECIALTY	
mercaptopurine oral	TIER 01	
mesna	SPECIALTY	
MESNEX	SPECIALTY	
mitomycin intravenous	SPECIALTY	
mitoxantrone hcl	SPECIALTY	PA
MONJUVI	SPECIALTY	PA
mutamycin	SPECIALTY	
MVASI	SPECIALTY	PA
MYLERAN	SPECIALTY	
MYLOTARG	SPECIALTY	PA
nelarabine	SPECIALTY	
NERLYNX	SPECIALTY	PA
NEXAVAR	SPECIALTY	PA
NILANDRON	SPECIALTY	
nilutamide	SPECIALTY	
NINLARO	SPECIALTY	PA
NIPENT	SPECIALTY	
NUBEQA	SPECIALTY	PA
ODOMZO	SPECIALTY	PA
OGIVRI	EXCLUDED	PA
OGSIVEO	SPECIALTY	PA
OJEMDA	SPECIALTY	PA
OJJAARA	EXCLUDED	PA
ONCASPAR	SPECIALTY	
ONIVYDE	SPECIALTY	
ONTRUZANT	EXCLUDED	PA
ONUREG	SPECIALTY	PA
OPDIVO	SPECIALTY	PA

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
OPDUALAG	SPECIALTY	PA
ORGOVYX	SPECIALTY	PA
ORSERDU	SPECIALTY	PA
oxaliplatin	SPECIALTY	
paclitaxel	SPECIALTY	
paclitaxel protein-bound part	SPECIALTY	
PADCEV	SPECIALTY	PA
PANRETIN	SPECIALTY	
PARAPLATIN	SPECIALTY	
pazopanib hcl	SPECIALTY	PA
PEMAZYRE	EXCLUDED	PA
PEMETREXED	SPECIALTY	
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	SPECIALTY	
pemetrexed disodium intravenous solution reconstituted	SPECIALTY	
PEMETREXED DITROMETHAMINE	SPECIALTY	
PEMFEXY	SPECIALTY	
PEMRYDI RTU	SPECIALTY	
PERJETA	SPECIALTY	PA
PHESGO	SPECIALTY	PA
PHOTOFRIN	SPECIALTY	
PIQRAY	SPECIALTY	PA
POLIVY	SPECIALTY	PA
POMALYST	SPECIALTY	PA
PORTRAZZA	SPECIALTY	PA
POTELIGEO	SPECIALTY	PA
PROLEUKIN	SPECIALTY	
PURIXAN	SPECIALTY	
QINLOCK	SPECIALTY	PA
RETEVMO	SPECIALTY	PA
REVLIMID	SPECIALTY	PA
REZLIDHIA	EXCLUDED	PA

Drug Name	Drug Tier	Notes
RIABNI	EXCLUDED	PA
RITUXAN	SPECIALTY	PA
RITUXAN HYCELA	SPECIALTY	PA
romidepsin	SPECIALTY	PA
ROZLYTREK	SPECIALTY	PA
RUBRACA	EXCLUDED	PA
RUXIENCE	SPECIALTY	PA
RYBREVANT	SPECIALTY	PA
RYDAPT	SPECIALTY	PA
RYLAZE	EXCLUDED	PA
SARCLISA	SPECIALTY	PA
SCEMBLIX	SPECIALTY	PA
SOLTAMOX	TIER 03	
sorafenib tosylate	SPECIALTY	PA
SPRYCEL	SPECIALTY	PA
STIVARGA	SPECIALTY	PA
sunitinib malate	SPECIALTY	PA
SUTENT	EXCLUDED	PA
SYLVANT	SPECIALTY	PA
TABLOID	SPECIALTY	
TABRECTA	SPECIALTY	PA
TAFINLAR	SPECIALTY	PA
TAGRISO	SPECIALTY	PA
TALVEY	SPECIALTY	PA
TALZENNA	EXCLUDED	PA
tamoxifen citrate oral	TIER 01	
TARGRETIN ORAL	EXCLUDED	PA
TASIGNA	SPECIALTY	PA
TAZVERIK	EXCLUDED	PA
TECENTRIQ	SPECIALTY	PA
TECVAYLI	SPECIALTY	PA
TEMODAR	SPECIALTY	
temozolomide	SPECIALTY	PA
TEPADINA	SPECIALTY	
TEPMETKO	EXCLUDED	PA
THALOMID	SPECIALTY	PA

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
thiotepa injection	SPECIALTY	
TIBSOVO	SPECIALTY	PA
TICE BCG	SPECIALTY	
TIVDAK	SPECIALTY	PA
topotecan hcl	SPECIALTY	
toremifene citrate	SPECIALTY	
torpenz	SPECIALTY	PA
TRAZIMERA	SPECIALTY	PA
TREANDA	EXCLUDED	PA
tretinoin oral	SPECIALTY	
TRISENOX	SPECIALTY	
TRODELVY	SPECIALTY	PA
TRUQAP	SPECIALTY	PA
TRUXIMA	EXCLUDED	PA
TUKYSA	SPECIALTY	PA
TURALIO	SPECIALTY	PA
UNITUXIN	SPECIALTY	PA
UVADEX	TIER 03	
VALCHLOR	SPECIALTY	PA
valrubicin	SPECIALTY	
VALSTAR	SPECIALTY	
VANFLYTA	SPECIALTY	PA
VECTIBIX	SPECIALTY	
VEGZELMA	EXCLUDED	PA
VELCADE	SPECIALTY	PA
VENCLEXTA	SPECIALTY	PA
VENCLEXTA STARTING PACK	SPECIALTY	PA
VERZENIO	SPECIALTY	PA
VIDAZA	SPECIALTY	
VIJOICE ORAL TABLET THERAPY PACK	EXCLUDED	PA
vinblastine sulfate	SPECIALTY	
vincristine sulfate	SPECIALTY	
vinorelbine tartrate	SPECIALTY	
VITRAKVI	SPECIALTY	PA
VIVIMUSTA	EXCLUDED	PA

Drug Name	Drug Tier	Notes
VIZIMPRO	SPECIALTY	PA
VONJO	SPECIALTY	PA
VORANIGO	SPECIALTY	PA
VORAXAZE	TIER 03	
VOTRIENT	SPECIALTY	PA
VYXEOS	SPECIALTY	PA
WELIREG	SPECIALTY	PA
XALKORI	EXCLUDED	PA
XOFIGO	TIER 02	
XOSPATA	SPECIALTY	PA
XPOVIO (100 MG ONCE WEEKLY)	SPECIALTY	PA
XPOVIO (40 MG ONCE WEEKLY)	SPECIALTY	PA
XPOVIO (40 MG TWICE WEEKLY)	SPECIALTY	PA
XPOVIO (60 MG ONCE WEEKLY)	SPECIALTY	PA
XPOVIO (60 MG TWICE WEEKLY)	SPECIALTY	PA
XPOVIO (80 MG ONCE WEEKLY)	SPECIALTY	PA
XPOVIO (80 MG TWICE WEEKLY)	SPECIALTY	PA
XTANDI	SPECIALTY	PA
YERVOY	SPECIALTY	PA
YONDELIS	SPECIALTY	
YONSA	EXCLUDED	PA
ZALTRAP	SPECIALTY	PA
ZANOSAR	SPECIALTY	
ZEJULA	SPECIALTY	PA
ZELBORAF	SPECIALTY	PA
ZEPZELCA	SPECIALTY	PA
ZEVALIN Y-90	SPECIALTY	
ZIRABEV	SPECIALTY	PA
ZOLINZA	SPECIALTY	PA
ZYDELIG	SPECIALTY	PA
ZYKADIA	SPECIALTY	PA

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
ZYNLONTA	SPECIALTY	PA
ZYNYZ	SPECIALTY	PA
ZYTIGA	EXCLUDED	PA
Antiparasitics		
albendazole oral	TIER 01	PA
ARAKODA	TIER 03	
ARTESUNATE	TIER 03	
atovaquone	TIER 01	
atovaquone-proguanil hcl	TIER 01	
BENZNIDAZOLE	TIER 03	
BILTRICIDE	TIER 02	
chloroquine phosphate oral	TIER 01	
COARTEM	TIER 03	
CROTAN	TIER 03	
DARAPRIM	SPECIALTY	PA
EGATEN	TIER 03	
ELIMITE	TIER 03	
EMVERM	TIER 02	
hydroxychloroquine sulfate oral	TIER 01	
IMPAVIDO	TIER 03	
ivermectin oral	TIER 01	
KRINTAFEL	TIER 03	
LAMPIT	TIER 03	
MALARONE	TIER 03	
malathion	TIER 01	
mefloquine hcl	TIER 01	
MEPRON	TIER 03	
NATROBA	EXCLUDED	
NEBUPENT	TIER 03	
nitazoxanide oral	TIER 01	
OVIDE	TIER 03	
PENTAM	TIER 03	
pentamidine isethionate	TIER 01	
permethrin external	TIER 01	
PLAQUENIL	EXCLUDED	

Effective December 1, 2024

Drug Name	Drug Tier	Notes
praziquantel oral	TIER 01	
primaquine phosphate	TIER 01	
pyrimethamine oral	SPECIALTY	PA
PYRIMETHAMINE-LEUCOVORIN	TIER 03	
QUALAQUIN	TIER 03	PA
quinine sulfate	TIER 01	PA
SOVUNA	EXCLUDED	
spinosad	TIER 01	
STROMECTOL	TIER 03	
sulfurated lime	TIER 01	
Antiparkinson Agents		
amantadine hcl oral	TIER 01	
APOKYN	SPECIALTY	PA
apomorphine hcl subcutaneous	SPECIALTY	PA
benztropine mesylate	TIER 01	
bromocriptine mesylate oral	TIER 01	
carbidopa oral	TIER 01	
carbidopa-levodopa	TIER 01	
carbidopa-levodopa er	TIER 01	
carbidopa-levodopa-entacapone	TIER 01	
DHIVY	EXCLUDED	
DUOPA	TIER 03	PA
entacapone	TIER 01	
GOCOVRI	EXCLUDED	PA
INBRIJA	SPECIALTY	PA
NEUPRO	TIER 03	
NOURIANZ	TIER 03	PA
ONGENTYS	TIER 03	ST
OSMOLEX ER	EXCLUDED	PA
PARLODEL	TIER 03	
pramipexole dihydrochloride	TIER 01	
rasagiline mesylate oral	TIER 01	

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
ropinirole hcl	TIER 01	
ropinirole hcl er	TIER 01	
RYTARY	TIER 03	ST
selegiline hcl oral	TIER 01	
SINEMET	TIER 03	
TASMAR	TIER 03	
tolcapone	TIER 01	
trihexyphenidyl hcl	TIER 01	
Antiplatelets		
AGGRASTAT	TIER 03	
aspirin-dipyridamole er	TIER 01	
BRILINTA	TIER 02	
CABLIVI	SPECIALTY	PA
cilostazol	TIER 01	
clopidogrel bisulfate oral	PREVENT	
dipyridamole oral	TIER 01	
eptifibatide	TIER 01	
KENGREAL	TIER 03	
PLAVIX	EXCLUDED	
prasugrel hcl	TIER 01	
tirofiban hcl in nacl	TIER 01	
YOSPRALA	EXCLUDED	PA; QL
ZONTIVITY	TIER 03	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	EXCLUDED	
ABILIFY ASIMTUFII	TIER 03	
ABILIFY MAINTENA	TIER 03	
ADASUVE	TIER 03	PA
aripiprazole	TIER 01	
ARISTADA	TIER 03	
ARISTADA INITIO	TIER 03	
asenapine maleate	TIER 01	
CAPLYTA	TIER 03	ST; QL
chlorpromazine hcl injection	TIER 01	

Drug Name	Drug Tier	Notes
chlorpromazine hcl oral	TIER 01	
clozapine	TIER 01	
FANAPT	TIER 03	ST; QL
FANAPT TITRATION PACK	TIER 03	ST; QL
fluphenazine decanoate injection	TIER 01	
fluphenazine hcl	TIER 01	
GEODON INTRAMUSCULAR	TIER 03	
HALDOL DECANOATE	TIER 03	
haloperidol decanoate intramuscular	TIER 01	
haloperidol lactate injection	TIER 01	
haloperidol lactate oral concentrate 2 mg/ml	TIER 01	
haloperidol oral	TIER 01	
INVEGA	TIER 03	
INVEGA HAFYERA	TIER 03	ST
INVEGA SUSTENNA	TIER 03	
INVEGA TRINZA	TIER 03	
LATUDA	EXCLUDED	
loxapine succinate	TIER 01	
lurasidone hcl	TIER 01	
LYBALVI	EXCLUDED	
molindone hcl	TIER 01	
NUPLAZID	TIER 03	PA
olanzapine	TIER 01	
paliperidone er	TIER 01	
PERSERIS	TIER 03	
pimozide	TIER 01	
quetiapine fumarate	TIER 01	
quetiapine fumarate er	TIER 01	
REXULTI	TIER 03	
RISPERDAL	EXCLUDED	
RISPERDAL CONSTA	TIER 03	ST
risperidone	TIER 01	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
risperidone microspheres	TIER 01	
RYKINDO	TIER 03	
SAPHRIS	EXCLUDED	
SECUADO	EXCLUDED	
SEROQUEL	EXCLUDED	
SEROQUEL XR	EXCLUDED	
thioridazine hcl oral	TIER 01	
thiothixene	TIER 01	
trifluoperazine hcl	TIER 01	
UZEDY	TIER 03	
VERSACLOZ	TIER 03	
VRAYLAR	TIER 03	
ziprasidone hcl	TIER 01	
ziprasidone mesylate	TIER 01	
ZYPREXA	EXCLUDED	
ZYPREXA RELPREVV	TIER 03	
ZYPREXA ZYDIS	TIER 03	
Antivirals		
abacavir sulfate	TIER 01	
abacavir sulfate-lamivudine	TIER 01	
acyclovir external ointment	TIER 01	
acyclovir oral	TIER 01	
acyclovir sodium	TIER 01	
ACYCLOVIR SODIUM-NACL	TIER 03	
adefovir dipivoxil	TIER 01	
APRETUDE	EXCLUDED	PA
APTIVUS	TIER 02	
atazanavir sulfate	TIER 01	
BARACLUDE ORAL SOLUTION	TIER 03	QL
BARACLUDE ORAL TABLET	EXCLUDED	QL
BIKTARVY	TIER 03	
CABENUVA	EXCLUDED	PA

Effective December 1, 2024

Drug Name	Drug Tier	Notes
cidofovir intravenous	TIER 01	
CIMDUO	TIER 02	
COMPLERA	TIER 03	
darunavir	TIER 01	
DELSTRIGO	TIER 03	
DESCOVY ORAL TABLET 120-15 MG	EXCLUDED	
DESCOVY ORAL TABLET 200-25 MG	EXCLUDED	PA
DOVATO	TIER 02	
EDURANT	TIER 02	
efavirenz	TIER 01	
efavirenz-emtricitabine-tenofovir df	TIER 01	
efavirenz-lamivudine-tenofovir	TIER 01	
emtricitabine	TIER 01	
emtricitabine-tenofovir df	TIER 01	
EMTRIVA ORAL CAPSULE	TIER 03	
EMTRIVA ORAL SOLUTION	TIER 02	
entecavir	TIER 01	QL
EPCLUSA	SPECIALTY	PA; QL
EPIVIR	TIER 03	
etravirine	TIER 01	
EVOTAZ	TIER 02	
famciclovir oral	TIER 01	
fosamprenavir calcium	TIER 01	
foscarnet sodium	TIER 01	
FOSCAVIR	TIER 03	
FUZEON	SPECIALTY	
GANCICLOVIR	TIER 03	
ganciclovir sodium	TIER 01	
GENVOYA	TIER 03	
HARVONI	SPECIALTY	PA; QL

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
INTELENCE ORAL TABLET 100 MG, 200 MG	TIER 03	
INTELENCE ORAL TABLET 25 MG	TIER 02	
ISENTRESS	TIER 02	
ISENTRESS HD	TIER 02	
JULUCA	TIER 02	
KALETRA	TIER 03	
LAGEVRIO	TIER 03	QL
lamivudine	TIER 01	
lamivudine-zidovudine	TIER 01	
LEDIPASVIR-SOFOSBUVIR	EXCLUDED	PA; QL
LIVTENCITY	SPECIALTY	PA
lopinavir-ritonavir	TIER 01	
maraviroc	TIER 01	PA
MAVYRET	SPECIALTY	PA; QL
nevirapine	TIER 01	
nevirapine er	TIER 01	
NORVIR ORAL PACKET	TIER 02	
NORVIR ORAL TABLET	TIER 03	
ODEFSEY	TIER 03	
oseltamivir phosphate oral	TIER 01	QL
PAXLOVID (150/100)	TIER 02	QL
PAXLOVID (300/100)	TIER 02	QL
PEGASYS	SPECIALTY	PA
PIFELTRO	TIER 03	
PREVYMIS	SPECIALTY	
PREZCOBIX	TIER 02	
PREZISTA ORAL SUSPENSION	TIER 02	
PREZISTA ORAL TABLET 150 MG, 75 MG	TIER 02	
PREZISTA ORAL TABLET 600 MG, 800 MG	TIER 03	

Drug Name	Drug Tier	Notes
RAPIVAB	TIER 03	
RELENZA DISKHALER	TIER 03	QL
RETROVIR INTRAVENOUS	TIER 02	
RETROVIR ORAL	TIER 03	
REYATAZ ORAL CAPSULE	TIER 03	
REYATAZ ORAL PACKET	TIER 02	
ribavirin inhalation	TIER 01	
ribavirin oral	SPECIALTY	
rimantadine hcl	TIER 01	
ritonavir	TIER 01	
RUKOBIA	TIER 02	
SELZENTRY ORAL SOLUTION	TIER 02	PA
SOFOSBUVIR-VELPATASVIR	EXCLUDED	PA; QL
SOVALDI	SPECIALTY	PA; QL
STRIBILD	TIER 03	
SUNLENCA	TIER 03	PA
SYMFI	TIER 02	
SYMFI LO	TIER 02	
SYMITUZA	TIER 03	
TAMIFLU	TIER 01	QL
TEMBEXA	TIER 03	
tenofovir disoproxil fumarate	TIER 01	
TIVICAY	TIER 03	
TIVICAY PD	TIER 03	
TPOXX	TIER 03	
TRIUMEQ	TIER 02	
TRIUMEQ PD	TIER 03	
TROGARZO	TIER 03	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	EXCLUDED	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
TRUVADA ORAL TABLET 200-300 MG	EXCLUDED	PA
TYBOST	TIER 02	
valacyclovir hcl oral	TIER 01	
valganciclovir hcl	TIER 01	
VALTREX	EXCLUDED	
VEKLURY	TIER 03	QL
VEMLIDY	EXCLUDED	
VIRACEPT	TIER 02	
VIRAZOLE	TIER 03	
VIREAD ORAL POWDER	TIER 02	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	TIER 02	
VOCABRIA	EXCLUDED	PA
VOSEVI	SPECIALTY	PA; QL
XOFLUZA (40 MG DOSE)	TIER 03	QL
XOFLUZA (80 MG DOSE)	TIER 03	QL
ZEPATIER	SPECIALTY	PA
ZIAGEN	TIER 03	
zidovudine	TIER 01	
ZOVIRAX	EXCLUDED	
Anxiolytics - Drugs for Anxiety		
alprazolam er	TIER 01	QL
alprazolam intensol	TIER 01	QL
alprazolam oral tablet	TIER 01	QL
alprazolam xr	TIER 01	QL
ATIVAN INJECTION	TIER 03	
ATIVAN ORAL	EXCLUDED	QL
bupirone hcl oral	TIER 01	
chlordiazepoxide hcl	TIER 01	QL
clonazepam oral	TIER 01	QL
clorazepate dipotassium	TIER 01	QL

Drug Name	Drug Tier	Notes
diazepam injection solution 10 mg/2ml	TIER 01	
diazepam intensol	TIER 01	
diazepam oral	TIER 01	
diazepam solution 5 mg/ml injection	TIER 01	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	TIER 03	
estazolam	TIER 01	QL
HALCION	TIER 03	QL
hydroxyzine hcl intramuscular	TIER 01	
hydroxyzine hcl oral	TIER 01	
hydroxyzine pamoate oral	TIER 01	
KLONOPIN	EXCLUDED	QL
lorazepam injection	TIER 01	
lorazepam intensol	TIER 01	QL
lorazepam oral concentrate 2 mg/ml	TIER 01	QL
lorazepam oral tablet	TIER 01	QL
LOREEV XR	EXCLUDED	PA; QL
meprobamate	TIER 01	
oxazepam	TIER 01	QL
quazepam	TIER 01	QL
triazolam	TIER 01	QL
VALIUM	EXCLUDED	
XANAX	EXCLUDED	QL
XANAX XR	EXCLUDED	QL
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	TIER 03	
lithium	TIER 01	
lithium carbonate er	TIER 01	
lithium carbonate oral	TIER 01	
LITHOBID	TIER 02	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
Blood Products and Modifiers - Drugs for Blood Disorders		
ADVATE	SPECIALTY	
ADYNOVATE	SPECIALTY	
AFSTYLA	SPECIALTY	
ALPHANATE	SPECIALTY	
ALPHANINE SD	SPECIALTY	
ALPROLIX	SPECIALTY	
ALTUVIIIIO	SPECIALTY	
ALVAIZ	SPECIALTY	PA
aminocaproic acid intravenous	SPECIALTY	
aminocaproic acid oral	SPECIALTY	
anagrelide hcl	TIER 01	
APHEXDA	SPECIALTY	
ARANESP (ALBUMIN FREE)	SPECIALTY	PA
ASTRINGYN	TIER 03	
BALFAXAR	TIER 03	
BENEFIX	SPECIALTY	
COAGADEX	SPECIALTY	
CORIFACT	SPECIALTY	
CYKLOKAPRON	TIER 03	
DOPTELET	SPECIALTY	PA
ELOCTATE	SPECIALTY	
EMPAVELI	SPECIALTY	PA
ENJAYMO	SPECIALTY	PA
EPOGEN	EXCLUDED	PA
ESPEROCT	SPECIALTY	
FABHALTA	SPECIALTY	PA
FEIBA	SPECIALTY	
FIBRYGA	SPECIALTY	
FULPHILA	EXCLUDED	PA
FYLNETRA	EXCLUDED	PA
GRANIX	EXCLUDED	PA
HEMLIBRA	SPECIALTY	

Drug Name	Drug Tier	Notes
HEMOFIL M	SPECIALTY	
hetastarch-nacl	TIER 01	
HEXTEND	TIER 03	
HUMATE-P	SPECIALTY	
IDELVION	SPECIALTY	
IXINITY	SPECIALTY	
JESDUVROQ	EXCLUDED	PA
JIVI	SPECIALTY	
KCENTRA	TIER 03	
KOATE	SPECIALTY	
KOATE-DVI	SPECIALTY	
KOGENATE FS	SPECIALTY	
KOVALTRY	SPECIALTY	
LEUKINE	SPECIALTY	PA
LMD IN D5W	TIER 03	
LMD IN NAACL	TIER 03	
MIRCERA	SPECIALTY	PA
MOZOBIL	SPECIALTY	
MULPLETA	SPECIALTY	PA
NEULASTA	SPECIALTY	PA
NEULASTA ONPRO	SPECIALTY	PA
NEUPOGEN	EXCLUDED	PA
NIVESTYM	SPECIALTY	PA
NOVOEIGHT	SPECIALTY	
NOVOSEVEN RT	SPECIALTY	
NPLATE	SPECIALTY	PA
NUWIQ	SPECIALTY	
NYVEPRIA	EXCLUDED	PA
OBIZUR	SPECIALTY	
plerixafor	SPECIALTY	
PROCRIT	SPECIALTY	PA
PROFILNINE	SPECIALTY	
PROMACTA	SPECIALTY	PA
protamine sulfate intravenous	TIER 01	
PYRUKYND	SPECIALTY	PA

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
PYRUKYND TAPER PACK	SPECIALTY	PA
REBINYN	SPECIALTY	
REBLOZYL	SPECIALTY	PA
RECOMBINATE	SPECIALTY	
RECOTHROM	TIER 03	
RECOTHROM SPRAY KIT	TIER 03	
RELEUKO	EXCLUDED	PA
RETACRIT	SPECIALTY	PA
RIASTAP	SPECIALTY	
RIXUBIS	SPECIALTY	
ROLVEDON	EXCLUDED	PA
SEVENFACT	EXCLUDED	
SOLIRIS	SPECIALTY	PA
STIMUFEND	EXCLUDED	PA
TAVALISSE	SPECIALTY	PA
THROMBIN-JMI	TIER 03	
THROMBIN-JMI EPISTAXIS	TIER 03	
THROMBOGEN	TIER 03	
tranexamic acid intravenous	TIER 01	
tranexamic acid oral	TIER 01	
tranexamic acid-nacl	TIER 01	
TRETTEN	SPECIALTY	
UDENYCA	SPECIALTY	PA
UDENYCA ONBODY	SPECIALTY	PA
ULTOMIRIS	SPECIALTY	PA
VONVENDI	SPECIALTY	
VOYDEYA	SPECIALTY	PA
WILATE	SPECIALTY	
XOLREMDI	SPECIALTY	PA
XYNTHA	SPECIALTY	
XYNTHA SOLOFUSE	SPECIALTY	
ZARXIO	SPECIALTY	PA
ZIEXTENZO	EXCLUDED	PA

Drug Name	Drug Tier	Notes
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	TIER 03	
ACCURETIC	TIER 03	
acebutolol hcl oral	PREVENT	
acetazolamide sodium	TIER 01	
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	TIER 01	
AKOVAZ	TIER 03	
ALDACTONE	TIER 03	
aliskiren fumarate	PREVENT	
ALTACE	EXCLUDED	
amiloride hcl oral	PREVENT	
amiloride-hydrochlorothiazide	PREVENT	
amiodarone hcl	TIER 01	
amlodipine besylate oral	PREVENT	
amlodipine besylate-benazepril hcl	PREVENT	
amlodipine besylate-valsartan	PREVENT	
amlodipine-atorvastatin	TIER 01	
amlodipine-olmesartan	PREVENT	
amlodipine-valsartan-hctz	PREVENT	
ASCLERA	TIER 03	
ASPRUZYO SPRINKLE	EXCLUDED	PA
ATACAND	EXCLUDED	
atenolol oral	PREVENT	
atenolol-chlorthalidone	PREVENT	
ATORVALIQ	EXCLUDED	PA
atorvastatin calcium oral	PREVENT	
AVAPRO	EXCLUDED	
AZOR	EXCLUDED	
benazepril hcl oral	PREVENT	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
benazepril-hydrochlorothiazide	PREVENT	
BENICAR	EXCLUDED	
BENICAR HCT	EXCLUDED	
betaxolol hcl oral	PREVENT	
BIDIL	TIER 03	
BIORPHEN	TIER 03	
bisoprolol fumarate oral	PREVENT	
bisoprolol-hydrochlorothiazide	PREVENT	
BREVIBLOC	TIER 03	
BREVIBLOC IN NACL	TIER 03	
BREVIBLOC PREMIXED	TIER 03	
BREVIBLOC PREMIXED DS	TIER 03	
bumetanide injection	TIER 01	
bumetanide oral	PREVENT	
BUMEX	TIER 03	
BYSTOLIC	EXCLUDED	
CAMZYOS	EXCLUDED	PA
candesartan cilexetil	PREVENT	
candesartan cilexetil-hctz	PREVENT	
captopril oral	PREVENT	
captopril-hydrochlorothiazide	TIER 01	
CARDENE IV	TIER 03	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	EXCLUDED	
cartia xt	PREVENT	
carvedilol	PREVENT	
CATAPRES-TTS-1	EXCLUDED	
CATAPRES-TTS-2	EXCLUDED	
CATAPRES-TTS-3	EXCLUDED	
chlorothiazide sodium	TIER 01	
chlorthalidone	PREVENT	

Drug Name	Drug Tier	Notes
cholestyramine light	TIER 01	
cholestyramine oral	TIER 01	
CLEVIPREX	TIER 03	
clonidine hcl oral	PREVENT	
colesevelam hcl oral tablet	TIER 01	
COLESTID	EXCLUDED	
colestipol hcl	TIER 01	
CONJUPRI	EXCLUDED	PA
COREG	EXCLUDED	
COREG CR	EXCLUDED	
CORLANOR	TIER 03	PA
CORVERT	TIER 03	
COZAAR	EXCLUDED	
CRESTOR	EXCLUDED	
DEMSER	TIER 03	PA
DIBENZYLINE	TIER 03	PA
digoxin injection	TIER 01	
digoxin oral	TIER 01	
diltiazem hcl er beads	PREVENT	
diltiazem hcl er coated beads	PREVENT	
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	PREVENT	
diltiazem hcl er oral capsule extended release 24 hour	PREVENT	
diltiazem hcl intravenous	TIER 01	
diltiazem hcl oral	PREVENT	
DILTIAZEM HCL-DEXTROSE	TIER 03	
DILTIAZEM HCL-SODIUM CHLORIDE	TIER 03	
dilt-xr	PREVENT	
DIOVAN	EXCLUDED	
DIOVAN HCT	EXCLUDED	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
disopyramide phosphate	TIER 01	
DIURIL	TIER 03	
dobutamine hcl	TIER 01	
dobutamine-dextrose	TIER 01	
dofetilide	TIER 01	
dopamine hcl intravenous	TIER 01	
dopamine-dextrose	TIER 01	
doxazosin mesylate oral	PREVENT	
DYRENIUM	TIER 03	
EDARBI	TIER 03	ST
EDARBYCLOR	TIER 03	ST
EDECIN	TIER 03	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML	TIER 03	
enalapril maleate oral tablet	PREVENT	
enalaprilat	TIER 01	
enalapril-hydrochlorothiazide	PREVENT	
ENTRESTO	TIER 02	
EPHEDRINE SULFATE (PRESSORS) INJECTION SOLUTION PREFILLED SYRINGE 50 MG/10ML, 50 MG/5ML	TIER 03	
ephedrine sulfate (pressors) intravenous solution 50 mg/ml	TIER 01	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
EPHEDRINE SULFATE-NACL	TIER 03	
EPINEPHRINE HCL-DEXTROSE	TIER 03	

Drug Name	Drug Tier	Notes
EPINEPHRINE HCL-NACL	TIER 03	
epinephrine injection solution 10 mg/10ml	TIER 01	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	TIER 03	
EPINEPHRINE INTRAVENOUS SOLUTION	TIER 03	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	TIER 03	
epinephrine intravenous solution prefilled syringe 1 mg/10ml	TIER 01	
epinephrine pf	TIER 01	
epinephrine solution 1 mg/ml injection	TIER 01	
EPINEPHRINE SOLUTION 1 MG/ML INJECTION	TIER 03	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	TIER 03	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION 2-0.9 MG/250ML-%	TIER 03	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
eplerenone	PREVENT	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
esmolol hcl intravenous solution 100 mg/10ml	TIER 01	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	TIER 03	
esmolol hcl-sodium chloride	TIER 01	
ethacrynate sodium	TIER 01	
ethacrynic acid	PREVENT	
ETHAMOLIN	TIER 03	
EVKEEZA	SPECIALTY	PA
EXFORGE	EXCLUDED	
EXFORGE HCT	EXCLUDED	
ezetimibe	TIER 01	
ezetimibe-simvastatin	TIER 01	
felodipine er	PREVENT	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	PREVENT	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	PREVENT	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	PREVENT	
fenofibric acid oral capsule delayed release	TIER 01	
flecainide acetate	TIER 01	
fosinopril sodium	PREVENT	
fosinopril sodium-hctz	PREVENT	
FUROSCIX	EXCLUDED	PA
FUROSEMIDE IN SODIUM CHLORIDE	TIER 03	
furosemide injection	TIER 01	
furosemide oral	TIER 01	
gemfibrozil oral	PREVENT	
guanfacine hcl	PREVENT	
HEMANGEOL	TIER 03	PA

Drug Name	Drug Tier	Notes
hydralazine hcl injection	TIER 01	
hydralazine hcl oral	PREVENT	
hydrochlorothiazide oral	PREVENT	
HYZAAR	EXCLUDED	
ibutilide fumarate	TIER 01	
icosapent ethyl	TIER 01	PA
IMMPHENTIV	TIER 03	
indapamide	PREVENT	
INDERAL LA	EXCLUDED	
INDERAL XL	EXCLUDED	PA
INNOPRAN XL	EXCLUDED	PA
INPEFA	EXCLUDED	
irbesartan	PREVENT	
irbesartan-hydrochlorothiazide	PREVENT	
ISORDIL TITRADOSE	TIER 03	
isosorb dinitrate-hydralazine	TIER 01	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	TIER 01	
isosorbide mononitrate	TIER 01	
isosorbide mononitrate er	TIER 01	
isradipine	PREVENT	
ivabradine hcl	TIER 01	PA
JUXTAPID	SPECIALTY	PA
KAPSPARGO SPRINKLE	EXCLUDED	
KATERZIA	EXCLUDED	PA
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
labetalol hcl oral	TIER 01	
labetalol hcl solution 5 mg/ml intravenous	TIER 01	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	TIER 03	
LANOXIN	TIER 02	
LANOXIN PEDIATRIC	TIER 02	
LASIX	EXCLUDED	
LEQVIO	EXCLUDED	PA
LESCOL XL	EXCLUDED	
LEVAMLODIPINE MALEATE	EXCLUDED	PA
LEVOPHED	TIER 03	
LIPITOR	EXCLUDED	
lisinopril oral	PREVENT	
lisinopril-hydrochlorothiazide	PREVENT	
LIVALO	EXCLUDED	
LODOCO	EXCLUDED	PA
LOPID	TIER 03	
LOPRESSOR	TIER 03	
losartan potassium oral	PREVENT	
losartan potassium-hctz	PREVENT	
LOTENSIN	TIER 03	
LOTENSIN HCT	TIER 03	
LOTREL	EXCLUDED	
lovastatin oral	PREVENT	
LOVAZA	EXCLUDED	PA
mannitol intravenous	TIER 01	
METHYLDOPA	PREVENT	
metolazone	PREVENT	
metoprolol succinate er	PREVENT	
metoprolol tartrate intravenous	TIER 01	
metoprolol tartrate oral	PREVENT	
metoprolol-hydrochlorothiazide	PREVENT	
metyrosine	PREVENT	PA
mexiletine hcl oral	TIER 01	
MICARDIS	EXCLUDED	

Drug Name	Drug Tier	Notes
MICARDIS HCT	EXCLUDED	
midodrine hcl	TIER 01	
milrinone lactate	TIER 01	
milrinone lactate in dextrose	TIER 01	
minoxidil oral	TIER 01	
moexipril hcl	PREVENT	
MULTAQ	TIER 03	
nadolol oral	PREVENT	
nebivolol hcl	TIER 01	
NEXLETOL	TIER 02	PA
NEXLIZET	TIER 02	PA
NEXTERONE	TIER 03	
niacin er (antihyperlipidemic)	TIER 01	
NICARDIPINE HCL IN NACL	TIER 03	
nicardipine hcl intravenous	TIER 01	
nifedipine er	PREVENT	
nifedipine er osmotic release	PREVENT	
nifedipine oral	PREVENT	
nimodipine oral	PREVENT	
NITRO-BID	TIER 03	
nitroglycerin	TIER 01	
nitroglycerin in d5w	TIER 01	
NITROLINGUAL	TIER 03	
nitroprusside sodium	TIER 01	
NITROSTAT	EXCLUDED	
norepinephrine bitartrate solution 1 mg/ml intravenous	TIER 01	
NOREPINEPHRINE BITARTRATE SOLUTION 1 MG/ML INTRAVENOUS	TIER 03	
NOREPINEPHRINE-DEXTROSE	TIER 03	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 16-0.9 MG/250ML-%, 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	TIER 03	
NORLIQVA	TIER 03	PA
NORPACE	TIER 03	
NORPACE CR	TIER 02	
NORVASC	EXCLUDED	
NYMALIZE	TIER 03	
olmesartan medoxomil oral	PREVENT	
olmesartan medoxomil-hctz	PREVENT	
olmesartan-amlodipine-hctz	PREVENT	
omega-3-acid ethyl esters	TIER 01	
OSMITROL	TIER 03	
PACERONE	TIER 03	
pentoxifylline er	TIER 01	
perindopril erbumine	PREVENT	
phenoxybenzamine hcl oral	TIER 01	PA
phentolamine mesylate injection	TIER 01	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 0.4 MG/10ML, 0.8 MG/10ML	TIER 03	
phenylephrine hcl (pressors) intravenous solution 10 mg/ml	TIER 01	

Drug Name	Drug Tier	Notes
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/10ML, 0.5 MG/5ML, 1 MG/10ML	TIER 03	
PHENYLEPHRINE HCL INTRAVENOUS	TIER 03	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	TIER 03	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
pindolol	PREVENT	
pitavastatin calcium	TIER 01	
PRALUENT	EXCLUDED	PA
pravastatin sodium	PREVENT	
prazosin hcl oral	PREVENT	
PRESTALIA	TIER 03	
prevalite	TIER 01	
procainamide hcl injection	TIER 01	
propafenone hcl	TIER 01	
propafenone hcl er	TIER 01	
propranolol hcl er	PREVENT	
propranolol hcl intravenous	PREVENT	
propranolol hcl oral	PREVENT	
PROSTIN VR	TIER 03	
QUESTRAN	EXCLUDED	
QUESTRAN LIGHT	EXCLUDED	
quinapril hcl	PREVENT	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
quinapril-hydrochlorothiazide	PREVENT	
quinidine gluconate er	TIER 01	
quinidine sulfate	TIER 01	
ramipril	PREVENT	
ranolazine er	TIER 01	
RECTIV	TIER 03	
REPATHA	TIER 02	PA
REPATHA PUSHTRONEX SYSTEM	TIER 02	PA
REPATHA SURECLICK	TIER 02	PA
REZIPRES	TIER 03	
rosuvastatin calcium oral	PREVENT	
simvastatin oral	PREVENT	
SOAAZ	EXCLUDED	PA
sodium nitroprusside intravenous solution 25 mg/ml	TIER 01	
sotalol hcl (af)	PREVENT	
sotalol hcl oral	PREVENT	
SOTYLIZE	TIER 03	
spironolactone oral tablet	PREVENT	
spironolactone-hctz	PREVENT	
TEKTURNA	TIER 02	
telmisartan	PREVENT	
telmisartan-amlodipine	PREVENT	
telmisartan-hctz	PREVENT	
TENORETIC 100	TIER 03	
TENORETIC 50	TIER 03	
TENORMIN	EXCLUDED	
THALITONE	TIER 03	
tiadylt er	PREVENT	
TIAZAC	TIER 03	
TIKOSYN	EXCLUDED	
timolol maleate oral	PREVENT	
TOPROL XL	EXCLUDED	

Drug Name	Drug Tier	Notes
torsemide	PREVENT	
trandolapril	PREVENT	
trandolapril-verapamil hcl er	PREVENT	
triamterene oral	TIER 01	
triamterene-hctz oral capsule	TIER 01	
triamterene-hctz oral tablet	PREVENT	
TRIBENZOR	EXCLUDED	
TRICOR	EXCLUDED	
TRILIPIX	TIER 03	
VALSARTAN ORAL SOLUTION	EXCLUDED	PA
valsartan oral tablet	PREVENT	
valsartan- hydrochlorothiazide	PREVENT	
VARITHENA	TIER 03	
VASCEPA	TIER 02	PA
VAZCULEP	TIER 03	
VECAMYL	TIER 03	
verapamil hcl er	PREVENT	
verapamil hcl intravenous	TIER 01	
verapamil hcl oral	PREVENT	
VERELAN	TIER 03	
VERELAN PM	TIER 03	
VERQUVO	TIER 03	PA
VYNDAMAX	SPECIALTY	PA
VYNDAQEL	SPECIALTY	PA
VYTORIN	EXCLUDED	
WELCHOL	EXCLUDED	
ZESTRIL	EXCLUDED	
ZETIA	EXCLUDED	
ZOCOR	EXCLUDED	
ZYPITAMAG	EXCLUDED	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
Central Nervous System Agents		
SKYCLARYS	SPECIALTY	PA
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	EXCLUDED	
ADDERALL XR	TIER 03	ST; QL
ADZENYS XR-ODT	EXCLUDED	
amphetamine sulfate	TIER 01	
amphetamine-dextroamphetamine	TIER 01	
amphetamine-dextroamphetamine er	TIER 01	
amphet-dextroamphet 3-bead er	TIER 01	
APTENSIO XR	TIER 03	ST; QL
atomoxetine hcl	TIER 01	
AZSTARYS	TIER 02	ST; QL
clonidine hcl er	TIER 01	
CONCERTA	TIER 03	ST; QL
COTEMPLA XR-ODT	EXCLUDED	
DAYTRANA	EXCLUDED	
dexmethylphenidate hcl	TIER 01	
dexmethylphenidate hcl er	TIER 01	
dextroamphetamine sulfate	TIER 01	
dextroamphetamine sulfate er	TIER 01	
DYANAVEL XR	EXCLUDED	
EVEKEO	EXCLUDED	
FOCALIN	EXCLUDED	
FOCALIN XR	EXCLUDED	
guanfacine hcl er	TIER 01	
INTUNIV	EXCLUDED	
JORNAY PM	TIER 03	ST; QL

Drug Name	Drug Tier	Notes
lisdexamfetamine dimesylate	TIER 01	
METADATE CD	EXCLUDED	ST; QL
METHYLIN	TIER 03	ST; QL
methylphenidate hcl er	TIER 01	
methylphenidate hcl er (cd)	TIER 01	
methylphenidate hcl er (la)	TIER 01	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	TIER 01	
methylphenidate hcl er (xr)	TIER 01	
methylphenidate hcl oral	TIER 01	
MYDAYIS	EXCLUDED	
PROCENTRA	TIER 03	ST; QL
QELBREE	EXCLUDED	
QUILLICHEW ER	EXCLUDED	
QUILLIVANT XR	EXCLUDED	
RITALIN	EXCLUDED	
RITALIN LA	EXCLUDED	
STRATTERA	EXCLUDED	
VYVANSE	TIER 01	ST; QL
XELSTRYM	EXCLUDED	
ZENZEDI	EXCLUDED	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	EXCLUDED	PA; QL
AUBAGIO	EXCLUDED	PA; QL
AVONEX PEN	SPECIALTY	PA; QL
AVONEX PREFILLED	SPECIALTY	PA; QL
BAFIERTAM	SPECIALTY	PA; QL
BETASERON	SPECIALTY	PA; QL
BRIUMVI	SPECIALTY	PA

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	EXCLUDED	PA; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	SPECIALTY	PA; QL
dalfampridine er	SPECIALTY	PA; QL
dimethyl fumarate oral	SPECIALTY	PA; QL
dimethyl fumarate starter pack	SPECIALTY	PA; QL
EXTAVIA	EXCLUDED	PA; QL
ingolimod hcl	SPECIALTY	PA; QL
GILENYA ORAL CAPSULE 0.25 MG	SPECIALTY	PA; QL
GILENYA ORAL CAPSULE 0.5 MG	EXCLUDED	PA; QL
glatiramer acetate	SPECIALTY	PA; QL
glatopa	SPECIALTY	PA; QL
KESIMPTA	SPECIALTY	PA
LEMTRADA	SPECIALTY	PA
MAVENCLAD	SPECIALTY	PA
MAYZENT	SPECIALTY	PA; QL
MAYZENT STARTER PACK	SPECIALTY	PA; QL
OCREVUS	SPECIALTY	PA
PLEGRIDY	EXCLUDED	PA
PLEGRIDY STARTER PACK	EXCLUDED	PA
PONVORY	EXCLUDED	PA
PONVORY STARTER PACK	EXCLUDED	PA
REBIF	EXCLUDED	PA; QL
REBIF REBIDOSE	EXCLUDED	PA; QL
REBIF REBIDOSE TITRATION PACK	EXCLUDED	PA; QL
REBIF TITRATION PACK	EXCLUDED	PA; QL
TASCENSO ODT	EXCLUDED	PA

Drug Name	Drug Tier	Notes
TECFIDERA	EXCLUDED	PA; QL
teriflunomide	SPECIALTY	PA; QL
TYSABRI	SPECIALTY	PA; QL
VUMERITY	SPECIALTY	PA; QL
ZEPOSIA	SPECIALTY	PA; QL
ZEPOSIA 7-DAY STARTER PACK	SPECIALTY	PA; QL
ZEPOSIA STARTER KIT	SPECIALTY	PA; QL
Central Nervous System Agents - Miscellaneous		
ADDYI	TIER 03	PA
ADIPEX-P	EXCLUDED	PA
AMVUTTRA	SPECIALTY	PA
ANECTINE	TIER 03	
atracurium besylate	TIER 01	
AUSTEDO	SPECIALTY	PA
AUSTEDO XR	SPECIALTY	PA
AUSTEDO XR PATIENT TITRATION	SPECIALTY	PA
benzphetamine hcl	TIER 01	
caffeine citrate	TIER 01	
CAFFEINE-SODIUM BENZOATE	TIER 03	
cisatracurium besylate	TIER 01	
cisatracurium besylate (pf)	TIER 01	
CONTRAVE	EXCLUDED	PA
DAYBUE	EXCLUDED	PA
diethylpropion hcl er	TIER 01	
diethylpropion hcl oral	TIER 01	
DOPRAM	TIER 03	
edaravone intravenous solution 30 mg/100ml	SPECIALTY	PA
gabapentin (once-daily)	TIER 01	ST; QL
GRALISE	TIER 03	ST; QL
HORIZANT	TIER 03	PA; QL
IMCIVREE	EXCLUDED	PA

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
INGREZZA	SPECIALTY	PA
LOMAIRA	TIER 03	PA
LYRICA	EXCLUDED	QL
LYRICA CR	EXCLUDED	QL
NUEDEXTA	TIER 03	PA
ONPATTRO	SPECIALTY	PA
ORLISTAT ORAL	TIER 03	PA
phendimetrazine tartrate	TIER 01	
phendimetrazine tartrate er	TIER 01	
phentermine hcl oral	TIER 01	
pregabalin oral	TIER 01	QL
QSYMIA	TIER 02	PA
QUELICIN	TIER 03	
RADICAVA	SPECIALTY	PA
RADICAVA ORS	SPECIALTY	PA
RADICAVA ORS STARTER KIT	SPECIALTY	PA
riluzole	SPECIALTY	
rocuronium bromide intravenous solution	TIER 01	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
SAVELLA	TIER 03	ST; QL
SAVELLA TITRATION PACK	TIER 03	ST; QL
SAXENDA	TIER 02	PA
SUCCINYLMCHOLINE CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100 MG/5ML	TIER 03	
SUCCINYLMCHOLINE CHLORIDE INTRAVENOUS	TIER 03	
succinylcholine chloride solution 20 mg/ml injection	TIER 01	

Drug Name	Drug Tier	Notes
SUCCINYLMCHOLINE CHLORIDE SOLUTION 20 MG/ML INJECTION	TIER 03	
TEGLUTIK	SPECIALTY	PA
tetrabenazine	SPECIALTY	PA
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
vecuronium bromide intravenous solution reconstituted	TIER 01	
VYLEESI	TIER 03	PA
WAINUA	SPECIALTY	PA
WEGOVY	TIER 02	PA
XENICAL	TIER 03	PA
ZEPBOUND SUBCUTANEOUS SOLUTION	EXCLUDED	PA
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 02	PA
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
AQUORAL	TIER 03	
CAPHOSOL	TIER 03	
cevimeline hcl	TIER 01	
chlorhexidine gluconate mouth/throat	TIER 01	
CLINPRO 5000	TIER 03	
DENTA 5000 PLUS	TIER 03	
DENTA 5000 PLUS SENSITIVE	TIER 03	
DENTAGEL	TIER 03	
easygel	TIER 01	
FLUORIDEX	TIER 03	
fluoridex daily renewal	TIER 01	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
FLUORIDEX ENHANCED WHITENING	TIER 03	
FLUORIMAX 5000	TIER 03	
FLUORIMAX 5000 SENSITIVE	TIER 03	
FRAICHE 5000 DENTAL	TIER 03	
JUST RIGHT 5000	TIER 03	
KEPIVANCE	SPECIALTY	
kourzeq	TIER 01	
lidocaine viscous hcl	TIER 01	
MI PASTE	TIER 03	
MI PASTE PLUS	TIER 03	
oralone	TIER 01	
PERIDEX	TIER 03	
periogard	TIER 01	
pilocarpine hcl oral	TIER 01	
PREVIDENT	TIER 03	
PREVIDENT 5000 BOOSTER PLUS	TIER 03	
PREVIDENT 5000 DRY MOUTH	TIER 03	
PREVIDENT 5000 ENAMEL PROTECT	TIER 03	
PREVIDENT 5000 KIDS	TIER 03	
PREVIDENT 5000 ORTHO DEFENSE	TIER 03	
PREVIDENT 5000 PLUS	TIER 03	
PREVIDENT 5000 SENSITIVE	TIER 03	
REMESENSE	TIER 03	
SALAGEN	TIER 03	
sf gel 1.1%	TIER 01	
sf 5000 plus	TIER 01	
sod fluoride-potassium nitrate	TIER 01	
sodium fluoride 5000 enamel	TIER 01	

Drug Name	Drug Tier	Notes
sodium fluoride 5000 plus	TIER 01	
sodium fluoride 5000 ppm	TIER 01	
sodium fluoride 5000 sensitive	TIER 01	
sodium fluoride dental	TIER 01	
sodium fluoride mouth/throat	TIER 01	
triamcinolone acetonide mouth/throat	TIER 01	
VANISH	TIER 03	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	EXCLUDED	PA
ABSORICA LD	TIER 03	PA
ACANYA	EXCLUDED	
acutane	TIER 01	
acitretin	TIER 01	
ACZONE	EXCLUDED	
adapalene external cream	TIER 01	
adapalene external gel	TIER 01	
adapalene-benzoyl peroxide external gel	TIER 01	
ADBRY	SPECIALTY	PA
AKLIEF	TIER 03	PA
ALA SCALP	EXCLUDED	PA
ala-cort	TIER 01	
alclometasone dipropionate	TIER 01	
ALTRENO	TIER 03	PA
ammonium lactate external	TIER 01	
amnesteem	TIER 01	
AMZEEQ	TIER 03	
APEXICON E	EXCLUDED	PA
AQUACEL AG BURN	TIER 03	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
AQUACEL AG FOAM EXTERNAL PAD 12.5X12.5CM , 17.5X17.5CM	TIER 03	
ARAZLO	EXCLUDED	PA
ATRALIN	TIER 03	PA
ATRAPRO DERMAL SPRAY	TIER 03	
AZADROX	TIER 03	
azelaic acid external	TIER 01	
B & C	TIER 03	
balsam peru-castor oil	TIER 01	
BAXONIL	TIER 03	
BENZAMYCIN	EXCLUDED	
benzoyl peroxide-erythromycin	TIER 01	
betamethasone dipropionate aug	TIER 01	
betamethasone dipropionate external	TIER 01	
betamethasone valerate external	TIER 01	
BIAFINE	TIER 03	
BIONECT EXTERNAL CREAM	TIER 03	
BIOSTEP AG EXTERNAL SHEET 4"X4"	TIER 03	
BPCO	TIER 03	
brimonidine tartrate external	TIER 01	
CABTREO	EXCLUDED	PA
calcipotriene external cream	TIER 01	
CALCIPOTRIENE EXTERNAL FOAM	EXCLUDED	PA
calcipotriene external ointment	TIER 01	
calcipotriene external solution	TIER 01	

Drug Name	Drug Tier	Notes
calcipotriene-betameth diprop external suspension	TIER 01	QL
CALCITRENE	TIER 03	
calcitriol external	TIER 01	
CARAC	TIER 03	
CIBINQO	SPECIALTY	PA
claravis	TIER 01	
CLEOCIN-T	TIER 03	
clindacin etz external swab	TIER 01	
clindacin-p	TIER 01	
CLINDAGEL	EXCLUDED	
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	EXCLUDED	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	TIER 01	
clindamycin phosphate external gel	TIER 01	
clindamycin phosphate external lotion	TIER 01	
clindamycin phosphate external solution	TIER 01	
clindamycin phosphate external swab	TIER 01	
clindamycin-tretinoin	TIER 01	
clobetasol propionate e	TIER 01	
clobetasol propionate external	TIER 01	
CLOBEX	EXCLUDED	
CLOBEX SPRAY	EXCLUDED	
clodan	TIER 01	
CLODERM	EXCLUDED	
coal tar external	TIER 01	
CONDYLOX	TIER 03	
CORDRAN	EXCLUDED	PA

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
CURAFOAM AG FOAM DRESSING	TIER 03	
DERMA-SMOOTH/FS BODY	TIER 03	
DERMA-SMOOTH/FS SCALP	TIER 03	
desonide external cream	TIER 01	
desonide external lotion	TIER 01	
desonide external ointment	TIER 01	
DESOWEN	TIER 03	
desoximetasone external cream 0.25 %	TIER 01	
desoximetasone external gel	TIER 01	
desoximetasone external liquid	TIER 01	
desoximetasone external ointment 0.25 %	TIER 01	
diclofenac sodium external gel 3 %	TIER 01	QL
DIFFERIN EXTERNAL CREAM	EXCLUDED	PA
DIFFERIN EXTERNAL GEL 0.3 %	EXCLUDED	PA
DIFFERIN EXTERNAL LOTION	EXCLUDED	PA
DIPROLENE	TIER 03	
DIVINIX	TIER 03	
DRYSOL	TIER 03	
DUOBRII	EXCLUDED	PA
DUPIXENT	SPECIALTY	PA
DURAFIBER	TIER 03	
DYNAFOAM AG FOAM DRESSING	TIER 03	
DYNAGINATE AG CA ALG ROPE 30CM	TIER 03	
DYNAGINATE AG SILVER CAL 2"X2"	TIER 03	

Drug Name	Drug Tier	Notes
DYNAGINATE AG SILVER CAL 4"X5"	TIER 03	
DYNAGINATE AG SILVER CAL 4"X8"	TIER 03	
DYNOMA	TIER 03	
EFUDEX	TIER 03	
ELIDEL	EXCLUDED	QL
ELYZIA	TIER 03	
ENSTILAR	TIER 03	QL
EPIDUO	EXCLUDED	
EPIDUO FORTE	TIER 03	
EPIFOAM	TIER 03	
EPSOLAY	EXCLUDED	
ery pad 2%	TIER 01	
ERYGEL	TIER 03	
erythromycin external	TIER 01	
EUCRISA	TIER 02	ST
FABIOR	EXCLUDED	PA
FILSUVEZ	TIER 03	PA
FINACEA EXTERNAL FOAM	TIER 03	
fluocinolone acetonide body	TIER 01	
fluocinolone acetonide external	TIER 01	
fluocinolone acetonide scalp	TIER 01	
fluocinonide emulsified base	TIER 01	
fluocinonide external	TIER 01	
fluorouracil external	TIER 01	
fluticasone propionate external	TIER 01	
GORDOFILM	TIER 03	
halobetasol propionate external cream	TIER 01	
halobetasol propionate external ointment	TIER 01	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
HALOG EXTERNAL CREAM	EXCLUDED	
HALOG EXTERNAL OINTMENT	EXCLUDED	PA
hydrocortisone butyrate external cream	TIER 01	
hydrocortisone butyrate external ointment	TIER 01	
hydrocortisone butyrate external solution	TIER 01	
hydrocortisone external cream 1 %, 2.5 %	TIER 01	
hydrocortisone external lotion 2.5 %	TIER 01	
hydrocortisone external ointment 1 %, 2.5 %	TIER 01	
hydrocortisone valerate	TIER 01	
HYFTOR	EXCLUDED	PA
HYPOCYN ANTIPRURITIC	TIER 03	
imiquimod external cream 3.75 %	TIER 01	ST
imiquimod external cream 5 %	TIER 01	
imiquimod pump	TIER 01	ST
IMPOYZ	EXCLUDED	PA
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	TIER 01	
ivermectin external cream	TIER 01	
KENALOG	EXCLUDED	
KERALYT EXTERNAL SHAMPOO	TIER 03	
KLARON	TIER 03	
KLISYRI (250 MG)	TIER 03	ST
KLISYRI (350 MG)	TIER 03	ST
lactic acid e	TIER 01	
lactic acid external	TIER 01	
LEVULAN KERASTICK	TIER 03	

Drug Name	Drug Tier	Notes
LEXETTE	EXCLUDED	PA
LITFULO	SPECIALTY	PA; QL
L-MESITRAN SOFT WOUND	TIER 03	
LUXAMEND	TIER 03	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL	TIER 03	
MEPILEX AG	TIER 03	
methoxsalen rapid	TIER 01	
METROCREAM	TIER 03	
METROGEL	EXCLUDED	
METROLOTION	TIER 03	
metronidazole external	TIER 01	
MICROCYN EXTERNAL LIQUID	TIER 03	
MIROTRACT WOUND MATRIX	TIER 03	
MIRVASO	TIER 02	
mometasone furoate external	TIER 01	
NEO-SYNALAR	TIER 03	
neuac	TIER 01	
NORITATE	EXCLUDED	
NORMLGEL AG	TIER 03	
NOVACHOR EXTERNAL SHEET 1.5 CM X2.75 CM	TIER 03	
NUSHIELD EXTERNAL DISK	TIER 03	
NUSHIELD EXTERNAL SHEET 3.2 CM X 3.2 CM	TIER 03	
ONEXTON	TIER 01	
OPZELURA	EXCLUDED	
ORACEA	EXCLUDED	
PANDEL	EXCLUDED	PA

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
PETROLEUM GAUZE NON-WOVEN 3X9"	TIER 03	
pimecrolimus	TIER 01	ST; QL
PLENURA	TIER 03	
podofilox external	TIER 01	
PROPECIA	EXCLUDED	
PURAZIL	TIER 03	
PYROGALLIC ACID	TIER 03	
QBREXZA	TIER 03	QL
RADIAPLEXRX	TIER 03	
REGENECARE	TIER 03	
REGRANEX	TIER 03	PA
RETIN-A	EXCLUDED	PA
RETIN-A MICRO GEL 0.04 %, 0.1 %	EXCLUDED	PA
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	EXCLUDED	PA
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	TIER 03	PA
RHOFADE	EXCLUDED	
RUMILO	TIER 03	
SANTYL	TIER 03	QL
SCENESSE	SPECIALTY	PA
selenium sulfide external lotion	TIER 01	
SILIGENTLE AG FOAM DRESSING	TIER 03	
SILIGENTLE AG SILVER FOAM DRES	TIER 03	
SILVERSEAL HYDROGEL DRESSING EXTERNAL PAD 2"X3"	TIER 03	
SOOLANTRA	TIER 03	
SORILUX	EXCLUDED	PA
SORIXIA	TIER 03	
sulfacetamide sodium (acne)	TIER 01	

Drug Name	Drug Tier	Notes
sulfacetamide sodium-sulfur external liquid 10-5 %	TIER 01	
sulfacetamide sodium-sulfur external suspension 9-4.25 %	TIER 01	
SYNALAR	TIER 03	
TACLONEX	TIER 03	QL
tacrolimus external	TIER 01	QL
tazarotene external cream	TIER 01	PA
TAZAROTENE EXTERNAL FOAM	EXCLUDED	PA
tazarotene external gel	TIER 01	PA
TAZORAC	EXCLUDED	PA
TOLAK	TIER 03	
TOPICORT EXTERNAL CREAM 0.25 %	TIER 03	
TOPICORT EXTERNAL GEL	TIER 03	
TOPICORT EXTERNAL OINTMENT	TIER 03	
TOPICORT SPRAY	EXCLUDED	
tretinoin external	TIER 01	
tretinoin microsphere external gel 0.08 %	TIER 01	
tretinoin microsphere pump external gel 0.08 %	TIER 01	
triamcinolone acetonide external cream	TIER 01	
triamcinolone acetonide external lotion	TIER 01	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	TIER 01	
triderm	TIER 01	
TWYNEO	TIER 03	
ULTRAVATE	EXCLUDED	PA

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
urea external cream 20 %	TIER 01	
VECTICAL	EXCLUDED	
VENELEX	TIER 03	
VTAMA	TIER 03	PA
WINLEVI	EXCLUDED	PA
WYNZORA	TIER 03	QL
XALIX	TIER 03	
XERAC AC	TIER 03	
XEROFORM OCCLUSIVE GAUZE PATCH	TIER 03	
XEROFORM OIL EMULSION 2"X2"	TIER 03	
XEROFORM OIL EMULSION GAUZE	TIER 03	
XEROFORM OIL EMULSION STRIP	TIER 03	
XEROFORM OIL ROLL 4"X9'	TIER 03	
XEROFORM PETROLAT GAUZE 1"X8"	TIER 03	
XEROFORM PETROLAT GAUZE 5"X9"	TIER 03	
XEROFORM PETROLAT PATCH 2"X2"	TIER 03	
XEROFORM PETROLAT PATCH 4"X4"	TIER 03	
XEROFORM PETROLATUM DRES 4"X4"	TIER 03	
XEROFORM PETROLATUM DRES 5"X9"	TIER 03	
XEROFORM PETROLATUM ROLL 4"X9'	TIER 03	
YCANTH	TIER 03	PA

Effective December 1, 2024

Drug Name	Drug Tier	Notes
zenatane	TIER 01	
ZENIFIBER AG EXTERNAL PAD	TIER 03	
ZENIFOAM AG EXTERNAL PAD 2"X2" , 4"X5"	TIER 03	
ZIANA	EXCLUDED	
ZILXI	TIER 03	ST
ZORYVE EXTERNAL CREAM 0.3 %	EXCLUDED	PA
ZORYVE EXTERNAL FOAM	EXCLUDED	PA
ZYCLARA	EXCLUDED	
ZYCLARA PUMP	EXCLUDED	
Diabetes - Antidiabetic Agents		
acarbose oral	PREVENT	
ALOGLIPTIN BENZOATE	EXCLUDED	
ALOGLIPTIN-METFORMIN HCL	EXCLUDED	
ALOGLIPTIN-PIOGLITAZONE	EXCLUDED	
BEXAGLIFLOZIN	EXCLUDED	
BRENZAVVY	EXCLUDED	
BYDUREON BCISE AUTOINJECTOR	TIER 02	PA; QL
BYETTA 10 MCG PEN	TIER 02	PA; QL
BYETTA 5 MCG PEN	TIER 02	PA; QL
CYCLOSET	TIER 03	ST
DAPAGLIFLOZIN PRO-METFORMIN ER	EXCLUDED	
DAPAGLIFLOZIN PROPANEDIOL	EXCLUDED	
DUETACT	TIER 03	
FARXIGA	TIER 02	
glimepiride	PREVENT	
glipizide er	PREVENT	
glipizide ir	PREVENT	

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
glipizide xl	PREVENT	
glipizide-metformin hcl	PREVENT	
GLUCOTROL XL	TIER 03	
GLUMETZA	EXCLUDED	PA
glyburide micronized	PREVENT	
glyburide oral	PREVENT	
glyburide-metformin	PREVENT	
GLYXAMBI	TIER 02	
INVOKAMET	EXCLUDED	
INVOKAMET XR	EXCLUDED	
INVOKANA	EXCLUDED	
JANUMET	TIER 02	ST
JANUMET XR	TIER 02	ST
JANUVIA	TIER 02	ST
JARDIANCE	TIER 02	
JENTADUETO	TIER 02	ST
JENTADUETO XR	TIER 02	ST
LIRAGLUTIDE	TIER 02	PA; QL
metformin hcl er	PREVENT	
metformin hcl er (mod)	EXCLUDED	PA
metformin hcl er (osm)	EXCLUDED	
metformin hcl oral solution	TIER 01	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	PREVENT	
metformin hcl oral tablet 625 mg	PREVENT	PA
miglitol	PREVENT	
MOUNJARO	TIER 02	PA; QL
nateglinide	PREVENT	
ONGLYZA	EXCLUDED	
OZEMPIC	TIER 02	PA; QL
pioglitazone hcl	PREVENT	
pioglitazone hcl-glimepiride	PREVENT	
pioglitazone hcl-metformin hcl	PREVENT	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
QTERN	EXCLUDED	
repaglinide	PREVENT	
RIOMET	TIER 03	ST
RYBELSUS	TIER 02	PA; QL
saxagliptin hcl	TIER 01	ST
saxagliptin-metformin er	TIER 01	ST
SEGLUROMET	EXCLUDED	
SITAGLIPTIN	EXCLUDED	
SOLIQUA	TIER 02	
STEGLATRO	EXCLUDED	
STEGLUJAN	EXCLUDED	
SYMLINPEN 120	TIER 03	PA
SYMLINPEN 60	TIER 03	PA
SYNJARDY	TIER 02	
SYNJARDY XR	TIER 02	
TRADJENTA	TIER 02	ST
TRIJARDY XR	TIER 02	
TRULICITY	TIER 02	PA; QL
TZIELD	EXCLUDED	PA
VICTOZA	TIER 02	PA; QL
XIGDUO XR	TIER 02	
XULTOPHY	TIER 03	
ZITUVIO	EXCLUDED	
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	EXCLUDED	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	EXCLUDED	
ACCU-CHEK FASTCLIX LANCET KIT	TIER 02	
ACCU-CHEK GUIDE TEST STRIPS	EXCLUDED	
ACCU-CHEK GUIDE CONTROL	EXCLUDED	
ACCU-CHEK GUIDE KIT W/DEVICE	EXCLUDED	

Drug Name	Drug Tier	Notes
ACCU-CHEK GUIDE TEST	EXCLUDED	
ACCU-CHEK SMARTVIEW CONTROL	EXCLUDED	
ACCU-CHEK SMARTVIEW TEST STRIPS	EXCLUDED	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	TIER 02	
ACCUTREND GLUCOSE	EXCLUDED	
ACCUTREND GLUCOSE CONTROL	EXCLUDED	
ADVANCE INTUITION CONTROL	EXCLUDED	
ADVANCE INTUITION METER	EXCLUDED	
ADVANCE INTUITION MONITOR	EXCLUDED	
ADVANCE INTUITION TEST	EXCLUDED	
ADVANCE MICRO-DRAW CONTROL	EXCLUDED	
ADVANCE MICRO-DRAW METER	EXCLUDED	
ADVANCE MICRO-DRAW NORMAL	EXCLUDED	
ADVANCE MICRO-DRAW TEST	EXCLUDED	
ADVOCATE BLOOD GLUCOSE MONITOR	EXCLUDED	
ADVOCATE BLOOD GLUCOSE SYSTEM	EXCLUDED	
ADVOCATE CONTROL SOLUTION	EXCLUDED	
ADVOCATE REDI-CODE	EXCLUDED	
ADVOCATE REDI-CODE+	EXCLUDED	
ADVOCATE REDI-CODE+ CONTROL	EXCLUDED	

Drug Name	Drug Tier	Notes
ADVOCATE REDI-CODE+ TEST	EXCLUDED	
ADVOCATE TEST	EXCLUDED	
AGAMATRIX AMP	EXCLUDED	
AGAMATRIX AMP TEST	EXCLUDED	
AGAMATRIX CONTROL	EXCLUDED	
AGAMATRIX CONTROL LEVEL 2	EXCLUDED	
AGAMATRIX CONTROL LEVEL 4	EXCLUDED	
AGAMATRIX JAZZ TEST	EXCLUDED	
AGAMATRIX JAZZ WIRELESS 2	EXCLUDED	
AGAMATRIX KEYNOTE TEST	EXCLUDED	
AGAMATRIX PRESTO	EXCLUDED	
AGAMATRIX PRESTO PRO METER	EXCLUDED	
AGAMATRIX PRESTO TEST	EXCLUDED	
ASSURE 3 CONTROL	EXCLUDED	
ASSURE 3 METER	EXCLUDED	
ASSURE 3 TEST	EXCLUDED	
ASSURE 4 CONTROL LEVEL 1 & 2	EXCLUDED	
ASSURE 4 METER	EXCLUDED	
ASSURE 4 TEST	EXCLUDED	
ASSURE DOSE CONTROL	EXCLUDED	
ASSURE DOSE NORM/HIGH CONTROL	EXCLUDED	
ASSURE II	EXCLUDED	
ASSURE II CHECK	EXCLUDED	
ASSURE II CONTROL	EXCLUDED	
ASSURE II CONTROL LEVEL 1 & 2	EXCLUDED	
ASSURE PLATINUM	EXCLUDED	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
ASSURE PLATINUM METER	EXCLUDED	
ASSURE PRISM CONTROL LEVEL 1	EXCLUDED	
ASSURE PRISM MULTI METER	EXCLUDED	
ASSURE PRISM MULTI TEST	EXCLUDED	
ASSURE PRO BLOOD GLUCOSE METER	EXCLUDED	
ASSURE PRO CONTROL LEVEL 1 & 2	EXCLUDED	
ASSURE PRO TEST	EXCLUDED	
AUTOLET II CLINISAFE	TIER 03	
AUTOLET LANCING DEVICE	TIER 03	
BD LATITUDE DIABETES	EXCLUDED	
BD LOGIC BLOOD GLUCOSE MONITOR	EXCLUDED	
BIGFOOT UNITY PROGRAM	EXCLUDED	PA
BIOTEL CARE BLOOD GLUCOSE	EXCLUDED	
BIOTEL CARE BLOOD GLUCOSE SYST	EXCLUDED	
BIOTEL CARE TEST STRIPS	EXCLUDED	
BLOOD GLUCOSE MONITOR SYSTEM	EXCLUDED	
BLOOD GLUCOSE MONITORING 333	EXCLUDED	
BLOOD GLUCOSE SYSTEM PAK	EXCLUDED	
BLOOD GLUCOSE TEST	EXCLUDED	
BLOOD GLUCOSE TEST STRIPS 333	EXCLUDED	
BLUESTAR	TIER 03	
BLULINK CONTROL HIGH & LOW	EXCLUDED	

Drug Name	Drug Tier	Notes
BLULINK GLUCOSE MONITORING SYS	EXCLUDED	
BLULINK GLUCOSE TEST	EXCLUDED	
CAREONE BLOOD GLUCOSE SYSTEM	EXCLUDED	
CAREONE BLOOD GLUCOSE TEST	EXCLUDED	
CARESENS CONTROL A	EXCLUDED	
CARESENS CONTROL SOLUTION A/B	EXCLUDED	
CARESENS LANCETS 30G	TIER 02	
CARESENS N FELIZ	EXCLUDED	
CARESENS N FELIZ BT	EXCLUDED	
CARESENS N GLUCOSE SYSTEM	EXCLUDED	
CARESENS N GLUCOSE TEST	EXCLUDED	
CARESENS N VOICE SYSTEM	EXCLUDED	
CARETOUCH CONTROL SOL LEVEL 2	EXCLUDED	
CARETOUCH LANCING/EJECTOR	TIER 03	
CARETOUCH MONITOR SYSTEM	EXCLUDED	
CARETOUCH TEST	EXCLUDED	
CEQR SIMPLICITY 2U 10PK	TIER 02	
CEQR SIMPLICITY INSERTER	TIER 02	
CHEMSTRIP BG LOG BOOK	TIER 03	
CHEMSTRIP K	TIER 03	
CHEMSTRIP UGK	TIER 03	
CHOSEN LANCETS 30G	TIER 02	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
CHOSEN LANCING DEVICE	TIER 03	
CHOSEN SAFETY LANCETS 28G	TIER 02	
CLEVER CHEK AUTO-CODE SYSTEM	EXCLUDED	
CLEVER CHEK AUTO-CODE TEST	EXCLUDED	
CLEVER CHEK AUTO-CODE VOICE	EXCLUDED	
CLEVER CHEK SYSTEM	EXCLUDED	
CLEVER CHEK TEST	EXCLUDED	
CLEVER CHOICE AUTO-CODE SYSTEM	EXCLUDED	
CLEVER CHOICE AUTO-CODE TEST	EXCLUDED	
CLEVER CHOICE COMFORT EZ	TIER 02	
CLEVER CHOICE GLUCOSE CONTROL	EXCLUDED	
CLEVER CHOICE MICRO SYSTEM	EXCLUDED	
CLEVER CHOICE MICRO TEST	EXCLUDED	
CLEVER CHOICE MINI SYSTEM	EXCLUDED	
CLEVER CHOICE NO CODING	EXCLUDED	
CLEVER CHOICE TALK SYSTEM	EXCLUDED	
COMFORT TOUCH TWIST LANCET 30G	TIER 02	
CONTOUR CONTROL SOLUTION	TIER 02	
CONTOUR NEXT CONTROL SOLUTION	TIER 02	
CONTOUR NEXT ONE KIT	TIER 02	
CONTOUR NEXT GEN TEST STRIPS	PREVENT	

Drug Name	Drug Tier	Notes
CONTOUR TEST STRIPS	PREVENT	
CONTROL	EXCLUDED	
COOL BLOOD GLUCOSE TEST STRIPS	EXCLUDED	
COOL CONTROL A	EXCLUDED	
COOL CONTROL B	EXCLUDED	
COOL MONITOR	EXCLUDED	
COOL MONITOR KIT	EXCLUDED	
CVS ADVANCED GLUCOSE TEST	EXCLUDED	
CVS BLOOD GLUCOSE METER	EXCLUDED	
CVS GLUCOSE METER TEST STRIPS	EXCLUDED	
CVS TRUE METRIX GLUCOSE TEST	EXCLUDED	
D-CARE BLOOD GLUCOSE	EXCLUDED	
D-CARE GLUCOMETER	EXCLUDED	
DEXCOM G6 RECEIVER	TIER 02	
DEXCOM G6 SENSOR	TIER 02	
DEXCOM G6 TRANSMITTER	TIER 02	
DEXCOM G7 RECEIVER	TIER 02	
DEXCOM G7 SENSOR	TIER 02	
DIABETES CARE	EXCLUDED	PA
DIASTIX REAGENT	TIER 02	
DIATHRIVE BLOOD GLUCOSE METER	EXCLUDED	
DIATHRIVE BLOOD GLUCOSE TEST	EXCLUDED	
DIATHRIVE GLUCOSE CONTROL SOLN	EXCLUDED	
DIATHRIVE GLUCOSE TEST	EXCLUDED	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
DIATHRIVE LANCING DEVICE	TIER 03	
DIATHRIVE+ GLUCOSE MONITOR	EXCLUDED	
DIATHRIVE+ GLUCOSE TEST	EXCLUDED	
DROPLET GENTEEL LANCING DEVICE	TIER 03	
DUO-CARE CONTROL SOLUTION	EXCLUDED	
DUO-CARE TEST	EXCLUDED	
EASY MAX BLOOD GLUCOSE TEST	EXCLUDED	
EASY MAX T1 GLUCOSE SYSTEM	EXCLUDED	
EASY PLUS II CONTROL	EXCLUDED	
EASY PLUS II GLUCOSE SYSTEM	EXCLUDED	
EASY PLUS II GLUCOSE TEST	EXCLUDED	
EASY STEP CONTROL	EXCLUDED	
EASY STEP GLUCOSE MONITOR	EXCLUDED	
EASY STEP TEST	EXCLUDED	
EASY TALK BLOOD GLUCOSE SYSTEM	EXCLUDED	
EASY TALK BLOOD GLUCOSE TEST	EXCLUDED	
EASY TALK CONTROL	EXCLUDED	
EASY TALK PLUS II CONTROL	EXCLUDED	
EASY TALK PLUS II TEST STRIPS	EXCLUDED	
EASY TOUCH CONTROL HIGH & LOW	EXCLUDED	
EASY TOUCH GLUCOSE SYSTEM	EXCLUDED	
EASY TOUCH HEALTHPRO GLUCOSE	EXCLUDED	

Drug Name	Drug Tier	Notes
EASY TOUCH LANCING DEVICE	TIER 03	
EASY TOUCH TEST	EXCLUDED	
EASY TRAK BLOOD GLUCOSE SYSTEM	EXCLUDED	
EASY TRAK BLOOD GLUCOSE TEST	EXCLUDED	
EASY TRAK CONTROL	EXCLUDED	
EASY TRAK II BLOOD GLUCOSE SYS	EXCLUDED	
EASY TRAK II CONTROL	EXCLUDED	
EASY TRAK II GLUCOSE TEST	EXCLUDED	
EASYGLUCO	EXCLUDED	
EASYMAX 15 LEVEL 2 CONTROL	EXCLUDED	
EASYMAX 15 LEVEL 2-3 CONTROL	EXCLUDED	
EASYMAX 15 TEST	EXCLUDED	
EASYMAX CONTROL	EXCLUDED	
GLUCOSE CONTROL SOLUTIONS	EXCLUDED	
EASYMAX NG BLOOD GLUCOSE	EXCLUDED	
BLOOD GLUCOSE TEST STRIPS	EXCLUDED	
EASYMAX V BLOOD GLUCOSE	EXCLUDED	
EASYPRO BLOOD GLUCOSE MONITOR	EXCLUDED	
EASYPRO BLOOD GLUCOSE TEST	EXCLUDED	
EASYPRO PLUS	EXCLUDED	
ELEMENT AUTOCODE SYSTEM	EXCLUDED	
ELEMENT COMPACT CONTROL 2	EXCLUDED	
ELEMENT COMPACT CONTROL 3	EXCLUDED	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
ELEMENT COMPACT GLUCOSE SYSTEM	EXCLUDED	
ELEMENT COMPACT TEST	EXCLUDED	
ELEMENT COMPACT V GLUCOSE SYS	EXCLUDED	
ELEMENT CONTROL	EXCLUDED	
ELEMENT PLUS	EXCLUDED	
ELEMENT TEST	EXCLUDED	
EMBRACE BLOOD GLUCOSE MONITOR	EXCLUDED	
EMBRACE BLOOD GLUCOSE TEST	EXCLUDED	
EMBRACE CONTROL	EXCLUDED	
EMBRACE EVO BLOOD GLUCOSE TEST	EXCLUDED	
EMBRACE EVO CONTROL LEVEL 1	EXCLUDED	
EMBRACE EVO GLUCOSE MONITOR	EXCLUDED	
EMBRACE EVO GLUCOSE MONITORING	EXCLUDED	
EMBRACE GLUCOSE CONTROL	EXCLUDED	
EMBRACE LANCING DEVICE/EJECTOR	TIER 03	
EMBRACE PRO GLUCOSE CONTROL	EXCLUDED	
EMBRACE PRO GLUCOSE METER	EXCLUDED	
EMBRACE PRO GLUCOSE TEST	EXCLUDED	
EMBRACE TALK BLOOD GLUCOSE	EXCLUDED	
EMBRACE TALK GLUCOSE CONTROL	EXCLUDED	
EMBRACE TALK GLUCOSE TEST	EXCLUDED	
EMBRACE TALK MONITORING SYSTEM	EXCLUDED	

Drug Name	Drug Tier	Notes
EMBRACE WAVE BLOOD GLUCOSE	EXCLUDED	
EMBRACE WAVE GLUCOSE METER	EXCLUDED	
ENLITE GLUCOSE SENSOR	TIER 03	
EQ BLOOD GLUCOSE TEST	EXCLUDED	
EVERSENSE 365 SENSOR/HOLDER	EXCLUDED	
EVERSENSE 365 SMART TRANSMIT	EXCLUDED	
EVERSENSE E3 SENSOR/HOLDER	EXCLUDED	
EVERSENSE E3 SMART TRANSMITTER	EXCLUDED	
EVERSENSE SENSOR/HOLDER	EXCLUDED	
EVERSENSE SMART TRANSMITTER	EXCLUDED	
EVOLUTION AUTOCODE	EXCLUDED	
EVOLUTION CONTROL	EXCLUDED	
FIFTY50 GLUCOSE METER 2.0	EXCLUDED	
FIFTY50 GLUCOSE TEST 2.0	EXCLUDED	
FORA 6 CONNECT IN VITRO	EXCLUDED	
FORA 6 CONNECT/GTEL TEST	EXCLUDED	
FORA BLOOD GLUCOSE TEST	EXCLUDED	
FORA CONTROL	EXCLUDED	
FORA D15G BLOOD GLUCOSE TEST	EXCLUDED	
FORA D20 BLOOD GLUCOSE TEST	EXCLUDED	
FORA D40/G31 BLOOD GLUCOSE	EXCLUDED	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
FORA G20 BLOOD GLUCOSE SYSTEM	EXCLUDED	
FORA G20 BLOOD GLUCOSE TEST	EXCLUDED	
FORA G30/PREM V10 GLUCOSE TEST	EXCLUDED	
FORA G30A BLOOD GLUCOSE SYSTEM	EXCLUDED	
FORA GD20 BLOOD GLUCOSE SYSTEM	EXCLUDED	
FORA GD20 TEST	EXCLUDED	
FORA GD50 BLOOD GLUCOSE SYSTEM	EXCLUDED	
FORA GD50 BLOOD GLUCOSE TEST	EXCLUDED	
FORA GTEL BLOOD GLUCOSE SYSTEM	EXCLUDED	
FORA GTEL BLOOD GLUCOSE TEST	EXCLUDED	
FORA PREMIUM V10 BLE SYSTEM	EXCLUDED	
FORA TEST N' GO MONITOR	EXCLUDED	
FORA TN'G ADVANCE PRO IN VITRO	EXCLUDED	
FORA TN'G VOICE	EXCLUDED	
FORA TN'G/TN'G VOICE	EXCLUDED	
FORA V10 BLOOD GLUCOSE SYSTEM	EXCLUDED	
FORA V10 BLOOD GLUCOSE TEST	EXCLUDED	
FORA V10/V12/D10/D20 TEST	EXCLUDED	
FORA V12 BLOOD GLUCOSE SYSTEM	EXCLUDED	
FORA V12 BLOOD GLUCOSE TEST	EXCLUDED	
FORA V20 BLOOD GLUCOSE SYSTEM	EXCLUDED	

Drug Name	Drug Tier	Notes
FORA V20 BLOOD GLUCOSE TEST	EXCLUDED	
FORA V30A BLOOD GLUCOSE SYSTEM	EXCLUDED	
FORA V30A BLOOD GLUCOSE TEST	EXCLUDED	
FORACARE GD40 MONITOR	EXCLUDED	
FORACARE GD40 TEST	EXCLUDED	
FORACARE GDH CONTROL	EXCLUDED	
FORACARE PREMIUM V10	EXCLUDED	
FORACARE PREMIUM V10 TEST	EXCLUDED	
FORACARE TEST N GO MONITOR	EXCLUDED	
FORACARE TEST N GO TEST	EXCLUDED	
FREESTYLE CONTROL SOLUTION	EXCLUDED	
FREESTYLE FREEDOM LITE	EXCLUDED	
FREESTYLE INSULINX TEST	EXCLUDED	
FREESTYLE LIBRE 14 DAY READER	EXCLUDED	
FREESTYLE LIBRE 14 DAY SENSOR	EXCLUDED	
FREESTYLE LIBRE 2 PLUS SENSOR	EXCLUDED	
FREESTYLE LIBRE 2 READER	PREVENT	
FREESTYLE LIBRE 2 SENSOR	PREVENT	
FREESTYLE LIBRE 3 PLUS SENSOR	PREVENT	
FREESTYLE LIBRE 3 READER	PREVENT	
FREESTYLE LIBRE 3 SENSOR	PREVENT	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
FREESTYLE LIBRE READER	EXCLUDED	
FREESTYLE LITE	EXCLUDED	
FREESTYLE LITE TEST	EXCLUDED	
FREESTYLE PRECISION NEO SYSTEM	EXCLUDED	
FREESTYLE PRECISION NEO TEST	EXCLUDED	
FREESTYLE TEST	EXCLUDED	
GE100 BLOOD GLUCOSE SYSTEM	EXCLUDED	
GE100 BLOOD GLUCOSE TEST	EXCLUDED	
GE100 CONTROL	EXCLUDED	
GENTEEL LANCING KIT (BLUE)	TIER 03	
GENULTIMATE TEST	EXCLUDED	
GHT BLOOD GLUCOSE MONITOR	EXCLUDED	
GHT TEST	EXCLUDED	
GLUCO PERFECT 3 METER	EXCLUDED	
GLUCO PERFECT 3 TEST	EXCLUDED	
GLUCOCARD 01 BLOOD GLUCOSE	EXCLUDED	
GLUCOCARD 01 CONTROL	EXCLUDED	
GLUCOCARD 01 SENSOR PLUS	EXCLUDED	
GLUCOCARD 01 TEST IN VITRO STRIP	EXCLUDED	
GLUCOCARD 01-MINI GLUCOSE	EXCLUDED	
GLUCOCARD EXPRESSION CONTROL	EXCLUDED	
GLUCOCARD EXPRESSION MONITOR	EXCLUDED	

Drug Name	Drug Tier	Notes
GLUCOCARD EXPRESSION TEST	EXCLUDED	
GLUCOCARD SHINE	EXCLUDED	
GLUCOCARD SHINE CONNEX	EXCLUDED	
GLUCOCARD SHINE CONTROL	EXCLUDED	
GLUCOCARD SHINE EXPRESS	EXCLUDED	
GLUCOCARD SHINE TEST	EXCLUDED	
GLUCOCARD SHINE XL	EXCLUDED	
GLUCOCARD VITAL MONITOR	EXCLUDED	
GLUCOCARD VITAL TEST	EXCLUDED	
GLUCOCARD X-METER	EXCLUDED	
GLUCOCARD X-SENSOR	EXCLUDED	
GLUCOCARD X-SENSOR CONTROL	EXCLUDED	
GLUCOCOM BLOOD GLUCOSE MONITOR	EXCLUDED	
GLUCOCOM CONTROL	EXCLUDED	
GLUCOCOM MONITOR	EXCLUDED	
GLUCOCOM TEST	EXCLUDED	
GLUCONAVII BLOOD GLUCOSE SYS	EXCLUDED	
GLUCONAVII BLOOD GLUCOSE TEST	EXCLUDED	
GLUCOSE CONTROL	EXCLUDED	
GLUCOSE METER TEST	EXCLUDED	
GNP EASY TOUCH CONT HIGH/LOW	EXCLUDED	
GNP EASY TOUCH GLUCOSE METER	EXCLUDED	
GNP EASY TOUCH GLUCOSE TEST	EXCLUDED	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
GNP TRUE METRIX AIR METER	EXCLUDED	
GNP TRUE METRIX GLUCOSE METER	EXCLUDED	
GNP TRUE METRIX GLUCOSE STRIPS	EXCLUDED	
GNP TRUETRACK SMART SYSTEM	EXCLUDED	
GNP TRUETRACK TEST STRIPS	EXCLUDED	
GOJJI BLOOD GLUCOSE TEST	EXCLUDED	
GOJJI CONTROL	EXCLUDED	
GOJJI LANCING DEVICE/CLEAR CAP	TIER 03	
GOODSENSE BLOOD GLUCOSE	EXCLUDED	
GUARDIAN 4 GLUCOSE SENSOR	TIER 03	
GUARDIAN 4 TRANSMITTER	TIER 03	
GUARDIAN CONNECT TRANSMITTER	TIER 03	
GUARDIAN LINK 3 TRANSMITTER	TIER 03	
GUARDIAN SENSOR (3)	TIER 03	
GUARDIAN SENSOR 3	TIER 03	
HEALTHPRO BLOOD GLUCOSE MONITO	EXCLUDED	
HM EMBRACE TALK SYSTEM	EXCLUDED	
HW EMBRACE PRO GLUCOSE METER	EXCLUDED	
HW EMBRACE PRO GLUCOSE TEST	EXCLUDED	
HW EMBRACE TALK BLOOD GLUCOSE	EXCLUDED	
HW EMBRACE TALK GLUCOSE TEST	EXCLUDED	
IGLUCOSE MONITORING SYSTEM	EXCLUDED	

Drug Name	Drug Tier	Notes
IGLUCOSE TEST STRIPS	EXCLUDED	
IHEALTH BLOOD GLUCOSE TEST STR	EXCLUDED	
IHEALTH CONTROL SOLUTION	EXCLUDED	
IHEALTH GLUCO+ KIT 10	EXCLUDED	PA
IHEALTH GLUCO+ KIT 100	EXCLUDED	PA
IHEALTH LANCING DEVICE	TIER 03	
IN TOUCH	EXCLUDED	
IN TOUCH BLOOD GLUCOSE TEST	EXCLUDED	
IN TOUCH GLUCOSE CONTROL	EXCLUDED	
INFINITY BLOOD GLUCOSE SYSTEM	EXCLUDED	
INFINITY BLOOD GLUCOSE TEST	EXCLUDED	
INFINITY CONTROL	EXCLUDED	
INFINITY VOICE	EXCLUDED	
INPEN 100-BLUE-LILLY-HUMALOG	TIER 03	QL
INPEN 100-GREY-LILLY-HUMALOG	TIER 03	QL
INPEN 100-PINK-LILLY-HUMALOG	TIER 03	QL
KETO-DIASTIX	TIER 03	
KETONE CARE	TIER 03	
KETONE TEST	TIER 03	
KETOSTIX	TIER 03	
KROGER BLOOD GLUCOSE	EXCLUDED	
KROGER BLOOD GLUCOSE TEST	EXCLUDED	
KROGER HEALTHPRO CONTROL HI/LO	EXCLUDED	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
KROGER HEALTHPRO GLUCOSE TEST	EXCLUDED	
KROGER PREMIUM BLOOD GLUCOSE	EXCLUDED	
KROGER PREMIUM GLUCOSE TEST	EXCLUDED	
LANCETS	PREVENT	
LANCETS	TIER 02	
LANCETS IN VITRO STRIP	EXCLUDED	
LANCETS SUPER THIN	TIER 02	
LIBERTY BLOOD GLUCOSE METER	EXCLUDED	
LIBERTY GLUCOSE CONTROL	EXCLUDED	
LIBERTY GLUCOSE CONTROL MID	EXCLUDED	
LIBERTY NEXT GENERATION TEST	EXCLUDED	
LIBERTY NXT GENERATION MONITOR	EXCLUDED	
LIBERTY TEST	EXCLUDED	
MEDISENSE GLUCOSE KETONE CONTR	EXCLUDED	
MEDISENSE HI/MID/LOW CONTROL	EXCLUDED	
MEIJER BLOOD GLUCOSE	EXCLUDED	
MEIJER BLOOD GLUCOSE TEST	EXCLUDED	
MEIJER ESSENTIAL BLOOD GLUCOSE	EXCLUDED	
MEIJER ESSENTIAL GLUCOSE TEST	EXCLUDED	
MEIJER PREMIUM BLOOD GLUCOSE	EXCLUDED	
MEIJER TRUE2GO BLOOD GLUCOSE	EXCLUDED	
MEIJER TRUERESULT GLUCOSE SYS	EXCLUDED	

Drug Name	Drug Tier	Notes
MEIJER TRUETEST TEST	EXCLUDED	
MEIJER TRUETRACK GLUCOSE SYS	EXCLUDED	
MEIJER TRUETRACK TEST	EXCLUDED	
MICRODOT BLOOD GLUCOSE SYSTEM	EXCLUDED	
MICRODOT CONTROL HIGH/LOW	EXCLUDED	
MICRODOT TEST	EXCLUDED	
MICROLET NEXT LANCING DEVICE	PREVENT	
MM BLOOD GLUCOSE SYSTEM	EXCLUDED	
MM BLOOD GLUCOSE SYSTEM REFILL	EXCLUDED	
MM BLULINK GLUCOSE MONIT SYS	EXCLUDED	
MM BLULINK GLUCOSE TEST	EXCLUDED	
MM EASY TOUCH GLUCOSE	EXCLUDED	
MM EASY TOUCH GLUCOSE METER	EXCLUDED	
MYGLUCOHEALTH BLOOD GLUCOSE	EXCLUDED	
MYGLUCOHEALTH CONTROL	EXCLUDED	
MYGLUCOHEALTH TEST	EXCLUDED	
NEUTEK 2TEK CONTROL	EXCLUDED	
NEUTEK 2TEK TEST	EXCLUDED	
NOVA MAX BLOOD GLUCOSE SYSTEM	EXCLUDED	
NOVA MAX GLUCOSE TEST	EXCLUDED	
NOVA MAX PLUS GLU/KET CONTROL	EXCLUDED	
NOVOPEN ECHO	TIER 03	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
ON CALL EXPRESS BLOOD GLUCOSE	EXCLUDED	
ON CALL EXPRESS MONITORING SYS	EXCLUDED	
ONE DROP BLOOD GLUCOSE MONITOR	EXCLUDED	
ONE DROP TEST	EXCLUDED	
ONETOUCH DELICA PLUS LANCING	TIER 03	
ONETOUCH DELICA SAFETY LANCING	TIER 02	
ONETOUCH ULTRA TEST STRIPS	EXCLUDED	
ONETOUCH ULTRA 2 KIT W/DEVICE	EXCLUDED	
ONETOUCH ULTRA BLUE TEST	EXCLUDED	
ONETOUCH ULTRA CONTROL	EXCLUDED	
ONETOUCH ULTRA IN VITRO LIQUID	EXCLUDED	
ONETOUCH ULTRA TEST STRIPS	EXCLUDED	
ONETOUCH VERIO KIT W/DEVICE	EXCLUDED	
ONETOUCH VERIO FLEX SYSTEM DEVICE	EXCLUDED	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	EXCLUDED	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	PREVENT	
ONETOUCH VERIO REFLECT KIT W/DEVICE	EXCLUDED	
OPTIUMEZ TEST	EXCLUDED	
PERFECT POINT SAFETY LANCETS	TIER 02	
PHARMACIST CHOICE AUTOCODE	EXCLUDED	

Drug Name	Drug Tier	Notes
PHARMACIST CHOICE AUTOCODE SYS	EXCLUDED	
PHARMACIST CHOICE MINI SYSTEM	EXCLUDED	
PHARMACIST CHOICE NO CODING	EXCLUDED	
PIP BLOOD GLUCOSE MONITORING	EXCLUDED	
PIP BLOOD GLUCOSE TEST STRIP	EXCLUDED	
PIP GLUCOSE CONTROL SOLUTION	EXCLUDED	
POCKETCHEM EZ CONTROL	EXCLUDED	
POCKETCHEM EZ SYSTEM	EXCLUDED	
POCKETCHEM EZ TEST	EXCLUDED	
POGO AUTOMATIC BLOOD GLUCOSE	EXCLUDED	
POGO AUTOMATIC TEST CARTRIDGES	EXCLUDED	
PRECISION GLUCOSE KETONE CONTR	EXCLUDED	
PRECISION XTRA	EXCLUDED	
PRECISION XTRA BLOOD GLUCOSE	EXCLUDED	
PREMIUM BLOOD GLUCOSE TEST	EXCLUDED	
PRO VOICE V8 GLUCOSE SYSTEM	EXCLUDED	
PRO VOICE V8/V9 GLUCOSE	EXCLUDED	
PRO VOICE V9 GLUCOSE SYSTEM	EXCLUDED	
PRODIGY AUTOCODE BLOOD GLUCOSE	EXCLUDED	
PRODIGY CONTROL SOLUTION	EXCLUDED	
PRODIGY NO CODING BLOOD GLUC	EXCLUDED	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
PRODIGY POCKET BLOOD GLUCOSE	EXCLUDED	
PRODIGY VOICE BLOOD GLUCOSE	EXCLUDED	
PTS PANELS EGLU TEST	EXCLUDED	
QUICKTEK	EXCLUDED	
QUICKTEK CONTROL SOLUTION	EXCLUDED	
QUICKTEK TEST	EXCLUDED	
QUICKTEK/METER	EXCLUDED	
QUINTET AC BLOOD GLUCOSE	EXCLUDED	
QUINTET AC BLOOD GLUCOSE TEST	EXCLUDED	
QUINTET BLOOD GLUCOSE SYSTEM	EXCLUDED	
QUINTET BLOOD GLUCOSE TEST	EXCLUDED	
QUINTET CONTROL HIGH/NORMAL	EXCLUDED	
REFUAH PLUS BLOOD GLUCOSE TEST	EXCLUDED	
REFUAH PLUS GLUCOSE CONTROL	EXCLUDED	
REFUAH PLUS MONITORING SYSTEM	EXCLUDED	
RELION ALL-IN-ONE	EXCLUDED	
RELION BLOOD GLUCOSE TEST	EXCLUDED	
RELION CONFIRM GLUCOSE MONITOR	EXCLUDED	
RELION CONFIRM/MICRO TEST	EXCLUDED	
RELION GLUCOSE TEST STRIPS	EXCLUDED	
RELION MICRO	EXCLUDED	
RELION PREMIER BLU MONITOR	EXCLUDED	
RELION PREMIER CLASSIC	EXCLUDED	

Drug Name	Drug Tier	Notes
RELION PREMIER COMPACT SYSTEM	EXCLUDED	
RELION PREMIER TEST	EXCLUDED	
RELION PREMIER VOICE MONITOR	EXCLUDED	
RELION PRIME MONITOR	EXCLUDED	
RELION PRIME TEST	EXCLUDED	
RELION TRUE MET AIR GLUC METER	EXCLUDED	
RELION TRUE METRIX TEST STRIPS	EXCLUDED	
RELION ULTIMA GLUCOSE SYSTEM	EXCLUDED	
RELION ULTIMA TEST	EXCLUDED	
REXALL BLOOD GLUCOSE SYSTEM	EXCLUDED	
REXALL BLOOD GLUCOSE TEST	EXCLUDED	
RIGHTEST GC300 CONTROL	EXCLUDED	
RIGHTEST GM100 BLOOD GLUCOSE	EXCLUDED	
RIGHTEST GM300 BLOOD GLUCOSE	EXCLUDED	
RIGHTEST GM550 BLOOD GLUCOSE	EXCLUDED	
RIGHTEST GS100 BLOOD GLUCOSE	EXCLUDED	
RIGHTEST GS300 BLOOD GLUCOSE	EXCLUDED	
RIGHTEST GS550 BLOOD GLUCOSE	EXCLUDED	
RIGHTEST GT333 BLOOD GLUCOSE	EXCLUDED	
RIGHTEST GT333 GLUCOSE TEST	EXCLUDED	
SMART SENSE PREMIUM SYSTEM	EXCLUDED	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
SMART SENSE PREMIUM TEST	EXCLUDED	
SMART SENSE VALUE GLUCOSE SYS	EXCLUDED	
SMART SENSE VALUE TEST	EXCLUDED	
SMARTEST BLOOD GLUCOSE TEST	EXCLUDED	
SMARTEST CONTROL MEDIUM	EXCLUDED	
SMARTEST EJECT	EXCLUDED	
SMARTEST EJECT STARTER	EXCLUDED	
SMARTEST PERSONA STARTER	EXCLUDED	
SMARTEST PRONTO STARTER	EXCLUDED	
SMARTEST PROTEGE	EXCLUDED	
SMARTEST PROTEGE STARTER	EXCLUDED	
SOLUS V2 BLOOD GLUCOSE SYSTEM	EXCLUDED	
SOLUS V2 CONTROL	EXCLUDED	
SOLUS V2 TEST	EXCLUDED	
SUPREME II HIGH/LOW CONTROL	EXCLUDED	
SUPREME TEST	EXCLUDED	
TAI DOC CONTROL	EXCLUDED	
TECHLITE LANCETS 26G	TIER 02	
TEMPO REFILL	EXCLUDED	
TEMPO SMART BUTTON	EXCLUDED	
TEMPO WELCOME	EXCLUDED	
TGT BLOOD GLUCOSE MONITORING	EXCLUDED	
TGT BLOOD GLUCOSE TEST	EXCLUDED	
TRUE FOCUS BLOOD GLUCOSE METER	EXCLUDED	

Drug Name	Drug Tier	Notes
TRUE FOCUS BLOOD GLUCOSE STRIP	EXCLUDED	
TRUE METRIX AIR GLUCOSE METER	EXCLUDED	
TRUE METRIX BLOOD GLUCOSE TEST	EXCLUDED	
TRUE METRIX GO GLUCOSE METER	EXCLUDED	
TRUE METRIX LEVEL 1	EXCLUDED	
TRUE METRIX LEVEL 2	EXCLUDED	
TRUE METRIX LEVEL 3	EXCLUDED	
TRUE METRIX METER	EXCLUDED	
TRUE METRIX PRO BLOOD GLUCOSE	EXCLUDED	
TRUECONTROL GLUCOSE CONT LEV 0	EXCLUDED	
TRUECONTROL GLUCOSE CONT LEV 1	EXCLUDED	
TRUERESULT BLOOD GLUCOSE	EXCLUDED	
TRUETEST TEST	EXCLUDED	
TRUETRACK BLOOD GLUCOSE	EXCLUDED	
TRUETRACK SMART SYSTEM	EXCLUDED	
TRUETRACK TEST	EXCLUDED	
UNISTRIP CONTROL	EXCLUDED	
UNISTRIP1 GENERIC	EXCLUDED	
VERASENS BLOOD GLUCOSE METER	EXCLUDED	
VERASENS BLOOD GLUCOSE SYSTEM	EXCLUDED	
VERASENS BLOOD GLUCOSE TEST	EXCLUDED	
VERASENS GLUCOSE CONTROL	EXCLUDED	
VERIFINE SAFE LANCET MINI 21G	TIER 02	
VERIFINE SAFE LANCET MINI 23G	TIER 02	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
VERIFINE SAFE LANCET MINI 28G	TIER 02	
VERIFINE SAFE LANCET MINI 30G	TIER 02	
VIVAGUARD INO CONTROL SOLUTION	EXCLUDED	
VIVAGUARD INO GLUCOSE METER	EXCLUDED	
VIVAGUARD INO SMART GLUC METER	EXCLUDED	
VIVAGUARD INO TEST STRIPS	EXCLUDED	
VIVAGUARD LANCETS 30G	TIER 02	
VIVAGUARD LANCING DEVICE	TIER 03	
VIVAGUARD SAFETY LANCETS 28G	TIER 02	
WAVESENSE AMP	EXCLUDED	
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	TIER 02	
BAQSIMI TWO PACK	TIER 02	
diazoxide oral	TIER 01	
glucagon emergency kit	TIER 01	
GLUCAGON EMERGENCY KIT	TIER 02	
GVOKE HYPOPEN 1-PACK	EXCLUDED	
GVOKE HYPOPEN 2-PACK	EXCLUDED	
GVOKE KIT	EXCLUDED	
GVOKE PFS	EXCLUDED	
PROGLYCEM	TIER 03	
ZEGALOGUE	TIER 02	
Diabetes - Insulins		
ADMELOG	TIER 01	
ADMELOG SOLOSTAR	TIER 01	
AFREZZA	TIER 03	PA

Drug Name	Drug Tier	Notes
APIDRA SOLOSTAR	TIER 01	
APIDRA VIAL	TIER 01	
AQ INSULIN SYRINGE	TIER 02	
BASAGLAR KWIKPEN	TIER 01	
BASAGLAR TEMPO PEN	EXCLUDED	
BD ULTRA-FINE INSULIN SYRINGES	TIER 02	
BD ULTRA-FINE INSULIN SYRINGES	PREVENT	
DROPSAFE SAFETY SYRINGE/NEEDLE	TIER 02	
FIASP	TIER 01	
FIASP FLEXTOUCH	TIER 01	
FIASP PENFILL	TIER 01	
FIASP PUMPCART	TIER 01	
HUMALOG KWIKPEN	PREVENT	
HUMALOG MIX 50/50 KWIKPEN	PREVENT	
HUMALOG MIX 50/50 VIAL	PREVENT	
HUMALOG MIX 75/25 KWIKPEN	PREVENT	
HUMALOG MIX 75/25 VIAL	PREVENT	
HUMALOG SOLUTION 100 UNIT/ML INJECTION	PREVENT	
HUMALOG SOLUTION 100 UNIT/ML INJECTION	TIER 01	
HUMALOG SUBCUTANEOUS	PREVENT	
HUMALOG TEMPO PEN	EXCLUDED	
HUMALOG U-100 JUNIOR KWIKPEN	PREVENT	
HUMULIN 70/30 KWIKPEN	PREVENT	
HUMULIN 70/30 VIAL	PREVENT	
HUMULIN N KWIKPEN	PREVENT	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
HUMULIN N VIAL	PREVENT	
HUMULIN R U-500 KWIKPEN	TIER 01	
HUMULIN R U-500 VIAL	TIER 01	
HUMULIN R VIAL	PREVENT	
INSULIN ASP PROT & ASP FLEXPEN	EXCLUDED	
INSULIN ASPART	EXCLUDED	
INSULIN ASPART FLEXPEN	EXCLUDED	
INSULIN ASPART PENFILL	EXCLUDED	
INSULIN ASPART PROT & ASPART	EXCLUDED	
INSULIN DEGLUDEC	EXCLUDED	
INSULIN DEGLUDEC FLEXTOUCH	EXCLUDED	
INSULIN GLARGINE MAX SOLOSTAR	PREVENT	
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	PREVENT	
INSULIN GLARGINE-YFGN	EXCLUDED	
INSULIN LISPRO	TIER 01	
INSULIN LISPRO (1 UNIT DIAL)	TIER 01	
INSULIN LISPRO JUNIOR KWIKPEN	TIER 01	
INSULIN LISPRO PROT & LISPRO	PREVENT	

Drug Name	Drug Tier	Notes
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	TIER 02	
LANTUS SOLOSTAR	PREVENT	
LANTUS U-100 VIAL	PREVENT	
LEVEMIR U-100 VIAL	PREVENT	
LYUMJEV KWIKPEN	TIER 01	
LYUMJEV TEMPO PEN	EXCLUDED	
LYUMJEV VIAL	TIER 01	
MYXREDLIN	TIER 03	
NOVOLIN 70/30 FLEXPEN	TIER 01	
NOVOLIN 70/30 FLEXPEN RELION	EXCLUDED	
NOVOLIN 70/30 RELION	EXCLUDED	
NOVOLIN 70/30 VIAL	TIER 01	
NOVOLIN N FLEXPEN	TIER 01	
NOVOLIN N FLEXPEN RELION	EXCLUDED	
NOVOLIN N RELION	EXCLUDED	
NOVOLIN N VIAL	TIER 01	
NOVOLIN R FLEXPEN	TIER 01	
NOVOLIN R FLEXPEN RELION	EXCLUDED	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
NOVOLIN R RELION	EXCLUDED	
NOVOLIN R VIAL	TIER 01	
NOVOLOG 70/30 FLEXPEN RELION	EXCLUDED	
NOVOLOG FLEXPEN	TIER 01	
NOVOLOG FLEXPEN RELION	EXCLUDED	
NOVOLOG MIX 70/30 FLEXPEN	TIER 01	
NOVOLOG MIX 70/30 RELION	EXCLUDED	
NOVOLOG MIX 70/30 VIAL	TIER 01	
NOVOLOG PENFILL	TIER 01	
NOVOLOG RELION	EXCLUDED	
NOVOLOG U-100 VIAL	TIER 01	
REZVOGLAR KWIKPEN	TIER 01	
SEMGLEE (YFGN)	EXCLUDED	
TOUJEO MAX SOLOSTAR	PREVENT	
TOUJEO SOLOSTAR	PREVENT	
TRESIBA	EXCLUDED	
TRESIBA FLEXTOUCH	EXCLUDED	
ULTIGUARD SAFEPACK SYR/NEEDLE	TIER 02	
VERIFINE INSULIN SYRINGE	TIER 02	
Electrolytes / Minerals / Metals / Vitamins		
ACCRUFER	EXCLUDED	
ALTRIXA	EXCLUDED	
AMINO ACID	TIER 03	
AMINO ACID-CALCIUM-HEP IN D10W INTRAVENOUS SOLUTION 3 %	TIER 03	
AMINOPROTECT	TIER 03	
AMINOSYN II	TIER 03	

Drug Name	Drug Tier	Notes
AMINOSYN-PF	TIER 03	
AMINOSYN-PF 7%	TIER 03	
AMLADEX	EXCLUDED	
AQUASOL A	TIER 03	
AQUASTAT	TIER 03	
AQUASTAT SFR	TIER 03	
ARGININE HCL INJECTION	TIER 03	
AZESCO	EXCLUDED	
BD POSIFLUSH	TIER 03	
BD POSIFLUSH SAFESCRUB	TIER 03	
CALCIFOL	TIER 03	
CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS	TIER 03	
calcium chloride solution 10 % intravenous	TIER 01	
calcium gluconate intravenous solution	TIER 01	
CALCIUM GLUCONATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
calcium gluconate-nacl intravenous solution 1-0.675 gm/50ml-%, 2-0.675 gm/100ml-%	TIER 01	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.8 GM/100ML-%, 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%	TIER 03	
CARBAGLU	SPECIALTY	PA
carglumic acid	SPECIALTY	PA
CARNITOR INTRAVENOUS	TIER 03	
CARNITOR ORAL	EXCLUDED	
CARNITOR SF	EXCLUDED	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
CHEMET	TIER 03	
chromic chloride intravenous	TIER 01	
CITRANATAL 90 DHA	EXCLUDED	
CITRANATAL ASSURE	EXCLUDED	
CITRANATAL HARMONY	EXCLUDED	
CITRANATAL MEDLEY	EXCLUDED	
CLINIMIX E/DEXTROSE (2.75/5)	TIER 03	
CLINIMIX E/DEXTROSE (4.25/10)	TIER 03	
CLINIMIX E/DEXTROSE (4.25/5)	TIER 03	
CLINIMIX E/DEXTROSE (5/15)	TIER 03	
CLINIMIX E/DEXTROSE (5/20)	TIER 03	
CLINIMIX E/DEXTROSE (8/10)	TIER 03	
CLINIMIX E/DEXTROSE (8/14)	TIER 03	
CLINIMIX/DEXTROSE (4.25/10)	TIER 03	
CLINIMIX/DEXTROSE (4.25/5)	TIER 03	
CLINIMIX/DEXTROSE (5/15)	TIER 03	
CLINIMIX/DEXTROSE (5/20)	TIER 03	
CLINIMIX/DEXTROSE (6/5)	TIER 03	
CLINIMIX/DEXTROSE (8/10)	TIER 03	
CLINIMIX/DEXTROSE (8/14)	TIER 03	
CLINISOL SF	TIER 03	
CLINOLIPID	TIER 03	
cupric chloride	TIER 01	
CUVRIOR	EXCLUDED	PA

Drug Name	Drug Tier	Notes
cyanocobalamin injection solution 1000 mcg/ml	TIER 01	
cyanocobalamin nasal	TIER 01	
DAVIMET-FLUORIDE	EXCLUDED	
DAVIMET-M	EXCLUDED	
DAYAVITE	EXCLUDED	
deferasirox	SPECIALTY	PA
deferasirox granules	SPECIALTY	PA
DERMACINRX DAVIMET	EXCLUDED	
DERMACINRX MULTITAM	EXCLUDED	
DERMACINRX PRETRATE	EXCLUDED	
DERMACINRX RIBOTIN-E	EXCLUDED	
DERMACINRX ZINTREXYL-C	EXCLUDED	
DEXATRAN	EXCLUDED	
DEXIFOL	EXCLUDED	
DEXPANTHENOL INJECTION	TIER 03	
dextrose intravenous solution 10 %, 20 %, 30 %, 40 %, 5 %, 70 %	TIER 01	
DEXTROSE SOLUTION 250 MG/ML INTRAVENOUS	TIER 03	
dextrose solution 250 mg/ml intravenous	TIER 01	
DEXTROSE SOLUTION 50 % INTRAVENOUS	TIER 03	
dextrose solution 50 % intravenous	TIER 01	
DIATROL	EXCLUDED	
DODEX	TIER 03	
DRISDOL	TIER 03	
EDETATE DISODIUM INTRAVENOUS	TIER 03	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	TIER 03	
effer-k oral tablet effervescent 25 meq	TIER 01	
ENBRACE HR	EXCLUDED	
ergocalciferol oral capsule	TIER 01	
FEONYX	EXCLUDED	
FERAHEME	TIER 03	ST
FERRIPROX ORAL SOLUTION	SPECIALTY	PA
FERRLECIT	TIER 03	
ferumoxytol	TIER 01	ST
FINAZOL	EXCLUDED	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	EXCLUDED	
FLORRAVITE	EXCLUDED	
FOLAGENT DHA	EXCLUDED	
FOLAMAX	EXCLUDED	
FOLAMED DHA	EXCLUDED	
FOLAPRIME	EXCLUDED	
FOLCYTEINE	EXCLUDED	
folic acid injection	TIER 01	
folic acid oral tablet 1 mg	TIER 01	
FOLIFLEX	EXCLUDED	
FOLIKA-BC	EXCLUDED	
FOLITIN-Z	EXCLUDED	
FOLTREXYL	EXCLUDED	
GALZIN	TIER 03	
GLUTATHIONE INJECTION SOLUTION 200 MG/ML	TIER 03	
GLUTATHIONE INTRAVENOUS	TIER 03	
GLYCINE INJECTION	TIER 03	
GLYCOPHOS	TIER 03	

Drug Name	Drug Tier	Notes
hematinic/folic acid	TIER 01	
hydroxocobalamin acetate	TIER 01	
HYLAVITE	EXCLUDED	
HYLAZINC	EXCLUDED	
INFED	TIER 03	
INJECTAFER	TIER 03	ST
INTRALIPID	TIER 03	
iodine strong oral	TIER 01	
JENLIVA PRENATAL/POSTNATAL	EXCLUDED	
JYNARQUE	EXCLUDED	PA; QL
KABIVEN	TIER 03	
KEYLOSA	EXCLUDED	
KIONEX	TIER 03	
klor-con	TIER 01	
klor-con 10	TIER 01	
klor-con m10	TIER 01	
klor-con m15	TIER 01	
klor-con m20	TIER 01	
K-PHOS	TIER 03	
k-prime	TIER 01	
K-TAB	EXCLUDED	
LEVOCARNITINE INJECTION	TIER 03	
levocarnitine intravenous	TIER 01	
levocarnitine oral solution	TIER 01	
levocarnitine oral tablet	TIER 01	
levocarnitine sf	TIER 01	
LIPO	TIER 03	
LIPO-C	TIER 03	
LIVITA ADULTS	EXCLUDED	
LIVITA CHILDREN	EXCLUDED	
LOKELMA	TIER 03	
LYSINE HCL INJECTION	TIER 03	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
magnesium chloride injection	TIER 01	
magnesium sulfate in d5w	TIER 01	
magnesium sulfate injection	TIER 01	
magnesium sulfate intravenous	TIER 01	
MAGNESIUM SULFATE-NACL	TIER 03	
MANGANESE CHLORIDE INTRAVENOUS	TIER 03	
MEDI TAB	EXCLUDED	
MENATROL	EXCLUDED	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	TIER 03	
MI-VITE RX	EXCLUDED	
MONOFERRIC	TIER 03	ST
MONOJECT FLUSH SYRINGE	TIER 03	
MONOJECT SODIUM CHLORIDE FLUSH	TIER 03	
MULTIPRO	EXCLUDED	
MULTITOL-M	EXCLUDED	
MULTI-VIT-FLOR	EXCLUDED	
MULTRYS	TIER 03	
na ferric gluc cplx in sucrose	TIER 01	
NASCOBAL	TIER 03	
NATAL PNV	EXCLUDED	
NEEVO DHA	EXCLUDED	
NEOKE ALCAR	TIER 03	
NEONATAL PN STARTER (HEPARIN)	TIER 03	
NEONATAL PN STARTER BAG	TIER 03	
NEONATAL PN STARTER BAG(W HEP)	TIER 03	

Drug Name	Drug Tier	Notes
NEO-VITAL RX	EXCLUDED	
NESTABS DHA	EXCLUDED	
NESTABS ONE	EXCLUDED	
NICADAN	EXCLUDED	
NICAZEL	EXCLUDED	
NICAZEL FORTE	EXCLUDED	
NICOMIDE	EXCLUDED	
NITRIVIA	EXCLUDED	
normal saline flush	TIER 01	
NOVITE	EXCLUDED	
NUTRA-Z+	EXCLUDED	
NUTRILIPID	TIER 03	
OB COMPLETE ONE	EXCLUDED	
OB COMPLETE PETITE	EXCLUDED	
OB COMPLETE PREMIER	EXCLUDED	
ORAL CITRATE	TIER 03	
PERIKABIVEN	TIER 03	
phosphorous	TIER 01	
phospho-trin 250 neutral	TIER 01	
PHOSPHO-TRIN K500	TIER 03	
phytonadione injection	TIER 01	
phytonadione oral	TIER 01	
PLENAMINE	TIER 03	
PNV TABS 20-1	EXCLUDED	
POKONZA	EXCLUDED	PA
POLY-VI-FLOR	EXCLUDED	
POLY-VI-FLOR/IRON	EXCLUDED	
potassium acetate solution 2 meq/ml intravenous	TIER 01	
POTASSIUM ACETATE SOLUTION 2 MEQ/ML INTRAVENOUS	TIER 03	
potassium chloride crys er	TIER 01	
potassium chloride er	TIER 01	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
potassium chloride intravenous solution	TIER 01	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
potassium chloride oral	TIER 01	
potassium citrate er	TIER 01	
potassium phosphates	TIER 01	
potassium phosphates(66 meq k)	TIER 01	
potassium phosphates(71 meq k)	TIER 01	
POTASSIUM PHOSPHATES-NACL	TIER 03	
PREGEN DHA	EXCLUDED	
PREGENNA	EXCLUDED	
PREMASOL	TIER 03	
prenatal oral tablet 27-1 mg	PREVENT	
PRENATE	EXCLUDED	
PRENATE DHA	EXCLUDED	
PRENATE ELITE	EXCLUDED	
PRENATE ENHANCE	EXCLUDED	
PRENATE ESSENTIAL	EXCLUDED	
PRENATE MINI	EXCLUDED	
PRENATE PIXIE	EXCLUDED	
PRENATE RESTORE	EXCLUDED	
PRENATOL-M	EXCLUDED	
PRENATRIX	EXCLUDED	
PRENATRYL	EXCLUDED	
PRIMACARE	EXCLUDED	
PRISMASOL B22GK 4/0	TIER 03	
PRISMASOL BGK 0/2.5	TIER 03	
PRISMASOL BGK 2/0	TIER 03	
PRISMASOL BGK 2/3.5	TIER 03	
PRISMASOL BGK 4/2.5	TIER 03	

Drug Name	Drug Tier	Notes
PRISMASOL BK 0/0/1.2	TIER 03	
PROFOLA	EXCLUDED	
PROSOL	TIER 03	
pyridoxine hcl solution 100 mg/ml injection	TIER 01	
PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION	TIER 03	
QUFLORA FE	EXCLUDED	
REMEDIENT	EXCLUDED	
saline flush	TIER 01	
SAMSCA	SPECIALTY	PA; QL
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG	EXCLUDED	
SELECT-OB+DHA	EXCLUDED	
SMOFLIPID	TIER 03	
sod citrate-citric acid	TIER 01	
sodium acetate intravenous	TIER 01	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	TIER 01	
sodium bicarbonate solution 8.4 % intravenous	TIER 01	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	TIER 03	
sodium chloride (pf)	TIER 01	
sodium chloride flush	TIER 01	
sodium chloride injection	TIER 01	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	TIER 01	
SODIUM CHLORIDE SOLUTION 4 MEQ/ML INTRAVENOUS	TIER 03	
sodium chloride solution 4 meq/ml intravenous	TIER 01	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
sodium fluoride oral	TIER 01	
sodium phosphates	TIER 01	
sodium polystyrene sulfonate	TIER 01	
SPS (SODIUM POLYSTYRENE SULF)	TIER 03	
TAURINE INJECTION	TIER 03	
THAM	TIER 03	
THE LIQUILIFT TRACE	TIER 03	
thiamine hcl injection	TIER 01	
TM-DAILY VITE	EXCLUDED	
TM-VITE RX	EXCLUDED	
tolvaptan	SPECIALTY	PA; QL
TRALEMENT	TIER 03	
TRAVASOL	TIER 03	
TRI-AMINO	TIER 03	
trientine hcl	SPECIALTY	PA
TRISODIUM CITRATE/CRRT	TIER 03	
TRISTART DHA	EXCLUDED	
TRONVITE	EXCLUDED	
TROPHAMINE	TIER 03	
TRUE DAILY VITE	EXCLUDED	
TRUE MULTIVITAMIN	EXCLUDED	
VELTASSA	TIER 03	
VENEXA	EXCLUDED	
VENEXA FE	EXCLUDED	
VENOFER	TIER 03	
VENTRIXYL	EXCLUDED	
VENTRIXYL FE	EXCLUDED	
VITAFOL FE+	EXCLUDED	
VITAFOL GUMMIES	EXCLUDED	
VITAFOL ULTRA	EXCLUDED	
VITAFOL-OB	EXCLUDED	
VITAFOL-OB+DHA	EXCLUDED	
VITAFOL-ONE	EXCLUDED	

Drug Name	Drug Tier	Notes
VITAMEDMD ONE RX/QUATREFOLIC	EXCLUDED	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	TIER 01	
vitamin k1 injection	TIER 01	
VITA-PAC	EXCLUDED	
VITAPEARL	EXCLUDED	
VITASURE	EXCLUDED	
VITATHELY WITH GINGER	EXCLUDED	
VITATRUE	EXCLUDED	
VITRAMYN	EXCLUDED	
VITRANOL	EXCLUDED	
VITRANOL FE	EXCLUDED	
VITREXATE	EXCLUDED	
VITREXATE FE	EXCLUDED	
VITREXYL	EXCLUDED	
VITREXYL + IRON	EXCLUDED	
WELLFOLA	EXCLUDED	
wes-phos 250 neutral	TIER 01	
WESTGEL DHA	EXCLUDED	
ZALVIT	EXCLUDED	
ZELDANA	EXCLUDED	
zinc chloride intravenous	TIER 01	
zinc sulfate intravenous	TIER 01	
ZIPHEX	EXCLUDED	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	EXCLUDED	
CARAFATE ORAL TABLET	EXCLUDED	
cimetidine hcl	TIER 01	
cimetidine oral	TIER 01	
CYTOTEC	TIER 03	
DEXILANT	EXCLUDED	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
esomeprazole magnesium oral capsule delayed release	TIER 01	
esomeprazole magnesium oral packet	TIER 01	
esomeprazole sodium	TIER 01	
famotidine (pf)	TIER 01	
famotidine intravenous	TIER 01	
famotidine oral suspension reconstituted	TIER 01	
famotidine oral tablet 20 mg, 40 mg	TIER 01	
famotidine premixed	TIER 01	
FIRST-LANSOPRAZOLE	TIER 03	ST
FIRST-OMEPRAZOLE	TIER 03	ST
KONVOMEF	EXCLUDED	
lansoprazole oral capsule delayed release	TIER 01	
misoprostol oral	TIER 01	
NEXIUM I.V.	TIER 03	
NEXIUM ORAL CAPSULE DELAYED RELEASE	EXCLUDED	
NEXIUM ORAL PACKET	TIER 03	
nizatidine	TIER 01	
omeprazole oral capsule delayed release	TIER 01	
OMEPRAZOLE+SYRSP END SF ALKA	TIER 03	ST
omeprazole-sodium bicarbonate	EXCLUDED	
pantoprazole sodium intravenous	TIER 01	
pantoprazole sodium oral tablet delayed release	TIER 01	
PANTOPRAZOLE SODIUM-NACL	TIER 03	
PREVACID	EXCLUDED	ST; QL
PREVACID SOLUTAB	EXCLUDED	

Drug Name	Drug Tier	Notes
PROTONIX INTRAVENOUS	TIER 03	
PROTONIX ORAL TABLET DELAYED RELEASE	EXCLUDED	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	EXCLUDED	
rabeprazole sodium oral tablet delayed release	TIER 01	
sucralfate oral tablet	TIER 01	
VOQUEZNA	EXCLUDED	PA
ZEGERID	EXCLUDED	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	TIER 01	PA
alvimopan	TIER 01	
AMITIZA	EXCLUDED	
ANASPAZ	TIER 03	
atropine sulfate injection solution	TIER 01	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	TIER 01	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML	TIER 03	
atropine sulfate intravenous solution	TIER 01	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
BENTYL	TIER 03	
bis subcit-metronid-tetracyc	TIER 01	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
bismuth/metronidaz/tetra cyclin	TIER 01	
CHENODAL	SPECIALTY	PA
CLENPIQ	TIER 03	
constulose	TIER 01	
cromolyn sodium oral	TIER 01	
dicyclomine hcl intramuscular	TIER 01	
dicyclomine hcl oral	TIER 01	
diphenoxylate-atropine	TIER 01	
enulose	TIER 01	
GATTEX	SPECIALTY	PA
gavilyte-c	TIER 01	
gavilyte-g	TIER 01	
gavilyte-n with flavor pack	TIER 01	
generlac	TIER 01	
glycopyrrolate injection solution	TIER 01	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE	TIER 03	
GLYCOPYRROLATE INTRAVENOUS	TIER 03	
glycopyrrolate oral solution	TIER 01	PA
glycopyrrolate oral tablet 1 mg, 2 mg	TIER 01	
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	TIER 01	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	TIER 03	
GLYRX-PF	TIER 03	
GOLYTELY	EXCLUDED	
HELIDAC THERAPY	TIER 03	
hyoscyamine sulfate er	TIER 01	

Drug Name	Drug Tier	Notes
hyoscyamine sulfate oral elixir	TIER 01	
hyoscyamine sulfate oral tablet	TIER 01	
hyoscyamine sulfate oral tablet dispersible	TIER 01	
hyoscyamine sulfate sublingual	TIER 01	
hyosyne oral elixir	TIER 01	
IBSRELA	EXCLUDED	PA
lactulose encephalopathy	TIER 01	
lactulose oral solution	TIER 01	
LINZESS	TIER 02	ST; QL
LOMOTIL	TIER 03	
loperamide hcl oral capsule	TIER 01	
lubiprostone	TIER 01	
methscopolamine bromide oral	TIER 01	
mineral oil heavy oral	TIER 01	
MOTTEGRITY	TIER 03	ST; QL
MOTOFEN	EXCLUDED	PA
MOVANTIK	EXCLUDED	QL
MOVIPREP	EXCLUDED	
MYTESI	TIER 03	QL
na sulfate-k sulfate-mg sulf	TIER 01	
OMECLAMOX-PAK	TIER 02	
OSCIMIN	TIER 03	
peg 3350-kcl-na bicarb-nacl	TIER 01	
peg-3350/electrolytes	TIER 01	
peg-3350/electrolytes/ascorb at	TIER 01	
peg-kcl-nacl-nasulf-na asc-c	TIER 01	
PEG-PREP	TIER 03	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
PLENVU	EXCLUDED	
PYLERA	TIER 03	
REBYOTA	SPECIALTY	PA
RELISTOR	EXCLUDED	QL
RELTONE	EXCLUDED	PA
RESTORA RX	TIER 03	
REZDIFFRA	EXCLUDED	PA
SEROSTIM	SPECIALTY	PA
SUFLAVE	TIER 03	
SUPREP BOWEL PREP KIT	TIER 03	
SUREBIOTIC PROBIOTIC SUPPORT	TIER 03	
SUTAB	TIER 03	
SYMPROIC	SPECIALTY	ST; QL
TALICIA	TIER 03	
TRULANCE	EXCLUDED	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	EXCLUDED	PA
ursodiol oral capsule 300 mg	TIER 01	
ursodiol oral tablet	TIER 01	
VIBERZI	TIER 03	PA
VIBRANT	TIER 03	
VIBRANT STARTER KIT	TIER 03	
VOQUEZNA DUAL PAK	TIER 03	PA
VOQUEZNA TRIPLE PAK	TIER 03	PA
VOWST	EXCLUDED	PA
XERMELO	SPECIALTY	PA
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ADZYNMA	SPECIALTY	PA
ALDURAZYME	SPECIALTY	PA

Drug Name	Drug Tier	Notes
AMMONUL	TIER 03	
AMONDYS 45	EXCLUDED	PA
betaine	SPECIALTY	
BUPHENYL	EXCLUDED	PA
CERDELGA	SPECIALTY	PA
CEREZYME	SPECIALTY	PA
CHOLBAM	SPECIALTY	PA
CREON	TIER 02	
CRYSVITA	SPECIALTY	PA
CYSTADANE	SPECIALTY	
CYSTAGON	SPECIALTY	
ELAPRASE	SPECIALTY	PA
ELELYSO	SPECIALTY	PA
ELEVIDYS	EXCLUDED	PA
ELFABRIO	EXCLUDED	PA
EVRYSDI	SPECIALTY	PA
EXONDYS 51	EXCLUDED	PA
FABRAZYME	SPECIALTY	PA
GALAFOLD	SPECIALTY	PA
JAVYGTOR	EXCLUDED	PA
KANUMA	SPECIALTY	PA
KUVAN	EXCLUDED	PA
LUMIZYME	SPECIALTY	PA
MEPSEVII	SPECIALTY	PA
miglustat	SPECIALTY	PA
MYALEPT	SPECIALTY	PA
NAGLAZYME	SPECIALTY	PA
NEXVIAZYME	SPECIALTY	PA
nitisinone	SPECIALTY	PA
NITYR	SPECIALTY	PA
NULIBRY	SPECIALTY	PA
OCALIVA	SPECIALTY	PA
OLPRUVA (2 GM DOSE)	EXCLUDED	PA
OLPRUVA (3 GM DOSE)	EXCLUDED	PA

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
OLPRUVA (4 GM DOSE)	EXCLUDED	PA
OLPRUVA (5 GM DOSE)	EXCLUDED	PA
OLPRUVA (6 GM DOSE)	EXCLUDED	PA
OLPRUVA (6.67 GM DOSE)	EXCLUDED	PA
OPFOLDA	SPECIALTY	PA
ORFADIN	SPECIALTY	PA
PALYNZIQ	EXCLUDED	PA
PANCREAZE	EXCLUDED	
PERTZYE	EXCLUDED	
PHEBURANE	SPECIALTY	PA
POMBILITI	SPECIALTY	PA
RAVICTI	EXCLUDED	PA
REVCOVI	SPECIALTY	PA
sapropterin dihydrochloride	SPECIALTY	PA
sod benz-sod phenylacet	TIER 01	
sodium phenylbutyrate oral	SPECIALTY	PA
STRENSIQ	SPECIALTY	PA
SUCRAID	SPECIALTY	PA
VILTEPSO	EXCLUDED	PA
VIMIZIM	SPECIALTY	PA
VIOKACE	EXCLUDED	
VOXZOGO	SPECIALTY	PA
VPRIV	SPECIALTY	PA
VYONDYS 53	EXCLUDED	PA
XURIDEN	SPECIALTY	PA
yargesa	SPECIALTY	PA
ZENPEP	TIER 02	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	EXCLUDED	

Drug Name	Drug Tier	Notes
avanafil	TIER 01	QL
bethanechol chloride oral	TIER 01	
calcium acetate (phos binder)	TIER 01	
calcium acetate oral tablet 667 mg	TIER 01	
CIALIS	EXCLUDED	QL
CUPRIMINE	EXCLUDED	PA
darifenacin hydrobromide er	TIER 01	
DEPEN TITRATABS	SPECIALTY	
DETROL	TIER 03	
DETROL LA	TIER 03	
ELMIRON	EXCLUDED	PA
FILSPARI	SPECIALTY	PA
flavoxate hcl	TIER 01	
FOSRENOL ORAL PACKET	TIER 03	ST
GELNIQUE	TIER 03	ST
GEMTESA	EXCLUDED	
INTRAROSA	TIER 03	ST
lanthanum carbonate	TIER 01	
LITHOSTAT	TIER 03	
mirabegron er	TIER 01	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	EXCLUDED	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	TIER 02	
OXLUMO	SPECIALTY	PA
oxybutynin chloride er	TIER 01	
oxybutynin chloride oral solution	TIER 01	
oxybutynin chloride oral tablet 5 mg	TIER 01	
OXYTROL	TIER 03	ST; QL
penicillamine oral capsule	EXCLUDED	PA

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
penicillamine oral tablet	SPECIALTY	
phenazo oral tablet 200 mg	TIER 01	
phenazopyridine hcl oral tablet 100 mg, 200 mg	TIER 01	
RIMSO-50	TIER 03	
RIVFLOZA	TIER 03	PA
sevelamer carbonate	TIER 01	
sevelamer hcl	TIER 01	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	TIER 01	QL
solifenacin succinate	TIER 01	
STENDRA	EXCLUDED	QL
tadalafil oral	TIER 01	QL
THIOLA	SPECIALTY	
THIOLA EC	SPECIALTY	
tiopronin	SPECIALTY	
tolterodine tartrate	TIER 01	
tolterodine tartrate er	TIER 01	
TOVIAZ	EXCLUDED	
tropium chloride	TIER 01	
tropium chloride er	TIER 01	
VELPHORO	TIER 03	
VESICARE	EXCLUDED	
VESICARE LS	EXCLUDED	
VIAGRA	EXCLUDED	QL
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	TIER 01	
AVODART	EXCLUDED	
dutasteride oral	TIER 01	
dutasteride-tamsulosin hcl	TIER 01	
finasteride oral tablet 5 mg	TIER 01	
FLOMAX	EXCLUDED	

Drug Name	Drug Tier	Notes
PROSCAR	TIER 03	
silodosin	TIER 01	
tamsulosin hcl	PREVENT	
terazosin hcl	PREVENT	
Hormonal Agents - Adrenal		
AGAMREE	SPECIALTY	PA
ALKINDI SPRINKLE	EXCLUDED	PA
betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	TIER 01	
BETAMETHASONE SODIUM PHOSPHATE INJECTION	TIER 03	
BLT-25	TIER 03	
CELESTONE SOLUSPAN	TIER 03	
CORTEF	EXCLUDED	
CORTISONE ACETATE ORAL	EXCLUDED	PA
deflazacort oral suspension	SPECIALTY	PA
DEPO-MEDROL	TIER 03	
DEXAMETHASONE (LA)	TIER 03	
dexamethasone intensol	TIER 01	
dexamethasone oral	TIER 01	
dexamethasone sod phos +rfid	TIER 01	
DEXAMETHASONE SOD PHOS-NACL	TIER 03	
dexamethasone sod phosphate pf	TIER 01	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	TIER 01	
dexamethasone sodium phosphate injection solution prefilled syringe	TIER 01	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	TIER 03	
dexamethasone sodium phosphate solution 10 mg/ml injection	TIER 01	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION	TIER 03	
dexamethasone sodium phosphate solution 4 mg/ml injection	TIER 01	
DEXONTO 0.4%	TIER 03	
fludrocortisone acetate oral	TIER 01	
HEMADY	EXCLUDED	PA
hydrocortisone oral	TIER 01	
hydrocortisone sod suc (pf)	TIER 01	
KENALOG-10	TIER 03	
KENALOG-40	EXCLUDED	
KENALOG-80	TIER 03	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	TIER 03	
MEDROL ORAL TABLET 2 MG	TIER 02	
MEDROL ORAL TABLET THERAPY PACK	TIER 03	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML	TIER 03	
methylprednisolone acetate suspension 40 mg/ml injection	TIER 01	

Drug Name	Drug Tier	Notes
METHYLPREDNISOLONE ACETATE SUSPENSION 40 MG/ML INJECTION	TIER 03	
methylprednisolone acetate suspension 80 mg/ml injection	TIER 01	
METHYLPREDNISOLONE ACETATE SUSPENSION 80 MG/ML INJECTION	TIER 03	
methylprednisolone oral	TIER 01	
methylprednisolone sodium succ	TIER 01	
METHYLPREDNISOLONE-BUPIVACAINE	TIER 03	
PEDIAPRED	TIER 03	
prednisolone oral solution	TIER 01	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	TIER 01	
prednisone oral	TIER 01	
RAYOS	EXCLUDED	PA
SOLU-CORTEF	TIER 03	
SOLU-MEDROL	TIER 03	
SOLU-MEDROL (PF)	TIER 03	
triamcinolone acetonide suspension 40 mg/ml injection	TIER 01	
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION	TIER 03	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 80 MG/ML	TIER 03	
TRIAMCINOLONE-BUPIVACAINE	TIER 03	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
Hormonal Agents - Men's Health		
ANDROGEL PUMP	EXCLUDED	PA
AVEED	EXCLUDED	PA
AZMIRO	TIER 03	PA
danazol oral	TIER 01	
DEPO-TESTOSTERONE	EXCLUDED	PA
JATENZO	EXCLUDED	PA
METHITEST	TIER 03	PA
NATESTO	EXCLUDED	PA
TESTIM	EXCLUDED	PA
TESTOPEL	EXCLUDED	PA
testosterone cypionate intramuscular	TIER 01	PA
testosterone enanthate intramuscular	TIER 01	PA
testosterone transdermal	TIER 01	PA
TLANDO	EXCLUDED	PA
VOGELXO	EXCLUDED	PA
VOGELXO PUMP	EXCLUDED	PA
XYOSTED	EXCLUDED	PA
Hormonal Agents - Pituitary		
ACTHAR	SPECIALTY	PA
cabergoline	TIER 01	
cetorelix acetate	SPECIALTY	
CETROTIDE	EXCLUDED	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	SPECIALTY	
CLOMID	TIER 02	
CORTROPHIN	SPECIALTY	PA
desmopressin ace spray refrig	TIER 01	
desmopressin acetate injection	TIER 01	

Drug Name	Drug Tier	Notes
desmopressin acetate oral	TIER 01	
desmopressin acetate pf	TIER 01	
desmopressin acetate spray	TIER 01	
EGRIFTA SV	SPECIALTY	PA; QL
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG	SPECIALTY	PA; QL
ELIGARD SUBCUTANEOUS KIT 7.5 MG	SPECIALTY	QL
FENSOLVI (6 MONTH)	SPECIALTY	PA; QL
FIRMAGON	SPECIALTY	PA; QL
FIRMAGON (240 MG DOSE)	SPECIALTY	PA; QL
FOLLISTIM AQ	SPECIALTY	
fyremadel	SPECIALTY	
ganirelix acetate	SPECIALTY	
GENOTROPIN	EXCLUDED	PA
GENOTROPIN MINIQUICK	EXCLUDED	PA
GONAL-F	SPECIALTY	
GONAL-F RFF	SPECIALTY	
GONAL-F RFF REDIJECT	SPECIALTY	
HUMATROPE	EXCLUDED	PA
INCRELEX	SPECIALTY	PA
ISTURISA	EXCLUDED	PA
lanreotide acetate	SPECIALTY	PA
LEUPROLIDE ACETATE (3 MONTH)	SPECIALTY	PA; QL
leuprolide acetate injection	SPECIALTY	
LEUPROLIDE ACETATE-BUPIVACAINE	TIER 03	
LUPRON DEPOT (1-MONTH)	SPECIALTY	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
LUPRON DEPOT (3-MONTH)	SPECIALTY	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	SPECIALTY	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	SPECIALTY	PA
LUPRON DEPOT-PED (1-MONTH)	SPECIALTY	PA
LUPRON DEPOT-PED (3-MONTH)	SPECIALTY	PA
LUPRON DEPOT-PED (6-MONTH)	SPECIALTY	PA
MENOPUR	SPECIALTY	
MYCAPSSA	EXCLUDED	PA
NGENLA	SPECIALTY	PA
NOCDURNA	TIER 03	PA
NORDITROPIN FLEXPRO	SPECIALTY	PA
NOVAREL	SPECIALTY	
NUTROPIN AQ NUSPIN 10	SPECIALTY	PA
NUTROPIN AQ NUSPIN 20	SPECIALTY	PA
NUTROPIN AQ NUSPIN 5	SPECIALTY	PA
octreotide acetate injection	SPECIALTY	PA
octreotide acetate subcutaneous	SPECIALTY	PA
OMNITROPE	SPECIALTY	PA
ORLISSA	TIER 02	PA
OVIDREL	SPECIALTY	
oxytocin injection	TIER 01	
OXYTOCIN-LACTATED RINGERS	TIER 03	
OXYTOCIN-SODIUM CHLORIDE	TIER 03	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
PITOCIN	TIER 03	
PREGNYL	SPECIALTY	
RECORLEV	EXCLUDED	PA
SANDOSTATIN	EXCLUDED	PA
SIGNIFOR	EXCLUDED	PA
SIGNIFOR LAR	SPECIALTY	PA
SKYTROFA	SPECIALTY	PA
SOGROYA	EXCLUDED	PA
SOMATULINE DEPOT	SPECIALTY	PA
SOMAVERT	SPECIALTY	PA
SUPPRELIN LA	SPECIALTY	PA; QL
SYNAREL	SPECIALTY	
TEPEZZA	SPECIALTY	PA
TRELSTAR MIXJECT	SPECIALTY	PA; QL
TRIPTODUR	SPECIALTY	PA; QL
vasopressin	TIER 01	
vasopressin +rfid	TIER 01	
VASOPRESSIN- SODIUM CHLORIDE INTRAVENOUS	TIER 03	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML	TIER 03	
ZOLADEX	SPECIALTY	QL
ZOMACTON	EXCLUDED	PA
Hormonal Agents - Prostaglandins		
KORLYM	SPECIALTY	PA; QL
MIFEPREX	TIER 03	
mifepristone oral tablet 200 mg	TIER 01	
mifepristone oral tablet 300 mg	SPECIALTY	PA; QL
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
EVISTA	TIER 03	

Drug Name	Drug Tier	Notes
OSPHENA	TIER 03	
raloxifene hcl	TIER 01	
Hormonal Agents - Sex Hormones and Birth Control		
ACTIVELLA	TIER 03	
afirmelle	TIER 01	
ALORA	TIER 03	ST
altavera	TIER 01	
alyacen 1/35	TIER 01	
alyacen 7/7/7	TIER 01	
amethyst	TIER 01	
ANGELIQ	TIER 03	
ANNOVERA	TIER 03	QL
apri	TIER 01	
aranelle	TIER 01	
ashlyna	TIER 01	QL
aubra eq	TIER 01	
aurovela 1.5/30	TIER 01	
aurovela 1/20	TIER 01	
aurovela 24 fe	TIER 01	
aurovela fe 1.5/30	TIER 01	
aurovela fe 1/20	TIER 01	
aviane	TIER 01	
ayuna	TIER 01	
azurette	TIER 01	
BALCOLTRA	TIER 03	
balziva	TIER 01	
BEYAZ	EXCLUDED	
BIJUVA	TIER 03	
blisovi 24 fe	TIER 01	
blisovi fe 1.5/30	TIER 01	
blisovi fe 1/20	TIER 01	
briellyn	TIER 01	
camila	TIER 01	
camrese	TIER 01	QL

Drug Name	Drug Tier	Notes
camrese lo	TIER 01	QL
charlotte 24 fe	TIER 01	
chateal eq	TIER 01	
CLIMARA	EXCLUDED	
CLIMARA PRO	TIER 02	
COMBIPATCH	TIER 03	
CRINONE	TIER 03	
cryselle-28	TIER 01	
cyred eq	TIER 01	
dasetta 1/35	TIER 01	
dasetta 7/7/7	TIER 01	
daysee	TIER 01	QL
deblitane	TIER 01	
DELESTROGEN	EXCLUDED	
delyla	TIER 01	
DEPO-ESTRADIOL	TIER 03	
DEPO-PROVERA	TIER 03	QL
DEPO-SUBQ PROVERA 104	TIER 03	QL
desogestrel-ethinyl estradiol	TIER 01	
DIVIGEL	TIER 03	
dolishale	TIER 01	
dotti	TIER 01	
drospiren-eth estrad-levomefol	TIER 01	
drospirenone-ethinyl estradiol	TIER 01	
DUAVEE	TIER 02	
ELESTRIN	TIER 03	
elinest	TIER 01	
ELLA	TIER 03	
eluryng	TIER 01	
emzahh	TIER 01	
ENDOMETRIN	TIER 02	
enilloring	TIER 01	
enpresse-28	TIER 01	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
enskyce	TIER 01	
errin	TIER 01	
estarylla	TIER 01	
ESTRACE	EXCLUDED	
estradiol oral	TIER 01	
estradiol transdermal	TIER 01	
estradiol vaginal	TIER 01	
estradiol valerate intramuscular	TIER 01	
estradiol-norethindrone acet	TIER 01	
ESTRING	TIER 03	QL
ESTROGEL	TIER 03	
ethynodiol diac-eth estradiol	TIER 01	
etonogestrel-ethinyl estradiol	TIER 01	
EVAMIST	TIER 03	
falmina	TIER 01	
FEMRING	TIER 03	ST; QL
finzala	TIER 01	
fyavolv	TIER 01	
gallifrey	TIER 01	
gemmily	TIER 01	
hailey 1.5/30	TIER 01	
hailey 24 fe	TIER 01	
hailey fe 1.5/30	TIER 01	
hailey fe 1/20	TIER 01	
haloette	TIER 01	
heather	TIER 01	
iclevia	TIER 01	QL
IMVEXXY MAINTENANCE PACK	TIER 02	
IMVEXXY STARTER PACK	TIER 02	
incassia	TIER 01	
introvale	TIER 01	QL
isibloom	TIER 01	

Drug Name	Drug Tier	Notes
jaimiess	TIER 01	QL
jasmiel	TIER 01	
jencycla	TIER 01	
jinteli	TIER 01	
jolessa	TIER 01	QL
joyeaux	TIER 01	
juleber	TIER 01	
junel 1.5/30	TIER 01	
junel 1/20	TIER 01	
junel fe 1.5/30	TIER 01	
junel fe 1/20	TIER 01	
junel fe 24	TIER 01	
kaitlib fe	TIER 01	
kalliga	TIER 01	
kariva	TIER 01	
kelnor 1/35	TIER 01	
kelnor 1/50	TIER 01	
kurvelo	TIER 01	
larin 1.5/30	TIER 01	
larin 1/20	TIER 01	
larin 24 fe	TIER 01	
larin fe 1.5/30	TIER 01	
larin fe 1/20	TIER 01	
layolis fe	TIER 01	
leena	TIER 01	
lessina	TIER 01	
levonest	TIER 01	
levonorgest-eth est & eth est	TIER 01	QL
levonorgest-eth estrad 91-day	TIER 01	QL
levonorgest-eth estradiol-iron	TIER 01	
levonorgestrel-ethinyl estrad	TIER 01	
levonorg-eth estrad triphasic	TIER 01	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
levora 0.15/30 (28)	TIER 01	
LO LOESTRIN FE	EXCLUDED	
LOESTRIN 1.5/30 (21)	EXCLUDED	
LOESTRIN 1/20 (21)	EXCLUDED	
LOESTRIN FE 1.5/30	EXCLUDED	
LOESTRIN FE 1/20	EXCLUDED	
lojaimiess	TIER 01	QL
loryna	TIER 01	
low-ogestrel	TIER 01	
lo-zumandimine	TIER 01	
lutra	TIER 01	
lyleq	TIER 01	
lyllana	TIER 01	
lyza	TIER 01	
marlissa	TIER 01	
medroxyprogesterone acetate intramuscular	TIER 01	QL
medroxyprogesterone acetate oral	TIER 01	
megestrol acetate oral	TIER 01	
MENEST	TIER 02	
MENOSTAR	TIER 03	ST
merzee	TIER 01	
mibelas 24 fe	TIER 01	
microgestin 1.5/30	TIER 01	
microgestin 1/20	TIER 01	
microgestin fe 1.5/30	TIER 01	
microgestin fe 1/20	TIER 01	
mili	TIER 01	
mimvey	TIER 01	
mono-linyah	TIER 01	
MYFEMBREE	TIER 02	PA
NATAZIA	TIER 02	
necon 0.5/35 (28)	TIER 01	
NEXTSTELLIS	EXCLUDED	
nikki	TIER 01	
nora-be	TIER 01	

Drug Name	Drug Tier	Notes
norelgestromin-eth estradiol	TIER 01	
norethin ace-eth estrad-fe	TIER 01	
norethindrone acetate oral	TIER 01	
norethindrone acet-ethinyl est	TIER 01	
norethindrone oral	TIER 01	
norethindrone-eth estradiol	TIER 01	
norethindron-ethinyl estrad-fe	TIER 01	
norethin-eth estradiol-fe	TIER 01	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	TIER 01	
norgestimate-ethinyl estradiol triphasic	TIER 01	
norlyroc	TIER 01	
nortrel 0.5/35 (28)	TIER 01	
nortrel 1/35 (21)	TIER 01	
nortrel 1/35 (28)	TIER 01	
nortrel 7/7/7	TIER 01	
NUVARING	TIER 03	
nylia 1/35	TIER 01	
nylia 7/7/7	TIER 01	
ocella	TIER 01	
ORIAHNN	TIER 02	PA
philith	TIER 01	
pimtrea	TIER 01	
portia-28	TIER 01	
PREMARIN INJECTION	TIER 03	
PREMARIN ORAL	TIER 02	
PREMARIN VAGINAL	TIER 02	
PREMPHASE	TIER 02	
PREMPRO	TIER 02	
progesterone intramuscular	TIER 01	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
progesterone oral	TIER 01	
PROMETRIUM	EXCLUDED	
PROVERA	TIER 03	
reclipsen	TIER 01	
rivelsa	TIER 01	QL
SAFYRAL	EXCLUDED	
setlakin	TIER 01	QL
sharobel	TIER 01	
simliya	TIER 01	
simpesse	TIER 01	QL
SLYND	EXCLUDED	
sprintec 28	TIER 01	
sronyx	TIER 01	
syeda	TIER 01	
tarina 24 fe	TIER 01	
tarina fe 1/20 eq	TIER 01	
taysofy	TIER 01	
TAYTULLA	TIER 03	ST
tilia fe	TIER 01	
tri-estarylla	TIER 01	
tri-legest fe	TIER 01	
tri-linyah	TIER 01	
tri-lo-estarylla	TIER 01	
tri-lo-marzia	TIER 01	
tri-lo-mili	TIER 01	
tri-lo-sprintec	TIER 01	
tri-mili	TIER 01	
tri-sprintec	TIER 01	
trivora (28)	TIER 01	
tri-vylibra	TIER 01	
tri-vylibra lo	TIER 01	
turqoz	TIER 01	
TWIRLA	EXCLUDED	
TYBLUME	TIER 03	
tydemy	TIER 01	
VAGIFEM	EXCLUDED	

Drug Name	Drug Tier	Notes
velivet	TIER 01	
vestura	TIER 01	
vienva	TIER 01	
viorele	TIER 01	
VIVELLE-DOT	EXCLUDED	ST
volnea	TIER 01	
vyfemla	TIER 01	
vylibra	TIER 01	
wera	TIER 01	
wymzya fe	TIER 01	
xulane	TIER 01	
YASMIN 28	EXCLUDED	
YAZ	EXCLUDED	
yuvafem	TIER 01	
zafemy	TIER 01	
zovia 1/35 (28)	TIER 01	
zumandimine	TIER 01	
Hormonal Agents - Thyroid		
ADTHYZA	TIER 03	
ARMOUR THYROID	TIER 03	
CYTOMEL	EXCLUDED	
ERMEZA	EXCLUDED	
euthyrox	PREVENT	
levo-t	PREVENT	
levothyroxine sodium intravenous	TIER 01	
LEVOTHYROXINE SODIUM ORAL CAPSULE	EXCLUDED	
levothyroxine sodium oral tablet	PREVENT	
levoxyl	PREVENT	
liothyronine sodium intravenous	TIER 01	
liothyronine sodium oral	TIER 01	
methimazole oral	PREVENT	
NIVA THYROID	TIER 03	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
np thyroid	TIER 01	
propylthiouracil oral	TIER 01	
SODIUM IODIDE I-131	TIER 03	
SYNTHROID	EXCLUDED	
THYQUIDITY	EXCLUDED	
thyroid oral	TIER 01	
TIROSINT	EXCLUDED	
TIROSINT-SOL	EXCLUDED	
unithroid	PREVENT	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN)	EXCLUDED	PA
ABRILADA (2 PEN)	EXCLUDED	PA
ABRILADA (2 SYRINGE)	EXCLUDED	PA
ACTEMRA ACTPEN	SPECIALTY	PA; QL
ACTEMRA INTRAVENOUS	SPECIALTY	PA
ACTEMRA SUBCUTANEOUS	SPECIALTY	PA; QL
ACTIMMUNE	SPECIALTY	PA
ADALIMUMAB-AACF (2 PEN)	EXCLUDED	PA
ADALIMUMAB-AACF (2 SYRINGE)	EXCLUDED	PA
ADALIMUMAB-AACF(CD/UC/HS STRT)	EXCLUDED	PA
ADALIMUMAB-AACF(PS/UV STARTER)	EXCLUDED	PA
ADALIMUMAB-AATY (1 PEN)	EXCLUDED	PA
ADALIMUMAB-AATY (2 PEN)	EXCLUDED	PA
ADALIMUMAB-AATY (2 SYRINGE)	EXCLUDED	PA
ADALIMUMAB-ADAZ	SPECIALTY	PA; QL

Drug Name	Drug Tier	Notes
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	SPECIALTY	PA; QL
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	EXCLUDED	PA; QL
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	SPECIALTY	PA; QL
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	EXCLUDED	PA; QL
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	SPECIALTY	PA; QL
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	EXCLUDED	PA; QL
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	SPECIALTY	PA; QL
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	EXCLUDED	PA; QL
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	SPECIALTY	PA; QL
ADALIMUMAB-ADB(CD/UC/HS STRT)	SPECIALTY	PA; QL

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
ADALIMUMAB-ADBM(PS/UV STARTER)	SPECIALTY	PA; QL
ADALIMUMAB-FKJP (2 PEN)	EXCLUDED	PA
ADALIMUMAB-FKJP (2 SYRINGE)	EXCLUDED	PA
ADALIMUMAB-RYVK (2 PEN)	EXCLUDED	PA
ADALIMUMAB-RYVK (2 SYRINGE)	EXCLUDED	PA
ALYGLO	EXCLUDED	PA
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	EXCLUDED	PA; QL
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	SPECIALTY	PA; QL
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	SPECIALTY	PA; QL
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SPECIALTY	PA; QL
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	SPECIALTY	PA; QL
AMJEVITA-PED 15KG TO <30KG	SPECIALTY	PA; QL
ARCALYST	SPECIALTY	PA
ASCENIV	EXCLUDED	PA
ASTAGRAF XL	TIER 03	
AVSOLA	SPECIALTY	PA
AZASAN	TIER 03	
azathioprine oral	TIER 01	

Drug Name	Drug Tier	Notes
azathioprine sodium	TIER 01	
BENLYSTA	SPECIALTY	PA
BEYFORTUS	TIER 02	
BIMZELX	EXCLUDED	PA
BIVIGAM	SPECIALTY	PA
CELLCEPT	TIER 03	
CELLCEPT INTRAVENOUS	TIER 03	
CIMZIA	SPECIALTY	PA; QL
CIMZIA (2 SYRINGE)	SPECIALTY	PA; QL
CIMZIA-STARTER	SPECIALTY	PA; QL
CINRYZE	EXCLUDED	PA
CNJ-016	TIER 03	
COSENTYX (300 MG DOSE)	EXCLUDED	PA
COSENTYX 150 MG/ML	EXCLUDED	PA
COSENTYX SENSOREADY (300 MG)	EXCLUDED	PA
COSENTYX SENSOREADY PEN	EXCLUDED	PA
COSENTYX UNOREADY	EXCLUDED	PA
CUTAQUIG	EXCLUDED	PA
CUVITRU	SPECIALTY	PA
cyclosporine modified	TIER 01	
cyclosporine oral	TIER 01	
CYLTEZO (2 PEN)	SPECIALTY	PA; QL
CYLTEZO (2 SYRINGE)	SPECIALTY	PA; QL
CYLTEZO-CD/UC/HS STARTER	SPECIALTY	PA; QL
CYLTEZO-PSORIASIS/UV STARTER	SPECIALTY	PA; QL
ENBREL	SPECIALTY	PA; QL
ENBREL MINI	SPECIALTY	PA; QL
ENBREL SURECLICK	SPECIALTY	PA; QL
ENSPRYNG	SPECIALTY	PA

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
ENTYVIO	SPECIALTY	PA
ENTYVIO PEN	SPECIALTY	PA; QL
ENVARUSUS XR	TIER 03	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	SPECIALTY	
FIRAZYR	EXCLUDED	PA
FLEBOGAMMA DIF	SPECIALTY	PA
GAMASTAN	SPECIALTY	PA
GAMIFANT	SPECIALTY	PA
GAMMAGARD	SPECIALTY	PA
GAMMAGARD S/D LESS IGA	SPECIALTY	PA
GAMMAKED	SPECIALTY	PA
GAMMAPLEX	SPECIALTY	PA
GAMUNEX-C	SPECIALTY	PA
gengraf	TIER 01	
HADLIMA	EXCLUDED	PA
HADLIMA PUSHTOUCH	EXCLUDED	PA
HIZENTRA	SPECIALTY	PA
HULIO (2 PEN)	EXCLUDED	PA
HULIO (2 SYRINGE)	EXCLUDED	PA
HUMIRA (2 PEN) AUTO- INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	EXCLUDED	PA; QL
HUMIRA (2 PEN) AUTO- INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	SPECIALTY	PA; QL
HUMIRA (2 PEN) AUTO- INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	EXCLUDED	PA; QL
HUMIRA (2 PEN) AUTO- INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	SPECIALTY	PA; QL

Drug Name	Drug Tier	Notes
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	SPECIALTY	PA; QL
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	EXCLUDED	PA; QL
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	SPECIALTY	PA; QL
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	EXCLUDED	PA; QL
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	SPECIALTY	PA; QL
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	EXCLUDED	PA; QL
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	SPECIALTY	PA; QL
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	SPECIALTY	PA; QL
HUMIRA-CD/UC/HS STARTER	SPECIALTY	PA; QL
HUMIRA- PSORIASIS/UEVIT STARTER	SPECIALTY	PA; QL
HYPERRHO S/D	SPECIALTY	
HYQVIA	SPECIALTY	PA
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	SPECIALTY	PA; QL

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	EXCLUDED	PA; QL
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	SPECIALTY	PA; QL
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	EXCLUDED	PA; QL
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	SPECIALTY	PA; QL
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	EXCLUDED	PA; QL
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	SPECIALTY	PA; QL
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	EXCLUDED	PA; QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	EXCLUDED	PA; QL
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML	SPECIALTY	PA; QL
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	EXCLUDED	PA; QL

Drug Name	Drug Tier	Notes
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	SPECIALTY	PA; QL
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	EXCLUDED	PA; QL
HYRIMOZ-PED<40KG CROHN STARTER	SPECIALTY	PA; QL
HYRIMOZ-PED>=40KG CROHN START	SPECIALTY	PA; QL
HYRIMOZ-PLAQ PSOR/UEIT START	SPECIALTY	PA; QL
HYRIMOZ-PLAQUE PSORIASIS START	EXCLUDED	PA; QL
icatibant acetate	SPECIALTY	PA
IDACIO (2 PEN)	EXCLUDED	PA
IDACIO (2 SYRINGE)	EXCLUDED	PA
IDACIO-CROHNS/UC STARTER	EXCLUDED	PA
IDACIO-PSORIASIS STARTER	EXCLUDED	PA
ILARIS	SPECIALTY	PA
ILUMYA	SPECIALTY	PA; QL
IMURAN	TIER 03	
INFLECTRA	SPECIALTY	PA
INFLIXIMAB	EXCLUDED	PA
JOENJA	EXCLUDED	PA
JYLAMVO	SPECIALTY	PA
KALBITOR	SPECIALTY	PA
KEVZARA	SPECIALTY	PA; QL
KINERET	SPECIALTY	PA
leflunomide oral	TIER 01	
LUPKYNIS	EXCLUDED	PA
methotrexate sodium	TIER 01	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	TIER 01	
MICRHOGAM ULTRA-FILTERED PLUS	SPECIALTY	
mycophenolate mofetil hcl	TIER 01	
mycophenolate mofetil intravenous	TIER 01	
mycophenolate mofetil oral	TIER 01	
mycophenolate sodium	TIER 01	
mycophenolic acid	TIER 01	
MYFORTIC	TIER 03	
NEORAL	TIER 02	
NULOJIX	TIER 03	
OCTAGAM	SPECIALTY	PA
OLUMIANT	SPECIALTY	PA; QL
OMVOH	SPECIALTY	PA; QL
ORENCIA CLICKJECT	SPECIALTY	PA; QL
ORENCIA INTRAVENOUS	SPECIALTY	PA
ORENCIA SUBCUTANEOUS	SPECIALTY	PA; QL
ORLADEYO	SPECIALTY	PA
OTEZLA	SPECIALTY	PA; QL
OTREXUP	EXCLUDED	PA
PANZYGA	EXCLUDED	PA
PEMGARDA	TIER 03	QL
PRIVIGEN	SPECIALTY	PA
PROGRAF	TIER 03	
RAPAMUNE	SPECIALTY	
RASUVO	SPECIALTY	PA
REMICADE	EXCLUDED	PA
RENFLEXIS	EXCLUDED	PA
REZUROCK	EXCLUDED	PA
RHOGAM ULTRA-FILTERED PLUS	SPECIALTY	

Drug Name	Drug Tier	Notes
RHOPHYLAC	TIER 02	
RIDAURA	SPECIALTY	
RINVOQ	SPECIALTY	PA; QL
RINVOQ LQ	SPECIALTY	PA; QL
SANDIMMUNE	TIER 02	
SAPHNELO	SPECIALTY	PA
SILIQ	SPECIALTY	PA; QL
SIMLANDI (1 PEN)	EXCLUDED	PA
SIMLANDI (2 PEN)	EXCLUDED	PA
SIMPONI	SPECIALTY	PA; QL
SIMPONI ARIA	SPECIALTY	PA
SIMULECT	TIER 03	
sirolimus oral	SPECIALTY	
SKYRIZI INTRAVENOUS	SPECIALTY	PA
SKYRIZI PEN	SPECIALTY	PA; QL
SKYRIZI SUBCUTANEOUS	SPECIALTY	PA; QL
SOTYKTU	SPECIALTY	PA; QL
SPEVIGO	SPECIALTY	PA
STELARA INTRAVENOUS	SPECIALTY	PA
STELARA SUBCUTANEOUS	SPECIALTY	PA; QL
SYNAGIS	SPECIALTY	PA
tacrolimus oral	TIER 01	
TAKHZYRO	SPECIALTY	PA
TALTZ	SPECIALTY	PA; QL
temsirolimus	SPECIALTY	
THYMOGLOBULIN	TIER 03	
TOFIDENCE	EXCLUDED	PA
TORISEL	SPECIALTY	
TREMFYA INTRAVENOUS	SPECIALTY	PA
TREMFYA SUBCUTANEOUS	SPECIALTY	PA; QL
TREXALL	TIER 03	
TYENNE	EXCLUDED	PA

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
UPLIZNA	SPECIALTY	PA
VELSIPITY	EXCLUDED	PA
VEOPOZ	SPECIALTY	PA
WINRHO SDF	SPECIALTY	
XATMEP	SPECIALTY	PA
XELJANZ	SPECIALTY	PA; QL
XELJANZ XR	SPECIALTY	PA; QL
XEMBIFY	SPECIALTY	PA
YUFLYMA (1 PEN)	EXCLUDED	PA
YUFLYMA (2 PEN)	EXCLUDED	PA
YUFLYMA (2 SYRINGE)	EXCLUDED	PA
YUFLYMA-CD/UC/HS STARTER	EXCLUDED	PA
YUSIMRY	EXCLUDED	PA
ZINPLAVA	TIER 03	PA
ZORTRESS	SPECIALTY	
ZYMFENTRA (1 PEN)	EXCLUDED	PA
ZYMFENTRA (2 PEN)	EXCLUDED	PA
ZYMFENTRA (2 SYRINGE)	EXCLUDED	PA
Inflammatory Bowel Disease Agents		
ANALPRAM-HC EXTERNAL CREAM	TIER 03	
ANUSOL-HC EXTERNAL	TIER 03	
APRISO	TIER 01	
AZULFIDINE	TIER 03	
AZULFIDINE EN-TABS	TIER 03	
balsalazide disodium	TIER 01	
budesonide er	TIER 01	
budesonide oral	TIER 01	
budesonide rectal	TIER 01	
CANASA	EXCLUDED	
CORTENEMA	TIER 03	
CORTIFOAM	TIER 03	
DELZICOL	EXCLUDED	

Drug Name	Drug Tier	Notes
DIPENTUM	EXCLUDED	
EOHILIA	TIER 03	PA
hydrocortisone (perianal)	TIER 01	
hydrocortisone ace-pramoxine external cream 1-1 %	TIER 01	
hydrocortisone rectal	TIER 01	
LIALDA	EXCLUDED	
mesalamine er oral capsule 500 mg	TIER 01	
mesalamine er oral capsule 0.375 gm	EXCLUDED	
mesalamine oral capsule delayed release 400 mg	TIER 01	
mesalamine oral tablet delayed release 1.2 gm	TIER 01	
mesalamine rectal	TIER 01	
mesalamine-cleanser	TIER 01	
PENTASA	EXCLUDED	
PROCTOFOAM HC	TIER 02	
procto-med hc	TIER 01	
proctosol hc	TIER 01	
proctozone-hc	TIER 01	
ROWASA	TIER 03	
SFROWASA	TIER 02	
sulfasalazine oral	TIER 01	
TARPEYO	EXCLUDED	PA
UCERIS ORAL	EXCLUDED	
UCERIS RECTAL	TIER 03	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral solution	TIER 01	
alendronate sodium oral tablet 10 mg, 5 mg	PREVENT	
alendronate sodium oral tablet 35 mg, 70 mg	PREVENT	QL

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
ATELVIA	TIER 03	QL
calcitonin (salmon) injection	TIER 01	
calcitonin (salmon) nasal	TIER 01	QL
EVENITY	SPECIALTY	PA
FORTEO	EXCLUDED	PA
FOSAMAX	TIER 03	QL
ibandronate sodium intravenous	TIER 01	QL
ibandronate sodium oral	PREVENT	QL
MIACALCIN	TIER 03	
pamidronate disodium	SPECIALTY	
PROLIA	SPECIALTY	PA
risedronate sodium oral tablet 150 mg, 35 mg	TIER 01	QL
risedronate sodium oral tablet 30 mg, 5 mg	TIER 01	
risedronate sodium oral tablet delayed release	TIER 01	QL
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	SPECIALTY	PA
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	SPECIALTY	PA
TYMLOS	SPECIALTY	PA
XGEVA	SPECIALTY	PA
zoledronic acid	SPECIALTY	
Metabolic Bone Disease Agents - Other		
calcitriol intravenous	TIER 01	
calcitriol oral	TIER 01	
cinacalcet hcl	SPECIALTY	PA
doxercalciferol intravenous	TIER 01	
HECTOROL	TIER 03	

Drug Name	Drug Tier	Notes
paricalcitol	SPECIALTY	
PARSABIV	SPECIALTY	
RAYALDEE	TIER 03	
ROCALTROL	TIER 03	
SENSIPAR	EXCLUDED	PA
ZEMPLAR	SPECIALTY	
Miscellaneous Therapeutic Agents		
ACCU-CHEK TENDER 1 INFUSION	TIER 03	
ACETADOTE	TIER 03	
acetylcysteine intravenous	TIER 01	
ACTIFOAM COLLAGEN SPONGE	TIER 03	
ADAKVEO	SPECIALTY	PA
AEROBIKA OPEP W/MANOMETER	TIER 03	
AEROCHAMBER HOLDING CHAMBER	TIER 02	
AEROCHAMBER MINI CHAMBER	TIER 02	
AEROCHAMBER MV	TIER 02	
AEROCHAMBER PLS FLOVU MTHPIECE	TIER 02	
AEROCHAMBER PLUS FLO-VU INTERM	TIER 02	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	TIER 02	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	TIER 02	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	TIER 02	
AEROCHAMBER PLUS FLOW VU	TIER 02	
AEROCHAMBER W/FLOWSIGNAL	TIER 02	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
AEROECLIPSE EZ TWIST TUBING	TIER 03	
AEROECLIPSE II W/ELBOW ADAPTER	TIER 03	
AEROECLIPSE II W/UNIV TUBING	TIER 03	
AEROECLIPSE XL NEBULIZER	TIER 03	
AEROGEAR ACTION ASTHMA KIT	TIER 03	
AIRS PEDIATRIC AEROSOL MASK	TIER 03	
ALCOHOL PREP PADS PAD , 70 %	TIER 03	
ALCOHOL PREP PADS SHEET 70 %	TIER 03	
ALL FLOW 1000 PFT FILTER DEVICE	TIER 03	
ALPHA-LIPOIC ACID INJECTION	TIER 03	
AMD FOAM DRESSING	TIER 03	
AMD FOAM DRESSING TOPSHEET	TIER 03	
AMPHADASE	TIER 03	
ANDEXXA	TIER 03	
APOGEE HC CATHETER 16FR/16"	TIER 03	
APOGEE IC CATHETER 14FR/16"	TIER 03	
APOGEE PLUS INTERMITTENT CATH	TIER 03	
AQINJECT PEN NEEDLE	TIER 02	
arnica flower	TIER 01	
ARTISS	TIER 03	
ASSURE ID DUO PRO PEN NEEDLES	TIER 02	
ASSURE ID PRO PEN NEEDLES	TIER 02	
AUM ALCOHOL PREP PADS	TIER 03	

Drug Name	Drug Tier	Notes
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	TIER 02	
AUM MINI INSULIN PEN NEEDLE	TIER 02	
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	TIER 02	
AUM READYGARD DUO PEN NEEDLE	TIER 02	
AUM SAFETY PEN NEEDLE	TIER 02	
AURA PORTANEB	TIER 03	
AVITENE	TIER 03	
AVITENE FLOUR	TIER 03	
BACTERIOSTATIC WATER(BENZ ALC)	TIER 03	
BARD PISTON ENT IRRIGATION SYR	TIER 03	
BD AUTOSHIELD DUO PEN NEEDLES	PREVENT	
BD ECLIPSE NEEDLE 23G X 1"	TIER 03	
BD FILTER NEEDLE	PREVENT	
BD HYDROPHILIC CATHETER 14FR	TIER 03	
BD SYRINGE LUER-LOK 30 ML	PREVENT	
BD ULTRA-FINE PEN NEEDLES	PREVENT	
BD ULTRA-FINE PEN NEEDLES	TIER 02	
BENTLEY THE BEAR PED NEBULIZER	TIER 03	
BIGFOOT UNITY PEN CAP/ADMELOG	EXCLUDED	
BIGFOOT UNITY PEN CAP/APIDRA	EXCLUDED	
BIGFOOT UNITY PEN CAP/ASPART	EXCLUDED	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
BIGFOOT UNITY PEN CAP/BASAGLAR	EXCLUDED	
BIGFOOT UNITY PEN CAP/FIASP	EXCLUDED	
BIGFOOT UNITY PEN CAP/HUMALOG	EXCLUDED	
BIGFOOT UNITY PEN CAP/LANTUS	EXCLUDED	
BIGFOOT UNITY PEN CAP/LISPRO	EXCLUDED	
BIGFOOT UNITY PEN CAP/LYUMJEV	EXCLUDED	
BIGFOOT UNITY PEN CAP/NOVOLOG	EXCLUDED	
BIGFOOT UNITY PEN CAP/TOUJEO	EXCLUDED	
BIGFOOT UNITY PEN CAP/TOUJEO M	EXCLUDED	
BIGFOOT UNITY PEN CAP/TRESIBA	EXCLUDED	
BREATHE COMFORT CHAMBER/ADULT	TIER 02	
BREATHE COMFORT CHAMBER/CHILD	TIER 02	
BREATHE EASE LARGE	TIER 02	
BREATHE EASE MEDIUM	TIER 02	
BREATHE EASE NEB MASK/CHILD	TIER 03	
BREATHE EASE NEB MASK/INFANT	TIER 03	
BREATHE EASE SMALL	TIER 02	
BREATHERITE VALVED MDI CHAMBER	TIER 02	
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML	TIER 03	
BYLVAY	SPECIALTY	PA
BYLVAY (PELLETS)	SPECIALTY	PA

Drug Name	Drug Tier	Notes
CAPTAIN EAGLE PED NEBULIZER	TIER 03	
CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	TIER 03	
CAREPOINT SAFETY 1ST NEEDLE	TIER 03	
CAREPOINT SYRINGE LUER LOCK 1 ML , 30 ML	TIER 03	
CAREPOINT SYRINGE LUER SLIP 1 ML	TIER 03	
CARETOUCH 2 CPAP HOSE HANGER	TIER 03	
CARETOUCH CPAP & BIPAP HOSE	TIER 03	
CARETOUCH CPAP MASK WIPES	TIER 03	
CARETOUCH CPAP PRE-WASH SOLN	TIER 03	
CARETOUCH CPAP TUBE BRUSH	TIER 03	
CARETOUCH UNIVERSL CPAP FILTER	TIER 03	
CEFALY KIT	TIER 03	
CHEMOPLUS LATEX GLOVES	TIER 03	
CHEMOPLUS NEOPRENE GLOVE	TIER 03	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	TIER 03	
CLEVER CHOICE HOLDING CHAMBER	TIER 02	
CLEVER CHOICE TENS UNIT	TIER 03	
CLEVER CHOICE WHIS AIR PED NEB	TIER 03	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
CLEVER CHOICE WHISPER AIRE NEB	TIER 03	
COAGUCHEK XS SYSTEM	TIER 03	
COMFORT EZ PRO PEN NEEDLES	TIER 02	
COMP A-I-R NEBULIZER	TIER 03	
COMPACT SPACE CHAMBER	TIER 02	
COMPACT SPACE CHAMBER/LG MASK	TIER 02	
COMPACT SPACE CHAMBER/MED MASK	TIER 02	
COMPACT SPACE CHAMBER/SM MASK	TIER 02	
COMPRESSOR NEBULIZER	TIER 03	
CONCEPTION KIT	TIER 03	
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"	TIER 03	
CURITY AMD ANTIMICROBIAL STRIP	TIER 03	
CURITY IODOFORM PACKING STRIP	TIER 03	
CYANOKIT	TIER 03	
CYTOTINE ORAL POWDER	TIER 03	
deferoxamine mesylate	TIER 01	
DEFLUX	TIER 03	
DEFLUX METAL NEEDLE	TIER 03	
DESFERAL	TIER 03	
dexmedetomidine hcl	TIER 01	
dexmedetomidine hcl in nacl intravenous solution	TIER 01	

Drug Name	Drug Tier	Notes
DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
DEXMEDETOMIDINE HCL-DEXTROSE	TIER 03	
DIASCREEN 10	TIER 03	
DIASCREEN 1B	TIER 03	
DIASCREEN 1G	TIER 03	
DIASCREEN 1K	TIER 03	
DIASCREEN 2GK	TIER 03	
DIASCREEN 2GP	TIER 03	
DIASCREEN 3	TIER 03	
DIASCREEN 4NL	TIER 03	
DIASCREEN 4OBL	TIER 03	
DIASCREEN 4PH	TIER 03	
DIASCREEN 5	TIER 03	
DIASCREEN 6	TIER 03	
DIASCREEN 7	TIER 03	
DIASCREEN 8	TIER 03	
DIASCREEN 9	TIER 03	
DIASCREEN LIQUID URINE CONTROL	TIER 03	
DIGIFAB	TIER 03	
diluent for treprostinil	TIER 01	
DOJOLVI	EXCLUDED	PA
DOVER URETHRAL CATHETER	TIER 03	
DROPLET MICRON	TIER 02	
DROPSAFE ALCOHOL PREP	TIER 03	
DYSPORT	TIER 02	PA
EASIVENT	TIER 02	
EASYPOINT NEEDLE	TIER 03	
EDETATE CALCIUM DISODIUM INJECTION	TIER 03	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	TIER 02	
EMBRACE SEIZURE MONITORING SYS	TIER 03	
EMJOI TENS	TIER 03	
ENDARI	SPECIALTY	PA
ENDO AVITENE	TIER 03	
ENEMA BOTTLE	TIER 03	
ENTRISTAR PEG ENTERAL CONNECT	TIER 03	
EPISIL	TIER 03	
ergoloid mesylates oral	TIER 01	
EUA PATIENT ASSESSMENT	TIER 03	
EXCILON AMD DRAIN SPONGES	TIER 03	
FACE MASK EARLOOP-STYLE	TIER 03	
FACE MASK RESP N-100 PART	TIER 03	
FACE MASK RESPIRATOR R-95 PART	TIER 03	
FIRDAPSE	EXCLUDED	PA
FLEXICHAMBER	TIER 02	
FLEXICHAMBER ADULT MASK/SMALL	TIER 02	
FLEXICHAMBER CHILD MASK/LARGE	TIER 02	
FLEXICHAMBER CHILD MASK/SMALL	TIER 02	
flumazenil intravenous	TIER 01	
FLYP NEBULIZER	TIER 03	
fomepizole	TIER 01	
FORA D40G GLUCOSE/PRESSURE	TIER 03	

Drug Name	Drug Tier	Notes
formaldehyde external solution 37 %	TIER 01	
GAMMACORE	TIER 03	
GAMMACORE SAPPHIRE 31-DAY	TIER 03	
GAMMACORE SAPPHIRE D	TIER 03	
GAMMACORE SAPPHIRE REFILL KIT	TIER 03	
GELFILM EXTERNAL	TIER 03	
GEL-FLOW NT	TIER 03	
GELFOAM	TIER 03	
GELFOAM COMPRESSED SIZE 100	TIER 03	
GELFOAM DENTAL PACK SIZE 4	TIER 03	
GELFOAM SPONGE	TIER 03	
GELFOAM SPONGE SIZE 100	TIER 03	
GELFOAM SPONGE SIZE 200	TIER 03	
GELFOAM SPONGE SIZE 50	TIER 03	
GEL-ONE	EXCLUDED	PA
GENVISC 850	EXCLUDED	PA
glutaraldehyde external	TIER 01	
GOHIBIC	TIER 03	
GRASTEK	SPECIALTY	PA
HYALGAN	EXCLUDED	PA
HYLENEX	TIER 03	
HYMOVIS	EXCLUDED	PA
IGALMI	TIER 03	PA
INCONTROL ULTICARE PEN NEEDLES	TIER 02	
INSPIREASE RESERVOIR BAGS	TIER 02	
INSTAT	TIER 03	
INSUFLON	TIER 03	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
INSULIN PEN NEEDLES	TIER 02	
INSULIN PEN NEEDLES	PREVENT	
INTERCEED	TIER 03	
INTERCEED (TC7)	TIER 03	
IV ADMINISTRATION SET	TIER 03	
IV EXTENSION SET	TIER 03	
IWILFIN	SPECIALTY	PA
J-TIP KIT W/VIAL ADAPTERS	TIER 03	
KANGAROO BALLOON 20FR/3.5CM	TIER 03	
KANGAROO FEEDING SET/ENFIT	TIER 03	
KANGAROO GASTROSTOMY TUBE	TIER 03	
KANGAROO GRAVITY FEEDING BAG	TIER 03	
KANGAROO JOEY ENTERAL PUMP	TIER 03	
KANGAROO MULTI-FUNCTIONAL PORT	TIER 03	
KANGAROO STOMA MEASURING DEV	TIER 03	
KARAYA GUM POWDER	TIER 03	
KENDALL SCD EXPRESS FOOT CUFF	TIER 03	
KERENDIA	TIER 03	PA
KERLIX AMD ANTIMICROBIAL	TIER 03	
KERLIX AMD SUPER SPONGES	TIER 03	
KORSUVA	SPECIALTY	PA
LATEX GLOVES MEDIUM	TIER 03	
l-glutamine oral packet	SPECIALTY	PA
LIVMARLI	EXCLUDED	PA
LOFRIC PRIMO NELATON CATHETER	TIER 03	

Drug Name	Drug Tier	Notes
LOOP	TIER 03	
MC 300 W/UNIVERSAL TUBING	TIER 03	
MC 300-MOUTHPIECE	TIER 03	
MEDICAL COMPRESSION STOCKINGS	TIER 03	
MEDNEB NEB-WITH DISPO NEB KIT	TIER 03	
methergine	TIER 01	
methylene blue intravenous solution	TIER 01	
methylethergonovine maleate	TIER 01	
MICROAIR VIBRATING MESH NEBUL	TIER 03	
MICROCHAMBER DEVICE	TIER 02	
MICRONEB	TIER 03	
MONARCH ETNS SYSTEM	TIER 03	
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	TIER 03	
MONOJECT MONODOSE ORAL MED SYR	TIER 03	
MONOVISC	EXCLUDED	PA
MUCOTROL	TIER 03	
MYOBLOC	TIER 02	PA
NEB 200 COMPRESSOR NEBULIZER	TIER 03	
NEB-RITE4	TIER 03	
NEBULIZER MASK ADULT	TIER 03	
NEBULIZER MASK CHILD	TIER 03	
NEBULIZER PED FROG	TIER 03	
NEBULIZER PED FROG KIT	TIER 03	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
NEBULIZER SYSTEM ALL-IN-ONE	TIER 03	
NEOKE RA LIPOIC	TIER 03	
NERIVIO	TIER 03	
NEXAVIR	TIER 03	
NITHIODOTE	TIER 03	
NITRILE GLOVES LARGE	TIER 03	
NORDIPEN 5 INJECTION DEVICE	TIER 03	
NORM-JECT LUER SLIP SYRINGE	TIER 03	
NOVOFINE PEN NEEDLE	TIER 02	
NOVOFINE PLUS PEN NEEDLE	TIER 02	
NS-2 ELECTRIC PATCH POUCH	TIER 03	
ODACTRA	TIER 03	PA
OMBRA COMPRESSOR ADULT	TIER 03	
OMBRA COMPRESSOR CHILD	TIER 03	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	TIER 03	
OMNIPOD 5 DEXG7G6 PODS GEN 5	TIER 03	
OMNIPOD CLASSIC PODS (GEN 3)	TIER 03	
OMNIPOD DASH INTRO (GEN 4)	TIER 03	
OMNIPOD DASH PDM (GEN 4)	TIER 03	
OMNIPOD DASH PODS (GEN 4)	TIER 03	
ONE FLOW SPIROMETER DEVICE	TIER 03	
OPTICHAMBER DIAMOND	TIER 02	
OPTICHAMBER DIAMOND-LG MASK	TIER 02	

Drug Name	Drug Tier	Notes
OPTICHAMBER DIAMOND-MD MASK	TIER 02	
OPTICHAMBER DIAMOND-SM MASK	TIER 02	
OPTUNE	TIER 03	
OPTUNE LUA	TIER 03	
ORALAIR	SPECIALTY	PA
ORALAIR ADULT STARTER PACK	SPECIALTY	PA
ORALAIR CHILDRENS STARTER PACK	SPECIALTY	PA
ORAMAGICRX	TIER 03	
ORTHOVISC	EXCLUDED	PA
PAIN RELIEF WITH TENS S2000	TIER 03	
PALFORZIA	EXCLUDED	PA
PANDA MASK LARGE	TIER 02	
PANDA MASK MEDIUM	TIER 02	
PANDA MASK SMALL	TIER 02	
PARI ALTERA NEBULIZER HANDSET	TIER 03	
PARI BABY NEBULIZER SET	TIER 03	
PARI MASK SET	TIER 03	
PARI PRONEB MAX LC PLUS	TIER 03	
PARI PRONEB MAX LC SPRINT	TIER 03	
PARI TREK S COMBO PACK	TIER 03	
PARI VORTEX ADULT MASK	TIER 02	
PEDIATRIC COMPRESSOR NEBULIZER	TIER 03	
PEDIATRIC PANDA MASK	TIER 02	
PEDMARK	TIER 03	PA
PEN NEEDLE/5-BEVEL TIP	TIER 02	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
PENTETATE CALCIUM TRISODIUM	TIER 03	
PENTETATE ZINC TRISODIUM	TIER 03	
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	TIER 02	
PHEXXI	EXCLUDED	PA; QL
PHOTREXA-PHOTREXA VISCOUS KIT	TIER 03	
PIP PEN NEEDLES 32G X 4MM	TIER 02	
POCKET SPACER	TIER 02	
PONS MOUTHPIECE	TIER 03	
PONS SYSTEM	TIER 03	
POP-ON INTERMEDIATE MALE CATH	TIER 03	
POWDER FREE NITRILE GLOVES SM	TIER 03	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML	TIER 03	
PREVDUO	TIER 03	
PRO COMFORT SPACER ADULT	TIER 02	
PRO COMFORT SPACER CHILD	TIER 02	
PRO COMFORT SPACER INFANT	TIER 02	
PRO COMFORT TENS UNIT	TIER 03	
PROCARE SPACER/ADULT MASK	TIER 02	
PROCARE SPACER/CHILD MASK	TIER 02	
PROTOPAM CHLORIDE	TIER 03	
PROVAYBLUE	TIER 03	

Drug Name	Drug Tier	Notes
PURE COMFORT SAFETY PEN NEEDLE	TIER 02	
PURE COMFORT SPACER CHAMBER	TIER 02	
RADIOGARDASE	SPECIALTY	
RAGWITEK	SPECIALTY	PA
RAPPORT RLS	TIER 03	
RAPPORT VTD	TIER 03	
RAYA SURE PEN NEEDLE	TIER 02	
REUSABLE COMFORTSEAL MASK-LRG	TIER 03	
REUSABLE COMFORTSEAL MASK-MED	TIER 03	
REUSABLE COMFORTSEAL MASK-SML	TIER 03	
RUSCH FLOCATH QUICK 16FR	TIER 03	
RYSTIGGO	SPECIALTY	PA
S.T. GENESIS NERVE STIMULATOR	TIER 03	
SAFE-SENSE EARLOOP FACE MASK	TIER 03	
SAFE-SENSE GLOVE-BLUE-NITRL-L	TIER 03	
SAFE-SENSE GLOVE-BLUE-NITRL-M	TIER 03	
SAFE-SENSE GLOVE-BLUE-NITRL-S	TIER 03	
SAFE-SENSE GLOVE-BLUE-NITRL-XL	TIER 03	
SAFETY PEN NEEDLES	TIER 02	
saline bacteriostatic	TIER 01	
SALINE-PHENOL	TIER 03	
SAVI DUAL	TIER 03	
SHARPS CONTAINER	TIER 03	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
SIDESTREAM ADULT FACE MASK	TIER 03	
SIDESTREAM PEDIATRIC FACE MASK	TIER 03	
SKINEEZ TED STOCKINGS	TIER 03	
sodium chloride bacteriostatic	TIER 01	
sodium nitrite intravenous	TIER 01	
sodium saccharin powder	TIER 01	
sodium thiosulfate intravenous	TIER 01	
SOHONOS	SPECIALTY	PA
SOLESTA	SPECIALTY	
SPARKY THE DOG PED NEBULIZER	TIER 03	
SPILL KIT/CHEMOTHERAPY	TIER 03	
STERILE DILUENT FLOLAN PH 12	TIER 03	
STERILE DILUENT FOR REMODULIN	TIER 03	
sterile water for injection	TIER 01	
STRIVE DUAL ZONE PEAK FLOW MTR	TIER 03	
SUPARTZ FX	EXCLUDED	PA
SURGICAL FACE MASK/NIOSH N95	TIER 03	
SURGICEL FIBRILLAR	TIER 03	
SURGICEL NU-KNIT	TIER 03	
SURGICEL SNOW 1"X2"	TIER 03	
SURGICEL SNOW 2"X4"	TIER 03	
SURGICEL SNOW 4"X4"	TIER 03	
SURGIFOAM	TIER 03	
SYNOJOYNT	EXCLUDED	PA
SYNVISC	EXCLUDED	PA
SYNVISC ONE	EXCLUDED	PA

Drug Name	Drug Tier	Notes
SYRINGE AVITENE	TIER 03	
SYRINGE LUER LOCK 30 ML	TIER 03	
SYRINGE LUER SLIP 1 ML	TIER 03	
SYRINGE PRECISED DOSE DISPENSER	TIER 03	
T.E.D. KNEE LENGTH/LARGE	TIER 03	
TACHOSIL	TIER 03	
TAVNEOS	EXCLUDED	PA
TELFAM AMD ISLAND DRESSING	TIER 03	
TELFAM AMD NON-ADHERENT	TIER 03	
THROMBI-GEL 10	TIER 03	
THROMBI-GEL 100	TIER 03	
THROMBI-GEL 40	TIER 03	
THROMBI-PAD	TIER 03	
TISSEEL	TIER 03	
TRILURON	EXCLUDED	PA
TRIVISC	EXCLUDED	PA
TRUZONE PEAK FLOW METER	TIER 03	
UDSX MEDICATED SYSTEM	TIER 03	
UDSXMP MEDICATED SYSTEM	TIER 03	
ULTICARE MINI PEN NEEDLES 32G X 6 MM	PREVENT	
ULTICARE MINI PEN NEEDLES 32G X 6 MM	TIER 02	
ULTRAFOAM SPONGE 2X6.25X7CM	TIER 03	
ULTRAFOAM SPONGE 8X12.5X1CM	TIER 03	
ULTRAFOAM SPONGE 8X12.5X3CM	TIER 03	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
ULTRAFOAM SPONGE 8X25X1CM	TIER 03	
ULTRAFOAM SPONGE 8X6.25X1CM	TIER 03	
UNIFINE PROTECT PEN NEEDLE	TIER 02	
VAPRO PLUS CATHETER 12FR/16"	TIER 03	
VAPRO PLUS CATHETER 12FR/8"	TIER 03	
VAPRO PLUS CATHETER 14FR/16"	TIER 03	
VAPRO PLUS CATHETER 14FR/8"	TIER 03	
VEOZAH	EXCLUDED	PA
VERIFINE INSULIN PEN NEEDLE	TIER 02	
VERIFINE PLUS PEN NEEDLE	TIER 02	
VERSAPAP	TIER 03	
VERSAPAP W/UNIVERSAL TUBING	TIER 03	
VISCO-3	EXCLUDED	PA
VISTOGARD	TIER 03	
VORTEX VALVED HOLDING CHAMBER	TIER 02	
VYVGART	SPECIALTY	PA
VYVGART HYTRULO	SPECIALTY	PA
XEOMIN	TIER 02	PA
XIAFLEX	SPECIALTY	PA
XPHOZAH	EXCLUDED	
ZEWA DIGITAL TENS UNIT	TIER 03	
ZEWA TENS/EMS COMBO UNIT	TIER 03	
ZILBRYSQ	SPECIALTY	PA
ZOKINVY	SPECIALTY	PA

Drug Name	Drug Tier	Notes
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	TIER 03	
ACULAR LS	TIER 03	
ALOMIDE	TIER 03	
AZASITE	TIER 03	
azelastine hcl ophthalmic	TIER 01	
bacitracin ophthalmic	TIER 01	
BEPREVE	EXCLUDED	
BESIVANCE	TIER 03	
BETADINE OPHTHALMIC PREP	TIER 03	
bromfenac sodium (once-daily)	TIER 01	QL
bromfenac sodium ophthalmic solution 0.07 %	TIER 01	QL
BROMSITE	EXCLUDED	QL
ciprofloxacin hcl ophthalmic	TIER 01	
cromolyn sodium ophthalmic	TIER 01	
dexamethasone sodium phosphate ophthalmic	TIER 01	
diclofenac sodium ophthalmic	TIER 01	
difluprednate	TIER 01	
epinastine hcl	TIER 01	
erythromycin ophthalmic	TIER 01	
EYSUVIS	TIER 03	PA
FLAREX	TIER 03	
fluorometholone	TIER 01	
flurbiprofen sodium	TIER 01	
FML FORTE	TIER 03	
FML LIQUIFILM	TIER 03	
gatifloxacin ophthalmic	TIER 01	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
gentamicin sulfate ophthalmic	TIER 01	
ILEVRO	EXCLUDED	QL
INVELTYS	TIER 03	
ketorolac tromethamine ophthalmic	TIER 01	
levofloxacin ophthalmic	TIER 01	
LOTEMAX OPTHALMIC SUSPENSION	EXCLUDED	
LOTEMAX SM	TIER 03	
loteprednol etabonate ophthalmic gel	TIER 01	QL
MAXIDEX	TIER 03	
MAXITROL OPTHALMIC OINTMENT	TIER 03	
MAXITROL OPTHALMIC SUSPENSION 0.1 %	TIER 03	
MITOSOL	TIER 03	
moxifloxacin hcl (2x day)	TIER 01	
moxifloxacin hcl ophthalmic	TIER 01	
NATACYN	TIER 02	
neomycin-polymyxin-dexameth ophthalmic ointment	TIER 01	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	TIER 01	
neomycin-polymyxin-hc ophthalmic	TIER 01	
NEVANAC	EXCLUDED	QL
OCUFLOX	TIER 03	
ofloxacin ophthalmic	TIER 01	
olopatadine hcl ophthalmic solution 0.2 %	TIER 01	

Drug Name	Drug Tier	Notes
POVIDONE-IODINE OPTHALMIC	TIER 03	
PRED FORTE	EXCLUDED	
PRED MILD	TIER 03	
prednisolone acetate ophthalmic	TIER 01	
prednisolone sodium phosphate ophthalmic	TIER 01	
PROLENSA	EXCLUDED	QL
sulfacetamide sodium ophthalmic	TIER 01	
TOBRADEX	TIER 03	
TOBRADEX ST	TIER 03	
tobramycin ophthalmic	TIER 01	
tobramycin-dexamethasone	TIER 01	
TOBREX	TIER 03	
trifluridine	TIER 01	
UPNEEQ	TIER 03	PA
VIGAMOX	EXCLUDED	
XDEMVY	EXCLUDED	PA; QL
ZERVIATE	EXCLUDED	
ZIRGAN	TIER 03	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	TIER 01	
acetazolamide oral	TIER 01	
ALPHAGAN P	EXCLUDED	
apraclonidine hcl	TIER 01	
AZOPT	EXCLUDED	
betaxolol hcl ophthalmic	TIER 01	
BETIMOL	TIER 03	
bimatoprost ophthalmic	TIER 01	QL
brimonidine tartrate ophthalmic solution 0.1 %	TIER 01	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	PREVENT	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
brimonidine tartrate-timolol	TIER 01	
BRIMONIDINE-DORZOLAMIDE OPTHALMIC SOLUTION 0.1-2 %	TIER 03	
brinzolamide	TIER 01	
carteolol hcl	TIER 01	
COMBIGAN	EXCLUDED	
COSOPT	EXCLUDED	
COSOPT PF	EXCLUDED	
dichlorphenamide	SPECIALTY	PA
DORZOLAMIDE HCL SOLUTION 2 % OPTHALMIC	TIER 03	
dorzolamide hcl solution 2 % ophthalmic	TIER 01	
dorzolamide hcl-timolol mal	TIER 01	
dorzolamide hcl-timolol mal pf	TIER 01	
IOPIDINE	TIER 03	
ISTALOL	TIER 03	
IYUZEH	EXCLUDED	QL
KEVEYIS	SPECIALTY	PA
latanoprost ophthalmic	PREVENT	
levobunolol hcl	TIER 01	
LUMIGAN	TIER 02	QL
methazolamide oral	TIER 01	
pilocarpine hcl ophthalmic	TIER 01	
RHOPRESSA	TIER 03	QL
ROCKLATAN	TIER 03	QL
SIMBRINZA	TIER 02	
tafluprost (pf)	TIER 01	QL
timolol hemihydrate	TIER 01	
timolol maleate (once-daily)	PREVENT	
timolol maleate ocudose	PREVENT	

Drug Name	Drug Tier	Notes
timolol maleate ophthalmic solution	PREVENT	
timolol maleate pf	PREVENT	
TIMOPTIC OCUDOSE	EXCLUDED	
TRAVATAN Z	EXCLUDED	QL
travoprost (bak free)	TIER 01	QL
VUITY	EXCLUDED	PA
VYZULTA	EXCLUDED	QL
XALATAN	EXCLUDED	
XELPROS	TIER 03	ST; QL
ZIOPTAN	EXCLUDED	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
AKTEN	TIER 03	
ALCAINE	TIER 03	
ALTACAIN	TIER 03	
altafrin	TIER 01	
atropine sulfate ophthalmic ointment	TIER 01	
ATROPINE SULFATE OPTHALMIC SOLUTION 0.025 %, 0.05 %	TIER 03	
atropine sulfate ophthalmic solution 1 %	TIER 01	
bacitracin-polymyxin b	TIER 01	
bacitra-neomycin-polymyxin-hc	TIER 01	
BEOVU	EXCLUDED	PA
BEVACIZUMAB	SPECIALTY	
BYOOVIZ	EXCLUDED	PA
CEQUA	TIER 03	PA
CIMERLI	SPECIALTY	PA
CYCLOGYL	TIER 03	
CYCLOMYDRIL	TIER 03	
cyclopentolate hcl ophthalmic	TIER 01	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
cyclosporine ophthalmic	EXCLUDED	PA
CYSTADROPS	SPECIALTY	
CYSTARAN	SPECIALTY	
EYLEA	SPECIALTY	PA
EYLEA HD	SPECIALTY	PA
HOMATROPAIRE	TIER 03	
IZERVAY	SPECIALTY	PA
LATISSE	EXCLUDED	
LUCENTIS	EXCLUDED	PA
MIEBO	TIER 02	PA; QL
neomycin-bacitracin zn-polymyx	TIER 01	
neomycin-polymyxin-gramicidin	TIER 01	
neo-polycin	TIER 01	
neo-polycin hc	TIER 01	
OXERVATE	SPECIALTY	PA
phenylephrine hcl ophthalmic	TIER 01	
polycin	TIER 01	
polymyxin b-trimethoprim	TIER 01	
proparacaine hcl ophthalmic	TIER 01	
RESTASIS	TIER 01	PA
RESTASIS MULTIDOSE	TIER 02	PA
sulfacetamide-prednisolone	TIER 01	
SUSVIMO (IMPLANT 1ST FILL)	SPECIALTY	PA
SUSVIMO (IMPLANT REFILL)	SPECIALTY	PA
SYFOVRE	SPECIALTY	PA
tetracaine hcl ophthalmic	TIER 01	
TROPICAMIDE-PHENYLEPHRINE	TIER 03	
TROPIC-CYCLOPENT-PE-KETOROLAC OPTHALMIC SOLUTION 1-1-10-0.5 %	TIER 03	

Drug Name	Drug Tier	Notes
TROPIC-CYCLOPENT-PE-KETOROLAC OPTHALMIC SOLUTION PREFILLED SYRINGE	TIER 03	
TYRVAYA	TIER 03	PA; QL
VABYSMO INTRAVITREAL SOLUTION	SPECIALTY	PA
VERKAZIA	EXCLUDED	PA
VEVYE	EXCLUDED	PA
VISUDYNE	SPECIALTY	
XIIDRA	TIER 02	PA
ZYLET	TIER 03	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	TIER 01	
CETRAXAL	TIER 03	ST
ciprofloxacin hcl otic	TIER 01	
ciprofloxacin-dexamethasone	TIER 01	
CORTISPORIN-TC	TIER 03	
DERMOTIC	TIER 03	
flac	TIER 01	
fluocinolone acetonide otic	TIER 01	
hydrocortisone-acetic acid	TIER 01	
neomycin-polymyxin-hc otic	TIER 01	
ofloxacin otic	TIER 01	
PRAMOTIC	TIER 03	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	TIER 01	QL
azelastine-fluticasone	TIER 01	QL
benzonatate	TIER 01	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
carbinoxamine maleate oral solution	TIER 01	
carbinoxamine maleate oral tablet 4 mg	TIER 01	
cetirizine hcl oral solution	TIER 01	
CINQAIR	SPECIALTY	PA
CLARINEX	EXCLUDED	
CLARINEX-D 12 HOUR	EXCLUDED	PA
clemastine fumarate oral tablet	TIER 01	
CUROSURF	TIER 03	
cyproheptadine hcl oral	TIER 01	
diphenhydramine hcl injection	TIER 01	
diphenhydramine hcl oral elixir	TIER 01	
DYMISTA	TIER 02	QL
flunisolide nasal	TIER 01	QL
fluticasone propionate nasal	TIER 01	
guaifenesin-codeine	TIER 01	PA; QL
HYCODAN	TIER 03	PA; QL
hydrocod poli-chlorphe poli er	TIER 01	PA; QL
hydrocodone bit-homatrop mbr	TIER 01	PA; QL
hydromet	TIER 01	PA; QL
HYPERSAL	TIER 03	
INFASURF	TIER 03	
ipratropium bromide nasal	PREVENT	
levocetirizine dihydrochloride oral tablet	TIER 01	
LIDOCAINE HCL-OXYMETAZOLINE	TIER 03	
maxi-tuss ac	TIER 01	PA; QL
mometasone furoate nasal	TIER 01	QL

Drug Name	Drug Tier	Notes
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	TIER 03	
OMNARIS	TIER 03	QL
promethazine vc	EXCLUDED	
promethazine-codeine oral solution	TIER 01	PA; QL
promethazine-dm	TIER 01	
promethazine-phenylephrine	EXCLUDED	
pseudoephedrine-bromphen-dm	TIER 01	
PULMOSAL	TIER 03	
QNASL	TIER 03	QL
QNASL CHILDRENS	TIER 03	QL
RYALTRIS	TIER 03	QL
sodium chloride inhalation	TIER 01	
SURVANTA	TIER 03	
XHANCE	EXCLUDED	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ACCOLATE	TIER 03	
acetylcysteine inhalation	TIER 01	
ADRENALIN INJECTION	TIER 03	
ADVAIR DISKUS	EXCLUDED	QL
ADVAIR HFA	PREVENT	QL
AIRDUO RESPICLICK 113/14	EXCLUDED	QL
AIRDUO RESPICLICK 232/14	EXCLUDED	QL
AIRDUO RESPICLICK 55/14	EXCLUDED	QL
AIRSUPRA	TIER 02	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	PREVENT	QL

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	EXCLUDED	QL
albuterol sulfate inhalation	TIER 01	QL
albuterol sulfate oral	TIER 01	
ALVESCO	EXCLUDED	QL
aminophylline	TIER 01	
ANORO ELLIPTA	PREVENT	QL
ARALAST NP	SPECIALTY	PA
arformoterol tartrate	PREVENT	QL
ARNUITY ELLIPTA	PREVENT	QL
ASMANEX (120 METERED DOSES)	EXCLUDED	QL
ASMANEX (14 METERED DOSES)	EXCLUDED	QL
ASMANEX (30 METERED DOSES)	EXCLUDED	QL
ASMANEX (60 METERED DOSES)	EXCLUDED	QL
ASMANEX HFA	EXCLUDED	QL
ATROVENT HFA	PREVENT	QL
AUVI-Q	TIER 03	
BEVESPI AEROSPHERE	EXCLUDED	QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	PREVENT	QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	TIER 01	QL
breyna	EXCLUDED	QL
BREZTRI AEROSPHERE	TIER 02	QL

Drug Name	Drug Tier	Notes
BROVANA	EXCLUDED	QL
budesonide inhalation	PREVENT	QL
budesonide-formoterol fumarate	EXCLUDED	QL
COMBIVENT RESPIMAT	TIER 02	QL
cromolyn sodium inhalation	PREVENT	
DALIRESP	TIER 03	PA
DUAKLIR PRESSAIR	EXCLUDED	QL
DULERA	EXCLUDED	QL
elixophyllin	TIER 01	
epinephrine (anaphylaxis)	TIER 01	
epinephrine injection solution auto-injector	TIER 01	
EPIPEN 2-PAK	TIER 03	ST
EPIPEN JR 2-PAK	EXCLUDED	
ESBRIET	EXCLUDED	PA
FASENRA	SPECIALTY	
FASENRA PEN	SPECIALTY	
FLUTICASONE FUROATE-VILANTEROL	PREVENT	QL
FLUTICASONE PROPIONATE DISKUS	EXCLUDED	QL
FLUTICASONE PROPIONATE HFA	PREVENT	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	EXCLUDED	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	PREVENT	ST; QL

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	PREVENT	QL
formoterol fumarate inhalation	PREVENT	QL
GLASSIA	SPECIALTY	PA
INCRUSE ELLIPTA	PREVENT	QL
ipratropium bromide inhalation	TIER 01	QL
ipratropium-albuterol	PREVENT	QL
isoproterenol hcl injection	TIER 01	
levalbuterol hcl inhalation	PREVENT	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	EXCLUDED	QL
montelukast sodium oral packet	TIER 01	
montelukast sodium oral tablet	PREVENT	
montelukast sodium oral tablet chewable	PREVENT	
NUCALA	SPECIALTY	QL
OFEV	SPECIALTY	PA
PERFOROMIST	TIER 03	QL
pirfenidone	SPECIALTY	PA
PROAIR RESPICLICK	EXCLUDED	QL
PROLASTIN-C	SPECIALTY	PA
PULMICORT FLEXHALER	EXCLUDED	QL
PULMICORT SUSPENSION	EXCLUDED	QL
QVAR REDIHALER	PREVENT	QL
roflumilast	TIER 01	PA
SCLEROSOL INTRAPLEURAL	TIER 03	

Drug Name	Drug Tier	Notes
SEREVENT DISKUS	TIER 02	QL
SINGULAIR	EXCLUDED	
SPIRIVA HANDIHALER	TIER 01	QL
SPIRIVA RESPIMAT	TIER 02	QL
STERILE TALC POWDER	TIER 03	
STERITALC	TIER 03	
STIOLTO RESPIMAT	TIER 02	QL
STRIVERDI RESPIMAT	TIER 02	QL
SYMBICORT	PREVENT	QL
terbutaline sulfate injection	TIER 01	
terbutaline sulfate oral	PREVENT	
TEZSPIRE	SPECIALTY	PA
THEO-24	TIER 02	
theophylline er	TIER 01	
theophylline oral elixir	TIER 01	
theophylline oral solution	PREVENT	
tiotropium bromide monohydrate	EXCLUDED	QL
TRELEGY ELLIPTA	TIER 02	QL
TUDORZA PRESSAIR	EXCLUDED	QL
VENTOLIN HFA	EXCLUDED	QL
wixela inhub	PREVENT	ST; QL
XOLAIR	SPECIALTY	
XOPENEX HFA	EXCLUDED	QL
YUPELRI	TIER 03	QL
zafirlukast	PREVENT	
ZEMAIRA	SPECIALTY	PA
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	EXCLUDED	
BRONCHITOL	EXCLUDED	PA; QL
BRONCHITOL TOLERANCE TEST	EXCLUDED	PA; QL
CAYSTON	EXCLUDED	PA

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
KALYDECO	SPECIALTY	PA
KITABIS PAK	EXCLUDED	
ORKAMBI	SPECIALTY	PA; QL
PULMOZYME	SPECIALTY	PA
SYMDEKO	SPECIALTY	PA; QL
TOBI NEBULIZER	EXCLUDED	
TOBI PODHALER	SPECIALTY	QL
tobramycin inhalation nebulization solution 300 mg/4ml	SPECIALTY	
tobramycin nebulization solution 300 mg/5ml inhalation	SPECIALTY	
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	EXCLUDED	
TRIKAFTA	SPECIALTY	PA; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	EXCLUDED	PA
ADEMPAS	SPECIALTY	PA
alyq	SPECIALTY	PA
ambrisentan	SPECIALTY	PA
bosentan	SPECIALTY	PA
epoprostenol sodium	SPECIALTY	PA
FLOLAN	SPECIALTY	PA
LETAIRIS	EXCLUDED	PA
OPSUMIT	SPECIALTY	PA
OPSYNVI	EXCLUDED	PA
ORENITRAM	SPECIALTY	PA
ORENITRAM MONTH 1	SPECIALTY	PA
ORENITRAM MONTH 2	SPECIALTY	PA
ORENITRAM MONTH 3	SPECIALTY	PA
REMODULIN	EXCLUDED	PA
REVATIO	EXCLUDED	PA

Drug Name	Drug Tier	Notes
sildenafil citrate intravenous	SPECIALTY	PA
sildenafil citrate oral suspension reconstituted	SPECIALTY	PA
sildenafil citrate oral tablet 20 mg	SPECIALTY	PA
tadalafil (pah)	SPECIALTY	PA
TADLIQ	EXCLUDED	PA
TRACLEER 62.5 MG, 125 MG	EXCLUDED	PA
TRACLEER 32 MG	SPECIALTY	PA
treprostinil	SPECIALTY	PA
TYVASO	SPECIALTY	PA
TYVASO DPI INSTITUTIONAL KIT	SPECIALTY	PA
TYVASO DPI MAINTENANCE KIT	SPECIALTY	PA
TYVASO DPI TITRATION KIT	SPECIALTY	PA
TYVASO REFILL KIT	SPECIALTY	PA
TYVASO STARTER KIT	SPECIALTY	PA
UPTRAVI	SPECIALTY	PA
UPTRAVI TITRATION	SPECIALTY	PA
VELETRI	SPECIALTY	PA
VENTAVIS	SPECIALTY	PA
WINREVAIR	SPECIALTY	PA
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	EXCLUDED	
BACLOFEN ORAL SOLUTION	EXCLUDED	PA
baclofen oral tablet	TIER 01	
carisoprodol oral	TIER 01	
chlorzoxazone oral tablet 500 mg	TIER 01	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	TIER 01	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Drug Name	Drug Tier	Notes
DANTRIUM	TIER 03	
dantrolene sodium intravenous	TIER 01	
dantrolene sodium oral	TIER 01	
FLEQSUVY	EXCLUDED	PA
LYVISPAH	EXCLUDED	PA
methocarbamol injection	TIER 01	
methocarbamol oral tablet 500 mg, 750 mg	TIER 01	
NORGESIC	EXCLUDED	
NORGESIC FORTE	EXCLUDED	PA
orphenadrine citrate er	TIER 01	
orphenadrine citrate injection	TIER 01	
ORPHENGESIC FORTE	EXCLUDED	PA
OZOBAX DS	EXCLUDED	PA
revonto	TIER 01	
ROBAXIN	TIER 03	
RYANODEX	TIER 03	
SOMA	EXCLUDED	
tizanidine hcl oral capsule 6 mg	TIER 01	
tizanidine hcl oral tablet	TIER 01	
ZANAFLEX	EXCLUDED	
Sleep Disorder Agents		
AMBIEN	EXCLUDED	QL
AMBIEN CR	EXCLUDED	QL
armodafinil	TIER 01	PA; QL
BELSOMRA	TIER 03	ST; QL
DAYVIGO	TIER 03	ST; QL
doxepin hcl oral tablet	TIER 01	QL
eszopiclone	TIER 01	QL
flurazepam hcl	TIER 01	PA; QL
HETLIOZ	EXCLUDED	PA
HETLIOZ LQ	EXCLUDED	PA
LUMRYZ	EXCLUDED	PA; QL

Drug Name	Drug Tier	Notes
LUMRYZ STARTER PACK	EXCLUDED	PA; QL
LUNESTA	EXCLUDED	QL
modafinil oral	TIER 01	PA; QL
NUVIGIL	EXCLUDED	PA; QL
PROVIGIL	EXCLUDED	PA; QL
QUVIVIQ	EXCLUDED	QL
ramelteon	TIER 01	QL
RESTORIL	EXCLUDED	QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	EXCLUDED	PA; QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	SPECIALTY	PA; QL
SUNOSI	TIER 02	PA; QL
tasimelteon	SPECIALTY	PA
temazepam	TIER 01	QL
WAKIX	SPECIALTY	PA
XYREM	EXCLUDED	PA; QL
XYWAV	SPECIALTY	PA; QL
zaleplon	TIER 01	QL
zolpidem tartrate er	TIER 01	QL
ZOLPIDEM TARTRATE ORAL CAPSULE	EXCLUDED	QL
zolpidem tartrate oral tablet	TIER 01	QL

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

Index of Drugs

abacavir sulfate.....	29	acetazolamide.....	98	ADBRY.....	43
abacavir sulfate-lamivudine.....	29	acetazolamide er.....	98	ADCETRIS.....	21
ABELCET.....	19	acetazolamide sodium.....	33	ADCIRCA.....	104
ABILIFY.....	28	acetic acid.....	100	ADDERALL.....	40
ABILIFY ASIMTUFI.....	28	acetylcysteine.....	88, 101	ADDERALL XR.....	40
ABILIFY MAINTENA.....	28	ACIPHEX.....	69	ADDYI.....	41
abiraterone acetate.....	21	acitretin.....	43	adefovir dipivoxil.....	29
ABRAXANE.....	21	ACTEMRA.....	82	ADEMPAS.....	104
ABRILADA (1 PEN).....	82	ACTEMRA ACTPEN.....	82	adenosine.....	33
ABRILADA (2 PEN).....	82	ACTHAR.....	76	ADIPEX-P.....	41
ABRILADA (2 SYRINGE).....	82	ACTIFOAM COLLAGEN		ADLARITY.....	16
ABSORICA.....	43	SPONGE.....	88	ADMELOG.....	62
ABSORICA LD.....	43	ACTIMMUNE.....	82	ADMELOG SOLOSTAR.....	62
acamprosate calcium.....	8	ACTIVELLA.....	78	ADRENALIN.....	101
ACANYA.....	43	ACULAR.....	97	adriamycin.....	21
acarbose.....	48	ACULAR LS.....	97	ADTHYZA.....	81
ACCOLATE.....	101	acyclovir.....	29	ADVAIR DISKUS.....	101
ACCRUFER.....	64	acyclovir sodium.....	29	ADVAIR HFA.....	101
ACCU-CHEK AVIVA DEVICE.....	49	ACYCLOVIR SODIUM-NACL.....	29	ADVANCE INTUITION	
ACCU-CHEK AVIVA PLUS KIT		ACZONE.....	43	CONTROL.....	50
W/DEVICE.....	49	ADAKVEO.....	88	ADVANCE INTUITION METER.....	50
ACCU-CHEK FASTCLIX		ADALIMUMAB-AACF (2 PEN).....	82	ADVANCE INTUITION	
LANCET KIT.....	49	ADALIMUMAB-AACF (2		MONITOR.....	50
ACCU-CHEK GUIDE CONTROL.....	49	SYRINGE).....	82	ADVANCE INTUITION TEST.....	50
ACCU-CHEK GUIDE KIT		ADALIMUMAB-AACF(CD/UC/HS		ADVANCE MICRO-DRAW	
W/DEVICE.....	49	STRT).....	82	CONTROL.....	50
ACCU-CHEK GUIDE TEST.....	50	ADALIMUMAB-AACF(PS/UV		ADVANCE MICRO-DRAW	
ACCU-CHEK GUIDE TEST		STARTER).....	82	METER.....	50
STRIPS.....	49	ADALIMUMAB-AATY (1 PEN).....	82	ADVANCE MICRO-DRAW	
ACCU-CHEK SMARTVIEW		ADALIMUMAB-AATY (2 PEN).....	82	NORMAL.....	50
CONTROL.....	50	ADALIMUMAB-AATY (2		ADVANCE MICRO-DRAW TEST.....	50
ACCU-CHEK SMARTVIEW		SYRINGE).....	82	ADVATE.....	32
TEST STRIPS.....	50	ADALIMUMAB-ADAZ.....	82	ADVOCATE BLOOD GLUCOSE	
ACCU-CHEK SOFTCLIX		ADALIMUMAB-ADBM (2 PEN).....	82	MONITOR.....	50
LANCET DEVICE KIT.....	50	ADALIMUMAB-ADBM (2		ADVOCATE BLOOD GLUCOSE	
ACCU-CHEK TENDER 1		SYRINGE).....	82	SYSTEM.....	50
INFUSION.....	88	ADALIMUMAB-		ADVOCATE CONTROL	
ACCU-PRIL.....	33	ADBM(CD/UC/HS STRT).....	82	SOLUTION.....	50
ACCURETIC.....	33	ADALIMUMAB-ADBM(PS/UV		ADVOCATE REDI-CODE.....	50
accutane.....	43	STARTER).....	83	ADVOCATE REDI-CODE+.....	50
ACCU-TREND GLUCOSE.....	50	ADALIMUMAB-FKJP (2 PEN).....	83	ADVOCATE REDI-CODE+	
ACCU-TREND GLUCOSE		ADALIMUMAB-FKJP (2		CONTROL.....	50
CONTROL.....	50	SYRINGE).....	83	ADVOCATE REDI-CODE+ TEST.....	50
ACD FORMULA A.....	13	ADALIMUMAB-RYVK (2 PEN).....	83	ADVOCATE TEST.....	50
ACD-A NOCLOT-50.....	13	ADALIMUMAB-RYVK (2		ADYNOVATE.....	32
acebutolol hcl.....	33	SYRINGE).....	83	ADZENYS XR-ODT.....	40
ACETADOTE.....	88	adapalene.....	43	ADZYNMA.....	72
acetaminophen.....	3	adapalene-benzoyl peroxide.....	43	AEMCOLO.....	9
acetaminophen-codeine.....	3	ADASUVE.....	28		

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

AEROBIKA OPEP	AGGRASTAT	28	alprazolam intensol	31
W/MANOMETER.....	AIMOVIG.....	20	alprazolam xr.....	31
AEROCHAMBER HOLDING	AIRDUO RESPICLICK 113/14 ...	101	ALPROLIX.....	32
CHAMBER.....	AIRDUO RESPICLICK 232/14 ...	101	ALTACAINE.....	99
AEROCHAMBER MINI	AIRDUO RESPICLICK 55/14.....	101	ALTACE.....	33
CHAMBER.....	AIRS PEDIATRIC AEROSOL		altafrin.....	99
AEROCHAMBER MV.....	MASK.....	89	altavera.....	78
AEROCHAMBER PLS FLOVU	AIRSUPRA.....	101	ALTRENO.....	43
MTHPIECE.....	AJOVY.....	20	ALTRIXA.....	64
AEROCHAMBER PLUS FLO-VU	AKEEGA.....	21	ALTUVIIIO.....	32
INTERM.....	AKLIEF.....	43	ALUNBRIG.....	21
AEROCHAMBER PLUS FLO-VU	AKOVAZ.....	33	ALVAIZ.....	32
LARGE.....	AKTEN.....	99	ALVESCO.....	102
AEROCHAMBER PLUS FLO-VU	AKYNZEO.....	18	alvimopan.....	70
MEDIUM.....	AKYNZEO (READY-TO-USE).....	18	alyacen 1/35.....	78
AEROCHAMBER PLUS FLO-VU	AKYNZEO (TO-BE-DILUTED).....	18	alyacen 7/7/7.....	78
SMALL.....	ALA SCALP.....	43	ALYGLO.....	83
AEROCHAMBER PLUS FLOW	ala-cort.....	43	ALYMSYS.....	21
VU.....	albendazole.....	27	alyq.....	104
AEROCHAMBER	albuterol sulfate.....	102	amantadine hcl.....	27
W/FLOWSIGNAL.....	albuterol sulfate hfa.....	101	AMBIEN.....	105
AEROECLIPSE EZ TWIST	ALBUTEROL SULFATE HFA.....	102	AMBIEN CR.....	105
TUBING.....	ALCAINE.....	99	ambrisentan.....	104
AEROECLIPSE II W/ELBOW	alclometasone dipropionate.....	43	AMD FOAM DRESSING.....	89
ADAPTER.....	ALCOHOL PREP PADS.....	89	AMD FOAM DRESSING	
AEROECLIPSE II W/UNIV	ALDACTONE.....	33	TOPSHEET.....	89
TUBING.....	ALDURAZYME.....	72	amethyst.....	78
AEROECLIPSE XL NEBULIZER..	ALECENSA.....	21	amikacin sulfate.....	9
AEROGEAR ACTION ASTHMA	alendronate sodium.....	87	amiloride hcl.....	33
KIT.....	alfuzosin hcl er.....	74	amiloride-hydrochlorothiazide.....	33
AFINITOR.....	ALIMTA.....	21	AMINO ACID.....	64
AFINITOR DISPERZ.....	ALIQOPA.....	21	AMINO ACID-CALCIUM-HEP IN	
afirmelle.....	aliskiren fumarate.....	33	D10W.....	64
AFREZZA.....	ALKINDI SPRINKLE.....	74	aminocaproic acid.....	32
AFSTYLA.....	ALL FLOW 1000 PFT FILTER.....	89	aminophylline.....	102
AGAMATRIX AMP.....	allopurinol.....	20	AMINOPROTECT.....	64
AGAMATRIX AMP TEST.....	allopurinol sodium.....	20	AMINOSYN II.....	64
AGAMATRIX CONTROL.....	ALOGLIPTIN BENZOATE.....	48	AMINOSYN-PF.....	64
AGAMATRIX CONTROL LEVEL	ALOGLIPTIN-METFORMIN HCL.....	48	AMINOSYN-PF 7%.....	64
2.....	ALOGLIPTIN-PIOGLITAZONE.....	48	amiodarone hcl.....	33
AGAMATRIX CONTROL LEVEL	ALOMIDE.....	97	AMITIZA.....	70
4.....	ALOPRIM.....	20	amitriptyline hcl.....	16
AGAMATRIX JAZZ TEST.....	ALORA.....	78	AMJEVITA.....	83
AGAMATRIX JAZZ WIRELESS 2	alosetron hcl.....	70	AMJEVITA-PED 10KG TO	
AGAMATRIX KEYNOTE TEST....	ALPHAGAN P.....	98	<15KG SUBCUTANEOUS	
AGAMATRIX PRESTO.....	ALPHA-LIPOIC ACID.....	89	SOLUTION PREFILLED	
AGAMATRIX PRESTO PRO	ALPHANATE.....	32	SYRINGE 10MG/0.2ML.....	83
METER.....	ALPHANINE SD.....	32	AMJEVITA-PED 15KG TO	
AGAMATRIX PRESTO TEST.....	alprazolam.....	31	<30KG.....	83
AGAMREE.....	alprazolam er.....	31	AMLADEX.....	64

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

amlodipine besylate.....	33	APADAZ.....	3	ARRANON.....	21
amlodipine besylate-benazepril hcl.....	33	apap-caff-dihydrocodeine.....	3	arsenic trioxide.....	21
amlodipine besylate-valsartan.....	33	APEXICON E.....	43	ARTESUNATE.....	27
amlodipine-atorvastatin.....	33	APHEXDA.....	32	ARTHROTEC.....	5
amlodipine-olmesartan.....	33	APIDRA SOLOSTAR.....	62	ARTICADENT DENTAL.....	6
amlodipine-valsartan-hctz.....	33	APIDRA VIAL.....	62	ARTISS.....	89
ammonium lactate.....	43	APOGEE HC CATHETER 16FR/16".....	89	ARZERRA.....	21
AMMONUL.....	72	APOGEE IC CATHETER 14FR/16".....	89	ASCENIV.....	83
amnesteem.....	43	APOGEE PLUS INTERMITTENT CATH.....	89	ASCLERA.....	33
AMONDYS 45.....	72	APOKYN.....	27	ascomp-codeine.....	3
amoxapine.....	16	apomorphine hcl.....	27	asenapine maleate.....	28
amoxicillin.....	9	APONVIE.....	18	ashlyna.....	78
amoxicillin-potassium clavulanate..	9	apraclonidine hcl.....	98	ASMANEX (120 METERED DOSES).....	102
amoxicillin-potassium clavulanate er.....	9	aprepitant.....	18	ASMANEX (14 METERED DOSES).....	102
AMPHADASE.....	89	APRETUDE.....	29	ASMANEX (30 METERED DOSES).....	102
amphetamine sulfate.....	40	apri.....	78	ASMANEX (60 METERED DOSES).....	102
amphetamine- dextroamphetamine.....	40	APRISO.....	87	ASMANEX HFA.....	102
amphetamine- dextroamphetamine er.....	40	APTENSIO XR.....	40	ASPARLAS.....	21
amphet-dextroamphet 3-bead er..	40	APTIOM.....	14	aspirin-dipyridamole er.....	28
amphotericin b.....	19	APTIVUS.....	29	ASPRUZYO SPRINKLE.....	33
amphotericin b liposome.....	19	AQ INSULIN SYRINGE.....	62	ASSURE 3 CONTROL.....	50
ampicillin.....	9	AQINJECT PEN NEEDLE.....	89	ASSURE 3 METER.....	50
ampicillin sodium.....	9	AQUACEL AG BURN.....	43	ASSURE 3 TEST.....	50
ampicillin-sulbactam sodium.....	9	AQUACEL AG FOAM.....	44	ASSURE 4 CONTROL LEVEL 1 & 2.....	50
AMPYRA.....	40	AQUASOL A.....	64	ASSURE 4 METER.....	50
AMRIX.....	104	AQUASTAT.....	64	ASSURE 4 TEST.....	50
AMVUTTRA.....	41	AQUASTAT SFR.....	64	ASSURE DOSE CONTROL.....	50
AMZEEQ.....	43	AQUORAL.....	42	ASSURE DOSE NORM/HIGH CONTROL.....	50
anagrelide hcl.....	32	ARAKODA.....	27	ASSURE ID DUO PRO PEN NEEDLES.....	89
ANALPRAM-HC.....	87	ARALAST NP.....	102	ASSURE ID PRO PEN NEEDLES.....	89
ANASPAZ.....	70	aranelle.....	78	ASSURE II.....	50
anastrozole.....	21	ARANESP (ALBUMIN FREE).....	32	ASSURE II CHECK.....	50
ANCOBON.....	19	ARAZLO.....	44	ASSURE II CONTROL.....	50
ANDEXXA.....	89	ARCALYST.....	83	ASSURE II CONTROL LEVEL 1 & 2.....	50
ANDROGEL PUMP.....	76	arformoterol tartrate.....	102	ASSURE PLATINUM.....	50
ANECTINE.....	41	argatroban.....	13	ASSURE PLATINUM METER.....	51
ANGELIQ.....	78	ARGININE HCL.....	64	ASSURE PRISM CONTROL LEVEL 1.....	51
ANGIOMAX.....	13	ARIKAYCE.....	9	ASSURE PRISM MULTI METER.....	51
ANKTIVA.....	21	ARIMIDEX.....	21	ASSURE PRISM MULTI TEST.....	51
ANNOVERA.....	78	aripiprazole.....	28		
ANORO ELLIPTA.....	102	ARISTADA.....	28		
ANTICOAGULANT SODIUM CITRATE.....	13	ARISTADA INITIO.....	28		
ANTIVERT.....	18	ARIXTRA.....	14		
ANUSOL-HC.....	87	armodafinil.....	105		
ANZEMET.....	18	ARMOUR THYROID.....	81		
		arnica flower.....	89		
		ARNUITY ELLIPTA.....	102		

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY
LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

ASSURE PRO BLOOD GLUCOSE METER.....51	AUTOLET LANCING DEVICE..... 51	BALCOLTRA..... 78
ASSURE PRO CONTROL LEVEL 1 & 2..... 51	AUVELITY..... 16	BALFAXAR..... 32
ASSURE PRO TEST..... 51	AUVI-Q..... 102	balsalazide disodium..... 87
ASTAGRAF XL..... 83	avanafil..... 73	balsam peru-castor oil..... 44
ASTRINGYN..... 32	AVAPRO..... 33	BALVERSA..... 21
ATACAND..... 33	AVASTIN..... 21	balziva..... 78
atazanavir sulfate..... 29	AVEED..... 76	BAQSIMI ONE PACK..... 62
ATELVIA..... 88	aviane..... 78	BAQSIMI TWO PACK..... 62
atenolol..... 33	avidoxy..... 9	BARACLUDE..... 29
atenolol-chlorthalidone..... 33	AVITENE..... 89	BARD PISTON ENT IRRIGATION SYR..... 89
ATIVAN..... 31	AVITENE FLOUR..... 89	BARHEMSYS..... 18
atomoxetine hcl..... 40	AVODART..... 74	BASAGLAR KWIKPEN..... 62
ATORVALIQ..... 33	AVONEX PEN..... 40	BASAGLAR TEMPO PEN..... 62
atorvastatin calcium..... 33	AVONEX PREFILLED..... 40	BATIZIA..... 9
atovaquone..... 27	AVSOLA..... 83	BAVENCIO..... 21
atovaquone-proguanil hcl..... 27	AVYCAZ..... 9	BAXONIL..... 44
atracurium besylate..... 41	ayuna..... 78	BD AUTOSHIELD DUO PEN NEEDLES..... 89
ATRALIN..... 44	AYVAKIT..... 21	BD ECLIPSE NEEDLE..... 89
ATRAPRO DERMAL SPRAY..... 44	azacitidine..... 21	BD FILTER NEEDLE..... 89
atropine sulfate..... 70, 99	AZACTAM..... 9	BD heparin posiflush..... 14
ATROPINE SULFATE..... 70, 99	AZADROX..... 44	BD HYDROPHILIC CATHETER 14FR..... 89
ATROVENT HFA..... 102	AZASAN..... 83	BD LATITUDE DIABETES..... 51
AUBAGIO..... 40	AZASITE..... 97	BD LOGIC BLOOD GLUCOSE MONITOR..... 51
aubra eq..... 78	azathioprine..... 83	BD POSIFLUSH..... 64
AUGMENTIN..... 9	azathioprine sodium..... 83	BD POSIFLUSH SAFESCRUB... 64
AUGMENTIN ES-600..... 9	azelaic acid..... 44	BD SYRINGE LUER-LOK..... 89
AUGTYRO..... 21	azelastine hcl..... 97, 100	BD ULTRA-FINE INSULIN SYRINGES..... 62
AUM ALCOHOL PREP PADS..... 89	azelastrine-fluticasone..... 100	BD ULTRA-FINE PEN NEEDLES 89
AUM INSULIN SAFETY PEN NEEDLE..... 89	AZESCO..... 64	BELBUCA..... 3
AUM MINI INSULIN PEN NEEDLE..... 89	azithromycin..... 9	BELEODAQ..... 21
AUM PEN NEEDLE..... 89	AZMIRO..... 76	BELRAPZO..... 21
AUM READYGARD DUO PEN NEEDLE..... 89	AZOPT..... 98	BELSOMRA..... 105
AUM SAFETY PEN NEEDLE..... 89	AZOR..... 33	benazepril hcl..... 33
AURA PORTANEB..... 89	AZSTARYS..... 40	benazepril-hydrochlorothiazide.... 34
aurovela 1.5/30..... 78	aztreonam..... 9	BENDAMUSTINE HCL..... 21
aurovela 1/20..... 78	AZULFIDINE..... 87	bendamustine hcl..... 22
aurovela 24 fe..... 78	AZULFIDINE EN-TABS..... 87	BENDEKA..... 22
aurovela fe 1.5/30..... 78	azurette..... 78	BENEFIX..... 32
aurovela fe 1/20..... 78	B & C..... 44	BENICAR..... 34
AURYXIA..... 73	bac..... 3	BENICAR HCT..... 34
AUSTEDO..... 41	bacitracin..... 97	BENLYSTA..... 83
AUSTEDO XR..... 41	bacitracin-polymyxin b..... 99	BENTLEY THE BEAR PED NEBULIZER..... 89
AUSTEDO XR PATIENT TITRATION..... 41	bacitra-neomycin-polymyxin-hc.... 99	BENTYL..... 70
AUTOLET II CLINISAFE..... 51	BACLOFEN..... 104	benzalkonium chloride..... 9
	baclofen..... 104	
	BACTERIOSTATIC WATER(BENZ ALC)..... 89	
	BACTRIM..... 9	
	BACTRIM DS..... 9	
	BAFIERTAM..... 40	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY
LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

BENZAMYCIN.....	44	BIGFOOT UNITY PEN		BLOXIVERZ.....	20
BENZHYDROCODONE-		CAP/LANTUS.....	90	BLT-25.....	74
ACETAMINOPHEN.....	3	BIGFOOT UNITY PEN		BLUESTAR.....	51
BENZNIDAZOLE.....	27	CAP/LISPRO.....	90	BLULINK CONTROL HIGH &	
benzonatate.....	100	BIGFOOT UNITY PEN		LOW.....	51
benzoyl peroxide-erythromycin.....	44	CAP/LYUMJEV.....	90	BLULINK GLUCOSE	
benzphetamine hcl.....	41	BIGFOOT UNITY PEN		MONITORING SYS.....	51
benztropine mesylate.....	27	CAP/NOVOLOG.....	90	BLULINK GLUCOSE TEST.....	51
BEOVU.....	99	BIGFOOT UNITY PEN		BONJESTA.....	18
BEPREVE.....	97	CAP/TOUJEO.....	90	bortezomib.....	22
BESIVANCE.....	97	BIGFOOT UNITY PEN		bosentan.....	104
BESPONSA.....	22	CAP/TOUJEO M.....	90	BOSULIF.....	22
BESREMI.....	22	BIGFOOT UNITY PEN		BPCO.....	44
BETADINE OPHTHALMIC PREP	97	CAP/TRESIBA.....	90	BRAFTOVI.....	22
betaine.....	72	BIGFOOT UNITY PROGRAM.....	51	BREATHE COMFORT	
betamethasone dipropionate.....	44	BIJUVA.....	78	CHAMBER/ADULT.....	90
betamethasone dipropionate aug.	44	BIKTARVY.....	29	BREATHE COMFORT	
betamethasone sod phos & acet..	74	BILTRICIDE.....	27	CHAMBER/CHILD.....	90
BETAMETHASONE SODIUM		bimatoprost.....	98	BREATHE EASE LARGE.....	90
PHOSPHATE.....	74	BIMZELX.....	83	BREATHE EASE MEDIUM.....	90
betamethasone valerate.....	44	BIONECT.....	44	BREATHE EASE NEB	
BETASERON.....	40	BIORPHEN.....	34	MASK/CHILD.....	90
betaxolol hcl.....	34, 98	BIOSTEP AG.....	44	BREATHE EASE NEB	
bethanechol chloride.....	73	BIOTEL CARE BLOOD		MASK/INFANT.....	90
BETHKIS.....	103	GLUCOSE.....	51	BREATHE EASE SMALL.....	90
BETIMOL.....	98	BIOTEL CARE BLOOD		BREATHERITE VALVED MDI	
BEVACIZUMAB.....	99	GLUCOSE SYST.....	51	CHAMBER.....	90
BEVESPI AEROSPHERE.....	102	BIOTEL CARE TEST STRIPS.....	51	BRENZAVVY.....	48
BEXAGLIFLOZIN.....	48	bis subcit-metronid-tetracyc.....	70	BREO ELLIPTA.....	102
bexarotene.....	22	bismuth/metronidaz/tetracyclin.....	71	BREVIBLOC.....	34
BEYAZ.....	78	bisoprolol fumarate.....	34	BREVIBLOC IN NACL.....	34
BEYFORTUS.....	83	bisoprolol-hydrochlorothiazide.....	34	BREVIBLOC PREMIXED.....	34
BIAFINE.....	44	bivalirudin trifluoroacetate.....	14	BREVIBLOC PREMIXED DS.....	34
bicalutamide.....	22	BIVIGAM.....	83	BREXAFEMME.....	19
BICILLIN C-R.....	9	bleomycin sulfate.....	22	breyana.....	102
BICILLIN C-R 900/300.....	9	BLINCYTO.....	22	BREZTRI AEROSPHERE.....	102
BICILLIN L-A.....	9	blisovi 24 fe.....	78	BRIDION.....	90
BIDIL.....	34	blisovi fe 1.5/30.....	78	briellyn.....	78
BIGFOOT UNITY PEN		blisovi fe 1/20.....	78	BRILINTA.....	28
CAP/ADMELOG.....	89	BLOOD GLUCOSE MONITOR		brimonidine tartrate.....	44, 98
BIGFOOT UNITY PEN		SYSTEM.....	51	brimonidine tartrate-timolol.....	99
CAP/APIDRA.....	89	BLOOD GLUCOSE		BRIMONIDINE-DORZOLAMIDE..	99
BIGFOOT UNITY PEN		MONITORING 333.....	51	brinzolamide.....	99
CAP/ASPART.....	89	BLOOD GLUCOSE SYSTEM		BRIUMVI.....	40
BIGFOOT UNITY PEN		PAK.....	51	BRIVIACT.....	14
CAP/BASAGLAR.....	90	BLOOD GLUCOSE TEST.....	51	BRIXADI.....	8
BIGFOOT UNITY PEN		BLOOD GLUCOSE TEST		BRIXADI (WEEKLY).....	8
CAP/FIASP.....	90	STRIPS.....	53	bromfenac sodium.....	97
BIGFOOT UNITY PEN		BLOOD GLUCOSE TEST		bromfenac sodium (once-daily)....	97
CAP/HUMALOG.....	90	STRIPS 333.....	51	bromocriptine mesylate.....	27

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

BROMSITE.....	97	CAFFEINE-SODIUM		CARDIZEM LA.....	34
BRONCHITOL.....	103	BENZOATE.....	41	CAREONE BLOOD GLUCOSE	
BRONCHITOL TOLERANCE		CALCIFOL.....	64	SYSTEM.....	51
TEST.....	103	calcipotriene.....	44	CAREONE BLOOD GLUCOSE	
BROVANA.....	102	CALCIPOTRIENE.....	44	TEST.....	51
BRUKINSA.....	22	calcipotriene-betameth diprop.....	44	CAREPOINT POLY HUB	
budesonide.....	87, 102	calcitonin (salmon).....	88	NEEDLE.....	90
budesonide er.....	87	CALCITRENE.....	44	CAREPOINT SAFETY 1ST	
budesonide-formoterol fumarate.....	102	calcitriol.....	44, 88	NEEDLE.....	90
bumetanide.....	34	calcium acetate.....	73	CAREPOINT SYRINGE LUER	
BUMEX.....	34	calcium acetate (phos binder).....	73	LOCK.....	90
BUPHENYL.....	72	CALCIUM CHLORIDE.....	64	CAREPOINT SYRINGE LUER	
BUPIVACAINE HCL.....	6, 7	calcium chloride.....	64	SLIP.....	90
bupivacaine hcl.....	6, 7	calcium gluconate.....	64	CARESENS CONTROL A.....	51
bupivacaine hcl (pf).....	6	CALCIUM GLUCONATE.....	64	CARESENS CONTROL	
bupivacaine-epinephrine.....	7	calcium gluconate-nacl.....	64	SOLUTION A/B.....	51
bupivacaine-epinephrine (pf).....	7	CALCIUM GLUCONATE-NACL... ..	64	CARESENS LANCETS 30G.....	51
buprenorphine.....	3	CALDOLOR.....	5	CARESENS N FELIZ.....	51
buprenorphine hcl.....	3, 8	CALQUENCE.....	22	CARESENS N FELIZ BT.....	51
buprenorphine hcl-naloxone hcl.....	8	CAMBIA.....	20	CARESENS N GLUCOSE	
bupropion hcl.....	16	camila.....	78	SYSTEM.....	51
bupropion hcl er (smoking det).....	9	CAMPTOSAR.....	22	CARESENS N GLUCOSE TEST..	51
bupropion hcl er (sr).....	16	camrese.....	78	CARESENS N VOICE SYSTEM..	51
bupropion hcl er (xl).....	16	camrese lo.....	78	CARETOUCH 2 CPAP HOSE	
BUPROPION HCL ER (XL).....	16	CAMZYOS.....	34	HANGER.....	90
bupirone hcl.....	31	CANASA.....	87	CARETOUCH CONTROL SOL	
busulfan.....	22	CANCIDAS.....	19	LEVEL 2.....	51
BUSULFEX.....	22	candesartan cilexetil.....	34	CARETOUCH CPAP & BIPAP	
butalbital-acetaminophen.....	3	candesartan cilexetil-hctz.....	34	HOSE.....	90
butalbital-apap-caff-cod.....	3	capecitabine.....	22	CARETOUCH CPAP MASK	
butalbital-apap-caffeine.....	3	CAPHOSOL.....	42	WIPES.....	90
butalbital-asa-caff-codeine.....	3	CAPLYTA.....	28	CARETOUCH CPAP PRE-	
butalbital-aspirin-caffeine.....	3	CAPRELSA.....	22	WASH SOLN.....	90
butorphanol tartrate.....	3	CAPTAIN EAGLE PED		CARETOUCH CPAP TUBE	
BUTRANS.....	3	NEBULIZER.....	90	BRUSH.....	90
BYDUREON BCISE		captopril.....	34	CARETOUCH	
AUTOINJECTOR.....	48	captopril-hydrochlorothiazide.....	34	LANCING/EJECTOR.....	51
BYETTA 10 MCG PEN.....	48	CARAC.....	44	CARETOUCH MONITOR	
BYETTA 5 MCG PEN.....	48	CARAFATE.....	69	SYSTEM.....	51
BYLVAY.....	90	CARBAGLU.....	64	CARETOUCH TEST.....	51
BYLVAY (PELLETS).....	90	carbamazepine.....	14	CARETOUCH UNIVERSL CPAP	
BYOOVIZ.....	99	carbamazepine er.....	14	FILTER.....	90
BYSTOLIC.....	34	CARBATROL.....	14	carglumic acid.....	64
CABENUVA.....	29	carbidopa.....	27	carisoprodol.....	104
cabergoline.....	76	carbidopa-levodopa.....	27	carmustine.....	22
CABLIVI.....	28	carbidopa-levodopa er.....	27	CARNITOR.....	64
CABOMETYX.....	22	carbidopa-levodopa-entacapone..	27	CARNITOR SF.....	64
CABTREO.....	44	carbinoxamine maleate.....	101	carteolol hcl.....	99
caffeine citrate.....	41	carboplatin.....	22	cartia xt.....	34
		CARDENE IV.....	34	carvedilol.....	34

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

CASODEX.....	22	CETRAXAL.....	100	CINRYZE.....	83
casopfungin acetate.....	19	cetorelix acetate.....	76	CINVANTI.....	18
CATAPRES-TTS-1.....	34	CETROTIDE.....	76	CIPRO.....	10
CATAPRES-TTS-2.....	34	cevimeline hcl.....	42	ciprofloxacin hcl.....	10, 97, 100
CATAPRES-TTS-3.....	34	charlotte 24 fe.....	78	ciprofloxacin in d5w.....	10
CAYSTON.....	103	chateal eq.....	78	ciprofloxacin-dexamethasone.....	100
cefaclor.....	9	CHEMET.....	65	cisatracurium besylate.....	41
cefaclor er.....	9	CHEMOPLUS LATEX GLOVES...90		cisatracurium besylate (pf).....	41
cefadroxil.....	9	CHEMOPLUS NEOPRENE		cisplatin.....	22
CEFALY KIT.....	90	GLOVE.....	90	CISPLATIN.....	22
CEFAZOLIN IN SODIUM		CHEMSTRIP BG LOG BOOK.....	51	CITALOPRAM	
CHLORIDE.....	9	CHEMSTRIP K.....	51	HYDROBROMIDE.....	16
CEFAZOLIN SODIUM.....	9	CHEMSTRIP UGK.....	51	citalopram hydrobromide.....	16
cefazolin sodium.....	9	CHENODAL.....	71	CITRANATAL 90 DHA.....	65
cefazolin sodium-dextrose.....	9, 10	chloramphenicol sod succinate.....	10	CITRANATAL ASSURE.....	65
CEFAZOLIN SODIUM-		chlordiazepoxide hcl.....	31	CITRANATAL HARMONY.....	65
DEXTROSE.....	10	chlordiazepoxide-amitriptyline.....	16	CITRANATAL MEDLEY.....	65
cefdinir.....	10	chlorhexidine gluconate.....	42	cladribine.....	22
cefepime hcl.....	10	CHLORHEXIDINE GLUCONATE.90		claravis.....	44
cefepime-dextrose.....	10	chloroprocaine hcl (pf).....	7	CLARINEX.....	101
cefixime.....	10	chloroquine phosphate.....	27	CLARINEX-D 12 HOUR.....	101
CEFOTAN.....	10	chlorothiazide sodium.....	34	clarithromycin.....	10
CEFOTAXIME SODIUM.....	10	chlorpromazine hcl.....	28	clarithromycin er.....	10
cefotetan disodium.....	10	chlorthalidone.....	34	clemastine fumarate.....	101
cefoxitin sodium.....	10	chlorzoxazone.....	104	CLENPIQ.....	71
CEFOXITIN SODIUM-		CHOLBAM.....	72	CLEOCIN.....	10
DEXTROSE.....	10	cholestyramine.....	34	CLEOCIN PHOSPHATE.....	10
cefpodoxime proxetil.....	10	cholestyramine light.....	34	CLEOCIN-T.....	44
cefprozil.....	10	CHORIONIC GONADOTROPIN...76		CLEVER CHEK AUTO-CODE	
ceftazidime.....	10	CHOSEN LANCETS 30G.....	51	SYSTEM.....	52
ceftriaxone sodium.....	10	CHOSEN LANCING DEVICE.....	52	CLEVER CHEK AUTO-CODE	
ceftriaxone sodium in dextrose.....	10	CHOSEN SAFETY LANCETS		TEST.....	52
ceftriaxone sodium-dextrose.....	10	28G.....	52	CLEVER CHEK AUTO-CODE	
cefuroxime axetil.....	10	chromic chloride.....	65	VOICE.....	52
cefuroxime sodium.....	10	CIALIS.....	73	CLEVER CHEK SYSTEM.....	52
CELEBREX.....	5	CIBINQO.....	44	CLEVER CHEK TEST.....	52
celecoxib.....	5	ciclodan.....	19	CLEVER CHOICE AUTO-CODE	
CELESTONE SOLUSPAN.....	74	ciclopirox.....	19	SYSTEM.....	52
CELEXA.....	16	ciclopirox olamine.....	19	CLEVER CHOICE AUTO-CODE	
CELLCEPT.....	83	cidofovir.....	29	TEST.....	52
CELLCEPT INTRAVENOUS.....	83	cilostazol.....	28	CLEVER CHOICE COMFORT	
CELONTIN.....	14	CIMDUO.....	29	EZ.....	52
cephalexin.....	10	CIMERLI.....	99	CLEVER CHOICE GLUCOSE	
CEQUA.....	99	cimetidine.....	69	CONTROL.....	52
CEQR SIMPLICITY 2U 10PK...51		cimetidine hcl.....	69	CLEVER CHOICE HOLDING	
CEQR SIMPLICITY INSERTER.51		CIMZIA.....	83	CHAMBER.....	90
CERDELGA.....	72	CIMZIA (2 SYRINGE).....	83	CLEVER CHOICE MICRO	
CEREBYX.....	14	CIMZIA-STARTER.....	83	SYSTEM.....	52
CEREZYME.....	72	cinacalcet hcl.....	88	CLEVER CHOICE MICRO TEST.52	
cetirizine hcl.....	101	CINQAIR.....	101		

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

CLEVER CHOICE MINI SYSTEM.....	52	CLODERM.....	44	CONJUPRI.....	34
CLEVER CHOICE NO CODING...52		clofarabine.....	22	constulose.....	71
CLEVER CHOICE TALK SYSTEM.....	52	CLOMID.....	76	CONTOUR CONTROL SOLUTION.....	52
CLEVER CHOICE TENS UNIT	90	clomipramine hcl.....	17	CONTOUR NEXT CONTROL SOLUTION.....	52
CLEVER CHOICE WHIS AIR PED NEB.....	90	clonazepam.....	31	CONTOUR NEXT GEN TEST STRIPS.....	52
CLEVER CHOICE WHISPER AIRE NEB.....	91	clonidine hcl.....	34	CONTOUR NEXT ONE KIT.....	52
CLEVIPREX.....	34	clonidine hcl er.....	40	CONTOUR TEST STRIPS.....	52
CLIMARA.....	78	clopidogrel bisulfate.....	28	CONTRAVE.....	41
CLIMARA PRO.....	78	clorazepate dipotassium.....	31	CONTROL.....	52
clindacin etz.....	44	clotrimazole.....	19	CONZIP.....	3
clindacin-p.....	44	clotrimazole-betamethasone.....	19	COOL BLOOD GLUCOSE TEST STRIPS.....	52
CLINDAGEL.....	44	clozapine.....	28	COOL CONTROL A.....	52
clindamycin hcl.....	10	CNJ-016.....	83	COOL CONTROL B.....	52
clindamycin palmitate hcl.....	10	COAGADEX.....	32	COOL MONITOR.....	52
clindamycin phosphate.....	10, 44	COAGUCHEK XS SYSTEM.....	91	COOL MONITOR KIT.....	52
clindamycin phosphate in d5w.....	10	coal tar.....	44	COPAXONE.....	41
CLINDAMYCIN PHOSPHATE IN NACL.....	10	COARTEM.....	27	COPIKTRA.....	22
clindamycin phosphate-benzoyl peroxide.....	44	COCAINE HCL.....	7	CORDRAN.....	44
clindamycin-tretinoin.....	44	codeine sulfate.....	3	COREG.....	34
CLINDESSE.....	10	colchicine.....	20	COREG CR.....	34
CLINIMIX E/DEXTROSE (2.75/5).....	65	colchicine-probenecid.....	20	CORIFACT.....	32
CLINIMIX E/DEXTROSE (4.25/10).....	65	colesevelam hcl.....	34	CORLANOR.....	34
CLINIMIX E/DEXTROSE (4.25/5).....	65	COLESTID.....	34	CORTEF.....	74
CLINIMIX E/DEXTROSE (5/15).....	65	colestipol hcl.....	34	CORTENEMA.....	87
CLINIMIX E/DEXTROSE (5/20).....	65	colistimethate sodium (cba).....	10	CORTIFOAM.....	87
CLINIMIX E/DEXTROSE (8/10).....	65	COLUMVI.....	22	CORTISONE ACETATE.....	74
CLINIMIX E/DEXTROSE (8/14).....	65	COLY-MYCIN M.....	10	CORTISPORIN-TC.....	100
CLINIMIX/DEXTROSE (4.25/10).....	65	COMBIGAN.....	99	CORTROPHIN.....	76
CLINIMIX/DEXTROSE (4.25/5).....	65	COMBIPATCH.....	78	CORVERT.....	34
CLINIMIX/DEXTROSE (5/15).....	65	COMBIVENT RESPIMAT.....	102	COSELA.....	22
CLINIMIX/DEXTROSE (5/20).....	65	COMBOGESIC.....	5	COSENTYX (300 MG DOSE).....	83
CLINIMIX/DEXTROSE (6/5).....	65	COMETRIQ.....	22	COSENTYX 150 MG/ML.....	83
CLINIMIX/DEXTROSE (8/10).....	65	COMFORT EZ PRO PEN NEEDLES.....	91	COSENTYX SENSOREADY (300 MG).....	83
CLINIMIX/DEXTROSE (8/14).....	65	COMFORT TOUCH TWIST LANCET 30G.....	52	COSENTYX SENSOREADY PEN.....	83
CLINISOL SF.....	65	COMP A-I-R NEBULIZER.....	91	COSENTYX UNOREADY.....	83
CLINOLIPID.....	65	COMPACT SPACE CHAMBER.....	91	COSOPT.....	99
CLINPRO 5000.....	42	COMPACT SPACE CHAMBER/LG MASK.....	91	COSOPT PF.....	99
clobazam.....	14	COMPACT SPACE CHAMBER/MED MASK.....	91	COTELIC.....	22
clobetasol propionate.....	44	COMPACT SPACE CHAMBER/SM MASK.....	91	COTEMPLA XR-ODT.....	40
clobetasol propionate e.....	44	COMPLERA.....	29	COXANTO.....	6
CLOBEX.....	44	COMPRESSOR NEBULIZER.....	91	COZAAR.....	34
CLOBEX SPRAY.....	44	compro.....	18	CREON.....	72
clodan.....	44	CONCEPTION KIT.....	91	CRESEMBA.....	19
		CONCERTA.....	40	CRESTOR.....	34
		CONDYLOX.....	44		

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

CRINONE.....	78	CYSTAGON.....	72	deferoxamine mesylate.....	91
cromolyn sodium.....	71, 97, 102	CYSTARAN.....	100	deflazacort.....	74
CROTAN.....	27	cytarabine.....	22	DEFLUX.....	91
cryselle-28.....	78	cytarabine (pf).....	22	DEFLUX METAL NEEDLE.....	91
CRYSVITA.....	72	CYTOMEL.....	81	DELESTROGEN.....	78
cupric chloride.....	65	CYTOTEC.....	69	DELSTRIGO.....	29
CUPRIMINE.....	73	CYTOTINE.....	91	delyla.....	78
CURAFOAM AG FOAM		dabigatran etexilate mesylate.....	14	DELZICOL.....	87
DRESSING.....	45	dacarbazine.....	22	demeclocycline hcl.....	10
CURITY AMD ANTIMICROBIAL		dactinomycin.....	22	DEMEROL.....	3
SPNGE.....	91	dalfampridine er.....	41	DEMSEER.....	34
CURITY AMD ANTIMICROBIAL		DALIRESP.....	102	DENTA 5000 PLUS.....	42
STRIP.....	91	DALVANCE.....	10	DENTA 5000 PLUS SENSITIVE..	42
CURITY IODOFORM PACKING		danazol.....	76	DENTAGEL.....	42
STRIP.....	91	DANTRIUM.....	105	DEPAKOTE.....	14
CUROSURF.....	101	dantrolene sodium.....	105	DEPAKOTE ER.....	15
CUTAQUIG.....	83	DANYELZA.....	22	DEPAKOTE SPRINKLES.....	15
CUVITRU.....	83	DAPAGLIFLOZIN PRO-		DEPEN TITRATABS.....	73
CUVRIOR.....	65	METFORMIN ER.....	48	DEPO-ESTRADIOL.....	78
CVS ADVANCED GLUCOSE		DAPAGLIFLOZIN		DEPO-MEDROL.....	74
TEST.....	52	PROPANEDIOL.....	48	DEPO-PROVERA.....	78
CVS BLOOD GLUCOSE METER.	52	dapsone.....	21	DEPO-SUBQ PROVERA 104.....	78
CVS GLUCOSE METER TEST		daptomycin.....	10	DEPO-TESTOSTERONE.....	76
STRIPS.....	52	DAPTOMYCIN-SODIUM		DERMACINRX DAVIMET.....	65
CVS TRUE METRIX GLUCOSE		CHLORIDE.....	10	DERMACINRX MULTITAM.....	65
TEST.....	52	DARAPRIM.....	27	DERMACINRX PRETRATE.....	65
cyanocobalamin.....	65	darifenacin hydrobromide er.....	73	DERMACINRX RIBOTIN-E.....	65
CYANOKIT.....	91	darunavir.....	29	DERMACINRX ZINTREXYL-C.....	65
cyclobenzaprine hcl.....	104	DARZALEX.....	22	DERMA-SMOOTH/FS BODY.....	45
CYCLOGYL.....	99	DARZALEX FASPRO.....	22	DERMA-SMOOTH/FS SCALP...	45
CYCLOMYDRIL.....	99	dasatinib.....	22	DERMOTIC.....	100
cyclopentolate hcl.....	99	dasetta 1/35.....	78	DESCOVY.....	29
cyclophosphamide.....	22	dasetta 7/7/7.....	78	DESFERAL.....	91
CYCLOPHOSPHAMIDE.....	22	daunorubicin hcl.....	22	desipramine hcl.....	17
cycloserine.....	21	DAURISMO.....	22	desmopressin ace spray refrig.....	76
CYCLOSET.....	48	DAVIMET-FLUORIDE.....	65	desmopressin acetate.....	76
cyclosporine.....	83, 100	DAVIMET-M.....	65	desmopressin acetate pf.....	76
cyclosporine modified.....	83	DAYAVITE.....	65	desmopressin acetate spray.....	76
CYKLOKAPRON.....	32	DAYBUE.....	41	desogestrel-ethinyl estradiol.....	78
CYLTEZO (2 PEN).....	83	DAYPRO.....	6	desonide.....	45
CYLTEZO (2 SYRINGE).....	83	daysee.....	78	DESOWEN.....	45
CYLTEZO-CD/UC/HS STARTER.	83	DAYTRANA.....	40	desoximetasone.....	45
CYLTEZO-PSORIASIS/UV		DAYVIGO.....	105	DESVENLAFAXINE ER.....	17
STARTER.....	83	D-CARE BLOOD GLUCOSE.....	52	desvenlafaxine succinate er.....	17
CYMBALTA.....	17	D-CARE GLUCOMETER.....	52	DETROL.....	73
cyproheptadine hcl.....	101	deblitane.....	78	DETROL LA.....	73
CYRAMZA.....	22	decitabine.....	22	dexamethasone.....	74
cyred eq.....	78	DEFENCATH.....	14	DEXAMETHASONE (LA).....	74
CYSTADANE.....	72	deferasirox.....	65	dexamethasone intensol.....	74
CYSTADROPS.....	100	deferasirox granules.....	65	dexamethasone sod phos +rfid....	74

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

DEXAMETHASONE SOD		dilt-xr.....	34
PHOS-NACL.....	74	diluent for treprostinil.....	91
dexamethasone sod phosphate		dimenhydrinate.....	18
pf.....	74	dimethyl fumarate.....	41
dexamethasone sodium		dimethyl fumarate starter pack.....	41
phosphate.....	74, 75, 97	DIOVAN.....	34
DEXAMETHASONE SODIUM		DIOVAN HCT.....	34
PHOSPHATE.....	75	DIPENTUM.....	87
DEXATLAN.....	65	diphenhydramine hcl.....	101
DEXCOM G6 RECEIVER.....	52	diphenoxylate-atropine.....	71
DEXCOM G6 SENSOR.....	52	DIPROLENE.....	45
DEXCOM G6 TRANSMITTER.....	52	dipyridamole.....	28
DEXCOM G7 RECEIVER.....	52	disopyramide phosphate.....	35
DEXCOM G7 SENSOR.....	52	disulfiram.....	9
DEXIFOL.....	65	DIURIL.....	35
DEXILANT.....	69	divalproex sodium.....	15
dexmedetomidine hcl.....	91	divalproex sodium er.....	15
dexmedetomidine hcl in nacl.....	91	DIVIGEL.....	78
DEXMEDETOMIDINE HCL IN		DIVINIX.....	45
NACL.....	91	dobutamine hcl.....	35
DEXMEDETOMIDINE HCL-		dobutamine-dextrose.....	35
DEXTROSE.....	91	docetaxel.....	22
dexmethylphenidate hcl.....	40	DOCIVYX.....	22
dexmethylphenidate hcl er.....	40	DODEX.....	65
DEXONTO 0.4%.....	75	dofetilide.....	35
DEXPANTHENOL.....	65	DOJOLVI.....	91
dexrazoxane.....	22	dolishale.....	78
dexrazoxane hcl.....	22	donepezil hcl.....	16
dextroamphetamine sulfate.....	40	dopamine hcl.....	35
dextroamphetamine sulfate er.....	40	dopamine-dextrose.....	35
dextrose.....	65	DOPRAM.....	41
DEXTROSE.....	65	DOPTLET.....	32
DHIVY.....	27	DORYX MPC.....	10
DIABETES CARE.....	52	DORZOLAMIDE HCL.....	99
DIACOMIT.....	15	dorzolamide hcl.....	99
DIASCREEN 10.....	91	dorzolamide hcl-timolol mal.....	99
DIASCREEN 1B.....	91	dorzolamide hcl-timolol mal pf.....	99
DIASCREEN 1G.....	91	dotti.....	78
DIASCREEN 1K.....	91	DOVATO.....	29
DIASCREEN 2GK.....	91	DOVER URETHRAL	
DIASCREEN 2GP.....	91	CATHETER.....	91
DIASCREEN 3.....	91	doxazosin mesylate.....	35
DIASCREEN 4NL.....	91	doxepin hcl.....	17, 105
DIASCREEN 4OBL.....	91	doxercalciferol.....	88
DIASCREEN 4PH.....	91	DOXIL.....	22
DIASCREEN 5.....	91	doxorubicin hcl.....	22
DIASCREEN 6.....	91	doxorubicin hcl liposomal.....	22
DIASCREEN 7.....	91	doxy 100.....	10
DIASCREEN 8.....	91	doxycycline hyclate.....	10, 11
DIASCREEN 9.....	91	DOXYCYCLINE HYCLATE.....	11
DIASCREEN LIQUID URINE			
CONTROL.....	91		
DIASTIX REAGENT.....	52		
DIATHRIVE BLOOD GLUCOSE			
METER.....	52		
DIATHRIVE BLOOD GLUCOSE			
TEST.....	52		
DIATHRIVE GLUCOSE			
CONTROL SOLN.....	52		
DIATHRIVE GLUCOSE TEST.....	52		
DIATHRIVE LANCING DEVICE... 53			
DIATHRIVE+ GLUCOSE			
MONITOR.....	53		
DIATHRIVE+ GLUCOSE TEST... 53			
DIATROL.....	65		
diazepam.....	15, 31		
DIAZEPAM.....	31		
diazepam intensol.....	31		
diazoxide.....	62		
DIBENZYLINE.....	34		
dichlorphenamide.....	99		
DICLEGIS.....	18		
DICLOFENAC PATCH 1.3%.....	6		
diclofenac potassium.....	6		
diclofenac sodium.....	6, 45, 97		
diclofenac sodium er.....	6		
DICLOFONO.....	6		
dicloxacillin sodium.....	10		
dicyclomine hcl.....	71		
diethylpropion hcl.....	41		
diethylpropion hcl er.....	41		
DIFFERIN.....	45		
DIFICID.....	10		
DIFLUCAN.....	19		
diflunisal.....	6		
difluprednate.....	97		
DIGIFAB.....	91		
digoxin.....	34		
dihydroergotamine mesylate.....	20		
DILANTIN.....	15		
DILANTIN INFATABS.....	15		
DILANTIN-125.....	15		
DILAUDID.....	3		
diltiazem hcl.....	34		
diltiazem hcl er.....	34		
diltiazem hcl er beads.....	34		
diltiazem hcl er coated beads.....	34		
DILTIAZEM HCL-DEXTROSE.....	34		
DILTIAZEM HCL-SODIUM			
CHLORIDE.....	34		

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

doxycycline monohydrate	11	EASY MAX BLOOD GLUCOSE TEST	53	EASYPRO BLOOD GLUCOSE MONITOR.....	53
doxylamine-pyridoxine	18	EASY MAX T1 GLUCOSE SYSTEM.....	53	EASYPRO BLOOD GLUCOSE TEST	53
DRISDOL	65	EASY PLUS II CONTROL	53	EASYPRO PLUS	53
dronabinol	18	EASY PLUS II GLUCOSE SYSTEM.....	53	econazole nitrate	19
droperidol	18	EASY PLUS II GLUCOSE TEST ..	53	edaravone	41
DROPLET GENTEEL LANCING DEVICE	53	EASY STEP CONTROL	53	EDARBI	35
DROPLET MICRON	91	EASY STEP GLUCOSE MONITOR.....	53	EDARBYCLOR.....	35
DROPSAFE ALCOHOL PREP	91	EASY STEP TEST	53	EDECRIN.....	35
DROPSAFE SAFETY SYRINGE/NEEDLE	62	EASY TALK BLOOD GLUCOSE SYSTEM.....	53	EDETATE CALCIUM DISODIUM ..	91
drosipren-eth estrad-levomefol	78	EASY TALK BLOOD GLUCOSE TEST	53	EDETATE DISODIUM	65
drosiprenone-ethinyl estradiol	78	EASY TALK CONTROL	53	EDURANT	29
DROXIA	22	EASY TALK PLUS II CONTROL ..	53	efavirenz	29
DRYSOL	45	EASY TALK PLUS II TEST STRIPS.....	53	efavirenz-emtricitab-tenofo df.....	29
DUAKLIR PRESSAIR	102	EASY TOUCH CONTROL HIGH & LOW	53	efavirenz-lamivudine-tenofovir.....	29
DUAVEE	78	EASY TOUCH GLUCOSE SYSTEM.....	53	EFFER-K.....	66
DUETACT	48	EASY TOUCH HEALTHPRO GLUCOSE	53	effer-k.....	66
DUEXIS	6	EASY TOUCH LANCING DEVICE	53	EFFEXOR XR.....	17
DULERA	102	EASY TOUCH TEST	53	EFUDEX	45
duloxetine hcl	17	EASY TRAK BLOOD GLUCOSE SYSTEM.....	53	EGATEN	27
DUOBRII	45	EASY TRAK BLOOD GLUCOSE TEST	53	EGRIFTA SV	76
DUO-CARE CONTROL SOLUTION	53	EASY TRAK CONTROL	53	ELAPRASE	72
DUO-CARE TEST	53	EASY TRAK II BLOOD GLUCOSE SYS.....	53	ELELYSO	72
DUOPA	27	EASY TRAK II CONTROL	53	ELEMENT AUTOCODE SYSTEM.....	53
DUPIXENT	45	EASY TRAK II GLUCOSE TEST ..	53	ELEMENT COMPACT CONTROL 2	53
DURAFIBER	45	easygel.....	42	ELEMENT COMPACT CONTROL 3	53
DURAMORPH	3	EASYGLUCO	53	ELEMENT COMPACT GLUCOSE SYSTEM.....	54
dutasteride	74	EASYMAX 15 LEVEL 2 CONTROL	53	ELEMENT COMPACT TEST	54
dutasteride-tamsulosin hcl	74	EASYMAX 15 LEVEL 2-3 CONTROL	53	ELEMENT COMPACT V GLUCOSE SYS	54
DYANAVEL XR	40	EASYMAX 15 TEST	53	ELEMENT CONTROL	54
DYMISTA	101	EASYMAX CONTROL	53	ELEMENT PLUS	54
DYNAFOAM AG FOAM DRESSING	45	EASYMAX NG BLOOD GLUCOSE	53	ELEMENT TEST	54
DYNAGINATE AG CA ALG ROPE 30CM	45	EASYMAX V BLOOD GLUCOSE ..	53	ELEPSIA XR.....	15
DYNAGINATE AG SILVER CAL 2"X2"	45	EASYPPOINT NEEDLE	91	ELESTRIN	78
DYNAGINATE AG SILVER CAL 4"X5"	45			eletriptan hydrobromide	20
DYNAGINATE AG SILVER CAL 4"X8"	45			ELEVIDYS	72
DYNOMA	45			ELFABRIO	72
DYRENIUM	35			ELIDEL	45
DYSPORT	91			ELIGARD	76
E.E.S. 400	11			ELIMITE	27
E.E.S. GRANULES	11			elinest.....	78
EASIVENT	91			ELIQUIS.....	14
				ELIQUIS DVT/PE STARTER PACK.....	14

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ELITEK.....	22	EMERPHED.....	35	EPIFOAM.....	45
elixophyllin.....	102	EMGALITY.....	20	epinastine hcl.....	97
ELLA.....	78	EMJOI TENS.....	92	epinephrine.....	35, 102
ELLENCE.....	22	EMPAVELI.....	32	EPINEPHRINE.....	35
ELMIRON.....	73	EMPLICITI.....	22	epinephrine (anaphylaxis).....	102
ELOCTATE.....	32	EMSAM.....	17	EPINEPHRINE HCL-	
ELREXFIO.....	22	emtricitabine.....	29	DEXTROSE.....	35
eluryng.....	78	emtricitabine-tenofovir df.....	29	EPINEPHRINE HCL-NACL.....	35
ELYXYB.....	6	EMTRIVA.....	29	epinephrine pf.....	35
ELYZIA.....	45	EMVERM.....	27	EPINEPHRINE-DEXTROSE.....	35
EMBRACE BLOOD GLUCOSE		emzahh.....	78	EPINEPHRINE-NACL.....	35
MONITOR.....	54	enalapril maleate.....	35	EPIPEN 2-PAK.....	102
EMBRACE BLOOD GLUCOSE		enalaprilat.....	35	EPIPEN JR 2-PAK.....	102
TEST.....	54	enalapril-hydrochlorothiazide.....	35	EPISIL.....	92
EMBRACE CONTROL.....	54	ENBRACE HR.....	66	epitol.....	15
EMBRACE EVO BLOOD		ENBREL.....	83	EPIVIR.....	29
GLUCOSE TEST.....	54	ENBREL MINI.....	83	EPKINLY.....	23
EMBRACE EVO CONTROL		ENBREL SURECLICK.....	83	eplerenone.....	35
LEVEL 1.....	54	ENDARI.....	92	EPOGEN.....	32
EMBRACE EVO GLUCOSE		ENDO AVITENE.....	92	epoprostenol sodium.....	104
MONITOR.....	54	endocet.....	3	EPRONTIA.....	15
EMBRACE EVO GLUCOSE		ENDOMETRIN.....	78	EPSOLAY.....	45
MONITORING.....	54	ENEMA BOTTLE.....	92	eptifibatide.....	28
EMBRACE GLUCOSE		ENHERTU.....	22	EQ BLOOD GLUCOSE TEST.....	54
CONTROL.....	54	enilloring.....	78	EQUETRO.....	31
EMBRACE LANCING		ENJAYMO.....	32	ERAXIS.....	19
DEVICE/EJECTOR.....	54	ENLITE GLUCOSE SENSOR.....	54	ERBITUX.....	23
EMBRACE PEN NEEDLES.....	92	enoxaparin sodium.....	14	ergocalciferol.....	66
EMBRACE PRO GLUCOSE		enpresse-28.....	78	ergoloid mesylates.....	92
CONTROL.....	54	enskyce.....	79	ERGOMAR.....	20
EMBRACE PRO GLUCOSE		ENSPRYNG.....	83	ergotamine-caffeine.....	20
METER.....	54	ENSTILAR.....	45	eribulin mesylate.....	23
EMBRACE PRO GLUCOSE		entacapone.....	27	ERIVEDGE.....	23
TEST.....	54	entecavir.....	29	ERLEADA.....	23
EMBRACE SEIZURE		ENTRESTO.....	35	erlotinib hcl.....	23
MONITORING SYS.....	92	ENTRISTAR PEG ENTERAL		ERMEZA.....	81
EMBRACE TALK BLOOD		CONNECT.....	92	errin.....	79
GLUCOSE.....	54	ENTYVIO.....	84	ertapenem sodium.....	11
EMBRACE TALK GLUCOSE		ENTYVIO PEN.....	84	ery pad 2%.....	45
CONTROL.....	54	enulose.....	71	ERYGEL.....	45
EMBRACE TALK GLUCOSE		ENVARUSUS XR.....	84	ERYPED 200.....	11
TEST.....	54	EOHILIA.....	87	ERYPED 400.....	11
EMBRACE TALK MONITORING		EPCLUSA.....	29	ERY-TAB.....	11
SYSTEM.....	54	EPHEDRINE SULFATE		ERYTHROCIN LACTOBIONATE.....	11
EMBRACE WAVE BLOOD		(PRESSORS).....	35	erythromycin.....	11, 45, 97
GLUCOSE.....	54	ephedrine sulfate (pressors).....	35	erythromycin base.....	11
EMBRACE WAVE GLUCOSE		EPHEDRINE SULFATE-NACL.....	35	erythromycin ethylsuccinate.....	11
METER.....	54	EPIDIOLEX.....	15	erythromycin lactobionate.....	11
EMEND.....	18	EPIDUO.....	45	ESBRIET.....	102
EMEND TRI-PACK.....	18	EPIDUO FORTE.....	45	escitalopram oxalate.....	17

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

esmolol hcl.....	36	EVOLUTION AUTOCODE.....	54	FENTANYL CITRATE.....	3
ESMOLOL HCL.....	36	EVOLUTION CONTROL.....	54	FENTANYL CITRATE-NACL.....	3
esmolol hcl-sodium chloride.....	36	EVOMELA.....	23	FEONYX.....	66
esomeprazole magnesium.....	70	EVOTAZ.....	29	FERAHEME.....	66
esomeprazole sodium.....	70	EVRYSDI.....	72	FERRIPROX.....	66
ESPEROCT.....	32	EXCILON AMD DRAIN		FERRLECIT.....	66
estarylla.....	79	SPONGES.....	92	ferumoxytol.....	66
estazolam.....	31	exemestane.....	23	FETROJA.....	11
ESTRACE.....	79	EXFORGE.....	36	FETZIMA.....	17
estradiol.....	79	EXFORGE HCT.....	36	FETZIMA TITRATION.....	17
estradiol valerate.....	79	EXODERM.....	19	FIASP.....	62
estradiol-norethindrone acet.....	79	EXONDYS 51.....	72	FIASP FLEXTOUCH.....	62
ESTRING.....	79	EXPAREL.....	7	FIASP PENFILL.....	62
ESTROGEL.....	79	EXTAVIA.....	41	FIASP PUMPCART.....	62
eszopiclone.....	105	EXTENCILLINE.....	11	FIBRYGA.....	32
ethacrynate sodium.....	36	EYLEA.....	100	FIFTY50 GLUCOSE METER 2.0.....	54
ethacrynic acid.....	36	EYLEA HD.....	100	FIFTY50 GLUCOSE TEST 2.0.....	54
ethambutol hcl.....	21	EYSUVIS.....	97	FILSPARI.....	73
ETHAMOLIN.....	36	ezetimibe.....	36	FILSUVEZ.....	45
ethosuximide.....	15	ezetimibe-simvastatin.....	36	FINACEA.....	45
ethyl chloride.....	7	FABHALTA.....	32	finasteride.....	74
ethynodiol diac-eth estradiol.....	79	FABIOR.....	45	FINAZOL.....	66
etodolac.....	6	FABRAZYME.....	72	fingolimod hcl.....	41
etodolac er.....	6	FACE MASK EARLOOP-STYLE.....	92	FINTEPLA.....	15
etonogestrel-ethinyl estradiol.....	79	FACE MASK RESP N-100 PART.....	92	finzala.....	79
ETOPOPHOS.....	23	FACE MASK RESPIRATOR R-		FIORICET.....	3
etoposide.....	23	95 PART.....	92	FIORICET/CODEINE.....	3
etravirine.....	29	falmina.....	79	FIRAZYR.....	84
EUA PATIENT ASSESSMENT.....	92	famciclovir.....	29	FIRDAPSE.....	92
EUCRISA.....	45	famotidine.....	70	FIRMAGON.....	76
EULEXIN.....	23	famotidine (pf).....	70	FIRMAGON (240 MG DOSE).....	76
euthyrox.....	81	famotidine premixed.....	70	FIRST-LANSOPRAZOLE.....	70
EVAMIST.....	79	FANAPT.....	28	FIRST-OMEPRAZOLE.....	70
EVEKEO.....	40	FANAPT TITRATION PACK.....	28	FIRVANQ.....	11
EVENITY.....	88	FARESTON.....	23	flac.....	100
everolimus.....	23, 84	FARXIGA.....	48	FLAREX.....	97
EVERSENSE 365		FASENRA.....	102	flavoxate hcl.....	73
SENSOR/HOLDER.....	54	FASENRA PEN.....	102	FLEBOGAMMA DIF.....	84
EVERSENSE 365 SMART		FASLODEX.....	23	flecainide acetate.....	36
TRANSMIT.....	54	febuxostat.....	20	FLECTOR.....	6
EVERSENSE E3		FEIBA.....	32	FLEQSUVY.....	105
SENSOR/HOLDER.....	54	felbamate.....	15	FLEXICHAMBER.....	92
EVERSENSE E3 SMART		felodipine er.....	36	FLEXICHAMBER ADULT	
TRANSMITTER.....	54	FEMRING.....	79	MASK/SMALL.....	92
EVERSENSE		fenofibrate.....	36	FLEXICHAMBER CHILD	
SENSOR/HOLDER.....	54	fenofibrate micronized.....	36	MASK/LARGE.....	92
EVERSENSE SMART		fenofibric acid.....	36	FLEXICHAMBER CHILD	
TRANSMITTER.....	54	FENSOLVI (6 MONTH).....	76	MASK/SMALL.....	92
EVISTA.....	77	fentanyl.....	3	FLOLAN.....	104
EVKEEZA.....	36	fentanyl citrate.....	3	FLOMAX.....	74

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

FLORAFOL PEDIATRIC.....	66	FOLAPRIME.....	66	FORA V10 BLOOD GLUCOSE	
FLORRAVITE.....	66	FOLCYTEINE.....	66	TEST.....	55
floxuridine.....	23	folic acid.....	66	FORA V10/V12/D10/D20 TEST....	55
fluconazole.....	19	FOLIFLEX.....	66	FORA V12 BLOOD GLUCOSE	
fluconazole in sodium chloride.....	19	FOLIKA-BC.....	66	SYSTEM.....	55
flucytosine.....	19	FOLITIN-Z.....	66	FORA V12 BLOOD GLUCOSE	
fludarabine phosphate.....	23	FOLLISTIM AQ.....	76	TEST.....	55
fludrocortisone acetate.....	75	FOLOTYN.....	23	FORA V20 BLOOD GLUCOSE	
flumazenil.....	92	FOLTREXYL.....	66	SYSTEM.....	55
flunisolide.....	101	fomepizole.....	92	FORA V20 BLOOD GLUCOSE	
fluocinolone acetonide.....	45, 100	fondaparinux sodium.....	14	TEST.....	55
fluocinolone acetonide body.....	45	FORA 6 CONNECT.....	54	FORA V30A BLOOD GLUCOSE	
fluocinolone acetonide scalp.....	45	FORA 6 CONNECT/GTEL TEST.....	54	SYSTEM.....	55
fluocinonide.....	45	FORA BLOOD GLUCOSE TEST.....	54	FORA V30A BLOOD GLUCOSE	
fluocinonide emulsified base.....	45	FORA CONTROL.....	54	TEST.....	55
FLUORIDEX.....	42	FORA D15G BLOOD GLUCOSE		FORACARE GD40 MONITOR.....	55
fluoridex daily renewal.....	42	TEST.....	54	FORACARE GD40 TEST.....	55
FLUORIDEX ENHANCED		FORA D20 BLOOD GLUCOSE		FORACARE GDH CONTROL.....	55
WHITENING.....	43	TEST.....	54	FORACARE PREMIUM V10.....	55
FLUORIMAX 5000.....	43	FORA D40/G31 BLOOD		FORACARE PREMIUM V10	
FLUORIMAX 5000 SENSITIVE....	43	GLUCOSE.....	54	TEST.....	55
fluorometholone.....	97	FORA D40G		FORACARE TEST N GO	
fluorouracil.....	23, 45	GLUCOSE/PRESSURE.....	92	MONITOR.....	55
fluoxetine hcl.....	17	FORA G20 BLOOD GLUCOSE		FORACARE TEST N GO TEST...	55
fluphenazine decanoate.....	28	SYSTEM.....	55	FORFIVO XL.....	17
fluphenazine hcl.....	28	FORA G20 BLOOD GLUCOSE		formaldehyde.....	92
flurazepam hcl.....	105	TEST.....	55	formoterol fumarate.....	103
flurbiprofen.....	6	FORA G30/PREM V10		FORTEO.....	88
flurbiprofen sodium.....	97	GLUCOSE TEST.....	55	FOSAMAX.....	88
FLUTICASONE FUROATE-		FORA G30A BLOOD GLUCOSE		fosamprenavir calcium.....	29
VILANTEROL.....	102	SYSTEM.....	55	fosaprepitant dimeglumine.....	18
fluticasone propionate.....	45, 101	FORA GD20 BLOOD GLUCOSE		foscarnet sodium.....	29
FLUTICASONE PROPIONATE		SYSTEM.....	55	FOSCAVIR.....	29
DISKUS.....	102	FORA GD20 TEST.....	55	fosfomycin tromethamine.....	11
FLUTICASONE PROPIONATE		FORA GD50 BLOOD GLUCOSE		fosinopril sodium.....	36
HFA.....	102	SYSTEM.....	55	fosinopril sodium-hctz.....	36
FLUTICASONE-SALMETEROL		FORA GD50 BLOOD GLUCOSE		fosphenytoin sodium.....	15
.....	102, 103	TEST.....	55	FOSRENOL.....	73
fluticasone-salmeterol.....	102	FORA GTEL BLOOD GLUCOSE		FOTIVDA.....	23
fluvoxamine maleate.....	17	SYSTEM.....	55	FRAGMIN.....	14
fluvoxamine maleate er.....	17	FORA GTEL BLOOD GLUCOSE		FRAICHE 5000 DENTAL.....	43
FLYP NEBULIZER.....	92	TEST.....	55	FREESTYLE CONTROL	
FML FORTE.....	97	FORA PREMIUM V10 BLE		SOLUTION.....	55
FML LIQUIFILM.....	97	SYSTEM.....	55	FREESTYLE FREEDOM LITE....	55
FOCALIN.....	40	FORA TEST N' GO MONITOR....	55	FREESTYLE INSULINX TEST....	55
FOCALIN XR.....	40	FORA TN'G ADVANCE PRO.....	55	FREESTYLE LIBRE 14 DAY	
FOCINVEZ.....	18	FORA TN'G VOICE.....	55	READER.....	55
FOLAGENT DHA.....	66	FORA TN'G/TN'G VOICE.....	55	FREESTYLE LIBRE 14 DAY	
FOLAMAX.....	66	FORA V10 BLOOD GLUCOSE		SENSOR.....	55
FOLAMED DHA.....	66	SYSTEM.....	55		

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

FREESTYLE LIBRE 2 PLUS			
SENSOR.....	55		
FREESTYLE LIBRE 2 READER..	55		
FREESTYLE LIBRE 2 SENSOR..	55		
FREESTYLE LIBRE 3 PLUS			
SENSOR.....	55		
FREESTYLE LIBRE 3 READER..	55		
FREESTYLE LIBRE 3 SENSOR..	55		
FREESTYLE LIBRE READER.....	56		
FREESTYLE LITE.....	56		
FREESTYLE LITE TEST.....	56		
FREESTYLE PRECISION NEO			
SYSTEM.....	56		
FREESTYLE PRECISION NEO			
TEST.....	56		
FREESTYLE TEST.....	56		
FRUZAQLA.....	23		
FULPHILA.....	32		
fulvestrant.....	23		
FUROSCIX.....	36		
furosemide.....	36		
FUROSEMIDE IN SODIUM			
CHLORIDE.....	36		
FUZEON.....	29		
FYARRO.....	23		
fyavolv.....	79		
FYCOMPA.....	15		
FYLNETRA.....	32		
fyremadel.....	76		
gabapentin.....	15		
gabapentin (once-daily).....	41		
GALAFOLD.....	72		
galantamine hydrobromide.....	16		
galantamine hydrobromide er.....	16		
gallifrey.....	79		
GALZIN.....	66		
GAMASTAN.....	84		
GAMIFANT.....	84		
GAMMACORE.....	92		
GAMMACORE SAPPHIRE 31-			
DAY.....	92		
GAMMACORE SAPPHIRE D.....	92		
GAMMACORE SAPPHIRE			
REFILL KIT.....	92		
GAMMAGARD.....	84		
GAMMAGARD S/D LESS IGA.....	84		
GAMMAKED.....	84		
GAMMAPLEX.....	84		
GAMUNEX-C.....	84		
GANCICLOVIR.....	29		
ganciclovir sodium.....	29		
ganirelix acetate.....	76		
gatifloxacin.....	97		
GATTEX.....	71		
gavilyte-c.....	71		
gavilyte-g.....	71		
gavilyte-n with flavor pack.....	71		
GAVRETO.....	23		
GAZYVA.....	23		
GE100 BLOOD GLUCOSE			
SYSTEM.....	56		
GE100 BLOOD GLUCOSE			
TEST.....	56		
GE100 CONTROL.....	56		
GEBAUERS PAIN EASE.....	7		
GEBAUERS SPRAY AND			
STRETCH.....	7		
gefitinib.....	23		
GELFILM.....	92		
GEL-FLOW NT.....	92		
GELFOAM.....	92		
GELFOAM COMPRESSED SIZE			
100.....	92		
GELFOAM DENTAL PACK SIZE			
4.....	92		
GELFOAM SPONGE.....	92		
GELFOAM SPONGE SIZE 100.....	92		
GELFOAM SPONGE SIZE 200.....	92		
GELFOAM SPONGE SIZE 50.....	92		
GELNIQUE.....	73		
GEL-ONE.....	92		
gemcitabine hcl.....	23		
gemfibrozil.....	36		
gemmily.....	79		
GEMTESA.....	73		
generlac.....	71		
gengraf.....	84		
GENOTROPIN.....	76		
GENOTROPIN MINIQUICK.....	76		
gentamicin in saline.....	11		
gentamicin sulfate.....	11, 98		
GENTEEL LANCING KIT (BLUE).....	56		
GENULTIMATE TEST.....	56		
GENVISC 850.....	92		
GENVOYA.....	29		
GEODON.....	28		
GHT BLOOD GLUCOSE			
MONITOR.....	56		
GHT TEST.....	56		
GILENYA.....	41		
GILOTRIF.....	23		
GIMOTI.....	18		
GLASSIA.....	103		
glatiramer acetate.....	41		
glatopa.....	41		
GLEEVEC.....	23		
GLEOSTINE.....	23		
glimepiride.....	48		
glipizide er.....	48		
glipizide ir.....	48		
glipizide xl.....	49		
glipizide-metformin hcl.....	49		
GLOPERBA.....	20		
glucagon emergency kit.....	62		
GLUCAGON EMERGENCY KIT..	62		
GLUCO PERFECT 3 METER.....	56		
GLUCO PERFECT 3 TEST.....	56		
GLUCOCARD 01 BLOOD			
GLUCOSE.....	56		
GLUCOCARD 01 CONTROL.....	56		
GLUCOCARD 01 SENSOR			
PLUS.....	56		
GLUCOCARD 01 TEST.....	56		
GLUCOCARD 01-MINI			
GLUCOSE.....	56		
GLUCOCARD EXPRESSION			
CONTROL.....	56		
GLUCOCARD EXPRESSION			
MONITOR.....	56		
GLUCOCARD EXPRESSION			
TEST.....	56		
GLUCOCARD SHINE.....	56		
GLUCOCARD SHINE CONNEX..	56		
GLUCOCARD SHINE			
CONTROL.....	56		
GLUCOCARD SHINE EXPRESS.....	56		
GLUCOCARD SHINE TEST.....	56		
GLUCOCARD SHINE XL.....	56		
GLUCOCARD VITAL MONITOR..	56		
GLUCOCARD VITAL TEST.....	56		
GLUCOCARD X-METER.....	56		
GLUCOCARD X-SENSOR.....	56		
GLUCOCARD X-SENSOR			
CONTROL.....	56		
GLUCOCOM BLOOD GLUCOSE			
MONITOR.....	56		
GLUCOCOM CONTROL.....	56		
GLUCOCOM MONITOR.....	56		
GLUCOCOM TEST.....	56		

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

GLUCONAVII BLOOD		HEMLIBRA.....	32
GLUCOSE SYS.....	56	HEMOPIL M.....	32
GLUCONAVII BLOOD		heparin (porcine) in nacl.....	14
GLUCOSE TEST.....	56	HEPARIN (PORCINE) IN NACL...	14
GLUCOSE CONTROL.....	56	heparin na (pork) lock flsh pf.....	14
GLUCOSE CONTROL		heparin sod (porcine) in d5w.....	14
SOLUTIONS.....	53	heparin sod (pork) lock flush.....	14
GLUCOSE METER TEST.....	56	heparin sodium (porcine).....	14
GLUCOTROL XL.....	49	heparin sodium (porcine) pf.....	14
GLUMETZA.....	49	HERCEPTIN.....	23
glutaraldehyde.....	92	HERCEPTIN HYLECTA.....	23
GLUTATHIONE.....	66	HERZUMA.....	23
glyburide.....	49	hetastarch-nacl.....	32
glyburide micronized.....	49	HETLIOZ.....	105
glyburide-metformin.....	49	HETLIOZ LQ.....	105
GLYCINE.....	66	HEXTEND.....	32
GLYCOPHOS.....	66	HIPREX.....	11
glycopyrrolate.....	71	HIZENTRA.....	84
GLYCOPYRROLATE.....	71	HM EMBRACE TALK SYSTEM....	57
glycopyrrolate pf.....	71	HOMATROPAIRE.....	100
GLYCOPYRROLATE PF.....	71	HORIZANT.....	41
glydo.....	7	HULIO (2 PEN).....	84
GLYRX-PF.....	71	HULIO (2 SYRINGE).....	84
GLYXAMBI.....	49	HUMALOG.....	62
GNP EASY TOUCH CONT		HUMALOG KWIKPEN.....	62
HIGH/LOW.....	56	HUMALOG MIX 50/50 KWIKPEN.	62
GNP EASY TOUCH GLUCOSE		HUMALOG MIX 50/50 VIAL.....	62
METER.....	56	HUMALOG MIX 75/25 KWIKPEN.	62
GNP EASY TOUCH GLUCOSE		HUMALOG MIX 75/25 VIAL.....	62
TEST.....	56	HUMALOG TEMPO PEN.....	62
GNP TRUE METRIX AIR		HUMALOG U-100 JUNIOR	
METER.....	57	KWIKPEN.....	62
GNP TRUE METRIX GLUCOSE		HUMATE-P.....	32
METER.....	57	HUMATIN.....	11
GNP TRUE METRIX GLUCOSE		HUMATROPE.....	76
STRIPS.....	57	HUMIRA (2 PEN).....	84
GNP TRUETRACK SMART		HUMIRA (2 SYRINGE).....	84
SYSTEM.....	57	HUMIRA-CD/UC/HS STARTER...	84
GNP TRUETRACK TEST		HUMIRA-PSORIASIS/UEVIT	
STRIPS.....	57	STARTER.....	84
GOCOVRI.....	27	HUMULIN 70/30 KWIKPEN.....	62
GOHIBIC.....	92	HUMULIN 70/30 VIAL.....	62
GOJJI BLOOD GLUCOSE TEST.	57	HUMULIN N KWIKPEN.....	62
GOJJI CONTROL.....	57	HUMULIN N VIAL.....	63
GOJJI LANCING		HUMULIN R U-500 KWIKPEN....	63
DEVICE/CLEAR CAP.....	57	HUMULIN R U-500 VIAL.....	63
GOLYTELY.....	71	HUMULIN R VIAL.....	63
GONAL-F.....	76	HW EMBRACE PRO GLUCOSE	
GONAL-F RFF.....	76	METER.....	57
GONAL-F RFF REDIRECT.....	76		
GOODSENSE BLOOD			
GLUCOSE.....	57		
GORDOFILM.....	45		
GRALISE.....	41		
granisetron hcl.....	18		
GRANIX.....	32		
GRASTEK.....	92		
griseofulvin microsize.....	19		
griseofulvin ultramicrosize.....	19		
guaifenesin-codeine.....	101		
guanfacine hcl.....	36		
guanfacine hcl er.....	40		
GUARDIAN 4 GLUCOSE			
SENSOR.....	57		
GUARDIAN 4 TRANSMITTER.....	57		
GUARDIAN CONNECT			
TRANSMITTER.....	57		
GUARDIAN LINK 3			
TRANSMITTER.....	57		
GUARDIAN SENSOR (3).....	57		
GUARDIAN SENSOR 3.....	57		
GVOKE HYPOPEN 1-PACK.....	62		
GVOKE HYPOPEN 2-PACK.....	62		
GVOKE KIT.....	62		
GVOKE PFS.....	62		
GYNAZOLE-1.....	19		
HADLIMA.....	84		
HADLIMA PUSH TOUCH.....	84		
hailey 1.5/30.....	79		
hailey 24 fe.....	79		
hailey fe 1.5/30.....	79		
hailey fe 1/20.....	79		
HALAVEN.....	23		
HALCION.....	31		
HALDOL DECANOATE.....	28		
halobetasol propionate.....	45		
haloette.....	79		
HALOG.....	46		
haloperidol.....	28		
haloperidol decanoate.....	28		
haloperidol lactate.....	28		
HARVONI.....	29		
HEALTHPRO BLOOD			
GLUCOSE MONITO.....	57		
heather.....	79		
HECTOROL.....	88		
HELIDAC THERAPY.....	71		
HEMADY.....	75		
HEMANGEOL.....	36		
hematinic/folic acid.....	66		

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

HW EMBRACE PRO GLUCOSE TEST.....	57	HYRIMOZ-CROHNS/UC STARTER.....	85	IMFINZI.....	23
HW EMBRACE TALK BLOOD GLUCOSE.....	57	HYRIMOZ-PED<40KG CROHN STARTER.....	85	imipenem-cilastatin.....	11
HW EMBRACE TALK GLUCOSE TEST.....	57	HYRIMOZ-PED>/=40KG CROHN START.....	85	imipramine hcl.....	17
HYALGAN.....	92	HYRIMOZ-PLAQ PSOR/UEIT START.....	85	imipramine pamoate.....	17
HYCAMTIN.....	23	HYRIMOZ-PLAQUE PSORIASIS START.....	85	imiquimod.....	46
HYCODAN.....	101	HYSINGLA ER.....	4	imiquimod pump.....	46
hydralazine hcl.....	36	HYZAAR.....	36	IMITREX.....	20
HYDREA.....	23	ibandronate sodium.....	88	IMITREX STATDOSE REFILL.....	20
hydrochlorothiazide.....	36	IBRANCE.....	23	IMITREX STATDOSE SYSTEM...	20
hydrocod poli-chlorphe poli er.....	101	IBSRELA.....	71	IMJUDO.....	23
hydrocodone bitartrate er.....	3	ibuprofen.....	6	IMMPHENTIV.....	36
hydrocodone bit-homatrop mbr...	101	ibuprofen lysine.....	6	IMPAVIDO.....	27
hydrocodone-acetaminophen.....	3, 4	ibuprofen-famotidine.....	6	IMPOYZ.....	46
hydrocodone-ibuprofen.....	4	ibuprofen-famotidine.....	6	IMURAN.....	85
hydrocortisone.....	46, 75, 87	ibutilide fumarate.....	36	IMVEXXY MAINTENANCE PACK.....	79
hydrocortisone (perianal).....	87	icatibant acetate.....	85	IMVEXXY STARTER PACK.....	79
hydrocortisone ace-pramoxine.....	87	iclevia.....	79	IN TOUCH.....	57
hydrocortisone butyrate.....	46	ICLUSIG.....	23	IN TOUCH BLOOD GLUCOSE TEST.....	57
hydrocortisone sod suc (pf).....	75	icosapent ethyl.....	36	IN TOUCH GLUCOSE CONTROL.....	57
hydrocortisone valerate.....	46	IDACIO (2 PEN).....	85	INBRIJA.....	27
hydrocortisone-acetic acid.....	100	IDACIO (2 SYRINGE).....	85	incassia.....	79
hydrogen peroxide.....	11	IDACIO-CROHNS/UC STARTER.....	85	INCONTROL ULTICARE PEN NEEDLES.....	92
hydromet.....	101	IDACIO-PSORIASIS STARTER...	85	INCRELEX.....	76
hydromorphone hcl.....	4	IDAMYCIN PFS.....	23	INCRUSE ELLIPTA.....	103
HYDROMORPHONE HCL.....	4	idarubicin hcl.....	23	indapamide.....	36
hydromorphone hcl er.....	4	IDELVION.....	32	INDERAL LA.....	36
hydromorphone hcl pf.....	4	IDHIFA.....	23	INDERAL XL.....	36
HYDROMORPHONE HCL-NACL...	4	IFEX.....	23	indomethacin.....	6
hydroxocobalamin acetate.....	66	ifosfamide.....	23	indomethacin er.....	6
hydroxychloroquine sulfate.....	27	IGALMI.....	92	indomethacin sodium.....	6
hydroxyurea.....	23	IGLUCOSE MONITORING SYSTEM.....	57	INFASURF.....	101
hydroxyzine hcl.....	31	IGLUCOSE TEST STRIPS.....	57	INFED.....	66
hydroxyzine pamoate.....	31	IHEALTH BLOOD GLUCOSE TEST STR.....	57	INFINITY BLOOD GLUCOSE SYSTEM.....	57
HYFTOR.....	46	IHEALTH CONTROL SOLUTION.....	57	INFINITY BLOOD GLUCOSE TEST.....	57
HYLAVITE.....	66	IHEALTH GLUCO+ KIT 10.....	57	INFINITY CONTROL.....	57
HYLAZINC.....	66	IHEALTH GLUCO+ KIT 100.....	57	INFINITY VOICE.....	57
HYLENEX.....	92	IHEALTH LANCING DEVICE.....	57	INFLECTRA.....	85
HYMOVIS.....	92	ILARIS.....	85	INFLIXIMAB.....	85
hyoscyamine sulfate.....	71	ILEVRO.....	98	INFUMORPH 200.....	4
hyoscyamine sulfate er.....	71	ILUMYA.....	85	INFUMORPH 500.....	4
hyosyne.....	71	imatinib mesylate.....	23	INGREZZA.....	42
HYPERRHO S/D.....	84	IMBRUVICA.....	23	INJECTAFER.....	66
HYPERSAL.....	101	IMCIVREE.....	41	INLYTA.....	23
HYPOCYN ANTIPRURITIC.....	46	IMDELLTRA.....	23	INNOPRAN XL.....	36
HYQVIA.....	84				
HYRIMOZ.....	84, 85				

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

INPEFA.....	36	INVOKANA.....	49	JENTADUETO.....	49
INPEN 100-BLUE-LILLY- HUMALOG.....	57	iodine strong.....	66	JENTADUETO XR.....	49
INPEN 100-GREY-LILLY- HUMALOG.....	57	iodine tincture.....	11	JESDUVROQ.....	32
INPEN 100-PINK-LILLY- HUMALOG.....	57	IOPIDINE.....	99	JEVTANA.....	23
INQOVI.....	23	ipratropium bromide.....	101, 103	jinteli.....	79
INREBIC.....	23	ipratropium-albuterol.....	103	JIVI.....	32
INSPIREASE RESERVOIR BAGS.....	92	irbesartan.....	36	JOENJA.....	85
INSTAT.....	92	irbesartan-hydrochlorothiazide.....	36	jolessa.....	79
INSUFLON.....	92	IRESSA.....	23	JORNAY PM.....	40
INSULIN ASP PROT & ASP FLEXPEN.....	63	irinotecan hcl.....	23	joyeaux.....	79
INSULIN ASPART.....	63	ISENTRESS.....	30	J-TIP KIT W/MIAL ADAPTERS.....	93
INSULIN ASPART FLEXPEN.....	63	ISENTRESS HD.....	30	JUBLIA.....	19
INSULIN ASPART PENFILL.....	63	isibloom.....	79	juleber.....	79
INSULIN ASPART PROT & ASPART.....	63	isoniazid.....	21	JULUCA.....	30
INSULIN DEGLUDEC.....	63	isoproterenol hcl.....	103	junel 1.5/30.....	79
INSULIN DEGLUDEC FLEXTOUCH.....	63	ISORDIL TITRADOSE.....	36	junel 1/20.....	79
INSULIN GLARGINE MAX SOLOSTAR.....	63	isosorb dinitrate-hydralazine.....	36	junel fe 1.5/30.....	79
INSULIN GLARGINE SOLOSTAR.....	63	isosorbide dinitrate.....	36	junel fe 1/20.....	79
INSULIN GLARGINE-YFGN.....	63	isosorbide mononitrate.....	36	junel fe 24.....	79
INSULIN LISPRO.....	63	isosorbide mononitrate er.....	36	JUST RIGHT 5000.....	43
INSULIN LISPRO (1 UNIT DIAL)..	63	isotretinoin.....	46	JUXTAPID.....	36
INSULIN LISPRO JUNIOR		isradipine.....	36	JYLAMVO.....	85
KWIKPEN.....	63	ISTALOL.....	99	JYNARQUE.....	66
INSULIN LISPRO PROT & LISPRO.....	63	ISTODAX.....	23	KABIVEN.....	66
INSULIN PEN NEEDLES.....	93, 96	ISTURISA.....	76	KADCYLA.....	23
INSULIN SYRINGES.....	63	itraconazole.....	19	kaitlib fe.....	79
INTELENCE.....	30	IV ADMINISTRATION SET.....	93	KALBITOR.....	85
INTERCEED.....	93	IV EXTENSION SET.....	93	KALETRA.....	30
INTERCEED (TC7).....	93	ivabradine hcl.....	36	kalliga.....	79
INTRALIPID.....	66	ivermectin.....	27, 46	KALYDECO.....	104
INTRAROSA.....	73	IWILFIN.....	93	KANGAROO BALLOON 20FR/3.5CM.....	93
introvale.....	79	IXEMPRA KIT.....	23	KANGAROO FEEDING SET/ENFIT.....	93
INTUNIV.....	40	IXINITY.....	32	KANGAROO GASTROSTOMY TUBE.....	93
INVEGA.....	28	IYUZEH.....	99	KANGAROO GRAVITY FEEDING BAG.....	93
INVEGA HAFYERA.....	28	IZERVAY.....	100	KANGAROO JOEY ENTERAL PUMP.....	93
INVEGA SUSTENNA.....	28	jaimiess.....	79	KANGAROO MULTI- FUNCTIONAL PORT.....	93
INVEGA TRINZA.....	28	JAKAFI.....	23	KANGAROO STOMA MEASURING DEV.....	93
INVELTYS.....	98	jantoven.....	14	KANJINTI.....	23
INVOKAMET.....	49	JANUMET.....	49	KANUMA.....	72
INVOKAMET XR.....	49	JANUMET XR.....	49	KAPSPARGO SPRINKLE.....	36
		JANUVIA.....	49	KARAYA GUM.....	93
		JARDIANCE.....	49	kariva.....	79
		jasmiel.....	79	KATERZIA.....	36
		JATENZO.....	76		
		JAVYGTOR.....	72		
		JAYPIRCA.....	23		
		JEMPERLI.....	23		
		jencycla.....	79		
		JENLIVA			
		PRENATAL/POSTNATAL.....	66		

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY
LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

KCENTRA.....	32	KLOXXADO.....	9	LAMPIT.....	27
kelnor 1/35.....	79	KOATE.....	32	LANCETS.....	58
kelnor 1/50.....	79	KOATE-DVI.....	32	LANCETS SUPER THIN.....	58
KENALOG.....	46	KOGENATE FS.....	32	LANOXIN.....	37
KENALOG-10.....	75	KONVOMEF.....	70	LANOXIN PEDIATRIC.....	37
KENALOG-40.....	75	KORLYM.....	77	lanreotide acetate.....	76
KENALOG-80.....	75	KORSUVA.....	93	lansoprazole.....	70
KENDALL SCD EXPRESS FOOT CUFF.....	93	KOSELUGO.....	24	lanthanum carbonate.....	73
KENGREAL.....	28	kourzeq.....	43	LANTUS SOLOSTAR.....	63
KEPIVANCE.....	43	KOVALTRY.....	32	LANTUS U-100 VIAL.....	63
KEPPRA.....	15	K-PHOS.....	66	lapatinib ditosylate.....	24
KEPPRA XR.....	15	k-prime.....	66	larin 1.5/30.....	79
KERALYT.....	46	KRAZATI.....	24	larin 1/20.....	79
KERENDIA.....	93	KRINTAFEL.....	27	larin 24 fe.....	79
KERLIX AMD ANTIMICROBIAL... 93		KROGER BLOOD GLUCOSE.....	57	larin fe 1.5/30.....	79
KERLIX AMD SUPER SPONGES.....	93	KROGER BLOOD GLUCOSE TEST.....	57	larin fe 1/20.....	79
KESIMPTA.....	41	KROGER HEALTHPRO CONTROL HI/LO.....	57	LASIX.....	37
ketoconazole.....	19	KROGER HEALTHPRO GLUCOSE TEST.....	58	latanoprost.....	99
KETO-DIASTIX.....	57	KROGER PREMIUM BLOOD GLUCOSE.....	58	LATEX GLOVES MEDIUM.....	93
KETONE CARE.....	57	KROGER PREMIUM GLUCOSE TEST.....	58	LATISSE.....	100
KETONE TEST.....	57	K-TAB.....	66	LATUDA.....	28
ketoprofen.....	6	kurvelo.....	79	layolis fe.....	79
ketorolac tromethamine.....	6, 98	KUVAN.....	72	LEDIPASVIR-SOFOSBUVIR.....	30
KETOROLAC TROMETHAMINE... 6		KYPROLIS.....	24	leena.....	79
KETOSTIX.....	57	L.E.T.....	7	leflunomide.....	85
KEVEYIS.....	99	L.E.T. (RACEPINEPHRINE).....	7	LEMTRADA.....	41
KEVZARA.....	85	LABETALOL HCL.....	36, 37	lenalidomide.....	24
KEYLOSA.....	66	labetalol hcl.....	36	LENTOCILIN.....	11
KEYTRUDA.....	24	lacosamide.....	15	LENVIMA.....	24
KHAPZORY.....	24	lactic acid.....	46	LEQEMBI.....	16
KIMMTRAK.....	24	lactic acid e.....	46	LEQVIO.....	37
KIMYRSA.....	11	lactulose.....	71	LESCOL XL.....	37
KINERET.....	85	lactulose encephalopathy.....	71	lessina.....	79
KIONEX.....	66	LAGEVRIO.....	30	LETAIRIS.....	104
KISQALI (200 MG DOSE).....	24	LAMICTAL.....	15	letrozole.....	24
KISQALI (400 MG DOSE).....	24	LAMICTAL ODT.....	15	leucovorin calcium.....	24
KISQALI (600 MG DOSE).....	24	LAMICTAL STARTER.....	15	LEUKERAN.....	24
KITABIS PAK.....	104	LAMICTAL XR.....	15	LEUKINE.....	32
KLARON.....	46	lamivudine.....	30	leuprolide acetate.....	76
klayesta.....	19	lamivudine-zidovudine.....	30	LEUPROLIDE ACETATE (3 MONTH).....	76
KLISYRI (250 MG).....	46	lamotrigine.....	15	LEUPROLIDE ACETATE- BUPIVACAINE.....	76
KLISYRI (350 MG).....	46	lamotrigine er.....	15	levabuterol hcl.....	103
KLONOPIN.....	31	lamotrigine starter kit-blue.....	15	LEVALBUTEROL HFA.....	103
klor-con.....	66	lamotrigine starter kit-green.....	15	LEVAMLODIPINE MALEATE.....	37
klor-con 10.....	66	lamotrigine starter kit-orange.....	15	LEVEMIR U-100 VIAL.....	63
klor-con m10.....	66			levetiracetam.....	15
klor-con m15.....	66			levetiracetam er.....	15
klor-con m20.....	66			levetiracetam in nacl.....	15

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY
LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

levobunolol hcl.....	99	LIDOCAINE IN D5W.....	7	LOESTRIN FE 1.5/30.....	80
LEVOCARNITINE.....	66	lidocaine in d5w.....	7	LOESTRIN FE 1/20.....	80
levocarnitine.....	66	lidocaine viscous hcl.....	43	lofexidine hcl.....	9
levocarnitine sf.....	66	LIDOCAINE(BUFFERD)-		LOFRIC PRIMO NELATON	
levocetirizine dihydrochloride.....	101	EPINEPHRINE.....	7	CATHETER.....	93
levofloxacin.....	11, 98	lidocaine-epinephrine.....	8	lojaimiess.....	80
levofloxacin in d5w.....	11	LIDOCAINE-EPINEPHRINE (3		LOKELMA.....	66
levoleucovorin calcium.....	24	ML).....	7	LOMAIRA.....	42
levoleucovorin calcium pf.....	24	LIDOCAINE-EPINEPHRINE (PF)...	8	LOMOTIL.....	71
levonest.....	79	lidocaine-epinephrine (pf).....	8	LONSURF.....	24
levonorgest-eth est & eth est.....	79	lidocaine-prilocaine.....	8	LOOP.....	93
levonorgest-eth estrad 91-day.....	79	LIDOCAINE-SODIUM		loperamide hcl.....	71
levonorgest-eth estradiol-iron.....	79	BICARBONATE.....	8	LOPID.....	37
levonorgestrel-ethinyl estrad.....	79	LIDOCAN.....	8	lopinavir-ritonavir.....	30
levonorg-eth estrad triphasic.....	79	LIDODERM.....	8	LOPRESSOR.....	37
LEVOPHED.....	37	LIDO-RACEPINEPHRINE-		LOQTORZI.....	24
levora 0.15/30 (28).....	80	TETRACAINE.....	8	lorazepam.....	31
levo-t.....	81	LIKMEZ.....	11	lorazepam intensol.....	31
levothyroxine sodium.....	81	LINCOCIN.....	11	LORBRENA.....	24
LEVOTHYROXINE SODIUM.....	81	lincomycin hcl.....	11	LOREEV XR.....	31
levoxyl.....	81	linezolid.....	11	loryna.....	80
LEVULAN KERASTICK.....	46	linezolid in sodium chloride.....	11	losartan potassium.....	37
LEXAPRO.....	17	LINZESS.....	71	losartan potassium-hctz.....	37
LEXETTE.....	46	liothyronine sodium.....	81	LOTEMAX.....	98
l-glutamine.....	93	LIPITOR.....	37	LOTEMAX SM.....	98
LIALDA.....	87	LIPO.....	66	LOTENSIN.....	37
LIBERTY BLOOD GLUCOSE		LIPO-C.....	66	LOTENSIN HCT.....	37
METER.....	58	LIRAGLUTIDE.....	49	loteprednol etabonate.....	98
LIBERTY GLUCOSE CONTROL..	58	lisdexamfetamine dimesylate.....	40	LOTREL.....	37
LIBERTY GLUCOSE CONTROL		lisinopril.....	37	lovastatin.....	37
MID.....	58	lisinopril-hydrochlorothiazide.....	37	LOVAZA.....	37
LIBERTY NEXT GENERATION		LITFULO.....	46	LOVENOX.....	14
TEST.....	58	lithium.....	31	low-ogestrel.....	80
LIBERTY NXT GENERATION		lithium carbonate.....	31	loxapine succinate.....	28
MONITOR.....	58	lithium carbonate er.....	31	lo-zumandimine.....	80
LIBERTY TEST.....	58	LITHOBID.....	31	lubiprostone.....	71
LIBERVANT.....	15	LITHOSTAT.....	73	LUCEMYRA.....	9
LIBTAYO.....	24	LIVALO.....	37	LUCENTIS.....	100
LICART.....	6	LIVITA ADULTS.....	66	LUGOLS STRONG IODINE.....	11
lidocaine.....	7	LIVITA CHILDREN.....	66	LUMAKRAS.....	24
lidocaine hcl.....	7	LIVMARLI.....	93	LUMIGAN.....	99
LIDOCAINE HCL.....	7	LIVTENCITY.....	30	LUMIZYME.....	72
LIDOCAINE HCL (BUFFERED).....	7	LMD IN D5W.....	32	LUMRYZ.....	105
LIDOCAINE HCL (CARDIAC).....	7	LMD IN NACL.....	32	LUMRYZ STARTER PACK.....	105
lidocaine hcl (cardiac).....	7	L-MESITRAN SOFT WOUND.....	46	LUNESTA.....	105
lidocaine hcl (cardiac) pf.....	7	LO LOESTRIN FE.....	80	LUNSUMIO.....	24
lidocaine hcl (pf).....	7	LODINE.....	6	LUPKYNIS.....	85
lidocaine hcl urethral/mucosal.....	7	LODOCO.....	37	LUPRON DEPOT (1-MONTH).....	76
LIDOCAINE HCL-		LOESTRIN 1.5/30 (21).....	80	LUPRON DEPOT (3-MONTH).....	77
OXYMETAZOLINE.....	101	LOESTRIN 1/20 (21).....	80		

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

LUPRON DEPOT (4-MONTH)		
INTRAMUSCULAR KIT 30MG.....	77	
LUPRON DEPOT (6-MONTH)		
INTRAMUSCULAR KIT 45MG.....	77	
LUPRON DEPOT-PED (1-MONTH)		
.....	77	
LUPRON DEPOT-PED (3-MONTH)		
.....	77	
LUPRON DEPOT-PED (6-MONTH)		
.....	77	
lurasidone hcl.....	28	
lutera.....	80	
LUXAMEND.....	46	
LYBALVI.....	28	
lyleq.....	80	
lyllana.....	80	
LYNPARZA.....	24	
LYRICA.....	42	
LYRICA CR.....	42	
LYSINE HCL.....	66	
LYSODREN.....	24	
LYTGOBI (12 MG DAILY DOSE)	24	
LYTGOBI (16 MG DAILY DOSE)	24	
LYTGOBI (20 MG DAILY DOSE)	24	
LYUMJEV KWIKPEN.....	63	
LYUMJEV TEMPO PEN.....	63	
LYUMJEV VIAL.....	63	
LYVISPAH.....	105	
lyza.....	80	
MACROBID.....	11	
MACRODANTIN.....	11	
mafenide acetate.....	11	
magnesium chloride.....	67	
magnesium sulfate.....	67	
magnesium sulfate in d5w.....	67	
MAGNESIUM SULFATE-NACL.....	67	
MALARONE.....	27	
malathion.....	27	
MANGANESE CHLORIDE.....	67	
mannitol.....	37	
maraviroc.....	30	
MARCAINE.....	8	
MARCAINE PRESERVATIVE		
FREE.....	8	
MARCAINE/EPINEPHRINE.....	8	
MARCAINE/EPINEPHRINE PF.....	8	
MARGENZA.....	24	
MARINOL.....	18	
marlissa.....	80	
MARPLAN.....	17	
MATULANE.....	24	
MAVENCLAD.....	41	
MAVYRET.....	30	
MAXALT.....	20	
MAXALT-MLT.....	20	
MAXIDEX.....	98	
MAXITROL.....	98	
maxi-tuss ac.....	101	
MAYZENT.....	41	
MAYZENT STARTER PACK.....	41	
MC 300 W/UNIVERSAL TUBING.....	93	
MC 300-MOUTHPIECE.....	93	
meclizine hcl.....	18	
MEDI TAB.....	67	
MEDICAL COMPRESSION		
STOCKINGS.....	93	
MEDIHONEY WOUND/BURN		
DRESSING.....	46	
MEDISENSE GLUCOSE		
KETONE CONTR.....	58	
MEDISENSE HI/MID/LOW		
CONTROL.....	58	
MEDNEB NEB-WITH DISPO		
NEB KIT.....	93	
MEDROL.....	75	
medroxyprogesterone acetate.....	80	
mefloquine hcl.....	27	
megestrol acetate.....	80	
MEIJER BLOOD GLUCOSE.....	58	
MEIJER BLOOD GLUCOSE		
TEST.....	58	
MEIJER ESSENTIAL BLOOD		
GLUCOSE.....	58	
MEIJER ESSENTIAL GLUCOSE		
TEST.....	58	
MEIJER PREMIUM BLOOD		
GLUCOSE.....	58	
MEIJER TRUE2GO BLOOD		
GLUCOSE.....	58	
MEIJER TRUERESULT		
GLUCOSE SYS.....	58	
MEIJER TRUETEST TEST.....	58	
MEIJER TRUETRACK		
GLUCOSE SYS.....	58	
MEIJER TRUETRACK TEST.....	58	
MEKINIST.....	24	
MEKTOVI.....	24	
meloxicam.....	6	
melphalan hcl.....	24	
memantine hcl.....	16	
memantine hcl er.....	16	
MENATROL.....	67	
MENEST.....	80	
MENOPUR.....	77	
MENOSTAR.....	80	
meperidine hcl.....	4	
MEPILEX AG.....	46	
meprobamate.....	31	
MEPRON.....	27	
MEPSEVII.....	72	
mercaptopurine.....	24	
meropenem.....	11	
MEROPENEM-SODIUM		
CHLORIDE.....	11	
merzee.....	80	
mesalamine.....	87	
mesalamine er.....	87	
mesalamine-cleanser.....	87	
mesna.....	24	
MESNEX.....	24	
MESTINON.....	20	
METADATE CD.....	40	
metformin hcl er.....	49	
metformin hcl er (mod).....	49	
metformin hcl er (osm).....	49	
metformin hcl ir.....	49	
methadone hcl.....	4	
methadone hcl intensol.....	4	
METHADONE HCL-NACL.....	4	
METHADONE HCL-SODIUM		
CHLORIDE.....	4	
METHADOSE.....	4	
methadose.....	4	
METHADOSE SUGAR-FREE.....	4	
methazolamide.....	99	
methenamine hippurate.....	11	
methergine.....	93	
methimazole.....	81	
METHITEST.....	76	
methocarbamol.....	105	
methotrexate sodium.....	85	
methotrexate sodium (pf).....	86	
methoxsalen rapid.....	46	
methscopolamine bromide.....	71	
methsuximide.....	15	
METHYLCOBALAMIN.....	67	
METHYLDOPA.....	37	
methylene blue.....	93	
methylergonovine maleate.....	93	
METHYLIN.....	40	

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

methylphenidate hcl.....	40	MICRONEB.....	93	MONOJECT MONODOSE ORAL	
methylphenidate hcl er.....	40	midodrine hcl.....	37	MED SYR.....	93
methylphenidate hcl er (cd).....	40	MIEBO.....	100	MONOJECT SODIUM	
methylphenidate hcl er (la).....	40	MIFEPREX.....	77	CHLORIDE FLUSH.....	67
methylphenidate hcl er (osm).....	40	mifepristone.....	77	mono-lyyah.....	80
methylphenidate hcl er (xr).....	40	MIGERGOT.....	20	MONOVISC.....	93
methylprednisolone.....	75	miglitol.....	49	montelukast sodium.....	103
METHYLPREDNISOLONE		miglustat.....	72	MORPHINE SULFATE.....	4
ACETATE.....	75	mili.....	80	morphine sulfate.....	4, 5
methylprednisolone acetate.....	75	milrinone lactate.....	37	morphine sulfate (concentrate).....	4
methylprednisolone sodium succ..	75	milrinone lactate in dextrose.....	37	morphine sulfate (pf).....	4
METHYLPREDNISOLONE-		mimvey.....	80	morphine sulfate er.....	4
BUPIVACAINE.....	75	mineral oil heavy.....	71	morphine sulfate er beads.....	4
metoclopramide hcl.....	18	MINOCIN.....	11	MORPHINE SULFATE-NACL.....	5
metolazone.....	37	minocycline hcl.....	11	MOTEGRITY.....	71
metoprolol succinate er.....	37	MINOLIRA.....	11	MOTOFEN.....	71
metoprolol tartrate.....	37	minoxidil.....	37	MOTPOLY XR.....	15
metoprolol-hydrochlorothiazide.....	37	mirabegron er.....	73	MOUNJARO.....	49
METROCREAM.....	46	MIRCERA.....	32	MOVANTIK.....	71
METROGEL.....	46	MIROTRACT WOUND MATRIX...	46	MOVIPREP.....	71
METROLOTION.....	46	mirtazapine.....	17	MOXIFLOXACIN HCL.....	12
metronidazole.....	11, 46	MIRVASO.....	46	moxifloxacin hcl.....	12, 98
metyrosine.....	37	misoprostol.....	70	moxifloxacin hcl (2x day).....	98
mexiletine hcl.....	37	MITIGARE.....	20	moxifloxacin hcl in nacl.....	11
MI PASTE.....	43	mitigo.....	4	MOZOBIL.....	32
MI PASTE PLUS.....	43	mitomycin.....	24	MS CONTIN.....	5
MIACALCIN.....	88	MITOSOL.....	98	MUCOTROL.....	93
mibelas 24 fe.....	80	mitoxantrone hcl.....	24	MULPLETA.....	32
micafungin sodium.....	19	MI-VITE RX.....	67	MULTAQ.....	37
MICAFUNGIN SODIUM-NACL.....	19	MM BLOOD GLUCOSE		MULTIPRO.....	67
MICARDIS.....	37	SYSTEM.....	58	MULTITOL-M.....	67
MICARDIS HCT.....	37	MM BLOOD GLUCOSE		MULTI-VIT-FLOR.....	67
miconazole 3.....	19	SYSTEM REFILL.....	58	MULTRYs.....	67
MICRHOGAM ULTRA-		MM BLULINK GLUCOSE MONIT		mupirocin.....	12
FILTERED PLUS.....	86	SYS.....	58	mutamycin.....	24
MICROAIR VIBRATING MESH		MM BLULINK GLUCOSE TEST...	58	MVASI.....	24
NEBUL.....	93	MM EASY TOUCH GLUCOSE.....	58	MYALEPT.....	72
MICROCHAMBER.....	93	MM EASY TOUCH GLUCOSE		MYCAMINE.....	19
MICROCYN.....	46	METER.....	58	MYCAPSSA.....	77
MICRODOT BLOOD GLUCOSE		modafinil.....	105	mycophenolate mofetil.....	86
SYSTEM.....	58	moexipril hcl.....	37	mycophenolate mofetil hcl.....	86
MICRODOT CONTROL		molindone hcl.....	28	mycophenolate sodium.....	86
HIGH/LOW.....	58	mometasone furoate.....	46, 101	mycophenolic acid.....	86
MICRODOT TEST.....	58	MONARCH ETNS SYSTEM.....	93	MYDAYIS.....	40
microgestin 1.5/30.....	80	mondoxyne nl.....	11	MYFEMBREE.....	80
microgestin 1/20.....	80	MONJUVI.....	24	MYFORTIC.....	86
microgestin fe 1.5/30.....	80	MONOFERRIC.....	67	MYGLUCOHEALTH BLOOD	
microgestin fe 1/20.....	80	MONOJECT FLUSH SYRINGE...	67	GLUCOSE.....	58
MICROLET NEXT LANCING		MONOJECT HYPODERMIC		MYGLUCOHEALTH CONTROL...	58
DEVICE.....	58	NEEDLE.....	93	MYGLUCOHEALTH TEST.....	58

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

MYLERAN.....	24	nelarabine.....	24	NICADAN.....	67
MYLOTARG.....	24	NEOKE ALCAR.....	67	nicardipine hcl.....	37
MYOBLOC.....	93	NEOKE RA LIPOIC.....	94	NICARDIPINE HCL IN NAACL.....	37
MYRBETRIQ.....	73	neomycin sulfate.....	12	NICAZEL.....	67
MYTESI.....	71	neomycin-bacitracin zn-polymyx.....	100	NICAZEL FORTE.....	67
MYXRDLIN.....	63	neomycin-polymyxin-dexameth.....	98	NICOMIDE.....	67
na ferric gluc cplx in sucrose.....	67	neomycin-polymyxin-gramicidin.....	100	NICOTROL.....	9
na sulfate-k sulfate-mg sulf.....	71	neomycin-polymyxin-hc.....	98, 100	NICOTROL NS.....	9
nabumetone.....	6	NEONATAL PN STARTER		nifedipine.....	37
nadolol.....	37	(HEPARIN).....	67	nifedipine er.....	37
naftillin sodium.....	12	NEONATAL PN STARTER BAG.....	67	nifedipine er osmotic release.....	37
NAFCILLIN SODIUM IN		NEONATAL PN STARTER		nikki.....	80
DEXTROSE.....	12	BAG(W HEP).....	67	NILANDRON.....	24
naftifine hcl.....	19	neo-polycin.....	100	nilutamide.....	24
NAGLAZYME.....	72	neo-polycin hc.....	100	nimodipine.....	37
nalbuphine hcl.....	5	NEOPROFEN.....	6	NINLARO.....	24
NALFON.....	6	NEORAL.....	86	NIPENT.....	24
NALMEFENE HCL.....	9	neostigmine methylsulfate.....	21	nitazoxanide.....	27
naloxone hcl.....	9	NEOSTIGMINE		NITHIODOLE.....	94
naltrexone hcl.....	9	METHYLSULFATE.....	21	nitisinone.....	72
NAMZARIC.....	16	NEO-SYNALAR.....	46	NITRILE GLOVES LARGE.....	94
naproxen.....	6	NEO-VITAL RX.....	67	NITRIVIA.....	67
naproxen sodium.....	6	NERIVIO.....	94	NITRO-BID.....	37
naratriptan hcl.....	20	NERLYNX.....	24	NITROFURANTOIN.....	12
NARCAN.....	9	NESACAINE.....	8	nitrofurantoin macrocrystal.....	12
NARDIL.....	17	NESACAINE-MPF.....	8	nitrofurantoin monohydrate	
NAROPIN.....	8	NESTABS DHA.....	67	macrocrystals.....	12
NASCOBAL.....	67	NESTABS ONE.....	67	nitroglycerin.....	37
NATACYN.....	98	neuac.....	46	nitroglycerin in d5w.....	37
NATAL PNV.....	67	NEULASTA.....	32	NITROLINGUAL.....	37
NATAZIA.....	80	NEULASTA ONPRO.....	32	nitroprusside sodium.....	37
nateglinide.....	49	NEUPOGEN.....	32	NITROSTAT.....	37
NATESTO.....	76	NEUPRO.....	27	NITYR.....	72
NATROBA.....	27	NEURONTIN.....	15	NIVA THYROID.....	81
NAYZILAM.....	15	NEUTEK 2TEK CONTROL.....	58	NIVESTYM.....	32
NEB 200 COMPRESSOR		NEUTEK 2TEK TEST.....	58	nizatidine.....	70
NEBULIZER.....	93	NEVANAC.....	98	NOBELA.....	8
nebivolol hcl.....	37	nevirapine.....	30	NOCDURNA.....	77
NEB-RITE4.....	93	nevirapine er.....	30	NOLIRA.....	8
NEBULIZER MASK ADULT.....	93	NEXAVAR.....	24	nora-be.....	80
NEBULIZER MASK CHILD.....	93	NEXAVIR.....	94	NORDIPEN 5 INJECTION	
NEBULIZER PED FROG.....	93	NEXIUM.....	70	DEVICE.....	94
NEBULIZER PED FROG KIT.....	93	NEXIUM I.V.....	70	NORDITROPIN FLEXPRO.....	77
NEBULIZER SYSTEM ALL-IN-		NEXLETOL.....	37	norelgestromin-eth estradiol.....	80
ONE.....	94	NEXLIZET.....	37	norepinephrine bitartrate.....	37
NEBUPENT.....	27	NEXTERONE.....	37	NOREPINEPHRINE	
NEBUSAL.....	101	NEXTSTELLIS.....	80	BITARTRATE.....	37
necon 0.5/35 (28).....	80	NEXVIAZYME.....	72	NOREPINEPHRINE-DEXTROSE.....	37
NEEVO DHA.....	67	NGENLA.....	77	NOREPINEPHRINE-SODIUM	
nefazodone hcl.....	17	niacin er (antihyperlipidemic).....	37	CHLORIDE.....	38

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

norethin ace-eth estrad-fe.....	80	NOVOLIN R FLEXPEN.....	63	OB COMPLETE PETITE.....	67
norethindrone.....	80	NOVOLIN R FLEXPEN RELION..	63	OB COMPLETE PREMIER.....	67
norethindrone acetate.....	80	NOVOLIN R RELION.....	64	OBIZUR.....	32
norethindrone acet-ethinyl est.....	80	NOVOLIN R VIAL.....	64	OCALIVA.....	72
norethindrone-eth estradiol.....	80	NOVOLOG 70/30 FLEXPEN		ocella.....	80
norethindron-ethinyl estrad-fe.....	80	RELION.....	64	OCREVUS.....	41
norethin-eth estradiol-fe.....	80	NOVOLOG FLEXPEN.....	64	OCTAGAM.....	86
NORGESIC.....	105	NOVOLOG FLEXPEN RELION...	64	octreotide acetate.....	77
NORGESIC FORTE.....	105	NOVOLOG MIX 70/30 FLEXPEN.	64	OCUFLOX.....	98
norgestimate-eth estradiol.....	80	NOVOLOG MIX 70/30 RELION...	64	ODACTRA.....	94
norgestimate-ethinyl estradiol		NOVOLOG MIX 70/30 VIAL.....	64	ODEFSEY.....	30
triphasic.....	80	NOVOLOG PENFILL.....	64	ODOMZO.....	24
NORITATE.....	46	NOVOLOG RELION.....	64	OFEV.....	103
NORLIQVA.....	38	NOVOLOG U-100 VIAL.....	64	ofloxacin.....	12, 98, 100
norlyroc.....	80	NOVOPEN ECHO.....	58	OGIVRI.....	24
normal saline flush.....	67	NOVOSEVEN RT.....	32	OGSIVEO.....	24
NORM-JECT LUER SLIP		NOXAFIL.....	19	OJEMDA.....	24
SYRINGE.....	94	np thyroid.....	82	OJJAARA.....	24
NORMLGEL AG.....	46	NPLATE.....	32	olanzapine.....	28
NORPACE.....	38	NS-2 ELECTRIC PATCH		olanzapine-fluoxetine hcl.....	17
NORPACE CR.....	38	POUCH.....	94	olmesartan medoxomil.....	38
NORPRAMIN.....	17	NUBEQA.....	24	olmesartan medoxomil-hctz.....	38
nortrel 0.5/35 (28).....	80	NUCALA.....	103	olmesartan-amlodipine-hctz.....	38
nortrel 1/35 (21).....	80	NUCYNTA.....	5	olopatadine hcl.....	98
nortrel 1/35 (28).....	80	NUCYNTA ER.....	5	OLPRUVA (2 GM DOSE).....	72
nortrel 7/7/7.....	80	NUDEXTA.....	42	OLPRUVA (3 GM DOSE).....	72
nortriptyline hcl.....	17	NULIBRY.....	72	OLPRUVA (4 GM DOSE).....	73
NORVASC.....	38	NULOJIX.....	86	OLPRUVA (5 GM DOSE).....	73
NORVIR.....	30	NUPLAZID.....	28	OLPRUVA (6 GM DOSE).....	73
NOURIANZ.....	27	NURTEC.....	20	OLPRUVA (6.67 GM DOSE).....	73
NOVA MAX BLOOD GLUCOSE		NUSHIELD.....	46	OLUMIANT.....	86
SYSTEM.....	58	NUTRA-Z+.....	67	OMBRA COMPRESSOR ADULT..	94
NOVA MAX GLUCOSE TEST.....	58	NUTRILIPID.....	67	OMBRA COMPRESSOR CHILD..	94
NOVA MAX PLUS GLU/KET		NUTROPIN AQ NUSPIN 10.....	77	OMECLAMOX-PAK.....	71
CONTROL.....	58	NUTROPIN AQ NUSPIN 20.....	77	omega-3-acid ethyl esters.....	38
NOVACHOR.....	46	NUTROPIN AQ NUSPIN 5.....	77	omeprazole.....	70
NOVAREL.....	77	NUVARING.....	80	OMEPRAZOLE+SYRSPEND SF	
NOVITE.....	67	NUVESSA.....	12	ALKA.....	70
NOVOEIGHT.....	32	NUVIGIL.....	105	omeprazole-sodium bicarbonate..	70
NOVOFINE PEN NEEDLE.....	94	NUWIQ.....	32	OMNARIS.....	101
NOVOFINE PLUS PEN NEEDLE.	94	NUZYRA.....	12	OMNIPOD 5 DEXG7G6 INTRO	
NOVOLIN 70/30 FLEXPEN.....	63	nyamyc.....	19	GEN 5.....	94
NOVOLIN 70/30 FLEXPEN		nylia 1/35.....	80	OMNIPOD 5 DEXG7G6 PODS	
RELION.....	63	nylia 7/7/7.....	80	GEN 5.....	94
NOVOLIN 70/30 RELION.....	63	NYMALIZE.....	38	OMNIPOD CLASSIC PODS	
NOVOLIN 70/30 VIAL.....	63	nystatin.....	19	(GEN 3).....	94
NOVOLIN N FLEXPEN.....	63	nystatin-triamcinolone.....	19	OMNIPOD DASH INTRO (GEN	
NOVOLIN N FLEXPEN RELION..	63	nystop.....	19	4).....	94
NOVOLIN N RELION.....	63	NYVEPRIA.....	32	OMNIPOD DASH PDM (GEN 4)..	94
NOVOLIN N VIAL.....	63	OB COMPLETE ONE.....	67		

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

OMNIPOD DASH PODS (GEN 4).....	94	OPTICHAMBER DIAMOND-MD MASK.....	94	oxaliplatin.....	25
OMNITROPE.....	77	OPTICHAMBER DIAMOND-SM MASK.....	94	OXAPROZIN.....	6
OMVOH.....	86	OPTIUMEZ TEST.....	59	oxaprozin.....	6
ON CALL EXPRESS BLOOD GLUCOSE.....	59	OPTUNE.....	94	oxazepam.....	31
ON CALL EXPRESS MONITORING SYS.....	59	OPTUNE LUA.....	94	oxcarbazepine.....	15
ONCASPAR.....	24	OPVEE.....	9	oxcarbazepine er.....	15
ondansetron hcl.....	18	OPZELURA.....	46	OXERVATE.....	100
ondansetron odt.....	18	ORABLOC.....	8	OXLUMO.....	73
ONE DROP BLOOD GLUCOSE MONITOR.....	59	ORACEA.....	46	OXTELLAR XR.....	15
ONE DROP TEST.....	59	ORAL CITRATE.....	67	oxybutynin chloride.....	73
ONE FLOW SPIROMETER.....	94	ORALAIR.....	94	oxybutynin chloride er.....	73
ONETOUCH DELICA PLUS LANCING.....	59	ORALAIR ADULT STARTER PACK.....	94	OXYCODONE HCL.....	5
ONETOUCH DELICA SAFETY LANCING.....	59	ORALAIR CHILDRENS STARTER PACK.....	94	oxycodone hcl.....	5
ONETOUCH ULTRA 2 KIT W/DEVICE.....	59	oralone.....	43	OXYCODONE-ACETAMINOPHEN.....	5
ONETOUCH ULTRA BLUE TEST.....	59	ORAMAGICRX.....	94	oxycodone-acetaminophen.....	5
ONETOUCH ULTRA CONTROL.....	59	ORBACTIV.....	12	OXYCONTIN.....	5
ONETOUCH ULTRA TEST STRIPS.....	59	ORENCIA.....	86	oxymorphone hcl.....	5
ONETOUCH VERIO FLEX SYSTEM.....	59	ORENCIA CLICKJECT.....	86	oxymorphone hcl er.....	5
ONETOUCH VERIO KIT W/DEVICE.....	59	ORENITRAM.....	104	oxytocin.....	77
ONETOUCH VERIO REFLECT KIT W/DEVICE.....	59	ORENITRAM MONTH 1.....	104	OXYTOCIN-LACTATED RINGERS.....	77
ONEXTON.....	46	ORENITRAM MONTH 2.....	104	OXYTOCIN-SODIUM CHLORIDE.....	77
ONFI.....	15	ORENITRAM MONTH 3.....	104	OXYTROL.....	73
ONGENTYS.....	27	ORFADIN.....	73	OZEMPIC.....	49
ONGLYZA.....	49	ORGOVYX.....	25	OZOBAX DS.....	105
ONIVYDE.....	24	ORIAHNN.....	80	PACERONE.....	38
ONPATTRO.....	42	ORILISSA.....	77	paclitaxel.....	25
ONTRUZANT.....	24	ORKAMBI.....	104	paclitaxel protein-bound part.....	25
ONUREG.....	24	ORLADEYO.....	86	PADCEV.....	25
ONZETRA XSAIL.....	20	ORLISTAT.....	42	PAIN RELIEF WITH TENS S2000.....	94
OPDIVO.....	24	orphenadrine citrate.....	105	PALFORZIA.....	94
OPDUALAG.....	25	orphenadrine citrate er.....	105	paliperidone er.....	28
OPFOLDA.....	73	ORPHENGESIC FORTE.....	105	palonosetron hcl.....	18
OPSUMIT.....	104	ORSERDU.....	25	PALYNZIQ.....	73
OPSYNVI.....	104	ORTHOVISC.....	94	pamidronate disodium.....	88
OPTICHAMBER DIAMOND.....	94	OSCIMIN.....	71	PANCREAZE.....	73
OPTICHAMBER DIAMOND-LG MASK.....	94	oseltamivir phosphate.....	30	PANDA MASK LARGE.....	94
		OSMITROL.....	38	PANDA MASK MEDIUM.....	94
		OSMOLEX ER.....	27	PANDA MASK SMALL.....	94
		OSPHENA.....	78	PANDEL.....	46
		OTEZLA.....	86	PANRETIN.....	25
		OTREXUP.....	86	pantoprazole sodium.....	70
		OVIDE.....	27	PANTOPRAZOLE SODIUM-NACL.....	70
		OVIDREL.....	77	PANZYGA.....	86
		oxacillin sodium.....	12	PARAPLATIN.....	25
		OXACILLIN SODIUM IN DEXTROSE.....	12		

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

PARI ALTERA NEBULIZER	pentazocine-naloxone hcl..... 5	PHENYLEPHRINE HCL-NACL.... 38
HANDSET.....94	PENTETATE CALCIUM	phenytek..... 15
PARI BABY NEBULIZER SET.....94	TRISODIUM.....95	phenytoin..... 15
PARI MASK SET..... 94	PENTETATE ZINC TRISODIUM.. 95	phenytoin infatabs.....15
PARI PRONEB MAX LC PLUS.... 94	PENTIPS GENERIC PEN	phenytoin sodium..... 15
PARI PRONEB MAX LC SPRINT.94	NEEDLES..... 95	phenytoin sodium extended..... 15
PARI TREK S COMBO PACK..... 94	pentobarbital sodium..... 15	PHESGO..... 25
PARI VORTEX ADULT MASK.....94	pentoxifylline er.....38	PHEXXI.....95
paricalcitol.....88	PERCOCET.....5	philith..... 80
PARLODEL.....27	PERFECT POINT SAFETY	phosphorous..... 67
PARNATE..... 17	LANCETS..... 59	phospho-trin 250 neutral.....67
paroxetine hcl..... 17	PERFOROMIST..... 103	PHOSPHO-TRIN K500.....67
paroxetine hcl er..... 17	PERIDEX..... 43	PHOTOFRIN.....25
PARSABIV..... 88	PERIKABIVEN..... 67	PHOTREXA-PHOTREXA
PAXIL.....17	perindopril erbumine..... 38	VISCOUS KIT..... 95
PAXIL CR..... 17	periogard.....43	phytonadione..... 67
PAXLOVID (150/100)..... 30	PERJETA.....25	PIFELTRO..... 30
PAXLOVID (300/100)..... 30	permethrin.....27	pilocarpine hcl..... 43, 99
pazopanib hcl.....25	perphenazine..... 18	pimecrolimus.....47
PEDIAPRED..... 75	perphenazine-amitriptyline..... 17	pimozide..... 28
PEDIATRIC COMPRESSOR	PERSERIS.....28	pimtrea.....80
NEBULIZER.....94	PERTZYE..... 73	pindolol..... 38
PEDIATRIC PANDA MASK..... 94	PETROLEUM GAUZE NON-	pioglitazone hcl.....49
PEDMARK..... 94	WOVEN 3X9"..... 47	pioglitazone hcl-glimepiride..... 49
peg 3350-kcl-na bicarb-nacl..... 71	PFIZERPEN.....12	pioglitazone hcl-metformin hcl..... 49
peg-3350/electrolytes..... 71	PHARMACIST CHOICE	PIP BLOOD GLUCOSE
peg-3350/electrolytes/ascorbat.....71	AUTOCODE..... 59	MONITORING..... 59
PEGASYS.....30	PHARMACIST CHOICE	PIP BLOOD GLUCOSE TEST
peg-kcl-nacl-nasulf-na asc-c.....71	AUTOCODE SYS..... 59	STRIP..... 59
PEG-PREP..... 71	PHARMACIST CHOICE MINI	PIP GLUCOSE CONTROL
PEMAZYRE..... 25	SYSTEM..... 59	SOLUTION..... 59
PEMETREXED..... 25	PHARMACIST CHOICE NO	PIP PEN NEEDLES 32G X 4MM..95
PEMETREXED DISODIUM..... 25	CODING..... 59	piperacillin sod-tazobactam sod... 12
pemetrexed disodium..... 25	PHEBURANE..... 73	PIQRAY..... 25
PEMETREXED	phenazo..... 74	pirfenidone..... 103
DITROMETHAMINE..... 25	phenazopyridine hcl.....74	piroxicam..... 6
PEMFEXY.....25	phendimetrazine tartrate.....42	pitavastatin calcium..... 38
PEMGARDA..... 86	phendimetrazine tartrate er.....42	PITOCIN..... 77
PEMRYDI RTU.....25	phenelzine sulfate..... 17	PLAQUENIL.....27
PEN NEEDLE/5-BEVEL TIP.....94	PHENERGAN..... 18	PLAVIX..... 28
penicillamine..... 73, 74	phenobarbital..... 15	PLEGRIDY.....41
PENICILLIN G POT IN	phenobarbital sodium..... 15	PLEGRIDY STARTER PACK..... 41
DEXTROSE..... 12	phenoxybenzamine hcl..... 38	PLENAMINE..... 67
penicillin g potassium.....12	phentermine hcl..... 42	PLENURA.....47
penicillin g sodium..... 12	phentolamine mesylate.....38	PLENVU..... 72
penicillin v potassium..... 12	PHENYLEPHRINE HCL..... 38	plerixafor..... 32
PENNSAID..... 6	phenylephrine hcl.....100	PNV TABS 20-1..... 67
PENTAM.....27	PHENYLEPHRINE HCL	POCKET SPACER..... 95
pentamidine isethionate.....27	(PRESSORS)..... 38	POCKETCHEM EZ CONTROL.... 59
PENTASA..... 87	phenylephrine hcl (pressors)..... 38	POCKETCHEM EZ SYSTEM..... 59

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

POCKETCHEM EZ TEST	59	PRECEDEX.....	95	PREVIDENT 5000 ORTHO	
podofilox.....	47	PRECISION GLUCOSE		DEFENSE.....	43
POGO AUTOMATIC BLOOD		KETONE CONTR.....	59	PREVIDENT 5000 PLUS.....	43
GLUCOSE.....	59	PRECISION XTRA.....	59	PREVIDENT 5000 SENSITIVE ...	43
POGO AUTOMATIC TEST		PRECISION XTRA BLOOD		PREVYMIS.....	30
CARTRIDGES.....	59	GLUCOSE.....	59	PREZCOBIX.....	30
POKONZA.....	67	PRED FORTE.....	98	PREZISTA.....	30
POLIVY.....	25	PRED MILD.....	98	PRIFTIN.....	21
POLOCAINE.....	8	prednisolone.....	75	PRIMACARE.....	68
POLOCAINE-MPF.....	8	prednisolone acetate.....	98	primaquine phosphate.....	27
polycin.....	100	prednisolone sodium phosphate		PRIMAXIN IV.....	12
polymyxin b sulfate.....	12	75, 98	primidone.....	15
polymyxin b-trimethoprim.....	100	prednisone.....	75	PRISMASOL B22GK 4/0.....	68
POLY-VI-FLOR.....	67	pregabalin.....	42	PRISMASOL BGK 0/2.5.....	68
POLY-VI-FLOR/IRON.....	67	PREGEN DHA.....	68	PRISMASOL BGK 2/0.....	68
POMALYST.....	25	PREGENNA.....	68	PRISMASOL BGK 2/3.5.....	68
POMBILITI.....	73	PREGNYL.....	77	PRISMASOL BGK 4/2.5.....	68
PONS MOUTHPIECE.....	95	PREMARIN.....	80	PRISMASOL BK 0/0/1.2.....	68
PONS SYSTEM.....	95	PREMASOL.....	68	PRISTIQ.....	17
PONVORY.....	41	PREMIUM BLOOD GLUCOSE		PRIVIGEN.....	86
PONVORY STARTER PACK.....	41	TEST.....	59	PRO COMFORT SPACER	
POP-ON INTERMEDIATE MALE		PREMPHASE.....	80	ADULT.....	95
CATH.....	95	PREMPRO.....	80	PRO COMFORT SPACER	
portia-28.....	80	prenatal.....	68	CHILD.....	95
PORTRAZZA.....	25	PRENATE.....	68	PRO COMFORT SPACER	
posaconazole.....	19	PRENATE DHA.....	68	INFANT.....	95
potassium acetate.....	67	PRENATE ELITE.....	68	PRO COMFORT TENS UNIT.....	95
POTASSIUM ACETATE.....	67	PRENATE ENHANCE.....	68	PRO VOICE V8 GLUCOSE	
potassium chloride.....	68	PRENATE ESSENTIAL.....	68	SYSTEM.....	59
POTASSIUM CHLORIDE.....	68	PRENATE MINI.....	68	PRO VOICE V8/V9 GLUCOSE ...	59
potassium chloride crys er.....	67	PRENATE PIXIE.....	68	PRO VOICE V9 GLUCOSE	
potassium chloride er.....	67	PRENATE RESTORE.....	68	SYSTEM.....	59
potassium citrate er.....	68	PRENATOL-M.....	68	PROAIR RESPICLICK.....	103
potassium phosphates.....	68	PRENATRIX.....	68	probenecid.....	20
potassium phosphates(66 meq k).....	68	PRENATRYL.....	68	procainamide hcl.....	38
potassium phosphates(71 meq k).....	68	PREPIV SUPPLY.....	8	PROCARE SPACER/ADULT	
POTASSIUM PHOSPHATES-		PRESTALIA.....	38	MASK.....	95
NACL.....	68	PRETOMANID.....	21	PROCARE SPACER/CHILD	
POTELIGEO.....	25	PREVACID.....	70	MASK.....	95
POVIDONE-IODINE.....	98	PREVACID SOLUTAB.....	70	PROCENTRA.....	40
POWDER FREE NITRILE		prevalite.....	38	prochlorperazine.....	18
GLOVES SM.....	95	PREVDUO.....	95	prochlorperazine edisylate.....	18
PRADAXA.....	14	PREVIDENT.....	43	prochlorperazine maleate.....	18
PRALUENT.....	38	PREVIDENT 5000 BOOSTER		PROCRIT.....	32
pramipexole dihydrochloride.....	27	PLUS.....	43	PROCTOFOAM HC.....	87
PRAMOTIC.....	100	PREVIDENT 5000 DRY MOUTH.....	43	procto-med hc.....	87
prasugrel hcl.....	28	PREVIDENT 5000 ENAMEL		proctosol hc.....	87
pravastatin sodium.....	38	PROTECT.....	43	proctozone-hc.....	87
praziquantel.....	27	PREVIDENT 5000 KIDS.....	43	PRODIGY AUTOCODE BLOOD	
prazosin hcl.....	38			GLUCOSE.....	59

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

PRODIGY CONTROL SOLUTION.....	59	PURE COMFORT SAFETY PEN NEEDLE.....	95	QUINTET BLOOD GLUCOSE SYSTEM.....	60
PRODIGY NO CODING BLOOD GLUC.....	59	PURE COMFORT SPACER CHAMBER.....	95	QUINTET BLOOD GLUCOSE TEST.....	60
PRODIGY POCKET BLOOD GLUCOSE.....	60	PURIXAN.....	25	QUINTET CONTROL HIGH/NORMAL.....	60
PRODIGY VOICE BLOOD GLUCOSE.....	60	PYLERA.....	72	QULIPTA.....	20
PROFILNINE.....	32	pyrazinamide.....	21	QUVIVIQ.....	105
PROFOLA.....	68	pyridostigmine bromide.....	21	QVAR REDIHALER.....	103
progesterone.....	80, 81	pyridostigmine bromide er.....	21	RABEPRAZOLE SODIUM.....	70
PROGLYCEM.....	62	pyridoxine hcl.....	68	rabeprazole sodium.....	70
PROGRAF.....	86	PYRIDOXINE HCL.....	68	RADIAPLEXRX.....	47
PROLASTIN-C.....	103	pyrimethamine.....	27	RADICAVA.....	42
PROLENSA.....	98	PYRIMETHAMINE-LEUCOVORIN.....	27	RADICAVA ORS.....	42
PROLEUKIN.....	25	PYROGALLIC ACID.....	47	RADICAVA ORS STARTER KIT.....	42
PROLIA.....	88	PYRUKYND.....	32	RADIOGARDASE.....	95
PROMACTA.....	32	PYRUKYND TAPER PACK.....	33	RAGWITEK.....	95
promethazine hcl.....	18	QBREXZA.....	47	raloxifene hcl.....	78
promethazine vc.....	101	QDOLO.....	5	ramelteon.....	105
promethazine-codeine.....	101	QELBREE.....	40	ramipril.....	39
promethazine-dm.....	101	QINLOCK.....	25	ranolazine er.....	39
promethazine-phenylephrine.....	101	QNASL.....	101	RAPAMUNE.....	86
promethegan.....	18	QNASL CHILDRENS.....	101	RAPIVAB.....	30
PROMETRIUM.....	81	QSYMIA.....	42	RAPPORT RLS.....	95
propafenone hcl.....	38	QTERN.....	49	RAPPORT VTD.....	95
propafenone hcl er.....	38	QUALAQUIN.....	27	rasagiline mesylate.....	27
proparacaine hcl.....	100	quazepam.....	31	RASUVO.....	86
PROPECIA.....	47	QUDEXY XR.....	16	RAVICTI.....	73
propranolol hcl.....	38	QUELICIN.....	42	RAYA SURE PEN NEEDLE.....	95
propranolol hcl er.....	38	QUESTRAN.....	38	RAYALDEE.....	88
propylthiouracil.....	82	QUESTRAN LIGHT.....	38	RAYOS.....	75
PROSCAR.....	74	quetiapine fumarate.....	28	REBIF.....	41
PROSOL.....	68	quetiapine fumarate er.....	28	REBIF REBIDOSE.....	41
PROSTIN VR.....	38	QUFLORA FE.....	68	REBIF REBIDOSE TITRATION PACK.....	41
protamine sulfate.....	32	QUICKTEK.....	60	REBIF TITRATION PACK.....	41
PROTONIX.....	70	QUICKTEK CONTROL SOLUTION.....	60	REBINYN.....	33
PROTOPAM CHLORIDE.....	95	QUICKTEK TEST.....	60	REBLOZYL.....	33
protriptyline hcl.....	17	QUICKTEK/METER.....	60	REBYOTA.....	72
PROVAYBLUE.....	95	QUILLICHEW ER.....	40	RECARBRIO.....	12
PROVERA.....	81	QUILLIVANT XR.....	40	reclipsen.....	81
PROVIGIL.....	105	quinapril hcl.....	38	RECOMBINATE.....	33
PROZAC.....	17	quinapril-hydrochlorothiazide.....	39	RECORLEV.....	77
pseudoephedrine-bromphen-dm.....	101	quinidine gluconate er.....	39	RECOTHROM.....	33
PTS PANELS EGLU TEST.....	60	quinidine sulfate.....	39	RECOTHROM SPRAY KIT.....	33
PULMICORT FLEXHALER.....	103	quinine sulfate.....	27	RECTIV.....	39
PULMICORT SUSPENSION.....	103	QUINTET AC BLOOD GLUCOSE.....	60	REFUAH PLUS BLOOD GLUCOSE TEST.....	60
PULMOSAL.....	101	QUINTET AC BLOOD GLUCOSE TEST.....	60	REFUAH PLUS GLUCOSE CONTROL.....	60
PULMOZYME.....	104				
PURAZIL.....	47				

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

REFUAH PLUS MONITORING SYSTEM.....	60	REPATHA PUSHRONEX SYSTEM.....	39	RIGHTEST GM100 BLOOD GLUCOSE.....	60
REGENECARE.....	47	REPATHA SURECLICK.....	39	RIGHTEST GM300 BLOOD GLUCOSE.....	60
REGLAN.....	18	RESTASIS.....	100	RIGHTEST GM550 BLOOD GLUCOSE.....	60
REGONOL.....	21	RESTASIS MULTIDOSE.....	100	RIGHTEST GS100 BLOOD GLUCOSE.....	60
REGRANEX.....	47	RESTORA RX.....	72	RIGHTEST GS300 BLOOD GLUCOSE.....	60
RELAFEN DS.....	6	RESTORIL.....	105	RIGHTEST GS550 BLOOD GLUCOSE.....	60
RELENZA DISKHALER.....	30	RETACRIT.....	33	RIGHTEST GT333 BLOOD GLUCOSE.....	60
RELEUKO.....	33	RETEVMO.....	25	RIGHTEST GT333 GLUCOSE TEST.....	60
RELION ALL-IN-ONE.....	60	RETIN-A.....	47	riluzole.....	42
RELION BLOOD GLUCOSE TEST.....	60	RETIN-A MICRO GEL 0.04 %, 0.1 %.....	47	rimantadine hcl.....	30
RELION CONFIRM GLUCOSE MONITOR.....	60	RETIN-A MICRO PUMP.....	47	RIMSO-50.....	74
RELION CONFIRM/MICRO TEST.....	60	RETROVIR.....	30	RINVOQ.....	86
RELION GLUCOSE TEST STRIPS.....	60	REUSABLE COMFORTSEAL MASK-LRG.....	95	RINVOQ LQ.....	86
RELION MICRO.....	60	REUSABLE COMFORTSEAL MASK-MED.....	95	RIOMET.....	49
RELION PREMIER BLU MONITOR.....	60	REUSABLE COMFORTSEAL MASK-SML.....	95	risedronate sodium.....	88
RELION PREMIER CLASSIC.....	60	REVATIO.....	104	RISPERDAL.....	28
RELION PREMIER COMPACT SYSTEM.....	60	REVCОВI.....	73	RISPERDAL CONSTA.....	28
RELION PREMIER TEST.....	60	REVLIMID.....	25	risperidone.....	28
RELION PREMIER VOICE MONITOR.....	60	revonto.....	105	risperidone microspheres er.....	29
RELION PRIME MONITOR.....	60	REXALL BLOOD GLUCOSE SYSTEM.....	60	RITALIN.....	40
RELION PRIME TEST.....	60	REXALL BLOOD GLUCOSE TEST.....	60	RITALIN LA.....	40
RELION TRUE MET AIR GLUC METER.....	60	REXTOVY.....	9	ritonavir.....	30
RELION TRUE METRIX TEST STRIPS.....	60	REXULTI.....	28	RITUXAN.....	25
RELION ULTIMA GLUCOSE SYSTEM.....	60	REYATAZ.....	30	RITUXAN HYCELA.....	25
RELION ULTIMA TEST.....	60	REYVOW.....	20	rivastigmine tartrate.....	16
RELISTOR.....	72	REZDIFFRA.....	72	rivelsa.....	81
RELPAK.....	20	REZIPRES.....	39	RIVFLOZA.....	74
RELTONE.....	72	REZLIDHIA.....	25	RIXUBIS.....	33
REMEDIENT.....	68	REZUROCK.....	86	rizatriptan benzoate.....	20
REMERON.....	17	REZVOGLAR KWIKPEN.....	64	ROBAXIN.....	105
REMERON SOLTAB.....	17	RHOFADE.....	47	ROCALTROL.....	88
REMESENSE.....	43	RHOGAM ULTRA-FILTERED PLUS.....	86	ROCKLATAN.....	99
REMICADE.....	86	RHOPHYLAC.....	86	rocuronium bromide.....	42
remifentanil hcl.....	5	RHOPRESSA.....	99	ROCURONIUM BROMIDE.....	42
REMODULIN.....	104	RIABNI.....	25	roflumilast.....	103
RENFLEXIS.....	86	RIASTAP.....	33	ROLVEDON.....	33
repaglinide.....	49	ribavirin.....	30	romidepsin.....	25
REPATHA.....	39	RIDAURA.....	86	ropinirole hcl.....	28
		rifabutin.....	21	ropinirole hcl er.....	28
		RIFADIN.....	21	ropivacaine hcl.....	8
		rifampin.....	21	ROPIVACAINE HCL.....	8
		RIGHTEST GC300 CONTROL.....	60	ROPIVACAINE HCL-NACL.....	8

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

rosuvastatin calcium.....	39	SAVELLA.....	42	SILIGENTLE AG FOAM	
ROWASA.....	87	SAVELLA TITRATION PACK.....	42	DRESSING.....	47
roweepra.....	16	SAVI DUAL.....	95	SILIGENTLE AG SILVER FOAM	
ROXICODONE.....	5	saxagliptin hcl.....	49	DRES.....	47
ROXYBOND.....	5	saxagliptin-metformin er.....	49	SILIQ.....	86
ROZLYTREK.....	25	SAXENDA.....	42	silodosin.....	74
RUBRACA.....	25	SCSEMBLIX.....	25	SILVADENE.....	12
rufinamide.....	16	SCENESSE.....	47	silver nitrate.....	12
RUKOBIA.....	30	SCLEROSOL INTRAPLEURAL..	103	silver sulfadiazine.....	12
RUMILO.....	47	scopolamine.....	18	SILVERSEAL HYDROGEL	
RUSCH FLOCATH QUICK 16FR.	95	SECUADO.....	29	DRESSING.....	47
RUXIENCE.....	25	SEGLENTIS.....	5	SIMBRINZA.....	99
RYALTRIS.....	101	SEGLUROMET.....	49	SIMLANDI (1 PEN).....	86
RYANODEX.....	105	SELECT-OB.....	68	SIMLANDI (2 PEN).....	86
RYBELSUS.....	49	SELECT-OB+DHA.....	68	simliya.....	81
RYBREVANT.....	25	selegiline hcl.....	28	simpesse.....	81
RYDAPT.....	25	selenium sulfide.....	47	SIMPONI.....	86
RYKINDO.....	29	SELZENTRY.....	30	SIMPONI ARIA.....	86
RYLAZE.....	25	SEMGLEE (YFGN).....	64	SIMULECT.....	86
RYSTIGGO.....	95	SENSIPAR.....	88	simvastatin.....	39
RYTARY.....	28	SENSORCAINE.....	8	SINEMET.....	28
S.T. GENESIS NERVE		SENSORCAINE/EPINEPHRINE...	8	SINGULAIR.....	103
STIMULATOR.....	95	SENSORCAINE-MPF.....	8	sirolimus.....	86
SABRIL.....	16	SENSORCAINE-		SIRTURO.....	21
SAFE-SENSE EARLOOP FACE		MPF/EPINEPHRINE.....	8	SITAGLIPTIN.....	49
MASK.....	95	SEREVENT DISKUS.....	103	SIVEXTRO.....	12
SAFE-SENSE GLOVE-BLUE-		SEROQUEL.....	29	SKINEEZ TED STOCKINGS.....	96
NITRL-L.....	95	SEROQUEL XR.....	29	SKYCLARYS.....	40
SAFE-SENSE GLOVE-BLUE-		SEROSTIM.....	72	SKYRIZI.....	86
NITRL-M.....	95	SERTRALINE HCL.....	17	SKYRIZI PEN.....	86
SAFE-SENSE GLOVE-BLUE-		sertraline hcl.....	17	SKYTROFA.....	77
NITRL-S.....	95	setlakin.....	81	SLYND.....	81
SAFE-SENSE GLOVE-BLUE-		sevelamer carbonate.....	74	SMART SENSE PREMIUM	
NITRL-XL.....	95	sevelamer hcl.....	74	SYSTEM.....	60
SAFETY PEN NEEDLES.....	95	SEVENFACT.....	33	SMART SENSE PREMIUM	
SAFYRAL.....	81	SEYSARA.....	12	TEST.....	61
SALAGEN.....	43	SEZABY.....	16	SMART SENSE VALUE	
saline bacteriostatic.....	95	sf 5000 plus.....	43	GLUCOSE SYS.....	61
saline flush.....	68	sf gel 1.1%.....	43	SMART SENSE VALUE TEST....	61
SALINE-PHENOL.....	95	SFROWASA.....	87	SMARTEST BLOOD GLUCOSE	
SAMSCA.....	68	sharobel.....	81	TEST.....	61
SANCUSO.....	18	SHARPS CONTAINER.....	95	SMARTEST CONTROL	
SANDIMMUNE.....	86	SIDESTREAM ADULT FACE		MEDIUM.....	61
SANDOSTATIN.....	77	MASK.....	96	SMARTEST EJECT.....	61
SANTYL.....	47	SIDESTREAM PEDIATRIC		SMARTEST EJECT STARTER....	61
SAPHNELO.....	86	FACE MASK.....	96	SMARTEST PERSONA	
SAPHRIS.....	29	SIGNIFOR.....	77	STARTER.....	61
sapropterin dihydrochloride.....	73	SIGNIFOR LAR.....	77	SMARTEST PRONTO	
SARCLISA.....	25	sildenafil citrate.....	74, 104	STARTER.....	61
SAVAYSA.....	14			SMARTEST PROTEGE.....	61

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

SURVANTA.....	101	TALVEY	25	tenofovir disoproxil fumarate.....	30
SUSTOL.....	18	TALZENNA.....	25	TENORETIC 100.....	39
SUSVIMO (IMPLANT 1ST FILL) 100		TAMIFLU.....	30	TENORETIC 50.....	39
SUSVIMO (IMPLANT REFILL)...	100	tamoxifen citrate.....	25	TENORMIN.....	39
SUTAB.....	72	tamsulosin hcl.....	74	TEPADINA.....	25
SUTENT.....	25	TARGADOX.....	12	TEPEZZA.....	77
syeda.....	81	TARGRETIN.....	25	TEPMETKO.....	25
SYFOVRE.....	100	tarina 24 fe.....	81	terazosin hcl.....	74
SYLVANT.....	25	tarina fe 1/20 eq.....	81	terbinafine hcl.....	19
SYMBICORT.....	103	TARPEYO.....	87	terbutaline sulfate.....	103
SYMBYAX.....	17	TASCENSO ODT.....	41	terconazole.....	19
SYMDEKO.....	104	TASIGNA.....	25	teriflunomide.....	41
SYMFI.....	30	tasimelteon.....	105	teriparatide.....	88
SYMFI LO.....	30	TASMAR.....	28	TERIPARATIDE.....	88
SYMLINPEN 120.....	49	TAURINE.....	69	TESTIM.....	76
SYMLINPEN 60.....	49	tavaborole.....	19	TESTOPEL.....	76
SYMPAZAN.....	16	TAVALISSE.....	33	testosterone.....	76
SYMPROIC.....	72	TAVNEOS.....	96	testosterone cypionate.....	76
SYMTUZA.....	30	taysofy.....	81	testosterone enanthate.....	76
SYNAGIS.....	86	TAYTULLA.....	81	tetrabenazine.....	42
SYNALAR.....	47	tazarotene.....	47	tetracaine hcl.....	100
SYNAREL.....	77	TAZAROTENE.....	47	tetracycline hcl.....	12
SYNDROS.....	18	tazicef.....	12	TEZSPIRE.....	103
SYNJARDY.....	49	TAZICEF.....	12	TGT BLOOD GLUCOSE	
SYNJARDY XR.....	49	TAZORAC.....	47	MONITORING.....	61
SYNOJOYNT.....	96	TAZVERIK.....	25	TGT BLOOD GLUCOSE TEST... 61	
SYNTHROID.....	82	TECENTRIQ.....	25	THALITONE.....	39
SYNVISC.....	96	TECFIDERA.....	41	THALOMID.....	25
SYNVISC ONE.....	96	TECHLITE LANCETS 26G.....	61	THAM.....	69
SYRINGE AVITENE.....	96	TECVAYLI.....	25	THE LIQUILIFT TRACE.....	69
SYRINGE LUER LOCK.....	96	TEFLARO.....	12	THEO-24.....	103
SYRINGE LUER SLIP.....	96	TEGLUTIK.....	42	theophylline.....	103
SYRINGE PRECISEDOSE		TEGRETOL.....	16	theophylline er.....	103
DISPENSER.....	96	TEGRETOL-XR.....	16	thiamine hcl.....	69
T.E.D. KNEE LENGTH/LARGE ...	96	TEKTRUNA.....	39	THIOLA.....	74
TABLOID.....	25	TELFA AMD ISLAND		THIOLA EC.....	74
TABRECTA.....	25	DRESSING.....	96	thioridazine hcl.....	29
TACHOSIL.....	96	TELFA AMD NON-ADHERENT... 96		thiotepa.....	26
TACLONEX.....	47	telmisartan.....	39	thiothixene.....	29
tacrolimus.....	47, 86	telmisartan-amlodipine.....	39	THROMBI-GEL 10.....	96
tadalafil.....	74	telmisartan-hctz.....	39	THROMBI-GEL 100.....	96
tadalafil (pah).....	104	temazepam.....	105	THROMBI-GEL 40.....	96
TADLIQ.....	104	TEMBEXA.....	30	THROMBIN-JMI.....	33
TAFINLAR.....	25	TEMODAR.....	25	THROMBIN-JMI EPISTAXIS.....	33
tafluprost (pf).....	99	temozolomide.....	25	THROMBI-PAD.....	96
TAGRISSE.....	25	TEMPO REFILL.....	61	THROMBOGEN.....	33
TAI DOC CONTROL.....	61	TEMPO SMART BUTTON.....	61	THYMOGLOBULIN.....	86
TAKHZYRO.....	86	TEMPO WELCOME.....	61	THYQUIDITY.....	82
TALICIA.....	72	temsirolimus.....	86	thyroid.....	82
TALTZ.....	86	TENCON.....	5	tiadylt er.....	39

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

tiagabine hcl.....	16	TOPICORT SPRAY.....	47	triamcinolone acetonide....	43, 47, 75
TIAZAC.....	39	topiramate.....	16	TRIAMCINOLONE ACETONIDE..	75
TIBSOVO.....	26	topiramate er.....	16	TRIAMCINOLONE DIACETATE..	75
TICE BCG.....	26	topotecan hcl.....	26	TRIAMCINOLONE-	
TIGAN.....	18	TOPROL XL.....	39	BUPIVACAINE.....	75
tigecycline.....	12	toremifene citrate.....	26	TRI-AMINO.....	69
TIKOSYN.....	39	TORISEL.....	86	triamterene.....	39
tilia fe.....	81	torpenz.....	26	triamterene-hctz.....	39
timolol hemihydrate.....	99	torsemide.....	39	triazolam.....	31
timolol maleate.....	39, 99	TOSYMRA.....	20	TRIBENZOR.....	39
timolol maleate (once-daily).....	99	TOUJEO MAX SOLOSTAR.....	64	TRICITRASOL.....	14
timolol maleate ocudose.....	99	TOUJEO SOLOSTAR.....	64	TRICOR.....	39
timolol maleate pf.....	99	TOVIAZ.....	74	TRIDACAINE II.....	8
TIMOPTIC OCUDOSE.....	99	TPOXX.....	30	TRIDACAINE III.....	8
tinidazole.....	12	TRACLEER.....	104	triderm.....	47
tiopronin.....	74	TRADJENTA.....	49	trientine hcl.....	69
tiotropium bromide monohydrate	103	TRALEMENT.....	69	tri-estarylla.....	81
tirofiban hcl in nacl.....	28	TRAMADOL HCL (ER		trifluoperazine hcl.....	29
TIROSINT.....	82	BIPHASIC).....	5	trifluridine.....	98
TIROSINT-SOL.....	82	tramadol hcl (er biphasic).....	5	trihexyphenidyl hcl.....	28
TISSEEL.....	96	tramadol hcl er.....	5	TRIJARDY XR.....	49
TIVDAK.....	26	TRAMADOL HCL IR.....	5	TRIKAFTA.....	104
TIVICAY.....	30	tramadol hcl ir.....	5	tri-legest fe.....	81
TIVICAY PD.....	30	tramadol-acetaminophen.....	5	TRILEPTAL.....	16
tizanidine hcl.....	105	trandolapril.....	39	tri-linyah.....	81
TLANDO.....	76	trandolapril-verapamil hcl er.....	39	TRILIPIX.....	39
TM-DAILY VITE.....	69	tranexamic acid.....	33	tri-lo-estarylla.....	81
TM-VITE RX.....	69	tranexamic acid-nacl.....	33	tri-lo-marzia.....	81
TNKASE.....	14	TRANSDERM-SCOP.....	18	tri-lo-mili.....	81
TOBI NEBULIZER.....	104	tranylcypromine sulfate.....	17	tri-lo-sprintec.....	81
TOBI PODHALER.....	104	TRAVASOL.....	69	TRILURON.....	96
TOBRADEX.....	98	TRAVATAN Z.....	99	trimethobenzamide hcl.....	18
TOBRADEX ST.....	98	travoprost (bak free).....	99	trimethoprim.....	12
tobramycin.....	98, 104	TRAZIMERA.....	26	tri-mili.....	81
TOBRAMYCIN.....	104	trazodone hcl.....	17	trimipramine maleate.....	17
tobramycin sulfate.....	12	TREANDA.....	26	TRINTELLIX.....	17
tobramycin-dexamethasone.....	98	TRECTOR.....	21	TRIPTODUR.....	77
TOBREX.....	98	TRELEGY ELLIPTA.....	103	TRISENOX.....	26
TOFIDENCE.....	86	TRELSTAR MIXJECT.....	77	TRISODIUM CITRATE/CRRT.....	69
TOLAK.....	47	TREMFYA.....	86	tri-sprintec.....	81
tolcapone.....	28	treprostinil.....	104	TRISTART DHA.....	69
TOLECTIN 600.....	6	TRESIBA.....	64	TRIUMEQ.....	30
TOLSURA.....	19	TRESIBA FLEXTOUCH.....	64	TRIUMEQ PD.....	30
tolterodine tartrate.....	74	tretinoin.....	26, 47	TRIVISC.....	96
tolterodine tartrate er.....	74	tretinoin microsphere.....	47	trivora (28).....	81
tolvaptan.....	69	tretinoin microsphere pump.....	47	tri-vylibra.....	81
TOPAMAX.....	16	TRETTEN.....	33	tri-vylibra lo.....	81
TOPAMAX SPRINKLE.....	16	TREXALL.....	86	TRODELVY.....	26
TOPICAL L.E.T.....	8	TREXIMET.....	20	TROGARZO.....	30
TOPICORT.....	47	TREZIX.....	5	TROKENDI XR.....	16

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

TRONVITE.....	69	TYBLUME.....	81	URSODIOL.....	72
TROPHAMINE.....	69	TYBOST.....	31	ursodiol.....	72
TROPICAMIDE-		tydemy.....	81	UVADEX.....	26
PHENYLEPHRINE.....	100	TYENNE.....	86	UZEDY.....	29
TROPIC-CYCLOPENT-PE-		TYGACIL.....	12	VABOMERE.....	12
KETOROLAC.....	100	TYMLOS.....	88	VABYSMO.....	100
tropium chloride.....	74	TYRVAYA.....	100	VAGIFEM.....	81
tropium chloride er.....	74	TYSABRI.....	41	valacyclovir hcl.....	31
TRUDHESA.....	20	TYVASO.....	104	VALCHLOR.....	26
TRUE DAILY VITE.....	69	TYVASO DPI INSTITUTIONAL		valganciclovir hcl.....	31
TRUE FOCUS BLOOD		KIT.....	104	VALIUM.....	31
GLUCOSE METER.....	61	TYVASO DPI MAINTENANCE		valproate sodium.....	16
TRUE FOCUS BLOOD		KIT.....	104	valproic acid.....	16
GLUCOSE STRIP.....	61	TYVASO DPI TITRATION KIT...	104	valrubicin.....	26
TRUE METRIX AIR GLUCOSE		TYVASO REFILL KIT.....	104	VALSARTAN.....	39
METER.....	61	TYVASO STARTER KIT.....	104	valsartan.....	39
TRUE METRIX BLOOD		TZIELD.....	49	valsartan-hydrochlorothiazide.....	39
GLUCOSE TEST.....	61	UBRELVY.....	20	VALSTAR.....	26
TRUE METRIX GO GLUCOSE		UCERIS.....	87	VALTOCO.....	16
METER.....	61	UDENYCA.....	33	VALTRES.....	31
TRUE METRIX LEVEL 1.....	61	UDENYCA ONBODY.....	33	vancomycin hcl.....	13
TRUE METRIX LEVEL 2.....	61	UDSX MEDICATED SYSTEM.....	96	VANCOMYCIN HCL.....	13
TRUE METRIX LEVEL 3.....	61	UDSXMP MEDICATED SYSTEM.....	96	VANCOMYCIN HCL IN	
TRUE METRIX METER.....	61	ULTIGUARD SAFEPACK		DEXTROSE.....	12, 13
TRUE METRIX PRO BLOOD		SYR/NEEDLE.....	64	vancomycin hcl in dextrose.....	12, 13
GLUCOSE.....	61	ULTIVA.....	5	vancomycin hcl in nacl.....	13
TRUE MULTIVITAMIN.....	69	ULTOMIRIS.....	33	VANCOMYCIN HCL IN NAACL.....	13
TRUECONTROL GLUCOSE		ULTRAFOAM SPONGE		VANDAZOLE.....	13
CONT LEV 0.....	61	2X6.25X7CM.....	96	VANFLYTA.....	26
TRUECONTROL GLUCOSE		ULTRAFOAM SPONGE		VANISH.....	43
CONT LEV 1.....	61	8X12.5X1CM.....	96	VAPRO PLUS CATHETER	
TRUERESULT BLOOD		ULTRAFOAM SPONGE		12FR/16".....	97
GLUCOSE.....	61	8X12.5X3CM.....	96	VAPRO PLUS CATHETER	
TRUETEST TEST.....	61	ULTRAFOAM SPONGE		12FR/8".....	97
TRUETRACK BLOOD		8X25X1CM.....	97	VAPRO PLUS CATHETER	
GLUCOSE.....	61	ULTRAFOAM SPONGE		14FR/16".....	97
TRUETRACK SMART SYSTEM..	61	8X6.25X1CM.....	97	VAPRO PLUS CATHETER	
TRUETRACK TEST.....	61	ULTRAVATE.....	47	14FR/8".....	97
TRULANCE.....	72	UNASYN.....	12	varenicline tartrate.....	9
TRULICITY.....	49	UNIFINE PROTECT PEN		varenicline tartrate (starter).....	9
TRUQAP.....	26	NEEDLE.....	97	varenicline tartrate(continue).....	9
TRUVADA.....	30, 31	UNISTRIP CONTROL.....	61	VARITHENA.....	39
TRUXIMA.....	26	UNISTRIP1 GENERIC.....	61	VARUBI (180 MG DOSE).....	18
TRUZONE PEAK FLOW METER.....	96	unithroid.....	82	VASCEPA.....	39
TUDORZA PRESSAIR.....	103	UNITUXIN.....	26	vasopressin.....	77
TUKYSA.....	26	UPLIZNA.....	87	vasopressin +rfid.....	77
TURALIO.....	26	UPNEEQ.....	98	VASOPRESSIN-SODIUM	
turqoz.....	81	UPTRAVI.....	104	CHLORIDE.....	77
TWIRLA.....	81	UPTRAVI TITRATION.....	104	VASOSTRICT.....	77
TWYNEO.....	47	urea.....	48	VAZCULEP.....	39

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

VECAMYL.....	39	VERIFINE SAFE LANCET MINI		VITAFOL GUMMIES.....	69
VECTIBIX.....	26	23G.....	61	VITAFOL ULTRA.....	69
VECTICAL.....	48	VERIFINE SAFE LANCET MINI		VITAFOL-OB.....	69
VECURONIUM BROMIDE.....	42	28G.....	62	VITAFOL-OB+DHA.....	69
vecuronium bromide.....	42	VERIFINE SAFE LANCET MINI		VITAFOL-ONE.....	69
VEGZELMA.....	26	30G.....	62	VITAMEDMD ONE	
VEKLURY.....	31	VERKAZIA.....	100	RX/QUATREFOLIC.....	69
VELCADE.....	26	VERQUVO.....	39	vitamin d (ergocalciferol).....	69
VELETRI.....	104	VERSACLOZ.....	29	vitamin k1.....	69
velivet.....	81	VERSAPAP.....	97	VITA-PAC.....	69
VELPHORO.....	74	VERSAPAP W/UNIVERSAL		VITAPEARL.....	69
VELSIPITY.....	87	TUBING.....	97	VITASURE.....	69
VELTASSA.....	69	VERZENIO.....	26	VITATHELY WITH GINGER.....	69
VEMLIDY.....	31	VESICARE.....	74	VITATRUE.....	69
VENCLEXTA.....	26	VESICARE LS.....	74	VITRAKVI.....	26
VENCLEXTA STARTING PACK..	26	vestura.....	81	VITRAMYN.....	69
VENELEX.....	48	VEVYE.....	100	VITRANOL.....	69
VENEXA.....	69	VFEND.....	19	VITRANOL FE.....	69
VENEXA FE.....	69	VFEND IV.....	19	VITREXATE.....	69
VENIPUNCTURE PX1		VIAGRA.....	74	VITREXATE FE.....	69
PHLEBOTOMY.....	8	VIBATIV.....	13	VITREXYL.....	69
VENLAFAXINE BESYLATE ER...	17	VIBERZI.....	72	VITREXYL + IRON.....	69
venlafaxine hcl.....	17	VIBRANT.....	72	VIVAGUARD INO CONTROL	
venlafaxine hcl er.....	17	VIBRANT STARTER KIT.....	72	SOLUTION.....	62
VENOFER.....	69	VICTOZA.....	49	VIVAGUARD INO GLUCOSE	
VENTAVIS.....	104	VIDAZA.....	26	METER.....	62
VENTOLIN HFA.....	103	vienva.....	81	VIVAGUARD INO SMART GLUC	
VENTRIXYL.....	69	vigabatrin.....	16	METER.....	62
VENTRIXYL FE.....	69	vigadrone.....	16	VIVAGUARD INO TEST STRIPS..	62
VEOPOZ.....	87	VIGAMOX.....	98	VIVAGUARD LANCETS 30G.....	62
VEOZAH.....	97	vigpoder.....	16	VIVAGUARD LANCING DEVICE..	62
verapamil hcl.....	39	VIIBRYD.....	18	VIVAGUARD SAFETY	
verapamil hcl er.....	39	VIJOICE.....	26	LANCETS 28G.....	62
VERASENS BLOOD GLUCOSE		vilazodone hcl.....	18	VIVELLE-DOT.....	81
METER.....	61	VILTEPSO.....	73	VIVIMUSTA.....	26
VERASENS BLOOD GLUCOSE		VIMIZIM.....	73	VIVITROL.....	9
SYSTEM.....	61	VIMOVO.....	6	VIVJOA.....	19
VERASENS BLOOD GLUCOSE		VIMPAT.....	16	VIZIMPRO.....	26
TEST.....	61	vinblastine sulfate.....	26	VOCABRIA.....	31
VERASENS GLUCOSE		vincristine sulfate.....	26	VOGELXO.....	76
CONTROL.....	61	vinorelbine tartrate.....	26	VOGELXO PUMP.....	76
VERELAN.....	39	VIOKACE.....	73	volnea.....	81
VERELAN PM.....	39	violele.....	81	VONJO.....	26
VERIFINE INSULIN PEN		VIRACEPT.....	31	VONVENDI.....	33
NEEDLE.....	97	VIRAZOLE.....	31	VOQUEZNA.....	70
VERIFINE INSULIN SYRINGE....	64	VIREAD.....	31	VOQUEZNA DUAL PAK.....	72
VERIFINE PLUS PEN NEEDLE...	97	VISCO-3.....	97	VOQUEZNA TRIPLE PAK.....	72
VERIFINE SAFE LANCET MINI		VISTOGARD.....	97	VORANIGO.....	26
21G.....	61	VISUDYNE.....	100	VORAXAZE.....	26
		VITAFOL FE+.....	69	voriconazole.....	19

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

VORTEX VALVED HOLDING			
CHAMBER.....	97	XANAX XR.....	31
VOSEVI.....	31	XARELTO.....	14
VOTRIENT.....	26	XARELTO STARTER PACK.....	14
VOWST.....	72	XATMEP.....	87
VOXZOGO.....	73	XCOPRI.....	16
VOYDEYA.....	33	XDEMVY.....	98
VPRIV.....	73	XELJANZ.....	87
VRAYLAR.....	29	XELJANZ XR.....	87
VTAMA.....	48	XELPROS.....	99
VUITY.....	99	XELSTRYM.....	40
VUMERITY.....	41	XEMBIFY.....	87
VYEPTI.....	20	XENICAL.....	42
vyfemla.....	81	XEOMIN.....	97
VYLEESI.....	42	XERAC AC.....	48
vylibra.....	81	XERAVA.....	13
VYNDAMAX.....	39	XERMELO.....	72
VYNDALCEL.....	39	XEROFORM OCCLUSIVE	
VYONDYS 53.....	73	GAUZE PATCH.....	48
VYTORIN.....	39	XEROFORM OIL EMULSION	
VYVANSE.....	40	2"X2".....	48
VYVGART.....	97	XEROFORM OIL EMULSION	
VYVGART HYTRULO.....	97	GAUZE.....	48
VYXEOS.....	26	XEROFORM OIL EMULSION	
VYZULTA.....	99	STRIP.....	48
WAINUA.....	42	XEROFORM OIL ROLL 4"X9'.....	48
WAKIX.....	105	XEROFORM PETROLAT	
warfarin sodium.....	14	GAUZE 1"X8".....	48
WAVESENSE AMP.....	62	XEROFORM PETROLAT	
WEGOVI.....	42	GAUZE 5"X9".....	48
WELCHOL.....	39	XEROFORM PETROLAT	
WELIREG.....	26	PATCH 2"X2".....	48
WELLBUTRIN SR.....	18	XEROFORM PETROLAT	
WELLBUTRIN XL.....	18	PATCH 4"X4".....	48
WELLFOLA.....	69	XEROFORM PETROLATUM	
wera.....	81	DRES 4"X4".....	48
wes-phos 250 neutral.....	69	XEROFORM PETROLATUM	
WESTGEL DHA.....	69	DRES 5"X9".....	48
WILATE.....	33	XEROFORM PETROLATUM	
WINLEVI.....	48	ROLL 4"X9'.....	48
WINREVAIR.....	104	XGEVA.....	88
WINRHO SDF.....	87	XHANCE.....	101
wixela inhub.....	103	XIAFLEX.....	97
wymzya fe.....	81	XIFAXAN.....	13
WYNZORA.....	48	XIGDUO XR.....	49
XACIATO.....	13	XIIDRA.....	100
XALATAN.....	99	XOFIGO.....	26
XALIX.....	48	XOFLUZA (40 MG DOSE).....	31
XALKORI.....	26	XOFLUZA (80 MG DOSE).....	31
XANAX.....	31	XOLAIR.....	103
		XOLREMDI.....	33
		XOPENEX HFA.....	103
		XOSPATA.....	26
		XPHOZAH.....	97
		XPOVIO (100 MG ONCE	
		WEEKLY).....	26
		XPOVIO (40 MG ONCE	
		WEEKLY).....	26
		XPOVIO (40 MG TWICE	
		WEEKLY).....	26
		XPOVIO (60 MG ONCE	
		WEEKLY).....	26
		XPOVIO (60 MG TWICE	
		WEEKLY).....	26
		XPOVIO (80 MG ONCE	
		WEEKLY).....	26
		XPOVIO (80 MG TWICE	
		WEEKLY).....	26
		XTAMPZA ER.....	5
		XTANDI.....	26
		xulane.....	81
		XULTOPHY.....	49
		XURIDEN.....	73
		XYLOCAINE.....	8
		XYLOCAINE/EPINEPHRINE.....	8
		XYLOCAINE-MPF.....	8
		XYLOCAINE-	
		MPF/EPINEPHRINE.....	8
		XYNTHA.....	33
		XYNTHA SOLOFUSE.....	33
		XYOSTED.....	76
		XYREM.....	105
		XYWAV.....	105
		yargesa.....	73
		YASMIN 28.....	81
		YAZ.....	81
		YCANTH.....	48
		YERVOY.....	26
		YONDELIS.....	26
		YONSA.....	26
		YOSPRALA.....	28
		YUFLYMA (1 PEN).....	87
		YUFLYMA (2 PEN).....	87
		YUFLYMA (2 SYRINGE).....	87
		YUFLYMA-CD/UC/HS STARTER	87
		YUPELRI.....	103
		YUSIMRY.....	87
		yuvafem.....	81
		zafemy.....	81
		zafirlukast.....	103
		zaleplon.....	105

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH

ZALTRAP.....	26	ZIPSOR.....	6
ZALVIT.....	69	ZIRABEV.....	26
ZANAFLEX.....	105	ZIRGAN.....	98
ZANOSAR.....	26	ZITHROMAX.....	13
ZARONTIN.....	16	ZITHROMAX TRI-PAK.....	13
ZARXIO.....	33	ZITHROMAX Z-PAK.....	13
ZAVZPRET.....	20	ZITUVIO.....	49
ZEGALOGUE.....	62	ZOCOR.....	39
ZEGERID.....	70	ZOKINVY.....	97
ZEJULA.....	26	ZOLADEX.....	77
ZELBORAF.....	26	zoledronic acid.....	88
ZELDANA.....	69	ZOLINZA.....	26
ZEMAIRA.....	103	zolmitriptan.....	20
ZEMBRACE SYMTOUCH.....	20	ZOLOFT.....	18
ZEMDRI.....	13	ZOLPIDEM TARTRATE.....	105
ZEMPLAR.....	88	zolpidem tartrate.....	105
zenatane.....	48	zolpidem tartrate er.....	105
ZENIFIBER AG.....	48	ZOMACTON.....	77
ZENIFOAM AG.....	48	ZOMIG.....	20
ZENPEP.....	73	ZONEGRAN.....	16
ZENZEDI.....	40	ZONISADE.....	16
ZEPATIER.....	31	zonisamide.....	16
ZEPBOUND.....	42	ZONTIVITY.....	28
ZEPOSIA.....	41	ZORTRESS.....	87
ZEPOSIA 7-DAY STARTER PACK.....	41	ZORYVE.....	48
ZEPOSIA STARTER KIT.....	41	ZOSYN.....	13
ZEPZELCA.....	26	zovia 1/35 (28).....	81
ZERBAXA.....	13	ZOVIRAX.....	31
ZERVIATE.....	98	ZTALMY.....	16
ZESTRIL.....	39	ZTLIDO.....	8
ZETIA.....	39	ZUBSOLV.....	9
ZEVALIN Y-90.....	26	ZULRESSO.....	18
ZEWA DIGITAL TENS UNIT.....	97	zumandimine.....	81
ZEWA TENS/EMS COMBO UNIT.....	97	ZURZUVAE.....	18
ZIAGEN.....	31	ZYCLARA.....	48
ZIANA.....	48	ZYCLARA PUMP.....	48
zidovudine.....	31	ZYDELIG.....	26
ZIEXTENZO.....	33	ZYKADIA.....	26
ZILBRYSQ.....	97	ZYLET.....	100
ZILXI.....	48	ZYMFENTRA (1 PEN).....	87
ZIMHI.....	9	ZYMFENTRA (2 PEN).....	87
zinc chloride.....	69	ZYMFENTRA (2 SYRINGE).....	87
zinc sulfate.....	69	ZYNLONTA.....	27
ZINPLAVA.....	87	ZYNYZ.....	27
ZIOPTAN.....	99	ZYPITAMAG.....	39
ZIPHEX.....	69	ZYPREXA.....	29
ziprasidone hcl.....	29	ZYPREXA RELPREVV.....	29
ziprasidone mesylate.....	29	ZYPREXA ZYDIS.....	29
		ZYTIGA.....	27
		ZYVOX.....	13

Effective December 1, 2024

TIER 01: GENERIC, TIER 02: PREFERRED, TIER 03: NON-PREFERRED, PREVENT: PREVENTIVE, QL: QTY LIMIT, ST: STEP THERAPY, PA: PRIOR AUTHORIZATION

ATRIUM HEALTH