



# 2025 Premium Standard Formulary

**Optum** Rx®



# Understanding your formulary

## What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

To create the list, Optum Rx® is guided by the Pharmacy and Therapeutics Committee. This group of doctors and pharmacists reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

## How do I use my formulary?

You and your doctor can use the formulary to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. If your medication is not listed here, please visit your plan's website or call the number on your member ID card.

## What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor.

## When does the formulary change?

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

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

## Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or is similar to another prescription or over-the-counter (OTC) medication.

## What if I don't agree with a decision about an excluded medication?

You, your authorized representative, or your doctor can ask for a coverage request by calling the number on your member ID card.



### About this formulary

Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

# Medication tips

## What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (offer the same effect) as brand-name medications, but they often cost less. In some situations, brand-name medications could be lower in cost.

## What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a lower-cost option could be right for you.

## What if I am taking a specialty medication?

Specialty medications are used to treat complex conditions and are generally higher in cost. Please note, not all specialty medications are listed in the formulary.

Atrium Health specialty pharmacies can provide most of your specialty medication along with helpful programs and services.

### Questions? Contact:

- Atrium Health Specialty Pharmacy Service: **1-888-835-0063**
- Atrium Health Wake Forest Baptist Specialty Pharmacy: **1-888-862-2335**



## Over-the-counter medications (OTC)

Talk to your doctor about OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

# Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

## Tier information

Using lower tier or preferred medications can help you lower your out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high-deductible plan, the tier cost levels will apply once you meet your deductible.

| Drug tier     | Includes                                                     | Helpful tips                                                                                             |
|---------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>Tier 1</b> | \$ <b>Lower-cost</b><br>generics and some<br>brand name      | Use tier 1 drugs for the lowest out-of-pocket costs.                                                     |
| <b>Tier 2</b> | \$\$ <b>Mid-range cost</b><br>preferred brand<br>name        | Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.                              |
| <b>Tier 3</b> | \$\$\$ <b>Higher-cost</b><br>brand name and<br>some generics | Many tier 3 drugs have lower-cost options in tier 1 or 2.<br>Ask your doctor if they could work for you. |
| <b>Tier E</b> | ⊗ <b>Excluded</b>                                            | May not be covered or need prior authorization. Lower-cost options are available and covered.            |

## Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan decides how these medications may be covered.

|           |                                                                                                               |
|-----------|---------------------------------------------------------------------------------------------------------------|
| <b>M</b>  | Authorized generic or cobranded product                                                                       |
| <b>PA</b> | <b>Prior authorization</b> – Your doctor is required to give Optum Rx more information to determine coverage. |
| <b>QL</b> | <b>Quantity limit</b> – Medication may be limited to a certain quantity.                                      |
| <b>SP</b> | <b>Specialty medication</b> – Medication is designated as specialty.                                          |
| <b>ST</b> | <b>Step therapy</b> – Must try lower-cost medication(s) before a higher-cost medication can be covered        |
| <b>3P</b> | Tier 3 preferred                                                                                              |



To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx

## Table of Contents

|                                                                                   |    |
|-----------------------------------------------------------------------------------|----|
| Analgesics - Drugs for Pain .....                                                 | 3  |
| Analgesics - Drugs for Pain and Inflammation .....                                | 5  |
| Anesthetics .....                                                                 | 6  |
| Anti-Addiction / Substance Abuse Treatment Agents .....                           | 9  |
| Antibacterials .....                                                              | 9  |
| Anticoagulants .....                                                              | 14 |
| Anticonvulsants - Drugs for Seizures .....                                        | 15 |
| Antidementia Agents - Drugs for Alzheimer's Disease and Dementia .....            | 17 |
| Antidepressants .....                                                             | 17 |
| Antiemetics - Drugs for Nausea and Vomiting .....                                 | 18 |
| Antifungals .....                                                                 | 19 |
| Antigout Agents .....                                                             | 20 |
| Antimigraine Agents .....                                                         | 20 |
| Antimyasthenic Agents .....                                                       | 21 |
| Antimycobacterials .....                                                          | 22 |
| Antineoplastics - Drugs for Cancer .....                                          | 22 |
| Antiparasitics .....                                                              | 28 |
| Antiparkinson Agents .....                                                        | 28 |
| Antiplatelets .....                                                               | 29 |
| Antipsychotics - Drugs for Mood Disorders .....                                   | 29 |
| Antivirals .....                                                                  | 30 |
| Anxiolytics - Drugs for Anxiety .....                                             | 32 |
| Bipolar Agents - Drugs for Mood Disorders .....                                   | 33 |
| Blood Products and Modifiers - Drugs for Blood Disorders .....                    | 33 |
| Cardiovascular Agents - Drugs for Heart and Circulation Conditions .....          | 35 |
| Central Nervous System Agents .....                                               | 42 |
| Central Nervous System Agents - Drugs for Attention Deficit Disorder .....        | 42 |
| Central Nervous System Agents - Drugs for Multiple Sclerosis .....                | 42 |
| Central Nervous System Agents - Miscellaneous .....                               | 43 |
| Dental and Oral Agents - Drugs for Mouth and Throat Conditions .....              | 45 |
| Dermatological Agents - Drugs for Skin Conditions .....                           | 45 |
| Diabetes - Antidiabetic Agents .....                                              | 51 |
| Diabetes - Glucose Monitoring .....                                               | 52 |
| Diabetes - Glycemic Agents .....                                                  | 64 |
| Diabetes - Insulins .....                                                         | 64 |
| Electrolytes / Minerals / Metals / Vitamins .....                                 | 66 |
| Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer .....                   | 72 |
| Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions ..... | 73 |
| Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment ..... | 75 |
| Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions .....     | 76 |
| Genitourinary Agents - Drugs for Prostate Conditions .....                        | 77 |
| Hormonal Agents - Adrenal .....                                                   | 77 |
| Hormonal Agents - Men's Health .....                                              | 78 |
| Hormonal Agents - Pituitary .....                                                 | 79 |
| Hormonal Agents - Prostaglandins .....                                            | 81 |
| Hormonal Agents - Selective Estrogen Receptor Modifying Agents .....              | 81 |
| Hormonal Agents - Sex Hormones and Birth Control .....                            | 81 |
| Hormonal Agents - Thyroid .....                                                   | 85 |
| Immunological Agents - Drugs for Immune System Stimulation or Suppression .....   | 85 |
| Inflammatory Bowel Disease Agents .....                                           | 89 |
| Metabolic Bone Disease Agents .....                                               | 90 |
| Metabolic Bone Disease Agents - Drugs for Osteoporosis .....                      | 90 |
| Metabolic Bone Disease Agents - Other .....                                       | 90 |

|                                                                                         |     |
|-----------------------------------------------------------------------------------------|-----|
| Miscellaneous Therapeutic Agents .....                                                  | 90  |
| Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation .....             | 102 |
| Ophthalmic Agents - Drugs for Glaucoma .....                                            | 103 |
| Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions .....                        | 104 |
| Otic Agents - Drugs for Ear Conditions .....                                            | 105 |
| Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold .....           | 105 |
| Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions ..... | 106 |
| Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis .....                  | 108 |
| Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension .....           | 109 |
| Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm .....                       | 109 |
| Sleep Disorder Agents .....                                                             | 110 |

| Drug Name                                          | Drug Tier | Notes  |
|----------------------------------------------------|-----------|--------|
| <b>Analgesics - Drugs for Pain</b>                 |           |        |
| acetaminophen intravenous solution                 | TIER 01   |        |
| acetaminophen-codeine                              | TIER 01   | QL     |
| APADAZ                                             | EXCLUDED  | QL     |
| apap-caff-dihydrocodeine                           | TIER 01   | QL     |
| ascomp-codeine                                     | TIER 01   |        |
| bac (butalbital-acetamin-caff)                     | 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     |

| Drug Name                                                                                                                                                                    | Drug Tier | Notes  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| DURAMORPH                                                                                                                                                                    | TIER 03   |        |
| endocet                                                                                                                                                                      | TIER 01   | QL     |
| fentanyl                                                                                                                                                                     | TIER 01   | 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-%, 1-0.9 MG/50ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%, 2.5-0.9 MG/50ML-%, 5-0.9 MG/100ML-% | 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                                                                                                                                                    | TIER 01   | QL     |
| hydrocodone-ibuprofen                                                                                                                                                        | TIER 01   | QL     |
| hydromorphone hcl er                                                                                                                                                         | TIER 01   | PA; QL |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                                                                                                                                 | Drug Tier | Notes  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| 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 SOLUTION 10-0.9 MG/50ML-%, 100-0.9 MG/50ML-%, 20-0.9 MG/100ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 6-0.9 MG/30ML-% | TIER 03   |        |
| HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE                                                                                                             | TIER 03   |        |
| HYSINGLA ER                                                                                                                                                               | TIER 02   | PA; QL |

| Drug Name                                                                                          | Drug Tier | Notes  |
|----------------------------------------------------------------------------------------------------|-----------|--------|
| INFUMORPH 200                                                                                      | TIER 03   |        |
| INFUMORPH 500                                                                                      | TIER 03   |        |
| JOURNAVX                                                                                           | TIER 03   |        |
| meperidine hcl injection                                                                           | TIER 01   |        |
| meperidine hcl oral                                                                                | TIER 01   | QL     |
| methadone hcl injection                                                                            | TIER 01   |        |
| 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-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   |        |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



| Drug Name                                                                                                          | Drug Tier | Notes  |
|--------------------------------------------------------------------------------------------------------------------|-----------|--------|
| 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   |        |
| morphine sulfate intravenous solution 10 mg/ml, 2 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     |

| Drug Name                                                                       | Drug Tier | Notes  |
|---------------------------------------------------------------------------------|-----------|--------|
| 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 |
| oxymorphone hcl                                                                 | TIER 01   | QL     |
| oxymorphone hcl er                                                              | TIER 01   | PA; QL |
| pentazocine-naloxone hcl                                                        | TIER 01   | QL     |
| PERCOCET                                                                        | EXCLUDED  | QL     |
| remifentanil hcl                                                                | TIER 01   |        |
| ROXICODONE                                                                      | EXCLUDED  | QL     |
| ROXYBOND                                                                        | EXCLUDED  | QL     |
| 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 |
| <b>Analgesics - Drugs for Pain and Inflammation</b>                             |           |        |
| ARTHROTEC                                                                       | EXCLUDED  |        |
| CALDOLOR                                                                        | TIER 03   |        |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                            | Drug Tier | Notes |
|------------------------------------------------------|-----------|-------|
| CELEBREX                                             | EXCLUDED  |       |
| celecoxib oral                                       | TIER 01   |       |
| COMBOGESIC INTRAVENOUS                               | TIER 03   |       |
| COXANTO                                              | EXCLUDED  |       |
| DAYPRO                                               | TIER 03   |       |
| DICLOFENAC PATCH 1.3%                                | EXCLUDED  |       |
| diclofenac potassium oral tablet 50 mg               | TIER 01   |       |
| diclofenac sodium er                                 | 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   |       |
| FENOPRON                                             | EXCLUDED  |       |
| FLECTOR                                              | EXCLUDED  |       |
| flurbiprofen oral                                    | TIER 01   |       |
| ibuprofen lysine                                     | TIER 01   |       |
| ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml    | TIER 01   |       |
| ibuprofen oral tablet 300 mg, 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   |       |

| Drug Name                                               | Drug Tier | Notes |
|---------------------------------------------------------|-----------|-------|
| ketorolac tromethamine injection solution 15 mg/ml      | TIER 01   |       |
| ketorolac tromethamine intramuscular solution 60 mg/2ml | TIER 01   |       |
| 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  |       |
| LODINE                                                  | TIER 03   |       |
| meloxicam oral tablet                                   | TIER 01   |       |
| nabumetone oral                                         | TIER 01   |       |
| naproxen oral tablet                                    | TIER 01   |       |
| naproxen sodium oral tablet 275 mg, 550 mg              | TIER 01   |       |
| NEOPROFEN                                               | TIER 03   |       |
| OXAPROZIN ORAL CAPSULE                                  | EXCLUDED  |       |
| oxaprozin oral tablet                                   | TIER 01   |       |
| PENNSAID                                                | EXCLUDED  | PA    |
| piroxicam oral                                          | TIER 01   |       |
| RELAFEN DS                                              | EXCLUDED  |       |
| SPRIX                                                   | EXCLUDED  | PA    |
| sulindac oral                                           | TIER 01   |       |
| TOLECTIN 600                                            | EXCLUDED  |       |
| VIMOVO                                                  | EXCLUDED  | PA    |
| ZIPSOR                                                  | EXCLUDED  |       |
| ZYNRELEF INJECTION SOLUTION 400-12 MG/14ML              | TIER 03   |       |
| <b>Anesthetics</b>                                      |           |       |
| ARTICADENT DENTAL                                       | TIER 03   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                           | Drug Tier | Notes |
|---------------------------------------------------------------------|-----------|-------|
| 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   |       |
| 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 (pf)                                        | TIER 01   |       |
| bupivacaine-epinephrine solution 0.25% - 1:200000 injection         | TIER 01   |       |
| BUPIVACAINE-EPINEPHRINE SOLUTION 0.25% - 1:200000 INJECTION         | TIER 03   |       |
| bupivacaine-epinephrine solution 0.5% -1:200000 injection           | TIER 01   |       |
| BUPIVACAINE-EPINEPHRINE SOLUTION 0.5% - 1:200000 INJECTION          | TIER 03   |       |
| 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   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                                                          | Drug Tier | Notes |
|----------------------------------------------------------------------------------------------------|-----------|-------|
| L.E.T. (RACEPINEPHRINE)                                                                            | 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   |       |
| 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 10 MG/ML, 100 MG/10ML, 200 MG/10ML, 9 MG/ML     | TIER 03   |       |
| LIDOCAINE HCL INTRAVENOUS                                                                          | TIER 03   |       |

| Drug Name                                                             | Drug Tier | Notes |
|-----------------------------------------------------------------------|-----------|-------|
| lidocaine hcl solution 1 % injection                                  | TIER 01   |       |
| LIDOCAINE HCL SOLUTION 1 % INJECTION                                  | TIER 03   |       |
| lidocaine hcl solution 2 % injection                                  | TIER 01   |       |
| LIDOCAINE HCL SOLUTION 2 % INJECTION                                  | TIER 03   |       |
| lidocaine hcl solution prefilled syringe 100 mg/5ml injection         | TIER 01   |       |
| LIDOCAINE HCL SOLUTION PREFILLED SYRINGE 100 MG/5ML INJECTION         | TIER 03   |       |
| 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   |       |
| lidocaine-epinephrine (pf)                                            | TIER 01   |       |
| lidocaine-epinephrine injection solution 0.5 %-1:200000, 2 %-1:100000 | TIER 01   |       |
| LIDOCAINE-EPINEPHRINE INJECTION SOLUTION 2 %-1:200000                 | TIER 03   |       |
| lidocaine-epinephrine solution 1 %-1:100000 injection                 | TIER 01   |       |

| Drug Name                                                           | Drug Tier | Notes |
|---------------------------------------------------------------------|-----------|-------|
| LIDOCAINE-EPINEPHRINE SOLUTION 1 %-1:100000 INJECTION               | TIER 03   |       |
| lidocaine-prilocaine external cream                                 | TIER 01   |       |
| LIDOCAINE-SODIUM BICARBONATE                                        | TIER 03   |       |
| LIDOCAN                                                             | EXCLUDED  | PA    |
| LIDODERM                                                            | EXCLUDED  | PA    |
| LIDO-RACEPINEPHRINE-TETRACAINE                                      | TIER 03   |       |
| LIDORUB                                                             | 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   |       |
| ORABLOC                                                             | TIER 03   |       |
| POLOCAINE                                                           | TIER 03   |       |
| POLOCAINE-MPF                                                       | TIER 03   |       |
| PREPIV SUPPLY                                                       | TIER 03   |       |
| ropivacaine hcl injection                                           | TIER 01   |       |
| ROPIVACAINE HCL-NACL INJECTION SOLUTION 0.2-0.9 %                   | TIER 03   |       |
| ROPIVACAINE HCL-NACL INJECTION SOLUTION PREFILLED SYRINGE 0.5-0.9 % | TIER 03   |       |
| SENSORCAINE                                                         | TIER 03   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                | Drug Tier | Notes     |
|----------------------------------------------------------|-----------|-----------|
| SENSORCAINE/EPINEPHRINE                                  | TIER 03   |           |
| SENSORCAINE-MPF                                          | TIER 03   |           |
| SENSORCAINE-MPF/EPINEPHRINE                              | TIER 03   |           |
| STERILE TOPICAL L.E.T. GEL                               | TIER 03   |           |
| SYNTERMA PLUS                                            | 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 MPF +RFID                                      | TIER 03   |           |
| XYLOCAINE/EPINEPHRINE                                    | TIER 03   |           |
| XYLOCAINE-MPF                                            | TIER 03   |           |
| XYLOCAINE-MPF +RFID                                      | TIER 03   |           |
| XYLOCAINE-MPF/EPINEPHRINE                                | TIER 03   |           |
| ZTLIDO                                                   | EXCLUDED  |           |
| <b>Anti-Addiction / Substance Abuse Treatment Agents</b> |           |           |
| acamprosate calcium                                      | TIER 01   |           |
| BRIXADI                                                  | SPECIALTY |           |
| BRIXADI (WEEKLY)                                         | SPECIALTY |           |
| buprenorphine hcl sublingual                             | TIER 01   |           |
| buprenorphine hcl-naloxone hcl                           | TIER 01   |           |
| bupropion hcl er (smoking det)                           | TIER 01   | * ACA; QL |
| disulfiram oral                                          | TIER 01   |           |
| ft naloxone hcl                                          | TIER 01   |           |

| Drug Name                            | Drug Tier | Notes     |
|--------------------------------------|-----------|-----------|
| KLOXXADO                             | TIER 02   |           |
| lofexidine hcl                       | TIER 01   |           |
| 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   | * ACA; QL |
| NICOTROL NS                          | TIER 03   | * ACA; QL |
| OPVEE                                | TIER 02   |           |
| REXTOVY                              | TIER 02   |           |
| SUBLOCADE                            | SPECIALTY |           |
| SUBOXONE                             | EXCLUDED  |           |
| varenicline tartrate                 | TIER 01   | * ACA; QL |
| varenicline tartrate (starter)       | TIER 01   | * ACA; QL |
| varenicline tartrate(continue)       | TIER 01   | * ACA; QL |
| VIVITROL                             | SPECIALTY |           |
| ZIMHI                                | TIER 03   |           |
| ZUBSOLV                              | TIER 02   |           |
| <b>Antibacterials</b>                |           |           |
| 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        |
| AUGMENTIN                            | TIER 03   |           |
| AUGMENTIN ES-600                     | TIER 03   |           |
| AVIDOXY                              | TIER 03   | ST        |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



| Drug Name                                                                                    | Drug Tier | Notes |
|----------------------------------------------------------------------------------------------|-----------|-------|
| AVYCAZ                                                                                       | TIER 03   |       |
| AZACTAM                                                                                      | TIER 03   |       |
| azithromycin intravenous                                                                     | TIER 01   |       |
| azithromycin oral                                                                            | TIER 01   |       |
| aztreonam                                                                                    | TIER 01   |       |
| BACTRIM                                                                                      | TIER 03   |       |
| BACTRIM DS                                                                                   | 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   |       |
| CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%                                | TIER 03   |       |

| Drug Name                                                    | Drug Tier | Notes |
|--------------------------------------------------------------|-----------|-------|
| 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   |       |
| cephalexin oral suspension reconstituted                     | TIER 01   |       |
| cephalexin oral tablet                                       | TIER 01   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                        | Drug Tier | Notes |
|----------------------------------|-----------|-------|
| 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   |       |
| doxycycline hyclate oral capsule | TIER 01   |       |

| Drug Name                                                 | Drug Tier | Notes |
|-----------------------------------------------------------|-----------|-------|
| 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 400                                                | TIER 03   |       |
| ERYTHROCIN LACTOBIONATE                                   | TIER 03   |       |
| erythromycin base oral                                    | TIER 01   |       |
| erythromycin ethylsuccinate oral suspension reconstituted | TIER 01   |       |
| erythromycin lactobionate                                 | TIER 01   |       |
| erythromycin oral                                         | TIER 01   |       |
| EXTENCILLINE                                              | TIER 03   |       |
| FETROJA                                                   | TIER 03   |       |
| FIRVANQ                                                   | TIER 03   |       |
| fosfomycin tromethamine                                   | TIER 01   |       |
| gentamicin in saline                                      | TIER 01   |       |
| gentamicin sulfate external                               | TIER 01   |       |
| gentamicin sulfate injection                              | TIER 01   |       |
| HIPREX                                                    | TIER 03   |       |
| HUMATIN                                                   | TIER 02   |       |
| hydrogen peroxide                                         | TIER 01   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                   | Drug Tier | Notes |
|---------------------------------------------|-----------|-------|
| imipenem-cilastatin                         | TIER 01   |       |
| iodine tincture external<br>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<br>chloride             | TIER 01   |       |
| linezolid intravenous                       | TIER 01   |       |
| linezolid oral                              | TIER 01   | QL    |
| LUGOLS STRONG<br>IODINE                     | TIER 03   |       |
| MACROBID                                    | TIER 03   |       |
| MACRODANTIN                                 | TIER 03   |       |
| meropenem                                   | TIER 01   |       |
| MEROPENEM-SODIUM<br>CHLORIDE                | TIER 03   |       |
| methenamine hippurate                       | TIER 01   |       |
| metronidazole<br>intravenous                | TIER 01   |       |
| metronidazole oral tablet<br>250 mg, 500 mg | TIER 01   |       |
| metronidazole vaginal                       | TIER 01   |       |
| MINOCIN                                     | TIER 03   |       |
| minocycline hcl oral<br>capsule             | TIER 01   |       |
| MONDOXYNE NL                                | TIER 03   | ST    |
| moxifloxacin hcl in nacl                    | TIER 01   |       |
| MOXIFLOXACIN HCL<br>INTRAVENOUS             | TIER 03   |       |
| moxifloxacin hcl oral                       | TIER 01   |       |
| mupirocin ointment                          | TIER 01   |       |

| Drug Name                                      | Drug Tier | Notes |
|------------------------------------------------|-----------|-------|
| nafcillin sodium                               | TIER 01   |       |
| NAFCILLIN SODIUM IN<br>DEXTROSE                | TIER 03   |       |
| neomycin sulfate oral                          | TIER 01   |       |
| neomycin-polymyxin b<br>gu                     | TIER 01   |       |
| nitrofurantoin<br>macrocrystal                 | TIER 01   |       |
| nitrofurantoin<br>monohydrate<br>macrocrystals | TIER 01   |       |
| NITROFURANTOIN<br>ORAL SUSPENSION 50<br>MG/5ML | EXCLUDED  |       |
| NUVESSA                                        | EXCLUDED  |       |
| NUZYRA<br>INTRAVENOUS                          | TIER 03   |       |
| NUZYRA ORAL                                    | TIER 03   | QL    |
| ofloxacin oral                                 | TIER 01   |       |
| ORBACTIV                                       | TIER 03   |       |
| oxacillin sodium                               | TIER 01   |       |
| OXACILLIN SODIUM IN<br>DEXTROSE                | TIER 03   |       |
| PENICILLIN G POT IN<br>DEXTROSE                | TIER 03   |       |
| penicillin g potassium                         | TIER 01   |       |
| penicillin g sodium                            | TIER 01   |       |
| penicillin v potassium                         | TIER 01   |       |
| PFIZERPEN                                      | TIER 03   |       |
| piperacillin sod-<br>tazobactam sod            | TIER 01   |       |
| polymyxin b sulfate<br>injection               | TIER 01   |       |
| PRIMAXIN IV                                    | TIER 03   |       |
| RECARBRIO                                      | TIER 03   |       |
| SEYSARA                                        | TIER 03   | ST    |
| SILVADENE                                      | EXCLUDED  |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| 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   |       |

| Drug Name                                                                                                                                                                                                 | Drug Tier | Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| 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   |       |
| 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                                                                                                                                                                                | TIER 01   |       |
| vancomycin hcl oral                                                                                                                                                                                       | TIER 01   |       |
| VANDAZOLE                                                                                                                                                                                                 | TIER 03   | ST    |
| VIBATIV                                                                                                                                                                                                   | TIER 03   |       |
| XACIATO                                                                                                                                                                                                   | TIER 03   |       |
| XERAVA                                                                                                                                                                                                    | TIER 03   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                       | Drug Tier | Notes |
|-----------------------------------------------------------------|-----------|-------|
| 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    |
| <b>Anticoagulants</b>                                           |           |       |
| 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   |       |
| 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   |       |

| Drug Name                                                                                                                                          | Drug Tier | Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| 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   |       |
| rivaroxaban                                                                                                                                        | TIER 01   |       |
| SAVAYSA                                                                                                                                            | TIER 03   |       |
| 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   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                                  | Drug Tier | Notes |
|----------------------------------------------------------------------------|-----------|-------|
| <b>Anticonvulsants -<br/>Drugs for Seizures</b>                            |           |       |
| APTOM                                                                      | TIER 03   |       |
| BRIVIACT<br>INTRAVENOUS                                                    | TIER 03   |       |
| BRIVIACT ORAL                                                              | TIER 03   | ST    |
| carbamazepine er oral<br>capsule extended<br>release 12 hour               | PREVENT   |       |
| carbamazepine er oral<br>tablet extended release<br>12 hour 100 mg         | TIER 01   |       |
| carbamazepine er oral<br>tablet extended release<br>12 hour 200 mg, 400 mg | PREVENT   |       |
| carbamazepine oral<br>suspension                                           | PREVENT   |       |
| carbamazepine oral<br>tablet                                               | PREVENT   |       |
| carbamazepine oral<br>tablet chewable 100 mg                               | PREVENT   |       |
| carbamazepine oral<br>tablet chewable 200 mg                               | TIER 01   |       |
| CARBATROL                                                                  | EXCLUDED  |       |
| CEREBYX                                                                    | TIER 03   |       |
| clobazam oral<br>suspension 2.5 mg/ml                                      | TIER 01   | PA    |
| clobazam oral tablet                                                       | TIER 01   | PA    |
| DEPAKOTE                                                                   | EXCLUDED  |       |
| DEPAKOTE ER                                                                | EXCLUDED  |       |
| DEPAKOTE<br>SPRINKLES                                                      | EXCLUDED  |       |
| DIACOMIT                                                                   | SPECIALTY | PA    |
| diazepam rectal                                                            | TIER 01   | QL    |
| DILANTIN INFATABS                                                          | EXCLUDED  |       |
| DILANTIN ORAL<br>CAPSULE 100 MG                                            | EXCLUDED  |       |
| DILANTIN ORAL<br>CAPSULE 30 MG                                             | TIER 02   |       |

| Drug Name                                              | Drug Tier | Notes |
|--------------------------------------------------------|-----------|-------|
| DILANTIN-125                                           | EXCLUDED  |       |
| divalproex sodium er                                   | TIER 01   |       |
| divalproex sodium oral                                 | TIER 01   |       |
| ELEPSIA XR                                             | EXCLUDED  |       |
| EPIDIOLEX                                              | SPECIALTY | PA    |
| epitol                                                 | PREVENT   |       |
| EPRONTIA                                               | EXCLUDED  |       |
| eslicarbazepine acetate                                | TIER 01   |       |
| 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<br>600 mg, 800 mg               | TIER 01   |       |
| GABARONE                                               | EXCLUDED  | QL    |
| KEPPRA<br>INTRAVENOUS                                  | TIER 03   |       |
| KEPPRA ORAL                                            | EXCLUDED  |       |
| KEPPRA XR                                              | EXCLUDED  |       |
| lacosamide                                             | TIER 01   |       |
| LAMICTAL                                               | EXCLUDED  |       |
| LAMICTAL ODT                                           | EXCLUDED  |       |
| LAMICTAL STARTER                                       | EXCLUDED  |       |
| LAMICTAL XR ORAL<br>KIT                                | TIER 03   |       |
| LAMICTAL XR ORAL<br>TABLET EXTENDED<br>RELEASE 24 HOUR | EXCLUDED  |       |
| lamotrigine er                                         | TIER 01   |       |
| lamotrigine oral                                       | TIER 01   |       |
| lamotrigine starter kit-<br>blue                       | TIER 01   |       |
| lamotrigine starter kit-<br>green                      | TIER 01   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx  
Atrium Health**



| Drug Name                                        | Drug Tier | Notes |
|--------------------------------------------------|-----------|-------|
| lamotrigine starter kit-orange                   | TIER 01   |       |
| levetiracetam er                                 | TIER 01   |       |
| levetiracetam in nacl                            | TIER 01   |       |
| levetiracetam intravenous                        | TIER 01   |       |
| levetiracetam oral solution                      | TIER 01   |       |
| levetiracetam oral tablet                        | TIER 01   |       |
| LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE | EXCLUDED  |       |
| 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   |       |
| perampanel                                       | 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   |       |
| roweepra                                         | TIER 01   |       |
| rufinamide                                       | TIER 01   | PA    |

| Drug Name                                           | Drug Tier | Notes |
|-----------------------------------------------------|-----------|-------|
| 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 10 MG DOSE                                  | TIER 03   | QL    |
| VALTOCO 15 MG DOSE                                  | TIER 03   | QL    |
| VALTOCO 20 MG DOSE                                  | TIER 03   | QL    |
| VALTOCO 5 MG DOSE                                   | TIER 03   | QL    |
| vigabatrin                                          | SPECIALTY | PA    |
| VIGADRONE                                           | EXCLUDED  | PA    |
| VIGAFYDE                                            | SPECIALTY | PA    |
| VIMPAT                                              | EXCLUDED  |       |
| XCOPRI                                              | TIER 03   | ST    |
| ZARONTIN                                            | TIER 02   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                                       | Drug Tier | Notes |
|---------------------------------------------------------------------------------|-----------|-------|
| ZONEGRAN                                                                        | EXCLUDED  |       |
| ZONISADE                                                                        | EXCLUDED  | PA    |
| zonisamide oral                                                                 | TIER 01   |       |
| ZTALMY                                                                          | SPECIALTY | PA    |
| <b>Antidementia Agents -<br/>Drugs for Alzheimer's<br/>Disease and Dementia</b> |           |       |
| ADLARITY                                                                        | EXCLUDED  |       |
| donepezil hcl                                                                   | TIER 01   |       |
| galantamine<br>hydrobromide                                                     | TIER 01   |       |
| galantamine<br>hydrobromide er                                                  | TIER 01   |       |
| KISUNLA                                                                         | EXCLUDED  | PA    |
| LEQEMBI                                                                         | EXCLUDED  | PA    |
| memantine hcl er                                                                | TIER 01   |       |
| memantine hcl oral<br>solution 2 mg/ml                                          | TIER 01   |       |
| memantine hcl oral tablet                                                       | TIER 01   |       |
| memantine hcl-donepezil<br>hcl                                                  | TIER 01   |       |
| NAMZARIC                                                                        | TIER 02   |       |
| rivastigmine tartrate                                                           | TIER 01   |       |
| <b>Antidepressants</b>                                                          |           |       |
| amitriptyline hcl oral                                                          | PREVENT   |       |
| amoxapine                                                                       | TIER 01   |       |
| AUVELITY                                                                        | EXCLUDED  |       |
| bupropion hcl er (sr)                                                           | TIER 01   |       |
| bupropion hcl er (xl) oral<br>tablet extended release<br>24 hour 150 mg, 300 mg | TIER 01   |       |
| BUPROPION HCL ER<br>(XL) ORAL TABLET<br>EXTENDED RELEASE<br>24 HOUR 450 MG      | EXCLUDED  |       |
| bupropion hcl oral                                                              | TIER 01   |       |
| CELEXA                                                                          | EXCLUDED  |       |

| Drug Name                                      | Drug Tier | Notes  |
|------------------------------------------------|-----------|--------|
| chlordiazepoxide-<br>amitriptyline             | TIER 01   |        |
| CITALOPRAM<br>HYDROBROMIDE ORAL<br>CAPSULE     | EXCLUDED  |        |
| citalopram hydrobromide<br>oral solution       | PREVENT   |        |
| citalopram hydrobromide<br>oral tablet         | PREVENT   |        |
| clomipramine hcl oral                          | TIER 01   |        |
| desipramine hcl oral                           | TIER 01   |        |
| DESVENLAFAXINE ER                              | TIER 03   | ST; QL |
| desvenlafaxine succinate<br>er                 | TIER 01   |        |
| doxepin hcl oral capsule                       | TIER 01   |        |
| doxepin hcl oral<br>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<br>capsule                 | PREVENT   |        |
| fluoxetine hcl oral<br>capsule delayed release | PREVENT   |        |
| fluoxetine hcl oral<br>solution                | PREVENT   |        |
| fluoxetine hcl oral tablet<br>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   |        |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx  
Atrium Health**

| Drug Name                       | Drug Tier | Notes  |
|---------------------------------|-----------|--------|
| mirtazapine oral                | TIER 01   |        |
| NARDIL                          | TIER 03   |        |
| nefazodone hcl                  | TIER 01   |        |
| NORPRAMIN                       | TIER 03   |        |
| nortriptyline hcl oral          | TIER 01   |        |
| olanzapine-fluoxetine hcl       | TIER 01   |        |
| paroxetine hcl er               | TIER 01   |        |
| paroxetine hcl oral suspension  | TIER 01   |        |
| paroxetine hcl oral tablet      | PREVENT   |        |
| PAXIL                           | EXCLUDED  |        |
| PAXIL CR                        | 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  |        |

| Drug Name                                                      | Drug Tier | Notes  |
|----------------------------------------------------------------|-----------|--------|
| 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   |        |
| vilazodone hcl                                                 | TIER 01   |        |
| WELLBUTRIN SR                                                  | EXCLUDED  |        |
| WELLBUTRIN XL                                                  | EXCLUDED  |        |
| ZOLOFT                                                         | EXCLUDED  |        |
| ZURZUVAE                                                       | TIER 03   | PA     |
| <b>Antiemetics - Drugs for Nausea and Vomiting</b>             |           |        |
| AKYNZEO (READY-TO-USE)                                         | TIER 03   |        |
| AKYNZEO (TO-BE-DILUTED)                                        | TIER 03   |        |
| AKYNZEO INTRAVENOUS                                            | TIER 03   |        |
| AKYNZEO ORAL                                                   | TIER 03   | QL     |
| ANZEMET                                                        | TIER 03   | QL     |
| APONVIE                                                        | TIER 03   |        |
| aprepitant                                                     | TIER 01   | QL     |
| BARHEMSYS                                                      | TIER 03   |        |
| BONJESTA                                                       | TIER 03   | PA; QL |
| CINVANTI                                                       | TIER 03   |        |
| COMPRO                                                         | TIER 03   |        |
| 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 BIPACK                                                   | TIER 03   | QL     |
| EMEND INTRAVENOUS                                              | TIER 03   |        |
| EMEND ORAL                                                     | TIER 03   | QL     |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                     | Drug Tier | Notes |
|-----------------------------------------------|-----------|-------|
| EMEND TRIPACK                                 | TIER 03   | QL    |
| FOCINVEZ                                      | TIER 03   |       |
| fosaprepitant<br>dimeglumine                  | TIER 01   |       |
| GIMOTI                                        | EXCLUDED  |       |
| granisetron hcl<br>intravenous                | TIER 01   |       |
| granisetron hcl oral                          | TIER 01   | QL    |
| meclizine hcl oral tablet                     | TIER 01   |       |
| metoclopramide hcl<br>injection               | TIER 01   |       |
| metoclopramide hcl oral                       | TIER 01   |       |
| ondansetron hcl +rfid                         | TIER 01   |       |
| ondansetron hcl injection                     | TIER 01   |       |
| ondansetron hcl oral<br>solution              | TIER 01   | QL    |
| ondansetron hcl oral<br>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<br>edisylate injection       | TIER 01   |       |
| prochlorperazine<br>maleate oral              | TIER 01   |       |
| promethazine hcl<br>injection                 | TIER 01   |       |
| promethazine hcl oral<br>solution 6.25 mg/5ml | TIER 01   |       |
| promethazine hcl oral<br>syrup                | TIER 01   |       |
| promethazine hcl oral<br>tablet               | TIER 01   |       |
| promethazine hcl rectal                       | TIER 01   |       |

| Drug Name                                    | Drug Tier | Notes  |
|----------------------------------------------|-----------|--------|
| PROMETHEGAN<br>RECTAL<br>SUPPOSITORY 50 MG   | TIER 03   |        |
| REGLAN                                       | TIER 03   |        |
| SANCUSO                                      | EXCLUDED  | QL     |
| scopolamine                                  | TIER 01   |        |
| SUSTOL                                       | TIER 03   | QL     |
| SYNDROS                                      | TIER 03   | PA; QL |
| TIGAN                                        | TIER 03   |        |
| trimethobenzamide hcl<br>oral                | TIER 01   |        |
| VARUBI (180 MG<br>DOSE)                      | TIER 03   | QL     |
| <b>Antifungals</b>                           |           |        |
| ABELCET                                      | TIER 03   |        |
| AMBISOME                                     | TIER 03   |        |
| amphotericin b<br>intravenous                | TIER 01   |        |
| amphotericin b liposome                      | TIER 01   |        |
| ANCOBON                                      | TIER 03   |        |
| BREXAFEMME                                   | EXCLUDED  |        |
| CANCIDAS                                     | TIER 03   |        |
| caspofungin acetate                          | TIER 01   |        |
| ciclodan                                     | TIER 01   |        |
| ciclopirox external                          | TIER 01   |        |
| ciclopirox olamine<br>external               | TIER 01   |        |
| clotrimazole external                        | TIER 01   |        |
| clotrimazole mouth/throat                    | TIER 01   |        |
| clotrimazole-<br>betamethasone               | TIER 01   |        |
| CRESEMBA<br>INTRAVENOUS                      | SPECIALTY |        |
| CRESEMBA ORAL                                | SPECIALTY | PA     |
| DIFLUCAN ORAL<br>SUSPENSION<br>RECONSTITUTED | TIER 03   |        |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                              | Drug Tier | Notes |
|--------------------------------------------------------|-----------|-------|
| econazole nitrate external                             | TIER 01   |       |
| ERAXIS                                                 | TIER 03   |       |
| EXODERM EXTERNAL LOTION                                | TIER 03   |       |
| fluconazole in sodium chloride                         | TIER 01   |       |
| fluconazole oral                                       | TIER 01   |       |
| flucytosine oral                                       | TIER 01   |       |
| griseofulvin microsize oral                            | TIER 01   |       |
| griseofulvin ultramicrosize oral tablet 125 mg, 250 mg | TIER 01   |       |
| GYNAZOLE-1                                             | TIER 03   |       |
| itraconazole oral                                      | TIER 01   | PA    |
| JUBLIA                                                 | EXCLUDED  | PA    |
| ketoconazole external cream                            | TIER 01   |       |
| ketoconazole external shampoo                          | TIER 01   |       |
| ketoconazole oral                                      | TIER 01   |       |
| klayesta                                               | TIER 01   |       |
| miconazole sodium                                      | TIER 01   |       |
| MICAFUNGIN SODIUM-NACL                                 | TIER 03   |       |
| miconazole 3                                           | TIER 01   |       |
| MYCAMINE                                               | TIER 03   |       |
| 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   |       |

| Drug Name                                                       | Drug Tier | Notes  |
|-----------------------------------------------------------------|-----------|--------|
| 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     |
| <b>Antigout Agents</b>                                          |           |        |
| 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   |        |
| <b>Antimigraine Agents</b>                                      |           |        |
| 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 |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                    | Drug Tier | Notes  |
|--------------------------------------------------------------|-----------|--------|
| 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     |
| 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     |

| Drug Name                                                                                     | Drug Tier | Notes  |
|-----------------------------------------------------------------------------------------------|-----------|--------|
| 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     |
| <b>Antimyasthenic Agents</b>                                                                  |           |        |
| BLOXIVERZ                                                                                     | TIER 03   |        |
| 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 rfid                                                                | TIER 01   |        |
| neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous                     | TIER 01   |        |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



| Drug Name                                                                 | Drug Tier | Notes |
|---------------------------------------------------------------------------|-----------|-------|
| NEOSTIGMINE METHYLSULFATE SOLUTION PREFILLED SYRINGE 3 MG/3ML INTRAVENOUS | TIER 03   |       |
| pyridostigmine bromide er                                                 | TIER 01   |       |
| pyridostigmine bromide oral                                               | TIER 01   |       |
| REGONOL                                                                   | TIER 03   |       |
| VYVGART                                                                   | SPECIALTY | PA    |
| VYVGART HYTRULO                                                           | SPECIALTY | PA    |
| <b>Antimycobacterials</b>                                                 |           |       |
| 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   |       |
| rifampin oral                                                             | TIER 01   |       |
| SIRTURO                                                                   | TIER 03   |       |
| TRECATOR                                                                  | TIER 03   |       |
| <b>Antineoplastics - Drugs for Cancer</b>                                 |           |       |
| abiraterone acetate                                                       | SPECIALTY | PA    |
| ABRAXANE                                                                  | SPECIALTY |       |
| ADCETRIS                                                                  | SPECIALTY | PA    |
| adriamycin                                                                | SPECIALTY |       |
| AFINITOR                                                                  | EXCLUDED  | PA    |
| AFINITOR DISPERZ                                                          | EXCLUDED  | PA    |
| AKEEGA                                                                    | EXCLUDED  | PA    |
| ALECENSA                                                                  | SPECIALTY | PA    |

| Drug Name                                           | Drug Tier | Notes |
|-----------------------------------------------------|-----------|-------|
| ALIMTA                                              | SPECIALTY |       |
| ALUNBRIG                                            | SPECIALTY | PA    |
| ALYMSYS                                             | EXCLUDED  | PA    |
| anastrozole oral                                    | TIER 01   | * ACA |
| ANKTIVA                                             | SPECIALTY | PA    |
| ARIMIDEX                                            | EXCLUDED  |       |
| ARRANON                                             | SPECIALTY |       |
| arsenic trioxide intravenous                        | SPECIALTY |       |
| ARZERRA                                             | SPECIALTY | PA    |
| ASPARLAS                                            | SPECIALTY |       |
| AUGTYRO                                             | SPECIALTY | PA    |
| AVASTIN                                             | SPECIALTY | PA    |
| AXTLE                                               | SPECIALTY |       |
| AYVAKIT                                             | SPECIALTY | PA    |
| azacitidine                                         | SPECIALTY |       |
| BALVERSA                                            | SPECIALTY | PA    |
| BAVENCIO                                            | SPECIALTY | PA    |
| BELEODAQ                                            | SPECIALTY | PA    |
| BELRAPZO                                            | EXCLUDED  | PA    |
| BENDAMUSTINE HCL INTRAVENOUS SOLUTION               | EXCLUDED  | PA    |
| bendamustine hcl intravenous solution reconstituted | SPECIALTY | PA    |
| BENDEKA                                             | SPECIALTY | PA    |
| BESPONSA                                            | SPECIALTY | PA    |
| BESREMI                                             | SPECIALTY | PA    |
| bexarotene                                          | SPECIALTY | PA    |
| bicalutamide                                        | TIER 01   |       |
| BIZENGRI (750 MG DOSE)                              | SPECIALTY | PA    |
| bleomycin sulfate                                   | SPECIALTY |       |
| BLINCYTO                                            | SPECIALTY | PA    |
| bortezomib                                          | SPECIALTY | PA    |
| BORUZU                                              | SPECIALTY | PA    |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                 | Drug Tier | Notes |
|-----------------------------------------------------------|-----------|-------|
| 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    |
| COMETRIQ                                                  | SPECIALTY | PA    |
| COPIKTRA                                                  | SPECIALTY | PA    |
| COSELA                                                    | EXCLUDED  | PA    |
| COTELLIC                                                  | SPECIALTY | PA    |
| cyclophosphamide injection                                | SPECIALTY |       |
| CYCLOPHOSPHAMIDE INTRAVENOUS                              | SPECIALTY |       |
| cyclophosphamide oral capsule                             | SPECIALTY |       |

| Drug Name                    | Drug Tier | Notes |
|------------------------------|-----------|-------|
| CYCLOPHOSPHAMIDE ORAL TABLET | SPECIALTY |       |
| CYRAMZA                      | SPECIALTY | PA    |
| cytarabine                   | SPECIALTY |       |
| cytarabine (pf)              | SPECIALTY |       |
| dacarbazine                  | SPECIALTY |       |
| dactinomycin                 | SPECIALTY |       |
| DANYELZA                     | SPECIALTY | PA    |
| DANZITEN                     | SPECIALTY | PA    |
| DARZALEX                     | SPECIALTY | PA    |
| DARZALEX FASPRO              | EXCLUDED  | PA    |
| dasatinib                    | SPECIALTY | PA    |
| DATROWAY                     | 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 |       |
| ELLENCE                      | SPECIALTY |       |
| ELREXFIO                     | SPECIALTY | PA    |
| EMPLICITI                    | SPECIALTY | PA    |
| ENHERTU                      | SPECIALTY | PA    |
| EPKINLY                      | SPECIALTY | PA    |
| ERBITUX                      | SPECIALTY | PA    |
| eribulin mesylate            | SPECIALTY | PA    |
| ERIVEDGE                     | SPECIALTY | PA    |
| ERLEADA                      | SPECIALTY | PA    |
| erlotinib hcl                | SPECIALTY | PA    |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                          | Drug Tier | Notes |
|----------------------------------------------------|-----------|-------|
| 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 | * ACA |
| FASLODEX                                           | SPECIALTY |       |
| floxuridine                                        | SPECIALTY |       |
| fludarabine phosphate                              | SPECIALTY |       |
| fluorouracil intravenous                           | SPECIALTY |       |
| FOLOTYN                                            | SPECIALTY | PA    |
| FOTIVDA                                            | EXCLUDED  | PA    |
| FRINDOVYX                                          | SPECIALTY |       |
| FRUZAQLA                                           | SPECIALTY | PA    |
| fulvestrant                                        | SPECIALTY |       |
| FYARRO                                             | SPECIALTY | PA    |
| GAVRETO                                            | SPECIALTY | PA    |
| GAZYVA                                             | SPECIALTY | PA    |
| gefitinib                                          | SPECIALTY | PA    |
| gemcitabine hcl                                    | SPECIALTY |       |
| GILOTRIF                                           | SPECIALTY | PA    |
| GLEEVEC                                            | SPECIALTY | PA    |
| GLEOSTINE                                          | SPECIALTY |       |
| HALAVEN                                            | SPECIALTY | PA    |
| HERCEPTIN                                          | SPECIALTY | PA    |
| HERCEPTIN HYLECTA                                  | SPECIALTY | PA    |
| HERCESSI                                           | EXCLUDED  | PA    |
| HERZUMA                                            | EXCLUDED  | PA    |
| HYCAMTIN                                           | SPECIALTY |       |
| HYDREA                                             | TIER 03   |       |
| hydroxyurea oral                                   | TIER 01   |       |

| Drug Name                            | Drug Tier | Notes |
|--------------------------------------|-----------|-------|
| IBRANCE                              | SPECIALTY | PA    |
| ICLUSIG                              | SPECIALTY | PA    |
| IDAMYCIN PFS                         | SPECIALTY |       |
| idarubicin hcl                       | SPECIALTY |       |
| IDHIFA                               | SPECIALTY | PA    |
| IFEX                                 | SPECIALTY |       |
| ifosfamide                           | SPECIALTY |       |
| imatinib mesylate oral               | 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    |
| IMKELDI                              | SPECIALTY | PA    |
| INLYTA                               | SPECIALTY | PA    |
| INQOVI                               | EXCLUDED  | PA    |
| INREBIC                              | SPECIALTY | PA    |
| IRESSA                               | SPECIALTY | PA    |
| irinotecan hcl                       | SPECIALTY |       |
| ISTODAX                              | SPECIALTY | PA    |
| ITOVEBI                              | SPECIALTY | PA    |
| IXEMPRA KIT                          | SPECIALTY |       |
| JAKAFI                               | SPECIALTY | PA    |
| JAYPIRCA                             | SPECIALTY | PA    |
| JEMPERLI                             | SPECIALTY | PA    |
| JEVTANA                              | SPECIALTY | PA    |
| KADCYLA                              | SPECIALTY | PA    |
| KANJINTI                             | SPECIALTY | PA    |
| KEYTRUDA                             | SPECIALTY | PA    |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                                                                                   | Drug Tier | Notes |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| KHAPZORY                                                                                                                    | SPECIALTY |       |
| 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    |
| LAZCLUZE                                                                                                                    | 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 suspension | SPECIALTY |       |
| mercaptopurine oral tablet     | 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    |
| NIKTIMVO                       | EXCLUDED  | PA    |
| NILANDRON                      | SPECIALTY |       |
| nilotinib hcl                  | SPECIALTY | PA    |
| nilutamide                     | SPECIALTY |       |
| NINLARO                        | SPECIALTY | PA    |
| NIPENT                         | SPECIALTY |       |
| NUBEQA                         | SPECIALTY | PA    |
| ODOMZO                         | SPECIALTY | PA    |
| OGIVRI                         | EXCLUDED  | PA    |
| OGSIVEO                        | SPECIALTY | PA    |
| OJEMDA                         | SPECIALTY | PA    |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                              | Drug Tier | Notes |
|--------------------------------------------------------|-----------|-------|
| OJJAARA                                                | EXCLUDED  | PA    |
| ONCASPAR                                               | SPECIALTY |       |
| ONIVYDE                                                | SPECIALTY |       |
| ONTRUZANT                                              | EXCLUDED  | PA    |
| ONUREG                                                 | SPECIALTY | PA    |
| OPDIVO                                                 | SPECIALTY | PA    |
| OPDIVO QVANTIG                                         | SPECIALTY | PA    |
| 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 DIPOTASSIUM                                 | SPECIALTY |       |
| PEMETREXED DISODIUM INTRAVENOUS SOLUTION               | SPECIALTY |       |
| pemetrexed disodium intravenous solution reconstituted | SPECIALTY |       |
| PEMFEXY                                                | SPECIALTY |       |
| PEMRYDI RTU                                            | SPECIALTY |       |
| PERJETA                                                | SPECIALTY | PA    |
| PHESGO                                                 | SPECIALTY | PA    |
| PHOTOFRIN                                              | SPECIALTY |       |
| PIQRAY                                                 | SPECIALTY | PA    |
| POLIVY                                                 | SPECIALTY | PA    |
| POMALYST                                               | SPECIALTY | PA    |

| Drug Name          | Drug Tier | Notes |
|--------------------|-----------|-------|
| PORTRAZZA          | SPECIALTY | PA    |
| POTELIGEO          | SPECIALTY | PA    |
| PROLEUKIN          | SPECIALTY |       |
| PURIXAN            | SPECIALTY |       |
| QINLOCK            | SPECIALTY | PA    |
| RETEVMO            | SPECIALTY | PA    |
| REVLIMID           | SPECIALTY | PA    |
| REVUFORJ           | SPECIALTY | PA    |
| REZLIDHIA          | EXCLUDED  | PA    |
| RIABNI             | EXCLUDED  | PA    |
| RITUXAN            | SPECIALTY | PA    |
| RITUXAN HYCELA     | SPECIALTY | PA    |
| romidepsin         | SPECIALTY | PA    |
| ROMVIMZA           | SPECIALTY | PA    |
| ROZLYTREK          | SPECIALTY | PA    |
| RUBRACA            | EXCLUDED  | PA    |
| RUXIENCE           | SPECIALTY | PA    |
| RYBREVANT          | SPECIALTY | PA    |
| RYDAPT             | SPECIALTY | PA    |
| RYLAZE             | EXCLUDED  | PA    |
| RYTELO             | SPECIALTY | PA    |
| SARCLISA           | SPECIALTY | PA    |
| SCEMBLIX           | SPECIALTY | PA    |
| SOLTAMOX           | TIER 03   | * ACA |
| sorafenib tosylate | SPECIALTY | PA    |
| SPRYCEL            | EXCLUDED  | PA    |
| STIVARGA           | SPECIALTY | PA    |
| sunitinib malate   | SPECIALTY | PA    |
| SUTENT             | EXCLUDED  | PA    |
| SYLVANT            | SPECIALTY | PA    |
| TABLOID            | SPECIALTY |       |
| TABRECTA           | SPECIALTY | PA    |
| TAFINLAR           | SPECIALTY | PA    |
| TAGRISSO           | SPECIALTY | PA    |
| TALVEY             | SPECIALTY | PA    |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                           | Drug Tier | Notes |
|-------------------------------------|-----------|-------|
| TALZENNA                            | EXCLUDED  | PA    |
| tamoxifen citrate oral tablet 10 mg | TIER 01   |       |
| tamoxifen citrate oral tablet 20 mg | TIER 01   | * ACA |
| TARGRETIN ORAL                      | EXCLUDED  | PA    |
| TASIGNA                             | SPECIALTY | PA    |
| TAZVERIK                            | EXCLUDED  | PA    |
| TECENTRIQ                           | SPECIALTY | PA    |
| TECENTRIQ HYBREZA                   | SPECIALTY | PA    |
| TECVAYLI                            | SPECIALTY | PA    |
| TEMODAR                             | SPECIALTY |       |
| temozolomide                        | SPECIALTY | PA    |
| TEPADINA                            | SPECIALTY |       |
| TEPMETKO                            | EXCLUDED  | PA    |
| TEVIMBRA                            | SPECIALTY | PA    |
| THALOMID                            | SPECIALTY | PA    |
| 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    |

Effective August 1, 2025

| Drug Name                   | Drug Tier | Notes |
|-----------------------------|-----------|-------|
| 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                     | SPECIALTY | PA    |
| vinblastine sulfate         | SPECIALTY |       |
| vincristine sulfate         | SPECIALTY |       |
| vinorelbine tartrate        | SPECIALTY |       |
| VITRAKVI                    | SPECIALTY | PA    |
| VIVIMUSTA                   | EXCLUDED  | PA    |
| VIZIMPRO                    | SPECIALTY | PA    |
| VONJO                       | SPECIALTY | PA    |
| VORANIGO                    | SPECIALTY | PA    |
| VORAXAZE                    | TIER 03   |       |
| VYLOY                       | 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    |

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



| Drug Name                   | Drug Tier | Notes |
|-----------------------------|-----------|-------|
| 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    |
| ZEJULA                      | SPECIALTY | PA    |
| ZELBORAF                    | SPECIALTY | PA    |
| ZEPZELCA                    | SPECIALTY | PA    |
| ZEVALIN Y-90                | SPECIALTY |       |
| ZIIHERA                     | SPECIALTY | PA    |
| ZIRABEV                     | SPECIALTY | PA    |
| ZOLINZA                     | SPECIALTY | PA    |
| ZYDELIG                     | SPECIALTY | PA    |
| ZYKADIA                     | SPECIALTY | PA    |
| ZYNLONTA                    | SPECIALTY | PA    |
| ZYNYZ                       | SPECIALTY | PA    |
| ZYTIGA                      | EXCLUDED  | PA    |
| <b>Antiparasitics</b>       |           |       |
| 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   |       |
| DARAPRIM                    | SPECIALTY | PA    |
| EGATEN                      | TIER 03   |       |
| ELIMITE                     | TIER 03   |       |
| EMVERM                      | TIER 02   |       |

| Drug Name                       | Drug Tier | Notes |
|---------------------------------|-----------|-------|
| hydroxychloroquine sulfate oral | TIER 01   |       |
| IMPAVIDO                        | TIER 03   |       |
| ivermectin oral tablet 3 mg     | 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  |       |
| praziquantel oral               | TIER 01   |       |
| primaquine phosphate            | TIER 01   |       |
| pyrimethamine oral              | SPECIALTY | PA    |
| PYRIMETHAMINE-LEUCOVORIN        | TIER 03   |       |
| quinine sulfate                 | TIER 01   | PA    |
| SOVUNA                          | EXCLUDED  |       |
| spinosad                        | TIER 01   |       |
| STROMECTOL                      | TIER 03   |       |
| sulfurated lime                 | TIER 01   |       |
| <b>Antiparkinson Agents</b>     |           |       |
| amantadine hcl oral             | TIER 01   |       |
| apomorphine hcl subcutaneous    | SPECIALTY | PA    |
| benztropine mesylate            | TIER 01   |       |
| bromocriptine mesylate oral     | TIER 01   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                     | Drug Tier | Notes |
|-------------------------------|-----------|-------|
| carbidopa oral                | TIER 01   |       |
| carbidopa-levodopa            | TIER 01   |       |
| carbidopa-levodopa er         | TIER 01   |       |
| carbidopa-levodopa-entacapone | TIER 01   |       |
| CREXONT                       | TIER 03   | ST    |
| 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    |
| PARLODEL                      | TIER 03   |       |
| pramipexole dihydrochloride   | TIER 01   |       |
| rasagiline mesylate oral      | TIER 01   |       |
| 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   |       |
| VYALEV                        | SPECIALTY | PA    |
| <b>Antiplatelets</b>          |           |       |
| 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   |       |

| Drug Name                                        | Drug Tier | Notes  |
|--------------------------------------------------|-----------|--------|
| eptifibatide                                     | TIER 01   |        |
| KENGREAL                                         | TIER 03   |        |
| PLAVIX                                           | EXCLUDED  |        |
| prasugrel hcl                                    | TIER 01   |        |
| ticagrelor                                       | TIER 01   |        |
| tirofiban hcl in nacl                            | TIER 01   |        |
| YOSPRALA                                         | EXCLUDED  | QL     |
| ZONTIVITY                                        | TIER 03   |        |
| <b>Antipsychotics - Drugs for Mood Disorders</b> |           |        |
| 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   |        |
| chlorpromazine hcl oral                          | TIER 01   |        |
| clozapine                                        | TIER 01   |        |
| COBENFY                                          | TIER 03   | ST; QL |
| COBENFY STARTER PACK                             | TIER 03   | ST; QL |
| ERZOFRI                                          | TIER 03   |        |
| FANAPT                                           | TIER 03   | ST; QL |
| FANAPT TITRATION PACK A                          | TIER 03   | ST; QL |
| FANAPT TITRATION PACK B ORAL 1 & 2 & 6 & 8 MG    | TIER 03   | ST; QL |
| FANAPT TITRATION PACK C ORAL 1 & 2 & 6 MG        | TIER 03   | ST; QL |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                    | Drug Tier | Notes  |
|----------------------------------------------|-----------|--------|
| 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   |        |
| OPIPZA                                       | TIER 03   | ST; QL |
| 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   |        |
| risperidone microspheres er                  | TIER 01   |        |
| RYKINDO                                      | TIER 03   |        |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                            | Drug Tier | Notes |
|--------------------------------------|-----------|-------|
| 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  |       |
| <b>Antivirals</b>                    |           |       |
| abacavir sulfate                     | TIER 01   |       |
| abacavir sulfate-lamivudine          | TIER 01   |       |
| acyclovir external ointment          | TIER 01   |       |
| acyclovir oral capsule               | TIER 01   |       |
| acyclovir oral suspension 200 mg/5ml | TIER 01   |       |
| acyclovir oral tablet                | TIER 01   |       |
| acyclovir sodium                     | TIER 01   |       |
| ACYCLOVIR SODIUM-NACL                | TIER 03   |       |
| adefovir dipivoxil                   | TIER 01   |       |
| APRETUDE                             | TIER 03   | * ACA |
| APTIVUS                              | TIER 02   |       |
| atazanavir sulfate                   | TIER 01   |       |
| BARACLUDE ORAL SOLUTION              | TIER 03   | QL    |
| BARACLUDE ORAL TABLET                | EXCLUDED  | QL    |
| BIKTARVY                             | TIER 03   |       |
| CABENUVA                             | TIER 02   |       |
| cidofovir intravenous                | TIER 01   |       |

| Drug Name                                                                       | Drug Tier | Notes     |
|---------------------------------------------------------------------------------|-----------|-----------|
| CIMDUO                                                                          | TIER 02   |           |
| COMPLERA                                                                        | TIER 03   |           |
| darunavir                                                                       | TIER 01   |           |
| DELSTRIGO                                                                       | TIER 03   |           |
| DESCOVY ORAL<br>TABLET 120-15 MG                                                | TIER 03   |           |
| DESCOVY ORAL<br>TABLET 200-25 MG                                                | TIER 03   | PA; * ACA |
| DOVATO                                                                          | TIER 02   |           |
| EDURANT                                                                         | TIER 02   |           |
| EDURANT PED                                                                     | TIER 02   |           |
| efavirenz                                                                       | TIER 01   |           |
| efavirenz-emtricitab-<br>tenofo df                                              | TIER 01   |           |
| efavirenz-lamivudine-<br>tenofovir                                              | TIER 01   |           |
| emtricitabine                                                                   | TIER 01   |           |
| emtricitabine-tenofovir df<br>oral tablet 100-150 mg,<br>133-200 mg, 167-250 mg | TIER 01   |           |
| emtricitabine-tenofovir df<br>oral tablet 200-300 mg                            | TIER 01   | * ACA     |
| emtricitab-rilpivir-tenofov<br>df                                               | TIER 01   |           |
| EMTRIVA ORAL<br>CAPSULE                                                         | TIER 03   |           |
| EMTRIVA ORAL<br>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 |           |

| Drug Name                            | Drug Tier | Notes  |
|--------------------------------------|-----------|--------|
| ganciclovir sodium                   | TIER 01   |        |
| GENVOYA                              | TIER 03   |        |
| HARVONI                              | SPECIALTY | PA; QL |
| INTELENCE ORAL<br>TABLET 25 MG       | TIER 02   |        |
| ISENTRESS                            | TIER 02   |        |
| ISENTRESS HD                         | TIER 02   |        |
| JULUCA                               | TIER 02   |        |
| KALETRA                              | TIER 03   |        |
| LAGEVRIO                             | TIER 03   | QL     |
| lamivudine oral solution<br>10 mg/ml | TIER 01   |        |
| lamivudine oral tablet               | TIER 01   |        |
| lamivudine-zidovudine                | TIER 01   |        |
| LEDIPASVIR-<br>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<br>oral        | TIER 01   | QL     |
| PAXLOVID (150/100)                   | TIER 03   | QL     |
| PAXLOVID (300/100 &<br>150/100)      | TIER 02   | QL     |
| PAXLOVID (300/100)                   | TIER 03   | QL     |
| PEGASYS                              | SPECIALTY | PA     |
| PIFELTRO                             | TIER 03   |        |
| PREVYMIS                             | SPECIALTY |        |
| PREZCOBIX                            | TIER 02   |        |
| PREZISTA ORAL<br>SUSPENSION          | TIER 02   |        |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                          | Drug Tier | Notes  |
|------------------------------------|-----------|--------|
| PREZISTA ORAL TABLET 150 MG, 75 MG | TIER 02   |        |
| 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     |
| SELZENTRY ORAL TABLET              | TIER 03   | PA     |
| SOFOSBUVIR-VELPATASVIR             | EXCLUDED  | PA; QL |
| SOVALDI                            | SPECIALTY | PA; QL |
| STRIBILD                           | TIER 03   |        |
| SUNLENCA                           | TIER 03   | PA     |
| SYMFI                              | TIER 02   |        |
| SYMTUZA                            | TIER 03   |        |
| TAMIFLU                            | TIER 01   | QL     |
| TEMBEXA                            | TIER 03   |        |
| tenofovir disoproxil fumarate      | TIER 01   | * ACA  |
| TIVICAY                            | TIER 03   |        |
| TIVICAY PD                         | TIER 03   |        |
| TPOXX                              | TIER 03   |        |
| TRIUMEQ                            | TIER 02   |        |
| TRIUMEQ PD                         | TIER 03   |        |
| TROGARZO                           | TIER 03   |        |

| Drug Name                                              | Drug Tier | Notes  |
|--------------------------------------------------------|-----------|--------|
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG | EXCLUDED  |        |
| 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   |        |
| 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  |        |
| <b>Anxiolytics - Drugs for Anxiety</b>                 |           |        |
| 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     |
| buspirone hcl oral                                     | TIER 01   |        |
| chlordiazepoxide hcl                                   | TIER 01   | QL     |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                        | Drug Tier | Notes |
|--------------------------------------------------|-----------|-------|
| clonazepam oral                                  | TIER 01   | QL    |
| clorazepate dipotassium                          | TIER 01   | QL    |
| 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  | 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    |
| <b>Bipolar Agents - Drugs for Mood Disorders</b> |           |       |
| EQUETRO                                          | TIER 03   |       |
| lithium                                          | TIER 01   |       |
| lithium carbonate er                             | TIER 01   |       |

| Drug Name                                                       | Drug Tier | Notes |
|-----------------------------------------------------------------|-----------|-------|
| lithium carbonate oral                                          | TIER 01   |       |
| LITHOBID                                                        | TIER 02   |       |
| <b>Blood Products and Modifiers - Drugs for Blood Disorders</b> |           |       |
| ADVATE                                                          | SPECIALTY |       |
| ADYNOVATE                                                       | SPECIALTY |       |
| AFSTYLA                                                         | SPECIALTY |       |
| ALHEMO                                                          | SPECIALTY | PA    |
| 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 |       |
| eltrombopag olamine                                             | SPECIALTY | PA    |
| EMPAVELI                                                        | SPECIALTY | PA    |
| ENJAYMO                                                         | SPECIALTY | PA    |
| EPOGEN                                                          | EXCLUDED  | PA    |
| ESPEROCT                                                        | SPECIALTY |       |
| FABHALTA                                                        | SPECIALTY | PA    |
| FEIBA                                                           | SPECIALTY |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



| Drug Name                                               | Drug Tier | Notes |
|---------------------------------------------------------|-----------|-------|
| FIBRYGA                                                 | SPECIALTY |       |
| FULPHILA                                                | EXCLUDED  | PA    |
| FYLNETRA                                                | EXCLUDED  | PA    |
| GRANIX<br>SUBCUTANEOUS<br>SOLUTION 300<br>MCG/ML        | EXCLUDED  | PA    |
| GRANIX<br>SUBCUTANEOUS<br>SOLUTION PREFILLED<br>SYRINGE | EXCLUDED  | PA    |
| HEMLIBRA                                                | SPECIALTY |       |
| HEMOFIL M                                               | SPECIALTY |       |
| hetastarch-nacl                                         | TIER 01   |       |
| HEXTEND                                                 | TIER 03   |       |
| HUMATE-P                                                | SPECIALTY |       |
| HYMPAVZI                                                | SPECIALTY | PA    |
| IDELVION                                                | SPECIALTY |       |
| IXINITY                                                 | SPECIALTY |       |
| 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 NACL                                             | 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 |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                        | Drug Tier | Notes |
|----------------------------------|-----------|-------|
| NPLATE                           | SPECIALTY | PA    |
| NUWIQ                            | SPECIALTY |       |
| NYPOZI                           | EXCLUDED  | PA    |
| NYVEPRIA                         | EXCLUDED  | PA    |
| OBIZUR                           | SPECIALTY |       |
| PIASKY                           | EXCLUDED  | PA    |
| plerixafor                       | SPECIALTY |       |
| PROCRIPT                         | SPECIALTY | PA    |
| PROFILNINE                       | SPECIALTY |       |
| PROMACTA                         | SPECIALTY | PA    |
| protamine sulfate<br>intravenous | TIER 01   |       |
| PYRUKYND                         | SPECIALTY | PA    |
| PYRUKYND TAPER<br>PACK           | SPECIALTY | PA    |
| REBINYN                          | SPECIALTY |       |
| REBLOZYL                         | SPECIALTY | PA    |
| RECOMBINATE                      | SPECIALTY |       |
| RECOTHROM                        | TIER 03   |       |
| RECOTHROM SPRAY<br>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<br>EPISTAXIS        | TIER 03   |       |
| THROMBOGEN                       | TIER 03   |       |
| tranexamic acid<br>intravenous   | TIER 01   |       |

| Drug Name                                                                 | Drug Tier | Notes |
|---------------------------------------------------------------------------|-----------|-------|
| tranexamic acid oral                                                      | TIER 01   |       |
| tranexamic acid-nacl                                                      | TIER 01   |       |
| TRETTEN                                                                   | SPECIALTY |       |
| UDENYCA                                                                   | SPECIALTY | PA    |
| UDENYCA ONBODY                                                            | SPECIALTY | PA    |
| ULTOMIRIS                                                                 | SPECIALTY | PA    |
| VAFSEO                                                                    | EXCLUDED  | PA    |
| VONVENDI                                                                  | SPECIALTY |       |
| VOYDEYA                                                                   | SPECIALTY | PA    |
| WILATE                                                                    | SPECIALTY |       |
| XOLREMDI                                                                  | SPECIALTY | PA    |
| XYNTHA                                                                    | SPECIALTY |       |
| XYNTHA SOLOFUSE                                                           | SPECIALTY |       |
| ZARXIO                                                                    | SPECIALTY | PA    |
| ZIEXTENZO                                                                 | EXCLUDED  | PA    |
| <b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b> |           |       |
| ACCUPRIL                                                                  | TIER 03   |       |
| ACCURETIC                                                                 | TIER 03   |       |
| acebutolol hcl oral                                                       | PREVENT   |       |
| acetazolamide sodium                                                      | TIER 01   |       |
| adenosine intravenous                                                     | TIER 01   |       |
| AKOVAZ                                                                    | TIER 03   |       |
| ALDACTONE                                                                 | TIER 03   |       |
| aliskiren fumarate                                                        | PREVENT   |       |
| alprostadil injection                                                     | TIER 01   |       |
| ALTACE                                                                    | EXCLUDED  |       |
| amiloride hcl oral                                                        | PREVENT   |       |
| amiloride-hydrochlorothiazide                                             | PREVENT   |       |
| amiodarone hcl                                                            | TIER 01   |       |
| amlodipine besylate oral                                                  | PREVENT   |       |
| amlodipine besylate-benazepril hcl                                        | PREVENT   |       |

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| amlodipine besylate-valsartan  | PREVENT   |       |
| amlodipine-atorvastatin        | TIER 01   |       |
| amlodipine-olmesartan          | PREVENT   |       |
| amlodipine-valsartan-hctz      | PREVENT   |       |
| ASCLERA                        | TIER 03   |       |
| ASPRUZYO SPRINKLE              | EXCLUDED  |       |
| ATACAND                        | EXCLUDED  |       |
| atenolol oral                  | PREVENT   |       |
| atenolol-chlorthalidone        | PREVENT   |       |
| ATORVALIQ                      | EXCLUDED  | PA    |
| atorvastatin calcium oral      | PREVENT   |       |
| ATTRUBY                        | EXCLUDED  | PA    |
| AVAPRO                         | EXCLUDED  |       |
| AZOR                           | EXCLUDED  |       |
| benazepril hcl oral            | PREVENT   |       |
| 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  |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                     | Drug Tier | Notes |
|-------------------------------|-----------|-------|
| CAMZYOS                       | EXCLUDED  | PA    |
| candesartan cilexetil         | PREVENT   |       |
| candesartan cilexetil-hctz    | PREVENT   |       |
| captopril oral                | PREVENT   |       |
| captopril-hydrochlorothiazide | TIER 01   |       |
| CARDENE IV                    | TIER 03   |       |
| CARDIZEM LA                   | EXCLUDED  |       |
| cartia xt                     | PREVENT   |       |
| carvedilol                    | PREVENT   |       |
| CATAPRES-TTS-1                | EXCLUDED  |       |
| CATAPRES-TTS-2                | EXCLUDED  |       |
| CATAPRES-TTS-3                | EXCLUDED  |       |
| chlorothiazide sodium         | TIER 01   |       |
| chlorthalidone                | PREVENT   |       |
| 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  |       |
| COREG                         | EXCLUDED  |       |
| COREG CR                      | EXCLUDED  |       |
| CORLANOR ORAL SOLUTION        | TIER 03   |       |
| CORVERT                       | TIER 03   |       |
| COZAAR                        | EXCLUDED  |       |
| CRESTOR                       | EXCLUDED  |       |
| DEMSEER                       | TIER 03   | PA    |
| DIBENZYLINE                   | TIER 03   | PA    |
| digoxin injection             | TIER 01   |       |
| digoxin oral                  | TIER 01   |       |
| diltiazem hcl er beads        | PREVENT   |       |

| Drug Name                                                           | Drug Tier | Notes |
|---------------------------------------------------------------------|-----------|-------|
| 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  |       |
| 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    |
| EDECRIN                                                             | TIER 03   |       |
| EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML           | TIER 03   |       |
| enalapril maleate oral tablet                                       | PREVENT   |       |
| enalaprilat                                                         | TIER 01   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                                               | Drug Tier | Notes |
|-----------------------------------------------------------------------------------------|-----------|-------|
| 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 50 MG/5ML           | TIER 03   |       |
| ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous           | TIER 01   |       |
| EPHEDRINE SULFATE (PRESSORS) SOLUTION PREFILLED SYRINGE 25 MG/5ML INTRAVENOUS           | TIER 03   |       |
| EPHEDRINE SULFATE-NACL                                                                  | TIER 03   |       |
| EPINEPHRINE BITARTRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE                      | TIER 03   |       |
| EPINEPHRINE HCL-DEXTROSE                                                                | TIER 03   |       |
| EPINEPHRINE HCL-NACL                                                                    | TIER 03   |       |
| epinephrine injection solution 10 mg/10ml                                               | TIER 01   |       |
| EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML                                | TIER 03   |       |

| Drug Name                                                      | Drug Tier | Notes |
|----------------------------------------------------------------|-----------|-------|
| 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   |       |
| esmolol hcl intravenous solution 100 mg/10ml                   | TIER 01   |       |
| ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML  | TIER 03   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                        | Drug Tier | Notes |
|------------------------------------------------------------------|-----------|-------|
| 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 oral                                                  | TIER 01   |       |
| furosemide solution 10 mg/ml injection                           | TIER 01   |       |
| FUROSEMIDE SOLUTION 10 MG/ML INJECTION                           | TIER 03   |       |
| gemfibrozil oral                                                 | PREVENT   |       |
| guanfacine hcl                                                   | PREVENT   |       |
| HEMANGEOL                                                        | TIER 03   | PA    |
| hydralazine hcl injection                                        | TIER 01   |       |
| hydralazine hcl oral                                             | PREVENT   |       |

| Drug Name                                                  | Drug Tier | Notes |
|------------------------------------------------------------|-----------|-------|
| 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  |       |
| INNOPRAN XL                                                | EXCLUDED  |       |
| 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   |       |
| JUXTAPID                                                   | SPECIALTY | PA    |
| KAPSPARGO SPRINKLE                                         | EXCLUDED  |       |
| KATERZIA                                                   | EXCLUDED  |       |
| LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE       | TIER 03   |       |
| labetalol hcl oral                                         | TIER 01   |       |
| labetalol hcl solution 5 mg/ml intravenous                 | TIER 01   |       |
| LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS                 | TIER 03   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                       | Drug Tier | Notes |
|---------------------------------|-----------|-------|
| LANOXIN                         | TIER 02   |       |
| LANOXIN PEDIATRIC               | TIER 02   |       |
| LASIX                           | EXCLUDED  |       |
| LEQVIO                          | EXCLUDED  | PA    |
| LESCOL XL                       | EXCLUDED  |       |
| LEVAMLODIPINE MALEATE           | EXCLUDED  |       |
| 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   |       |
| methyl dopa                     | 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  |       |
| MICARDIS HCT                    | EXCLUDED  |       |

| Drug Name                                                      | Drug Tier | Notes |
|----------------------------------------------------------------|-----------|-------|
| 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 intravenous solution                   | TIER 01   |       |
| NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE | TIER 03   |       |
| nicardipine hcl intravenous                                    | TIER 01   |       |
| nifedipine er                                                  | PREVENT   |       |
| nifedipine er osmotic release                                  | PREVENT   |       |
| nifedipine oral                                                | PREVENT   |       |
| nimodipine oral capsule                                        | PREVENT   |       |
| NIMODIPINE ORAL SOLUTION                                       | TIER 03   |       |
| 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   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



| Drug Name                                                                                                 | Drug Tier | Notes |
|-----------------------------------------------------------------------------------------------------------|-----------|-------|
| NOREPINEPHRINE BITARTRATE SOLUTION 1 MG/ML INTRAVENOUS                                                    | TIER 03   |       |
| NOREPINEPHRINE-DEXTROSE                                                                                   | TIER 03   |       |
| 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   |       |

| Drug Name                                                                                                                                                    | Drug Tier | Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| phenylephrine hcl (pressors) intravenous solution 10 mg/ml                                                                                                   | TIER 01   |       |
| PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE                                                                                          | 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   |       |
| 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  |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                | Drug Tier | Notes  |
|----------------------------------------------------------|-----------|--------|
| quinapril hcl                                            | PREVENT   |        |
| quinapril-hydrochlorothiazide                            | PREVENT   |        |
| quinidine gluconate er                                   | TIER 01   |        |
| quinidine sulfate                                        | TIER 01   |        |
| ramipril                                                 | PREVENT   |        |
| ranolazine er                                            | TIER 01   |        |
| RAPIBLYK                                                 | TIER 03   |        |
| REPATHA                                                  | TIER 02   | ST; QL |
| REPATHA<br>PUSHTRONEX<br>SYSTEM                          | TIER 02   | ST; QL |
| REPATHA SURECLICK                                        | TIER 02   | ST; QL |
| REZIPRES                                                 | TIER 03   |        |
| rosuvastatin calcium oral                                | PREVENT   |        |
| sacubitril-valsartan                                     | TIER 01   |        |
| simvastatin oral                                         | PREVENT   |        |
| SOAAZ                                                    | EXCLUDED  | PA     |
| sodium nitroprusside<br>intravenous solution 25<br>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   |        |

| Drug Name                         | Drug Tier | Notes |
|-----------------------------------|-----------|-------|
| TIKOSYN                           | EXCLUDED  |       |
| timolol maleate oral              | PREVENT   |       |
| TOPROL XL                         | EXCLUDED  |       |
| torsemide                         | PREVENT   |       |
| trandolapril                      | PREVENT   |       |
| trandolapril-verapamil hcl<br>er  | PREVENT   |       |
| triamterene oral                  | TIER 01   |       |
| triamterene-hctz oral<br>capsule  | TIER 01   |       |
| triamterene-hctz oral<br>tablet   | PREVENT   |       |
| TRIBENZOR                         | EXCLUDED  |       |
| TRICOR                            | EXCLUDED  |       |
| TRYNGOLZA                         | SPECIALTY | PA    |
| TRYVIO                            | TIER 03   | PA    |
| VALSARTAN ORAL<br>SOLUTION        | EXCLUDED  |       |
| valsartan oral tablet             | PREVENT   |       |
| valsartan-<br>hydrochlorothiazide | PREVENT   |       |
| VARITHENA                         | TIER 03   |       |
| VASCEPA                           | TIER 02   | PA    |
| VAZCULEP                          | TIER 03   |       |
| VECAMEL                           | TIER 03   |       |
| verapamil hcl er                  | PREVENT   |       |
| verapamil hcl<br>intravenous      | TIER 01   |       |
| verapamil hcl oral                | PREVENT   |       |
| VERELAN                           | TIER 03   |       |
| VERQUVO                           | TIER 03   | PA    |
| VYNDAMAX                          | SPECIALTY | PA    |
| VYNDAQEL                          | SPECIALTY | PA    |
| VYTORIN                           | EXCLUDED  |       |
| WELCHOL                           | EXCLUDED  |       |
| ZESTRIL                           | EXCLUDED  |       |
| ZETIA                             | EXCLUDED  |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                                   | Drug Tier | Notes  |
|-----------------------------------------------------------------------------|-----------|--------|
| ZOCOR                                                                       | EXCLUDED  |        |
| ZYPITAMAG                                                                   | EXCLUDED  |        |
| <b>Central Nervous System Agents</b>                                        |           |        |
| SKYCLARYS                                                                   | SPECIALTY | PA     |
| <b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b> |           |        |
| 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  |        |

| Drug Name                                                                            | Drug Tier | Notes  |
|--------------------------------------------------------------------------------------|-----------|--------|
| guanfacine hcl er                                                                    | TIER 01   |        |
| INTUNIV                                                                              | EXCLUDED  |        |
| JORNAY PM                                                                            | TIER 03   | ST; QL |
| lisdexamfetamine dimesylate                                                          | TIER 01   |        |
| METADATE CD                                                                          | EXCLUDED  |        |
| 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  |        |
| ONYDA XR                                                                             | TIER 03   | ST; QL |
| PROCENTRA                                                                            | TIER 03   | ST; QL |
| QELBREE                                                                              | EXCLUDED  |        |
| QUILLICHEW ER                                                                        | EXCLUDED  |        |
| QUILLIVANT XR                                                                        | EXCLUDED  |        |
| RITALIN                                                                              | EXCLUDED  |        |
| RITALIN LA                                                                           | EXCLUDED  |        |
| VYVANSE                                                                              | TIER 01   | ST; QL |
| XELSTRYM                                                                             | EXCLUDED  |        |
| ZENZEDI                                                                              | EXCLUDED  |        |
| <b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>                  |           |        |
| AMPYRA                                                                               | EXCLUDED  | PA; QL |
| AUBAGIO                                                                              | EXCLUDED  | PA; QL |
| AVONEX PEN                                                                           | SPECIALTY | PA; QL |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                          | Drug Tier | Notes  |
|--------------------------------------------------------------------|-----------|--------|
| AVONEX PREFILLED                                                   | SPECIALTY | PA; QL |
| BAFIERTAM                                                          | SPECIALTY | PA; QL |
| BETASERON                                                          | SPECIALTY | PA; QL |
| BRIUMVI                                                            | SPECIALTY | PA     |
| COPAXONE<br>SUBCUTANEOUS<br>SOLUTION PREFILLED<br>SYRINGE 20 MG/ML | EXCLUDED  | PA; QL |
| COPAXONE<br>SUBCUTANEOUS<br>SOLUTION PREFILLED<br>SYRINGE 40 MG/ML | SPECIALTY | PA; QL |
| dalfampridine er                                                   | SPECIALTY | PA; QL |
| dimethyl fumarate oral                                             | SPECIALTY | PA; QL |
| dimethyl fumarate starter<br>pack                                  | SPECIALTY | PA; QL |
| fingolimod hcl                                                     | SPECIALTY | PA; QL |
| GILENYA ORAL<br>CAPSULE 0.25 MG                                    | SPECIALTY | PA; QL |
| GILENYA ORAL<br>CAPSULE 0.5 MG                                     | EXCLUDED  | PA; QL |
| glatiramer acetate                                                 | SPECIALTY | PA; QL |
| glatopa                                                            | SPECIALTY | PA; QL |
| KESIMPTA                                                           | SPECIALTY | PA     |
| LEMTRADA                                                           | SPECIALTY | PA; QL |
| MAVENCLAD                                                          | SPECIALTY | PA; QL |
| MAYZENT                                                            | SPECIALTY | PA; QL |
| MAYZENT STARTER<br>PACK                                            | SPECIALTY | PA; QL |
| OCREVUS                                                            | SPECIALTY | PA     |
| OCREVUS ZUNOVO                                                     | SPECIALTY | PA; QL |
| PLEGRIDY                                                           | EXCLUDED  | PA     |
| PLEGRIDY STARTER<br>PACK                                           | EXCLUDED  | PA     |
| PONVORY                                                            | EXCLUDED  | PA     |
| PONVORY STARTER<br>PACK                                            | EXCLUDED  | PA     |
| REBIF                                                              | EXCLUDED  | PA; QL |

| Drug Name                                                    | Drug Tier | Notes  |
|--------------------------------------------------------------|-----------|--------|
| REBIF REBIDOSE                                               | EXCLUDED  | PA; QL |
| REBIF REBIDOSE<br>TITRATION PACK                             | EXCLUDED  | PA; QL |
| REBIF TITRATION<br>PACK                                      | EXCLUDED  | PA; QL |
| TASCENSO ODT                                                 | EXCLUDED  | PA     |
| TECFIDERA                                                    | EXCLUDED  | PA; QL |
| teriflunomide                                                | SPECIALTY | PA; QL |
| TYSABRI                                                      | SPECIALTY | PA; QL |
| VUMERITY                                                     | SPECIALTY | PA; QL |
| ZEPOSIA                                                      | SPECIALTY | PA; QL |
| ZEPOSIA 7-DAY<br>STARTER PACK                                | SPECIALTY | PA; QL |
| ZEPOSIA STARTER KIT                                          | SPECIALTY | PA; QL |
| <b>Central Nervous<br/>System Agents -<br/>Miscellaneous</b> |           |        |
| 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<br>TITRATION                              | SPECIALTY | PA     |
| benzphetamine hcl                                            | TIER 01   |        |
| caffeine citrate                                             | TIER 01   |        |
| CAFFEINE-SODIUM<br>BENZOATE                                  | TIER 03   |        |
| cisatracurium besylate                                       | TIER 01   |        |
| cisatracurium besylate<br>(pf)                               | TIER 01   |        |
| CONTRACE                                                     | EXCLUDED  | PA     |
| DAYBUE                                                       | EXCLUDED  | PA     |
| diethylpropion hcl er                                        | TIER 01   |        |
| diethylpropion hcl oral                                      | TIER 01   |        |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx  
Atrium Health**

| Drug Name                                                 | Drug Tier | Notes  |
|-----------------------------------------------------------|-----------|--------|
| DOPRAM                                                    | TIER 03   |        |
| edaravone                                                 | SPECIALTY | PA     |
| gabapentin (once-daily)                                   | TIER 01   | ST; QL |
| GRALISE                                                   | TIER 03   | ST; QL |
| HORIZANT                                                  | TIER 03   | PA; QL |
| IMCIVREE                                                  | EXCLUDED  | PA     |
| INGREZZA                                                  | SPECIALTY | PA     |
| LOMAIRA                                                   | TIER 03   | PA     |
| LYRICA                                                    | EXCLUDED  | QL     |
| LYRICA CR                                                 | EXCLUDED  | QL     |
| NUDEXTA                                                   | 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   |        |
| phentermine-topiramate er                                 | TIER 01   | PA     |
| 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 +RFID                                  | TIER 03   |        |
| rocuronium bromide intravenous solution                   | TIER 01   |        |
| ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE | TIER 03   |        |
| SAVELLA                                                   | TIER 03   | ST; QL |

| Drug Name                                                                 | Drug Tier | Notes  |
|---------------------------------------------------------------------------|-----------|--------|
| SAVELLA TITRATION PACK                                                    | TIER 03   | ST; QL |
| SAXENDA                                                                   | TIER 02   | PA     |
| succinylcholine chloride injection solution prefilled syringe 200 mg/10ml | TIER 01   |        |
| SUCCINYLCHOLINE CHLORIDE INTRAVENOUS                                      | TIER 03   |        |
| succinylcholine chloride solution 20 mg/ml injection                      | TIER 01   |        |
| SUCCINYLCHOLINE CHLORIDE SOLUTION 20 MG/ML INJECTION                      | TIER 03   |        |
| succinylcholine chloride solution prefilled syringe 100 mg/5ml injection  | TIER 01   |        |
| SUCCINYLCHOLINE CHLORIDE SOLUTION PREFILLED SYRINGE 100 MG/5ML INJECTION  | TIER 03   |        |
| succinylcholine cl +rfid                                                  | TIER 01   |        |
| TEGLUTIK                                                                  | SPECIALTY | PA     |
| tetrabenazine                                                             | SPECIALTY | PA     |
| TIGLUTIK                                                                  | 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     |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                             | Drug Tier | Notes |
|-----------------------------------------------------------------------|-----------|-------|
| ZEPBOUND SUBCUTANEOUS SOLUTION                                        | EXCLUDED  | PA    |
| ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR                          | TIER 02   | PA    |
| <b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b> |           |       |
| AQUORAL                                                               | 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 03   |       |
| FLUORIDEX                                                             | TIER 03   |       |
| FLUORIDEX DAILY RENEWAL                                               | TIER 03   |       |
| 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 03   |       |
| lidocaine viscous hcl                                                 | TIER 01   |       |
| MI PASTE                                                              | TIER 03   |       |
| MI PASTE PLUS                                                         | TIER 03   |       |
| ORALONE                                                               | TIER 03   |       |
| PERIDEX                                                               | TIER 03   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                | Drug Tier | Notes |
|----------------------------------------------------------|-----------|-------|
| 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   |       |
| 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   |       |
| <b>Dermatological Agents - Drugs for Skin Conditions</b> |           |       |
| ABSORICA                                                 | EXCLUDED  | PA    |



| Drug Name                                              | Drug Tier | Notes |
|--------------------------------------------------------|-----------|-------|
| ABSORICA LD                                            | TIER 03   | PA    |
| ACANYA                                                 | EXCLUDED  |       |
| accutane                                               | 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  |       |
| ala-cort                                               | TIER 01   |       |
| alclometasone dipropionate                             | TIER 01   |       |
| ALTRENO                                                | TIER 03   | PA    |
| ammonium lactate external                              | TIER 01   |       |
| amnesteem                                              | TIER 01   |       |
| AMZEEQ                                                 | TIER 03   |       |
| AQUACEL AG BURN                                        | TIER 03   |       |
| 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   |       |
| BENZAMYCIN                                             | EXCLUDED  |       |
| benzoyl peroxide-erythromycin                          | TIER 01   |       |

| Drug Name                                         | Drug Tier | Notes |
|---------------------------------------------------|-----------|-------|
| 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  |       |
| calcipotriene external cream                      | TIER 01   |       |
| CALCIPOTRIENE EXTERNAL FOAM                       | EXCLUDED  |       |
| calcipotriene external ointment                   | TIER 01   |       |
| calcipotriene external solution                   | TIER 01   |       |
| calcipotriene-betameth diprop external suspension | TIER 01   | QL    |
| CALCITRENE                                        | TIER 03   |       |
| calcitriol external                               | TIER 01   |       |
| CIBINQO                                           | SPECIALTY | PA    |
| claravis                                          | TIER 01   |       |
| CLEOCIN-T                                         | TIER 03   |       |
| clindacin etz external swab                       | TIER 01   |       |
| clindacin-p                                       | TIER 01   |       |
| CLINDAGEL                                         | EXCLUDED  |       |
| clindamycin phos (once-daily)                     | TIER 01   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                             | Drug Tier | Notes |
|-----------------------------------------------------------------------|-----------|-------|
| clindamycin phos (twice-daily)                                        | TIER 01   |       |
| 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 lotion                                 | TIER 01   |       |
| clindamycin phosphate external solution                               | TIER 01   |       |
| clindamycin phosphate external swab                                   | TIER 01   |       |
| clobetasol propionate e                                               | TIER 01   |       |
| clobetasol propionate external cream 0.05 %                           | TIER 01   |       |
| clobetasol propionate external foam                                   | TIER 01   |       |
| clobetasol propionate external gel                                    | TIER 01   |       |
| clobetasol propionate external liquid                                 | TIER 01   |       |
| clobetasol propionate external lotion                                 | TIER 01   |       |
| clobetasol propionate external ointment                               | TIER 01   |       |
| clobetasol propionate external shampoo                                | TIER 01   |       |
| clobetasol propionate external solution                               | TIER 01   |       |
| CLOBEX                                                                | EXCLUDED  |       |
| CLOBEX SPRAY                                                          | EXCLUDED  |       |
| clodan                                                                | TIER 01   |       |
| CLODERM                                                               | EXCLUDED  |       |
| coal tar external                                                     | TIER 01   |       |
| CONDYLOX                                                              | TIER 03   |       |
| CORDRAN                                                               | EXCLUDED  |       |

| 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   |       |
| 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   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                | Drug Tier | Notes |
|------------------------------------------|-----------|-------|
| DYNAGINATE AG SILVER CAL 4"X5"           | TIER 03   |       |
| DYNAGINATE AG SILVER CAL 4"X8"           | TIER 03   |       |
| EBGLYSS                                  | SPECIALTY | PA    |
| ELIDEL                                   | EXCLUDED  | QL    |
| EMROSI                                   | EXCLUDED  |       |
| 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    |
| FILSUEVZ                                 | SPECIALTY | 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   |       |
| HALOG                                    | EXCLUDED  |       |

| Drug Name                                            | Drug Tier | Notes  |
|------------------------------------------------------|-----------|--------|
| 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 EXTERNAL SOLUTION                     | EXCLUDED  |        |
| 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  |        |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg | TIER 01   |        |
| ivermectin external cream                            | TIER 01   |        |
| 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   |        |
| LEVULAN KERASTICK                                    | TIER 03   |        |
| LEXETTE                                              | EXCLUDED  |        |
| LITFULO                                              | SPECIALTY | PA; QL |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                  | Drug Tier | Notes  |
|--------------------------------------------|-----------|--------|
| 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   |        |
| NEMLUVIO                                   | SPECIALTY | PA     |
| NEO-SYNALAR                                | TIER 03   |        |
| neuac                                      | TIER 01   |        |
| NORITATE                                   | EXCLUDED  |        |
| NORMLGEL AG                                | TIER 03   |        |
| NOVACHOR EXTERNAL SHEET 1.5 CM X2.75 CM    | TIER 03   |        |
| ONEXTON                                    | TIER 01   |        |
| OPZELURA                                   | TIER 02   | ST; QL |
| ORACEA                                     | EXCLUDED  |        |
| PETROLEUM GAUZE NON-WOVEN 3X9"             | TIER 03   |        |
| pimecrolimus                               | TIER 01   | ST; QL |
| podofilox external                         | TIER 01   |        |
| PROPECIA                                   | EXCLUDED  |        |
| PYROGALLIC ACID                            | TIER 03   |        |
| QBREXZA                                    | TIER 03   | QL     |

| Drug Name                                                | Drug Tier | Notes |
|----------------------------------------------------------|-----------|-------|
| 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  |       |
| 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   |       |
| SOFDRA                                                   | TIER 03   |       |
| SONAFINE                                                 | TIER 03   |       |
| SOOLANTRA                                                | TIER 03   |       |
| SORILUX                                                  | EXCLUDED  |       |
| sulfacetamide sodium (acne)                              | TIER 01   |       |
| 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    |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                       | Drug Tier | Notes |
|-----------------------------------------------------------------|-----------|-------|
| tazarotene external cream                                       | TIER 01   | PA    |
| TAZAROTENE EXTERNAL FOAM                                        | EXCLUDED  | PA    |
| tazarotene external gel 0.05 %                                  | TIER 01   | PA    |
| TAZORAC                                                         | EXCLUDED  | PA    |
| TOLAK                                                           | TIER 03   |       |
| TOPICORT                                                        | 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   |       |
| ULTRAVATE                                                       | EXCLUDED  |       |
| urea external cream 20 %, 41 %                                  | TIER 01   |       |
| VECTICAL                                                        | EXCLUDED  |       |
| VENELEX                                                         | TIER 03   |       |
| VTAMA                                                           | TIER 02   | 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   |       |

| Drug Name                              | Drug Tier | Notes |
|----------------------------------------|-----------|-------|
| 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    |
| 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 0.15 %           | TIER 02   | ST    |
| ZORYVE EXTERNAL CREAM 0.3 %            | TIER 02   | PA    |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                             | Drug Tier | Notes |
|---------------------------------------|-----------|-------|
| ZORYVE EXTERNAL FOAM                  | EXCLUDED  | PA    |
| ZYCLARA                               | EXCLUDED  |       |
| ZYCLARA PUMP                          | EXCLUDED  |       |
| <b>Diabetes - Antidiabetic Agents</b> |           |       |
| acarbose oral                         | PREVENT   |       |
| ALOGLIPTIN BENZOATE                   | EXCLUDED  |       |
| ALOGLIPTIN-METFORMIN HCL              | EXCLUDED  |       |
| ALOGLIPTIN-PIOGLITAZONE               | EXCLUDED  |       |
| BEXAGLIFLOZIN                         | EXCLUDED  |       |
| BRENZAVVY                             | EXCLUDED  |       |
| 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   |       |
| glipizide-metformin hcl               | PREVENT   |       |
| GLUCOTROL XL                          | TIER 03   |       |
| glyburide micronized                  | PREVENT   |       |
| glyburide oral                        | PREVENT   |       |
| glyburide-metformin                   | PREVENT   |       |
| GLYXAMBI                              | TIER 02   |       |
| INVOKAMET                             | EXCLUDED  |       |
| INVOKAMET XR                          | EXCLUDED  |       |
| INVOKANA                              | EXCLUDED  |       |
| JANUMET                               | TIER 02   |       |
| JANUMET XR                            | TIER 02   |       |
| JANUVIA                               | TIER 02   |       |

| Drug Name                      | Drug Tier | Notes  |
|--------------------------------|-----------|--------|
| JARDIANCE                      | TIER 02   |        |
| JENTADUETO                     | TIER 02   |        |
| JENTADUETO XR                  | TIER 02   |        |
| liraglutide                    | TIER 01   | 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      | PREVENT   |        |
| 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   |        |
| repaglinide                    | PREVENT   |        |
| RIOMET                         | TIER 03   | ST     |
| RYBELSUS                       | TIER 02   | PA; QL |
| saxagliptin hcl                | TIER 01   |        |
| saxagliptin-metformin er       | TIER 01   |        |
| SEGLUROMET                     | EXCLUDED  |        |
| SITAGLIPT BASE-METFORM HCL ER  | EXCLUDED  |        |
| SITAGLIPTIN                    | EXCLUDED  |        |
| SITAGLIPTIN BASE-METFORMIN HCL | EXCLUDED  |        |
| SOLQUA                         | TIER 02   |        |
| STEGLATRO                      | EXCLUDED  |        |
| STEGLUJAN                      | EXCLUDED  |        |
| SYNJARDY                       | TIER 02   |        |
| SYNJARDY XR                    | TIER 02   |        |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



| Drug Name                            | Drug Tier | Notes  |
|--------------------------------------|-----------|--------|
| TRADJENTA                            | TIER 02   |        |
| TRIJARDY XR                          | TIER 02   |        |
| TRULICITY                            | TIER 02   | PA; QL |
| TZIELD                               | EXCLUDED  | PA     |
| VICTOZA                              | EXCLUDED  | PA; QL |
| XIGDUO XR                            | TIER 02   |        |
| XULTOPHY                             | TIER 03   |        |
| ZITUVIMET                            | EXCLUDED  |        |
| ZITUVIMET XR                         | EXCLUDED  |        |
| ZITUVIO                              | EXCLUDED  |        |
| <b>Diabetes - Glucose Monitoring</b> |           |        |
| 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  |        |
| 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  |        |

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| 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  |       |
| ADVOCATE REDI-CODE+ TEST       | EXCLUDED  |       |
| ADVOCATE SAFETY LANCETS 21G    | TIER 02   |       |
| ADVOCATE SAFETY LANCETS 23G    | TIER 02   |       |
| ADVOCATE SAFETY LANCETS 28G    | TIER 02   |       |
| ADVOCATE TEST                  | EXCLUDED  |       |
| AGAMATRIX AMP TEST             | EXCLUDED  |       |
| AGAMATRIX CONTROL              | EXCLUDED  |       |
| AGAMATRIX CONTROL LEVEL 2      | EXCLUDED  |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| AGAMATRIX CONTROL LEVEL 4      | EXCLUDED  |       |
| AGAMATRIX CONTROL NORMAL/HIGH  | EXCLUDED  |       |
| AGAMATRIX JAZZ TEST            | EXCLUDED  |       |
| AGAMATRIX JAZZ WIRELESS 2      | EXCLUDED  |       |
| AGAMATRIX PRESTO               | 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  |       |
| 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  |       |

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| ASSURE PRO CONTROL LEVEL 1 & 2 | EXCLUDED  |       |
| ASSURE PRO TEST                | EXCLUDED  |       |
| AUTOLET II CLINISAFE           | TIER 03   |       |
| AUTOLET LANCING DEVICE         | TIER 03   |       |
| AUTOLET LITE 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  |       |
| BLULINK GLUCOSE MONITORING SYS | EXCLUDED  |       |
| BLULINK GLUCOSE TEST           | EXCLUDED  |       |
| CARESENS CONTROL A             | EXCLUDED  |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                     | Drug Tier | Notes |
|-------------------------------|-----------|-------|
| 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 PLUS BT            | EXCLUDED  |       |
| CARESENS N VOICE SYSTEM       | EXCLUDED  |       |
| CARETOUCH CONTROL SOL LEVEL 2 | EXCLUDED  |       |
| CARETOUCH LANCING/EJECTOR     | TIER 03   |       |
| CARETOUCH MONITOR SYSTEM      | EXCLUDED  |       |
| CARETOUCH TEST                | EXCLUDED  |       |
| CEQUR SIMPLICITY 2U 10PK      | TIER 02   |       |
| CEQUR SIMPLICITY INSERTER     | TIER 02   |       |
| CHEMSTRIP BG LOG BOOK         | TIER 03   |       |
| CHEMSTRIP K                   | TIER 03   |       |
| CHEMSTRIP UGK                 | TIER 03   |       |
| CHOSEN LANCETS 30G            | TIER 02   |       |
| CHOSEN LANCING DEVICE         | TIER 03   |       |
| CHOSEN SAFETY LANCETS 28G     | TIER 02   |       |
| CLEVER CHEK AUTO-CODE SYSTEM  | EXCLUDED  |       |
| CLEVER CHEK AUTO-CODE TEST    | EXCLUDED  |       |

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| 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   |       |
| CONTOUR PLUS BLUE KIT W/DEVICE | TIER 02   |       |
| CONTOUR PLUS TEST STRIP        | TIER 02   |       |
| CONTOUR TEST STRIPS            | PREVENT   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| 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   | PA    |
| DEXCOM G6 SENSOR               | TIER 02   | PA    |
| DEXCOM G6 TRANSMITTER          | TIER 02   | PA    |
| DEXCOM G7 RECEIVER             | TIER 02   | PA    |
| DEXCOM G7 SENSOR               | TIER 02   | PA    |
| 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  |       |
| DIATHRIVE LANCING DEVICE       | TIER 03   |       |

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| DIATHRIVE+ GLUCOSE MONITOR     | EXCLUDED  |       |
| DIATHRIVE+ GLUCOSE TEST        | EXCLUDED  |       |
| DROPLET GENTEEL LANCING DEVICE | TIER 03   |       |
| DROPSAFE ACTI-LANCE 23G        | TIER 02   |       |
| 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  |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| EASY TOUCH HEALTHPRO GLUCOSE   | EXCLUDED  |       |
| EASY TOUCH HEALTHPRO HIGH/LOW  | EXCLUDED  |       |
| 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  |       |

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| ELEMENT AUTOCODE SYSTEM        | EXCLUDED  |       |
| ELEMENT COMPACT CONTROL 2      | EXCLUDED  |       |
| ELEMENT COMPACT CONTROL 3      | EXCLUDED  |       |
| 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  |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| EMBRACE TALK BLOOD GLUCOSE     | EXCLUDED  |       |
| EMBRACE TALK GLUCOSE CONTROL   | EXCLUDED  |       |
| EMBRACE TALK GLUCOSE TEST      | EXCLUDED  |       |
| EMBRACE TALK MONITORING SYSTEM | EXCLUDED  |       |
| EMBRACE WAVE BLOOD GLUCOSE     | EXCLUDED  |       |
| EMBRACE WAVE GLUCOSE METER     | EXCLUDED  |       |
| ENLITE GLUCOSE SENSOR          | TIER 03   | PA    |
| EQ BLOOD GLUCOSE TEST          | EXCLUDED  |       |
| EVERSENSE 365 SENSOR/HOLDER    | EXCLUDED  | PA    |
| EVERSENSE 365 SMART TRANSMIT   | EXCLUDED  | PA    |
| EVERSENSE SENSOR/HOLDER        | EXCLUDED  | PA    |
| EVERSENSE SMART TRANSMITTER    | EXCLUDED  | PA    |
| EVOLUTION AUTOCODE             | EXCLUDED  |       |
| EVOLUTION CONTROL              | EXCLUDED  |       |
| FIFTY50 GLUCOSE METER 2.0      | EXCLUDED  |       |
| FIFTY50 GLUCOSE TEST 2.0       | EXCLUDED  |       |
| FORA 6 CONNECT                 | EXCLUDED  |       |
| FORA 6 CONNECT/GTEL TEST       | EXCLUDED  |       |
| FORA CONTROL                   | EXCLUDED  |       |
| FORA D40/G31 BLOOD GLUCOSE     | EXCLUDED  |       |
| FORA G20 BLOOD GLUCOSE SYSTEM  | EXCLUDED  |       |

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| FORA G20 BLOOD 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 TEST    | EXCLUDED  |       |
| FORA V12 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  |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| 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  | PA    |
| FREESTYLE LIBRE 14 DAY SENSOR  | EXCLUDED  | PA    |
| FREESTYLE LIBRE 2 PLUS SENSOR  | EXCLUDED  | PA    |
| FREESTYLE LIBRE 2 READER       | PREVENT   | PA    |
| FREESTYLE LIBRE 2 SENSOR       | PREVENT   | PA    |
| FREESTYLE LIBRE 3 PLUS SENSOR  | PREVENT   | PA    |
| FREESTYLE LIBRE 3 READER       | PREVENT   | PA    |
| FREESTYLE LIBRE 3 SENSOR       | PREVENT   | PA    |
| FREESTYLE LIBRE READER         | EXCLUDED  | PA    |
| 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  |       |

| Drug Name                        | Drug Tier | Notes |
|----------------------------------|-----------|-------|
| 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  |       |
| 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  |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| 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 METER TEST             | EXCLUDED  |       |
| GNP EASY TOUCH CONT HIGH/LOW   | EXCLUDED  |       |
| GNP EASY TOUCH GLUCOSE METER   | EXCLUDED  |       |
| GNP EASY TOUCH GLUCOSE TEST    | EXCLUDED  |       |
| 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  |       |

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| GOJJI LANCING DEVICE/CLEAR CAP | TIER 03   |       |
| GUARDIAN 4 GLUCOSE SENSOR      | TIER 03   | PA    |
| GUARDIAN 4 TRANSMITTER         | TIER 03   | PA    |
| GUARDIAN LINK 3 TRANSMITTER    | TIER 03   | PA    |
| GUARDIAN SENSOR 3              | TIER 03   | PA    |
| 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  |       |
| 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  |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| INFINITY BLOOD GLUCOSE SYSTEM  | EXCLUDED  |       |
| INFINITY BLOOD GLUCOSE TEST    | EXCLUDED  |       |
| INFINITY CONTROL               | EXCLUDED  |       |
| INFINITY VOICE                 | EXCLUDED  |       |
| INPEN 100-BLUE-LILLY-HUMALOG   | TIER 03   |       |
| INPEN 100-GREY-LILLY-HUMALOG   | TIER 03   |       |
| INPEN 100-PINK-LILLY-HUMALOG   | TIER 03   |       |
| KETO-DIASTIX                   | TIER 03   |       |
| KETONE CARE                    | TIER 03   |       |
| KETOSTIX                       | TIER 03   |       |
| KROGER HEALTHPRO CONTROL HI/LO | EXCLUDED  |       |
| KROGER HEALTHPRO GLUCOSE TEST  | EXCLUDED  |       |
| LANCETS                        | PREVENT   |       |
| LANCETS                        | TIER 02   |       |
| LANCETS 28G THIN               | TIER 02   |       |
| LANCETS IN VITRO STRIP         | EXCLUDED  |       |
| LANCETS SUPER THIN             | TIER 02   |       |
| MEDISENSE GLUCOSE KETONE CONTR | EXCLUDED  |       |
| MEDISENSE HI/MID/LOW CONTROL   | EXCLUDED  |       |
| MEIJER TRUE2GO BLOOD GLUCOSE   | EXCLUDED  |       |
| MEIJER TRUERESULT GLUCOSE SYS  | EXCLUDED  |       |
| MEIJER TRUETEST TEST           | EXCLUDED  |       |
| MEIJER TRUETRACK GLUCOSE SYS   | EXCLUDED  |       |
| MEIJER TRUETRACK TEST          | EXCLUDED  |       |

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| 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  |       |
| MOBILE LANCETS 30G             | TIER 02   |       |
| 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   |       |
| ON CALL EXPRESS BLOOD GLUCOSE  | EXCLUDED  |       |
| ON CALL EXPRESS MONITORING SYS | EXCLUDED  |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                           | Drug Tier | Notes |
|-------------------------------------|-----------|-------|
| 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          | EXCLUDED  |       |
| ONETOUCH VERIO REFLECT KIT W/DEVICE | EXCLUDED  |       |
| OPTIUMEZ TEST                       | EXCLUDED  |       |
| PERFECT POINT SAFETY LANCETS        | TIER 02   |       |
| PHARMACIST CHOICE AUTOCODE          | EXCLUDED  |       |
| PHARMACIST CHOICE AUTOCODE SYS      | EXCLUDED  |       |
| PHARMACIST CHOICE MINI SYSTEM       | EXCLUDED  |       |
| PHARMACIST CHOICE NO CODING         | EXCLUDED  |       |
| PIP BLOOD GLUCOSE MONITORING        | EXCLUDED  |       |

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| 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 BLOOD GLUCOSE   | 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  |       |
| PRODIGY POCKET BLOOD GLUCOSE   | EXCLUDED  |       |
| PRODIGY VOICE BLOOD GLUCOSE    | EXCLUDED  |       |
| PTS PANELS EGLU TEST           | EXCLUDED  |       |
| QUICK TOUCH BLOOD GLUCOSE      | EXCLUDED  |       |
| QUICK TOUCH BLOOD GLUCOSE TEST | EXCLUDED  |       |
| QUICKTEK                       | EXCLUDED  |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| 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  |       |
| RELION PREMIER COMPACT SYSTEM  | EXCLUDED  |       |
| RELION PREMIER TEST            | EXCLUDED  |       |
| RELION PREMIER VOICE MONITOR   | EXCLUDED  |       |

| Drug Name                                | Drug Tier | Notes |
|------------------------------------------|-----------|-------|
| 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 KIT W/DEVICE | 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  |       |
| SMARTEST BLOOD GLUCOSE TEST              | EXCLUDED  |       |
| SMARTEST CONTROL MEDIUM                  | EXCLUDED  |       |
| SMARTEST EJECT                           | EXCLUDED  |       |
| SMARTEST EJECT STARTER                   | EXCLUDED  |       |
| SMARTEST PERSONA STARTER                 | EXCLUDED  |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                             | Drug Tier | Notes |
|---------------------------------------|-----------|-------|
| 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 TEST IN VITRO STRIP | EXCLUDED  |       |
| TRUE FOCUS BLOOD GLUCOSE METER        | EXCLUDED  |       |
| 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  |       |
| TRUERESULT BLOOD GLUCOSE              | EXCLUDED  |       |

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| 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   |       |
| 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   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



| Drug Name                                                                                                                                                                                                 | Drug Tier | Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>Diabetes - Glycemic Agents</b>                                                                                                                                                                         |           |       |
| 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  |       |
| ZEGALOGUE                                                                                                                                                                                                 | TIER 02   |       |
| <b>Diabetes - Insulins</b>                                                                                                                                                                                |           |       |
| ADMELOG                                                                                                                                                                                                   | TIER 01   |       |
| ADMELOG SOLOSTAR                                                                                                                                                                                          | TIER 01   |       |
| AFREZZA                                                                                                                                                                                                   | TIER 03   | PA    |
| 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<br>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, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML | PREVENT   |       |
| BD VEO INSULIN SYR ULTRAFINE                                                                                                                                                                              | PREVENT   |       |

| Drug Name                              | Drug Tier | Notes |
|----------------------------------------|-----------|-------|
| DROPSAFE SAFETY SYRINGE/NEEDLE         | TIER 02   |       |
| EMBECTA INS SYR U/F 1/2 UNIT           | TIER 02   |       |
| EMBECTA INSULIN SYR ULTRAFINE          | TIER 02   |       |
| EMBECTA INSULIN SYRINGE                | TIER 02   |       |
| EMBECTA INSULIN SYRINGE U-100          | TIER 02   |       |
| EMBECTA INSULIN SYRINGE U-500          | 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 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   |       |
| HUMULIN N VIAL                         | PREVENT   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                                | Drug Tier | Notes |
|--------------------------------------------------------------------------|-----------|-------|
| 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, 29G X 5/16" 0.5 ML, 29G X 5/16" 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 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 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   |       |
| 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  |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                          | Drug Tier | Notes |
|----------------------------------------------------|-----------|-------|
| NOVOLIN N VIAL                                     | TIER 01   |       |
| NOVOLIN R FLEXPEN                                  | TIER 01   |       |
| NOVOLIN R FLEXPEN RELION                           | EXCLUDED  |       |
| 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   |       |
| <b>Electrolytes / Minerals / Metals / Vitamins</b> |           |       |
| ACCRUFER                                           | EXCLUDED  |       |
| ALTRIXA                                            | EXCLUDED  |       |
| ALTRIXA OB                                         | EXCLUDED  |       |
| AMINO ACID                                         | TIER 03   |       |

| Drug Name                                                                                           | Drug Tier | Notes |
|-----------------------------------------------------------------------------------------------------|-----------|-------|
| AMINO ACID-CALCIUM-HEP IN D10W INTRAVENOUS SOLUTION 3 %                                             | TIER 03   |       |
| AMINOPROTECT                                                                                        | TIER 03   |       |
| AMINOSYN II                                                                                         | TIER 03   |       |
| 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   |       |
| ARGYLE STERILE SALINE                                                                               | TIER 03   |       |
| argyle sterile water                                                                                | TIER 01   |       |
| 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-%, 1-0.8 gm/100ml-%, 2-0.675 gm/100ml-% | TIER 01   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                                                     | Drug Tier | Notes |
|-----------------------------------------------------------------------------------------------|-----------|-------|
| CALCIUM<br>GLUCONATE-NACL<br>INTRAVENOUS<br>SOLUTION 1-0.9<br>GM/100ML-%, 2-0.9<br>GM/100ML-% | TIER 03   |       |
| CARBAGLU                                                                                      | SPECIALTY | PA    |
| carglumic acid                                                                                | SPECIALTY | PA    |
| CARNITOR<br>INTRAVENOUS                                                                       | TIER 03   |       |
| CARNITOR ORAL                                                                                 | EXCLUDED  |       |
| CARNITOR SF                                                                                   | EXCLUDED  |       |
| CHEMET                                                                                        | TIER 03   |       |
| chromic chloride<br>intravenous                                                               | TIER 01   |       |
| CITRANATAL 90 DHA                                                                             | EXCLUDED  |       |
| CITRANATAL ASSURE                                                                             | EXCLUDED  |       |
| CITRANATAL<br>HARMONY                                                                         | EXCLUDED  |       |
| CITRANATAL MEDLEY                                                                             | EXCLUDED  |       |
| CLINIMIX E/DEXTROSE<br>(2.75/5)                                                               | TIER 03   |       |
| CLINIMIX E/DEXTROSE<br>(4.25/10)                                                              | TIER 03   |       |
| CLINIMIX E/DEXTROSE<br>(4.25/5)                                                               | TIER 03   |       |
| CLINIMIX E/DEXTROSE<br>(5/15)                                                                 | TIER 03   |       |
| CLINIMIX E/DEXTROSE<br>(5/20)                                                                 | TIER 03   |       |
| CLINIMIX E/DEXTROSE<br>(8/10)                                                                 | TIER 03   |       |
| CLINIMIX E/DEXTROSE<br>(8/14)                                                                 | TIER 03   |       |
| CLINIMIX/DEXTROSE<br>(4.25/10)                                                                | TIER 03   |       |
| CLINIMIX/DEXTROSE<br>(4.25/5)                                                                 | TIER 03   |       |
| CLINIMIX/DEXTROSE<br>(5/15)                                                                   | TIER 03   |       |

| Drug Name                                        | Drug Tier | Notes |
|--------------------------------------------------|-----------|-------|
| CLINIMIX/DEXTROSE<br>(5/20)                      | TIER 03   |       |
| CLINIMIX/DEXTROSE<br>(6/5)                       | TIER 03   |       |
| CLINIMIX/DEXTROSE<br>(8/10)                      | TIER 03   |       |
| CLINIMIX/DEXTROSE<br>(8/14)                      | TIER 03   |       |
| CLINISOL SF                                      | TIER 03   |       |
| CLINOLIPID                                       | TIER 03   |       |
| COBALEFOL                                        | EXCLUDED  |       |
| cupric chloride                                  | TIER 01   |       |
| CURITY STERILE<br>SALINE                         | TIER 03   |       |
| CUVRIOR                                          | EXCLUDED  | PA    |
| cyanocobalamin injection<br>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<br>DAVIMET                            | EXCLUDED  |       |
| DERMACINRX<br>MULTITAM                           | EXCLUDED  |       |
| DERMACINRX<br>MULTIVITAMIN                       | EXCLUDED  |       |
| DERMACINRX<br>PRETRATE                           | EXCLUDED  |       |
| DERMACINRX<br>RIBOTIN-E                          | EXCLUDED  |       |
| DERMACINRX<br>ZINTREXYL-C                        | EXCLUDED  |       |
| DEXATRAN                                         | EXCLUDED  |       |
| DEXIFOL                                          | EXCLUDED  |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                       | Drug Tier | Notes |
|-----------------------------------------------------------------|-----------|-------|
| 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  |       |
| DRISDOL                                                         | TIER 03   |       |
| EDETATE DISODIUM INTRAVENOUS                                    | TIER 03   |       |
| 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  |       |
| FERIVA 21/7                                                     | EXCLUDED  |       |
| FERRIPROX ORAL SOLUTION                                         | SPECIALTY | PA    |
| FERRLECIT                                                       | TIER 03   |       |
| ferumoxytol                                                     | TIER 01   | ST    |
| FINAZOL                                                         | EXCLUDED  |       |
| FLORRAVITE                                                      | EXCLUDED  |       |
| FLORRAXYL                                                       | EXCLUDED  |       |
| FLOTREX                                                         | EXCLUDED  |       |
| FOLAGENT DHA                                                    | EXCLUDED  |       |
| FOLAMAX                                                         | EXCLUDED  |       |

| Drug Name                                | Drug Tier | Notes  |
|------------------------------------------|-----------|--------|
| FOLAMED DHA                              | EXCLUDED  |        |
| FOLAPRIME                                | EXCLUDED  |        |
| FOLAWISE                                 | EXCLUDED  |        |
| FOLCYTEINE                               | EXCLUDED  |        |
| FOLETRA                                  | EXCLUDED  |        |
| folic acid injection                     | TIER 01   |        |
| folic acid oral tablet 1 mg              | TIER 01   |        |
| FOLICORE B COMPLEX                       | EXCLUDED  |        |
| FOLIFLEX                                 | EXCLUDED  |        |
| FOLIKA-BC                                | EXCLUDED  |        |
| FOLITIN-Z                                | EXCLUDED  |        |
| FOLTREXYL                                | EXCLUDED  |        |
| FOLVITA COMPLEX                          | EXCLUDED  |        |
| GALZIN                                   | TIER 03   |        |
| GLP-DLAX                                 | EXCLUDED  |        |
| glucose (dextrose)                       | TIER 01   |        |
| GLUTATHIONE INJECTION SOLUTION 200 MG/ML | TIER 03   |        |
| GLUTATHIONE INTRAVENOUS                  | TIER 03   |        |
| GLYCINE INJECTION                        | TIER 03   |        |
| GLYCOPHOS                                | TIER 03   |        |
| 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                            | TIER 01   |        |
| JENLIVA PRENATAL/POSTNATAL               | EXCLUDED  |        |
| JYNARQUE                                 | EXCLUDED  | PA; QL |
| KABIVEN                                  | TIER 03   |        |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| 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 03   |       |
| lactated ringers irrigation    | TIER 01   |       |
| 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   |       |
| 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   |       |
| MATERNACEL                     | EXCLUDED  |       |

| Drug Name                                        | Drug Tier | Notes |
|--------------------------------------------------|-----------|-------|
| MATERVIA                                         | EXCLUDED  |       |
| MEDI TAB                                         | EXCLUDED  |       |
| MENATROL                                         | EXCLUDED  |       |
| METANX PRO NERVE HEALTH                          | EXCLUDED  |       |
| METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED | TIER 03   |       |
| MICRONEX                                         | EXCLUDED  |       |
| MINCORA                                          | EXCLUDED  |       |
| MI-VITE RX                                       | EXCLUDED  |       |
| MONOFERRIC                                       | TIER 03   | ST    |
| MONOJECT FLUSH SYRINGE                           | TIER 03   |       |
| MONOJECT SODIUM CHLORIDE FLUSH                   | TIER 03   |       |
| MULTIPRO                                         | EXCLUDED  |       |
| MULTITOL-M                                       | EXCLUDED  |       |
| MULTIVITAMIN/FLUORIDE ORAL SUSPENSION            | 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   |       |
| NEOMATERNA                                       | EXCLUDED  |       |
| NEO-VITAL RX                                     | EXCLUDED  |       |
| NESTABS DHA                                      | EXCLUDED  |       |
| NESTABS ONE                                      | EXCLUDED  |       |
| NICADAN                                          | EXCLUDED  |       |
| NICAZEL                                          | EXCLUDED  |       |
| NICAZEL FORTE                                    | EXCLUDED  |       |
| NICOMIDE                                         | EXCLUDED  |       |
| NITRIVIA                                         | EXCLUDED  |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



| Drug Name                                                 | Drug Tier | Notes |
|-----------------------------------------------------------|-----------|-------|
| normal saline flush                                       | TIER 01   |       |
| NOVITE                                                    | EXCLUDED  |       |
| NUTRALYN                                                  | EXCLUDED  |       |
| NUTRA-Z+                                                  | EXCLUDED  |       |
| NUTRILIPID                                                | TIER 03   |       |
| OB COMPLETE ONE                                           | EXCLUDED  |       |
| OB COMPLETE PETITE                                        | EXCLUDED  |       |
| OB COMPLETE PREMIER                                       | EXCLUDED  |       |
| ORAL CITRATE                                              | TIER 03   |       |
| PAXLYTE                                                   | EXCLUDED  |       |
| PERIKABIVEN                                               | TIER 03   |       |
| phosphorous                                               | TIER 01   |       |
| phospho-trin 250 neutral                                  | TIER 01   |       |
| PHOSPHO-TRIN K500                                         | TIER 03   |       |
| PHYSIOLYTE                                                | TIER 03   |       |
| PHYSIOSOL IRRIGATION                                      | TIER 03   |       |
| phytonadione injection                                    | TIER 01   |       |
| phytonadione oral                                         | TIER 01   |       |
| PLENAMINE                                                 | TIER 03   |       |
| PNV TABS 20-1                                             | EXCLUDED  |       |
| POKONZA                                                   | EXCLUDED  |       |
| POLY-VI-FLOR                                              | EXCLUDED  |       |
| POLY-VI-FLOR/IRON                                         | EXCLUDED  |       |
| potassium acetate intravenous                             | TIER 01   |       |
| potassium chloride crys er                                | TIER 01   |       |
| potassium chloride er                                     | TIER 01   |       |
| potassium chloride intravenous solution                   | TIER 01   |       |
| POTASSIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE | TIER 03   |       |

| Drug Name                                                                   | Drug Tier | Notes |
|-----------------------------------------------------------------------------|-----------|-------|
| 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 INTRAVENOUS SOLUTION 15 MMOL/100ML, 15 MMOL/250ML | 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  |       |
| PREV-RX                                                                     | 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   |       |
| PRISMASOL BK 0/0/1.2                                                        | TIER 03   |       |
| PROFOLA                                                                     | EXCLUDED  |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                            | Drug Tier | Notes |
|------------------------------------------------------|-----------|-------|
| PROSOL                                               | TIER 03   |       |
| PUREVITA SUPER B-COMPLEX                             | EXCLUDED  |       |
| pyridoxine hcl solution 100 mg/ml injection          | TIER 01   |       |
| PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION          | TIER 03   |       |
| QUFLORA FE                                           | EXCLUDED  |       |
| REFRESH AA 15 PKU                                    | TIER 03   |       |
| RELCARE                                              | EXCLUDED  |       |
| REMEDIENT                                            | EXCLUDED  |       |
| ringers irrigation                                   | TIER 01   |       |
| saline flush                                         | TIER 01   |       |
| 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 SOLUTION 0.9 %             | TIER 03   |       |
| sodium chloride injection solution 2.5 meq/ml        | TIER 01   |       |

| Drug Name                                                    | Drug Tier | Notes  |
|--------------------------------------------------------------|-----------|--------|
| sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 % | TIER 01   |        |
| sodium chloride irrigation                                   | TIER 01   |        |
| SODIUM CHLORIDE SOLUTION 4 MEQ/ML INTRAVENOUS                | TIER 03   |        |
| sodium chloride solution 4 meq/ml intravenous                | TIER 01   |        |
| sodium fluoride oral                                         | TIER 01   | * ACA  |
| sodium phosphates                                            | TIER 01   |        |
| sodium polystyrene sulfonate                                 | TIER 01   |        |
| SPS (SODIUM POLYSTYRENE SULF)                                | TIER 03   |        |
| sterile water for irrigation                                 | TIER 01   |        |
| SYPRINE                                                      | EXCLUDED  | PA     |
| 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 oral tablet                                        | 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  |        |
| TRIVIA COMPLETE                                              | EXCLUDED  |        |
| TRI-VITAMIN WITH FLUORIDE                                    | EXCLUDED  |        |
| tromethamine intravenous                                     | TIER 01   |        |
| TRONVITE                                                     | EXCLUDED  |        |
| TROPHAMINE                                                   | TIER 03   |        |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                                    | Drug Tier | Notes |
|------------------------------------------------------------------------------|-----------|-------|
| TRUE DAILY VITE                                                              | EXCLUDED  |       |
| TRUE MULTIVITAMIN                                                            | EXCLUDED  |       |
| VELTASSA                                                                     | TIER 03   |       |
| VENEXA                                                                       | EXCLUDED  |       |
| VENEXA FE                                                                    | EXCLUDED  |       |
| VENOFER                                                                      | TIER 03   |       |
| VENTRIXYL                                                                    | EXCLUDED  |       |
| VENTRIXYL FE                                                                 | EXCLUDED  |       |
| VITACORE                                                                     | EXCLUDED  |       |
| VITAFOL FE+                                                                  | EXCLUDED  |       |
| VITAFOL GUMMIES                                                              | EXCLUDED  |       |
| VITAFOL ULTRA                                                                | EXCLUDED  |       |
| VITAFOL-OB                                                                   | EXCLUDED  |       |
| VITAFOL-OB+DHA                                                               | EXCLUDED  |       |
| VITAFOL-ONE                                                                  | EXCLUDED  |       |
| VITALARA                                                                     | EXCLUDED  |       |
| vitamin d (ergocalciferol)<br>oral capsule 1.25 mg<br>(50000 ut), 50000 unit | TIER 01   |       |
| vitamin k1 injection                                                         | TIER 01   |       |
| VITA-PAC                                                                     | EXCLUDED  |       |
| VITASURE                                                                     | EXCLUDED  |       |
| VITATHELY WITH<br>GINGER                                                     | EXCLUDED  |       |
| VITRAMYN                                                                     | EXCLUDED  |       |
| VITRANOL                                                                     | EXCLUDED  |       |
| VITRANOL FE                                                                  | EXCLUDED  |       |
| VITREXATE                                                                    | EXCLUDED  |       |
| VITREXATE FE                                                                 | EXCLUDED  |       |
| VITREXYL                                                                     | EXCLUDED  |       |
| VITREXYL + IRON                                                              | EXCLUDED  |       |
| water for irrigation, sterile                                                | TIER 01   |       |
| WELLFOLA                                                                     | EXCLUDED  |       |
| wes-phos 250 neutral                                                         | TIER 01   |       |
| WESTGEL DHA                                                                  | EXCLUDED  |       |
| ZALVIT                                                                       | EXCLUDED  |       |

| Drug Name                                                                | Drug Tier | Notes |
|--------------------------------------------------------------------------|-----------|-------|
| ZELDANA                                                                  | EXCLUDED  |       |
| zinc chloride intravenous                                                | TIER 01   |       |
| zinc sulfate intravenous                                                 | TIER 01   |       |
| ZIPHEX                                                                   | EXCLUDED  |       |
| <b>Gastrointestinal<br/>Agents - Drugs for<br/>Acid Reflux and Ulcer</b> |           |       |
| ACIPHEX                                                                  | EXCLUDED  |       |
| CARAFATE ORAL<br>TABLET                                                  | EXCLUDED  |       |
| cimetidine hcl                                                           | TIER 01   |       |
| cimetidine oral                                                          | TIER 01   |       |
| CYTOTEC                                                                  | TIER 03   |       |
| DEXILANT                                                                 | EXCLUDED  |       |
| esomeprazole<br>magnesium oral capsule<br>delayed release                | TIER 01   |       |
| esomeprazole<br>magnesium oral packet                                    | TIER 01   |       |
| esomeprazole sodium                                                      | TIER 01   |       |
| famotidine (pf)                                                          | TIER 01   |       |
| famotidine intravenous                                                   | TIER 01   |       |
| famotidine oral<br>suspension reconstituted                              | TIER 01   |       |
| famotidine oral tablet 20<br>mg, 40 mg                                   | TIER 01   |       |
| famotidine premixed                                                      | TIER 01   |       |
| FIRST-<br>LANSOPRAZOLE                                                   | TIER 03   | ST    |
| FIRST-OMEPRAZOLE                                                         | TIER 03   | ST    |
| KONVOMEF                                                                 | EXCLUDED  |       |
| lansoprazole oral<br>capsule delayed release                             | TIER 01   |       |
| misoprostol oral                                                         | TIER 01   |       |
| NEXIUM ORAL<br>CAPSULE DELAYED<br>RELEASE                                | EXCLUDED  |       |
| NEXIUM ORAL PACKET                                                       | TIER 03   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                                          | Drug Tier | Notes  |
|------------------------------------------------------------------------------------|-----------|--------|
| 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  |        |
| 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     |
| <b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b> |           |        |
| alosetron hcl                                                                      | TIER 01   | PA     |
| alvimopan                                                                          | TIER 01   |        |
| AMITIZA                                                                            | EXCLUDED  |        |
| ANASPAZ                                                                            | TIER 03   |        |
| atropine sulfate injection solution                                                | TIER 01   |        |

| Drug Name                                                                                | Drug Tier | Notes |
|------------------------------------------------------------------------------------------|-----------|-------|
| 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   |       |
| bis subcit-metronid-tetracyc                                                             | TIER 01   |       |
| bismuth/metronidaz/tetra cyclin                                                          | TIER 01   |       |
| CLENPIQ                                                                                  | TIER 03   |       |
| constulose                                                                               | TIER 01   |       |
| cromolyn sodium oral                                                                     | TIER 01   |       |
| CTEXLI                                                                                   | SPECIALTY | PA    |
| dicyclomine hcl intramuscular                                                            | TIER 01   |       |
| dicyclomine hcl oral capsule                                                             | TIER 01   |       |
| dicyclomine hcl oral solution 10 mg/5ml                                                  | TIER 01   |       |
| dicyclomine hcl oral tablet                                                              | 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   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                                    | Drug Tier | Notes  |
|------------------------------------------------------------------------------|-----------|--------|
| 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 +rfid                                                      | 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   |        |
| 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     |
| IQIRVO                                                                       | SPECIALTY | PA     |
| lactulose encephalopathy                                                     | TIER 01   |        |
| lactulose oral solution                                                      | TIER 01   |        |
| LINZESS                                                                      | TIER 02   | ST; QL |

| Drug Name                           | Drug Tier | Notes  |
|-------------------------------------|-----------|--------|
| LIVDELZI                            | SPECIALTY | PA     |
| LOMOTIL                             | TIER 03   |        |
| loperamide hcl oral capsule         | TIER 01   |        |
| lubiprostone                        | TIER 01   |        |
| methscopolamine bromide oral        | TIER 01   |        |
| mineral oil heavy oral              | TIER 01   |        |
| MOTEGRITY                           | TIER 03   | ST; QL |
| MOTOFEN                             | EXCLUDED  |        |
| 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/ascorbic acid | TIER 01   |        |
| peg-kcl-nacl-nasulf-na asc-c        | TIER 01   |        |
| PEG-PREP                            | TIER 03   |        |
| PLENVU                              | EXCLUDED  | * ACA  |
| prucalopride succinate              | TIER 01   | ST; QL |
| PYLERA                              | TIER 02   |        |
| REBYOTA                             | SPECIALTY | PA     |
| RELISTOR                            | EXCLUDED  | QL     |
| RELTONE                             | EXCLUDED  |        |
| RESTORA RX                          | TIER 03   |        |
| REZDIFFRA                           | EXCLUDED  | PA     |
| SEROSTIM                            | SPECIALTY | PA     |
| SUFLAVE                             | TIER 03   |        |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                                          | Drug Tier | Notes  |
|------------------------------------------------------------------------------------|-----------|--------|
| SUPREP BOWEL PREP KIT                                                              | TIER 03   |        |
| SUTAB                                                                              | TIER 03   |        |
| SYMPROIC                                                                           | SPECIALTY | ST; QL |
| TALICIA                                                                            | TIER 02   |        |
| TRULANCE                                                                           | EXCLUDED  |        |
| URSODIOL ORAL CAPSULE 200 MG, 400 MG                                               | EXCLUDED  |        |
| 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 02   | PA     |
| VOQUEZNA TRIPLE PAK                                                                | TIER 02   | PA     |
| VOWST                                                                              | EXCLUDED  | PA     |
| XERMELO                                                                            | SPECIALTY | PA     |
| <b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b> |           |        |
| ADZYNMA                                                                            | SPECIALTY | PA     |
| ALDURAZYME                                                                         | SPECIALTY | PA     |
| 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 |        |

| Drug Name                           | Drug Tier | Notes |
|-------------------------------------|-----------|-------|
| DUVYZAT                             | EXCLUDED  | PA    |
| ELAPRASE                            | SPECIALTY | PA    |
| ELELYSO                             | SPECIALTY | PA    |
| ELEVIDYS                            | EXCLUDED  | PA    |
| ELFABRIO                            | EXCLUDED  | PA    |
| EVRYSDI ORAL SOLUTION RECONSTITUTED | 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    |
| 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    |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



| Drug Name                                                                                  | Drug Tier | Notes |
|--------------------------------------------------------------------------------------------|-----------|-------|
| 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   |       |
| <b>Genitourinary Agents<br/>- Drugs for Bladder,<br/>Genital and Kidney<br/>Conditions</b> |           |       |
| acetic acid irrigation                                                                     | TIER 01   |       |
| AURYXIA                                                                                    | TIER 03   |       |
| 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    |

| Drug Name                                      | Drug Tier | Notes  |
|------------------------------------------------|-----------|--------|
| CUPRIMINE                                      | EXCLUDED  | PA     |
| darifenacin hydrobromide er                    | TIER 01   |        |
| DEPEN TITRATABS                                | SPECIALTY |        |
| DETROL                                         | TIER 03   |        |
| ELMIRON                                        | EXCLUDED  | PA     |
| FILSPARI                                       | SPECIALTY | PA     |
| flavoxate hcl                                  | TIER 01   |        |
| FOSRENOL ORAL PACKET                           | TIER 03   | ST     |
| GEMTESA                                        | EXCLUDED  |        |
| glycine irrigation                             | TIER 01   |        |
| glycine urologic                               | TIER 01   |        |
| INTRAROSA                                      | TIER 03   | ST     |
| 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     |
| penicillamine oral tablet                      | SPECIALTY |        |
| phenazopyridine hcl oral tablet 100 mg, 200 mg | TIER 01   |        |
| RENACIDIN                                      | TIER 03   |        |
| RIMSO-50                                       | TIER 03   |        |
| RIVFLOZA                                       | SPECIALTY | PA     |
| sevelamer carbonate                            | TIER 01   |        |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                   | Drug Tier | Notes |
|-------------------------------------------------------------|-----------|-------|
| 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   |       |
| VANRAFIA                                                    | SPECIALTY | PA    |
| VELPHORO                                                    | EXCLUDED  |       |
| VENXXIVA                                                    | EXCLUDED  |       |
| VESICARE                                                    | EXCLUDED  |       |
| VESICARE LS                                                 | EXCLUDED  |       |
| VIAGRA                                                      | EXCLUDED  | QL    |
| <b>Genitourinary Agents - Drugs for Prostate Conditions</b> |           |       |
| alfuzosin hcl er                                            | TIER 01   |       |
| AVODART                                                     | EXCLUDED  |       |
| dutasteride oral                                            | TIER 01   |       |
| dutasteride-tamsulosin hcl                                  | TIER 01   |       |
| finasteride oral tablet 5 mg                                | TIER 01   |       |
| silodosin                                                   | TIER 01   |       |
| tamsulosin hcl                                              | PREVENT   |       |
| terazosin hcl                                               | PREVENT   |       |
| <b>Hormonal Agents - Adrenal</b>                            |           |       |
| AGAMREE                                                     | SPECIALTY | PA    |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                                             | Drug Tier | Notes |
|---------------------------------------------------------------------------------------|-----------|-------|
| ALKINDI SPRINKLE                                                                      | EXCLUDED  |       |
| 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  |       |
| DEPO-MEDROL                                                                           | TIER 03   |       |
| dexameth sod phos (pf) +rfid                                                          | TIER 01   |       |
| 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   |       |
| DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION                            | TIER 03   |       |
| dexamethasone sodium phosphate solution 10 mg/ml injection                            | TIER 01   |       |

| Drug Name                                                 | Drug Tier | Notes |
|-----------------------------------------------------------|-----------|-------|
| 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   |       |
| EMFLAZA                                                   | EXCLUDED  | PA    |
| fludrocortisone acetate oral                              | TIER 01   |       |
| HEMADY                                                    | EXCLUDED  |       |
| HEXATRIONE                                                | TIER 03   |       |
| hydrocortisone oral                                       | TIER 01   |       |
| hydrocortisone sod suc (pf)                               | TIER 01   |       |
| IONTOSONE 0.4%                                            | TIER 03   |       |
| 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   |       |
| METHYLPREDNISOLONE ACETATE SUSPENSION 40 MG/ML INJECTION  | TIER 03   |       |

| Drug Name                                                                  | Drug Tier | Notes |
|----------------------------------------------------------------------------|-----------|-------|
| 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, 5 mg/5ml | TIER 01   |       |
| prednisone oral                                                            | TIER 01   |       |
| RAYOS                                                                      | EXCLUDED  |       |
| 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   |       |
| <b>Hormonal Agents - Men's Health</b>                                      |           |       |
| ANDROGEL PUMP                                                              | EXCLUDED  | PA    |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx Atrium Health**

| Drug Name                                                                                                                                            | Drug Tier | Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| AVEED                                                                                                                                                | EXCLUDED  | PA    |
| AZMIRO                                                                                                                                               | EXCLUDED  | 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 gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%) | TIER 01   | PA    |
| testosterone transdermal solution                                                                                                                    | TIER 01   | PA    |
| TLANDO                                                                                                                                               | EXCLUDED  | PA    |
| UNDECATREX                                                                                                                                           | EXCLUDED  | PA    |
| VOGELXO                                                                                                                                              | EXCLUDED  | PA    |
| VOGELXO PUMP                                                                                                                                         | EXCLUDED  | PA    |
| XYOSTED                                                                                                                                              | EXCLUDED  | PA    |
| <b>Hormonal Agents - Pituitary</b>                                                                                                                   |           |       |
| ACTHAR                                                                                                                                               | SPECIALTY | PA    |
| ACTHAR GEL                                                                                                                                           | SPECIALTY | PA    |
| cabergoline                                                                                                                                          | TIER 01   |       |
| cetorelix acetate                                                                                                                                    | SPECIALTY |       |
| CETROTIDE                                                                                                                                            | EXCLUDED  |       |
| CHORIONIC GONADOTROPIN INTRAMUSCULAR                                                                                                                 | SPECIALTY |       |

| Drug Name                                      | Drug Tier | Notes  |
|------------------------------------------------|-----------|--------|
| CLOMID                                         | TIER 02   |        |
| clomiphene citrate oral                        | TIER 01   |        |
| CORTROPHIN                                     | SPECIALTY | PA     |
| CORTROPHIN GEL                                 | SPECIALTY | PA     |
| CRENESSITY                                     | SPECIALTY | PA     |
| desmopressin ace spray refrig                  | TIER 01   |        |
| desmopressin acetate injection                 | TIER 01   |        |
| 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     |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                     | Drug Tier | Notes  |
|-----------------------------------------------|-----------|--------|
| lanreotide acetate                            | SPECIALTY | PA     |
| leuprolide acetate injection                  | SPECIALTY |        |
| LEUPROLIDE ACETATE-BUPIVACAINE                | TIER 03   |        |
| LUPRON DEPOT (1-MONTH)                        | SPECIALTY |        |
| 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; QL |
| LUPRON DEPOT-PED (3-MONTH)                    | SPECIALTY | PA; QL |
| LUPRON DEPOT-PED (6-MONTH)                    | SPECIALTY | PA; QL |
| MENOPUR                                       | SPECIALTY |        |
| MYCAPSSA                                      | EXCLUDED  | PA     |
| NGENLA                                        | SPECIALTY | PA     |
| NORDITROPIN FLEXPOR                           | 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     |

| Drug Name                                                                         | Drug Tier | Notes  |
|-----------------------------------------------------------------------------------|-----------|--------|
| OMNITROPE                                                                         | SPECIALTY | PA     |
| ORILISSA                                                                          | TIER 02   | PA     |
| OVIDREL                                                                           | SPECIALTY |        |
| oxytocin injection                                                                | TIER 01   |        |
| OXYTOCIN-LACTATED RINGERS                                                         | TIER 03   |        |
| OXYTOCIN-SODIUM CHLORIDE                                                          | TIER 03   |        |
| PITOCIN                                                                           | TIER 03   |        |
| PREGNYL                                                                           | SPECIALTY |        |
| RECORLEV                                                                          | EXCLUDED  | PA     |
| SANDOSTATIN                                                                       | EXCLUDED  | PA     |
| SIGNIFOR                                                                          | EXCLUDED  | PA     |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 60 MG | 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 |
| VABRINTY SUBCUTANEOUS KIT 45 MG                                                   | SPECIALTY | PA; QL |
| vasopressin                                                                       | TIER 01   |        |
| vasopressin +rfid                                                                 | TIER 01   |        |
| VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS                                           | TIER 03   |        |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                                         | Drug Tier | Notes  |
|-----------------------------------------------------------------------------------|-----------|--------|
| VASOSTRICT<br>INTRAVENOUS<br>SOLUTION 20 UNIT/ML                                  | TIER 03   |        |
| ZOLADEX                                                                           | SPECIALTY | QL     |
| ZOMACTON                                                                          | EXCLUDED  | PA     |
| <b>Hormonal Agents -<br/>Prostaglandins</b>                                       |           |        |
| KORLYM                                                                            | SPECIALTY | PA; QL |
| MIFEPREX                                                                          | TIER 03   |        |
| mifepristone oral tablet<br>200 mg                                                | TIER 01   |        |
| mifepristone oral tablet<br>300 mg                                                | SPECIALTY | PA; QL |
| <b>Hormonal Agents -<br/>Selective Estrogen<br/>Receptor Modifying<br/>Agents</b> |           |        |
| OSPHENA                                                                           | TIER 03   |        |
| raloxifene hcl                                                                    | TIER 01   | * ACA  |
| <b>Hormonal Agents -<br/>Sex Hormones and<br/>Birth Control</b>                   |           |        |
| abigale                                                                           | TIER 01   |        |
| abigale lo                                                                        | TIER 01   |        |
| 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   |        |

| Drug Name          | Drug Tier | Notes |
|--------------------|-----------|-------|
| 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    |
| 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 (28)  | 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    |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



| Drug Name                        | Drug Tier | Notes |
|----------------------------------|-----------|-------|
| 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   |       |
| 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   |       |

| Drug Name                | Drug Tier | Notes  |
|--------------------------|-----------|--------|
| EVAMIST                  | TIER 03   |        |
| falmina                  | TIER 01   |        |
| feirza 1.5/30            | TIER 01   |        |
| feirza 1/20              | TIER 01   |        |
| FEMLYV                   | TIER 03   | ST     |
| FEMRING                  | TIER 03   | ST; QL |
| finzala                  | TIER 01   |        |
| fyavolv                  | TIER 01   |        |
| galbriela                | 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   |        |
| 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   |        |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| june 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   |       |
| 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   |       |
| 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   |       |
| lutera                         | TIER 01   |       |

| Drug Name                                 | Drug Tier | Notes |
|-------------------------------------------|-----------|-------|
| 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   |       |
| meleya                                    | 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   |       |
| minzoya                                   | TIER 01   |       |
| mono-lynyah                               | 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   |       |
| 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   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                             | Drug Tier | Notes |
|-------------------------------------------------------|-----------|-------|
| 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   |       |
| pimtreea                                              | 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   |       |
| progesterone oral                                     | TIER 01   |       |
| PROMETRIUM                                            | EXCLUDED  |       |
| PROVERA                                               | TIER 03   |       |
| reclipsen                                             | TIER 01   |       |
| rivelsa                                               | TIER 01   | QL    |
| rosyrah                                               | TIER 01   | QL    |
| SAFYRAL                                               | EXCLUDED  |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name         | Drug Tier | Notes |
|-------------------|-----------|-------|
| 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   |       |
| tilia fe          | TIER 01   |       |
| tri-estarylla     | TIER 01   |       |
| tri-legest fe     | TIER 01   |       |
| tri-lynyah        | 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   |       |
| tri-vylibra       | TIER 01   |       |
| tri-vylibra lo    | TIER 01   |       |
| turqoz            | TIER 01   |       |
| TWIRLA            | EXCLUDED  |       |
| TYBLUME           | TIER 03   |       |
| VAGIFEM           | EXCLUDED  |       |
| valtya 1/50       | TIER 01   |       |
| velivet           | TIER 01   |       |
| vestura           | TIER 01   |       |
| vienva            | TIER 01   |       |
| viorele           | TIER 01   |       |
| VIVELLE-DOT       | EXCLUDED  | ST    |
| volnea            | TIER 01   |       |

| Drug Name                         | Drug Tier | Notes |
|-----------------------------------|-----------|-------|
| vyfemla                           | TIER 01   |       |
| vylibra                           | TIER 01   |       |
| wera                              | TIER 01   |       |
| wymzya fe                         | TIER 01   |       |
| xarah fe                          | TIER 01   |       |
| xelria fe                         | TIER 01   |       |
| xulane                            | TIER 01   |       |
| YASMIN 28                         | EXCLUDED  |       |
| YAZ                               | EXCLUDED  |       |
| yuvaferm                          | TIER 01   |       |
| zafemy                            | TIER 01   |       |
| zovia 1/35 (28)                   | TIER 01   |       |
| zumandimine                       | TIER 01   |       |
| <b>Hormonal Agents - Thyroid</b>  |           |       |
| 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   |       |
| np thyroid                        | TIER 01   |       |
| propylthiouracil oral             | TIER 01   |       |
| SODIUM IODIDE I-131               | TIER 03   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                                        | Drug Tier | Notes  |
|----------------------------------------------------------------------------------|-----------|--------|
| SYNTHROID                                                                        | EXCLUDED  |        |
| THYQUIDITY                                                                       | EXCLUDED  |        |
| thyroid oral                                                                     | TIER 01   |        |
| TIROSINT                                                                         | EXCLUDED  |        |
| TIROSINT-SOL                                                                     | EXCLUDED  |        |
| unithroid                                                                        | PREVENT   |        |
| <b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b> |           |        |
| 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-AATY CD/UC/HS START                                                   | EXCLUDED  | PA     |
| ADALIMUMAB-ADAZ                                                                  | EXCLUDED  | PA     |
| ADALIMUMAB-ADBM (2 PEN)                                                          | EXCLUDED  | PA     |

| Drug Name                                                | Drug Tier | Notes  |
|----------------------------------------------------------|-----------|--------|
| ADALIMUMAB-ADBM (2 SYRINGE)                              | EXCLUDED  | PA     |
| ADALIMUMAB-ADBM(CD/UC/HS STRT)                           | EXCLUDED  | PA     |
| ADALIMUMAB-ADBM(PS/UV STARTER)                           | EXCLUDED  | PA     |
| 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/0.4ML SUBCUTANEOUS | EXCLUDED  | PA; QL |
| AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS | SPECIALTY | PA; QL |
| 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 SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS | EXCLUDED  | PA; QL |
| AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS | SPECIALTY | PA; QL |

| Drug Name                                                                      | Drug Tier | Notes  |
|--------------------------------------------------------------------------------|-----------|--------|
| AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS                   | EXCLUDED  | PA; QL |
| AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS                   | SPECIALTY | PA; QL |
| AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML                   | SPECIALTY | PA; QL |
| AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML  | SPECIALTY | PA; QL |
| AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS | EXCLUDED  | PA; QL |
| AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS | SPECIALTY | PA; QL |
| AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML | SPECIALTY | PA; QL |
| ARCALYST                                                                       | SPECIALTY | PA     |
| ASCENIV                                                                        | EXCLUDED  | PA     |
| ASTAGRAF XL                                                                    | TIER 03   |        |
| AVSOLA                                                                         | SPECIALTY | PA     |
| AZASAN                                                                         | TIER 03   |        |
| azathioprine oral                                                              | TIER 01   |        |
| azathioprine sodium                                                            | TIER 01   |        |
| BENLYSTA                                                                       | SPECIALTY | PA     |
| BEYFORTUS                                                                      | TIER 02   | * ACA  |
| BIMZELX                                                                        | SPECIALTY | PA     |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                    | Drug Tier | Notes  |
|------------------------------|-----------|--------|
| 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                     | SPECIALTY | PA     |
| CUVITRU                      | SPECIALTY | PA     |
| cyclosporine modified        | TIER 01   |        |
| cyclosporine oral            | TIER 01   |        |
| CYLTEZO (2 PEN)              | EXCLUDED  | PA     |
| CYLTEZO (2 SYRINGE)          | EXCLUDED  | PA     |
| CYLTEZO-CD/UC/HS STARTER     | EXCLUDED  | PA     |
| CYLTEZO-PSORIASIS/UV STARTER | EXCLUDED  | PA     |
| ENBREL                       | SPECIALTY | PA; QL |
| ENBREL MINI                  | SPECIALTY | PA; QL |
| ENBREL SURECLICK             | SPECIALTY | PA; QL |
| ENSPRYNG                     | SPECIALTY | PA     |
| ENTYVIO                      | SPECIALTY | PA     |
| ENTYVIO PEN                  | SPECIALTY | PA; QL |
| ENVARUSUS XR                 | TIER 03   |        |

| Drug Name                                             | Drug Tier | Notes |
|-------------------------------------------------------|-----------|-------|
| 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 (1 PEN)                                        | SPECIALTY | PA    |
| HUMIRA (2 PEN)                                        | SPECIALTY | PA    |
| HUMIRA (2 SYRINGE)                                    | SPECIALTY | PA    |
| HUMIRA-CD/UC/HS STARTER                               | SPECIALTY | PA    |
| HUMIRA-PSORIASIS/UEIT STARTER                         | SPECIALTY | PA    |
| HYPERRHO S/D                                          | TIER 02   |       |
| HYQVIA                                                | SPECIALTY | PA    |
| HYRIMOZ                                               | EXCLUDED  | PA    |
| HYRIMOZ-CROHNS/UC STARTER                             | EXCLUDED  | PA    |
| HYRIMOZ-PED<40KG CROHN STARTER                        | EXCLUDED  | PA    |
| HYRIMOZ-PED>=40KG CROHN START                         | EXCLUDED  | PA    |
| HYRIMOZ-PLAQ PSOR/UEIT START                          | EXCLUDED  | PA    |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



| Drug Name                         | Drug Tier | Notes  |
|-----------------------------------|-----------|--------|
| HYRIMOZ-PLAQUE PSORIASIS START    | EXCLUDED  | PA     |
| icatibant acetate                 | SPECIALTY | PA     |
| ILARIS                            | SPECIALTY | PA     |
| ILUMYA                            | SPECIALTY | PA; QL |
| IMULDOSA                          | EXCLUDED  | PA     |
| 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   |        |
| methotrexate sodium (pf)          | TIER 01   |        |
| 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   |        |
| MYHIBBIN                          | TIER 03   |        |
| NEORAL                            | TIER 02   |        |
| NULOJIX                           | TIER 03   |        |
| OCTAGAM                           | SPECIALTY | PA     |
| OLUMIANT                          | SPECIALTY | PA; QL |
| OMVOH                             | SPECIALTY | PA; QL |
| OMVOH (300 MG DOSE)               | SPECIALTY | PA     |
| ORENCIA CLICKJECT                 | SPECIALTY | PA; QL |

| Drug Name                  | Drug Tier | Notes  |
|----------------------------|-----------|--------|
| ORENCIA INTRAVENOUS        | SPECIALTY | PA     |
| ORENCIA SUBCUTANEOUS       | SPECIALTY | PA; QL |
| ORLADEYO                   | SPECIALTY | PA     |
| OTEZLA                     | SPECIALTY | PA; QL |
| OTREXUP                    | EXCLUDED  | PA     |
| OTULFI                     | EXCLUDED  | PA     |
| PANZYGA                    | SPECIALTY | PA     |
| PEMGARDA                   | TIER 03   | QL     |
| PRIVIGEN                   | SPECIALTY | PA     |
| PROGRAF                    | TIER 03   |        |
| PYZCHIVA                   | EXCLUDED  | PA     |
| RASUVO                     | SPECIALTY | PA     |
| REMICADE                   | EXCLUDED  | PA     |
| RENFLEXIS                  | EXCLUDED  | PA     |
| REZUROCK                   | EXCLUDED  | PA     |
| RHOGAM ULTRA-FILTERED PLUS | TIER 02   |        |
| RHOPHYLAC                  | TIER 02   |        |
| RIDAURA                    | SPECIALTY |        |
| RINVOQ                     | SPECIALTY | PA; QL |
| RINVOQ LQ                  | SPECIALTY | PA; QL |
| SAJAZIR                    | EXCLUDED  | PA     |
| SANDIMMUNE                 | TIER 02   |        |
| SAPHNELO                   | SPECIALTY | PA     |
| SELARSDI                   | EXCLUDED  | PA     |
| SILIQ                      | SPECIALTY | PA; QL |
| SIMLANDI (1 PEN)           | EXCLUDED  | PA     |
| SIMLANDI (1 SYRINGE)       | EXCLUDED  | PA     |
| SIMLANDI (2 PEN)           | EXCLUDED  | PA     |
| SIMLANDI (2 SYRINGE)       | EXCLUDED  | PA     |
| SIMPONI                    | SPECIALTY | PA; QL |
| SIMPONI ARIA               | SPECIALTY | PA     |
| SIMULECT                   | TIER 03   |        |
| sirolimus oral             | SPECIALTY |        |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                | Drug Tier | Notes  |
|--------------------------|-----------|--------|
| SKYRIZI INTRAVENOUS      | SPECIALTY | PA     |
| SKYRIZI PEN              | SPECIALTY | PA; QL |
| SKYRIZI SUBCUTANEOUS     | SPECIALTY | PA; QL |
| SOTYKTU                  | SPECIALTY | PA; QL |
| SPEVIGO                  | SPECIALTY | PA     |
| STELARA                  | SPECIALTY | PA     |
| STEQEYMA                 | EXCLUDED  | PA     |
| 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 CROHNS INDUCTION | SPECIALTY | PA; QL |
| TREMFYA INTRAVENOUS      | SPECIALTY | PA     |
| TREMFYA ONE-PRESS        | SPECIALTY | PA; QL |
| TREMFYA PEN              | SPECIALTY | PA; QL |
| TREMFYA SUBCUTANEOUS     | SPECIALTY | PA; QL |
| TREXALL                  | TIER 03   |        |
| TYENNE                   | EXCLUDED  | PA     |
| UPLIZNA                  | SPECIALTY | PA     |
| USTEKINUMAB              | EXCLUDED  | PA     |
| USTEKINUMAB-AEKN         | EXCLUDED  | PA     |
| USTEKINUMAB-TTWE         | EXCLUDED  | PA     |
| VELSIPITY                | SPECIALTY | PA; QL |
| VEOPOZ                   | SPECIALTY | PA     |
| WINRHO SDF               | TIER 02   |        |
| XATMEP                   | SPECIALTY | PA     |
| XELJANZ                  | SPECIALTY | PA; QL |

| Drug Name                                         | Drug Tier | Notes  |
|---------------------------------------------------|-----------|--------|
| XELJANZ XR                                        | SPECIALTY | PA; QL |
| XEMBIFY                                           | SPECIALTY | PA     |
| YESINTEK INTRAVENOUS                              | SPECIALTY | PA     |
| YESINTEK SUBCUTANEOUS                             | SPECIALTY | PA; QL |
| 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     |
| <b>Inflammatory Bowel Disease Agents</b>          |           |        |
| ANALPRAM-HC EXTERNAL CREAM                        | TIER 03   |        |
| APRISO                                            | TIER 01   |        |
| AZULFIDINE                                        | TIER 03   |        |
| AZULFIDINE EN-TABS                                | TIER 03   |        |
| balsalazide disodium                              | TIER 01   |        |
| budesonide oral                                   | TIER 01   |        |
| budesonide rectal                                 | TIER 01   |        |
| CANASA                                            | EXCLUDED  |        |
| CORTENEMA                                         | TIER 03   |        |
| CORTIFOAM                                         | TIER 03   |        |
| DIPENTUM                                          | EXCLUDED  |        |
| EOHILIA                                           | TIER 03   | PA     |
| hydrocortisone (perianal)                         | TIER 01   |        |
| hydrocortisone ace-pramoxine external cream 1-1 % | TIER 01   |        |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                     | Drug Tier | Notes |
|---------------------------------------------------------------|-----------|-------|
| hydrocortisone rectal                                         | TIER 01   |       |
| LIALDA                                                        | EXCLUDED  |       |
| 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   |       |
| PENTASA                                                       | EXCLUDED  |       |
| PROCTOFOAM HC                                                 | TIER 02   |       |
| procto-med hc                                                 | TIER 01   |       |
| SFROWASA                                                      | TIER 02   |       |
| sulfasalazine oral                                            | TIER 01   |       |
| TARPEYO                                                       | EXCLUDED  | PA    |
| UCERIS ORAL                                                   | EXCLUDED  |       |
| UCERIS RECTAL                                                 | TIER 03   |       |
| <b>Metabolic Bone Disease Agents</b>                          |           |       |
| PROLIA                                                        | SPECIALTY | PA    |
| XGEVA                                                         | SPECIALTY | PA    |
| <b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b> |           |       |
| alendronate sodium oral solution                              | TIER 01   |       |
| alendronate sodium oral tablet 10 mg                          | PREVENT   |       |
| alendronate sodium oral tablet 35 mg, 70 mg                   | PREVENT   | QL    |
| ATELVIA                                                       | TIER 03   | QL    |
| BONSITY                                                       | SPECIALTY | PA    |
| calcitonin (salmon) injection                                 | TIER 01   |       |
| calcitonin (salmon) nasal                                     | TIER 01   | QL    |
| EVENITY                                                       | SPECIALTY | PA    |
| FORTEO                                                        | EXCLUDED  | PA    |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                      | Drug Tier | Notes |
|----------------------------------------------------------------|-----------|-------|
| ibandronate sodium intravenous                                 | TIER 01   | QL    |
| ibandronate sodium oral                                        | PREVENT   | QL    |
| MIACALCIN                                                      | TIER 03   |       |
| pamidronate disodium                                           | SPECIALTY |       |
| 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 solution pen-injector 560 mcg/2.24ml subcutaneous | SPECIALTY | PA    |
| TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS | SPECIALTY | PA    |
| TYMLOS                                                         | SPECIALTY | PA    |
| zoledronic acid                                                | SPECIALTY |       |
| <b>Metabolic Bone Disease Agents - Other</b>                   |           |       |
| calcitriol intravenous                                         | TIER 01   |       |
| calcitriol oral                                                | TIER 01   |       |
| cinacalcet hcl                                                 | SPECIALTY | PA    |
| doxercalciferol intravenous                                    | TIER 01   |       |
| paricalcitol                                                   | SPECIALTY |       |
| PARSABIV                                                       | SPECIALTY |       |
| RAYALDEE                                                       | TIER 03   |       |
| ROCALTROL                                                      | TIER 03   |       |
| SENSIPAR                                                       | EXCLUDED  | PA    |
| ZEMPLAR                                                        | SPECIALTY |       |
| <b>Miscellaneous Therapeutic Agents</b>                        |           |       |
| ACCU-CHEK TENDER 1 INFUSION                                    | TIER 03   |       |

| Drug Name                             | Drug Tier | Notes |
|---------------------------------------|-----------|-------|
| ACETADOTE                             | TIER 03   |       |
| acetylcysteine intravenous            | TIER 01   |       |
| ACTIFOAM COLLAGEN SPONGE              | TIER 03   |       |
| ADAKVEO                               | SPECIALTY | PA    |
| AEROBIKA                              | TIER 03   |       |
| 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   |       |
| AEROCHAMBER2GO ANTI-STATIC            | TIER 02   |       |
| 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   |       |
| AIRS PEDIATRIC AEROSOL MASK           | TIER 03   |       |

| Drug Name                                                        | Drug Tier | Notes |
|------------------------------------------------------------------|-----------|-------|
| 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   |       |
| AQNEURSA                                                         | SPECIALTY | PA    |
| 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   |       |
| 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   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| 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 PEN NEEDLE MICRO ULTRAFINE  | PREVENT   |       |
| BD PEN NEEDLE MINI ULTRAFINE   | PREVENT   |       |
| BD PEN NEEDLE NANO ULTRAFINE   | PREVENT   |       |
| BD PEN NEEDLE ORIG ULTRAFINE   | PREVENT   |       |
| BD PEN NEEDLE SHORT ULTRAFINE  | PREVENT   |       |
| BD SYRINGE LUER-LOK 30 ML      | 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  |       |

| 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    |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| 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   |       |

| Drug Name                                                          | Drug Tier | Notes |
|--------------------------------------------------------------------|-----------|-------|
| CLEVER CHOICE WHISPER AIRE NEB                                     | TIER 03   |       |
| COAGUCHEK XS SYSTEM                                                | TIER 03   |       |
| COMFORT EZ PRO PEN NEEDLES                                         | TIER 02   |       |
| 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   |       |
| DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE | TIER 03   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



| Drug Name                          | Drug Tier | Notes |
|------------------------------------|-----------|-------|
| 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   |       |
| DUROLANE                           | TIER 02   | PA    |
| DYSPORT                            | TIER 02   | PA    |
| EASIVENT                           | TIER 02   |       |
| EASYPOINT NEEDLE                   | TIER 03   |       |
| EDETATE CALCIUM DISODIUM INJECTION | TIER 03   |       |
| EMBECTA AUTOSHIELD DUO             | PREVENT   |       |

| Drug Name                                                                          | Drug Tier | Notes |
|------------------------------------------------------------------------------------|-----------|-------|
| EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM                                           | PREVENT   |       |
| EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM                                           | TIER 02   |       |
| EMBECTA PEN NEEDLE NANO 32G X 4 MM                                                 | PREVENT   |       |
| EMBECTA PEN NEEDLE NANO 32G X 4 MM                                                 | TIER 02   |       |
| EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM                                          | TIER 02   |       |
| EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM                                            | PREVENT   |       |
| EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM                                            | TIER 02   |       |
| EMBECTA PEN NEEDLE ULTRAFINE 31G X 8 MM                                            | PREVENT   |       |
| EMBECTA PEN NEEDLE ULTRAFINE 31G X 8 MM                                            | TIER 02   |       |
| EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM                                            | PREVENT   |       |
| 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   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| ENFIT AMBER LOW DOSE SYR/0.5ML | TIER 03   |       |
| ENFIT AMBER LOW DOSE SYR/1ML   | TIER 03   |       |
| ENFIT AMBER LOW DOSE SYR/3ML   | TIER 03   |       |
| ENFIT AMBER SYRINGE/10ML       | TIER 03   |       |
| ENFIT AMBER SYRINGE/20ML       | TIER 03   |       |
| ENFIT AMBER SYRINGE/35ML       | TIER 03   |       |
| ENFIT AMBER SYRINGE/60ML       | TIER 03   |       |
| ENFIT AMBER TIP SYRINGE/5ML    | TIER 03   |       |
| ENFIT CAP                      | TIER 03   |       |
| ENFIT IRRIGATION KIT           | TIER 03   |       |
| ENFIT IRRIGATION SYR/THUMB CNT | TIER 03   |       |
| ENFIT LOW DOSE TIP SYRINGE     | TIER 03   |       |
| ENFIT LOW DOSE TIP SYRINGE/1ML | TIER 03   |       |
| ENFIT LOW DOSE TIP SYRINGE/3ML | TIER 03   |       |
| ENFIT MED BOTTLE ADAPTER/SZ 1  | TIER 03   |       |
| ENFIT MED BOTTLE ADAPTER/SZ 2  | TIER 03   |       |
| ENFIT MED BOTTLE ADAPTER/SZ 3  | TIER 03   |       |
| ENFIT MED BOTTLE ADAPTER/SZ 4  | TIER 03   |       |
| ENFIT MED BOTTLE ADAPTER/SZ 5  | TIER 03   |       |
| ENFIT MED BOTTLE ADAPTER/SZ 6  | TIER 03   |       |
| ENFIT MED BOTTLE ADAPTER/SZ 7  | TIER 03   |       |

| Drug Name                     | Drug Tier | Notes |
|-------------------------------|-----------|-------|
| ENFIT MEDICINE STRAW/2"/5CM   | TIER 03   |       |
| ENFIT MEDICINE STRAW/4"/10CM  | TIER 03   |       |
| ENFIT MEDICINE STRAW/6"/15CM  | TIER 03   |       |
| ENFIT POP ON CAP              | TIER 03   |       |
| ENFIT SCREW ON CAP            | TIER 03   |       |
| ENFIT SYRINGE/10ML            | TIER 03   |       |
| ENFIT SYRINGE/20ML            | TIER 03   |       |
| ENFIT SYRINGE/35ML            | TIER 03   |       |
| ENFIT SYRINGE/60ML            | TIER 03   |       |
| ENFIT TIP SYRINGE/10ML        | TIER 03   |       |
| ENFIT TIP SYRINGE/20ML        | TIER 03   |       |
| ENFIT TIP SYRINGE/35ML        | TIER 03   |       |
| ENFIT TIP SYRINGE/5ML         | TIER 03   |       |
| ENFIT TIP SYRINGE/60ML        | TIER 03   |       |
| ENFIT TRANSITION CONNECTOR    | TIER 03   |       |
| ENTERAL DELIVERY GRAVITY BAG  | TIER 03   |       |
| ENTRISTAR PEG ENTERAL CONNECT | TIER 03   |       |
| EPISIL                        | TIER 03   |       |
| EUA PATIENT ASSESSMENT        | TIER 03   |       |
| EUFLEXXA                      | TIER 02   | PA    |
| EXCILON AMD DRAIN SPONGES     | TIER 03   |       |
| FACE MASK EARLOOP-STYLE       | TIER 03   |       |
| FACE MASK RESP N-100 PART     | TIER 03   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                              | Drug Tier | Notes |
|----------------------------------------|-----------|-------|
| FACE MASK<br>RESPIRATOR R-95<br>PART   | TIER 03   |       |
| FIRDAPSE                               | EXCLUDED  | PA    |
| FLEXICHAMBER                           | TIER 02   |       |
| FLEXICHAMBER<br>ADULT MASK/SMALL       | TIER 02   |       |
| FLEXICHAMBER CHILD<br>MASK/LARGE       | TIER 02   |       |
| FLEXICHAMBER CHILD<br>MASK/SMALL       | TIER 02   |       |
| flumazenil intravenous                 | TIER 01   |       |
| FLYP NEBULIZER                         | TIER 03   |       |
| fomepizole                             | TIER 01   |       |
| FORA D40G<br>GLUCOSE/PRESSURE          | TIER 03   |       |
| formaldehyde external<br>solution 37 % | TIER 01   |       |
| GAMMACORE                              | TIER 03   |       |
| GAMMACORE<br>SAPPHIRE 31-DAY           | TIER 03   |       |
| GAMMACORE<br>SAPPHIRE D                | TIER 03   |       |
| GAMMACORE<br>SAPPHIRE REFILL KIT       | TIER 03   |       |
| GELFILM EXTERNAL                       | TIER 03   |       |
| GEL-FLOW NT                            | TIER 03   |       |
| GELFOAM                                | TIER 03   |       |
| GELFOAM<br>COMPRESSED SIZE<br>100      | TIER 03   |       |
| GELFOAM DENTAL<br>PACK SIZE 4          | TIER 03   |       |
| GELFOAM SPONGE                         | TIER 03   |       |
| GELFOAM SPONGE<br>SIZE 100             | TIER 03   |       |
| GELFOAM SPONGE<br>SIZE 200             | TIER 03   |       |

| Drug Name                                                                                                                                                                                                                                                                                                                   | Drug Tier | Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| GELFOAM SPONGE<br>SIZE 50                                                                                                                                                                                                                                                                                                   | TIER 03   |       |
| GEL-ONE                                                                                                                                                                                                                                                                                                                     | EXCLUDED  | PA    |
| GELSYN-3                                                                                                                                                                                                                                                                                                                    | TIER 02   | PA    |
| GENVISC 850                                                                                                                                                                                                                                                                                                                 | EXCLUDED  | PA    |
| glutaraldehyde external                                                                                                                                                                                                                                                                                                     | TIER 01   |       |
| GOHIBIC                                                                                                                                                                                                                                                                                                                     | TIER 03   |       |
| GOODSENSE<br>ALCOHOL SWABS                                                                                                                                                                                                                                                                                                  | TIER 03   |       |
| GRASTEK                                                                                                                                                                                                                                                                                                                     | SPECIALTY | PA    |
| HYALGAN                                                                                                                                                                                                                                                                                                                     | EXCLUDED  | PA    |
| HYLENEX                                                                                                                                                                                                                                                                                                                     | TIER 03   |       |
| HYMOVIS                                                                                                                                                                                                                                                                                                                     | EXCLUDED  | PA    |
| IGALMI                                                                                                                                                                                                                                                                                                                      | TIER 03   | PA    |
| INCONTROL ULTICARE<br>PEN NEEDLES                                                                                                                                                                                                                                                                                           | TIER 02   |       |
| INSPIREASE<br>RESERVOIR BAGS                                                                                                                                                                                                                                                                                                | TIER 02   |       |
| INSTAT                                                                                                                                                                                                                                                                                                                      | TIER 03   |       |
| INSUFLON                                                                                                                                                                                                                                                                                                                    | TIER 03   |       |
| INSULIN PEN NEEDLES<br>29G X 10MM , 29G X<br>12.7MM , 29G X 12MM ,<br>29G X 4MM , 29G X<br>5MM , 29G X 8MM , 30G<br>X 5 MM , 30G X 6 MM ,<br>30G X 8 MM , 31G X 4<br>MM , 31G X 5 MM , 31G<br>X 6 MM , 31G X 8 MM ,<br>32G X 4 MM , 32G X 5<br>MM , 32G X 6 MM , 32G<br>X 8 MM , 33G X 4 MM ,<br>33G X 5 MM , 33G X 6<br>MM | TIER 02   |       |
| INSULIN PEN NEEDLES                                                                                                                                                                                                                                                                                                         | PREVENT   |       |
| INSUPEN32G<br>EXTR3ME                                                                                                                                                                                                                                                                                                       | TIER 02   |       |
| INTERCEED                                                                                                                                                                                                                                                                                                                   | TIER 03   |       |
| INTERCEED (TC7)                                                                                                                                                                                                                                                                                                             | TIER 03   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                         | Drug Tier | Notes |
|-----------------------------------|-----------|-------|
| 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 ORAL TABLET 10 MG, 20 MG | 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 ORAL SOLUTION            | EXCLUDED  | PA    |
| LOFRIC PRIMO NELATON CATHETER     | TIER 03   |       |
| LOOP                              | TIER 03   |       |

| Drug Name                               | Drug Tier | Notes |
|-----------------------------------------|-----------|-------|
| 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 03   |       |
| methylene blue intravenous solution     | TIER 01   |       |
| methylergonovine maleate                | TIER 01   |       |
| MICROAIR VIBRATING MESH NEBUL           | TIER 03   |       |
| MICROCHAMBER DEVICE                     | TIER 02   |       |
| MICRONEB                                | TIER 03   |       |
| MIPLYFFA                                | SPECIALTY | PA    |
| 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   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                   | Drug Tier | Notes |
|-----------------------------|-----------|-------|
| NEBULIZER PED FROG KIT      | TIER 03   |       |
| 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 DEXCOM INTRO KIT  | TIER 03   |       |
| OMNIPOD 5 DEXCOM PODS       | TIER 03   |       |
| OMNIPOD DASH INTRO KIT      | TIER 03   |       |
| OMNIPOD DASH PDM (GEN 4)    | TIER 03   |       |
| OMNIPOD DASH PODS           | TIER 03   |       |
| ONE FLOW SPIROMETER DEVICE  | TIER 03   |       |
| OPTICHAMBER DIAMOND         | TIER 02   |       |

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| OPTICHAMBER DIAMOND-LG MASK    | TIER 02   |       |
| 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    |
| PALFORZIA (1 MG DAILY DOSE)    | EXCLUDED  | PA    |
| PALFORZIA INITIAL DOSE 1-3YRS  | EXCLUDED  | PA    |
| PALFORZIA INITIAL DOSE 4-17YRS | 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   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                              | Drug Tier | Notes         |
|----------------------------------------|-----------|---------------|
| PARI VORTEX ADULT MASK                 | TIER 02   |               |
| PARI VORTEX PEDIATRIC MASK             | TIER 02   |               |
| PEDIATRIC COMPRESSOR NEBULIZER         | TIER 03   |               |
| PEDIATRIC PANDA MASK                   | TIER 02   |               |
| PEDMARK                                | TIER 03   | PA            |
| PEN NEEDLE/5-BEVEL TIP                 | TIER 02   |               |
| PENTETATE CALCIUM TRISODIUM            | TIER 03   |               |
| PENTETATE ZINC TRISODIUM               | TIER 03   |               |
| PENTIPS GENERIC PEN NEEDLES 32G X 6 MM | TIER 02   |               |
| PHEXXI                                 | EXCLUDED  | PA; * ACA; QL |
| PHOTREXA-PHOTREXA VISCOUS KIT          | TIER 03   |               |
| PIP PEN NEEDLES 32G X 4MM              | TIER 02   |               |
| PISTON IRRIGATION SYRINGE              | TIER 03   |               |
| 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   |               |

| Drug Name                                                                              | Drug Tier | Notes |
|----------------------------------------------------------------------------------------|-----------|-------|
| PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML | 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   |       |
| PURE COMFORT SAFETY PEN NEEDLE                                                         | TIER 02   |       |
| PURE COMFORT SPACER CHAMBER                                                            | TIER 02   |       |
| QUICK TOUCH INSULIN PEN NEEDLE                                                         | 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   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



| Drug Name                                               | Drug Tier | Notes |
|---------------------------------------------------------|-----------|-------|
| 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   |       |
| SIDESTREAM ADULT FACE MASK                              | TIER 03   |       |
| SIDESTREAM PEDIATRIC FACE MASK                          | TIER 03   |       |
| SKINEEZ TED STOCKINGS                                   | TIER 03   |       |
| sodium chloride bacteriostatic solution 0.9 % injection | TIER 01   |       |
| SODIUM CHLORIDE BACTERIOSTATIC SOLUTION 0.9 % INJECTION | TIER 03   |       |
| sodium nitrite intravenous                              | TIER 01   |       |

| Drug Name                                      | Drug Tier | Notes |
|------------------------------------------------|-----------|-------|
| sodium saccharin powder                        | TIER 01   |       |
| sodium thiosulfate intravenous                 | TIER 01   |       |
| SOHONOS                                        | SPECIALTY | PA    |
| SOLESTA                                        | SPECIALTY |       |
| SORBITOL IRRIGATION                            | TIER 03   |       |
| sorbitol-mannitol                              | TIER 01   |       |
| 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 solution injection | TIER 01   |       |
| STERILE WATER FOR INJECTION SOLUTION INJECTION | 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    |
| SYNISC                                         | EXCLUDED  | PA    |
| SYNISC ONE                                     | EXCLUDED  | PA    |
| SYRINGE AVITENE                                | TIER 03   |       |
| SYRINGE LUER LOCK 30 ML                        | TIER 03   |       |
| SYRINGE LUER SLIP 1 ML                         | TIER 03   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                | Drug Tier | Notes |
|------------------------------------------|-----------|-------|
| SYRINGE<br>PRECISED<br>DOSE<br>DISPENSER | TIER 03   |       |
| T.E.D. KNEE<br>LENGTH/LARGE              | TIER 03   |       |
| TAVNEOS                                  | EXCLUDED  | PA    |
| TECHLITE PLUS PEN<br>NEEDLES             | TIER 02   |       |
| TELFA AMD ISLAND<br>DRESSING             | TIER 03   |       |
| TELFA AMD NON-<br>ADHERENT               | TIER 03   |       |
| TISSEEL                                  | TIER 03   |       |
| TRILURON                                 | EXCLUDED  | PA    |
| TRIVISC                                  | EXCLUDED  | PA    |
| TRUE COMFORT<br>SAFETY PEN NEEDLE        | TIER 02   |       |
| TRUZONE PEAK FLOW<br>METER               | TIER 03   |       |
| UDSX MEDICATED<br>SYSTEM                 | TIER 03   |       |
| UDSXMP MEDICATED<br>SYSTEM               | TIER 03   |       |
| ULTICARE MINI PEN<br>NEEDLES 32G X 6 MM  | PREVENT   |       |
| ULTICARE MINI PEN<br>NEEDLES 32G X 6 MM  | TIER 02   |       |
| ULTRAFOAM SPONGE<br>2X6.25X7CM           | TIER 03   |       |
| ULTRAFOAM SPONGE<br>8X12.5X1CM           | TIER 03   |       |
| ULTRAFOAM SPONGE<br>8X12.5X3CM           | TIER 03   |       |
| ULTRAFOAM SPONGE<br>8X25X1CM             | TIER 03   |       |
| ULTRAFOAM SPONGE<br>8X6.25X1CM           | TIER 03   |       |
| UNIFINE OTC PEN<br>NEEDLES               | TIER 02   |       |

| Drug Name                         | Drug Tier | Notes |
|-----------------------------------|-----------|-------|
| UNIFINE PROTECT<br>PEN NEEDLE     | TIER 02   |       |
| VAPRO PLUS<br>CATHETER 12FR/16"   | TIER 03   |       |
| VAPRO PLUS<br>CATHETER 12FR/8"    | TIER 03   |       |
| VAPRO PLUS<br>CATHETER 14FR/16"   | TIER 03   |       |
| VAPRO PLUS<br>CATHETER 14FR/8"    | TIER 03   |       |
| VEOZAH                            | EXCLUDED  | PA    |
| VERIFINE INSULIN PEN<br>NEEDLE    | TIER 02   |       |
| VERIFINE PLUS PEN<br>NEEDLE       | TIER 02   |       |
| VERISAFE SAFETY<br>STERILE NEEDLE | TIER 03   |       |
| VERSAPAP                          | TIER 03   |       |
| VERSAPAP<br>W/UNIVERSAL TUBING    | TIER 03   |       |
| VISCO-3                           | EXCLUDED  | PA    |
| VISTOGARD                         | TIER 03   |       |
| VORTEX VALVE<br>CHAMBER-PEDI MASK | TIER 02   |       |
| VORTEX VALVED<br>HOLDING CHAMBER  | TIER 02   |       |
| XEOMIN                            | TIER 02   | PA    |
| XIAFLEX                           | SPECIALTY | PA    |
| XPHOZAH                           | EXCLUDED  |       |
| YONI FIT BLADDER<br>SUPPORT KIT 1 | TIER 03   |       |
| YONI FIT BLADDER<br>SUPPORT KIT 2 | TIER 03   |       |
| YONI FIT BLADDER<br>SUPPORT KIT 3 | TIER 03   |       |
| YONI FIT BLADDER<br>SUPPORT KIT 4 | TIER 03   |       |
| YONI FIT BLADDER<br>SUPPORT KIT 5 | TIER 03   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                                                | Drug Tier | Notes  |
|------------------------------------------------------------------------------------------|-----------|--------|
| YORVIPATH                                                                                | SPECIALTY | PA     |
| ZEWA DIGITAL TENS UNIT                                                                   | TIER 03   |        |
| ZEWA TENS/EMS COMBO UNIT                                                                 | TIER 03   |        |
| ZILBRYSQ                                                                                 | SPECIALTY | PA     |
| ZOKINVY                                                                                  | SPECIALTY | PA     |
| <b>Ophthalmic Agents -<br/>Drugs for Eye Allergy,<br/>Infection and<br/>Inflammation</b> |           |        |
| ACULAR                                                                                   | TIER 03   |        |
| ACULAR LS                                                                                | 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   | ST; 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     |

| Drug Name                                 | Drug Tier | Notes |
|-------------------------------------------|-----------|-------|
| FLAREX                                    | TIER 03   |       |
| fluorometholone                           | TIER 01   |       |
| flurbiprofen sodium                       | TIER 01   |       |
| FML FORTE                                 | TIER 03   |       |
| FML LIQUIFILM                             | TIER 03   |       |
| gatifloxacin ophthalmic                   | TIER 01   |       |
| gentamicin sulfate ophthalmic             | TIER 01   |       |
| ILEVRO                                    | EXCLUDED  | QL    |
| INVELTYS                                  | TIER 03   |       |
| ketorolac tromethamine ophthalmic         | TIER 01   |       |
| levofloxacin ophthalmic                   | TIER 01   |       |
| LOTEMAX OPHTHALMIC SUSPENSION             | EXCLUDED  |       |
| LOTEMAX SM                                | TIER 03   |       |
| loteprednol etabonate ophthalmic gel      | TIER 01   | QL    |
| MAXIDEX                                   | TIER 03   |       |
| MAXITROL                                  | TIER 03   |       |
| MITOSOL                                   | TIER 03   |       |
| moxifloxacin hcl (2x day)                 | TIER 01   |       |
| moxifloxacin hcl ophthalmic               | TIER 01   |       |
| NATACYN                                   | TIER 02   |       |
| neomycin-polymyxin-dexameth               | 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   |       |
| POVIDONE-IODINE OPHTHALMIC                | TIER 03   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                              | Drug Tier | Notes  |
|--------------------------------------------------------|-----------|--------|
| 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  |        |
| XDEMVI                                                 | EXCLUDED  | PA; QL |
| ZERVATE                                                | EXCLUDED  |        |
| ZIRGAN                                                 | TIER 03   |        |
| <b>Ophthalmic Agents - Drugs for Glaucoma</b>          |           |        |
| 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   |        |

| Drug Name                                           | Drug Tier | Notes |
|-----------------------------------------------------|-----------|-------|
| brimonidine tartrate-timolol                        | TIER 01   |       |
| BRIMONIDINE-DORZOLAMIDE OPHTHALMIC 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 % OPHTHALMIC             | 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   |       |
| 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   |       |
| QLOSI                                               | EXCLUDED  | PA    |
| 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   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                                     | Drug Tier | Notes  |
|-------------------------------------------------------------------------------|-----------|--------|
| timolol maleate ocudose                                                       | PREVENT   |        |
| 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     |
| <b>Ophthalmic Agents -<br/>Drugs for<br/>Miscellaneous Eye<br/>Conditions</b> |           |        |
| AKTEN                                                                         | TIER 03   |        |
| ALCAINE                                                                       | TIER 03   |        |
| ALTACAINE                                                                     | TIER 03   |        |
| altafrin                                                                      | TIER 01   |        |
| ATROPINE SULFATE<br>OPHTHALMIC<br>SOLUTION 0.025 %,<br>0.05 %                 | TIER 03   |        |
| atropine sulfate<br>ophthalmic solution 1 %                                   | TIER 01   |        |
| bacitracin-polymyxin b                                                        | TIER 01   |        |
| bacitra-neomycin-<br>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   |        |

| Drug Name                          | Drug Tier | Notes  |
|------------------------------------|-----------|--------|
| cyclopentolate hcl<br>ophthalmic   | TIER 01   |        |
| 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-<br>polymyx | TIER 01   |        |
| neomycin-polymyxin-<br>gramicidin  | TIER 01   |        |
| NEO-POLYCIN                        | TIER 03   |        |
| NEO-POLYCIN HC                     | TIER 03   |        |
| OXERVATE                           | SPECIALTY | PA     |
| phenylephrine hcl<br>ophthalmic    | TIER 01   |        |
| POLYCIN                            | TIER 03   |        |
| polymyxin b-trimethoprim           | TIER 01   |        |
| proparacaine hcl<br>ophthalmic     | TIER 01   |        |
| RESTASIS                           | TIER 01   | PA     |
| RESTASIS MULTIDOSE                 | TIER 02   | PA     |
| sulfacetamide-<br>prednisolone     | TIER 01   |        |
| SUSVIMO (IMPLANT<br>1ST FILL)      | SPECIALTY | PA     |
| SUSVIMO (IMPLANT<br>REFILL)        | SPECIALTY | PA     |
| SYFOVRE                            | SPECIALTY | PA     |
| tetracaine hcl ophthalmic          | TIER 01   |        |
| TROPICAMIDE-<br>PHENYLEPHRINE      | TIER 03   |        |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx  
Atrium Health**

| Drug Name                                                           | Drug Tier | Notes  |
|---------------------------------------------------------------------|-----------|--------|
| TROPIC-CYCLOPENT-PE-KETOROLAC OPHTHALMIC SOLUTION 1-1-10-0.5 %      | TIER 03   |        |
| TROPIC-CYCLOPENT-PE-KETOROLAC OPHTHALMIC SOLUTION PREFILLED SYRINGE | TIER 03   |        |
| TROPIC-CYCLOP-PE-KETO-PROPAR                                        | TIER 03   |        |
| TYRVAYA                                                             | TIER 03   | PA; QL |
| VABYSMO                                                             | SPECIALTY | PA     |
| VERKAZIA                                                            | EXCLUDED  | PA     |
| VEVYE                                                               | EXCLUDED  | PA     |
| VISUDYNE                                                            | SPECIALTY |        |
| XIIDRA                                                              | TIER 02   | PA     |
| ZYLET                                                               | TIER 03   |        |
| <b>Otic Agents - Drugs for Ear Conditions</b>                       |           |        |
| 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   |        |
| fluocinolone acetonide otic                                         | TIER 01   |        |
| hydrocortisone-acetic acid                                          | TIER 01   |        |
| neomycin-polymyxin-hc otic                                          | TIER 01   |        |
| ofloxacin otic                                                      | TIER 01   |        |
| PRAMOTIC                                                            | TIER 03   |        |

| Drug Name                                                                      | Drug Tier | Notes  |
|--------------------------------------------------------------------------------|-----------|--------|
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b> |           |        |
| azelastine hcl nasal                                                           | TIER 01   | QL     |
| azelastine-fluticasone                                                         | TIER 01   | QL     |
| benzonatate                                                                    | TIER 01   |        |
| bromphen-pseudoeph-dm                                                          | TIER 01   |        |
| carbinoxamine maleate oral solution                                            | TIER 01   |        |
| carbinoxamine maleate oral tablet 4 mg                                         | TIER 01   |        |
| CARBZAH                                                                        | TIER 03   |        |
| cetirizine hcl oral solution                                                   | TIER 01   |        |
| CINQAIR                                                                        | SPECIALTY | PA     |
| CLARINEX                                                                       | EXCLUDED  |        |
| CLARINEX-D 12 HOUR                                                             | EXCLUDED  |        |
| 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   |        |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



| Drug Name                                                                                | Drug Tier | Notes  |
|------------------------------------------------------------------------------------------|-----------|--------|
| 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     |
| NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %                                             | TIER 03   |        |
| OMNARIS                                                                                  | TIER 03   | QL     |
| 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     |
| RYCLORA                                                                                  | TIER 03   |        |
| sodium chloride inhalation                                                               | TIER 01   |        |
| SURVANTA                                                                                 | TIER 03   |        |
| XHANCE                                                                                   | EXCLUDED  | QL     |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b> |           |        |
| ACCOLATE                                                                                 | TIER 03   |        |
| acetylcysteine inhalation                                                                | TIER 01   |        |

| Drug Name                                                                                                      | Drug Tier | Notes |
|----------------------------------------------------------------------------------------------------------------|-----------|-------|
| ADRENALIN INJECTION SOLUTION 1 MG/ML                                                                           | TIER 03   |       |
| ADVAIR DISKUS                                                                                                  | EXCLUDED  | QL    |
| ADVAIR HFA                                                                                                     | PREVENT   | QL    |
| AIRSUPRA                                                                                                       | TIER 02   | QL    |
| albuterol sulfate hfa                                                                                          | PREVENT   | QL    |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml | TIER 01   | QL    |
| albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation                                              | TIER 01   | QL    |
| ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION                                              | TIER 02   | QL    |
| albuterol sulfate oral syrup 2 mg/5ml                                                                          | TIER 01   |       |
| albuterol sulfate oral tablet                                                                                  | 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    |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                                              | Drug Tier | Notes |
|----------------------------------------------------------------------------------------|-----------|-------|
| 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    |
| BROVANA                                                                                | EXCLUDED  | QL    |
| budesonide inhalation                                                                  | PREVENT   | QL    |
| budesonide-formoterol fumarate                                                         | EXCLUDED  | QL    |
| COMBIVENT RESPIMAT                                                                     | TIER 02   | QL    |
| cromolyn sodium inhalation                                                             | PREVENT   |       |
| DUAKLIR PRESSAIR                                                                       | EXCLUDED  | QL    |
| DULERA                                                                                 | EXCLUDED  | QL    |
| elixophyllin                                                                           | TIER 01   |       |
| epinephrine (anaphylaxis)                                                              | TIER 01   |       |
| epinephrine injection solution auto-injector                                           | TIER 01   |       |
| EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML                          | TIER 03   |       |
| EPIPEN 2-PAK                                                                           | TIER 03   | ST    |
| EPIPEN JR 2-PAK                                                                        | EXCLUDED  |       |
| ESBRIET                                                                                | EXCLUDED  | PA    |
| FASENRA                                                                                | SPECIALTY | PA    |

| Drug Name                                                                                                        | Drug Tier | Notes  |
|------------------------------------------------------------------------------------------------------------------|-----------|--------|
| FASENRA PEN                                                                                                      | SPECIALTY | PA     |
| FLUTICASONE FUROATE-VILANTEROL                                                                                   | PREVENT   | QL     |
| FLUTICASONE PROPRIONATE DISKUS                                                                                   | EXCLUDED  | QL     |
| FLUTICASONE PROPRIONATE 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 |
| 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   |        |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                               | Drug Tier | Notes  |
|-----------------------------------------|-----------|--------|
| montelukast sodium oral tablet chewable | PREVENT   |        |
| NEFFY                                   | TIER 03   |        |
| NUCALA                                  | SPECIALTY | PA; QL |
| OFEV                                    | SPECIALTY | PA     |
| OHTUVAYRE                               | EXCLUDED  | PA; QL |
| PERFOROMIST                             | TIER 03   | QL     |
| pirfenidone                             | SPECIALTY | PA     |
| PROAIR RESPICLICK                       | EXCLUDED  | QL     |
| PROLASTIN-C                             | SPECIALTY | PA     |
| PULMICORT FLEXHALER                     | EXCLUDED  | QL     |
| PULMICORT SUSPENSION                    | EXCLUDED  | QL     |
| QVAR REDHALER                           | PREVENT   | QL     |
| roflumilast                             | TIER 01   | PA     |
| SCLEROSOL INTRAPLEURAL                  | TIER 03   |        |
| 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   |        |

| Drug Name                                                               | Drug Tier | Notes  |
|-------------------------------------------------------------------------|-----------|--------|
| tiotropium bromide monohydrate                                          | EXCLUDED  | QL     |
| TRELEGY ELLIPTA                                                         | TIER 02   | QL     |
| TUDORZA PRESSAIR                                                        | EXCLUDED  | QL     |
| UMECLIDINIUM-VILANTEROL                                                 | PREVENT   | QL     |
| VENTOLIN HFA                                                            | EXCLUDED  | QL     |
| wixela inhub                                                            | PREVENT   | ST; QL |
| XOLAIR                                                                  | SPECIALTY | PA     |
| XOPENEX HFA                                                             | EXCLUDED  | QL     |
| YUPELRI                                                                 | TIER 03   | QL     |
| zafirlukast                                                             | PREVENT   |        |
| ZEMAIRA                                                                 | SPECIALTY | PA     |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b> |           |        |
| ALYFTREK                                                                | SPECIALTY | PA; QL |
| BETHKIS                                                                 | EXCLUDED  | QL     |
| BRONCHITOL                                                              | EXCLUDED  | PA; QL |
| BRONCHITOL TOLERANCE TEST                                               | EXCLUDED  | PA; QL |
| CAYSTON                                                                 | EXCLUDED  | PA     |
| KALYDECO ORAL PACKET                                                    | SPECIALTY | PA; QL |
| KALYDECO ORAL TABLET                                                    | SPECIALTY | PA     |
| KITABIS PAK (W/ NEBULIZER)                                              | EXCLUDED  | QL     |
| ORKAMBI                                                                 | SPECIALTY | PA; QL |
| PULMOZYME                                                               | SPECIALTY | PA     |
| SYMDEKO                                                                 | SPECIALTY | PA; QL |
| TOBI NEBULIZER                                                          | EXCLUDED  | QL     |
| TOBI PODHALER                                                           | SPECIALTY | QL     |
| tobramycin inhalation nebulization solution 300 mg/4ml                  | SPECIALTY | QL     |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                                                                      | Drug Tier | Notes  |
|--------------------------------------------------------------------------------|-----------|--------|
| tobramycin nebulization solution 300 mg/5ml inhalation                         | SPECIALTY | QL     |
| TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION                         | EXCLUDED  | QL     |
| TRIKAFTA                                                                       | SPECIALTY | PA; QL |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b> |           |        |
| 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     |
| 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     |

| Drug Name                                                          | Drug Tier | Notes |
|--------------------------------------------------------------------|-----------|-------|
| 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    |
| <b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b> |           |       |
| AMRIX                                                              | EXCLUDED  |       |
| BACLOFEN ORAL SOLUTION 10 MG/5ML                                   | EXCLUDED  |       |
| 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   |       |
| DANTRIUM INTRAVENOUS                                               | TIER 03   |       |
| dantrolene sodium intravenous                                      | TIER 01   |       |
| dantrolene sodium oral                                             | TIER 01   |       |
| FLEQSUVY                                                           | EXCLUDED  |       |
| methocarbamol injection                                            | TIER 01   |       |
| methocarbamol oral tablet 500 mg, 750 mg                           | TIER 01   |       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

| Drug Name                        | Drug Tier | Notes  |
|----------------------------------|-----------|--------|
| MISICARUB                        | TIER 03   |        |
| NORGESIC                         | EXCLUDED  |        |
| NORGESIC FORTE                   | EXCLUDED  |        |
| orphenadrine citrate er          | TIER 01   |        |
| orphenadrine citrate injection   | TIER 01   |        |
| ORPHENGESIC FORTE                | EXCLUDED  |        |
| OZOBAX DS                        | EXCLUDED  |        |
| 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  |        |
| <b>Sleep Disorder Agents</b>     |           |        |
| 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 |
| 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     |

| Drug Name                              | Drug Tier | Notes  |
|----------------------------------------|-----------|--------|
| 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 August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

## Index of Drugs

|                                  |     |                              |         |                                 |     |
|----------------------------------|-----|------------------------------|---------|---------------------------------|-----|
| abacavir sulfate.....            | 30  | ACETADOTE.....               | 91      | ADALIMUMAB-FKJP (2              |     |
| abacavir sulfate-lamivudine..... | 30  | acetaminophen.....           | 3       | SYRINGE).....                   | 86  |
| ABELCET.....                     | 19  | acetaminophen-codeine.....   | 3       | ADALIMUMAB-RYVK (2 PEN).....    | 86  |
| abigale.....                     | 81  | acetazolamide.....           | 103     | ADALIMUMAB-RYVK (2              |     |
| abigale lo.....                  | 81  | acetazolamide er.....        | 103     | SYRINGE).....                   | 86  |
| ABILIFY.....                     | 29  | acetazolamide sodium.....    | 35      | adapalene.....                  | 46  |
| ABILIFY ASIMTUFII.....           | 29  | acetic acid.....             | 76, 105 | adapalene-benzoyl peroxide..... | 46  |
| ABILIFY MAINTENA.....            | 29  | acetylcysteine.....          | 91, 106 | ADASUVE.....                    | 29  |
| abiraterone acetate.....         | 22  | ACIPHEX.....                 | 72      | ADBRY.....                      | 46  |
| ABRAXANE.....                    | 22  | acitretin.....               | 46      | ADCETRIS.....                   | 22  |
| ABRILADA (1 PEN).....            | 85  | ACTEMRA.....                 | 85      | ADCIRCA.....                    | 109 |
| ABRILADA (2 PEN).....            | 85  | ACTEMRA ACTPEN.....          | 85      | ADDERALL.....                   | 42  |
| ABRILADA (2 SYRINGE).....        | 85  | ACTHAR.....                  | 79      | ADDERALL XR.....                | 42  |
| ABSORICA.....                    | 45  | ACTHAR GEL.....              | 79      | ADDYI.....                      | 43  |
| ABSORICA LD.....                 | 46  | ACTIFOAM COLLAGEN            |         | adefovir dipivoxil.....         | 30  |
| acamprosate calcium.....         | 9   | SPONGE.....                  | 91      | ADEMPAS.....                    | 109 |
| ACANYA.....                      | 46  | ACTIMMUNE.....               | 85      | adenosine.....                  | 35  |
| acarbose.....                    | 51  | ACTIVELLA.....               | 81      | ADIPEX-P.....                   | 43  |
| ACCOLATE.....                    | 106 | ACULAR.....                  | 102     | ADLARITY.....                   | 17  |
| ACCRUFER.....                    | 66  | ACULAR LS.....               | 102     | ADMELOG.....                    | 64  |
| ACCU-CHEK AVIVA DEVICE.....      | 52  | acyclovir.....               | 30      | ADMELOG SOLOSTAR.....           | 64  |
| ACCU-CHEK AVIVA PLUS KIT         |     | acyclovir sodium.....        | 30      | ADRENALIN.....                  | 106 |
| W/DEVICE.....                    | 52  | ACYCLOVIR SODIUM-NACL.....   | 30      | adriamycin.....                 | 22  |
| ACCU-CHEK FASTCLIX               |     | ACZONE.....                  | 46      | ADTHYZA.....                    | 85  |
| LANCET KIT.....                  | 52  | ADAKVEO.....                 | 91      | ADVAIR DISKUS.....              | 106 |
| ACCU-CHEK GUIDE CONTROL.....     | 52  | ADALIMUMAB-AACF (2 PEN)..... | 85      | ADVAIR HFA.....                 | 106 |
| ACCU-CHEK GUIDE KIT              |     | ADALIMUMAB-AACF (2           |         | ADVANCE INTUITION               |     |
| W/DEVICE.....                    | 52  | SYRINGE).....                | 85      | CONTROL.....                    | 52  |
| ACCU-CHEK GUIDE TEST.....        | 52  | ADALIMUMAB-AACF(CD/UC/HS     |         | ADVANCE INTUITION METER....     | 52  |
| ACCU-CHEK GUIDE TEST             |     | STRT).....                   | 85      | ADVANCE INTUITION               |     |
| STRIPS.....                      | 52  | ADALIMUMAB-AACF(PS/UV        |         | MONITOR.....                    | 52  |
| ACCU-CHEK SMARTVIEW              |     | STARTER).....                | 85      | ADVANCE INTUITION TEST.....     | 52  |
| CONTROL.....                     | 52  | ADALIMUMAB-AATY (1 PEN)..... | 85      | ADVANCE MICRO-DRAW              |     |
| ACCU-CHEK SMARTVIEW              |     | ADALIMUMAB-AATY (2 PEN)..... | 85      | CONTROL.....                    | 52  |
| TEST STRIPS.....                 | 52  | ADALIMUMAB-AATY (2           |         | ADVANCE MICRO-DRAW              |     |
| ACCU-CHEK SOFTCLIX               |     | SYRINGE).....                | 85      | METER.....                      | 52  |
| LANCET DEVICE KIT.....           | 52  | ADALIMUMAB-AATY CD/UC/HS     |         | ADVANCE MICRO-DRAW              |     |
| ACCU-CHEK TENDER 1               |     | START.....                   | 85      | NORMAL.....                     | 52  |
| INFUSION.....                    | 90  | ADALIMUMAB-ADAZ.....         | 85      | ADVANCE MICRO-DRAW TEST.....    | 52  |
| ACCUPRIL.....                    | 35  | ADALIMUMAB-ADB (2 PEN).....  | 85      | ADVATE.....                     | 33  |
| ACCURETIC.....                   | 35  | ADALIMUMAB-ADB (2            |         | ADVOCATE BLOOD GLUCOSE          |     |
| accutane.....                    | 46  | SYRINGE).....                | 86      | MONITOR.....                    | 52  |
| ACCUTREND GLUCOSE.....           | 52  | ADALIMUMAB-                  |         | ADVOCATE BLOOD GLUCOSE          |     |
| ACCUTREND GLUCOSE                |     | ADB (CD/UC/HS STRT).....     | 86      | SYSTEM.....                     | 52  |
| CONTROL.....                     | 52  | ADALIMUMAB-ADB (PS/UV        |         | ADVOCATE CONTROL                |     |
| ACD FORMULA A.....               | 14  | STARTER).....                | 86      | SOLUTION.....                   | 52  |
| ACD-A NOCLOT-50.....             | 14  | ADALIMUMAB-FKJP (2 PEN)..... | 86      | ADVOCATE REDI-CODE.....         | 52  |
| acebutolol hcl.....              | 35  |                              |         | ADVOCATE REDI-CODE+.....        | 52  |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



|                                     |    |                                    |     |                                     |     |
|-------------------------------------|----|------------------------------------|-----|-------------------------------------|-----|
| ADVOCATE REDI-CODE+ CONTROL.....    | 52 | AGAMATRIX CONTROL LEVEL 2.....     | 52  | ALORA.....                          | 81  |
| ADVOCATE REDI-CODE+ TEST.....       | 52 | AGAMATRIX CONTROL LEVEL 4.....     | 53  | alosetron hcl.....                  | 73  |
| ADVOCATE SAFETY LANCETS 21G.....    | 52 | AGAMATRIX CONTROL NORMAL/HIGH..... | 53  | ALPHAGAN P.....                     | 103 |
| ADVOCATE SAFETY LANCETS 23G.....    | 52 | AGAMATRIX JAZZ TEST.....           | 53  | ALPHA-LIPOIC ACID.....              | 91  |
| ADVOCATE SAFETY LANCETS 28G.....    | 52 | AGAMATRIX JAZZ WIRELESS 2.....     | 53  | ALPHANATE.....                      | 33  |
| ADVOCATE TEST.....                  | 52 | AGAMATRIX PRESTO.....              | 53  | ALPHANINE SD.....                   | 33  |
| ADYNOVATE.....                      | 33 | AGAMATRIX PRESTO TEST.....         | 53  | alprazolam.....                     | 32  |
| ADZENYS XR-ODT.....                 | 42 | AGAMREE.....                       | 77  | alprazolam er.....                  | 32  |
| ADZYNMA.....                        | 75 | AGGRASTAT.....                     | 29  | alprazolam intensol.....            | 32  |
| AEROBIKA.....                       | 91 | AIMOVIG.....                       | 20  | alprazolam xr.....                  | 32  |
| AEROBIKA OPEP W/MANOMETER.....      | 91 | AIRS PEDIATRIC AEROSOL MASK.....   | 91  | ALPROLIX.....                       | 33  |
| AEROCHAMBER HOLDING CHAMBER.....    | 91 | AIRSUPRA.....                      | 106 | alprostadi.....                     | 35  |
| AEROCHAMBER MINI CHAMBER.....       | 91 | AJOVY.....                         | 20  | ALTACAIN.....                       | 104 |
| AEROCHAMBER MV.....                 | 91 | AKEEGA.....                        | 22  | ALTACE.....                         | 35  |
| AEROCHAMBER PLS FLOVU MTHPIECE..... | 91 | AKLIEF.....                        | 46  | altafrin.....                       | 104 |
| AEROCHAMBER PLUS FLO-VU INTERM..... | 91 | AKOVAZ.....                        | 35  | altavera.....                       | 81  |
| AEROCHAMBER PLUS FLO-VU LARGE.....  | 91 | AKTEN.....                         | 104 | ALTRENO.....                        | 46  |
| AEROCHAMBER PLUS FLO-VU MEDIUM..... | 91 | AKYNZEO.....                       | 18  | ALTRIXA.....                        | 66  |
| AEROCHAMBER PLUS FLO-VU SMALL.....  | 91 | AKYNZEO (READY-TO-USE).....        | 18  | ALTRIXA OB.....                     | 66  |
| AEROCHAMBER PLUS FLOW VU.....       | 91 | AKYNZEO (TO-BE-DILUTED).....       | 18  | ALTUVIIIO.....                      | 33  |
| AEROCHAMBER2GO ANTI-STATIC.....     | 91 | ALA SCALP.....                     | 46  | ALUNBRIG.....                       | 22  |
| AEROECLIPSE EZ TWIST TUBING.....    | 91 | ala-cort.....                      | 46  | ALVAIZ.....                         | 33  |
| AEROECLIPSE II W/ELBOW ADAPTER..... | 91 | albendazole.....                   | 28  | ALVESCO.....                        | 106 |
| AEROECLIPSE II W/UNIV TUBING.....   | 91 | albuterol sulfate.....             | 106 | alvimopan.....                      | 73  |
| AEROECLIPSE XL NEBULIZER.....       | 91 | ALBUTEROL SULFATE.....             | 106 | alyacen 1/35.....                   | 81  |
| AFINITOR.....                       | 22 | albuterol sulfate hfa.....         | 106 | alyacen 7/7/7.....                  | 81  |
| AFINITOR DISPERZ.....               | 22 | ALCAINE.....                       | 104 | ALYFTREK.....                       | 108 |
| afirmelle.....                      | 81 | alclometasone dipropionate.....    | 46  | ALYGLO.....                         | 86  |
| AFREZZA.....                        | 64 | ALCOHOL PREP PADS.....             | 91  | ALYMSYS.....                        | 22  |
| AFSTYLA.....                        | 33 | ALDACTONE.....                     | 35  | alyq.....                           | 109 |
| AGAMATRIX AMP TEST.....             | 52 | ALDURAZYME.....                    | 75  | amantadine hcl.....                 | 28  |
| AGAMATRIX CONTROL.....              | 52 | ALECENSA.....                      | 22  | AMBIEN.....                         | 110 |
|                                     |    | alendronate sodium.....            | 90  | AMBIEN CR.....                      | 110 |
|                                     |    | alfuzosin hcl er.....              | 77  | AMBISOME.....                       | 19  |
|                                     |    | ALHEMO.....                        | 33  | ambrisentan.....                    | 109 |
|                                     |    | ALIMTA.....                        | 22  | AMD FOAM DRESSING.....              | 91  |
|                                     |    | aliskiren fumarate.....            | 35  | AMD FOAM DRESSING TOPSHEET.....     | 91  |
|                                     |    | ALKINDI SPRINKLE.....              | 77  | amethyst.....                       | 81  |
|                                     |    | ALL FLOW 1000 PFT FILTER.....      | 91  | amikacin sulfate.....               | 9   |
|                                     |    | allopurinol.....                   | 20  | amiloride hcl.....                  | 35  |
|                                     |    | allopurinol sodium.....            | 20  | amiloride-hydrochlorothiazide.....  | 35  |
|                                     |    | ALOGLIPTIN BENZOATE.....           | 51  | AMINO ACID.....                     | 66  |
|                                     |    | ALOGLIPTIN-METFORMIN HCL.....      | 51  | AMINO ACID-CALCIUM-HEP IN D10W..... | 66  |
|                                     |    | ALOGLIPTIN-PIOGLITAZONE.....       | 51  | aminocaproic acid.....              | 33  |
|                                     |    | ALOPRIM.....                       | 20  | aminophylline.....                  | 106 |
|                                     |    |                                    |     | AMINOPROTECT.....                   | 66  |
|                                     |    |                                    |     | AMINOSYN II.....                    | 66  |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                                     |     |                               |     |                              |     |
|-------------------------------------|-----|-------------------------------|-----|------------------------------|-----|
| AMINOSYN-PF.....                    | 66  | ANDEXXA.....                  | 91  | ARGININE HCL.....            | 66  |
| AMINOSYN-PF 7%.....                 | 66  | ANDROGEL PUMP.....            | 78  | ARGYLE STERILE SALINE.....   | 66  |
| amiodarone hcl.....                 | 35  | ANECTINE.....                 | 43  | argyle sterile water.....    | 66  |
| AMITIZA.....                        | 73  | ANGELIQ.....                  | 81  | ARIKAYCE.....                | 9   |
| amitriptyline hcl.....              | 17  | ANGIOMAX.....                 | 14  | ARIMIDEX.....                | 22  |
| AMJEVITA.....                       | 86  | ANKTIVA.....                  | 22  | aripiprazole.....            | 29  |
| AMJEVITA-PED 10KG TO                |     | ANNOVERA.....                 | 81  | ARISTADA.....                | 29  |
| <15KG SUBCUTANEOUS                  |     | ANORO ELLIPTA.....            | 106 | ARISTADA INITIO.....         | 29  |
| SOLUTION PREFILLED                  |     | ANTICOAGULANT SODIUM          |     | ARIXTRA.....                 | 14  |
| SYRINGE 10MG/0.2ML.....             | 86  | CITRATE.....                  | 14  | armodafinil.....             | 110 |
| AMJEVITA-PED 15KG TO                |     | ANZEMET.....                  | 18  | ARMOUR THYROID.....          | 85  |
| <30KG.....                          | 86  | APADAZ.....                   | 3   | arnica flower.....           | 91  |
| AMLADEX.....                        | 66  | apap-caff-dihydrocodeine..... | 3   | ARNUITY ELLIPTA.....         | 106 |
| amlodipine besylate.....            | 35  | APHEXDA.....                  | 33  | ARRANON.....                 | 22  |
| amlodipine besylate-benazepril      |     | APIDRA SOLOSTAR.....          | 64  | arsenic trioxide.....        | 22  |
| hcl.....                            | 35  | APIDRA VIAL.....              | 64  | ARTESUNATE.....              | 28  |
| amlodipine besylate-valsartan.....  | 35  | APOGEE HC CATHETER            |     | ARTHROTEC.....               | 5   |
| amlodipine-atorvastatin.....        | 35  | 16FR/16".....                 | 91  | ARTICADENT DENTAL.....       | 6   |
| amlodipine-olmesartan.....          | 35  | APOGEE IC CATHETER            |     | ARTISS.....                  | 91  |
| amlodipine-valsartan-hctz.....      | 35  | 14FR/16".....                 | 91  | ARZERRA.....                 | 22  |
| ammonium lactate.....               | 46  | APOGEE PLUS INTERMITTENT      |     | ASCENIV.....                 | 86  |
| amnesteem.....                      | 46  | CATH.....                     | 91  | ASCLERA.....                 | 35  |
| AMONDYS 45.....                     | 75  | apomorphine hcl.....          | 28  | ascomp-codeine.....          | 3   |
| amoxapine.....                      | 17  | APONVIE.....                  | 18  | asenapine maleate.....       | 29  |
| amoxicillin.....                    | 9   | apraclonidine hcl.....        | 103 | ashlyna.....                 | 81  |
| amoxicillin-potassium clavulanate.. | 9   | aprepitant.....               | 18  | ASMANEX (120 METERED         |     |
| amoxicillin-potassium clavulanate   |     | APRETUDE.....                 | 30  | DOSES).....                  | 106 |
| er.....                             | 9   | apri.....                     | 81  | ASMANEX (14 METERED          |     |
| AMPHADASE.....                      | 91  | APRISO.....                   | 89  | DOSES).....                  | 106 |
| amphetamine sulfate.....            | 42  | APTENSIO XR.....              | 42  | ASMANEX (30 METERED          |     |
| amphetamine-                        |     | APTIOM.....                   | 15  | DOSES).....                  | 106 |
| dextroamphetamine.....              | 42  | APTIVUS.....                  | 30  | ASMANEX (60 METERED          |     |
| amphetamine-                        |     | AQ INSULIN SYRINGE.....       | 64  | DOSES).....                  | 106 |
| dextroamphetamine er.....           | 42  | AQINJECT PEN NEEDLE.....      | 91  | ASMANEX HFA.....             | 106 |
| amphet-dextroamphet 3-bead er..     | 42  | AQNEURSA.....                 | 91  | ASPARLAS.....                | 22  |
| amphotericin b.....                 | 19  | AQUACEL AG BURN.....          | 46  | aspirin-dipyridamole er..... | 29  |
| amphotericin b liposome.....        | 19  | AQUACEL AG FOAM.....          | 46  | ASPRUZYO SPRINKLE.....       | 35  |
| ampicillin.....                     | 9   | AQUASOL A.....                | 66  | ASSURE 3 CONTROL.....        | 53  |
| ampicillin sodium.....              | 9   | AQUASTAT.....                 | 66  | ASSURE 3 METER.....          | 53  |
| ampicillin-sulbactam sodium.....    | 9   | AQUASTAT SFR.....             | 66  | ASSURE 3 TEST.....           | 53  |
| AMPYRA.....                         | 42  | AQUORAL.....                  | 45  | ASSURE 4 CONTROL LEVEL 1     |     |
| AMRIX.....                          | 109 | ARAKODA.....                  | 28  | & 2.....                     | 53  |
| AMVUTTRA.....                       | 43  | ARALAST NP.....               | 106 | ASSURE 4 METER.....          | 53  |
| AMZEEQ.....                         | 46  | aranelle.....                 | 81  | ASSURE 4 TEST.....           | 53  |
| anagrelide hcl.....                 | 33  | ARANESP (ALBUMIN FREE).....   | 33  | ASSURE DOSE CONTROL.....     | 53  |
| ANALPRAM-HC.....                    | 89  | ARAZLO.....                   | 46  | ASSURE DOSE NORM/HIGH        |     |
| ANASPAZ.....                        | 73  | ARCALYST.....                 | 86  | CONTROL.....                 | 53  |
| anastrozole.....                    | 22  | arformoterol tartrate.....    | 106 | ASSURE ID DUO PRO PEN        |     |
| ANCOBON.....                        | 19  | argatroban.....               | 14  | NEEDLES.....                 | 91  |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                               |         |                             |          |                                     |     |
|-------------------------------|---------|-----------------------------|----------|-------------------------------------|-----|
| ASSURE ID PRO PEN             |         | AUM READYGARD DUO PEN       |          | AZOPT .....                         | 103 |
| NEEDLES.....                  | 91      | NEEDLE.....                 | 92       | AZOR.....                           | 35  |
| ASSURE II.....                | 53      | AUM SAFETY PEN NEEDLE.....  | 92       | AZSTARYS.....                       | 42  |
| ASSURE II CHECK.....          | 53      | AURA PORTANEB.....          | 92       | aztreonam.....                      | 10  |
| ASSURE II CONTROL.....        | 53      | aurovela 1.5/30.....        | 81       | AZULFIDINE.....                     | 89  |
| ASSURE II CONTROL LEVEL 1     |         | aurovela 1/20.....          | 81       | AZULFIDINE EN-TABS.....             | 89  |
| & 2.....                      | 53      | aurovela 24 fe.....         | 81       | azurette.....                       | 81  |
| ASSURE PLATINUM.....          | 53      | aurovela fe 1.5/30.....     | 81       | B & C.....                          | 46  |
| ASSURE PLATINUM METER.....    | 53      | aurovela fe 1/20.....       | 81       | bac (butalbital-acetamin-caff)..... | 3   |
| ASSURE PRISM CONTROL          |         | AURYXIA.....                | 76       | bacitracin.....                     | 102 |
| LEVEL 1 .....                 | 53      | AUSTEDO.....                | 43       | bacitracin-polymyxin b.....         | 104 |
| ASSURE PRISM MULTI METER..... | 53      | AUSTEDO XR.....             | 43       | bacitra-neomycin-polymyxin-hc..     | 104 |
| ASSURE PRISM MULTI TEST.....  | 53      | AUSTEDO XR PATIENT          |          | BACLOFEN.....                       | 109 |
| ASSURE PRO BLOOD              |         | TITRATION.....              | 43       | baclofen.....                       | 109 |
| GLUCOSE METER.....            | 53      | AUTOLET II CLINISAFE.....   | 53       | BACTERIOSTATIC                      |     |
| ASSURE PRO CONTROL            |         | AUTOLET LANCING DEVICE..... | 53       | WATER(BENZ ALC).....                | 92  |
| LEVEL 1 & 2.....              | 53      | AUTOLET LITE LANCING        |          | BACTRIM.....                        | 10  |
| ASSURE PRO TEST.....          | 53      | DEVICE.....                 | 53       | BACTRIM DS.....                     | 10  |
| ASTAGRAF XL.....              | 86      | AUVELITY.....               | 17       | BAFIERTAM.....                      | 43  |
| ASTRINGYN.....                | 33      | AUVI-Q.....                 | 107      | BALCOLTRA.....                      | 81  |
| ATACAND.....                  | 35      | avanafil.....               | 76       | BALFAXAR.....                       | 33  |
| atazanavir sulfate.....       | 30      | AVAPRO.....                 | 35       | balsalazide disodium.....           | 89  |
| ATELVIA.....                  | 90      | AVASTIN.....                | 22       | balsam peru-castor oil.....         | 46  |
| atenolol.....                 | 35      | AVEED.....                  | 79       | BALVERSA.....                       | 22  |
| atenolol-chlorthalidone.....  | 35      | aviane.....                 | 81       | balziva.....                        | 81  |
| ATIVAN.....                   | 32      | AVIDOXY.....                | 9        | BAQSIMI ONE PACK.....               | 64  |
| atomoxetine hcl.....          | 42      | AVITENE.....                | 92       | BAQSIMI TWO PACK.....               | 64  |
| ATORVALIQ.....                | 35      | AVITENE FLOUR.....          | 92       | BARACLUDE.....                      | 30  |
| atorvastatin calcium.....     | 35      | AVODART.....                | 77       | BARD PISTON ENT                     |     |
| atovaquone.....               | 28      | AVONEX PEN.....             | 42       | IRRIGATION SYR.....                 | 92  |
| atovaquone-proguanil hcl..... | 28      | AVONEX PREFILLED.....       | 43       | BARHEMSYS.....                      | 18  |
| atracurium besylate.....      | 43      | AVSOLA.....                 | 86       | BASAGLAR KWIKPEN.....               | 64  |
| ATRALIN.....                  | 46      | AVYCAZ.....                 | 10       | BASAGLAR TEMPO PEN.....             | 64  |
| ATRAPRO DERMAL SPRAY.....     | 46      | AXTLE.....                  | 22       | BAVENCIO.....                       | 22  |
| atropine sulfate.....         | 73, 104 | ayuna.....                  | 81       | BD AUTOSHIELD DUO PEN               |     |
| ATROPINE SULFATE.....         | 73, 104 | AYVAKIT.....                | 22       | NEEDLES.....                        | 92  |
| ATROVENT HFA.....             | 106     | azacitidine.....            | 22       | BD ECLIPSE NEEDLE.....              | 92  |
| ATTRUBY.....                  | 35      | AZACTAM.....                | 10       | BD FILTER NEEDLE.....               | 92  |
| AUBAGIO.....                  | 42      | AZADROX.....                | 46       | bd heparin posiflush.....           | 14  |
| aubra eq.....                 | 81      | AZASAN.....                 | 86       | BD HYDROPHILIC CATHETER             |     |
| AUGMENTIN.....                | 9       | AZASITE.....                | 102      | 14FR.....                           | 92  |
| AUGMENTIN ES-600.....         | 9       | azathioprine.....           | 86       | BD LATITUDE DIABETES.....           | 53  |
| AUGTYRO.....                  | 22      | azathioprine sodium.....    | 86       | BD LOGIC BLOOD GLUCOSE              |     |
| AUM ALCOHOL PREP PADS.....    | 91      | azelaic acid.....           | 46       | MONITOR.....                        | 53  |
| AUM INSULIN SAFETY PEN        |         | azelastine hcl.....         | 102, 105 | BD PEN NEEDLE MICRO                 |     |
| NEEDLE.....                   | 91      | azelastine-fluticasone..... | 105      | ULTRAFINE.....                      | 92  |
| AUM MINI INSULIN PEN          |         | AZESCO.....                 | 66       | BD PEN NEEDLE MINI                  |     |
| NEEDLE.....                   | 91      | azithromycin.....           | 10       | ULTRAFINE.....                      | 92  |
| AUM PEN NEEDLE.....           | 91      | AZMIRO.....                 | 79       |                                     |     |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                                        |     |                                        |         |                                        |     |
|----------------------------------------|-----|----------------------------------------|---------|----------------------------------------|-----|
| BD PEN NEEDLE NANO<br>ULTRAFINE.....   | 92  | BETAMETHASONE SODIUM<br>PHOSPHATE..... | 77      | BILTRICIDE.....                        | 28  |
| BD PEN NEEDLE ORIG<br>ULTRAFINE.....   | 92  | betamethasone valerate.....            | 46      | bimatoprost.....                       | 103 |
| BD PEN NEEDLE SHORT<br>ULTRAFINE.....  | 92  | BETASERON.....                         | 43      | BIMZELX.....                           | 86  |
| BD POSIFLUSH.....                      | 66  | betaxolol hcl.....                     | 35, 103 | BIONECT.....                           | 46  |
| BD POSIFLUSH SAFESCRUB....             | 66  | bethanechol chloride.....              | 76      | BIORPHEN.....                          | 35  |
| BD SYRINGE LUER-LOK.....               | 92  | BETHKIS.....                           | 108     | BIOSTEP AG.....                        | 46  |
| BD ULTRA-FINE INSULIN<br>SYRINGES..... | 64  | BETIMOL.....                           | 103     | BIOTEL CARE BLOOD<br>GLUCOSE.....      | 53  |
| BD ULTRA-FINE PEN NEEDLES              | 92  | BEVACIZUMAB.....                       | 104     | BIOTEL CARE BLOOD<br>GLUCOSE SYST..... | 53  |
| BD VEO INSULIN SYR<br>ULTRAFINE.....   | 64  | BEVESPI AEROSPHERE.....                | 107     | BIOTEL CARE TEST STRIPS.....           | 53  |
| BELBUCA.....                           | 3   | BEXAGLIFLOZIN.....                     | 51      | bis subcit-metronid-tetracyc.....      | 73  |
| BELEODAQ.....                          | 22  | bexarotene.....                        | 22      | bismuth/metronidaz/tetracyclin....     | 73  |
| BELRAPZO.....                          | 22  | BEYAZ.....                             | 81      | bisoprolol fumarate.....               | 35  |
| BELSOMRA.....                          | 110 | BIAFINE.....                           | 46      | bisoprolol-hydrochlorothiazide.....    | 35  |
| benazepril hcl.....                    | 35  | bicalutamide.....                      | 22      | bivalirudin trifluoroacetate.....      | 14  |
| benazepril-hydrochlorothiazide....     | 35  | BICILLIN C-R.....                      | 10      | BIVIGAM.....                           | 87  |
| BENDAMUSTINE HCL.....                  | 22  | BICILLIN C-R 900/300.....              | 10      | BIZENGRI (750 MG DOSE).....            | 22  |
| bendamustine hcl.....                  | 22  | BICILLIN L-A.....                      | 10      | bleomycin sulfate.....                 | 22  |
| BENDEKA.....                           | 22  | BIDIL.....                             | 35      | BLINCYTO.....                          | 22  |
| BENEFIX.....                           | 33  | BIGFOOT UNITY PEN<br>CAP/ADMELOG.....  | 92      | blisovi 24 fe.....                     | 81  |
| BENICAR.....                           | 35  | BIGFOOT UNITY PEN<br>CAP/APIDRA.....   | 92      | blisovi fe 1.5/30.....                 | 81  |
| BENICAR HCT.....                       | 35  | BIGFOOT UNITY PEN<br>CAP/ASPART.....   | 92      | blisovi fe 1/20.....                   | 81  |
| BENLYSTA.....                          | 86  | BIGFOOT UNITY PEN<br>CAP/BASAGLAR..... | 92      | BLOOD GLUCOSE MONITOR<br>SYSTEM.....   | 53  |
| BENTLEY THE BEAR PED<br>NEBULIZER..... | 92  | BIGFOOT UNITY PEN<br>CAP/FIASP.....    | 92      | BLOOD GLUCOSE<br>MONITORING 333.....   | 53  |
| benzalkonium chloride.....             | 10  | BIGFOOT UNITY PEN<br>CAP/HUMALOG.....  | 92      | BLOOD GLUCOSE SYSTEM<br>PAK.....       | 53  |
| BENZAMYCIN.....                        | 46  | BIGFOOT UNITY PEN<br>CAP/LANTUS.....   | 92      | BLOOD GLUCOSE TEST.....                | 53  |
| BENZHYDROCODONE-<br>ACETAMINOPHEN..... | 3   | BIGFOOT UNITY PEN<br>CAP/LISPRO.....   | 92      | BLOOD GLUCOSE TEST<br>STRIPS.....      | 56  |
| BENZNIDAZOLE.....                      | 28  | BIGFOOT UNITY PEN<br>CAP/LYUMJEV.....  | 92      | BLOOD GLUCOSE TEST<br>STRIPS 333.....  | 53  |
| benzonatate.....                       | 105 | BIGFOOT UNITY PEN<br>CAP/NOVOLOG.....  | 92      | BLOXIVERZ.....                         | 21  |
| benzoyl peroxide-erythromycin....      | 46  | BIGFOOT UNITY PEN<br>CAP/TOUJEO.....   | 92      | BLT-25.....                            | 77  |
| benzphetamine hcl.....                 | 43  | BIGFOOT UNITY PEN<br>CAP/TOUJEO M..... | 92      | BLUESTAR.....                          | 53  |
| benztropine mesylate.....              | 28  | BIGFOOT UNITY PEN<br>CAP/TRESIBA.....  | 92      | BLULINK CONTROL HIGH &<br>LOW.....     | 53  |
| BEOVU.....                             | 104 | BIGFOOT UNITY PEN<br>CAP/NOVOLOG.....  | 92      | BLULINK GLUCOSE<br>MONITORING SYS..... | 53  |
| BEPREVE.....                           | 102 | BIGFOOT UNITY PEN<br>CAP/TOUJEO.....   | 92      | BLULINK GLUCOSE TEST.....              | 53  |
| BESIVANCE.....                         | 102 | BIGFOOT UNITY PEN<br>CAP/TOUJEO M..... | 92      | BONJESTA.....                          | 18  |
| BESPONSA.....                          | 22  | BIGFOOT UNITY PEN<br>CAP/TRESIBA.....  | 92      | BONSITY.....                           | 90  |
| BESREMI.....                           | 22  | BIGFOOT UNITY PROGRAM.....             | 53      | bortezomib.....                        | 22  |
| BETADINE OPHTHALMIC PREP<br>.....      | 102 | BIJUVA.....                            | 81      | BORUZU.....                            | 22  |
| betaine.....                           | 75  | BIKTARVY.....                          | 30      | bosentan.....                          | 109 |
| betamethasone dipropionate.....        | 46  |                                        |         | BOSULIF.....                           | 23  |
| betamethasone dipropionate aug.        | 46  |                                        |         | BPCO.....                              | 46  |
| betamethasone sod phos & acet..        | 77  |                                        |         |                                        |     |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx  
Atrium Health**



|                                   |         |                                     |        |                                    |     |
|-----------------------------------|---------|-------------------------------------|--------|------------------------------------|-----|
| BRAFTOVI.....                     | 23      | BUPIVACAINE HCL.....                | 7      | calcium gluconate-nacl.....        | 66  |
| BREATHE COMFORT                   |         | bupivacaine hcl.....                | 7      | CALCIUM GLUCONATE-NACL...          | 67  |
| CHAMBER/ADULT.....                | 92      | bupivacaine hcl (pf).....           | 7      | CALDOLOR.....                      | 5   |
| BREATHE COMFORT                   |         | bupivacaine-epinephrine.....        | 7      | CALQUENCE.....                     | 23  |
| CHAMBER/CHILD.....                | 92      | BUPIVACAINE-EPINEPHRINE.....        | 7      | CAMBIA.....                        | 20  |
| BREATHE EASE LARGE.....           | 92      | bupivacaine-epinephrine (pf).....   | 7      | camila.....                        | 81  |
| BREATHE EASE MEDIUM.....          | 92      | buprenorphine.....                  | 3      | CAMPTOSAR.....                     | 23  |
| BREATHE EASE NEB                  |         | buprenorphine hcl.....              | 3, 9   | camrese.....                       | 81  |
| MASK/CHILD.....                   | 92      | buprenorphine hcl-naloxone hcl..... | 9      | camrese lo.....                    | 81  |
| BREATHE EASE NEB                  |         | bupropion hcl.....                  | 17     | CAMZYOS.....                       | 36  |
| MASK/INFANT.....                  | 92      | bupropion hcl er (smoking det)..... | 9      | CANASA.....                        | 89  |
| BREATHE EASE SMALL.....           | 92      | bupropion hcl er (sr).....          | 17     | CANCIDAS.....                      | 19  |
| BREATHERITE VALVED MDI            |         | bupropion hcl er (xl).....          | 17     | candesartan cilexetil.....         | 36  |
| CHAMBER.....                      | 92      | BUPROPION HCL ER (XL).....          | 17     | candesartan cilexetil-hctz.....    | 36  |
| BRENZAVVY.....                    | 51      | buspirone hcl.....                  | 32     | capecitabine.....                  | 23  |
| BREO ELLIPTA.....                 | 107     | busulfan.....                       | 23     | CAPLYTA.....                       | 29  |
| BREVIBLOC.....                    | 35      | BUSULFEX.....                       | 23     | CAPRELSA.....                      | 23  |
| BREVIBLOC IN NACL.....            | 35      | butalbital-acetaminophen.....       | 3      | CAPTAIN EAGLE PED                  |     |
| BREVIBLOC PREMIXED.....           | 35      | butalbital-apap-caff-cod.....       | 3      | NEBULIZER.....                     | 93  |
| BREVIBLOC PREMIXED DS.....        | 35      | butalbital-apap-caffeine.....       | 3      | captopril.....                     | 36  |
| BREXAFEMME.....                   | 19      | butalbital-asa-caff-codeine.....    | 3      | captopril-hydrochlorothiazide..... | 36  |
| breyana.....                      | 107     | butalbital-aspirin-caffeine.....    | 3      | CARAFATE.....                      | 72  |
| BREZTRI AEROSPHERE.....           | 107     | butorphanol tartrate.....           | 3      | CARBAGLU.....                      | 67  |
| BRIDION.....                      | 92      | BUTRANS.....                        | 3      | carbamazepine.....                 | 15  |
| brillyn.....                      | 81      | BYLVAY.....                         | 92     | carbamazepine er.....              | 15  |
| BRILINTA.....                     | 29      | BYLVAY (PELLETS).....               | 92     | CARBATROL.....                     | 15  |
| brimonidine tartrate.....         | 46, 103 | BYOOVIZ.....                        | 104    | carbidopa.....                     | 29  |
| brimonidine tartrate-timolol..... | 103     | BYSTOLIC.....                       | 35     | carbidopa-levodopa.....            | 29  |
| BRIMONIDINE-DORZOLAMIDE           | 103     | CABENUVA.....                       | 30     | carbidopa-levodopa er.....         | 29  |
| brinzolamide.....                 | 103     | cabergoline.....                    | 79     | carbidopa-levodopa-entacapone..    | 29  |
| BRIUMVI.....                      | 43      | CABLIVI.....                        | 29     | carbinoxamine maleate.....         | 105 |
| BRIVIACT.....                     | 15      | CABOMETYX.....                      | 23     | carboplatin.....                   | 23  |
| BRIXADI.....                      | 9       | CABTREO.....                        | 46     | CARBZAH.....                       | 105 |
| BRIXADI (WEEKLY).....             | 9       | caffeine citrate.....               | 43     | CARDENE IV.....                    | 36  |
| bromfenac sodium.....             | 102     | CAFFEINE-SODIUM                     |        | CARDIZEM LA.....                   | 36  |
| bromfenac sodium (once-daily) ..  | 102     | BENZOATE.....                       | 43     | CAREPOINT POLY HUB                 |     |
| bromocriptine mesylate.....       | 28      | CALCIFOL.....                       | 66     | NEEDLE.....                        | 93  |
| bromphen-pseudoeph-dm.....        | 105     | calcipotriene.....                  | 46     | CAREPOINT SAFETY 1ST               |     |
| BROMSITE.....                     | 102     | CALCIPOTRIENE.....                  | 46     | NEEDLE.....                        | 93  |
| BRONCHITOL.....                   | 108     | calcipotriene-betameth diprop.....  | 46     | CAREPOINT SYRINGE LUER             |     |
| BRONCHITOL TOLERANCE              |         | calcitonin (salmon).....            | 90     | LOCK.....                          | 93  |
| TEST.....                         | 108     | CALCITRENE.....                     | 46     | CAREPOINT SYRINGE LUER             |     |
| BROVANA.....                      | 107     | calcitriol.....                     | 46, 90 | SLIP.....                          | 93  |
| BRUKINSA.....                     | 23      | calcium acetate.....                | 76     | CARESENS CONTROL A.....            | 53  |
| budesonide.....                   | 89, 107 | calcium acetate (phos binder).....  | 76     | CARESENS CONTROL                   |     |
| budesonide-formoterol fumarate.   | 107     | CALCIUM CHLORIDE.....               | 66     | SOLUTION A/B.....                  | 54  |
| bumetanide.....                   | 35      | calcium chloride.....               | 66     | CARESENS LANCETS 30G.....          | 54  |
| BUMEX.....                        | 35      | calcium gluconate.....              | 66     | CARESENS N FELIZ.....              | 54  |
| BUPHENYL.....                     | 75      | CALCIUM GLUCONATE.....              | 66     | CARESENS N FELIZ BT.....           | 54  |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                                     |     |                                     |     |                                  |              |
|-------------------------------------|-----|-------------------------------------|-----|----------------------------------|--------------|
| CARESENS N GLUCOSE SYSTEM.....      | 54  | cefdinir.....                       | 10  | CHLORHEXIDINE GLUCONATE.....     | 93           |
| CARESENS N GLUCOSE TEST.....        | 54  | cefepime hcl.....                   | 10  | chloroprocaine hcl (pf).....     | 7            |
| CARESENS N PLUS BT.....             | 54  | cefepime-dextrose.....              | 10  | chloroquine phosphate.....       | 28           |
| CARESENS N VOICE SYSTEM.....        | 54  | cefixime.....                       | 10  | chlorothiazide sodium.....       | 36           |
| CARETOUCH 2 CPAP HOSE HANGER.....   | 93  | CEFOTAN.....                        | 10  | chlorpromazine hcl.....          | 29           |
| CARETOUCH CONTROL SOL LEVEL 2.....  | 54  | CEFOTAXIME SODIUM.....              | 10  | chlorthalidone.....              | 36           |
| CARETOUCH CPAP & BIPAP HOSE.....    | 93  | cefotetan disodium.....             | 10  | chlorzoxazone.....               | 109          |
| CARETOUCH CPAP MASK WIPES.....      | 93  | cefoxitin sodium.....               | 10  | CHOLBAM.....                     | 75           |
| CARETOUCH CPAP PRE-WASH SOLN.....   | 93  | CEFOXITIN SODIUM-DEXTROSE.....      | 10  | cholestyramine.....              | 36           |
| CARETOUCH CPAP TUBE BRUSH.....      | 93  | cefpodoxime proxetil.....           | 10  | cholestyramine light.....        | 36           |
| CARETOUCH LANCING/EJECTOR.....      | 54  | cefprozil.....                      | 10  | CHORIONIC GONADOTROPIN.....      | 79           |
| CARETOUCH MONITOR SYSTEM.....       | 54  | ceftazidime.....                    | 10  | CHOSEN LANCETS 30G.....          | 54           |
| CARETOUCH TEST.....                 | 54  | ceftriaxone sodium.....             | 10  | CHOSEN LANCING DEVICE.....       | 54           |
| CARETOUCH UNIVERSL CPAP FILTER..... | 93  | ceftriaxone sodium in dextrose..... | 10  | CHOSEN SAFETY LANCETS 28G.....   | 54           |
| carglumic acid.....                 | 67  | ceftriaxone sodium-dextrose.....    | 10  | chromic chloride.....            | 67           |
| carisoprodol.....                   | 109 | cefuroxime axetil.....              | 10  | CIALIS.....                      | 76           |
| carmustine.....                     | 23  | cefuroxime sodium.....              | 10  | CIBINQO.....                     | 46           |
| CARNITOR.....                       | 67  | CELEBREX.....                       | 6   | ciclodan.....                    | 19           |
| CARNITOR SF.....                    | 67  | celecoxib.....                      | 6   | ciclopirox.....                  | 19           |
| carteolol hcl.....                  | 103 | CELESTONE SOLUSPAN.....             | 77  | ciclopirox olamine.....          | 19           |
| cartia xt.....                      | 36  | CELEXA.....                         | 17  | cidofovir.....                   | 30           |
| carvedilol.....                     | 36  | CELLCEPT.....                       | 87  | cilostazol.....                  | 29           |
| CASODEX.....                        | 23  | CELLCEPT INTRAVENOUS.....           | 87  | CIMDUO.....                      | 31           |
| caspofungin acetate.....            | 19  | cephalexin.....                     | 10  | CIMERLI.....                     | 104          |
| CATAPRES-TTS-1.....                 | 36  | CEQUA.....                          | 104 | cimetidine.....                  | 72           |
| CATAPRES-TTS-2.....                 | 36  | CEQUR SIMPLICITY 2U 10PK....        | 54  | cimetidine hcl.....              | 72           |
| CATAPRES-TTS-3.....                 | 36  | CEQUR SIMPLICITY INSERTER.....      | 54  | CIMZIA.....                      | 87           |
| CAYSTON.....                        | 108 | CERDELGA.....                       | 75  | CIMZIA (2 SYRINGE).....          | 87           |
| cefaclor.....                       | 10  | CEREBYX.....                        | 15  | CIMZIA-STARTER.....              | 87           |
| cefaclor er.....                    | 10  | CEREZYME.....                       | 75  | cinacalcet hcl.....              | 90           |
| cefadroxil.....                     | 10  | cetirizine hcl.....                 | 105 | CINQAIR.....                     | 105          |
| CEFALY KIT.....                     | 93  | CETRAXAL.....                       | 105 | CINRYZE.....                     | 87           |
| CEFAZOLIN IN SODIUM CHLORIDE.....   | 10  | cetrorelix acetate.....             | 79  | CINVANTI.....                    | 18           |
| CEFAZOLIN SODIUM.....               | 10  | CETROTIDE.....                      | 79  | CIPRO.....                       | 11           |
| cefazolin sodium.....               | 10  | cevimeline hcl.....                 | 45  | ciprofloxacin hcl.....           | 11, 102, 105 |
| cefazolin sodium-dextrose.....      | 10  | charlotte 24 fe.....                | 81  | ciprofloxacin in d5w.....        | 11           |
| CEFAZOLIN SODIUM-DEXTROSE.....      | 10  | chateal eq.....                     | 81  | ciprofloxacin-dexamethasone..... | 105          |
|                                     |     | CHEMET.....                         | 67  | cisatracurium besylate.....      | 43           |
|                                     |     | CHEMOPLUS LATEX GLOVES.....         | 93  | cisatracurium besylate (pf)..... | 43           |
|                                     |     | CHEMOPLUS NEOPRENE GLOVE.....       | 93  | cisplatin.....                   | 23           |
|                                     |     | CHEMSTRIP BG LOG BOOK.....          | 54  | CISPLATIN.....                   | 23           |
|                                     |     | CHEMSTRIP K.....                    | 54  | CITALOPRAM HYDROBROMIDE.....     | 17           |
|                                     |     | CHEMSTRIP UGK.....                  | 54  | citalopram hydrobromide.....     | 17           |
|                                     |     | chloramphenicol sod succinate.....  | 11  | CITRANATAL 90 DHA.....           | 67           |
|                                     |     | chlordiazepoxide hcl.....           | 32  | CITRANATAL ASSURE.....           | 67           |
|                                     |     | chlordiazepoxide-amitriptyline..... | 17  | CITRANATAL HARMONY.....          | 67           |
|                                     |     | chlorhexidine gluconate.....        | 45  | CITRANATAL MEDLEY.....           | 67           |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx Atrium Health**



|                               |     |                                     |        |                                  |     |
|-------------------------------|-----|-------------------------------------|--------|----------------------------------|-----|
| cladribine.....               | 23  | clindamycin palmitate hcl.....      | 11     | COAGUCHEK XS SYSTEM.....         | 93  |
| claravis.....                 | 46  | clindamycin phos (once-daily).....  | 46     | coal tar.....                    | 47  |
| CLARINEX.....                 | 105 | clindamycin phos (twice-daily)..... | 47     | COARTEM.....                     | 28  |
| CLARINEX-D 12 HOUR.....       | 105 | clindamycin phosphate.....          | 11, 47 | COBALEFOL.....                   | 67  |
| clarithromycin.....           | 11  | clindamycin phosphate in d5w.....   | 11     | COBENFY.....                     | 29  |
| clarithromycin er.....        | 11  | CLINDAMYCIN PHOSPHATE IN            |        | COBENFY STARTER PACK.....        | 29  |
| clemastine fumarate.....      | 105 | NACL.....                           | 11     | COCAINE HCL.....                 | 7   |
| CLENPIQ.....                  | 73  | clindamycin phosphate-benzoyl       |        | codeine sulfate.....             | 3   |
| CLEOCIN.....                  | 11  | peroxide.....                       | 47     | colchicine.....                  | 20  |
| CLEOCIN PHOSPHATE.....        | 11  | CLINDESSE.....                      | 11     | colchicine-probenecid.....       | 20  |
| CLEOCIN-T.....                | 46  | CLINIMIX E/DEXTROSE (2.75/5).....   | 67     | colesevelam hcl.....             | 36  |
| CLEVER CHEK AUTO-CODE         |     | CLINIMIX E/DEXTROSE                 |        | COLESTID.....                    | 36  |
| SYSTEM.....                   | 54  | (4.25/10).....                      | 67     | colestipol hcl.....              | 36  |
| CLEVER CHEK AUTO-CODE         |     | CLINIMIX E/DEXTROSE (4.25/5).....   | 67     | colistimethate sodium (cba)..... | 11  |
| TEST.....                     | 54  | CLINIMIX E/DEXTROSE (5/15).....     | 67     | COLUMVI.....                     | 23  |
| CLEVER CHEK AUTO-CODE         |     | CLINIMIX E/DEXTROSE (5/20).....     | 67     | COLY-MYCIN M.....                | 11  |
| VOICE.....                    | 54  | CLINIMIX E/DEXTROSE (8/10).....     | 67     | COMBIGAN.....                    | 103 |
| CLEVER CHEK SYSTEM.....       | 54  | CLINIMIX E/DEXTROSE (8/14).....     | 67     | COMBIPATCH.....                  | 81  |
| CLEVER CHEK TEST.....         | 54  | CLINIMIX/DEXTROSE (4.25/10).....    | 67     | COMBIVENT RESPIMAT.....          | 107 |
| CLEVER CHOICE AUTO-CODE       |     | CLINIMIX/DEXTROSE (4.25/5).....     | 67     | COMBOGESIC.....                  | 6   |
| SYSTEM.....                   | 54  | CLINIMIX/DEXTROSE (5/15).....       | 67     | COMETRIQ.....                    | 23  |
| CLEVER CHOICE AUTO-CODE       |     | CLINIMIX/DEXTROSE (5/20).....       | 67     | COMFORT EZ PRO PEN               |     |
| TEST.....                     | 54  | CLINIMIX/DEXTROSE (6/5).....        | 67     | NEEDLES.....                     | 93  |
| CLEVER CHOICE COMFORT         |     | CLINIMIX/DEXTROSE (8/10).....       | 67     | COMFORT TOUCH TWIST              |     |
| EZ.....                       | 54  | CLINIMIX/DEXTROSE (8/14).....       | 67     | LANCET 30G.....                  | 54  |
| CLEVER CHOICE GLUCOSE         |     | CLINISOL SF.....                    | 67     | COMPACT SPACE CHAMBER.....       | 93  |
| CONTROL.....                  | 54  | CLINOLIPID.....                     | 67     | COMPACT SPACE                    |     |
| CLEVER CHOICE HOLDING         |     | CLINPRO 5000.....                   | 45     | CHAMBER/LG MASK.....             | 93  |
| CHAMBER.....                  | 93  | clobazam.....                       | 15     | COMPACT SPACE                    |     |
| CLEVER CHOICE MICRO           |     | clobetasol propionate.....          | 47     | CHAMBER/MED MASK.....            | 93  |
| SYSTEM.....                   | 54  | clobetasol propionate e.....        | 47     | COMPACT SPACE                    |     |
| CLEVER CHOICE MICRO TEST..... | 54  | CLOBEX.....                         | 47     | CHAMBER/SM MASK.....             | 93  |
| CLEVER CHOICE MINI            |     | CLOBEX SPRAY.....                   | 47     | COMPLERA.....                    | 31  |
| SYSTEM.....                   | 54  | clodan.....                         | 47     | COMPRESSOR NEBULIZER.....        | 93  |
| CLEVER CHOICE NO CODING.....  | 54  | CLODERM.....                        | 47     | COMPRO.....                      | 18  |
| CLEVER CHOICE TALK            |     | clofarabine.....                    | 23     | CONCEPTION KIT.....              | 93  |
| SYSTEM.....                   | 54  | CLOMID.....                         | 79     | CONCERTA.....                    | 42  |
| CLEVER CHOICE TENS UNIT.....  | 93  | clomiphene citrate.....             | 79     | CONDYLOX.....                    | 47  |
| CLEVER CHOICE WHIS AIR        |     | clomipramine hcl.....               | 17     | CONJUPRI.....                    | 36  |
| PED NEB.....                  | 93  | clonazepam.....                     | 33     | constulose.....                  | 73  |
| CLEVER CHOICE WHISPER         |     | clonidine hcl.....                  | 36     | CONTOUR CONTROL                  |     |
| AIRE NEB.....                 | 93  | clonidine hcl er.....               | 42     | SOLUTION.....                    | 54  |
| CLEVIPREX.....                | 36  | clopidogrel bisulfate.....          | 29     | CONTOUR NEXT CONTROL             |     |
| CLIMARA.....                  | 81  | clorazepate dipotassium.....        | 33     | SOLUTION.....                    | 54  |
| CLIMARA PRO.....              | 81  | clotrimazole.....                   | 19     | CONTOUR NEXT GEN TEST            |     |
| clindacin etz.....            | 46  | clotrimazole-betamethasone.....     | 19     | STRIPS.....                      | 54  |
| clindacin-p.....              | 46  | clozapine.....                      | 29     | CONTOUR NEXT ONE KIT.....        | 54  |
| CLINDAGEL.....                | 46  | CNJ-016.....                        | 87     | CONTOUR PLUS BLUE KIT            |     |
| clindamycin hcl.....          | 11  | COAGADEX.....                       | 33     | W/DEVICE.....                    | 54  |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                             |              |                               |         |                                    |     |
|-----------------------------|--------------|-------------------------------|---------|------------------------------------|-----|
| CONTOUR PLUS TEST STRIP...  | 54           | cupric chloride.....          | 67      | CYTOMEL.....                       | 85  |
| CONTOUR TEST STRIPS.....    | 54           | CUPRIMINE.....                | 76      | CYTOTEC.....                       | 72  |
| CONTRACE.....               | 43           | CURAFOAM AG FOAM              |         | CYTOTINE.....                      | 93  |
| CONZIP.....                 | 3            | DRESSING.....                 | 47      | dabigatran etexilate mesylate..... | 14  |
| COOL BLOOD GLUCOSE TEST     |              | CURITY AMD ANTIMICROBIAL      |         | dacarbazine.....                   | 23  |
| STRIPS.....                 | 55           | SPNGE.....                    | 93      | dactinomycin.....                  | 23  |
| COOL CONTROL A.....         | 55           | CURITY AMD ANTIMICROBIAL      |         | dalfampridine er.....              | 43  |
| COOL CONTROL B.....         | 55           | STRIP.....                    | 93      | DALVANCE.....                      | 11  |
| COOL MONITOR.....           | 55           | CURITY IODOFORM PACKING       |         | danazol.....                       | 79  |
| COOL MONITOR KIT.....       | 55           | STRIP.....                    | 93      | DANTRIUM.....                      | 109 |
| COPAXONE.....               | 43           | CURITY STERILE SALINE.....    | 67      | dantrolene sodium.....             | 109 |
| COPIKTRA.....               | 23           | CUROSURF.....                 | 105     | DANYELZA.....                      | 23  |
| CORDRAN.....                | 47           | CUTAQUIG.....                 | 87      | DANZITEN.....                      | 23  |
| COREG.....                  | 36           | CUVITRU.....                  | 87      | DAPAGLIFLOZIN PRO-                 |     |
| COREG CR.....               | 36           | CUVRIOR.....                  | 67      | METFORMIN ER.....                  | 51  |
| CORIFACT.....               | 33           | CVS ADVANCED GLUCOSE          |         | DAPAGLIFLOZIN                      |     |
| CORLANOR.....               | 36           | TEST.....                     | 55      | PROPANEDIOL.....                   | 51  |
| CORTEF.....                 | 77           | CVS BLOOD GLUCOSE METER.....  | 55      | dapsone.....                       | 22  |
| CORTENEMA.....              | 89           | CVS GLUCOSE METER TEST        |         | daptomycin.....                    | 11  |
| CORTIFOAM.....              | 89           | STRIPS.....                   | 55      | DAPTOMYCIN-SODIUM                  |     |
| CORTISONE ACETATE.....      | 77           | CVS TRUE METRIX GLUCOSE       |         | CHLORIDE.....                      | 11  |
| CORTISPORIN-TC.....         | 105          | TEST.....                     | 55      | DARAPRIM.....                      | 28  |
| CORTROPHIN.....             | 79           | cyanocobalamin.....           | 67      | darifenacin hydrobromide er.....   | 76  |
| CORTROPHIN GEL.....         | 79           | CYANOKIT.....                 | 93      | darunavir.....                     | 31  |
| CORVERT.....                | 36           | cyclobenzaprine hcl.....      | 109     | DARZALEX.....                      | 23  |
| COSELA.....                 | 23           | CYCLOGYL.....                 | 104     | DARZALEX FASPRO.....               | 23  |
| COSENTYX (300 MG DOSE)..... | 87           | CYCLOMYDRIL.....              | 104     | dasatinib.....                     | 23  |
| COSENTYX 150 MG/ML.....     | 87           | cyclopentolate hcl.....       | 104     | dasetta 1/35 (28).....             | 81  |
| COSENTYX SENSOREADY         |              | cyclophosphamide.....         | 23      | dasetta 7/7/7.....                 | 81  |
| (300 MG).....               | 87           | CYCLOPHOSPHAMIDE.....         | 23      | DATROWAY.....                      | 23  |
| COSENTYX SENSOREADY         |              | cycloserine.....              | 22      | daunorubicin hcl.....              | 23  |
| PEN.....                    | 87           | CYCLOSET.....                 | 51      | DAURISMO.....                      | 23  |
| COSENTYX UNOREADY.....      | 87           | cyclosporine.....             | 87, 104 | DAVIMET-FLUORIDE.....              | 67  |
| COSOPT.....                 | 103          | cyclosporine modified.....    | 87      | DAVIMET-M.....                     | 67  |
| COSOPT PF.....              | 103          | CYKLOKAPRON.....              | 33      | DAYAVITE.....                      | 67  |
| COTELLIC.....               | 23           | CYLTEZO (2 PEN).....          | 87      | DAYBUE.....                        | 43  |
| COTEMPLA XR-ODT.....        | 42           | CYLTEZO (2 SYRINGE).....      | 87      | DAYPRO.....                        | 6   |
| COXANTO.....                | 6            | CYLTEZO-CD/UC/HS STARTER..... | 87      | daysee.....                        | 81  |
| COZAAR.....                 | 36           | CYLTEZO-PSORIASIS/UV          |         | DAYTRANA.....                      | 42  |
| CRENESSITY.....             | 79           | STARTER.....                  | 87      | DAYVIGO.....                       | 110 |
| CREON.....                  | 75           | cyproheptadine hcl.....       | 105     | D-CARE BLOOD GLUCOSE.....          | 55  |
| CRESEMBA.....               | 19           | CYRAMZA.....                  | 23      | D-CARE GLUCOMETER.....             | 55  |
| CRESTOR.....                | 36           | cyred eq.....                 | 81      | deblitane.....                     | 81  |
| CREXONT.....                | 29           | CYSTADANE.....                | 75      | decitabine.....                    | 23  |
| CRINONE.....                | 81           | CYSTADROPS.....               | 104     | DEFENCATH.....                     | 14  |
| cromolyn sodium.....        | 73, 102, 107 | CYSTAGON.....                 | 75      | deferasirox.....                   | 67  |
| cryselle-28.....            | 81           | CYSTARAN.....                 | 104     | deferasirox granules.....          | 67  |
| CRYSVITA.....               | 75           | cytarabine.....               | 23      | deferoxamine mesylate.....         | 93  |
| CTEXLI.....                 | 73           | cytarabine (pf).....          | 23      | DEFLUX.....                        | 93  |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                                     |     |                                        |             |                                        |            |
|-------------------------------------|-----|----------------------------------------|-------------|----------------------------------------|------------|
| DEFLUX METAL NEEDLE.....            | 93  | dexamethasone sod phosphate<br>pf..... | 77          | DIASCREEN LIQUID URINE<br>CONTROL..... | 94         |
| DELESTROGEN.....                    | 81  | dexamethasone sodium<br>phosphate..... | 77, 78, 102 | DIASTIX REAGENT.....                   | 55         |
| DELSTRIGO.....                      | 31  | DEXAMETHASONE SODIUM<br>PHOSPHATE..... | 77, 78      | DIATHRIVE BLOOD GLUCOSE<br>METER.....  | 55         |
| delyla.....                         | 81  | DEXATLAN.....                          | 67          | DIATHRIVE BLOOD GLUCOSE<br>TEST.....   | 55         |
| demeclocycline hcl.....             | 11  | DEXCOM G6 RECEIVER.....                | 55          | DIATHRIVE GLUCOSE<br>CONTROL SOLN..... | 55         |
| DEMEROL.....                        | 3   | DEXCOM G6 SENSOR.....                  | 55          | DIATHRIVE GLUCOSE TEST.....            | 55         |
| DEMSEER.....                        | 36  | DEXCOM G6 TRANSMITTER.....             | 55          | DIATHRIVE LANCING DEVICE... 55         |            |
| DENTA 5000 PLUS.....                | 45  | DEXCOM G7 RECEIVER.....                | 55          | DIATHRIVE+ GLUCOSE<br>MONITOR.....     | 55         |
| DENTA 5000 PLUS SENSITIVE..         | 45  | DEXCOM G7 SENSOR.....                  | 55          | DIATHRIVE+ GLUCOSE TEST... 55          |            |
| DENTAGEL.....                       | 45  | DEXIFOL.....                           | 67          | DIATROL.....                           | 68         |
| DEPAKOTE.....                       | 15  | dexmedetomidine hcl.....               | 93          | diazepam.....                          | 15, 33     |
| DEPAKOTE ER.....                    | 15  | dexmedetomidine hcl in nacl.....       | 93          | DIAZEPAM.....                          | 33         |
| DEPAKOTE SPRINKLES.....             | 15  | DEXMEDETOMIDINE HCL IN<br>NACL.....    | 93          | diazepam intensol.....                 | 33         |
| DEPEN TITRATABS.....                | 76  | DEXMEDETOMIDINE HCL-<br>DEXTROSE.....  | 94          | diazoxide.....                         | 64         |
| DEPO-ESTRADIOL.....                 | 81  | dexmethylphenidate hcl.....            | 42          | DIBENZYLINE.....                       | 36         |
| DEPO-MEDROL.....                    | 77  | dexmethylphenidate hcl er.....         | 42          | dichlorophenamide.....                 | 103        |
| DEPO-PROVERA.....                   | 81  | DEXONTO 0.4%.....                      | 78          | DICLEGIS.....                          | 18         |
| DEPO-SUBQ PROVERA 104.....          | 82  | DEXPANTHENOL.....                      | 68          | DICLOFENAC PATCH 1.3%.....             | 6          |
| DEPO-TESTOSTERONE.....              | 79  | dexrazoxane.....                       | 23          | diclofenac potassium.....              | 6          |
| DERMACINRX DAVIMET.....             | 67  | dexrazoxane hcl.....                   | 23          | diclofenac sodium.....                 | 6, 47, 102 |
| DERMACINRX MULTITAM.....            | 67  | dextroamphetamine sulfate.....         | 42          | diclofenac sodium er.....              | 6          |
| DERMACINRX MULTIVITAMIN... 67       |     | dextroamphetamine sulfate er.....      | 42          | DICLOFONO.....                         | 6          |
| DERMACINRX PRETRATE.....            | 67  | dextrose.....                          | 68          | dicloxacillin sodium.....              | 11         |
| DERMACINRX RIBOTIN-E.....           | 67  | DEXTROSE.....                          | 68          | dicyclomine hcl.....                   | 73         |
| DERMACINRX ZINTREXYL-C.....         | 67  | DHIVY.....                             | 29          | diethylpropion hcl.....                | 43         |
| DERMA-SMOOTH/FS BODY.....           | 47  | DIABETES CARE.....                     | 55          | diethylpropion hcl er.....             | 43         |
| DERMA-SMOOTH/FS SCALP... 47         |     | DIACOMIT.....                          | 15          | DIFFERIN.....                          | 47         |
| DERMOTIC.....                       | 105 | DIASCREEN 10.....                      | 94          | DIFICID.....                           | 11         |
| DESCOVY.....                        | 31  | DIASCREEN 1B.....                      | 94          | DIFLUCAN.....                          | 19         |
| DESFERAL.....                       | 93  | DIASCREEN 1G.....                      | 94          | diflunisal.....                        | 6          |
| desipramine hcl.....                | 17  | DIASCREEN 1K.....                      | 94          | difluprednate.....                     | 102        |
| desmopressin ace spray refig.....   | 79  | DIASCREEN 2GK.....                     | 94          | DIGIFAB.....                           | 94         |
| desmopressin acetate.....           | 79  | DIASCREEN 2GP.....                     | 94          | digoxin.....                           | 36         |
| desmopressin acetate pf.....        | 79  | DIASCREEN 3.....                       | 94          | dihydroergotamine mesylate... 20, 21   |            |
| desmopressin acetate spray.....     | 79  | DIASCREEN 4NL.....                     | 94          | DILANTIN.....                          | 15         |
| desogestrel-ethinyl estradiol.....  | 82  | DIASCREEN 4OBL.....                    | 94          | DILANTIN INFATABS.....                 | 15         |
| desonide.....                       | 47  | DIASCREEN 4PH.....                     | 94          | DILANTIN-125.....                      | 15         |
| DESOWEN.....                        | 47  | DIASCREEN 5.....                       | 94          | DILAUDID.....                          | 3          |
| desoximetasone.....                 | 47  | DIASCREEN 6.....                       | 94          | diltiazem hcl.....                     | 36         |
| DESVENLAFAXINE ER.....              | 17  | DIASCREEN 7.....                       | 94          | diltiazem hcl er.....                  | 36         |
| desvenlafaxine succinate er.....    | 17  | DIASCREEN 8.....                       | 94          | diltiazem hcl er beads.....            | 36         |
| DETROL.....                         | 76  | DIASCREEN 9.....                       | 94          | diltiazem hcl er coated beads.....     | 36         |
| dexameth sod phos (pf) +rfid.....   | 77  |                                        |             | DILTIAZEM HCL-DEXTROSE.....            | 36         |
| dexamethasone.....                  | 77  |                                        |             |                                        |            |
| DEXAMETHASONE (LA).....             | 77  |                                        |             |                                        |            |
| dexamethasone intensol.....         | 77  |                                        |             |                                        |            |
| dexamethasone sod phos +rfid....    | 77  |                                        |             |                                        |            |
| DEXAMETHASONE SOD<br>PHOS-NACL..... | 77  |                                        |             |                                        |            |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx  
Atrium Health**

|                                      |         |                                      |     |                                      |    |
|--------------------------------------|---------|--------------------------------------|-----|--------------------------------------|----|
| DILTIAZEM HCL-SODIUM CHLORIDE .....  | 36      | DOXYCYCLINE HYCLATE .....            | 11  | E.E.S. 400 .....                     | 11 |
| dilt-xr .....                        | 36      | doxycycline monohydrate .....        | 11  | E.E.S. GRANULES .....                | 11 |
| diluent for treprostinil .....       | 94      | doxylamine-pyridoxine .....          | 18  | EASIVENT .....                       | 94 |
| dimenhydrinate .....                 | 18      | DRISDOL .....                        | 68  | EASY MAX BLOOD GLUCOSE TEST .....    | 55 |
| dimethyl fumarate .....              | 43      | dronabinol .....                     | 18  | EASY MAX T1 GLUCOSE SYSTEM .....     | 55 |
| dimethyl fumarate starter pack ..... | 43      | droperidol .....                     | 18  | EASY PLUS II CONTROL .....           | 55 |
| DIOVAN .....                         | 36      | DROPLET GENTEEL LANCING DEVICE ..... | 55  | EASY PLUS II GLUCOSE SYSTEM .....    | 55 |
| DIOVAN HCT .....                     | 36      | DROPLET MICRON .....                 | 94  | EASY PLUS II GLUCOSE TEST ..         | 55 |
| DIPENTUM .....                       | 89      | DROPSAFE ACTI-LANCE 23G .....        | 55  | EASY STEP CONTROL .....              | 55 |
| diphenhydramine hcl .....            | 105     | DROPSAFE ALCOHOL PREP .....          | 94  | EASY STEP GLUCOSE MONITOR .....      | 55 |
| diphenoxylate-atropine .....         | 73      | DROPSAFE SAFETY SYRINGE/NEEDLE ..... | 64  | EASY STEP TEST .....                 | 55 |
| DIPROLENE .....                      | 47      | drospiren-eth estrad-levomefol ..... | 82  | EASY TALK BLOOD GLUCOSE SYSTEM ..... | 55 |
| dipyridamole .....                   | 29      | drospirenone-ethinyl estradiol ..... | 82  | EASY TALK BLOOD GLUCOSE TEST .....   | 55 |
| disopyramide phosphate .....         | 36      | DROXIA .....                         | 23  | EASY TALK CONTROL .....              | 55 |
| disulfiram .....                     | 9       | DRYSOL .....                         | 47  | EASY TALK PLUS II CONTROL ..         | 55 |
| DIURIL .....                         | 36      | DUAKLIR PRESSAIR .....               | 107 | EASY TALK PLUS II TEST STRIPS .....  | 55 |
| divalproex sodium .....              | 15      | DUAVEE .....                         | 82  | EASY TOUCH CONTROL HIGH & LOW .....  | 55 |
| divalproex sodium er .....           | 15      | DUETACT .....                        | 51  | EASY TOUCH GLUCOSE SYSTEM .....      | 55 |
| DIVIGEL .....                        | 82      | DUEXIS .....                         | 6   | EASY TOUCH HEALTHPRO GLUCOSE .....   | 56 |
| dobutamine hcl .....                 | 36      | DULERA .....                         | 107 | EASY TOUCH HEALTHPRO HIGH/LOW .....  | 56 |
| dobutamine-dextrose .....            | 36      | duloxetine hcl .....                 | 17  | EASY TOUCH LANCING DEVICE .....      | 56 |
| docetaxel .....                      | 23      | DUOBRII .....                        | 47  | EASY TOUCH TEST .....                | 56 |
| DOCIVYX .....                        | 23      | DUO-CARE CONTROL SOLUTION .....      | 55  | EASY TRAK BLOOD GLUCOSE SYSTEM ..... | 56 |
| dofetilide .....                     | 36      | DUO-CARE TEST .....                  | 55  | EASY TRAK BLOOD GLUCOSE TEST .....   | 56 |
| DOJOLVI .....                        | 94      | DUOPA .....                          | 29  | EASY TRAK CONTROL .....              | 56 |
| dolishale .....                      | 82      | DUPIXENT .....                       | 47  | EASY TRAK II BLOOD GLUCOSE SYS ..... | 56 |
| donepezil hcl .....                  | 17      | DURAFIBER .....                      | 47  | EASY TRAK II CONTROL .....           | 56 |
| dopamine hcl .....                   | 36      | DURAMORPH .....                      | 3   | EASY TRAK II GLUCOSE TEST ..         | 56 |
| dopamine-dextrose .....              | 36      | DUROLANE .....                       | 94  | EASYGEL .....                        | 45 |
| DOPRAM .....                         | 44      | dutasteride .....                    | 77  | EASYGLUCO .....                      | 56 |
| DOPTELET .....                       | 33      | dutasteride-tamsulosin hcl .....     | 77  | EASYMAX 15 LEVEL 2 CONTROL .....     | 56 |
| DORYX MPC .....                      | 11      | DUVYZAT .....                        | 75  | EASYMAX 15 LEVEL 2-3 CONTROL .....   | 56 |
| DORZOLAMIDE HCL .....                | 103     | DYANAVEL XR .....                    | 42  |                                      |    |
| dorzolamide hcl .....                | 103     | DYMISTA .....                        | 105 |                                      |    |
| dorzolamide hcl-timolol mal .....    | 103     | DYNAFOAM AG FOAM DRESSING .....      | 47  |                                      |    |
| dorzolamide hcl-timolol mal pf ..... | 103     | DYNAGINATE AG CA ALG ROPE 30CM ..... | 47  |                                      |    |
| dotti .....                          | 82      | DYNAGINATE AG SILVER CAL 2"X2" ..... | 47  |                                      |    |
| DOVATO .....                         | 31      | DYNAGINATE AG SILVER CAL 4"X5" ..... | 48  |                                      |    |
| DOVER URETHRAL CATHETER .....        | 94      | DYNAGINATE AG SILVER CAL 4"X8" ..... | 48  |                                      |    |
| doxazosin mesylate .....             | 36      | DYRENIUM .....                       | 36  |                                      |    |
| doxepin hcl .....                    | 17, 110 | DYSFORT .....                        | 94  |                                      |    |
| doxercalciferol .....                | 90      |                                      |     |                                      |    |
| DOXIL .....                          | 23      |                                      |     |                                      |    |
| doxorubicin hcl .....                | 23      |                                      |     |                                      |    |
| doxorubicin hcl liposomal .....      | 23      |                                      |     |                                      |    |
| doxy 100 .....                       | 11      |                                      |     |                                      |    |
| doxycycline hyclate .....            | 11      |                                      |     |                                      |    |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



|                                     |    |                               |     |                                     |    |
|-------------------------------------|----|-------------------------------|-----|-------------------------------------|----|
| EASYMAX 15 TEST.....                | 56 | ELFABRIO.....                 | 75  | EMBRACE LANCING                     |    |
| EASYMAX CONTROL.....                | 56 | ELIDEL.....                   | 48  | DEVICE/EJECTOR.....                 | 56 |
| EASYMAX NG BLOOD                    |    | ELIGARD.....                  | 79  | EMBRACE PEN NEEDLES.....            | 94 |
| GLUCOSE.....                        | 56 | ELIMITE.....                  | 28  | EMBRACE PRO GLUCOSE                 |    |
| EASYMAX V BLOOD GLUCOSE.....        | 56 | elinest.....                  | 82  | CONTROL.....                        | 56 |
| EASYPOINT NEEDLE.....               | 94 | ELIQUIS.....                  | 14  | EMBRACE PRO GLUCOSE                 |    |
| EASYPRO BLOOD GLUCOSE               |    | ELIQUIS DVT/PE STARTER        |     | METER.....                          | 56 |
| MONITOR.....                        | 56 | PACK.....                     | 14  | EMBRACE PRO GLUCOSE                 |    |
| EASYPRO BLOOD GLUCOSE               |    | ELITEK.....                   | 23  | TEST.....                           | 56 |
| TEST.....                           | 56 | elixophyllin.....             | 107 | EMBRACE SEIZURE                     |    |
| EASYPRO PLUS.....                   | 56 | ELLA.....                     | 82  | MONITORING SYS.....                 | 94 |
| EBGLYSS.....                        | 48 | ELLENCE.....                  | 23  | EMBRACE TALK BLOOD                  |    |
| econazole nitrate.....              | 20 | ELMIRON.....                  | 76  | GLUCOSE.....                        | 57 |
| edaravone.....                      | 44 | ELOCTATE.....                 | 33  | EMBRACE TALK GLUCOSE                |    |
| EDARBI.....                         | 36 | ELREXFIO.....                 | 23  | CONTROL.....                        | 57 |
| EDARBYCLOR.....                     | 36 | eltrombopag olamine.....      | 33  | EMBRACE TALK GLUCOSE                |    |
| EDECIN.....                         | 36 | eluryng.....                  | 82  | TEST.....                           | 57 |
| EDETATE CALCIUM DISODIUM.....       | 94 | ELYXYB.....                   | 6   | EMBRACE TALK MONITORING             |    |
| EDETATE DISODIUM.....               | 68 | EMBECTA AUTOSHIELD DUO... ..  | 94  | SYSTEM.....                         | 57 |
| EDURANT.....                        | 31 | EMBECTA INS SYR U/F 1/2       |     | EMBRACE WAVE BLOOD                  |    |
| EDURANT PED.....                    | 31 | UNIT.....                     | 64  | GLUCOSE.....                        | 57 |
| efavirenz.....                      | 31 | EMBECTA INSULIN SYR           |     | EMBRACE WAVE GLUCOSE                |    |
| efavirenz-emtricitab-tenofo df..... | 31 | ULTRAFINE.....                | 64  | METER.....                          | 57 |
| efavirenz-lamivudine-tenofovir..... | 31 | EMBECTA INSULIN SYRINGE... .. | 64  | EMEND.....                          | 18 |
| EFFER-K.....                        | 68 | EMBECTA INSULIN SYRINGE       |     | EMEND BIPACK.....                   | 18 |
| effer-k.....                        | 68 | U-100.....                    | 64  | EMEND TRIPACK.....                  | 19 |
| EFFEXOR XR.....                     | 17 | EMBECTA INSULIN SYRINGE       |     | EMERPHED.....                       | 36 |
| EGATEN.....                         | 28 | U-500.....                    | 64  | EMFLAZA.....                        | 78 |
| EGRIFTA SV.....                     | 79 | EMBECTA PEN NEEDLE NANO.....  | 94  | EMGALITY.....                       | 21 |
| ELAPRASE.....                       | 75 | EMBECTA PEN NEEDLE NANO       |     | EMJOI TENS.....                     | 94 |
| ELELYSO.....                        | 75 | 2 GEN.....                    | 94  | EMPAVELI.....                       | 33 |
| ELEMENT AUTOCODE                    |    | EMBECTA PEN NEEDLE            |     | EMPLICITI.....                      | 23 |
| SYSTEM.....                         | 56 | ULTRAFINE.....                | 94  | EMROSI.....                         | 48 |
| ELEMENT COMPACT                     |    | EMBRACE BLOOD GLUCOSE         |     | EMSAM.....                          | 17 |
| CONTROL 2.....                      | 56 | MONITOR.....                  | 56  | emtricitabine.....                  | 31 |
| ELEMENT COMPACT                     |    | EMBRACE BLOOD GLUCOSE         |     | emtricitabine-tenofovir df.....     | 31 |
| CONTROL 3.....                      | 56 | TEST.....                     | 56  | emtricitab-rilpivir-tenofov df..... | 31 |
| ELEMENT COMPACT                     |    | EMBRACE CONTROL.....          | 56  | EMTRIVA.....                        | 31 |
| GLUCOSE SYSTEM.....                 | 56 | EMBRACE EVO BLOOD             |     | EMVERM.....                         | 28 |
| ELEMENT COMPACT TEST.....           | 56 | GLUCOSE TEST.....             | 56  | emzahn.....                         | 82 |
| ELEMENT COMPACT V                   |    | EMBRACE EVO CONTROL           |     | enalapril maleate.....              | 36 |
| GLUCOSE SYS.....                    | 56 | LEVEL 1.....                  | 56  | enalaprilat.....                    | 36 |
| ELEMENT CONTROL.....                | 56 | EMBRACE EVO GLUCOSE           |     | enalapril-hydrochlorothiazide.....  | 37 |
| ELEMENT PLUS.....                   | 56 | MONITOR.....                  | 56  | ENBRACE HR.....                     | 68 |
| ELEMENT TEST.....                   | 56 | EMBRACE EVO GLUCOSE           |     | ENBREL.....                         | 87 |
| ELEPSIA XR.....                     | 15 | MONITORING.....               | 56  | ENBREL MINI.....                    | 87 |
| ELESTRIN.....                       | 82 | EMBRACE GLUCOSE               |     | ENBREL SURECLICK.....               | 87 |
| eletriptan hydrobromide.....        | 21 | CONTROL.....                  | 56  | ENDARI.....                         | 94 |
| ELEVIDYS.....                       | 75 |                               |     | ENDO AVITENE.....                   | 94 |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                            |    |                                   |         |                                  |             |
|----------------------------|----|-----------------------------------|---------|----------------------------------|-------------|
| endocet.....               | 3  | ENFIT SYRINGE/35ML.....           | 95      | EPINEPHRINE-DEXTROSE.....        | 37          |
| ENDOMETRIN.....            | 82 | ENFIT SYRINGE/60ML.....           | 95      | EPINEPHRINE-NACL.....            | 37          |
| ENEMA BOTTLE.....          | 94 | ENFIT TIP SYRINGE/10ML.....       | 95      | EPIPEN 2-PAK.....                | 107         |
| ENFIT AMBER LOW DOSE       |    | ENFIT TIP SYRINGE/20ML.....       | 95      | EPIPEN JR 2-PAK.....             | 107         |
| SYR/0.5ML.....             | 95 | ENFIT TIP SYRINGE/35ML.....       | 95      | EPISIL.....                      | 95          |
| ENFIT AMBER LOW DOSE       |    | ENFIT TIP SYRINGE/5ML.....        | 95      | epitol.....                      | 15          |
| SYR/1ML.....               | 95 | ENFIT TIP SYRINGE/60ML.....       | 95      | EPIVIR.....                      | 31          |
| ENFIT AMBER LOW DOSE       |    | ENFIT TRANSITION                  |         | EPKINLY.....                     | 23          |
| SYR/3ML.....               | 95 | CONNECTOR.....                    | 95      | eplerenone.....                  | 37          |
| ENFIT AMBER SYRINGE/10ML.. | 95 | ENHERTU.....                      | 23      | EPOGEN.....                      | 33          |
| ENFIT AMBER SYRINGE/20ML.. | 95 | enilloring.....                   | 82      | epoprostenol sodium.....         | 109         |
| ENFIT AMBER SYRINGE/35ML.. | 95 | ENJAYMO.....                      | 33      | EPRONTIA.....                    | 15          |
| ENFIT AMBER SYRINGE/60ML.. | 95 | ENLITE GLUCOSE SENSOR.....        | 57      | EPSOLAY.....                     | 48          |
| ENFIT AMBER TIP            |    | enoxaparin sodium.....            | 14      | eptifibatide.....                | 29          |
| SYRINGE/5ML.....           | 95 | enpresse-28.....                  | 82      | EQ BLOOD GLUCOSE TEST.....       | 57          |
| ENFIT CAP.....             | 95 | enskyce.....                      | 82      | EQUETRO.....                     | 33          |
| ENFIT IRRIGATION KIT.....  | 95 | ENSPRYNG.....                     | 87      | ERAXIS.....                      | 20          |
| ENFIT IRRIGATION           |    | ENSTILAR.....                     | 48      | ERBITUX.....                     | 23          |
| SYR/THUMB CNT.....         | 95 | entacapone.....                   | 29      | ergocalciferol.....              | 68          |
| ENFIT LOW DOSE TIP         |    | entecavir.....                    | 31      | ERGOMAR.....                     | 21          |
| SYRINGE.....               | 95 | ENTERAL DELIVERY GRAVITY          |         | ergotamine-caffeine.....         | 21          |
| ENFIT LOW DOSE TIP         |    | BAG.....                          | 95      | eribulin mesylate.....           | 23          |
| SYRINGE/1ML.....           | 95 | ENTRESTO.....                     | 37      | ERIVEDGE.....                    | 23          |
| ENFIT LOW DOSE TIP         |    | ENTRISTAR PEG ENTERAL             |         | ERLEADA.....                     | 23          |
| SYRINGE/3ML.....           | 95 | CONNECT.....                      | 95      | erlotinib hcl.....               | 23          |
| ENFIT MED BOTTLE           |    | ENTYVIO.....                      | 87      | ERMEZA.....                      | 85          |
| ADAPTER/SZ 1.....          | 95 | ENTYVIO PEN.....                  | 87      | errin.....                       | 82          |
| ENFIT MED BOTTLE           |    | enulose.....                      | 73      | ertapenem sodium.....            | 11          |
| ADAPTER/SZ 2.....          | 95 | ENVARUSUS XR.....                 | 87      | ery pad 2%.....                  | 48          |
| ENFIT MED BOTTLE           |    | EOHILIA.....                      | 89      | ERYGEL.....                      | 48          |
| ADAPTER/SZ 3.....          | 95 | EPCLUSA.....                      | 31      | ERYPED 400.....                  | 11          |
| ENFIT MED BOTTLE           |    | EPHEDRINE SULFATE                 |         | ERYTHROCIN LACTOBIONATE.....     | 11          |
| ADAPTER/SZ 4.....          | 95 | (PRESSORS).....                   | 37      | erythromycin.....                | 11, 48, 102 |
| ENFIT MED BOTTLE           |    | ephedrine sulfate (pressors)..... | 37      | erythromycin base.....           | 11          |
| ADAPTER/SZ 5.....          | 95 | EPHEDRINE SULFATE-NACL.....       | 37      | erythromycin ethylsuccinate..... | 11          |
| ENFIT MED BOTTLE           |    | EPIDIOLEX.....                    | 15      | erythromycin lactobionate.....   | 11          |
| ADAPTER/SZ 6.....          | 95 | EPIDUO.....                       | 48      | ERZOFRI.....                     | 29          |
| ENFIT MED BOTTLE           |    | EPIDUO FORTE.....                 | 48      | ESBRIET.....                     | 107         |
| ADAPTER/SZ 7.....          | 95 | EPIFOAM.....                      | 48      | escitalopram oxalate.....        | 17          |
| ENFIT MEDICINE             |    | epinastine hcl.....               | 102     | eslicarbazepine acetate.....     | 15          |
| STRAW/2"/5CM.....          | 95 | epinephrine.....                  | 37, 107 | esmolol hcl.....                 | 37          |
| ENFIT MEDICINE             |    | EPINEPHRINE.....                  | 37, 107 | ESMOLOL HCL.....                 | 37          |
| STRAW/4"/10CM.....         | 95 | epinephrine (anaphylaxis).....    | 107     | esmolol hcl-sodium chloride..... | 38          |
| ENFIT MEDICINE             |    | EPINEPHRINE BITARTRATE-           |         | esomeprazole magnesium.....      | 72          |
| STRAW/6"/15CM.....         | 95 | NACL.....                         | 37      | esomeprazole sodium.....         | 72          |
| ENFIT POP ON CAP.....      | 95 | EPINEPHRINE HCL-                  |         | ESPEROCT.....                    | 33          |
| ENFIT SCREW ON CAP.....    | 95 | DEXTROSE.....                     | 37      | estarylla.....                   | 82          |
| ENFIT SYRINGE/10ML.....    | 95 | EPINEPHRINE HCL-NACL.....         | 37      | estazolam.....                   | 33          |
| ENFIT SYRINGE/20ML.....    | 95 | epinephrine pf.....               | 37      | ESTRACE.....                     | 82          |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



|                                     |        |                                |     |                                     |     |
|-------------------------------------|--------|--------------------------------|-----|-------------------------------------|-----|
| estradiol.....                      | 82     | EXPAREL.....                   | 7   | FETROJA.....                        | 11  |
| estradiol valerate.....             | 82     | EXTENCILLINE.....              | 11  | FETZIMA.....                        | 17  |
| estradiol-norethindrone acet.....   | 82     | EYLEA.....                     | 104 | FETZIMA TITRATION.....              | 17  |
| ESTRING.....                        | 82     | EYLEA HD.....                  | 104 | FIASP.....                          | 64  |
| ESTROGEL.....                       | 82     | EYSUVIS.....                   | 102 | FIASP FLEXTOUCH.....                | 64  |
| eszopiclone.....                    | 110    | ezetimibe.....                 | 38  | FIASP PENFILL.....                  | 64  |
| ethacrynate sodium.....             | 38     | ezetimibe-simvastatin.....     | 38  | FIASP PUMPCART.....                 | 64  |
| ethacrynic acid.....                | 38     | FABHALTA.....                  | 33  | FIBRYGA.....                        | 34  |
| ethambutol hcl.....                 | 22     | FABIOR.....                    | 48  | FIFTY50 GLUCOSE METER 2.0.....      | 57  |
| ETHAMOLIN.....                      | 38     | FABRAZYME.....                 | 75  | FIFTY50 GLUCOSE TEST 2.0.....       | 57  |
| ethosuximide.....                   | 15     | FACE MASK EARLOOP-STYLE.....   | 95  | FILSPARI.....                       | 76  |
| ethyl chloride.....                 | 7      | FACE MASK RESP N-100 PART..... | 95  | FILSUVEZ.....                       | 48  |
| ethynodiol diac-eth estradiol.....  | 82     | FACE MASK RESPIRATOR R-.....   |     | FINACEA.....                        | 48  |
| etodolac.....                       | 6      | 95 PART.....                   | 96  | finasteride.....                    | 77  |
| etodolac er.....                    | 6      | falmina.....                   | 82  | FINAZOL.....                        | 68  |
| etonogestrel-ethinyl estradiol..... | 82     | famciclovir.....               | 31  | finlimod hcl.....                   | 43  |
| ETOPOPHOS.....                      | 24     | famotidine.....                | 72  | FINTEPLA.....                       | 15  |
| etoposide.....                      | 24     | famotidine (pf).....           | 72  | finzala.....                        | 82  |
| etravirine.....                     | 31     | famotidine premixed.....       | 72  | FIORICET.....                       | 3   |
| EUA PATIENT ASSESSMENT.....         | 95     | FANAPT.....                    | 29  | FIORICET/CODEINE.....               | 3   |
| EUCRISA.....                        | 48     | FANAPT TITRATION PACK A.....   | 29  | FIRAZYR.....                        | 87  |
| EUFLEXXA.....                       | 95     | FANAPT TITRATION PACK B.....   | 29  | FIRDAPSE.....                       | 96  |
| EULEXIN.....                        | 24     | FANAPT TITRATION PACK C.....   | 29  | FIRMAGON.....                       | 79  |
| euthyrox.....                       | 85     | FARXIGA.....                   | 51  | FIRMAGON (240 MG DOSE).....         | 79  |
| EVAMIST.....                        | 82     | FASENRA.....                   | 107 | FIRST-LANSOPRAZOLE.....             | 72  |
| EVEKEO.....                         | 42     | FASENRA PEN.....               | 107 | FIRST-OMEPRAZOLE.....               | 72  |
| EVENITY.....                        | 90     | FASLODEX.....                  | 24  | FIRVANQ.....                        | 11  |
| everolimus.....                     | 24, 87 | febuxostat.....                | 20  | FLAREX.....                         | 102 |
| EVERSENSE 365                       |        | FEIBA.....                     | 33  | flavoxate hcl.....                  | 76  |
| SENSOR/HOLDER.....                  | 57     | feirza 1.5/30.....             | 82  | FLEBOGAMMA DIF.....                 | 87  |
| EVERSENSE 365 SMART                 |        | feirza 1/20.....               | 82  | flecainide acetate.....             | 38  |
| TRANSMIT.....                       | 57     | felbamate.....                 | 15  | FLECTOR.....                        | 6   |
| EVERSENSE                           |        | felodipine er.....             | 38  | FLEQSUVY.....                       | 109 |
| SENSOR/HOLDER.....                  | 57     | FEMLYV.....                    | 82  | FLEXICHAMBER.....                   | 96  |
| EVERSENSE SMART                     |        | FEMRING.....                   | 82  | FLEXICHAMBER ADULT                  |     |
| TRANSMITTER.....                    | 57     | fenofibrate.....               | 38  | MASK/SMALL.....                     | 96  |
| EVKEEZA.....                        | 38     | fenofibrate micronized.....    | 38  | FLEXICHAMBER CHILD                  |     |
| EVOLUTION AUTOCODE.....             | 57     | fenofibric acid.....           | 38  | MASK/LARGE.....                     | 96  |
| EVOLUTION CONTROL.....              | 57     | FENOPRON.....                  | 6   | FLEXICHAMBER CHILD                  |     |
| EVOMELA.....                        | 24     | FENSOLVI (6 MONTH).....        | 79  | MASK/SMALL.....                     | 96  |
| EVOTAZ.....                         | 31     | fentanyl.....                  | 3   | FLOLAN.....                         | 109 |
| EVRYSDI.....                        | 75     | FENTANYL CITRATE.....          | 3   | FLORRAVITE.....                     | 68  |
| EXCILON AMD DRAIN                   |        | fentanyl citrate.....          | 3   | FLORRAXYL.....                      | 68  |
| SPONGES.....                        | 95     | FENTANYL CITRATE-NACL.....     | 3   | FLOTREX.....                        | 68  |
| exemestane.....                     | 24     | FEONYX.....                    | 68  | floxuridine.....                    | 24  |
| EXFORGE.....                        | 38     | FERIVA 21/7.....               | 68  | fluconazole.....                    | 20  |
| EXFORGE HCT.....                    | 38     | FERRIPROX.....                 | 68  | fluconazole in sodium chloride..... | 20  |
| EXODERM.....                        | 20     | FERRLECIT.....                 | 68  | flucytosine.....                    | 20  |
| EXONDYS 51.....                     | 75     | ferumoxytol.....               | 68  | fludarabine phosphate.....          | 24  |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                                    |         |                               |    |                                 |     |
|------------------------------------|---------|-------------------------------|----|---------------------------------|-----|
| fludrocortisone acetate .....      | 78      | FOLIKA-BC .....               | 68 | FORACARE PREMIUM V10            |     |
| flumazenil .....                   | 96      | FOLITIN-Z .....               | 68 | TEST .....                      | 57  |
| flunisolide .....                  | 105     | FOLLISTIM AQ .....            | 79 | FORACARE TEST N GO              |     |
| fluocinolone acetonide .....       | 48, 105 | FOLOTYN .....                 | 24 | MONITOR .....                   | 58  |
| fluocinolone acetonide body .....  | 48      | FOLTREXYL .....               | 68 | FORACARE TEST N GO TEST ..      | 58  |
| fluocinolone acetonide scalp ..... | 48      | FOLVITA COMPLEX .....         | 68 | FORFIVO XL .....                | 17  |
| fluocinonide .....                 | 48      | fomepizole .....              | 96 | formaldehyde .....              | 96  |
| fluocinonide emulsified base ..... | 48      | fondaparinux sodium .....     | 14 | formoterol fumarate .....       | 107 |
| FLUORIDEX .....                    | 45      | FORA 6 CONNECT .....          | 57 | FORTEO .....                    | 90  |
| FLUORIDEX DAILY RENEWAL ..         | 45      | FORA 6 CONNECT/GTEL TEST ..   | 57 | fosamprenavir calcium .....     | 31  |
| FLUORIDEX ENHANCED                 |         | FORA CONTROL .....            | 57 | fosaprepitant dimeglumine ..... | 19  |
| WHITENING .....                    | 45      | FORA D40/G31 BLOOD            |    | foscarnet sodium .....          | 31  |
| FLUORIMAX 5000 .....               | 45      | GLUCOSE .....                 | 57 | FOSCAVIR .....                  | 31  |
| FLUORIMAX 5000 SENSITIVE ..        | 45      | FORA D40G                     |    | fosfomycin tromethamine .....   | 11  |
| fluorometholone .....              | 102     | GLUCOSE/PRESSURE .....        | 96 | fosinopril sodium .....         | 38  |
| fluorouracil .....                 | 24, 48  | FORA G20 BLOOD GLUCOSE        |    | fosinopril sodium-hctz .....    | 38  |
| fluoxetine hcl .....               | 17      | SYSTEM .....                  | 57 | fosphenytoin sodium .....       | 15  |
| fluphenazine decanoate .....       | 30      | FORA G20 BLOOD GLUCOSE        |    | FOSRENOL .....                  | 76  |
| fluphenazine hcl .....             | 30      | TEST .....                    | 57 | FOTIVDA .....                   | 24  |
| flurazepam hcl .....               | 110     | FORA G30A BLOOD GLUCOSE       |    | FRAGMIN .....                   | 14  |
| flurbiprofen .....                 | 6       | SYSTEM .....                  | 57 | FRAICHE 5000 DENTAL .....       | 45  |
| flurbiprofen sodium .....          | 102     | FORA GD20 BLOOD GLUCOSE       |    | FREESTYLE CONTROL               |     |
| FLUTICASONE FUROATE-               |         | SYSTEM .....                  | 57 | SOLUTION .....                  | 58  |
| VILANTEROL .....                   | 107     | FORA GD20 TEST .....          | 57 | FREESTYLE FREEDOM LITE .....    | 58  |
| fluticasone propionate .....       | 48, 105 | FORA GD50 BLOOD GLUCOSE       |    | FREESTYLE INSULINX TEST .....   | 58  |
| FLUTICASONE PROPIONATE             |         | SYSTEM .....                  | 57 | FREESTYLE LIBRE 14 DAY          |     |
| DISKUS .....                       | 107     | FORA GD50 BLOOD GLUCOSE       |    | READER .....                    | 58  |
| FLUTICASONE PROPIONATE             |         | TEST .....                    | 57 | FREESTYLE LIBRE 14 DAY          |     |
| HFA .....                          | 107     | FORA GTEL BLOOD GLUCOSE       |    | SENSOR .....                    | 58  |
| FLUTICASONE-SALMETEROL ..          | 107     | SYSTEM .....                  | 57 | FREESTYLE LIBRE 2 PLUS          |     |
| fluticasone-salmeterol .....       | 107     | FORA GTEL BLOOD GLUCOSE       |    | SENSOR .....                    | 58  |
| fluvoxamine maleate .....          | 17      | TEST .....                    | 57 | FREESTYLE LIBRE 2 READER ..     | 58  |
| fluvoxamine maleate er .....       | 17      | FORA PREMIUM V10 BLE          |    | FREESTYLE LIBRE 2 SENSOR ..     | 58  |
| FLYP NEBULIZER .....               | 96      | SYSTEM .....                  | 57 | FREESTYLE LIBRE 3 PLUS          |     |
| FML FORTE .....                    | 102     | FORA TEST N' GO MONITOR ..... | 57 | SENSOR .....                    | 58  |
| FML LIQUIFILM .....                | 102     | FORA TN'G ADVANCE PRO .....   | 57 | FREESTYLE LIBRE 3 READER ..     | 58  |
| FOCALIN .....                      | 42      | FORA TN'G VOICE .....         | 57 | FREESTYLE LIBRE 3 SENSOR ..     | 58  |
| FOCALIN XR .....                   | 42      | FORA TN'G/TN'G VOICE .....    | 57 | FREESTYLE LIBRE READER .....    | 58  |
| FOCINVEZ .....                     | 19      | FORA V10 BLOOD GLUCOSE        |    | FREESTYLE LITE .....            | 58  |
| FOLAGENT DHA .....                 | 68      | TEST .....                    | 57 | FREESTYLE LITE TEST .....       | 58  |
| FOLAMAX .....                      | 68      | FORA V12 BLOOD GLUCOSE        |    | FREESTYLE PRECISION NEO         |     |
| FOLAMED DHA .....                  | 68      | SYSTEM .....                  | 57 | SYSTEM .....                    | 58  |
| FOLAPRIME .....                    | 68      | FORA V30A BLOOD GLUCOSE       |    | FREESTYLE PRECISION NEO         |     |
| FOLAWISE .....                     | 68      | TEST .....                    | 57 | TEST .....                      | 58  |
| FOLCYTEINE .....                   | 68      | FORACARE GD40 MONITOR .....   | 57 | FREESTYLE TEST .....            | 58  |
| FOLETRA .....                      | 68      | FORACARE GD40 TEST .....      | 57 | FRINDOVYX .....                 | 24  |
| folic acid .....                   | 68      | FORACARE GDH CONTROL .....    | 57 | FRUZAQLA .....                  | 24  |
| FOLICORE B COMPLEX .....           | 68      | FORACARE PREMIUM V10 .....    | 57 | ft naloxone hcl .....           | 9   |
| FOLIFLEX .....                     | 68      |                               |    | FULPHILA .....                  | 34  |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                                  |     |                                 |         |                            |    |
|----------------------------------|-----|---------------------------------|---------|----------------------------|----|
| fulvestrant.....                 | 24  | GEBAUERS SPRAY AND              |         | GLUCAGON EMERGENCY KIT..   | 64 |
| FUROSCIX.....                    | 38  | STRETCH.....                    | 7       | GLUCO PERFECT 3 METER..... | 58 |
| furosemide.....                  | 38  | gefitinib.....                  | 24      | GLUCO PERFECT 3 TEST.....  | 58 |
| FUROSEMIDE.....                  | 38  | GELFILM.....                    | 96      | GLUCOCARD 01 BLOOD         |    |
| FUROSEMIDE IN SODIUM             |     | GEL-FLOW NT.....                | 96      | GLUCOSE.....               | 58 |
| CHLORIDE.....                    | 38  | GELFOAM.....                    | 96      | GLUCOCARD 01 CONTROL.....  | 58 |
| FUZEON.....                      | 31  | GELFOAM COMPRESSED SIZE         |         | GLUCOCARD 01 SENSOR        |    |
| FYARRO.....                      | 24  | 100.....                        | 96      | PLUS.....                  | 58 |
| fyavolv.....                     | 82  | GELFOAM DENTAL PACK SIZE        |         | GLUCOCARD 01 TEST.....     | 58 |
| FYCOMPA.....                     | 15  | 4.....                          | 96      | GLUCOCARD 01-MINI          |    |
| FYLNETRA.....                    | 34  | GELFOAM SPONGE.....             | 96      | GLUCOSE.....               | 58 |
| FYREMADEL.....                   | 79  | GELFOAM SPONGE SIZE 100....     | 96      | GLUCOCARD EXPRESSION       |    |
| gabapentin.....                  | 15  | GELFOAM SPONGE SIZE 200....     | 96      | CONTROL.....               | 58 |
| gabapentin (once-daily).....     | 44  | GELFOAM SPONGE SIZE 50.....     | 96      | GLUCOCARD EXPRESSION       |    |
| GABARONE.....                    | 15  | GEL-ONE.....                    | 96      | MONITOR.....               | 58 |
| GALAFOLD.....                    | 75  | GELSYN-3.....                   | 96      | GLUCOCARD EXPRESSION       |    |
| galantamine hydrobromide.....    | 17  | gemcitabine hcl.....            | 24      | TEST.....                  | 58 |
| galantamine hydrobromide er..... | 17  | gemfibrozil.....                | 38      | GLUCOCARD SHINE.....       | 58 |
| galbriela.....                   | 82  | gemmily.....                    | 82      | GLUCOCARD SHINE CONNEX..   | 58 |
| gallifrey.....                   | 82  | GEMTESA.....                    | 76      | GLUCOCARD SHINE            |    |
| GALZIN.....                      | 68  | generlac.....                   | 73      | CONTROL.....               | 58 |
| GAMASTAN.....                    | 87  | gengraf.....                    | 87      | GLUCOCARD SHINE EXPRESS..  | 58 |
| GAMIFANT.....                    | 87  | GENOTROPIN.....                 | 79      | GLUCOCARD SHINE TEST.....  | 58 |
| GAMMACORE.....                   | 96  | GENOTROPIN MINISQUICK.....      | 79      | GLUCOCARD SHINE XL.....    | 58 |
| GAMMACORE SAPPHIRE 31-           |     | gentamicin in saline.....       | 11      | GLUCOCARD VITAL MONITOR..  | 59 |
| DAY.....                         | 96  | gentamicin sulfate.....         | 11, 102 | GLUCOCARD VITAL TEST.....  | 59 |
| GAMMACORE SAPPHIRE D.....        | 96  | GENTEEL LANCING KIT (BLUE)..... | 58      | GLUCOCARD X-METER.....     | 59 |
| GAMMACORE SAPPHIRE               |     | GENULTIMATE TEST.....           | 58      | GLUCOCARD X-SENSOR.....    | 59 |
| REFILL KIT.....                  | 96  | GENVISC 850.....                | 96      | GLUCOCARD X-SENSOR         |    |
| GAMMAGARD.....                   | 87  | GENVOYA.....                    | 31      | CONTROL.....               | 59 |
| GAMMAGARD S/D LESS IGA.....      | 87  | GEODON.....                     | 30      | GLUCOCOM BLOOD GLUCOSE     |    |
| GAMMAKED.....                    | 87  | GHT BLOOD GLUCOSE               |         | MONITOR.....               | 59 |
| GAMMAPLEX.....                   | 87  | MONITOR.....                    | 58      | GLUCOCOM CONTROL.....      | 59 |
| GAMUNEX-C.....                   | 87  | GHT TEST.....                   | 58      | GLUCOCOM MONITOR.....      | 59 |
| ganciclovir sodium.....          | 31  | GILENYA.....                    | 43      | GLUCOCOM TEST.....         | 59 |
| ganirelix acetate.....           | 79  | GILOTRIF.....                   | 24      | GLUCONAVII BLOOD           |    |
| gatifloxacin.....                | 102 | GIMOTI.....                     | 19      | GLUCOSE SYS.....           | 59 |
| GATTEX.....                      | 73  | GLASSIA.....                    | 107     | GLUCONAVII BLOOD           |    |
| gavilyte-c.....                  | 73  | glatiramer acetate.....         | 43      | GLUCOSE TEST.....          | 59 |
| gavilyte-g.....                  | 73  | glatopa.....                    | 43      | glucose (dextrose).....    | 68 |
| gavilyte-n with flavor pack..... | 73  | GLEEVEC.....                    | 24      | GLUCOSE CONTROL            |    |
| GAVRETO.....                     | 24  | GLEOSTINE.....                  | 24      | SOLUTIONS.....             | 56 |
| GAZYVA.....                      | 24  | glimepiride.....                | 51      | GLUCOSE METER TEST.....    | 59 |
| GE100 BLOOD GLUCOSE              |     | glipizide er.....               | 51      | GLUCOTROL XL.....          | 51 |
| SYSTEM.....                      | 58  | glipizide ir.....               | 51      | glutaraldehyde.....        | 96 |
| GE100 BLOOD GLUCOSE              |     | glipizide-metformin hcl.....    | 51      | GLUTATHIONE.....           | 68 |
| TEST.....                        | 58  | GLOPERBA.....                   | 20      | glyburide.....             | 51 |
| GE100 CONTROL.....               | 58  | GLP-DLAX.....                   | 68      | glyburide micronized.....  | 51 |
| GEBAUERS PAIN EASE.....          | 7   | glucagon emergency kit.....     | 64      | glyburide-metformin.....   | 51 |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                                  |     |                                     |    |                                |     |
|----------------------------------|-----|-------------------------------------|----|--------------------------------|-----|
| GLYCINE.....                     | 68  | guanfacine hcl er.....              | 42 | HETLIOZ.....                   | 110 |
| glycine.....                     | 76  | GUARDIAN 4 GLUCOSE                  |    | HETLIOZ LQ.....                | 110 |
| glycine urologic.....            | 76  | SENSOR.....                         | 59 | HEXATRIONE.....                | 78  |
| GLYCOPHOS.....                   | 68  | GUARDIAN 4 TRANSMITTER.....         | 59 | HEXTEND.....                   | 34  |
| glycopyrrolate.....              | 74  | GUARDIAN LINK 3                     |    | HIPREX.....                    | 11  |
| GLYCOPYRROLATE.....              | 74  | TRANSMITTER.....                    | 59 | HIZENTRA.....                  | 87  |
| glycopyrrolate pf.....           | 74  | GUARDIAN SENSOR 3.....              | 59 | HM EMBRACE TALK SYSTEM.....    | 59  |
| GLYCOPYRROLATE PF.....           | 74  | GVOKE HYPOPEN 1-PACK.....           | 64 | HOMATROPAIRE.....              | 104 |
| glycopyrrolate pf +rfid.....     | 74  | GVOKE HYPOPEN 2-PACK.....           | 64 | HORIZANT.....                  | 44  |
| glydo.....                       | 7   | GVOKE KIT.....                      | 64 | HULIO (2 PEN).....             | 87  |
| GLYRX-PF.....                    | 74  | GVOKE PFS.....                      | 64 | HULIO (2 SYRINGE).....         | 87  |
| GLYXAMBI.....                    | 51  | GYNAZOLE-1.....                     | 20 | HUMALOG.....                   | 64  |
| GNP EASY TOUCH CONT              |     | HADLIMA.....                        | 87 | HUMALOG KWIKPEN.....           | 64  |
| HIGH/LOW.....                    | 59  | HADLIMA PUSH TOUCH.....             | 87 | HUMALOG MIX 50/50 KWIKPEN..... | 64  |
| GNP EASY TOUCH GLUCOSE           |     | hailey 1.5/30.....                  | 82 | HUMALOG MIX 75/25 KWIKPEN..... | 64  |
| METER.....                       | 59  | hailey 24 fe.....                   | 82 | HUMALOG MIX 75/25 VIAL.....    | 64  |
| GNP EASY TOUCH GLUCOSE           |     | hailey fe 1.5/30.....               | 82 | HUMALOG TEMPO PEN.....         | 64  |
| TEST.....                        | 59  | hailey fe 1/20.....                 | 82 | HUMALOG U-100 JUNIOR           |     |
| GNP TRUE METRIX AIR              |     | HALAVEN.....                        | 24 | KWIKPEN.....                   | 64  |
| METER.....                       | 59  | HALCION.....                        | 33 | HUMATE-P.....                  | 34  |
| GNP TRUE METRIX GLUCOSE          |     | HALDOL DECANOATE.....               | 30 | HUMATIN.....                   | 11  |
| METER.....                       | 59  | halobetasol propionate.....         | 48 | HUMATROPE.....                 | 79  |
| GNP TRUE METRIX GLUCOSE          |     | haloette.....                       | 82 | HUMIRA (1 PEN).....            | 87  |
| STRIPS.....                      | 59  | HALOG.....                          | 48 | HUMIRA (2 PEN).....            | 87  |
| GNP TRUETRACK SMART              |     | haloperidol.....                    | 30 | HUMIRA (2 SYRINGE).....        | 87  |
| SYSTEM.....                      | 59  | haloperidol decanoate.....          | 30 | HUMIRA-CD/UC/HS STARTER... 87  |     |
| GNP TRUETRACK TEST               |     | haloperidol lactate.....            | 30 | HUMIRA-PSORIASIS/UEVIT         |     |
| STRIPS.....                      | 59  | HARVONI.....                        | 31 | STARTER.....                   | 87  |
| GOCOVRI.....                     | 29  | HEALTHPRO BLOOD                     |    | HUMULIN 70/30 KWIKPEN.....     | 64  |
| GOHIBIC.....                     | 96  | GLUCOSE MONITO.....                 | 59 | HUMULIN 70/30 VIAL.....        | 64  |
| GOJJI BLOOD GLUCOSE TEST.....    | 59  | heather.....                        | 82 | HUMULIN N KWIKPEN.....         | 64  |
| GOJJI CONTROL.....               | 59  | HELIDAC THERAPY.....                | 74 | HUMULIN N VIAL.....            | 64  |
| GOJJI LANCING                    |     | HEMADY.....                         | 78 | HUMULIN R U-500 KWIKPEN.....   | 65  |
| DEVICE/CLEAR CAP.....            | 59  | HEMANGEOL.....                      | 38 | HUMULIN R U-500 VIAL.....      | 65  |
| GOLYTELY.....                    | 74  | hematinic/folic acid.....           | 68 | HUMULIN R VIAL.....            | 65  |
| GONAL-F.....                     | 79  | HEMLIBRA.....                       | 34 | HW EMBRACE PRO GLUCOSE         |     |
| GONAL-F RFF.....                 | 79  | HEMOFIL M.....                      | 34 | METER.....                     | 59  |
| GONAL-F RFF REDIRECT.....        | 79  | heparin (porcine) in nacl.....      | 14 | HW EMBRACE PRO GLUCOSE         |     |
| GOODSENSE ALCOHOL                |     | HEPARIN (PORCINE) IN NAACL... 14    |    | TEST.....                      | 59  |
| SWABS.....                       | 96  | heparin na (pork) lock flsh pf..... | 14 | HW EMBRACE TALK BLOOD          |     |
| GORDOFILM.....                   | 48  | heparin sod (porcine) in d5w.....   | 14 | GLUCOSE.....                   | 59  |
| GRALISE.....                     | 44  | heparin sod (pork) lock flush.....  | 14 | HW EMBRACE TALK GLUCOSE        |     |
| granisetron hcl.....             | 19  | heparin sodium (porcine).....       | 14 | TEST.....                      | 59  |
| GRANIX.....                      | 34  | heparin sodium (porcine) pf.....    | 14 | HYALGAN.....                   | 96  |
| GRASTEK.....                     | 96  | HERCEPTIN.....                      | 24 | HYCANTIN.....                  | 24  |
| griseofulvin microsize.....      | 20  | HERCEPTIN HYLECTA.....              | 24 | HYCODAN.....                   | 105 |
| griseofulvin ultramicrosize..... | 20  | HERCESSI.....                       | 24 | hydralazine hcl.....           | 38  |
| guaifenesin-codeine.....         | 105 | HERZUMA.....                        | 24 | HYDREA.....                    | 24  |
| guanfacine hcl.....              | 38  | hetastarch-nacl.....                | 34 | hydrochlorothiazide.....       | 38  |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



|                                     |            |                               |     |                           |     |
|-------------------------------------|------------|-------------------------------|-----|---------------------------|-----|
| hydrocod poli-chlorphe poli er..... | 105        | HYSINGLA ER.....              | 4   | IMPOYZ.....               | 48  |
| hydrocodone bitartrate er.....      | 3          | HYZAAR.....                   | 38  | IMULDOSA.....             | 88  |
| hydrocodone bit-homatrop mbr...     | 105        | ibandronate sodium.....       | 90  | IMURAN.....               | 88  |
| hydrocodone-acetaminophen.....      | 3          | IBRANCE.....                  | 24  | IMVEXXY MAINTENANCE       |     |
| hydrocodone-ibuprofen.....          | 3          | IBSRELA.....                  | 74  | PACK.....                 | 82  |
| hydrocortisone.....                 | 48, 78, 90 | ibuprofen.....                | 6   | IMVEXXY STARTER PACK..... | 82  |
| HYDROCORTISONE.....                 | 48         | ibuprofen lysine.....         | 6   | IN TOUCH.....             | 59  |
| hydrocortisone (perianal).....      | 89         | ibuprofen-famotidine.....     | 6   | IN TOUCH BLOOD GLUCOSE    |     |
| hydrocortisone ace-pramoxine.....   | 89         | ibutilide fumarate.....       | 38  | TEST.....                 | 59  |
| hydrocortisone butyrate.....        | 48         | icatibant acetate.....        | 88  | IN TOUCH GLUCOSE          |     |
| hydrocortisone sod suc (pf).....    | 78         | iclevia.....                  | 82  | CONTROL.....              | 59  |
| hydrocortisone valerate.....        | 48         | ICLUSIG.....                  | 24  | INBRIJA.....              | 29  |
| hydrocortisone-acetic acid.....     | 105        | icosapent ethyl.....          | 38  | incassia.....             | 82  |
| hydrogen peroxide.....              | 11         | IDAMYCIN PFS.....             | 24  | INCONTROL ULTICARE PEN    |     |
| hydromet.....                       | 105        | idarubicin hcl.....           | 24  | NEEDLES.....              | 96  |
| hydromorphone hcl.....              | 4          | IDELVION.....                 | 34  | INCRELEX.....             | 79  |
| HYDROMORPHONE HCL.....              | 4          | IDHIFA.....                   | 24  | INCRUSE ELLIPTA.....      | 107 |
| hydromorphone hcl er.....           | 3          | IFEX.....                     | 24  | indapamide.....           | 38  |
| hydromorphone hcl pf.....           | 4          | ifosfamide.....               | 24  | INDERAL LA.....           | 38  |
| HYDROMORPHONE HCL-NACL.....         | 4          | IGALMI.....                   | 96  | INDERAL XL.....           | 38  |
| hydroxocobalamin acetate.....       | 68         | IGLUCOSE MONITORING           |     | indomethacin.....         | 6   |
| hydroxychloroquine sulfate.....     | 28         | SYSTEM.....                   | 59  | indomethacin er.....      | 6   |
| hydroxyurea.....                    | 24         | IGLUCOSE TEST STRIPS.....     | 59  | indomethacin sodium.....  | 6   |
| hydroxyzine hcl.....                | 33         | IHEALTH BLOOD GLUCOSE         |     | INFASURF.....             | 106 |
| hydroxyzine pamoate.....            | 33         | TEST STR.....                 | 59  | INFED.....                | 68  |
| HYFTOR.....                         | 48         | IHEALTH CONTROL SOLUTION..... | 59  | INFINITY BLOOD GLUCOSE    |     |
| HYLAVITE.....                       | 68         | IHEALTH GLUCO+ KIT 10.....    | 59  | SYSTEM.....               | 60  |
| HYLAZINC.....                       | 68         | IHEALTH GLUCO+ KIT 100.....   | 59  | INFINITY BLOOD GLUCOSE    |     |
| HYLENEX.....                        | 96         | IHEALTH LANCING DEVICE.....   | 59  | TEST.....                 | 60  |
| HYMOVIS.....                        | 96         | ILARIS.....                   | 88  | INFINITY CONTROL.....     | 60  |
| HYMPAVZI.....                       | 34         | ILEVRO.....                   | 102 | INFINITY VOICE.....       | 60  |
| hyoscyamine sulfate.....            | 74         | ILUMYA.....                   | 88  | INFLECTRA.....            | 88  |
| hyoscyamine sulfate er.....         | 74         | imatinib mesylate.....        | 24  | INFLIXIMAB.....           | 88  |
| hyosyne.....                        | 74         | IMBRUVICA.....                | 24  | INFUMORPH 200.....        | 4   |
| HYPERRHO S/D.....                   | 87         | IMCIVREE.....                 | 44  | INFUMORPH 500.....        | 4   |
| HYPERSAL.....                       | 105        | IMDELLTRA.....                | 24  | INGREZZA.....             | 44  |
| HYPOCYN ANTIPRURITIC.....           | 48         | IMFINZI.....                  | 24  | INJECTAFER.....           | 68  |
| HYQVIA.....                         | 87         | imipenem-cilastatin.....      | 12  | INLYTA.....               | 24  |
| HYRIMOZ.....                        | 87         | imipramine hcl.....           | 17  | INNOPRAN XL.....          | 38  |
| HYRIMOZ-CROHNS/UC                   |            | imipramine pamoate.....       | 17  | INPEFA.....               | 38  |
| STARTER.....                        | 87         | imiquimod.....                | 48  | INPEN 100-BLUE-LILLY-     |     |
| HYRIMOZ-PED<40KG CROHN              |            | imiquimod pump.....           | 48  | HUMALOG.....              | 60  |
| STARTER.....                        | 87         | IMITREX.....                  | 21  | INPEN 100-GREY-LILLY-     |     |
| HYRIMOZ-PED>=40KG                   |            | IMITREX STATDOSE REFILL.....  | 21  | HUMALOG.....              | 60  |
| CROHN START.....                    | 87         | IMITREX STATDOSE SYSTEM.....  | 21  | INPEN 100-PINK-LILLY-     |     |
| HYRIMOZ-PLAQ PSOR/UEIT              |            | IMJUDO.....                   | 24  | HUMALOG.....              | 60  |
| START.....                          | 87         | IMKELDI.....                  | 24  | INQOVI.....               | 24  |
| HYRIMOZ-PLAQUE PSORIASIS            |            | IMMPHENTIV.....               | 38  | INREBIC.....              | 24  |
| START.....                          | 88         | IMPAVIDO.....                 | 28  |                           |     |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                                   |          |                                     |        |                                |     |
|-----------------------------------|----------|-------------------------------------|--------|--------------------------------|-----|
| INSPIREASE RESERVOIR              |          | IQIRVO.....                         | 74     | JIVI.....                      | 34  |
| BAGS.....                         | 96       | irbesartan.....                     | 38     | JOENJA.....                    | 88  |
| INSTAT.....                       | 96       | irbesartan-hydrochlorothiazide..... | 38     | jolessa.....                   | 82  |
| INSUFLOX.....                     | 96       | IRESSA.....                         | 24     | JORNAY PM.....                 | 42  |
| INSULIN ASP PROT & ASP            |          | irinotecan hcl.....                 | 24     | JOURNAVX.....                  | 4   |
| FLEXPEN.....                      | 65       | ISENTRESS.....                      | 31     | joyeaux.....                   | 82  |
| INSULIN ASPART.....               | 65       | ISENTRESS HD.....                   | 31     | J-TIP KIT W/VIAL ADAPTERS..... | 97  |
| INSULIN ASPART FLEXPEN.....       | 65       | isibloom.....                       | 82     | JUBLIA.....                    | 20  |
| INSULIN ASPART PENFILL.....       | 65       | isoniazid.....                      | 22     | juleber.....                   | 82  |
| INSULIN ASPART PROT &             |          | isoproterenol hcl.....              | 107    | JULUCA.....                    | 31  |
| ASPART.....                       | 65       | ISORDIL TITRADOSE.....              | 38     | junel 1.5/30.....              | 82  |
| INSULIN DEGLUDEC.....             | 65       | isosorb dinitrate-hydralazine.....  | 38     | junel 1/20.....                | 82  |
| INSULIN DEGLUDEC                  |          | isosorbide dinitrate.....           | 38     | junel fe 1.5/30.....           | 82  |
| FLEXTOUCH.....                    | 65       | isosorbide mononitrate.....         | 38     | junel fe 1/20.....             | 82  |
| INSULIN GLARGINE MAX              |          | isosorbide mononitrate er.....      | 38     | junel fe 24.....               | 83  |
| SOLOSTAR.....                     | 65       | isotretinoin.....                   | 48     | JUST RIGHT 5000.....           | 45  |
| INSULIN GLARGINE                  |          | isradipine.....                     | 38     | JUXTAPID.....                  | 38  |
| SOLOSTAR.....                     | 65       | ISTODAX.....                        | 24     | JYLAMVO.....                   | 88  |
| INSULIN GLARGINE-YFGN.....        | 65       | ISTURISA.....                       | 79     | JYNARQUE.....                  | 68  |
| INSULIN LISPRO.....               | 65       | ITOVEBI.....                        | 24     | KABIVEN.....                   | 68  |
| INSULIN LISPRO (1 UNIT DIAL)..... | 65       | itraconazole.....                   | 20     | KADCYLA.....                   | 24  |
| INSULIN LISPRO JUNIOR             |          | IV ADMINISTRATION SET.....          | 97     | kaitlib fe.....                | 83  |
| KWIKPEN.....                      | 65       | IV EXTENSION SET.....               | 97     | KALBITOR.....                  | 88  |
| INSULIN LISPRO PROT &             |          | ivabradine hcl.....                 | 38     | KALETRA.....                   | 31  |
| LISPRO.....                       | 65       | ivermectin.....                     | 28, 48 | kalliga.....                   | 83  |
| INSULIN PEN NEEDLES.....          | 96, 101  | IWILFIN.....                        | 97     | KALYDECO.....                  | 108 |
| INSULIN SYRINGES.....             | 65       | IXEMPRA KIT.....                    | 24     | KANGAROO BALLOON               |     |
| INSUPEN32G EXTR3ME.....           | 96       | IXINITY.....                        | 34     | 20FR/3.5CM.....                | 97  |
| INTELENCE.....                    | 31       | IYUZEH.....                         | 103    | KANGAROO FEEDING               |     |
| INTERCEED.....                    | 96       | IZERVAY.....                        | 104    | SET/ENFIT.....                 | 97  |
| INTERCEED (TC7).....              | 96       | jaimiess.....                       | 82     | KANGAROO GASTROSTOMY           |     |
| INTRALIPID.....                   | 68       | JAKAFI.....                         | 24     | TUBE.....                      | 97  |
| INTRAROSA.....                    | 76       | jantoven.....                       | 14     | KANGAROO GRAVITY               |     |
| introvale.....                    | 82       | JANUMET.....                        | 51     | FEEDING BAG.....               | 97  |
| INTUNIV.....                      | 42       | JANUMET XR.....                     | 51     | KANGAROO JOEY ENTERAL          |     |
| INVEGA.....                       | 30       | JANUVIA.....                        | 51     | PUMP.....                      | 97  |
| INVEGA HAFYERA.....               | 30       | JARDIANCE.....                      | 51     | KANGAROO MULTI-                |     |
| INVEGA SUSTENNA.....              | 30       | jasmiel.....                        | 82     | FUNCTIONAL PORT.....           | 97  |
| INVEGA TRINZA.....                | 30       | JATENZO.....                        | 79     | KANGAROO STOMA                 |     |
| INVELTYS.....                     | 102      | JAVYGTOR.....                       | 75     | MEASURING DEV.....             | 97  |
| INVOKAMET.....                    | 51       | JAYPIRCA.....                       | 24     | KANJINTI.....                  | 24  |
| INVOKAMET XR.....                 | 51       | JEMPERLI.....                       | 24     | KANUMA.....                    | 75  |
| INVOKANA.....                     | 51       | jencycla.....                       | 82     | KAPSPARGO SPRINKLE.....        | 38  |
| iodine strong.....                | 68       | JENLIVA                             |        | KARAYA GUM.....                | 97  |
| iodine tincture.....              | 12       | PRENATAL/POSTNATAL.....             | 68     | kariva.....                    | 83  |
| IONTOSONE 0.4%.....               | 78       | JENTADUETO.....                     | 51     | KATERZIA.....                  | 38  |
| IOPIDINE.....                     | 103      | JENTADUETO XR.....                  | 51     | KCENTRA.....                   | 34  |
| ipratropium bromide.....          | 106, 107 | JEVTANA.....                        | 24     | kelnor 1/35.....               | 83  |
| ipratropium-albuterol.....        | 107      | jinteli.....                        | 82     | kelnor 1/50.....               | 83  |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



|                             |        |                                     |    |                                     |         |
|-----------------------------|--------|-------------------------------------|----|-------------------------------------|---------|
| KENALOG-10.....             | 78     | KOGENATE FS.....                    | 34 | lapatinib ditosylate.....           | 25      |
| KENALOG-40.....             | 78     | KONVOMEF.....                       | 72 | larin 1.5/30.....                   | 83      |
| KENALOG-80.....             | 78     | KORLYM.....                         | 81 | larin 1/20.....                     | 83      |
| KENDALL SCD EXPRESS         |        | KORSUVA.....                        | 97 | larin 24 fe.....                    | 83      |
| FOOT CUFF.....              | 97     | KOSELUGO.....                       | 25 | larin fe 1.5/30.....                | 83      |
| KENGREAL.....               | 29     | KOURZEQ.....                        | 45 | larin fe 1/20.....                  | 83      |
| KEPIVANCE.....              | 45     | KOVALTRY.....                       | 34 | LASIX.....                          | 39      |
| KEPPRA.....                 | 15     | K-PHOS.....                         | 69 | latanoprost.....                    | 103     |
| KEPPRA XR.....              | 15     | K-PRIME.....                        | 69 | LATEX GLOVES MEDIUM.....            | 97      |
| KERALYT.....                | 48     | KRAZATI.....                        | 25 | LATISSE.....                        | 104     |
| KERENDIA.....               | 97     | KRINTAFEL.....                      | 28 | LATUDA.....                         | 30      |
| KERLIX AMD ANTIMICROBIAL..  | 97     | KROGER HEALTHPRO                    |    | LAZCLUZE.....                       | 25      |
| KERLIX AMD SUPER            |        | CONTROL HI/LO.....                  | 60 | LEDIPASVIR-SOFOSBUVIR.....          | 31      |
| SPONGES.....                | 97     | KROGER HEALTHPRO                    |    | leena.....                          | 83      |
| KESIMPTA.....               | 43     | GLUCOSE TEST.....                   | 60 | leflunomide.....                    | 88      |
| ketoconazole.....           | 20     | kurvelo.....                        | 83 | LEMTRADA.....                       | 43      |
| KETO-DIASTIX.....           | 60     | KUVAN.....                          | 75 | lenalidomide.....                   | 25      |
| KETONE CARE.....            | 60     | KYPROLIS.....                       | 25 | LENTOCILIN.....                     | 12      |
| ketoprofen.....             | 6      | L.E.T.....                          | 7  | LENVIMA.....                        | 25      |
| ketorolac tromethamine..... | 6, 102 | L.E.T. (RACEPINEPHRINE).....        | 7  | LEQEMBI.....                        | 17      |
| KETOROLAC TROMETHAMINE..    | 6      | LABETALOL HCL.....                  | 38 | LEQVIO.....                         | 39      |
| KETOSTIX.....               | 60     | labetalol hcl.....                  | 38 | LESCOL XL.....                      | 39      |
| KEVEYIS.....                | 103    | lacosamide.....                     | 15 | lessina.....                        | 83      |
| KEVZARA.....                | 88     | lactated ringers.....               | 69 | LETAIRIS.....                       | 109     |
| KEYLOSA.....                | 69     | lactic acid e.....                  | 48 | letrozole.....                      | 25      |
| KEYTRUDA.....               | 24     | lactulose.....                      | 74 | leucovorin calcium.....             | 25      |
| KHAPZORY.....               | 25     | lactulose encephalopathy.....       | 74 | LEUKERAN.....                       | 25      |
| KIMMTRAK.....               | 25     | LAGEVRIO.....                       | 31 | LEUKINE.....                        | 34      |
| KIMYRSA.....                | 12     | LAMICTAL.....                       | 15 | leuprolide acetate.....             | 80      |
| KINERET.....                | 88     | LAMICTAL ODT.....                   | 15 | LEUPROLIDE ACETATE-                 |         |
| KIONEX.....                 | 69     | LAMICTAL STARTER.....               | 15 | BUPIVACAINE.....                    | 80      |
| KISQALI (200 MG DOSE).....  | 25     | LAMICTAL XR.....                    | 15 | levalbuterol hcl.....               | 107     |
| KISQALI (400 MG DOSE).....  | 25     | lamivudine.....                     | 31 | LEVALBUTEROL HFA.....               | 107     |
| KISQALI (600 MG DOSE).....  | 25     | lamivudine-zidovudine.....          | 31 | LEVAMLODIPINE MALEATE.....          | 39      |
| KISUNLA.....                | 17     | lamotrigine.....                    | 15 | levetiracetam.....                  | 16      |
| KITABIS PAK (W/ NEBULIZER). | 108    | lamotrigine er.....                 | 15 | LEVETIRACETAM.....                  | 16      |
| KLARON.....                 | 48     | lamotrigine starter kit-blue.....   | 15 | levetiracetam er.....               | 16      |
| klayesta.....               | 20     | lamotrigine starter kit-green.....  | 15 | levetiracetam in nacl.....          | 16      |
| KLISYRI (250 MG).....       | 48     | lamotrigine starter kit-orange..... | 16 | levobunolol hcl.....                | 103     |
| KLISYRI (350 MG).....       | 48     | LAMPIT.....                         | 28 | LEVOCARNITINE.....                  | 69      |
| KLONOPIN.....               | 33     | LANCETS.....                        | 60 | levocarnitine.....                  | 69      |
| klor-con.....               | 69     | LANCETS 28G THIN.....               | 60 | levocarnitine sf.....               | 69      |
| klor-con 10.....            | 69     | LANCETS SUPER THIN.....             | 60 | levocetirizine dihydrochloride..... | 106     |
| klor-con m10.....           | 69     | LANOXIN.....                        | 39 | levofloxacin.....                   | 12, 102 |
| klor-con m15.....           | 69     | LANOXIN PEDIATRIC.....              | 39 | levofloxacin in d5w.....            | 12      |
| klor-con m20.....           | 69     | lanreotide acetate.....             | 80 | levoleucovorin calcium.....         | 25      |
| KLOXXADO.....               | 9      | lansoprazole.....                   | 72 | levoleucovorin calcium pf.....      | 25      |
| KOATE.....                  | 34     | LANTUS SOLOSTAR.....                | 65 | levonest.....                       | 83      |
| KOATE-DVI.....              | 34     | LANTUS U-100 VIAL.....              | 65 | levonorgest-eth est & eth est.....  | 83      |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                                      |      |                                      |    |                               |     |
|--------------------------------------|------|--------------------------------------|----|-------------------------------|-----|
| levonorgest-eth estrad 91-day .....  | 83   | linezolid .....                      | 12 | LORBRENA .....                | 25  |
| levonorgest-eth estradiol-iron ..... | 83   | linezolid in sodium chloride .....   | 12 | LOREEV XR .....               | 33  |
| levonorgestrel-ethinyl estrad .....  | 83   | LINZESS .....                        | 74 | loryna .....                  | 83  |
| levonorg-eth estrad triphasic .....  | 83   | liothyronine sodium .....            | 85 | losartan potassium .....      | 39  |
| LEVOPHED .....                       | 39   | LIPITOR .....                        | 39 | losartan potassium-hctz ..... | 39  |
| levora 0.15/30 (28) .....            | 83   | LIPO .....                           | 69 | LOTEMAX .....                 | 102 |
| levo-t .....                         | 85   | LIPO-C .....                         | 69 | LOTEMAX SM .....              | 102 |
| levothyroxine sodium .....           | 85   | liraglutide .....                    | 51 | LOTENSIN .....                | 39  |
| LEVOTHYROXINE SODIUM .....           | 85   | lisdexamphetamine dimesylate .....   | 42 | LOTENSIN HCT .....            | 39  |
| levoxyl .....                        | 85   | lisinopril .....                     | 39 | loteprednol etabonate .....   | 102 |
| LEVULAN KERASTICK .....              | 48   | lisinopril-hydrochlorothiazide ..... | 39 | LOTREL .....                  | 39  |
| LEXAPRO .....                        | 17   | LITFULO .....                        | 48 | lovastatin .....              | 39  |
| LEXETTE .....                        | 48   | lithium .....                        | 33 | LOVAZA .....                  | 39  |
| l-glutamine .....                    | 97   | lithium carbonate .....              | 33 | LOVENOX .....                 | 14  |
| LIALDA .....                         | 90   | lithium carbonate er .....           | 33 | low-ogestrel .....            | 83  |
| LIBTAYO .....                        | 25   | LITHOBID .....                       | 33 | loxapine succinate .....      | 30  |
| LICART .....                         | 6    | LITHOSTAT .....                      | 76 | lo-zumandimine .....          | 83  |
| lidocaine .....                      | 7    | LIVALO .....                         | 39 | lubiprostone .....            | 74  |
| lidocaine hcl .....                  | 7, 8 | LIVDELZI .....                       | 74 | LUCENTIS .....                | 104 |
| LIDOCAINE HCL .....                  | 7, 8 | LIVITA ADULTS .....                  | 69 | LUGOLS STRONG IODINE .....    | 12  |
| LIDOCAINE HCL (BUFFERED) .....       | 7    | LIVITA CHILDREN .....                | 69 | LUMAKRAS .....                | 25  |
| LIDOCAINE HCL (CARDIAC) .....        | 7    | LIVMARLI .....                       | 97 | LUMIGAN .....                 | 103 |
| lidocaine hcl (cardiac) .....        | 7    | LIVTENCITY .....                     | 31 | LUMIZYME .....                | 75  |
| lidocaine hcl (cardiac) pf .....     | 7    | LMD IN D5W .....                     | 34 | LUMRYZ .....                  | 110 |
| lidocaine hcl (pf) .....             | 7    | LMD IN NACL .....                    | 34 | LUMRYZ STARTER PACK .....     | 110 |
| lidocaine hcl urethral/mucosal ..... | 8    | L-MESITRAN SOFT WOUND .....          | 49 | LUNESTA .....                 | 110 |
| LIDOCAINE HCL-                       |      | LO LOESTRIN FE .....                 | 83 | LUNSUMIO .....                | 25  |
| OXYMETAZOLINE .....                  | 106  | LODINE .....                         | 6  | LUPKYNIS .....                | 88  |
| LIDOCAINE IN D5W .....               | 8    | LODOCO .....                         | 39 | LUPRON DEPOT (1-MONTH) .....  | 80  |
| lidocaine in d5w .....               | 8    | LOESTRIN 1.5/30 (21) .....           | 83 | LUPRON DEPOT (3-MONTH) .....  | 80  |
| lidocaine viscous hcl .....          | 45   | LOESTRIN 1/20 (21) .....             | 83 | LUPRON DEPOT (4-MONTH)        |     |
| LIDOCAINE(BUFFERD)-                  |      | LOESTRIN FE 1.5/30 .....             | 83 | INTRAMUSCULAR KIT 30MG .....  | 80  |
| EPINEPHRINE .....                    | 8    | LOESTRIN FE 1/20 .....               | 83 | LUPRON DEPOT (6-MONTH)        |     |
| lidocaine-epinephrine .....          | 8    | lofexidine hcl .....                 | 9  | INTRAMUSCULAR KIT 45MG .....  | 80  |
| LIDOCAINE-EPINEPHRINE .....          | 8    | LOFRIC PRIMO NELATON                 |    | LUPRON DEPOT-PED (1-          |     |
| LIDOCAINE-EPINEPHRINE (3             |      | CATHETER .....                       | 97 | MONTH) .....                  | 80  |
| ML) .....                            | 8    | lojaimiess .....                     | 83 | LUPRON DEPOT-PED (3-          |     |
| lidocaine-epinephrine (pf) .....     | 8    | LOKELMA .....                        | 69 | MONTH) .....                  | 80  |
| lidocaine-prilocaine .....           | 8    | LOMAIRA .....                        | 44 | LUPRON DEPOT-PED (6-          |     |
| LIDOCAINE-SODIUM                     |      | LOMOTIL .....                        | 74 | MONTH) .....                  | 80  |
| BICARBONATE .....                    | 8    | LONSURF .....                        | 25 | lurasidone hcl .....          | 30  |
| LIDOCAN .....                        | 8    | LOOP .....                           | 97 | lutra .....                   | 83  |
| LIDODERM .....                       | 8    | loperamide hcl .....                 | 74 | LUXAMEND .....                | 49  |
| LIDO-RACEPINEPHRINE-                 |      | LOPID .....                          | 39 | LYBALVI .....                 | 30  |
| TETRACAINE .....                     | 8    | lopinavir-ritonavir .....            | 31 | lyleq .....                   | 83  |
| LIDORUB .....                        | 8    | LOPRESSOR .....                      | 39 | lyllana .....                 | 83  |
| LIKMEZ .....                         | 12   | LOQTORZI .....                       | 25 | LYNPARZA .....                | 25  |
| LINCOCIN .....                       | 12   | lorazepam .....                      | 33 | LYRICA .....                  | 44  |
| lincomycin hcl .....                 | 12   | lorazepam intensol .....             | 33 | LYRICA CR .....               | 44  |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                                 |     |                                  |    |                                     |        |
|---------------------------------|-----|----------------------------------|----|-------------------------------------|--------|
| LYSINE HCL.....                 | 69  | MEDISENSE GLUCOSE                |    | metformin hcl er (osm).....         | 51     |
| LYSODREN.....                   | 25  | KETONE CONTR.....                | 60 | metformin hcl ir.....               | 51     |
| LYTGOBI (12 MG DAILY DOSE)..... | 25  | MEDISENSE HI/MID/LOW             |    | methadone hcl.....                  | 4      |
| LYTGOBI (16 MG DAILY DOSE)..... | 25  | CONTROL.....                     | 60 | methadone hcl intensol.....         | 4      |
| LYTGOBI (20 MG DAILY DOSE)..... | 25  | MEDNEB NEB-WITH DISPO            |    | METHADONE HCL-SODIUM                |        |
| LYUMJEV KWIKPEN.....            | 65  | NEB KIT.....                     | 97 | CHLORIDE.....                       | 4      |
| LYUMJEV TEMPO PEN.....          | 65  | MEDROL.....                      | 78 | METHADOSE.....                      | 4      |
| LYUMJEV VIAL.....               | 65  | medroxyprogesterone acetate..... | 83 | methadose.....                      | 4      |
| lyza.....                       | 83  | mefloquine hcl.....              | 28 | METHADOSE SUGAR-FREE.....           | 4      |
| MACROBID.....                   | 12  | megestrol acetate.....           | 83 | methazolamide.....                  | 103    |
| MACRODANTIN.....                | 12  | MEIJER TRUE2GO BLOOD             |    | methenamine hippurate.....          | 12     |
| magnesium chloride.....         | 69  | GLUCOSE.....                     | 60 | METHERGINE.....                     | 97     |
| magnesium sulfate.....          | 69  | MEIJER TRUERESULT                |    | methimazole.....                    | 85     |
| magnesium sulfate in d5w.....   | 69  | GLUCOSE SYS.....                 | 60 | METHITEST.....                      | 79     |
| MAGNESIUM SULFATE-NACL.....     | 69  | MEIJER TRUETEST TEST.....        | 60 | methocarbamol.....                  | 109    |
| MALARONE.....                   | 28  | MEIJER TRUETRACK                 |    | methotrexate sodium.....            | 88     |
| malathion.....                  | 28  | GLUCOSE SYS.....                 | 60 | methotrexate sodium (pf).....       | 88     |
| MANGANESE CHLORIDE.....         | 69  | MEIJER TRUETRACK TEST.....       | 60 | methoxsalen rapid.....              | 49     |
| mannitol.....                   | 39  | MEKINIST.....                    | 25 | methscopolamine bromide.....        | 74     |
| maraviroc.....                  | 31  | MEKTOVI.....                     | 25 | methsuximide.....                   | 16     |
| MARCAINE.....                   | 8   | meleya.....                      | 83 | METHYLCOBALAMIN.....                | 69     |
| MARCAINE PRESERVATIVE           |     | meloxicam.....                   | 6  | methyldopa.....                     | 39     |
| FREE.....                       | 8   | melphalan hcl.....               | 25 | methylene blue.....                 | 97     |
| MARCAINE/EPINEPHRINE.....       | 8   | memantine hcl.....               | 17 | methylergonovine maleate.....       | 97     |
| MARCAINE/EPINEPHRINE PF.....    | 8   | memantine hcl er.....            | 17 | METHYLIN.....                       | 42     |
| MARGENZA.....                   | 25  | memantine hcl-donepezil hcl..... | 17 | methylphenidate hcl.....            | 42     |
| marlissa.....                   | 83  | MENATROL.....                    | 69 | methylphenidate hcl er.....         | 42     |
| MARPLAN.....                    | 17  | MENEST.....                      | 83 | methylphenidate hcl er (cd).....    | 42     |
| MATERNACEL.....                 | 69  | MENOPUR.....                     | 80 | methylphenidate hcl er (la).....    | 42     |
| MATERVIA.....                   | 69  | MENOSTAR.....                    | 83 | methylphenidate hcl er (osm).....   | 42     |
| MATULANE.....                   | 25  | meperidine hcl.....              | 4  | methylphenidate hcl er (xr).....    | 42     |
| MAVENCLAD.....                  | 43  | MEPILEX AG.....                  | 49 | methylprednisolone.....             | 78     |
| MAVYRET.....                    | 31  | meprobamate.....                 | 33 | METHYLPREDNISOLONE                  |        |
| MAXALT.....                     | 21  | MEPRON.....                      | 28 | ACETATE.....                        | 78     |
| MAXALT-MLT.....                 | 21  | MEPSEVII.....                    | 75 | methylprednisolone acetate.....     | 78     |
| MAXIDEX.....                    | 102 | mercaptopurine.....              | 25 | methylprednisolone sodium succ..    | 78     |
| MAXITROL.....                   | 102 | meropenem.....                   | 12 | METHYLPREDNISOLONE-                 |        |
| maxi-tuss ac.....               | 106 | MEROPENEM-SODIUM                 |    | BUPIVACAINE.....                    | 78     |
| MAYZENT.....                    | 43  | CHLORIDE.....                    | 12 | metoclopramide hcl.....             | 19     |
| MAYZENT STARTER PACK.....       | 43  | merzee.....                      | 83 | metolazone.....                     | 39     |
| MC 300 W/UNIVERSAL TUBING.....  | 97  | mesalamine.....                  | 90 | metoprolol succinate er.....        | 39     |
| MC 300-MOUTHPIECE.....          | 97  | mesalamine er oral capsule       |    | metoprolol tartrate.....            | 39     |
| meclizine hcl.....              | 19  | 0.375 gm.....                    | 90 | metoprolol-hydrochlorothiazide..... | 39     |
| MEDI TAB.....                   | 69  | mesna.....                       | 25 | METROCREAM.....                     | 49     |
| MEDICAL COMPRESSION             |     | MESNEX.....                      | 25 | METROGEL.....                       | 49     |
| STOCKINGS.....                  | 97  | METADATE CD.....                 | 42 | METROLOTION.....                    | 49     |
| MEDIHONEY WOUND/BURN            |     | METANX PRO NERVE HEALTH.....     | 69 | metronidazole.....                  | 12, 49 |
| DRESSING.....                   | 49  | metformin hcl er.....            | 51 | metyrosine.....                     | 39     |
|                                 |     | metformin hcl er (mod).....      | 51 | mexiletine hcl.....                 | 39     |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                                    |     |                                      |     |                                     |         |
|------------------------------------|-----|--------------------------------------|-----|-------------------------------------|---------|
| MI PASTE.....                      | 45  | MISICARUB.....                       | 110 | MOVIPREP.....                       | 74      |
| MI PASTE PLUS.....                 | 45  | misoprostol.....                     | 72  | MOXIFLOXACIN HCL.....               | 12      |
| MIACALCIN.....                     | 90  | MITIGARE.....                        | 20  | moxifloxacin hcl.....               | 12, 102 |
| mibelas 24 fe.....                 | 83  | mitigo.....                          | 4   | moxifloxacin hcl (2x day).....      | 102     |
| micafungin sodium.....             | 20  | mitomycin.....                       | 25  | moxifloxacin hcl in nacl.....       | 12      |
| MICAFUNGIN SODIUM-NACL.....        | 20  | MITOSOL.....                         | 102 | MOZOBIL.....                        | 34      |
| MICARDIS.....                      | 39  | mitoxantrone hcl.....                | 25  | MS CONTIN.....                      | 5       |
| MICARDIS HCT.....                  | 39  | MI-VITE RX.....                      | 69  | MUCOTROL.....                       | 97      |
| miconazole 3.....                  | 20  | MM BLOOD GLUCOSE                     |     | MULPLETA.....                       | 34      |
| MICROAIR VIBRATING MESH            |     | SYSTEM.....                          | 60  | MULTAQ.....                         | 39      |
| NEBUL.....                         | 97  | MM BLOOD GLUCOSE                     |     | MULTIPRO.....                       | 69      |
| MICROCHAMBER.....                  | 97  | SYSTEM REFILL.....                   | 60  | MULTITOL-M.....                     | 69      |
| MICROCYN.....                      | 49  | MM BLULINK GLUCOSE MONIT             |     | MULTIVITAMIN/FLUORIDE.....          | 69      |
| MICRODOT BLOOD GLUCOSE             |     | SYS.....                             | 60  | MULTI-VIT-FLOR.....                 | 69      |
| SYSTEM.....                        | 60  | MM BLULINK GLUCOSE TEST...60         |     | MULTRY.....                         | 69      |
| MICRODOT CONTROL                   |     | MM EASY TOUCH GLUCOSE.....60         |     | mupirocin.....                      | 12      |
| HIGH/LOW.....                      | 60  | MM EASY TOUCH GLUCOSE                |     | MUTAMYCIN.....                      | 25      |
| MICRODOT TEST.....                 | 60  | METER.....                           | 60  | MVASI.....                          | 25      |
| microgestin 1.5/30.....            | 83  | MOBILE LANCETS 30G.....              | 60  | MYALEPT.....                        | 75      |
| microgestin 1/20.....              | 83  | modafinil.....                       | 110 | MYCAMINE.....                       | 20      |
| microgestin fe 1.5/30.....         | 83  | moexipril hcl.....                   | 39  | MYCAPSSA.....                       | 80      |
| microgestin fe 1/20.....           | 83  | molindone hcl.....                   | 30  | mycophenolate mofetil.....          | 88      |
| MICROLET NEXT LANCING              |     | mometasone furoate.....49, 106       |     | mycophenolate mofetil hcl.....      | 88      |
| DEVICE.....                        | 60  | MONARCH ETNS SYSTEM.....             | 97  | mycophenolate sodium.....           | 88      |
| MICRONEB.....                      | 97  | MONDOXYNE NL.....                    | 12  | mycophenolic acid.....              | 88      |
| MICRONEX.....                      | 69  | MONJUVI.....                         | 25  | MYDAYIS.....                        | 42      |
| midodrine hcl.....                 | 39  | MONOFERRIC.....                      | 69  | MYFEMBREE.....                      | 83      |
| MIEBO.....                         | 104 | MONOJECT FLUSH SYRINGE...69          |     | MYFORTIC.....                       | 88      |
| MIFEPREX.....                      | 81  | MONOJECT HYPODERMIC                  |     | MYGLUCOHEALTH BLOOD                 |         |
| mifepristone.....                  | 81  | NEEDLE.....                          | 97  | GLUCOSE.....                        | 60      |
| MIGERGOT.....                      | 21  | MONOJECT MONODOSE ORAL               |     | MYGLUCOHEALTH CONTROL...60          |         |
| miglitol.....                      | 51  | MED SYR.....                         | 97  | MYGLUCOHEALTH TEST.....             | 60      |
| miglustat.....                     | 75  | MONOJECT SODIUM                      |     | MYHIBBIN.....                       | 88      |
| mili.....                          | 83  | CHLORIDE FLUSH.....                  | 69  | MYLERAN.....                        | 25      |
| milrinone lactate.....             | 39  | mono-lynyah.....                     | 83  | MYLOTARG.....                       | 25      |
| milrinone lactate in dextrose..... | 39  | MONOVISC.....                        | 97  | MYOBLOC.....                        | 97      |
| mimvey.....                        | 83  | montelukast sodium.....107, 108      |     | MYRBETRIQ.....                      | 76      |
| MINCORA.....                       | 69  | MORPHINE SULFATE.....4, 5            |     | MYTESI.....                         | 74      |
| mineral oil heavy.....             | 74  | morphine sulfate.....                | 5   | MYXREDLIN.....                      | 65      |
| MINOCIN.....                       | 12  | morphine sulfate (concentrate).....4 |     | na ferric gluc cplx in sucrose..... | 69      |
| minocycline hcl.....               | 12  | morphine sulfate (pf).....4          |     | na sulfate-k sulfate-mg sulf.....   | 74      |
| minoxidil.....                     | 39  | morphine sulfate er.....4            |     | nabumetone.....                     | 6       |
| minzoya.....                       | 83  | morphine sulfate er beads.....4      |     | nadolol.....                        | 39      |
| MIPLYFFA.....                      | 97  | MORPHINE SULFATE-NACL.....5          |     | nafcillin sodium.....               | 12      |
| mirabegron er.....                 | 76  | MOTEGRITY.....                       | 74  | NAFCILLIN SODIUM IN                 |         |
| MIRCERA.....                       | 34  | MOTOFEN.....                         | 74  | DEXTROSE.....                       | 12      |
| MIROTRACT WOUND MATRIX...49        |     | MOTPOLY XR.....                      | 16  | NAGLAZYME.....                      | 75      |
| mirtazapine.....                   | 18  | MOUNJARO.....                        | 51  | nalbuphine hcl.....                 | 5       |
| MIRVASO.....                       | 49  | MOVANTIK.....                        | 74  | NALMEFENE HCL.....                  | 9       |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



|                                     |          |                                     |        |                                     |     |
|-------------------------------------|----------|-------------------------------------|--------|-------------------------------------|-----|
| naloxone hcl.....                   | 9        | NEOSTIGMINE                         |        | nimodipine.....                     | 39  |
| naltrexone hcl.....                 | 9        | METHYLSULFATE.....                  | 21, 22 | NIMODIPINE.....                     | 39  |
| NAMZARIC.....                       | 17       | neostigmine methylsulfate rfid..... | 21     | NINLARO.....                        | 25  |
| naproxen.....                       | 6        | NEO-SYNALAR.....                    | 49     | NIPENT.....                         | 25  |
| naproxen sodium.....                | 6        | NEO-VITAL RX.....                   | 69     | nitazoxanide.....                   | 28  |
| naratriptan hcl.....                | 21       | NERIVIO.....                        | 98     | NITHIODOLE.....                     | 98  |
| NARCAN.....                         | 9        | NERLYNX.....                        | 25     | nitisinone.....                     | 75  |
| NARDIL.....                         | 18       | NESACAINE.....                      | 8      | NITRILE GLOVES LARGE.....           | 98  |
| NAROPIN.....                        | 8        | NESACAINE-MPF.....                  | 8      | NITRIVIA.....                       | 69  |
| NASCOBAL.....                       | 69       | NESTABS DHA.....                    | 69     | NITRO-BID.....                      | 39  |
| NATACYN.....                        | 102      | NESTABS ONE.....                    | 69     | NITROFURANTOIN.....                 | 12  |
| NATAL PNV.....                      | 69       | neuac.....                          | 49     | nitrofurantoin macrocrystal.....    | 12  |
| NATAZIA.....                        | 83       | NEULASTA.....                       | 34     | nitrofurantoin monohydrate          |     |
| nateglinide.....                    | 51       | NEULASTA ONPRO.....                 | 34     | macrocrystals.....                  | 12  |
| NATESTO.....                        | 79       | NEUPOGEN.....                       | 34     | nitroglycerin.....                  | 39  |
| NATROBA.....                        | 28       | NEUPRO.....                         | 29     | nitroglycerin in d5w.....           | 39  |
| NAYZILAM.....                       | 16       | NEURONTIN.....                      | 16     | NITROLINGUAL.....                   | 39  |
| NEB 200 COMPRESSOR                  |          | NEUTEK 2TEK CONTROL.....            | 60     | nitroprusside sodium.....           | 39  |
| NEBULIZER.....                      | 97       | NEUTEK 2TEK TEST.....               | 60     | NITROSTAT.....                      | 39  |
| nebivolol hcl.....                  | 39       | NEVANAC.....                        | 102    | NITYR.....                          | 75  |
| NEB-RITE4.....                      | 97       | nevirapine.....                     | 31     | NIVA THYROID.....                   | 85  |
| NEBULIZER MASK ADULT.....           | 97       | nevirapine er.....                  | 31     | NIVESTYM.....                       | 34  |
| NEBULIZER MASK CHILD.....           | 97       | NEXAVAR.....                        | 25     | nizatidine.....                     | 73  |
| NEBULIZER PED FROG.....             | 97       | NEXAVIR.....                        | 98     | nora-be.....                        | 83  |
| NEBULIZER PED FROG KIT.....         | 98       | NEXIUM.....                         | 72     | NORDIPEN 5 INJECTION                |     |
| NEBULIZER SYSTEM ALL-IN-            |          | NEXLETOL.....                       | 39     | DEVICE.....                         | 98  |
| ONE.....                            | 98       | NEXLIZET.....                       | 39     | NORDITROPIN FLEXPPO.....            | 80  |
| NEBUPENT.....                       | 28       | NEXTERONE.....                      | 39     | norelgestromin-eth estradiol.....   | 83  |
| NEBUSAL.....                        | 106      | NEXTSTELLIS.....                    | 83     | norepinephrine bitartrate.....      | 39  |
| necon 0.5/35 (28).....              | 83       | NEXVIAZYME.....                     | 75     | NOREPINEPHRINE                      |     |
| NEEVO DHA.....                      | 69       | NGENLA.....                         | 80     | BITARTRATE.....                     | 40  |
| nefazodone hcl.....                 | 18       | niacin er (antihyperlipidemic)..... | 39     | NOREPINEPHRINE-DEXTROSE             | 40  |
| NEFFY.....                          | 108      | NICADAN.....                        | 69     | NOREPINEPHRINE-SODIUM               |     |
| nelarabine.....                     | 25       | nicardipine hcl.....                | 39     | CHLORIDE.....                       | 40  |
| NEMLUVIO.....                       | 49       | nicardipine hcl in nacl.....        | 39     | norethin ace-eth estrad-fe.....     | 83  |
| NEOKE ALCAR.....                    | 69       | NICARDIPINE HCL IN NAACL.....       | 39     | norethindrone.....                  | 83  |
| NEOKE RA LIPOIC.....                | 98       | NICAZEL.....                        | 69     | norethindrone acetate.....          | 83  |
| NEOMATERNA.....                     | 69       | NICAZEL FORTE.....                  | 69     | norethindrone acet-ethinyl est..... | 83  |
| neomycin sulfate.....               | 12       | NICOMIDE.....                       | 69     | norethindrone-eth estradiol.....    | 84  |
| neomycin-bacitracin zn-polymyx..... | 104      | NICOTROL.....                       | 9      | norethindron-ethinyl estrad-fe..... | 84  |
| neomycin-polymyxin b gu.....        | 12       | NICOTROL NS.....                    | 9      | norethin-eth estradiol-fe.....      | 84  |
| neomycin-polymyxin-dexameth.....    | 102      | nifedipine.....                     | 39     | NORGESIC.....                       | 110 |
| neomycin-polymyxin-gramicidin.....  | 104      | nifedipine er.....                  | 39     | NORGESIC FORTE.....                 | 110 |
| neomycin-polymyxin-hc.....          | 102, 105 | nifedipine er osmotic release.....  | 39     | norgestimate-eth estradiol.....     | 84  |
| NEO-POLYCIN.....                    | 104      | nikki.....                          | 83     | norgestimate-ethinyl estradiol      |     |
| NEO-POLYCIN HC.....                 | 104      | NIKTIMVO.....                       | 25     | triphasic.....                      | 84  |
| NEOPROFEN.....                      | 6        | NILANDRON.....                      | 25     | NORITATE.....                       | 49  |
| NEORAL.....                         | 88       | nilotinib hcl.....                  | 25     | NORLIQVA.....                       | 40  |
| neostigmine methylsulfate.....      | 21       | nilutamide.....                     | 25     | norlyroc.....                       | 84  |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                                |    |                             |     |                                 |              |
|--------------------------------|----|-----------------------------|-----|---------------------------------|--------------|
| normal saline flush.....       | 70 | NOVOPEN ECHO.....           | 60  | ODOMZO.....                     | 25           |
| NORM-JECT LUER SLIP            |    | NOVOSEVEN RT.....           | 34  | OFEV.....                       | 108          |
| SYRINGE.....                   | 98 | NOXAFIL.....                | 20  | ofloxacin.....                  | 12, 102, 105 |
| NORMLGEL AG.....               | 49 | np thyroid.....             | 85  | OGIVRI.....                     | 25           |
| NORPACE.....                   | 40 | NPLATE.....                 | 34  | OGSIVEO.....                    | 25           |
| NORPACE CR.....                | 40 | NS-2 ELECTRIC PATCH         |     | OHTUVAYRE.....                  | 108          |
| NORPRAMIN.....                 | 18 | POUCH.....                  | 98  | OJEMDA.....                     | 25           |
| nortrel 0.5/35 (28).....       | 84 | NUBEQA.....                 | 25  | OJJAARA.....                    | 26           |
| nortrel 1/35 (21).....         | 84 | NUCALA.....                 | 108 | olanzapine.....                 | 30           |
| nortrel 1/35 (28).....         | 84 | NUCYNTA.....                | 5   | olanzapine-fluoxetine hcl.....  | 18           |
| nortrel 7/7/7.....             | 84 | NUCYNTA ER.....             | 5   | olmesartan medoxomil.....       | 40           |
| nortriptyline hcl.....         | 18 | NUDEXTA.....                | 44  | olmesartan medoxomil-hctz.....  | 40           |
| NORVASC.....                   | 40 | NULIBRY.....                | 75  | olmesartan-amlodipine-hctz..... | 40           |
| NORVIR.....                    | 31 | NULOJIX.....                | 88  | olopatadine hcl.....            | 102          |
| NOURIANZ.....                  | 29 | NUPLAZID.....               | 30  | OLPRUVA (2 GM DOSE).....        | 75           |
| NOVA MAX BLOOD GLUCOSE         |    | NURTEC.....                 | 21  | OLPRUVA (3 GM DOSE).....        | 75           |
| SYSTEM.....                    | 60 | NUTRALYN.....               | 70  | OLPRUVA (4 GM DOSE).....        | 75           |
| NOVA MAX GLUCOSE TEST.....     | 60 | NUTRA-Z+.....               | 70  | OLPRUVA (5 GM DOSE).....        | 75           |
| NOVA MAX PLUS GLU/KET          |    | NUTRILIPID.....             | 70  | OLPRUVA (6 GM DOSE).....        | 75           |
| CONTROL.....                   | 60 | NUTROPIN AQ NUSPIN 10.....  | 80  | OLPRUVA (6.67 GM DOSE).....     | 75           |
| NOVACHOR.....                  | 49 | NUTROPIN AQ NUSPIN 20.....  | 80  | OLUMIANT.....                   | 88           |
| NOVAREL.....                   | 80 | NUTROPIN AQ NUSPIN 5.....   | 80  | OMBRA COMPRESSOR ADULT.....     | 98           |
| NOVITE.....                    | 70 | NUVARING.....               | 84  | OMBRA COMPRESSOR CHILD.....     | 98           |
| NOVOEIGHT.....                 | 34 | NUVESSA.....                | 12  | OMECLAMOX-PAK.....              | 74           |
| NOVOFINE PEN NEEDLE.....       | 98 | NUVIGIL.....                | 110 | omega-3-acid ethyl esters.....  | 40           |
| NOVOFINE PLUS PEN NEEDLE.....  | 98 | NUWIQ.....                  | 34  | omeprazole.....                 | 73           |
| NOVOLIN 70/30 FLEXPEN.....     | 65 | NUZYRA.....                 | 12  | OMEPRAZOLE+SYRSPEND SF          |              |
| NOVOLIN 70/30 FLEXPEN          |    | nyamyc.....                 | 20  | ALKA.....                       | 73           |
| RELION.....                    | 65 | nylia 1/35.....             | 84  | omeprazole-sodium bicarbonate.. | 73           |
| NOVOLIN 70/30 RELION.....      | 65 | nylia 7/7/7.....            | 84  | OMNARIS.....                    | 106          |
| NOVOLIN 70/30 VIAL.....        | 65 | NYMALIZE.....               | 40  | OMNIPOD 5 DEXCOM INTRO          |              |
| NOVOLIN N FLEXPEN.....         | 65 | NYPOZI.....                 | 34  | KIT.....                        | 98           |
| NOVOLIN N FLEXPEN RELION..     | 65 | nystatin.....               | 20  | OMNIPOD 5 DEXCOM PODS.....      | 98           |
| NOVOLIN N RELION.....          | 65 | nystatin-triamcinolone..... | 20  | OMNIPOD DASH INTRO KIT.....     | 98           |
| NOVOLIN N VIAL.....            | 66 | nystop.....                 | 20  | OMNIPOD DASH PDM (GEN 4)..      | 98           |
| NOVOLIN R FLEXPEN.....         | 66 | NYVEPRIA.....               | 34  | OMNIPOD DASH PODS.....          | 98           |
| NOVOLIN R FLEXPEN RELION..     | 66 | OB COMPLETE ONE.....        | 70  | OMNITROPE.....                  | 80           |
| NOVOLIN R RELION.....          | 66 | OB COMPLETE PETITE.....     | 70  | OMVOH.....                      | 88           |
| NOVOLIN R VIAL.....            | 66 | OB COMPLETE PREMIER.....    | 70  | OMVOH (300 MG DOSE).....        | 88           |
| NOVOLOG 70/30 FLEXPEN          |    | OBIZUR.....                 | 34  | ON CALL EXPRESS BLOOD           |              |
| RELION.....                    | 66 | OCALIVA.....                | 75  | GLUCOSE.....                    | 60           |
| NOVOLOG FLEXPEN.....           | 66 | ocella.....                 | 84  | ON CALL EXPRESS                 |              |
| NOVOLOG FLEXPEN RELION....     | 66 | OCREVUS.....                | 43  | MONITORING SYS.....             | 60           |
| NOVOLOG MIX 70/30 FLEXPEN..... | 66 | OCREVUS ZUNOVO.....         | 43  | ONCASPAR.....                   | 26           |
| NOVOLOG MIX 70/30 RELION....   | 66 | OCTAGAM.....                | 88  | ondansetron hcl.....            | 19           |
| NOVOLOG MIX 70/30 VIAL.....    | 66 | octreotide acetate.....     | 80  | ondansetron hcl +rfid.....      | 19           |
| NOVOLOG PENFILL.....           | 66 | OCUFLOX.....                | 102 | ondansetron odt.....            | 19           |
| NOVOLOG RELION.....            | 66 | ODACTRA.....                | 98  | ONE DROP BLOOD GLUCOSE          |              |
| NOVOLOG U-100 VIAL.....        | 66 | ODEFSEY.....                | 31  | MONITOR.....                    | 61           |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



|                           |     |                               |     |                                     |     |
|---------------------------|-----|-------------------------------|-----|-------------------------------------|-----|
| ONE DROP TEST .....       | 61  | ORACEA .....                  | 49  | oxybutynin chloride .....           | 76  |
| ONE FLOW SPIROMETER ..... | 98  | ORAL CITRATE .....            | 70  | oxybutynin chloride er .....        | 76  |
| ONETOUCH DELICA PLUS      |     | ORALAIR .....                 | 98  | OXYCODONE HCL .....                 | 5   |
| LANCING .....             | 61  | ORALAIR ADULT STARTER         |     | oxycodone hcl .....                 | 5   |
| ONETOUCH DELICA SAFETY    |     | PACK .....                    | 98  | OXYCODONE-                          |     |
| LANCING .....             | 61  | ORALAIR CHILDRENS             |     | ACETAMINOPHEN .....                 | 5   |
| ONETOUCH ULTRA 2 KIT      |     | STARTER PACK .....            | 98  | oxycodone-acetaminophen .....       | 5   |
| W/DEVICE .....            | 61  | ORALONE .....                 | 45  | OXYCONTIN .....                     | 5   |
| ONETOUCH ULTRA BLUE       |     | ORAMAGICRX .....              | 98  | oxymorphone hcl .....               | 5   |
| TEST .....                | 61  | ORBACTIV .....                | 12  | oxymorphone hcl er .....            | 5   |
| ONETOUCH ULTRA CONTROL .. | 61  | ORENCIA .....                 | 88  | oxytocin .....                      | 80  |
| ONETOUCH ULTRA TEST       |     | ORENCIA CLICKJECT .....       | 88  | OXYTOCIN-LACTATED                   |     |
| STRIPS .....              | 61  | ORENITRAM .....               | 109 | RINGERS .....                       | 80  |
| ONETOUCH VERIO FLEX       |     | ORENITRAM MONTH 1 .....       | 109 | OXYTOCIN-SODIUM                     |     |
| SYSTEM .....              | 61  | ORENITRAM MONTH 2 .....       | 109 | CHLORIDE .....                      | 80  |
| ONETOUCH VERIO KIT        |     | ORENITRAM MONTH 3 .....       | 109 | OXYTROL .....                       | 76  |
| W/DEVICE .....            | 61  | ORFADIN .....                 | 76  | OZEMPIC .....                       | 51  |
| ONETOUCH VERIO REFLECT    |     | ORGOVYX .....                 | 26  | OZOBAX DS .....                     | 110 |
| KIT W/DEVICE .....        | 61  | ORIAHNN .....                 | 84  | PACERONE .....                      | 40  |
| ONEXTON .....             | 49  | ORILISSA .....                | 80  | paclitaxel .....                    | 26  |
| ONFI .....                | 16  | ORKAMBI .....                 | 108 | paclitaxel protein-bound part ..... | 26  |
| ONGENTYS .....            | 29  | ORLADEYO .....                | 88  | PADCEV .....                        | 26  |
| ONGLYZA .....             | 51  | ORLISTAT .....                | 44  | PAIN RELIEF WITH TENS               |     |
| ONIVYDE .....             | 26  | orphenadrine citrate .....    | 110 | S2000 .....                         | 98  |
| ONPATTRO .....            | 44  | orphenadrine citrate er ..... | 110 | PALFORZIA .....                     | 98  |
| ONTRUZANT .....           | 26  | ORPHENGESIC FORTE .....       | 110 | PALFORZIA (1 MG DAILY               |     |
| ONUREG .....              | 26  | ORSERDU .....                 | 26  | DOSE) .....                         | 98  |
| ONYDA XR .....            | 42  | ORTHOVISC .....               | 98  | PALFORZIA INITIAL DOSE 1-           |     |
| ONZETRA XSAIL .....       | 21  | OSCIMIN .....                 | 74  | 3YRS .....                          | 98  |
| OPDIVO .....              | 26  | oseltamivir phosphate .....   | 31  | PALFORZIA INITIAL DOSE 4-           |     |
| OPDIVO QVANTIG .....      | 26  | OSMITROL .....                | 40  | 17YRS .....                         | 98  |
| OPDUALAG .....            | 26  | OSPHENA .....                 | 81  | paliperidone er .....               | 30  |
| OPFOLDA .....             | 75  | OTEZLA .....                  | 88  | palonosetron hcl .....              | 19  |
| OPIPZA .....              | 30  | OTREXUP .....                 | 88  | PALYNZIQ .....                      | 76  |
| OPSUMIT .....             | 109 | OTULFI .....                  | 88  | pamidronate disodium .....          | 90  |
| OPSYNVI .....             | 109 | OVIDE .....                   | 28  | PANCREAZE .....                     | 76  |
| OPTICHAMBER DIAMOND ..... | 98  | OVIDREL .....                 | 80  | PANDA MASK LARGE .....              | 98  |
| OPTICHAMBER DIAMOND-LG    |     | oxacillin sodium .....        | 12  | PANDA MASK MEDIUM .....             | 98  |
| MASK .....                | 98  | OXACILLIN SODIUM IN           |     | PANDA MASK SMALL .....              | 98  |
| OPTICHAMBER DIAMOND-MD    |     | DEXTROSE .....                | 12  | PANRETIN .....                      | 26  |
| MASK .....                | 98  | oxaliplatin .....             | 26  | pantoprazole sodium .....           | 73  |
| OPTICHAMBER DIAMOND-SM    |     | OXAPROZIN .....               | 6   | PANTOPRAZOLE SODIUM-                |     |
| MASK .....                | 98  | oxaprozin .....               | 6   | NACL .....                          | 73  |
| OPTIUMEZ TEST .....       | 61  | oxazepam .....                | 33  | PANZYGA .....                       | 88  |
| OPTUNE .....              | 98  | oxcarbazepine .....           | 16  | PARAPLATIN .....                    | 26  |
| OPTUNE LUA .....          | 98  | oxcarbazepine er .....        | 16  | PARI ALTERA NEBULIZER               |     |
| OPVEE .....               | 9   | OXERVATE .....                | 104 | HANDSET .....                       | 98  |
| OPZELURA .....            | 49  | OXLUMO .....                  | 76  | PARI BABY NEBULIZER SET .....       | 98  |
| ORABLOC .....             | 8   | OXTELLAR XR .....             | 16  | PARI MASK SET .....                 | 98  |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                                     |    |                                  |     |                                     |         |
|-------------------------------------|----|----------------------------------|-----|-------------------------------------|---------|
| PARI PRONEB MAX LC PLUS....         | 98 | PENTETATE CALCIUM                |     | phenylephrine hcl (pressors).....   | 40      |
| PARI PRONEB MAX LC SPRINT.          | 98 | TRISODIUM.....                   | 99  | PHENYLEPHRINE HCL-NACL....          | 40      |
| PARI TREK S COMBO PACK.....         | 98 | PENTETATE ZINC TRISODIUM..       | 99  | phenytek.....                       | 16      |
| PARI VORTEX ADULT MASK.....         | 99 | PENTIPS GENERIC PEN              |     | phenytoin.....                      | 16      |
| PARI VORTEX PEDIATRIC               |    | NEEDLES.....                     | 99  | phenytoin infatabs.....             | 16      |
| MASK.....                           | 99 | pentobarbital sodium.....        | 16  | phenytoin sodium.....               | 16      |
| paricalcitol.....                   | 90 | pentoxifylline er.....           | 40  | phenytoin sodium extended.....      | 16      |
| PARLODEL.....                       | 29 | perampanel.....                  | 16  | PHESGO.....                         | 26      |
| paroxetine hcl.....                 | 18 | PERCOCET.....                    | 5   | PHEXXI.....                         | 99      |
| paroxetine hcl er.....              | 18 | PERFECT POINT SAFETY             |     | philith.....                        | 84      |
| PARSABIV.....                       | 90 | LANCETS.....                     | 61  | phosphorous.....                    | 70      |
| PAXIL.....                          | 18 | PERFOROMIST.....                 | 108 | phospho-trin 250 neutral.....       | 70      |
| PAXIL CR.....                       | 18 | PERIDEX.....                     | 45  | PHOSPHO-TRIN K500.....              | 70      |
| PAXLOVID (150/100).....             | 31 | PERIKABIVEN.....                 | 70  | PHOTOFRIN.....                      | 26      |
| PAXLOVID (300/100 & 150/100)..      | 31 | perindopril erbumine.....        | 40  | PHOTREXA-PHOTREXA                   |         |
| PAXLOVID (300/100).....             | 31 | periogard.....                   | 45  | VISCOUS KIT.....                    | 99      |
| PAXLYTE.....                        | 70 | PERJETA.....                     | 26  | PHYSIOLYTE.....                     | 70      |
| pazopanib hcl.....                  | 26 | permethrin.....                  | 28  | PHYSIOSOL IRRIGATION.....           | 70      |
| PEDIAPRED.....                      | 78 | perphenazine.....                | 19  | phytonadione.....                   | 70      |
| PEDIATRIC COMPRESSOR                |    | perphenazine-amitriptyline.....  | 18  | PIASKY.....                         | 34      |
| NEBULIZER.....                      | 99 | PERSERIS.....                    | 30  | PIFELTRO.....                       | 31      |
| PEDIATRIC PANDA MASK.....           | 99 | PERTZYE.....                     | 76  | pilocarpine hcl.....                | 45, 103 |
| PEDMARK.....                        | 99 | PETROLEUM GAUZE NON-             |     | pimecrolimus.....                   | 49      |
| peg 3350-kcl-na bicarb-nacl.....    | 74 | WOVEN 3X9".....                  | 49  | pimozide.....                       | 30      |
| peg-3350/electrolytes.....          | 74 | PFIZERPEN.....                   | 12  | pimtrea.....                        | 84      |
| peg-3350/electrolytes/ascorbat..... | 74 | PHARMACIST CHOICE                |     | pindolol.....                       | 40      |
| PEGASYS.....                        | 31 | AUTOCODE.....                    | 61  | pioglitazone hcl.....               | 51      |
| peg-kcl-nacl-nasulf-na asc-c.....   | 74 | PHARMACIST CHOICE                |     | pioglitazone hcl-glimepiride.....   | 51      |
| PEG-PREP.....                       | 74 | AUTOCODE SYS.....                | 61  | pioglitazone hcl-metformin hcl..... | 51      |
| PEMAZYRE.....                       | 26 | PHARMACIST CHOICE MINI           |     | PIP BLOOD GLUCOSE                   |         |
| PEMETREXED.....                     | 26 | SYSTEM.....                      | 61  | MONITORING.....                     | 61      |
| PEMETREXED DIPOTASSIUM...           | 26 | PHARMACIST CHOICE NO             |     | PIP BLOOD GLUCOSE TEST              |         |
| PEMETREXED DISODIUM.....            | 26 | CODING.....                      | 61  | STRIP.....                          | 61      |
| pemetrexed disodium.....            | 26 | PHEBURANE.....                   | 76  | PIP GLUCOSE CONTROL                 |         |
| PEMFEXY.....                        | 26 | phenazopyridine hcl.....         | 76  | SOLUTION.....                       | 61      |
| PEMGARDA.....                       | 88 | phendimetrazine tartrate.....    | 44  | PIP PEN NEEDLES 32G X 4MM..         | 99      |
| PEMRYDI RTU.....                    | 26 | phendimetrazine tartrate er..... | 44  | piperacillin sod-tazobactam sod...  | 12      |
| PEN NEEDLE/5-BEVEL TIP.....         | 99 | phenelzine sulfate.....          | 18  | PIQRAY.....                         | 26      |
| penicillamine.....                  | 76 | PHENERGAN.....                   | 19  | pirfenidone.....                    | 108     |
| PENICILLIN G POT IN                 |    | phenobarbital.....               | 16  | piroxicam.....                      | 6       |
| DEXTROSE.....                       | 12 | phenobarbital sodium.....        | 16  | PISTON IRRIGATION SYRINGE.          | 99      |
| penicillin g potassium.....         | 12 | phenoxybenzamine hcl.....        | 40  | PITOCIN.....                        | 80      |
| penicillin g sodium.....            | 12 | phentermine hcl.....             | 44  | PLAQUENIL.....                      | 28      |
| penicillin v potassium.....         | 12 | phentermine-topiramate er.....   | 44  | PLAVIX.....                         | 29      |
| PENNSAID.....                       | 6  | phentolamine mesylate.....       | 40  | PLEGRIDY.....                       | 43      |
| PENTAM.....                         | 28 | PHENYLEPHRINE HCL.....           | 40  | PLEGRIDY STARTER PACK.....          | 43      |
| pentamidine isethionate.....        | 28 | phenylephrine hcl.....           | 104 | PLENAMINE.....                      | 70      |
| PENTASA.....                        | 90 | PHENYLEPHRINE HCL                |     | PLENVU.....                         | 74      |
| pentazocine-naloxone hcl.....       | 5  | (PRESSORS).....                  | 40  | plerixafor.....                     | 34      |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                                    |     |                               |         |                                 |        |
|------------------------------------|-----|-------------------------------|---------|---------------------------------|--------|
| PNV TABS 20-1.....                 | 70  | prasugrel hcl.....            | 29      | PREVIDENT 5000 KIDS.....        | 45     |
| POCKET SPACER.....                 | 99  | pravastatin sodium.....       | 40      | PREVIDENT 5000 ORTHO            |        |
| POCKETCHEM EZ CONTROL....          | 61  | praziquantel.....             | 28      | DEFENSE.....                    | 45     |
| POCKETCHEM EZ SYSTEM.....          | 61  | prazosin hcl.....             | 40      | PREVIDENT 5000 PLUS.....        | 45     |
| POCKETCHEM EZ TEST.....            | 61  | PRECEDEX.....                 | 99      | PREVIDENT 5000 SENSITIVE....    | 45     |
| podofilox.....                     | 49  | PRECISION GLUCOSE             |         | PREV-RX.....                    | 70     |
| POGO AUTOMATIC BLOOD               |     | KETONE CONTR.....             | 61      | PREVYMIS.....                   | 31     |
| GLUCOSE.....                       | 61  | PRECISION XTRA BLOOD          |         | PREZCOBIX.....                  | 31     |
| POGO AUTOMATIC TEST                |     | GLUCOSE.....                  | 61      | PREZISTA.....                   | 31, 32 |
| CARTRIDGES.....                    | 61  | PRED FORTE.....               | 103     | PRIFTIN.....                    | 22     |
| POKONZA.....                       | 70  | PRED MILD.....                | 103     | primaquine phosphate.....       | 28     |
| POLIVY.....                        | 26  | prednisolone.....             | 78      | PRIMAXIN IV.....                | 12     |
| POLOCAINE.....                     | 8   | prednisolone acetate.....     | 103     | primidone.....                  | 16     |
| POLOCAINE-MPF.....                 | 8   | prednisolone sodium phosphate |         | PRISMASOL B22GK 4/0.....        | 70     |
| POLYCIN.....                       | 104 | .....                         | 78, 103 | PRISMASOL BGK 0/2.5.....        | 70     |
| polymyxin b sulfate.....           | 12  | prednisone.....               | 78      | PRISMASOL BGK 2/0.....          | 70     |
| polymyxin b-trimethoprim.....      | 104 | pregabalin.....               | 44      | PRISMASOL BGK 2/3.5.....        | 70     |
| POLY-VI-FLOR.....                  | 70  | PREGEN DHA.....               | 70      | PRISMASOL BGK 4/2.5.....        | 70     |
| POLY-VI-FLOR/IRON.....             | 70  | PREGENNA.....                 | 70      | PRISMASOL BK 0/0/1.2.....       | 70     |
| POMALYST.....                      | 26  | PREGNYL.....                  | 80      | PRISTIQ.....                    | 18     |
| POMBILITI.....                     | 76  | PREMARIN.....                 | 84      | PRIVIGEN.....                   | 88     |
| PONS MOUTHPIECE.....               | 99  | PREMASOL.....                 | 70      | PRO COMFORT SPACER              |        |
| PONS SYSTEM.....                   | 99  | PREMPHASE.....                | 84      | ADULT.....                      | 99     |
| PONVORY.....                       | 43  | PREMPRO.....                  | 84      | PRO COMFORT SPACER              |        |
| PONVORY STARTER PACK.....          | 43  | prenatal.....                 | 70      | CHILD.....                      | 99     |
| POP-ON INTERMEDIATE MALE           |     | PRENATE.....                  | 70      | PRO COMFORT SPACER              |        |
| CATH.....                          | 99  | PRENATE DHA.....              | 70      | INFANT.....                     | 99     |
| portia-28.....                     | 84  | PRENATE ELITE.....            | 70      | PRO COMFORT TENS UNIT.....      | 99     |
| PORTRAZZA.....                     | 26  | PRENATE ENHANCE.....          | 70      | PRO VOICE V8/V9 GLUCOSE....     | 61     |
| posaconazole.....                  | 20  | PRENATE ESSENTIAL.....        | 70      | PRO VOICE V9 GLUCOSE            |        |
| potassium acetate.....             | 70  | PRENATE MINI.....             | 70      | SYSTEM.....                     | 61     |
| potassium chloride.....            | 70  | PRENATE PIXIE.....            | 70      | PROAIR RESPICLICK.....          | 108    |
| POTASSIUM CHLORIDE.....            | 70  | PRENATE RESTORE.....          | 70      | probenecid.....                 | 20     |
| potassium chloride crys er.....    | 70  | PRENATOL-M.....               | 70      | procainamide hcl.....           | 40     |
| potassium chloride er.....         | 70  | PRENATRIX.....                | 70      | PROCARE SPACER/ADULT            |        |
| potassium citrate er.....          | 70  | PRENATRYL.....                | 70      | MASK.....                       | 99     |
| potassium phosphates.....          | 70  | PREPIV SUPPLY.....            | 8       | PROCARE SPACER/CHILD            |        |
| potassium phosphates(66 meq k).70  |     | PRESTALIA.....                | 40      | MASK.....                       | 99     |
| potassium phosphates(71 meq k).70  |     | PRETOMANID.....               | 22      | PROCENTRA.....                  | 42     |
| POTASSIUM PHOSPHATES-              |     | PREVACID.....                 | 73      | prochlorperazine.....           | 19     |
| NACL.....                          | 70  | PREVACID SOLUTAB.....         | 73      | prochlorperazine edisylate..... | 19     |
| POTELIGEO.....                     | 26  | prevalite.....                | 40      | prochlorperazine maleate.....   | 19     |
| POVIDONE-IODINE.....               | 102 | PREVDUO.....                  | 99      | PROCRIT.....                    | 34     |
| POWDER FREE NITRILE                |     | PREVIDENT.....                | 45      | PROCTOFOAM HC.....              | 90     |
| GLOVES SM.....                     | 99  | PREVIDENT 5000 BOOSTER        |         | procto-med hc.....              | 90     |
| PRADAXA.....                       | 14  | PLUS.....                     | 45      | PRODIGY AUTOCODE BLOOD          |        |
| PRALUENT.....                      | 40  | PREVIDENT 5000 DRY MOUTH. 45  |         | GLUCOSE.....                    | 61     |
| pramipexole dihydrochloride.....29 |     | PREVIDENT 5000 ENAMEL         |         | PRODIGY CONTROL                 |        |
| PRAMOTIC.....                      | 105 | PROTECT.....                  | 45      | SOLUTION.....                   | 61     |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                                 |     |                                    |     |                            |     |
|---------------------------------|-----|------------------------------------|-----|----------------------------|-----|
| PRODIGY NO CODING BLOOD         |     | PUREVITA SUPER B-                  |     | QUINTET AC BLOOD           |     |
| GLUC.....                       | 61  | COMPLEX.....                       | 71  | GLUCOSE.....               | 62  |
| PRODIGY POCKET BLOOD            |     | PURIXAN.....                       | 26  | QUINTET AC BLOOD           |     |
| GLUCOSE.....                    | 61  | PYLERA.....                        | 74  | GLUCOSE TEST.....          | 62  |
| PRODIGY VOICE BLOOD             |     | pyrazinamide.....                  | 22  | QUINTET BLOOD GLUCOSE      |     |
| GLUCOSE.....                    | 61  | pyridostigmine bromide.....        | 22  | SYSTEM.....                | 62  |
| PROFILNINE.....                 | 34  | pyridostigmine bromide er.....     | 22  | QUINTET BLOOD GLUCOSE      |     |
| PROFOLA.....                    | 70  | pyridoxine hcl.....                | 71  | TEST.....                  | 62  |
| progesterone.....               | 84  | PYRIDOXINE HCL.....                | 71  | QUINTET CONTROL            |     |
| PROGRAF.....                    | 88  | pyrimethamine.....                 | 28  | HIGH/NORMAL.....           | 62  |
| PROLASTIN-C.....                | 108 | PYRIMETHAMINE-                     |     | QULIPTA.....               | 21  |
| PROLENSA.....                   | 103 | LEUCOVORIN.....                    | 28  | QUVIVIQ.....               | 110 |
| PROLEUKIN.....                  | 26  | PYROGALLIC ACID.....               | 49  | QVAR REDIHALER.....        | 108 |
| PROLIA.....                     | 90  | PYRUKYND.....                      | 34  | RABEPRAZOLE SODIUM.....    | 73  |
| PROMACTA.....                   | 34  | PYRUKYND TAPER PACK.....           | 34  | rabeprazole sodium.....    | 73  |
| promethazine hcl.....           | 19  | PYZCHIVA.....                      | 88  | RADIAPLEXRX.....           | 49  |
| promethazine-codeine.....       | 106 | QBREXZA.....                       | 49  | RADICAVA.....              | 44  |
| promethazine-dm.....            | 106 | QELBREE.....                       | 42  | RADICAVA ORS.....          | 44  |
| promethazine-phenylephrine..... | 106 | QINLOCK.....                       | 26  | RADICAVA ORS STARTER KIT.. | 44  |
| PROMETHEGAN.....                | 19  | QLOSI.....                         | 103 | RADIOGARDASE.....          | 99  |
| PROMETRIUM.....                 | 84  | QNASL.....                         | 106 | RAGWITEK.....              | 99  |
| propafenone hcl.....            | 40  | QNASL CHILDRENS.....               | 106 | raloxifene hcl.....        | 81  |
| propafenone hcl er.....         | 40  | QSYMIA.....                        | 44  | ramelteon.....             | 110 |
| proparacaine hcl.....           | 104 | quazepam.....                      | 33  | ramipril.....              | 41  |
| PROPECIA.....                   | 49  | QUELICIN.....                      | 44  | ranolazine er.....         | 41  |
| propranolol hcl.....            | 40  | QUESTRAN.....                      | 40  | RAPIBLYK.....              | 41  |
| propranolol hcl er.....         | 40  | QUESTRAN LIGHT.....                | 40  | RAPIVAB.....               | 32  |
| propylthiouracil.....           | 85  | quetiapine fumarate.....           | 30  | RAPPORT RLS.....           | 99  |
| PROSOL.....                     | 71  | quetiapine fumarate er.....        | 30  | RAPPORT VTD.....           | 99  |
| PROSTIN VR.....                 | 40  | QUFLORA FE.....                    | 71  | rasagiline mesylate.....   | 29  |
| protamine sulfate.....          | 34  | QUICK TOUCH BLOOD                  |     | RASUVO.....                | 88  |
| PROTONIX.....                   | 73  | GLUCOSE.....                       | 61  | RAVICTI.....               | 76  |
| PROTOPAM CHLORIDE.....          | 99  | QUICK TOUCH BLOOD                  |     | RAYA SURE PEN NEEDLE.....  | 99  |
| protriptyline hcl.....          | 18  | GLUCOSE TEST.....                  | 61  | RAYALDEE.....              | 90  |
| PROVAYBLUE.....                 | 99  | QUICK TOUCH INSULIN PEN            |     | RAYOS.....                 | 78  |
| PROVERA.....                    | 84  | NEEDLE.....                        | 99  | REBIF.....                 | 43  |
| PROVIGIL.....                   | 110 | QUICKTEK.....                      | 61  | REBIF REBIDOSE.....        | 43  |
| PROZAC.....                     | 18  | QUICKTEK CONTROL                   |     | REBIF REBIDOSE TITRATION   |     |
| prucalopride succinate.....     | 74  | SOLUTION.....                      | 62  | PACK.....                  | 43  |
| pseudoephedrine-bromphen-dm     | 106 | QUICKTEK TEST.....                 | 62  | REBIF TITRATION PACK.....  | 43  |
| PTS PANELS EGLU TEST.....       | 61  | QUICKTEK/METER.....                | 62  | REBINYN.....               | 34  |
| PULMICORT FLEXHALER.....        | 108 | QUILLICHEW ER.....                 | 42  | REBLOZYL.....              | 34  |
| PULMICORT SUSPENSION.....       | 108 | QUILLIVANT XR.....                 | 42  | REBYOTA.....               | 74  |
| PULMOSAL.....                   | 106 | quinapril hcl.....                 | 41  | RECARBRIO.....             | 12  |
| PULMOZYME.....                  | 108 | quinapril-hydrochlorothiazide..... | 41  | reclipsen.....             | 84  |
| PURE COMFORT SAFETY PEN         |     | quinidine gluconate er.....        | 41  | RECOMBINATE.....           | 34  |
| NEEDLE.....                     | 99  | quinidine sulfate.....             | 41  | RECORLEV.....              | 80  |
| PURE COMFORT SPACER             |     | quinine sulfate.....               | 28  | RECOTHROM.....             | 34  |
| CHAMBER.....                    | 99  |                                    |     | RECOTHROM SPRAY KIT.....   | 34  |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



|                              |    |                           |     |                                   |     |
|------------------------------|----|---------------------------|-----|-----------------------------------|-----|
| REFRESH AA 15 PKU .....      | 71 | REMICADE .....            | 88  | RIASTAP .....                     | 34  |
| REFUAH PLUS BLOOD            |    | remifentanil hcl .....    | 5   | ribavirin .....                   | 32  |
| GLUCOSE TEST .....           | 62 | REMODULIN .....           | 109 | RIDAURA .....                     | 88  |
| REFUAH PLUS GLUCOSE          |    | RENACIDIN .....           | 76  | rifabutin .....                   | 22  |
| CONTROL .....                | 62 | RENFLEXIS .....           | 88  | RIFADIN .....                     | 22  |
| REFUAH PLUS MONITORING       |    | repaglinide .....         | 51  | rifampin .....                    | 22  |
| SYSTEM .....                 | 62 | REPATHA .....             | 41  | RIGHTEST GC300 CONTROL .....      | 62  |
| REGENECARE .....             | 49 | REPATHA PUSHTRONEX        |     | RIGHTEST GM100 BLOOD              |     |
| REGLAN .....                 | 19 | SYSTEM .....              | 41  | GLUCOSE .....                     | 62  |
| REGONOL .....                | 22 | REPATHA SURECLICK .....   | 41  | RIGHTEST GM300 BLOOD              |     |
| REGRANEX .....               | 49 | RESTASIS .....            | 104 | GLUCOSE .....                     | 62  |
| RELAFEN DS .....             | 6  | RESTASIS MULTIDOSE .....  | 104 | RIGHTEST GM550 BLOOD              |     |
| RELCARE .....                | 71 | RESTORA RX .....          | 74  | GLUCOSE .....                     | 62  |
| RELENZA DISKHALER .....      | 32 | RESTORIL .....            | 110 | RIGHTEST GS100 BLOOD              |     |
| RELEUKO .....                | 34 | RETACRIT .....            | 34  | GLUCOSE .....                     | 62  |
| RELION ALL-IN-ONE .....      | 62 | RETEVMO .....             | 26  | RIGHTEST GS300 BLOOD              |     |
| RELION BLOOD GLUCOSE         |    | RETIN-A .....             | 49  | GLUCOSE .....                     | 62  |
| TEST .....                   | 62 | RETIN-A MICRO GEL 0.04 %, |     | RIGHTEST GS550 BLOOD              |     |
| RELION CONFIRM GLUCOSE       |    | 0.1 % .....               | 49  | GLUCOSE .....                     | 62  |
| MONITOR .....                | 62 | RETIN-A MICRO PUMP .....  | 49  | RIGHTEST GT333 BLOOD              |     |
| RELION CONFIRM/MICRO         |    | RETROVIR .....            | 32  | GLUCOSE .....                     | 62  |
| TEST .....                   | 62 | REUSABLE COMFORTSEAL      |     | RIGHTEST GT333 GLUCOSE            |     |
| RELION GLUCOSE TEST          |    | MASK-LRG .....            | 99  | TEST .....                        | 62  |
| STRIPS .....                 | 62 | REUSABLE COMFORTSEAL      |     | riluzole .....                    | 44  |
| RELION MICRO .....           | 62 | MASK-MED .....            | 99  | rimantadine hcl .....             | 32  |
| RELION PREMIER BLU           |    | REUSABLE COMFORTSEAL      |     | RIMSO-50 .....                    | 76  |
| MONITOR .....                | 62 | MASK-SML .....            | 100 | ringers irrigation .....          | 71  |
| RELION PREMIER CLASSIC ..... | 62 | REVATIO .....             | 109 | RINVOQ .....                      | 88  |
| RELION PREMIER COMPACT       |    | REVCovi .....             | 76  | RINVOQ LQ .....                   | 88  |
| SYSTEM .....                 | 62 | REVLIMID .....            | 26  | RIOMET .....                      | 51  |
| RELION PREMIER TEST .....    | 62 | revonto .....             | 110 | risedronate sodium .....          | 90  |
| RELION PREMIER VOICE         |    | REVUFORJ .....            | 26  | RISPERDAL .....                   | 30  |
| MONITOR .....                | 62 | REXALL BLOOD GLUCOSE      |     | RISPERDAL CONSTA .....            | 30  |
| RELION PRIME MONITOR .....   | 62 | SYSTEM .....              | 62  | risperidone .....                 | 30  |
| RELION PRIME TEST .....      | 62 | REXTOVY .....             | 9   | risperidone microspheres er ..... | 30  |
| RELION TRUE MET AIR GLUC     |    | REXULTI .....             | 30  | RITALIN .....                     | 42  |
| METER .....                  | 62 | REYATAZ .....             | 32  | RITALIN LA .....                  | 42  |
| RELION TRUE METRIX TEST      |    | REYVOW .....              | 21  | ritonavir .....                   | 32  |
| STRIPS .....                 | 62 | REZDIFFRA .....           | 74  | RITUXAN .....                     | 26  |
| RELION ULTIMA GLUCOSE        |    | REZIPRES .....            | 41  | RITUXAN HYCELA .....              | 26  |
| SYSTEM .....                 | 62 | REZLIDHIA .....           | 26  | rivaroxaban .....                 | 14  |
| RELION ULTIMA TEST .....     | 62 | REZUROCK .....            | 88  | rivastigmine tartrate .....       | 17  |
| RELISTOR .....               | 74 | REZVOGLAR KWIKPEN .....   | 66  | rivelsa .....                     | 84  |
| RELPAx .....                 | 21 | RHOFADE .....             | 49  | RIVFLOZA .....                    | 76  |
| RELTONE .....                | 74 | RHOGAM ULTRA-FILTERED     |     | RIXUBIS .....                     | 34  |
| REMEDIENT .....              | 71 | PLUS .....                | 88  | rizatriptan benzoate .....        | 21  |
| REMERON .....                | 18 | RHOPHYLAC .....           | 88  | ROBAXIN .....                     | 110 |
| REMERON SOLTAB .....         | 18 | RHOPRESSA .....           | 103 | ROCALtrol .....                   | 90  |
| REMESENSE .....              | 45 | RIABNI .....              | 26  | ROCKLATAN .....                   | 103 |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                           |     |                                  |     |                            |         |
|---------------------------|-----|----------------------------------|-----|----------------------------|---------|
| rocuronium bromide.....   | 44  | SAFETY PEN NEEDLES.....          | 100 | sevelamer hcl.....         | 77      |
| ROCURONIUM BROMIDE.....   | 44  | SAFYRAL.....                     | 84  | SEVENFACT.....             | 34      |
| ROCURONIUM BROMIDE        |     | SAJAZIR.....                     | 88  | SEYSARA.....               | 12      |
| +RFID.....                | 44  | SALAGEN.....                     | 45  | SEZABY.....                | 16      |
| roflumilast.....          | 108 | saline bacteriostatic.....       | 100 | sf 5000 plus.....          | 45      |
| ROLVEDON.....             | 34  | saline flush.....                | 71  | sf gel 1.1%.....           | 45      |
| romidepsin.....           | 26  | SALINE-PHENOL.....               | 100 | SFROWASA.....              | 90      |
| ROMVIMZA.....             | 26  | SANCUSO.....                     | 19  | sharobel.....              | 84      |
| ropinirole hcl.....       | 29  | SANDIMMUNE.....                  | 88  | SHARPS CONTAINER.....      | 100     |
| ropinirole hcl er.....    | 29  | SANDOSTATIN.....                 | 80  | SIDESTREAM ADULT FACE      |         |
| ropivacaine hcl.....      | 8   | SANTYL.....                      | 49  | MASK.....                  | 100     |
| ROPIVACAINE HCL-NACL..... | 8   | SAPHNELO.....                    | 88  | SIDESTREAM PEDIATRIC       |         |
| rosuvastatin calcium..... | 41  | SAPHRIS.....                     | 30  | FACE MASK.....             | 100     |
| rosyrah.....              | 84  | sapropterin dihydrochloride..... | 76  | SIGNIFOR.....              | 80      |
| roweepra.....             | 16  | SARCLISA.....                    | 26  | SIGNIFOR LAR.....          | 80      |
| ROXICODONE.....           | 5   | SAVAYSA.....                     | 14  | sildenafil citrate.....    | 77, 109 |
| ROXYBOND.....             | 5   | SAVELLA.....                     | 44  | SILIGENTLE AG FOAM         |         |
| ROZLYTREK.....            | 26  | SAVELLA TITRATION PACK.....      | 44  | DRESSING.....              | 49      |
| RUBRACA.....              | 26  | SAVI DUAL.....                   | 100 | SILIGENTLE AG SILVER FOAM  |         |
| rufinamide.....           | 16  | saxagliptin hcl.....             | 51  | DRES.....                  | 49      |
| RUKOBIA.....              | 32  | saxagliptin-metformin er.....    | 51  | SILIQ.....                 | 88      |
| RUSCH FLOCATH QUICK 16FR  |     | SAXENDA.....                     | 44  | silodosin.....             | 77      |
| .....                     | 100 | SCEMBLIX.....                    | 26  | SILVADENE.....             | 12      |
| RUXIENCE.....             | 26  | SCENESSE.....                    | 49  | silver sulfadiazine.....   | 13      |
| RYALTRIS.....             | 106 | SCLEROSOL INTRAPLEURAL.....      | 108 | SILVERSEAL HYDROGEL        |         |
| RYANODEX.....             | 110 | scopolamine.....                 | 19  | DRESSING.....              | 49      |
| RYBELSUS.....             | 51  | SECUADO.....                     | 30  | SIMBRINZA.....             | 103     |
| RYBREVANT.....            | 26  | SEGLUOMET.....                   | 51  | SIMLANDI (1 PEN).....      | 88      |
| RYCLORA.....              | 106 | SELARSDI.....                    | 88  | SIMLANDI (1 SYRINGE).....  | 88      |
| RYDAPT.....               | 26  | SELECT-OB.....                   | 71  | SIMLANDI (2 PEN).....      | 88      |
| RYKINDO.....              | 30  | SELECT-OB+DHA.....               | 71  | SIMLANDI (2 SYRINGE).....  | 88      |
| RYLAZE.....               | 26  | selegiline hcl.....              | 29  | simliya.....               | 84      |
| RYSTIGGO.....             | 100 | selenium sulfide.....            | 49  | simpesse.....              | 84      |
| RYTARY.....               | 29  | SELZENTRY.....                   | 32  | SIMPONI.....               | 88      |
| RYTELO.....               | 26  | SEMGLEE (YFGN).....              | 66  | SIMPONI ARIA.....          | 88      |
| S.T. GENESIS NERVE        |     | SENSIPAR.....                    | 90  | SIMULECT.....              | 88      |
| STIMULATOR.....           | 100 | SENSORCAINE.....                 | 8   | simvastatin.....           | 41      |
| SABRIL.....               | 16  | SENSORCAINE/EPINEPHRINE.....     | 9   | SINEMET.....               | 29      |
| sacubitril-valsartan..... | 41  | SENSORCAINE-MPF.....             | 9   | SINGULAIR.....             | 108     |
| SAFE-SENSE EARLOOP FACE   |     | SENSORCAINE-                     |     | sirolimus.....             | 88      |
| MASK.....                 | 100 | MPF/EPINEPHRINE.....             | 9   | SIRTURO.....               | 22      |
| SAFE-SENSE GLOVE-BLUE-    |     | SEREVENT DISKUS.....             | 108 | SITAGLIPT BASE-METFORM     |         |
| NITRL-L.....              | 100 | SEROQUEL.....                    | 30  | HCL ER.....                | 51      |
| SAFE-SENSE GLOVE-BLUE-    |     | SEROQUEL XR.....                 | 30  | SITAGLIPTIN.....           | 51      |
| NITRL-M.....              | 100 | SEROSTIM.....                    | 74  | SITAGLIPTIN BASE-          |         |
| SAFE-SENSE GLOVE-BLUE-    |     | SERTRALINE HCL.....              | 18  | METFORMIN HCL.....         | 51      |
| NITRL-S.....              | 100 | sertraline hcl.....              | 18  | SIVEXTRO.....              | 13      |
| SAFE-SENSE GLOVE-BLUE-    |     | setlakin.....                    | 84  | SKINEEZ TED STOCKINGS..... | 100     |
| NITRL-XL.....             | 100 | sevelamer carbonate.....         | 76  | SKYCLARYS.....             | 42      |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



|                                     |         |                            |     |                                   |     |
|-------------------------------------|---------|----------------------------|-----|-----------------------------------|-----|
| SKYRIZI.....                        | 89      | sodium saccharin.....      | 100 | SPS (SODIUM POLYSTYRENE           |     |
| SKYRIZI PEN.....                    | 89      | sodium thiosulfate.....    | 100 | SULF).....                        | 71  |
| SKYTROFA.....                       | 80      | SOFDRA.....                | 49  | sronyx.....                       | 84  |
| SLYND.....                          | 84      | SOFOSBUVIR-VELPATASVIR.... | 32  | ssd.....                          | 13  |
| SMARTEST BLOOD GLUCOSE              |         | SOGROYA.....               | 80  | STEGLATRO.....                    | 51  |
| TEST.....                           | 62      | SOHONOS.....               | 100 | STEGLUJAN.....                    | 51  |
| SMARTEST CONTROL                    |         | SOLESTA.....               | 100 | STELARA.....                      | 89  |
| MEDIUM.....                         | 62      | solifenacin succinate..... | 77  | STENDRA.....                      | 77  |
| SMARTEST EJECT.....                 | 62      | SOLQUA.....                | 51  | STEQUEYMA.....                    | 89  |
| SMARTEST EJECT STARTER....          | 62      | SOLIRIS.....               | 34  | STERILE DILUENT FLOLAN PH         |     |
| SMARTEST PERSONA                    |         | SOLOSEC.....               | 13  | 12.....                           | 100 |
| STARTER.....                        | 62      | SOLTAMOX.....              | 26  | STERILE DILUENT FOR               |     |
| SMARTEST PRONTO                     |         | SOLU-CORTEF.....           | 78  | REMODYLIN.....                    | 100 |
| STARTER.....                        | 63      | SOLU-MEDROL.....           | 78  | STERILE TALC POWDER.....          | 108 |
| SMARTEST PROTEGE.....               | 63      | SOLU-MEDROL (PF).....      | 78  | STERILE TOPICAL L.E.T. GEL.....   | 9   |
| SMARTEST PROTEGE                    |         | SOLUS V2 BLOOD GLUCOSE     |     | sterile water for injection.....  | 100 |
| STARTER.....                        | 63      | SYSTEM.....                | 63  | STERILE WATER FOR                 |     |
| SMOFLIPID.....                      | 71      | SOLUS V2 CONTROL.....      | 63  | INJECTION.....                    | 100 |
| SOAANZ.....                         | 41      | SOLUS V2 TEST.....         | 63  | sterile water for irrigation..... | 71  |
| sod benz-sod phenylacet.....        | 76      | SOMA.....                  | 110 | STERITALC.....                    | 108 |
| sod citrate-citric acid.....        | 71      | SOMATULINE DEPOT.....      | 80  | STIMUFEND.....                    | 34  |
| sod fluoride-potassium nitrate..... | 45      | SOMAVERT.....              | 80  | STIOLTO RESPIMAT.....             | 108 |
| sodium acetate.....                 | 71      | SONAFINE.....              | 49  | STIVARGA.....                     | 26  |
| sodium bicarbonate.....             | 71      | SOOLANTRA.....             | 49  | STRENSIQ.....                     | 76  |
| SODIUM BICARBONATE.....             | 71      | sorafenib tosylate.....    | 26  | streptomycin sulfate.....         | 13  |
| SODIUM CHLORIDE.....                | 71      | SORBITOL.....              | 100 | STRIBILD.....                     | 32  |
| sodium chloride.....                | 71, 106 | sorbitol-mannitol.....     | 100 | STRIVERDI RESPIMAT.....           | 108 |
| sodium chloride (pf).....           | 71      | SORILUX.....               | 49  | STROMECTOL.....                   | 28  |
| sodium chloride bacteriostatic....  | 100     | sotalol hcl.....           | 41  | SUBLOCADE.....                    | 9   |
| SODIUM CHLORIDE                     |         | sotalol hcl (af).....      | 41  | SUBOXONE.....                     | 9   |
| BACTERIOSTATIC.....                 | 100     | SOTYKTU.....               | 89  | subvenite.....                    | 16  |
| sodium chloride flush.....          | 71      | SOTYLIZE.....              | 41  | subvenite starter kit-blue.....   | 16  |
| SODIUM CITRATE.....                 | 14      | SOVALDI.....               | 32  | subvenite starter kit-green.....  | 16  |
| SODIUM CITRATE LOCK                 |         | SOVUNA.....                | 28  | subvenite starter kit-orange..... | 16  |
| FLUSH.....                          | 14      | SPARKY THE DOG PED         |     | succinylcholine chloride.....     | 44  |
| SODIUM CITRATE-                     |         | NEBULIZER.....             | 100 | SUCCINYLCHOLINE                   |     |
| GENTAMICIN SULF.....                | 14      | SPEVIGO.....               | 89  | CHLORIDE.....                     | 44  |
| sodium fluoride.....                | 45, 71  | SPILL KIT/CHEMOTHERAPY ... | 100 | succinylcholine cl +rfid.....     | 44  |
| sodium fluoride 5000 enamel.....    | 45      | spinosad.....              | 28  | SUCRAID.....                      | 76  |
| sodium fluoride 5000 plus.....      | 45      | SPIRIVA HANDIHALER.....    | 108 | sucrafate.....                    | 73  |
| sodium fluoride 5000 ppm.....       | 45      | SPIRIVA RESPIMAT.....      | 108 | SUFLAVE.....                      | 74  |
| sodium fluoride 5000 sensitive....  | 45      | spironolactone.....        | 41  | sulfacetamide sodium.....         | 103 |
| SODIUM IODIDE I-131.....            | 85      | spironolactone-hctz.....   | 41  | sulfacetamide sodium (acne).....  | 49  |
| sodium nitrite.....                 | 100     | SPORANOX.....              | 20  | sulfacetamide sodium-sulfur.....  | 49  |
| sodium nitroprusside.....           | 41      | SPRAVATO (56 MG DOSE)..... | 18  | sulfacetamide-prednisolone.....   | 104 |
| SODIUM OXYBATE.....                 | 110     | SPRAVATO (84 MG DOSE)..... | 18  | sulfadiazine.....                 | 13  |
| sodium phenylbutyrate.....          | 76      | sprintec 28.....           | 84  | sulfamethoxazole-trimethoprim.... | 13  |
| sodium phosphates.....              | 71      | SPRIX.....                 | 6   | sulfasalazine.....                | 90  |
| sodium polystyrene sulfonate.....   | 71      | SPRYCEL.....               | 26  | sulfatrim pediatric.....          | 13  |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                                    |     |                            |        |                                    |     |
|------------------------------------|-----|----------------------------|--------|------------------------------------|-----|
| sulfurated lime.....               | 28  | SYNVISC ONE.....           | 100    | TECENTRIQ HYBREZA.....             | 27  |
| sulindac.....                      | 6   | SYPRINE.....               | 71     | TECFIDERA.....                     | 43  |
| sumatriptan.....                   | 21  | SYRINGE AVITENE.....       | 100    | TECHLITE LANCETS 26G.....          | 63  |
| sumatriptan succinate.....         | 21  | SYRINGE LUER LOCK.....     | 100    | TECHLITE PLUS PEN                  |     |
| sumatriptan succinate refill       |     | SYRINGE LUER SLIP.....     | 100    | NEEDLES.....                       | 101 |
| subcutaneous solution cartridge... | 21  | SYRINGE PRECISEDOSAGE      |        | TECVAYLI.....                      | 27  |
| sunitinib malate.....              | 26  | DISPENSER.....             | 101    | TEFLARO.....                       | 13  |
| SUNLENCA.....                      | 32  | T.E.D. KNEE LENGTH/LARGE.. | 101    | TEGLUTIK.....                      | 44  |
| SUNOSI.....                        | 110 | TABLOID.....               | 26     | TEGRETOL.....                      | 16  |
| SUPARTZ FX.....                    | 100 | TABRECTA.....              | 26     | TEGRETOL-XR.....                   | 16  |
| SUPPRELIN LA.....                  | 80  | TACLONEX.....              | 49     | TEKTRUNA.....                      | 41  |
| SUPREME II HIGH/LOW                |     | tacrolimus.....            | 49, 89 | TELFAM AMD ISLAND                  |     |
| CONTROL.....                       | 63  | tadalafil.....             | 77     | DRESSING.....                      | 101 |
| SUPREME TEST.....                  | 63  | tadalafil (pah).....       | 109    | TELFAM AMD NON-ADHERENT..          | 101 |
| SUPREP BOWEL PREP KIT.....         | 75  | TADLIQ.....                | 109    | telmisartan.....                   | 41  |
| SURGICAL FACE MASK/NIOSH           |     | TAFINLAR.....              | 26     | telmisartan-amlodipine.....        | 41  |
| N95.....                           | 100 | tafluprost (pf).....       | 103    | telmisartan-hctz.....              | 41  |
| SURGICEL FIBRILLAR.....            | 100 | TAGRISSO.....              | 26     | temazepam.....                     | 110 |
| SURGICEL NU-KNIT.....              | 100 | TAI DOC CONTROL.....       | 63     | TEMBEXA.....                       | 32  |
| SURGICEL SNOW 1"X2".....           | 100 | TAKHZYRO.....              | 89     | TEMODAR.....                       | 27  |
| SURGICEL SNOW 2"X4".....           | 100 | TALICIA.....               | 75     | temozolomide.....                  | 27  |
| SURGICEL SNOW 4"X4".....           | 100 | TALTZ.....                 | 89     | TEMPO REFILL.....                  | 63  |
| SURGIFOAM.....                     | 100 | TALVEY.....                | 26     | TEMPO SMART BUTTON.....            | 63  |
| SURVANTA.....                      | 106 | TALZENNA.....              | 27     | TEMPO WELCOME.....                 | 63  |
| SUSTOL.....                        | 19  | TAMIFLU.....               | 32     | temsirolimus.....                  | 89  |
| SUSVIMO (IMPLANT 1ST FILL)         | 104 | tamoxifen citrate.....     | 27     | TENCON.....                        | 5   |
| SUSVIMO (IMPLANT REFILL)...        | 104 | tamsulosin hcl.....        | 77     | tenofovir disoproxil fumarate..... | 32  |
| SUTAB.....                         | 75  | TARGADOX.....              | 13     | TENORETIC 100.....                 | 41  |
| SUTENT.....                        | 26  | TARGRETIN.....             | 27     | TENORETIC 50.....                  | 41  |
| syeda.....                         | 84  | tarina 24 fe.....          | 84     | TENORMIN.....                      | 41  |
| SYFOVRE.....                       | 104 | tarina fe 1/20 eq.....     | 84     | TEPADINA.....                      | 27  |
| SYLVANT.....                       | 26  | TARPEYO.....               | 90     | TEPEZZA.....                       | 80  |
| SYMBICORT.....                     | 108 | TASCENSO ODT.....          | 43     | TEPMETKO.....                      | 27  |
| SYMBYAX.....                       | 18  | TASIGNA.....               | 27     | terazosin hcl.....                 | 77  |
| SYMDEKO.....                       | 108 | tasimelteon.....           | 110    | terbinafine hcl.....               | 20  |
| SYMFI.....                         | 32  | TASMAR.....                | 29     | terbutaline sulfate.....           | 108 |
| SYMPAZAN.....                      | 16  | TAURINE.....               | 71     | terconazole.....                   | 20  |
| SYMPROIC.....                      | 75  | tavaborole.....            | 20     | teriflunomide.....                 | 43  |
| SYMTUZA.....                       | 32  | TAVALISSE.....             | 34     | teriparatide.....                  | 90  |
| SYNAGIS.....                       | 89  | TAVNEOS.....               | 101    | TERIPARATIDE.....                  | 90  |
| SYNALAR.....                       | 49  | taysofy.....               | 84     | TESTIM.....                        | 79  |
| SYNAREL.....                       | 80  | TAYTULLA.....              | 84     | TESTOPEL.....                      | 79  |
| SYNDROS.....                       | 19  | tazarotene.....            | 50     | testosterone.....                  | 79  |
| SYNJARDY.....                      | 51  | TAZAROTENE.....            | 50     | testosterone cypionate.....        | 79  |
| SYNJARDY XR.....                   | 51  | tazicef.....               | 13     | testosterone enanthate.....        | 79  |
| SYNOJOYNT.....                     | 100 | TAZICEF.....               | 13     | tetrabenazine.....                 | 44  |
| SYNTHERMA PLUS.....                | 9   | TAZORAC.....               | 50     | tetracaine hcl.....                | 104 |
| SYNTHROID.....                     | 85  | TAZVERIK.....              | 27     | tetracycline hcl.....              | 13  |
| SYNVISC.....                       | 100 | TECENTRIQ.....             | 27     | TEVIMBRA.....                      | 27  |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                                   |         |                                 |               |                                    |            |
|-----------------------------------|---------|---------------------------------|---------------|------------------------------------|------------|
| TEZSPIRE.....                     | 108     | TLANDO.....                     | 79            | trandolapril.....                  | 41         |
| TGT BLOOD GLUCOSE TEST....        | 63      | TM-DAILY VITE.....              | 71            | trandolapril-verapamil hcl er..... | 41         |
| THALITONE.....                    | 41      | TM-VITE RX.....                 | 71            | tranexamic acid.....               | 34, 35     |
| THALOMID.....                     | 27      | TNKASE.....                     | 14            | tranexamic acid-nacl.....          | 35         |
| THAM.....                         | 71      | TOBI NEBULIZER.....             | 108           | tranylcypromine sulfate.....       | 18         |
| THE LIQUILIFT TRACE.....          | 71      | TOBI PODHALER.....              | 108           | TRAVASOL.....                      | 71         |
| THEO-24.....                      | 108     | TOBRADEX.....                   | 103           | TRAVATAN Z.....                    | 104        |
| theophylline.....                 | 108     | TOBRADEX ST.....                | 103           | travoprost (bak free).....         | 104        |
| theophylline er.....              | 108     | tobramycin.....                 | 103, 108, 109 | TRAZIMERA.....                     | 27         |
| thiamine hcl.....                 | 71      | TOBRAMYCIN.....                 | 109           | trazodone hcl.....                 | 18         |
| THIOLA.....                       | 77      | tobramycin sulfate.....         | 13            | TREANDA.....                       | 27         |
| THIOLA EC.....                    | 77      | tobramycin-dexamethasone.....   | 103           | TRECATOR.....                      | 22         |
| thioridazine hcl.....             | 30      | TOBREX.....                     | 103           | TRELEGY ELLIPTA.....               | 108        |
| thiotepa.....                     | 27      | TOFIDENCE.....                  | 89            | TRELSTAR MIXJECT.....              | 80         |
| thiothixene.....                  | 30      | TOLAK.....                      | 50            | TREMFYA.....                       | 89         |
| THROMBIN-JMI.....                 | 34      | tolcapone.....                  | 29            | TREMFYA CROHNS                     |            |
| THROMBIN-JMI EPISTAXIS.....       | 34      | TOLECTIN 600.....               | 6             | INDUCTION.....                     | 89         |
| THROMBOGEN.....                   | 34      | TOLSURA.....                    | 20            | TREMFYA ONE-PRESS.....             | 89         |
| THYMOGLOBULIN.....                | 89      | tolterodine tartrate.....       | 77            | TREMFYA PEN.....                   | 89         |
| THYQUIDITY.....                   | 85      | tolterodine tartrate er.....    | 77            | treprostinil.....                  | 109        |
| thyroid.....                      | 85      | tolvaptan.....                  | 71            | TRESIBA.....                       | 66         |
| tiadylt er.....                   | 41      | TOPAMAX.....                    | 16            | TRESIBA FLEXTOUCH.....             | 66         |
| tiagabine hcl.....                | 16      | TOPAMAX SPRINKLE.....           | 16            | tretinoin.....                     | 27, 50     |
| TIAZAC.....                       | 41      | TOPICAL L.E.T.....              | 9             | tretinoin microsphere.....         | 50         |
| TIBSOVO.....                      | 27      | TOPICORT.....                   | 50            | tretinoin microsphere pump.....    | 50         |
| ticagrelor.....                   | 29      | TOPICORT SPRAY.....             | 50            | TRETEN.....                        | 35         |
| TICE BCG.....                     | 27      | topiramate.....                 | 16            | TREXALL.....                       | 89         |
| TIGAN.....                        | 19      | topiramate er.....              | 16            | TREXIMET.....                      | 21         |
| tigecycline.....                  | 13      | topotecan hcl.....              | 27            | TREZIX.....                        | 5          |
| TIGLUTIK.....                     | 44      | TOPROL XL.....                  | 41            | triamcinolone acetonide....        | 45, 50, 78 |
| TIKOSYN.....                      | 41      | toremifene citrate.....         | 27            | TRIAMCINOLONE ACETONIDE..          | 78         |
| tilia fe.....                     | 84      | TORISEL.....                    | 89            | TRIAMCINOLONE DIACETATE...         | 78         |
| timolol hemihydrate.....          | 103     | torpenz.....                    | 27            | TRIAMCINOLONE-                     |            |
| timolol maleate.....              | 41, 104 | torsemide.....                  | 41            | BUPIVACAINE.....                   | 78         |
| timolol maleate (once-daily)..... | 103     | TOSYMRA.....                    | 21            | TRI-AMINO.....                     | 71         |
| timolol maleate ocudose.....      | 104     | TOUJEO MAX SOLOSTAR.....        | 66            | triamterene.....                   | 41         |
| timolol maleate pf.....           | 104     | TOUJEO SOLOSTAR.....            | 66            | triamterene-hctz.....              | 41         |
| TIMOPTIC OCUDOSE.....             | 104     | TOVIAZ.....                     | 77            | triazolam.....                     | 33         |
| tinidazole.....                   | 13      | TPOXX.....                      | 32            | TRIBENZOR.....                     | 41         |
| tiopronin.....                    | 77      | TRACLEER.....                   | 109           | TRICITRASOL.....                   | 14         |
| tiotropium bromide monohydrate    | 108     | TRADJENTA.....                  | 52            | TRICOR.....                        | 41         |
| tirofiban hcl in nacl.....        | 29      | TRALEMENT.....                  | 71            | TRIDACAINE II.....                 | 9          |
| TIROSINT.....                     | 85      | TRAMADOL HCL (ER                |               | TRIDACAINE III.....                | 9          |
| TIROSINT-SOL.....                 | 85      | BIPHASIC).....                  | 5             | triderm.....                       | 50         |
| TISSEEL.....                      | 101     | tramadol hcl (er biphasic)..... | 5             | trientine hcl.....                 | 71         |
| TIVDAK.....                       | 27      | tramadol hcl er.....            | 5             | tri-estarylla.....                 | 84         |
| TIVICAY.....                      | 32      | TRAMADOL HCL IR.....            | 5             | trifluoperazine hcl.....           | 30         |
| TIVICAY PD.....                   | 32      | tramadol hcl ir.....            | 5             | trifluridine.....                  | 103        |
| tizanidine hcl.....               | 110     | tramadol-acetaminophen.....     | 5             | trihexyphenidyl hcl.....           | 29         |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                             |     |                              |     |                            |     |
|-----------------------------|-----|------------------------------|-----|----------------------------|-----|
| TRIJARDY XR.....            | 52  | TRUE METRIX AIR GLUCOSE      |     | TZIELD.....                | 52  |
| TRIKAFTA.....               | 109 | METER.....                   | 63  | UBRELVY.....               | 21  |
| tri-legest fe.....          | 84  | TRUE METRIX BLOOD            |     | UCERIS.....                | 90  |
| TRILEPTAL.....              | 16  | GLUCOSE TEST.....            | 63  | UDENYCA.....               | 35  |
| tri-linyah.....             | 84  | TRUE METRIX GO GLUCOSE       |     | UDENYCA ONBODY.....        | 35  |
| tri-lo-estarylla.....       | 84  | METER.....                   | 63  | UDSX MEDICATED SYSTEM....  | 101 |
| tri-lo-marzia.....          | 84  | TRUE METRIX LEVEL 1.....     | 63  | UDSXMP MEDICATED SYSTEM    |     |
| tri-lo-mili.....            | 84  | TRUE METRIX LEVEL 2.....     | 63  | .....                      | 101 |
| tri-lo-sprintec.....        | 84  | TRUE METRIX LEVEL 3.....     | 63  | ULTIGUARD SAFEPAK          |     |
| TRILURON.....               | 101 | TRUE METRIX METER.....       | 63  | SYR/NEEDLE.....            | 66  |
| trimethobenzamide hcl.....  | 19  | TRUE METRIX PRO BLOOD        |     | ULTIVA.....                | 5   |
| trimethoprim.....           | 13  | GLUCOSE.....                 | 63  | ULTOMIRIS.....             | 35  |
| tri-mili.....               | 84  | TRUE MULTIVITAMIN.....       | 72  | ULTRAFOAM SPONGE           |     |
| trimipramine maleate.....   | 18  | TRUERESULT BLOOD             |     | 2X6.25X7CM.....            | 101 |
| TRINTELLIX.....             | 18  | GLUCOSE.....                 | 63  | ULTRAFOAM SPONGE           |     |
| TRIPTODUR.....              | 80  | TRUE TEST TEST.....          | 63  | 8X12.5X1CM.....            | 101 |
| TRISENOX.....               | 27  | TRUE TRACK BLOOD             |     | ULTRAFOAM SPONGE           |     |
| TRISODIUM CITRATE/CRRT..... | 71  | GLUCOSE.....                 | 63  | 8X12.5X3CM.....            | 101 |
| tri-sprintec.....           | 84  | TRUE TRACK SMART SYSTEM..    | 63  | ULTRAFOAM SPONGE           |     |
| TRISTART DHA.....           | 71  | TRUE TRACK TEST.....         | 63  | 8X25X1CM.....              | 101 |
| TRIUMEQ.....                | 32  | TRULANCE.....                | 75  | ULTRAFOAM SPONGE           |     |
| TRIUMEQ PD.....             | 32  | TRULICITY.....               | 52  | 8X6.25X1CM.....            | 101 |
| TRIVIA COMPLETE.....        | 71  | TRUQAP.....                  | 27  | ULTRAVATE.....             | 50  |
| TRIVISC.....                | 101 | TRUVADA.....                 | 32  | UMECLIDINIUM-VILANTEROL..  | 108 |
| TRI-VITAMIN WITH FLUORIDE.. | 71  | TRUXIMA.....                 | 27  | UNASYN.....                | 13  |
| tri-vylibra.....            | 84  | TRUZONE PEAK FLOW METER      |     | UNDECATREX.....            | 79  |
| tri-vylibra lo.....         | 84  | .....                        | 101 | UNIFINE OTC PEN NEEDLES... | 101 |
| TRODELVY.....               | 27  | TRYNGOLZA.....               | 41  | UNIFINE PROTECT PEN        |     |
| TROGARZO.....               | 32  | TRYVIO.....                  | 41  | NEEDLE.....                | 101 |
| TROKENDI XR.....            | 16  | TUDORZA PRESSAIR.....        | 108 | UNISTRIIP CONTROL.....     | 63  |
| tromethamine.....           | 71  | TUKYSA.....                  | 27  | UNISTRIIP1 GENERIC.....    | 63  |
| TRONVITE.....               | 71  | TURALIO.....                 | 27  | unithroid.....             | 85  |
| TROPHAMINE.....             | 71  | turqoz.....                  | 84  | UNITUXIN.....              | 27  |
| TROPICAMIDE-                |     | TWIRLA.....                  | 84  | UPLIZNA.....               | 89  |
| PHENYLEPHRINE.....          | 104 | TYBLUME.....                 | 84  | UPNEEQ.....                | 103 |
| TROPIC-CYCLOPENT-PE-        |     | TYBOST.....                  | 32  | UPTRAVI.....               | 109 |
| KETOROLAC.....              | 105 | TYENNE.....                  | 89  | UPTRAVI TITRATION.....     | 109 |
| TROPIC-CYCLOP-PE-KETO-      |     | TYGACIL.....                 | 13  | urea.....                  | 50  |
| PROPAR.....                 | 105 | TYMLOS.....                  | 90  | URSODIOL.....              | 75  |
| tropium chloride.....       | 77  | TYRVAYA.....                 | 105 | ursodiol.....              | 75  |
| tropium chloride er.....    | 77  | TYSABRI.....                 | 43  | USTEKINUMAB.....           | 89  |
| TRUDHESA.....               | 21  | TYVASO.....                  | 109 | USTEKINUMAB-AEKN.....      | 89  |
| TRUE COMFORT SAFETY PEN     |     | TYVASO DPI INSTITUTIONAL     |     | USTEKINUMAB-TTWE.....      | 89  |
| NEEDLE.....                 | 101 | KIT.....                     | 109 | UVADEX.....                | 27  |
| TRUE DAILY VITE.....        | 72  | TYVASO DPI MAINTENANCE       |     | UZEDY.....                 | 30  |
| TRUE FOCUS BLOOD            |     | KIT.....                     | 109 | VABOMERE.....              | 13  |
| GLUCOSE METER.....          | 63  | TYVASO DPI TITRATION KIT.... | 109 | VABRINTY.....              | 80  |
| TRUE FOCUS BLOOD            |     | TYVASO REFILL KIT.....       | 109 | VABYSMO.....               | 105 |
| GLUCOSE STRIP.....          | 63  | TYVASO STARTER KIT.....      | 109 | VAFSEO.....                | 35  |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                                     |     |                               |     |                           |     |
|-------------------------------------|-----|-------------------------------|-----|---------------------------|-----|
| VAGIFEM.....                        | 84  | VECTIBIX.....                 | 27  | VERIFINE SAFE LANCET MINI |     |
| valacyclovir hcl.....               | 32  | VECTICAL.....                 | 50  | 23G.....                  | 63  |
| VALCHLOR.....                       | 27  | VECURONIUM BROMIDE.....       | 44  | VERIFINE SAFE LANCET MINI |     |
| valganciclovir hcl.....             | 32  | vecuronium bromide.....       | 44  | 28G.....                  | 63  |
| VALIUM.....                         | 33  | VEGZELMA.....                 | 27  | VERIFINE SAFE LANCET MINI |     |
| valproate sodium.....               | 16  | VEKLURY.....                  | 32  | 30G.....                  | 63  |
| valproic acid.....                  | 16  | VELCADE.....                  | 27  | VERISAFE SAFETY STERILE   |     |
| valrubicin.....                     | 27  | VELETRI.....                  | 109 | NEEDLE.....               | 101 |
| VALSARTAN.....                      | 41  | velivet.....                  | 84  | VERKAZIA.....             | 105 |
| valsartan.....                      | 41  | VELPHORO.....                 | 77  | VERQUVO.....              | 41  |
| valsartan-hydrochlorothiazide.....  | 41  | VELSIPITY.....                | 89  | VERSACLOZ.....            | 30  |
| VALSTAR.....                        | 27  | VELTASSA.....                 | 72  | VERSAPAP.....             | 101 |
| VALTOCO 10 MG DOSE.....             | 16  | VEMLIDY.....                  | 32  | VERSAPAP W/UNIVERSAL      |     |
| VALTOCO 15 MG DOSE.....             | 16  | VENCLEXTA.....                | 27  | TUBING.....               | 101 |
| VALTOCO 20 MG DOSE.....             | 16  | VENCLEXTA STARTING PACK..     | 27  | VERZENIO.....             | 27  |
| VALTOCO 5 MG DOSE.....              | 16  | VENELEX.....                  | 50  | VESICARE.....             | 77  |
| VALTREX.....                        | 32  | VENEXA.....                   | 72  | VESICARE LS.....          | 77  |
| valtya 1/50.....                    | 84  | VENEXA FE.....                | 72  | vestura.....              | 84  |
| vancomycin hcl.....                 | 13  | VENIPUNCTURE PX1              |     | VEVYE.....                | 105 |
| VANCOMYCIN HCL IN                   |     | PHLEBOTOMY.....               | 9   | VFEND.....                | 20  |
| DEXTROSE.....                       | 13  | VENLAFAXINE BESYLATE ER...    | 18  | VFEND IV.....             | 20  |
| vancomycin hcl in dextrose.....     | 13  | venlafaxine hcl.....          | 18  | VIAGRA.....               | 77  |
| vancomycin hcl in nacl.....         | 13  | venlafaxine hcl er.....       | 18  | VIBATIV.....              | 13  |
| VANCOMYCIN HCL IN NACL.....         | 13  | VENOFER.....                  | 72  | VIBERZI.....              | 75  |
| VANDAZOLE.....                      | 13  | VENTAVIS.....                 | 109 | VIBRANT.....              | 75  |
| VANFLYTA.....                       | 27  | VENTOLIN HFA.....             | 108 | VIBRANT STARTER KIT.....  | 75  |
| VANISH.....                         | 45  | VENTRIXYL.....                | 72  | VICTOZA.....              | 52  |
| VANRAFIA.....                       | 77  | VENTRIXYL FE.....             | 72  | VIDAZA.....               | 27  |
| VAPRO PLUS CATHETER                 |     | VENXXIVA.....                 | 77  | vienva.....               | 84  |
| 12FR/16".....                       | 101 | VEOPOZ.....                   | 89  | vigabatrin.....           | 16  |
| VAPRO PLUS CATHETER                 |     | VEOZAH.....                   | 101 | VIGADRONE.....            | 16  |
| 12FR/8".....                        | 101 | verapamil hcl.....            | 41  | VIGAFYDE.....             | 16  |
| VAPRO PLUS CATHETER                 |     | verapamil hcl er.....         | 41  | VIGAMOX.....              | 103 |
| 14FR/16".....                       | 101 | VERASENS BLOOD GLUCOSE        |     | VIJOICE.....              | 27  |
| VAPRO PLUS CATHETER                 |     | METER.....                    | 63  | vilazodone hcl.....       | 18  |
| 14FR/8".....                        | 101 | VERASENS BLOOD GLUCOSE        |     | VILTEPSO.....             | 76  |
| varenicline tartrate.....           | 9   | SYSTEM.....                   | 63  | VIMIZIM.....              | 76  |
| varenicline tartrate (starter)..... | 9   | VERASENS BLOOD GLUCOSE        |     | VIMOVO.....               | 6   |
| varenicline tartrate(continue)..... | 9   | TEST.....                     | 63  | VIMPAT.....               | 16  |
| VARITHENA.....                      | 41  | VERASENS GLUCOSE              |     | vinblastine sulfate.....  | 27  |
| VARUBI (180 MG DOSE).....           | 19  | CONTROL.....                  | 63  | vincristine sulfate.....  | 27  |
| VASCEPA.....                        | 41  | VERELAN.....                  | 41  | vinorelbine tartrate..... | 27  |
| vasopressin.....                    | 80  | VERIFINE INSULIN PEN          |     | VIOKACE.....              | 76  |
| vasopressin +rfid.....              | 80  | NEEDLE.....                   | 101 | viorele.....              | 84  |
| VASOPRESSIN-SODIUM                  |     | VERIFINE INSULIN SYRINGE..... | 66  | VIRACEPT.....             | 32  |
| CHLORIDE.....                       | 80  | VERIFINE PLUS PEN NEEDLE..... | 101 | VIREAD.....               | 32  |
| VASOSTRICT.....                     | 81  | VERIFINE SAFE LANCET MINI     |     | VISCO-3.....              | 101 |
| VAZCULEP.....                       | 41  | 21G.....                      | 63  | VISTOGARD.....            | 101 |
| VECAMYL.....                        | 41  |                               |     | VISUDYNE.....             | 105 |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



|                                 |    |                                    |     |                              |     |
|---------------------------------|----|------------------------------------|-----|------------------------------|-----|
| VITACORE.....                   | 72 | VORTEX VALVE CHAMBER-              |     | XALATAN.....                 | 104 |
| VITAFOL FE+.....                | 72 | PEDI MASK.....                     | 101 | XALIX.....                   | 50  |
| VITAFOL GUMMIES.....            | 72 | VORTEX VALVED HOLDING              |     | XALKORI.....                 | 27  |
| VITAFOL ULTRA.....              | 72 | CHAMBER.....                       | 101 | XANAX.....                   | 33  |
| VITAFOL-OB.....                 | 72 | VOSEVI.....                        | 32  | XANAX XR.....                | 33  |
| VITAFOL-OB+DHA.....             | 72 | VOWST.....                         | 75  | xarah fe.....                | 85  |
| VITAFOL-ONE.....                | 72 | VOXZOGO.....                       | 76  | XARELTO.....                 | 14  |
| VITALARA.....                   | 72 | VOYDEYA.....                       | 35  | XARELTO STARTER PACK.....    | 14  |
| vitamin d (ergocalciferol)..... | 72 | VPRIV.....                         | 76  | XATMEP.....                  | 89  |
| vitamin k1.....                 | 72 | VRAYLAR.....                       | 30  | XCOPRI.....                  | 16  |
| VITA-PAC.....                   | 72 | VTAMA.....                         | 50  | XDEMVI.....                  | 103 |
| VITASURE.....                   | 72 | VUITY.....                         | 104 | XELJANZ.....                 | 89  |
| VITATHELY WITH GINGER.....      | 72 | VUMERITY.....                      | 43  | XELJANZ XR.....              | 89  |
| VITRAKVI.....                   | 27 | VYALEV.....                        | 29  | XELPROS.....                 | 104 |
| VITRAMYN.....                   | 72 | VYEPTI.....                        | 21  | xelria fe.....               | 85  |
| VITRANOL.....                   | 72 | vyfemla.....                       | 85  | XELSTRYM.....                | 42  |
| VITRANOL FE.....                | 72 | VYLEESI.....                       | 44  | XEMBIFY.....                 | 89  |
| VITREXATE.....                  | 72 | vylibra.....                       | 85  | XENICAL.....                 | 44  |
| VITREXATE FE.....               | 72 | VYLOY.....                         | 27  | XEOMIN.....                  | 101 |
| VITREXYL.....                   | 72 | VYNDAMAX.....                      | 41  | XERAC AC.....                | 50  |
| VITREXYL + IRON.....            | 72 | VYNDAQEL.....                      | 41  | XERAVA.....                  | 13  |
| VIVAGUARD INO CONTROL           |    | VYONDYS 53.....                    | 76  | XERMELO.....                 | 75  |
| SOLUTION.....                   | 63 | VYTORIN.....                       | 41  | XEROFORM OCCLUSIVE           |     |
| VIVAGUARD INO GLUCOSE           |    | VYVANSE.....                       | 42  | GAUZE PATCH.....             | 50  |
| METER.....                      | 63 | VYVGART.....                       | 22  | XEROFORM OIL EMULSION        |     |
| VIVAGUARD INO SMART GLUC        |    | VYVGART HYTRULO.....               | 22  | 2"X2".....                   | 50  |
| METER.....                      | 63 | VYXEOS.....                        | 27  | XEROFORM OIL EMULSION        |     |
| VIVAGUARD INO TEST STRIPS.....  | 63 | VYZULTA.....                       | 104 | GAUZE.....                   | 50  |
| VIVAGUARD LANCETS 30G.....      | 63 | WAINUA.....                        | 44  | XEROFORM OIL EMULSION        |     |
| VIVAGUARD LANCING DEVICE.....   | 63 | WAKIX.....                         | 110 | STRIP.....                   | 50  |
| VIVAGUARD SAFETY                |    | warfarin sodium.....               | 14  | XEROFORM OIL ROLL 4"X9'..... | 50  |
| LANCETS 28G.....                | 63 | water for irrigation, sterile..... | 72  | XEROFORM PETROLAT            |     |
| VIVELLE-DOT.....                | 84 | WEGOVY.....                        | 44  | GAUZE 1"X8".....             | 50  |
| VIVIMUSTA.....                  | 27 | WELCHOL.....                       | 41  | XEROFORM PETROLAT            |     |
| VIVITROL.....                   | 9  | WELIREG.....                       | 27  | GAUZE 5"X9".....             | 50  |
| VIVJOA.....                     | 20 | WELLBUTRIN SR.....                 | 18  | XEROFORM PETROLAT            |     |
| VIZIMPRO.....                   | 27 | WELLBUTRIN XL.....                 | 18  | PATCH 2"X2".....             | 50  |
| VOCABRIA.....                   | 32 | WELLFOLA.....                      | 72  | XEROFORM PETROLAT            |     |
| VOGELXO.....                    | 79 | wera.....                          | 85  | PATCH 4"X4".....             | 50  |
| VOGELXO PUMP.....               | 79 | wes-phos 250 neutral.....          | 72  | XEROFORM PETROLATUM          |     |
| volnea.....                     | 84 | WESTGEL DHA.....                   | 72  | DRES 4"X4".....              | 50  |
| VONJO.....                      | 27 | WILATE.....                        | 35  | XEROFORM PETROLATUM          |     |
| VONVENDI.....                   | 35 | WINLEVI.....                       | 50  | DRES 5"X9".....              | 50  |
| VOQUEZNA.....                   | 73 | WINREVAIR.....                     | 109 | XEROFORM PETROLATUM          |     |
| VOQUEZNA DUAL PAK.....          | 75 | WINRHO SDF.....                    | 89  | ROLL 4"X9'.....              | 50  |
| VOQUEZNA TRIPLE PAK.....        | 75 | wixela inhub.....                  | 108 | XGEVA.....                   | 90  |
| VORANIGO.....                   | 27 | wymzya fe.....                     | 85  | XHANCE.....                  | 106 |
| VORAXAZE.....                   | 27 | WYNZORA.....                       | 50  | XIAFLEX.....                 | 101 |
| voriconazole.....               | 20 | XACIATO.....                       | 13  | XIFAXAN.....                 | 14  |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**



|                            |     |                          |     |                             |     |
|----------------------------|-----|--------------------------|-----|-----------------------------|-----|
| XIGDUO XR.....             | 52  | YONI FIT BLADDER SUPPORT |     | ZERBAXA.....                | 14  |
| XIIDRA.....                | 105 | KIT 1.....               | 101 | ZERVIATE.....               | 103 |
| XOFIGO.....                | 27  | YONI FIT BLADDER SUPPORT |     | ZESTRIL.....                | 41  |
| XOFLUZA (40 MG DOSE).....  | 32  | KIT 2.....               | 101 | ZETIA.....                  | 41  |
| XOFLUZA (80 MG DOSE).....  | 32  | YONI FIT BLADDER SUPPORT |     | ZEVALIN Y-90.....           | 28  |
| XOLAIR.....                | 108 | KIT 3.....               | 101 | ZEWA DIGITAL TENS UNIT..... | 102 |
| XOLREMDI.....              | 35  | YONI FIT BLADDER SUPPORT |     | ZEWA TENS/EMS COMBO         |     |
| XOPENEX HFA.....           | 108 | KIT 4.....               | 101 | UNIT.....                   | 102 |
| XOSPATA.....               | 27  | YONI FIT BLADDER SUPPORT |     | ZIAGEN.....                 | 32  |
| XPHOZAH.....               | 101 | KIT 5.....               | 101 | ZIANA.....                  | 50  |
| XPOVIO (100 MG ONCE        |     | YONSA.....               | 28  | zidovudine.....             | 32  |
| WEEKLY).....               | 27  | YORVIPATH.....           | 102 | ZIEXTENZO.....              | 35  |
| XPOVIO (40 MG ONCE         |     | YOSPRALA.....            | 29  | ZIIHERA.....                | 28  |
| WEEKLY).....               | 27  | YUFLYMA (1 PEN).....     | 89  | ZILBRYSQ.....               | 102 |
| XPOVIO (40 MG TWICE        |     | YUFLYMA (2 PEN).....     | 89  | ZILXI.....                  | 50  |
| WEEKLY).....               | 27  | YUFLYMA (2 SYRINGE)..... | 89  | ZIMHI.....                  | 9   |
| XPOVIO (60 MG ONCE         |     | YUFLYMA-CD/UC/HS STARTER | 89  | zinc chloride.....          | 72  |
| WEEKLY).....               | 27  | YUPELRI.....             | 108 | zinc sulfate.....           | 72  |
| XPOVIO (60 MG TWICE        |     | YUSIMRY.....             | 89  | ZINPLAVA.....               | 89  |
| WEEKLY).....               | 27  | yuvaferm.....            | 85  | ZIOPTAN.....                | 104 |
| XPOVIO (80 MG ONCE         |     | zafemy.....              | 85  | ZIPHEX.....                 | 72  |
| WEEKLY).....               | 28  | zafirlukast.....         | 108 | ziprasidone hcl.....        | 30  |
| XPOVIO (80 MG TWICE        |     | zaleplon.....            | 110 | ziprasidone mesylate.....   | 30  |
| WEEKLY).....               | 28  | ZALTRAP.....             | 28  | ZIPSOR.....                 | 6   |
| XTAMPZA ER.....            | 5   | ZALVIT.....              | 72  | ZIRABEV.....                | 28  |
| XTANDI.....                | 28  | ZANAFLEX.....            | 110 | ZIRGAN.....                 | 103 |
| xulane.....                | 85  | ZARONTIN.....            | 16  | ZITHROMAX.....              | 14  |
| XULTOPHY.....              | 52  | ZARXIO.....              | 35  | ZITHROMAX TRI-PAK.....      | 14  |
| XURIDEN.....               | 76  | ZAVZPRET.....            | 21  | ZITHROMAX Z-PAK.....        | 14  |
| XYLOCAINE.....             | 9   | ZEGALOGUE.....           | 64  | ZITUVIMET.....              | 52  |
| XYLOCAINE MPF +RFID.....   | 9   | ZEJULA.....              | 28  | ZITUVIMET XR.....           | 52  |
| XYLOCAINE/EPINEPHRINE..... | 9   | ZELBORAF.....            | 28  | ZITUVIO.....                | 52  |
| XYLOCAINE-MPF.....         | 9   | ZELDANA.....             | 72  | ZOCOR.....                  | 42  |
| XYLOCAINE-MPF +RFID.....   | 9   | ZEMAIRA.....             | 108 | ZOKINVY.....                | 102 |
| XYLOCAINE-                 |     | ZEMBRACE SYMTOUCH.....   | 21  | ZOLADEX.....                | 81  |
| MPF/EPINEPHRINE.....       | 9   | ZEMDRI.....              | 14  | zoledronic acid.....        | 90  |
| XYNTHA.....                | 35  | ZEMPLAR.....             | 90  | ZOLINZA.....                | 28  |
| XYNTHA SOLOFUSE.....       | 35  | zenatane.....            | 50  | zolmitriptan.....           | 21  |
| XYOSTED.....               | 79  | ZENIFIBER AG.....        | 50  | ZOLOFT.....                 | 18  |
| XYREM.....                 | 110 | ZENIFOAM AG.....         | 50  | ZOLPIDEM TARTRATE.....      | 110 |
| XYWAV.....                 | 110 | ZENPEP.....              | 76  | zolpidem tartrate.....      | 110 |
| yargesa.....               | 76  | ZENZEDI.....             | 42  | zolpidem tartrate er.....   | 110 |
| YASMIN 28.....             | 85  | ZEPATIER.....            | 32  | ZOMACTON.....               | 81  |
| YAZ.....                   | 85  | ZEPBOUND.....            | 45  | ZOMIG.....                  | 21  |
| YCANTH.....                | 50  | ZEPOSIA.....             | 43  | ZONEGRAN.....               | 17  |
| YERVOY.....                | 28  | ZEPOSIA 7-DAY STARTER    |     | ZONISADE.....               | 17  |
| YESINTEK.....              | 89  | PACK.....                | 43  | zonisamide.....             | 17  |
| YONDELIS.....              | 28  | ZEPOSIA STARTER KIT..... | 43  | ZONTIVITY.....              | 29  |
|                            |     | ZEPZELCA.....            | 28  | ZORTRESS.....               | 89  |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**  
**Atrium Health**

|                            |        |
|----------------------------|--------|
| ZORYVE.....                | 50, 51 |
| ZOSYN.....                 | 14     |
| zovia 1/35 (28).....       | 85     |
| ZOVIRAX.....               | 32     |
| ZTALMY.....                | 17     |
| ZTLIDO.....                | 9      |
| ZUBSOLV.....               | 9      |
| zumandimine.....           | 85     |
| ZURZUVAE.....              | 18     |
| ZYCLARA.....               | 51     |
| ZYCLARA PUMP.....          | 51     |
| ZYDELIG.....               | 28     |
| ZYKADIA.....               | 28     |
| ZYLET.....                 | 105    |
| ZYMFENTRA (1 PEN).....     | 89     |
| ZYMFENTRA (2 PEN).....     | 89     |
| ZYMFENTRA (2 SYRINGE)..... | 89     |
| ZYNLONTA.....              | 28     |
| ZYNRELEF.....              | 6      |
| ZYNYZ.....                 | 28     |
| ZYPITAMAG.....             | 42     |
| ZYPREXA.....               | 30     |
| ZYTIGA.....                | 28     |
| ZYVOX.....                 | 14     |

Effective August 1, 2025

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

\*ACA: Affordable Care Act medication may be available for \$0 cost

**To view prescription prices, full medication history, and formularies, go to <https://my.atriumhealth.org> then visit Optum Rx**

**Atrium Health**

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

Free services are provided to help you communicate with us, such as letters in other languages or large print. You may also ask to speak with an interpreter. To ask for help, please call the toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), La compañía no discrimina por raza, color, nacionalidad, sexo, edad o discapacidad en actividades y programas de salud.

Se brindan servicios gratuitos para ayudarle a comunicarse con nosotros, como cartas en otros idiomas o en letra grande. También puede solicitar comunicarse con un intérprete. Para solicitar ayuda, llame al número de teléfono gratuito que figura en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，公司不会基于种族、肤色、国籍、性别、年龄或残疾而在健康计划和活动中歧视任何人。

为帮助您与我们沟通，我们提供一些免费服务，例如用其他语言书写的信件或大字体。您也可以要求与口译员对话。欲寻求帮助，请拨打您的 ID 卡上列出的免费电话号码。



All Optum trademarks and logos are owned by Optum, Inc. in the U.S. and other jurisdictions. All other trademarks are the property of their respective owners.

© 2025 OptumRx, Inc. All rights reserved. WF17152558-A PS 4/25

Premium