



2025 Premium Standard Formulary

Optum Rx®  **Atrium Health®**

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
Tier 1	\$ Lower-cost generics and some brand name	Use tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand name	Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Higher-cost brand name and some generics	Many tier 3 drugs have lower-cost options in tier 1 or 2. Ask your doctor if they could work for you.
Tier E	⊗ Excluded	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.

M Authorized generic or cobranded product

PA **Prior authorization** – Your doctor is required to give Optum Rx more information to determine coverage.

QL **Quantity limit** – Medication may be limited to a certain quantity.

SP **Specialty medication** – Medication is designated as specialty.

ST **Step therapy** – Must try lower-cost medication(s) before a higher-cost medication can be covered

3P 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.....	7
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.....	34
Central Nervous System Agents.....	41
Central Nervous System Agents - Drugs for Attention Deficit Disorder.....	41
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.....	44
Dermatological Agents - Drugs for Skin Conditions.....	45
Diabetes - Antidiabetic Agents.....	50
Diabetes - Glucose Monitoring.....	51
Diabetes - Glycemic Agents.....	63
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.....	74
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions.....	76
Genitourinary Agents - Drugs for Prostate Conditions.....	76
Hormonal Agents - Adrenal.....	77
Hormonal Agents - Men's Health.....	78
Hormonal Agents - Pituitary.....	79
Hormonal Agents - Prostaglandins.....	80
Hormonal Agents - Selective Estrogen Receptor Modifying Agents.....	80
Hormonal Agents - Sex Hormones and Birth Control.....	80
Hormonal Agents - Thyroid.....	84
Immunological Agents - Drugs for Immune System Stimulation or Suppression.....	85
Inflammatory Bowel Disease Agents.....	89
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.....	101
Ophthalmic Agents - Drugs for Glaucoma	102
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....	103
Otic Agents - Drugs for Ear Conditions.....	104
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold.....	104
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions.....	105
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.....	107
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....	108
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	108
Sleep Disorder Agents.....	109

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain					
acetaminophen intravenous solution	TIER 01		DURAMORPH	TIER 03	
acetaminophen-codeine	TIER 01	QL	endocet	TIER 01	QL
APADAZ	EXCLUDED	QL	fentanyl	TIER 01	PA; QL
apap-caff-dihydrocodeine	TIER 01	QL	FENTANYL CITRATE INJECTION SOLUTION PREFILLED SYRINGE 250 MCG/5ML	TIER 03	
ascomp-codeine	TIER 01		fentanyl citrate solution prefilled syringe 100 mcg/2ml injection	TIER 01	
bac (butalbital-acetamin-caff)	TIER 01		FENTANYL CITRATE SOLUTION PREFILLED SYRINGE 100 MCG/2ML INJECTION	TIER 03	
BELBUCA	TIER 02	PA; QL	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	
BENZHYDROCODONE-ACETAMINOPHEN	EXCLUDED	QL	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	
buprenorphine	TIER 01	PA; QL	FIORICET	EXCLUDED	
buprenorphine hcl injection	TIER 01		FIORICET/CODEINE	EXCLUDED	
butalbital-acetaminophen oral tablet 50-325 mg	TIER 01		hydrocodone bitartrate er	TIER 01	PA; QL
butalbital-apap-caff-cod	TIER 01		hydrocodone-acetaminophen	TIER 01	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	TIER 01		hydrocodone-ibuprofen	TIER 01	QL
butalbital-apap-caffeine oral tablet	TIER 01		hydromorphone hcl er	TIER 01	PA; QL
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			

Effective May 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 May 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	Drug Name	Drug Tier	Notes
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	TIER 01		OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	TIER 03	QL
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML	TIER 03		oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	TIER 01	QL
morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml	TIER 01		OXYCONTIN	TIER 02	PA; QL
morphine sulfate oral	TIER 01	QL	oxymorphone hcl	TIER 01	QL
MORPHINE SULFATE-NACL INJECTION	TIER 03		oxymorphone hcl er	TIER 01	PA; QL
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		pentazocine-naloxone hcl	TIER 01	QL
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03		PERCOCET	EXCLUDED	QL
MS CONTIN	EXCLUDED	PA; QL	remifentanil hcl	TIER 01	
nalbuphine hcl injection	TIER 01		ROXICODONE	EXCLUDED	QL
NUCYNTA	EXCLUDED	QL	ROXYBOND	EXCLUDED	QL
NUCYNTA ER	EXCLUDED	PA; QL	TENCON	TIER 03	
OXYCODONE HCL	EXCLUDED		TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR	EXCLUDED	PA; QL
oxycodone hcl oral capsule	TIER 01	QL	tramadol hcl (er biphasic) oral tablet extended release 24 hour	TIER 01	PA; QL
oxycodone hcl oral concentrate	TIER 01	QL	tramadol hcl er	TIER 01	PA; QL
oxycodone hcl oral solution	TIER 01	QL	TRAMADOL HCL ORAL SOLUTION	EXCLUDED	QL
oxycodone hcl oral tablet	TIER 01	QL	tramadol hcl oral tablet 100 mg, 50 mg	TIER 01	QL
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT	EXCLUDED	QL	tramadol-acetaminophen	TIER 01	QL
Analgesics - Drugs for Pain and Inflammation					
	ARTHROTEC	EXCLUDED			
	CALDOLOR	TIER 03			

Effective May 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	PA
DAYPRO	TIER 03	
DICLOFENAC PATCH 1.3%	EXCLUDED	PA
diclofenac potassium oral tablet 50 mg	TIER 01	
diclofenac sodium er	TIER 01	
diclofenac sodium external gel 1 %	TIER 01	
diclofenac sodium external solution 1.5 %	TIER 01	PA
diclofenac sodium oral	TIER 01	
DICLOFONO	TIER 03	
diflunisal oral	TIER 01	
DUEXIS	EXCLUDED	PA
ELYXYB	EXCLUDED	PA
etodolac	TIER 01	
etodolac er	TIER 01	
FENOPRON	EXCLUDED	
FLECTOR	EXCLUDED	PA
flurbiprofen oral	TIER 01	
ibuprofen lysine	TIER 01	
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	TIER 01	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	TIER 01	
ibuprofen-famotidine	EXCLUDED	PA
indomethacin er	TIER 01	
indomethacin oral capsule	TIER 01	
indomethacin sodium	TIER 01	
ketoprofen oral capsule 50 mg	TIER 01	

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	PA
LODINE	TIER 03	
meloxicam oral tablet	TIER 01	
nabumetone oral	TIER 01	
NALFON	EXCLUDED	
naproxen oral tablet	TIER 01	
naproxen sodium oral tablet 275 mg, 550 mg	TIER 01	
NEOPROFEN	TIER 03	
OXaprozin Oral Capsule	EXCLUDED	PA
oxaprozin oral tablet	TIER 01	
PENNSAID	EXCLUDED	PA
piroxicam oral	TIER 01	
RELAFEN DS	EXCLUDED	PA
SPRIX	EXCLUDED	PA
sulindac oral	TIER 01	
TOLECTIN 600	EXCLUDED	
VIMOVO	EXCLUDED	PA
ZIPSOR	EXCLUDED	
ZYNRELEF INJECTION SOLUTION 400-12 MG/14ML	TIER 03	

Effective May 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	Drug Name	Drug Tier	Notes
Anesthetics					
ARTICADENT DENTAL	TIER 03		L.E.T. (RACEPINEPHRINE)	TIER 03	
bupivacaine hcl (pf)	TIER 01		lidocaine external ointment 5 %	TIER 01	
bupivacaine hcl (pf)	TIER 01		lidocaine external patch 5 %	TIER 01	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.25 % (10 ML)	TIER 03		LIDOCAINE HCL (BUFFERED)	TIER 03	
bupivacaine hcl solution 0.25 % injection	TIER 01		LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML, 200 MG/10ML, 60 MG/3ML	TIER 03	
BUPIVACAINE HCL SOLUTION 0.25 % INJECTION	TIER 03		lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml	TIER 01	
bupivacaine hcl solution 0.5 % injection	TIER 01		lidocaine hcl (cardiac) pf	TIER 01	
BUPIVACAINE HCL SOLUTION 0.5 % INJECTION	TIER 03		lidocaine hcl (cardiac) solution prefilled syringe 100 mg/5ml intravenous	TIER 01	
bupivacaine-epinephrine (pf)	TIER 01		LIDOCAINE HCL (CARDIAC) SOLUTION PREFILLED SYRINGE 100 MG/5ML INTRAVENOUS	TIER 03	
bupivacaine-epinephrine injection solution 0.5% - 1:200000	TIER 01		lidocaine hcl (pf)	TIER 01	
bupivacaine-epinephrine solution 0.25% - 1:200000 injection	TIER 01		lidocaine hcl external solution	TIER 01	
BUPIVACAINE-EPINEPHRINE SOLUTION 0.25% - 1:200000 INJECTION	TIER 03		lidocaine hcl injection solution 0.5 %	TIER 01	
chloroprocaine hcl (pf)	TIER 01		LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML, 100 MG/10ML, 200 MG/10ML, 9 MG/ML	TIER 03	
COCAINE HCL NASAL	TIER 03		LIDOCAINE HCL INTRAVENOUS	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 May 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	Drug Name	Drug Tier	Notes
LIDOCAINE HCL SOLUTION 1 % INJECTION	TIER 03		LIDOCAINE-EPINEPHRINE SOLUTION 1 %-1:100000 INJECTION	TIER 03	
lidocaine hcl solution 1 % injection	TIER 01		lidocaine-prilocaine external cream	TIER 01	
LIDOCAINE HCL SOLUTION 2 % INJECTION	TIER 03		LIDOCAINE-SODIUM BICARBONATE	TIER 03	
lidocaine hcl solution 2 % injection	TIER 01		LIDOCAN	EXCLUDED	PA
lidocaine hcl solution prefilled syringe 100 mg/5ml injection	TIER 01		LIDODERM	EXCLUDED	PA
LIDOCAINE HCL SOLUTION PREFILLED SYRINGE 100 MG/5ML INJECTION	TIER 03		LIDO-RACEPINEPHRINE-TETRACAIN	TIER 03	
lidocaine hcl urethral/mucosal	TIER 01		MARCAINE	TIER 03	
LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-%	TIER 03		MARCAINE PRESERVATIVE FREE INJECTION SOLUTION 0.25 %, 0.5 %	TIER 03	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	TIER 01		MARCAINE/EPINEPHRINE	TIER 03	
LIDOCAINE(BUFFERD)-EPINEPHRINE	TIER 03		MARCAINE/EPINEPHRINE PF	TIER 03	
LIDOCAINE-EPINEPHRINE (3 ML)	TIER 03		NAROPIN INJECTION SOLUTION 10 MG/ML, 5 MG/ML, 7.5 MG/ML	TIER 03	
lidocaine-epinephrine (pf)	TIER 01		NESACAIN	TIER 03	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 2 %-1:100000	TIER 01		NESACAIN-MPF	TIER 03	
LIDOCAINE-EPINEPHRINE INJECTION SOLUTION 2 %-1:200000	TIER 03		ORABLOC	TIER 03	
lidocaine-epinephrine solution 1 %-1:100000 injection	TIER 01		POLOCAINE	TIER 03	
			POLOCAINE-MPF	TIER 03	
			PREPIV SUPPLY	TIER 03	
			ropivacaine hcl injection	TIER 01	
			ROPIVACAINE HCL-NAACL INJECTION SOLUTION 0.2-0.9 %	TIER 03	
			ROPIVACAINE HCL-NAACL INJECTION SOLUTION PREFILLED SYRINGE 0.5-0.9 %	TIER 03	
			SENSORCAINE	TIER 03	

Effective May 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	Drug Name	Drug Tier	Notes
SENSORCAINE/EPINEPHRINE	TIER 03		LUCEMYRA	TIER 03	ST; QL
SENSORCAINE-MPF	TIER 03		NALMEFENE HCL	TIER 03	
SENSORCAINE-MPF/EPINEPHRINE	TIER 03		naloxone hcl injection	TIER 01	
STERILE TOPICAL L.E.T. GEL	TIER 03		naloxone hcl nasal	TIER 01	
TOPICAL L.E.T.	TIER 03		naltrexone hcl oral	TIER 01	
TRIDACAINE II	EXCLUDED	PA	NARCAN	TIER 02	
TRIDACAINE III	EXCLUDED	PA	NICOTROL	TIER 03	* ACA; QL
VENIPUNCTURE PX1 PHLEBOTOMY	TIER 03		NICOTROL NS	TIER 03	* ACA; QL
XYLOCAINE	TIER 03		OPVEE	TIER 02	
XYLOCAINE MPF +RFID	TIER 03		REXTOVY	TIER 02	
XYLOCAINE/EPINEPHRINE	TIER 03		SUBLOCADE	SPECIALTY	
XYLOCAINE-MPF	TIER 03		SUBOXONE	EXCLUDED	QL
XYLOCAINE-MPF +RFID	TIER 03		varenicline tartrate	TIER 01	* ACA; QL
XYLOCAINE-MPF/EPINEPHRINE	TIER 03		varenicline tartrate (starter)	TIER 01	* ACA; QL
ZTLIDO	EXCLUDED		varenicline tartrate(continue)	TIER 01	* ACA; QL
Anti-Addiction / Substance Abuse Treatment Agents			VIVITROL	SPECIALTY	
acamprosate calcium	TIER 01		ZIMHI	TIER 03	
BRIXADI	SPECIALTY		ZUBSOLV	TIER 02	QL
BRIXADI (WEEKLY)	SPECIALTY		Antibacterials		
buprenorphine hcl sublingual	TIER 01	QL	amikacin sulfate injection	TIER 01	
buprenorphine hcl-naloxone hcl	TIER 01	QL	amoxicillin	TIER 01	
bupropion hcl er (smoking det)	TIER 01	* ACA; QL	amoxicillin-potassium clavulanate	TIER 01	
disulfiram oral	TIER 01		amoxicillin-potassium clavulanate er	TIER 01	
KLOXXADO	TIER 02		ampicillin	TIER 01	
lofexidine hcl	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
			AVYCAZ	TIER 03	

Effective May 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	Drug Name	Drug Tier	Notes
AZACTAM	TIER 03		cefazolin sodium-dextrose intravenous solution reconstituted	TIER 01	
azithromycin intravenous	TIER 01		cefdinir	TIER 01	
azithromycin oral	TIER 01		cefepime hcl injection	TIER 01	
aztreonam	TIER 01		cefepime hcl intravenous solution	TIER 01	
BACTRIM	TIER 03		cefepime hcl intravenous solution reconstituted 2 gm	TIER 01	
BACTRIM DS	TIER 03		cefepime-dextrose	TIER 01	
benzalkonium chloride external solution	TIER 01		cefixime	TIER 01	
BICILLIN C-R	TIER 03		CEFOTAN	TIER 03	
BICILLIN C-R 900/300	TIER 03		CEFOTAXIME SODIUM	TIER 03	
BICILLIN L-A	TIER 03		cefotetan disodium	TIER 01	
cefaclor	TIER 01		cefoxitin sodium	TIER 01	
cefaclor er	TIER 01		CEFOXITIN SODIUM-DEXTROSE	TIER 03	
cefadroxil	TIER 01		cefpodoxime proxetil	TIER 01	
CEFAZOLIN IN SODIUM CHLORIDE	TIER 03		cefprozil	TIER 01	
CEFAZOLIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE	TIER 03		ceftazidime injection	TIER 01	
cefazolin sodium injection solution reconstituted	TIER 01		ceftazidime intravenous	TIER 01	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03		ceftriaxone sodium in dextrose	TIER 01	
cefazolin sodium intravenous solution reconstituted	TIER 01		ceftriaxone sodium injection	TIER 01	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%	TIER 01		ceftriaxone sodium intravenous	TIER 01	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%	TIER 03		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 May 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	Drug Name	Drug Tier	Notes
chloramphenicol sod succinate	TIER 01		doxycycline hyclate oral tablet 100 mg, 20 mg	TIER 01	
CIPRO	TIER 03		DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	EXCLUDED	
ciprofloxacin hcl oral	TIER 01		doxycycline monohydrate oral capsule 100 mg, 50 mg	TIER 01	
ciprofloxacin in d5w	TIER 01		doxycycline monohydrate oral suspension reconstituted	TIER 01	
clarithromycin er	TIER 01		doxycycline monohydrate oral tablet	TIER 01	
clarithromycin oral	TIER 01		E.E.S. 400	TIER 03	
CLEOCIN ORAL	TIER 03		E.E.S. GRANULES	TIER 03	
CLEOCIN PHOSPHATE	TIER 03		ertapenem sodium	TIER 01	
CLEOCIN VAGINAL	EXCLUDED		ERYPED 400	TIER 03	
clindamycin hcl oral	TIER 01		ERYTHROCIN LACTOBIONATE	TIER 03	
clindamycin palmitate hcl	TIER 01		erythromycin base oral	TIER 01	
clindamycin phosphate in d5w	TIER 01		erythromycin ethylsuccinate oral suspension reconstituted	TIER 01	
CLINDAMYCIN PHOSPHATE IN NACL	TIER 03		erythromycin lactobionate	TIER 01	
clindamycin phosphate injection	TIER 01		erythromycin oral	TIER 01	
clindamycin phosphate vaginal	TIER 01		EXTENCILLINE	TIER 03	
CLINDESSE	TIER 03		FETROJA	TIER 03	
colistimethate sodium (cba)	TIER 01		FIRVANQ	TIER 03	
COLY-MYCIN M	TIER 03		fosfomycin tromethamine	TIER 01	
DALVANCE	TIER 03		gentamicin in saline	TIER 01	
daptomycin	TIER 01		gentamicin sulfate external	TIER 01	
DAPTO MYCIN-SODIUM CHLORIDE	TIER 03		gentamicin sulfate injection	TIER 01	
demeocycline hcl	TIER 01		HIPREX	TIER 03	
dicloxacillin sodium	TIER 01		HUMATIN	TIER 02	
DIFICID	TIER 03		hydrogen peroxide	TIER 01	
DORYX MPC	EXCLUDED				
doxy 100	TIER 01				
doxycycline hyclate intravenous	TIER 01				
doxycycline hyclate oral capsule	TIER 01				

Effective May 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 tincture 2 %	TIER 01	
KIMYRSA	TIER 03	
LENTOCILIN	TIER 03	
levofloxacin in d5w	TIER 01	
levofloxacin intravenous	TIER 01	
levofloxacin oral	TIER 01	
LIKMEZ	EXCLUDED	PA
LINCOCIN	TIER 03	
lincomycin hcl injection	TIER 01	
linezolid in sodium chloride	TIER 01	
linezolid intravenous	TIER 01	
linezolid oral	TIER 01	QL
LUGOLS STRONG IODINE	TIER 03	
MACROBID	TIER 03	
MACRODANTIN	TIER 03	
mafénide acetate external	TIER 01	
meropenem	TIER 01	
MEROPENEM-SODIUM CHLORIDE	TIER 03	
methenamine hippurate	TIER 01	
metronidazole intravenous	TIER 01	
metronidazole oral tablet 250 mg, 500 mg	TIER 01	
metronidazole vaginal	TIER 01	
MINOCIN	TIER 03	
minocycline hcl oral capsule	TIER 01	
MONDOXYNE NL	TIER 03	ST
moxifloxacin hcl in nacl	TIER 01	
MOXIFLOXACIN HCL INTRAVENOUS	TIER 03	

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

Effective May 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	Drug Name	Drug Tier	Notes
silver sulfadiazine external	TIER 01		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	
SIVEXTRO INTRAVENOUS	TIER 03	QL	vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous	TIER 01	
SOLOSEC	TIER 03	ST	VANCOMYCIN HCL IN DEXTROSE SOLUTION 1.25-5 GM/250ML-% INTRAVENOUS	TIER 03	
ssd	TIER 01		vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	TIER 01	
streptomycin sulfate intramuscular	TIER 01		VANCOMYCIN HCL IN NAACL 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	
sulfadiazine oral	TIER 01		VANCOMYCIN HCL IN NAACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	TIER 03	
sulfamethoxazole-trimethoprim	TIER 01		vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	TIER 01	
sulfatrim pediatric	TIER 01		vancomycin hcl intravenous	TIER 01	
TARGADOX	EXCLUDED		vancomycin hcl oral	TIER 01	
tazicef injection	TIER 01		VANDAZOLE	TIER 03	ST
TAZICEF INTRAVENOUS SOLUTION	TIER 03		VIBATIV	TIER 03	
tazicef intravenous solution reconstituted	TIER 01		XACIATO	TIER 03	
TEFLARO	TIER 03		XERAVA	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				

Effective May 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	Drug Name	Drug Tier	Notes
XIFAXAN ORAL TABLET 200 MG	EXCLUDED	PA	heparin (porcine) in nacl intravenous solution	TIER 01	
XIFAXAN ORAL TABLET 550 MG	TIER 03	PA	HEPARIN (PORCINE) IN NAACL 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	
ZEMDRI	TIER 03		heparin na (pork) lock flush pf	TIER 01	
ZERBAXA	TIER 03		heparin sod (porcine) in d5w	TIER 01	
ZITHROMAX	TIER 03		heparin sod (pork) lock flush	TIER 01	
ZITHROMAX TRI-PAK	TIER 03		heparin sodium (porcine)	TIER 01	
ZITHROMAX Z-PAK	TIER 03		heparin sodium (porcine) pf	TIER 01	
ZOSYN	TIER 03		jantoven	PREVENT	
ZYVOX INTRAVENOUS	TIER 03		LOVENOX	TIER 03	
ZYVOX ORAL SUSPENSION RECONSTITUTED	TIER 03	QL	PRADAXA ORAL CAPSULE	TIER 02	
Anticoagulants			PRADAXA ORAL PACKET	TIER 03	
ACD FORMULA A	TIER 03		rivaroxaban	TIER 01	
ACD-A NOCLOT-50	TIER 03		SAVAYSA	TIER 03	
ANGIOMAX	TIER 03		SODIUM CITRATE IN VITRO	TIER 03	
ANTICOAGULANT SODIUM CITRATE	TIER 03		SODIUM CITRATE LOCK FLUSH	TIER 03	
argatroban intravenous solution 50 mg/50ml	TIER 01		SODIUM CITRATE-GENTAMICIN SULF	TIER 03	
ARIXTRA	TIER 03		TNKASE	TIER 03	
bd heparin posiflush	TIER 01		TRICITRASOL	TIER 03	
bivalirudin trifluoroacetate intravenous solution reconstituted	TIER 01		warfarin sodium oral	PREVENT	
dabigatran etexilate mesylate	TIER 01		XARELTO	TIER 02	
DEFENCATH	TIER 03		XARELTO STARTER PACK	TIER 02	
ELIQUIS	TIER 02				
ELIQUIS DVT/PE STARTER PACK	TIER 02				
enoxaparin sodium	TIER 01				
fondaparinux sodium	TIER 01				
FRAGMIN	TIER 03				

Effective May 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
Anticonvulsants - Drugs for Seizures		
APTIOM	TIER 03	
BRIVIACT INTRAVENOUS	TIER 03	
BRIVIACT ORAL	TIER 03	ST
carbamazepine er oral capsule extended release 12 hour	PREVENT	
carbamazepine er oral tablet extended release 12 hour 100 mg	TIER 01	
carbamazepine er oral tablet extended release 12 hour 200 mg, 400 mg	PREVENT	
carbamazepine oral suspension	PREVENT	
carbamazepine oral tablet	PREVENT	
carbamazepine oral tablet chewable 100 mg	PREVENT	
carbamazepine oral tablet chewable 200 mg	TIER 01	
CARBATROL	EXCLUDED	
CEREBYX	TIER 03	
clobazam oral suspension 2.5 mg/ml	TIER 01	PA
clobazam oral tablet	TIER 01	PA
DEPAKOTE	EXCLUDED	
DEPAKOTE ER	EXCLUDED	
DEPAKOTE SPRINKLES	EXCLUDED	
DIACOMIT	SPECIALTY	PA
diazepam rectal	TIER 01	QL
DILANTIN INFATABS	EXCLUDED	
DILANTIN ORAL CAPSULE 100 MG	EXCLUDED	
DILANTIN ORAL CAPSULE 30 MG	TIER 02	

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	
ethosuximide oral	TIER 01	
felbamate	TIER 01	
FINTEPLA	SPECIALTY	PA
fosphenytoin sodium	TIER 01	
FYCOMPA	TIER 03	
gabapentin oral capsule	TIER 01	
gabapentin oral solution	TIER 01	
gabapentin oral tablet 600 mg, 800 mg	TIER 01	
KEPPRA INTRAVENOUS	TIER 03	
KEPPRA ORAL	EXCLUDED	
KEPPRA XR	EXCLUDED	
lacosamide	TIER 01	
LAMICTAL	EXCLUDED	
LAMICTAL ODT	EXCLUDED	
LAMICTAL STARTER	EXCLUDED	
LAMICTAL XR ORAL KIT	TIER 03	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	EXCLUDED	
lamotrigine er	TIER 01	
lamotrigine oral	TIER 01	
lamotrigine starter kit-blue	TIER 01	
lamotrigine starter kit-green	TIER 01	
lamotrigine starter kit-orange	TIER 01	

Effective May 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
levetiracetam er	TIER 01	
levetiracetam in nacl	TIER 01	
levetiracetam intravenous	TIER 01	
levetiracetam oral solution	TIER 01	
levetiracetam oral tablet	TIER 01	
methsuximide	TIER 01	
MOTPOLY XR	TIER 03	ST
NAYZILAM	TIER 03	QL
NEURONTIN	EXCLUDED	
ONFI	EXCLUDED	PA
oxcarbazepine	TIER 01	
oxcarbazepine er	TIER 01	ST
OXTELLAR XR	EXCLUDED	
pentobarbital sodium injection	TIER 01	
phenobarbital oral	TIER 01	
phenobarbital sodium injection	TIER 01	
phenytek	PREVENT	
phenytoin infatabs	PREVENT	
phenytoin oral	PREVENT	
phenytoin sodium extended	PREVENT	
phenytoin sodium injection	TIER 01	
primidone oral tablet 250 mg, 50 mg	TIER 01	
QUDEXY XR	EXCLUDED	
roweepra	TIER 01	
rufinamide	TIER 01	PA
SABRIL	EXCLUDED	PA
SEZABY	TIER 03	
subvenite	TIER 01	
subvenite starter kit-blue	TIER 01	

Drug Name	Drug Tier	Notes
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
vigpoder	SPECIALTY	PA
VIMPAT	EXCLUDED	
XCOPRI	TIER 03	ST
ZARONTIN	TIER 02	
ZONEGRAN	EXCLUDED	
ZONISADE	EXCLUDED	PA
zonisamide oral	TIER 01	

Effective May 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	Drug Name	Drug Tier	Notes
ZTALMY	SPECIALTY	PA	citalopram hydrobromide oral solution	PREVENT	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia			citalopram hydrobromide oral tablet	PREVENT	
ADLARITY	EXCLUDED	PA	clomipramine hcl oral	TIER 01	
donepezil hcl	TIER 01		CYMBALTA	EXCLUDED	
galantamine hydrobromide	TIER 01		desipramine hcl oral	TIER 01	
galantamine hydrobromide er	TIER 01		DESVENLAFAKINE ER	TIER 03	ST; QL
KISUNLA	EXCLUDED	PA	desvenlafaxine succinate er	TIER 01	
LEQEMBI	EXCLUDED	PA	doxepin hcl oral capsule	TIER 01	
memantine hcl er	TIER 01		doxepin hcl oral concentrate	TIER 01	
memantine hcl oral solution 2 mg/ml	TIER 01		duloxetine hcl oral	PREVENT	
memantine hcl oral tablet	TIER 01		EFFEXOR XR	EXCLUDED	
memantine hcl-donepezil hcl	TIER 01		EMSAM	TIER 03	
NAMZARIC	TIER 02		escitalopram oxalate oral	PREVENT	
rivastigmine tartrate	TIER 01		FETZIMA	TIER 03	ST; QL
Antidepressants			FETZIMA TITRATION	TIER 03	ST; QL
amitriptyline hcl oral	PREVENT		fluoxetine hcl oral capsule	PREVENT	
amoxapine	TIER 01		fluoxetine hcl oral capsule delayed release	PREVENT	
AUVELITY	EXCLUDED		fluoxetine hcl oral solution	PREVENT	
bupropion hcl er (sr)	TIER 01		fluoxetine hcl oral tablet 10 mg, 60 mg	TIER 01	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	TIER 01		fluvoxamine maleate	TIER 01	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	EXCLUDED		fluvoxamine maleate er	TIER 01	
bupropion hcl oral	TIER 01		FORFIVO XL	EXCLUDED	
CELEXA	EXCLUDED		imipramine hcl oral	TIER 01	
chlordiazepoxide-amitriptyline	TIER 01		imipramine pamoate	TIER 01	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	EXCLUDED		LEXAPRO	EXCLUDED	

Effective May 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
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 CR	EXCLUDED	
PAXIL ORAL SUSPENSION	TIER 03	ST
PAXIL ORAL TABLET	EXCLUDED	
perphenazine-amitriptyline	TIER 01	
phenelzine sulfate oral	TIER 01	
PRISTIQ	EXCLUDED	
protriptyline hcl	TIER 01	
PROZAC	EXCLUDED	
REMERON	TIER 03	
REMERON SOLTAB	TIER 03	
SERTRALINE HCL ORAL CAPSULE	EXCLUDED	
sertraline hcl oral concentrate	PREVENT	
sertraline hcl oral tablet	PREVENT	
SPRAVATO (56 MG DOSE)	SPECIALTY	PA
SPRAVATO (84 MG DOSE)	SPECIALTY	PA
SYMBYAX	TIER 03	
tranylcypromine sulfate	TIER 01	
trazodone hcl oral	TIER 01	
trimipramine maleate oral	TIER 01	
TRINTELLIX	TIER 03	ST; QL
VENLAFAKINE BESYLATE ER	EXCLUDED	
venlafaxine hcl	PREVENT	

Drug Name	Drug Tier	Notes
venlafaxine hcl er oral capsule extended release 24 hour	PREVENT	
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	PREVENT	
VIIBRYD	TIER 03	ST; QL
vilazodone hcl	TIER 01	
WELLBUTRIN SR	EXCLUDED	
WELLBUTRIN XL	EXCLUDED	
ZOLOFT	EXCLUDED	
ZURZUVAE	TIER 03	PA
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEZO (READY-TO-USE)	TIER 03	
AKYNZEZO (TO-BE-DILUTED)	TIER 03	
AKYNZEZO INTRAVENOUS	TIER 03	
AKYNZEZO 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	
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
EMEND TRIPACK	TIER 03	QL

Effective May 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
FOCINVEZ	TIER 03	
fosaprepitant dimeglumine	TIER 01	
GIMOTI	EXCLUDED	PA
gransetron hcl intravenous	TIER 01	
gransetron hcl oral	TIER 01	QL
meclizine hcl oral tablet	TIER 01	
metoclopramide hcl injection	TIER 01	
metoclopramide hcl oral	TIER 01	
ondansetron hcl +rfid	TIER 01	
ondansetron hcl injection	TIER 01	
ondansetron hcl oral solution	TIER 01	QL
ondansetron hcl oral tablet 4 mg, 8 mg	TIER 01	
ondansetron odt	TIER 01	
palonosetron hcl	TIER 01	
perphenazine oral	TIER 01	
PHENERGAN	TIER 03	
prochlorperazine	TIER 01	
prochlorperazine edisylate injection	TIER 01	
prochlorperazine maleate oral	TIER 01	
promethazine hcl injection	TIER 01	
promethazine hcl oral solution 6.25 mg/5ml	TIER 01	
promethazine hcl oral tablet	TIER 01	
promethazine hcl rectal	TIER 01	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	TIER 03	
REGLAN	TIER 03	
SANCUSO	EXCLUDED	PA; QL

Drug Name	Drug Tier	Notes
scopolamine	TIER 01	
SUSTOL	TIER 03	QL
SYNDROS	TIER 03	PA; QL
TIGAN	TIER 03	
trimethobenzamide hcl oral	TIER 01	
VARUBI (180 MG DOSE)	TIER 03	QL
Antifungals		
ABELCET	TIER 03	
amphotericin b 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 external	TIER 01	
clotrimazole external	TIER 01	
clotrimazole mouth/throat	TIER 01	
clotrimazole- betamethasone	TIER 01	
CRESEMDA INTRAVENOUS	SPECIALTY	
CRESEMDA ORAL	SPECIALTY	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	TIER 03	
econazole nitrate external	TIER 01	
ERAXIS	TIER 03	
EXODERM	TIER 03	
fluconazole in sodium chloride	TIER 01	
fluconazole oral	TIER 01	

Effective May 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
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	
micafungin 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	
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

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

Effective May 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
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
RELPAX	EXCLUDED	QL
REYVOW	EXCLUDED	PA
rizatriptan benzoate	TIER 01	QL
sumatriptan nasal	TIER 01	QL
sumatriptan succinate oral	TIER 01	QL
sumatriptan succinate refill subcutaneous solution cartridge	TIER 01	QL
sumatriptan succinate subcutaneous	TIER 01	QL
TOSYMRA	EXCLUDED	QL
TREXIMET	EXCLUDED	QL
TRUDHESA	EXCLUDED	PA; QL
UBRELVY	TIER 02	PA
VYEPTI	TIER 03	PA

Drug Name	Drug Tier	Notes
ZAVZPRET	TIER 03	PA
ZEMBRACE SYMTOUCH	EXCLUDED	QL
zolmitriptan nasal solution 5 mg	TIER 01	QL
zolmitriptan oral	TIER 01	QL
ZOMIG ORAL	EXCLUDED	QL
Antimyasthenic Agents		
BLOXIVERZ	TIER 03	
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	
NEOSTIGMINE METHYLSULFATE SOLUTION PREFILLED SYRINGE 3 MG/3ML INTRAVENOUS	TIER 03	
pyridostigmine bromide er	TIER 01	
pyridostigmine bromide oral	TIER 01	
REGONOL	TIER 03	

Effective May 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
Antimycobacterials		
cycloserine oral	TIER 01	
dapsone oral	TIER 01	
ethambutol hcl oral	TIER 01	
isoniazid injection	TIER 01	
isoniazid oral	TIER 01	
PRETOMANID	TIER 03	
PRIFTIN	TIER 03	
pyrazinamide oral	TIER 01	
rifabutin	TIER 01	
RIFADIN	TIER 03	
rifampin intravenous	TIER 01	
rifampin oral	TIER 01	
SIRTURO	TIER 03	
TRECATOR	TIER 03	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	SPECIALTY	PA
ABRAXANE	SPECIALTY	
ADCETRIS	SPECIALTY	PA
adriamycin	SPECIALTY	
AFINITOR	EXCLUDED	PA
AFINITOR DISPERZ	EXCLUDED	PA
AKEEGA	EXCLUDED	PA
ALECensa	SPECIALTY	PA
ALIMTA	SPECIALTY	
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

Drug Name	Drug Tier	Notes
ASPARLAS	SPECIALTY	
AUGTYRO	SPECIALTY	PA
AVASTIN	SPECIALTY	PA
AYVAKIT	SPECIALTY	PA
azacitidine	SPECIALTY	
BALVERSA	SPECIALTY	PA
BAVENCIO	SPECIALTY	PA
BELEODAQ	SPECIALTY	PA
BELRAPZO	EXCLUDED	PA
BENDAMUSTINE HCL INTRAVENOUS SOLUTION	EXCLUDED	PA
bendamustine hcl intravenous solution reconstituted	SPECIALTY	PA
BENDEKA	SPECIALTY	PA
BESPONSA	SPECIALTY	PA
BESREMI	SPECIALTY	PA
bexarotene	SPECIALTY	PA
bicalutamide	TIER 01	
bleomycin sulfate	SPECIALTY	
BLINCYTO	SPECIALTY	PA
bortezomib	SPECIALTY	PA
BORUZU	SPECIALTY	PA
BOSULIF	SPECIALTY	PA
BRAFTOVI	SPECIALTY	PA
BRUKINSA	SPECIALTY	PA
busulfan	SPECIALTY	
BUSULFEX	SPECIALTY	
CABOMETYX	SPECIALTY	PA
CALQUENCE	SPECIALTY	PA
CAMPTOSAR	SPECIALTY	
capecitabine	SPECIALTY	
CAPRELSA	SPECIALTY	PA
carboplatin	SPECIALTY	
carmustine	SPECIALTY	

Effective May 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
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	
CYCLOPHOSPHAMIDE ORAL TABLET	SPECIALTY	
CYRAMZA	SPECIALTY	PA
cytarabine	SPECIALTY	
cytarabine (pf)	SPECIALTY	
dacarbazine	SPECIALTY	
dactinomycin	SPECIALTY	
DANYELZA	SPECIALTY	PA
DARZALEX	SPECIALTY	PA
DARZALEX FASPRO	EXCLUDED	PA
dasatinib	SPECIALTY	PA
daunorubicin hcl	SPECIALTY	

Drug Name	Drug Tier	Notes
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
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	
flouxuridine	SPECIALTY	
fludarabine phosphate	SPECIALTY	
fluorouracil intravenous	SPECIALTY	

Effective May 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
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	EXCLUDED	PA
GLEOSTINE	SPECIALTY	
HALAVEN	SPECIALTY	PA
HERCEPTIN	SPECIALTY	PA
HERCEPTIN HYLECTA	SPECIALTY	PA
HERZUMA	EXCLUDED	PA
HYCAMTIN	SPECIALTY	
HYDREA	TIER 03	
hydroxyurea oral	TIER 01	
IBRANCE	SPECIALTY	PA
ICLUSIG	SPECIALTY	PA
IDAMYCIN PFS	SPECIALTY	
idarubicin hcl	SPECIALTY	
IDHIFA	SPECIALTY	PA
IFEX	SPECIALTY	
ifosfamide	SPECIALTY	
imatinib mesylate	SPECIALTY	PA
IMBRUVICA ORAL CAPSULE	SPECIALTY	PA
IMBRUVICA ORAL SUSPENSION	SPECIALTY	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG	EXCLUDED	PA

Drug Name	Drug Tier	Notes
IMBRUVICA ORAL TABLET 420 MG	SPECIALTY	PA
IMDELLTRA	SPECIALTY	PA
IMFINZI	SPECIALTY	PA
IMJUDO	SPECIALTY	PA
INLYTA	SPECIALTY	PA
INQOVI	EXCLUDED	PA
INREBIC	SPECIALTY	PA
IRESSA	SPECIALTY	PA
irinotecan hcl	SPECIALTY	
ISTODAX	SPECIALTY	PA
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
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

Effective May 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
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
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	

Drug Name	Drug Tier	Notes
MESNEX	SPECIALTY	
mitomycin intravenous	SPECIALTY	
mitoxantrone hcl	SPECIALTY	PA
MONJUVI	SPECIALTY	PA
MUTAMYCIN	SPECIALTY	
MVASI	SPECIALTY	PA
MYLERAN	SPECIALTY	
MYLOTARG	SPECIALTY	PA
nelarabine	SPECIALTY	
NERLYNX	SPECIALTY	PA
NEXAVAR	SPECIALTY	PA
NILANDRON	SPECIALTY	
nilutamide	SPECIALTY	
NINLARO	SPECIALTY	PA
NIPENT	SPECIALTY	
NUBEQA	SPECIALTY	PA
ODOMZO	SPECIALTY	PA
OGIVRI	EXCLUDED	PA
OGSIVEO	SPECIALTY	PA
OJEMDA	SPECIALTY	PA
OJJAARA	EXCLUDED	PA
ONCASPAR	SPECIALTY	
ONIVYDE	SPECIALTY	
ONTRUZANT	EXCLUDED	PA
ONUREG	SPECIALTY	PA
OPDIVO	SPECIALTY	PA
OPDUALAG	SPECIALTY	PA
ORGOVYX	SPECIALTY	PA
ORSERDU	SPECIALTY	PA
oxaliplatin	SPECIALTY	
paclitaxel	SPECIALTY	
paclitaxel protein-bound part	SPECIALTY	
PADCEV	SPECIALTY	PA
PANRETIN	SPECIALTY	

Effective May 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	Drug Name	Drug Tier	Notes
PARAPLATIN	SPECIALTY		RYDAPT	SPECIALTY	PA
pazopanib hcl	SPECIALTY	PA	RYLAZE	EXCLUDED	PA
PEMAZYRE	EXCLUDED	PA	RYTELO	SPECIALTY	PA
PEMETREXED	SPECIALTY		SARCLISA	SPECIALTY	PA
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	SPECIALTY		SCEMBLIX	SPECIALTY	PA
pemetrexed disodium intravenous solution reconstituted	SPECIALTY		SOLTAMOX	TIER 03	* ACA
PEMETREXED DITROMETHAMINE	SPECIALTY		sorafenib tosylate	SPECIALTY	PA
PEMFEXY	SPECIALTY		SPRYCEL	SPECIALTY	PA
PEMRYDI RTU	SPECIALTY		STIVARGA	SPECIALTY	PA
PERJETA	SPECIALTY	PA	sunitinib malate	SPECIALTY	PA
PHESGO	SPECIALTY	PA	SUTENT	EXCLUDED	PA
PHOTOFRIN	SPECIALTY		SYLVANT	SPECIALTY	PA
PIQRAY	SPECIALTY	PA	TABLOID	SPECIALTY	
POLIVY	SPECIALTY	PA	TABRECTA	SPECIALTY	PA
POMALYST	SPECIALTY	PA	TAFINLAR	SPECIALTY	PA
PORTRAZZA	SPECIALTY	PA	TAGRISSO	SPECIALTY	PA
POTELIGEO	SPECIALTY	PA	TALVEY	SPECIALTY	PA
PROLEUKIN	SPECIALTY		TALZENNA	EXCLUDED	PA
PURIXAN	SPECIALTY		tamoxifen citrate oral tablet 10 mg	TIER 01	
QINLOCK	SPECIALTY	PA	tamoxifen citrate oral tablet 20 mg	TIER 01	* ACA
RETEVMO	SPECIALTY	PA	TARGETRETIN ORAL	EXCLUDED	PA
REVLIMID	SPECIALTY	PA	TASIGNA	SPECIALTY	PA
REZLIDHIA	EXCLUDED	PA	TAZVERIK	EXCLUDED	PA
RIABNI	EXCLUDED	PA	TECENTRIQ	SPECIALTY	PA
RITUXAN	SPECIALTY	PA	TECENTRIQ HYBREZA	SPECIALTY	PA
RITUXAN HYCELA	SPECIALTY	PA	TECVAYLI	SPECIALTY	PA
romidepsin	SPECIALTY	PA	TEMODAR	SPECIALTY	
ROZLYTREK	SPECIALTY	PA	temozolomide	SPECIALTY	PA
RUBRACA	EXCLUDED	PA	TEPADINA	SPECIALTY	
RUXIENCE	SPECIALTY	PA	TEPMETKO	EXCLUDED	PA
RYBREVANT	SPECIALTY	PA	TEVIMBRA	SPECIALTY	PA
			THALOMID	SPECIALTY	PA
			thiotepa injection	SPECIALTY	
			TIBSOVO	SPECIALTY	PA

Effective May 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
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
valubicin	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

Drug Name	Drug Tier	Notes
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
XPOVIO (80 MG ONCE WEEKLY)	SPECIALTY	PA
XPOVIO (80 MG TWICE WEEKLY)	SPECIALTY	PA
XTANDI	SPECIALTY	PA
YEROVY	SPECIALTY	PA
YONDELIS	SPECIALTY	
YONSA	EXCLUDED	PA
ZALTRAP	SPECIALTY	PA
ZEJULA	SPECIALTY	PA
ZELBORAF	SPECIALTY	PA
ZEPZELCA	SPECIALTY	PA
ZEVALIN Y-90	SPECIALTY	
ZIRABEV	SPECIALTY	PA
ZOLINZA	SPECIALTY	PA
ZYDELIG	SPECIALTY	PA
ZYKADIA	SPECIALTY	PA
ZYNLONTA	SPECIALTY	PA

Effective May 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
ZYNYZ	SPECIALTY	PA
ZYTIGA	EXCLUDED	PA
Antiparasitics		
albendazole oral	TIER 01	PA
ARAKODA	TIER 03	
ARTESUNATE	TIER 03	
atovaquone	TIER 01	
atovaquone-proguanil hcl	TIER 01	
BENZNIDAZOLE	TIER 03	
BILTRICIDE	TIER 02	
chloroquine phosphate oral	TIER 01	
COARTEM	TIER 03	
CROTAN	TIER 03	
DARAPRIM	SPECIALTY	PA
EGATEN	TIER 03	
ELIMITE	TIER 03	
EMVERM	TIER 02	
hydroxychloroquine sulfate oral	TIER 01	
IMPAVIDO	TIER 03	
ivermectin oral 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	

Drug Name	Drug Tier	Notes
PLAQUENIL	EXCLUDED	
praziquantel oral	TIER 01	
primaquine phosphate	TIER 01	
pyrimethamine oral	SPECIALTY	PA
PYRIMETHAMINE-LEUCOVORIN	TIER 03	
QUALAQUIN	TIER 03	PA
quinine sulfate	TIER 01	PA
SOVUNA	EXCLUDED	
spinosad	TIER 01	
STROMECTOL	TIER 03	
sulfurated lime	TIER 01	
Antiparkinson Agents		
amantadine hcl oral	TIER 01	
apomorphine hcl subcutaneous	SPECIALTY	PA
benztropine mesylate	TIER 01	
bromocriptine mesylate oral	TIER 01	
carbidopa oral	TIER 01	
carbidopa-levodopa	TIER 01	
carbidopa-levodopa er	TIER 01	
carbidopa-levodopa-entacapone	TIER 01	
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
OSMOLEX ER	EXCLUDED	PA
PARLODEL	TIER 03	

Effective May 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
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
Antiplatelets		
AGGRASTAT	TIER 03	
aspirin-dipyridamole er	TIER 01	
BRILINTA	TIER 02	
CABLIVI	SPECIALTY	PA
cilostazol	TIER 01	
clopidogrel bisulfate oral	PREVENT	
dipyridamole oral	TIER 01	
eptifibatide	TIER 01	
KENGREAL	TIER 03	
PLAVIX	EXCLUDED	
prasugrel hcl	TIER 01	
ticagrelor	TIER 01	
tirofiban hcl in nacl	TIER 01	
YOSPRALA	EXCLUDED	PA; QL
ZONTIVITY	TIER 03	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	EXCLUDED	
ABILIFY ASIMTUFII	TIER 03	
ABILIFY MAINTENA	TIER 03	
ADASUVE	TIER 03	PA
ariPIPrazole	TIER 01	

Drug Name	Drug Tier	Notes
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
FANAPT	TIER 03	ST; QL
FANAPT TITRATION PACK	TIER 03	ST; QL
fluphenazine decanoate injection	TIER 01	
fluphenazine hcl	TIER 01	
GEODON INTRAMUSCULAR	TIER 03	
HALDOL DECANOATE	TIER 03	
haloperidol decanoate intramuscular	TIER 01	
haloperidol lactate injection	TIER 01	
haloperidol lactate oral concentrate 2 mg/ml	TIER 01	
haloperidol oral	TIER 01	
INVEGA	TIER 03	
INVEGA HAFYERA	TIER 03	ST
INVEGA SUSTENNA	TIER 03	
INVEGA TRINZA	TIER 03	
LATUDA	EXCLUDED	
loxapine succinate	TIER 01	
lurasidone hcl	TIER 01	
LYBALVI	EXCLUDED	
molindone hcl	TIER 01	
NUPLAZID	TIER 03	PA

Effective May 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
olanzapine	TIER 01	
paliperidone er	TIER 01	
PERSERIS	TIER 03	
pimozide	TIER 01	
quetiapine fumarate	TIER 01	
quetiapine fumarate er	TIER 01	
REXULTI	TIER 03	
RISPERDAL	EXCLUDED	
RISPERDAL CONSTA	TIER 03	ST
risperidone	TIER 01	
risperidone microspheres er	TIER 01	
RYKINDO	TIER 03	
SAPHRIS	EXCLUDED	
SECUADO	EXCLUDED	
SEROQUEL	EXCLUDED	
SEROQUEL XR	EXCLUDED	
thioridazine hcl oral	TIER 01	
thiothixene	TIER 01	
trifluoperazine hcl	TIER 01	
UZEDY	TIER 03	
VERSACLOZ	TIER 03	
VRAYLAR	TIER 03	
ziprasidone hcl	TIER 01	
ziprasidone mesylate	TIER 01	
ZYPREXA	EXCLUDED	
Antivirals		
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	

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

Effective May 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
EMTRIVA ORAL SOLUTION	TIER 02	
entecavir	TIER 01	QL
EPCLUSA	SPECIALTY	PA; QL
EPIVIR	TIER 03	
etravirine	TIER 01	
EVOTAZ	TIER 02	
famciclovir oral	TIER 01	
fosamprenavir calcium	TIER 01	
foscarnet sodium	TIER 01	
FOSCAVIR	TIER 03	
FUZEON	SPECIALTY	
GANCICLOVIR	TIER 03	
ganciclovir sodium	TIER 01	
GENVOYA	TIER 03	
HARVONI	SPECIALTY	PA; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	TIER 03	
INTELENCE ORAL TABLET 25 MG	TIER 02	
ISENTRESS	TIER 02	
ISENTRESS HD	TIER 02	
JULUCA	TIER 02	
KALETRA	TIER 03	
LAGEVRIO	TIER 03	QL
lamivudine	TIER 01	
lamivudine-zidovudine	TIER 01	
LEDIPASVIR-SOFOSBUVIR	EXCLUDED	PA; QL
LIVTENCITY	SPECIALTY	PA
lopinavir-ritonavir	TIER 01	
maraviroc	TIER 01	PA
MAVYRET	SPECIALTY	PA; QL
nevirapine	TIER 01	
nevirapine er	TIER 01	

Drug Name	Drug Tier	Notes
NORVIR ORAL PACKET	TIER 02	
NORVIR ORAL TABLET	TIER 03	
ODEFSEY	TIER 03	
oseltamivir phosphate oral	TIER 01	QL
PAXLOVID (150/100)	TIER 02	QL
PAXLOVID (300/100)	TIER 02	QL
PEGASYS	SPECIALTY	PA
PIFELTRO	TIER 03	
PREVYMIS INTRAVENOUS	SPECIALTY	
PREVYMIS ORAL TABLET	SPECIALTY	
PREZCOBIX	TIER 02	
PREZISTA ORAL SUSPENSION	TIER 02	
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
SOFOSBUVIR-VELPATASVIR	EXCLUDED	PA; QL
SOVALDI	SPECIALTY	PA; QL
STRIBILD	TIER 03	

Effective May 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
SUNLENCA ORAL TABLET THERAPY PACK	TIER 03	PA
SUNLENCA SUBCUTANEOUS	TIER 03	PA
SYMFY	TIER 02	
SYMFY LO	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	
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	
VIRAZOLE	TIER 03	
VIREAD ORAL POWDER	TIER 02	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	TIER 02	
VOCABRIA	EXCLUDED	PA

Drug Name	Drug Tier	Notes
VOSEVI	SPECIALTY	PA; QL
XOFLUZA (40 MG DOSE)	TIER 03	QL
XOFLUZA (80 MG DOSE)	TIER 03	QL
ZEPATIER	SPECIALTY	PA
ZIAGEN	TIER 03	
zidovudine	TIER 01	
ZOVIRAX	EXCLUDED	
Anxiolytics - Drugs for Anxiety		
alprazolam er	TIER 01	QL
alprazolam intensol	TIER 01	QL
alprazolam oral tablet	TIER 01	QL
alprazolam xr	TIER 01	QL
ATIVAN INJECTION	TIER 03	
ATIVAN ORAL	EXCLUDED	QL
buspirone hcl oral	TIER 01	
chlordiazepoxide hcl	TIER 01	QL
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

Effective May 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
lorazepam injection	TIER 01	
lorazepam intensol	TIER 01	QL
lorazepam oral concentrate 2 mg/ml	TIER 01	QL
lorazepam oral tablet	TIER 01	QL
LOREEV XR	EXCLUDED	PA; QL
meprobamate	TIER 01	
oxazepam	TIER 01	QL
quazepam	TIER 01	QL
triazolam	TIER 01	QL
VALIUM	EXCLUDED	
XANAX	EXCLUDED	QL
XANAX XR	EXCLUDED	QL
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	TIER 03	
lithium	TIER 01	
lithium carbonate er	TIER 01	
lithium carbonate oral	TIER 01	
LITHOBID	TIER 02	
Blood Products and Modifiers - Drugs for Blood Disorders		
ADVATE	SPECIALTY	
ADYNOVATE	SPECIALTY	
AFSTYLA	SPECIALTY	
ALPHANATE	SPECIALTY	
ALPHANINE SD	SPECIALTY	
ALPROLIX	SPECIALTY	
ALTUVIPIO	SPECIALTY	
ALVAIZ	SPECIALTY	PA
aminocaproic acid intravenous	SPECIALTY	
aminocaproic acid oral	SPECIALTY	
anagrelide hcl	TIER 01	

Drug Name	Drug Tier	Notes
APHEXDA	SPECIALTY	
ARANESP (ALBUMIN FREE)	SPECIALTY	PA
ASTRINGYN	TIER 03	
BALFAXAR	TIER 03	
BENEFIX	SPECIALTY	
COAGADEX	SPECIALTY	
CORIFACT	SPECIALTY	
CYKLOKAPRON	TIER 03	
DOPTELET	SPECIALTY	PA
ELOCTATE	SPECIALTY	
EMPAVELI	SPECIALTY	PA
ENJAYMO	SPECIALTY	PA
EPOGEN	EXCLUDED	PA
ESPEROCT	SPECIALTY	
FABHALTA	SPECIALTY	PA
FEIBA	SPECIALTY	
FIBRYGA	SPECIALTY	
FULPHILA	EXCLUDED	PA
FYLNETRA	EXCLUDED	PA
GRANIX	EXCLUDED	PA
HEMLIBRA	SPECIALTY	
HEMOFIL M	SPECIALTY	
hetastarch-nacl	TIER 01	
HEXTEND	TIER 03	
HUMATE-P	SPECIALTY	
IDELVION	SPECIALTY	
IXINITY	SPECIALTY	
JIVI	SPECIALTY	
KCENTRA	TIER 03	
KOATE	SPECIALTY	
KOATE-DVI	SPECIALTY	
KOGENATE FS	SPECIALTY	
KOVALTRY	SPECIALTY	
LEUKINE	SPECIALTY	PA

Effective May 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
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	
NPLATE	SPECIALTY	PA
NUWIQ	SPECIALTY	
NYVEPRIA	EXCLUDED	PA
OBIZUR	SPECIALTY	
PIASKY	EXCLUDED	PA
plerixafor	SPECIALTY	
PROCIT	SPECIALTY	PA
PROFILNINE	SPECIALTY	
PROMACTA	SPECIALTY	PA
protamine sulfate intravenous	TIER 01	
PYRUKYND	SPECIALTY	PA
PYRUKYND TAPER PACK	SPECIALTY	PA
REBINYN	SPECIALTY	
REBLOZYL	SPECIALTY	PA
RECOMBINATE	SPECIALTY	
RECOTHROM	TIER 03	
RECOTHROM SPRAY KIT	TIER 03	
RELEUKO	EXCLUDED	PA
RETACRIT	SPECIALTY	PA
RIASTAP	SPECIALTY	
RIXUBIS	SPECIALTY	
ROLVEDON	EXCLUDED	PA

Drug Name	Drug Tier	Notes
SEVENFACT	EXCLUDED	
SOLIRIS	SPECIALTY	PA
STIMUFEND	EXCLUDED	PA
TAVALISSE	SPECIALTY	PA
THROMBIN-JMI	TIER 03	
THROMBIN-JMI EPISTAXIS	TIER 03	
THROMBOGEN	TIER 03	
tranexamic acid intravenous	TIER 01	
tranexamic acid oral	TIER 01	
tranexamic acid-nacl	TIER 01	
TRETEN	SPECIALTY	
UDENYCA	SPECIALTY	PA
UDENYCA ONBODY	SPECIALTY	PA
ULTOMIRIS	SPECIALTY	PA
VONVENDI	SPECIALTY	
VOYDEYA	SPECIALTY	PA
WILATE	SPECIALTY	
XOLREMDI	SPECIALTY	PA
XYNTHA	SPECIALTY	
XYNTHA SOLOFUSE	SPECIALTY	
ZARXIO	SPECIALTY	PA
ZIEXTENZO	EXCLUDED	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	TIER 03	
ACCURETIC	TIER 03	
acebutolol hcl oral	PREVENT	
acetazolamide sodium	TIER 01	
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	TIER 01	
AKOVAZ	TIER 03	
ALDACTONE	TIER 03	

Effective May 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
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	
amlodipine besylate-valsartan	PREVENT	
amlodipine-atorvastatin	TIER 01	
amlodipine-olmesartan	PREVENT	
amlodipine-valsartan-hctz	PREVENT	
ASCLERA	TIER 03	
ASPRUZY SPRINKLE	EXCLUDED	PA
ATACAND	EXCLUDED	
atenolol oral	PREVENT	
atenolol-chlorthalidone	PREVENT	
ATORVALIQ	EXCLUDED	PA
atorvastatin calcium oral	PREVENT	
AVAPRO	EXCLUDED	
AZOR	EXCLUDED	
benazepril hcl oral	PREVENT	
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	

Drug Name	Drug Tier	Notes
BREVIBLOC IN NACL	TIER 03	
BREVIBLOC PREMIXED	TIER 03	
BREVIBLOC PREMIXED DS	TIER 03	
bumetanide injection	TIER 01	
bumetanide oral	PREVENT	
BUMEX	TIER 03	
BYSTOLIC	EXCLUDED	
CAMZYOS	EXCLUDED	PA
candesartan cilexetil	PREVENT	
candesartan cilexetil-hctz	PREVENT	
captopril oral	PREVENT	
captopril-hydrochlorothiazide	TIER 01	
CARDENE IV	TIER 03	
CARDIZEM LA	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	PA
COREG	EXCLUDED	
COREG CR	EXCLUDED	
CORLANOR	TIER 03	
CORVERT	TIER 03	

Effective May 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
COZAAR	EXCLUDED	
CRESTOR	EXCLUDED	
DEMSER	TIER 03	PA
DIBENZYLINE	TIER 03	PA
digoxin injection	TIER 01	
digoxin oral	TIER 01	
diltiazem hcl er beads	PREVENT	
diltiazem hcl er coated beads	PREVENT	
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	PREVENT	
diltiazem hcl er oral capsule extended release 24 hour	PREVENT	
diltiazem hcl intravenous	TIER 01	
diltiazem hcl oral	PREVENT	
DILTIAZEM HCL- DEXTROSE	TIER 03	
DILTIAZEM HCL- SODIUM CHLORIDE	TIER 03	
dilt-xr	PREVENT	
DIOVAN	EXCLUDED	
DIOVAN HCT	EXCLUDED	
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

Drug Name	Drug Tier	Notes
EDECIN	TIER 03	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML	TIER 03	
enalapril maleate oral tablet	PREVENT	
enalaprilat	TIER 01	
enalapril-hydrochlorothiazide	PREVENT	
ENTRESTO	TIER 02	
EPHEDRINE SULFATE (PRESSORS) INJECTION SOLUTION PREFILLED SYRINGE 50 MG/10ML, 50 MG/5ML	TIER 03	
ephedrine sulfate (pressors) intravenous solution 50 mg/ml	TIER 01	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 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	TIER 03	
EPINEPHRINE HCL-DEXTROSE	TIER 03	
EPINEPHRINE HCL-NACL	TIER 03	

Effective May 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	Drug Name	Drug Tier	Notes
epinephrine injection solution 10 mg/10ml	TIER 01		ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	TIER 03	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	TIER 03		esmolol hcl-sodium chloride	TIER 01	
EPINEPHRINE INTRAVENOUS SOLUTION	TIER 03		ethacrynone sodium	TIER 01	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	TIER 03		ethacrynic acid	PREVENT	
epinephrine intravenous solution prefilled syringe 1 mg/10ml	TIER 01		ETHAMOLIN	TIER 03	
epinephrine pf	TIER 01		EVKEEZA	SPECIALTY	PA
epinephrine solution 1 mg/ml injection	TIER 01		EXFORGE	EXCLUDED	
EPINEPHRINE SOLUTION 1 MG/ML INJECTION	TIER 03		EXFORGE HCT	EXCLUDED	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	TIER 03		ezetimibe	TIER 01	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03		ezetimibe-simvastatin	TIER 01	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION 2-0.9 MG/250ML-%	TIER 03		felodipine er	PREVENT	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03		fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	PREVENT	
eplerenone	PREVENT		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	PREVENT	
esmolol hcl intravenous solution 100 mg/10ml	TIER 01		fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	PREVENT	
			fenofibric acid oral capsule delayed release	TIER 01	
			flecainide acetate	TIER 01	
			fosinopril sodium	PREVENT	
			fosinopril sodium-hctz	PREVENT	
			FUROSCIX	EXCLUDED	PA
			FUROSEMIDE IN SODIUM CHLORIDE	TIER 03	
			furosemide injection	TIER 01	
			furosemide oral	TIER 01	
			gemfibrozil oral	PREVENT	
			guanfacine hcl	PREVENT	
			HEMANGEOL	TIER 03	PA
			hydralazine hcl injection	TIER 01	

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

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

Effective May 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
MICARDIS	EXCLUDED	
MICARDIS HCT	EXCLUDED	
midodrine hcl	TIER 01	
milrinone lactate	TIER 01	
milrinone lactate in dextrose	TIER 01	
minoxidil oral	TIER 01	
moexipril hcl	PREVENT	
MULTAQ	TIER 03	
nadolol oral	PREVENT	
nebivolol hcl	TIER 01	
NEXLETOL	TIER 02	PA
NEXLIZET	TIER 02	PA
NEXTERONE	TIER 03	
niacin er (antihyperlipidemic)	TIER 01	
nicardipine hcl in nacl 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	

Drug Name	Drug Tier	Notes
norepinephrine bitartrate solution 1 mg/ml intravenous	TIER 01	
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	

Effective May 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
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 0.4 MG/10ML, 0.8 MG/10ML	TIER 03	
phenylephrine hcl (pressors) intravenous solution 10 mg/ml	TIER 01	
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	
pitavastatin calcium	TIER 01	
PRALUENT	EXCLUDED	PA
pravastatin sodium	PREVENT	
prazosin hcl oral	PREVENT	
PRESTALIA	TIER 03	
prevalite	TIER 01	
procainamide hcl injection	TIER 01	
propafenone hcl	TIER 01	
propafenone hcl er	TIER 01	
propranolol hcl er	PREVENT	

Drug Name	Drug Tier	Notes
propranolol hcl intravenous	PREVENT	
propranolol hcl oral	PREVENT	
PROSTIN VR	TIER 03	
QUESTRAN	EXCLUDED	
QUESTRAN LIGHT	EXCLUDED	
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 PUSHTRONEX SYSTEM	TIER 02	ST; QL
REPATHA SURECLICK	TIER 02	ST; QL
REZIPRES	TIER 03	
rosuvastatin calcium oral	PREVENT	
simvastatin oral	PREVENT	
SOAANZ	EXCLUDED	PA
sodium nitroprusside intravenous solution 25 mg/ml	TIER 01	
sotalol hcl (af)	PREVENT	
sotalol hcl oral	PREVENT	
SOTYLIZE	TIER 03	
spironolactone oral tablet	PREVENT	
spironolactone-hctz	PREVENT	
TEKturna	TIER 02	
telmisartan	PREVENT	
telmisartan-amlodipine	PREVENT	
telmisartan-hctz	PREVENT	
TENORETIC 100	TIER 03	
TENORETIC 50	TIER 03	

Effective May 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
TENORMIN	EXCLUDED	
THALITONE	TIER 03	
tiadylt er	PREVENT	
TIAZAC	TIER 03	
TIKOSYN	EXCLUDED	
timolol maleate oral	PREVENT	
TOPROL XL	EXCLUDED	
torsemide	PREVENT	
trandolapril	PREVENT	
trandolapril-verapamil hcl er	PREVENT	
triamterene oral	TIER 01	
triamterene-hctz oral capsule	TIER 01	
triamterene-hctz oral tablet	PREVENT	
TRIBENZOR	EXCLUDED	
TRICOR	EXCLUDED	
TRILIPIX	TIER 03	
TRYNGOLZA	SPECIALTY	PA
TRYVIO	TIER 03	PA
VALSARTAN ORAL SOLUTION	EXCLUDED	PA
valsartan oral tablet	PREVENT	
valsartan-hydrochlorothiazide	PREVENT	
VARITHENA	TIER 03	
VASCEPA	TIER 02	PA
VAZCULEP	TIER 03	
VECAMYL	TIER 03	
verapamil hcl er	PREVENT	
verapamil hcl intravenous	TIER 01	
verapamil hcl oral	PREVENT	
VERELAN	TIER 03	
VERQUVO	TIER 03	PA
VYNDAMAX	SPECIALTY	PA

Drug Name	Drug Tier	Notes
VYNDAQEL	SPECIALTY	PA
VYTORIN	EXCLUDED	
WELCHOL	EXCLUDED	
ZESTRIL	EXCLUDED	
ZETIA	EXCLUDED	
ZOCOR	EXCLUDED	
ZYPITAMAG	EXCLUDED	
Central Nervous System Agents		
SKYCLARYS	SPECIALTY	PA
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	EXCLUDED	
ADDERALL XR	TIER 03	ST; QL
ADZENYS XR-ODT	EXCLUDED	
amphetamine sulfate	TIER 01	
amphetamine-dextroamphetamine	TIER 01	
amphetamine-dextroamphetamine er	TIER 01	
amphet-dextroamphet 3-bead er	TIER 01	
APTENSIO XR	TIER 03	ST; QL
atomoxetine hcl	TIER 01	
AZSTARYS	TIER 02	ST; QL
clonidine hcl er	TIER 01	
CONCERTA	TIER 03	ST; QL
COTEMPLA XR-ODT	EXCLUDED	
DAYTRANA	EXCLUDED	
dexmethylphenidate hcl	TIER 01	
dexmethylphenidate hcl er	TIER 01	
dextroamphetamine sulfate	TIER 01	

Effective May 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
dextroamphetamine sulfate er	TIER 01	
DYANAVEL XR	EXCLUDED	
EVEKEO	EXCLUDED	
FOCALIN	EXCLUDED	
FOCALIN XR	EXCLUDED	
guanfacine hcl er	TIER 01	
INTUNIV	EXCLUDED	
JORNAY PM	TIER 03	ST; QL
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	
QUILLCHEW ER	EXCLUDED	
QUILLIVANT XR	EXCLUDED	
RITALIN	EXCLUDED	
RITALIN LA	EXCLUDED	
STRATTERA	EXCLUDED	
VYVANSE	TIER 01	ST; QL
XELSTRYM	EXCLUDED	
ZENZEDI	EXCLUDED	

Drug Name	Drug Tier	Notes
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	EXCLUDED	PA; QL
AUBAGIO	EXCLUDED	PA; QL
AVONEX PEN	SPECIALTY	PA; QL
AVONEX PREFILLED	SPECIALTY	PA; QL
BAFIERTAM	SPECIALTY	PA; QL
BETASERON	SPECIALTY	PA; QL
BRIUMVI	SPECIALTY	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	EXCLUDED	PA; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	SPECIALTY	PA; QL
dalfampridine er	SPECIALTY	PA; QL
dimethyl fumarate oral	SPECIALTY	PA; QL
dimethyl fumarate starter pack	SPECIALTY	PA; QL
fingolimod hcl	SPECIALTY	PA; QL
GILENYA ORAL CAPSULE 0.25 MG	SPECIALTY	PA; QL
GILENYA ORAL CAPSULE 0.5 MG	EXCLUDED	PA; QL
glatiramer acetate	SPECIALTY	PA; QL
glatopa	SPECIALTY	PA; QL
KESIMPTA	SPECIALTY	PA
LEMTRADA	SPECIALTY	PA
MAVENCLAD	SPECIALTY	PA
MAYZENT	SPECIALTY	PA; QL
MAYZENT STARTER PACK	SPECIALTY	PA; QL
OCREVUS	SPECIALTY	PA
OCREVUS ZUNOVO	SPECIALTY	PA; QL

Effective May 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
PLEGRIDY	EXCLUDED	PA
PLEGRIDY STARTER PACK	EXCLUDED	PA
PONVORY	EXCLUDED	PA
PONVORY STARTER PACK	EXCLUDED	PA
REBIF	EXCLUDED	PA; QL
REBIF REBIDOSE	EXCLUDED	PA; QL
REBIF REBIDOSE TITRATION PACK	EXCLUDED	PA; QL
REBIF TITRATION PACK	EXCLUDED	PA; QL
TASCENO ODT	EXCLUDED	PA
TECFIDERA	EXCLUDED	PA; QL
teriflunomide	SPECIALTY	PA; QL
TYSABRI	SPECIALTY	PA; QL
VUMERTY	SPECIALTY	PA; QL
ZEPOSIA	SPECIALTY	PA; QL
ZEPOSIA 7-DAY STARTER PACK	SPECIALTY	PA; QL
ZEPOSIA STARTER KIT	SPECIALTY	PA; QL
Central Nervous System Agents - Miscellaneous		
ADDYI	TIER 03	PA
ADIPEX-P	EXCLUDED	PA
AMVUTTRA	SPECIALTY	PA
NECTINE	TIER 03	
atracurium besylate	TIER 01	
AUSTEDO	SPECIALTY	PA
AUSTEDO XR	SPECIALTY	PA
AUSTEDO XR PATIENT TITRATION	SPECIALTY	PA
benzphetamine hcl	TIER 01	
caffeine citrate	TIER 01	
CAFFEINE-SODIUM BENZOATE	TIER 03	

Drug Name	Drug Tier	Notes
cisatracurium besylate	TIER 01	
cisatracurium besylate (pf)	TIER 01	
CONTRAVE	EXCLUDED	PA
DAYBUE	EXCLUDED	PA
diethylpropion hcl er	TIER 01	
diethylpropion hcl oral	TIER 01	
DOPRAM	TIER 03	
edaravone	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
NUEDEXTA	TIER 03	PA
ONPATTRO	SPECIALTY	PA
ORLISTAT ORAL	TIER 03	PA
phendimetrazine tartrate	TIER 01	
phendimetrazine tartrate er	TIER 01	
phentermine hcl oral	TIER 01	
pregabalin oral	TIER 01	QL
QSYMIA	TIER 02	PA
QUELICIN	TIER 03	
RADICAVA	SPECIALTY	PA
RADICAVA ORS	SPECIALTY	PA
RADICAVA ORS STARTER KIT	SPECIALTY	PA
riluzole	SPECIALTY	
rocuronium bromide intravenous solution	TIER 01	

Effective May 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
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
SAVELLA	TIER 03	ST; QL
SAVELLA TITRATION PACK	TIER 03	ST; QL
SAXENDA	TIER 02	PA
SUCCINYLCHOLINE CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100 MG/5ML	TIER 03	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS	TIER 03	
succinylcholine chloride solution 20 mg/ml injection	TIER 01	
SUCCINYLCHOLINE CHLORIDE SOLUTION 20 MG/ML INJECTION	TIER 03	
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
ZEPBOUND SUBCUTANEOUS SOLUTION	EXCLUDED	PA

Drug Name	Drug Tier	Notes
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 02	PA
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
AQUORAL	TIER 03	
CAPHOSOL	TIER 03	
cevimeline hcl	TIER 01	
chlorhexidine gluconate mouth/throat	TIER 01	
CLINPRO 5000	TIER 03	
DENTA 5000 PLUS	TIER 03	
DENTA 5000 PLUS SENSITIVE	TIER 03	
DENTAGEL	TIER 03	
EASYGEL	TIER 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	
periogard	TIER 01	

Effective May 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
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	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	EXCLUDED	PA
ABSORICA LD	TIER 03	PA

Effective May 1, 2025

Drug Name	Drug Tier	Notes
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	PA
ala-cort	TIER 01	
alclometasone dipropionate	TIER 01	
ALTRENO	TIER 03	PA
ammonium lactate external	TIER 01	
amnesteem oral capsule 10 mg, 20 mg, 40 mg	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	

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	Drug Name	Drug Tier	Notes
betamethasone dipropionate aug	TIER 01		clindamycin phos (twice-daily)	TIER 01	
betamethasone dipropionate external	TIER 01		clindamycin phos-benzoyl perox external gel 1.2-3.75 %	EXCLUDED	
betamethasone valerate external	TIER 01		clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	TIER 01	
BIAFINE	TIER 03		clindamycin phosphate external lotion	TIER 01	
BIONECT EXTERNAL CREAM	TIER 03		clindamycin phosphate external solution	TIER 01	
BIOSTEP AG EXTERNAL SHEET 4"X4"	TIER 03		clindamycin phosphate external swab	TIER 01	
BPCO	TIER 03		clobetasol propionate e	TIER 01	
brimonidine tartrate external	TIER 01		clobetasol propionate external cream 0.05 %	TIER 01	
CABTREO	EXCLUDED	PA	clobetasol propionate external foam	TIER 01	
calcipotriene external cream	TIER 01		clobetasol propionate external gel	TIER 01	
CALCIPOTRIENE EXTERNAL FOAM	EXCLUDED	PA	clobetasol propionate external liquid	TIER 01	
calcipotriene external ointment	TIER 01		clobetasol propionate external lotion	TIER 01	
calcipotriene external solution	TIER 01		clobetasol propionate external ointment	TIER 01	
calcipotriene-betameth diprop external suspension	TIER 01	QL	clobetasol propionate external shampoo	TIER 01	
CALCITRENE	TIER 03		clobetasol propionate external solution	TIER 01	
calcitriol external	TIER 01		CLOBEX	EXCLUDED	
CIBINQO	SPECIALTY	PA	CLOBEX SPRAY	EXCLUDED	
claravis	TIER 01		clodan	TIER 01	
CLEOCIN-T	TIER 03		CLODERM	EXCLUDED	
clindacin etz external swab	TIER 01		coal tar external	TIER 01	
clindacin-p	TIER 01		CONDYLOX	TIER 03	
CLINDAGEL	EXCLUDED		CORDRAN	EXCLUDED	PA
clindamycin phos (once-daily)	TIER 01				

Effective May 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	Drug Name	Drug Tier	Notes
CURAFOAM AG FOAM DRESSING	TIER 03		DYNAGINATE AG SILVER CAL 4"X5"	TIER 03	
DERMA-SMOOTH/FS BODY	TIER 03		DYNAGINATE AG SILVER CAL 4"X8"	TIER 03	
DERMA-SMOOTH/FS SCALP	TIER 03		EBGLYSS	SPECIALTY	PA
desonide external cream	TIER 01		ELIDEL	EXCLUDED	QL
desonide external lotion	TIER 01		ENSTILAR	TIER 03	QL
desonide external ointment	TIER 01		EPIDUO	EXCLUDED	
DESOWEN	TIER 03		EPIDUO FORTE	TIER 03	
desoximetasone external cream 0.25 %	TIER 01		EPIFOAM	TIER 03	
desoximetasone external gel	TIER 01		EPSOLAY	EXCLUDED	
desoximetasone external liquid	TIER 01		ery pad 2%	TIER 01	
desoximetasone external ointment 0.25 %	TIER 01		ERYGEL	TIER 03	
diclofenac sodium external gel 3 %	TIER 01	QL	erythromycin external	TIER 01	
DIFFERIN EXTERNAL CREAM	EXCLUDED	PA	EUCRISA	TIER 02	ST
DIFFERIN EXTERNAL GEL 0.3 %	EXCLUDED	PA	FABIOR	EXCLUDED	PA
DIFFERIN EXTERNAL LOTION	EXCLUDED	PA	FILSUVEZ	SPECIALTY	PA
DIPROLENE	TIER 03		FINACEA EXTERNAL FOAM	TIER 03	
DRYSOL	TIER 03		fluocinolone acetonide body	TIER 01	
DUOBRII	EXCLUDED	PA	fluocinolone acetonide external	TIER 01	
DUPIXENT	SPECIALTY	PA	fluocinolone acetonide scalp	TIER 01	
DURAFIBER	TIER 03		fluocinonide emulsified base	TIER 01	
DYNAFOAM AG FOAM DRESSING	TIER 03		fluocinonide external	TIER 01	
DYNAGINATE AG CA ALG ROPE 30CM	TIER 03		fluorouracil external	TIER 01	
DYNAGINATE AG SILVER CAL 2"X2"	TIER 03		fluticasone propionate external	TIER 01	
			GORDOFILM	TIER 03	
			halobetasol propionate external cream	TIER 01	
			halobetasol propionate external ointment	TIER 01	
			HALOG	EXCLUDED	

Effective May 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 butyrate external cream	TIER 01	
hydrocortisone butyrate external ointment	TIER 01	
hydrocortisone butyrate external solution	TIER 01	
hydrocortisone external cream 1 %, 2.5 %	TIER 01	
hydrocortisone external lotion 2.5 %	TIER 01	
hydrocortisone external ointment 1 %, 2.5 %	TIER 01	
hydrocortisone valerate	TIER 01	
HYFTOR	EXCLUDED	PA
HYPOCYN ANTIPRURITIC	TIER 03	
imiquimod external cream 3.75 %	TIER 01	ST
imiquimod external cream 5 %	TIER 01	
imiquimod pump	TIER 01	ST
IMPOYZ	EXCLUDED	PA
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	TIER 01	
ivermectin external cream	TIER 01	
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	PA
LITFULO	SPECIALTY	PA; QL
L-MESITRAN SOFT WOUND	TIER 03	
LUXAMEND	TIER 03	

Drug Name	Drug Tier	Notes
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
RADIAPLEXRX	TIER 03	
REGENECARE	TIER 03	

Effective May 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
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	
SOOLANTRA	TIER 03	
SORILUX	EXCLUDED	PA
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
tazarotene external cream	TIER 01	PA

Drug Name	Drug Tier	Notes
TAZAROTENE EXTERNAL FOAM	EXCLUDED	PA
tazarotene external gel 0.05 %	TIER 01	PA
TAZORAC	EXCLUDED	PA
TOLAK	TIER 03	
TOPICORT EXTERNAL CREAM 0.25 %	TIER 03	
TOPICORT EXTERNAL GEL	TIER 03	
TOPICORT EXTERNAL OINTMENT	TIER 03	
TOPICORT SPRAY	EXCLUDED	
tretinoin external	TIER 01	
tretinoin microsphere external gel 0.08 %	TIER 01	
tretinoin microsphere pump external gel 0.08 %	TIER 01	
triamcinolone acetonide external cream	TIER 01	
triamcinolone acetonide external lotion	TIER 01	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	TIER 01	
triderm	TIER 01	
TWYNEO	TIER 03	
urea external cream 20 %	TIER 01	
VECTICAL	EXCLUDED	
VENELEX	TIER 03	
VTAMA	TIER 03	PA
WINLEVI	EXCLUDED	PA
WYNZORA	TIER 03	QL
XALIX	TIER 03	
XERAC AC	TIER 03	

Effective May 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
XEROFORM OCCLUSIVE GAUZE PATCH	TIER 03	
XEROFORM OIL EMULSION 2"X2"	TIER 03	
XEROFORM OIL EMULSION GAUZE	TIER 03	
XEROFORM OIL EMULSION STRIP	TIER 03	
XEROFORM OIL ROLL 4"X9'	TIER 03	
XEROFORM PETROLAT GAUZE 1"X8"	TIER 03	
XEROFORM PETROLAT GAUZE 5"X9"	TIER 03	
XEROFORM PETROLAT PATCH 2"X2"	TIER 03	
XEROFORM PETROLAT PATCH 4"X4"	TIER 03	
XEROFORM PETROLATUM DRES 4"X4"	TIER 03	
XEROFORM PETROLATUM DRES 5"X9"	TIER 03	
XEROFORM PETROLATUM ROLL 4"X9'	TIER 03	
YCANTH	TIER 03	PA
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

Drug Name	Drug Tier	Notes
ZORYVE EXTERNAL CREAM 0.15 %	TIER 02	ST
ZORYVE EXTERNAL CREAM 0.3 %	TIER 03	PA
ZORYVE EXTERNAL FOAM	EXCLUDED	PA
ZYCLARA	EXCLUDED	
ZYCLARA PUMP	EXCLUDED	
Diabetes - Antidiabetic Agents		
acarbose oral	PREVENT	
ALOGLIPTIN BENZOATE	EXCLUDED	
ALOGLIPTIN-METFORMIN HCL	EXCLUDED	
ALOGLIPTIN-PIOGLITAZONE	EXCLUDED	
BEXAGLIFLOZIN	EXCLUDED	
BRENZAVVY	EXCLUDED	
CYCLOSET	TIER 03	ST
DAPAGLIFLOZIN PRO-METFORMIN ER	EXCLUDED	
DAPAGLIFLOZIN PROPANEDIOL	EXCLUDED	
DUETACT	TIER 03	
EXENATIDE	TIER 02	PA; QL
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	

Effective May 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
INVOKAMET XR	EXCLUDED	
INVOKANA	EXCLUDED	
JANUMET	TIER 02	
JANUMET XR	TIER 02	
JANUVIA	TIER 02	
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	PA
metformin hcl oral solution	TIER 01	
metformin hcl oral tablet 1000 mg, 500 mg, 750 mg, 850 mg	PREVENT	
metformin hcl oral tablet 625 mg	PREVENT	PA
miglitol	PREVENT	
MOUNJARO	TIER 02	PA; QL
nateglinide	PREVENT	
ONGLYZA	EXCLUDED	
OZEMPIC	TIER 02	PA; QL
pioglitazone hcl	PREVENT	
pioglitazone hcl-glimepiride	PREVENT	
pioglitazone hcl-metformin hcl	PREVENT	
QTERN	EXCLUDED	
repaglinide	PREVENT	
RIOMET	TIER 03	ST
RYBELSUS	TIER 02	PA; QL
saxagliptin hcl	TIER 01	
saxagliptin-metformin er	TIER 01	
SEGLUROMET	EXCLUDED	
SITAGLIPTIN	EXCLUDED	

Drug Name	Drug Tier	Notes
SITAGLIPTIN BASE-METFORMIN HCL	EXCLUDED	
SOLIQUA	TIER 02	
STEGLATRO	EXCLUDED	
STEGLUJAN	EXCLUDED	
SYMLINPEN 120	TIER 03	PA
SYMLINPEN 60	TIER 03	PA
SYNJARDY	TIER 02	
SYNJARDY XR	TIER 02	
TRADJENTA	TIER 02	
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	
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	EXCLUDED	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	EXCLUDED	
ACCU-CHEK FASTCLIX LANCET KIT	TIER 02	
ACCU-CHEK GUIDE TEST STRIPS	EXCLUDED	
ACCU-CHEK GUIDE CONTROL	EXCLUDED	
ACCU-CHEK GUIDE KIT W/DEVICE	EXCLUDED	
ACCU-CHEK GUIDE TEST	EXCLUDED	
ACCU-CHEK SMARTVIEW CONTROL	EXCLUDED	

Effective May 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	Drug Name	Drug Tier	Notes
ACCU-CHEK SMARTVIEW TEST STRIPS	EXCLUDED		AGAMATRIX AMP TEST	EXCLUDED	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	TIER 02		AGAMATRIX CONTROL	EXCLUDED	
ACCUTREND GLUCOSE	EXCLUDED		AGAMATRIX CONTROL LEVEL 2	EXCLUDED	
ACCUTREND GLUCOSE CONTROL	EXCLUDED		AGAMATRIX CONTROL LEVEL 4	EXCLUDED	
ADVANCE INTUITION CONTROL	EXCLUDED		AGAMATRIX JAZZ TEST	EXCLUDED	
ADVANCE INTUITION METER	EXCLUDED		AGAMATRIX JAZZ WIRELESS 2	EXCLUDED	
ADVANCE INTUITION MONITOR	EXCLUDED		AGAMATRIX PRESTO	EXCLUDED	
ADVANCE INTUITION TEST	EXCLUDED		AGAMATRIX PRESTO TEST	EXCLUDED	
ADVANCE MICRO-DRAW CONTROL	EXCLUDED		ASSURE 3 CONTROL	EXCLUDED	
ADVANCE MICRO-DRAW METER	EXCLUDED		ASSURE 3 METER	EXCLUDED	
ADVANCE MICRO-DRAW NORMAL	EXCLUDED		ASSURE 3 TEST	EXCLUDED	
ADVANCE MICRO-DRAW TEST	EXCLUDED		ASSURE 4 CONTROL LEVEL 1 & 2	EXCLUDED	
ADVOCATE BLOOD GLUCOSE MONITOR	EXCLUDED		ASSURE 4 METER	EXCLUDED	
ADVOCATE BLOOD GLUCOSE SYSTEM	EXCLUDED		ASSURE 4 TEST	EXCLUDED	
ADVOCATE CONTROL SOLUTION	EXCLUDED		ASSURE DOSE CONTROL	EXCLUDED	
ADVOCATE REDI-CODE	EXCLUDED		ASSURE DOSE NORM/HIGH CONTROL	EXCLUDED	
ADVOCATE REDI-CODE+	EXCLUDED		ASSURE II	EXCLUDED	
ADVOCATE REDI-CODE+ CONTROL	EXCLUDED		ASSURE II CHECK	EXCLUDED	
ADVOCATE REDI-CODE+ TEST	EXCLUDED		ASSURE II CONTROL	EXCLUDED	
ADVOCATE TEST	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	

Effective May 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	Drug Name	Drug Tier	Notes
ASSURE PRO BLOOD GLUCOSE METER	EXCLUDED		CAREONE BLOOD GLUCOSE SYSTEM	EXCLUDED	
ASSURE PRO CONTROL LEVEL 1 & 2	EXCLUDED		CAREONE BLOOD GLUCOSE TEST	EXCLUDED	
ASSURE PRO TEST	EXCLUDED		CARESENS CONTROL A	EXCLUDED	
AUTOLET II CLINISAFE	TIER 03		CARESENS CONTROL SOLUTION A/B	EXCLUDED	
AUTOLET LANCING DEVICE	TIER 03		CARESENS LANCETS 30G	TIER 02	
AUTOLET LITE LANCING DEVICE	TIER 03		CARESENS N FELIZ	EXCLUDED	
BD LATITUDE DIABETES	EXCLUDED		CARESENS N FELIZ BT	EXCLUDED	
BD LOGIC BLOOD GLUCOSE MONITOR	EXCLUDED		CARESENS N GLUCOSE SYSTEM	EXCLUDED	
BIGFOOT UNITY PROGRAM	EXCLUDED PA		CARESENS N GLUCOSE TEST	EXCLUDED	
BIOTEL CARE BLOOD GLUCOSE	EXCLUDED		CARESENS N VOICE SYSTEM	EXCLUDED	
BIOTEL CARE BLOOD GLUCOSE SYST	EXCLUDED		CARETOUCH CONTROL SOL LEVEL 2	EXCLUDED	
BIOTEL CARE TEST STRIPS	EXCLUDED		CARETOUCH LANCING/EJECTOR	TIER 03	
BLOOD GLUCOSE MONITOR SYSTEM	EXCLUDED		CARETOUCH MONITOR SYSTEM	EXCLUDED	
BLOOD GLUCOSE MONITORING 333	EXCLUDED		CARETOUCH TEST	EXCLUDED	
BLOOD GLUCOSE SYSTEM PAK	EXCLUDED		CEQUR SIMPLICITY 2U 10PK	TIER 02	
BLOOD GLUCOSE TEST	EXCLUDED		CEQUR SIMPLICITY INSERTER	TIER 02	
BLOOD GLUCOSE TEST STRIPS 333	EXCLUDED		CHEMSTRIP BG LOG BOOK	TIER 03	
BLUESTAR	TIER 03		CHEMSTRIP K	TIER 03	
BLULINK CONTROL HIGH & LOW	EXCLUDED		CHEMSTRIP UGK	TIER 03	
BLULINK GLUCOSE MONITORING SYS	EXCLUDED		CHOSEN LANCETS 30G	TIER 02	
BLULINK GLUCOSE TEST	EXCLUDED		CHOSEN LANCING DEVICE	TIER 03	
			CHOSEN SAFETY LANCETS 28G	TIER 02	

Effective May 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	Drug Name	Drug Tier	Notes
CLEVER CHEK AUTO-CODE SYSTEM	EXCLUDED		CONTOUR PLUS TEST STRIP	TIER 02	
CLEVER CHEK AUTO-CODE TEST	EXCLUDED		CONTOUR TEST STRIPS	PREVENT	
CLEVER CHEK AUTO-CODE VOICE	EXCLUDED		COOL BLOOD GLUCOSE TEST STRIPS	EXCLUDED	
CLEVER CHEK SYSTEM	EXCLUDED		COOL CONTROL A	EXCLUDED	
CLEVER CHEK TEST	EXCLUDED		COOL CONTROL B	EXCLUDED	
CLEVER CHOICE AUTO-CODE SYSTEM	EXCLUDED		COOL MONITOR	EXCLUDED	
CLEVER CHOICE AUTO-CODE TEST	EXCLUDED		COOL MONITOR KIT	EXCLUDED	
CLEVER CHOICE COMFORT EZ	TIER 02		CVS ADVANCED GLUCOSE TEST	EXCLUDED	
CLEVER CHOICE GLUCOSE CONTROL	EXCLUDED		CVS GLUCOSE METER TEST STRIPS	EXCLUDED	
CLEVER CHOICE MICRO SYSTEM	EXCLUDED		CVS TRUE METRIX GLUCOSE TEST	EXCLUDED	
CLEVER CHOICE MICRO TEST	EXCLUDED		D-CARE BLOOD GLUCOSE	EXCLUDED	
CLEVER CHOICE MINI SYSTEM	EXCLUDED		D-CARE GLUCOMETER	EXCLUDED	
CLEVER CHOICE NO CODING	EXCLUDED		DEXCOM G6 RECEIVER	TIER 02	PA
CLEVER CHOICE TALK SYSTEM	EXCLUDED		DEXCOM G6 SENSOR	TIER 02	PA
COMFORT TOUCH TWIST LANCET 30G	TIER 02		DEXCOM G6 TRANSMITTER	TIER 02	PA
CONTOUR CONTROL SOLUTION	TIER 02		DEXCOM G7 RECEIVER	TIER 02	PA
CONTOUR NEXT CONTROL SOLUTION	TIER 02		DEXCOM G7 SENSOR	TIER 02	PA
CONTOUR NEXT ONE KIT	TIER 02		DIABETES CARE	EXCLUDED	PA
CONTOUR NEXT GEN TEST STRIPS	PREVENT		DIASTIX REAGENT	TIER 02	
CONTOUR PLUS BLUE KIT W/DEVICE	TIER 02		DIATHRIVE BLOOD GLUCOSE METER	EXCLUDED	
			DIATHRIVE BLOOD GLUCOSE TEST	EXCLUDED	
			DIATHRIVE GLUCOSE CONTROL SOLN	EXCLUDED	
			DIATHRIVE GLUCOSE TEST	EXCLUDED	

Effective May 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	Drug Name	Drug Tier	Notes
DIATHRIVE LANCING DEVICE	TIER 03		EASY TOUCH HEALTHPRO GLUCOSE	EXCLUDED	
DIATHRIVE+ GLUCOSE MONITOR	EXCLUDED		EASY TOUCH HEALTHPRO HIGH/LOW	EXCLUDED	
DIATHRIVE+ GLUCOSE TEST	EXCLUDED		EASY TOUCH LANCING DEVICE	TIER 03	
DROPLET GENTEEL LANCING DEVICE	TIER 03		EASY TOUCH TEST	EXCLUDED	
DROPSAFE ACTI-LANCE 23G	TIER 02		EASY TRAK BLOOD GLUCOSE SYSTEM	EXCLUDED	
DUO-CARE CONTROL SOLUTION	EXCLUDED		EASY TRAK BLOOD GLUCOSE TEST	EXCLUDED	
DUO-CARE TEST	EXCLUDED		EASY TRAK CONTROL	EXCLUDED	
EASY MAX BLOOD GLUCOSE TEST	EXCLUDED		EASY TRAK II BLOOD GLUCOSE SYS	EXCLUDED	
EASY MAX T1 GLUCOSE SYSTEM	EXCLUDED		EASY TRAK II CONTROL	EXCLUDED	
EASY PLUS II CONTROL	EXCLUDED		EASY TRAK II GLUCOSE TEST	EXCLUDED	
EASY PLUS II GLUCOSE SYSTEM	EXCLUDED		EASYGLUCO	EXCLUDED	
EASY PLUS II GLUCOSE TEST	EXCLUDED		EASymax 15 LEVEL 2 CONTROL	EXCLUDED	
EASY STEP CONTROL	EXCLUDED		EASymax 15 LEVEL 2-3 CONTROL	EXCLUDED	
EASY STEP GLUCOSE MONITOR	EXCLUDED		EASymax 15 TEST	EXCLUDED	
EASY STEP TEST	EXCLUDED		EASymax CONTROL	EXCLUDED	
EASY TALK BLOOD GLUCOSE SYSTEM	EXCLUDED		GLUCOSE CONTROL SOLUTIONS	EXCLUDED	
EASY TALK BLOOD GLUCOSE TEST	EXCLUDED		EASymax NG BLOOD GLUCOSE	EXCLUDED	
EASY TALK CONTROL	EXCLUDED		BLOOD GLUCOSE TEST STRIPS	EXCLUDED	
EASY TALK PLUS II CONTROL	EXCLUDED		EASymax V BLOOD GLUCOSE	EXCLUDED	
EASY TALK PLUS II TEST STRIPS	EXCLUDED		EASyPRO BLOOD GLUCOSE MONITOR	EXCLUDED	
EASY TOUCH CONTROL HIGH & LOW	EXCLUDED		EASyPRO BLOOD GLUCOSE TEST	EXCLUDED	
EASY TOUCH GLUCOSE SYSTEM	EXCLUDED		EASyPRO PLUS	EXCLUDED	

Effective May 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	Drug Name	Drug Tier	Notes
ELEMENT AUTOCODE SYSTEM	EXCLUDED		EMBRACE TALK BLOOD GLUCOSE	EXCLUDED	
ELEMENT COMPACT CONTROL 2	EXCLUDED		EMBRACE TALK GLUCOSE CONTROL	EXCLUDED	
ELEMENT COMPACT CONTROL 3	EXCLUDED		EMBRACE TALK GLUCOSE TEST	EXCLUDED	
ELEMENT COMPACT GLUCOSE SYSTEM	EXCLUDED		EMBRACE TALK MONITORING SYSTEM	EXCLUDED	
ELEMENT COMPACT TEST	EXCLUDED		EMBRACE WAVE BLOOD GLUCOSE	EXCLUDED	
ELEMENT COMPACT V GLUCOSE SYS	EXCLUDED		EMBRACE WAVE GLUCOSE METER	EXCLUDED	
ELEMENT CONTROL	EXCLUDED		ENLITE GLUCOSE SENSOR	TIER 03	PA
ELEMENT PLUS	EXCLUDED		EQ BLOOD GLUCOSE TEST	EXCLUDED	
ELEMENT TEST	EXCLUDED		EVERSENSE 365 SENSOR/HOLDER	EXCLUDED	PA
EMBRACE BLOOD GLUCOSE MONITOR	EXCLUDED		EVERSENSE 365 SMART TRANSMIT	EXCLUDED	PA
EMBRACE BLOOD GLUCOSE TEST	EXCLUDED		EVERSENSE SENSOR/HOLDER	EXCLUDED	PA
EMBRACE CONTROL	EXCLUDED		EVERSENSE SMART TRANSMITTER	EXCLUDED	PA
EMBRACE EVO BLOOD GLUCOSE TEST	EXCLUDED		EVOLUTION AUTOCODE	EXCLUDED	
EMBRACE EVO CONTROL LEVEL 1	EXCLUDED		EVOLUTION CONTROL	EXCLUDED	
EMBRACE EVO GLUCOSE MONITOR	EXCLUDED		FIFTY50 GLUCOSE METER 2.0	EXCLUDED	
EMBRACE EVO GLUCOSE MONITORING	EXCLUDED		FIFTY50 GLUCOSE TEST 2.0	EXCLUDED	
EMBRACE GLUCOSE CONTROL	EXCLUDED		FORA 6 CONNECT	EXCLUDED	
EMBRACE LANCING DEVICE/EJECTOR	TIER 03		FORA 6 CONNECT/GTEL TEST	EXCLUDED	
EMBRACE PRO GLUCOSE CONTROL	EXCLUDED		FORA CONTROL	EXCLUDED	
EMBRACE PRO GLUCOSE METER	EXCLUDED		FORA D40/G31 BLOOD GLUCOSE	EXCLUDED	
EMBRACE PRO GLUCOSE TEST	EXCLUDED		FORA G20 BLOOD GLUCOSE SYSTEM	EXCLUDED	

Effective May 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	Drug Name	Drug Tier	Notes
FORA G20 BLOOD GLUCOSE TEST	EXCLUDED		FORACARE TEST N GO MONITOR	EXCLUDED	
FORA G30A BLOOD GLUCOSE SYSTEM	EXCLUDED		FORACARE TEST N GO TEST	EXCLUDED	
FORA GD20 BLOOD GLUCOSE SYSTEM	EXCLUDED		FREESTYLE CONTROL SOLUTION	EXCLUDED	
FORA GD20 TEST	EXCLUDED		FREESTYLE FREEDOM LITE	EXCLUDED	
FORA GD50 BLOOD GLUCOSE SYSTEM	EXCLUDED		FREESTYLE INSULINX TEST	EXCLUDED	
FORA GD50 BLOOD GLUCOSE TEST	EXCLUDED		FREESTYLE LIBRE 14 DAY READER	EXCLUDED	PA
FORA GTel BLOOD GLUCOSE SYSTEM	EXCLUDED		FREESTYLE LIBRE 14 DAY SENSOR	EXCLUDED	PA
FORA GTel BLOOD GLUCOSE TEST	EXCLUDED		FREESTYLE LIBRE 2 PLUS SENSOR	EXCLUDED	PA
FORA PREMIUM V10 BLE SYSTEM	EXCLUDED		FREESTYLE LIBRE 2 READER	PREVENT	PA
FORA TEST N' GO MONITOR	EXCLUDED		FREESTYLE LIBRE 2 SENSOR	PREVENT	PA
FORA TN'G ADVANCE PRO IN VITRO	EXCLUDED		FREESTYLE LIBRE 3 PLUS SENSOR	PREVENT	PA
FORA TN'G VOICE	EXCLUDED		FREESTYLE LIBRE 3 READER	PREVENT	PA
FORA TN'G/TN'G VOICE	EXCLUDED		FREESTYLE LIBRE 3 SENSOR	PREVENT	PA
FORA V10 BLOOD GLUCOSE TEST	EXCLUDED		FREESTYLE LIBRE READER	EXCLUDED	PA
FORA V12 BLOOD GLUCOSE SYSTEM	EXCLUDED		FREESTYLE LITE	EXCLUDED	
FORA V30A BLOOD GLUCOSE TEST	EXCLUDED		FREESTYLE LITE TEST	EXCLUDED	
FORACARE GD40 MONITOR	EXCLUDED		FREESTYLE PRECISION NEO SYSTEM	EXCLUDED	
FORACARE GD40 TEST	EXCLUDED		FREESTYLE PRECISION NEO TEST	EXCLUDED	
FORACARE GDH CONTROL	EXCLUDED		FREESTYLE TEST	EXCLUDED	
FORACARE PREMIUM V10	EXCLUDED		GE100 BLOOD GLUCOSE SYSTEM	EXCLUDED	
FORACARE PREMIUM V10 TEST	EXCLUDED		GE100 BLOOD GLUCOSE TEST	EXCLUDED	

Effective May 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
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	

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	

Effective May 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	Drug Name	Drug Tier	Notes
GOJJI LANCING DEVICE/CLEAR CAP	TIER 03		IN TOUCH GLUCOSE CONTROL	EXCLUDED	
GOODSENSE BLOOD GLUCOSE	EXCLUDED		INFINITY BLOOD GLUCOSE SYSTEM	EXCLUDED	
GUARDIAN 4 GLUCOSE SENSOR	TIER 03	PA	INFINITY BLOOD GLUCOSE TEST	EXCLUDED	
GUARDIAN 4 TRANSMITTER	TIER 03	PA	INFINITY CONTROL	EXCLUDED	
GUARDIAN LINK 3 TRANSMITTER	TIER 03	PA	INFINITY VOICE	EXCLUDED	
GUARDIAN SENSOR 3	TIER 03	PA	INPEN 100-BLUE-LILLY-HUMALOG	TIER 03	
HEALTHPRO BLOOD GLUCOSE MONITO	EXCLUDED		INPEN 100-GREY-LILLY-HUMALOG	TIER 03	
HM EMBRACE TALK SYSTEM	EXCLUDED		INPEN 100-PINK-LILLY-HUMALOG	TIER 03	
HW EMBRACE PRO GLUCOSE METER	EXCLUDED		KETO-DIASTIX	TIER 03	
HW EMBRACE PRO GLUCOSE TEST	EXCLUDED		KETONE CARE	TIER 03	
HW EMBRACE TALK BLOOD GLUCOSE	EXCLUDED		KETOSTIX	TIER 03	
HW EMBRACE TALK GLUCOSE TEST	EXCLUDED		KROGER BLOOD GLUCOSE	EXCLUDED	
IGLUCOSE MONITORING SYSTEM	EXCLUDED		KROGER BLOOD GLUCOSE TEST	EXCLUDED	
IGLUCOSE TEST STRIPS	EXCLUDED		KROGER HEALTHPRO CONTROL HI/LO	EXCLUDED	
IHEALTH BLOOD GLUCOSE TEST STR	EXCLUDED		KROGER HEALTHPRO GLUCOSE TEST	EXCLUDED	
IHEALTH CONTROL SOLUTION	EXCLUDED		KROGER PREMIUM BLOOD GLUCOSE	EXCLUDED	
IHEALTH GLUCO+ KIT 10	EXCLUDED	PA	KROGER PREMIUM GLUCOSE TEST	EXCLUDED	
IHEALTH GLUCO+ KIT 100	EXCLUDED	PA	LANCETS	PREPVENT	
IHEALTH LANCING DEVICE	TIER 03		LANCETS	TIER 02	
IN TOUCH	EXCLUDED		LANCETS 28G THIN	TIER 02	
IN TOUCH BLOOD GLUCOSE TEST	EXCLUDED		LANCETS IN VITRO STRIP	EXCLUDED	
			LANCETS SUPER THIN	TIER 02	
			MEDISENSE GLUCOSE KETONE CONTR	EXCLUDED	
			MEDISENSE HI/MID/LOW CONTROL	EXCLUDED	

Effective May 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	Drug Name	Drug Tier	Notes
MEIJER BLOOD GLUCOSE	EXCLUDED		MYGLUCOHEALTH BLOOD GLUCOSE	EXCLUDED	
MEIJER BLOOD GLUCOSE TEST	EXCLUDED		MYGLUCOHEALTH CONTROL	EXCLUDED	
MEIJER ESSENTIAL BLOOD GLUCOSE	EXCLUDED		MYGLUCOHEALTH TEST	EXCLUDED	
MEIJER ESSENTIAL GLUCOSE TEST	EXCLUDED		NEUTEK 2TEK CONTROL	EXCLUDED	
MEIJER PREMIUM BLOOD GLUCOSE	EXCLUDED		NEUTEK 2TEK TEST	EXCLUDED	
MEIJER TRUE2GO BLOOD GLUCOSE	EXCLUDED		NOVA MAX BLOOD GLUCOSE SYSTEM	EXCLUDED	
MEIJER TRUERESULT GLUCOSE SYS	EXCLUDED		NOVA MAX GLUCOSE TEST	EXCLUDED	
MEIJER TRUETEST TEST	EXCLUDED		NOVA MAX PLUS GLU/KET CONTROL	EXCLUDED	
MEIJER TRUETRACK GLUCOSE SYS	EXCLUDED		NOVOPEN ECHO	TIER 03	
MEIJER TRUETRACK TEST	EXCLUDED		ON CALL EXPRESS BLOOD GLUCOSE	EXCLUDED	
MICRODOT BLOOD GLUCOSE SYSTEM	EXCLUDED		ON CALL EXPRESS MONITORING SYS	EXCLUDED	
MICRODOT CONTROL HIGH/LOW	EXCLUDED		ONE DROP BLOOD GLUCOSE MONITOR	EXCLUDED	
MICRODOT TEST	EXCLUDED		ONE DROP TEST	EXCLUDED	
MICROLET NEXT LANCING DEVICE	PREVENT		ONETOUCH DELICA PLUS LANCING	TIER 03	
MM BLOOD GLUCOSE SYSTEM	EXCLUDED		ONETOUCH DELICA SAFETY LANCING	TIER 02	
MM BLOOD GLUCOSE SYSTEM REFILL	EXCLUDED		ONETOUCH ULTRA TEST STRIPS	EXCLUDED	
MM BLULINK GLUCOSE MONIT SYS	EXCLUDED		ONETOUCH ULTRA 2 KIT W/DEVICE	EXCLUDED	
MM BLULINK GLUCOSE TEST	EXCLUDED		ONETOUCH ULTRA BLUE TEST	EXCLUDED	
MM EASY TOUCH GLUCOSE	EXCLUDED		ONETOUCH ULTRA CONTROL	EXCLUDED	
MM EASY TOUCH GLUCOSE METER	EXCLUDED		ONETOUCH ULTRA IN VITRO LIQUID	EXCLUDED	
MOBILE LANCETS 30G	TIER 02		ONETOUCH ULTRA TEST STRIPS	EXCLUDED	

Effective May 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	Drug Name	Drug Tier	Notes
ONETOUCH VERIO KIT W/DEVICE	EXCLUDED		PRECISION GLUCOSE KETONE CONTR	EXCLUDED	
ONETOUCH VERIO FLEX SYSTEM DEVICE	EXCLUDED		PRECISION XTRA	EXCLUDED	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	EXCLUDED		PRECISION XTRA BLOOD GLUCOSE	EXCLUDED	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	PREVENT		PREMIUM BLOOD GLUCOSE TEST	EXCLUDED	
ONETOUCH VERIO REFLECT KIT W/DEVICE	EXCLUDED		PRO VOICE V8/V9 GLUCOSE	EXCLUDED	
OPTIUMEZ TEST	EXCLUDED		PRO VOICE V9 GLUCOSE SYSTEM	EXCLUDED	
PERFECT POINT SAFETY LANCETS	TIER 02		PRODIGY AUTOCODE BLOOD GLUCOSE	EXCLUDED	
PHARMACIST CHOICE AUTOCODE	EXCLUDED		PRODIGY CONTROL SOLUTION	EXCLUDED	
PHARMACIST CHOICE AUTOCODE SYS	EXCLUDED		PRODIGY NO CODING BLOOD GLUC	EXCLUDED	
PHARMACIST CHOICE MINI SYSTEM	EXCLUDED		PRODIGY POCKET BLOOD GLUCOSE	EXCLUDED	
PHARMACIST CHOICE NO CODING	EXCLUDED		PRODIGY VOICE BLOOD GLUCOSE	EXCLUDED	
PIP BLOOD GLUCOSE MONITORING	EXCLUDED		PTS PANELS EGLU TEST	EXCLUDED	
PIP BLOOD GLUCOSE TEST STRIP	EXCLUDED		QUICK TOUCH BLOOD GLUCOSE	EXCLUDED	
PIP GLUCOSE CONTROL SOLUTION	EXCLUDED		QUICK TOUCH BLOOD GLUCOSE TEST	EXCLUDED	
POCKETCHEM EZ CONTROL	EXCLUDED		QUICKTEK	EXCLUDED	
POCKETCHEM EZ SYSTEM	EXCLUDED		QUICKTEK CONTROL SOLUTION	EXCLUDED	
POCKETCHEM EZ TEST	EXCLUDED		QUICKTEK TEST	EXCLUDED	
POGO AUTOMATIC BLOOD GLUCOSE	EXCLUDED		QUICKTEK/METER	EXCLUDED	
POGO AUTOMATIC TEST CARTRIDGES	EXCLUDED		QUINTET AC BLOOD GLUCOSE	EXCLUDED	
			QUINTET AC BLOOD GLUCOSE TEST	EXCLUDED	
			QUINTET BLOOD GLUCOSE SYSTEM	EXCLUDED	
			QUINTET BLOOD GLUCOSE TEST	EXCLUDED	

Effective May 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	Drug Name	Drug Tier	Notes
QUINTET CONTROL HIGH/NORMAL	EXCLUDED		REXALL BLOOD GLUCOSE TEST	EXCLUDED	
REFUAH PLUS BLOOD GLUCOSE TEST	EXCLUDED		RIGHTEST GC300 CONTROL	EXCLUDED	
REFUAH PLUS GLUCOSE CONTROL	EXCLUDED		RIGHTEST GM100 BLOOD GLUCOSE	EXCLUDED	
REFUAH PLUS MONITORING SYSTEM	EXCLUDED		RIGHTEST GM300 BLOOD GLUCOSE	EXCLUDED	
RELION ALL-IN-ONE	EXCLUDED		RIGHTEST GM550 BLOOD GLUCOSE	EXCLUDED	
RELION BLOOD GLUCOSE TEST	EXCLUDED		RIGHTEST GS100 BLOOD GLUCOSE	EXCLUDED	
RELION CONFIRM GLUCOSE MONITOR	EXCLUDED		RIGHTEST GS300 BLOOD GLUCOSE	EXCLUDED	
RELION CONFIRM/MICRO TEST	EXCLUDED		RIGHTEST GS550 BLOOD GLUCOSE	EXCLUDED	
RELION GLUCOSE TEST STRIPS	EXCLUDED		RIGHTEST GT333 BLOOD GLUCOSE	EXCLUDED	
RELION MICRO	EXCLUDED		RIGHTEST GT333 GLUCOSE TEST	EXCLUDED	
RELION PREMIER BLU MONITOR	EXCLUDED		SMART SENSE PREMIUM SYSTEM	EXCLUDED	
RELION PREMIER CLASSIC	EXCLUDED		SMART SENSE PREMIUM TEST	EXCLUDED	
RELION PREMIER COMPACT SYSTEM	EXCLUDED		SMART SENSE VALUE GLUCOSE SYS	EXCLUDED	
RELION PREMIER TEST	EXCLUDED		SMART SENSE VALUE TEST	EXCLUDED	
RELION PREMIER VOICE MONITOR	EXCLUDED		SMARTTEST BLOOD GLUCOSE TEST	EXCLUDED	
RELION PRIME MONITOR	EXCLUDED		SMARTTEST CONTROL MEDIUM	EXCLUDED	
RELION PRIME TEST	EXCLUDED		SMARTTEST EJECT	EXCLUDED	
RELION TRUE MET AIR GLUC METER	EXCLUDED		SMARTTEST EJECT STARTER	EXCLUDED	
RELION TRUE METRIX TEST STRIPS	EXCLUDED		SMARTTEST PERSONA STARTER	EXCLUDED	
RELION ULTIMA GLUCOSE SYSTEM	EXCLUDED		SMARTTEST PRONTO STARTER	EXCLUDED	
RELION ULTIMA TEST	EXCLUDED		SMARTTEST PROTEGE	EXCLUDED	
REXALL BLOOD GLUCOSE SYSTEM	EXCLUDED				

Effective May 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	Drug Name	Drug Tier	Notes
SMARTEST PROTEGE STARTER	EXCLUDED		TRUETRACK BLOOD GLUCOSE	EXCLUDED	
SOLUS V2 BLOOD GLUCOSE SYSTEM	EXCLUDED		TRUETRACK SMART SYSTEM	EXCLUDED	
SOLUS V2 CONTROL	EXCLUDED		TRUETRACK TEST	EXCLUDED	
SOLUS V2 TEST	EXCLUDED		UNISTRIP CONTROL	EXCLUDED	
SUPREME II HIGH/LOW CONTROL	EXCLUDED		UNISTRIP1 GENERIC	EXCLUDED	
SUPREME TEST	EXCLUDED		VERASENS BLOOD GLUCOSE METER	EXCLUDED	
TAI DOC CONTROL	EXCLUDED		VERASENS BLOOD GLUCOSE SYSTEM	EXCLUDED	
TECHLITE LANCETS 26G	TIER 02		VERASENS BLOOD GLUCOSE TEST	EXCLUDED	
TEMPO REFILL	EXCLUDED		VERASENS GLUCOSE CONTROL	EXCLUDED	
TEMPO SMART BUTTON	EXCLUDED		VERIFINE SAFE LANCET MINI 21G	TIER 02	
TEMPO WELCOME	EXCLUDED		VERIFINE SAFE LANCET MINI 23G	TIER 02	
TGT BLOOD GLUCOSE MONITORING	EXCLUDED		VERIFINE SAFE LANCET MINI 28G	TIER 02	
TGT BLOOD GLUCOSE TEST	EXCLUDED		VERIFINE SAFE LANCET MINI 30G	TIER 02	
TRUE FOCUS BLOOD GLUCOSE METER	EXCLUDED		VIVAGUARD INO CONTROL SOLUTION	EXCLUDED	
TRUE FOCUS BLOOD GLUCOSE STRIP	EXCLUDED		VIVAGUARD INO GLUCOSE METER	EXCLUDED	
TRUE METRIX AIR GLUCOSE METER	EXCLUDED		VIVAGUARD INO SMART GLUC METER	EXCLUDED	
TRUE METRIX BLOOD GLUCOSE TEST	EXCLUDED		VIVAGUARD INO TEST STRIPS	EXCLUDED	
TRUE METRIX GO GLUCOSE METER	EXCLUDED		VIVAGUARD LANCETS 30G	TIER 02	
TRUE METRIX LEVEL 1	EXCLUDED		VIVAGUARD LANCING DEVICE	TIER 03	
TRUE METRIX LEVEL 2	EXCLUDED		VIVAGUARD SAFETY LANCETS 28G	TIER 02	
TRUE METRIX LEVEL 3	EXCLUDED		Diabetes - Glycemic Agents		
TRUE METRIX METER	EXCLUDED		BAQSIMI ONE PACK	TIER 02	
TRUE METRIX PRO BLOOD GLUCOSE	EXCLUDED				
TRUERESULT BLOOD GLUCOSE	EXCLUDED				
TRUETEST TEST	EXCLUDED				

Effective May 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
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	
Diabetes - Insulins		
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	PREVENT	
DROPSAFE SAFETY SYRINGE/NEEDLE	TIER 02	
EMBECTA INS SYR U/F 1/2 UNIT	TIER 02	
EMBECTA INSULIN SYRINGE	TIER 02	
EMBECTA INSULIN SYRINGE U/F	TIER 02	
EMBECTA INSULIN SYRINGE U-100	TIER 02	
EMBECTA INSULIN SYRINGE U-500	TIER 02	

Drug Name	Drug Tier	Notes
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	
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	

Effective May 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	Drug Name	Drug Tier	Notes
INSULIN ASPART PROT & ASPART	EXCLUDED		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"		
INSULIN DEGLUDEC	EXCLUDED		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	
INSULIN DEGLUDEC FLEXTOUCH	EXCLUDED		LANTUS SOLOSTAR	PREVENT	
INSULIN GLARGINE MAX SOLOSTAR	PREVENT		LANTUS U-100 VIAL	PREVENT	
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	PREVENT		LYUMJEV KWIKPEN	TIER 01	
INSULIN GLARGINE-YFGN	EXCLUDED		LYUMJEV TEMPO PEN	EXCLUDED	
INSULIN LISPRO	TIER 01		LYUMJEV VIAL	TIER 01	
INSULIN LISPRO (1 UNIT DIAL)	TIER 01		MYXREDLIN	TIER 03	
INSULIN LISPRO JUNIOR KWIKPEN	TIER 01		NOVOLIN 70/30 FLEXPEN	TIER 01	
INSULIN LISPRO PROT & LISPRO	PREVENT		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 May 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	Drug Name	Drug Tier	Notes
NOVOLIN N VIAL	TIER 01		AMINO ACID-CALCIUM-HEP IN D10W INTRAVENOUS SOLUTION 3 %	TIER 03	
NOVOLIN R FLEXPEN	TIER 01		AMINOPROTECT	TIER 03	
NOVOLIN R FLEXPEN RELION	EXCLUDED		AMINOSYN II	TIER 03	
NOVOLIN R RELION	EXCLUDED		AMINOSYN-PF	TIER 03	
NOVOLIN R VIAL	TIER 01		AMINOSYN-PF 7%	TIER 03	
NOVOLOG 70/30 FLEXPEN RELION	EXCLUDED		AMLADEX	EXCLUDED	
NOVOLOG FLEXPEN	TIER 01		AQUASOL A	TIER 03	
NOVOLOG FLEXPEN RELION	EXCLUDED		AQUASTAT	TIER 03	
NOVOLOG MIX 70/30 FLEXPEN	TIER 01		AQUASTAT SFR	TIER 03	
NOVOLOG MIX 70/30 RELION	EXCLUDED		ARGININE HCL INJECTION	TIER 03	
NOVOLOG MIX 70/30 VIAL	TIER 01		AZESCO	EXCLUDED	
NOVOLOG PENFILL	TIER 01		BD POSIFLUSH	TIER 03	
NOVOLOG RELION	EXCLUDED		BD POSIFLUSH SAFESCRUB	TIER 03	
NOVOLOG U-100 VIAL	TIER 01		CALCIFOL	TIER 03	
REZVOGLAR KWIKPEN	TIER 01		CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS	TIER 03	
SEMGLEE (YFGN)	EXCLUDED		calcium chloride solution 10 % intravenous	TIER 01	
TOUJEO MAX SOLOSTAR	PREVENT		calcium gluconate intravenous solution	TIER 01	
TOUJEO SOLOSTAR	PREVENT		CALCIUM GLUCONATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
TRESIBA	EXCLUDED		calcium gluconate-nacl intravenous solution 1-0.675 gm/50ml-%, 1-0.8 gm/100ml-%, 2-0.675 gm/100ml-%	TIER 01	
TRESIBA FLEXTOUCH	EXCLUDED		CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%	TIER 03	
ULTIGUARD SAFEPACK SYR/NEEDLE	TIER 02				
VERIFINE INSULIN SYRINGE	TIER 02				
Electrolytes / Minerals / Metals / Vitamins					
ACCRUFER	EXCLUDED				
ALTRIXA	EXCLUDED				
AMINO ACID	TIER 03				

Effective May 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	Drug Name	Drug Tier	Notes
CARBAGLU	SPECIALTY	PA	CLINIMIX/DEXTROSE (8/10)	TIER 03	
carglumic acid	SPECIALTY	PA	CLINIMIX/DEXTROSE (8/14)	TIER 03	
CARNITOR INTRAVENOUS	TIER 03		CLINISOL SF	TIER 03	
CARNITOR ORAL	EXCLUDED		CLINOLIPID	TIER 03	
CARNITOR SF	EXCLUDED		cupric chloride	TIER 01	
CHEMET	TIER 03		CUVRIOR	EXCLUDED	PA
chromic chloride intravenous	TIER 01		cyanocobalamin injection solution 1000 mcg/ml	TIER 01	
CITRANATAL 90 DHA	EXCLUDED		cyanocobalamin nasal	TIER 01	
CITRANATAL ASSURE	EXCLUDED		DAVIMET-FLUORIDE	EXCLUDED	
CITRANATAL HARMONY	EXCLUDED		DAVIMET-M	EXCLUDED	
CITRANATAL MEDLEY	EXCLUDED		DAYAVITE	EXCLUDED	
CLINIMIX E/DEXTROSE (2.75/5)	TIER 03		deferasirox	SPECIALTY	PA
CLINIMIX E/DEXTROSE (4.25/10)	TIER 03		deferasirox granules	SPECIALTY	PA
CLINIMIX E/DEXTROSE (4.25/5)	TIER 03		DERMACINRX DAVIMET	EXCLUDED	
CLINIMIX E/DEXTROSE (5/15)	TIER 03		DERMACINRX MULTITAM	EXCLUDED	
CLINIMIX E/DEXTROSE (5/20)	TIER 03		DERMACINRX PRETRATE	EXCLUDED	
CLINIMIX E/DEXTROSE (8/10)	TIER 03		DERMACINRX RIBOTIN-E	EXCLUDED	
CLINIMIX E/DEXTROSE (8/14)	TIER 03		DERMACINRX ZINTREXYL-C	EXCLUDED	
CLINIMIX/DEXTROSE (4.25/10)	TIER 03		DEXATRAN	EXCLUDED	
CLINIMIX/DEXTROSE (4.25/5)	TIER 03		DEXIFOL	EXCLUDED	
CLINIMIX/DEXTROSE (5/15)	TIER 03		DEXPANTHENOL INJECTION	TIER 03	
CLINIMIX/DEXTROSE (5/20)	TIER 03		dextrose intravenous solution 10 %, 20 %, 30 %, 40 %, 5 %, 70 %	TIER 01	
CLINIMIX/DEXTROSE (6/5)	TIER 03		DEXTROSE SOLUTION 250 MG/ML INTRAVENOUS	TIER 03	
			dextrose solution 250 mg/ml intravenous	TIER 01	

Effective May 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
dextrose solution 50 % intravenous	TIER 01	
DEXTROSE SOLUTION 50 % INTRAVENOUS	TIER 03	
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	
FERRIPROX ORAL SOLUTION	SPECIALTY PA	
FERRLECIT	TIER 03	
ferumoxytol	TIER 01	ST
FINAZOL	EXCLUDED	
FLORAFOL FE PEDIATRIC	EXCLUDED	
FLORAFOL PEDIATRIC	EXCLUDED	
FLORRAVITE	EXCLUDED	
FLORRAXYL	EXCLUDED	
FLOTREX	EXCLUDED	
FOLAGENT DHA	EXCLUDED	
FOLAMAX	EXCLUDED	
FOLAMED DHA	EXCLUDED	
FOLAPRIME	EXCLUDED	
FOLCYTEINE	EXCLUDED	
FOLETRA	EXCLUDED	
folic acid injection	TIER 01	
folic acid oral tablet 1 mg	TIER 01	
FOLIFLEX	EXCLUDED	

Drug Name	Drug Tier	Notes
FOLIKA-BC	EXCLUDED	
FOLITIN-Z	EXCLUDED	
FOLTREXYL	EXCLUDED	
GALZIN	TIER 03	
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 oral	TIER 01	
JENLIVA PRENATAL/POSTNATAL L	EXCLUDED	
JYNARQUE	EXCLUDED	PA; QL
KABIVEN	TIER 03	
KEYLOSA	EXCLUDED	
KIONEX	TIER 03	
klor-con	TIER 01	
klor-con 10	TIER 01	
klor-con m10	TIER 01	
klor-con m15	TIER 01	
klor-con m20	TIER 01	
K-PHOS	TIER 03	
K-PRIME	TIER 03	
LEVOCARNITINE INJECTION	TIER 03	

Effective May 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
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	
MEDI TAB	EXCLUDED	
MENATROL	EXCLUDED	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	TIER 03	
MINCORA	EXCLUDED	
MI-VITE RX	EXCLUDED	
MONOFERRIC	TIER 03	ST
MONOJECT FLUSH SYRINGE	TIER 03	
MONOJECT SODIUM CHLORIDE FLUSH	TIER 03	

Drug Name	Drug Tier	Notes
MULTIPRO	EXCLUDED	
MULTITOL-M	EXCLUDED	
MULTI-VIT-FLOR	EXCLUDED	
MULTRYS	TIER 03	
na ferric gluc cplx in sucrose	TIER 01	
NASCOBAL	TIER 03	
NATAL PNV	EXCLUDED	
NEEVO DHA	EXCLUDED	
NEOKE ALCAR	TIER 03	
NEO-VITAL RX	EXCLUDED	
NESTABS DHA	EXCLUDED	
NESTABS ONE	EXCLUDED	
NICADAN	EXCLUDED	
NICAZEL	EXCLUDED	
NICAZEL FORTE	EXCLUDED	
NICOMIDE	EXCLUDED	
NITRIVIA	EXCLUDED	
normal saline flush	TIER 01	
NOVITE	EXCLUDED	
NUTRA-Z+	EXCLUDED	
NUTRILIPID	TIER 03	
OB COMPLETE ONE	EXCLUDED	
OB COMPLETE PETITE	EXCLUDED	
OB COMPLETE PREMIER	EXCLUDED	
ORAL CITRATE	TIER 03	
PAXLYTE	EXCLUDED	
PERIKABIVEN	TIER 03	
phosphorous	TIER 01	
phospho-trin 250 neutral	TIER 01	
PHOSPHO-TRIN K500	TIER 03	
phytonadione injection	TIER 01	
phytonadione oral	TIER 01	
PLENAMINE	TIER 03	
PNV TABS 20-1	EXCLUDED	

Effective May 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
POKONZA	EXCLUDED	PA
POLY-VI-FLOR	EXCLUDED	
POLY-VI-FLOR/IRON	EXCLUDED	
potassium acetate solution 2 meq/ml intravenous	TIER 01	
POTASSIUM ACETATE SOLUTION 2 MEQ/ML INTRAVENOUS	TIER 03	
potassium chloride cycler	TIER 01	
potassium chloride er	TIER 01	
potassium chloride intravenous solution	TIER 01	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
potassium chloride oral	TIER 01	
potassium citrate er	TIER 01	
potassium phosphates	TIER 01	
potassium phosphates(66 meq k)	TIER 01	
potassium phosphates(71 meq k)	TIER 01	
POTASSIUM PHOSPHATES-NACL INTRAVENOUS SOLUTION 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	

Drug Name	Drug Tier	Notes
PRENATE ENHANCE	EXCLUDED	
PRENATE ESSENTIAL	EXCLUDED	
PRENATE MINI	EXCLUDED	
PRENATE PIXIE	EXCLUDED	
PRENATE RESTORE	EXCLUDED	
PRENATOL-M	EXCLUDED	
PRENATRIX	EXCLUDED	
PRENATRYL	EXCLUDED	
PRIMACARE	EXCLUDED	
PRISMASOL B22GK 4/0	TIER 03	
PRISMASOL BGK 0/2.5	TIER 03	
PRISMASOL BGK 2/0	TIER 03	
PRISMASOL BGK 2/3.5	TIER 03	
PRISMASOL BGK 4/2.5	TIER 03	
PRISMASOL BK 0/0/1.2	TIER 03	
PROFOLA	EXCLUDED	
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	
REMIDENT	EXCLUDED	
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	

Effective May 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
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	TIER 01	
sodium bicarbonate solution 8.4 % intravenous	TIER 01	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	TIER 03	
sodium chloride (pf)	TIER 01	
sodium chloride flush	TIER 01	
sodium chloride injection	TIER 01	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	TIER 01	
SODIUM CHLORIDE SOLUTION 4 MEQ/ML INTRAVENOUS	TIER 03	
sodium chloride solution 4 meq/ml intravenous	TIER 01	
sodium fluoride oral	TIER 01	* ACA
sodium phosphates	TIER 01	
sodium polystyrene sulfonate	TIER 01	
SPS (SODIUM POLYSTYRENE SULF)	TIER 03	
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	SPECIALTY	PA; QL
TRALEMENT	TIER 03	
TRAVASOL	TIER 03	
TRI-AMINO	TIER 03	
trientine hcl	SPECIALTY	PA

Drug Name	Drug Tier	Notes
TRISODIUM CITRATE/CRRT	TIER 03	
TRISTART DHA	EXCLUDED	
TRIVIA COMPLETE	EXCLUDED	
tromethamine intravenous	TIER 01	
TRONVITE	EXCLUDED	
TROPHAMINE	TIER 03	
TRUE DAILY VITE	EXCLUDED	
TRUE MULTIVITAMIN	EXCLUDED	
VELTASSA	TIER 03	
VENEXA	EXCLUDED	
VENEXA FE	EXCLUDED	
VENOFER	TIER 03	
VENTRIXYL	EXCLUDED	
VENTRIXYL FE	EXCLUDED	
VITACORE	EXCLUDED	
VITAFOL FE+	EXCLUDED	
VITAFOL GUMMIES	EXCLUDED	
VITAFOL ULTRA	EXCLUDED	
VITAFOL-OB	EXCLUDED	
VITAFOL-OB+DHA	EXCLUDED	
VITAFOL-ONE	EXCLUDED	
VITALARA	EXCLUDED	
VITAMEDMD ONE RX/QUATREFOLIC	EXCLUDED	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	TIER 01	
vitamin k1 injection	TIER 01	
VITA-PAC	EXCLUDED	
VITAPEarl	EXCLUDED	
VITASURE	EXCLUDED	
VITATHELY WITH GINGER	EXCLUDED	
VITRAMYN	EXCLUDED	
VITRANOL	EXCLUDED	

Effective May 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	Drug Name	Drug Tier	Notes
VITRANOL FE	EXCLUDED		FIRST-LANSOPRAZOLE	TIER 03	ST
VITREXATE	EXCLUDED		FIRST-OMEPRAZOLE	TIER 03	ST
VITREXATE FE	EXCLUDED		KONVOMEP	EXCLUDED	
VITREXYL	EXCLUDED		lansoprazole oral capsule delayed release	TIER 01	
VITREXYL + IRON	EXCLUDED		misoprostol oral	TIER 01	
WELLFOLA	EXCLUDED		NEXIUM ORAL CAPSULE DELAYED RELEASE	EXCLUDED	
wes-phos 250 neutral	TIER 01		NEXIUM ORAL PACKET 2.5 MG, 5 MG	TIER 03	
WESTGEL DHA	EXCLUDED		nizatidine	TIER 01	
ZALVIT	EXCLUDED		omeprazole oral capsule delayed release	TIER 01	
ZELDANA	EXCLUDED		OMEPRAZOLE+SYRSP END SF ALKA	TIER 03	ST
zinc chloride intravenous	TIER 01		omeprazole-sodium bicarbonate	EXCLUDED	
zinc sulfate intravenous	TIER 01		pantoprazole sodium intravenous	TIER 01	
ZIPHEX	EXCLUDED		pantoprazole sodium oral tablet delayed release	TIER 01	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer			PANTOPRAZOLE SODIUM-NACL	TIER 03	
ACIPHEX	EXCLUDED		PREVACID	EXCLUDED	ST; QL
CARAFATE ORAL TABLET	EXCLUDED		PREVACID SOLUTAB	EXCLUDED	
cimetidine hcl	TIER 01		PROTONIX INTRAVENOUS	TIER 03	
cimetidine oral	TIER 01		PROTONIX ORAL TABLET DELAYED RELEASE	EXCLUDED	
CYTOTEC	TIER 03		RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	EXCLUDED	
DEXILANT	EXCLUDED		rabeprazole sodium oral tablet delayed release	TIER 01	
esomeprazole magnesium oral capsule delayed release	TIER 01		sucralfate oral tablet	TIER 01	
esomeprazole magnesium oral packet	TIER 01		VOQUEZNA	EXCLUDED	PA
esomeprazole sodium	TIER 01				
famotidine (pf)	TIER 01				
famotidine intravenous	TIER 01				
famotidine oral suspension reconstituted	TIER 01				
famotidine oral tablet 20 mg, 40 mg	TIER 01				
famotidine premixed	TIER 01				

Effective May 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
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	TIER 01	PA
alvimopan	TIER 01	
AMITIZA	EXCLUDED	
ANASPAZ	TIER 03	
atropine sulfate injection solution	TIER 01	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	TIER 01	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML	TIER 03	
atropine sulfate intravenous solution	TIER 01	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
BENTYL	TIER 03	
bis subcit-metronid-tetracyc	TIER 01	
bismuth/metronidaz/tetra cyclin	TIER 01	
CHENODAL	SPECIALTY	PA
CLENPIQ	TIER 03	
constulose	TIER 01	
cromolyn sodium oral	TIER 01	
dicyclomine hcl intramuscular	TIER 01	
dicyclomine hcl oral capsule	TIER 01	
dicyclomine hcl oral solution 10 mg/5ml	TIER 01	

Drug Name	Drug Tier	Notes
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	
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	

Effective May 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
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
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	PA
MOVANTIK	EXCLUDED	QL
MOVIPREP	EXCLUDED	
MYTESI	TIER 03	QL
na sulfate-k sulfate-mg sulf	TIER 01	
OMECLAMOX-PAK	TIER 02	
OSCIMIN	TIER 03	
peg 3350-kcl-na bicarb-nacl	TIER 01	
peg-3350/electrolytes	TIER 01	
peg-3350/electrolytes/ascorb at	TIER 01	
peg-kcl-nacl-nasulf-na asc-c	TIER 01	
PEG-PREP	TIER 03	
PLENUVU	EXCLUDED	* ACA

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

Effective May 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
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	
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

Drug Name	Drug Tier	Notes
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
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	

Effective May 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	Drug Name	Drug Tier	Notes
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions					
AURYXIA	TIER 03		OXYTROL	TIER 03	ST; QL
avanafil	TIER 01	QL	penicillamine oral capsule	EXCLUDED	PA
bethanechol chloride oral	TIER 01		penicillamine oral tablet	SPECIALTY	
calcium acetate (phos binder)	TIER 01		phenazopyridine hcl oral tablet 100 mg, 200 mg	TIER 01	
calcium acetate oral tablet 667 mg	TIER 01		RIMSO-50	TIER 03	
CIALIS	EXCLUDED	QL	RIVFLOZA	SPECIALTY	PA
CUPRIMINE	EXCLUDED	PA	sevelamer carbonate	TIER 01	
darifenacin hydrobromide er	TIER 01		sevelamer hcl	TIER 01	
DEPEN TITRATABS	SPECIALTY		sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	TIER 01	QL
DETROL	TIER 03		solifenacain succinate	TIER 01	
ELMIRON	EXCLUDED	PA	STENDRA	EXCLUDED	QL
FILSPARI	SPECIALTY	PA	tadalafil oral	TIER 01	QL
flavoxate hcl	TIER 01		THIOLA	SPECIALTY	
FOSRENOL ORAL PACKET	TIER 03	ST	THIOLA EC	SPECIALTY	
GEMTESA	EXCLUDED		tiopronin	SPECIALTY	
INTRAROSA	TIER 03	ST	tolterodine tartrate	TIER 01	
LITHOSTAT	TIER 03		tolterodine tartrate er	TIER 01	
mirabegron er	TIER 01		TOVIAZ	EXCLUDED	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	EXCLUDED		trospium chloride	TIER 01	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	TIER 02		trospium chloride er	TIER 01	
OXLUMO	SPECIALTY	PA	VELPHORO	EXCLUDED	
oxybutynin chloride er	TIER 01		VESICARE	EXCLUDED	
oxybutynin chloride oral solution	TIER 01		VESICARE LS	EXCLUDED	
oxybutynin chloride oral tablet 5 mg	TIER 01		VIAGRA	EXCLUDED	QL
Genitourinary Agents - Drugs for Prostate Conditions					
alfuzosin hcl er	TIER 01		AVODART	EXCLUDED	
dutasteride oral	TIER 01		dutasteride-tamsulosin hcl	TIER 01	

Effective May 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	Drug Name	Drug Tier	Notes
finasteride oral tablet 5 mg	TIER 01		dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	TIER 01	
PROSCAR	TIER 03		dexamethasone sodium phosphate injection solution prefilled syringe	TIER 01	
silodosin	TIER 01		dexamethasone sodium phosphate solution 10 mg/ml injection	TIER 01	
tamsulosin hcl	PREVENT		DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	TIER 03	
terazosin hcl	PREVENT		dexamethasone sodium phosphate solution 4 mg/ml injection	TIER 01	
TEZRULY	TIER 03		DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION	TIER 03	
Hormonal Agents - Adrenal			DEXONTO 0.4%	TIER 03	
AGAMREE	SPECIALTY	PA	EMFLAZA	EXCLUDED	PA
ALKINDI SPRINKLE	EXCLUDED	PA	fludrocortisone acetate oral	TIER 01	
betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	TIER 01		HEMADY	EXCLUDED	PA
BETAMETHASONE SODIUM PHOSPHATE INJECTION	TIER 03		hydrocortisone oral	TIER 01	
BLT-25	TIER 03		hydrocortisone sod suc (pf)	TIER 01	
CELESTONE SOLUSPAN	TIER 03		KENALOG-10	TIER 03	
CORTEF	EXCLUDED		KENALOG-40	EXCLUDED	
CORTISONE ACETATE ORAL	EXCLUDED	PA	KENALOG-80	TIER 03	
deflazacort oral suspension	SPECIALTY	PA	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	TIER 03	
DEPO-MEDROL	TIER 03		MEDROL ORAL TABLET 2 MG	TIER 02	
DEXAMETHASONE (LA)	TIER 03		MEDROL ORAL TABLET THERAPY PACK	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				

Effective May 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	Drug Name	Drug Tier	Notes
METHYLPREDNISOLO NE ACETATE INJECTION SUSPENSION 50 MG/ML	TIER 03		TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION	TIER 03	
methylprednisolone acetate suspension 40 mg/ml injection	TIER 01		TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 80 MG/ML	TIER 03	
METHYLPREDNISOLO NE ACETATE SUSPENSION 40 MG/ML INJECTION	TIER 03		TRIAMCINOLONE-BUPIVACAINE	TIER 03	
methylprednisolone acetate suspension 80 mg/ml injection	TIER 01		Hormonal Agents - Men's Health		
METHYLPREDNISOLO NE ACETATE SUSPENSION 80 MG/ML INJECTION	TIER 03		ANDROGEL PUMP	EXCLUDED	PA
methylprednisolone oral	TIER 01		AVEED	EXCLUDED	PA
methylprednisolone sodium succ	TIER 01		danazol oral	TIER 01	
METHYLPREDNISOLO NE-BUPIVACAINE	TIER 03		DEPO-TESTOSTERONE	EXCLUDED	PA
PEDIAPRED	TIER 03		JATENZO	EXCLUDED	PA
prednisolone oral solution	TIER 01		METHITEST	TIER 03	PA
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	TIER 01		NATESTO	EXCLUDED	PA
prednisone oral	TIER 01		TESTIM	EXCLUDED	PA
RAYOS	EXCLUDED	PA	TESTOPEL	EXCLUDED	PA
SOLU-CORTEF	TIER 03		testosterone cypionate intramuscular	TIER 01	PA
SOLU-MEDROL	TIER 03		testosterone enanthate intramuscular	TIER 01	PA
SOLU-MEDROL (PF)	TIER 03		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
triamcinolone acetonide suspension 40 mg/ml injection	TIER 01		testosterone transdermal solution	TIER 01	PA
			TLANDO	EXCLUDED	PA
			UNDECATREX	EXCLUDED	PA
			VOGELXO	EXCLUDED	PA
			VOGELXO PUMP	EXCLUDED	PA
			XYOSTED	EXCLUDED	PA

Effective May 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
Hormonal Agents - Pituitary		
ACTHAR	SPECIALTY	PA
ACTHAR GEL	SPECIALTY	PA
cabergoline	TIER 01	
cetorelix acetate	SPECIALTY	
CETROTIDE	EXCLUDED	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	SPECIALTY	
CLOMID	TIER 02	
clomiphene citrate oral	TIER 01	
CORTROPHIN	SPECIALTY	PA
CORTROPHIN GEL	SPECIALTY	PA
desmopressin ace spray refrigerated	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

Drug Name	Drug Tier	Notes
GENOTROPIN MINIQUICK	EXCLUDED	PA
GONAL-F	SPECIALTY	
GONAL-F RFF	SPECIALTY	
GONAL-F RFF REDIRECT	SPECIALTY	
HUMATROPE	EXCLUDED	PA
INCRELEX	SPECIALTY	PA
ISTURISA	EXCLUDED	PA
lanreotide acetate	SPECIALTY	PA
LEUPROLIDE ACETATE (3 MONTH)	SPECIALTY	PA; QL
leuprolide acetate injection	SPECIALTY	
LEUPROLIDE ACETATE-BUPIVACAINE	TIER 03	
LUPRON DEPOT (1-MONTH)	SPECIALTY	
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
LUTRATE DEPOT	SPECIALTY	PA; QL
MENOPUR	SPECIALTY	
MYCAPSSA	EXCLUDED	PA
NGENLA	SPECIALTY	PA

Effective May 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
NOCDURNA	TIER 03	PA
NORDITROPIN FLEXPRO	SPECIALTY	PA
NOVAREL	SPECIALTY	
NUTROPIN AQ NUSPIN 10	SPECIALTY	PA
NUTROPIN AQ NUSPIN 20	SPECIALTY	PA
NUTROPIN AQ NUSPIN 5	SPECIALTY	PA
octreotide acetate injection	SPECIALTY	PA
octreotide acetate subcutaneous	SPECIALTY	PA
OMNITROPE	SPECIALTY	PA
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	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

Drug Name	Drug Tier	Notes
vasopressin	TIER 01	
vasopressin +rfid	TIER 01	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS	TIER 03	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML	TIER 03	
ZOLADEX	SPECIALTY	QL
ZOMACTON	EXCLUDED	PA
Hormonal Agents - Prostaglandins		
KORLYM	SPECIALTY	PA; QL
MIFEPREX	TIER 03	
mifepristone oral tablet 200 mg	TIER 01	
mifepristone oral tablet 300 mg	SPECIALTY	PA; QL
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
EVISTA	TIER 03	
OSPHENA	TIER 03	
raloxifene hcl	TIER 01	* ACA
Hormonal Agents - Sex Hormones and Birth Control		
ACTIVELLA	TIER 03	
afirmelle	TIER 01	
ALORA	TIER 03	ST
altavera	TIER 01	
alyacen 1/35	TIER 01	
alyacen 7/7/7	TIER 01	
amethyst	TIER 01	
ANGELIQ	TIER 03	
ANNOVERA	TIER 03	QL
apri	TIER 01	

Effective May 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
aranelle	TIER 01	
ashlyna	TIER 01	QL
aubra eq	TIER 01	
aurovela 1.5/30	TIER 01	
aurovela 1/20	TIER 01	
aurovela 24 fe	TIER 01	
aurovela fe 1.5/30	TIER 01	
aurovela fe 1/20	TIER 01	
aviane	TIER 01	
ayuna	TIER 01	
azurette	TIER 01	
BALCOLTRA	TIER 03	
balziva	TIER 01	
BEYAZ	EXCLUDED	
BIJUVA	TIER 03	
blisovi 24 fe	TIER 01	
blisovi fe 1.5/30	TIER 01	
blisovi fe 1/20	TIER 01	
briellyn	TIER 01	
camila	TIER 01	
camrese	TIER 01	QL
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	QL
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	

Drug Name	Drug Tier	Notes
delyla	TIER 01	
DEPO-ESTRADIOL	TIER 03	
DEPO-PROVERA	TIER 03	QL
DEPO-SUBQ PROVERA 104	TIER 03	QL
desogestrel-ethinyl estradiol	TIER 01	
DIVIGEL	TIER 03	
dolishale	TIER 01	
dotti	TIER 01	
drospirenil-estradiol-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	
estarrylla	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	

Effective May 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
ethynodiol diac-eth estradiol	TIER 01	
etonogestrel-ethinyl estradiol	TIER 01	
EVAMIST	TIER 03	
falmina	TIER 01	
feirza 1.5/30	TIER 01	
feirza 1/20	TIER 01	
FEMLYV	TIER 03	
FEMRING	TIER 03	ST; QL
finzala	TIER 01	
fyavolv	TIER 01	
gallifrey	TIER 01	
gemmily	TIER 01	
hailey 1.5/30	TIER 01	
hailey 24 fe	TIER 01	
hailey fe 1.5/30	TIER 01	
hailey fe 1/20	TIER 01	
haloette	TIER 01	
heather	TIER 01	
iclevia	TIER 01	QL
IMVEXXY MAINTENANCE PACK	TIER 02	
IMVEXXY STARTER PACK	TIER 02	
incassia	TIER 01	
introvale	TIER 01	QL
isibloom	TIER 01	
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	

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

Effective May 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	Drug Name	Drug Tier	Notes
loryna	TIER 01		norethindrone acetate oral	TIER 01	
low-ogestrel	TIER 01		norethindrone acet-ethinyl est	TIER 01	
lo-zumandimine	TIER 01		norethindrone oral	TIER 01	
lulera	TIER 01		norethindrone-eth estradiol	TIER 01	
lyleq	TIER 01		norethin-eth estradiol-fe	TIER 01	
lyllana	TIER 01		norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	TIER 01	
lyza	TIER 01		norgestimate-ethinyl estradiol triphasic	TIER 01	
marlissa	TIER 01		norlyroc	TIER 01	
medroxyprogesterone acetate intramuscular	TIER 01	QL	nortrel 0.5/35 (28)	TIER 01	
medroxyprogesterone acetate oral	TIER 01		nortrel 1/35 (21)	TIER 01	
megestrol acetate oral	TIER 01		nortrel 1/35 (28)	TIER 01	
MENEST	TIER 02		nortrel 7/7/7	TIER 01	
MENOSTAR	TIER 03	ST	NUVARING	TIER 03	
merzee	TIER 01		nylia 1/35	TIER 01	
mibelas 24 fe	TIER 01		nylia 7/7/7	TIER 01	
microgestin 1.5/30	TIER 01		ocella	TIER 01	
microgestin 1/20	TIER 01		ORIAHNN	TIER 02	PA
microgestin fe 1.5/30	TIER 01		philith	TIER 01	
microgestin fe 1/20	TIER 01		pimtrea	TIER 01	
milii	TIER 01		portia-28	TIER 01	
mimvey	TIER 01		PREMARIN INJECTION	TIER 03	
minzoya	TIER 01		PREMARIN ORAL	TIER 02	
mono-linyah	TIER 01		PREMARIN VAGINAL	TIER 02	
MYFEMBREE	TIER 02	PA	PREMPHASE	TIER 02	
NATAZIA	TIER 02		PREMPRO	TIER 02	
necon 0.5/35 (28)	TIER 01		progesterone intramuscular	TIER 01	
NEXTSTELLIS	EXCLUDED		progesterone oral	TIER 01	
nikki	TIER 01		PROMETRIUM	EXCLUDED	
nora-be	TIER 01		PROVERA	TIER 03	
norelgestromin-eth estradiol	TIER 01		reclipsen	TIER 01	
norethin ace-eth estrad-fe	TIER 01				

Effective May 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
rivelsa	TIER 01	QL
SAFYRAL	EXCLUDED	
setlakin	TIER 01	QL
sharobel	TIER 01	
simliya	TIER 01	
simpesse	TIER 01	QL
SLYND	EXCLUDED	
sprintec 28	TIER 01	
sronyx	TIER 01	
syeda	TIER 01	
tarina 24 fe	TIER 01	
tarina fe 1/20 eq	TIER 01	
taysofy	TIER 01	
TAYTULLA	TIER 03	
tilia fe	TIER 01	
tri-estarrylla	TIER 01	
tri-legest fe	TIER 01	
tri-linyah	TIER 01	
tri-lo-estarrylla	TIER 01	
tri-lo-marzia	TIER 01	
tri-lo-mili	TIER 01	
tri-lo-sprintec	TIER 01	
tri-mili	TIER 01	
tri-sprintec	TIER 01	
trivora (28)	TIER 01	
tri-vylibra	TIER 01	
tri-vylibra lo	TIER 01	
turqoz	TIER 01	
TWIRLA	EXCLUDED	
TYBLUME	TIER 03	
VAGIFEM	EXCLUDED	
valtya 1/50	TIER 01	
velivet	TIER 01	
vestura	TIER 01	
vienna	TIER 01	

Drug Name	Drug Tier	Notes
viorele	TIER 01	
VIVELLE-DOT	EXCLUDED	ST
volnea	TIER 01	
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	
yuvafem	TIER 01	
zafemy	TIER 01	
zovia 1/35 (28)	TIER 01	
zumandimine	TIER 01	
Hormonal Agents - Thyroid		
ADTHYZA	TIER 03	
ARMOUR THYROID	TIER 03	
CYTOMEL	EXCLUDED	
ERMEZA	EXCLUDED	
euthyrox	PREVENT	
levo-t	PREVENT	
levothyroxine sodium intravenous	TIER 01	
LEVOOTHYROXINE SODIUM ORAL CAPSULE	EXCLUDED	
levothyroxine sodium oral tablet	PREVENT	
levoxyl	PREVENT	
liothyronine sodium intravenous	TIER 01	
liothyronine sodium oral	TIER 01	
methimazole oral	PREVENT	
NIVA THYROID	TIER 03	

Effective May 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	Drug Name	Drug Tier	Notes
np thyroid	TIER 01		ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-Injector	EXCLUDED	PA
propylthiouracil oral	TIER 01		ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML	EXCLUDED	PA
SODIUM IODIDE I-131	TIER 03		ADALIMUMAB-ADBM (2 PEN)	EXCLUDED	PA
SYNTHROID	EXCLUDED		ADALIMUMAB-ADBM (2 SYRINGE)	EXCLUDED	PA
THYQUIDITY	EXCLUDED		ADALIMUMAB-ADBM(CD/UC/HS STRT)	EXCLUDED	PA
thyroid oral	TIER 01		ADALIMUMAB-ADBM(PS/UV STARTER)	EXCLUDED	PA
TIROSINT	EXCLUDED		ADALIMUMAB-FKJP (2 PEN)	EXCLUDED	PA
TIROSINT-SOL	EXCLUDED		ADALIMUMAB-FKJP (2 SYRINGE)	EXCLUDED	PA
unithroid	PREVENT		ADALIMUMAB-RYVK (2 PEN)	EXCLUDED	PA
Immunological Agents - Drugs for Immune System Stimulation or Suppression			ADALIMUMAB-RYVK (2 SYRINGE)	EXCLUDED	PA
ABRILADA (1 PEN)	EXCLUDED	PA	ALYGLO	EXCLUDED	PA
ABRILADA (2 PEN)	EXCLUDED	PA	AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	EXCLUDED	PA; QL
ABRILADA (2 SYRINGE)	EXCLUDED	PA	AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	SPECIALTY	PA; QL
ACTEMRA ACTPEN	SPECIALTY	PA; QL	AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	EXCLUDED	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			

Effective May 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	Drug Name	Drug Tier	Notes
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	SPECIALTY	PA; QL	ARCALYST	SPECIALTY	PA
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	EXCLUDED	PA; QL	ASCENIV	EXCLUDED	PA
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	SPECIALTY	PA; QL	ASTAGRAF XL	TIER 03	
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	EXCLUDED	PA; QL	AVSOLA	SPECIALTY	PA
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	SPECIALTY	PA; QL	AZASAN	TIER 03	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	SPECIALTY	PA; QL	azathioprine oral	TIER 01	
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	SPECIALTY	PA; QL	azathioprine sodium	TIER 01	
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	EXCLUDED	PA; QL	BENLYSTA	SPECIALTY	PA
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	SPECIALTY	PA; QL	BEYFORTUS	TIER 02	* ACA
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	SPECIALTY	PA; QL	BIMZELX	SPECIALTY	PA
COSENTYX (300 MG DOSE)			BIVIGAM	SPECIALTY	PA
COSENTYX 150 MG/ML			CELLCEPT	TIER 03	
COSENTYX SENSOREADY (300 MG)			CELLCEPT INTRAVENOUS	TIER 03	
COSENTYX SENSOREADY PEN			CIMZIA	SPECIALTY	PA; QL
COSENTYX UNOREADY			CIMZIA (2 SYRINGE)	SPECIALTY	PA; QL
CUTAQUIG			CIMZIA-STARTER	SPECIALTY	PA; QL
CUVITRU			CINRYZE	EXCLUDED	PA
cyclosporine modified			CNJ-016	TIER 03	
cyclosporine oral			COSENTYX (300 MG DOSE)	EXCLUDED	PA
CYLTEZO (2 PEN)			COSENTYX 150 MG/ML	EXCLUDED	PA
CYLTEZO (2 SYRINGE)			COSENTYX SENSOREADY (300 MG)	EXCLUDED	PA
CYLTEZO-CD/UC/HS STARTER			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

Effective May 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	Drug Name	Drug Tier	Notes
CYLTEZO-PSORIASIS/UV STARTER	EXCLUDED	PA	HYPERRHO S/D	TIER 02	
ENBREL	SPECIALTY	PA; QL	HYQVIA	SPECIALTY	PA
ENBREL MINI	SPECIALTY	PA; QL	HYRIMOZ	EXCLUDED	PA
ENBREL SURECLICK	SPECIALTY	PA; QL	HYRIMOZ-CROHNS/UC STARTER	EXCLUDED	PA
ENSPRYNG	SPECIALTY	PA	HYRIMOZ-PED<40KG CROHN STARTER	EXCLUDED	PA
ENTYVIO	SPECIALTY	PA	HYRIMOZ-PED>/=40KG CROHN START	EXCLUDED	PA
ENTYVIO PEN	SPECIALTY	PA; QL	HYRIMOZ-PLAQ PSOR/UVEIT START	EXCLUDED	PA
ENVARSUS XR	TIER 03		HYRIMOZ-PLAQUE PSORIASIS START	EXCLUDED	PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	SPECIALTY		icatibant acetate	SPECIALTY	PA
FIRAZYR	EXCLUDED	PA	ILARIS	SPECIALTY	PA
FLEBOGAMMA DIF	SPECIALTY	PA	ILUMYA	SPECIALTY	PA; QL
GAMASTAN	SPECIALTY	PA	IMURAN	TIER 03	
GAMIFANT	SPECIALTY	PA	INFLECTRA	SPECIALTY	PA
GAMMAGARD	SPECIALTY	PA	INFLIXIMAB	EXCLUDED	PA
GAMMAGARD S/D LESS IGA	SPECIALTY	PA	JOENJA	EXCLUDED	PA
GAMMAKED	SPECIALTY	PA	JYLMAMVO	SPECIALTY	PA
GAMMAPLEX	SPECIALTY	PA	KALBITOR	SPECIALTY	PA
GAMUNEX-C	SPECIALTY	PA	KEVZARA	SPECIALTY	PA; QL
gengraf	TIER 01		KINERET	SPECIALTY	PA
HADLIMA	EXCLUDED	PA	leflunomide oral	TIER 01	
HADLIMA PUSHTOUCH	EXCLUDED	PA	LUPKYNIS	EXCLUDED	PA
HIZENTRA	SPECIALTY	PA	methotrexate sodium	TIER 01	
HULIO (2 PEN)	EXCLUDED	PA	methotrexate sodium (pf)	TIER 01	
HULIO (2 SYRINGE)	EXCLUDED	PA	mycophenolate mofetil hcl	TIER 01	
HUMIRA (1 PEN)	SPECIALTY	PA	mycophenolate mofetil intravenous	TIER 01	
HUMIRA (2 PEN)	SPECIALTY	PA	mycophenolate mofetil oral	TIER 01	
HUMIRA (2 SYRINGE)	SPECIALTY	PA	mycophenolate sodium	TIER 01	
HUMIRA-CD/UC/HS STARTER	SPECIALTY	PA	mycophenolic acid	TIER 01	
HUMIRA-PSORIASIS/UVEIT STARTER	SPECIALTY	PA	MYFORTIC	TIER 03	

Effective May 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
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
ORENCIA INTRAVENOUS	SPECIALTY	PA
ORENCIA SUBCUTANEOUS	SPECIALTY	PA; QL
ORLADEYO	SPECIALTY	PA
OTEZLA	SPECIALTY	PA; QL
OTREXUP	EXCLUDED	PA
PANZYGA	SPECIALTY	PA
PEMGARD	TIER 03	QL
PRIVIGEN	SPECIALTY	PA
PROGRAF	TIER 03	
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
SILIQ	SPECIALTY	PA; QL
SIMLANDI (1 PEN)	EXCLUDED	PA
SIMLANDI (1 SYRINGE)	EXCLUDED	PA

Drug Name	Drug Tier	Notes
SIMLANDI (2 PEN)	EXCLUDED	PA
SIMLANDI (2 SYRINGE)	EXCLUDED	PA
SIMPONI	SPECIALTY	PA; QL
SIMPONI ARIA	SPECIALTY	PA
SIMULECT	TIER 03	
sirolimus oral	SPECIALTY	
SKYRIZI INTRAVENOUS	SPECIALTY	PA
SKYRIZI PEN	SPECIALTY	PA; QL
SKYRIZI SUBCUTANEOUS	SPECIALTY	PA; QL
SOTYKTU	SPECIALTY	PA; QL
SPEVIGO	SPECIALTY	PA
STELARA INTRAVENOUS	SPECIALTY	PA
STELARA SUBCUTANEOUS	SPECIALTY	PA; QL
SYNAGIS	SPECIALTY	PA
tacrolimus oral	TIER 01	
TAKHZYRO	SPECIALTY	PA
TALTZ	SPECIALTY	PA; QL
temsirolimus	SPECIALTY	
THYMOGLOBULIN	TIER 03	
TOFIDENCE	EXCLUDED	PA
TORISEL	SPECIALTY	
TREMFYA CROHNS INDUCTION	SPECIALTY	PA; QL
TREMFYA INTRAVENOUS	SPECIALTY	PA
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	SPECIALTY	PA; QL
TREMFYA SUBCUTANEOUS	SPECIALTY	PA; QL

Effective May 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
TREMFYA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 100 MG/ML, 200 MG/2ML	SPECIALTY	PA; QL
TREXALL	TIER 03	
TYENNE	EXCLUDED	PA
UPLIZNA	SPECIALTY	PA
VELSIPITY	SPECIALTY	PA; QL
VEOPOZ	SPECIALTY	PA
WEZLANA INTRAVENOUS	SPECIALTY	PA
WEZLANA SUBCUTANEOUS	SPECIALTY	PA; QL
WINRHO SDF	TIER 02	
XATMEP	SPECIALTY	PA
XELJANZ	SPECIALTY	PA; QL
XELJANZ XR	SPECIALTY	PA; QL
XEMBIFY	SPECIALTY	PA
YUFLYMA (1 PEN)	EXCLUDED	PA
YUFLYMA (2 PEN)	EXCLUDED	PA
YUFLYMA (2 SYRINGE)	EXCLUDED	PA
YUFLYMA-CD/UC/HS STARTER	EXCLUDED	PA
YUSIMRY	EXCLUDED	PA
ZINPLAVA	TIER 03	PA
ZORTRESS	SPECIALTY	
ZYMFENTRA (1 PEN)	EXCLUDED	PA
ZYMFENTRA (2 PEN)	EXCLUDED	PA
ZYMFENTRA (2 SYRINGE)	EXCLUDED	PA
Inflammatory Bowel Disease Agents		
ANALPRAM-HC EXTERNAL CREAM	TIER 03	
APRISO	TIER 01	
AZULFIDINE	TIER 03	
AZULFIDINE EN-TABS	TIER 03	

Effective May 1, 2025

Drug Name	Drug Tier	Notes
balsalazide disodium	TIER 01	
budesonide oral	TIER 01	
budesonide rectal	TIER 01	
CANASA	EXCLUDED	
CORTENEMA	TIER 03	
CORTIFOAM	TIER 03	
DELZICOL	EXCLUDED	
DIPENTUM	EXCLUDED	
EOHILIA	TIER 03	PA
hydrocortisone (perianal)	TIER 01	
hydrocortisone ace- pramoxine external cream 1-1 %	TIER 01	
hydrocortisone rectal	TIER 01	
LIALDA	EXCLUDED	
mesalamine er oral capsule 0.375 gm	EXCLUDED	
mesalamine oral capsule delayed release 400 mg	TIER 01	
mesalamine oral tablet delayed release 1.2 gm	TIER 01	
mesalamine rectal	TIER 01	
mesalamine-cleanser	TIER 01	
PENTASA	EXCLUDED	
PROCTOFOAM HC	TIER 02	
procto-med hc	TIER 01	
ROWASA	TIER 03	
SFROWASA	TIER 02	
sulfasalazine oral	TIER 01	
TARPEYO	EXCLUDED	PA
UCERIS ORAL	EXCLUDED	
UCERIS RECTAL	TIER 03	

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
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral solution	TIER 01	
alendronate sodium oral tablet 10 mg, 5 mg	PREVENT	
alendronate sodium oral tablet 35 mg, 70 mg	PREVENT	QL
ATELVIA	TIER 03	QL
calcitonin (salmon) injection	TIER 01	
calcitonin (salmon) nasal	TIER 01	QL
EVENITY	SPECIALTY	PA
FORTEO	EXCLUDED	PA
FOSAMAX	TIER 03	QL
ibandronate sodium intravenous	TIER 01	QL
ibandronate sodium oral	PREVENT	QL
MIACALCIN	TIER 03	
pamidronate disodium	SPECIALTY	
PROLIA	SPECIALTY	PA
risedronate sodium oral tablet 150 mg, 35 mg	TIER 01	QL
risedronate sodium oral tablet 30 mg, 5 mg	TIER 01	
risedronate sodium oral tablet delayed release	TIER 01	QL
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	SPECIALTY	PA
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	SPECIALTY	PA
TYMLOS	SPECIALTY	PA
XGEVA	SPECIALTY	PA

Drug Name	Drug Tier	Notes
zoledronic acid	SPECIALTY	
Metabolic Bone Disease Agents - Other		
calcitriol intravenous	TIER 01	
calcitriol oral	TIER 01	
cinacalcet hcl	SPECIALTY	PA
doxercalciferol intravenous	TIER 01	
HECTOROL	TIER 03	
paricalcitol	SPECIALTY	
PARSABIV	SPECIALTY	
RAYALDEE	TIER 03	
ROCALTROL	TIER 03	
SENSIPAR	EXCLUDED	PA
ZEMPLAR	SPECIALTY	
Miscellaneous Therapeutic Agents		
ACCU-CHEK TENDER 1 INFUSION	TIER 03	
ACETADOTE	TIER 03	
acetylcysteine intravenous	TIER 01	
ACTIFOAM COLLAGEN SPONGE	TIER 03	
ADAKVEO	SPECIALTY	PA
AEROBIKA OPEP W/MANOMETER	TIER 03	
AEROCHAMBER HOLDING CHAMBER	TIER 02	
AEROCHAMBER MINI CHAMBER	TIER 02	
AEROCHAMBER MV	TIER 02	
AEROCHAMBER PLS FLOVU MTHPIECE	TIER 02	
AEROCHAMBER PLUS FLO-VU INTERM	TIER 02	

Effective May 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	Drug Name	Drug Tier	Notes
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	TIER 02		APOGEE IC CATHETER 14FR/16"	TIER 03	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	TIER 02		APOGEE PLUS INTERMITTENT CATH	TIER 03	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	TIER 02		AQINJECT PEN NEEDLE	TIER 02	
AEROCHAMBER PLUS FLOW VU	TIER 02		AQNEURSA	SPECIALTY	PA
AEROCHAMBER W/FLOWSIGNAL	TIER 02		arnica flower	TIER 01	
AEROECLIPSE EZ TWIST TUBING	TIER 03		ARTISS	TIER 03	
AEROECLIPSE II W/ELBOW ADAPTER	TIER 03		ASSURE ID DUO PRO PEN NEEDLES	TIER 02	
AEROECLIPSE II W/UNIV TUBING	TIER 03		ASSURE ID PRO PEN NEEDLES	TIER 02	
AEROECLIPSE XL NEBULIZER	TIER 03		AUM ALCOHOL PREP PADS	TIER 03	
AEROGEAR ACTION ASTHMA KIT	TIER 03		AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	TIER 02	
AIRS PEDIATRIC AEROSOL MASK	TIER 03		AUM MINI INSULIN PEN NEEDLE	TIER 02	
ALCOHOL PREP PADS PAD , 70 %	TIER 03		AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	TIER 02	
ALCOHOL PREP PADS SHEET 70 %	TIER 03		AUM READYGARD DUO PEN NEEDLE	TIER 02	
ALL FLOW 1000 PFT FILTER DEVICE	TIER 03		AUM SAFETY PEN NEEDLE	TIER 02	
ALPHA-LIPOIC ACID INJECTION	TIER 03		AURA PORTANEBO	TIER 03	
AMD FOAM DRESSING	TIER 03		AVITENE	TIER 03	
AMD FOAM DRESSING TOPSHEET	TIER 03		AVITENE FLOUR	TIER 03	
AMPHADASE	TIER 03		BACTERIOSTATIC WATER(BENZ ALC)	TIER 03	
ANDEXXA	TIER 03		BARD PISTON ENT IRRIGATION SYR	TIER 03	
APOGEE HC CATHETER 16FR/16"	TIER 03		BD AUTOSHIELD DUO PEN NEEDLES	PREVENT	
			BD ECLIPSE NEEDLE 23G X 1"	TIER 03	
			BD FILTER NEEDLE	PREVENT	

Effective May 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	Drug Name	Drug Tier	Notes
BD HYDROPHILIC CATHETER 14FR	TIER 03		BREATHE EASE LARGE	TIER 02	
BD SYRINGE LUER-LOK 30 ML	PREVENT		BREATHE EASE MEDIUM	TIER 02	
BD ULTRA-FINE PEN NEEDLES	PREVENT		BREATHE EASE NEB MASK/CHILD	TIER 03	
BD ULTRA-FINE PEN NEEDLES	TIER 02		BREATHE EASE NEB MASK/INFANT	TIER 03	
BENTLEY THE BEAR PED NEBULIZER	TIER 03		BREATHE EASE SMALL	TIER 02	
BIGFOOT UNITY PEN CAP/ADMELOG	EXCLUDED		BREATHERITE VALVED MDI CHAMBER	TIER 02	
BIGFOOT UNITY PEN CAP/APIDRA	EXCLUDED		BRIDION INTRAVENOUS SOLUTION 200 MG/2ML	TIER 03	
BIGFOOT UNITY PEN CAP/ASPART	EXCLUDED		BYLVAY	SPECIALTY	PA
BIGFOOT UNITY PEN CAP/BASAGLAR	EXCLUDED		BYLVAY (PELLETS)	SPECIALTY	PA
BIGFOOT UNITY PEN CAP/FIASP	EXCLUDED		CAPTAIN EAGLE PED NEBULIZER	TIER 03	
BIGFOOT UNITY PEN CAP/HUMALOG	EXCLUDED		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	
BIGFOOT UNITY PEN CAP/LANTUS	EXCLUDED		CAREPOINT SAFETY 1ST NEEDLE	TIER 03	
BIGFOOT UNITY PEN CAP/LISPRO	EXCLUDED		CAREPOINT SYRINGE LUER LOCK 1 ML , 30 ML	TIER 03	
BIGFOOT UNITY PEN CAP/LYUMJEV	EXCLUDED		CAREPOINT SYRINGE LUER SLIP 1 ML	TIER 03	
BIGFOOT UNITY PEN CAP/NOVOLOG	EXCLUDED		CARETOUCH 2 CPAP HOSE HANGER	TIER 03	
BIGFOOT UNITY PEN CAP/TOUJEO	EXCLUDED		CARETOUCH CPAP & BIPAP HOSE	TIER 03	
BIGFOOT UNITY PEN CAP/TOUJEO M	EXCLUDED		CARETOUCH CPAP MASK WIPES	TIER 03	
BIGFOOT UNITY PEN CAP/TRESIBA	EXCLUDED		CARETOUCH CPAP PRE-WASH SOLN	TIER 03	
BREATHE COMFORT CHAMBER/ADULT	TIER 02		CARETOUCH CPAP TUBE BRUSH	TIER 03	
BREATHE COMFORT CHAMBER/CHILD	TIER 02				

Effective May 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
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	
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	

Drug Name	Drug Tier	Notes
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	
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	

Effective May 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
DOJOLVI	EXCLUDED	PA
DOVER URETHRAL CATHETER	TIER 03	
DROPLET MICRON	TIER 02	
DROPSAFE ALCOHOL PREP	TIER 03	
DYSPORT	TIER 02	PA
EASIVENT	TIER 02	
EASYPOINT NEEDLE	TIER 03	
EDETAKE CALCIUM DISODIUM INJECTION	TIER 03	
EMBECTA AUTOSHIELD DUO	TIER 02	
EMBECTA PEN NEEDLE NANO	TIER 02	
EMBECTA PEN NEEDLE NANO 2 GEN	TIER 02	
EMBECTA PEN NEEDLE U/F	TIER 02	
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	
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	

Drug Name	Drug Tier	Notes
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	
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	

Effective May 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 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	
ENTRISTAR PEG ENTERAL CONNECT	TIER 03	
EPISIL	TIER 03	
EUA PATIENT ASSESSMENT	TIER 03	
EXCILON AMD DRAIN SPONGES	TIER 03	
FACE MASK EARLOOP-STYLE	TIER 03	
FACE MASK RESP N-100 PART	TIER 03	
FACE MASK RESPIRATOR R-95 PART	TIER 03	
FIRDAPSE	EXCLUDED	PA
FLEXICHAMBER	TIER 02	
FLEXICHAMBER ADULT MASK/SMALL	TIER 02	
FLEXICHAMBER CHILD MASK/LARGE	TIER 02	
FLEXICHAMBER CHILD MASK/SMALL	TIER 02	
flumazenil intravenous	TIER 01	

Drug Name	Drug Tier	Notes
FLYP NEBULIZER	TIER 03	
fomepizole	TIER 01	
FORA D40G GLUCOSE/PRESSURE	TIER 03	
formaldehyde external solution 37 %	TIER 01	
GAMMACORE	TIER 03	
GAMMACORE SAPPHIRE 31-DAY	TIER 03	
GAMMACORE SAPPHIRE D	TIER 03	
GAMMACORE SAPPHIRE REFILL KIT	TIER 03	
GELFILM EXTERNAL	TIER 03	
GEL-FLOW NT	TIER 03	
GELFOAM	TIER 03	
GELFOAM COMPRESSED SIZE 100	TIER 03	
GELFOAM DENTAL PACK SIZE 4	TIER 03	
GELFOAM SPONGE	TIER 03	
GELFOAM SPONGE SIZE 100	TIER 03	
GELFOAM SPONGE SIZE 200	TIER 03	
GELFOAM SPONGE SIZE 50	TIER 03	
GEL-ONE	EXCLUDED	PA
GENVISC 850	EXCLUDED	PA
glutaraldehyde external	TIER 01	
GOHIBIC	TIER 03	
GOODSENSE ALCOHOL SWABS	TIER 03	
GRASTEK	SPECIALTY	PA
HYALGAN	EXCLUDED	PA
HYLENEX	TIER 03	
HYMOVIS	EXCLUDED	PA

Effective May 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
IGALMI	TIER 03	PA
INCONTROL ULTICARE PEN NEEDLES	TIER 02	
INSPIREASE RESERVOIR BAGS	TIER 02	
INSTAT	TIER 03	
INSUFLON	TIER 03	
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	TIER 02	
INSULIN PEN NEEDLES	PREVENT	
INTERCEED	TIER 03	
INTERCEED (TC7)	TIER 03	
IV ADMINISTRATION SET	TIER 03	
IV EXTENSION SET	TIER 03	
IWILFIN	SPECIALTY	PA
J-TIP KIT W/VIAL ADAPTERS	TIER 03	
KANGAROO BALLOON 20FR/3.5CM	TIER 03	
KANGAROO FEEDING SET/ENFIT	TIER 03	
KANGAROO GASTROSTOMY TUBE	TIER 03	
KANGAROO GRAVITY FEEDING BAG	TIER 03	
KANGAROO JOEY ENTERAL PUMP	TIER 03	

Drug Name	Drug Tier	Notes
KANGAROO MULTI-FUNCTIONAL PORT	TIER 03	
KANGAROO STOMA MEASURING DEV	TIER 03	
KARAYA GUM POWDER	TIER 03	
KENDALL SCD EXPRESS FOOT CUFF	TIER 03	
KERENDIA	TIER 03	PA
KERLIX AMD ANTIMICROBIAL	TIER 03	
KERLIX AMD SUPER SPONGES	TIER 03	
KORSUVA	SPECIALTY	PA
LATEX GLOVES MEDIUM	TIER 03	
l-glutamine oral packet	SPECIALTY	PA
LIVMARLI	EXCLUDED	PA
LOFRIC PRIMO NELATON CATHETER	TIER 03	
LOOP	TIER 03	
MC 300 W/UNIVERSAL TUBING	TIER 03	
MC 300-MOUTHPIECE	TIER 03	
MEDICAL COMPRESSION STOCKINGS	TIER 03	
MEDNEB NEB-WITH DISPO NEB KIT	TIER 03	
METHERGINE	TIER 03	
methylene blue intravenous solution	TIER 01	
methylergonovine maleate	TIER 01	
MICROAIR VIBRATING MESH NEBUL	TIER 03	
MICROCHAMBER DEVICE	TIER 02	
MICRONEB	TIER 03	

Effective May 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
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	
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	

Drug Name	Drug Tier	Notes
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	
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

Effective May 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	Drug Name	Drug Tier	Notes
PALFORZIA (1 MG DAILY DOSE)	EXCLUDED	PA	PHOTREXA-PHOTREXA VISCOUS KIT	TIER 03	
PALFORZIA INITIAL DOSE 1-3YRS	EXCLUDED	PA	PIP PEN NEEDLES 32G X 4MM	TIER 02	
PALFORZIA INITIAL DOSE 4-17YRS	EXCLUDED	PA	POCKET SPACER	TIER 02	
PANDA MASK LARGE	TIER 02		PONS MOUTHPIECE	TIER 03	
PANDA MASK MEDIUM	TIER 02		PONS SYSTEM	TIER 03	
PANDA MASK SMALL	TIER 02		POP-ON INTERMEDIATE MALE CATH	TIER 03	
PARI ALTERA NEBULIZER HANDSET	TIER 03		POWDER FREE NITRILE GLOVES SM	TIER 03	
PARI BABY NEBULIZER SET	TIER 03		PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML	TIER 03	
PARI MASK SET	TIER 03		PREVDUO	TIER 03	
PARI PRONEB MAX LC PLUS	TIER 03		PRO COMFORT SPACER ADULT	TIER 02	
PARI PRONEB MAX LC SPRINT	TIER 03		PRO COMFORT SPACER CHILD	TIER 02	
PARI TREK S COMBO PACK	TIER 03		PRO COMFORT SPACER INFANT	TIER 02	
PARI VORTEX ADULT MASK	TIER 02		PRO COMFORT TENS UNIT	TIER 03	
PARI VORTEX PEDIATRIC MASK	TIER 02		PROCARE SPACER/ADULT MASK	TIER 02	
PEDIATRIC COMPRESSOR NEBULIZER	TIER 03		PROCARE SPACER/CHILD MASK	TIER 02	
PEDIATRIC PANDA MASK	TIER 02		PROTOPAM CHLORIDE	TIER 03	
PEDMARK	TIER 03	PA	PROVAYBLUE	TIER 03	
PEN NEEDLE/5-BEVEL TIP	TIER 02		PURE COMFORT SAFETY PEN NEEDLE	TIER 02	
PENTETATE CALCIUM TRISODIUM	TIER 03		PURE COMFORT SPACER CHAMBER	TIER 02	
PENTETATE ZINC TRISODIUM	TIER 03		QUICK TOUCH INSULIN PEN NEEDLE	TIER 02	
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	TIER 02				
PHEXXI	EXCLUDED	PA; * ACA; QL			

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

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

Effective May 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	Drug Name	Drug Tier	Notes
SYRINGE AVITENE	TIER 03		ULTRAFOAM SPONGE 8X12.5X3CM	TIER 03	
SYRINGE LUER LOCK 30 ML	TIER 03		ULTRAFOAM SPONGE 8X25X1CM	TIER 03	
SYRINGE LUER SLIP 1 ML	TIER 03		ULTRAFOAM SPONGE 8X6.25X1CM	TIER 03	
SYRINGE PRECISEDOSE DISPENSER	TIER 03		UNIFINE OTC PEN NEEDLES	TIER 02	
T.E.D. KNEE LENGTH/LARGE	TIER 03		UNIFINE PROTECT PEN NEEDLE	TIER 02	
TAVNEOS	EXCLUDED	PA	VAPRO PLUS CATHETER 12FR/16"	TIER 03	
TELFA AMD ISLAND DRESSING	TIER 03		VAPRO PLUS CATHETER 12FR/8"	TIER 03	
TELFA AMD NON-ADHERENT	TIER 03		VAPRO PLUS CATHETER 14FR/16"	TIER 03	
THROMBI-GEL 10	TIER 03		VAPRO PLUS CATHETER 14FR/8"	TIER 03	
THROMBI-GEL 100	TIER 03		VEOZAH	EXCLUDED	PA
THROMBI-GEL 40	TIER 03		VERIFINE INSULIN PEN NEEDLE	TIER 02	
THROMBI-PAD	TIER 03		VERIFINE PLUS PEN NEEDLE	TIER 02	
TISSEEL	TIER 03		VERSAPAP	TIER 03	
TRILURON	EXCLUDED	PA	VERSAPAP W/UNIVERSAL TUBING	TIER 03	
TRIVISC	EXCLUDED	PA	VISCO-3	EXCLUDED	PA
TRUE COMFORT SAFETY PEN NEEDLE	TIER 02		VISTOGARD	TIER 03	
TRUZONE PEAK FLOW METER	TIER 03		VORTEX VALVE CHAMBER-PEDI MASK	TIER 02	
UDSX MEDICATED SYSTEM	TIER 03		VORTEX VALVED HOLDING CHAMBER	TIER 02	
UDSXMP MEDICATED SYSTEM	TIER 03		VYVGART	SPECIALTY	PA
ULTICARE MINI PEN NEEDLES 32G X 6 MM	PREVENT		VYVGART HYTRULO SUBCUTANEOUS SOLUTION	SPECIALTY	PA
ULTICARE MINI PEN NEEDLES 32G X 6 MM	TIER 02		XEOMIN	TIER 02	PA
ULTRAFOAM SPONGE 2X6.25X7CM	TIER 03		XIAFLEX	SPECIALTY	PA
ULTRAFOAM SPONGE 8X12.5X1CM	TIER 03		XPHOZAH	EXCLUDED	

Effective May 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
YONI FIT BLADDER SUPPORT KIT 1	TIER 03	
YONI FIT BLADDER SUPPORT KIT 2	TIER 03	
YONI FIT BLADDER SUPPORT KIT 3	TIER 03	
YONI FIT BLADDER SUPPORT KIT 4	TIER 03	
YONI FIT BLADDER SUPPORT KIT 5	TIER 03	
YORVIPATH	SPECIALTY	PA
ZEWA DIGITAL TENS UNIT	TIER 03	
ZEWA TENS/EMS COMBO UNIT	TIER 03	
ZILBRYSQ	SPECIALTY	PA
ZOKINVY	SPECIALTY	PA
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
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	

Drug Name	Drug Tier	Notes
cromolyn sodium ophthalmic	TIER 01	
dexamethasone sodium phosphate ophthalmic	TIER 01	
diclofenac sodium ophthalmic	TIER 01	
difluprednate	TIER 01	
epinastine hcl	TIER 01	
erythromycin ophthalmic	TIER 01	
EYSUVIS	TIER 03	PA
FLAREX	TIER 03	
fluorometholone	TIER 01	
flurbiprofen sodium	TIER 01	
FML FORTE	TIER 03	
FML LIQUIFILM	TIER 03	
gatifloxacin ophthalmic	TIER 01	
gentamicin sulfate ophthalmic	TIER 01	
ILEVRO	EXCLUDED	QL
INVELTYS	TIER 03	
ketorolac tromethamine ophthalmic	TIER 01	
levofloxacin ophthalmic solution 1.5 %	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	

Effective May 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
neomycin-polymyxin-dexameth ophthalmic ointment	TIER 01	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	TIER 01	
neomycin-polymyxin-hc ophthalmic	TIER 01	
NEVANAC	EXCLUDED	QL
OCUFLOX	TIER 03	
ofloxacin ophthalmic	TIER 01	
olopatadine hcl ophthalmic solution 0.2 %	TIER 01	
POVIDONE-IODINE OPHTHALMIC	TIER 03	
PRED FORTE	EXCLUDED	
PRED MILD	TIER 03	
prednisolone acetate ophthalmic	TIER 01	
prednisolone sodium phosphate ophthalmic	TIER 01	
PROLENSA	EXCLUDED	QL
sulfacetamide sodium ophthalmic	TIER 01	
TOBRADEX	TIER 03	
TOBRADEX ST	TIER 03	
tobramycin ophthalmic	TIER 01	
tobramycin-dexamethasone	TIER 01	
TOBREX	TIER 03	
trifluridine	TIER 01	
UPNEEQ	TIER 03	PA
VIGAMOX	EXCLUDED	
XDEMVY	EXCLUDED	PA; QL
ZERVIASTE	EXCLUDED	
ZIRGAN	TIER 03	

Drug Name	Drug Tier	Notes
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	TIER 01	
acetazolamide oral	TIER 01	
ALPHAGAN P	EXCLUDED	
apraclonidine hcl	TIER 01	
AZOPT	EXCLUDED	
betaxolol hcl ophthalmic	TIER 01	
BETIMOL	TIER 03	
bimatoprost ophthalmic	TIER 01	QL
brimonidine tartrate ophthalmic solution 0.1 %	TIER 01	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	PREVENT	
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 01	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	TIER 03	
dorzolamide hcl-timolol mal	TIER 01	
dorzolamide hcl-timolol mal pf	TIER 01	
IOPIDINE	TIER 03	
IYUZEH	EXCLUDED	QL

Effective May 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
KEVEYIS	SPECIALTY	PA
latanoprost ophthalmic	PREVENT	
levobunolol hcl	TIER 01	
LUMIGAN	TIER 02	QL
methazolamide oral	TIER 01	
pilocarpine hcl ophthalmic	TIER 01	
RHOPRESSA	TIER 03	QL
ROCKLATAN	TIER 03	QL
SIMBRINZA	TIER 02	
tafluprost (pf)	TIER 01	QL
timolol hemihydrate	TIER 01	
timolol maleate (once-daily)	PREVENT	
timolol maleate ocudose	PREVENT	
timolol maleate ophthalmic solution	PREVENT	
timolol maleate pf	PREVENT	
TIMOPTIC OCUDOSE	EXCLUDED	
TRAVATAN Z	EXCLUDED	QL
travoprost (bak free)	TIER 01	QL
VURITY	EXCLUDED	PA
VYZULTA	EXCLUDED	QL
XALATAN	EXCLUDED	
XELPROS	TIER 03	ST; QL
ZIOPTAN	EXCLUDED	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
AKTEN	TIER 03	
ALCAINE	TIER 03	
ALTACAINE	TIER 03	
altafrin	TIER 01	

Drug Name	Drug Tier	Notes
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.025 %, 0.05 %	TIER 03	
atropine sulfate ophthalmic solution 1 %	TIER 01	
bacitracin-polymyxin b	TIER 01	
bacitra-neomycin-polymyxin-hc	TIER 01	
BEOVU	EXCLUDED	PA
BEVACIZUMAB	SPECIALTY	
BYOOVIZ	EXCLUDED	PA
CEQUA	TIER 03	PA
CIMERLI	SPECIALTY	PA
CYCLOGYL	TIER 03	
CYCLOMYDRIL	TIER 03	
cyclopentolate hcl ophthalmic	TIER 01	
cyclosporine ophthalmic	EXCLUDED	PA
CYSTADROPS	SPECIALTY	
CYSTARAN	SPECIALTY	
EYLEA	SPECIALTY	PA
EYLEA HD	SPECIALTY	PA
HOMATROPAIRE	TIER 03	
IZERVAY	SPECIALTY	PA
LATISSE	EXCLUDED	
LUCENTIS	EXCLUDED	PA
MIEBO	TIER 02	PA; QL
neomycin-bacitracin zn-polymyx	TIER 01	
neomycin-polymyxin-gramicidin	TIER 01	
NEO-POLYCIN	TIER 03	
NEO-POLYCIN HC	TIER 03	
OXERVATE	SPECIALTY	PA
phenylephrine hcl ophthalmic	TIER 01	

Effective May 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
POLYCIN	TIER 03	
polymyxin b-trimethoprim	TIER 01	
proparacaine hcl ophthalmic	TIER 01	
RESTASIS	TIER 01	PA
RESTASIS MULTIDOSE	TIER 02	PA
sulfacetamide-prednisolone	TIER 01	
SUSVIMO (IMPLANT 1ST FILL)	SPECIALTY	PA
SUSVIMO (IMPLANT REFILL)	SPECIALTY	PA
SYFOVRE	SPECIALTY	PA
tetracaine hcl ophthalmic	TIER 01	
TROPICAMIDE-PHENYLEPHRINE	TIER 03	
TROPIC-CYCLOPENT-PE-KETOROLAC 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	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	TIER 01	
CETRAXAL	TIER 03	ST
ciprofloxacin hcl otic	TIER 01	

Drug Name	Drug Tier	Notes
ciprofloxacin-dexamethasone	TIER 01	
CORTISPORIN-TC	TIER 03	
DERMOTIC	TIER 03	
flac	TIER 01	
fluocinolone acetonide otic	TIER 01	
hydrocortisone-acetic acid	TIER 01	
neomycin-polymyxin-hc otic	TIER 01	
ofloxacin otic	TIER 01	
PRAMOTIC	TIER 03	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	TIER 01	QL
azelastine-fluticasone	TIER 01	QL
benzonatate	TIER 01	
bromphen-pseudoeph-dm	TIER 01	
carbinoxamine maleate oral solution	TIER 01	
carbinoxamine maleate oral tablet 4 mg	TIER 01	
cetirizine hcl oral solution	TIER 01	
CINQAIR	SPECIALTY	PA
CLARINEX	EXCLUDED	
CLARINEX-D 12 HOUR	EXCLUDED	PA
clemastine fumarate oral tablet	TIER 01	
CUROSURF	TIER 03	
cypreheptadine hcl oral	TIER 01	
diphenhydramine hcl injection	TIER 01	
diphenhydramine hcl oral elixir	TIER 01	

Effective May 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
DYMISTA	TIER 02	QL
flunisolide nasal	TIER 01	QL
fluticasone propionate nasal	TIER 01	
guaifenesin-codeine	TIER 01	PA; QL
HYCODAN	TIER 03	PA; QL
hydrocod poli-chlorphe poli er	TIER 01	PA; QL
hydrocodone bit-homatrop mbr	TIER 01	PA; QL
hydromet	TIER 01	PA; QL
HYPERSAL	TIER 03	
INFASURF	TIER 03	
ipratropium bromide nasal	PREVENT	
levocetirizine dihydrochloride oral tablet	TIER 01	
LIDOCAINE HCL-OXYMETAZOLINE	TIER 03	
maxi-tuss ac	TIER 01	PA; QL
mometasone furoate nasal	TIER 01	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	TIER 03	
OMNARIS	TIER 03	QL
promethazine vc	EXCLUDED	
promethazine-codeine oral solution	TIER 01	PA; QL
promethazine-dm	TIER 01	
promethazine-phenylephrine	EXCLUDED	
pseudoephedrine-bromphen-dm	TIER 01	
PULMOSAL	TIER 03	
QNASL	TIER 03	QL
QNASL CHILDRENS	TIER 03	QL

Drug Name	Drug Tier	Notes
RYALTRIS	TIER 03	QL
RYCLORA	TIER 03	
sodium chloride inhalation	TIER 01	
SURVANTA	TIER 03	
XHANCE	EXCLUDED	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ACCOLATE	TIER 03	
acetylcysteine inhalation	TIER 01	
ADRENALIN INJECTION SOLUTION 1 MG/ML	TIER 03	
ADVAIR DISKUS	EXCLUDED	QL
ADVAIR HFA	PREVENT	QL
AIRDUO RESPICLICK 113/14	EXCLUDED	QL
AIRDUO RESPICLICK 232/14	EXCLUDED	QL
AIRDUO RESPICLICK 55/14	EXCLUDED	QL
AIRSUPRA	TIER 02	QL
albuterol sulfate hfa	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	TIER 01	
ALVESCO	EXCLUDED	QL

Effective May 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
aminophylline	TIER 01	
ANORO ELLIPTA	PREVENT	QL
ARALAST NP	SPECIALTY	PA
arformoterol tartrate	PREVENT	QL
ARNUITY ELLIPTA	PREVENT	QL
ASMANEX (120 METERED DOSES)	EXCLUDED	QL
ASMANEX (14 METERED DOSES)	EXCLUDED	QL
ASMANEX (30 METERED DOSES)	EXCLUDED	QL
ASMANEX (60 METERED DOSES)	EXCLUDED	QL
ASMANEX HFA	EXCLUDED	QL
ATROVENT HFA	PREVENT	QL
AUVI-Q	TIER 03	
BEVESPI AEROSPHERE	EXCLUDED	QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	PREVENT	QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	TIER 01	QL
breyna	EXCLUDED	QL
BREZTRI AEROSPHERE	TIER 02	QL
BROVANA	EXCLUDED	QL
budesonide inhalation	PREVENT	QL
budesonide-formoterol fumarate	EXCLUDED	QL
COMBIVENT RESPIMAT	TIER 02	QL
cromolyn sodium inhalation	PREVENT	

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

Effective May 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
ipratropium bromide inhalation	TIER 01	QL
ipratropium-albuterol	PREVENT	QL
isoproterenol hcl injection	TIER 01	
levalbuterol hcl inhalation	PREVENT	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	EXCLUDED	QL
montelukast sodium oral packet	TIER 01	
montelukast sodium oral tablet	PREVENT	
montelukast sodium oral tablet chewable	PREVENT	
NEFFY NASAL SOLUTION 2 MG/0.1ML	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 REDIHALER	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	

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

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

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

Effective May 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
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	PA
LYVISPAH	EXCLUDED	PA
methocarbamol injection	TIER 01	
methocarbamol oral tablet 500 mg, 750 mg	TIER 01	
NORGESIC	EXCLUDED	
NORGESIC FORTE	EXCLUDED	PA
orphenadrine citrate er	TIER 01	
orphenadrine citrate injection	TIER 01	
ORPHENGESIC FORTE	EXCLUDED	PA
OZOBAX DS	EXCLUDED	PA
revonto	TIER 01	
ROBAXIN	TIER 03	
RYANODEX	TIER 03	
SOMA	EXCLUDED	
tizanidine hcl oral capsule 6 mg	TIER 01	
tizanidine hcl oral tablet	TIER 01	
ZANAFLEX	EXCLUDED	
Sleep Disorder Agents		
AMBIEN	EXCLUDED	QL
AMBIEN CR	EXCLUDED	QL
armodafinil	TIER 01	PA; QL
BELSOMRA	TIER 03	ST; QL
DAYVIGO	TIER 03	ST; QL
doxepin hcl oral tablet	TIER 01	QL
eszopiclone	TIER 01	QL
flurazepam hcl	TIER 01	PA; QL

Drug Name	Drug Tier	Notes
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
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 May 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	acetaminophen-codeine	3	adapalene	45
abacavir sulfate-lamivudine	30	acetazolamide	102	adapalene-benzoyl peroxide	45
ABELCET	19	acetazolamide er	102	ADASUVE	29
ABILIFY	29	acetazolamide sodium	34	ADBRY	45
ABILIFY ASIMTUFI	29	acetic acid	104	ADCETRIS	22
ABILIFY MAINTENA	29	acetylcysteine	90, 105	ADCIRCA	108
abiraterone acetate	22	ACIPHEX	72	ADDERALL	41
ABRAXANE	22	acitretin	45	ADDERALL XR	41
ABRILADA (1 PEN)	85	ACTEMRA	85	ADDYI	43
ABRILADA (2 PEN)	85	ACTEMRA ACTPEN	85	adefovir dipivoxil	30
ABRILADA (2 SYRINGE)	85	ACTHAR	79	ADEMPAS	108
ABSORICA	45	ACTHAR GEL	79	adenosine	34
ABSORICA LD	45	ACTIFOAM COLLAGEN	90	ADIPEX-P	43
acamprosate calcium	9	SPONGE	90	ADLARITY	17
ACANYA	45	ACTIMMUNE	85	ADMELOG	64
acarbose	50	ACTIVELLA	80	ADMELOG SOLOSTAR	64
ACCOLATE	105	ACULAR	101	ADRENALIN	105
ACCRUFER	66	ACULAR LS	101	adriamycin	22
ACCU-CHEK AVIVA DEVICE	51	acyclovir	30	ADTHYZA	84
ACCU-CHEK AVIVA PLUS KIT	51	acyclovir sodium	30	ADVAIR DISKUS	105
W/DEVICE	51	ACYCLOVIR SODIUM-NACL	30	ADVAIR HFA	105
ACCU-CHEK FASTCLIX LANCET KIT	51	ACZONE	45	ADVANCE INTUITION	52
ACCU-CHEK GUIDE CONTROL	51	ADAKVEO	90	CONTROL	52
ACCU-CHEK GUIDE KIT W/DEVICE	51	ADALIMUMAB-AACF (2 PEN)	85	ADVANCE INTUITION METER	52
ACCU-CHEK GUIDE TEST	51	ADALIMUMAB-AACF (2 SYRINGE)	85	ADVANCE INTUITION	52
ACCU-CHEK GUIDE TEST STRIPS	51	ADALIMUMAB-AACF(CD/UC/HS STRT)	85	MONITOR	52
ACCU-CHEK SMARTVIEW CONTROL	51	ADALIMUMAB-AACF(PS/UV STARTER)	85	ADVANCE INTUITION TEST	52
ACCU-CHEK SMARTVIEW TEST STRIPS	52	ADALIMUMAB-AATY (1 PEN)	85	ADVANCE MICRO-DRAW	52
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	52	ADALIMUMAB-AATY (2 PEN)	85	CONTROL	52
ACCU-CHEK TENDER 1 INFUSION	90	ADALIMUMAB-AATY (2 SYRINGE)	85	ADVANCE MICRO-DRAW	52
ACCUPRIL	34	ADALIMUMAB-ADAZ	85	METER	52
ACCURETIC	34	ADALIMUMAB-ADBM (2 PEN)	85	ADVANCE MICRO-DRAW TEST	52
accutane	45	ADALIMUMAB-ADBM (2 SYRINGE)	85	ADVATE	33
ACUTREND GLUCOSE	52	ADALIMUMAB-ADBM(CD/UC/HS STRT)	85	ADVOCATE BLOOD GLUCOSE	52
ACUTREND GLUCOSE CONTROL	52	ADALIMUMAB-FKJP (2 PEN)	85	MONITOR	52
ACD FORMULA A	14	ADALIMUMAB-FKJP (2 SYRINGE)	85	ADVOCATE BLOOD GLUCOSE SYSTEM	52
ACD-A NOCLOT-50	14	ADALIMUMAB-RYVK (2 PEN)	85	ADVOCATE CONTROL SOLUTION	52
acebutolol hcl	34	ADALIMUMAB-RYVK (2 SYRINGE)	85	ADVOCATE REDI-CODE	52
ACETADOTE	90	ADALIMUMAB-RYVK (2 SYRINGE)	85	ADVOCATE REDI-CODE+	52
acetaminophen	3	ADYNOVATE	85	ADVOCATE REDI-CODE+ CONTROL	52

Effective May 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

ADZENYS XR-ODT	41	AIMOVIG	20	ALPROLIX.....	33
ADZYNMA.....	74	AIRDUO RESPICLICK 113/14 ...	105	alprostadil.....	35
AEROBIKA OPEP		AIRDUO RESPICLICK 232/14 ...	105	ALTACAIN.....	103
W/MANOMETER.....	90	AIRDUO RESPICLICK 55/14	105	ALTACE.....	35
AEROCHAMBER HOLDING		AIRS PEDIATRIC AEROSOL		altafrin.....	103
CHAMBER.....	90	MASK.....	91	altavera.....	80
AEROCHAMBER MINI		AIRSUPRA.....	105	ALTRENO.....	45
CHAMBER.....	90	AJOVY.....	20	ALTRIXA.....	66
AEROCHAMBER MV	90	AKEEGA.....	22	ALTUVIPIO.....	33
AEROCHAMBER PLS FLOU.....		AKLIEF.....	45	ALUNBRIG.....	22
MTHPIECE.....	90	AKOVAZ.....	34	ALVAIZ.....	33
AEROCHAMBER PLUS FLO-VU		AKTEN.....	103	ALVESCO.....	105
INTERM.....	90	AKYNZEO.....	18	alvimopan.....	73
AEROCHAMBER PLUS FLO-VU		AKYNZEO (READY-TO-USE)	18	alyacen 1/35.....	80
LARGE.....	91	AKYNZEO (TO-BE-DILUTED)	18	alyacen 7/7/7	80
AEROCHAMBER PLUS FLO-VU		ALA SCALP	45	ALYGLO.....	85
MEDIUM.....	91	ala-cort.....	45	ALYMSYS.....	22
AEROCHAMBER PLUS FLO-VU		albendazole.....	28	alyq.....	108
SMALL.....	91	albuterol sulfate	105	amantadine hcl	28
AEROCHAMBER PLUS FLOW		ALBUTEROL SULFATE.....	105	AMBIEN.....	109
VU.....	91	albuterol sulfate hfa	105	AMBIEN CR.....	109
AEROCHAMBER		ALCAINE.....	103	ambrisentan.....	108
W/FLOWSIGNAL.....	91	alclometasone dipropionate	45	AMD FOAM DRESSING	91
AEROECLIPSE EZ TWIST		ALCOHOL PREP PADS	91	AMD FOAM DRESSING	
TUBING.....	91	ALDACTONE.....	34	TOPSHEET	91
AEROECLIPSE II W/ELBOW		ALDURAZYME.....	75	amethyst.....	80
ADAPTER.....	91	ALECENSA.....	22	amikacin sulfate.....	9
AEROECLIPSE II W/UNIV		alendronate sodium.....	90	amiloride hcl	35
TUBING.....	91	alfuzosin hcl er.....	76	amiloride-hydrochlorothiazide	35
AEROECLIPSE XL NEBULIZER	91	ALIMTA.....	22	AMINO ACID.....	66
AEROGEAR ACTION ASTHMA KIT		aliskiren fumarate.....	35	AMINO ACID-CALCIUM-HEP IN	
KIT	91	ALKINDI SPRINKLE	77	D10W	66
AFINITOR.....	22	ALL FLOW 1000 PFT FILTER	91	aminocaproic acid	33
AFINITOR DISPERZ	22	allopurinol	20	aminophylline	106
afirmelle.....	80	allopurinol sodium	20	AMINOPROTECT	66
AFREZZA.....	64	ALOGLIPTIN BENZOATE	50	AMINOSYN II	66
AFSTYLA.....	33	ALOGLIPTIN-METFORMIN HCL	50	AMINOSYN-PF	66
AGAMATRIX AMP TEST	52	ALOGLIPTIN-PIOGLITAZONE	50	AMINOSYN-PF 7%	66
AGAMATRIX CONTROL	52	ALOPRIM	20	amiodarone hcl	35
AGAMATRIX CONTROL LEVEL 2.....	52	ALORA.....	80	AMITIZA.....	73
AGAMATRIX CONTROL LEVEL 4.....	52	alosetron hcl	73	amitriptyline hcl	17
AGAMATRIX JAZZ TEST	52	ALPHAGAN P	102	AMJEVITA.....	85, 86
AGAMATRIX JAZZ WIRELESS 2	52	ALPHA-LIPOIC ACID	91	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS	
AGAMATRIX PRESTO	52	ALPHANATE	33	SOLUTION PREFILLED SYRINGE 10MG/0.2ML	86
AGAMATRIX PRESTO TEST	52	ALPHANINE SD	33	AMJEVITA-PED 15KG TO <30KG	86
AGAMREE	77	alprazolam	32	AMLADEX	66
AGGRASTAT	29	alprazolam er	32		
		alprazolam intensol	32		
		alprazolam xr	32		

Effective May 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

amlodipine besylate	35	APHEXDA	33	ARTESUNATE	28
amlodipine besylate-benazepril hcl	35	APIDRA SOLOSTAR	64	ARTHROTEC	5
amlodipine besylate-valsartan	35	APIDRA VIAL	64	ARTICAVENT DENTAL	7
amlodipine-atorvastatin	35	APOGEE HC CATHETER		ARTISS	91
amlodipine-olmesartan	35	16FR/16"	91	ARZERRA	22
amlodipine-valsartan-hctz	35	APOGEE IC CATHETER		ASCENIV	86
ammonium lactate	45	14FR/16"	91	ASCLERA	35
amnesteem	45	APOGEE PLUS INTERMITTENT		ascomp-codeine	3
AMONDYS 45	75	CATH	91	asenapine maleate	29
amoxapine	17	apomorphine hcl	28	ashlyna	81
amoxicillin	9	APONVIE	18	ASMANEX (120 METERED DOSES)	106
amoxicillin-potassium clavulanate	9	apraclonidine hcl	102	ASMANEX (14 METERED DOSES)	106
amoxicillin-potassium clavulanate er	9	aprepitant	18	ASMANEX (30 METERED DOSES)	106
AMPHADASE	91	APRETUDE	30	ASMANEX (60 METERED DOSES)	106
amphetamine sulfate	41	apri	80	ASPARLAS	22
amphetamine-dextroamphetamine	41	APRISO	89	ASPRUZYO SPRINKLE	35
amphetamine-dextroamphetamine er	41	APTENSIO XR	41	ASSURE 3 CONTROL	52
amphet-dextroamphet 3-bead er..	41	APTIOM	15	ASSURE 3 METER	52
amphotericin b	19	APTIVUS	30	ASSURE 3 TEST	52
amphotericin b liposome	19	AQ INSULIN SYRINGE	64	ASSURE 4 CONTROL LEVEL 1	
ampicillin	9	AQINJECT PEN NEEDLE	91	ASSURE 4 METER	52
ampicillin sodium	9	AQNEURSA	91	ASSURE 4 TEST	52
ampicillin-sulbactam sodium	9	AQUACEL AG BURN	45	ASSURE DOSE CONTROL	52
AMPYRA	42	AQUACEL AG FOAM	45	ASSURE DOSE NORM/HIGH	
AMRIX	108	AQUASOL A	66	CONTROL	52
AMVUTTRA	43	AQUASTAT	66	ASSURE ID DUO PRO PEN	
AMZEEQ	45	AQUASTAT SFR	66	NEEDLES	91
anagrelide hcl	33	AQUORAL	44	ASSURE ID PRO PEN	
ANALPRAM-HC	89	ARAKODA	28	NEEDLES	91
ANASPAZ	73	ARALAST NP	106	ASSURE II	52
anastrozole	22	aranelle	81	ASSURE II CHECK	52
ANCOBON	19	ARANESP (ALBUMIN FREE)	33	ASSURE II CONTROL	52
ANDEXXA	91	ARAZLO	45	ASSURE II CONTROL LEVEL 1	
ANDROGEL PUMP	78	ARCALYST	86	ASSURE PLATINUM	52
ANECTINE	43	arformoterol tartrate	106	ASSURE PLATINUM METER	52
ANGELIQ	80	argatroban	14	ASSURE PRISM CONTROL	
ANGIOMAX	14	ARGININE HCL	66	LEVEL 1	52
ANKTIVA	22	ARIKAYCE	9	ASSURE PRISM MULTI METER	52
ANNOVERA	80	ARIMIDEX	22	ASSURE PRISM MULTI TEST	52
ANORO ELLIPTA	106	ariPIPrazole	29	ASSURE PRO BLOOD	
ANTICOAGULANT SODIUM CITRATE	14	ARISTADA	29	GLUCOSE METER	53
ANZEMET	18	ARISTADA INITIO	29		
APADAZ	3	ARIIXTRA	14		
apap-caff-dihydrocodeine	3	armodafinil	109		
		ARMOUR THYROID	84		
		arnica flower	91		
		ARNUITY ELLIPTA	106		
		ARRANON	22		
		arsenic trioxide	22		

Effective May 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 PRO CONTROL		AUTOLET LITE LANCING		BAFIERTAM	42
LEVEL 1 & 2	53	DEVICE	53	BALCOLTRA	81
ASSURE PRO TEST	53	AUVELITY	17	BALFAXAR	33
ASTAGRAF XL	86	AUVI-Q	106	balsalazide disodium	89
ASTRINGYN	33	avanafil	76	balsam peru-castor oil	45
ATACAND	35	AVAPRO	35	BALVERSA	22
atazanavir sulfate	30	AVASTIN	22	balziva	81
ATELVIA	90	AVEED	78	BAQSIMI ONE PACK	63
atenolol	35	aviane	81	BAQSIMI TWO PACK	64
atenolol-chlorthalidone	35	AVIDOXY	9	BARACLUDE	30
ATIVAN	32	AVITENE	91	BARD PISTON ENT	
atomoxetine hcl	41	AVITENE FLOUR	91	IRRIGATION SYR	91
ATORVALIQ	35	AVODART	76	BARHEMSYS	18
atorvastatin calcium	35	AVONEX PEN	42	BASAGLAR KWIKPEN	64
atovaquone	28	AVONEX PREFILLED	42	BASAGLAR TEMPO PEN	64
atovaquone-proguanil hcl	28	AVSOLA	86	BAVENCIO	22
atracurium besylate	43	AVYCAZ	9	BD AUTOSHIELD DUO PEN	
ATRALIN	45	ayuna	81	NEEDLES	91
ATRAPRO DERMAL SPRAY	45	AYVAKIT	22	BD ECLIPSE NEEDLE	91
atropine sulfate	73, 103	azacitidine	22	BD FILTER NEEDLE	91
ATROPINE SULFATE	73, 103	AZACTAM	10	bd heparin posiflush	14
ATROVENT HFA	106	AZADROX	45	BD HYDROPHILIC CATHETER	
AUBAGIO	42	AZASAN	86	14FR	92
aubra eq	81	AZASITE	101	BD LATITUDE DIABETES	53
AUGMENTIN	9	azathioprine	86	BD LOGIC BLOOD GLUCOSE	
AUGMENTIN ES-600	9	azathioprine sodium	86	MONITOR	53
AUGTYRO	22	azelaic acid	45	BD POSIFLUSH	66
AUM ALCOHOL PREP PADS	91	azelastine hcl	101, 104	BD POSIFLUSH SAFESCRUB	66
AUM INSULIN SAFETY PEN		azelastine-fluticasone	104	BD SYRINGE LUER-LOK	92
NEEDLE	91	AZESCO	66	BD ULTRA-FINE INSULIN	
AUM MINI INSULIN PEN		azithromycin	10	SYRINGES	64
NEEDLE	91	AZOPT	102	BD ULTRA-FINE PEN NEEDLES	92
AUM PEN NEEDLE	91	AZOR	35	BELBUCA	3
AUM READYGARD DUO PEN		AZSTARYS	41	BELEODAQ	22
NEEDLE	91	aztreonam	10	BELRAPZO	22
AUM SAFETY PEN NEEDLE	91	AZULFIDINE	89	BELSOMRA	109
AURA PORTANEBO	91	AZULFIDINE EN-TABS	89	benazepril hcl	35
aurovela 1.5/30	81	azurette	81	benazepril-hydrochlorothiazide	35
aurovela 1/20	81	B & C	45	BENDAMUSTINE HCL	22
aurovela 24 fe	81	bac (butalbital-acetamin-caff)	3	bendamustine hcl	22
aurovela fe 1.5/30	81	bacitracin	101	BENDEKA	22
aurovela fe 1/20	81	bacitracin-polymyxin b	103	BENEFIX	33
AURYXIA	76	bacitra-neomycin-polymyxin-hc..	103	BENICAR	35
AUSTEDO	43	BACLOFEN	108	BENICAR HCT	35
AUSTEDO XR	43	baclofen	108	BENLYSTA	86
AUSTEDO XR PATIENT		BACTERIOSTATIC		BENTLEY THE BEAR PED	
TITRATION	43	WATER(BENZ ALC)	91	NEBULIZER	92
AUTOLET II CLINISAFE	53	BACTRIM	10	BENTYL	73
AUTOLET LANCING DEVICE	53	BACTRIM DS	10	benzalkonium chloride	10

Effective May 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

BENZAMYCIN	45	BIGFOOT UNITY PEN		BLOOD GLUCOSE TEST	
BENZHYDROCODONE-ACETAMINOPHEN	3	CAP/HUMALOG	92	STRIPS	55
BENZNIDAZOLE	28	BIGFOOT UNITY PEN		BLOOD GLUCOSE TEST	
benzonatate	104	CAP/LANTUS	92	STRIPS 333	53
benzoyl peroxide-erythromycin	45	BIGFOOT UNITY PEN		BLOXIVERZ	21
benzphetamine hcl	43	CAP/LISPRO	92	BLT-25	77
benztropine mesylate	28	BIGFOOT UNITY PEN		BLUESTAR	53
BEOVU	103	CAP/LYUMJEV	92	BLULINK CONTROL HIGH & LOW	53
BEPREVE	101	BIGFOOT UNITY PEN		BLULINK GLUCOSE MONITORING SYS	53
BESIVANCE	101	CAP/NOVOLOG	92	BLULINK GLUCOSE TEST	53
BESPONSA	22	BIGFOOT UNITY PEN		BONJESTA	18
BESREMI	22	CAP/TOUJEO	92	bortezomib	22
BETADINE OPHTHALMIC PREP		BIGFOOT UNITY PEN		BORUZU	22
	101	CAP/TOUJEO M	92	bosentan	108
betaine	75	BIGFOOT UNITY PEN		BOSULIF	22
betamethasone dipropionate	46	CAP/TRESIBA	92	BPCO	46
betamethasone dipropionate aug.	46	BIGFOOT UNITY PROGRAM	53	BRAFTOVI	22
betamethasone sod phos & acet..	77	BIJUVA	81	BREATHE COMFORT	
BETAMETHASONE SODIUM PHOSPHATE	77	BIKTARVY	30	CHAMBER/ADULT	92
betamethasone valerate	46	BILTRICIDE	28	BREATHE COMFORT	
BETASERON	42	bimatoprost	102	CHAMBER/CHILD	92
betaxolol hcl	35, 102	BIMZELX	86	BREATHE EASE LARGE	92
bethanechol chloride	76	BIONECT	46	BREATHE EASE MEDIUM	92
BETHKIS	107	BIORPHEN	35	BREATHE EASE NEB	
BETIMOL	102	BIOSTEP AG	46	MASK/CHILD	92
BEVACIZUMAB	103	BIOTEL CARE BLOOD		BREATHE EASE NEB	
BEVESPI AEROSPHERE	106	GLUCOSE	53	MASK/INFANT	92
BEXAGLIFLOZIN	50	BIOTEL CARE BLOOD		BREATHE EASE SMALL	92
bexarotene	22	GLUCOSE SYST	53	BREATHERITE VALVED MDI	
BEYAZ	81	BIOTEL CARE TEST STRIPS	53	CHAMBER	92
BEYFORTUS	86	bis subcit-metronid-tetracyc	73	BRENZAVVY	50
BIAFINE	46	bismuth/metronidaz/tetracyclin	73	BREO ELLIPTA	106
bicalutamide	22	bisoprolol fumarate	35	BREVIBLOC	35
BICILLIN C-R	10	bisoprolol-hydrochlorothiazide	35	BREVIBLOC IN NACL	35
BICILLIN C-R 900/300	10	bivalirudin trifluoroacetate	14	BREVIBLOC PREMIXED	35
BICILLIN L-A	10	BIVIGAM	86	BREVIBLOC PREMIXED DS	35
BIDIL	35	bleomycin sulfate	22	BREXFEMME	19
BIGFOOT UNITY PEN		BLINCYTO	22	breyna	106
CAP/ADMELOG	92	blisovi 24 fe	81	BREZTRI AEROSPHERE	106
BIGFOOT UNITY PEN		blisovi fe 1.5/30	81	BRIDION	92
CAP/APIDRA	92	blisovi fe 1/20	81	briellyn	81
BIGFOOT UNITY PEN		BLOOD GLUCOSE MONITOR		BRILINTA	29
CAP/ASPART	92	SYSTEM	53	brimonidine tartrate	46, 102
BIGFOOT UNITY PEN		BLOOD GLUCOSE		brimonidine tartrate-timolol	102
CAP/BASAGLAR	92	MONITORING 333	53	BRIMONIDINE-DORZOLAMIDE	102
BIGFOOT UNITY PEN		BLOOD GLUCOSE SYSTEM		brinzolamide	102
CAP/FIASP	92	PAK	53	BRIUMVI	42
		BLOOD GLUCOSE TEST	53		

Effective May 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

BRIVIACT.....	15	CABOMETYX.....	22	carbinoxamine maleate	104
BRIXADI.....	9	CABTREO.....	46	carboplatin.....	22
BRIXADI (WEEKLY).....	9	caffeine citrate.....	43	CARDENE IV.....	35
bromfenac sodium.....	101	CAFFEINE-SODIUM		CARDIZEM LA.....	35
bromfenac sodium (once-daily).....	101	BENZOATE.....	43	CAREONE BLOOD GLUCOSE	
bromocriptine mesylate.....	28	CALCIFOL.....	66	SYSTEM.....	53
bromphen-pseudoeph-dm.....	104	calcipotriene.....	46	CAREONE BLOOD GLUCOSE	
BROMSITE.....	101	CALCIPOTRIENE.....	46	TEST.....	53
BRONCHITOL.....	107	calcipotriene-betameth diprop.....	46	CAREPOINT POLY HUB	
BRONCHITOL TOLERANCE		calcitonin (salmon).....	90	NEEDLE.....	92
TEST.....	107	CALCITRENE.....	46	CAREPOINT SAFETY 1ST	
BROVANA.....	106	calcitriol.....	46, 90	NEEDLE.....	92
BRUKINSA.....	22	calcium acetate.....	76	CAREPOINT SYRINGE LUER	
budesonide.....	89, 106	calcium acetate (phos binder).....	76	LOCK.....	92
budesonide-formoterol fumarate.	106	CALCIUM CHLORIDE.....	66	CAREPOINT SYRINGE LUER	
bumetanide.....	35	calcium chloride.....	66	SLIP.....	92
BUMEX.....	35	calcium gluconate.....	66	CARESENS CONTROL A.....	53
BUPHENYL.....	75	CALCIUM GLUCONATE.....	66	CARESENS CONTROL	
BUPIVACAINE HCL.....	7	calcium gluconate-nacl.....	66	SOLUTION A/B.....	53
bupivacaine hcl.....	7	CALCIUM GLUCONATE-NACL...	66	CARESENS LANCETS 30G.....	53
bupivacaine hcl (pf).....	7	CALDOLOR.....	5	CARESENS N FELIZ.....	53
bupivacaine-epinephrine.....	7	CALQUENCE.....	22	CARESENS N FELIZ BT.....	53
BUPIVACAINE-EPINEPHRINE.....	7	CAMBIA.....	20	CARESENS N GLUCOSE	
bupivacaine-epinephrine (pf).....	7	camila.....	81	SYSTEM.....	53
buprenorphine.....	3	CAMPTOSAR.....	22	CARESENS N GLUCOSE TEST..	53
buprenorphine hcl.....	3, 9	camrese.....	81	CARESENS N VOICE SYSTEM..	53
buprenorphine hcl-naloxone hcl.....	9	camrese lo.....	81	CARETOUCH 2 CPAP HOSE	
bupropion hcl.....	17	CAMZYOS.....	35	HANGER.....	92
bupropion hcl er (smoking det).....	9	CANASA.....	89	CARETOUCH CONTROL SOL	
bupropion hcl er (sr).....	17	CANCIDAS.....	19	LEVEL 2.....	53
bupropion hcl er (xl).....	17	candesartan cilexetil.....	35	CARETOUCH CPAP & BIPAP	
BUPROPION HCL ER (XL).....	17	candesartan cilexetil-hctz.....	35	HOSE.....	92
buspirone hcl.....	32	capecitabine.....	22	CARETOUCH CPAP MASK	
busulfan.....	22	CAPHOSOL.....	44	WIPES.....	92
BUSULFEX.....	22	CAPLYTA.....	29	CARETOUCH CPAP PRE-	
butilbital-acetaminophen.....	3	CAPRELSA.....	22	WASH SOLN.....	92
butilbital-apap-caff-cod.....	3	CAPTAIN EAGLE PED		CARETOUCH CPAP TUBE	
butilbital-apap-caffeine.....	3	NEBULIZER.....	92	BRUSH.....	92
butilbital-asa-caff-codeine.....	3	captopril.....	35	CARETOUCH	
butilbital-aspirin-caffeine.....	3	captopril-hydrochlorothiazide.....	35	LANCING/EJECTOR.....	53
butorphanol tartrate.....	3	CARAFATE.....	72	CARETOUCH MONITOR	
BUTTRANS.....	3	CARBAGLU.....	67	SYSTEM.....	53
BYLVAY.....	92	carbamazepine.....	15	CARETOUCH TEST.....	53
BYLVAY (PELLETS).....	92	carbamazepine er.....	15	CARETOUCH UNIVERSL CPAP	
BYOOVIZ.....	103	CARBATROL.....	15	FILTER.....	93
BYSTOLIC.....	35	carbidopa.....	28	carglumic acid.....	67
CABENUVA.....	30	carbidopa-levodopa.....	28	carisoprodol.....	108
cabergoline.....	79	carbidopa-levodopa er.....	28	carmustine.....	22
CABLIVI.....	29	carbidopa-levodopa-entacapone..	28	CARNITOR.....	67

Effective May 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

CARNITOR SF	67	CERDELGA	75	CIMZIA	86
carteolol hcl	102	CEREBYX	15	CIMZIA (2 SYRINGE)	86
cartia xt	35	CEREZYME	75	CIMZIA-STARTER	86
carvedilol	35	cetirizine hcl	104	cinacalcet hcl	90
CASODEX	23	CETRAXAL	104	CINQAIR	104
caspofungin acetate	19	cetrorelix acetate	79	CINRYZE	86
CATAPRES-TTS-1	35	CETROTIDE	79	CINVANTI	18
CATAPRES-TTS-2	35	cevimeline hcl	44	CIPRO	11
CATAPRES-TTS-3	35	charlotte 24 fe	81	ciprofloxacin hcl	11, 101, 104
CAYSTON	107	chateal eq	81	ciprofloxacin in d5w	11
cefaclor	10	CHEMET	67	ciprofloxacin-dexamethasone	104
cefaclor er	10	CHEMOPLUS LATEX GLOVES	93	cisatracurium besylate	43
cefadroxil	10	CHEMOPLUS NEOPRENE		cisatracurium besylate (pf)	43
CEFALY KIT	93	GLOVE	93	cisplatin	23
CEFAZOLIN IN SODIUM CHLORIDE	10	CHEMSTRIP BG LOG BOOK	53	CISPLATIN	23
CEFAZOLIN SODIUM	10	CHEMSTRIP K	53	CITALOPRAM	
cefazolin sodium	10	CHEMSTRIP UGK	53	HYDROBROMIDE	17
cefazolin sodium-dextrose	10	CHENODAL	73	citalopram hydrobromide	17
CEFAZOLIN SODIUM-DEXTROSE	10	chloramphenicol sod succinate	11	CITRANATAL 90 DHA	67
cefdinir	10	chlordiazepoxide hcl	32	CITRANATAL ASSURE	67
cefepime hcl	10	chlordiazepoxide-amitriptyline	17	CITRANATAL HARMONY	67
cefepime-dextrose	10	chlorhexidine gluconate	44	CITRANATAL MEDLEY	67
cefixime	10	CHLORHEXIDINE GLUCONATE	93	cladribine	23
CEFOTAN	10	chlorprocaine hcl (pf)	7	claravis	46
CEFOTAXIME SODIUM	10	chloroquine phosphate	28	CLARINEX	104
cefotetan disodium	10	chlorothiazide sodium	35	CLARINEX-D 12 HOUR	104
cefoxitin sodium	10	chlorpromazine hcl	29	clarithromycin	11
CEFOXITIN SODIUM-DEXTROSE	10	chlorthalidone	35	clarithromycin er	11
cefpodoxime proxetil	10	chlorzoxazone	108	clemastine fumarate	104
cefprozil	10	CHOLBAM	75	CLENPIQ	73
ceftazidime	10	cholestyramine	35	CLEOCIN	11
ceftriaxone sodium	10	cholestyramine light	35	CLEOCIN PHOSPHATE	11
ceftriaxone sodium in dextrose	10	CHORIONIC GONADOTROPIN	79	CLEOCIN-T	46
ceftriaxone sodium-dextrose	10	CHOSEN LANCETS 30G	53	CLEVER CHEK AUTO-CODE SYSTEM	54
cefuroxime axetil	10	CHOSEN LANCING DEVICE	53	CLEVER CHEK AUTO-CODE SYSTEM	54
cefuroxime sodium	10	CHOSEN SAFETY LANCETS		TEST	54
CELEBREX	6	28G	53	CLEVER CHEK AUTO-CODE VOICE	54
celecoxib	6	chromic chloride	67	CLEVER CHEK SYSTEM	54
CELESTONE SOLUSPAN	77	CIALIS	76	CLEVER CHEK TEST	54
CELEXA	17	CIBINQO	46	CLEVER CHOICE AUTO-CODE SYSTEM	54
CELLCEPT	86	cyclodan	19	CLEVER CHOICE AUTO-CODE SYSTEM	54
CELLCEPT INTRAVENOUS	86	ciclopirox	19	CLEVER CHOICE AUTO-CODE TEST	54
cephalexin	10	ciclopirox olamine	19	CLEVER CHOICE COMFORT	
CEQUA	103	cidofovir	30	EZ	54
CEQR SIMPLICITY 2U 10PK....	53	cilostazol	29	CLEVER CHOICE GLUCOSE CONTROL	54
CEQR SIMPLICITY INSERTER.	53	CIMDUO	30		
		CIMERLI	103		
		cimetidine	72		
		cimetidine hcl	72		

Effective May 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

CLEVER CHOICE HOLDING		CLINPRO 5000.....	44	COMPACT SPACE
CHAMBER.....	93	clobazam.....	15	CHAMBER/MED MASK.....
CLEVER CHOICE MICRO SYSTEM.....	54	clobetasol propionate	46	COMPACT SPACE
CLEVER CHOICE MICRO TEST .	54	clobetasol propionate e.....	46	CHAMBER/SM MASK.....
CLEVER CHOICE MINI SYSTEM.....	54	CLOBEX.....	46	COMPLERA.....
CLEVER CHOICE NO CODING	54	CLOBEX SPRAY	46	COMPRESSOR NEBULIZER.....
CLEVER CHOICE TALK SYSTEM.....	54	clodan.....	46	CONCEPTION KIT.....
CLEVER CHOICE TENS UNIT	93	CLODERM.....	46	CONCERTA.....
CLEVER CHOICE WHIS AIR PED NEB.....	93	clofarabine.....	23	CONDYLOX.....
CLEVER CHOICE WHISPER AIRE NEB.....	93	CLOMID.....	79	CONJUPRI.....
CLEVIPREX.....	35	clomiphene citrate	79	constulose.....
CLIMARA.....	81	clomipramine hcl.....	17	CONTOUR CONTROL
CLIMARA PRO.....	81	clonazepam.....	32	SOLUTION.....
clindacin etz.....	46	clonidine hcl.....	35	CONTOUR NEXT CONTROL
clindacin-p.....	46	clonidine hcl er.....	41	SOLUTION.....
CLINDAGEL.....	46	clopидogrel bisulfate	29	CONTOUR NEXT GEN TEST
clindamycin hcl	11	clorazepate dipotassium.....	32	STRIPS.....
clindamycin palmitate hcl.....	11	clotrimazole.....	19	CONTOUR NEXT ONE KIT.....
clindamycin phos (once-daily).....	46	clotrimazole-betamethasone	19	CONTOUR PLUS BLUE KIT
clindamycin phos (twice-daily).....	46	clozapine.....	29	W/DEVICE.....
clindamycin phosphate.....	11, 46	CNJ-016.....	86	CONTOUR PLUS TEST STRIP ..
clindamycin phosphate in d5w.....	11	COAGADEX.....	33	CONTOUR TEST STRIPS
CLINDAMYCIN PHOSPHATE IN NACL.....	11	COAGUCHEK XS SYSTEM.....	93	CONTRAVE.....
clindamycin phosphate-benzoyl peroxide	46	coal tar.....	46	CONZIP
CLINDESSE.....	11	COARTEM.....	28	COOL BLOOD GLUCOSE TEST
CLINIMIX E/DEXTROSE (2.75/5).67		COBENFY	29	STRIPS.....
CLINIMIX E/DEXTROSE (4.25/10).....	67	COBENFY STARTER PACK.....	29	COOL CONTROL A.....
CLINIMIX E/DEXTROSE (4.25/5).67		COCAINE HCL.....	7	COOL CONTROL B.....
CLINIMIX E/DEXTROSE (5/15)....67		codeine sulfate.....	3	COOL MONITOR.....
CLINIMIX E/DEXTROSE (5/20)....67		colchicine	20	COOL MONITOR KIT
CLINIMIX E/DEXTROSE (8/10)....67		colchicine-probenecid	20	COPAXONE.....
CLINIMIX E/DEXTROSE (8/14)....67		colesevelam hcl	35	COPIKTRA.....
CLINIMIX/DEXTROSE (4.25/10)..67		COLESTID.....	35	CORDRAN.....
CLINIMIX/DEXTROSE (4.25/5)....67		colestipol hcl	35	COREG
CLINIMIX/DEXTROSE (5/15).....67		colistimethate sodium (cba)	11	COREG CR.....
CLINIMIX/DEXTROSE (5/20).....67		COLUMVI.....	23	CORFACT
CLINIMIX/DEXTROSE (6/5).....67		COLY-MYCIN M.....	11	CORLANOR
CLINIMIX/DEXTROSE (8/10).....67		COMBIGAN.....	102	CORTEF
CLINIMIX/DEXTROSE (8/14).....67		COMBIPATCH.....	81	CORTENEMA
CLINIMIX/DEXTROSE (4.25/10)..67		COMBIVENT RESPIMAT	106	CORTIFOAM
CLINOLIPID.....	67	COMBOGESIC.....	6	CORTISONE ACETATE
CLINOLIPID.....	67	COMETRIQ.....	23	CORTISPORIN-TC
CLINOLIPID.....	67	COMFORT EZ PRO PEN		CORTROPHIN
CLINOLIPID.....	67	NEEDLES	93	CORTROPHIN GEL
CLINOLIPID.....	67	COMFORT TOUCH TWIST		CORVERT
CLINOLIPID.....	67	LANCET 30G	54	COSELA
CLINOLIPID.....	67	COMPACT SPACE CHAMBER	93	COSENTYX (300 MG DOSE)
CLINOLIPID.....	67	COMPACT SPACE		COSENTYX 150 MG/ML
CLINOLIPID.....	67	CHAMBER/LG MASK	93	COSENTYX 150 MG/ML

Effective May 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

COSENTYX SENSOREADY (300 MG).....	86	CYCLOSET	50	DAURISMO	23
COSENTYX SENSOREADY PEN.....	86	cyclosporine.....	86, 103	DAVIMET-FLUORIDE.....	67
COSENTYX UNOREADY.....	86	cyclosporine modified.....	86	DAVIMET-M	67
COSOPT.....	102	CYKLOKAPRON	33	DAYAVITE	67
COSOPT PF.....	102	CYLTEZO (2 PEN).....	86	DAYBUE	43
COTELLIC.....	23	CYLTEZO (2 SYRINGE).....	86	DAYPRO	6
COTEMPLA XR-ODT.....	41	CYLTEZO-CD/UC/HS STARTER.	86	daysee.....	81
COXANTO.....	6	CYLTEZO-PSORIASIS/UV		DAYTRANA	41
COZAAR.....	36	STARTER.....	87	DAYVIGO	109
CREON.....	75	CYMBALTA	17	D-CARE BLOOD GLUCOSE	54
CRESEMBOLA.....	19	cyproheptadine hcl.....	104	D-CARE GLUCOMETER	54
CRESTOR.....	36	CYRAMZA	23	deblitane	81
CREXONT.....	28	CYSTADANE	75	DEFENCATH	14
CRINONE.....	81	CYSTADROPS	103	deferasirox	67
cromolyn sodium.....	73, 101, 106	CYSTAGON	75	deferasirox granules	67
CROTAN.....	28	CYSTARAN	103	deferoxamine mesylate	93
cryselle-28.....	81	cytarabine	23	deflazacort	77
CRYSVITA.....	75	cytarabine (pf).....	23	DEFLUX	93
cupric chloride.....	67	CYTOMEL	84	DEFLUX METAL NEEDLE	93
CUPRIMINE.....	76	CYTOTEC	72	DELESTROGEN	81
CURAFOAM AG FOAM		CYTOTINE	93	DELSTRIGO	30
DRESSING.....	47	dabigatran etexilate mesylate	14	delyla	81
CURITY AMD ANTIMICROBIAL		dacarbazine	23	DELZICOL	89
SPNGE.....	93	dactinomycin	23	demeclocycline hcl	11
CURITY AMD ANTIMICROBIAL STRIP.....	93	dalfampridine er	42	DEMEROL	3
CURITY IODOFORM PACKING STRIP.....	93	DALIRESP	106	DEM SER	36
CUROSURF.....	104	DALVANCE	11	DENTA 5000 PLUS	44
CUTAQUIG.....	86	DANTRIUM	109	DENTA 5000 PLUS SENSITIVE	44
CUVITRU.....	86	dantrolene sodium	109	DENTAGEL	44
CUVRIOR.....	67	DANYELZA	23	DEPAKOTE	15
CVS ADVANCED GLUCOSE TEST.....	54	DAPAGLIFLOZIN PRO-		DEPAKOTE ER	15
CVS GLUCOSE METER TEST STRIPS.....	54	METFORMIN ER	50	DEPAKOTE SPRINKLES	15
CVS TRUE METRIX GLUCOSE TEST.....	54	DAPAGLIFLOZIN		DEPEN TITRATABS	76
cyanocobalamin.....	67	PROPANEDIOL	50	DEPO-ESTRADIOL	81
CYANOKIT.....	93	dapsone	22	DEPO-MEDROL	77
cyclobenzaprine hcl.....	109	daptomycin	11	DEPO-PROVERA	81
CYCLOGYL.....	103	DAPTO MYCIN-SODIUM		DEPO-SUBQ PROVERA 104	81
CYCLOMYDRIL.....	103	CHLORIDE	11	DEPO-TESTOSTERONE	78
cyclopentolate hcl.....	103	DARAPRIM	28	DERMACINRX DAVIMET	67
cyclophosphamide.....	23	darifenacin hydrobromide er	76	DERMACINRX MULTITAM	67
CYCLOPHOSPHAMIDE.....	23	darunavir	30	DERMACINRX PRETRATE	67
cycloserine.....	22	DARZALEX	23	DERMACINRX RIBOTIN-E	67
		DARZALEX FASPRO	23	DERMACINRX ZINTREXYL-C	67
		dasatinib	23	DERMA-SMOOTH/FS BODY	47
		dasetta 1/35 (28)	81	DERMA-SMOOTH/FS SCALP	47
		dasetta 7/7/7	81	DERMOTIC	104
		daunorubicin hcl	23	DESCOVY	30
				DESFERAL	93

Effective May 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

desipramine hcl	17	DIABETES CARE	54	DIFICID	11
desmopressin ace spray refrig	79	DIACOMIT	15	DIFLUCAN	19
desmopressin acetate	79	DIASCREEN 10	93	diflunisal	6
desmopressin acetate pf	79	DIASCREEN 1B	93	diluprednate	101
desmopressin acetate spray	79	DIASCREEN 1G	93	DIGIFAB	93
desogestrel-ethinyl estradiol	81	DIASCREEN 1K	93	digoxin	36
desonide	47	DIASCREEN 2GK	93	dihydroergotamine mesylate	20
DESOWEN	47	DIASCREEN 2GP	93	DILANTIN	15
desoximetasone	47	DIASCREEN 3	93	DILANTIN INFATABS	15
DESVENLAFAKINE ER	17	DIASCREEN 4NL	93	DILANTIN-125	15
desvenlafaxine succinate er	17	DIASCREEN 4OBL	93	DILAUDID	3
DETROL	76	DIASCREEN 4PH	93	diltiazem hcl	36
dexamethasone	77	DIASCREEN 5	93	diltiazem hcl er	36
DEXAMETHASONE (LA)	77	DIASCREEN 6	93	diltiazem hcl er beads	36
dexamethasone intensol	77	DIASCREEN 7	93	diltiazem hcl er coated beads	36
dexamethasone sod phos +rfid	77	DIASCREEN 8	93	DILTIAZEM HCL-DEXTROSE	36
DEXAMETHASONE SOD		DIASCREEN 9	93	DILTIAZEM HCL-SODIUM	
PHOS-NACL	77	DIASCREEN LIQUID URINE		CHLORIDE	36
dexamethasone sod phosphate		CONTROL	93	dilt-xr	36
pf	77	DIASTIX REAGENT	54	diluent for treprostinil	93
dexamethasone sodium		DIATHRIVE BLOOD GLUCOSE		dimenhydrinate	18
phosphate	77, 101	METER	54	dimethyl fumarate	42
DEXAMETHASONE SODIUM		DIATHRIVE BLOOD GLUCOSE		dimethyl fumarate starter pack	42
PHOSPHATE	77	TEST	54	DIOVAN	36
DEXATRAN	67	DIATHRIVE GLUCOSE		DIOVAN HCT	36
DEXCOM G6 RECEIVER	54	CONTROL SOLN	54	DIPENTUM	89
DEXCOM G6 SENSOR	54	DIATHRIVE GLUCOSE TEST	54	diphenhydramine hcl	104
DEXCOM G6 TRANSMITTER	54	DIATHRIVE LANCING DEVICE	55	diphenoxylate-atropine	73
DEXCOM G7 RECEIVER	54	DIATHRIVE+ GLUCOSE		DIPROLENE	47
DEXCOM G7 SENSOR	54	MONITOR	55	dipyridamole	29
DEXIFOL	67	DIATHRIVE+ GLUCOSE TEST	55	disopyramide phosphate	36
DEXILANT	72	DIATROL	68	disulfiram	9
dexmedetomidine hcl	93	diazepam	15, 32	DIURIL	36
dexmedetomidine hcl in nacl	93	DIAZEPAM	32	divalproex sodium	15
DEXMEDETOMIDINE HCL IN		diazepam intensol	32	divalproex sodium er	15
NACL	93	diazoxide	64	DIVIGEL	81
DEXMEDETOMIDINE HCL-		DIBENZYLINE	36	dobutamine hcl	36
DEXTROSE	93	dichlorphenamide	102	dobutamine-dextrose	36
dexmethylphenidate hcl	41	DICLEGIS	18	docetaxel	23
dexmethylphenidate hcl er	41	DICLOFENAC PATCH 1.3%	6	DOCIVYX	23
DEXONTO 0.4%	77	diclofenac potassium	6	dofetilide	36
DEXPANTHENOL	67	diclofenac sodium	6, 47, 101	DOJOLVI	94
dexrazoxane	23	diclofenac sodium er	6	dolishale	81
dexrazoxane hcl	23	DICLOFONO	6	donepezil hcl	17
dextroamphetamine sulfate	41	dicloxacillin sodium	11	dopamine hcl	36
dextroamphetamine sulfate er	42	dicyclomine hcl	73	dopamine-dextrose	36
dextrose	67, 68	diethylpropion hcl	43	DOPRAM	43
DEXTROSE	67, 68	diethylpropion hcl er	43	DOPTELET	33
DHIVY	28	DIFFERIN	47	DORYX MPC	11

Effective May 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

dorzolamide hcl.....	102	DUVYZAT	75	EASY TRAK BLOOD GLUCOSE
DORZOLAMIDE HCL.....	102	DYANAVEL XR.....	42	SYSTEM.....
dorzolamide hcl-timolol mal.....	102	DYMISTA.....	105	EASY TRAK BLOOD GLUCOSE
dorzolamide hcl-timolol mal pf....	102	DYNAFOAM AG FOAM		TEST.....
dotti.....	81	DRESSING.....	47	EASY TRAK CONTROL.....
DOVATO.....	30	DYNAGINATE AG CA ALG		EASY TRAK II BLOOD
DOVER URETHRAL CATHETER.....	94	ROPE 30CM.....	47	GLUCOSE SYS.....
doxazosin mesylate.....	36	DYNAGINATE AG SILVER CAL		EASY TRAK II CONTROL.....
doxepin hcl.....	17, 109	2"X2".....	47	EASY TRAK II GLUCOSE TEST..
doxercalciferol.....	90	DYNAGINATE AG SILVER CAL		EASYGEL.....
DOXIL.....	23	4"X5".....	47	EASYGLUCO.....
doxorubicin hcl.....	23	DYNAGINATE AG SILVER CAL		EASymax 15 LEVEL 2
doxorubicin hcl liposomal.....	23	4"X8".....	47	CONTROL.....
doxy 100.....	11	DYRENium.....	36	EASymax 15 LEVEL 2-3
doxycycline hyclate.....	11	DYSport.....	94	CONTROL.....
DOXYCYCLINE HYCLATE.....	11	E.E.S. 400.....	11	EASymax 15 TEST.....
doxycycline monohydrate.....	11	E.E.S. GRANULES.....	11	EASymax CONTROL.....
doxylamine-pyridoxine.....	18	EASIVENT.....	94	EASymax NG BLOOD
DRISDOL.....	68	EASY MAX BLOOD GLUCOSE		GLUCOSE.....
dronabinol.....	18	TEST.....	55	EASymax V BLOOD GLUCOSE..
droperidol.....	18	EASY MAX T1 GLUCOSE		EASyPOINT NEEDLE.....
DROPLET GENTEEL LANCING DEVICE.....	55	SYSTEM.....	55	EASyPRO BLOOD GLUCOSE
DROPLET MICRON.....	94	EASY PLUS II CONTROL.....	55	MONITOR.....
DROPSAFE ACTI-LANCE 23G.....	55	EASY PLUS II GLUCOSE		EASyPRO BLOOD GLUCOSE
DROPSAFE ALCOHOL PREP.....	94	SYSTEM.....	55	TEST.....
DROPSAFE SAFETY SYRINGE/NEEDLE.....	64	EASY PLUS II GLUCOSE TEST..	55	EASyPRO PLUS.....
drospirene-eth estrad-levomefotol.....	81	EASY STEP CONTROL.....	55	EBGLYSS.....
drospirenone-ethinyl estradiol.....	81	EASY STEP GLUCOSE		econazole nitrate.....
DROXIA.....	23	MONITOR.....	55	edaravone.....
DRYSOL.....	47	EASY STEP TEST.....	55	EDARBI.....
DUAKLIR PRESSAIR.....	106	EASY TALK BLOOD GLUCOSE		EDARBYCLOR.....
DUAVEE.....	81	SYSTEM.....	55	EDECrin.....
DUETACT.....	50	EASY TALK BLOOD GLUCOSE		EDETA CALCIUM DISODIUM.
DUEXIS.....	6	TEST.....	55	94 EDETA DISODIUM.....
DULERA.....	106	EASY TALK CONTROL.....	55	EDURANT.....
duloxetine hcl.....	17	EASY TALK PLUS II CONTROL..	55	efavirenz.....
DUOBRII.....	47	EASY TALK PLUS II TEST		efavirenz-emtricitab-teno df.....
DUO-CARE CONTROL SOLUTION.....	55	STRIPS.....	55	efavirenz-lamivudine-tenofovir.....
DUO-CARE TEST.....	55	EASY TOUCH CONTROL HIGH		EFFER-K.....
DUOPA.....	28	& LOW.....	55	effer-k.....
DUPIXENT.....	47	EASY TOUCH GLUCOSE		EFFEXOR XR.....
DURAFIBER.....	47	SYSTEM.....	55	EGATEN.....
DURAMORPH.....	3	EASY TOUCH HEALTHPRO		EGRIFTA SV.....
dutasteride.....	76	GLUCOSE.....	55	ELAPRASE.....
dutasteride-tamsulosin hcl.....	76	EASY TOUCH HEALTHPRO		EELYSO.....
		HIGH/LOW.....	55	ELEMENT AUTOCODE
		EASY TOUCH LANCING		SYSTEM.....
		DEVICE.....	55	ELEMENT COMPACT
		EASY TOUCH TEST.....	55	CONTROL 2.....

Effective May 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

ELEMENT COMPACT		EMBRACE CONTROL	56	enalapril maleate	36
CONTROL 3	56	EMBRACE EVO BLOOD		enalaprilat	36
ELEMENT COMPACT		GLUCOSE TEST	56	enalapril-hydrochlorothiazide	36
GLUCOSE SYSTEM	56	EMBRACE EVO CONTROL		ENBRACE HR	68
ELEMENT COMPACT TEST	56	LEVEL 1	56	ENBREL	87
ELEMENT COMPACT V		EMBRACE EVO GLUCOSE		ENBREL MINI	87
GLUCOSE SYS	56	MONITOR	56	ENBREL SURECLICK	87
ELEMENT CONTROL	56	EMBRACE EVO GLUCOSE		ENDARI	94
ELEMENT PLUS	56	MONITORING	56	ENDO AVITENE	94
ELEMENT TEST	56	EMBRACE GLUCOSE		endocet	3
ELEPSIA XR	15	CONTROL	56	ENDOMETRIN	81
ELESTRIN	81	EMBRACE LANCING		ENEMA BOTTLE	94
eletriptan hydrobromide	20	DEVICE/EJECTOR	56	ENFIT AMBER LOW DOSE	
ELEVIDYS	75	EMBRACE PEN NEEDLES	94	SYR/0.5ML	94
ELFABRIO	75	EMBRACE PRO GLUCOSE		ENFIT AMBER LOW DOSE	
ELIDEL	47	CONTROL	56	SYR/1ML	94
ELIGARD	79	EMBRACE PRO GLUCOSE		ENFIT AMBER LOW DOSE	
ELIMITE	28	METER	56	SYR/3ML	94
elinest	81	EMBRACE PRO GLUCOSE		ENFIT AMBER SYRINGE/10ML	94
ELIQUIS	14	TEST	56	ENFIT AMBER SYRINGE/20ML	94
ELIQUIS DVT/PE STARTER		EMBRACE SEIZURE		ENFIT AMBER SYRINGE/35ML	94
PACK	14	MONITORING SYS	94	ENFIT AMBER SYRINGE/60ML	94
ELITEK	23	EMBRACE TALK BLOOD		ENFIT AMBER TIP	
elixophyllin	106	GLUCOSE	56	SYRINGE/5ML	94
ELLA	81	EMBRACE TALK GLUCOSE		ENFIT CAP	94
ELLENCE	23	CONTROL	56	ENFIT IRRIGATION KIT	94
ELMIRON	76	EMBRACE TALK GLUCOSE		ENFIT IRRIGATION	
ELOCTATE	33	TEST	56	SYR/THUMB CNT	94
ELREXFIO	23	EMBRACE TALK MONITORING		ENFIT LOW DOSE TIP	
eluryng	81	SYSTEM	56	SYRINGE	94
ELYXYB	6	EMBRACE WAVE BLOOD		ENFIT LOW DOSE TIP	
EMBECTA AUTOSHIELD DUO	94	GLUCOSE	56	SYRINGE/1ML	94
EMBECTA INS SYR U/F 1/2		EMBRACE WAVE GLUCOSE		ENFIT LOW DOSE TIP	
UNIT	64	METER	56	SYRINGE/3ML	94
EMBECTA INSULIN SYRINGE	64	EMEND	18	ENFIT MED BOTTLE	
EMBECTA INSULIN SYRINGE		EMEND BIPACK	18	ADAPTER/SZ 1	94
U/F	64	EMEND TRIPACK	18	ENFIT MED BOTTLE	
EMBECTA INSULIN SYRINGE		EMERPHED	36	ADAPTER/SZ 2	94
U-100	64	EMFLAZA	77	ENFIT MED BOTTLE	
EMBECTA INSULIN SYRINGE		EMGALITY	20, 21	ADAPTER/SZ 3	94
U-500	64	EMJOI TENS	94	ENFIT MED BOTTLE	
EMBECTA PEN NEEDLE NANO	94	EMPAVELI	33	ADAPTER/SZ 4	94
EMBECTA PEN NEEDLE NANO		EMPLICITI	23	ENFIT MED BOTTLE	
2 GEN	94	EMSAM	17	ADAPTER/SZ 5	94
EMBECTA PEN NEEDLE U/F	94	emtricitabine	30	ENFIT MED BOTTLE	
EMBRACE BLOOD GLUCOSE		emtricitabine-tenofovir df	30	ADAPTER/SZ 6	94
MONITOR	56	EMTRIVA	30, 31	ENFIT MED BOTTLE	
EMBRACE BLOOD GLUCOSE		EMVERM	28	ADAPTER/SZ 7	94
TEST	56	emzahh	81		

Effective May 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

ENFIT MEDICINE		EPINEPHRINE	37	esomeprazole magnesium	72
STRAW/2"/5CM.....	94	epinephrine (anaphylaxis).....	106	esomeprazole sodium	72
ENFIT MEDICINE		EPINEPHRINE BITARTRATE-		ESPEROCT	33
STRAW/4"/10CM.....	94	NACL	36	estarryla	81
ENFIT MEDICINE		EPINEPHRINE HCL-		estazolam	32
STRAW/6"/15CM.....	94	DEXTROSE	36	ESTRACE	81
ENFIT POP ON CAP	94	EPINEPHRINE HCL-NACL	36	estradiol	81
ENFIT SCREW ON CAP	94	epinephrine pf.....	37	estradiol valerate	81
ENFIT SYRINGE/10ML	95	EPINEPHRINE-DEXTROSE	37	estradiol-norethindrone acet	81
ENFIT SYRINGE/20ML	95	EPINEPHRINE-NACL	37	ESTRING	81
ENFIT SYRINGE/35ML	95	EPIPEN 2-PAK	106	ESTROGEL	81
ENFIT SYRINGE/60ML	95	EPIPEN JR 2-PAK	106	eszopiclone	109
ENFIT TIP SYRINGE/10ML	95	EPISIL	95	ethacrynate sodium	37
ENFIT TIP SYRINGE/20ML	95	epitol	15	ethacrynic acid	37
ENFIT TIP SYRINGE/35ML	95	EPIVIR	31	ethambutol hcl	22
ENFIT TIP SYRINGE/5ML	95	EPKINLY	23	ETHAMOLIN	37
ENFIT TIP SYRINGE/60ML	95	eplerenone	37	ethosuximide	15
ENFIT TRANSITION		EPOGEN	33	ethyl chloride	7
CONNECTOR	95	epoprostenol sodium	108	ethynodiol diac-eth estradiol	82
ENHERTU	23	EPRONTIA	15	etodolac	6
enilloring	81	EPSOLAY	47	etodolac er	6
ENJAYMO	33	eptifibatide	29	etonogestrel-ethinyl estradiol	82
ENLITE GLUCOSE SENSOR	56	EQ BLOOD GLUCOSE TEST	56	ETOPOPHOS	23
enoxaparin sodium	14	EQUETRO	33	etoposide	23
empresse-28	81	ERAXIS	19	etravirine	31
enskyce	81	ERBITUX	23	EUA PATIENT ASSESSMENT	95
ENSPRYNG	87	ergocalciferol	68	EUCRISA	47
ENSTILAR	47	ERGOMAR	21	EULEXIN	23
entacapone	28	ergotamine-caffeine	21	euthyrox	84
entecavir	31	eribulin mesylate	23	EVAMIST	82
ENTRESTO	36	ERIVEDGE	23	EVEKEO	42
ENTRISTAR PEG ENTERAL		ERLEADA	23	EVENITY	90
CONNECT	95	erlotinib hcl	23	everolimus	23, 87
ENTYVIO	87	ERMEZA	84	EVERSENSE 365	
ENTYVIO PEN	87	errin	81	SENSOR/HOLDER	56
enulose	73	ertapenem sodium	11	EVERSENSE 365 SMART	
ENVARSUS XR	87	ery pad 2%	47	TRANSMIT	56
EOHILIA	89	ERYGEL	47	EVERSENSE	
EPCLUSIA	31	ERYPED 400	11	SENSOR/HOLDER	56
EPHEDRINE SULFATE		ERYTHROCIN LACTOBIONATE ..	11	EVERSENSE SMART	
(PRESSORS)	36	erythromycin	11, 47, 101	TRANSMITTER	56
ephedrine sulfate (pressors)	36	erythromycin base	11	EVISTA	80
EPHEDRINE SULFATE-NACL	36	erythromycin ethylsuccinate	11	EVKEEZA	37
EPIDIOLEX	15	erythromycin lactobionate	11	EVOLUTION AUTOCODE	56
EPIDUO	47	ESBRIET	106	EVOLUTION CONTROL	56
EPIDUO FORTE	47	escitalopram oxalate	17	EVOMELA	23
EPIFOAM	47	esmolol hcl	37	EVOTAZ	31
epinastine hcl	101	ESMOLOL HCL	37	EVRYSDI	75
epinephrine	37, 106	esmolol hcl-sodium chloride	37		

Effective May 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

EXCILON AMD DRAIN		FENTANYL CITRATE-NACL	3	FLORRAVITE	68
SPONGES	95	FEONYX	68	FLORRAXYL	68
exemestane	23	FERRIPROX	68	FLOTREX	68
EXENATIDE	50	FERRLECIT	68	flouxuridine	23
EXFORGE	37	ferumoxytol	68	fluconazole	19
EXFORGE HCT	37	FETROJA	11	fluconazole in sodium chloride	19
EXODERM	19	FETZIMA	17	flucytosine	20
EXONDYS 51	75	FETZIMA TITRATION	17	fludarabine phosphate	23
EXPAREL	7	FIASP	64	fludrocortisone acetate	77
EXTENCILLINE	11	FIASP FLEXTOUCH	64	flumazenil	95
EYLEA	103	FIASP PENFILL	64	flunisolide	105
EYLEA HD	103	FIASP PUMPCART	64	fluocinolone acetonide	47, 104
EYSUVIS	101	FIBRYGA	33	fluocinolone acetonide body	47
ezetimibe	37	FIFTY50 GLUCOSE METER 2.0 ..	56	fluocinolone acetonide scalp	47
ezetimibe-simvastatin	37	FIFTY50 GLUCOSE TEST 2.0 ..	56	fluocinonide	47
FABHALTA	33	FILSPARI	76	fluocinonide emulsified base	47
FABIOR	47	FILSUVEZ	47	FLUORIDEX	44
FABRAZYME	75	FINACEA	47	FLUORIDEX DAILY RENEWAL ..	44
FACE MASK EARLOOP-STYLE ..	95	finasteride	77	FLUORIDEX ENHANCED	
FACE MASK RESP N-100 PART ..	95	FINAZOL	68	WHITENING	44
FACE MASK RESPIRATOR R-95 PART	95	fingolimod hcl	42	FLUORIMAX 5000	44
falmina	82	FINTEPLA	15	FLUORIMAX 5000 SENSITIVE ..	44
famciclovir	31	finzala	82	fluorometholone	101
famotidine	72	FIORICET	3	fluorouracil	23, 47
famotidine (pf)	72	FIORICET/CODEINE	3	fluoxetine hcl	17
famotidine premixed	72	FIRAZYR	87	fluphenazine decanoate	29
FANAPT	29	FIRDAPSE	95	fluphenazine hcl	29
FANAPT TITRATION PACK	29	FIRMAGON	79	flurazepam hcl	109
FARXIGA	50	FIRST-LANSOPRAZOLE	72	flurbiprofen	6
FASENRA	106	FIRST-OMEPRAZOLE	72	flurbiprofen sodium	101
FASENRA PEN	106	FIRVANQ	11	FLUTICASONE FUROATE-	
FASLODEX	23	flac	104	VILANTEROL	106
febuxostat	20	FLAREX	101	fluticasone propionate	47, 105
FEIBA	33	flavoxate hcl	76	DISKUS	106
feirza 1.5/30	82	FLEBOGAMMA DIF	87	FLUTICASONE PROPIONATE	
feirza 1/20	82	flecainide acetate	37	HFA	106
felbamate	15	FLECTOR	6	FLUTICASONE-SALMETEROL ..	106
felodipine er	37	FLEQSUVY	109	fluticasone-salmeterol	106
FEMLYV	82	FLEXICHAMBER	95	fluvoxamine maleate	17
FEMRING	82	FLEXICHAMBER ADULT	95	fluvoxamine maleate er	17
fenofibrate	37	MASK/SMALL	95	FLYP NEBULIZER	95
fenofibrate micronized	37	FLEXICHAMBER CHILD	95	FML FORTE	101
fenofibric acid	37	MASK/LARGE	95	FML LIQUIFILM	101
FENOPRON	6	FLEXICHAMBER CHILD	95	FOCALIN	42
FENSOLVI (6 MONTH)	79	MASK/SMALL	95	FOCALIN XR	42
fentanyl	3	FLOLAN	108	FOCINVEZ	19
FENTANYL CITRATE	3	FLORAFL FE PEDIATRIC	68	FOLAGENT DHA	68
fentanyl citrate	3	FLORAFL PEDIATRIC	68	FOLAMAX	68

Effective May 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

FOLAMED DHA.....	68	FORACARE GD40 MONITOR.....	57	FREESTYLE TEST.....	57
FOLAPRIME.....	68	FORACARE GD40 TEST.....	57	FRINDOVYX.....	24
FOLCYTEINE.....	68	FORACARE GDH CONTROL.....	57	FRUZAQLA.....	24
FOLETRA.....	68	FORACARE PREMIUM V10.....	57	FULPHILA.....	33
folic acid.....	68	FORACARE PREMIUM V10		fulvestrant.....	24
FOLIFLEX.....	68	TEST.....	57	FUROSCIX.....	37
FOLIKA-BC.....	68	FORACARE TEST N GO		furosemide.....	37
FOLITIN-Z.....	68	MONITOR.....	57	FUROSEMIDE IN SODIUM	
FOLLISTIM AQ.....	79	FORACARE TEST N GO TEST ..	57	CHLORIDE.....	37
FOLOTYN.....	24	FORFIVO XL.....	17	FUZEON.....	31
FOLTREXYL.....	68	formaldehyde.....	95	FYARRO.....	24
fomepizole.....	95	formoterol fumarate.....	106	fyavolv.....	82
fondaparinux sodium.....	14	FORTEO.....	90	FYCOMPA.....	15
FORA 6 CONNECT.....	56	FOSAMAX.....	90	FYLNETRA.....	33
FORA 6 CONNECT/GTEL TEST ..	56	fosamprenavir calcium.....	31	FYREMADEL.....	79
FORA CONTROL.....	56	fosaprepitant dimeglumine.....	19	gabapentin.....	15
FORA D40/G31 BLOOD		foscarnet sodium.....	31	gabapentin (once-daily).....	43
GLUCOSE.....	56	FOSCAVIR.....	31	GALAFOLD.....	75
FORA D40G		fosfomycin tromethamine.....	11	galantamine hydrobromide.....	17
GLUCOSE/PRESSURE.....	95	fosinopril sodium.....	37	galantamine hydrobromide er.....	17
FORA G20 BLOOD GLUCOSE		fosinopril sodium-hctz.....	37	gallifrey.....	82
SYSTEM.....	56	fosphenytoin sodium.....	15	GALZIN.....	68
FORA G20 BLOOD GLUCOSE		FOSRENOL.....	76	GAMASTAN.....	87
TEST.....	57	FOTIVDA.....	24	GAMIFANT.....	87
FORA G30A BLOOD GLUCOSE		FRAGMIN.....	14	GAMMACORE.....	95
SYSTEM.....	57	FRAICHE 5000 DENTAL.....	44	GAMMACORE SAPPHIRE 31-	
FORA GD20 BLOOD GLUCOSE		FREESTYLE CONTROL		DAY.....	95
SYSTEM.....	57	SOLUTION.....	57	GAMMACORE SAPPHIRE D	95
FORA GD20 TEST.....	57	FREESTYLE FREEDOM LITE	57	GAMMACORE SAPPHIRE	
FORA GD50 BLOOD GLUCOSE		FREESTYLE INSULINX TEST	57	REFILL KIT.....	95
SYSTEM.....	57	FREESTYLE LIBRE 14 DAY		GAMMAGARD.....	87
FORA GD50 BLOOD GLUCOSE		READER.....	57	GAMMAGARD S/D LESS IGA....	87
TEST.....	57	FREESTYLE LIBRE 14 DAY		GAMMAKED.....	87
FORA GTEL BLOOD GLUCOSE		SENSOR.....	57	GAMMAPLEX.....	87
SYSTEM.....	57	FREESTYLE LIBRE 2 PLUS		GAMUNEX-C.....	87
FORA GTEL BLOOD GLUCOSE		SENSOR.....	57	GANCICLOVIR.....	31
TEST.....	57	FREESTYLE LIBRE 2 READER ..	57	ganciclovir sodium.....	31
FORA PREMIUM V10 BLE		FREESTYLE LIBRE 2 SENSOR..	57	ganirelix acetate.....	79
SYSTEM.....	57	FREESTYLE LIBRE 3 PLUS		gatifloxacin.....	101
FORA TEST N' GO MONITOR.....	57	SENSOR.....	57	GATTEX.....	73
FORA TN'G ADVANCE PRO	57	FREESTYLE LIBRE 3 READER ..	57	gavilyte-c.....	73
FORA TN'G VOICE.....	57	FREESTYLE LIBRE 3 SENSOR..	57	gavilyte-g.....	73
FORA TN'G/TN'G VOICE.....	57	FREESTYLE LIBRE READER ..	57	gavilyte-n with flavor pack	73
FORA V10 BLOOD GLUCOSE		FREESTYLE LITE	57	GAVRETO.....	24
TEST.....	57	FREESTYLE LITE TEST	57	GAZYVA.....	24
FORA V12 BLOOD GLUCOSE		FREESTYLE PRECISION NEO		GE100 BLOOD GLUCOSE	
SYSTEM.....	57	SYSTEM.....	57	SYSTEM.....	57
FORA V30A BLOOD GLUCOSE		FREESTYLE PRECISION NEO		GE100 BLOOD GLUCOSE	
TEST.....	57	TEST.....	57	TEST	57

Effective May 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

GE100 CONTROL.....	58	GLUCAGON EMERGENCY KIT ..	64	GLYCINE	68
GEBAUERS PAIN EASE	7	GLUCO PERFECT 3 METER.....	58	GLYCOPHOS	68
GEBAUERS SPRAY AND STRETCH.....	7	GLUCO PERFECT 3 TEST.....	58	glycopyrrolate	73
gefitinib.....	24	GLUCOCARD 01 BLOOD		GLYCOPYRROLATE	73
GELFILM.....	95	GLUCOSE	58	glycopyrrolate pf	73
GEL-FLOW NT.....	95	GLUCOCARD 01 CONTROL	58	GLYCOPYRROLATE PF	73
GELFOAM	95	GLUCOCARD 01 SENSOR		glycopyrrolate pf +rfid	73
GELFOAM COMPRESSED SIZE 100.....	95	PLUS	58	glydo	7
GELFOAM DENTAL PACK SIZE 4.....	95	GLUCOCARD 01 TEST	58	GLYRX-PF	73
GELFOAM SPONGE	95	GLUCOCARD 01-MINI		GLYXAMBI	50
GELFOAM SPONGE SIZE 100.....	95	GLUCOSE	58	GNP EASY TOUCH CONT HIGH/LOW	58
GELFOAM SPONGE SIZE 200.....	95	GLUCOCARD EXPRESSION		GNP EASY TOUCH GLUCOSE METER	58
GELFOAM SPONGE SIZE 50.....	95	CONTROL	58	GNP EASY TOUCH GLUCOSE TEST	58
GEL-ONE	95	GLUCOCARD EXPRESSION MONITOR	58	GNP TRUE METRIX AIR METER	58
gemcitabine hcl.....	24	GLUCOCARD EXPRESSION TEST	58	GNP TRUE METRIX GLUCOSE METER	58
gemfibrozil.....	37	GLUCOCARD SHINE	58	GNP TRUE METRIX GLUCOSE STRIPS	58
gemma.....	82	GLUCOCARD SHINE CONNEX ..	58	GNP TRUETRACK SMART SYSTEM	58
GEMTESA	76	GLUCOCARD SHINE		GNP TRUETRACK TEST STRIPS	58
generlac	73	CONTROL	58	GO COVRI	28
genograf	87	GLUCOCARD SHINE EXPRESS	58	GOHIBIC	95
GENOTROPIN	79	GLUCOCARD SHINE TEST	58	GOJJI BLOOD GLUCOSE TEST ..	58
GENOTROPIN MINIQUICK	79	GLUCOCARD VITAL MONITOR ..	58	GOJJI CONTROL	58
gentamicin in saline	11	GLUCOCARD VITAL TEST	58	GOJJI LANCING	
gentamicin sulfate.....	11, 101	GLUCOCARD X-METER	58	DEVICE/CLEAR CAP	59
GENTEEL LANCING KIT (BLUE) ..	58	GLUCOCARD X-SENSOR	58	GOLYTELY	73
GENULTIMATE TEST	58	GLUCOCARD X-SENSOR		GONAL-F	79
GENVISC 850	95	CONTROL	58	GONAL-F RFF	79
GENVOYA	31	GLUCOCOM BLOOD GLUCOSE		GONAL-F RFF REDIRECT	79
GEODON	29	MONITOR	58	GOODSENSE ALCOHOL SWABS	95
GHT BLOOD GLUCOSE MONITOR	58	GLUCOCOM CONTROL	58	GOODSENSE BLOOD	
GHT TEST	58	GLUCOCOM MONITOR	58	GLUCOSE	59
GILENYA	42	GLUCOCOM TEST	58	GORDOFILM	47
GILOTrif	24	GLUCONAVII BLOOD		GRALISE	43
GIMOTI	19	GLUCOSE SYS	58	granisetron hcl	19
GLASSIA	106	GLUCONAVII BLOOD		GRANIX	33
glatiramer acetate	42	GLUCOSE TEST	58	GRASTEK	95
glatopa	42	glucose (dextrose)	68	griseofulvin microsize	20
GLEEVEC	24	GLUCOSE CONTROL		griseofulvin ultramicrosize	20
GLEOSTINE	24	SOLUTIONS	55	guaifenesin-codeine	105
glimepiride	50	GLUCOSE METER TEST	58	guanfacine hcl	37
glipizide er	50	GLUCOTROL XL	50		
glipizide ir	50	glutaraldehyde	95		
glipizide-metformin hcl	50	GLUTATHIONE	68		
GLOPERBA	20	glyburide	50		
glucagon emergency kit	64	glyburide micronized	50		
		glyburide-metformin	50		

Effective May 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

guanfacine hcl er	42	HETLIOZ	109	hydrocodone bitartrate er	3
GUARDIAN 4 GLUCOSE		HETLIOZ LQ	109	hydrocodone bit-homatrop mbr ...	105
SENSOR.....	59	HEXTEND	33	hydrocodone-acetaminophen	3
GUARDIAN 4 TRANSMITTER	59	HIPREX	11	hydrocodone-ibuprofen	3
GUARDIAN LINK 3		HIZENTRA	87	hydrocortisone	48, 77, 89
TRANSMITTER.....	59	HM EMBRACE TALK SYSTEM	59	hydrocortisone (perianal)	89
GUARDIAN SENSOR 3.....	59	HOMATROPAIRE	103	hydrocortisone ace-pramoxine	89
GVOKE HYPOPEN 1-PACK	64	HORIZANT	43	hydrocortisone butyrate	48
GVOKE HYPOPEN 2-PACK	64	HULIO (2 PEN)	87	hydrocortisone sod suc (pf)	77
GVOKE KIT	64	HULIO (2 SYRINGE)	87	hydrocortisone valerate	48
GVOKE PFS	64	HUMALOG	64	hydrocortisone-acetic acid	104
GYNAZOLE-1	20	HUMALOG KWIKPEN	64	hydrogen peroxide	11
HADLIMA	87	HUMALOG MIX 50/50 KWIKPEN	64	hydromet	105
HADLIMA PUSHTOUCH	87	HUMALOG MIX 75/25 KWIKPEN	64	hydromorphone hcl	4
hailey 1.5/30	82	HUMALOG MIX 75/25 VIAL	64	HYDROMORPHONE HCL	4
hailey 24 fe	82	HUMALOG TEMPO PEN	64	hydromorphone hcl er	3
hailey fe 1.5/30	82	HUMALOG U-100 JUNIOR		hydromorphone hcl pf	4
hailey fe 1/20	82	KWIKPEN	64	HYDROMORPHONE HCL-NACL	4
HALAVEN	24	HUMATE-P	33	hydroxocobalamin acetate	68
HALCION	32	HUMATIN	11	hydroxychloroquine sulfate	28
HALDOL DECANOATE	29	HUMATROPE	79	hydroxyurea	24
halobetasol propionate	47	HUMIRA (1 PEN)	87	hydroxyzine hcl	32
haloette	82	HUMIRA (2 PEN)	87	hydroxyzine pamoate	32
HALOG	47	HUMIRA (2 SYRINGE)	87	HYFTOR	48
haloperidol	29	HUMIRA-CD/UC/HS STARTER	87	HYLAVITE	68
haloperidol decanoate	29	HUMIRA-PSORIASIS/UVEIT		HYLAZINC	68
haloperidol lactate	29	STARTER	87	HYLENEX	95
HARVONI	31	HUMULIN 70/30 KWIKPEN	64	HYMOVIS	95
HEALTHPRO BLOOD		HUMULIN 70/30 VIAL	64	hyoscyamine sulfate	73, 74
GLUCOSE MONITO	59	HUMULIN N KWIKPEN	64	hyoscyamine sulfate er	73
heather	82	HUMULIN N VIAL	64	hyosyne	74
HECTOROL	90	HUMULIN R U-500 KWIKPEN	64	HYPERRHO S/D	87
HELIDAC THERAPY	73	HUMULIN R U-500 VIAL	64	HYPERSAL	105
HEMADY	77	HUMULIN R VIAL	64	HYPOCYN ANTIPRURITIC	48
HEMANGEOL	37	HW EMBRACE PRO GLUCOSE		HYQVIA	87
hematinic/folic acid	68	METER	59	HYRIMOZ	87
HEMLIBRA	33	HW EMBRACE PRO GLUCOSE		HYRIMOZ-CROHNS/UC	
HEMOFIL M	33	TEST	59	STARTER	87
heparin (porcine) in nacl	14	HW EMBRACE TALK BLOOD		HYRIMOZ-PED<40KG CROHN	
HEPARIN (PORCINE) IN NACL	14	GLUCOSE	59	STARTER	87
heparin na (pork) lock flsh pf	14	HW EMBRACE TALK GLUCOSE		HYRIMOZ-PED>/=40KG	
heparin sod (porcine) in d5w	14	TEST	59	CROHN START	87
heparin sod (pork) lock flush	14	HYALGAN	95	HYRIMOZ-PLAQ PSOR/UVEIT	
heparin sodium (porcine)	14	HYCAMTIN	24	START	87
heparin sodium (porcine) pf	14	HYCODAN	105	HYRIMOZ-PLAQUE PSORIASIS	
HERCEPTIN	24	hydralazine hcl	37, 38	START	87
HERCEPTIN HYLECTA	24	HYDREA	24	HYSINGLA ER	4
HERZUMA	24	hydrochlorothiazide	38	HYZAAR	38
hetastarch-nacl	33	hydrocod poli-chlorphe poli er	105	ibandronate sodium	90

Effective May 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

IBRANCE	24	IMVEXXY STARTER PACK	82	INSULIN ASPART	64
IBSRELA.....	74	IN TOUCH	59	INSULIN ASPART FLEXPEN	64
ibuprofen.....	6	IN TOUCH BLOOD GLUCOSE		INSULIN ASPART PENFILL	64
ibuprofen lysine.....	6	TEST	59	INSULIN ASPART PROT & ASPART	65
ibuprofen-famotidine	6	IN TOUCH GLUCOSE		INSULIN DEGLUDEC	65
ibutilide fumarate	38	CONTROL	59	INSULIN DEGLUDEC	65
icatibant acetate	87	INBRIJA	28	INSULIN GLARGINE MAX	
iclevia	82	incassia	82	FLEXTOUCH	65
ICLUSIG	24	INCONTROL ULTICARE PEN		INSULIN GLARGINE SOLOSTAR	65
icosapent ethyl.....	38	NEEDLES	96	INSULIN GLARGINE SOLOSTAR	65
IDAMYCIN PFS	24	INCRELEX	79	INSULIN LISPRO	65
idarubicin hcl	24	INCRUSE ELLIPTA	106	INSULIN LISPRO (1 UNIT DIAL)	65
IDELEVION.....	33	indapamide	38	INSULIN GLARGINE-YFGN	65
IDHIFA	24	INDERAL LA	38	INSULIN LISPRO	65
IFEX	24	INDERAL XL	38	INSULIN LISPRO (1 UNIT DIAL)	65
ifosfamide	24	indomethacin	6	INSULIN LISPRO JUNIOR	
IGALMI	96	indomethacin er	6	KWIKPEN	65
IGLUCOSE MONITORING SYSTEM	59	indomethacin sodium	6	INSULIN LISPRO PROT & LISPRO	65
IGLUCOSE TEST STRIPS	59	INFASURF	105	INSULIN PEN NEEDLES	96, 100
IHEALTH BLOOD GLUCOSE TEST STR.....	59	INFED	68	INSULIN SYRINGES	65
IHEALTH CONTROL SOLUTION	59	INFINITY BLOOD GLUCOSE SYSTEM	59	INTELENCE	31
IHEALTH GLUCO+ KIT 10	59	TEST	59	INTERCEED	96
IHEALTH GLUCO+ KIT 100	59	INFINITY CONTROL	59	INTERCEED (TC7)	96
IHEALTH LANCING DEVICE	59	INFINITY VOICE	59	INTRALIPID	68
ILARIS	87	INFLECTRA	87	INTRAROSA	76
ILEVRO	101	INFliximab	87	introvale	82
ILUMYA	87	INFUMORPH 200	4	INTUNIV	42
imatinib mesylate	24	INFUMORPH 500	4	INVEGA	29
IMBRUVICA	24	INGREZZA	43	INVEGA HAFYERA	29
IMCIVREE	43	INJECTAFER	68	INVEGA SUSTENNA	29
IMDELLTRA	24	INLYTA	24	INVELTYS	101
IMFINZI	24	INNOPRAN XL	38	INVOKAMET	50
imipenem-cilastatin	12	INPEFA	38	INVOKAMET XR	51
imipramine hcl	17	INPEN 100-BLUE-LILLY-		INVOKANA	51
imipramine pamoate	17	HUMALOG	59	iodine strong	68
imiquimod	48	INPEN 100-GREY-LILLY-		iodine tincture	12
imiquimod pump	48	HUMALOG	59	IOPIDINE	102
IMITREX	21	INPEN 100-PINK-LILLY-		ipratropium bromide	105, 107
IMITREX STATDOSE REFILL	21	HUMALOG	59	ipratropium-albuterol	107
IMITREX STATDOSE SYSTEM	21	INQOVI	24	IQIRVO	74
IMJUDO	24	INREBIC	24	irbesartan	38
IMMPHEN TIV	38	INSPIREASE RESERVOIR		irbesartan-hydrochlorothiazide	38
IMPAVIDO	28	BAGS	96	IRESSA	24
IMPOYZ	48	INSTAT	96	irinotecan hcl	24
IMURAN	87	INSUFLON	96	ISENTRESS	31
IMVEXXY MAINTENANCE PACK	82	INSULIN ASP PROT & ASP FLEXPEN	64	ISENTRESS HD	31
				isibloom	82

Effective May 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

isoniazid.....	22	juleber.....	82	KEPPRA XR.....	15
isoproterenol hcl.....	107	JULUCA.....	31	KERALYT.....	48
ISORDIL TITRADOSE.....	38	junel 1.5/30.....	82	KERENDIA.....	96
isosorb dinitrate-hydralazine.....	38	junel 1/20.....	82	KERLIX AMD ANTIMICROBIAL.....	96
isosorbide dinitrate.....	38	junel fe 1.5/30.....	82	KERLIX AMD SUPER	
isosorbide mononitrate.....	38	junel fe 1/20.....	82	SPONGES.....	96
isosorbide mononitrate er.....	38	junel fe 24.....	82	KESIMPTA.....	42
isotretinoin.....	48	JUST RIGHT 5000.....	44	ketoconazole.....	20
isradipine.....	38	JUXTAPID.....	38	KETO-DIASTIX.....	59
ISTODAX.....	24	JYLMAMVO.....	87	KETONE CARE.....	59
ISTURISA.....	79	JYNARQUE.....	68	ketoprofen.....	6
ITOVEBI.....	24	KABIVEN.....	68	ketorolac tromethamine.....	6, 101
itraconazole.....	20	KADCYLA.....	24	KETOROLAC TROMETHAMINE.....	6
IV ADMINISTRATION SET.....	96	kaitlib fe.....	82	KETOSTIX.....	59
IV EXTENSION SET.....	96	KALBITOR.....	87	KEVEYIS.....	103
ivabradine hcl.....	38	KALETRA.....	31	KEVZARA.....	87
ivermectin.....	28, 48	kalliga.....	82	KEYLOSA.....	68
IWILFIN.....	96	KALYDECO.....	107	KEYTRUDA.....	24
IXEMPRA KIT.....	24	KANGAROO BALLOON		KHAPZORY.....	24
IXINITY.....	33	20FR/3.5CM.....	96	KIMMTRAK.....	24
IYUZEH.....	102	KANGAROO FEEDING		KIMYRSA.....	12
IZERVAY.....	103	SET/ENFIT.....	96	KINERET.....	87
jaimiess.....	82	KANGAROO GASTROSTOMY		KIONEX.....	68
JAKAFI.....	24	TUBE.....	96	KISQALI (200 MG DOSE).....	24
jantoven.....	14	KANGAROO GRAVITY		KISQALI (400 MG DOSE).....	24
JANUMET.....	51	FEEDING BAG.....	96	KISQALI (600 MG DOSE).....	24
JANUMET XR.....	51	KANGAROO JOEY ENTERAL		KISUNLA.....	17
JANUVIA.....	51	PUMP.....	96	KITABIS PAK (W/ NEBULIZER).....	108
JARDIANCE.....	51	KANGAROO MULTI-		KLARON.....	48
jasmiel.....	82	FUNCTIONAL PORT.....	96	klayesta.....	20
JATENZO.....	78	KANGAROO STOMA		KLISYRI (250 MG).....	48
JAVYGTOR.....	75	MEASURING DEV.....	96	KLISYRI (350 MG).....	48
JAYPIRCA.....	24	KANJINTI.....	24	KLONOPIN.....	32
JEMPERLI.....	24	KANUMA.....	75	klor-con.....	68
jencycla.....	82	KAPSPARGO SPRINKLE.....	38	klor-con 10.....	68
JENLIVA		KARAYA GUM.....	96	klor-con m10.....	68
PRENATAL/POSTNATAL.....	68	kariva.....	82	klor-con m15.....	68
JENTADUETO.....	51	KATERZIA.....	38	klor-con m20.....	68
JENTADUETO XR.....	51	KCENTRA.....	33	KLOXXADO.....	9
JEVTANA.....	24	kelnor 1/35.....	82	KOATE.....	33
jinteli.....	82	kelnor 1/50.....	82	KOATE-DVI.....	33
JIVI.....	33	KENALOG-10.....	77	KOGENATE FS.....	33
JOENJA.....	87	KENALOG-40.....	77	KONVOME.....	72
jolessa.....	82	KENALOG-80.....	77	KORLYM.....	80
JORNAY PM.....	42	KENDALL SCD EXPRESS		KORSUVA.....	96
JOURNAVX.....	4	FOOT CUFF.....	96	KOSELUGO.....	24
joyeaux.....	82	KENGREAL.....	29	KOURZEQ.....	44
J-TIP KIT W/VIAL ADAPTERS.....	96	KEPIVANCE.....	44	KOVALTRY.....	33
JUBLIA.....	20	KEPPRA.....	15	K-PHOS.....	68

Effective May 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

K-PRIME	68	larin 1/20	82	levonorgest-eth estrad 91-day	82
KRAZATI.....	24	larin 24 fe.....	82	levonorgest-eth estradiol-iron	82
KRINTAFEL.....	28	larin fe 1.5/30.....	82	levonorgestrel-ethinyl estrad	82
KROGER BLOOD GLUCOSE	59	larin fe 1/20.....	82	levonorg-eth estrad triphasic.....	82
KROGER BLOOD GLUCOSE TEST	59	LASIX.....	38	LEVOPHED	38
KROGER HEALTHPRO CONTROL HI/LO	59	latanoprost.....	103	levora 0.15/30 (28)	82
KROGER HEALTHPRO GLUCOSE TEST	59	LATEX GLOVES MEDIUM	96	levo-t.....	84
KROGER PREMIUM BLOOD GLUCOSE	59	LATISSE	103	levothyroxine sodium	84
KROGER PREMIUM GLUCOSE TEST	59	LATUDA	29	LEVOHYROXINE SODIUM	84
kurvelo.....	82	layolis fe	82	levoxyl	84
KUVAN	75	LAZCLUZE	24	LEVULAN KERASTICK	48
KYPROLIS	24	LEDIPASVIR-SOFOSBUVIR	31	LEXAPRO	17
L.E.T.	7	leena	82	LEXETTE	48
L.E.T. (RACEPINEPHRINE)	7	leflunomide	87	l-glutamine	96
LABETALOL HCL	38	LEMTRADA	42	LIALDA	89
labetalol hcl	38	lenalidomide	24	LIBTAYO	25
lacosamide	15	LENTOCILIN	12	LICART	6
lactic acid e	48	LENVIMA	25	lidocaine	7
lactulose	74	LEQEMBI	17	lidocaine hcl	7, 8
lactulose encephalopathy	74	LEQVIO	38	LIDOCAINE HCL	7, 8
LAGEVRIO	31	LESCOL XL	38	LIDOCAINE HCL (BUFFERED)	7
LAMICTAL	15	lessina	82	LIDOCAINE HCL (CARDIAC)	7
LAMICTAL ODT	15	LETAIRIS	108	lidocaine hcl (cardiac)	7
LAMICTAL STARTER	15	letrozole	25	lidocaine hcl (cardiac) pf	7
LAMICTAL XR	15	leucovorin calcium	25	lidocaine hcl (pf)	7
lamivudine	31	LEUKERAN	25	lidocaine hcl urethral/mucosal	8
lamivudine-zidovudine	31	LEUKINE	33	LIDOCAINE HCL-	
lamotrigine	15	leuprolide acetate	79	OXYMETAZOLINE	105
lamotrigine er	15	LEUPROLIDE ACETATE (3 MONTH)	79	LIDOCAINE IN D5W	8
lamotrigine starter kit-blue	15	LEUPROLIDE ACETATE-		lidocaine in d5w	8
lamotrigine starter kit-green	15	BUPIVACAINE	79	lidocaine viscous hcl	44
lamotrigine starter kit-orange	15	levalbuterol hcl	107	LIDOCAINE(BUFFERD)-	
LAMPIT	28	LEVALBUTEROL HFA	107	EPINEPHRINE	8
LANCETS	59	LEVAMILODIPINE MALEATE	38	lidocaine-epinephrine	8
LANCETS 28G THIN	59	levetiracetam	16	LIDOCAINE-EPINEPHRINE	8
LANCETS SUPER THIN	59	levetiracetam er	16	LIDOCAINE-EPINEPHRINE (3	
LANOXIN	38	levetiracetam in nacl	16	ML)	8
LANOXIN PEDIATRIC	38	levobunolol hcl	103	lidocaine-epinephrine (pf)	8
Ianreotide acetate	79	LEVOCARNITINE	68	lidocaine-prilocaine	8
Iansoprazole	72	levocarnitine	69	LIDOCAINE-SODIUM	
LANTUS SOLOSTAR	65	levocarnitine sf	69	BICARBONATE	8
LANTUS U-100 VIAL	65	levocetirizine dihydrochloride	105	LIDOCAN	8
lapatinib ditosylate	24	levofloxacin	12, 101	LIDODERM	8
Iarin 1.5/30	82	levofloxacin in d5w	12	LIDO-RACEPINEPHRINE-	
		levoleucovorin calcium	25	TETRACAINE	8
		levoleucovorin calcium pf	25	LIKMEZ	12
		levonest	82	LINCOCIN	12
		levonorgest-eth est & eth est	82	lincomycin hcl	12
				linezolid	12

Effective May 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

linezolid in sodium chloride.....	12	LOREEV XR.....	33	LYRICA CR.....	43
LINZESS.....	74	loryna.....	83	LYSINE HCL.....	69
liothyronine sodium.....	84	losartan potassium.....	38	LYSODREN.....	25
LIPITOR.....	38	losartan potassium-hctz.....	38	LYTGOBI (12 MG DAILY DOSE). 25	
LIPO.....	69	LOTEMAX.....	101	LYTGOBI (16 MG DAILY DOSE). 25	
LIPO-C.....	69	LOTEMAX SM.....	101	LYTGOBI (20 MG DAILY DOSE). 25	
liraglutide.....	51	LOTENSIN.....	38	LYUMJEV KWIKPEN.....	65
lisdexamfetamine dimesylate.....	42	LOTENSIN HCT.....	38	LYUMJEV TEMPO PEN.....	65
lisinopril.....	38	loteprednol etabonate.....	101	LYUMJEV VIAL.....	65
lisinopril-hydrochlorothiazide.....	38	LOTREL.....	38	LYVISPAH.....	109
LITFULO.....	48	lovastatin.....	38	lyza.....	83
lithium.....	33	LOVAZA.....	38	MACROBID.....	12
lithium carbonate.....	33	LOVENOX.....	14	MACRODANTIN.....	12
lithium carbonate er.....	33	low-ogestrel.....	83	mafénide acetate.....	12
LITHOBID.....	33	loxapine succinate.....	29	magnesium chloride.....	69
LITHOSTAT.....	76	lo-zumandimine.....	83	magnesium sulfate.....	69
LIVALO.....	38	lubiprostone.....	74	magnesium sulfate in d5w.....	69
LIVDELZI.....	74	LUCEMYRA.....	.9	MAGNESIUM SULFATE-NACL.....	69
LIVITA ADULTS.....	69	LUCENTIS.....	103	MALARONE.....	28
LIVITA CHILDREN.....	69	LUGOLS STRONG IODINE.....	12	malathion.....	28
LIVMARLI.....	96	LUMAKRAS.....	25	MANGANESE CHLORIDE.....	69
LIVTENCITY.....	31	LUMIGAN.....	103	mannitol.....	38
LMD IN D5W.....	34	LUMIZYME.....	75	maraviroc.....	31
LMD IN NACL.....	34	LUMRYZ.....	109	MARCAINE.....	8
L-MESITRAN SOFT WOUND.....	48	LUMRYZ STARTER PACK.....	109	MARCAINE PRESERVATIVE	
LO LOESTRIN FE.....	82	LUNESTA.....	109	FREE.....	8
LODINE.....	6	LUNSUMIO.....	25	MARCAINE/EPINEPHRINE.....	8
LODOCOC.....	38	LUPKYNIS.....	87	MARCAINE/EPINEPHRINE PF.....	8
LOESTRIN 1.5/30 (21).....	82	LUPRON DEPOT (1-MONTH).....	79	MARGENZA.....	25
LOESTRIN 1/20 (21).....	82	LUPRON DEPOT (3-MONTH).....	79	marlissa.....	83
LOESTRIN FE 1.5/30.....	82	LUPRON DEPOT (4-MONTH)		MARPLAN.....	17
LOESTRIN FE 1/20.....	82	INTRAMUSCULAR KIT 30MG.....	79	MATERNACEL.....	69
lofexidine hcl.....	9	LUPRON DEPOT (6-MONTH)		MATULANE.....	25
LOFRIC PRIMO NELATON		INTRAMUSCULAR KIT 45MG.....	79	MAVENCLAD.....	42
CATHETER.....	96	LUPRON DEPOT-PED (1-		MAVYRET.....	31
lojaimiess.....	82	MONTH).....	79	MAXALT.....	21
LOKELMA.....	69	LUPRON DEPOT-PED (3-		MAXALT-MLT.....	21
LOMAIRA.....	43	MONTH).....	79	MAXIDEX.....	101
LOMOTIL.....	74	LUPRON DEPOT-PED (6-		MAXITROL.....	101
LONSURF.....	25	MONTH).....	79	maxi-tuss ac.....	105
LOOP.....	96	Iurasidone hcl.....	29	MAYZENT.....	42
loperamide hcl.....	74	Iutera.....	83	MAYZENT STARTER PACK.....	42
LOPID.....	38	LUTRATE DEPOT.....	79	MC 300 W/UNIVERSAL TUBING.....	96
lopinavir-ritonavir.....	31	LUXAMEND.....	48	MC 300-MOUTHPIECE.....	96
LOPRESSOR.....	38	LYBALVI.....	29	medclizine hcl.....	19
LOQTORZI.....	25	lyleq.....	83	MEDI TAB.....	69
lorazepam.....	33	lyllana.....	83	MEDICAL COMPRESSION	
lorazepam intensol.....	33	LYNPARZA.....	25	STOCKINGS.....	96
LORBRENA.....	25	LYRICA.....	.43		

Effective May 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

MEDIHONEY WOUND/BURN DRESSING	48	merzee	83	metolazone	38
MEDISENSE GLUCOSE KETONE CONTR	59	mesalamine	89	metoprolol succinate er	38
MEDISENSE HI/MID/LOW CONTROL	59	mesalamine er oral capsule		metoprolol tartrate	38
MEDNEB NEB-WITH DISPO NEB KIT	96	0.375 gm	89	metoprolol-hydrochlorothiazide	38
MEDROL	77	mesalamine-cleanser	89	METROCREAM	48
medroxyprogesterone acetate	83	mesna	25	METROGEL	48
mefloquine hcl	28	MESNEX	25	METROLOTION	48
megestrol acetate	83	METADATE CD	42	metronidazole	12, 48
MEIJER BLOOD GLUCOSE	60	metformin hcl er	51	metyrosine	38
MEIJER BLOOD GLUCOSE TEST	60	metformin hcl er (mod)	51	mexiletine hcl	38
MEIJER ESSENTIAL BLOOD GLUCOSE	60	metformin hcl er (osm)	51	MI PASTE	44
MEIJER ESSENTIAL GLUCOSE TEST	60	metformin hcl ir	51	MI PASTE PLUS	44
MEIJER PREMIUM BLOOD GLUCOSE	60	methadone hcl	4	MIACALCIN	90
MEIJER TRUE2GO BLOOD GLUCOSE	60	methadone hcl intensol	4	mibelas 24 fe	83
MEIJER TRUERESULT GLUCOSE SYS	60	METHADONE HCL-SODIUM CHLORIDE	4	micafungin sodium	20
MEIJER TRUETEST TEST	60	METHADOSE	4	MICAFUNGIN SODIUM-NACL	20
MEIJER TRUETRACK GLUCOSE SYS	60	methadose	4	MICARDIS	39
MEIJER TRUETRACK TEST	60	METHADOSE SUGAR-FREE	4	MICARDIS HCT	39
MEKINIST	25	methazolamide	103	miconazole 3	20
MEKTOVI	25	methenamine hippurate	12	MICROAIR VIBRATING MESH	
meloxicam	6	METHERGINE	96	NEBUL	96
melphalan hcl	25	methimazole	84	MICROCHAMBER	96
memantine hcl	17	METHITEST	78	MICROCYN	48
memantine hcl er	17	methocarbamol	109	MICRODOT BLOOD GLUCOSE SYSTEM	60
memantine hcl-donepezil hcl	17	methotrexate sodium	87	MICRODOT CONTROL	
MENATROL	69	methotrexate sodium (pf)	87	HIGH/LOW	60
MENEST	83	methoxsalen rapid	48	MICRODOT TEST	60
MENOPUR	79	methscopolamine bromide	74	microgestin 1.5/30	83
MENOSTAR	83	methsuximide	16	microgestin 1/20	83
meperidine hcl	4	METHYLCOBALAMIN	69	microgestin fe 1.5/30	83
MEPILEX AG	48	methyldopa	38	microgestin fe 1/20	83
meprobamate	33	methylene blue	96	MICROLET NEXT LANCING DEVICE	60
MEPRON	28	methylergonovine maleate	96	MICRONEB	96
MEPSEVII	75	METHYLIN	42	midodrine hcl	39
mercaptopurine	25	methylphenidate hcl	42	MIEBO	103
meropenem	12	methylphenidate hcl er	42	MIFEPREX	80
MEROOPENEM-SODIUM CHLORIDE	12	methylphenidate hcl er (cd)	42	mifepristone	80
		methylphenidate hcl er (la)	42	MIGERGOT	21
		methylphenidate hcl er (osm)	42	miglitol	51
		methylphenidate hcl er (xr)	42	miglustat	75
		methylprednisolone	78	ili	83
		METHYLPREDNISOLONE ACETATE	78	milrinone lactate	39
		methylprednisolone acetate	78	milrinone lactate in dextrose	39
		methylprednisolone sodium succ.	78	mimvey	83
		METHYLPREDNISOLONE-BUPIVACAINE	78	MINCORA	69
		metoclopramide hcl	19	mineral oil heavy	74
				MINOCIN	12

Effective May 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

minocycline hcl	12	morphine sulfate er	4	nadolol	39
minoxidil.....	39	morphine sulfate er beads	4	nafcillin sodium.....	12
minzoya.....	83	MORPHINE SULFATE-NACL	5	NAFCILLIN SODIUM IN	
MIPLYFFA.....	97	MOTEGRITY	74	DEXTROSE	12
mirabegron er	76	MOTOFEN	74	NAGLAZYME	75
MIRCERA.....	34	MOTPOLY XR.....	16	nalbuphine hcl	5
MIROTRACT WOUND MATRIX.....	48	MOUNJARO	51	NALFON	6
mirtazapine.....	17	MOVANTIK	74	NALMEFENE HCL	9
MIRVASO.....	48	MOVIPREP	74	naloxone hcl	9
misoprostol.....	72	MOXIFLOXACIN HCL	12	naltrexone hcl	9
MITIGARE.....	20	moxifloxacin hcl	12, 101	NAMZARIC	17
mitigo.....	4	moxifloxacin hcl (2x day)	101	naproxen	6
mitomycin.....	25	moxifloxacin hcl in nacl	12	naproxen sodium	6
MITOSOL.....	101	MOZOBIL	34	naratriptan hcl	21
mitoxantrone hcl	25	MS CONTIN	5	NARCAN	9
MI-VITE RX	69	MUCOTROL	97	NARDIL	17
MM BLOOD GLUCOSE SYSTEM.....	60	MULPLETA	34	NAROPIN	8
MM BLOOD GLUCOSE SYSTEM REFILL	60	MULTAQ	39	NASCOBAL	69
MM BLULINK GLUCOSE MONIT SYS	60	MULTIPRO	69	NATACYN	101
MM BLULINK GLUCOSE TEST	60	MULTITOL-M	69	NATAL PNV	69
MM EASY TOUCH GLUCOSE	60	MULTI-VIT-FLOR	69	NATAZIA	83
MM EASY TOUCH GLUCOSE METER	60	MULTRYS	69	nateglinide	51
MOBILE LANCETS 30G	60	mupirocin	12	NATESTO	78
modafinil.....	109	MUTAMYCIN	25	NATROBA	28
moexipril hcl	39	MVASI	25	NAYZILAM	16
molindone hcl	29	MYALEPT	75	NEB 200 COMPRESSOR	
mometasone furoate	48, 105	MYCAMINE	20	NEBULIZER	97
MONARCH ETNS SYSTEM	97	MYCAPSSA	79	nebivolol hcl	39
MONDOXYNE NL	12	mycophenolate mofetil	87	NEB-RITE4	97
MONJUVI	25	mycophenolate mofetil hcl	87	NEBULIZER MASK ADULT	97
MONOFERRIC	69	mycophenolate sodium	87	NEBULIZER MASK CHILD	97
MONOJECT FLUSH SYRINGE	69	mycophenolic acid	87	NEBULIZER PED FROG	97
MONOJECT HYPODERMIC NEEDLE	97	MYDAYIS	42	NEBULIZER PED FROG KIT	97
MONOJECT MONODOSE ORAL MED SYR	97	MYFEMBREE	83	NEBULIZER SYSTEM ALL-IN-ONE	97
MONOJECT SODIUM CHLORIDE FLUSH	69	MYFORTIC	87	NEBUPENT	28
mono-linyah	83	MYGLUCOHEALTH BLOOD GLUCOSE	60	NEBUSAL	105
MONOVISC	97	MYGLUCOHEALTH CONTROL	60	necon 0.5/35 (28)	83
montelukast sodium	107	MYHIBBIN	88	NEEOV DHA	69
MORPHINE SULFATE	4, 5	MYLERAN	25	nefazodone hcl	17
morpheine sulfate	5	MYLOTARG	25	NEFFY	107
morpheine sulfate (concentrate)	4	MYOBLOC	97	nelarabine	25
morpheine sulfate (pf)	4	MYRBETRIQ	76	NEMLUVIO	48
		MYTESI	74	NEOKE ALCAR	69
		MYXREDLIN	65	NEOKE RA LIPOIC	97
		na ferric gluc cplx in sucrose	69	neomycin sulfate	12
		na sulfate-k sulfate-mg sulf	74	neomycin-bacitracin zn-polymyx ..	103
		nabumetone	6	neomycin-polymyxin-dexameth ..	102
				neomycin-polymyxin-gramicidin ..	103

Effective May 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

neomycin-polymyxin-hc.....	102, 104	nifedipine er osmotic release.....	39	norgestimate-ethinyl estradiol triphasic.....	83
NEO-POLYCIN.....	103	nikki.....	83	NORITATE.....	48
NEO-POLYCIN HC.....	103	NILANDRON.....	25	NORLIQVA.....	39
NEOPROFEN.....	6	nilutamide.....	25	norlyroc.....	83
NEORAL.....	88	nimodipine.....	39	normal saline flush.....	69
neostigmine methylsulfate.....	21	NIMODIPINE.....	39	NORM-JECT LUER SLIP SYRINGE.....	97
NEOSTIGMINE METHYLSULFATE.....	21	NINLARO.....	25	NORMLGEL AG.....	48
NEOSTIGMINE MUSCARINIC ACYLCHOLINE RECEPTOR AGONIST.....	21	NIPENT.....	25	NORPACE.....	39
NEO-SYNALAR.....	48	nitazoxanide.....	28	NORPACE CR.....	39
NEO-VITAL RX.....	69	NITHIODOTE.....	97	NORPRAMIN.....	18
NERIVIO.....	97	nitisinone.....	75	nortrel 0.5/35 (28).....	83
NERLYNX.....	25	NITRILE GLOVES LARGE.....	97	nortrel 1/35 (21).....	83
NESACAIN.....	8	NITRIVIA.....	69	nortrel 1/35 (28).....	83
NESACAIN-MPF.....	8	NITRO-BID.....	39	nortrel 7/7/7.....	83
NESTABS DHA.....	69	NITROFURANTOIN.....	12	nortriptyline hcl.....	18
NESTABS ONE.....	69	nitrofurantoin macrocrystal.....	12	NORVASC.....	39
neuac.....	48	nitrofurantoin monohydrate.....	12	NORVIR.....	31
NEULASTA.....	34	macrocrystals.....	12	NOURIANZ.....	28
NEULASTA ONPRO.....	34	nitroglycerin.....	39	NOVA MAX BLOOD GLUCOSE SYSTEM.....	60
NEUPOGEN.....	34	nitroglycerin in d5w.....	39	NOVA MAX GLUCOSE TEST.....	60
NEUPRO.....	28	NITROLINGUAL.....	39	NOVA MAX PLUS GLU/KET CONTROL.....	60
NEURONTIN.....	16	nitroprusside sodium.....	39	NOVACHOR.....	48
NEUTEK 2TEK CONTROL.....	60	NITROSTAT.....	39	NOVAREL.....	80
NEUTEK 2TEK TEST.....	60	NITYR.....	75	NOVITE.....	69
NEVANAC.....	102	NIVA THYROID.....	84	NOVOEIGHT.....	34
nevirapine.....	31	NIVESTYM.....	34	NOVOFINE PEN NEEDLE.....	97
nevirapine er.....	31	nizatidine.....	72	NOVOFINE PLUS PEN NEEDLE.....	97
NEXAVAR.....	25	NOCDURNA.....	80	NOVOLIN 70/30 FLEXPEN.....	65
NEXAVIR.....	97	nora-be.....	83	NOVOLIN 70/30 FLEXPEN RELION.....	65
NEXIUM.....	72	NORDIPEN 5 INJECTION DEVICE.....	97	NOVOLIN 70/30 VIAL.....	65
NEXLETOL.....	39	NORDITROPIN FLEXPRO.....	80	NOVOLIN N FLEXPEN.....	65
NEXLIZET.....	39	norelgestromin-eth estradiol.....	83	NOVOLIN N FLEXPEN RELION.....	65
NEXTERONE.....	39	norepinephrine bitartrate.....	39	RELION.....	65
NEXTSTELLIS.....	83	NOREPINEPHRINE BITARTRATE.....	39	NOVOLIN 70/30 RELION.....	65
NEXVIAZYME.....	75	NOREPINEPHRINE-DEXTROSE.....	39	NOVOLIN 70/30 VIAL.....	65
NGENLA.....	79	NOREPINEPHRINE-SODIUM.....	39	NOVOLIN N FLEXPEN.....	65
niacin er (antihyperlipidemic).....	39	CHLORIDE.....	39	NOVOLIN N RELION.....	65
NICADAN.....	69	norethrin ace-eth estrad-fe.....	83	NOVOLIN N VIAL.....	66
nicardipine hcl.....	39	norethindrone.....	83	NOVOLIN R FLEXPEN.....	66
nicardipine hcl in nacl.....	39	norethindrone acetate.....	83	NOVOLIN R FLEXPEN RELION..	66
NICARDIPINE HCL IN NACL.....	39	norethindrone acet-ethinyl est.....	83	NOVOLIN R RELION.....	66
NICAZEL.....	69	norethindrone-eth estradiol.....	83	NOVOLIN R VIAL.....	66
NICAZEL FORTE.....	69	norethrin-eth estradiol-fe.....	83	NOVOLOG 70/30 FLEXPEN.....	66
NICOMIDE.....	69	NORGESIC.....	109	RELION.....	66
NICOTROL.....	9	NORGESIC FORTE.....	109	NOVOLOG FLEXPEN.....	66
NICOTROL NS.....	9	norgestimate-eth estradiol.....	83	NOVOLOG FLEXPEN RELION....	66
nifedipine.....	39			NOVOLOG MIX 70/30 FLEXPEN.	66
nifedipine er.....	39				

Effective May 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

NOVOLOG MIX 70/30 RELION	66	OCUFLOX	102	ondansetron odt	19
NOVOLOG MIX 70/30 VIAL	66	ODACTRA	97	ONE DROP BLOOD GLUCOSE	
NOVOLOG PENFILL	66	ODEFSEY	31	MONITOR	60
NOVOLOG RELION	66	ODOMZO	25	ONE DROP TEST	60
NOVOLOG U-100 VIAL	66	OFEV	107	ONE FLOW SPIROMETER	97
NOVOPEN ECHO	60	ofloxacin	12, 102, 104	ONETOUCH DELICA PLUS	
NOVOSEVEN RT	34	OGIVRI	25	LANCING	60
NOXAFILE	20	OGSIVEO	25	ONETOUCH DELICA SAFETY	
np thyroid	85	OHTUVAYRE	107	LANCING	60
NPLATE	34	OJEMDA	25	ONETOUCH ULTRA 2 KIT	
NS-2 ELECTRIC PATCH		OJJAARA	25	W/DEVICE	60
POUCH	97	olanzapine	30	ONETOUCH ULTRA BLUE	
NUBEQA	25	olanzapine-fluoxetine hcl	18	TEST	60
NUCALA	107	olmesartan medoxomil	39	ONETOUCH ULTRA CONTROL	60
NUCYNTA	5	olmesartan medoxomil-hctz	39	ONETOUCH ULTRA TEST	
NUCYNTA ER	5	olmesartan-amlodipine-hctz	39	STRIPS	60
NUEDEXTA	43	olopatadine hcl	102	ONETOUCH VERIO FLEX	
NULIBRY	75	OLPRUVA (2 GM DOSE)	75	SYSTEM	61
NULOJIX	88	OLPRUVA (3 GM DOSE)	75	ONETOUCH VERIO KIT	
NUPLAZID	29	OLPRUVA (4 GM DOSE)	75	W/DEVICE	61
NURTEC	21	OLPRUVA (5 GM DOSE)	75	ONETOUCH VERIO REFLECT	
NUTRA-Z+	69	OLPRUVA (6 GM DOSE)	75	KIT W/DEVICE	61
NUTRILIPID	69	OLPRUVA (6.67 GM DOSE)	75	ONEXTON	48
NUTROPIN AQ NUSPIN 10	80	OLUMIANT	88	ONFI	16
NUTROPIN AQ NUSPIN 20	80	OMBRA COMPRESSOR ADULT	97	ONGENTYS	28
NUTROPIN AQ NUSPIN 5	80	OMBRA COMPRESSOR CHILD	97	ONGLYZA	51
NUVARING	83	OMECLAMOX-PAK	74	ONIVYDE	25
NUVESSA	12	omega-3-acid ethyl esters	39	ONPATTRO	43
NUVIGIL	109	omeprazole	72	ONTRUZANT	25
NUWIQ	34	OMEPRAZOLE+SYRSPEND SF		ONUREG	25
NUZYRA	12	ALKA	72	ONYDA XR	42
nyamyc	20	omeprazole-sodium bicarbonate	72	ONZETRA XSAIL	21
nylia 1/35	83	OMNARIS	105	OPDIVO	25
nylia 7/7/7	83	OMNIPOD 5 DEXCOM INTRO		OPDUALAG	25
NYMALIZE	39	KIT	97	OPFOLDA	75
nystatin	20	OMNIPOD 5 DEXCOM PODS	97	OPSUMIT	108
nystatin-triamcinolone	20	OMNIPOD DASH INTRO KIT	97	OPSYNVI	108
nystop	20	OMNIPOD DASH PDM (GEN 4)	97	OPTICHAMBER DIAMOND	97
NYVEPRIA	34	OMNIPOD DASH PODS	97	OPTICHAMBER DIAMOND-LG	
OB COMPLETE ONE	69	OMNITROPE	80	MASK	97
OB COMPLETE PETITE	69	OMVOH	88	OPTICHAMBER DIAMOND-MD	
OB COMPLETE PREMIER	69	ON CALL EXPRESS BLOOD		OPTICHAMBER DIAMOND-SM	
OBIZUR	34	GLUCOSE	60	MASK	97
OCALIVA	75	ON CALL EXPRESS		OPTIUMEZ TEST	61
ocella	83	MONITORING SYS	60	OPTUNE	97
OCREVUS	42	ONCASPAR	25	OPTUNE LUA	97
OCREVUS ZUNIVO	42	ondansetron hcl	19	OPVEE	9
OCTAGAM	88	ondansetron hcl +rfid	19	OPZELURA	48

Effective May 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

ORABLOC	8	OXTELLAR XR	16	PARI MASK SET	98
ORACEA	48	oxybutynin chloride	76	PARI PRONEB MAX LC PLUS	98
ORAL CITRATE	69	oxybutynin chloride er	76	PARI PRONEB MAX LC SPRINT	98
ORALAIR	97	OXYCODONE HCL	5	PARI TREK S COMBO PACK	98
ORALAIR ADULT STARTER PACK	97	oxycodone hcl	5	PARI VORTEX ADULT MASK	98
ORALAIR CHILDRENS STARTER PACK	97	OXYCODONE-		PARI VORTEX PEDIATRIC MASK	98
ORALONE	44	ACETAMINOPHEN	5	paricalcitol	90
ORAMAGICRX	97	oxycodone-acetaminophen	5	PARLODEL	28
ORBACTIV	12	OXYCONTIN	5	paroxetine hcl	18
ORENCIA	88	oxymorphone hcl	5	paroxetine hcl er	18
ORENCIA CLICKJECT	88	oxymorphone hcl er	5	PARSABIV	90
ORENITRAM	108	oxytocin	80	PAXIL	18
ORENITRAM MONTH 1	108	OXYTOCIN-LACTATED		PAXIL CR	18
ORENITRAM MONTH 2	108	RINGERS	80	PAXLOVID (150/100)	31
ORENITRAM MONTH 3	108	OXYTOCIN-SODIUM		PAXLOVID (300/100)	31
ORFADIN	75	CHLORIDE	80	PAXLYTE	69
ORGOVYX	25	OXYTROL	76	pazopanib hcl	26
ORIAHNN	83	OZEMPIC	51	PEDIAPRED	78
ORILISSA	80	OZOBAX DS	109	PEDIATRIC COMPRESSOR	
ORKAMBI	108	PACERONE	39	NEBULIZER	98
ORLADEYO	88	paclitaxel	25	PEDIATRIC PANDA MASK	98
ORLISTAT	43	paclitaxel protein-bound part	25	PEDMARK	98
orphenadrine citrate	109	PADCEV	25	peg 3350-kcl-na bicarb-nacl	74
orphenadrine citrate er	109	PAIN RELIEF WITH TENS		peg-3350/electrolytes	74
ORPHENGESIC FORTE	109	S2000	97	peg-3350/electrolytes/ascorbat	74
ORSERDU	25	PALFORZIA	97	PEGASYS	31
ORTHOVISC	97	PALFORZIA (1 MG DAILY		peg-kcl-nacl-nasulf-na asc-c	74
OSCIMIN	74	DOSE)	98	PEG-PREP	74
oseltamivir phosphate	31	PALFORZIA INITIAL DOSE 1-		PEMAZYRE	26
OSMITROL	39	3YRS	98	PEMETREXED	26
OSMOLEX ER	28	PALFORZIA INITIAL DOSE 4-		PEMETREXED DISODIUM	26
OSPHENA	80	17YRS	98	pemetrexed disodium	26
OTEZLA	88	paliperidone er	30	DITROMETHAMINE	26
OTREXUP	88	palonosetron hcl	19	PEMFEXY	26
OVIDE	28	PALYNZIQ	75	PEMGARD	88
OVIDREL	80	pamidronate disodium	90	PEMRYDI RTU	26
oxacillin sodium	12	PANCREAZE	75	PEN NEEDLE/5-BEVEL TIP	98
OXACILLIN SODIUM IN DEXTROSE	12	PANDA MASK LARGE	98	penicillamine	76
oxaliplatin	25	PANDA MASK MEDIUM	98	PENICILLIN G POT IN	
OXaprozin	6	PANDA MASK SMALL	98	DEXTROSE	12
oxaprozin	6	PANRETIN	25	penicillin g potassium	12
oxazepam	33	pantoprazole sodium	72	penicillin g sodium	12
oxcarbazepine	16	PANTOPRAZOLE SODIUM-		penicillin v potassium	12
oxcarbazepine er	16	NACL	72	PENNSAID	6
OXERVATE	103	PANZYGA	88	PENTAM	28
OXLUMO	76	PARAPLATIN	26	pentamidine isethionate	28
		PARI ALTERA NEBULIZER		PENTASA	89
		HANDSET	98		
		PARI BABY NEBULIZER SET	98		

Effective May 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

pentazocine-naloxone hcl	5	PHENYLEPHRINE HCL-NACL	40	POCKETCHEM EZ SYSTEM	61
PENTETATE CALCIUM		phenytek	16	POCKETCHEM EZ TEST	61
TRISODIUM	98	phenytoin	16	podofilox	48
PENTETATE ZINC TRISODIUM ..	98	phenytoin infatabs	16	POGO AUTOMATIC BLOOD	
PENTIPS GENERIC PEN		phenytoin sodium	16	GLUCOSE	61
NEEDLES	98	phenytoin sodium extended	16	POGO AUTOMATIC TEST	
pentobarbital sodium	16	PHESGO	26	CARTRIDGES	61
pentoxifylline er	39	PHEXXI	98	POKONZA	70
PERCOCET	5	philith	83	POLIVY	26
PERFECT POINT SAFETY		phosphorous	69	POLOCAINE	8
LANCETS	61	phospho-trin 250 neutral	69	POLOCAINE-MPF	8
PERFOROMIST	107	PHOSPHO-TRIN K500	69	POLYCIN	104
PERIDEX	44	PHOTOFRIN	26	polymyxin b sulfate	12
PERIKABIVEN	69	PHOTREXA-PHOTREXA		polymyxin b-trimethoprim	104
perindopril erbumine	39	VISCOUS KIT	98	POLY-VI-FLOR	70
periogard	44	phytonadione	69	POLY-VI-FLOR/IRON	70
PERJETA	26	PIASKY	34	POMALYST	26
permethrin	28	PIFELTRO	31	POMBILITI	75
perphenazine	19	pilocarpine hcl	45, 103	PONS MOUTHPIECE	98
perphenazine-amitriptyline	18	pimecrolimus	48	PONS SYSTEM	98
PERSERIS	30	pimozone	30	PONVORY	43
PERTZYE	75	pimtrea	83	PONVORY STARTER PACK	43
PETROLEUM GAUZE NON-WOVEN 3X9"	48	pindolol	40	POP-ON INTERMEDIATE MALE	
PFIZERPEN	12	pioglitazone hcl	51	CATH	98
PHARMACIST CHOICE		pioglitazone hcl-glimepiride	51	portia-28	83
AUTOCODE	61	pioglitazone hcl-metformin hcl	51	PORTRAZZA	26
PHARMACIST CHOICE		PIP BLOOD GLUCOSE		posaconazole	20
AUTOCODE SYS	61	MONITORING	61	potassium acetate	70
PHARMACIST CHOICE MINI SYSTEM	61	PIP BLOOD GLUCOSE TEST		POTASSIUM ACETATE	70
PHARMACIST CHOICE NO CODING	61	STRIP	61	potassium chloride	70
PHEBURANE	75	PIP GLUCOSE CONTROL		POTASSIUM CHLORIDE	70
phenazopyridine hcl	76	SOLUTION	61	potassium chloride crys er	70
phendimetrazine tartrate	43	PIP PEN NEEDLES 32G X 4MM ..	98	potassium chloride er	70
phendimetrazine tartrate er	43	piperacillin sod-tazobactam sod...	12	potassium citrate er	70
phenelzine sulfate	18	PIQRAY	26	potassium phosphates	70
PHENERGAN	19	pirfenidone	107	potassium phosphates(66 meq k) ..	70
phenobarbital	16	piroxicam	6	potassium phosphates(71 meq k) ..	70
phenobarbital sodium	16	pitavastatin calcium	40	POTASSIUM PHOSPHATES-	
phenoxybenzamine hcl	39	PITOCIN	80	NACL	70
phentermine hcl	43	PLAQUENIL	28	POTELIGEO	26
phenotolamine mesylate	39	PLAVIX	29	POVIDONE-IODINE	102
PHENYLEPHRINE HCL	40	PLEGRIDY	43	POWDER FREE NITRILE	
phenylephrine hcl	103	PLEGRIDY STARTER PACK	43	GLOVES SM	98
PHENYLEPHRINE HCL (PRESSORS)	40	PLENAMINE	69	PRADAXA	14
phenylephrine hcl (pressors)	40	PLENVU	74	PRALUENT	40
		plerixafor	34	pramipexole dihydrochloride	29
		PNV TABS 20-1	69	PRAMOTIC	104
		POCKET SPACER	98	prasugrel hcl	29
		POCKETCHEM EZ CONTROL ..	61	pravastatin sodium	40

Effective May 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

praziquantel	28	PREVIDENT 5000 ENAMEL	PRODIGY CONTROL
prazosin hcl	40	PROTECT	SOLUTION
PRECEDEX	98	PREVIDENT 5000 KIDS	61
PRECISION GLUCOSE		PREVIDENT 5000 ORTHO	PRODIGY NO CODING BLOOD
KETONE CONTR	61	DEFENSE	GLUC
PRECISION XTRA	61	PREVIDENT 5000 PLUS	61
PRECISION XTRA BLOOD		PREVIDENT 5000 SENSITIVE	PRODIGY POCKET BLOOD
GLUCOSE	61	PREVYMIS	GLUCOSE
PRED FORTE	102	PREZCOBIX	61
PRED MILD	102	PREZISTA	PROFILNINE
prednisolone	78	PRIFTIN	70
prednisolone acetate	102	PRIMACARE	PROFOLA
prednisolone sodium phosphate	78, 102	primaquine phosphate	progesterone
		PRIMAXIN IV	83
prednisone	78	primidone	PROGRAF
pregabalin	43	PRISMASOL B22GK 4/0	107
PREGEN DHA	70	PRISMASOL BGK 0/2.5	PROLASTIN-C
PREGENNA	70	PRISMASOL BGK 2/0	102
PREGNYL	80	PRISMASOL BGK 2/3.5	PROLEUKIN
PREMARIN	83	PRISMASOL BGK 4/2.5	90
PREMASOL	70	PRISMASOL BK 0/0/1.2	PROMACTA
PREMIUM BLOOD GLUCOSE		PRISTIQ	19
TEST	61	PRIVIGEN	PROMETHEGAN
PREMPHASE	83	PRO COMFORT SPACER	PROMETRIUM
PREMPRO	83	ADULT	propafenone hcl
prenatal	70	PRO COMFORT SPACER	40
PRENATE	70	CHILD	propafenone hcl er
PRENATE DHA	70	PRO COMFORT SPACER	proparacaine hcl
PRENATE ELITE	70	INFANT	104
PRENATE ENHANCE	70	PRO COMFORT TENS UNIT	PROPECIA
PRENATE ESSENTIAL	70	PRO VOICE V8/V9 GLUCOSE	48
PRENATE MINI	70	PRO VOICE V9 GLUCOSE	propranolol hcl
PRENATE PIXIE	70	SYSTEM	40
PRENATE RESTORE	70	PROAIR RESPICLICK	40
PRENATOL-M	70	probenecid	propranolol hcl er
PRENATRIX	70	procainamide hcl	propylthiouracil
PRENATRYL	70	PROCARE SPACER/ADULT	PROSCAR
PREPIV SUPPLY	8	MASK	77
PRESTALIA	40	PROCARE SPACER/CHILD	PROSOL
PRETOMANID	22	MASK	40
PREVACID	72	PROCENTRA	PROSTIN VR
PREVACID SOLUTAB	72	prochlorperazine	protamine sulfate
prevalite	40	prochlorperazine edisylate	34
PREVDUO	98	prochlorperazine maleate	PROTONIX
PREVIDENT	45	PROCIT	98
PREVIDENT 5000 BOOSTER		PROCTOFOAM HC	PROTOPAM CHLORIDE
PLUS	45	procto-med hc	protriptyline hcl
PREVIDENT 5000 DRY MOUTH.	45	PRODIGY AUTOCODE BLOOD	PROVAYBLUE
		GLUCOSE	PROVERA
			PROVIGIL
			PROZAC
			prucalopride succinate
			pseudoephedrine-bromphen-dm
			74
			105
			PTS PANELS EGLU TEST
			61
			PULMICORT FLEXHALER
			107
			PULMICORT SUSPENSION
			107
			PULMOSAL
			105
			PULMOZYME
			108

Effective May 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

PURE COMFORT SAFETY PEN NEEDLE	98	quinapril-hydrochlorothiazide	40	RECOMBINATE	34
PURE COMFORT SPACER CHAMBER	98	quinidine gluconate er	40	RECORLEV	80
PUREVITA SUPER B-COMPLEX	70	quinidine sulfate	40	RECOTHROM	34
PURIXAN	26	quinine sulfate	28	RECOTHROM SPRAY KIT	34
PYLERA	74	QUINTET AC BLOOD GLUCOSE	61	REFUAH PLUS BLOOD GLUCOSE TEST	62
pyrazinamide	22	QUINTET AC BLOOD GLUCOSE SYSTEM	61	REFUAH PLUS MONITORING	62
pyridostigmine bromide	21	QUINTET BLOOD GLUCOSE	61	SYSTEM	62
pyridostigmine bromide er	21	QUINTET BLOOD GLUCOSE TEST	61	REGENECARE	48
pyridoxine hcl	70	TEST	61	REGLAN	19
PYRIDOXINE HCL	70	QUINTET CONTROL HIGH/NORMAL	62	REGONOL	21
pyrimethamine	28	QULIPTA	21	REGRANEX	49
PYRIMETHAMINE-LEUCOVORIN	28	QUVIVIQ	109	RELAFEN DS	6
PYROGALLIC ACID	48	QVAR REDIHALER	107	RELENZA DISKHALER	31
PYRUKYND	34	RABEPRAZOLE SODIUM	72	RELEUKO	34
PYRUKYND TAPER PACK	34	rabeprazole sodium	72	RELION ALL-IN-ONE	62
QBREXZA	48	RADIAPLEXRX	48	RELION BLOOD GLUCOSE TEST	62
QELBREE	42	RADICAVA	43	RELION CONFIRM GLUCOSE MONITOR	62
QINLOCK	26	RADICAVA ORS	43	RELION CONFIRM/MICRO TEST	62
QNDSL	105	RADICAVA ORS STARTER KIT	43	RELION MICRO	62
QNDSL CHILDRENS	105	RADIOGARDASE	99	TEST	62
QSYMIA	43	RAGWITEK	99	RELION GLUCOSE TEST	
QTERN	51	raloxifene hcl	80	STRIPS	62
QUALAQUN	28	ramelteon	109	RELION MICRO	62
quazepam	33	ramipril	40	RELION PREMIER BLU MONITOR	62
QUDEXY XR	16	ranolazine er	40	RELION PREMIER CLASSIC	62
QUELICIN	43	RAPIBLYK	40	RELION PREMIER COMPACT	
QUESTRAN	40	RAPIVAB	31	SYSTEM	62
QUESTRAN LIGHT	40	RAPPORT RLS	99	RELION PREMIER TEST	62
quetiapine fumarate	30	RAPPORT VTD	99	RELION PRIME MONITOR	62
quetiapine fumarate er	30	rasagiline mesylate	29	RELION PRIME TEST	62
QUFLORA FE	70	RASUVO	88	RELION TRUE MET AIR GLUC MONITOR	62
QUICK TOUCH BLOOD GLUCOSE	61	RAVICTI	75	RELION TRUE METRIX TEST	
QUICK TOUCH BLOOD GLUCOSE TEST	61	RAYA SURE PEN NEEDLE	99	RELION ULTIMA TEST	62
QUICK TOUCH INSULIN PEN NEEDLE	98	RAYALDEE	90	RELISTOR	74
QUICKTEK	61	RAYOS	78	RELBAX	21
QUICKTEK CONTROL SOLUTION	61	REBIF	43	RELTONE	74
QUICKTEK TEST	61	REBIF REBIDOSE	43	REMEDIENT	70
QUICKTEK/METER	61	REBIF REBIDOSE TITRATION PACK	43	REMERON	18
QUILLICHEW ER	42	REBINYN	34	SYSTEM	62
QUILLIVANT XR	42	REBLOZYL	34	RELION ULTIMA TEST	62
quinapril hcl	40	REBYOTA	74	RELPAX	
		RECARBrio	12	RELTONE	74
		reclipsen	83	REMEDIENT	

Effective May 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

REMERON SOLTAB	18	RHOPRESSA.....	103	ROCKLATAN	103
REMESENSE	45	RIABNI	26	rocuronium bromide	43
REMICADE	88	RIASTAP	34	ROCURONIUM BROMIDE	44
remifentanil hcl	5	ribavirin	31	roflumilast	107
REMODULIN	108	RIDAURA	88	ROLVEDON	34
RENFLEXIS	88	rifabutin	22	romidepsin	26
repaglinide	51	RIFADIN	22	ropinirole hcl	29
REPATHA	40	rifampin	22	ropinirole hcl er	29
REPATHA PUSHTRONEX SYSTEM	40	RIGHTEST GC300 CONTROL	62	ropivacaine hcl	8
REPATHA SURECLICK	40	RIGHTEST GM100 BLOOD GLUCOSE	62	ROPIVACAINE HCL-NACL	8
RESTASIS	104	RIGHTEST GM300 BLOOD GLUCOSE	62	rosuvastatin calcium	40
RESTASIS MULTIDOSE	104	RIGHTEST GM550 BLOOD GLUCOSE	62	ROWASA	89
RESTORA RX	74	RIGHTEST GS100 BLOOD GLUCOSE	62	roweepra	16
RESTORIL	109	RIGHTEST GS300 BLOOD GLUCOSE	62	ROXICODONE	5
RETACRIT	34	RIGHTEST GS550 BLOOD GLUCOSE	62	ROXYBOND	5
RETEVMO	26	RIGHTEST GT333 BLOOD GLUCOSE	62	ROZLYTREK	26
RETIN-A	49	RIGHTEST GT333 GLUCOSE TEST	62	RUBRACA	26
RETIN-A MICRO GEL 0.04 %, 0.1 %	49	riluzole	43	rufinamide	16
RETIN-A MICRO PUMP	49	rimantadine hcl	31	RUKOBIA	31
RETROVIR	31	RIMSO-50	76	RUSCH FLOCATH QUICK 16FR. 99	
REUSABLE COMFORTSEAL MASK-LRG	99	RINVOQ	88	RUXIENCE	26
REUSABLE COMFORTSEAL MASK-MED	99	RINVOQ LQ	88	RYALTRIS	105
REUSABLE COMFORTSEAL MASK-SML	99	RIOMET	51	RYANODEX	109
REVATIO	108	risedronate sodium	90	RYBELSUS	51
REVCovi	75	RISPERDAL	30	RYBREVANT	26
REVLIMID	26	RISPERDAL CONSTA	30	RYCLORA	105
revonto	109	risperidone	30	RYDAPT	26
REXALL BLOOD GLUCOSE SYSTEM	62	risperidone microspheres er	30	RYKINDO	30
REXALL BLOOD GLUCOSE TEST	62	RITALIN	42	RYLAZE	26
REXTOVY	9	RITALIN LA	42	RYSTIGGO	99
REXULTI	30	ritonavir	31	RYTARY	29
REYATAZ	31	RITUXAN	26	RYTELO	26
REYVOW	21	RITUXAN HYCELA	26	S.T. GENESIS NERVE STIMULATOR	99
REZDIFFRA	74	rivaroxaban	14	SABRIL	16
REZIPRES	40	rivastigmine tartrate	17	SAFE-SENSE EARLOOP FACE MASK	99
REZLIDHIA	26	rivelsa	84	SAFE-SENSE GLOVE-BLUE- NITRL-L	99
REZUROCK	88	RIVFLOZA	76	NITRL-M	99
REZVOGLAR KWIKPEN	66	RIXUBIS	34	SAFE-SENSE GLOVE-BLUE- NITRL-S	99
RHOFADE	49	rizatriptan benzoate	21	NITRL-XL	99
RHOGAM ULTRA-FILTERED PLUS	88	ROBAXIN	109	SAFYRAL	84
RHOPHYLAC	88	ROCALTROL	90	SAJAZIR	88
				SALAGEN	45

Effective May 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

saline bacteriostatic	99	sf gel 1.1%	45	SMART SENSE PREMIUM
saline flush	70	SFROWASA	89	TEST
SALINE-PHENOL	99	sharobel	84	SMART SENSE VALUE
SANCUSO	19	SHARPS CONTAINER	99	GLUCOSE SYS
SANDIMMUNE	88	SIDESTREAM ADULT FACE		62
SANDOSTATIN	80	MASK	99	SMART SENSE VALUE TEST
SANTYL	49	SIDESTREAM PEDIATRIC		62
SAPHNELO	88	FACE MASK	99	SMARTEST BLOOD GLUCOSE
SAPHRIS	30	SIGNIFOR	80	TEST
sapropterin dihydrochloride	75	SIGNIFOR LAR	80	SMARTEST CONTROL
SARCLISA	26	sildenafil citrate	76, 108	MEDIUM
SAVAYSA	14	SILIGENTLE AG FOAM		62
SAVELLA	44	DRESSING	49	SMARTEST PERSONA
SAVELLA TITRATION PACK	44	SILIGENTLE AG SILVER FOAM		STARTER
SAVI DUAL	99	DRES	49	SMARTEST PRONTO
saxagliptin hcl	51	SILIQ	88	STARTER
saxagliptin-metformin er	51	silodosin	77	SMARTEST PROTEGE
SAXENDA	44	SILVADENE	12	SMARTEST PROTEGE
SCEMBLIX	26	silver sulfadiazine	13	STARTER
SCENESSE	49	SILVERSEAL HYDROGEL		63
SCLEROSOL INTRAPLEURAL	107	DRESSING	49	SMOFLIPID
scopolamine	19	SIMBRINZA	103	SOAANZ
SECUADO	30	SIMLANDI (1 PEN)	88	sod benz-sod phenylacet
SEGLUROMET	51	SIMLANDI (1 SYRINGE)	88	sod citrate-citric acid
SELECT-OB	70	SIMLANDI (2 PEN)	88	sod fluoride-potassium nitrate
SELECT-OB+DHA	70	SIMLANDI (2 SYRINGE)	88	sodium acetate
selegiline hcl	29	simliya	84	sodium bicarbonate
selenium sulfide	49	simpesse	84	sodium chloride
SELZENTRY	31	SIMPONI	88	71, 105
SEMGLEE (YFGN)	66	SIMPONI ARIA	88	SODIUM CHLORIDE
SENSIPAR	90	SIMULECT	88	sodium chloride (pf)
SENSORCAINE	8	simvastatin	40	sodium chloride bacteriostatic
SENSORCAINE/EPINEPHRINE	9	SINEMET	29	99
SENSORCAINE-MPF	9	SINGULAIR	107	sodium chloride flush
SENSORCAINE-		sirolimus	88	SODIUM CITRATE
MPF/EPINEPHRINE	9	SIRTURO	22	LOCK
SEREVENT DISKUS	107	SITAGLIPTIN	51	FLUSH
SEROQUEL	30	SITAGLIPTIN BASE-		14
SEROQUEL XR	30	METFORMIN HCL	51	SODIUM CITRATE-
SEROSTIM	74	SIVEXTRO	13	GENTAMICIN SULF
SERTRALINE HCL	18	SKINEEZ TED STOCKINGS	99	14
sertraline hcl	18	SKYCLARYS	41	sodium fluoride
setlakin	84	SKYRIZI	88	45, 71
sevelamer carbonate	76	SKYRIZI PEN	88	sodium fluoride 5000 enamel
sevelamer hcl	76	SKYTROFA	80	45
SEVENFACT	34	SLYND	84	sodium fluoride 5000 plus
SEYSARA	12	SMART SENSE PREMIUM		45
SEZABY	16	SYSTEM	62	sodium fluoride 5000 ppm
sf 5000 plus	45			45
				sodium fluoride 5000 sensitive
				85
				sodium iodide I-131
				99
				sodium nitrite
				40
				SODIUM OXYBATE
				109
				sodium phenylbutyrate
				75
				sodium phosphates
				71
				sodium polystyrene sulfonate
				71
				sodium saccharin

Effective May 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

sodium thiosulfate.....	99	STEGLATRO	51	sunitinib malate.....	26
SOFDRA.....	49	STEGLUJAN.....	51	SUNLENCA.....	32
SOFOSBUVIR-VELPATASVIR....	31	STELARA.....	88	SUNOSI.....	109
SOGROYA.....	80	STENDRA.....	76	SUPARTZ FX.....	99
SOHONOS.....	99	STERILE DILUENT FOLAN PH 12	99	SUPPRELIN LA.....	80
SOLESTA.....	99	STERILE DILUENT FOR REMODULIN.....	99	SUPREME II HIGH/LOW CONTROL.....	63
solifenacin succinate.....	76	STERILE TALC POWDER.....	107	SUPREME TEST.....	63
SOLIQUA.....	51	STERILE TOPICAL L.E.T. GEL.....	9	SUPREP BOWEL PREP KIT.....	74
SOLIRIS.....	34	sterile water for injection.....	99	SUREBIOTIC PROBIOTIC	
SOLOSEC.....	13	STERITALC.....	107	SUPPORT.....	74
SOLTAMOX.....	26	STIMUFEND.....	34	SURGICAL FACE MASK/NIOSH N95.....	99
SOLU-CORTEF.....	78	STIOLTO RESPIMAT.....	107	SURGICEL FIBRILLAR.....	99
SOLU-MEDROL.....	78	STIVARGA.....	26	SURGICEL NU-KNIT.....	99
SOLU-MEDROL (PF).....	78	STRATTERA.....	42	SURGICEL SNOW 1"X2".....	99
SOLUS V2 BLOOD GLUCOSE SYSTEM.....	63	STRENSIQ.....	75	SURGICEL SNOW 2"X4".....	99
SOLUS V2 CONTROL.....	63	streptomycin sulfate.....	13	SURGICEL SNOW 4"X4".....	99
SOLUS V2 TEST.....	63	STRIBILD.....	31	SURGIFOAM.....	99
SOMA.....	109	STRIVE DUAL ZONE PEAK FLOW MTR.....	99	SURVANTA.....	105
SOMATULINE DEPOT.....	80	STRIVERDI RESPIMAT.....	107	SUSTOL.....	19
SOMAVERT.....	80	STROMECTOL.....	28	SUSVIMO (IMPLANT 1ST FILL).....	104
SOOLANTRA.....	49	SUBLOCADE.....	9	SUSVIMO (IMPLANT REFILL)...	104
sorafenib tosylate.....	26	SUBOXONE.....	9	SUTAB.....	74
SORILUX.....	49	subvenite.....	16	SUTENT.....	26
sotalol hcl.....	40	subvenite starter kit-blue.....	16	syeda.....	84
sotalol hcl (af).....	40	subvenite starter kit-green.....	16	SYFOVRE.....	104
SOTYKTU.....	88	subvenite starter kit-orange.....	16	SYLVANT.....	26
SOTYLIZE.....	40	SUCCINYLCHOLINE CHLORIDE	44	SYMBICORT.....	107
SOVALDI.....	31	succinylcholine chloride.....	44	SYMBYAX.....	18
SOVUNA.....	28	SUCRAID.....	75	SYMDEKO.....	108
SPARKY THE DOG PED NEBULIZER.....	99	sucralfate.....	72	SYMF1.....	32
SPEVIGO.....	88	SUFLAVE.....	74	SYMF1 LO.....	32
SPILL KIT/CHEMOTHERAPY.....	99	sulfacetamide sodium.....	102	SYMLINPEN 120.....	51
spinosad.....	28	sulfacetamide sodium (acne).....	49	SYMLINPEN 60.....	51
SPIRIVA HANDIHALER.....	107	sulfacetamide sodium-sulfur.....	49	SYMPAZAN.....	16
SPIRIVA RESPIMAT.....	107	sulfacetamide-prednisolone.....	104	SYMPROIC.....	74
spironolactone.....	40	sulfadiazine.....	13	SYMTUZA.....	32
spironolactone-hctz.....	40	sulfamethoxazole-trimethoprim.....	13	SYNAGIS.....	88
SPORANOX.....	20	sulfasalazine.....	89	SYNALAR.....	49
SPRAVATO (56 MG DOSE).....	18	sulfatrim pediatric.....	13	SYNAREL.....	80
SPRAVATO (84 MG DOSE).....	18	sulfurated lime.....	28	SYNDROS.....	19
sprintec 28.....	84	sulindac.....	6	SYNJARDY.....	51
SPRIX.....	6	sumatriptan.....	21	SYNJARDY XR.....	51
SPRYCEL.....	26	sumatriptan succinate.....	21	SYNOJOYNT.....	99
SPS (SODIUM POLYSTYRENE SULF).....	71	sumatriptan succinate refill		SYNTHROID.....	85
sronyx.....	84	subcutaneous solution cartridge	21	SYNViSC.....	99
ssd.....	13		SYNViSC ONE.....	99
				SYPRINE.....	71

Effective May 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

SYRINGE AVITENE	100	TECHLITE LANCETS 26G	63	TGT BLOOD GLUCOSE TEST	63
SYRINGE LUER LOCK	100	TECVAYLI	26	THALITONE	41
SYRINGE LUER SLIP	100	TEFLARO	13	THALOMID	26
SYRINGE PRECISEDOSE		TEGLUTIK	44	THAM	71
DISPENSER	100	TEGRETOL	16	THE LIQUILIFT TRACE	71
T.E.D. KNEE LENGTH/LARGE	100	TEGRETOL-XR	16	THEO-24	107
TABLOID	26	TEKTURNA	40	theophylline	107
TABRECTA	26	TELFA AMD ISLAND		theophylline er	107
TACLONEX	49	DRESSING	100	thiamine hcl	71
tacrolimus	49, 88	TELFA AMD NON-ADHERENT	100	THIOLA	76
tadalafil	76	telmisartan	40	THIOLA EC	76
tadalafil (pah)	108	telmisartan-amlodipine	40	thioridazine hcl	30
TADLIQ	108	telmisartan-hctz	40	thiotepa	26
TAFINLAR	26	temazepam	109	thiothixene	30
tafluprost (pf)	103	TEMBEXA	32	THROMBI-GEL 10	100
TAGRISSO	26	TEMODAR	26	THROMBI-GEL 100	100
TAI DOC CONTROL	63	temozolomide	26	THROMBI-GEL 40	100
TAKHZYRO	88	TEMPO REFILL	63	THROMBIN-JMI	34
TALICIA	74	TEMPO SMART BUTTON	63	THROMBIN-JMI EPISTAXIS	34
TALTZ	88	TEMPO WELCOME	63	THROMBI-PAD	100
TALVEY	26	temsirolimus	88	THROMBOGEN	34
TALZENNA	26	TENCON	5	THYMOGLOBULIN	88
TAMIFLU	32	tenofovir disoproxil fumarate	32	THYQUIDITY	85
tamoxifen citrate	26	TENORETIC 100	40	thyroid	85
tamsulosin hcl	77	TENORETIC 50	40	tiadylt er	41
TARGADOX	13	TENORMIN	41	tiagabine hcl	16
TARGETIN	26	TEPADINA	26	TIAZAC	41
tarina 24 fe	84	TEPEZZA	80	TIBSOVO	26
tarina fe 1/20 eq	84	TEPMETKO	26	ticagrelor	29
TARPEYO	89	terazosin hcl	77	TICE BCG	27
TASCENO ODT	43	terbinafine hcl	20	TIGAN	19
TASIGNA	26	terbutaline sulfate	107	tigecycline	13
tasimelteon	109	terconazole	20	TIGLUTIK	44
TASMAR	29	teriflunomide	43	TIKOSYN	41
TAURINE	71	teriparatide	90	tilia fe	84
tavaborole	20	TERIPARATIDE	90	timolol hemihydrate	103
TAVALISSE	34	TESTIM	78	timolol maleate	41, 103
TAVNEOS	100	TESTOPEL	78	timolol maleate (once-daily)	103
taysofy	84	testosterone	78	timolol maleate ocudose	103
TAYTULLA	84	testosterone cypionate	78	timolol maleate pf	103
tazarotene	49	testosterone enanthate	78	TIMOPTIC OCUDOSE	103
TAZAROTENE	49	tetrabenazine	44	tinidazole	13
tazicef	13	tetracaine hcl	104	tiopronin	76
TAZICEF	13	tetracycline hcl	13	tiotropium bromide monohydrate	107
TAZORAC	49	TEVIMBRA	26	tirofiban hcl in nacl	29
TAZVERIK	26	TEZRULY	77	TIROSINT	85
TECENTRIQ	26	TEZSPIRE	107	TIROSINT-SOL	85
TECENTRIQ HYBREZA	26	TGT BLOOD GLUCOSE		TISSEEL	100
TECFIDERA	43	MONITORING	63	TIVDAK	27

Effective May 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

TIVICAY	32	TRAMADOL HCL IR	5	trifluridine	102
TIVICAY PD.....	32	tramadol hcl ir.....	5	trihexyphenidyl hcl.....	29
tizanidine hcl.....	109	tramadol-acetaminophen.....	5	TRIJARDY XR	51
TLANDO	78	trandolapril	41	TRIKAFTA	108
TM-DAILY VITE	71	trandolapril-verapamil hcl er	41	tri-legest fe	84
TM-VITE RX	71	tranexamic acid	34	TRILEPTAL	16
TNKASE	14	tranexamic acid-nacl	34	tri-linyah	84
TOBI NEBULIZER.....	108	tranylcypromine sulfate	18	TRILIPIX	41
TOBI PODHALER.....	108	TRAVASOL	71	tri-lo-estarrylla	84
TOBRADEX	102	TRAVATAN Z	103	tri-lo-marzia	84
TOBRADEX ST	102	travoprost (bak free)	103	tri-lo-mili	84
tobramycin	102, 108	TRAZIMERA	27	tri-lo-sprintec	84
TOBRAMYCIN	108	trazodone hcl	18	TRILURON	100
tobramycin sulfate	13	TREANDA	27	trimethobenzamide hcl	19
tobramycin-dexamethasone	102	TRECATOR	22	trimethoprim	13
TOBREX	102	TRELEGY ELLIPTA	107	tri-mili	84
TOFIDENCE	88	TRELSTAR MIXJECT	80	trimipramine maleate	18
TOLAK	49	TREMFYA	88, 89	TRINTELLIX	18
tolcapone	29	TREMFYA CROHNS		TRIPTODUR	80
TOLECTIN 600	6	INDUCTION	88	TRISENOX	27
TOLSURA	20	TREMFYA PEN	88	TRISODIUM CITRATE/CRRT	71
tolterodine tartrate	76	treprostinil	108	tri-sprintec	84
tolterodine tartrate er	76	TRESIBA	66	TRISTART DHA	71
tolvaptan	71	TRESIBA FLEXTOUCH	66	TRIUMEQ	32
TOPAMAX	16	tretinoin	27, 49	TRIUMEQ PD	32
TOPAMAX SPRINKLE	16	tretinoin microsphere	49	TRIVIA COMPLETE	71
TOPICAL L.E.T	9	tretinoin microsphere pump	49	TRIVISC	100
TOPICORT	49	TRETEN	34	trivora (28)	84
TOPICORT SPRAY	49	TREXALL	89	tri-vylibra	84
topiramate	16	TREXIMET	21	tri-vylibra lo	84
topiramate er	16	TREZIX	5	TRODELVY	27
topotecan hcl	27	triamcinolone acetonide....	45, 49, 78	TROGARZO	32
TOPROL XL	41	TRIAMCINOLONE ACETONIDE ..	78	TROKENDI XR	16
toremifene citrate	27	TRIAMCINOLONE DIACETATE ..	78	tromethamine	71
TORISEL	88	TRIAMCINOLONE-		TRONVITE	71
torpenz	27	BUPIVACAINE	78	TROPHAMINE	71
torsemide	41	TRI-AMINO	71	TROPICAMIDE-	
TOSYMRA	21	triamterene	41	PHENYLEPHRINE	104
TOUJEO MAX SOLOSTAR	66	triamterene-hctz	41	TROPIC-CYCLOPENT-PE-	
TOUJEO SOLOSTAR	66	triazolam	33	KETOROLAC	104
TOVIAZ	76	TRIBENZOR	41	TROPIC-CYCLOP-PE-KETO-	
TPOXX	32	TRICITRASOL	14	PROPAR	104
TRACLEER	108	TRICOR	41	trospium chloride	76
TRADJENTA	51	TRIDACAINE II	9	trospium chloride er	76
TRALEMENT	71	TRIDACAINE III	9	TRUDHESA	21
TRAMADOL HCL (ER BIPHASIC)	5	triderm	49	TRUE COMFORT SAFETY PEN	
tramadol hcl (er biphasic)	5	trientine hcl	71	NEEDLE	100
tramadol hcl er	5	tri-estarrylla	84	TRUE DAILY VITE	71
		trifluoperazine hcl	30		

Effective May 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

TRUE FOCUS BLOOD GLUCOSE METER	63	TYVASO DPI MAINTENANCE KIT	108	VALCHLOR.....	27
TRUE FOCUS BLOOD GLUCOSE STRIP	63	TYVASO DPI TITRATION KIT	108	valganciclovir hcl.....	32
TRUE METRIX AIR GLUCOSE METER	63	TYVASO REFILL KIT	108	VALIUM.....	33
TRUE METRIX BLOOD GLUCOSE TEST	63	TYVASO STARTER KIT	108	valproate sodium.....	16
TRUE METRIX GO GLUCOSE METER	63	TZIELD	51	valproic acid.....	16
TRUE METRIX LEVEL 1	63	UBRELVY	21	valrubicin.....	27
TRUE METRIX LEVEL 2	63	UCERIS	89	VALSARTAN.....	41
TRUE METRIX LEVEL 3	63	UDENYCA	34	valsartan.....	41
TRUE METRIX METER	63	UDENYCA ONBODY	34	valsartan-hydrochlorothiazide.....	41
TRUE METRIX PRO BLOOD GLUCOSE	63	UDSX MEDICATED SYSTEM	100	VALSTAR.....	27
TRUE MULTIVITAMIN	71	UDSXMP MEDICATED SYSTEM	100	VALTOCO 10 MG DOSE.....	16
TRUERESULT BLOOD GLUCOSE	63	ULTIGUARD SAFEPACK SYR/NEEDLE	66	VALTOCO 15 MG DOSE.....	16
TRUETEST TEST	63	ULTIVA	5	VALTOCO 20 MG DOSE.....	16
TRUETRACK BLOOD GLUCOSE	63	ULTOMIRIS	34	VALTOCO 5 MG DOSE.....	16
TRUETRACK SMART SYSTEM	63	ULTRAFOAM SPONGE 2X6.25X7CM	100	VALTREX.....	32
TRUETRACK TEST	63	ULTRAFOAM SPONGE 8X12.5X1CM	100	valtya 1/50.....	84
TRULANCE	74	ULTRAFOAM SPONGE 8X12.5X3CM	100	vancomycin hcl.....	13
TRULICITY	51	ULTRAFOAM SPONGE 8X25X1CM	100	VANCOMYCIN HCL IN DEXTROSE.....	13
TRUQAP	27	UNASYN	13	vancomycin hcl in dextrose.....	13
TRUVADA	32	UNDECATREX	78	vancomycin hcl in nacl.....	13
TRUXIMA	27	UNIFINE OTC PEN NEEDLES	100	VANCOMYCIN HCL IN NACL.....	13
TRUZONE PEAK FLOW METER	100	UNIFINE PROTECT PEN NEEDLE	100	VANDAZOLE.....	13
TRYNGOLZA	41	UNISTRIP CONTROL	63	VANFLYTA.....	27
TRYVIO	41	UNISTRIP1 GENERIC	63	VANISH.....	45
TUDORZA PRESSAIR	107	unithroid	85	VAPRO PLUS CATHETER	
TUKYSA	27	UNITUXIN	27	12FR/16".....	100
TURALIO	27	UPLIZNA	89	VAPRO PLUS CATHETER	
turqoz	84	UPNEEQ	102	12FR/8".....	100
TWIRLA	84	UPTRAVI	108	VAPRO PLUS CATHETER	
TWYNEO	49	UPTRAVI TITRATION	108	14FR/16".....	100
TYBLUME	84	urea	49	VAPRO PLUS CATHETER	
TYBOST	32	URSODIOL	74	14FR/8".....	100
TYENNE	89	ursodiol	74	VARENICLINE TARTRATE.....	9
TYGACIL	13	UVADEX	27	varenicline tartrate (starter).....	9
TYMLOS	90	UZEDY	30	varenicline tartrate(continue).....	9
TYRVAYA	104	VABOMERE	13	VARITHENA.....	41
TYSABRI	43	VABYSMO	104	VARUBI (180 MG DOSE).....	19
TYVASO	108	VAGIFEM	84	VASCEPA.....	41
TYVASO DPI INSTITUTIONAL KIT	108	valacyclovir hcl	32	vasopressin.....	80
				vasopressin +rfid.....	80
				VASOPRESSIN-SODIUM	
				CHLORIDE.....	80
				VASO STRICT.....	80
				VAZCULEP.....	41
				VECAMYL.....	41
				VECTIBIX.....	27
				VECTICAL.....	49
				VECURONIUM BROMIDE.....	44

Effective May 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

vecuronium bromide.....	44	VERIFINE SAFE LANCET MINI 30G.....	63	VITAFOL ULTRA.....	71
VEGZELMA.....	27	VERKAZIA.....	104	VITAFOL-OB.....	71
VEKLURY.....	32	VERQUVO.....	41	VITAFOL-OB+DHA.....	71
VELCADE.....	27	VERSACLOZ.....	30	VITAFOL-ONE.....	71
VELETRI.....	108	VERSAPAP.....	100	VITALARA.....	71
velivet.....	84	VERSAPAP W/UNIVERSAL TUBING.....	100	VITAMEDMD ONE RX/QUATREFOLIC.....	71
VELPHORO.....	76	VERZENIO.....	27	vitamin d (ergocalciferol).....	71
VELSIPITY.....	89	VESICARE.....	76	vitamin k1	71
VELTASSA.....	71	VESICARE LS.....	76	VITA-PAC.....	71
VEMLIDY.....	32	vestura.....	84	VITAPEARL.....	71
VENCLEXTA.....	27	VEVYE.....	104	VITASURE.....	71
VENCLEXTA STARTING PACK..	27	VFEND.....	20	VITATELY WITH GINGER.....	71
VENELEX.....	49	VFEND IV.....	20	VITRAKVI.....	27
VENEXA.....	71	VIAGRA.....	76	VITRAMYN.....	71
VENEXA FE.....	71	VIBATIV.....	13	VITRANOL.....	71
VENIPUNCTURE PX1 PHLEBOTOMY.....	9	VIBERZI.....	74	VITRANOL FE.....	72
VENLAFAXINE BESYLATE ER... venlafaxine hcl.....	18	VIBRANT.....	74	VITREXATE.....	72
venlafaxine hcl er.....	18	VIBRANT STARTER KIT.....	74	VITREXYL.....	72
VENOFER.....	71	VICTOZA.....	51	VITREXYL + IRON.....	72
VENTAVIS.....	108	VIDAZA.....	27	VIVAGUARD INO CONTROL SOLUTION.....	63
VENTOLIN HFA.....	107	vienna.....	84	VIVAGUARD INO GLUCOSE	
VENTRIXYL.....	71	vigabatrin.....	16	METER.....	63
VENTRIXYL FE.....	71	VIGADRONE.....	16	VIVAGUARD INO SMART GLUC	
VEOPOZ.....	89	VIGAFYDE.....	16	VIGAMOX.....	102
VEOZAH.....	100	VIGAMOX.....	102	METER.....	63
verapamil hcl.....	41	vigpoder.....	16	VIVAGUARD INO TEST STRIPS.	63
verapamil hcl er.....	41	VIIBRYD.....	18	VIVAGUARD LANCESTS 30G.....	63
VERASENS BLOOD GLUCOSE METER.....	63	VIJOICE.....	27	VIVAGUARD LANCING DEVICE.	63
VERASENS BLOOD GLUCOSE SYSTEM.....	63	vilazodone hcl.....	18	VIVAGUARD SAFETY	
VERASENS BLOOD GLUCOSE TEST.....	63	VILTEPSO.....	75	LANCETS 28G.....	63
VERASENS GLUCOSE CONTROL.....	63	VIMIZIM.....	75	VIVELLE-DOT.....	84
VERELAN.....	41	VIMOVO.....	6	VIVIMUSTA.....	27
VERIFINE INSULIN PEN NEEDLE.....	100	VIMPAT.....	16	VIVITROL.....	9
VERIFINE INSULIN SYRINGE.....	66	vinblastine sulfate.....	27	VIVJOA.....	20
VERIFINE PLUS PEN NEEDLE.	100	vincristine sulfate.....	27	VIZIMPRO.....	27
VERIFINE SAFE LANCET MINI 21G.....	63	vinorelbine tartrate.....	27	VOCABRIA.....	32
VERIFINE SAFE LANCET MINI 23G.....	63	VIOKACE.....	75	VOGELXO.....	78
VERIFINE SAFE LANCET MINI 28G.....	63	viorele.....	84	VOGELXO PUMP.....	78
		VIRACEPT.....	32	volnea	84
		VIRAZOLE.....	32	VONJO.....	27
		VIREAD.....	32	VONVENDI.....	34
		VISCO-3.....	100	VOQUEZNA.....	72
		VISTOGARD.....	100	VOQUEZNA DUAL PAK.....	74
		VISUDYNE.....	104	VOQUEZNA TRIPLE PAK.....	74
		VITACORE.....	71	VORANIGO.....	27
		VITAFOL FE+.....	71	VORAXAZE.....	27
		VITAFOL GUMMIES.....	71	voriconazole.....	20

Effective May 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

VORTEX VALVE CHAMBER-PEDI MASK	100	XALATAN	103	XIGDUO XR	51
VORTEX VALVED HOLDING CHAMBER	100	XALIX	49	XIIDRA	104
VOSEVI	32	XALKORI	27	XOFIGO	27
VOWST	74	XANAX	33	XOFLUZA (40 MG DOSE)	32
VOXZOGO	75	XANAX XR	33	XOFLUZA (80 MG DOSE)	32
VOYDEYA	34	xarah fe	84	XOLAIR	107
VPRIV	75	XARELTO	14	XOLREMDI	34
VRAYLAR	30	XARELTO STARTER PACK	14	XOPENEX HFA	107
VTAMA	49	XATMEP	89	XOSPATA	27
VUITY	103	XCOPRI	16	XPHOZAH	100
VUMERITY	43	XDEMVY	102	XPOVIO (100 MG ONCE WEEKLY)	27
VYALEV	29	XELJANZ	89	XPOVIO (40 MG ONCE WEEKLY)	27
VYEPTI	21	XELJANZ XR	89	XPOVIO (40 MG TWICE WEEKLY)	27
vyfemla	84	XELPROS	103	XPOVIO (60 MG ONCE WEEKLY)	27
VYLEESI	44	xelria fe	84	XPOVIO (80 MG ONCE WEEKLY)	27
vylibra	84	XELSTRYM	42	XPOVIO (80 MG TWICE WEEKLY)	27
VYLOY	27	XEMBIFY	89	XPOVIO (100 MG ONCE WEEKLY)	27
VYNDAMAX	41	XENICAL	44	XPOVIO (100 MG TWICE WEEKLY)	27
VYNDAQEL	41	XEOMIN	100	XPOVIO (60 MG ONCE WEEKLY)	27
VYONDYS 53	75	XERAC AC	49	XPOVIO (80 MG ONCE WEEKLY)	27
VYTORIN	41	XERAVA	13	XERATOGEN	27
VYVANSE	42	XEREMEO	74	XEREMEO	27
VYVGART	100	XEROFORM OCCLUSIVE GAUZE PATCH	50	XEROFORM OCCLUSIVE GAUZE PATCH	27
VYVGART HYTRULO	100	XEROFORM OIL EMULSION 2"X2"	50	XEROFORM OIL EMULSION 2"X2"	27
VYXEOS	27	XEROFORM OIL EMULSION	50	XEROFORM OIL EMULSION	27
VYZULTA	103	GAUZE	50	XEROFORM OIL ROLL 4"X9"	27
WAINUA	44	XEROFORM PETROLAT	50	XEROFORM PETROLAT	27
WAKIX	109	STRIP	50	GAUZE 1"X8"	27
warfarin sodium	14	XEROFORM PETROLAT	50	XEROFORM PETROLAT	27
WEGOVY	44	GAUZE 5"X9"	50	GAUZE 5"X9"	27
WELCHOL	41	XEROFORM PETROLAT	50	PATCH 2"X2"	27
WELIREG	27	PATCH 2"X2"	50	XEROFORM PETROLATUM	27
WELLBUTRIN SR	18	XEROFORM PETROLATUM	50	DRES 4"X4"	27
WELLBUTRIN XL	18	DRES 4"X4"	50	XEROFORM PETROLATUM	27
WELLFOLA	72	DRES 5"X9"	50	DRES 5"X9"	27
wera	84	XEROFORM PETROLATUM	50	XEROFORM PETROLATUM	27
wes-phos 250 neutral	72	PATCH 4"X4"	50	XEROFORM PETROLATUM	27
WESTGEL DHA	72	ROLL 4"X9"	50	XEROFORM PETROLATUM	27
WEZLANA	89	XHANCE	105	XGEVA	27
WILATE	34	XIAFLEX	100	XIFAXAN	27
WINLEVI	49	XIAFLEX	100	XIFAXAN	27
WINREVAIR	108	XIFAXAN	14	KIT 1	101
WINRHO SDF	89				
wixela inhub	107				
wymzya fe	84				
WYNZORA	49				
XACIATO	13				

Effective May 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

YONI FIT BLADDER SUPPORT		ZESTRIL.....	41	ZOVIRAX.....	32
KIT 2.....	101	ZETIA.....	41	ZTALMY.....	17
YONI FIT BLADDER SUPPORT		ZEVALIN Y-90.....	27	ZTLIDO.....	9
KIT 3.....	101	ZEWA DIGITAL TENS UNIT	101	ZUBSOLV.....	9
YONI FIT BLADDER SUPPORT		ZEWA TENS/EMS COMBO		zumandimine.....	84
KIT 4.....	101	UNIT	101	ZURZUVAE.....	18
YONI FIT BLADDER SUPPORT		ZIAGEN.....	32	ZYCLARA.....	50
KIT 5.....	101	ZIANA.....	50	ZYCLARA PUMP.....	50
YONSA.....	27	zidovudine.....	32	ZYDELIG.....	27
YORVIPATH.....	101	ZIEXTENZO.....	34	ZYKADIA.....	27
YOSPRALA.....	29	ZILBRYSQ.....	101	ZYLET.....	104
YUFLYMA (1 PEN).....	89	ZILXI.....	50	ZYMFENTRA (1 PEN).....	89
YUFLYMA (2 PEN).....	89	ZIMHI.....	9	ZYMFENTRA (2 PEN).....	89
YUFLYMA (2 SYRINGE).....	89	zinc chloride.....	72	ZYMFENTRA (2 SYRINGE).....	89
YUFLYMA-CD/UC/HS STARTER	89	zinc sulfate.....	72	ZYNLONTA.....	27
YUPELRI.....	107	ZINPLAVA.....	89	ZYNRELEF.....	6
YUSIMRY.....	89	ZIOPTAN.....	103	ZYNYZ.....	28
yuvafem.....	84	ZIPHEX.....	72	ZYPITAMAG.....	41
zafemy.....	84	ziprasidone hcl.....	30	ZYPREXA.....	30
zafirlukast.....	107	ziprasidone mesylate.....	30	ZYTIGA.....	28
zaleplon.....	109	ZIPSOR.....	6	ZYVOX.....	14
ZALTRAP.....	27	ZIRABEV.....	27		
ZALVIT.....	72	ZIRGAN.....	102		
ZANAFLEX.....	109	ZITHROMAX.....	14		
ZARONTIN.....	16	ZITHROMAX TRI-PAK.....	14		
ZARXIO.....	34	ZITHROMAX Z-PAK.....	14		
ZAVZPRET.....	21	ZITUVIMET.....	51		
ZEGALOGUE.....	64	ZITUVIMET XR.....	51		
ZEJULA.....	27	ZITUVIO.....	51		
ZELBORAF.....	27	ZOCOR.....	41		
ZELDANA.....	72	ZOKINVY.....	101		
ZEMAIRA.....	107	ZOLADEX.....	80		
ZEMBRACE SYMTOUCH.....	21	zoledronic acid.....	90		
ZEMDRI.....	14	ZOLINZA.....	27		
ZEMPLAR.....	90	zolmitriptan.....	21		
zenatane.....	50	ZOLOFT.....	18		
ZENIFIBER AG.....	50	ZOLPIDEM TARTRATE.....	109		
ZENIFOAM AG.....	50	zolpidem tartrate.....	109		
ZENPEP.....	75	zolpidem tartrate er.....	109		
ZENZEDI.....	42	ZOMACTON.....	80		
ZEPATIER.....	32	ZOMIG.....	21		
ZEPBOUND.....	44	ZONEGRAN.....	16		
ZEPOSIA.....	43	ZONISADE.....	16		
ZEPOSIA 7-DAY STARTER		zonisamide.....	16		
PACK.....	43	ZONTIVITY.....	29		
ZEPOSIA STARTER KIT.....	43	ZORTRESS.....	89		
ZEPZELCA.....	27	ZORYVE.....	50		
ZERBAXA.....	14	ZOSYN.....	14		
ZERVIASTE.....	102	zovia 1/35 (28).....	84		

Effective May 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