

# Atrium Health

## Table of Contents

Analgesics - Drugs for Pain.....	3
Analgesics - Drugs for Pain and Inflammation.....	5
Anesthetics.....	6
Anti-Addiction / Substance Abuse Treatment Agents.....	8
Antibacterials.....	8
Anticoagulants.....	13
Anticonvulsants - Drugs for Seizures.....	13
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia.....	15
Antidepressants.....	16
Antiemetics - Drugs for Nausea and Vomiting.....	17
Antifungals.....	18
Antigout Agents.....	19
Antimigraine Agents.....	19
Antimyasthenic Agents.....	20
Antimycobacterials.....	20
Antineoplastics - Drugs for Cancer.....	20
Antiparasitics.....	26
Antiparkinson Agents.....	27
Antiplatelets.....	27
Antipsychotics - Drugs for Mood Disorders.....	27
Antivirals.....	28
Anxiolytics - Drugs for Anxiety.....	30
Bipolar Agents - Drugs for Mood Disorders.....	31
Blood Products and Modifiers - Drugs for Blood Disorders.....	31
Cardiovascular Agents - Drugs for Heart and Circulation Conditions.....	32
Central Nervous System Agents.....	39
Central Nervous System Agents - Drugs for Attention Deficit Disorder.....	39
Central Nervous System Agents - Drugs for Multiple Sclerosis.....	40
Central Nervous System Agents - Miscellaneous.....	41
Dental and Oral Agents - Drugs for Mouth and Throat Conditions.....	42
Dermatological Agents - Drugs for Skin Conditions.....	42
Diabetes - Antidiabetic Agents.....	47
Diabetes - Glucose Monitoring.....	48
Diabetes - Glycemic Agents.....	61
Diabetes - Insulins.....	61
Electrolytes / Minerals / Metals / Vitamins.....	63
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer.....	68
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions.....	69
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment.....	71
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment.....	72
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions.....	72
Genitourinary Agents - Drugs for Prostate Conditions.....	73
Hormonal Agents - Adrenal.....	73
Hormonal Agents - Men's Health.....	74
Hormonal Agents - Pituitary.....	75
Hormonal Agents - Prostaglandins.....	76
Hormonal Agents - Selective Estrogen Receptor Modifying Agents.....	76
Hormonal Agents - Sex Hormones and Birth Control.....	76
Hormonal Agents - Thyroid.....	80
Immunological Agents - Drugs for Immune System Stimulation or Suppression.....	81
Inflammatory Bowel Disease Agents.....	86
Metabolic Bone Disease Agents - Drugs for Osteoporosis.....	87
Metabolic Bone Disease Agents - Other.....	87
Miscellaneous Therapeutic Agents.....	87

Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation.....	96
Ophthalmic Agents - Drugs for Glaucoma.....	97
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....	98
Otic Agents - Drugs for Ear Conditions.....	99
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold.....	99
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions.....	100
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.....	102
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....	103
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	103
Sleep Disorder Agents.....	104

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

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

Effective June 1, 2024

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

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
HYDROMORPHONE HCL INJECTION SOLUTION 0.2 MG/ML, 0.5 MG/ML	TIER 03	
hydromorphone hcl injection solution 0.25 mg/0.5ml, 2 mg/ml, 4 mg/ml	TIER 01	
HYDROMORPHONE HCL INTRAVENOUS	TIER 03	
hydromorphone hcl oral	TIER 01	QL
hydromorphone hcl pf	TIER 01	
HYDROMORPHONE HCL SOLUTION 1 MG/ML INJECTION	TIER 03	
hydromorphone hcl solution 1 mg/ml injection	TIER 01	
HYDROMORPHONE HCL-NACL INJECTION SOLUTION 20-0.9 MG/100ML-%	TIER 03	
HYDROMORPHONE HCL-NACL INTRAVENOUS	TIER 03	
HYSINGLA ER	TIER 02	PA; QL
INFUMORPH 200	TIER 03	
INFUMORPH 500	TIER 03	
meperidine hcl injection	TIER 01	
meperidine hcl oral	TIER 01	QL
methadone hcl injection	TIER 01	
methadone hcl intensol	TIER 01	
methadone hcl oral concentrate	TIER 01	
methadone hcl oral solution	TIER 01	
methadone hcl oral tablet	TIER 01	PA
methadone hcl oral tablet soluble	TIER 01	
METHADONE HCL-NACL	TIER 03	

Drug Name	Drug Tier	Notes
METHADONE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	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)	TIER 01	QL
morphine sulfate (pf)	TIER 01	
morphine sulfate er	TIER 01	PA; QL
morphine sulfate er beads	TIER 01	PA; QL
MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML	TIER 03	
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	TIER 01	
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML	TIER 03	
morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml	TIER 01	
morphine sulfate oral	TIER 01	QL
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/ML-%, 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%, 500-0.9 MG/100ML-%	TIER 03	

Effective June 1, 2024

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

**ATRIUM HEALTH**

Drug Name	Drug Tier	Notes
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
MS CONTIN	EXCLUDED	PA; QL
nalbuphine hcl injection	TIER 01	
NUCYNTA	EXCLUDED	QL
NUCYNTA ER	EXCLUDED	PA; QL
OXYCODONE HCL	EXCLUDED	
OXYCODONE HCL ER	EXCLUDED	PA; QL
oxycodone hcl oral	TIER 01	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	TIER 03	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	TIER 01	QL
OXYCONTIN	TIER 02	PA; QL
oxymorphone hcl	TIER 01	QL
oxymorphone hcl er	TIER 01	PA; QL
pentazocine-naloxone hcl	TIER 01	QL
PERCOCET	EXCLUDED	QL
QDOLO	EXCLUDED	QL
remifentanil hcl	TIER 01	
ROXICODONE	EXCLUDED	QL
ROXYBOND	EXCLUDED	QL
SEGLENTIS	EXCLUDED	PA
TENCON	TIER 03	
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR	EXCLUDED	PA; QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	TIER 01	PA; QL
tramadol hcl er	TIER 01	PA; QL

Drug Name	Drug Tier	Notes
TRAMADOL HCL ORAL SOLUTION	EXCLUDED	QL
tramadol hcl oral tablet 100 mg, 50 mg	TIER 01	QL
tramadol-acetaminophen	TIER 01	QL
TREZIX	TIER 03	QL
ULTIVA	TIER 03	
XTAMPZA ER	TIER 02	PA; QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
ARTHROTEC	EXCLUDED	
CALDOLOR	TIER 03	
CELEBREX	EXCLUDED	
celecoxib oral	TIER 01	
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
EC-NAPROSYN	TIER 03	
ec-naproxen	TIER 01	
ELYXYB	EXCLUDED	PA
etodolac	TIER 01	
etodolac er	TIER 01	
FLECTOR	EXCLUDED	PA
flurbiprofen oral	TIER 01	
ibuprofen lysine	TIER 01	
ibuprofen oral suspension 100 mg/5ml	TIER 01	

Effective June 1, 2024

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

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	TIER 01	
ibuprofen-famotidine	EXCLUDED	PA
indomethacin er	TIER 01	
indomethacin oral capsule	TIER 01	
indomethacin sodium	TIER 01	
ketoprofen oral capsule 50 mg	TIER 01	
ketorolac tromethamine injection solution 15 mg/ml	TIER 01	
ketorolac tromethamine intramuscular solution 60 mg/2ml	TIER 01	
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 dr	TIER 01	
naproxen oral tablet	TIER 01	
naproxen oral tablet delayed release	TIER 01	
naproxen sodium oral tablet 275 mg, 550 mg	TIER 01	
NEOPROFEN	TIER 03	
oxaprozin oral tablet	TIER 01	
PENNSAID	EXCLUDED	PA
piroxicam oral	TIER 01	
RELAFEN DS	EXCLUDED	PA

Drug Name	Drug Tier	Notes
SPRIX	EXCLUDED	PA
sulindac oral	TIER 01	
VIMOVO	EXCLUDED	PA
ZIPSOR	EXCLUDED	
<b>Anesthetics</b>		
ARTICADENT DENTAL	TIER 03	
bupivacaine fisiopharma	TIER 01	
bupivacaine hcl (pf)	TIER 01	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.25 % (10 ML)	TIER 03	
bupivacaine hcl solution 0.25 % injection	TIER 01	
BUPIVACAINE HCL SOLUTION 0.25 % INJECTION	TIER 03	
bupivacaine hcl solution 0.5 % injection	TIER 01	
BUPIVACAINE HCL SOLUTION 0.5 % INJECTION	TIER 03	
bupivacaine-epinephrine	TIER 01	
bupivacaine-epinephrine (pf)	TIER 01	
chloroprocaine hcl (pf)	TIER 01	
COCAINE HCL NASAL	TIER 03	
ethyl chloride	TIER 01	
EXPAREL	TIER 03	
GEBAUERS PAIN EASE	TIER 03	
GEBAUERS SPRAY AND STRETCH	TIER 03	
glydo	TIER 01	
L.E.T.	TIER 03	
lidocaine external ointment 5 %	TIER 01	
lidocaine external patch 5 %	TIER 01	
LIDOCAINE HCL (BUFFERED)	TIER 03	

Effective June 1, 2024

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

**ATRIUM HEALTH**

Drug Name	Drug Tier	Notes
LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML, 200 MG/10ML, 60 MG/3ML	TIER 03	
lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml	TIER 01	
lidocaine hcl (cardiac) pf	TIER 01	
lidocaine hcl (cardiac) solution prefilled syringe 100 mg/5ml intravenous	TIER 01	
LIDOCAINE HCL (CARDIAC) SOLUTION PREFILLED SYRINGE 100 MG/5ML INTRAVENOUS	TIER 03	
lidocaine hcl (pf)	TIER 01	
lidocaine hcl external solution	TIER 01	
lidocaine hcl injection solution 0.5 %	TIER 01	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE	TIER 03	
LIDOCAINE HCL SOLUTION 1 % INJECTION	TIER 03	
lidocaine hcl solution 1 % injection	TIER 01	
LIDOCAINE HCL SOLUTION 2 % INJECTION	TIER 03	
lidocaine hcl solution 2 % injection	TIER 01	
lidocaine hcl urethral/mucosal	TIER 01	
LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-%	TIER 03	

Drug Name	Drug Tier	Notes
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	TIER 01	
LIDOCAINE(BUFFERD)-EPINEPHRINE	TIER 03	
LIDOCAINE-EPINEPHRINE (3 ML)	TIER 03	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 1.5 %-1:200000, 2 %-1:100000	TIER 01	
lidocaine-epinephrine solution 1 %-1:100000 injection	TIER 01	
LIDOCAINE-EPINEPHRINE SOLUTION 1 %-1:100000 INJECTION	TIER 03	
lidocaine-epinephrine solution 2 %-1:200000 injection	TIER 01	
LIDOCAINE-EPINEPHRINE SOLUTION 2 %-1:200000 INJECTION	TIER 03	
lidocaine-prilocaine external cream	TIER 01	
LIDOCAINE-SODIUM BICARBONATE	TIER 03	
LIDOCAN	EXCLUDED	PA
LIDODERM	EXCLUDED	PA
LIDO-EPINEPHRINE-TETRACAINE	TIER 03	
LIDO-RACEPINEPHRINE-TETRACAINE	TIER 03	
MARCAINE	TIER 03	
MARCAINE PRESERVATIVE FREE	TIER 03	
MARCAINE/EPINEPHRINE	TIER 03	
MARCAINE/EPINEPHRINE PF	TIER 03	

Effective June 1, 2024

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

**ATRIUM HEALTH**

Drug Name	Drug Tier	Notes
NAROPIN INJECTION SOLUTION 10 MG/ML, 5 MG/ML, 7.5 MG/ML	TIER 03	
NESACAINE	TIER 03	
NESACAINE-MPF	TIER 03	
ORABLOC	TIER 03	
POLOCAINE	TIER 03	
POLOCAINE-MPF	TIER 03	
PREPIV SUPPLY	TIER 03	
ropivacaine hcl injection solution	TIER 01	
ROPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.5 %	TIER 03	
ROPIVACAINE HCL-NACL INJECTION	TIER 03	
SENSORCAINE	TIER 03	
SENSORCAINE/EPINEPHRINE	TIER 03	
SENSORCAINE-MPF	TIER 03	
SENSORCAINE-MPF/EPINEPHRINE	TIER 03	
STERILE TOPICAL L.E.T. GEL	TIER 03	
tetracaine hcl injection	TIER 01	
TOPICAL L.E.T.	TIER 03	
VENIPUNCTURE PX1 PHLEBOTOMY	TIER 03	
XYLOCAINE	TIER 03	
XYLOCAINE/EPINEPHRINE	TIER 03	
XYLOCAINE-MPF	TIER 03	
XYLOCAINE-MPF/EPINEPHRINE	TIER 03	
ZTLIDO	EXCLUDED	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
acamprosate calcium	TIER 01	

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

Effective June 1, 2024

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

ATRIUM HEALTH



Drug Name	Drug Tier	Notes
ampicillin sodium	TIER 01	
ampicillin-sulbactam sodium	TIER 01	
ARIKAYCE	SPECIALTY	PA
AUGMENTIN	TIER 03	
AUGMENTIN ES-600	TIER 03	
avidoxy	TIER 01	
AVYCAZ	TIER 03	
AZACTAM	TIER 03	
azithromycin intravenous	TIER 01	
azithromycin oral	TIER 01	
aztreonam	TIER 01	
BACTRIM	TIER 03	
BACTRIM DS	TIER 03	
benzalkonium chloride external solution	TIER 01	
BICILLIN C-R	TIER 03	
BICILLIN C-R 900/300	TIER 03	
BICILLIN L-A	TIER 03	
cefaclor	TIER 01	
cefaclor er	TIER 01	
cefadroxil	TIER 01	
CEFAZOLIN IN SODIUM CHLORIDE	TIER 03	
CEFAZOLIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE	TIER 03	
cefazolin sodium injection solution reconstituted	TIER 01	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
cefazolin sodium intravenous solution reconstituted	TIER 01	

Drug Name	Drug Tier	Notes
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	TIER 01	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%	TIER 03	
cefazolin sodium-dextrose intravenous solution reconstituted	TIER 01	
cefdinir	TIER 01	
cefepime hcl injection	TIER 01	
cefepime hcl intravenous solution	TIER 01	
cefepime hcl intravenous solution reconstituted 2 gm	TIER 01	
cefepime-dextrose	TIER 01	
cefixime	TIER 01	
CEFOTAN	TIER 03	
CEFOTAXIME SODIUM	TIER 03	
cefotetan disodium	TIER 01	
cefoxitin sodium	TIER 01	
CEFOXITIN SODIUM-DEXTROSE	TIER 03	
cefpodoxime proxetil	TIER 01	
cefprozil	TIER 01	
ceftazidime injection	TIER 01	
ceftazidime intravenous	TIER 01	
ceftriaxone sodium in dextrose	TIER 01	
ceftriaxone sodium injection	TIER 01	
ceftriaxone sodium intravenous	TIER 01	
ceftriaxone sodium-dextrose	TIER 01	
cefuroxime axetil	TIER 01	

Effective June 1, 2024

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

**ATRIUM HEALTH**

Drug Name	Drug Tier	Notes
cefuroxime sodium	TIER 01	
cephalexin oral capsule 250 mg, 500 mg	TIER 01	
cephalexin oral suspension reconstituted	TIER 01	
cephalexin oral tablet	TIER 01	
chloramphenicol sod succinate	TIER 01	
CIPRO	TIER 03	
ciprofloxacin hcl oral	TIER 01	
ciprofloxacin in d5w	TIER 01	
clarithromycin er	TIER 01	
clarithromycin oral	TIER 01	
CLEOCIN ORAL	TIER 03	
CLEOCIN PHOSPHATE	TIER 03	
CLEOCIN VAGINAL	EXCLUDED	
clindamycin hcl oral	TIER 01	
clindamycin palmitate hcl	TIER 01	
clindamycin phosphate in d5w	TIER 01	
CLINDAMYCIN PHOSPHATE IN NAACL	TIER 03	
clindamycin phosphate injection	TIER 01	
clindamycin phosphate vaginal	TIER 01	
CLINDESSE	TIER 03	
colistimethate sodium (cba)	TIER 01	
COLY-MYCIN M	TIER 03	
DALVANCE	TIER 03	
daptomycin	TIER 01	
DAPTOMYCIN-SODIUM CHLORIDE	TIER 03	
demeclocycline hcl	TIER 01	
dicloxacillin sodium	TIER 01	
DIFICID	TIER 03	
DORYX MPC	EXCLUDED	

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

Effective June 1, 2024

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

**ATRIUM HEALTH**

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

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

Effective June 1, 2024

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

**ATRIUM HEALTH**

Drug Name	Drug Tier	Notes
SILVADENE	EXCLUDED	
silver sulfadiazine external	TIER 01	
SIVEXTRO INTRAVENOUS	TIER 03	QL
SOLODYN	EXCLUDED	
SOLOSEC	TIER 03	ST
ssd	TIER 01	
streptomycin sulfate intramuscular	TIER 01	
sulfadiazine oral	TIER 01	
sulfamethoxazole-trimethoprim	TIER 01	
SULFAMYLON EXTERNAL PACKET	TIER 03	
sulfatrim pediatric	TIER 01	
TARGADOX	EXCLUDED	
tazicef injection	TIER 01	
TAZICEF INTRAVENOUS SOLUTION	TIER 03	
tazicef intravenous solution reconstituted	TIER 01	
TEFLARO	TIER 03	
tetracycline hcl oral capsule	TIER 01	
tigecycline	TIER 01	
tinidazole oral	TIER 01	
tobramycin sulfate injection	TIER 01	
trimethoprim oral	TIER 01	
TYGACIL	TIER 03	
UNASYN	TIER 03	
VABOMERE	TIER 03	
VANCOGIN	TIER 03	
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	TIER 03	

Drug Name	Drug Tier	Notes
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	TIER 01	
vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous	TIER 01	
VANCOMYCIN HCL IN DEXTROSE SOLUTION 1.25-5 GM/250ML-% INTRAVENOUS	TIER 03	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	TIER 01	
VANCOMYCIN HCL IN 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-%, 2-0.9 GM/500ML-%	TIER 03	
VANCOMYCIN HCL IN NAACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	TIER 03	
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	TIER 01	
vancomycin hcl intravenous	TIER 01	
vancomycin hcl oral	TIER 01	
VANDAZOLE	TIER 03	ST
VIBATIV	TIER 03	
VIBRAMYCIN	TIER 03	ST
XACIATO	TIER 03	
XEPI	TIER 03	
XERAVA	TIER 03	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
XIFAXAN ORAL TABLET 200 MG	EXCLUDED	PA
XIFAXAN ORAL TABLET 550 MG	TIER 03	PA
ZEMDRI	TIER 03	
ZERBAXA	TIER 03	
ZITHROMAX	TIER 03	
ZITHROMAX TRI-PAK	TIER 03	
ZITHROMAX Z-PAK	TIER 03	
ZOSYN	TIER 03	
ZYVOX INTRAVENOUS	TIER 03	
ZYVOX ORAL SUSPENSION RECONSTITUTED	TIER 03	QL
<b>Anticoagulants</b>		
ACD FORMULA A	TIER 03	
ACD-A NOCLOT-50	TIER 03	
ANGIOMAX	TIER 03	
ANTICOAGULANT SODIUM CITRATE	TIER 03	
argatroban	TIER 01	
ARIXTRA	TIER 03	
bd heparin posiflush	TIER 01	
bivalirudin trifluoroacetate intravenous solution reconstituted	TIER 01	
dabigatran etexilate mesylate	TIER 01	
DEFENCATH	TIER 03	
ELIQUIS	TIER 02	
ELIQUIS DVT/PE STARTER PACK	TIER 02	
enoxaparin sodium	TIER 01	
fondaparinux sodium	TIER 01	
FRAGMIN	TIER 03	
heparin (porcine) in nacl intravenous solution	TIER 01	

Drug Name	Drug Tier	Notes
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	TIER 03	
heparin na (pork) lock flsh pf	TIER 01	
heparin sod (porcine) in d5w	TIER 01	
heparin sod (pork) lock flush	TIER 01	
heparin sodium (porcine)	TIER 01	
heparin sodium (porcine) pf	TIER 01	
jantoven	PREVENT	
LOVENOX	TIER 03	
PRADAXA ORAL CAPSULE	TIER 02	
PRADAXA ORAL PACKET	TIER 03	
RETAVASE	TIER 03	
RETAVASE HALF-KIT	TIER 03	
SAVAYSA	TIER 03	
SODIUM CITRATE IN VITRO	TIER 03	
SODIUM CITRATE LOCK FLUSH	TIER 03	
SODIUM CITRATE-GENTAMICIN SULF	TIER 03	
TNKASE	TIER 03	
TRICITRASOL	TIER 03	
warfarin sodium oral	PREVENT	
XARELTO	TIER 02	
XARELTO STARTER PACK	TIER 02	
<b>Anticonvulsants - Drugs for Seizures</b>		
APTOM	TIER 03	

Effective June 1, 2024

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

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
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	PREVENT	
CARBATROL	EXCLUDED	
CELONTIN	TIER 03	
CEREBYX	TIER 03	
clobazam	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	
DILANTIN ORAL SUSPENSION	EXCLUDED	
DILANTIN-125	EXCLUDED	
divalproex sodium er	TIER 01	
divalproex sodium oral	TIER 01	
ELEPSIA XR	EXCLUDED	
EPIDIOLEX	SPECIALTY	PA
epitol	PREVENT	
EPRONTIA	EXCLUDED	
ethosuximide oral	TIER 01	
felbamate	TIER 01	

Drug Name	Drug Tier	Notes
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	
levetiracetam er	TIER 01	
levetiracetam in nacl	TIER 01	
levetiracetam intravenous	TIER 01	
levetiracetam oral solution 100 mg/ml	TIER 01	
levetiracetam oral tablet	TIER 01	
methsuximide	TIER 01	
MOTPOLY XR	TIER 03	ST
NAYZILAM	TIER 03	QL
NEURONTIN	EXCLUDED	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
ONFI	EXCLUDED	PA
oxcarbazepine	TIER 01	
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	
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	

Drug Name	Drug Tier	Notes
topiramate er oral capsule extended release 24 hour	TIER 01	ST
topiramate oral	TIER 01	
TRILEPTAL	EXCLUDED	
TROKENDI XR	EXCLUDED	
valproate sodium intravenous	TIER 01	
valproic acid oral capsule	TIER 01	
valproic acid oral solution	PREVENT	
VALTOCO	TIER 03	QL
vigabatrin	SPECIALTY	PA
vigadrone	SPECIALTY	PA
vigpoder	SPECIALTY	PA
VIMPAT	EXCLUDED	
XCOPRI	TIER 03	ST
ZARONTIN	TIER 02	
ZONEGRAN	EXCLUDED	
ZONISADE	EXCLUDED	PA
zonisamide oral	TIER 01	
ZTALMY	SPECIALTY	PA
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ADLARITY	EXCLUDED	PA
ADUHELM	EXCLUDED	PA
donepezil hcl	TIER 01	
galantamine hydrobromide	TIER 01	
galantamine hydrobromide er	TIER 01	
LEQEMBI	EXCLUDED	PA
memantine hcl	TIER 01	
memantine hcl er	TIER 01	
NAMENDA TITRATION PAK	TIER 03	
NAMENDA XR	TIER 03	
NAMZARIC	TIER 02	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
rivastigmine tartrate	TIER 01	
<b>Antidepressants</b>		
amitriptyline hcl oral	PREVENT	
amoxapine	TIER 01	
AUVELITY	EXCLUDED	
bupropion hcl er (sr)	TIER 01	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	TIER 01	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	EXCLUDED	
bupropion hcl oral	TIER 01	
CELEXA	EXCLUDED	
chlordiazepoxide-amitriptyline	TIER 01	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	EXCLUDED	
citalopram hydrobromide oral solution	PREVENT	
citalopram hydrobromide oral tablet	PREVENT	
clomipramine hcl oral	TIER 01	
CYMBALTA	EXCLUDED	
desipramine hcl oral	TIER 01	
DESVENLAFAXINE ER	TIER 03	ST; QL
desvenlafaxine succinate er	TIER 01	
doxepin hcl oral capsule	TIER 01	
doxepin hcl oral concentrate	TIER 01	
duloxetine hcl oral	PREVENT	
EFFEXOR XR	EXCLUDED	
EMSAM	TIER 03	
escitalopram oxalate oral	PREVENT	
FETZIMA	TIER 03	ST; QL
FETZIMA TITRATION	TIER 03	ST; QL

Drug Name	Drug Tier	Notes
fluoxetine hcl oral capsule	PREVENT	
fluoxetine hcl oral capsule delayed release	PREVENT	
fluoxetine hcl oral solution	PREVENT	
fluoxetine hcl oral tablet 10 mg, 60 mg	TIER 01	
fluvoxamine maleate	TIER 01	
fluvoxamine maleate er	TIER 01	
FORFIVO XL	EXCLUDED	
imipramine hcl oral	TIER 01	
imipramine pamoate	TIER 01	
LEXAPRO	EXCLUDED	
LYBALVI	EXCLUDED	
MARPLAN	TIER 03	
mirtazapine oral	TIER 01	
NARDIL	TIER 03	
nefazodone hcl	TIER 01	
NORPRAMIN	TIER 03	
nortriptyline hcl oral	TIER 01	
olanzapine-fluoxetine hcl	TIER 01	
PARNATE	TIER 03	
paroxetine hcl er	TIER 01	
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	

Effective June 1, 2024

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

**ATRIUM HEALTH**



Drug Name	Drug Tier	Notes
REMERON SOLTAB	TIER 03	
SERTRALINE HCL ORAL CAPSULE	EXCLUDED	
sertraline hcl oral concentrate	PREVENT	
sertraline hcl oral tablet	PREVENT	
SPRAVATO (56 MG DOSE)	SPECIALTY	PA
SPRAVATO (84 MG DOSE)	SPECIALTY	PA
SYMBYAX	TIER 03	
tranylcypromine sulfate	TIER 01	
trazodone hcl oral	TIER 01	
trimipramine maleate oral	TIER 01	
TRINTELLIX	TIER 03	ST; QL
VENLAFAXINE BESYLATE ER	EXCLUDED	
venlafaxine hcl	PREVENT	
venlafaxine hcl er oral capsule extended release 24 hour	PREVENT	
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	PREVENT	
VIIBRYD	TIER 03	ST; QL
vilazodone hcl	TIER 01	
WELLBUTRIN SR	EXCLUDED	
WELLBUTRIN XL	EXCLUDED	
ZOLOFT	EXCLUDED	
ZULRESSO	SPECIALTY	PA
ZURZUVAE	TIER 03	PA
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
AKYNZEO (READY-TO-USE)	TIER 03	
AKYNZEO (TO-BE-DILUTED)	TIER 03	

Drug Name	Drug Tier	Notes
AKYNZEO INTRAVENOUS	TIER 03	
AKYNZEO ORAL	TIER 03	QL
ANTIVERT	TIER 03	
ANZEMET	TIER 03	QL
APONVIE	TIER 03	
aprepitant	TIER 01	QL
BARHEMSYS	TIER 03	
BONJESTA	TIER 03	PA; QL
CINVANTI	TIER 03	
compro	TIER 01	
DICLEGIS	TIER 03	PA; QL
dimenhydrinate injection	TIER 01	
doxylamine-pyridoxine	TIER 01	PA; QL
dronabinol	TIER 01	PA; QL
droperidol injection	TIER 01	
EMEND INTRAVENOUS	TIER 03	
EMEND ORAL	TIER 03	QL
EMEND TRI-PACK	TIER 03	QL
fosaprepitant dimeglumine	TIER 01	
GIMOTI	EXCLUDED	PA
granisetron hcl intravenous	TIER 01	
granisetron hcl oral	TIER 01	QL
MARINOL	TIER 03	PA; QL
meclizine hcl oral tablet	TIER 01	
metoclopramide hcl injection	TIER 01	
metoclopramide hcl oral	TIER 01	
ondansetron hcl injection	TIER 01	
ondansetron hcl oral solution	TIER 01	QL
ondansetron hcl oral tablet 4 mg, 8 mg	TIER 01	
ondansetron odt	TIER 01	
palonosetron hcl	TIER 01	
perphenazine oral	TIER 01	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
PHENERGAN	TIER 03	
prochlorperazine	TIER 01	
prochlorperazine edisylate injection	TIER 01	
prochlorperazine maleate oral	TIER 01	
promethazine hcl injection	TIER 01	
promethazine hcl oral	TIER 01	
promethazine hcl rectal	TIER 01	
promethegan	TIER 01	
REGLAN	TIER 03	
SANCUSO	EXCLUDED	PA; QL
scopolamine	TIER 01	
SUSTOL	TIER 03	QL
SYNDROS	TIER 03	PA; QL
TIGAN	TIER 03	
TRANSDERM-SCOP	TIER 03	
trimethobenzamide hcl oral	TIER 01	
VARUBI (180 MG DOSE)	TIER 03	QL
<b>Antifungals</b>		
ABELCET	TIER 03	
AMBISOME	TIER 03	
amphotericin b intravenous	TIER 01	
amphotericin b liposome	TIER 01	
ANCOBON	TIER 03	
BREXAFEMME	EXCLUDED	
CANCIDAS	TIER 03	
casprofungin acetate	TIER 01	
ciclodan	TIER 01	
ciclopirox external	TIER 01	
ciclopirox olamine external	TIER 01	
clotrimazole external	TIER 01	
clotrimazole mouth/throat	TIER 01	

Drug Name	Drug Tier	Notes
clotrimazole-betamethasone	TIER 01	
CRESEMBA INTRAVENOUS	SPECIALTY	
CRESEMBA ORAL	SPECIALTY	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	TIER 03	
DIFLUCAN ORAL TABLET 100 MG, 200 MG	TIER 03	
econazole nitrate external	TIER 01	
ERAXIS	TIER 03	
EXODERM	TIER 03	
fluconazole in sodium chloride	TIER 01	
fluconazole oral	TIER 01	
flucytosine oral	TIER 01	
griseofulvin microsize oral	TIER 01	
griseofulvin ultramicrosize	TIER 01	
GYNAZOLE-1	TIER 03	
itraconazole oral	TIER 01	PA
JUBLIA	EXCLUDED	PA
ketoconazole external cream	TIER 01	
ketoconazole external shampoo	TIER 01	
ketoconazole oral	TIER 01	
klayesta	TIER 01	
micalfungin sodium	TIER 01	
MICAFUNGIN SODIUM-NACL	TIER 03	
miconazole 3	TIER 01	
MYCAMINE	TIER 03	
MYCOZYL AL	TIER 03	
naftifine hcl external gel	TIER 01	

Effective June 1, 2024

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

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
NOXAFIL INTRAVENOUS	SPECIALTY	
NOXAFIL ORAL PACKET	SPECIALTY	PA
NOXAFIL ORAL SUSPENSION	SPECIALTY	PA
nyamyc	TIER 01	
nystatin external	TIER 01	
nystatin mouth/throat	TIER 01	
nystatin oral	TIER 01	
nystatin-triamcinolone	TIER 01	
nystop	TIER 01	
posaconazole intravenous	SPECIALTY	
posaconazole oral	SPECIALTY	PA
SPORANOX	TIER 03	PA
tavaborole	TIER 01	PA
terbinafine hcl oral	TIER 01	QL
terconazole	TIER 01	
TOLSURA	EXCLUDED	PA
VFEND	SPECIALTY	PA
VFEND IV	SPECIALTY	
VIVJOA	EXCLUDED	PA
voriconazole intravenous	SPECIALTY	
voriconazole oral	SPECIALTY	PA
<b>Antigout Agents</b>		
allopurinol oral tablet 100 mg, 300 mg	TIER 01	
ALLOPURINOL ORAL TABLET 200 MG	EXCLUDED	
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	

Drug Name	Drug Tier	Notes
<b>Antimigraine Agents</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	SPECIALTY	PA
AJOVY	TIER 02	PA
CAMBIA	EXCLUDED	
dihydroergotamine mesylate injection	TIER 01	PA; QL
dihydroergotamine mesylate nasal	TIER 01	PA; QL
eletriptan hydrobromide	TIER 01	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	EXCLUDED	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	SPECIALTY	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	EXCLUDED	PA
ERGOMAR	TIER 03	PA; QL
ergotamine-caffeine	TIER 01	PA; QL
IMITREX	EXCLUDED	QL
IMITREX STATDOSE REFILL	EXCLUDED	QL
IMITREX STATDOSE SYSTEM	EXCLUDED	QL
MAXALT	EXCLUDED	QL
MAXALT-MLT	EXCLUDED	QL
MIGERGOT	TIER 03	PA; QL
naratriptan hcl	TIER 01	QL
NURTEC	TIER 02	PA
ONZETRA XSAIL	EXCLUDED	QL
QULIPTA	TIER 02	PA; QL
RELPAK	EXCLUDED	QL

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
REYVOW	EXCLUDED	PA
rizatriptan benzoate	TIER 01	QL
sumatriptan nasal	TIER 01	QL
sumatriptan succinate oral	TIER 01	QL
sumatriptan succinate refill subcutaneous solution cartridge	TIER 01	QL
sumatriptan succinate subcutaneous	TIER 01	QL
TOSYMRA	EXCLUDED	QL
TREXIMET	EXCLUDED	QL
TRUDHESA	EXCLUDED	PA; QL
UBRELVY	TIER 02	PA
VYEPTI	TIER 03	PA
ZAVZPRET	TIER 03	PA
ZEMBRACE SYMTOUCH	EXCLUDED	QL
zolmitriptan	TIER 01	QL
<b>Antimyasthenic Agents</b>		
BLOXIVERZ	TIER 03	
MESTINON ORAL SOLUTION	TIER 03	
MESTINON ORAL TABLET EXTENDED RELEASE	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	

Drug Name	Drug Tier	Notes
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 4 MG/4ML, 5 MG/5ML	TIER 03	
neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous	TIER 01	
NEOSTIGMINE METHYLSULFATE SOLUTION PREFILLED SYRINGE 3 MG/3ML INTRAVENOUS	TIER 03	
pyridostigmine bromide er	TIER 01	
pyridostigmine bromide oral	TIER 01	
REGONOL	TIER 03	
<b>Antimycobacterials</b>		
cycloserine oral	TIER 01	
dapsone oral	TIER 01	
ethambutol hcl oral	TIER 01	
isoniazid injection	TIER 01	
isoniazid oral	TIER 01	
MYAMBUTOL	TIER 03	
MYCOBUTIN	TIER 03	
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	
TRECTOR	TIER 03	
<b>Antineoplastics - Drugs for Cancer</b>		
abiraterone acetate	SPECIALTY	PA

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
ABRAXANE	SPECIALTY	
ADCETRIS	SPECIALTY	PA
adriamycin	SPECIALTY	
AFINITOR	EXCLUDED	PA
AFINITOR DISPERZ	EXCLUDED	PA
AKEEGA	EXCLUDED	PA
ALECENSA	SPECIALTY	PA
ALIMTA	SPECIALTY	ST
ALIQOPA	SPECIALTY	PA
ALUNBRIG	SPECIALTY	PA
ALYMSYS	EXCLUDED	PA
anastrozole oral	TIER 01	
ARIMIDEX	EXCLUDED	
ARRANON	SPECIALTY	
arsenic trioxide intravenous	SPECIALTY	
ARZERRA	SPECIALTY	PA
ASPARLAS	SPECIALTY	
AUGTYRO	SPECIALTY	PA
AVASTIN	SPECIALTY	PA
AYVAKIT	SPECIALTY	PA
azacitidine	SPECIALTY	
BALVERSA	SPECIALTY	PA
BAVENCIO	SPECIALTY	PA
BELEODAQ	SPECIALTY	PA
BELRAPZO	EXCLUDED	PA
BENDAMUSTINE HCL INTRAVENOUS SOLUTION	EXCLUDED	PA
bendamustine hcl intravenous solution reconstituted	SPECIALTY	PA
BENDEKA	SPECIALTY	PA
BESPONSA	SPECIALTY	PA
BESREMI	EXCLUDED	PA
bexarotene	SPECIALTY	PA
bicalutamide	TIER 01	

Drug Name	Drug Tier	Notes
bleomycin sulfate	SPECIALTY	
BLINCYTO	SPECIALTY	PA
bortezomib	SPECIALTY	PA
BOSULIF ORAL TABLET	SPECIALTY	PA
BRAFTOVI	SPECIALTY	PA
BRUKINSA	SPECIALTY	PA
busulfan	SPECIALTY	
BUSULFEX	SPECIALTY	
CABOMETYX	SPECIALTY	PA
CALQUENCE	SPECIALTY	PA
CAMPTOSAR	SPECIALTY	
capecitabine	SPECIALTY	
CAPRELSA	SPECIALTY	PA
carboplatin	SPECIALTY	
carmustine	SPECIALTY	
CASODEX	TIER 03	
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml	SPECIALTY	
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	SPECIALTY	
cisplatin solution 50 mg/50ml intravenous	SPECIALTY	
CISPLATIN SOLUTION 50 MG/50ML INTRAVENOUS	SPECIALTY	
cladribine	SPECIALTY	
clofarabine	SPECIALTY	
CLOLAR	SPECIALTY	
COLUMVI	SPECIALTY	PA
COMETRIQ	SPECIALTY	PA
COPIKTRA	SPECIALTY	PA
COSELA	EXCLUDED	PA
COTELLIC	SPECIALTY	PA
cyclophosphamide injection	SPECIALTY	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
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
daunorubicin hcl	SPECIALTY	
DAURISMO	SPECIALTY	PA
decitabine	SPECIALTY	
dexrazoxane	SPECIALTY	
dexrazoxane hcl	SPECIALTY	
docetaxel	SPECIALTY	
DOCIVYX	SPECIALTY	
DOXIL	SPECIALTY	
doxorubicin hcl	SPECIALTY	
doxorubicin hcl liposomal	SPECIALTY	
DROXIA	TIER 03	
ELITEK	SPECIALTY	
ELLENC	SPECIALTY	
ELREXFIO	SPECIALTY	PA
EMCYT	SPECIALTY	
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

Drug Name	Drug Tier	Notes
ETHYOL	TIER 03	
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	
EXKIVITY	SPECIALTY	
FARESTON	SPECIALTY	
FASLODEX	SPECIALTY	
floxuridine	SPECIALTY	
fludarabine phosphate	SPECIALTY	
fluorouracil intravenous	SPECIALTY	
FOLOTYN	SPECIALTY	PA
FOTIVDA	EXCLUDED	PA
FRUZAQLA	SPECIALTY	PA
fulvestrant	SPECIALTY	
FYARRO	SPECIALTY	PA
GAVRETO	SPECIALTY	PA
GAZYVA	SPECIALTY	PA
gefitinib	SPECIALTY	PA
gemcitabine hcl	SPECIALTY	
GILOTRIF	SPECIALTY	PA
GLEEVEC	EXCLUDED	PA
GLEOSTINE	SPECIALTY	
HALAVEN	TIER 03	PA
HERCEPTIN	SPECIALTY	PA
HERCEPTIN HYLECTA	SPECIALTY	PA
HERZUMA	EXCLUDED	PA
HYCANTIN	SPECIALTY	
HYDREA	TIER 03	
hydroxyurea oral	TIER 01	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
IBRANCE	SPECIALTY	PA
ICLUSIG	SPECIALTY	PA
IDAMYCIN PFS	SPECIALTY	
idarubicin hcl	SPECIALTY	
IDHIFA	SPECIALTY	PA
IFEX	SPECIALTY	
ifosfamide	SPECIALTY	
imatinib mesylate	SPECIALTY	PA
IMBRUVICA ORAL CAPSULE	SPECIALTY	PA
IMBRUVICA ORAL SUSPENSION	SPECIALTY	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG	EXCLUDED	PA
IMBRUVICA ORAL TABLET 420 MG	SPECIALTY	PA
IMFINZI	SPECIALTY	PA
IMJUDO	SPECIALTY	PA
INLYTA	SPECIALTY	PA
INQOVI	EXCLUDED	PA
INREBIC	SPECIALTY	PA
IRESSA	SPECIALTY	PA
irinotecan hcl	SPECIALTY	
ISTODAX	SPECIALTY	PA
IXEMPRA KIT	SPECIALTY	
JAKAFI	SPECIALTY	PA
JAYPIRCA	SPECIALTY	PA
JEMPERLI	SPECIALTY	PA
JEVTANA	SPECIALTY	PA
KADCYLA	SPECIALTY	PA
KANJINTI	SPECIALTY	PA
KEMOPLAT	SPECIALTY	
KEYTRUDA	SPECIALTY	PA
KHAPZORY	SPECIALTY	ST
KIMMTRAK	SPECIALTY	PA
KISQALI FEMARA	SPECIALTY	PA

Drug Name	Drug Tier	Notes
KISQALI ORAL TABLET THERAPY PACK 200 MG	SPECIALTY	PA
KOSELUGO	SPECIALTY	PA
KRAZATI	SPECIALTY	PA
KYPROLIS	SPECIALTY	PA
lapatinib ditosylate	SPECIALTY	PA
lenalidomide	SPECIALTY	PA
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	SPECIALTY	PA
letrozole oral	TIER 01	
leucovorin calcium injection	TIER 01	
leucovorin calcium oral	TIER 01	
LEUKERAN	SPECIALTY	
levoleucovorin calcium	SPECIALTY	
levoleucovorin calcium pf	SPECIALTY	
LIBTAYO	SPECIALTY	PA
LONSURF	SPECIALTY	PA
LOQTORZI	SPECIALTY	PA
LORBRENA	SPECIALTY	PA
LUMAKRAS	SPECIALTY	PA
LUNSUMIO	SPECIALTY	PA
LYNPARZA	SPECIALTY	PA
LYSODREN	SPECIALTY	
LYTGOBI (12 MG DAILY DOSE)	SPECIALTY	PA
LYTGOBI (16 MG DAILY DOSE)	SPECIALTY	PA
LYTGOBI (20 MG DAILY DOSE)	SPECIALTY	PA
MARGENZA	SPECIALTY	PA
MATULANE	SPECIALTY	
MEKINIST	SPECIALTY	PA

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
MEKTOVI	SPECIALTY	PA
melphalan hcl	SPECIALTY	
mercaptopurine oral	TIER 01	
mesna	SPECIALTY	
MESNEX	SPECIALTY	
mitomycin intravenous	SPECIALTY	
mitoxantrone hcl	SPECIALTY	PA
MONJUVI	SPECIALTY	PA
mutamycin	SPECIALTY	
MVASI	SPECIALTY	PA
MYLERAN	SPECIALTY	
MYLOTARG	SPECIALTY	PA
nelarabine	SPECIALTY	
NERLYNX	SPECIALTY	PA
NEXAVAR	SPECIALTY	PA
NILANDRON	SPECIALTY	
nilutamide	SPECIALTY	
NINLARO	SPECIALTY	PA
NIPENT	SPECIALTY	
NUBEQA	SPECIALTY	PA
ODOMZO	SPECIALTY	PA
OGIVRI	EXCLUDED	PA
OGSIVEO	SPECIALTY	PA
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	

Drug Name	Drug Tier	Notes
PADCEV	SPECIALTY	PA
PANRETIN	SPECIALTY	
PARAPLATIN	SPECIALTY	
pazopanib hcl	SPECIALTY	PA
PEMAZYRE	EXCLUDED	PA
PEMETREXED	SPECIALTY	ST
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	SPECIALTY	ST
pemetrexed disodium intravenous solution reconstituted	SPECIALTY	
PEMETREXED DITROMETHAMINE	SPECIALTY	ST
PEMFEXY	SPECIALTY	ST
PERJETA	SPECIALTY	PA
PHESGO	SPECIALTY	PA
PHOTOFRIN	SPECIALTY	
PIQRAY	SPECIALTY	PA
POLIVY	SPECIALTY	PA
POMALYST	SPECIALTY	PA
PORTRAZZA	SPECIALTY	PA
POTELIGEO	SPECIALTY	PA
PROLEUKIN	SPECIALTY	
PURIXAN	SPECIALTY	
QINLOCK	SPECIALTY	PA
RETEVMO	SPECIALTY	PA
REVLIMID	SPECIALTY	PA
REZLIDHIA	EXCLUDED	PA
RIABNI	EXCLUDED	PA
RITUXAN	SPECIALTY	PA
RITUXAN HYCELA	SPECIALTY	PA
romidepsin	SPECIALTY	PA
ROZLYTREK	SPECIALTY	PA
RUBRACA	EXCLUDED	PA
RUXIENCE	SPECIALTY	PA
RYBREVAANT	SPECIALTY	PA

Effective June 1, 2024

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



Drug Name	Drug Tier	Notes
RYDAPT	SPECIALTY	PA
RYLAZE	EXCLUDED	PA
SARCLISA	SPECIALTY	PA
SCEMBLIX	SPECIALTY	PA
SOLTAMOX	TIER 03	
sorafenib tosylate	SPECIALTY	PA
SPRYCEL	SPECIALTY	PA
STIVARGA	SPECIALTY	PA
sunitinib malate	SPECIALTY	PA
SUTENT	EXCLUDED	PA
SYLVANT	SPECIALTY	PA
TABLOID	SPECIALTY	
TABRECTA	SPECIALTY	PA
TAFINLAR	SPECIALTY	PA
TAGRISO	SPECIALTY	PA
TALVEY	SPECIALTY	PA
TALZENNA	EXCLUDED	PA
tamoxifen citrate oral	TIER 01	
TARGRETIN ORAL	EXCLUDED	PA
TASIGNA	SPECIALTY	PA
TAZVERIK	EXCLUDED	PA
TECENTRIQ	SPECIALTY	PA
TECVAYLI	SPECIALTY	PA
TEMODAR	SPECIALTY	
temozolomide	SPECIALTY	PA
TEPADINA	SPECIALTY	
TEPMETKO	EXCLUDED	PA
THALOMID	SPECIALTY	PA
thiotepa injection	SPECIALTY	
TIBSOVO	SPECIALTY	PA
TICE BCG	SPECIALTY	
TIVDAK	SPECIALTY	PA
topotecan hcl	SPECIALTY	
toremifene citrate	SPECIALTY	
TRAZIMERA	SPECIALTY	PA
TREANDA	EXCLUDED	PA

Drug Name	Drug Tier	Notes
tretinoin oral	SPECIALTY	
TRISENOX	SPECIALTY	
TRODELVY	SPECIALTY	PA
TRUQAP	SPECIALTY	PA
TRUXIMA	EXCLUDED	PA
TUKYSA	SPECIALTY	PA
TURALIO	SPECIALTY	PA
UNITUXIN	SPECIALTY	PA
UVADEX	TIER 03	
VALCHLOR	SPECIALTY	PA
valrubicin	SPECIALTY	
VALSTAR	SPECIALTY	
VANFLYTA	SPECIALTY	PA
VECTIBIX	SPECIALTY	
VEGZELMA	EXCLUDED	PA
VELCADE	SPECIALTY	PA
VENCLEXTA	SPECIALTY	PA
VENCLEXTA STARTING PACK	SPECIALTY	PA
VERZENIO	SPECIALTY	PA
VIDAZA	SPECIALTY	
VIJOICE	EXCLUDED	PA
vinblastine sulfate	SPECIALTY	
vincristine sulfate	SPECIALTY	
vinorelbine tartrate	SPECIALTY	
VITRAKVI	SPECIALTY	PA
VIVIMUSTA	EXCLUDED	PA
VIZIMPRO	SPECIALTY	PA
VONJO	SPECIALTY	PA
VORAXAZE	TIER 03	
VOTRIENT	SPECIALTY	PA
VYXEOS	SPECIALTY	PA
WELIREG	SPECIALTY	PA
XALKORI	EXCLUDED	PA
XOFIGO	TIER 02	
XOSPATA	SPECIALTY	PA

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
XPOVIO (100 MG ONCE WEEKLY)	SPECIALTY	PA
XPOVIO (40 MG ONCE WEEKLY)	SPECIALTY	PA
XPOVIO (40 MG TWICE WEEKLY)	SPECIALTY	PA
XPOVIO (60 MG ONCE WEEKLY)	SPECIALTY	PA
XPOVIO (60 MG TWICE WEEKLY)	SPECIALTY	PA
XPOVIO (80 MG ONCE WEEKLY)	SPECIALTY	PA
XPOVIO (80 MG TWICE WEEKLY)	SPECIALTY	PA
XTANDI	SPECIALTY	PA
YERVOY	SPECIALTY	PA
YONDELIS	SPECIALTY	
YONSA	EXCLUDED	PA
ZALTRAP	SPECIALTY	PA
ZANOSAR	SPECIALTY	
ZEJULA	SPECIALTY	PA
ZELBORAF	SPECIALTY	PA
ZEPZELCA	SPECIALTY	PA
ZEVALIN Y-90	SPECIALTY	
ZIRABEV	SPECIALTY	PA
ZOLINZA	SPECIALTY	PA
ZYDELIG	SPECIALTY	PA
ZYKADIA	SPECIALTY	PA
ZYNLONTA	SPECIALTY	PA
ZYNYZ	SPECIALTY	PA
ZYTIGA	EXCLUDED	PA
<b>Antiparasitics</b>		
albendazole oral	TIER 01	PA
ALINIA ORAL SUSPENSION RECONSTITUTED	TIER 02	
ARAKODA	TIER 03	
ARTESUNATE	TIER 03	

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

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
STROMEKTOL	TIER 03	
sulfurated lime	TIER 01	
<b>Antiparkinson Agents</b>		
amantadine hcl oral	TIER 01	
APOKYN	SPECIALTY	PA
apomorphine hcl subcutaneous	SPECIALTY	PA
benztropine mesylate	TIER 01	
bromocriptine mesylate oral	TIER 01	
carbidopa oral	TIER 01	
carbidopa-levodopa	TIER 01	
carbidopa-levodopa er	TIER 01	
carbidopa-levodopa-entacapone	TIER 01	
DHIVY	EXCLUDED	
DUOPA	TIER 03	PA
entacapone	TIER 01	
GOCOVRI	EXCLUDED	PA
INBRIJA	SPECIALTY	PA
NEUPRO	TIER 03	
NOURIANZ	TIER 03	PA
ONGENTYS	TIER 03	ST
OSMOLEX ER	EXCLUDED	PA
PARLODEL	TIER 03	
pramipexole dihydrochloride	TIER 01	
rasagiline mesylate oral	TIER 01	
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	

Drug Name	Drug Tier	Notes
<b>Antiplatelets</b>		
AGGRASTAT	TIER 03	
aspirin-dipyridamole er	TIER 01	
BRILINTA	TIER 02	
CABLIVI	SPECIALTY	PA
cilostazol	TIER 01	
clopidogrel bisulfate oral	PREVENT	
dipyridamole oral	TIER 01	
EFFIENT	TIER 03	
eptifibatide	TIER 01	
KENGREAL	TIER 03	
PLAVIX	EXCLUDED	
prasugrel hcl	TIER 01	
tirofiban hcl in nacl	TIER 01	
YOSPRALA	EXCLUDED	PA; QL
ZONTIVITY	TIER 03	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	EXCLUDED	
ABILIFY ASIMTUFII	TIER 03	
ABILIFY MAINTENA	TIER 03	
ADASUVE	TIER 03	PA
aripiprazole	TIER 01	
ARISTADA	TIER 03	
ARISTADA INITIO	TIER 03	
asenapine maleate	TIER 01	
CAPLYTA	TIER 03	ST; QL
chlorpromazine hcl injection	TIER 01	
chlorpromazine hcl oral	TIER 01	
clozapine	TIER 01	
FANAPT	TIER 03	ST; QL
FANAPT TITRATION PACK	TIER 03	ST; QL
fluphenazine decanoate injection	TIER 01	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
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	
molindone hcl	TIER 01	
NUPLAZID	TIER 03	PA
olanzapine	TIER 01	
paliperidone er	TIER 01	
PERSERIS	TIER 03	
pimozide	TIER 01	
quetiapine fumarate	TIER 01	
quetiapine fumarate er	TIER 01	
REXULTI	TIER 03	
RISPERDAL	EXCLUDED	
RISPERDAL CONSTA	TIER 03	
risperidone	TIER 01	
risperidone microspheres er	TIER 01	
RYKINDO	TIER 03	
SAPHRIS	EXCLUDED	
SECUADO	EXCLUDED	
SEROQUEL	EXCLUDED	
SEROQUEL XR	EXCLUDED	

Drug Name	Drug Tier	Notes
thioridazine hcl oral	TIER 01	
thiothixene	TIER 01	
trifluoperazine hcl	TIER 01	
UZEDY	TIER 03	
VERSACLOZ	TIER 03	
VRAYLAR	TIER 03	
ziprasidone hcl	TIER 01	
ziprasidone mesylate	TIER 01	
ZYPREXA	EXCLUDED	
ZYPREXA RELPREVV	TIER 03	
ZYPREXA ZYDIS	TIER 03	
<b>Antivirals</b>		
abacavir sulfate	TIER 01	
abacavir sulfate-lamivudine	TIER 01	
acyclovir external ointment	TIER 01	
acyclovir oral	TIER 01	
acyclovir sodium	TIER 01	
adefovir dipivoxil	TIER 01	
APRETUDE	EXCLUDED	PA
APTIVUS	TIER 02	
atazanavir sulfate	TIER 01	
BARACLUDE ORAL SOLUTION	TIER 03	QL
BARACLUDE ORAL TABLET	EXCLUDED	QL
BIKTARVY	TIER 03	
CABENUVA	EXCLUDED	PA
cidofovir intravenous	TIER 01	
CIMDUO	TIER 02	
COMPLERA	TIER 03	
darunavir	TIER 01	
DELSTRIGO	TIER 03	
DESCOVY ORAL TABLET 120-15 MG	EXCLUDED	
DESCOVY ORAL TABLET 200-25 MG	EXCLUDED	PA

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
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	TIER 01	
EMTRIVA ORAL CAPSULE	TIER 03	
EMTRIVA ORAL SOLUTION	TIER 02	
entecavir	TIER 01	QL
EPCLUSA	SPECIALTY	PA; QL
EPIVIR	TIER 03	
etravirine	TIER 01	
EVOTAZ	TIER 02	
famciclovir oral	TIER 01	
fosamprenavir calcium	TIER 01	
foscarnet sodium	TIER 01	
FOSCAVIR	TIER 03	
FUZEON	SPECIALTY	
GANCICLOVIR	TIER 03	
ganciclovir sodium	TIER 01	
GENVOYA	TIER 03	
HARVONI	SPECIALTY	PA; QL
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	

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

Effective June 1, 2024

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

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

Drug Name	Drug Tier	Notes
VIREAD ORAL POWDER	TIER 02	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	TIER 02	
VOCABRIA	EXCLUDED	PA
VOSEVI	SPECIALTY	PA; QL
XOFLUZA (40 MG DOSE)	TIER 03	QL
XOFLUZA (80 MG DOSE)	TIER 03	QL
ZEPATIER	SPECIALTY	PA
ZIAGEN	TIER 03	
zidovudine	TIER 01	
ZOVIRAX	EXCLUDED	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	TIER 01	QL
alprazolam intensol	TIER 01	QL
alprazolam oral tablet	TIER 01	QL
alprazolam xr	TIER 01	QL
ATIVAN INJECTION	TIER 03	
ATIVAN ORAL	EXCLUDED	QL
buspirone hcl oral	TIER 01	
chlordiazepoxide hcl	TIER 01	QL
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	
DORAL	TIER 03	QL
estazolam	TIER 01	QL
HALCION	TIER 03	QL

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
hydroxyzine hcl intramuscular	TIER 01	
hydroxyzine hcl oral	TIER 01	
hydroxyzine pamoate oral	TIER 01	
KLONOPIN	EXCLUDED	QL
lorazepam injection	TIER 01	
lorazepam intensol	TIER 01	QL
lorazepam oral concentrate 2 mg/ml	TIER 01	QL
lorazepam oral tablet	TIER 01	QL
LOREEV XR	EXCLUDED	PA; QL
meprobamate	TIER 01	
oxazepam	TIER 01	QL
quazepam	TIER 01	QL
triazolam	TIER 01	QL
VALIUM	EXCLUDED	
VISTARIL	TIER 03	
XANAX	EXCLUDED	QL
XANAX XR	EXCLUDED	QL
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
EQUETRO	TIER 03	
lithium	TIER 01	
lithium carbonate er	TIER 01	
lithium carbonate oral	TIER 01	
LITHOBID	TIER 02	
<b>Blood Products and Modifiers - Drugs for Blood Disorders</b>		
ADVATE	SPECIALTY	
ADYNOVATE	SPECIALTY	
AFSTYLA	SPECIALTY	
AGRYLIN	TIER 03	
ALPHANATE	SPECIALTY	
ALPHANINE SD	SPECIALTY	
ALPROLIX	SPECIALTY	

Drug Name	Drug Tier	Notes
ALTUVIIIIO	SPECIALTY	
aminocaproic acid intravenous	SPECIALTY	
aminocaproic acid oral	SPECIALTY	
anagrelide hcl	TIER 01	
APHEXDA	SPECIALTY	
ARANESP (ALBUMIN FREE)	SPECIALTY	PA
ASTRINGYN	TIER 03	
BALFAXAR	TIER 03	
BENEFIX	SPECIALTY	
COAGADEX	SPECIALTY	
CORIFACT	SPECIALTY	
CYKLOKAPRON	TIER 03	
DOPTELET	SPECIALTY	PA
ELOCTATE	SPECIALTY	
EMPAVELI	SPECIALTY	PA
ENJAYMO	SPECIALTY	PA
EPOGEN	EXCLUDED	PA
ESPEROCT	SPECIALTY	
FABHALTA	SPECIALTY	PA
FEIBA	SPECIALTY	
FIBRYGA	SPECIALTY	
FULPHILA	EXCLUDED	PA
FYLNETRA	EXCLUDED	PA
GRANIX	EXCLUDED	PA
HEMLIBRA	SPECIALTY	
HEMOFIL M	SPECIALTY	
HESPAN	TIER 03	
hetastarch-nacl	TIER 01	
HEXTEND	TIER 03	
HUMATE-P	SPECIALTY	
IDELVION	SPECIALTY	
IXINITY	SPECIALTY	
JESDUVROQ	EXCLUDED	PA
JIVI	SPECIALTY	
KCENTRA	TIER 03	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
KOATE	SPECIALTY	
KOATE-DVI	SPECIALTY	
KOGENATE FS	SPECIALTY	
KOVALTRY	SPECIALTY	
LEUKINE	SPECIALTY	PA
LMD IN D5W	TIER 03	
LMD IN NAACL	TIER 03	
MIRCERA	SPECIALTY	PA
MOZOBIL	SPECIALTY	
MULPLETA	SPECIALTY	PA
NEULASTA	SPECIALTY	PA
NEULASTA ONPRO	SPECIALTY	PA
NEUPOGEN	EXCLUDED	PA
NIVESTYM	SPECIALTY	PA
NOVOEIGHT	SPECIALTY	
NOVOSEVEN RT	SPECIALTY	
NPLATE	SPECIALTY	PA
NUWIQ	SPECIALTY	
NYVEPRIA	EXCLUDED	PA
OBIZUR	SPECIALTY	
plerixafor	SPECIALTY	
PROCRIT	SPECIALTY	PA
PROFILNINE	SPECIALTY	
PROMACTA	SPECIALTY	PA
protamine sulfate intravenous	TIER 01	
PYRUKYND	SPECIALTY	PA
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

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

Effective June 1, 2024

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



Drug Name	Drug Tier	Notes
aliskiren fumarate	PREVENT	
ALTACE	EXCLUDED	
amiloride hcl oral	PREVENT	
amiloride-hydrochlorothiazide	PREVENT	
amiodarone hcl	TIER 01	
amlodipine besylate oral	PREVENT	
amlodipine besylate-benazepril hcl	PREVENT	
amlodipine besylate-valsartan	PREVENT	
amlodipine-atorvastatin	TIER 01	
amlodipine-olmesartan	PREVENT	
amlodipine-valsartan-hctz	PREVENT	
ASCLERA	TIER 03	
ASPRUZYO SPRINKLE	EXCLUDED	PA
ATACAND	EXCLUDED	
atenolol oral	PREVENT	
atenolol-chlorthalidone	PREVENT	
ATORVALIQ	EXCLUDED	PA
atorvastatin calcium oral	PREVENT	
AVALIDE	TIER 03	
AVAPRO	EXCLUDED	
AZOR	EXCLUDED	
benazepril hcl oral	PREVENT	
benazepril-hydrochlorothiazide	PREVENT	
BENICAR	EXCLUDED	
BENICAR HCT	EXCLUDED	
betaxolol hcl oral	PREVENT	
BIDIL	TIER 03	
BIORPHEN	TIER 03	
bisoprolol fumarate oral	PREVENT	
bisoprolol-hydrochlorothiazide	PREVENT	
BREVIBLOC	TIER 03	
BREVIBLOC IN NAACL	TIER 03	

Drug Name	Drug Tier	Notes
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	TIER 03	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	EXCLUDED	
CARDURA	TIER 03	
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	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
COREG CR	EXCLUDED	
CORLANOR	TIER 03	PA
CORVERT	TIER 03	
COZAAR	EXCLUDED	
CRESTOR	EXCLUDED	
DEMSEER	TIER 03	PA
DIBENZYLIN	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	

Drug Name	Drug Tier	Notes
EDARBI	TIER 03	ST
EDARBYCLOR	TIER 03	ST
EDECIN	TIER 03	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML	TIER 03	
enalapril maleate oral tablet	PREVENT	
enalaprilat	TIER 01	
enalapril-hydrochlorothiazide	PREVENT	
ENTRESTO	TIER 02	
EPHEDRINE SULFATE (PRESSORS) INJECTION SOLUTION PREFILLED SYRINGE 50 MG/10ML, 50 MG/5ML	TIER 03	
ephedrine sulfate (pressors) intravenous solution 50 mg/ml	TIER 01	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
EPHEDRINE SULFATE-NACL	TIER 03	
EPINEPHRINE HCL-DEXTROSE	TIER 03	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	TIER 03	
epinephrine injection solution	TIER 01	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	TIER 03	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
EPINEPHRINE INTRAVENOUS SOLUTION	TIER 03	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	TIER 03	
epinephrine intravenous solution prefilled syringe 1 mg/10ml	TIER 01	
epinephrine pf	TIER 01	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	TIER 03	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION 2-0.9 MG/250ML-%	TIER 03	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
eplerenone	PREVENT	
esmolol hcl intravenous solution 100 mg/10ml	TIER 01	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	TIER 03	
esmolol hcl-sodium chloride	TIER 01	
ethacrynate sodium	TIER 01	
ethacrynic acid	PREVENT	
ETHAMOLIN	TIER 03	
EVKEEZA	SPECIALTY	PA

Drug Name	Drug Tier	Notes
EXFORGE	EXCLUDED	
EXFORGE HCT	EXCLUDED	
ezetimibe	TIER 01	
ezetimibe-simvastatin	TIER 01	
felodipine er	PREVENT	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	PREVENT	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	PREVENT	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	PREVENT	
fenofibric acid oral capsule delayed release	TIER 01	
flecainide acetate	TIER 01	
fosinopril sodium	PREVENT	
fosinopril sodium-hctz	PREVENT	
FUROSCIX	EXCLUDED	PA
FUROSEMIDE IN SODIUM CHLORIDE	TIER 03	
furosemide injection	TIER 01	
furosemide oral	TIER 01	
gemfibrozil oral	PREVENT	
guanfacine hcl	PREVENT	
HEMANGEOL	TIER 03	
hydralazine hcl injection	TIER 01	
hydralazine hcl oral	PREVENT	
hydrochlorothiazide oral	PREVENT	
HYZAAR	EXCLUDED	
ibutilide fumarate	TIER 01	
icosapent ethyl	TIER 01	PA
IMMPHENTIV	TIER 03	
indapamide	PREVENT	
INDERAL LA	EXCLUDED	
INDERAL XL	EXCLUDED	PA
INNOPRAN XL	EXCLUDED	PA
INPEFA	EXCLUDED	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
INSPRA	TIER 03	
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	
JUXTAPID	SPECIALTY	PA
KAPSPARGO SPRINKLE	EXCLUDED	
KATERZIA	EXCLUDED	PA
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
labetalol hcl oral	TIER 01	
labetalol hcl solution 5 mg/ml intravenous	TIER 01	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	TIER 03	
LABETALOL HCL-DEXTROSE	TIER 03	
LABETALOL HCL-SODIUM CHLORIDE	TIER 03	
LANOXIN	TIER 02	
LANOXIN PEDIATRIC	TIER 02	
LASIX	EXCLUDED	
LEQVIO	EXCLUDED	PA
LESCOL XL	EXCLUDED	
LEVAMLODIPINE MALEATE	EXCLUDED	PA
LEVOPHED	TIER 03	

Drug Name	Drug Tier	Notes
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	TIER 03	
metolazone	PREVENT	
metoprolol succinate er	PREVENT	
metoprolol tartrate intravenous	TIER 01	
metoprolol tartrate oral	PREVENT	
metoprolol-hydrochlorothiazide	PREVENT	
metyrosine	PREVENT	PA
mexiletine hcl oral	TIER 01	
MICARDIS	EXCLUDED	
MICARDIS HCT	EXCLUDED	
midodrine hcl	TIER 01	
milrinone lactate	TIER 01	
milrinone lactate in dextrose	TIER 01	
MINIPRESS	TIER 03	
minoxidil oral	TIER 01	
moexipril hcl	PREVENT	
MULTAQ	TIER 03	
nadolol oral	PREVENT	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
nebivolol hcl	TIER 01	
NEXLETOL	TIER 02	PA
NEXLIZET	TIER 02	PA
NEXTERONE	TIER 03	
niacin er (antihyperlipidemic)	TIER 01	
NICARDIPINE HCL IN NACL	TIER 03	
nicardipine hcl intravenous	TIER 01	
nifedipine er	PREVENT	
nifedipine er osmotic release	PREVENT	
nifedipine oral	PREVENT	
nimodipine oral	PREVENT	
NITRO-BID	TIER 03	
nitroglycerin	TIER 01	
nitroglycerin in d5w	TIER 01	
NITROLINGUAL	TIER 03	
nitroprusside sodium	TIER 01	
NITROSTAT	EXCLUDED	
norepinephrine bitartrate intravenous	TIER 01	
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	

Drug Name	Drug Tier	Notes
olmesartan medoxomil- hctz	PREVENT	
olmesartan-amlodipine- hctz	PREVENT	
omega-3-acid ethyl esters	TIER 01	
OSMITROL	TIER 03	
PACERONE	TIER 03	
pentoxifylline er	TIER 01	
perindopril erbumine	PREVENT	
phenoxybenzamine hcl oral	TIER 01	PA
phentolamine mesylate injection	TIER 01	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 0.4 MG/10ML, 0.8 MG/10ML	TIER 03	
phenylephrine hcl (pressors) intravenous solution 10 mg/ml	TIER 01	
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	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	TIER 03	
pindolol	PREVENT	
pitavastatin calcium	TIER 01	
PRALUENT	EXCLUDED	PA
pravastatin sodium	PREVENT	
prazosin hcl oral	PREVENT	
PRESTALIA	TIER 03	
prevalite	TIER 01	
procainamide hcl injection	TIER 01	
propafenone hcl	TIER 01	
propafenone hcl er	TIER 01	
propranolol hcl er	PREVENT	
propranolol hcl intravenous	PREVENT	
propranolol hcl oral	PREVENT	
PROSTIN VR	TIER 03	
QUESTRAN	EXCLUDED	
QUESTRAN LIGHT	EXCLUDED	
quinapril hcl	PREVENT	
quinapril-hydrochlorothiazide	PREVENT	
quinidine gluconate er	TIER 01	
quinidine sulfate	TIER 01	
ramipril	PREVENT	
ranolazine er	TIER 01	
RECTIV	TIER 03	
REPATHA	TIER 02	PA
REPATHA PUSHTRONEX SYSTEM	TIER 02	PA

Drug Name	Drug Tier	Notes
REPATHA SURECLICK	TIER 02	PA
REZIPRES	TIER 03	
rosuvastatin calcium	PREVENT	
simvastatin oral	PREVENT	
SOAANZ	EXCLUDED	PA
SODIUM EDECRIN	TIER 03	
sodium nitroprusside intravenous solution 25 mg/ml	TIER 01	
sotalol hcl (af)	PREVENT	
SOTALOL HCL INTRAVENOUS	TIER 03	
sotalol hcl oral	PREVENT	
SOTYLIZE	TIER 03	
spironolactone oral tablet	PREVENT	
spironolactone-hctz	PREVENT	
taztia xt	PREVENT	
TEKTURNA	TIER 02	
telmisartan	PREVENT	
telmisartan-amlodipine	PREVENT	
telmisartan-hctz	PREVENT	
TENORETIC 100	TIER 03	
TENORETIC 50	TIER 03	
TENORMIN	EXCLUDED	
THALITONE	TIER 03	
tiadylt er	PREVENT	
TIAZAC	TIER 03	
TIKOSYN	EXCLUDED	
timolol maleate oral	PREVENT	
TOPROL XL	EXCLUDED	
torse mide	PREVENT	
trandolapril	PREVENT	
trandolapril-verapamil hcl er	PREVENT	
triamterene oral	TIER 01	
triamterene-hctz oral capsule	TIER 01	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
triamterene-hctz oral tablet	PREVENT	
TRIBENZOR	EXCLUDED	
TRICOR	EXCLUDED	
TRILIPIX	TIER 03	
VALSARTAN ORAL SOLUTION	EXCLUDED	PA
valsartan oral tablet	PREVENT	
valsartan-hydrochlorothiazide	PREVENT	
VARITHENA	TIER 03	
VASCEPA	TIER 02	PA
VAZCULEP	TIER 03	
VECAMYL	TIER 03	
verapamil hcl er	PREVENT	
verapamil hcl intravenous	TIER 01	
verapamil hcl oral	PREVENT	
VERELAN	TIER 03	
VERELAN PM	TIER 03	
VERQUVO	TIER 03	PA
VYNDAMAX	SPECIALTY	PA
VYNDAQEL	SPECIALTY	PA
VYTORIN	EXCLUDED	
WELCHOL	EXCLUDED	
ZESTRIL	EXCLUDED	
ZETIA	EXCLUDED	
ZOCOR	EXCLUDED	
ZYPITAMAG	EXCLUDED	ST; QL
<b>Central Nervous System Agents</b>		
SKYCLARYS	SPECIALTY	PA
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	TIER 03	
ADDERALL XR	TIER 03	ST; QL

Drug Name	Drug Tier	Notes
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 oral tablet extended release 12 hour	TIER 01	
CONCERTA	TIER 03	ST; QL
COTEMPLA XR-ODT	EXCLUDED	
DAYTRANA	EXCLUDED	
dexmethylphenidate hcl	TIER 01	
dexmethylphenidate hcl er	TIER 01	
dextroamphetamine sulfate	TIER 01	
dextroamphetamine sulfate er	TIER 01	
DYANAVEL XR	EXCLUDED	
EVEKEO	EXCLUDED	
FOCALIN	EXCLUDED	
FOCALIN XR	EXCLUDED	
guanfacine hcl er	TIER 01	
INTUNIV	EXCLUDED	
JORNAY PM	TIER 03	ST; QL
lisdexamfetamine dimesylate	TIER 01	
METADATE CD	EXCLUDED	ST; QL
METHYLIN	TIER 03	ST; QL
methylphenidate hcl er	TIER 01	
methylphenidate hcl er (cd)	TIER 01	ST; QL

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
methylphenidate hcl er (la)	TIER 01	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	TIER 01	
methylphenidate hcl er (xr)	TIER 01	
methylphenidate hcl oral	TIER 01	
MYDAYIS	EXCLUDED	
PROCENTRA	TIER 03	ST; QL
QELBREE	EXCLUDED	
QUILLICHEW ER	EXCLUDED	
QUILLIVANT XR	EXCLUDED	
RITALIN	EXCLUDED	
RITALIN LA	EXCLUDED	
STRATTERA	EXCLUDED	
VYVANSE	TIER 01	ST; QL
XELSTRYM	EXCLUDED	
ZENZEDI	EXCLUDED	
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
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

Effective June 1, 2024

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

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
dimethyl fumarate oral	SPECIALTY	PA; QL
dimethyl fumarate starter pack	SPECIALTY	PA; QL
EXTAVIA	EXCLUDED	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
PLEGRIDY	EXCLUDED	PA
PLEGRIDY STARTER PACK	EXCLUDED	PA
PONVORY	EXCLUDED	PA
PONVORY STARTER PACK	EXCLUDED	PA
REBIF	EXCLUDED	PA; QL
REBIF REBIDOSE	EXCLUDED	PA; QL
REBIF REBIDOSE TITRATION PACK	EXCLUDED	PA; QL
REBIF TITRATION PACK	EXCLUDED	PA; QL
TASCENSO ODT	EXCLUDED	PA
TECFIDERA	EXCLUDED	PA; QL
teriflunomide	SPECIALTY	PA; QL
TYSABRI	SPECIALTY	PA; QL
VUMERITY	SPECIALTY	PA; QL
ZEPOSIA	SPECIALTY	PA; QL
ZEPOSIA 7-DAY STARTER PACK	SPECIALTY	PA; QL



Drug Name	Drug Tier	Notes
ZEPOSIA STARTER KIT	SPECIALTY	PA; QL
<b>Central Nervous System Agents - Miscellaneous</b>		
ADDYI	TIER 03	PA
ADIPEX-P	EXCLUDED	PA
AMVUTTRA	SPECIALTY	PA
ANECTINE	TIER 03	
atracurium besylate	TIER 01	
AUSTEDO	SPECIALTY	PA
AUSTEDO XR	SPECIALTY	PA
AUSTEDO XR PATIENT TITRATION	SPECIALTY	PA
benzphetamine hcl	TIER 01	
caffeine citrate	TIER 01	
CAFFEINE-SODIUM BENZOATE	TIER 03	
cisatracurium besylate	TIER 01	
cisatracurium besylate (pf)	TIER 01	
CONTRAIVE	EXCLUDED	PA
DAYBUE	EXCLUDED	PA
diethylpropion hcl er	TIER 01	
diethylpropion hcl oral	TIER 01	
DOPRAM	TIER 03	
EXSERVAN	EXCLUDED	PA
gabapentin (once-daily)	TIER 01	ST; QL
GRALISE	TIER 03	ST; QL
HORIZANT	TIER 03	PA; QL
IMCIVREE	EXCLUDED	PA
INGREZZA	SPECIALTY	PA
LOMAIRA	TIER 03	PA
LYRICA	EXCLUDED	QL
LYRICA CR	EXCLUDED	QL
NUDEXTA	TIER 03	PA
ONPATTRO	SPECIALTY	PA
ORLISTAT ORAL	TIER 03	PA

Drug Name	Drug Tier	Notes
phendimetrazine tartrate	TIER 01	
phendimetrazine tartrate er	TIER 01	
phentermine hcl oral	TIER 01	
pregabalin oral	TIER 01	QL
QSYMIA	TIER 03	PA
QUELICIN	TIER 03	
RADICAVA	SPECIALTY	PA
RADICAVA ORS	SPECIALTY	PA
RADICAVA ORS STARTER KIT	SPECIALTY	PA
RELYVRIO	SPECIALTY	PA
RILUTEK	SPECIALTY	PA
riluzole	SPECIALTY	
rocuronium bromide intravenous solution	TIER 01	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
SAVELLA	TIER 03	ST; QL
SAVELLA TITRATION PACK	TIER 03	ST; QL
SAXENDA	TIER 02	PA
SUCCINYLBCHOLINE CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100 MG/5ML	TIER 03	
SUCCINYLBCHOLINE CHLORIDE INTRAVENOUS	TIER 03	
succinylcholine chloride solution 20 mg/ml injection	TIER 01	
SUCCINYLBCHOLINE CHLORIDE SOLUTION 20 MG/ML INJECTION	TIER 03	
TEGLUTIK	SPECIALTY	PA
TEGSEDI	SPECIALTY	PA

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
tetrabenazine	SPECIALTY	PA
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
vecuronium bromide intravenous solution reconstituted	TIER 01	
VYLEESI	TIER 03	PA
WEGOVY	TIER 02	PA
XENICAL	TIER 03	PA
ZEPBOUND	TIER 02	PA
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
AQUORAL	TIER 03	
cevimeline hcl	TIER 01	
chlorhexidine gluconate mouth/throat	TIER 01	
CLINPRO 5000	TIER 03	
DENTA 5000 PLUS	TIER 03	
DENTA 5000 PLUS SENSITIVE	TIER 03	
DENTAGEL	TIER 03	
easygel	TIER 01	
FLUORIDEX	TIER 03	
fluoridex daily renewal	TIER 01	
FLUORIDEX ENHANCED WHITENING	TIER 03	
FLUORIDEX SENSITIVITY RELIEF	TIER 03	
FLUORIMAX 5000	TIER 03	
FLUORIMAX 5000 SENSITIVE	TIER 03	
JUST RIGHT 5000	TIER 03	
KEPIVANCE	SPECIALTY	
kourzeq	TIER 01	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
lidocaine viscous hcl	TIER 01	
MI PASTE	TIER 03	
MI PASTE PLUS	TIER 03	
oralone	TIER 01	
PERIDEX	TIER 03	
periogard	TIER 01	
pilocarpine hcl oral	TIER 01	
PREVIDENT	TIER 03	
PREVIDENT 5000 BOOSTER PLUS	TIER 03	
PREVIDENT 5000 DRY MOUTH	TIER 03	
PREVIDENT 5000 ENAMEL PROTECT	TIER 03	
PREVIDENT 5000 KIDS	TIER 03	
PREVIDENT 5000 ORTHO DEFENSE	TIER 03	
PREVIDENT 5000 PLUS	TIER 03	
PREVIDENT 5000 SENSITIVE	TIER 03	
REMESENSE	TIER 03	
SALAGEN	TIER 03	
sf	TIER 01	
sf 5000 plus	TIER 01	
sodium fluoride 5000 plus	TIER 01	
sodium fluoride 5000 ppm	TIER 01	
sodium fluoride dental	TIER 01	
triamcinolone acetamide mouth/throat	TIER 01	
VANISH	TIER 03	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	EXCLUDED	PA
ABSORICA LD	TIER 03	PA
ACANYA	EXCLUDED	
acutane	TIER 01	

Drug Name	Drug Tier	Notes
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	
amneestem	TIER 01	
AMZEEQ	TIER 03	
APEXICON E	EXCLUDED	PA
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	
betamethasone dipropionate aug	TIER 01	
betamethasone dipropionate external	TIER 01	

Drug Name	Drug Tier	Notes
betamethasone valerate external	TIER 01	
BIAFINE	TIER 03	
BIMZELX	EXCLUDED	PA
BIONECT EXTERNAL CREAM	TIER 03	
BIOSTEP AG EXTERNAL SHEET 4"X4"	TIER 03	
BPCO	TIER 03	
brimonidine tartrate external	TIER 01	
CABTREO	EXCLUDED	PA
calcipotriene external cream	TIER 01	
CALCIPOTRIENE EXTERNAL FOAM	EXCLUDED	PA
calcipotriene external ointment	TIER 01	
calcipotriene external solution	TIER 01	
calcipotriene-betameth diprop external suspension	TIER 01	QL
CALCITRENE	TIER 03	
calcitriol external	TIER 01	
CARAC	TIER 03	
CIBINQO	SPECIALTY	PA; QL
claravis	TIER 01	
CLEOCIN-T	TIER 03	
clindacin etz external swab	TIER 01	
clindacin-p	TIER 01	
CLINDAGEL	EXCLUDED	
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	EXCLUDED	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	TIER 01	
clindamycin phosphate external gel	TIER 01	
clindamycin phosphate external lotion	TIER 01	
clindamycin phosphate external solution	TIER 01	
clindamycin phosphate external swab	TIER 01	
clindamycin-tretinoin	TIER 01	
clobetasol propionate e	TIER 01	
clobetasol propionate external	TIER 01	
CLOBEX	EXCLUDED	
CLOBEX SPRAY	EXCLUDED	
clodan	TIER 01	
CLODERM	EXCLUDED	
coal tar external	TIER 01	
CONDYLOX	TIER 03	
CORDRAN	EXCLUDED	PA
CURAFOAM AG FOAM DRESSING	TIER 03	
DERMA-SMOOTH/FS BODY	TIER 03	
DERMA-SMOOTH/FS SCALP	TIER 03	
desonide external cream	TIER 01	
desonide external lotion	TIER 01	
desonide external ointment	TIER 01	
DESOWEN	TIER 03	
desoximetasone external cream 0.25 %	TIER 01	
desoximetasone external gel	TIER 01	
desoximetasone external liquid	TIER 01	

Drug Name	Drug Tier	Notes
desoximetasone external ointment 0.25 %	TIER 01	
diclofenac sodium external gel 3 %	TIER 01	ST; QL
DIFFERIN EXTERNAL CREAM	EXCLUDED	PA
DIFFERIN EXTERNAL GEL 0.3 %	EXCLUDED	PA
DIFFERIN EXTERNAL LOTION	EXCLUDED	PA
DIPROLENE	TIER 03	
DRYSOL	TIER 03	
DUOBRII	EXCLUDED	PA
DUPIXENT	SPECIALTY	PA
DURAFIBER	TIER 03	
DYNAFOAM AG FOAM DRESSING	TIER 03	
DYNAGINATE AG CA ALG ROPE 30CM	TIER 03	
DYNAGINATE AG SILVER CAL 2"X2"	TIER 03	
DYNAGINATE AG SILVER CAL 4"X5"	TIER 03	
DYNAGINATE AG SILVER CAL 4"X8"	TIER 03	
EFUDEX	TIER 03	
ELIDEL	EXCLUDED	QL
ENSTILAR	TIER 03	QL
EPIDUO	EXCLUDED	
EPIDUO FORTE	TIER 03	
EPIFOAM	TIER 03	
EPSOLAY	EXCLUDED	
ery	TIER 01	
ERYGEL	TIER 03	
erythromycin external	TIER 01	
EUCRISA	TIER 02	ST
FABIOR	EXCLUDED	PA
FINACEA EXTERNAL FOAM	TIER 03	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
fluocinolone acetonide body	TIER 01	
fluocinolone acetonide external	TIER 01	
fluocinolone acetonide scalp	TIER 01	
fluocinonide emulsified base	TIER 01	
fluocinonide external	TIER 01	
FLUOROURACIL EXTERNAL CREAM 0.5 %	TIER 02	
fluorouracil external cream 5 %	TIER 01	
fluorouracil external solution	TIER 01	
fluticasone propionate external	TIER 01	
GORDOFILM	TIER 03	
halobetasol propionate external cream	TIER 01	
halobetasol propionate external ointment	TIER 01	
HALOG EXTERNAL CREAM	EXCLUDED	
HALOG EXTERNAL OINTMENT	EXCLUDED	PA
hydrocortisone butyrate external cream	TIER 01	
hydrocortisone butyrate external ointment	TIER 01	
hydrocortisone butyrate external solution	TIER 01	
hydrocortisone external cream 1 %, 2.5 %	TIER 01	
hydrocortisone external lotion 2.5 %	TIER 01	
hydrocortisone external ointment 1 %, 2.5 %	TIER 01	
hydrocortisone valerate	TIER 01	
HYFTOR	EXCLUDED	PA

Drug Name	Drug Tier	Notes
HYPOCYN ANTIPRURITIC	TIER 03	
imiquimod external cream 3.75 %	TIER 01	ST
imiquimod external cream 5 %	TIER 01	
imiquimod pump	TIER 01	ST
IMPOYZ	EXCLUDED	PA
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	TIER 01	
ivermectin external cream	TIER 01	
KENALOG EXTERNAL	EXCLUDED	
KERALYT EXTERNAL SHAMPOO	TIER 03	
KLARON	TIER 03	
KLISYRI	TIER 03	ST
lactic acid e	TIER 01	
lactic acid external	TIER 01	
LEVULAN KERASTICK	TIER 03	
LEXETTE	EXCLUDED	PA
LITFULO	SPECIALTY	PA; QL
L-MESITRAN SOFT WOUND	TIER 03	
LOCOID LIPOCREAM	TIER 03	
LUXAMEND	TIER 03	
MEDIHONEY WOUND & BURN DRESSING	TIER 03	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL	TIER 03	
MEPILEX AG	TIER 03	
methoxsalen rapid	TIER 01	
METROCREAM	TIER 03	
METROGEL	EXCLUDED	
METROLOTION	TIER 03	
metronidazole external	TIER 01	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
MICROCYN EXTERNAL LIQUID	TIER 03	
MIRVASO	TIER 03	
mometasone furoate external	TIER 01	
NEO-SYNALAR	TIER 03	
neuac	TIER 01	
NORITATE	EXCLUDED	
NORMLGEL AG	TIER 03	
NOVACHOR EXTERNAL SHEET 1.5 CM X2.75 CM	TIER 03	
NUSHIELD EXTERNAL DISK	TIER 03	
NUSHIELD EXTERNAL SHEET 3.2 CM X 3.2 CM	TIER 03	
ONEXTON	TIER 01	
OPZELURA	EXCLUDED	
ORACEA	EXCLUDED	
PANDEL	EXCLUDED	PA
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	
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

Drug Name	Drug Tier	Notes
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	TIER 03	PA
RHOFADE	TIER 03	
SANTYL	TIER 03	QL
SCENESSE	SPECIALTY	PA
selenium sulfide external lotion	TIER 01	
SILIGENTLE AG FOAM DRESSING	TIER 03	
SILIGENTLE AG SILVER FOAM DRES	TIER 03	
SILVERSEAL HYDROGEL DRESSING EXTERNAL PAD 2"X3"	TIER 03	
SOOLANTRA	TIER 03	
SORILUX	EXCLUDED	PA
sulfacetamide sodium (acne)	TIER 01	
sulfacetamide sodium-sulfur external liquid 10-5 %	TIER 01	
SYNALAR	TIER 03	
TACLONEX	TIER 03	QL
tacrolimus external	TIER 01	QL
tazarotene external cream	TIER 01	PA
TAZAROTENE EXTERNAL FOAM	EXCLUDED	PA
tazarotene external gel	TIER 01	PA
TAZORAC	EXCLUDED	PA
TOLAK	TIER 03	
TOPICORT EXTERNAL CREAM 0.25 %	TIER 03	
TOPICORT EXTERNAL GEL	TIER 03	
TOPICORT EXTERNAL OINTMENT	TIER 03	
TOPICORT SPRAY	EXCLUDED	
tretinoin external	TIER 01	

Effective June 1, 2024

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

**ATRIUM HEALTH**

Drug Name	Drug Tier	Notes
tretinoin microsphere external gel 0.08 %	TIER 01	
tretinoin microsphere pump external gel 0.08 %	TIER 01	
triamcinolone acetonide external cream	TIER 01	
triamcinolone acetonide external lotion	TIER 01	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	TIER 01	
triderm	TIER 01	
TWYNEO	TIER 03	
ULTRAVATE	EXCLUDED	PA
urea external cream 20 %	TIER 01	
VECTICAL	EXCLUDED	
VENELEX	TIER 03	
VTAMA	TIER 03	PA
WINLEVI	EXCLUDED	PA
WYNZORA	TIER 03	QL
XALIX	TIER 03	
XERAC AC	TIER 03	
XEROFORM OCCLUSIVE GAUZE PATCH	TIER 03	
XEROFORM OIL EMULSION 2"X2"	TIER 03	
XEROFORM OIL EMULSION GAUZE	TIER 03	
XEROFORM OIL EMULSION STRIP	TIER 03	
XEROFORM OIL ROLL 4"X9'	TIER 03	
XEROFORM PETROLAT GAUZE 1"X8"	TIER 03	
XEROFORM PETROLAT GAUZE 5"X9"	TIER 03	

Drug Name	Drug Tier	Notes
XEROFORM PETROLAT PATCH 2"X2"	TIER 03	
XEROFORM PETROLAT PATCH 4"X4"	TIER 03	
XEROFORM PETROLATUM DRES 4"X4"	TIER 03	
XEROFORM PETROLATUM DRES 5"X9"	TIER 03	
XEROFORM PETROLATUM ROLL 4"X9'	TIER 03	
YCANTH	TIER 03	PA
zenatane	TIER 01	
ZENIFIBER AG EXTERNAL PAD	TIER 03	
ZENIFOAM AG EXTERNAL PAD 2"X2" , 4"X5"	TIER 03	
ZIANA	EXCLUDED	
ZILXI	TIER 03	ST
ZORYVE EXTERNAL CREAM	EXCLUDED	PA
ZYCLARA	EXCLUDED	
ZYCLARA PUMP	EXCLUDED	
<b>Diabetes - Antidiabetic Agents</b>		
acarbose oral	PREVENT	
ALOGLIPTIN BENZOATE	EXCLUDED	
ALOGLIPTIN-METFORMIN HCL	EXCLUDED	
ALOGLIPTIN-PIOGLITAZONE	EXCLUDED	
BEXAGLIFLOZIN	EXCLUDED	
BRENZAVVY	EXCLUDED	
BYDUREON BCISE AUTOINJECTOR	TIER 02	PA; QL

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
BYETTA 10 MCG PEN	TIER 02	PA; QL
BYETTA 5 MCG PEN	TIER 02	PA; QL
CYCLOSET	TIER 03	ST
DAPAGLIFLOZIN PRO-METFORMIN ER	EXCLUDED	
DAPAGLIFLOZIN PROPANEDIOL	EXCLUDED	
DUETACT	TIER 03	
FARXIGA	TIER 02	
glimepiride	PREVENT	
glipizide er	PREVENT	
glipizide ir	PREVENT	
glipizide xl	PREVENT	
glipizide-metformin hcl	PREVENT	
GLUCOTROL XL	TIER 03	
GLUMETZA	EXCLUDED	PA
glyburide micronized	PREVENT	
glyburide oral	PREVENT	
glyburide-metformin	PREVENT	
GLYXAMBI	TIER 02	
INVOKAMET	EXCLUDED	
INVOKAMET XR	EXCLUDED	
INVOKANA	EXCLUDED	
JANUMET	TIER 02	ST
JANUMET XR	TIER 02	ST
JANUVIA	TIER 02	ST
JARDIANCE	TIER 02	
JENTADUETO	TIER 02	ST
JENTADUETO XR	TIER 02	ST
metformin hcl er	PREVENT	
metformin hcl er (mod)	EXCLUDED	PA
metformin hcl er (osm)	EXCLUDED	
metformin hcl oral solution	TIER 01	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	PREVENT	

Drug Name	Drug Tier	Notes
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	ST
saxagliptin-metformin er	TIER 01	ST
SEGLUROMET	EXCLUDED	
SOLIQUA	TIER 02	ST; QL
STEGLATRO	EXCLUDED	
STEGLUJAN	EXCLUDED	
SYMLINPEN 120	TIER 03	PA
SYMLINPEN 60	TIER 03	PA
SYNJARDY	TIER 02	
SYNJARDY XR	TIER 02	
TRADJENTA	TIER 02	ST
TRIJARDY XR	TIER 02	
TRULICITY	TIER 02	PA; QL
TZIELD	EXCLUDED	PA
VICTOZA	TIER 02	PA; QL
XIGDUO XR	TIER 02	
XULTOPHY	TIER 03	ST; QL
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK AVIVA DEVICE	EXCLUDED	

Effective June 1, 2024

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



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

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

Effective June 1, 2024

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

**ATRIUM HEALTH**

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

Drug Name	Drug Tier	Notes
BLOOD GLUCOSE TEST	EXCLUDED	
BLOOD GLUCOSE TEST STRIPS 333	EXCLUDED	
BLUESTAR	TIER 03	
BLULINK CONTROL HIGH & LOW	EXCLUDED	
BLULINK GLUCOSE MONITORING SYS	EXCLUDED	
BLULINK GLUCOSE TEST	EXCLUDED	
CAREONE BLOOD GLUCOSE SYSTEM	EXCLUDED	
CAREONE BLOOD GLUCOSE TEST	EXCLUDED	
CARESENS CONTROL A	EXCLUDED	
CARESENS CONTROL SOLUTION A/B	EXCLUDED	
CARESENS LANCETS 30G	TIER 02	
CARESENS N FELIZ	EXCLUDED	
CARESENS N FELIZ BT	EXCLUDED	
CARESENS N GLUCOSE SYSTEM	EXCLUDED	
CARESENS N GLUCOSE TEST	EXCLUDED	
CARESENS N VOICE SYSTEM	EXCLUDED	
CARETOUCH CONTROL SOL LEVEL 2	EXCLUDED	
CARETOUCH LANCING/EJECTOR	TIER 03	
CARETOUCH MONITOR SYSTEM	EXCLUDED	
CARETOUCH TEST	EXCLUDED	
CEQR SIMPLICITY 2U 10PK	TIER 02	
CEQR SIMPLICITY INSERTER	TIER 02	

Effective June 1, 2024

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

**ATRIUM HEALTH**

Drug Name	Drug Tier	Notes
CHEMSTRIP BG LOG BOOK	TIER 03	
CHEMSTRIP K	TIER 03	
CHEMSTRIP UGK	TIER 03	
CHOSEN LANCETS 30G	TIER 02	
CHOSEN LANCING DEVICE	TIER 03	
CHOSEN SAFETY LANCETS 28G	TIER 02	
CLEVER CHEK AUTO-CODE SYSTEM	EXCLUDED	
CLEVER CHEK AUTO-CODE TEST	EXCLUDED	
CLEVER CHEK AUTO-CODE VOICE	EXCLUDED	
CLEVER CHEK SYSTEM	EXCLUDED	
CLEVER CHEK TEST	EXCLUDED	
CLEVER CHOICE AUTO-CODE SYSTEM	EXCLUDED	
CLEVER CHOICE AUTO-CODE TEST	EXCLUDED	
CLEVER CHOICE COMFORT EZ	TIER 02	
CLEVER CHOICE GLUCOSE CONTROL	EXCLUDED	
CLEVER CHOICE MICRO SYSTEM	EXCLUDED	
CLEVER CHOICE MICRO TEST	EXCLUDED	
CLEVER CHOICE MINI SYSTEM	EXCLUDED	
CLEVER CHOICE NO CODING	EXCLUDED	
CLEVER CHOICE TALK SYSTEM	EXCLUDED	
COMFORT TOUCH TWIST LANCET 30G	TIER 02	
CONTOUR CONTROL SOLUTION	TIER 02	

Drug Name	Drug Tier	Notes
CONTOUR MONITOR DEVICE	TIER 02	
CONTOUR MONITOR KIT W/DEVICE	TIER 02	
CONTOUR NEXT CONTROL SOLUTION	TIER 02	
CONTOUR NEXT EZ KIT W/DEVICE	TIER 02	
CONTOUR NEXT GEN MONITOR DEVICE	TIER 02	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	PREVENT	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	TIER 02	
CONTOUR NEXT LINK KIT W/DEVICE	TIER 02	
CONTOUR NEXT MONITOR KIT W/DEVICE	TIER 02	
CONTOUR NEXT ONE DEVICE	PREVENT	
CONTOUR NEXT ONE KIT	TIER 02	
CONTOUR NEXT GEN TEST STRIPS	PREVENT	
CONTOUR TEST STRIPS	PREVENT	
CONTROL	EXCLUDED	
COOL BLOOD GLUCOSE TEST STRIPS	EXCLUDED	
COOL CONTROL A	EXCLUDED	
COOL CONTROL B	EXCLUDED	
COOL MONITOR	EXCLUDED	
COOL MONITOR KIT	EXCLUDED	
CVS ADVANCED GLUCOSE TEST	EXCLUDED	
CVS BLOOD GLUCOSE METER	EXCLUDED	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
CVS GLUCOSE METER TEST STRIPS	EXCLUDED	
CVS KETONE CARE	TIER 03	
D-CARE BLOOD GLUCOSE	EXCLUDED	
D-CARE GLUCOMETER	EXCLUDED	
DEXCOM G6 RECEIVER	TIER 02	
DEXCOM G6 SENSOR	TIER 02	
DEXCOM G6 TRANSMITTER	TIER 02	
DEXCOM G7 RECEIVER	TIER 02	
DEXCOM G7 SENSOR	TIER 02	
DIASTIX REAGENT	TIER 02	
DIATHRIVE BLOOD GLUCOSE METER	EXCLUDED	
DIATHRIVE BLOOD GLUCOSE TEST	EXCLUDED	
DIATHRIVE GLUCOSE CONTROL SOLN	EXCLUDED	
DIATHRIVE GLUCOSE TEST	EXCLUDED	
DIATHRIVE LANCING DEVICE	TIER 03	
DIATHRIVE+ GLUCOSE MONITOR	EXCLUDED	
DIATHRIVE+ GLUCOSE TEST	EXCLUDED	
DIATRUE CONTROL LEVEL 1	EXCLUDED	
DIATRUE CONTROL LEVEL 2	EXCLUDED	
DIATRUE CONTROL LEVEL 3	EXCLUDED	
DIATRUE PLUS BLOOD GLUCOSE	EXCLUDED	
DIATRUE PLUS TEST	EXCLUDED	
DROPLET GENTEEL LANCING DEVICE	TIER 03	

Drug Name	Drug Tier	Notes
DUO-CARE CONTROL SOLUTION	EXCLUDED	
DUO-CARE TEST	EXCLUDED	
EASY PLUS II CONTROL	EXCLUDED	
EASY PLUS II GLUCOSE SYSTEM	EXCLUDED	
EASY PLUS II GLUCOSE TEST	EXCLUDED	
EASY STEP CONTROL	EXCLUDED	
EASY STEP GLUCOSE MONITOR	EXCLUDED	
EASY STEP TEST	EXCLUDED	
EASY TALK BLOOD GLUCOSE SYSTEM	EXCLUDED	
EASY TALK BLOOD GLUCOSE TEST	EXCLUDED	
EASY TALK CONTROL	EXCLUDED	
EASY TALK PLUS II CONTROL	EXCLUDED	
EASY TALK PLUS II TEST STRIPS	EXCLUDED	
EASY TOUCH CONTROL HIGH & LOW	EXCLUDED	
EASY TOUCH GLUCOSE SYSTEM	EXCLUDED	
EASY TOUCH HEALTHPRO GLUCOSE	EXCLUDED	
EASY TOUCH LANCING DEVICE	TIER 03	
EASY TOUCH TEST	EXCLUDED	
EASY TRAK BLOOD GLUCOSE SYSTEM	EXCLUDED	
EASY TRAK BLOOD GLUCOSE TEST	EXCLUDED	
EASY TRAK CONTROL	EXCLUDED	
EASY TRAK II BLOOD GLUCOSE SYS	EXCLUDED	
EASY TRAK II CONTROL	EXCLUDED	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
EASY TRAK II GLUCOSE TEST	EXCLUDED	
EASYGLUCO	EXCLUDED	
EASYMAX 15 LEVEL 2 CONTROL	EXCLUDED	
EASYMAX 15 LEVEL 2-3 CONTROL	EXCLUDED	
EASYMAX 15 TEST	EXCLUDED	
EASYMAX CONTROL	EXCLUDED	
GLUCOSE CONTROL SOLUTIONS	EXCLUDED	
EASYMAX NG BLOOD GLUCOSE	EXCLUDED	
BLOOD GLUCOSE TEST STRIPS	EXCLUDED	
EASYMAX V BLOOD GLUCOSE	EXCLUDED	
EASYPLUS R13N BLOOD GLUCOSE KIT W/DEVICE	EXCLUDED	
EASYPRO BLOOD GLUCOSE MONITOR	EXCLUDED	
EASYPRO BLOOD GLUCOSE TEST	EXCLUDED	
EASYPRO PLUS	EXCLUDED	
ELEMENT AUTOCODE SYSTEM	EXCLUDED	
ELEMENT COMPACT CONTROL 2	EXCLUDED	
ELEMENT COMPACT CONTROL 3	EXCLUDED	
ELEMENT COMPACT GLUCOSE SYSTEM	EXCLUDED	
ELEMENT COMPACT TEST	EXCLUDED	
ELEMENT COMPACT V GLUCOSE SYS	EXCLUDED	
ELEMENT CONTROL	EXCLUDED	
ELEMENT PLUS	EXCLUDED	
ELEMENT TEST	EXCLUDED	

Drug Name	Drug Tier	Notes
EMBRACE BLOOD GLUCOSE MONITOR	EXCLUDED	
EMBRACE BLOOD GLUCOSE TEST	EXCLUDED	
EMBRACE CONTROL	EXCLUDED	
EMBRACE EVO BLOOD GLUCOSE TEST	EXCLUDED	
EMBRACE EVO CONTROL LEVEL 1	EXCLUDED	
EMBRACE EVO GLUCOSE MONITOR	EXCLUDED	
EMBRACE EVO GLUCOSE MONITORING	EXCLUDED	
EMBRACE GLUCOSE CONTROL	EXCLUDED	
EMBRACE LANCING DEVICE/EJECTOR	TIER 03	
EMBRACE PRO GLUCOSE CONTROL	EXCLUDED	
EMBRACE PRO GLUCOSE METER	EXCLUDED	
EMBRACE PRO GLUCOSE TEST	EXCLUDED	
EMBRACE TALK BLOOD GLUCOSE	EXCLUDED	
EMBRACE TALK GLUCOSE CONTROL	EXCLUDED	
EMBRACE TALK GLUCOSE TEST	EXCLUDED	
EMBRACE TALK MONITORING SYSTEM	EXCLUDED	
EMBRACE WAVE BLOOD GLUCOSE	EXCLUDED	
EMBRACE WAVE GLUCOSE METER	EXCLUDED	
ENLITE GLUCOSE SENSOR	TIER 03	
EQ BLOOD GLUCOSE TEST	EXCLUDED	
EVERSENSE E3 SENSOR/HOLDER	EXCLUDED	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
EVERSENSE E3 SMART TRANSMITTER	EXCLUDED	
EVERSENSE SENSOR/HOLDER	EXCLUDED	
EVERSENSE SMART TRANSMITTER	EXCLUDED	
EVOLUTION AUTOCODE	EXCLUDED	
EVOLUTION CONTROL	EXCLUDED	
FIFTY50 GLUCOSE METER 2.0	EXCLUDED	
FIFTY50 GLUCOSE TEST 2.0	EXCLUDED	
FORA 6 CONNECT IN VITRO	EXCLUDED	
FORA 6 CONNECT/GTEL TEST	EXCLUDED	
FORA BLOOD GLUCOSE TEST	EXCLUDED	
FORA CONTROL	EXCLUDED	
FORA D15G BLOOD GLUCOSE TEST	EXCLUDED	
FORA D20 BLOOD GLUCOSE TEST	EXCLUDED	
FORA D40/G31 BLOOD GLUCOSE	EXCLUDED	
FORA G20 BLOOD GLUCOSE SYSTEM	EXCLUDED	
FORA G20 BLOOD GLUCOSE TEST	EXCLUDED	
FORA G30/PREM V10 GLUCOSE TEST	EXCLUDED	
FORA G30A BLOOD GLUCOSE SYSTEM	EXCLUDED	
FORA GD20 BLOOD GLUCOSE SYSTEM	EXCLUDED	
FORA GD20 TEST	EXCLUDED	
FORA GD50 BLOOD GLUCOSE SYSTEM	EXCLUDED	
FORA GD50 BLOOD GLUCOSE TEST	EXCLUDED	

Drug Name	Drug Tier	Notes
FORA GTEL BLOOD GLUCOSE SYSTEM	EXCLUDED	
FORA GTEL BLOOD GLUCOSE TEST	EXCLUDED	
FORA PREMIUM V10 BLE SYSTEM	EXCLUDED	
FORA TEST N' GO MONITOR	EXCLUDED	
FORA TN'G ADVANCE PRO IN VITRO	EXCLUDED	
FORA TN'G VOICE	EXCLUDED	
FORA TN'G/TN'G VOICE	EXCLUDED	
FORA V10 BLOOD GLUCOSE SYSTEM	EXCLUDED	
FORA V10 BLOOD GLUCOSE TEST	EXCLUDED	
FORA V10/V12/D10/D20 TEST	EXCLUDED	
FORA V12 BLOOD GLUCOSE SYSTEM	EXCLUDED	
FORA V12 BLOOD GLUCOSE TEST	EXCLUDED	
FORA V20 BLOOD GLUCOSE SYSTEM	EXCLUDED	
FORA V20 BLOOD GLUCOSE TEST	EXCLUDED	
FORA V30A BLOOD GLUCOSE SYSTEM	EXCLUDED	
FORA V30A BLOOD GLUCOSE TEST	EXCLUDED	
FORACARE GD40 MONITOR	EXCLUDED	
FORACARE GD40 TEST	EXCLUDED	
FORACARE GDH CONTROL	EXCLUDED	
FORACARE PREMIUM V10	EXCLUDED	
FORACARE PREMIUM V10 TEST	EXCLUDED	

Effective June 1, 2024

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

**ATRIUM HEALTH**

Drug Name	Drug Tier	Notes
FORACARE TEST N GO MONITOR	EXCLUDED	
FORACARE TEST N GO TEST	EXCLUDED	
FORTISCARE CONTROL	EXCLUDED	
FORTISCARE G1 TEST STRIP	EXCLUDED	
FORTISCARE T1 GLUCOSE SYSTEM	EXCLUDED	
FORTISCARE TEST	EXCLUDED	
FREESTYLE CONTROL SOLUTION	EXCLUDED	
FREESTYLE FREEDOM LITE	EXCLUDED	
FREESTYLE INSULINX TEST	EXCLUDED	
FREESTYLE LIBRE 14 DAY READER	EXCLUDED	
FREESTYLE LIBRE 14 DAY SENSOR	EXCLUDED	
FREESTYLE LIBRE 2 READER	PREVENT	
FREESTYLE LIBRE 2 SENSOR	PREVENT	
FREESTYLE LIBRE 3 READER	PREVENT	
FREESTYLE LIBRE 3 SENSOR	PREVENT	
FREESTYLE LIBRE READER	EXCLUDED	
FREESTYLE LITE	EXCLUDED	
FREESTYLE LITE TEST	EXCLUDED	
FREESTYLE PRECISION NEO SYSTEM	EXCLUDED	
FREESTYLE PRECISION NEO TEST	EXCLUDED	
FREESTYLE TEST	EXCLUDED	
GE100 BLOOD GLUCOSE SYSTEM	EXCLUDED	

Drug Name	Drug Tier	Notes
GE100 BLOOD GLUCOSE TEST	EXCLUDED	
GE100 CONTROL	EXCLUDED	
GENTEEL LANCING KIT (BLUE)	TIER 03	
GENULTIMATE TEST	EXCLUDED	
GHT BLOOD GLUCOSE MONITOR	EXCLUDED	
GHT TEST	EXCLUDED	
GLUCO PERFECT 3 METER	EXCLUDED	
GLUCO PERFECT 3 TEST	EXCLUDED	
GLUCOCARD 01 BLOOD GLUCOSE	EXCLUDED	
GLUCOCARD 01 CONTROL	EXCLUDED	
GLUCOCARD 01 SENSOR PLUS	EXCLUDED	
GLUCOCARD 01 TEST IN VITRO STRIP	EXCLUDED	
GLUCOCARD 01-MINI GLUCOSE	EXCLUDED	
GLUCOCARD EXPRESSION CONTROL	EXCLUDED	
GLUCOCARD EXPRESSION MONITOR	EXCLUDED	
GLUCOCARD EXPRESSION TEST	EXCLUDED	
GLUCOCARD SHINE	EXCLUDED	
GLUCOCARD SHINE CONNEX	EXCLUDED	
GLUCOCARD SHINE CONTROL	EXCLUDED	
GLUCOCARD SHINE EXPRESS	EXCLUDED	
GLUCOCARD SHINE TEST	EXCLUDED	
GLUCOCARD SHINE XL	EXCLUDED	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
GLUCOCARD VITAL MONITOR	EXCLUDED	
GLUCOCARD VITAL TEST	EXCLUDED	
GLUCOCARD X-METER	EXCLUDED	
GLUCOCARD X-SENSOR	EXCLUDED	
GLUCOCARD X-SENSOR CONTROL	EXCLUDED	
GLUCOCOM BLOOD GLUCOSE MONITOR	EXCLUDED	
GLUCOCOM CONTROL	EXCLUDED	
GLUCOCOM MONITOR	EXCLUDED	
GLUCOCOM TEST	EXCLUDED	
GLUCONAVII BLOOD GLUCOSE SYS	EXCLUDED	
GLUCONAVII BLOOD GLUCOSE TEST	EXCLUDED	
GLUCOSE CONTROL	EXCLUDED	
GLUCOSE METER TEST	EXCLUDED	
GNP EASY TOUCH CONT HIGH/LOW	EXCLUDED	
GNP EASY TOUCH GLUCOSE METER	EXCLUDED	
GNP EASY TOUCH GLUCOSE TEST	EXCLUDED	
GNP TRUE METRIX AIR METER	EXCLUDED	
GNP TRUE METRIX GLUCOSE METER	EXCLUDED	
GNP TRUE METRIX GLUCOSE STRIPS	EXCLUDED	
GNP TRUETRACK SMART SYSTEM	EXCLUDED	
GNP TRUETRACK TEST STRIPS	EXCLUDED	
GOJJI BLOOD GLUCOSE TEST	EXCLUDED	
GOJJI CONTROL	EXCLUDED	

Drug Name	Drug Tier	Notes
GOJJI LANCING DEVICE/CLEAR CAP	TIER 03	
GOODSENSE BLOOD GLUCOSE	EXCLUDED	
GUARDIAN 4 GLUCOSE SENSOR	TIER 03	
GUARDIAN 4 TRANSMITTER	TIER 03	
GUARDIAN CONNECT TRANSMITTER	TIER 03	
GUARDIAN LINK 3 TRANSMITTER	TIER 03	
GUARDIAN SENSOR (3)	TIER 03	
GUARDIAN SENSOR 3	TIER 03	
HEALTHPRO BLOOD GLUCOSE MONITO	EXCLUDED	
HM EMBRACE TALK SYSTEM	EXCLUDED	
HW EMBRACE PRO GLUCOSE METER	EXCLUDED	
HW EMBRACE PRO GLUCOSE TEST	EXCLUDED	
HW EMBRACE TALK BLOOD GLUCOSE	EXCLUDED	
HW EMBRACE TALK GLUCOSE TEST	EXCLUDED	
IGLUCOSE MONITORING SYSTEM	EXCLUDED	
IGLUCOSE TEST STRIPS	EXCLUDED	
IN TOUCH	EXCLUDED	
IN TOUCH BLOOD GLUCOSE TEST	EXCLUDED	
IN TOUCH GLUCOSE CONTROL	EXCLUDED	
INFINITY BLOOD GLUCOSE SYSTEM	EXCLUDED	
INFINITY BLOOD GLUCOSE TEST	EXCLUDED	
INFINITY CONTROL	EXCLUDED	
INFINITY VOICE	EXCLUDED	

Effective June 1, 2024

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



Drug Name	Drug Tier	Notes
INPEN 100-BLUE-LILLY-HUMALOG	TIER 03	QL
INPEN 100-GREY-LILLY-HUMALOG	TIER 03	QL
INPEN 100-PINK-LILLY-HUMALOG	TIER 03	QL
KETO-DIASTIX	TIER 03	
KETONE TEST	TIER 03	
KETOSTIX	TIER 03	
KROGER BLOOD GLUCOSE	EXCLUDED	
KROGER BLOOD GLUCOSE TEST	EXCLUDED	
KROGER HEALTHPRO CONTROL HI/LO	EXCLUDED	
KROGER HEALTHPRO GLUCOSE TEST	EXCLUDED	
KROGER PREMIUM BLOOD GLUCOSE	EXCLUDED	
KROGER PREMIUM GLUCOSE TEST	EXCLUDED	
LANCETS	PREVENT	
LANCETS	TIER 02	
LANCETS IN VITRO STRIP	EXCLUDED	
LIBERTY BLOOD GLUCOSE METER	EXCLUDED	
LIBERTY GLUCOSE CONTROL	EXCLUDED	
LIBERTY GLUCOSE CONTROL MID	EXCLUDED	
LIBERTY NEXT GENERATION TEST	EXCLUDED	
LIBERTY NXT GENERATION MONITOR	EXCLUDED	
LIBERTY TEST	EXCLUDED	
MEDISENSE GLUCOSE KETONE CONTR	EXCLUDED	
MEDISENSE HI/MID/LOW CONTROL	EXCLUDED	

Drug Name	Drug Tier	Notes
MEIJER BLOOD GLUCOSE	EXCLUDED	
MEIJER BLOOD GLUCOSE TEST	EXCLUDED	
MEIJER ESSENTIAL BLOOD GLUCOSE	EXCLUDED	
MEIJER ESSENTIAL GLUCOSE TEST	EXCLUDED	
MEIJER PREMIUM BLOOD GLUCOSE	EXCLUDED	
MEIJER TRUE2GO BLOOD GLUCOSE	EXCLUDED	
MEIJER TRUERESULT GLUCOSE SYS	EXCLUDED	
MEIJER TRUETEST TEST	EXCLUDED	
MEIJER TRUETRACK GLUCOSE SYS	EXCLUDED	
MEIJER TRUETRACK TEST	EXCLUDED	
MICRODOT BLOOD GLUCOSE SYSTEM	EXCLUDED	
MICRODOT CONTROL HIGH/LOW	EXCLUDED	
MICRODOT TEST	EXCLUDED	
MICROLET NEXT LANCING DEVICE	PREVENT	
MM BLOOD GLUCOSE SYSTEM	EXCLUDED	
MM BLOOD GLUCOSE SYSTEM REFILL	EXCLUDED	
MM BLULINK GLUCOSE MONIT SYS	EXCLUDED	
MM BLULINK GLUCOSE TEST	EXCLUDED	
MM EASY TOUCH GLUCOSE	EXCLUDED	
MM EASY TOUCH GLUCOSE METER	EXCLUDED	
MYGLUCOHEALTH BLOOD GLUCOSE	EXCLUDED	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
MYGLUCOHEALTH CONTROL	EXCLUDED	
MYGLUCOHEALTH TEST	EXCLUDED	
NEUTEK 2TEK CONTROL	EXCLUDED	
NEUTEK 2TEK TEST	EXCLUDED	
NOVA MAX BLOOD GLUCOSE SYSTEM	EXCLUDED	
NOVA MAX GLUCOSE TEST	EXCLUDED	
NOVA MAX PLUS GLU/KET CONTROL	EXCLUDED	
NOVOPEN ECHO	TIER 03	
ON CALL EXPRESS BLOOD GLUCOSE	EXCLUDED	
ON CALL EXPRESS MONITORING SYS	EXCLUDED	
ONE DROP BLOOD GLUCOSE MONITOR	EXCLUDED	
ONE DROP TEST	EXCLUDED	
ONETOUCH DELICA PLUS LANCING	TIER 03	
ONETOUCH DELICA SAFETY LANCING	TIER 02	
ONETOUCH ULTRA TEST STRIPS	EXCLUDED	
ONETOUCH ULTRA 2 KIT W/DEVICE	EXCLUDED	
ONETOUCH ULTRA CONTROL	EXCLUDED	
ONETOUCH ULTRA IN VITRO LIQUID	EXCLUDED	
ONETOUCH ULTRA TEST	EXCLUDED	
ONETOUCH VERIO KIT W/DEVICE	EXCLUDED	
ONETOUCH VERIO FLEX SYSTEM DEVICE	EXCLUDED	

Drug Name	Drug Tier	Notes
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	EXCLUDED	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	PREVENT	
ONETOUCH VERIO REFLECT KIT W/DEVICE	EXCLUDED	
OPTIUMEZ TEST	EXCLUDED	
PHARMACIST CHOICE AUTOCODE	EXCLUDED	
PHARMACIST CHOICE AUTOCODE SYS	EXCLUDED	
PHARMACIST CHOICE MINI SYSTEM	EXCLUDED	
PHARMACIST CHOICE NO CODING	EXCLUDED	
PIP BLOOD GLUCOSE MONITORING	EXCLUDED	
PIP BLOOD GLUCOSE TEST STRIP	EXCLUDED	
PIP GLUCOSE CONTROL SOLUTION	EXCLUDED	
POCKETCHEM EZ CONTROL	EXCLUDED	
POCKETCHEM EZ SYSTEM	EXCLUDED	
POCKETCHEM EZ TEST	EXCLUDED	
POGO AUTOMATIC BLOOD GLUCOSE	EXCLUDED	
POGO AUTOMATIC TEST CARTRIDGES	EXCLUDED	
PRECISION GLUCOSE KETONE CONTR	EXCLUDED	
PRECISION XTRA	EXCLUDED	
PRECISION XTRA BLOOD GLUCOSE	EXCLUDED	
PREMIUM BLOOD GLUCOSE TEST	EXCLUDED	

Effective June 1, 2024

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

**ATRIUM HEALTH**

Drug Name	Drug Tier	Notes
PRO VOICE V8 GLUCOSE SYSTEM	EXCLUDED	
PRO VOICE V8/V9 GLUCOSE	EXCLUDED	
PRO VOICE V9 GLUCOSE SYSTEM	EXCLUDED	
PRODIGY AUTOCODE BLOOD GLUCOSE	EXCLUDED	
PRODIGY CONTROL SOLUTION	EXCLUDED	
PRODIGY NO CODING BLOOD GLUC	EXCLUDED	
PRODIGY POCKET BLOOD GLUCOSE	EXCLUDED	
PRODIGY VOICE BLOOD GLUCOSE	EXCLUDED	
PTS PANELS EGLU TEST	EXCLUDED	
QUICKTEK	EXCLUDED	
QUICKTEK CONTROL SOLUTION	EXCLUDED	
QUICKTEK TEST	EXCLUDED	
QUICKTEK/METER	EXCLUDED	
QUINTET AC BLOOD GLUCOSE	EXCLUDED	
QUINTET AC BLOOD GLUCOSE TEST	EXCLUDED	
QUINTET BLOOD GLUCOSE SYSTEM	EXCLUDED	
QUINTET BLOOD GLUCOSE TEST	EXCLUDED	
QUINTET CONTROL HIGH/NORMAL	EXCLUDED	
REFUAH PLUS BLOOD GLUCOSE TEST	EXCLUDED	
REFUAH PLUS GLUCOSE CONTROL	EXCLUDED	
REFUAH PLUS MONITORING SYSTEM	EXCLUDED	
RELION ALL-IN-ONE	EXCLUDED	

Drug Name	Drug Tier	Notes
RELION BLOOD GLUCOSE TEST	EXCLUDED	
RELION CONFIRM GLUCOSE MONITOR	EXCLUDED	
RELION CONFIRM/MICRO TEST	EXCLUDED	
RELION MICRO	EXCLUDED	
RELION PREMIER BLU MONITOR	EXCLUDED	
RELION PREMIER CLASSIC	EXCLUDED	
RELION PREMIER COMPACT SYSTEM	EXCLUDED	
RELION PREMIER TEST	EXCLUDED	
RELION PREMIER VOICE MONITOR	EXCLUDED	
RELION PRIME MONITOR	EXCLUDED	
RELION PRIME TEST	EXCLUDED	
RELION TRUE MET AIR GLUC METER	EXCLUDED	
RELION TRUE METRIX TEST STRIPS	EXCLUDED	
RELION ULTIMA GLUCOSE SYSTEM	EXCLUDED	
RELION ULTIMA TEST	EXCLUDED	
REXALL BLOOD GLUCOSE SYSTEM	EXCLUDED	
REXALL BLOOD GLUCOSE TEST	EXCLUDED	
RIGHTEST GC300 CONTROL	EXCLUDED	
RIGHTEST GM100 BLOOD GLUCOSE	EXCLUDED	
RIGHTEST GM300 BLOOD GLUCOSE	EXCLUDED	
RIGHTEST GM550 BLOOD GLUCOSE	EXCLUDED	
RIGHTEST GS100 BLOOD GLUCOSE	EXCLUDED	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
RIGHTEST GS300 BLOOD GLUCOSE	EXCLUDED	
RIGHTEST GS550 BLOOD GLUCOSE	EXCLUDED	
RIGHTEST GT333 BLOOD GLUCOSE	EXCLUDED	
RIGHTEST GT333 GLUCOSE TEST	EXCLUDED	
SMART SENSE PREMIUM SYSTEM	EXCLUDED	
SMART SENSE PREMIUM TEST	EXCLUDED	
SMART SENSE VALUE GLUCOSE SYS	EXCLUDED	
SMART SENSE VALUE TEST	EXCLUDED	
SMARTEST BLOOD GLUCOSE TEST	EXCLUDED	
SMARTEST CONTROL MEDIUM	EXCLUDED	
SMARTEST EJECT	EXCLUDED	
SMARTEST EJECT STARTER	EXCLUDED	
SMARTEST PERSONA STARTER	EXCLUDED	
SMARTEST PRONTO STARTER	EXCLUDED	
SMARTEST PROTEGE	EXCLUDED	
SMARTEST PROTEGE STARTER	EXCLUDED	
SOLUS V2 BLOOD GLUCOSE SYSTEM	EXCLUDED	
SOLUS V2 CONTROL	EXCLUDED	
SOLUS V2 TEST	EXCLUDED	
SUPREME II HIGH/LOW CONTROL	EXCLUDED	
SUPREME TEST	EXCLUDED	
TAI DOC CONTROL	EXCLUDED	
TECHLITE LANCETS 26G	TIER 02	

Drug Name	Drug Tier	Notes
TEMPO REFILL	EXCLUDED	
TEMPO SMART BUTTON	EXCLUDED	
TEMPO WELCOME	EXCLUDED	
TGT BLOOD GLUCOSE MONITORING	EXCLUDED	
TGT BLOOD GLUCOSE TEST	EXCLUDED	
TRUE FOCUS BLOOD GLUCOSE METER	EXCLUDED	
TRUE FOCUS BLOOD GLUCOSE STRIP	EXCLUDED	
TRUE METRIX AIR GLUCOSE METER	EXCLUDED	
TRUE METRIX BLOOD GLUCOSE TEST	EXCLUDED	
TRUE METRIX GO GLUCOSE METER	EXCLUDED	
TRUE METRIX LEVEL 1	EXCLUDED	
TRUE METRIX LEVEL 2	EXCLUDED	
TRUE METRIX LEVEL 3	EXCLUDED	
TRUE METRIX METER	EXCLUDED	
TRUE METRIX PRO BLOOD GLUCOSE	EXCLUDED	
TRUECONTROL GLUCOSE CONT LEV 0	EXCLUDED	
TRUECONTROL GLUCOSE CONT LEV 1	EXCLUDED	
TRUERESULT BLOOD GLUCOSE	EXCLUDED	
TRUETEST TEST	EXCLUDED	
TRUETRACK BLOOD GLUCOSE	EXCLUDED	
TRUETRACK SMART SYSTEM	EXCLUDED	
TRUETRACK TEST	EXCLUDED	
UNISTRIP CONTROL	EXCLUDED	
UNISTRIP1 GENERIC	EXCLUDED	
VERASENS BLOOD GLUCOSE METER	EXCLUDED	

Effective June 1, 2024

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

**ATRIUM HEALTH**

Drug Name	Drug Tier	Notes
VERASENS BLOOD GLUCOSE SYSTEM	EXCLUDED	
VERASENS BLOOD GLUCOSE TEST	EXCLUDED	
VERASENS GLUCOSE CONTROL	EXCLUDED	
VERIFINE SAFE LANCET MINI 21G	TIER 02	
VERIFINE SAFE LANCET MINI 23G	TIER 02	
VERIFINE SAFE LANCET MINI 28G	TIER 02	
VERIFINE SAFE LANCET MINI 30G	TIER 02	
VIVAGUARD INO CONTROL SOLUTION	EXCLUDED	
VIVAGUARD INO GLUCOSE METER	EXCLUDED	
VIVAGUARD INO SMART GLUC METER	EXCLUDED	
VIVAGUARD INO TEST STRIPS	EXCLUDED	
VIVAGUARD LANCETS 30G	TIER 02	
VIVAGUARD LANCING DEVICE	TIER 03	
VIVAGUARD SAFETY LANCETS 28G	TIER 02	
WAVESENSE AMP	EXCLUDED	
<b>Diabetes - Glycemic Agents</b>		
BAQSIMI ONE PACK	TIER 02	
BAQSIMI TWO PACK	TIER 02	
diazoxide oral	TIER 01	
GLUCAGEN HYPOKIT	EXCLUDED	
glucagon emergency kit	TIER 01	
GLUCAGON EMERGENCY KIT	TIER 02	
GVOKE HYPOPEN 1-PACK	EXCLUDED	

Drug Name	Drug Tier	Notes
GVOKE HYPOPEN 2-PACK	EXCLUDED	
GVOKE KIT	EXCLUDED	
GVOKE PFS	EXCLUDED	
PROGLYCEM	TIER 03	
ZEGALOGUE	TIER 02	
<b>Diabetes - Insulins</b>		
ADMELOG	TIER 01	
ADMELOG SOLOSTAR	TIER 01	
AFREZZA	TIER 03	PA
APIDRA SOLOSTAR	TIER 01	
APIDRA VIAL	TIER 01	
AQ INSULIN SYRINGE	TIER 02	
BASAGLAR KWIKPEN	TIER 01	
BASAGLAR TEMPO PEN	EXCLUDED	
BD ULTRA-FINE INSULIN SYRINGES	TIER 02	
BD ULTRA-FINE INSULIN SYRINGES	PREVENT	
DROPSAFE SAFETY SYRINGE/NEEDLE	TIER 02	
FIASP	TIER 01	
FIASP FLEXTOUCH	TIER 01	
FIASP PENFILL	TIER 01	
FIASP PUMPCART	TIER 01	
HUMALOG KWIKPEN	PREVENT	
HUMALOG MIX 50/50 KWIKPEN	PREVENT	
HUMALOG MIX 50/50 VIAL	PREVENT	
HUMALOG MIX 75/25 KWIKPEN	PREVENT	
HUMALOG MIX 75/25 VIAL	PREVENT	
HUMALOG SOLUTION 100 UNIT/ML INJECTION	PREVENT	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
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	
INSULIN ASPART PROT & ASPART	EXCLUDED	
INSULIN DEGLUDEC	EXCLUDED	
INSULIN DEGLUDEC FLEXTOUCH	EXCLUDED	
INSULIN GLARGINE MAX SOLOSTAR	PREVENT	
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	PREVENT	
INSULIN GLARGINE-YFGN	EXCLUDED	
INSULIN LISPRO	TIER 01	
INSULIN LISPRO (1 UNIT DIAL)	TIER 01	

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

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
NOVOLIN N RELION	EXCLUDED	
NOVOLIN N VIAL	TIER 01	
NOVOLIN R FLEXPEN	TIER 01	
NOVOLIN R FLEXPEN RELION	EXCLUDED	
NOVOLIN R RELION	EXCLUDED	
NOVOLIN R VIAL	TIER 01	
NOVOLOG 70/30 FLEXPEN RELION	EXCLUDED	
NOVOLOG FLEXPEN	TIER 01	
NOVOLOG FLEXPEN RELION	EXCLUDED	
NOVOLOG MIX 70/30 FLEXPEN	TIER 01	
NOVOLOG MIX 70/30 RELION	EXCLUDED	
NOVOLOG MIX 70/30 VIAL	TIER 01	
NOVOLOG PENFILL	TIER 01	
NOVOLOG RELION	EXCLUDED	
NOVOLOG U-100 VIAL	TIER 01	
REZVOGLAR KWIKPEN	TIER 01	
SEMGLEE (YFGN)	EXCLUDED	
TOUJEO MAX SOLOSTAR	PREVENT	
TOUJEO SOLOSTAR	PREVENT	
TRESIBA	EXCLUDED	
TRESIBA FLEXTOUCH	EXCLUDED	
ULTIGUARD SAFEPACK SYR/NEEDLE	TIER 02	
VERIFINE INSULIN SYRINGE	TIER 02	
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
ACCRUFER	EXCLUDED	
ALTRIXA	EXCLUDED	
AMINO ACID	TIER 03	

Drug Name	Drug Tier	Notes
AMINO ACID-CALCIUM-HEP IN D10W INTRAVENOUS SOLUTION 3 %	TIER 03	
AMINOPROTECT	TIER 03	
AMINOSYN II	TIER 03	
AMINOSYN-PF	TIER 03	
AMINOSYN-PF 7%	TIER 03	
AMLADEX	EXCLUDED	
AQUASOL A	TIER 03	
AQUASTAT	TIER 03	
AQUASTAT SFR	TIER 03	
ARGININE HCL INJECTION	TIER 03	
AZESCO	EXCLUDED	
BD POSIFLUSH	TIER 03	
BD POSIFLUSH SAFESCRUB	TIER 03	
BIOPAR DELTA-FORTE	EXCLUDED	
CALCIFOL	TIER 03	
CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS	TIER 03	
calcium chloride solution 10 % intravenous	TIER 01	
calcium gluconate intravenous solution	TIER 01	
CALCIUM GLUCONATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
calcium gluconate-nacl intravenous solution 1-0.675 gm/50ml-%, 2-0.675 gm/100ml-%	TIER 01	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.8 GM/100ML-%, 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%	TIER 03	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
CARBAGLU	SPECIALTY	PA
carglumic acid	SPECIALTY	PA
CARNITOR INTRAVENOUS	TIER 03	
CARNITOR ORAL	EXCLUDED	
CARNITOR SF	EXCLUDED	
CHEMET	TIER 03	
chromic chloride intravenous	TIER 01	
CITRANATAL 90 DHA	EXCLUDED	
CITRANATAL ASSURE	EXCLUDED	
CITRANATAL HARMONY	EXCLUDED	
CITRANATAL MEDLEY	EXCLUDED	
CLINIMIX E/DEXTROSE (2.75/5)	TIER 03	
CLINIMIX E/DEXTROSE (4.25/10)	TIER 03	
CLINIMIX E/DEXTROSE (4.25/5)	TIER 03	
CLINIMIX E/DEXTROSE (5/15)	TIER 03	
CLINIMIX E/DEXTROSE (5/20)	TIER 03	
CLINIMIX E/DEXTROSE (8/10)	TIER 03	
CLINIMIX E/DEXTROSE (8/14)	TIER 03	
CLINIMIX/DEXTROSE (4.25/10)	TIER 03	
CLINIMIX/DEXTROSE (4.25/5)	TIER 03	
CLINIMIX/DEXTROSE (5/15)	TIER 03	
CLINIMIX/DEXTROSE (5/20)	TIER 03	
CLINIMIX/DEXTROSE (6/5)	TIER 03	
CLINIMIX/DEXTROSE (8/10)	TIER 03	

Drug Name	Drug Tier	Notes
CLINIMIX/DEXTROSE (8/14)	TIER 03	
CLINISOL SF	TIER 03	
CLINOLIPID	TIER 03	
cupric chloride	TIER 01	
CUVRIOR	EXCLUDED	PA
cyanocobalamin injection solution 1000 mcg/ml	TIER 01	
cyanocobalamin nasal	TIER 01	
DAVIMET-FLUORIDE	EXCLUDED	
DAVIMET-M	EXCLUDED	
DAYAVITE	EXCLUDED	
deferasirox	SPECIALTY	PA
deferasirox granules	SPECIALTY	PA
DERMACINRX DAVIMET	EXCLUDED	
DERMACINRX MULTITAM	EXCLUDED	
DERMACINRX PRETRATE	EXCLUDED	
DERMACINRX RIBOTIN-E	EXCLUDED	
DERMACINRX ZINTREXYL-C	EXCLUDED	
DEXATRAN	EXCLUDED	
DEXIFOL	EXCLUDED	
DEXPANTHENOL INJECTION	TIER 03	
dextrose intravenous solution 10 %, 20 %, 30 %, 40 %, 5 %, 70 %	TIER 01	
DEXTROSE SOLUTION 250 MG/ML INTRAVENOUS	TIER 03	
dextrose solution 250 mg/ml intravenous	TIER 01	
DEXTROSE SOLUTION 50 % INTRAVENOUS	TIER 03	
dextrose solution 50 % intravenous	TIER 01	

Effective June 1, 2024

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

ATRIUM HEALTH



Drug Name	Drug Tier	Notes
DIATROL	EXCLUDED	
DODEX	TIER 03	
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	
FERAHEME	TIER 03	ST
FERRIPROX ORAL SOLUTION	SPECIALTY	PA
FERRLECIT	TIER 03	
ferumoxytol	TIER 01	ST
FOLAGENT DHA	EXCLUDED	
FOLAMAX	EXCLUDED	
FOLAMED DHA	EXCLUDED	
FOLCYTEINE	EXCLUDED	
folic acid injection	TIER 01	
folic acid oral tablet 1 mg	TIER 01	
FOLIFLEX	EXCLUDED	
FOLIKA-BC	EXCLUDED	
FOLITIN-Z	EXCLUDED	
FOLTREXYL	EXCLUDED	
GALZIN	TIER 03	
GLUTATHIONE INJECTION SOLUTION 200 MG/ML	TIER 03	
GLUTATHIONE INTRAVENOUS	TIER 03	
GLYCINE INJECTION	TIER 03	
GLYCOPHOS	TIER 03	
hematinic/folic acid	TIER 01	

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

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
magnesium 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	
MENATROL	EXCLUDED	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	TIER 03	
MONOFERRIC	TIER 03	ST
MONOJECT FLUSH SYRINGE	TIER 03	
MONOJECT SODIUM CHLORIDE FLUSH	TIER 03	
MULTIPRO	EXCLUDED	
MULTITOL-M	EXCLUDED	
MULTI-VIT-FLOR	EXCLUDED	
MULTRYs	TIER 03	
na ferric gluc cplx in sucrose	TIER 01	
NASCOBAL	TIER 03	
NATACHEW	EXCLUDED	
NATAL PNV	EXCLUDED	
NEEVO DHA	EXCLUDED	
NEOKE ALCAR	TIER 03	
NEONATAL + DHA	EXCLUDED	
NEONATAL COMPLETE ORAL TABLET 29-1 MG	EXCLUDED	
NEONATAL FE	EXCLUDED	
NESTABS DHA	EXCLUDED	
NESTABS ONE	EXCLUDED	
NICADAN	EXCLUDED	
NICAZEL	EXCLUDED	

Drug Name	Drug Tier	Notes
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	
ORACIT	TIER 03	
ORAL CITRATE	TIER 03	
PERIKABIVEN	TIER 03	
PHOSPHA 250 NEUTRAL	TIER 03	
phosphorous	TIER 01	
phospho-trin 250 neutral	TIER 01	
PHOSPHO-TRIN K500	TIER 03	
phytonadione injection	TIER 01	
phytonadione oral	TIER 01	
PLENAMINE	TIER 03	
PNV TABS 20-1	EXCLUDED	
POKONZA	EXCLUDED	PA
POLY-VI-FLOR	EXCLUDED	
POLY-VI-FLOR/IRON	EXCLUDED	
potassium acetate solution 2 meq/ml intravenous	TIER 01	
POTASSIUM ACETATE SOLUTION 2 MEQ/ML INTRAVENOUS	TIER 03	
potassium chloride cryser	TIER 01	
potassium chloride er	TIER 01	
potassium chloride intravenous solution	TIER 01	

Effective June 1, 2024

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

**ATRIUM HEALTH**

Drug Name	Drug Tier	Notes
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 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	
PREGEN DHA	EXCLUDED	
PREGENNA	EXCLUDED	
PREMASOL	TIER 03	
prenatal oral tablet 27-1 mg	PREVENT	
PRENATE	EXCLUDED	
PRENATE DHA	EXCLUDED	
PRENATE ELITE	EXCLUDED	
PRENATE ENHANCE	EXCLUDED	
PRENATE ESSENTIAL	EXCLUDED	
PRENATE MINI	EXCLUDED	
PRENATE PIXIE	EXCLUDED	
PRENATE RESTORE	EXCLUDED	
PRENATRIX	EXCLUDED	
PRENATRYL	EXCLUDED	
PRENATVITE COMPLETE	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	

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

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
SPS	TIER 03	
TAURINE INJECTION	TIER 03	
THAM	TIER 03	
THE LIQUILIFT TRACE	TIER 03	
thiamine hcl injection	TIER 01	
TM-DAILY VITE	EXCLUDED	
TM-VITE RX	EXCLUDED	
tolvaptan	SPECIALTY	PA; QL
TRALEMENT	TIER 03	
TRAVASOL	TIER 03	
TRI-AMINO	TIER 03	
tricitrates	TIER 01	
trientine hcl	SPECIALTY	PA
TRISODIUM CITRATE/CRRT	TIER 03	
TRISTART DHA	EXCLUDED	
TRONVITE	EXCLUDED	
TROPHAMINE	TIER 03	
TRUE MULTIVITAMIN	EXCLUDED	
UROCIT-K 10	TIER 03	
UROCIT-K 15	TIER 03	
UROCIT-K 5	TIER 03	
VELTASSA	TIER 03	
VENEXA	EXCLUDED	
VENEXA FE	EXCLUDED	
VENOFER	TIER 03	
VENTRIXYL	EXCLUDED	
VENTRIXYL FE	EXCLUDED	
VITAFOL FE+	EXCLUDED	
VITAFOL GUMMIES	EXCLUDED	
VITAFOL ULTRA	EXCLUDED	
VITAFOL-NANO	EXCLUDED	
VITAFOL-OB	EXCLUDED	
VITAFOL-OB+DHA	EXCLUDED	
VITAFOL-ONE	EXCLUDED	
VITAMEDMD ONE RX/QUATREFOLIC	EXCLUDED	

Effective June 1, 2024

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

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

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

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

Effective June 1, 2024

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

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

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

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
PEG-PREP	TIER 03	
PLENVU	EXCLUDED	
PYLERA	TIER 03	
REBYOTA	SPECIALTY	PA
RELISTOR	EXCLUDED	QL
RELTONE	EXCLUDED	PA
RESTORA RX	TIER 03	
SEROSTIM	SPECIALTY	PA
SUFLAVE	TIER 03	
SUPREP BOWEL PREP KIT	TIER 03	
SUTAB	TIER 03	
SYMPROIC	SPECIALTY	ST; QL
TALICIA	TIER 03	
TRULANCE	EXCLUDED	
URSO 250	TIER 03	
URSO FORTE	TIER 03	
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
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
ADZYNMA	SPECIALTY	PA
ALDURAZYME	SPECIALTY	PA

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

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
OLPRUVA (4 GM DOSE)	EXCLUDED	PA
OLPRUVA (5 GM DOSE)	EXCLUDED	PA
OLPRUVA (6 GM DOSE)	EXCLUDED	PA
OLPRUVA (6.67 GM DOSE)	EXCLUDED	PA
OPFOLDA	SPECIALTY	PA
ORFADIN	SPECIALTY	PA
PALYNZIQ	EXCLUDED	PA
PANCREAZE	EXCLUDED	
PERTZYE	EXCLUDED	
PHEBURANE	SPECIALTY	PA
POMBILITI	SPECIALTY	PA
RAVICTI	EXCLUDED	PA
REVCOVI	SPECIALTY	PA
sapropterin dihydrochloride	SPECIALTY	PA
sod benz-sod phenylacet	TIER 01	
sodium phenylbutyrate oral	SPECIALTY	PA
STRENSIQ	SPECIALTY	PA
SUCRAID	SPECIALTY	PA
VIMIZIM	SPECIALTY	PA
VIOKACE	EXCLUDED	
VOXZOGO	SPECIALTY	PA
VPRIV	SPECIALTY	PA
VYONDYS 53	EXCLUDED	PA
XURIDEN	SPECIALTY	PA
yargesa	SPECIALTY	PA
ZENPEP	TIER 02	
<b>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
VILTEPSO	EXCLUDED	PA

Drug Name	Drug Tier	Notes
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	EXCLUDED	
bethanechol chloride oral	TIER 01	
calcium acetate (phos binder)	TIER 01	
calcium acetate oral tablet 667 mg	TIER 01	
CIALIS	EXCLUDED	QL
CUPRIMINE	EXCLUDED	PA
darifenacin hydrobromide er	TIER 01	
DEPEN TITRATABS	SPECIALTY	
DETROL	TIER 03	
DETROL LA	TIER 03	
ELMIRON	EXCLUDED	PA
FILSPARI	SPECIALTY	PA
flavoxate hcl	TIER 01	
FOSRENOL	TIER 03	ST
GELNIQUE	TIER 03	ST
GEMTESA	EXCLUDED	
INTRAROSA	TIER 03	ST
lanthanum carbonate	TIER 01	
LITHOSTAT	TIER 03	
mirabegron er	TIER 01	
MUSE	TIER 03	QL
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	EXCLUDED	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	TIER 02	
OXLUMO	SPECIALTY	PA
oxybutynin chloride er	TIER 01	
oxybutynin chloride oral solution	TIER 01	

Effective June 1, 2024

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



Drug Name	Drug Tier	Notes
oxybutynin chloride oral tablet 5 mg	TIER 01	
OXYTROL	TIER 03	ST; QL
penicillamine oral capsule	EXCLUDED	PA
penicillamine oral tablet	SPECIALTY	
phenazo oral tablet 200 mg	TIER 01	
phenazopyridine hcl oral tablet 100 mg, 200 mg	TIER 01	
RIMSO-50	TIER 03	
sevelamer carbonate	TIER 01	
sevelamer hcl	TIER 01	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	TIER 01	QL
solifenacin succinate	TIER 01	
STENDRA	EXCLUDED	QL
tadalafil oral	TIER 01	QL
THIOLA	SPECIALTY	
THIOLA EC	SPECIALTY	
tiopronin	SPECIALTY	
tolterodine tartrate	TIER 01	
tolterodine tartrate er	TIER 01	
TOVIAZ	EXCLUDED	
tropium chloride	TIER 01	
tropium chloride er	TIER 01	
uretron d/s	TIER 01	
VELPHORO	TIER 03	
VESICARE	EXCLUDED	
VESICARE LS	EXCLUDED	
VIAGRA	EXCLUDED	QL
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	TIER 01	
AVODART	EXCLUDED	
dutasteride oral	TIER 01	

Drug Name	Drug Tier	Notes
dutasteride-tamsulosin hcl	TIER 01	
finasteride oral tablet 5 mg	TIER 01	
FLOMAX	EXCLUDED	
JALYN	TIER 03	
PROSCAR	TIER 03	
silodosin	TIER 01	
tamsulosin hcl	PREVENT	
terazosin hcl	PREVENT	
<b>Hormonal Agents - Adrenal</b>		
ALKINDI SPRINKLE	EXCLUDED	PA
betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	TIER 01	
BETAMETHASONE SODIUM PHOSPHATE INJECTION	TIER 03	
CELESTONE SOLUSPAN	TIER 03	
CORTEF	EXCLUDED	
CORTISONE ACETATE ORAL	EXCLUDED	PA
DEPO-MEDROL	TIER 03	
DEXAMETHASONE (LA)	TIER 03	
dexamethasone intensol	TIER 01	
dexamethasone oral	TIER 01	
DEXAMETHASONE SOD PHOS-NACL	TIER 03	
dexamethasone sod phosphate pf	TIER 01	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	TIER 01	
dexamethasone sodium phosphate injection solution prefilled syringe	TIER 01	

Effective June 1, 2024

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

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

Drug Name	Drug Tier	Notes
METHYLPREDNISOLONE ACETATE SUSPENSION 80 MG/ML INJECTION	TIER 03	
methylprednisolone oral	TIER 01	
methylprednisolone sodium succ	TIER 01	
METHYLPREDNISOLONE-BUPIVACAINE	TIER 03	
PEDIAPRED	TIER 03	
prednisolone oral solution	TIER 01	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	TIER 01	
prednisone oral	TIER 01	
RAYOS	EXCLUDED	PA
SOLU-CORTEF	TIER 03	
SOLU-MEDROL	TIER 03	
SOLU-MEDROL (PF)	TIER 03	
triamcinolone acetonide suspension 40 mg/ml injection	TIER 01	
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION	TIER 03	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 80 MG/ML	TIER 03	
TRIAMCINOLONE-BUPIVACAINE	TIER 03	
<b>Hormonal Agents - Men's Health</b>		
ANDRODERM	TIER 02	PA
ANDROGEL PUMP	EXCLUDED	PA
AVEED	EXCLUDED	PA
danazol oral	TIER 01	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
DEPO-TESTOSTERONE	EXCLUDED	PA
FORTESTA	EXCLUDED	PA
JATENZO	EXCLUDED	PA
METHITEST	TIER 03	PA
NATESTO	EXCLUDED	PA
TESTIM	EXCLUDED	PA
TESTOPEL	EXCLUDED	PA
testosterone cypionate intramuscular	TIER 01	PA
testosterone enanthate intramuscular	TIER 01	PA
testosterone transdermal	TIER 01	PA
TLANDO	EXCLUDED	PA
VOGELXO	EXCLUDED	PA
VOGELXO PUMP	EXCLUDED	PA
XYOSTED	EXCLUDED	PA
<b>Hormonal Agents - Pituitary</b>		
ACTHAR	SPECIALTY	PA
cabergoline	TIER 01	
cetorelix acetate	SPECIALTY	
CETROTIDE	EXCLUDED	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	SPECIALTY	
CLOMID	TIER 02	
CORTROPHIN	SPECIALTY	PA
desmopressin ace spray refrig	TIER 01	
desmopressin acetate injection	TIER 01	
desmopressin acetate oral	TIER 01	
desmopressin acetate pf	TIER 01	
desmopressin acetate spray	TIER 01	
EGRIFTA SV	SPECIALTY	PA; QL

Drug Name	Drug Tier	Notes
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG	SPECIALTY	PA; QL
ELIGARD SUBCUTANEOUS KIT 7.5 MG	SPECIALTY	QL
FENSOLVI (6 MONTH)	SPECIALTY	PA; QL
FIRMAGON	SPECIALTY	PA; QL
FIRMAGON (240 MG DOSE)	SPECIALTY	PA; QL
FOLLISTIM AQ	SPECIALTY	
fyremadel	SPECIALTY	
ganirelix acetate	SPECIALTY	
GENOTROPIN	EXCLUDED	PA
GENOTROPIN MINQUICK	EXCLUDED	PA
GONAL-F	SPECIALTY	
GONAL-F RFF	SPECIALTY	
GONAL-F RFF REDIJECT	SPECIALTY	
HUMATROPE	EXCLUDED	PA
INCRELEX	SPECIALTY	PA
ISTURISA	EXCLUDED	PA
LANREOTIDE ACETATE	EXCLUDED	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

Effective June 1, 2024

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

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

Drug Name	Drug Tier	Notes
SKYTROFA	SPECIALTY	PA
SOGROYA	EXCLUDED	PA
SOMATULINE DEPOT	SPECIALTY	PA
SOMAVERT	SPECIALTY	PA
SUPPRELIN LA	SPECIALTY	PA; QL
SYNAREL	SPECIALTY	
TEPEZZA	SPECIALTY	PA
TRELSTAR MIXJECT	SPECIALTY	PA; QL
TRIPTODUR	SPECIALTY	PA; QL
vasopressin	TIER 01	
vasopressin +rfid	TIER 01	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS	TIER 03	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML	TIER 03	
ZOLADEX	SPECIALTY	QL
ZOMACTON	EXCLUDED	PA
<b>Hormonal Agents - Prostaglandins</b>		
KORLYM	SPECIALTY	PA; QL
MIFEPREX	TIER 03	
mifepristone oral tablet 200 mg	TIER 01	
mifepristone oral tablet 300 mg	SPECIALTY	PA; QL
<b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b>		
EVISTA	TIER 03	
OSPHENA	TIER 03	
raloxifene hcl	TIER 01	
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
ACTIVELLA	TIER 03	
afirmelle	TIER 01	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
ALORA	TIER 03	ST
altavera	TIER 01	
alyacen 1/35	TIER 01	
alyacen 7/7/7	TIER 01	
amabelz	TIER 01	
amethyst	TIER 01	
ANGELIQ	TIER 03	
ANNOVERA	TIER 03	QL
apri	TIER 01	
aranelle	TIER 01	
ashlyna	TIER 01	QL
aubra eq	TIER 01	
aurovela 1.5/30	TIER 01	
aurovela 1/20	TIER 01	
aurovela 24 fe	TIER 01	
aurovela fe 1.5/30	TIER 01	
aurovela fe 1/20	TIER 01	
aviane	TIER 01	
ayuna	TIER 01	
azurette	TIER 01	
BALCOLTRA	TIER 03	
balziva	TIER 01	
BEYAZ	EXCLUDED	
BIJUVA	TIER 03	
blisovi 24 fe	TIER 01	
blisovi fe 1.5/30	TIER 01	
blisovi fe 1/20	TIER 01	
briellyn	TIER 01	
camila	TIER 01	
camrese	TIER 01	QL
camrese lo	TIER 01	QL
charlotte 24 fe	TIER 01	
chateal eq	TIER 01	
CLIMARA	EXCLUDED	
CLIMARA PRO	TIER 02	
COMBIPATCH	TIER 03	

Drug Name	Drug Tier	Notes
CRINONE	TIER 03	
cryselle-28	TIER 01	
cyred eq	TIER 01	
dasetta 1/35	TIER 01	
dasetta 7/7/7	TIER 01	
daysee	TIER 01	QL
deblitane	TIER 01	
DELESTROGEN	EXCLUDED	
delyla	TIER 01	
DEPO-ESTRADIOL	TIER 03	
DEPO-PROVERA	TIER 03	QL
DEPO-SUBQ PROVERA 104	TIER 03	QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	TIER 01	
DIVIGEL	TIER 03	
dolishale	TIER 01	
dotti	TIER 01	
drospiren-eth estrad-levomefol	TIER 01	
drospirenone-ethinyl estradiol	TIER 01	
DUAVEE	TIER 02	
ELESTRIN	TIER 03	
elinest	TIER 01	
ELLA	TIER 03	
eluryng	TIER 01	
emzahh	TIER 01	
ENDOMETRIN	TIER 02	
enilloring	TIER 01	
enpresse-28	TIER 01	
enskyce	TIER 01	
errin	TIER 01	
estarylla	TIER 01	
ESTRACE	EXCLUDED	
estradiol oral	TIER 01	

Effective June 1, 2024

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

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
estradiol transdermal	TIER 01	
estradiol vaginal	TIER 01	
estradiol valerate intramuscular	TIER 01	
estradiol-norethindrone acet	TIER 01	
ESTRING	TIER 03	QL
ESTROGEL	TIER 03	
ethynodiol diac-eth estradiol	TIER 01	
etonogestrel-ethinyl estradiol	TIER 01	
EVAMIST	TIER 03	
falmina	TIER 01	
FEMRING	TIER 03	ST; QL
finzala	TIER 01	
fyavolv	TIER 01	
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	

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

Effective June 1, 2024

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

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

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

Effective June 1, 2024

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

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

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

Effective June 1, 2024

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



Drug Name	Drug Tier	Notes
SODIUM IODIDE I-131	TIER 03	
SYNTHROID	EXCLUDED	
THYQUIDITY	EXCLUDED	
thyroid oral	TIER 01	
TIROSINT	EXCLUDED	
TIROSINT-SOL	EXCLUDED	
unithroid	PREVENT	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ABRILADA (1 PEN)	EXCLUDED	PA
ABRILADA (2 PEN)	EXCLUDED	PA
ABRILADA (2 SYRINGE)	EXCLUDED	PA
ACTEMRA ACTPEN	SPECIALTY	PA; QL
ACTEMRA INTRAVENOUS	SPECIALTY	PA
ACTEMRA SUBCUTANEOUS	SPECIALTY	PA; QL
ACTIMMUNE	SPECIALTY	PA
ADALIMUMAB-AACF (2 PEN)	EXCLUDED	PA
ADALIMUMAB-AATY (1 PEN)	EXCLUDED	PA
ADALIMUMAB-AATY (2 PEN)	EXCLUDED	PA
ADALIMUMAB-AATY (2 SYRINGE)	EXCLUDED	PA
ADALIMUMAB-ADAZ	SPECIALTY	PA; QL
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	SPECIALTY	PA
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	SPECIALTY	PA; QL

Drug Name	Drug Tier	Notes
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	SPECIALTY	PA; QL
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	SPECIALTY	PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	SPECIALTY	PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	SPECIALTY	PA; QL
ADALIMUMAB-ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	SPECIALTY	PA
ADALIMUMAB-ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	SPECIALTY	PA; QL
ADALIMUMAB-FKJP	EXCLUDED	PA
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	EXCLUDED	PA; QL
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	SPECIALTY	PA; QL

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	SPECIALTY	PA; QL
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SPECIALTY	PA; QL
AMJEVITA-PED 10KG TO <15KG	SPECIALTY	PA; QL
AMJEVITA-PED 15KG TO <30KG	SPECIALTY	PA; QL
ARCALYST	SPECIALTY	PA
ASCENIV	EXCLUDED	PA
ASTAGRAF XL	TIER 02	
ATGAM	TIER 02	
AVSOLA	SPECIALTY	PA
AZASAN	TIER 03	
azathioprine oral	TIER 01	
azathioprine sodium	TIER 01	
BENLYSTA	SPECIALTY	PA
BEYFORTUS	TIER 02	
BIVIGAM	SPECIALTY	PA
CELLCEPT	SPECIALTY	
CELLCEPT INTRAVENOUS	SPECIALTY	
CIMZIA	SPECIALTY	PA; QL
CIMZIA (2 SYRINGE)	SPECIALTY	PA; QL
CIMZIA STARTER KIT	SPECIALTY	PA; QL
CINRYZE	EXCLUDED	PA
CNJ-016	TIER 03	
COSENTYX (300 MG DOSE)	EXCLUDED	PA
COSENTYX 150 MG/ML	EXCLUDED	PA
COSENTYX SENSOREADY (300 MG)	EXCLUDED	PA

Drug Name	Drug Tier	Notes
COSENTYX SENSOREADY PEN	EXCLUDED	PA
COSENTYX UNOREADY	EXCLUDED	PA
CUTAQUIG	EXCLUDED	PA
CUVITRU	SPECIALTY	PA
cyclosporine intravenous	TIER 01	
cyclosporine modified	TIER 01	
cyclosporine oral	TIER 01	
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	SPECIALTY	PA
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	SPECIALTY	PA; QL
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	SPECIALTY	PA; QL
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	SPECIALTY	PA
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	SPECIALTY	PA
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	SPECIALTY	PA; QL
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	SPECIALTY	PA

Effective June 1, 2024

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

**ATRIUM HEALTH**

Drug Name	Drug Tier	Notes
CYLTEZO- PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	SPECIALTY	PA; QL
CYTOGAM	SPECIALTY	PA
ENBREL	SPECIALTY	PA; QL
ENBREL MINI	SPECIALTY	PA; QL
ENBREL SURECLICK	SPECIALTY	PA; QL
ENSPRYNG	SPECIALTY	PA
ENTYVIO INTRAVENOUS	SPECIALTY	PA
ENTYVIO SUBCUTANEOUS	SPECIALTY	PA; QL
ENVARUSUS XR	TIER 02	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	SPECIALTY	
FIRAZYR	EXCLUDED	PA
FLEBOGAMMA DIF	SPECIALTY	PA
GAMASTAN	SPECIALTY	PA
GAMIFANT	SPECIALTY	PA
GAMMAGARD	SPECIALTY	PA
GAMMAGARD S/D LESS IGA	SPECIALTY	PA
GAMMAKED	SPECIALTY	PA
GAMMAPLEX	SPECIALTY	PA
GAMUNEX-C	SPECIALTY	PA
gengraf	TIER 01	
HADLIMA	EXCLUDED	PA
HADLIMA PUSHTOUCH	EXCLUDED	PA
HIZENTRA	SPECIALTY	PA
HULIO (2 PEN)	EXCLUDED	PA
HULIO (2 SYRINGE)	EXCLUDED	PA
HUMIRA (2 PEN) PEN- INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	EXCLUDED	PA; QL

Drug Name	Drug Tier	Notes
HUMIRA (2 PEN) PEN- INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	SPECIALTY	PA; QL
HUMIRA (2 PEN) PEN- INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	EXCLUDED	PA; QL
HUMIRA (2 PEN) PEN- INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	SPECIALTY	PA; QL
HUMIRA (2 PEN) SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/0.8ML	SPECIALTY	PA; QL
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	EXCLUDED	PA; QL
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	SPECIALTY	PA; QL
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	EXCLUDED	PA; QL
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	SPECIALTY	PA; QL
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	EXCLUDED	PA; QL
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	SPECIALTY	PA; QL
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	SPECIALTY	PA; QL

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
HUMIRA-CD/UC/HS STARTER	SPECIALTY	PA; QL
HUMIRA-PED<40KG CROHNS STARTER	SPECIALTY	PA; QL
HUMIRA-PED>=40KG CROHNS START	SPECIALTY	PA; QL
HUMIRA-PED>=40KG UC STARTER	SPECIALTY	PA; QL
HUMIRA-PSORIASIS/UVEIT STARTER	SPECIALTY	PA; QL
HYPERRHO S/D	SPECIALTY	
HYQVIA	SPECIALTY	PA
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	EXCLUDED	PA; QL
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	SPECIALTY	PA; QL
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	EXCLUDED	PA; QL
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	SPECIALTY	PA; QL
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	EXCLUDED	PA; QL
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	SPECIALTY	PA; QL
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	EXCLUDED	PA; QL

Drug Name	Drug Tier	Notes
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	SPECIALTY	PA; QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	EXCLUDED	PA; QL
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML	SPECIALTY	PA; QL
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	EXCLUDED	PA; QL
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	EXCLUDED	PA; QL
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	SPECIALTY	PA; QL
HYRIMOZ-PED<40KG CROHN STARTER	SPECIALTY	PA; QL
HYRIMOZ-PED>=40KG CROHN START	SPECIALTY	PA; QL
HYRIMOZ-PLAQUE PSORIASIS START SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS	EXCLUDED	PA; QL
HYRIMOZ-PLAQUE PSORIASIS START SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS	SPECIALTY	PA; QL

Effective June 1, 2024

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

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
icatibant acetate	SPECIALTY	PA
IDACIO (2 PEN)	EXCLUDED	PA
IDACIO (2 SYRINGE)	EXCLUDED	PA
IDACIO-CROHNS/UC STARTER	EXCLUDED	PA
IDACIO-PSORIASIS STARTER	EXCLUDED	PA
ILARIS	SPECIALTY	PA
ILUMYA	SPECIALTY	PA; QL
IMURAN	TIER 03	
INFLECTRA	SPECIALTY	PA
INFLIXIMAB	EXCLUDED	PA
JOENJA	EXCLUDED	PA
JYLAMVO	SPECIALTY	PA
KALBITOR	SPECIALTY	PA
KEVZARA	SPECIALTY	PA; QL
KINERET	SPECIALTY	PA
leflunomide oral	TIER 01	
LUPKYNIS	EXCLUDED	PA
methotrexate sodium	TIER 01	
methotrexate sodium (pf)	TIER 01	
MICRHOGAM ULTRA-FILTERED PLUS	SPECIALTY	
mycophenolate mofetil hcl	SPECIALTY	
mycophenolate mofetil intravenous	SPECIALTY	
mycophenolate mofetil oral	SPECIALTY	
mycophenolate sodium	SPECIALTY	
mycophenolic acid	SPECIALTY	
MYFORTIC	SPECIALTY	
NEORAL	TIER 02	
NULOJIX	TIER 03	
OCTAGAM	SPECIALTY	PA
OLUMIANT	SPECIALTY	PA; QL
OMVOH INTRAVENOUS	SPECIALTY	PA

Drug Name	Drug Tier	Notes
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	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	EXCLUDED	PA
PRIVIGEN	SPECIALTY	PA
PROGRAF	TIER 02	
RAPAMUNE	SPECIALTY	
RASUVO	SPECIALTY	PA
REMICADE	EXCLUDED	PA
RENFLEXIS	EXCLUDED	PA
REZUROCK	EXCLUDED	PA
RHOGAM ULTRA-FILTERED PLUS	SPECIALTY	
RHOPHYLAC	TIER 02	
RIDAURA	SPECIALTY	
RINVOQ	SPECIALTY	PA; QL
SANDIMMUNE	TIER 02	
SAPHNELO	SPECIALTY	PA
SILIQ	SPECIALTY	PA; QL
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

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
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	
TORISEL	SPECIALTY	
TREMFYA	SPECIALTY	PA; QL
TREXALL	TIER 03	
UPLIZNA	SPECIALTY	PA
VELSIPITY	EXCLUDED	PA
VEOPOZ	SPECIALTY	PA
WINRHO SDF	SPECIALTY	
XATMEP	SPECIALTY	
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	
ZORTRESS	SPECIALTY	
<b>Inflammatory Bowel Disease Agents</b>		
ANALPRAM-HC EXTERNAL CREAM	TIER 03	
ANUSOL-HC EXTERNAL	TIER 03	
APRISO	TIER 01	
AZULFIDINE	TIER 03	

Drug Name	Drug Tier	Notes
AZULFIDINE EN-TABS	TIER 03	
balsalazide disodium	TIER 01	
budesonide er	TIER 01	
budesonide oral	TIER 01	
budesonide rectal foam 2 mg	TIER 01	
CANASA	EXCLUDED	
CORTENEMA	TIER 03	
CORTIFOAM	TIER 03	
DELZICOL	EXCLUDED	
DIPENTUM	EXCLUDED	
hydrocortisone (perianal)	TIER 01	
hydrocortisone ace-pramoxine external cream 1-1 %	TIER 01	
hydrocortisone rectal	TIER 01	
LIALDA	EXCLUDED	
mesalamine er oral capsule 500 mg	TIER 01	
mesalamine er oral capsule 0.375 gm	EXCLUDED	
mesalamine oral capsule delayed release 400 mg	TIER 01	
mesalamine oral tablet delayed release 1.2 gm	TIER 01	
mesalamine rectal	TIER 01	
mesalamine-cleanser	TIER 01	
PENTASA	EXCLUDED	
PROCTOFOAM HC	TIER 02	
procto-med hc	TIER 01	
proctosol hc	TIER 01	
proctozone-hc	TIER 01	
ROWASA	TIER 03	
SFROWASA	TIER 02	
sulfasalazine oral	TIER 01	
TARPEYO	EXCLUDED	PA
UCERIS ORAL	EXCLUDED	
UCERIS RECTAL	TIER 03	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
ACTONEL	TIER 03	QL
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
RECLAST	SPECIALTY	
risedronate sodium oral tablet 150 mg, 35 mg	TIER 01	QL
risedronate sodium oral tablet 30 mg, 5 mg	TIER 01	
risedronate sodium oral tablet delayed release	TIER 01	QL
teriparatide	SPECIALTY	PA
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	SPECIALTY	PA

Drug Name	Drug Tier	Notes
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	SPECIALTY	PA
TYMLOS	SPECIALTY	PA
XGEVA	SPECIALTY	PA
zoledronic acid	SPECIALTY	
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol intravenous	TIER 01	
calcitriol oral	TIER 01	
cinacalcet hcl	SPECIALTY	PA
doxercalciferol intravenous	TIER 01	
HECTOROL	TIER 03	
paricalcitol	SPECIALTY	
PARSABIV	SPECIALTY	
RAYALDEE	TIER 03	
ROCALTROL	TIER 03	
SENSIPAR	EXCLUDED	PA
ZEMPLAR	SPECIALTY	
<b>Miscellaneous Therapeutic Agents</b>		
ACCU-CHEK TENDER 1 INFUSION	TIER 03	
ACETADOTE	TIER 03	
acetylcysteine intravenous	TIER 01	
ACTIFOAM COLLAGEN SPONGE	TIER 03	
ADAKVEO	SPECIALTY	PA
ADVOCATE INSULIN PEN NEEDLE	TIER 02	
AEROBIKA OPEP W/MANOMETER	TIER 03	
AEROCHAMBER HOLDING CHAMBER	TIER 02	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
AEROCHAMBER MINI CHAMBER	TIER 02	
AEROCHAMBER MV	TIER 02	
AEROCHAMBER PLS FLOVU MTHPIECE	TIER 02	
AEROCHAMBER PLUS FLO-VU INTERM	TIER 02	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	TIER 02	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	TIER 02	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	TIER 02	
AEROCHAMBER PLUS FLOW VU	TIER 02	
AEROCHAMBER W/FLOWSIGNAL	TIER 02	
AEROECLIPSE EZ TWIST TUBING	TIER 03	
AEROECLIPSE II W/ELBOW ADAPTER	TIER 03	
AEROECLIPSE II W/UNIV TUBING	TIER 03	
AEROECLIPSE XL NEBULIZER	TIER 03	
AEROGEAR ACTION ASTHMA KIT	TIER 03	
AIRS PEDIATRIC AEROSOL MASK	TIER 03	
ALCOHOL PREP PADS PAD , 70 %	TIER 03	
ALCOHOL PREP PADS SHEET 70 %	TIER 03	
ALL FLOW 1000 PFT FILTER DEVICE	TIER 03	
ALPHA-LIPOIC ACID INJECTION	TIER 03	
AMD FOAM DRESSING	TIER 03	
AMD FOAM DRESSING TOPSHEET	TIER 03	

Effective June 1, 2024

Drug Name	Drug Tier	Notes
AMPHADASE	TIER 03	
ANDEXXA	TIER 03	
APOGEE HC CATHETER 16FR/16"	TIER 03	
APOGEE IC CATHETER 14FR/16"	TIER 03	
APOGEE PLUS INTERMITTENT CATH	TIER 03	
AQINJECT PEN NEEDLE	TIER 02	
arnica flower	TIER 01	
ARTISS	TIER 03	
ASSURE ID DUO PRO PEN NEEDLES	TIER 02	
ASSURE ID PRO PEN NEEDLES	TIER 02	
AUM ALCOHOL PREP PADS	TIER 03	
AUM INSULIN SAFETY PEN NEEDLE	TIER 02	
AUM MINI INSULIN PEN NEEDLE	TIER 02	
AUM PEN NEEDLE	TIER 02	
AUM READYGARD DUO PEN NEEDLE	TIER 02	
AUM SAFETY PEN NEEDLE	TIER 02	
AURA PORTANEB	TIER 03	
AVITENE	TIER 03	
AVITENE FLOUR	TIER 03	
BACTERIOSTATIC WATER(BENZ ALC)	TIER 03	
BARD PISTON ENT IRRIGATION SYR	TIER 03	
BD AUTOSHIELD DUO PEN NEEDLES	PREVENT	
BD ECLIPSE NEEDLE 23G X 1" , 25G X 1"	TIER 03	
BD FILTER NEEDLE	PREVENT	

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



Drug Name	Drug Tier	Notes
BD HYDROPHILIC CATHETER 14FR	TIER 03	
BD SYRINGE LUER-LOK 30 ML	PREVENT	
BD ULTRA-FINE PEN NEEDLES	PREVENT	
BD ULTRA-FINE PEN NEEDLES	TIER 02	
BENTLEY THE BEAR PED NEBULIZER	TIER 03	
BIGFOOT UNITY PEN CAP/ADMELOG	EXCLUDED	
BIGFOOT UNITY PEN CAP/APIDRA	EXCLUDED	
BIGFOOT UNITY PEN CAP/ASPART	EXCLUDED	
BIGFOOT UNITY PEN CAP/BASAGLAR	EXCLUDED	
BIGFOOT UNITY PEN CAP/FIASP	EXCLUDED	
BIGFOOT UNITY PEN CAP/HUMALOG	EXCLUDED	
BIGFOOT UNITY PEN CAP/LANTUS	EXCLUDED	
BIGFOOT UNITY PEN CAP/LISPRO	EXCLUDED	
BIGFOOT UNITY PEN CAP/LYUMJEV	EXCLUDED	
BIGFOOT UNITY PEN CAP/NOVOLOG	EXCLUDED	
BIGFOOT UNITY PEN CAP/TOUJEO	EXCLUDED	
BIGFOOT UNITY PEN CAP/TOUJEO M	EXCLUDED	
BIGFOOT UNITY PEN CAP/TRESIBA	EXCLUDED	
BREATHE COMFORT CHAMBER/ADULT	TIER 02	
BREATHE COMFORT CHAMBER/CHILD	TIER 02	
BREATHE EASE LARGE	TIER 02	

Drug Name	Drug Tier	Notes
BREATHE EASE MEDIUM	TIER 02	
BREATHE EASE NEB MASK/CHILD	TIER 03	
BREATHE EASE NEB MASK/INFANT	TIER 03	
BREATHE EASE SMALL	TIER 02	
BREATHRITE VALVED MDI CHAMBER	TIER 02	
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML	TIER 03	
BYLVAY	SPECIALTY	PA
BYLVAY (PELLETS)	SPECIALTY	PA
CAPTAIN EAGLE PED NEBULIZER	TIER 03	
CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	TIER 03	
CAREPOINT SAFETY 1ST NEEDLE	TIER 03	
CAREPOINT SYRINGE LUER LOCK 1 ML , 30 ML	TIER 03	
CAREPOINT SYRINGE LUER SLIP 1 ML	TIER 03	
CARETOUCH 2 CPAP HOSE HANGER	TIER 03	
CARETOUCH CPAP & BIPAP HOSE	TIER 03	
CARETOUCH CPAP MASK WIPES	TIER 03	
CARETOUCH CPAP PRE-WASH SOLN	TIER 03	
CARETOUCH CPAP TUBE BRUSH	TIER 03	
CARETOUCH UNIVERSL CPAP FILTER	TIER 03	
CEFALY KIT	TIER 03	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
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	
COMP A-I-R NEBULIZER	TIER 03	
COMPACT SPACE CHAMBER	TIER 02	
COMPACT SPACE CHAMBER/LG MASK	TIER 02	
COMPACT SPACE CHAMBER/MED MASK	TIER 02	
COMPACT SPACE CHAMBER/SM MASK	TIER 02	
COMPRESSOR NEBULIZER	TIER 03	
CONCEPTION KIT	TIER 03	
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"	TIER 03	
CURITY AMD ANTIMICROBIAL STRIP	TIER 03	
CURITY IODOFORM PACKING STRIP	TIER 03	
CYANOKIT	TIER 03	
CYTOTINE ORAL POWDER	TIER 03	

Drug Name	Drug Tier	Notes
deferoxamine mesylate	TIER 01	
DEFLUX	TIER 03	
DEFLUX METAL NEEDLE	TIER 03	
DESFERAL	TIER 03	
dexmedetomidine hcl in nacl intravenous solution	TIER 01	
DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML	TIER 03	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	TIER 01	
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	

Effective June 1, 2024

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

**ATRIUM HEALTH**

Drug Name	Drug Tier	Notes
diluent for treprostinil	TIER 01	
DOJOLVI	EXCLUDED	PA
DOVER URETHRAL CATHETER	TIER 03	
DROPLET MICRON	TIER 02	
DROPSAFE ALCOHOL PREP	TIER 03	
DYSPORT	TIER 02	PA
EASIVENT	TIER 02	
EASYPOINT NEEDLE	TIER 03	
EDETATE CALCIUM DISODIUM INJECTION	TIER 03	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	TIER 02	
EMBRACE SEIZURE MONITORING SYS	TIER 03	
EMJOI TENS	TIER 03	
ENDARI	SPECIALTY	PA
ENDO AVITENE	TIER 03	
ENEMA BOTTLE	TIER 03	
ENTRISTAR PEG ENTERAL CONNECT	TIER 03	
EPISIL	TIER 03	
ergoloid mesylates oral	TIER 01	
EUA PATIENT ASSESSMENT	TIER 03	
EXCILON AMD DRAIN SPONGES	TIER 03	
FACE MASK EARLOOP-STYLE	TIER 03	
FACE MASK RESP N-100 PART	TIER 03	
FACE MASK RESPIRATOR R-95 PART	TIER 03	
FIRDAPSE	EXCLUDED	PA
FLEXICHAMBER	TIER 02	

Drug Name	Drug Tier	Notes
FLEXICHAMBER ADULT MASK/SMALL	TIER 02	
FLEXICHAMBER CHILD MASK/LARGE	TIER 02	
FLEXICHAMBER CHILD MASK/SMALL	TIER 02	
flumazenil intravenous	TIER 01	
FLYP NEBULIZER	TIER 03	
fomepizole	TIER 01	
FORA D40G GLUCOSE/PRESSURE	TIER 03	
formaldehyde external solution 37 %	TIER 01	
GAMMACORE	TIER 03	
GAMMACORE SAPPHIRE 31-DAY	TIER 03	
GAMMACORE SAPPHIRE D	TIER 03	
GAMMACORE SAPPHIRE REFILL KIT	TIER 03	
GELFILM EXTERNAL	TIER 03	
GEL-FLOW NT	TIER 03	
GELFOAM	TIER 03	
GELFOAM COMPRESSED SIZE 100	TIER 03	
GELFOAM DENTAL PACK SIZE 4	TIER 03	
GELFOAM SPONGE	TIER 03	
GELFOAM SPONGE SIZE 100	TIER 03	
GELFOAM SPONGE SIZE 200	TIER 03	
GELFOAM SPONGE SIZE 50	TIER 03	
GEL-ONE	EXCLUDED	PA
GENVISC 850	EXCLUDED	PA
glutaraldehyde external	TIER 01	
GOHIBIC	TIER 03	
GRASTEK	SPECIALTY	PA

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
HYALGAN	EXCLUDED	PA
HYLENEX	TIER 03	
HYMOVIS	EXCLUDED	PA
IGALMI	TIER 03	PA
INCONTROL ULTICARE PEN NEEDLES	TIER 02	
INSPIREASE RESERVOIR BAGS	TIER 02	
INSTAT	TIER 03	
INSUFLON	TIER 03	
INSULIN PEN NEEDLES	TIER 02	
INSULIN PEN NEEDLES	PREVENT	
INTERCEED	TIER 03	
INTERCEED (TC7)	TIER 03	
IV ADMINISTRATION SET	TIER 03	
IV EXTENSION SET	TIER 03	
J-TIP KIT W/VIAL ADAPTERS	TIER 03	
KANGAROO BALLOON 20FR/3.5CM	TIER 03	
KANGAROO GASTROSTOMY TUBE	TIER 03	
KANGAROO GRAVITY FEEDING BAG	TIER 03	
KANGAROO JOEY ENTERAL PUMP	TIER 03	
KANGAROO MULTI-FUNCTIONAL PORT	TIER 03	
KANGAROO STOMA MEASURING DEV	TIER 03	
KARAYA GUM POWDER	TIER 03	
KENDALL SCD EXPRESS FOOT CUFF	TIER 03	
KERENDIA	TIER 03	PA
KERLIX AMD ANTIMICROBIAL	TIER 03	
KERLIX AMD SUPER SPONGES	TIER 03	

Drug Name	Drug Tier	Notes
KORSUVA	SPECIALTY	PA
LATEX GLOVES MEDIUM	TIER 03	
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 01	
methylene blue intravenous solution 50 mg/10ml	TIER 01	
methylergonovine maleate	TIER 01	
MICROAIR VIBRATING MESH NEBUL	TIER 03	
MICROCHAMBER DEVICE	TIER 02	
MICRONEB	TIER 03	
MONARCH ETNS SYSTEM	TIER 03	
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	TIER 03	
MONOJECT MONODOSE ORAL MED SYR	TIER 03	
MONOVISC	EXCLUDED	PA
MUCOTROL	TIER 03	
MYOBLOC	TIER 02	PA
NEB-RITE4	TIER 03	
NEBULIZER MASK ADULT	TIER 03	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
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	
NS-2 ELECTRIC PATCH POUCH	TIER 03	
ODACTRA	TIER 03	PA
OMBRA COMPRESSOR ADULT	TIER 03	
OMBRA COMPRESSOR CHILD	TIER 03	
OMNIPOD 5 G6 INTRO (GEN 5)	TIER 03	
OMNIPOD 5 G6 PODS (GEN 5)	TIER 03	
OMNIPOD CLASSIC PODS (GEN 3)	TIER 03	
OMNIPOD DASH INTRO (GEN 4)	TIER 03	
OMNIPOD DASH PDM (GEN 4)	TIER 03	
OMNIPOD DASH PODS (GEN 4)	TIER 03	

Drug Name	Drug Tier	Notes
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
OXBRYTA	EXCLUDED	PA
PAIN RELIEF WITH TENS S2000	TIER 03	
PALFORZIA	EXCLUDED	PA
PANDA MASK LARGE	TIER 02	
PANDA MASK MEDIUM	TIER 02	
PANDA MASK SMALL	TIER 02	
PARI ALTERA NEBULIZER HANDSET	TIER 03	
PARI BABY NEBULIZER SET	TIER 03	
PARI MASK SET	TIER 03	
PARI PRONEB MAX LC PLUS	TIER 03	
PARI PRONEB MAX LC SPRINT	TIER 03	
PARI TREK S COMBO PACK	TIER 03	
PARI VORTEX ADULT MASK	TIER 02	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
PEDIATRIC COMPRESSOR NEBULIZER	TIER 03	
PEDIATRIC PANDA MASK	TIER 02	
PEDMARK	TIER 03	PA
PENTETATE CALCIUM TRISODIUM	TIER 03	
PENTETATE ZINC TRISODIUM	TIER 03	
PHEXXI	EXCLUDED	PA; QL
PHOTREXA-PHOTREXA VISCOUS KIT	TIER 03	
PIP PEN NEEDLES 31G X 5MM	TIER 02	
PIP PEN NEEDLES 32G X 4MM	TIER 02	
POCKET SPACER	TIER 02	
PONS MOUTHPIECE	TIER 03	
PONS SYSTEM	TIER 03	
POP-ON INTERMEDIATE MALE CATH	TIER 03	
POWDER FREE NITRILE GLOVES SM	TIER 03	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML	TIER 03	
PREVDUO	TIER 03	
PRO COMFORT SPACER ADULT	TIER 02	
PRO COMFORT SPACER CHILD	TIER 02	
PRO COMFORT SPACER INFANT	TIER 02	
PRO COMFORT TENS UNIT	TIER 03	
PROCARE SPACER/ADULT MASK	TIER 02	

Drug Name	Drug Tier	Notes
PROCARE SPACER/CHILD MASK	TIER 02	
PROTOPAM CHLORIDE	TIER 03	
PROVAYBLUE	TIER 03	
PURE COMFORT SAFETY PEN NEEDLE	TIER 02	
PURE COMFORT SPACER CHAMBER	TIER 02	
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	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
SALINE-PHENOL	TIER 03	
SAVI DUAL	TIER 03	
SHARPS CONTAINER	TIER 03	
SIDESTREAM ADULT FACE MASK	TIER 03	
SIDESTREAM PEDIATRIC FACE MASK	TIER 03	
SKINEEZ TED STOCKINGS	TIER 03	
sodium chloride bacteriostatic	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	

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

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
ULTRAFOAM SPONGE 8X12.5X1CM	TIER 03	
ULTRAFOAM SPONGE 8X12.5X3CM	TIER 03	
ULTRAFOAM SPONGE 8X25X1CM	TIER 03	
ULTRAFOAM SPONGE 8X6.25X1CM	TIER 03	
UNIFINE PROTECT PEN NEEDLE	TIER 02	
VAPRO PLUS CATHETER 12FR/16"	TIER 03	
VAPRO PLUS CATHETER 12FR/8"	TIER 03	
VAPRO PLUS CATHETER 14FR/16"	TIER 03	
VAPRO PLUS CATHETER 14FR/8"	TIER 03	
VEOZAH	EXCLUDED	PA
VERIFINE INSULIN PEN NEEDLE	TIER 02	
VERIFINE PLUS PEN NEEDLE	TIER 02	
VERSAPAP	TIER 03	
VERSAPAP W/UNIVERSAL TUBING	TIER 03	
VISCO-3	EXCLUDED	PA
VISTOGARD	TIER 03	
VORTEX VALVED HOLDING CHAMBER	TIER 02	
VYVGART	SPECIALTY	PA
VYVGART HYTRULO	SPECIALTY	PA
XEOMIN	TIER 02	PA
XIAFLEX	SPECIALTY	PA
XPHOZAH	EXCLUDED	
ZEWA DIGITAL TENS UNIT	TIER 03	
ZEWA TENS/EMS COMBO UNIT	TIER 03	
ZOKINVY	SPECIALTY	PA

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

Effective June 1, 2024

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



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

Drug Name	Drug Tier	Notes
POVIDONE-IODINE OPTHALMIC	TIER 03	
PRED FORTE	EXCLUDED	
PRED MILD	TIER 03	
prednisolone acetate ophthalmic	TIER 01	
prednisolone sodium phosphate ophthalmic	TIER 01	
PROLENSA	TIER 02	QL
sulfacetamide sodium ophthalmic	TIER 01	
TOBRADEX	TIER 03	
TOBRADEX ST	TIER 03	
tobramycin ophthalmic	TIER 01	
tobramycin-dexamethasone	TIER 01	
TOBREX	TIER 03	
trifluridine	TIER 01	
UPNEEQ	TIER 03	PA
VIGAMOX	EXCLUDED	
XDEMVY	EXCLUDED	PA; QL
ZERVIATE	EXCLUDED	
ZIRGAN	TIER 03	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
acetazolamide er	TIER 01	
acetazolamide oral	TIER 01	
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	TIER 02	
ALPHAGAN P OPTHALMIC SOLUTION 0.15 %	EXCLUDED	
apraclonidine hcl	TIER 01	
AZOPT	EXCLUDED	
betaxolol hcl ophthalmic	TIER 01	
BETIMOL	TIER 03	
bimatoprost ophthalmic	TIER 01	QL

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
brimonidine tartrate ophthalmic solution 0.1 %	TIER 01	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	PREVENT	
brimonidine tartrate-timolol	TIER 01	
brinzolamide	TIER 01	
carteolol hcl	TIER 01	
COMBIGAN	EXCLUDED	
COSOPT	EXCLUDED	
COSOPT PF	EXCLUDED	
dichlorphenamide	SPECIALTY	PA
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	TIER 03	
dorzolamide hcl solution 2 % ophthalmic	TIER 01	
dorzolamide hcl-timolol mal	TIER 01	
dorzolamide hcl-timolol mal pf	TIER 01	
IOPIDINE	TIER 03	
ISTALOL	TIER 03	
IYUZEH	EXCLUDED	QL
KEVEYIS	SPECIALTY	PA
latanoprost ophthalmic	PREVENT	
levobunolol hcl	TIER 01	
LUMIGAN	TIER 02	QL
methazolamide oral	TIER 01	
pilocarpine hcl ophthalmic	TIER 01	
RHOPRESSA	TIER 03	QL
ROCKLATAN	TIER 03	QL
SIMBRINZA	TIER 02	
tafluprost (pf)	TIER 01	QL
timolol maleate (once-daily)	PREVENT	

Drug Name	Drug Tier	Notes
timolol maleate ocudose	PREVENT	
timolol maleate ophthalmic solution	PREVENT	
timolol maleate pf	PREVENT	
TIMOPTIC OCUDOSE	EXCLUDED	
TRAVATAN Z	EXCLUDED	QL
travoprost (bak free)	TIER 01	QL
VUITY	EXCLUDED	PA
VYZULTA	EXCLUDED	QL
XALATAN	EXCLUDED	
XELPROS	TIER 03	ST; QL
ZIOPTAN	EXCLUDED	QL
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
AKTEN	TIER 03	
ALCAINE	TIER 03	
ALTACAIN	TIER 03	
altafrin	TIER 01	
atropine sulfate ophthalmic ointment	TIER 01	
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 INTRAVITREAL	SPECIALTY	
BYOOVIZ	EXCLUDED	PA
CEQUA	EXCLUDED	PA
CIMERLI	SPECIALTY	PA
CYCLOGYL	TIER 03	
CYCLOMYDRIL	TIER 03	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
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 01	
neo-polycin hc	TIER 01	
OXERVATE	SPECIALTY	PA
phenylephrine hcl ophthalmic	TIER 01	
polycin	TIER 01	
polymyxin b-trimethoprim	TIER 01	
proparacaine hcl ophthalmic	TIER 01	
RESTASIS	TIER 01	PA
RESTASIS MULTIDOSE	TIER 02	PA
sulfacetamide-prednisolone	TIER 01	
SUSVIMO (IMPLANT 1ST FILL)	SPECIALTY	PA
SUSVIMO (IMPLANT REFILL)	SPECIALTY	PA
SYFOVRE	SPECIALTY	PA
tetracaine hcl ophthalmic	TIER 01	
TROPICAMIDE-PHENYLEPHRINE	TIER 03	
TROPIC-CYCLOPENT-PE-KETOROLAC	TIER 03	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
TYRVAYA	TIER 03	PA; QL
VABYSMO	SPECIALTY	PA
VERKAZIA	EXCLUDED	PA
VISUDYNE	SPECIALTY	
XIIDRA	TIER 02	PA
ZYLET	TIER 03	
<b>Otic Agents - Drugs for Ear Conditions</b>		
acetic acid otic	TIER 01	
CETRAXAL	TIER 03	ST
ciprofloxacin hcl otic	TIER 01	
ciprofloxacin-dexamethasone	TIER 01	
CORTISPORIN-TC	TIER 03	
DERMOTIC	TIER 03	
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	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal	TIER 01	QL
azelastine-fluticasone	TIER 01	QL
benzonatate	TIER 01	
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	

Drug Name	Drug Tier	Notes
CLARINEX-D 12 HOUR	EXCLUDED	PA
clemastine fumarate oral tablet	TIER 01	
CUROSURF	TIER 03	
cyproheptadine hcl oral	TIER 01	
diphenhydramine hcl injection	TIER 01	
diphenhydramine hcl oral elixir	TIER 01	
DYMISTA	TIER 02	QL
flunisolide nasal	TIER 01	QL
fluticasone propionate nasal	TIER 01	
guaifenesin-codeine	TIER 01	PA; QL
HYCODAN	TIER 03	PA; QL
hydrocod poli-chlorphe poli er	TIER 01	PA; QL
hydrocodone bit-homatrop mbr	TIER 01	PA; QL
hydromet	TIER 01	PA; QL
HYPERSAL	TIER 03	
INFASURF	TIER 03	
ipratropium bromide nasal	PREVENT	
levocetirizine dihydrochloride oral tablet	TIER 01	
maxi-tuss ac	TIER 01	PA; QL
mometasone furoate nasal	TIER 01	QL
NEBUSAL	TIER 03	
OMNARIS	TIER 03	QL
promethazine vc	TIER 01	
promethazine-codeine oral solution	TIER 01	PA; QL
promethazine-dm	TIER 01	
pseudoephedrine-bromphen-dm	TIER 01	
PULMOSAL	TIER 03	

Drug Name	Drug Tier	Notes
QNASL	TIER 03	QL
QNASL CHILDRENS	TIER 03	QL
RYALTRIS	TIER 03	QL
sodium chloride inhalation	TIER 01	
SURVANTA	TIER 03	
XHANCE	EXCLUDED	QL
ZETONNA	TIER 03	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
ACCOLATE	TIER 03	
acetylcysteine inhalation	TIER 01	
ADRENALIN INJECTION	TIER 03	
ADVAIR DISKUS	EXCLUDED	QL
ADVAIR HFA	PREVENT	QL
AIRDUO RESPICLICK 113/14	EXCLUDED	QL
AIRDUO RESPICLICK 232/14	EXCLUDED	QL
AIRDUO RESPICLICK 55/14	EXCLUDED	QL
AIRSUPRA	TIER 02	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	PREVENT	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	EXCLUDED	QL
albuterol sulfate inhalation	TIER 01	QL
albuterol sulfate oral	TIER 01	
ALVESCO	EXCLUDED	QL
aminophylline	TIER 01	
ANORO ELLIPTA	PREVENT	QL
ARALAST NP	SPECIALTY	PA

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
arformoterol tartrate	PREVENT	QL
ARNUIITY 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
breyana	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	
DALIRESP	TIER 03	PA
DUAKLIR PRESSAIR	EXCLUDED	QL
DULERA	EXCLUDED	QL
elixophyllin	TIER 01	

Drug Name	Drug Tier	Notes
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 PEN	SPECIALTY	
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	SPECIALTY	
FLUTICASONE FUROATE-VILANTEROL	PREVENT	QL
FLUTICASONE PROPIONATE DISKUS	EXCLUDED	QL
FLUTICASONE PROPIONATE HFA	PREVENT	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	PREVENT	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	PREVENT	ST; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	PREVENT	QL
formoterol fumarate inhalation	PREVENT	QL
GLASSIA	SPECIALTY	PA
INCRUSE ELLIPTA	PREVENT	QL
ipratropium bromide inhalation	TIER 01	QL
ipratropium-albuterol	PREVENT	QL

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
isoproterenol hcl injection	TIER 01	
levalbuterol hcl inhalation	PREVENT	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	EXCLUDED	QL
montelukast sodium oral packet	TIER 01	
montelukast sodium oral tablet	PREVENT	
montelukast sodium oral tablet chewable	PREVENT	
NUCALA	SPECIALTY	QL
OFEV	SPECIALTY	PA
PERFOROMIST	TIER 03	QL
pirfenidone	SPECIALTY	PA
PROAIR RESPICLICK	EXCLUDED	QL
PROLASTIN-C	SPECIALTY	PA
PROVENTIL HFA	EXCLUDED	QL
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	
STERITALC	TIER 03	
STIOLTO RESPIMAT	TIER 02	QL
STRIVERDI RESPIMAT	TIER 02	QL
SYMBICORT	PREVENT	QL
terbutaline sulfate injection	TIER 01	

Drug Name	Drug Tier	Notes
terbutaline sulfate oral	PREVENT	
TEZSPIRE	SPECIALTY	PA
THEO-24	TIER 02	
theophylline er	TIER 01	
theophylline oral elixir	TIER 01	
theophylline oral solution	PREVENT	
tiotropium bromide monohydrate	EXCLUDED	QL
TRELEGY ELLIPTA	TIER 02	QL
TUDORZA PRESSAIR	EXCLUDED	QL
VENTOLIN HFA	EXCLUDED	QL
wixela inhub	PREVENT	ST; QL
XOLAIR	SPECIALTY	
XOPENEX HFA	EXCLUDED	QL
YUPELRI	TIER 03	QL
zafirlukast	PREVENT	
ZEMAIRA	SPECIALTY	PA
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	EXCLUDED	
BRONCHITOL	EXCLUDED	PA
BRONCHITOL TOLERANCE TEST	EXCLUDED	PA
CAYSTON	EXCLUDED	PA
KALYDECO	SPECIALTY	PA
KITABIS PAK	EXCLUDED	
ORKAMBI	SPECIALTY	PA; QL
PULMOZYME	SPECIALTY	PA
SYMDEKO	SPECIALTY	PA; QL
TOBI NEBULIZER	EXCLUDED	
TOBI PODHALER	SPECIALTY	QL
tobramycin inhalation nebulization solution 300 mg/4ml	SPECIALTY	

Effective June 1, 2024

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

Drug Name	Drug Tier	Notes
tobramycin nebulization solution 300 mg/5ml inhalation	SPECIALTY	
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	EXCLUDED	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	SPECIALTY	PA; QL
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	SPECIALTY	PA
TRIKAFTA ORAL THERAPY PACK	SPECIALTY	PA; QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADCIRCA	EXCLUDED	PA
ADEMPAS	SPECIALTY	PA
alyq	SPECIALTY	PA
ambrisentan	SPECIALTY	PA
bosentan	SPECIALTY	PA
epoprostenol sodium	SPECIALTY	PA
FLOLAN	SPECIALTY	PA
LETAIRIS	EXCLUDED	PA
LIQREV	EXCLUDED	PA
OPSUMIT	SPECIALTY	PA
ORENITRAM	SPECIALTY	PA
ORENITRAM MONTH 1	SPECIALTY	PA
ORENITRAM MONTH 2	SPECIALTY	PA
ORENITRAM MONTH 3	SPECIALTY	PA
REMODULIN	EXCLUDED	PA
REVATIO	EXCLUDED	PA
sildenafil citrate intravenous	SPECIALTY	PA

Drug Name	Drug Tier	Notes
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	SPECIALTY	PA
TYVASO STARTER	SPECIALTY	PA
UPTRAVI	SPECIALTY	PA
UPTRAVI TITRATION	SPECIALTY	PA
VELETRI	SPECIALTY	PA
VENTAVIS	SPECIALTY	PA
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
AMRIX	EXCLUDED	
BACLOFEN ORAL SOLUTION	EXCLUDED	PA
baclofen oral suspension	TIER 01	
baclofen oral tablet	TIER 01	
carisoprodol oral	TIER 01	
chlorzoxazone oral tablet 500 mg	TIER 01	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	TIER 01	
DANTRIUM	TIER 03	

Effective June 1, 2024

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

**ATRIUM HEALTH**

Drug Name	Drug Tier	Notes
dantrolene sodium intravenous	TIER 01	
dantrolene sodium oral	TIER 01	
FLEQSUVY	EXCLUDED	PA
LYVISPAH	EXCLUDED	PA
methocarbamol injection	TIER 01	
methocarbamol oral	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	
<b>Sleep Disorder Agents</b>		
AMBIEN	EXCLUDED	QL
AMBIEN CR	EXCLUDED	QL
armodafinil	TIER 01	PA; QL
BELSOMRA	TIER 03	ST; QL
DAYVIGO	TIER 03	ST; QL
doxepin hcl oral tablet	TIER 01	QL
eszopiclone	TIER 01	QL
flurazepam hcl	TIER 01	PA; QL
HETLIOZ	EXCLUDED	PA
HETLIOZ LQ	EXCLUDED	PA
LUMRYZ	EXCLUDED	PA; QL
LUNESTA	EXCLUDED	QL
modafinil oral	TIER 01	PA; QL

Drug Name	Drug Tier	Notes
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 June 1, 2024

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



## Index of Drugs

abacavir sulfate.....	28	acetazolamide er.....	97	ADMELOG SOLOSTAR.....	61
abacavir sulfate-lamivudine.....	28	acetazolamide sodium.....	32	ADRENALIN.....	100
ABELCET.....	18	acetic acid.....	99	adriamycin.....	21
ABILIFY.....	27	acetylcysteine.....	87, 100	ADTHYZA.....	80
ABILIFY ASIMTUFII.....	27	ACIPHEX.....	68	ADUHELM.....	15
ABILIFY MAINTENA.....	27	acitretin.....	43	ADVAIR DISKUS.....	100
abiraterone acetate.....	20	ACTEMRA.....	81	ADVAIR HFA.....	100
ABRAXANE.....	21	ACTEMRA ACTPEN.....	81	ADVANCE INTUITION	
ABRILADA (1 PEN).....	81	ACTHAR.....	75	CONTROL.....	49
ABRILADA (2 PEN).....	81	ACTIFOAM COLLAGEN		ADVANCE INTUITION METER....	49
ABRILADA (2 SYRINGE).....	81	SPONGE.....	87	ADVANCE INTUITION	
ABSORICA.....	42	ACTIMMUNE.....	81	MONITOR.....	49
ABSORICA LD.....	42	ACTIVELLA.....	76	ADVANCE INTUITION TEST.....	49
acamprosate calcium.....	8	ACTONEL.....	87	ADVANCE MICRO-DRAW	
ACANYA.....	42	ACULAR.....	96	CONTROL.....	49
acarbose.....	47	ACULAR LS.....	96	ADVANCE MICRO-DRAW	
ACCOLATE.....	100	acyclovir.....	28	METER.....	49
ACCRUFER.....	63	acyclovir sodium.....	28	ADVANCE MICRO-DRAW	
ACCU-CHEK AVIVA DEVICE.....	48	ACZONE.....	43	NORMAL.....	49
ACCU-CHEK AVIVA PLUS KIT		ADAKVEO.....	87	ADVANCE MICRO-DRAW TEST.....	49
W/DEVICE.....	49	ADALIMUMAB-AACF (2 PEN).....	81	ADVATE.....	31
ACCU-CHEK FASTCLIX		ADALIMUMAB-AATY (1 PEN).....	81	ADVOCATE BLOOD GLUCOSE	
LANCET KIT.....	49	ADALIMUMAB-AATY (2 PEN).....	81	MONITOR.....	49
ACCU-CHEK GUIDE CONTROL.....	49	ADALIMUMAB-AATY (2		ADVOCATE BLOOD GLUCOSE	
ACCU-CHEK GUIDE KIT		SYRINGE).....	81	SYSTEM.....	49
W/DEVICE.....	49	ADALIMUMAB-ADAZ.....	81	ADVOCATE CONTROL	
ACCU-CHEK GUIDE TEST		ADALIMUMAB-ADBM (2 PEN).....	81	SOLUTION.....	49
STRIPS.....	49	ADALIMUMAB-ADBM (2		ADVOCATE INSULIN PEN	
ACCU-CHEK SMARTVIEW		SYRINGE).....	81	NEEDLE.....	87
CONTROL.....	49	ADALIMUMAB-		ADVOCATE REDI-CODE.....	49
ACCU-CHEK SMARTVIEW		ADBM(CD/UC/HS STRT).....	81	ADVOCATE REDI-CODE+.....	49
TEST STRIPS.....	49	ADALIMUMAB-ADBM(PS/UV		ADVOCATE REDI-CODE+	
ACCU-CHEK SOFTCLIX		STARTER).....	81	CONTROL.....	49
LANCET DEVICE KIT.....	49	ADALIMUMAB-FKJP.....	81	ADVOCATE REDI-CODE+ TEST.....	49
ACCU-CHEK TENDER 1		adapalene.....	43	ADVOCATE TEST.....	49
INFUSION.....	87	adapalene-benzoyl peroxide.....	43	ADYNOVATE.....	31
ACCU-PRIL.....	32	ADASUVE.....	27	ADZENYS XR-ODT.....	39
ACCURETIC.....	32	ADBRY.....	43	ADZYNMA.....	71
accutane.....	42	ADCETRIS.....	21	AEMCOLO.....	8
ACCU-TREND GLUCOSE.....	49	ADCIRCA.....	103	AEROBIKA OPEP	
ACCU-TREND GLUCOSE		ADDERALL.....	39	W/MANOMETER.....	87
CONTROL.....	49	ADDERALL XR.....	39	AEROCHAMBER HOLDING	
ACD FORMULA A.....	13	ADDYI.....	41	CHAMBER.....	87
ACD-A NOCLOT-50.....	13	adefovir dipivoxil.....	28	AEROCHAMBER MINI	
acebutolol hcl.....	32	ADEMPAS.....	103	CHAMBER.....	88
ACETADOTE.....	87	adenosine.....	32	AEROCHAMBER MV.....	88
acetaminophen.....	3	ADIPEX-P.....	41	AEROCHAMBER PLS FLOVU	
acetaminophen-codeine.....	3	ADLARITY.....	15	MTHPIECE.....	88
acetazolamide.....	97	ADMELOG.....	61		

Effective June 1, 2024

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

**ATRIUM HEALTH**

AEROCHAMBER PLUS FLO-VU INTERM.....	88	AKEEGA.....	21	ALTRENO.....	43
AEROCHAMBER PLUS FLO-VU LARGE.....	88	AKLIEF.....	43	ALTRIXA.....	63
AEROCHAMBER PLUS FLO-VU MEDIUM.....	88	AKOVAZ.....	32	ALTUVIIIO.....	31
AEROCHAMBER PLUS FLO-VU SMALL.....	88	AKTEN.....	98	ALUNBRIG.....	21
AEROCHAMBER PLUS FLOW VU.....	88	AKYNZEO.....	17	ALVESCO.....	100
AEROCHAMBER W/FLOWSIGNAL.....	88	AKYNZEO (READY-TO-USE).....	17	alvimopan.....	69
AEROECLIPSE EZ TWIST TUBING.....	88	AKYNZEO (TO-BE-DILUTED).....	17	alyacen 1/35.....	77
AEROECLIPSE II W/ELBOW ADAPTER.....	88	ALA SCALP.....	43	alyacen 7/7/7.....	77
AEROECLIPSE II W/UNIV TUBING.....	88	ala-cort.....	43	ALYMSYS.....	21
AEROECLIPSE XL NEBULIZER.....	88	albendazole.....	26	alyq.....	103
AEROGEAR ACTION ASTHMA KIT.....	88	albuterol sulfate.....	100	amabelz.....	77
AFINITOR.....	21	albuterol sulfate hfa.....	100	amantadine hcl.....	27
AFINITOR DISPERZ.....	21	ALBUTEROL SULFATE HFA.....	100	AMBIEN.....	104
afirmelle.....	76	ALCAINE.....	98	AMBIEN CR.....	104
AFREZZA.....	61	alclometasone dipropionate.....	43	AMBISOME.....	18
AFSTYLA.....	31	ALCOHOL PREP PADS.....	88	ambrisentan.....	103
AGAMATRIX AMP.....	49	ALDACTONE.....	32	AMD FOAM DRESSING.....	88
AGAMATRIX AMP TEST.....	49	ALDURAZYME.....	71	AMD FOAM DRESSING TOPSHEET.....	88
AGAMATRIX CONTROL.....	49	ALECENSA.....	21	amethyst.....	77
AGAMATRIX CONTROL LEVEL 2.....	49	alendronate sodium.....	87	amikacin sulfate.....	8
AGAMATRIX CONTROL LEVEL 4.....	49	alfuzosin hcl er.....	73	amiloride hcl.....	33
AGAMATRIX JAZZ TEST.....	49	ALIMTA.....	21	amiloride-hydrochlorothiazide.....	33
AGAMATRIX JAZZ WIRELESS 2.....	49	ALINIA.....	26	AMINO ACID.....	63
AGAMATRIX KEYNOTE TEST.....	49	ALIQOPA.....	21	AMINO ACID-CALCIUM-HEP IN D10W.....	63
AGAMATRIX PRESTO.....	49	aliskiren fumarate.....	33	aminocaproic acid.....	31
AGAMATRIX PRESTO PRO METER.....	49	ALKINDI SPRINKLE.....	73	aminophylline.....	100
AGAMATRIX PRESTO TEST.....	49	ALL FLOW 1000 PFT FILTER.....	88	AMINOPROTECT.....	63
AGGRASTAT.....	27	allopurinol.....	19	AMINOSYN II.....	63
AGRYLIN.....	31	ALLOPURINOL.....	19	AMINOSYN-PF.....	63
AIMOVIG.....	19	allopurinol sodium.....	19	AMINOSYN-PF 7%.....	63
AIRDUO RESPICLICK 113/14... ..	100	ALOGLIPTIN BENZOATE.....	47	amiodarone hcl.....	33
AIRDUO RESPICLICK 232/14... ..	100	ALOGLIPTIN-METFORMIN HCL.....	47	AMITIZA.....	69
AIRDUO RESPICLICK 55/14.....	100	ALOGLIPTIN-PIOGLITAZONE.....	47	amitriptyline hcl.....	16
AIRS PEDIATRIC AEROSOL MASK.....	88	ALOMIDE.....	96	AMJEVITA.....	81, 82
AIRSUPRA.....	100	ALOPRIM.....	19	AMJEVITA.PED.10KG.T.O.....	82
AJOVY.....	19	ALORA.....	77	AMJEVITA.PED.15KG.T.O.....	82
		alosetron hcl.....	69	AMLADDEX.....	63
		ALPHAGAN P.....	97	amlodipine besylate.....	33
		ALPHA-LIPOIC ACID.....	88	amlodipine besylate-benazepril hcl.....	33
		ALPHANATE.....	31	amlodipine besylate-valsartan.....	33
		ALPHANINE SD.....	31	amlodipine-atorvastatin.....	33
		alprazolam.....	30	amlodipine-olmesartan.....	33
		alprazolam er.....	30	amlodipine-valsartan-hctz.....	33
		alprazolam intensol.....	30	ammonium lactate.....	43
		alprazolam xr.....	30	AMMONUL.....	71
		ALPROLIX.....	31	amnesteem.....	43
		ALTACAINE.....	98	AMONDYS 45.....	71
		ALTACE.....	33		
		altafrin.....	98		
		altavera.....	77		

Effective June 1, 2024

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

**ATRIUM HEALTH**

amoxapine.....	16	APOGEE PLUS INTERMITTENT		asenapine maleate.....	27
amoxicill-clarithro-lansopraz.....	69	CATH.....	88	ashlyna.....	77
amoxicillin.....	8	APOKYN.....	27	ASMANEX (120 METERED	
amoxicillin-potassium clavulanate..	8	apomorphine hcl.....	27	DOSES).....	101
amoxicillin-potassium clavulanate		APONVIE.....	17	ASMANEX (14 METERED	
er.....	8	apraclonidine hcl.....	97	DOSES).....	101
AMPHADASE.....	88	aprepitant.....	17	ASMANEX (30 METERED	
amphetamine sulfate.....	39	APRETUDE.....	28	DOSES).....	101
amphetamine-		apri.....	77	ASMANEX (60 METERED	
dextroamphetamine.....	39	APRISO.....	86	DOSES).....	101
amphetamine-		APTENSIO XR.....	39	ASMANEX HFA.....	101
dextroamphetamine er.....	39	APTIOM.....	13	ASPARLAS.....	21
amphet-dextroamphet 3-bead er..	39	APTIVUS.....	28	aspirin-dipyridamole er.....	27
amphotericin b.....	18	AQ INSULIN SYRINGE.....	61	ASPRUZYO SPRINKLE.....	33
amphotericin b liposome.....	18	AQINJECT PEN NEEDLE.....	88	ASSURE 3 CONTROL.....	49
ampicillin.....	8	AQUACEL AG BURN.....	43	ASSURE 3 METER.....	49
ampicillin sodium.....	9	AQUACEL AG FOAM.....	43	ASSURE 3 TEST.....	49
ampicillin-sulbactam sodium.....	9	AQUASOL A.....	63	ASSURE 4 CONTROL LEVEL 1	
AMPYRA.....	40	AQUASTAT.....	63	& 2.....	49
AMRIX.....	103	AQUASTAT SFR.....	63	ASSURE 4 METER.....	49
AMVUTTRA.....	41	AQUORAL.....	42	ASSURE 4 TEST.....	49
AMZEEQ.....	43	ARAKODA.....	26	ASSURE DOSE CONTROL.....	49
anagrelide hcl.....	31	ARALAST NP.....	100	ASSURE DOSE NORM/HIGH	
ANALPRAM-HC.....	86	aranelle.....	77	CONTROL.....	49
ANASPAZ.....	69	ARANESP (ALBUMIN FREE).....	31	ASSURE ID DUO PRO PEN	
anastrozole.....	21	ARAZLO.....	43	NEEDLES.....	88
ANCOBON.....	18	ARCALYST.....	82	ASSURE ID PRO PEN	
ANDEXXA.....	88	arformoterol tartrate.....	101	NEEDLES.....	88
ANDRODERM.....	74	argatroban.....	13	ASSURE II.....	50
ANDROGEL PUMP.....	74	ARGININE HCL.....	63	ASSURE II CHECK.....	50
ANECTINE.....	41	ARIKAYCE.....	9	ASSURE II CONTROL.....	50
ANGELIQ.....	77	ARIMIDEX.....	21	ASSURE II CONTROL LEVEL 1	
ANGIOMAX.....	13	aripiprazole.....	27	& 2.....	50
ANNOVERA.....	77	ARISTADA.....	27	ASSURE PLATINUM.....	50
ANORO ELLIPTA.....	100	ARISTADA INITIO.....	27	ASSURE PLATINUM METER.....	50
ANTICOAGULANT SODIUM		ARIXTRA.....	13	ASSURE PRISM CONTROL	
CITRATE.....	13	armodafinil.....	104	LEVEL 1.....	50
ANTIVERT.....	17	ARMOUR THYROID.....	80	ASSURE PRISM MULTI METER.....	50
ANUSOL-HC.....	86	arnica flower.....	88	ASSURE PRISM MULTI TEST.....	50
ANZEMET.....	17	ARNUITY ELLIPTA.....	101	ASSURE PRO BLOOD	
APADAZ.....	3	ARRANON.....	21	GLUCOSE METER.....	50
apap-caff-dihydrocodeine.....	3	arsenic trioxide.....	21	ASSURE PRO CONTROL	
APEXICON E.....	43	ARTESUNATE.....	26	LEVEL 1 & 2.....	50
APHEXDA.....	31	ARTHROTEC.....	5	ASSURE PRO TEST.....	50
APIDRA SOLOSTAR.....	61	ARTICADENT DENTAL.....	6	ASTAGRAF XL.....	82
APIDRA VIAL.....	61	ARTISS.....	88	ASTRINGYN.....	31
APOGEE HC CATHETER		ARZERRA.....	21	ATACAND.....	33
16FR/16".....	88	ASCENIV.....	82	atazanavir sulfate.....	28
APOGEE IC CATHETER		ASCLERA.....	33	ATELVIA.....	87
14FR/16".....	88	ascomp-codeine.....	3	atenolol.....	33

Effective June 1, 2024

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

**ATRIUM HEALTH**

atenolol-chlorthalidone.....	33	AVITENE FLOUR.....	88	BARHEMSYS.....	17
ATGAM.....	82	AVODART.....	73	BASAGLAR KWIKPEN.....	61
ATIVAN.....	30	AVONEX PEN.....	40	BASAGLAR TEMPO PEN.....	61
atomoxetine hcl.....	39	AVONEX PREFILLED.....	40	BAVENCIO.....	21
ATORVALIQ.....	33	AVSOLA.....	82	BD AUTOSHIELD DUO PEN	
atorvastatin calcium.....	33	AVYCAZ.....	9	NEEDLES.....	88
atovaquone.....	26	ayuna.....	77	BD ECLIPSE NEEDLE.....	88
atovaquone-proguanil hcl.....	26	AYVAKIT.....	21	BD FILTER NEEDLE.....	88
atracurium besylate.....	41	azacitidine.....	21	bd heparin posiflush.....	13
ATRALIN.....	43	AZACTAM.....	9	BD HYDROPHILIC CATHETER	
ATRAPRO DERMAL SPRAY.....	43	AZADROX.....	43	14FR.....	89
atropine sulfate.....	69, 98	AZASAN.....	82	BD LATITUDE DIABETES.....	50
ATROPINE SULFATE.....	69, 98	AZASITE.....	96	BD LOGIC BLOOD GLUCOSE	
ATROVENT HFA.....	101	azathioprine.....	82	MONITOR.....	50
AUBAGIO.....	40	azathioprine sodium.....	82	BD POSIFLUSH.....	63
abra eq.....	77	azelaic acid.....	43	BD POSIFLUSH SAFESCRUB....	63
AUGMENTIN.....	9	azelastine hcl.....	96, 99	BD SYRINGE LUER-LOK.....	89
AUGMENTIN ES-600.....	9	azelastine-fluticasone.....	99	BD ULTRA-FINE INSULIN	
AUGTYRO.....	21	AZESCO.....	63	SYRINGES.....	61
AUM ALCOHOL PREP PADS.....	88	azithromycin.....	9	BD ULTRA-FINE PEN NEEDLES	89
AUM INSULIN SAFETY PEN		AZOPT.....	97	BELBUCA.....	3
NEEDLE.....	88	AZOR.....	33	BELEODAQ.....	21
AUM MINI INSULIN PEN		AZSTARYS.....	39	BELRAPZO.....	21
NEEDLE.....	88	aztreonam.....	9	BELSOMRA.....	104
AUM PEN NEEDLE.....	88	AZULFIDINE.....	86	benazepril hcl.....	33
AUM READYGARD DUO PEN		AZULFIDINE EN-TABS.....	86	benazepril-hydrochlorothiazide....	33
NEEDLE.....	88	azurette.....	77	BENDAMUSTINE HCL.....	21
AUM SAFETY PEN NEEDLE.....	88	B & C.....	43	bendamustine hcl.....	21
AURA PORTANEB.....	88	bac.....	3	BENDEKA.....	21
aurovela 1.5/30.....	77	bacitracin.....	96	BENEFIX.....	31
aurovela 1/20.....	77	bacitracin-polymyxin b.....	98	BENICAR.....	33
aurovela 24 fe.....	77	bacitra-neomycin-polymyxin-hc....	98	BENICAR HCT.....	33
aurovela fe 1.5/30.....	77	BACLOFEN.....	103	BENLYSTA.....	82
aurovela fe 1/20.....	77	baclofen.....	103	BENTLEY THE BEAR PED	
AURYXIA.....	72	BACTERIOSTATIC		NEBULIZER.....	89
AUSTEDO.....	41	WATER(BENZ ALC).....	88	BENTYL.....	69
AUSTEDO XR.....	41	BACTRIM.....	9	benzalkonium chloride.....	9
AUSTEDO XR PATIENT		BACTRIM DS.....	9	BENZAMYCIN.....	43
TITRATION.....	41	BAFIERTAM.....	40	BENZHYDROCODONE-	
AUTOLET II CLINISAFE.....	50	BALCOLTRA.....	77	ACETAMINOPHEN.....	3
AUTOLET LANCING DEVICE.....	50	BALFAXAR.....	31	BENZNIDAZOLE.....	26
AUVELITY.....	16	balsalazide disodium.....	86	benzonatate.....	99
AUVI-Q.....	101	balsam peru-castor oil.....	43	benzoyl peroxide-erythromycin....	43
AVALIDE.....	33	BALVERSA.....	21	benzphetamine hcl.....	41
AVAPRO.....	33	balziva.....	77	benztropine mesylate.....	27
AVASTIN.....	21	BAQSIMI ONE PACK.....	61	BEOVU.....	98
AVEED.....	74	BAQSIMI TWO PACK.....	61	BEPREVE.....	96
aviane.....	77	BARACLUDGE.....	28	BESIVANCE.....	96
avidoxy.....	9	BARD PISTON ENT		BESPONSA.....	21
AVITENE.....	88	IRRIGATION SYR.....	88	BESREMI.....	21

Effective June 1, 2024

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

**ATRIUM HEALTH**

BETADINE OPHTHALMIC PREP	96	BIGFOOT UNITY PEN		BPCO	43
betaine	71	CAP/TRESIBA	89	BRAFTOVI	21
betamethasone dipropionate	43	BIGFOOT UNITY PROGRAM	50	BREATHE COMFORT	
betamethasone dipropionate aug.	43	BIJUVA	77	CHAMBER/ADULT	89
betamethasone sod phos & acet.	73	BIKTARVY	28	BREATHE COMFORT	
BETAMETHASONE SODIUM		BILTRICIDE	26	CHAMBER/CHILD	89
PHOSPHATE	73	bimatoprost	97	BREATHE EASE LARGE	89
betamethasone valerate	43	BIMZELX	43	BREATHE EASE MEDIUM	89
BETASERON	40	BIONECT	43	BREATHE EASE NEB	
betaxolol hcl	33, 97	BIOPAR DELTA-FORTE	63	MASK/CHILD	89
bethanechol chloride	72	BIORPHEN	33	BREATHE EASE NEB	
BETHKIS	102	BIOSTEP AG	43	MASK/INFANT	89
BETIMOL	97	BIOTEL CARE BLOOD		BREATHE EASE SMALL	89
BEVACIZUMAB	98	GLUCOSE	50	BREATHRITE VALVED MDI	
BEVESPI AEROSPHERE	101	BIOTEL CARE BLOOD		CHAMBER	89
BEXAGLIFLOZIN	47	GLUCOSE SYST	50	BRENZAVVY	47
bexarotene	21	BIOTEL CARE TEST STRIPS	50	BREO ELLIPTA	101
BEYAZ	77	bis subcit-metronid-tetracyc	69	BREVIBLOC	33
BEYFORTUS	82	bismuth/metronidaz/tetracyclin	70	BREVIBLOC IN NACL	33
BIAFINE	43	bisoprolol fumarate	33	BREVIBLOC PREMIXED	33
bicalutamide	21	bisoprolol-hydrochlorothiazide	33	BREVIBLOC PREMIXED DS	33
BICILLIN C-R	9	bivalirudin trifluoroacetate	13	BREXAFEMME	18
BICILLIN C-R 900/300	9	BIVIGAM	82	breyana	101
BICILLIN L-A	9	bleomycin sulfate	21	BREZTRI AEROSPHERE	101
BIDIL	33	BLINCYTO	21	BRIDION	89
BIGFOOT UNITY PEN		blisovi 24 fe	77	briellyn	77
CAP/ADMELOG	89	blisovi fe 1.5/30	77	BRILINTA	27
BIGFOOT UNITY PEN		blisovi fe 1/20	77	brimonidine tartrate	43, 98
CAP/APIDRA	89	BLOOD GLUCOSE MONITOR		brimonidine tartrate-timolol	98
BIGFOOT UNITY PEN		SYSTEM	50	brinzolamide	98
CAP/ASPART	89	BLOOD GLUCOSE		BRIUMVI	40
BIGFOOT UNITY PEN		MONITORING 333	50	BRIVIACT	14
CAP/BASAGLAR	89	BLOOD GLUCOSE SYSTEM		BRIXADI	8
BIGFOOT UNITY PEN		PAK	50	BRIXADI (WEEKLY)	8
CAP/FIASP	89	BLOOD GLUCOSE TEST	50	bromfenac sodium	96
BIGFOOT UNITY PEN		BLOOD GLUCOSE TEST		bromfenac sodium (once-daily)	96
CAP/HUMALOG	89	STRIPS	53	bromocriptine mesylate	27
BIGFOOT UNITY PEN		BLOOD GLUCOSE TEST		BROMSITE	96
CAP/LANTUS	89	STRIPS 333	50	BRONCHITOL	102
BIGFOOT UNITY PEN		BLOXIVERZ	20	BRONCHITOL TOLERANCE	
CAP/LISPRO	89	BLUESTAR	50	TEST	102
BIGFOOT UNITY PEN		BLULINK CONTROL HIGH &		BROVANA	101
CAP/LYUMJEV	89	LOW	50	BRUKINSA	21
BIGFOOT UNITY PEN		BLULINK GLUCOSE		budesonide	86, 101
CAP/NOVOLOG	89	MONITORING SYS	50	budesonide er	86
BIGFOOT UNITY PEN		BLULINK GLUCOSE TEST	50	budesonide-formoterol fumarate	101
CAP/TOUJEO	89	BONJESTA	17	bumetanide	33
BIGFOOT UNITY PEN		bortezomib	21	BUMEX	33
CAP/TOUJEO M	89	bosentan	103	BUPHENYL	71
		BOSULIF	21	bupivacaine fisiopharma	6

Effective June 1, 2024

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

**ATRIUM HEALTH**

BUPIVACAINE HCL.....	6	calcium gluconate.....	63	CAREPOINT SYRINGE LUER	
bupivacaine hcl.....	6	CALCIUM GLUCONATE.....	63	SLIP.....	89
bupivacaine hcl (pf).....	6	calcium gluconate-nacl.....	63	CARESENS CONTROL A.....	50
bupivacaine-epinephrine.....	6	CALCIUM GLUCONATE-NACL...	63	CARESENS CONTROL	
bupivacaine-epinephrine (pf).....	6	CALDOLOR.....	5	SOLUTION A/B.....	50
buprenorphine.....	3	CALQUENCE.....	21	CARESENS LANCETS 30G.....	50
buprenorphine hcl.....	3, 8	CAMBIA.....	19	CARESENS N FELIZ.....	50
buprenorphine hcl-naloxone hcl.....	8	camila.....	77	CARESENS N FELIZ BT.....	50
bupropion hcl.....	16	CAMPTOSAR.....	21	CARESENS N GLUCOSE	
bupropion hcl er (smoking det).....	8	camrese.....	77	SYSTEM.....	50
bupropion hcl er (sr).....	16	camrese lo.....	77	CARESENS N GLUCOSE TEST..	50
bupropion hcl er (xl).....	16	CAMZYOS.....	33	CARESENS N VOICE SYSTEM..	50
BUPROPION HCL ER (XL).....	16	CANASA.....	86	CARETOUCH 2 CPAP HOSE	
buspirone hcl.....	30	CANCIDAS.....	18	HANGER.....	89
busulfan.....	21	candesartan cilexetil.....	33	CARETOUCH CONTROL SOL	
BUSULFEX.....	21	candesartan cilexetil-hctz.....	33	LEVEL 2.....	50
butalbital-acetaminophen.....	3	capecitabine.....	21	CARETOUCH CPAP & BIPAP	
butalbital-apap-caff-cod.....	3	CAPLYTA.....	27	HOSE.....	89
butalbital-apap-caffeine.....	3	CAPRELSA.....	21	CARETOUCH CPAP MASK	
butalbital-asa-caff-codeine.....	3	CAPTAIN EAGLE PED		WIPES.....	89
butalbital-aspirin-caffeine.....	3	NEBULIZER.....	89	CARETOUCH CPAP PRE-	
butorphanol tartrate.....	3	captopril.....	33	WASH SOLN.....	89
BUTRANS.....	3	captopril-hydrochlorothiazide.....	33	CARETOUCH CPAP TUBE	
BYDUREON BCISE		CARAC.....	43	BRUSH.....	89
AUTOINJECTOR.....	47	CARAFATE.....	68	CARETOUCH	
BYETTA 10 MCG PEN.....	48	CARBAGLU.....	64	LANCING/EJECTOR.....	50
BYETTA 5 MCG PEN.....	48	CARBAGLU.....	64	CARETOUCH MONITOR	
BYLVAY.....	89	carbamazepine.....	14	SYSTEM.....	50
BYLVAY (PELLETS).....	89	carbamazepine er.....	14	CARETOUCH TEST.....	50
BYOOVIZ.....	98	CARBATROL.....	14	CARETOUCH UNIVERSL CPAP	
BYSTOLIC.....	33	carbidoa.....	27	FILTER.....	89
CABENUVA.....	28	carbidoa-levodopa.....	27	carglumic acid.....	64
cabergoline.....	75	carbidoa-levodopa er.....	27	carisoprodol.....	103
CABLIVI.....	27	carbidoa-levodopa-entacapone..	27	carmustine.....	21
CABOMETYX.....	21	carbinoxamine maleate.....	99	CARNITOR.....	64
CABTREO.....	43	carboplatin.....	21	CARNITOR SF.....	64
caffeine citrate.....	41	CARDENE IV.....	33	carteolol hcl.....	98
CAFFEINE-SODIUM		CARDIZEM.....	33	cartia xt.....	33
BENZOATE.....	41	CARDIZEM LA.....	33	carvedilol.....	33
CALCIFOL.....	63	CARDURA.....	33	CASODEX.....	21
calcipotriene.....	43	CAREONE BLOOD GLUCOSE		caspofungin acetate.....	18
CALCIPOTRIENE.....	43	SYSTEM.....	50	CATAPRES-TTS-1.....	33
calcipotriene-betameth diprop.....	43	CAREONE BLOOD GLUCOSE		CATAPRES-TTS-2.....	33
calcitonin (salmon).....	87	TEST.....	50	CATAPRES-TTS-3.....	33
CALCITRENE.....	43	CAREPOINT POLY HUB		CAYSTON.....	102
calcitriol.....	43, 87	NEEDLE.....	89	cefaclor.....	9
calcium acetate.....	72	CAREPOINT SAFETY 1ST		cefaclor er.....	9
calcium acetate (phos binder).....	72	NEEDLE.....	89	cefadroxil.....	9
CALCIUM CHLORIDE.....	63	CAREPOINT SYRINGE LUER		CEFALY KIT.....	89
calcium chloride.....	63	LOCK.....	89		

Effective June 1, 2024

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

**ATRIUM HEALTH**

CEFAZOLIN IN SODIUM		CHEMSTRIP BG LOG BOOK.....	51	CITALOPRAM	
CHLORIDE.....	9	CHEMSTRIP K.....	51	HYDROBROMIDE.....	16
CEFAZOLIN SODIUM.....	9	CHEMSTRIP UGK.....	51	citalopram hydrobromide.....	16
cefazolin sodium.....	9	CHENODAL.....	70	CITRANATAL 90 DHA.....	64
cefazolin sodium-dextrose.....	9	chloramphenicol sod succinate.....	10	CITRANATAL ASSURE.....	64
CEFAZOLIN SODIUM-		chlordiazepoxide hcl.....	30	CITRANATAL HARMONY.....	64
DEXTROSE.....	9	chlordiazepoxide-amitriptyline.....	16	CITRANATAL MEDLEY.....	64
cefdinir.....	9	chlorhexidine gluconate.....	42	cladribine.....	21
cefepime hcl.....	9	CHLORHEXIDINE GLUCONATE.....	90	claravis.....	43
cefepime-dextrose.....	9	chlorprocaine hcl (pf).....	6	CLARINEX.....	99
cefixime.....	9	chloroquine phosphate.....	26	CLARINEX-D 12 HOUR.....	100
CEFOTAN.....	9	chlorothiazide sodium.....	33	clarithromycin.....	10
CEFOTAXIME SODIUM.....	9	chlorpromazine hcl.....	27	clarithromycin er.....	10
cefotetan disodium.....	9	chlorthalidone.....	33	clemastine fumarate.....	100
cefoxitin sodium.....	9	chlorzoxazone.....	103	CLENPIQ.....	70
CEFOXITIN SODIUM-		CHOLBAM.....	71	CLEOCIN.....	10
DEXTROSE.....	9	cholestyramine.....	33	CLEOCIN PHOSPHATE.....	10
cefpodoxime proxetil.....	9	cholestyramine light.....	33	CLEOCIN-T.....	43
cefprozil.....	9	CHORIONIC GONADOTROPIN...75		CLEVER CHEK AUTO-CODE	
ceftazidime.....	9	CHOSEN LANCETS 30G.....	51	SYSTEM.....	51
ceftriaxone sodium.....	9	CHOSEN LANCING DEVICE.....	51	CLEVER CHEK AUTO-CODE	
ceftriaxone sodium in dextrose.....	9	CHOSEN SAFETY LANCETS		TEST.....	51
ceftriaxone sodium-dextrose.....	9	28G.....	51	CLEVER CHEK AUTO-CODE	
cefuroxime axetil.....	9	chromic chloride.....	64	VOICE.....	51
cefuroxime sodium.....	10	CIALIS.....	72	CLEVER CHEK SYSTEM.....	51
CELEBREX.....	5	CIBINQO.....	43	CLEVER CHEK TEST.....	51
celecoxib.....	5	ciclodan.....	18	CLEVER CHOICE AUTO-CODE	
CELESTONE SOLUSPAN.....	73	ciclopirox.....	18	SYSTEM.....	51
CELEXA.....	16	ciclopirox olamine.....	18	CLEVER CHOICE AUTO-CODE	
CELLCEPT.....	82	cidofovir.....	28	TEST.....	51
CELLCEPT INTRAVENOUS.....	82	cilostazol.....	27	CLEVER CHOICE COMFORT	
CELONTIN.....	14	CIMDUO.....	28	EZ.....	51
cephalexin.....	10	CIMERLI.....	98	CLEVER CHOICE GLUCOSE	
CEQUA.....	98	cimetidine.....	68	CONTROL.....	51
CEQUR SIMPLICITY 2U 10PK...50		CIMZIA.....	82	CLEVER CHOICE HOLDING	
CEQUR SIMPLICITY INSERTER.50		CIMZIA (2 SYRINGE).....	82	CHAMBER.....	90
CERDELGA.....	71	CIMZIA STARTER KIT.....	82	CLEVER CHOICE MICRO	
CEREBYX.....	14	cinacalcet hcl.....	87	SYSTEM.....	51
CEREZYME.....	71	CINQAIR.....	99	CLEVER CHOICE MICRO TEST.51	
cetirizine hcl.....	99	CINRYZE.....	82	CLEVER CHOICE MINI	
CETRAXAL.....	99	CINVANTI.....	17	SYSTEM.....	51
cetorelix acetate.....	75	CIPRO.....	10	CLEVER CHOICE NO CODING...51	
CETROTIDE.....	75	ciprofloxacin hcl.....	10, 96, 99	CLEVER CHOICE TALK	
cevimeline hcl.....	42	ciprofloxacin in d5w.....	10	SYSTEM.....	51
charlotte 24 fe.....	77	ciprofloxacin-dexamethasone.....	99	CLEVER CHOICE TENS UNIT ...90	
chateal eq.....	77	cisatracurium besylate.....	41	CLEVER CHOICE WHIS AIR	
CHEMET.....	64	cisatracurium besylate (pf).....	41	PED NEB.....	90
CHEMOPLUS LATEX GLOVES...90		cisplatin.....	21	CLEVER CHOICE WHISPER	
CHEMOPLUS NEOPRENE		CISPLATIN.....	21	AIRE NEB.....	90
GLOVE.....	90			CLEVIPREX.....	33

Effective June 1, 2024

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

**ATRIUM HEALTH**

CLIMARA.....	77	clotrimazole-betamethasone.....	18	CONTOUR NEXT GEN	
CLIMARA PRO.....	77	clozapine.....	27	MONITOR.....	51
clindacin etz.....	43	CNJ-016.....	82	CONTOUR NEXT GEN TEST	
clindacin-p.....	43	COAGADDEX.....	31	STRIPS.....	51
CLINDAGEL.....	43	COAGUCHEK XS SYSTEM.....	90	CONTOUR NEXT LINK KIT	
clindamycin hcl.....	10	coal tar.....	44	W/DEVICE.....	51
clindamycin palmitate hcl.....	10	COARTEM.....	26	CONTOUR NEXT MONITOR KIT	
clindamycin phosphate.....	10, 44	COCAINE HCL.....	6	W/DEVICE.....	51
clindamycin phosphate in d5w.....	10	codeine sulfate.....	3	CONTOUR NEXT ONE KIT.....	51
CLINDAMYCIN PHOSPHATE IN		colchicine.....	19	CONTOUR TEST STRIPS.....	51
NACL.....	10	colchicine-probenecid.....	19	CONTRAVE.....	41
clindamycin phosphate-benzoyl		colesevelam hcl.....	33	CONTROL.....	51
peroxide.....	43, 44	COLESTID.....	33	CONZIP.....	3
clindamycin-tretinoin.....	44	colestipol hcl.....	33	COOL BLOOD GLUCOSE TEST	
CLINDESSE.....	10	colistimethate sodium (cba).....	10	STRIPS.....	51
CLINIMIX E/DEXTROSE (2.75/5).....	64	COLUMVI.....	21	COOL CONTROL A.....	51
CLINIMIX E/DEXTROSE		COLY-MYCIN M.....	10	COOL CONTROL B.....	51
(4.25/10).....	64	COMBIGAN.....	98	COOL MONITOR.....	51
CLINIMIX E/DEXTROSE (4.25/5).....	64	COMBIPATCH.....	77	COOL MONITOR KIT.....	51
CLINIMIX E/DEXTROSE (5/15).....	64	COMBIVENT RESPIMAT.....	101	COPAXONE.....	40
CLINIMIX E/DEXTROSE (5/20).....	64	COMETRIQ.....	21	COPIKTRA.....	21
CLINIMIX E/DEXTROSE (8/10).....	64	COMFORT EZ PRO PEN		CORDRAN.....	44
CLINIMIX E/DEXTROSE (8/14).....	64	NEEDLES.....	90	COREG.....	33
CLINIMIX/DEXTROSE (4.25/10).....	64	COMFORT TOUCH TWIST		COREG CR.....	34
CLINIMIX/DEXTROSE (4.25/5).....	64	LANCET 30G.....	51	CORIFACT.....	31
CLINIMIX/DEXTROSE (5/15).....	64	COMP A-I-R NEBULIZER.....	90	CORLANOR.....	34
CLINIMIX/DEXTROSE (5/20).....	64	COMPACT SPACE CHAMBER.....	90	CORTEF.....	73
CLINIMIX/DEXTROSE (6/5).....	64	COMPACT SPACE		CORTENEMA.....	86
CLINIMIX/DEXTROSE (8/10).....	64	CHAMBER/LG MASK.....	90	CORTIFOAM.....	86
CLINIMIX/DEXTROSE (8/14).....	64	COMPACT SPACE		CORTISONE ACETATE.....	73
CLINISOL SF.....	64	CHAMBER/MED MASK.....	90	CORTISPORIN-TC.....	99
CLINOLIPID.....	64	COMPACT SPACE		CORTROPHIN.....	75
CLINPRO 5000.....	42	CHAMBER/SM MASK.....	90	CORVERT.....	34
clobazam.....	14	COMPLERA.....	28	COSELA.....	21
clobetasol propionate.....	44	COMPRESSOR NEBULIZER.....	90	COSENTYX (300 MG DOSE).....	82
clobetasol propionate e.....	44	compro.....	17	COSENTYX 150 MG/ML.....	82
CLOBEX.....	44	CONCEPTION KIT.....	90	COSENTYX SENSOREADY	
CLOBEX SPRAY.....	44	CONCERTA.....	39	(300 MG).....	82
clodan.....	44	CONDYLOX.....	44	COSENTYX SENSOREADY	
CLODERM.....	44	CONJUPRI.....	33	PEN.....	82
clofarabine.....	21	constulose.....	70	COSENTYX UNOREADY.....	82
CLOLAR.....	21	CONTOUR CONTROL		COSOPT.....	98
CLOMID.....	75	SOLUTION.....	51	COSOPT PF.....	98
clomipramine hcl.....	16	CONTOUR MONITOR DEVICE.....	51	COTELIC.....	21
clonazepam.....	30	CONTOUR MONITOR KIT		COTEMPLA XR-ODT.....	39
clonidine hcl.....	33	W/DEVICE.....	51	COZAAR.....	34
clonidine hcl er.....	39	CONTOUR NEXT CONTROL		CREON.....	71
clopidogrel bisulfate.....	27	SOLUTION.....	51	CRESEMBA.....	18
clorazepate dipotassium.....	30	CONTOUR NEXT EZ KIT		CRESTOR.....	34
clotrimazole.....	18	W/DEVICE.....	51	CRINONE.....	77

Effective June 1, 2024

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

**ATRIUM HEALTH**



cromolyn sodium.....	70, 96, 101	cytarabine.....	22	DEFLUX METAL NEEDLE.....	90
CROTAN.....	26	cytarabine (pf).....	22	DELESTROGEN.....	77
cryselle-28.....	77	CYTOGAM.....	83	DELSTRIGO.....	28
CRYSVITA.....	71	CYTOMEL.....	80	delyla.....	77
cupric chloride.....	64	CYTOTEC.....	68	DELZICOL.....	86
CUPRIMINE.....	72	CYTOTINE.....	90	demeclocycline hcl.....	10
CURAFOAM AG FOAM		dabigatran etexilate mesylate.....	13	DEMEROL.....	3
DRESSING.....	44	dacarbazine.....	22	DEMSEER.....	34
CURITY AMD ANTIMICROBIAL		dactinomycin.....	22	DENTA 5000 PLUS.....	42
SPNGE.....	90	dalfampridine er.....	40	DENTA 5000 PLUS SENSITIVE..	42
CURITY AMD ANTIMICROBIAL		DALIRESP.....	101	DENTAGEL.....	42
STRIP.....	90	DALVANCE.....	10	DEPAKOTE.....	14
CURITY IODOFORM PACKING		danazol.....	74	DEPAKOTE ER.....	14
STRIP.....	90	DANTRIUM.....	103	DEPAKOTE SPRINKLES.....	14
CUROSURF.....	100	dantrolene sodium.....	104	DEPEN TITRATABS.....	72
CUTAQUIG.....	82	DANYELZA.....	22	DEPO-ESTRADIOL.....	77
CUVITRU.....	82	DAPAGLIFLOZIN PRO-		DEPO-MEDROL.....	73
CUVRIOR.....	64	METFORMIN ER.....	48	DEPO-PROVERA.....	77
CVS ADVANCED GLUCOSE		DAPAGLIFLOZIN		DEPO-SUBQ PROVERA 104.....	77
TEST.....	51	PROPANEDIOL.....	48	DEPO-TESTOSTERONE.....	75
CVS BLOOD GLUCOSE METER	51	dapsone.....	20	DERMACINRX DAVIMET.....	64
CVS GLUCOSE METER TEST		daptomycin.....	10	DERMACINRX MULTITAM.....	64
STRIPS.....	52	DAPTOMYCIN-SODIUM		DERMACINRX PRETRATE.....	64
CVS KETONE CARE.....	52	CHLORIDE.....	10	DERMACINRX RIBOTIN-E.....	64
cyanocobalamin.....	64	DARAPRIM.....	26	DERMACINRX ZINTREXYL-C.....	64
CYANOKIT.....	90	darifenacin hydrobromide er.....	72	DERMA-SMOOTH/FS BODY.....	44
cyclobenzaprine hcl.....	103	darunavir.....	28	DERMA-SMOOTH/FS SCALP...	44
CYCLOGYL.....	98	DARZALEX.....	22	DERMOTIC.....	99
CYCLOMYDRIL.....	98	DARZALEX FASPRO.....	22	DESCOVY.....	28
cyclopentolate hcl.....	99	dasetta 1/35.....	77	DESFERAL.....	90
cyclophosphamide.....	21, 22	dasetta 7/7/7.....	77	desipramine hcl.....	16
CYCLOPHOSPHAMIDE.....	22	daunorubicin hcl.....	22	desmopressin ace spray refrig.....	75
cycloserine.....	20	DAURISMO.....	22	desmopressin acetate.....	75
CYCLOSET.....	48	DAVIMET-FLUORIDE.....	64	desmopressin acetate pf.....	75
cyclosporine.....	82, 99	DAVIMET-M.....	64	desmopressin acetate spray.....	75
cyclosporine modified.....	82	DAYAVITE.....	64	desogestrel-ethinyl estradiol.....	77
CYKLOKAPRON.....	31	DAYBUE.....	41	desonide.....	44
CYLTEZO (2 PEN).....	82	DAYPRO.....	5	DESOWEN.....	44
CYLTEZO (2 SYRINGE).....	82	daysee.....	77	desoximetasone.....	44
CYLTEZO-CD/UC/HS STARTER	82	DAYTRANA.....	39	DESVENLAFAXINE ER.....	16
CYLTEZO-PSORIASIS/UV		DAYVIGO.....	104	desvenlafaxine succinate er.....	16
STARTER.....	82, 83	D-CARE BLOOD GLUCOSE.....	52	DETROL.....	72
CYMBALTA.....	16	D-CARE GLUCOMETER.....	52	DETROL LA.....	72
cyproheptadine hcl.....	100	deblitane.....	77	dexamethasone.....	73
CYRAMZA.....	22	decitabine.....	22	DEXAMETHASONE (LA).....	73
cyred eq.....	77	DEFENCATH.....	13	dexamethasone intensol.....	73
CYSTADANE.....	71	deferasirox.....	64	DEXAMETHASONE SOD	
CYSTADROPS.....	99	deferasirox granules.....	64	PHOS-NACL.....	73
CYSTAGON.....	71	deferoxamine mesylate.....	90	dexamethasone sod phosphate	
CYSTARAN.....	99	DEFLUX.....	90	pf.....	73

Effective June 1, 2024

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

**ATRIUM HEALTH**



doxy 100.....	10	EASIVENT.....	91	EASYPRO BLOOD GLUCOSE	
doxycycline hyclate.....	10	EASY PLUS II CONTROL.....	52	MONITOR.....	53
DOXYCYCLINE HYCLATE.....	10	EASY PLUS II GLUCOSE		EASYPRO BLOOD GLUCOSE	
doxycycline monohydrate.....	10	SYSTEM.....	52	TEST.....	53
doxylamine-pyridoxine.....	17	EASY PLUS II GLUCOSE TEST..	52	EASYPRO PLUS.....	53
DRISDOL.....	65	EASY STEP CONTROL.....	52	EC-NAPROSYN.....	5
dronabinol.....	17	EASY STEP GLUCOSE		ec-naproxen.....	5
droperidol.....	17	MONITOR.....	52	econazole nitrate.....	18
DROPLET GENTEEL LANCING		EASY STEP TEST.....	52	EDARBI.....	34
DEVICE.....	52	EASY TALK BLOOD GLUCOSE		EDARBYCLOR.....	34
DROPLET MICRON.....	91	SYSTEM.....	52	EDECRIN.....	34
DROPSAFE ALCOHOL PREP.....	91	EASY TALK BLOOD GLUCOSE		EDETATE CALCIUM DISODIUM..	91
DROPSAFE SAFETY		TEST.....	52	EDETATE DISODIUM.....	65
SYRINGE/NEEDLE.....	61	EASY TALK CONTROL.....	52	EDURANT.....	29
drosipren-eth estrad-levomefol.....	77	EASY TALK PLUS II CONTROL..	52	efavirenz.....	29
drosiprenone-ethinyl estradiol.....	77	EASY TALK PLUS II TEST		efavirenz-emtricitab-tenofo df.....	29
DROXIA.....	22	STRIPS.....	52	efavirenz-lamivudine-tenofovir.....	29
DRYSOL.....	44	EASY TOUCH CONTROL HIGH		EFFER-K.....	65
DUAKLIR PRESSAIR.....	101	& LOW.....	52	effer-k.....	65
DUAVEE.....	77	EASY TOUCH GLUCOSE		EFFEXOR XR.....	16
DUETACT.....	48	SYSTEM.....	52	EFFIENT.....	27
DUEXIS.....	5	EASY TOUCH HEALTHPRO		EFUDEX.....	44
DULERA.....	101	GLUCOSE.....	52	EGATEN.....	26
duloxetine hcl.....	16	EASY TOUCH LANCING		EGRIFTA SV.....	75
DUOBRII.....	44	DEVICE.....	52	ELAPRASE.....	71
DUO-CARE CONTROL		EASY TOUCH TEST.....	52	ELELYSO.....	71
SOLUTION.....	52	EASY TRAK BLOOD GLUCOSE		ELEMENT AUTOCODE	
DUO-CARE TEST.....	52	SYSTEM.....	52	SYSTEM.....	53
DUOPA.....	27	EASY TRAK BLOOD GLUCOSE		ELEMENT COMPACT	
DUPIXENT.....	44	TEST.....	52	CONTROL 2.....	53
DURAFIBER.....	44	EASY TRAK CONTROL.....	52	ELEMENT COMPACT	
DURAMORPH.....	3	EASY TRAK II BLOOD		CONTROL 3.....	53
dutasteride.....	73	GLUCOSE SYS.....	52	ELEMENT COMPACT	
dutasteride-tamsulosin hcl.....	73	EASY TRAK II CONTROL.....	52	GLUCOSE SYSTEM.....	53
DYANAVEL XR.....	39	EASY TRAK II GLUCOSE TEST..	53	ELEMENT COMPACT TEST.....	53
DYMISTA.....	100	easygel.....	42	ELEMENT COMPACT V	
DYNAFOAM AG FOAM		EASYGLUCO.....	53	GLUCOSE SYS.....	53
DRESSING.....	44	EASYMAX 15 LEVEL 2		ELEMENT CONTROL.....	53
DYNAGINATE AG CA ALG		CONTROL.....	53	ELEMENT PLUS.....	53
ROPE 30CM.....	44	EASYMAX 15 LEVEL 2-3		ELEMENT TEST.....	53
DYNAGINATE AG SILVER CAL		CONTROL.....	53	ELEPSIA XR.....	14
2"X2".....	44	EASYMAX 15 TEST.....	53	ELESTRIN.....	77
DYNAGINATE AG SILVER CAL		EASYMAX CONTROL.....	53	eletriptan hydrobromide.....	19
4"X5".....	44	EASYMAX NG BLOOD		ELEVIDYS.....	71
DYNAGINATE AG SILVER CAL		GLUCOSE.....	53	ELFABRIO.....	71
4"X8".....	44	EASYMAX V BLOOD GLUCOSE..	53	ELIDEL.....	44
DYRENIUM.....	34	EASYPLUS R13N BLOOD		ELIGARD.....	75
DYSPORT.....	91	GLUCOSE.....	53	elinest.....	77
E.E.S. 400.....	10	EASYPOINT NEEDLE.....	91	ELIQUIS.....	13
E.E.S. GRANULES.....	10				

Effective June 1, 2024

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

**ATRIUM HEALTH**

ELIQUIS DVT/PE STARTER		EPIFOAM.....	44
PACK.....	13	epinastine hcl.....	96
ELITEK.....	22	epinephrine.....	34, 35, 101
elixophyllin.....	101	EPINEPHRINE.....	34, 35
ELLA.....	77	epinephrine (anaphylaxis).....	101
ELLENCE.....	22	EPINEPHRINE HCL-	
ELMIRON.....	72	DEXTROSE.....	34
ELOCTATE.....	31	EPINEPHRINE HCL-NACL.....	34
ELREXFIO.....	22	epinephrine pf.....	35
eluryng.....	77	EPINEPHRINE-DEXTROSE.....	35
ELYXYB.....	5	EPINEPHRINE-NACL.....	35
EMBRACE BLOOD GLUCOSE		EPIPEN 2-PAK.....	101
MONITOR.....	53	EPIPEN JR 2-PAK.....	101
EMBRACE BLOOD GLUCOSE		EPISIL.....	91
TEST.....	53	epitol.....	14
EMBRACE CONTROL.....	53	EPIVIR.....	29
EMBRACE EVO BLOOD		EPKINLY.....	22
GLUCOSE TEST.....	53	eplerenone.....	35
EMBRACE EVO CONTROL		EPOGEN.....	31
LEVEL 1.....	53	epoprostenol sodium.....	103
EMBRACE EVO GLUCOSE		EPRONTIA.....	14
MONITOR.....	53	EPSOLAY.....	44
EMBRACE EVO GLUCOSE		eptifibatide.....	27
MONITORING.....	53	EQ BLOOD GLUCOSE TEST.....	53
EMBRACE GLUCOSE		EQUETRO.....	31
CONTROL.....	53	ERAXIS.....	18
EMBRACE LANCING		ERBITUX.....	22
DEVICE/EJECTOR.....	53	ergocalciferol.....	65
EMBRACE PEN NEEDLES.....	91	ergoloid mesylates.....	91
EMBRACE PRO GLUCOSE		ERGOMAR.....	19
CONTROL.....	53	ergotamine-caffeine.....	19
EMBRACE PRO GLUCOSE		eribulin mesylate.....	22
METER.....	53	ERIVEDGE.....	22
EMBRACE PRO GLUCOSE		ERLEADA.....	22
TEST.....	53	erlotinib hcl.....	22
EMBRACE SEIZURE		ERMEZA.....	80
MONITORING SYS.....	91	errin.....	77
EMBRACE TALK BLOOD		ertapenem sodium.....	10
GLUCOSE.....	53	ery.....	44
EMBRACE TALK GLUCOSE		ERYGEL.....	44
CONTROL.....	53	ERYPED 200.....	10
EMBRACE TALK GLUCOSE		ERYPED 400.....	10
TEST.....	53	ERY-TAB.....	10
EMBRACE TALK MONITORING		ERYTHROCIN LACTOBIONATE.....	10
SYSTEM.....	53	ERYTHROCIN STEARATE.....	10
EMBRACE WAVE BLOOD		erythromycin.....	10, 44, 96
GLUCOSE.....	53	erythromycin base.....	10
EMBRACE WAVE GLUCOSE		erythromycin ethylsuccinate.....	10
METER.....	53	erythromycin lactobionate.....	10
EMCYT.....	22	ESBRIET.....	101
EMEND.....	17		
EMEND TRI-PACK.....	17		
EMERPHED.....	34		
EMGALITY.....	19		
EMJOI TENS.....	91		
EMPAVELI.....	31		
EMPLICITI.....	22		
EMSAM.....	16		
emtricitabine.....	29		
emtricitabine-tenofovir df.....	29		
EMTRIVA.....	29		
EMVERM.....	26		
emzahh.....	77		
enalapril maleate.....	34		
enalaprilat.....	34		
enalapril-hydrochlorothiazide.....	34		
ENBRACE HR.....	65		
ENBREL.....	83		
ENBREL MINI.....	83		
ENBREL SURECLICK.....	83		
ENDARI.....	91		
ENDO AVITENE.....	91		
endocet.....	3		
ENDOMETRIN.....	77		
ENEMA BOTTLE.....	91		
ENHERTU.....	22		
enilloring.....	77		
ENJAYMO.....	31		
ENLITE GLUCOSE SENSOR.....	53		
enoxaparin sodium.....	13		
enpresse-28.....	77		
enskyce.....	77		
ENSPRYNG.....	83		
ENSTILAR.....	44		
entacapone.....	27		
entecavir.....	29		
ENTRESTO.....	34		
ENTRISTAR PEG ENTERAL			
CONNECT.....	91		
ENTYVIO.....	83		
enulose.....	70		
ENVARBUS XR.....	83		
EPCLUSA.....	29		
EPHEDRINE SULFATE			
(PRESSORS).....	34		
ephedrine sulfate (pressors).....	34		
EPHEDRINE SULFATE-NACL.....	34		
EPIDIOLEX.....	14		
EPIDUO.....	44		
EPIDUO FORTE.....	44		

Effective June 1, 2024

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

**ATRIUM HEALTH**

escitalopram oxalate.....	16	EVOMELA.....	22	FENTANYL CITRATE.....	3
esmolol hcl.....	35	EVOTAZ.....	29	FENTANYL CITRATE-NACL.....	3
ESMOLOL HCL.....	35	EVRYSDI.....	71	FENTORA.....	3
esmolol hcl-sodium chloride.....	35	EXCILON AMD DRAIN.....		FEONYX.....	65
esomeprazole magnesium.....	69	SPONGES.....	91	FERAHEME.....	65
esomeprazole sodium.....	69	exemestane.....	22	FERRIPROX.....	65
ESPEROCT.....	31	EXFORGE.....	35	FERRLECIT.....	65
estarylla.....	77	EXFORGE HCT.....	35	ferumoxytol.....	65
estazolam.....	30	EXKIVITY.....	22	FETROJA.....	10
ESTRACE.....	77	EXODERM.....	18	FETZIMA.....	16
estradiol.....	77, 78	EXONDYS 51.....	71	FETZIMA TITRATION.....	16
estradiol valerate.....	78	EXPAREL.....	6	FIASP.....	61
estradiol-norethindrone acet.....	78	EXSERVAN.....	41	FIASP FLEXTOUCH.....	61
ESTRING.....	78	EXTAVIA.....	40	FIASP PENFILL.....	61
ESTROGEL.....	78	EXTENCILLINE.....	10	FIASP PUMPCART.....	61
eszopiclone.....	104	EYLEA.....	99	FIBRYGA.....	31
ethacrynate sodium.....	35	EYLEA HD.....	99	FIFTY50 GLUCOSE METER 2.0.....	54
ethacrynic acid.....	35	EYSUVIS.....	96	FIFTY50 GLUCOSE TEST 2.0.....	54
ethambutol hcl.....	20	ezetimibe.....	35	FILSPARI.....	72
ETHAMOLIN.....	35	ezetimibe-simvastatin.....	35	FINACEA.....	44
ethosuximide.....	14	FABHALTA.....	31	finasteride.....	73
ethyl chloride.....	6	FABIOR.....	44	fingolimod hcl.....	40
ethynodiol diac-eth estradiol.....	78	FABRAZYME.....	71	FINTEPLA.....	14
ETHYOL.....	22	FACE MASK EARLOOP-STYLE.....	91	finzala.....	78
etodolac.....	5	FACE MASK RESP N-100 PART.....	91	FIORICET.....	3
etodolac er.....	5	FACE MASK RESPIRATOR R-.....		FIORICET/CODEINE.....	3
etonogestrel-ethinyl estradiol.....	78	95 PART.....	91	FIRAZYR.....	83
ETOPOPHOS.....	22	falmina.....	78	FIRDAPSE.....	91
etoposide.....	22	famciclovir.....	29	FIRMAGON.....	75
etravirine.....	29	famotidine.....	69	FIRMAGON (240 MG DOSE).....	75
EUA PATIENT ASSESSMENT.....	91	famotidine (pf).....	69	FIRST-LANSOPRAZOLE.....	69
EUCRISA.....	44	famotidine premixed.....	69	FIRST-OMEPRAZOLE.....	69
EULEXIN.....	22	FANAPT.....	27	FIRVANQ.....	10
euthyrox.....	80	FANAPT TITRATION PACK.....	27	flac.....	99
EVAMIST.....	78	FARESTON.....	22	FLAREX.....	96
EVEKEO.....	39	FARXIGA.....	48	flavoxate hcl.....	72
EVENITY.....	87	FASENRA.....	101	FLEBOGAMMA DIF.....	83
everolimus.....	22, 83	FASENRA PEN.....	101	flecainide acetate.....	35
EVERSENSE E3.....		FASLODEX.....	22	FLECTOR.....	5
SENSOR/HOLDER.....	53	febuxostat.....	19	FLEQSUVY.....	104
EVERSENSE E3 SMART.....		FEIBA.....	31	FLEXICHAMBER.....	91
TRANSMITTER.....	54	felbamate.....	14	FLEXICHAMBER ADULT.....	
EVERSENSE.....		felodipine er.....	35	MASK/SMALL.....	91
SENSOR/HOLDER.....	54	FEMRING.....	78	FLEXICHAMBER CHILD.....	
EVERSENSE SMART.....		fenofibrate.....	35	MASK/LARGE.....	91
TRANSMITTER.....	54	fenofibrate micronized.....	35	FLEXICHAMBER CHILD.....	
EVISTA.....	76	fenofibric acid.....	35	MASK/SMALL.....	91
EVKEEZA.....	35	FENSOLVI (6 MONTH).....	75	FLOLAN.....	103
EVOLUTION AUTOCODE.....	54	fentanyl.....	3	FLOMAX.....	73
EVOLUTION CONTROL.....	54	fentanyl citrate.....	3	floxuridine.....	22

Effective June 1, 2024

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

**ATRIUM HEALTH**

fluconazole.....	18	FOLIFLEX.....	65	FORA V12 BLOOD GLUCOSE	
fluconazole in sodium chloride.....	18	FOLIKA-BC.....	65	SYSTEM.....	54
flucytosine.....	18	FOLITIN-Z.....	65	FORA V12 BLOOD GLUCOSE	
fludarabine phosphate.....	22	FOLLISTIM AQ.....	75	TEST.....	54
fludrocortisone acetate.....	74	FOLOTYN.....	22	FORA V20 BLOOD GLUCOSE	
flumazenil.....	91	FOLTREXYL.....	65	SYSTEM.....	54
flunisolide.....	100	fomepizole.....	91	FORA V20 BLOOD GLUCOSE	
fluocinolone acetonide.....	45, 99	fondaparinux sodium.....	13	TEST.....	54
fluocinolone acetonide body.....	45	FORA 6 CONNECT.....	54	FORA V30A BLOOD GLUCOSE	
fluocinolone acetonide scalp.....	45	FORA 6 CONNECT/GTEL TEST.....	54	SYSTEM.....	54
fluocinonide.....	45	FORA BLOOD GLUCOSE TEST.....	54	FORA V30A BLOOD GLUCOSE	
fluocinonide emulsified base.....	45	FORA CONTROL.....	54	TEST.....	54
FLUORIDEX.....	42	FORA D15G BLOOD GLUCOSE		FORACARE GD40 MONITOR.....	54
fluoridex daily renewal.....	42	TEST.....	54	FORACARE GD40 TEST.....	54
FLUORIDEX ENHANCED		FORA D20 BLOOD GLUCOSE		FORACARE GDH CONTROL.....	54
WHITENING.....	42	TEST.....	54	FORACARE PREMIUM V10.....	54
FLUORIDEX SENSITIVITY		FORA D40/G31 BLOOD		FORACARE PREMIUM V10	
RELIEF.....	42	GLUCOSE.....	54	TEST.....	54
FLUORIMAX 5000.....	42	FORA D40G		FORACARE TEST N GO	
FLUORIMAX 5000 SENSITIVE...	42	GLUCOSE/PRESSURE.....	91	MONITOR.....	55
fluorometholone.....	96	FORA G20 BLOOD GLUCOSE		FORACARE TEST N GO TEST...	55
fluorouracil.....	22, 45	SYSTEM.....	54	FORFIVO XL.....	16
FLUOROURACIL.....	45	FORA G20 BLOOD GLUCOSE		formaldehyde.....	91
fluoxetine hcl.....	16	TEST.....	54	formoterol fumarate.....	101
fluphenazine decanoate.....	27	FORA G30/PREM V10		FORTEO.....	87
fluphenazine hcl.....	28	GLUCOSE TEST.....	54	FORTESTA.....	75
flurazepam hcl.....	104	FORA G30A BLOOD GLUCOSE		FORTISCARE CONTROL.....	55
flurbiprofen.....	5	SYSTEM.....	54	FORTISCARE G1 TEST STRIP...	55
flurbiprofen sodium.....	96	FORA GD20 BLOOD GLUCOSE		FORTISCARE T1 GLUCOSE	
FLUTICASONE FUROATE-		SYSTEM.....	54	SYSTEM.....	55
VILANTEROL.....	101	FORA GD20 TEST.....	54	FORTISCARE TEST.....	55
fluticasone propionate.....	45, 100	FORA GD50 BLOOD GLUCOSE		FOSAMAX.....	87
FLUTICASONE PROPIONATE		SYSTEM.....	54	fosamprenavir calcium.....	29
DISKUS.....	101	FORA GD50 BLOOD GLUCOSE		fosaprepitant dimeglumine.....	17
FLUTICASONE PROPIONATE		TEST.....	54	foscarnet sodium.....	29
HFA.....	101	FORA GTEL BLOOD GLUCOSE		FOSCAVIR.....	29
FLUTICASONE-SALMETEROL.	101	SYSTEM.....	54	fosfomycin tromethamine.....	10
fluticasone-salmeterol.....	101	FORA GTEL BLOOD GLUCOSE		fosinopril sodium.....	35
fluvoxamine maleate.....	16	TEST.....	54	fosinopril sodium-hctz.....	35
fluvoxamine maleate er.....	16	FORA PREMIUM V10 BLE		fosphenytoin sodium.....	14
FLYP NEBULIZER.....	91	SYSTEM.....	54	FOSRENOL.....	72
FML FORTE.....	96	FORA TEST N' GO MONITOR.....	54	FOTIVDA.....	22
FML LIQUIFILM.....	96	FORA TN'G ADVANCE PRO.....	54	FRAGMIN.....	13
FOCALIN.....	39	FORA TN'G VOICE.....	54	FREESTYLE CONTROL	
FOCALIN XR.....	39	FORA TN'G/TN'G VOICE.....	54	SOLUTION.....	55
FOLAGENT DHA.....	65	FORA V10 BLOOD GLUCOSE		FREESTYLE FREEDOM LITE.....	55
FOLAMAX.....	65	SYSTEM.....	54	FREESTYLE INSULINX TEST.....	55
FOLAMED DHA.....	65	FORA V10 BLOOD GLUCOSE		FREESTYLE LIBRE 14 DAY	
FOLCYTEINE.....	65	TEST.....	54	READER.....	55
folic acid.....	65	FORA V10/V12/D10/D20 TEST...	54		

Effective June 1, 2024

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

**ATRIUM HEALTH**

FREESTYLE LIBRE 14 DAY		gatifloxacin.....	96	glatiramer acetate.....	40
SENSOR.....	55	GATTEX.....	70	glatopa.....	40
FREESTYLE LIBRE 2 READER..	55	gavilyte-c.....	70	GLEEVEC.....	22
FREESTYLE LIBRE 2 SENSOR..	55	gavilyte-g.....	70	GLEOSTINE.....	22
FREESTYLE LIBRE 3 READER..	55	GAVRETO.....	22	glimepiride.....	48
FREESTYLE LIBRE 3 SENSOR..	55	GAZYVA.....	22	glipizide er.....	48
FREESTYLE LIBRE READER.....	55	GE100 BLOOD GLUCOSE		glipizide ir.....	48
FREESTYLE LITE.....	55	SYSTEM.....	55	glipizide xl.....	48
FREESTYLE LITE TEST.....	55	GE100 BLOOD GLUCOSE		glipizide-metformin hcl.....	48
FREESTYLE PRECISION NEO		TEST.....	55	GLOPERBA.....	19
SYSTEM.....	55	GE100 CONTROL.....	55	GLUCAGEN HYPOKIT.....	61
FREESTYLE PRECISION NEO		GEBAUERS PAIN EASE.....	6	glucagon emergency kit.....	61
TEST.....	55	GEBAUERS SPRAY AND		GLUCAGON EMERGENCY KIT..	61
FREESTYLE TEST.....	55	STRETCH.....	6	GLUCO PERFECT 3 METER.....	55
FRUZAQLA.....	22	gefitinib.....	22	GLUCO PERFECT 3 TEST.....	55
FULPHILA.....	31	GELFILM.....	91	GLUCOCARD 01 BLOOD	
fulvestrant.....	22	GEL-FLOW NT.....	91	GLUCOSE.....	55
FUROSCIX.....	35	GELFOAM.....	91	GLUCOCARD 01 CONTROL.....	55
furosemide.....	35	GELFOAM COMPRESSED SIZE		GLUCOCARD 01 SENSOR	
FUROSEMIDE IN SODIUM		100.....	91	PLUS.....	55
CHLORIDE.....	35	GELFOAM DENTAL PACK SIZE		GLUCOCARD 01 TEST.....	55
FUZEON.....	29	4.....	91	GLUCOCARD 01-MINI	
FYARRO.....	22	GELFOAM SPONGE.....	91	GLUCOSE.....	55
fyavolv.....	78	GELFOAM SPONGE SIZE 100...	91	GLUCOCARD EXPRESSION	
FYCOMPA.....	14	GELFOAM SPONGE SIZE 200...	91	CONTROL.....	55
FYLNETRA.....	31	GELFOAM SPONGE SIZE 50.....	91	GLUCOCARD EXPRESSION	
fyremadel.....	75	GELNIQUE.....	72	MONITOR.....	55
gabapentin.....	14	GEL-ONE.....	91	GLUCOCARD EXPRESSION	
gabapentin (once-daily).....	41	gemcitabine hcl.....	22	TEST.....	55
GALAFOLD.....	71	gemfibrozil.....	35	GLUCOCARD SHINE.....	55
galantamine hydrobromide.....	15	gemmily.....	78	GLUCOCARD SHINE CONNEX..	55
galantamine hydrobromide er.....	15	GEMTESA.....	72	GLUCOCARD SHINE	
GALZIN.....	65	generlac.....	70	CONTROL.....	55
GAMASTAN.....	83	gengraf.....	83	GLUCOCARD SHINE EXPRESS..	55
GAMIFANT.....	83	GENOTROPIN.....	75	GLUCOCARD SHINE TEST.....	55
GAMMACORE.....	91	GENOTROPIN MINIQUICK.....	75	GLUCOCARD SHINE XL.....	55
GAMMACORE SAPPHIRE 31-		gentamicin in saline.....	10	GLUCOCARD VITAL MONITOR..	56
DAY.....	91	gentamicin sulfate.....	11, 97	GLUCOCARD VITAL TEST.....	56
GAMMACORE SAPPHIRE D.....	91	GENTEEL LANCING KIT (BLUE)..	55	GLUCOCARD X-METER.....	56
GAMMACORE SAPPHIRE		GENULTIMATE TEST.....	55	GLUCOCARD X-SENSOR.....	56
REFILL KIT.....	91	GENVISC 850.....	91	GLUCOCARD X-SENSOR	
GAMMAGARD.....	83	GENVOYA.....	29	CONTROL.....	56
GAMMAGARD S/D LESS IGA.....	83	GEODON.....	28	GLUCOCOM BLOOD GLUCOSE	
GAMMAKED.....	83	GHT BLOOD GLUCOSE		MONITOR.....	56
GAMMAPLEX.....	83	MONITOR.....	55	GLUCOCOM CONTROL.....	56
GAMUNEX-C.....	83	GHT TEST.....	55	GLUCOCOM MONITOR.....	56
GANCICLOVIR.....	29	GILENYA.....	40	GLUCOCOM TEST.....	56
ganciclovir sodium.....	29	GILOTRIF.....	22	GLUCONAVII BLOOD	
ganirelix acetate.....	75	GIMOTI.....	17	GLUCOSE SYS.....	56
GASTROCROM.....	70	GLASSIA.....	101		

Effective June 1, 2024

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

**ATRIUM HEALTH**

GLUCONAVII BLOOD			
GLUCOSE TEST.....	56	GORDOFILM.....	45
GLUCOSE CONTROL.....	56	GRALISE.....	41
GLUCOSE CONTROL		granisetron hcl.....	17
SOLUTIONS.....	53	GRANIX.....	31
GLUCOSE METER TEST.....	56	GRASTEK.....	91
GLUCOTROL XL.....	48	griseofulvin microsize.....	18
GLUMETZA.....	48	griseofulvin ultramicrosize.....	18
glutaraldehyde.....	91	guaifenesin-codeine.....	100
GLUTATHIONE.....	65	guanfacine hcl.....	35
glyburide.....	48	guanfacine hcl er.....	39
glyburide micronized.....	48	GUARDIAN 4 GLUCOSE	
glyburide-metformin.....	48	SENSOR.....	56
GLYCINE.....	65	GUARDIAN 4 TRANSMITTER.....	56
GLYCOPHOS.....	65	GUARDIAN CONNECT	
glycopyrrolate.....	70	TRANSMITTER.....	56
GLYCOPYRROLATE.....	70	GUARDIAN LINK 3	
glycopyrrolate pf.....	70	TRANSMITTER.....	56
GLYCOPYRROLATE PF.....	70	GUARDIAN SENSOR (3).....	56
glydo.....	6	GUARDIAN SENSOR 3.....	56
GLYRX-PF.....	70	GVOKE HYPOPEN 1-PACK.....	61
GLYXAMBI.....	48	GVOKE HYPOPEN 2-PACK.....	61
GNP EASY TOUCH CONT		GVOKE KIT.....	61
HIGH/LOW.....	56	GVOKE PFS.....	61
GNP EASY TOUCH GLUCOSE		GYNAZOLE-1.....	18
METER.....	56	HADLIMA.....	83
GNP EASY TOUCH GLUCOSE		HADLIMA PUSH TOUCH.....	83
TEST.....	56	hailey 1.5/30.....	78
GNP TRUE METRIX AIR		hailey 24 fe.....	78
METER.....	56	hailey fe 1.5/30.....	78
GNP TRUE METRIX GLUCOSE		hailey fe 1/20.....	78
METER.....	56	HALAVEN.....	22
GNP TRUE METRIX GLUCOSE		HALCION.....	30
STRIPS.....	56	HALDOL DECANOATE.....	28
GNP TRUETRACK SMART		halobetasol propionate.....	45
SYSTEM.....	56	haloette.....	78
GNP TRUETRACK TEST		HALOG.....	45
STRIPS.....	56	haloperidol.....	28
GOCOVRI.....	27	haloperidol decanoate.....	28
GOHIBIC.....	91	haloperidol lactate.....	28
GOJJI BLOOD GLUCOSE TEST.....	56	HARVONI.....	29
GOJJI CONTROL.....	56	HEALTHPRO BLOOD	
GOJJI LANCING		GLUCOSE MONITO.....	56
DEVICE/CLEAR CAP.....	56	heather.....	78
GOLYTELY.....	70	HECTOROL.....	87
GONAL-F.....	75	HELIDAC THERAPY.....	70
GONAL-F RFF.....	75	HEMADY.....	74
GONAL-F RFF REDIRECT.....	75	HEMANGEOL.....	35
GOODSENSE BLOOD		hematinic/folic acid.....	65
GLUCOSE.....	56	HEMLIBRA.....	31
		HEMOFIL M.....	31
		heparin (porcine) in nacl.....	13
		HEPARIN (PORCINE) IN NACL... ..	13
		heparin na (pork) lock flsh pf.....	13
		heparin sod (porcine) in d5w.....	13
		heparin sod (pork) lock flush.....	13
		heparin sodium (porcine).....	13
		heparin sodium (porcine) pf.....	13
		HERCEPTIN.....	22
		HERCEPTIN HYLECTA.....	22
		HERZUMA.....	22
		HESPAN.....	31
		hetastarch-nacl.....	31
		HETLIOZ.....	104
		HETLIOZ LQ.....	104
		HEXTEND.....	31
		HIPREX.....	11
		HIZENTRA.....	83
		HM EMBRACE TALK SYSTEM.....	56
		HOMATROPAIRE.....	99
		HORIZANT.....	41
		HULIO (2 PEN).....	83
		HULIO (2 SYRINGE).....	83
		HUMALOG.....	61, 62
		HUMALOG KWIKPEN.....	61
		HUMALOG MIX 50/50 KWIKPEN.....	61
		HUMALOG MIX 50/50 VIAL.....	61
		HUMALOG MIX 75/25 KWIKPEN.....	61
		HUMALOG MIX 75/25 VIAL.....	61
		HUMALOG TEMPO PEN.....	62
		HUMALOG U-100 JUNIOR	
		KWIKPEN.....	62
		HUMATE-P.....	31
		HUMATIN.....	11
		HUMATROPE.....	75
		HUMIRA (2 PEN).....	83
		HUMIRA (2 SYRINGE).....	83
		HUMIRA-CD/UC/HS STARTER... ..	84
		HUMIRA-PED.....	84
		HUMIRA-PED>/=40KG	
		CROHNS START.....	84
		HUMIRA-PED>/=40KG UC	
		STARTER.....	84
		HUMIRA-PSORIASIS/UEVIT	
		STARTER.....	84
		HUMULIN 70/30 KWIKPEN.....	62
		HUMULIN 70/30 VIAL.....	62
		HUMULIN N KWIKPEN.....	62
		HUMULIN N VIAL.....	62
		HUMULIN R U-500 KWIKPEN.....	62
		HUMULIN R U-500 VIAL.....	62

Effective June 1, 2024

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

**ATRIUM HEALTH**



HUMULIN R VIAL.....	62	HYRIMOZ.....	84	IMJUDO.....	23
HW EMBRACE PRO GLUCOSE		HYRIMOZ-CROHNS/UC		IMMPHENTIV.....	35
METER.....	56	STARTER.....	84	IMPAVIDO.....	26
HW EMBRACE PRO GLUCOSE		HYRIMOZ-PED.....	84	IMPOYZ.....	45
TEST.....	56	HYRIMOZ-PED>/=40KG		IMURAN.....	85
HW EMBRACE TALK BLOOD		CROHN START.....	84	IMVEXXY MAINTENANCE	
GLUCOSE.....	56	HYRIMOZ-PLAQUE PSORIASIS		PACK.....	78
HW EMBRACE TALK GLUCOSE		START.....	84	IMVEXXY STARTER PACK.....	78
TEST.....	56	HYSINGLA ER.....	4	IN TOUCH.....	56
HYALGAN.....	92	HYZAAR.....	35	IN TOUCH BLOOD GLUCOSE	
HYCAMTIN.....	22	ibandronate sodium.....	87	TEST.....	56
HYCODAN.....	100	IBRANCE.....	23	IN TOUCH GLUCOSE	
hydralazine hcl.....	35	IBSRELA.....	70	CONTROL.....	56
HYDREA.....	22	ibuprofen.....	5, 6	INBRIJA.....	27
hydrochlorothiazide.....	35	ibuprofen lysine.....	5	incassia.....	78
hydrocod poli-chlorphe poli er.....	100	ibuprofen-famotidine.....	6	INCONTROL ULTICARE PEN	
hydrocodone bitartrate er.....	3	ibutilide fumarate.....	35	NEEDLES.....	92
hydrocodone bit-homatrop mbr...	100	icatibant acetate.....	85	INCRELEX.....	75
hydrocodone-acetaminophen.....	3	iclevia.....	78	INCRUSE ELLIPTA.....	101
hydrocodone-ibuprofen.....	3	ICLUSIG.....	23	indapamide.....	35
hydrocortisone.....	45, 74, 86	icosapent ethyl.....	35	INDERAL LA.....	35
hydrocortisone (perianal).....	86	IDACIO (2 PEN).....	85	INDERAL XL.....	35
hydrocortisone ace-pramoxine.....	86	IDACIO (2 SYRINGE).....	85	indomethacin.....	6
hydrocortisone butyrate.....	45	IDACIO-CROHNS/UC STARTER.....	85	indomethacin er.....	6
hydrocortisone valerate.....	45	IDACIO-PSORIASIS STARTER...	85	indomethacin sodium.....	6
hydrocortisone-acetic acid.....	99	IDAMYCIN PFS.....	23	INFASURF.....	100
hydrogen peroxide.....	11	idarubicin hcl.....	23	INFED.....	65
hydromet.....	100	IDELVION.....	31	INFINITY BLOOD GLUCOSE	
HYDROMORPHONE HCL.....	4	IDHIFA.....	23	SYSTEM.....	56
hydromorphone hcl.....	4	IFEX.....	23	INFINITY BLOOD GLUCOSE	
hydromorphone hcl er.....	3	ifosfamide.....	23	TEST.....	56
hydromorphone hcl pf.....	4	IGALMI.....	92	INFINITY CONTROL.....	56
HYDROMORPHONE HCL-NACL...	4	IGLUCOSE MONITORING		INFINITY VOICE.....	56
hydroxocobalamin acetate.....	65	SYSTEM.....	56	INFLECTRA.....	85
hydroxychloroquine sulfate.....	26	IGLUCOSE TEST STRIPS.....	56	INFLIXIMAB.....	85
hydroxyurea.....	22	ILARIS.....	85	INFUMORPH 200.....	4
hydroxyzine hcl.....	31	ILEVRO.....	97	INFUMORPH 500.....	4
hydroxyzine pamoate.....	31	ILUMYA.....	85	INGREZZA.....	41
HYFTOR.....	45	imatinib mesylate.....	23	INJECTAFER.....	65
HYLAVITE.....	65	IMBRUVICA.....	23	INLYTA.....	23
HYLAZINC.....	65	IMCIVREE.....	41	INNOPRAN XL.....	35
HYLENEX.....	92	IMFINZI.....	23	INPEFA.....	35
HYMOVIS.....	92	imipenem-cilastatin.....	11	INPEN 100-BLUE-LILLY-	
hyoscyamine sulfate.....	70	imipramine hcl.....	16	HUMALOG.....	57
hyoscyamine sulfate er.....	70	imipramine pamoate.....	16	INPEN 100-GREY-LILLY-	
hyosyne.....	70	imiquimod.....	45	HUMALOG.....	57
HYPERRHO S/D.....	84	imiquimod pump.....	45	INPEN 100-PINK-LILLY-	
HYPERSAL.....	100	IMITREX.....	19	HUMALOG.....	57
HYPOCYN ANTIPRURITIC.....	45	IMITREX STATDOSE REFILL.....	19	INQOVI.....	23
HYQVIA.....	84	IMITREX STATDOSE SYSTEM...	19	INREBIC.....	23

Effective June 1, 2024

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

**ATRIUM HEALTH**

INSPIREASE RESERVOIR			
BAGS.....	92		
INSPRA.....	36		
INSTAT.....	92		
INSUFLOX.....	92		
INSULIN ASP PROT & ASP			
FLEXPEN.....	62		
INSULIN ASPART.....	62		
INSULIN ASPART FLEXPEN.....	62		
INSULIN ASPART PENFILL.....	62		
INSULIN ASPART PROT &			
ASPART.....	62		
INSULIN DEGLUDEC.....	62		
INSULIN DEGLUDEC			
FLEXTOUCH.....	62		
INSULIN GLARGINE MAX			
SOLOSTAR.....	62		
INSULIN GLARGINE			
SOLOSTAR.....	62		
INSULIN GLARGINE-YFGN.....	62		
INSULIN LISPRO.....	62		
INSULIN LISPRO (1 UNIT DIAL).....	62		
INSULIN LISPRO JUNIOR			
KWIKPEN.....	62		
INSULIN LISPRO PROT &			
LISPRO.....	62		
INSULIN PEN NEEDLES.....	92, 95		
INSULIN SYRINGES.....	62		
INTELENCE.....	29		
INTERCEED.....	92		
INTERCEED (TC7).....	92		
INTRALIPID.....	65		
INTRAROSA.....	72		
introvale.....	78		
INTUNIV.....	39		
INVEGA.....	28		
INVEGA HAFYERA.....	28		
INVEGA SUSTENNA.....	28		
INVEGA TRINZA.....	28		
INVELTYS.....	97		
INVOKAMET.....	48		
INVOKAMET XR.....	48		
INVOKANA.....	48		
iodine strong.....	65		
iodine tincture.....	11		
IOPIDINE.....	98		
ipratropium bromide.....	100, 101		
ipratropium-albuterol.....	101		
irbesartan.....	36		
irbesartan-hydrochlorothiazide.....	36		
IRESSA.....	23		
irinotecan hcl.....	23		
ISENTRESS.....	29		
ISENTRESS HD.....	29		
isibloom.....	78		
isoniazid.....	20		
isoproterenol hcl.....	102		
ISORDIL TITRADOSE.....	36		
isosorb dinitrate-hydralazine.....	36		
isosorbide dinitrate.....	36		
isosorbide mononitrate.....	36		
isosorbide mononitrate er.....	36		
isotretinoin.....	45		
isradipine.....	36		
ISTALOL.....	98		
ISTODAX.....	23		
ISTURISA.....	75		
itraconazole.....	18		
IV ADMINISTRATION SET.....	92		
IV EXTENSION SET.....	92		
ivermectin.....	26, 45		
IXEMPRA KIT.....	23		
IXINITY.....	31		
IYUZEH.....	98		
IZERVAY.....	99		
jaimiess.....	78		
JAKAFI.....	23		
JALYN.....	73		
jantoven.....	13		
JANUMET.....	48		
JANUMET XR.....	48		
JANUVIA.....	48		
JARDIANCE.....	48		
jasmiel.....	78		
JATENZO.....	75		
JAVYGTOR.....	71		
JAYPIRCA.....	23		
JEMPERLI.....	23		
jencycla.....	78		
JENLIVA			
PRENATAL/POSTNATAL.....	65		
JENTADUETO.....	48		
JENTADUETO XR.....	48		
JESDUVROQ.....	31		
JEVTANA.....	23		
jinteli.....	78		
JIVI.....	31		
JOENJA.....	85		
jolessa.....	78		
JORNAY PM.....	39		
joyeaux.....	78		
J-TIP KIT W/MIAL ADAPTERS.....	92		
JUBLIA.....	18		
juleber.....	78		
JULUCA.....	29		
junel 1.5/30.....	78		
junel 1/20.....	78		
junel fe 1.5/30.....	78		
junel fe 1/20.....	78		
junel fe 24.....	78		
JUST RIGHT 5000.....	42		
JUXTAPID.....	36		
JYLAMVO.....	85		
JYNARQUE.....	65		
KABIVEN.....	65		
KADCYLA.....	23		
kaitlib fe.....	78		
KALBITOR.....	85		
KALETRA.....	29		
kalliga.....	78		
KALYDECO.....	102		
KANGAROO BALLOON			
20FR/3.5CM.....	92		
KANGAROO GASTROSTOMY			
TUBE.....	92		
KANGAROO GRAVITY			
FEEDING BAG.....	92		
KANGAROO JOEY ENTERAL			
PUMP.....	92		
KANGAROO MULTI-			
FUNCTIONAL PORT.....	92		
KANGAROO STOMA			
MEASURING DEV.....	92		
KANJINTI.....	23		
KANUMA.....	71		
KAPSPARGO SPRINKLE.....	36		
KARAYA GUM.....	92		
kariva.....	78		
KATERZIA.....	36		
KCENTRA.....	31		
kelnor 1/35.....	78		
kelnor 1/50.....	78		
KEMOPLAT.....	23		
KENALOG.....	45, 74		
KENALOG-80.....	74		
KENDALL SCD EXPRESS			
FOOT CUFF.....	92		
KENGREAL.....	27		
KEPIVANCE.....	42		
KEPPRA.....	14		

Effective June 1, 2024

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

**ATRIUM HEALTH**

KEPPRA XR.....	14	KROGER BLOOD GLUCOSE	larin fe 1.5/30.....	78
KERALYT.....	45	TEST.....	larin fe 1/20.....	78
KERENDIA.....	92	KROGER HEALTHPRO	LASIX.....	36
KERLIX AMD ANTIMICROBIAL...	92	CONTROL HI/LO.....	latanoprost.....	98
KERLIX AMD SUPER		KROGER HEALTHPRO	LATEX GLOVES MEDIUM.....	92
SPONGES.....	92	GLUCOSE TEST.....	LATISSE.....	99
KESIMPTA.....	40	KROGER PREMIUM BLOOD	LATUDA.....	28
ketoconazole.....	18	GLUCOSE.....	layolis fe.....	78
KETO-DIASTIX.....	57	KROGER PREMIUM GLUCOSE	LEDIPASVIR-SOFOSBUVIR.....	29
KETONE TEST.....	57	TEST.....	leena.....	78
ketoprofen.....	6	K-TAB.....	leflunomide.....	85
ketorolac tromethamine.....	6, 97	kurvelo.....	LEMTRADA.....	40
KETOROLAC TROMETHAMINE...	6	KUVAN.....	lenalidomide.....	23
KETOSTIX.....	57	KYPROLIS.....	LENVIMA.....	23
KEVEYIS.....	98	L.E.T.....	LEQEMBI.....	15
KEVZARA.....	85	LABETALOL HCL.....	LEQVIO.....	36
KEYLOSA.....	65	labetalol hcl.....	LESCOL XL.....	36
KEYTRUDA.....	23	LABETALOL HCL-DEXTROSE...	lessina.....	78
KHAPZORY.....	23	LABETALOL HCL-SODIUM	LETAIRIS.....	103
KIMMTRAK.....	23	CHLORIDE.....	letrozole.....	23
KIMYRSA.....	11	lacosamide.....	leucovorin calcium.....	23
KINERET.....	85	lactic acid.....	LEUKERAN.....	23
KISQALI.....	23	lactic acid e.....	LEUKINE.....	32
KISQALI FEMARA.....	23	lactulose.....	leuprolide acetate.....	75
KITABIS PAK.....	102	lactulose encephalopathy.....	LEUPROLIDE ACETATE (3	
KLARON.....	45	LAGEVRIO.....	MONTH).....	75
klayesta.....	18	LAMICTAL.....	LEUPROLIDE ACETATE-	
KLISYRI.....	45	LAMICTAL ODT.....	BUPIVACAINE.....	75
KLONOPIN.....	31	LAMICTAL STARTER.....	levabuterol hcl.....	102
klor-con.....	65	LAMICTAL XR.....	LEVALBUTEROL HFA.....	102
klor-con 10.....	65	lamivudine.....	LEVAMLODIPINE MALEATE.....	36
klor-con m10.....	65	lamivudine-zidovudine.....	LEVEMIR FLEXPEN.....	62
klor-con m15.....	65	lamotrigine.....	LEVEMIR U-100 VIAL.....	62
klor-con m20.....	65	lamotrigine er.....	levetiracetam.....	14
KLOXXADO.....	8	lamotrigine starter kit-blue.....	levetiracetam er.....	14
KOATE.....	32	lamotrigine starter kit-green.....	levetiracetam in nacl.....	14
KOATE-DVI.....	32	lamotrigine starter kit-orange.....	levobunolol hcl.....	98
KOGENATE FS.....	32	LAMPIT.....	LEVOCARNITINE.....	65
KONVOMEPE.....	69	LANCETS.....	levocarnitine.....	65
KORLYM.....	76	LANOXIN.....	levocarnitine sf.....	65
KORSUVA.....	92	LANOXIN PEDIATRIC.....	levocetirizine dihydrochloride.....	100
KOSELUGO.....	23	LANREOTIDE ACETATE.....	levofloxacin.....	11, 97
kourzeq.....	42	lansoprazole.....	levofloxacin in d5w.....	11
KOVALTRY.....	32	lanthanum carbonate.....	levoleucovorin calcium.....	23
K-PHOS.....	65	LANTUS SOLOSTAR.....	levoleucovorin calcium pf.....	23
k-prime.....	65	LANTUS U-100 VIAL.....	levonest.....	78
KRAZATI.....	23	lapatinib ditosylate.....	levonorgest-eth est & eth est.....	78
KRINTAFEL.....	26	larin 1.5/30.....	levonorgest-eth estrad 91-day.....	78
KROGER BLOOD GLUCOSE.....	57	larin 1/20.....	levonorgest-eth estradiol-iron.....	78
		larin 24 fe.....	levonorgestrel-ethinyl estrad.....	78

Effective June 1, 2024

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

**ATRIUM HEALTH**

levonorg-eth estrad triphasic.....	78	LIKMEZ.....	11	lorazepam intensol.....	31
LEVOPHED.....	36	LINCOCIN.....	11	LORBRENA.....	23
levora 0.15/30 (28).....	78	lincomycin hcl.....	11	LOREEV XR.....	31
levo-t.....	80	linezolid.....	11	loryna.....	79
levothyroxine sodium.....	80	linezolid in sodium chloride.....	11	losartan potassium.....	36
LEVOTHYROXINE SODIUM.....	80	LINZESS.....	70	losartan potassium-hctz.....	36
levoxyl.....	80	liothyronine sodium.....	80	LOTEMAX.....	97
LEVULAN KERASTICK.....	45	LIPITOR.....	36	LOTEMAX SM.....	97
LEXAPRO.....	16	LIPO.....	65	LOTENSIN.....	36
LEXETTE.....	45	LIPO-C.....	65	LOTENSIN HCT.....	36
LIALDA.....	86	LIQREV.....	103	loteprednol etabonate.....	97
LIBERTY BLOOD GLUCOSE		lisdexamphetamine dimesylate.....	39	LOTREL.....	36
METER.....	57	lisinopril.....	36	lovastatin.....	36
LIBERTY GLUCOSE CONTROL.....	57	lisinopril-hydrochlorothiazide.....	36	LOVAZA.....	36
LIBERTY GLUCOSE CONTROL		LITFULO.....	45	LOVENOX.....	13
MID.....	57	lithium.....	31	low-ogestrel.....	79
LIBERTY NEXT GENERATION		lithium carbonate.....	31	loxapine succinate.....	28
TEST.....	57	lithium carbonate er.....	31	lo-zumandimine.....	79
LIBERTY NXT GENERATION		LITHOBID.....	31	lubiprostone.....	70
MONITOR.....	57	LITHOSTAT.....	72	LUCEMYRA.....	8
LIBERTY TEST.....	57	LIVALO.....	36	LUCENTIS.....	99
LIBTAYO.....	23	LIVITA ADULTS.....	65	LUGOLS STRONG IODINE.....	11
LICART.....	6	LIVITA CHILDREN.....	65	LUMAKRAS.....	23
lidocaine.....	6	LIVMARLI.....	92	LUMIGAN.....	98
lidocaine hcl.....	7	LIVTENCITY.....	29	LUMIZYME.....	71
LIDOCAINE HCL.....	7	LMD IN D5W.....	32	LUMRYZ.....	104
LIDOCAINE HCL (BUFFERED).....	6	LMD IN NACL.....	32	LUNESTA.....	104
LIDOCAINE HCL (CARDIAC).....	7	L-MESITRAN SOFT WOUND.....	45	LUNSUMIO.....	23
lidocaine hcl (cardiac).....	7	LO LOESTRIN FE.....	78	LUPKYNIS.....	85
lidocaine hcl (cardiac) pf.....	7	LOCOID LIPOCREAM.....	45	LUPRON DEPOT (1-MONTH).....	75
lidocaine hcl (pf).....	7	LODINE.....	6	LUPRON DEPOT (3-MONTH).....	75
lidocaine hcl urethral/mucosal.....	7	LODOCO.....	36	LUPRON DEPOT (4-MONTH)	
LIDOCAINE IN D5W.....	7	LOESTRIN 1.5/30 (21).....	78	INTRAMUSCULAR KIT 30MG.....	75
lidocaine in d5w.....	7	LOESTRIN 1/20 (21).....	78	LUPRON DEPOT (6-MONTH)	
lidocaine viscous hcl.....	42	LOESTRIN FE 1.5/30.....	78	INTRAMUSCULAR KIT 45MG.....	76
LIDOCAINE(BUFFERD)-		LOESTRIN FE 1/20.....	78	LUPRON DEPOT-PED (1-	
EPINEPHRINE.....	7	LOFRIC PRIMO NELATON		MONTH).....	76
lidocaine-epinephrine.....	7	CATHETER.....	92	LUPRON DEPOT-PED (3-	
LIDOCAINE-EPINEPHRINE.....	7	lojaimiess.....	79	MONTH).....	76
LIDOCAINE-EPINEPHRINE (3		LOKELMA.....	65	LUPRON DEPOT-PED (6-	
ML).....	7	LOMAIRA.....	41	MONTH).....	76
lidocaine-prilocaine.....	7	LOMOTIL.....	70	lurasidone hcl.....	28
LIDOCAINE-SODIUM		LONSURF.....	23	lutura.....	79
BICARBONATE.....	7	LOOP.....	92	LUXAMEND.....	45
LIDOCAN.....	7	loperamide hcl.....	70	LYBALVI.....	16
LIDODERM.....	7	LOPID.....	36	lyleq.....	79
LIDO-EPINEPHRINE-		lopinavir-ritonavir.....	29	lyllana.....	79
TETRACAINE.....	7	LOPRESSOR.....	36	LYNPARZA.....	23
LIDO-RACEPINEPHRINE-		LOQTORZI.....	23	LYRICA.....	41
TETRACAINE.....	7	lorazepam.....	31	LYRICA CR.....	41

Effective June 1, 2024

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

**ATRIUM HEALTH**

LYSINE HCL.....	65	MEDISENSE GLUCOSE		mesna.....	24
LYSODREN.....	23	KETONE CONTR.....	57	MESNEX.....	24
LYTGOBI (12 MG DAILY DOSE).....	23	MEDISENSE HI/MID/LOW		MESTINON.....	20
LYTGOBI (16 MG DAILY DOSE).....	23	CONTROL.....	57	METADATE CD.....	39
LYTGOBI (20 MG DAILY DOSE).....	23	MEDNEB NEB-WITH DISPO		metformin hcl er.....	48
LYUMJEV KWIKPEN.....	62	NEB KIT.....	92	metformin hcl er (mod).....	48
LYUMJEV TEMPO PEN.....	62	MEDROL.....	74	metformin hcl er (osm).....	48
LYUMJEV VIAL.....	62	medroxyprogesterone acetate.....	79	metformin hcl ir.....	48
LYVISPAH.....	104	mefloquine hcl.....	26	methadone hcl.....	4
lyza.....	79	megestrol acetate.....	79	methadone hcl intensol.....	4
MACROBID.....	11	MEIJER BLOOD GLUCOSE.....	57	METHADONE HCL-NACL.....	4
MACRODANTIN.....	11	MEIJER BLOOD GLUCOSE		METHADONE HCL-SODIUM	
mafenide acetate.....	11	TEST.....	57	CHLORIDE.....	4
magnesium chloride.....	65	MEIJER ESSENTIAL BLOOD		METHADOSE.....	4
magnesium sulfate.....	66	GLUCOSE.....	57	methadose.....	4
magnesium sulfate in d5w.....	66	MEIJER ESSENTIAL GLUCOSE		METHADOSE SUGAR-FREE.....	4
MAGNESIUM SULFATE-NACL.....	66	TEST.....	57	methazolamide.....	98
MALARONE.....	26	MEIJER PREMIUM BLOOD		methenamine hippurate.....	11
malathion.....	26	GLUCOSE.....	57	methergine.....	92
MANGANESE CHLORIDE.....	66	MEIJER TRUE2GO BLOOD		methimazole.....	80
mannitol.....	36	GLUCOSE.....	57	METHITEST.....	75
maraviroc.....	29	MEIJER TRUERESULT		methocarbamol.....	104
MARCAINE.....	7	GLUCOSE SYS.....	57	methotrexate sodium.....	85
MARCAINE PRESERVATIVE		MEIJER TRUETEST TEST.....	57	methotrexate sodium (pf).....	85
FREE.....	7	MEIJER TRUETRACK		methoxsalen rapid.....	45
MARCAINE/EPINEPHRINE.....	7	GLUCOSE SYS.....	57	methscopolamine bromide.....	70
MARCAINE/EPINEPHRINE PF.....	7	MEIJER TRUETRACK TEST.....	57	methsuximide.....	14
MARGENZA.....	23	MEKINIST.....	23	METHYLCOBALAMIN.....	66
MARINOL.....	17	MEKTOVI.....	24	METHYLDOPA.....	36
marlissa.....	79	meloxicam.....	6	methylene blue.....	92
MARPLAN.....	16	melphalan hcl.....	24	methylergonovine maleate.....	92
MATULANE.....	23	memantine hcl.....	15	METHYLIN.....	39
MAVENCLAD.....	40	memantine hcl er.....	15	methylphenidate hcl.....	40
MAVYRET.....	29	MENATROL.....	66	methylphenidate hcl er.....	39
MAXALT.....	19	MENEST.....	79	methylphenidate hcl er (cd).....	39
MAXALT-MLT.....	19	MENOPUR.....	76	methylphenidate hcl er (la).....	40
MAXIDEX.....	97	MENOSTAR.....	79	methylphenidate hcl er (osm).....	40
MAXITROL.....	97	meperidine hcl.....	4	methylphenidate hcl er (xr).....	40
maxi-tuss ac.....	100	MEPILEX AG.....	45	methylprednisolone.....	74
MAYZENT.....	40	meprobamate.....	31	METHYLPREDNISOLONE	
MAYZENT STARTER PACK.....	40	MEPRON.....	26	ACETATE.....	74
MC 300 W/UNIVERSAL TUBING.....	92	MEPSEVII.....	71	methylprednisolone acetate.....	74
MC 300-MOUTHPIECE.....	92	mercaptapurine.....	24	methylprednisolone sodium succ.....	74
meclizine hcl.....	17	meropenem.....	11	METHYLPREDNISOLONE-	
MEDICAL COMPRESSION		MEROPENEM-SODIUM		BUPIVACAINE.....	74
STOCKINGS.....	92	CHLORIDE.....	11	metoclopramide hcl.....	17
MEDIHONEY WOUND & BURN		merzee.....	79	metolazone.....	36
DRESSING.....	45	mesalamine.....	86	metoprolol succinate er.....	36
MEDIHONEY WOUND/BURN		mesalamine er.....	86	metoprolol tartrate.....	36
DRESSING.....	45	mesalamine-cleanser.....	86	metoprolol-hydrochlorothiazide.....	36

Effective June 1, 2024

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

**ATRIUM HEALTH**

METROCREAM.....	45	minoxidil.....	36	MOVANTIK.....	70
METROGEL.....	45	mirabegron er.....	72	MOVIPREP.....	70
METROLOTION.....	45	MIRCERA.....	32	MOXIFLOXACIN HCL.....	11
metronidazole.....	11, 45	mirtazapine.....	16	moxifloxacin hcl.....	11, 97
metyrosine.....	36	MIRVASO.....	46	moxifloxacin hcl (2x day).....	97
mexiletine hcl.....	36	misoprostol.....	69	moxifloxacin hcl in nacl.....	11
MI PASTE.....	42	MITIGARE.....	19	MOZOBIL.....	32
MI PASTE PLUS.....	42	mitigo.....	4	MS CONTIN.....	5
MIACALCIN.....	87	mitomycin.....	24	MUCOTROL.....	92
mibelas 24 fe.....	79	MITOSOL.....	97	MULPLETA.....	32
micafungin sodium.....	18	mitoxantrone hcl.....	24	MULTAQ.....	36
MICAFUNGIN SODIUM-NACL.....	18	MM BLOOD GLUCOSE		MULTIPRO.....	66
MICARDIS.....	36	SYSTEM.....	57	MULTITOL-M.....	66
MICARDIS HCT.....	36	MM BLOOD GLUCOSE		MULTI-VIT-FLOR.....	66
miconazole 3.....	18	SYSTEM REFILL.....	57	MULTRYIS.....	66
MICRHOGAM ULTRA-		MM BLULINK GLUCOSE MONIT		mupirocin.....	11
FILTERED PLUS.....	85	SYS.....	57	MUSE.....	72
MICROAIR VIBRATING MESH		MM BLULINK GLUCOSE TEST ..	57	mutamycin.....	24
NEBUL.....	92	MM EASY TOUCH GLUCOSE ....	57	MVASI.....	24
MICROCHAMBER.....	92	MM EASY TOUCH GLUCOSE		MYALEPT.....	71
MICROCYN.....	46	METER.....	57	MYAMBUTOL.....	20
MICRODOT BLOOD GLUCOSE		modafinil.....	104	MYCAMINE.....	18
SYSTEM.....	57	moexipril hcl.....	36	MYCAPSSA.....	76
MICRODOT CONTROL		molindone hcl.....	28	MYCOBUTIN.....	20
HIGH/LOW.....	57	mometasone furoate.....	46, 100	mycophenolate mofetil.....	85
MICRODOT TEST.....	57	MONARCH ETNS SYSTEM.....	92	mycophenolate mofetil hcl.....	85
microgestin 1.5/30.....	79	mondoxyne nl.....	11	mycophenolate sodium.....	85
microgestin 1/20.....	79	MONJUVI.....	24	mycophenolic acid.....	85
microgestin 24 fe.....	79	MONOFERRIC.....	66	MYCOZYL AL.....	18
microgestin fe 1.5/30.....	79	MONOJECT FLUSH SYRINGE...66		MYDAYIS.....	40
microgestin fe 1/20.....	79	MONOJECT HYPODERMIC		MYFEMBREE.....	79
MICROLET NEXT LANCING		NEEDLE.....	92	MYFORTIC.....	85
DEVICE.....	57	MONOJECT MONODOSE ORAL		MYGLUCOHEALTH BLOOD	
MICRONEB.....	92	MED SYR.....	92	GLUCOSE.....	57
midodrine hcl.....	36	MONOJECT SODIUM		MYGLUCOHEALTH CONTROL...58	
MIEBO.....	99	CHLORIDE FLUSH.....	66	MYGLUCOHEALTH TEST.....	58
MIFEPREX.....	76	mono-lynyah.....	79	MYLERAN.....	24
mifepristone.....	76	MONOVISC.....	92	MYLOTARG.....	24
MIGERGOT.....	19	montelukast sodium.....	102	MYOBLOC.....	92
miglitol.....	48	MORPHINE SULFATE.....	4	MYRBETRIQ.....	72
miglustat.....	71	morphine sulfate.....	4	MYTESI.....	70
mili.....	79	morphine sulfate (concentrate).....	4	MYXREDLIN.....	62
milrinone lactate.....	36	morphine sulfate (pf).....	4	na ferric gluc cplx in sucrose.....	66
milrinone lactate in dextrose.....	36	morphine sulfate er.....	4	na sulfate-k sulfate-mg sulf.....	70
mimvey.....	79	morphine sulfate er beads.....	4	nabumetone.....	6
mineral oil heavy.....	70	MORPHINE SULFATE-NACL....	4, 5	nadolol.....	36
MINIPRESS.....	36	MOTEGRITY.....	70	nafcillin sodium.....	11
MINOCIN.....	11	MOTOFEN.....	70	NAFCILLIN SODIUM IN	
minocycline hcl.....	11	MOTPOLY XR.....	14	DEXTROSE.....	11
MINOLIRA.....	11	MOUNJARO.....	48	naftifine hcl.....	18

Effective June 1, 2024

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

**ATRIUM HEALTH**

NAGLAZYME.....	71	neo-polycin hc.....	99	NINLARO.....	24
nalbuphine hcl.....	5	NEOPROFEN.....	6	NIPENT.....	24
NALFON.....	6	NEORAL.....	85	nitazoxanide.....	26
NALMEFENE HCL.....	8	neostigmine methylsulfate.....	20	NITHIODOTE.....	93
naloxone hcl.....	8	NEOSTIGMINE.....		nitisinone.....	71
naltrexone hcl.....	8	METHYLSULFATE.....	20	NITRILE GLOVES LARGE.....	93
NAMENDA TITRATION PAK.....	15	NEO-SYNALAR.....	46	NITRIVIA.....	66
NAMENDA XR.....	15	NERIVIO.....	93	NITRO-BID.....	37
NAMZARIC.....	15	NERLYNX.....	24	NITROFURANTOIN.....	11
naproxen.....	6	NESACAINE.....	8	nitrofurantoin macrocrystal.....	11
naproxen dr.....	6	NESACAINE-MPF.....	8	nitrofurantoin monohydrate	
naproxen sodium.....	6	NESTABS DHA.....	66	macrocrystals.....	11
naratriptan hcl.....	19	NESTABS ONE.....	66	nitroglycerin.....	37
NARCAN.....	8	neuac.....	46	nitroglycerin in d5w.....	37
NARDIL.....	16	NEULASTA.....	32	NITROLINGUAL.....	37
NAROPIN.....	8	NEULASTA ONPRO.....	32	nitroprusside sodium.....	37
NASCOBAL.....	66	NEUPOGEN.....	32	NITROSTAT.....	37
NATACHEW.....	66	NEUPRO.....	27	NITYR.....	71
NATACYN.....	97	NEURONTIN.....	14	NIVA THYROID.....	80
NATAL PNV.....	66	NEUTEK 2TEK CONTROL.....	58	NIVESTYM.....	32
NATAZIA.....	79	NEUTEK 2TEK TEST.....	58	nizatidine.....	69
nateglinide.....	48	NEVANAC.....	97	NOCDURNA.....	76
NATESTO.....	75	nevirapine.....	29	nora-be.....	79
NATROBA.....	26	nevirapine er.....	29	NORDIPEN 5 INJECTION	
NAYZILAM.....	14	NEXAVAR.....	24	DEVICE.....	93
nebivolol hcl.....	37	NEXAVIR.....	93	NORDITROPIN FLEXPRO.....	76
NEB-RITE4.....	92	NEXIUM.....	69	norelgestromin-eth estradiol.....	79
NEBULIZER MASK ADULT.....	92	NEXIUM I.V.....	69	norepinephrine bitartrate.....	37
NEBULIZER MASK CHILD.....	93	NEXLETOL.....	37	NOREPINEPHRINE-DEXTROSE	37
NEBULIZER PED FROG.....	93	NEXLIZET.....	37	NOREPINEPHRINE-SODIUM	
NEBULIZER PED FROG KIT.....	93	NEXTERONE.....	37	CHLORIDE.....	37
NEBULIZER SYSTEM ALL-IN-		NEXTSTELLIS.....	79	norethin ace-eth estrad-fe.....	79
ONE.....	93	NEXVIAZYME.....	71	norethindrone.....	79
NEBUPENT.....	26	NGENLA.....	76	norethindrone acetate.....	79
NEBUSAL.....	100	niacin er (antihyperlipidemic).....	37	norethindrone acet-ethinyl est.....	79
necon 0.5/35 (28).....	79	NICADAN.....	66	norethindrone-eth estradiol.....	79
NEEVO DHA.....	66	nicardipine hcl.....	37	norethindron-ethinyl estrad-fe.....	79
nefazodone hcl.....	16	NICARDIPINE HCL IN NACL.....	37	norethin-eth estradiol-fe.....	79
nelarabine.....	24	NICAZEL.....	66	NORGESIC.....	104
NEOKE ALCAR.....	66	NICAZEL FORTE.....	66	NORGESIC FORTE.....	104
NEOKE RA LIPOIC.....	93	NICOMIDE.....	66	norgestimate-eth estradiol.....	79
neomycin sulfate.....	11	NICOTROL.....	8	norgestimate-ethinyl estradiol	
neomycin-bacitracin zn-polymyx.....	99	NICOTROL NS.....	8	triphasic.....	79
neomycin-polymyxin-dexameth.....	97	nifedipine.....	37	NORITATE.....	46
neomycin-polymyxin-gramicidin.....	99	nifedipine er.....	37	NORLIQVA.....	37
neomycin-polymyxin-hc.....	97, 99	nifedipine er osmotic release.....	37	norlyroc.....	79
NEONATAL + DHA.....	66	nikki.....	79	normal saline flush.....	66
NEONATAL COMPLETE.....	66	NILANDRON.....	24	NORM-JECT LUER SLIP	
NEONATAL FE.....	66	nilutamide.....	24	SYRINGE.....	93
neo-polycin.....	99	nimodipine.....	37	NORMLGEL AG.....	46

Effective June 1, 2024

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

**ATRIUM HEALTH**

NORPACE.....	37	NS-2 ELECTRIC PATCH		olanzapine-fluoxetine hcl.....	16
NORPACE CR.....	37	POUCH.....	93	olmesartan medoxomil.....	37
NORPRAMIN.....	16	NUBEQA.....	24	olmesartan medoxomil-hctz.....	37
nortrel 0.5/35 (28).....	79	NUCALA.....	102	olmesartan-amlodipine-hctz.....	37
nortrel 1/35 (21).....	79	NUCYNTA.....	5	olopatadine hcl.....	97
nortrel 1/35 (28).....	79	NUCYNTA ER.....	5	OLPRUVA (2 GM DOSE).....	71
nortrel 7/7/7.....	79	NUDEXTA.....	41	OLPRUVA (3 GM DOSE).....	71
nortriptyline hcl.....	16	NULIBRY.....	71	OLPRUVA (4 GM DOSE).....	72
NORVASC.....	37	NULOJIX.....	85	OLPRUVA (5 GM DOSE).....	72
NORVIR.....	29	NUPLAZID.....	28	OLPRUVA (6 GM DOSE).....	72
NOURIANZ.....	27	NURTEC.....	19	OLPRUVA (6.67 GM DOSE).....	72
NOVA MAX BLOOD GLUCOSE		NUSHIELD.....	46	OLUMIANT.....	85
SYSTEM.....	58	NUTRA-Z+.....	66	OMBRA COMPRESSOR ADULT.....	93
NOVA MAX GLUCOSE TEST.....	58	NUTRILIPID.....	66	OMBRA COMPRESSOR CHILD.....	93
NOVA MAX PLUS GLU/KET		NUTROPIN AQ NUSPIN 10.....	76	OMECLAMOX-PAK.....	70
CONTROL.....	58	NUTROPIN AQ NUSPIN 20.....	76	omega-3-acid ethyl esters.....	37
NOVACHOR.....	46	NUTROPIN AQ NUSPIN 5.....	76	omeprazole.....	69
NOVAREL.....	76	NUVARING.....	79	OMEPRAZOLE+SYRSPEND SF	
NOVITE.....	66	NUVESSA.....	11	ALKA.....	69
NOVOEIGHT.....	32	NUVIGIL.....	104	omeprazole-sodium bicarbonate..	69
NOVOFINE PEN NEEDLE.....	93	NUWIQ.....	32	OMNARIS.....	100
NOVOFINE PLUS PEN NEEDLE.....	93	NUZYRA.....	11	OMNIPOD 5 G6 INTRO (GEN 5).....	93
NOVOLIN 70/30 FLEXPEN.....	62	nyamyc.....	19	OMNIPOD 5 G6 PODS (GEN 5).....	93
NOVOLIN 70/30 FLEXPEN		nylia 1/35.....	79	OMNIPOD CLASSIC PODS	
RELION.....	62	nylia 7/7/7.....	79	(GEN 3).....	93
NOVOLIN 70/30 RELION.....	62	NYMALIZE.....	37	OMNIPOD DASH INTRO (GEN	
NOVOLIN 70/30 VIAL.....	62	nymyo.....	79	4).....	93
NOVOLIN N FLEXPEN.....	62	nystatin.....	19	OMNIPOD DASH PDM (GEN 4).....	93
NOVOLIN N FLEXPEN RELION.....	62	nystatin-triamcinolone.....	19	OMNIPOD DASH PODS (GEN	
NOVOLIN N RELION.....	63	nystop.....	19	4).....	93
NOVOLIN N VIAL.....	63	NYVEPRIA.....	32	OMNITROPE.....	76
NOVOLIN R FLEXPEN.....	63	OB COMPLETE ONE.....	66	OMVOH.....	85
NOVOLIN R FLEXPEN RELION.....	63	OB COMPLETE PETITE.....	66	ON CALL EXPRESS BLOOD	
NOVOLIN R RELION.....	63	OB COMPLETE PREMIER.....	66	GLUCOSE.....	58
NOVOLIN R VIAL.....	63	OBIZUR.....	32	ON CALL EXPRESS	
NOVOLOG 70/30 FLEXPEN		OALIVA.....	71	MONITORING SYS.....	58
RELION.....	63	ocella.....	79	ONCASPAR.....	24
NOVOLOG FLEXPEN.....	63	OCREVUS.....	40	ondansetron hcl.....	17
NOVOLOG FLEXPEN RELION.....	63	OCTAGAM.....	85	ondansetron odt.....	17
NOVOLOG MIX 70/30 FLEXPEN.....	63	octreotide acetate.....	76	ONE DROP BLOOD GLUCOSE	
NOVOLOG MIX 70/30 RELION.....	63	OCUFLOX.....	97	MONITOR.....	58
NOVOLOG MIX 70/30 VIAL.....	63	ODACTRA.....	93	ONE DROP TEST.....	58
NOVOLOG PENFILL.....	63	ODEFSEY.....	29	ONE FLOW SPIROMETER.....	93
NOVOLOG RELION.....	63	ODOMZO.....	24	ONETOUCH DELICA PLUS	
NOVOLOG U-100 VIAL.....	63	OFEV.....	102	LANCING.....	58
NOVOPEN ECHO.....	58	ofloxacin.....	11, 97, 99	ONETOUCH DELICA SAFETY	
NOVOSEVEN RT.....	32	OGIVRI.....	24	LANCING.....	58
NOXAFIL.....	19	OGSIVEO.....	24	ONETOUCH ULTRA 2 KIT	
np thyroid.....	80	OJJAARA.....	24	W/DEVICE.....	58
NPLATE.....	32	olanzapine.....	28	ONETOUCH ULTRA CONTROL.....	58

Effective June 1, 2024

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

**ATRIUM HEALTH**



ONETOUCH ULTRA TEST .....	58	ORENITRAM MONTH 2.....	103	OXYTROL.....	73
ONETOUCH ULTRA TEST STRIPS.....	58	ORENITRAM MONTH 3.....	103	OZEMPIC.....	48
ONETOUCH VERIO FLEX SYSTEM.....	58	ORFADIN.....	72	OZOBAX DS.....	104
ONETOUCH VERIO KIT W/DEVICE.....	58	ORGOVYX.....	24	PACERONE.....	37
ONETOUCH VERIO REFLECT KIT W/DEVICE.....	58	ORIAHNN.....	79	paclitaxel.....	24
ONEXTON.....	46	ORLISSA.....	76	PACLITAXEL PROTEIN-BOUND PART.....	24
ONFI.....	15	ORKAMBI.....	102	PADCEV.....	24
ONGENTYS.....	27	ORLADEYO.....	85	PAIN RELIEF WITH TENS S2000.....	93
ONGLYZA.....	48	ORLISTAT.....	41	PALFORZIA.....	93
ONIVYDE.....	24	orphenadrine citrate.....	104	paliperidone er.....	28
ONPATTRO.....	41	orphenadrine citrate er.....	104	palonosetron hcl.....	17
ONTRUZANT.....	24	ORPHENGESIC FORTE.....	104	PALYNZIQ.....	72
ONUREG.....	24	ORSERDU.....	24	pamidronate disodium.....	87
ONZETRA XSAIL.....	19	ORTHOVISC.....	93	PANCREAZE.....	72
OPDIVO.....	24	OSCIMIN.....	70	PANDA MASK LARGE.....	93
OPDUALAG.....	24	oseltamivir phosphate.....	29	PANDA MASK MEDIUM.....	93
OPFOLDA.....	72	OSMITROL.....	37	PANDA MASK SMALL.....	93
OPSUMIT.....	103	OSMOLEX ER.....	27	PANDEL.....	46
OPTICHAMBER DIAMOND.....	93	OSPHERA.....	76	PANRETIN.....	24
OPTICHAMBER DIAMOND-LG MASK.....	93	OTEZLA.....	85	pantoprazole sodium.....	69
OPTICHAMBER DIAMOND-MD MASK.....	93	OTREXUP.....	85	PANZYGA.....	85
OPTICHAMBER DIAMOND-SM MASK.....	93	OVIDE.....	26	PARAPLATIN.....	24
OPTIUMEZ TEST.....	58	OVIDREL.....	76	PARI ALTERA NEBULIZER HANDSET.....	93
OPTUNE.....	93	oxacillin sodium.....	11	PARI BABY NEBULIZER SET.....	93
OPTUNE LUA.....	93	OXACILLIN SODIUM IN DEXTROSE.....	11	PARI MASK SET.....	93
OPVEE.....	8	oxaliplatin.....	24	PARI PRONEB MAX LC PLUS.....	93
OPZELURA.....	46	oxaprozin.....	6	PARI PRONEB MAX LC SPRINT.....	93
ORABLOC.....	8	oxazepam.....	31	PARI TREK S COMBO PACK.....	93
ORACEA.....	46	OXBRYTA.....	93	PARI VORTEX ADULT MASK.....	93
ORACIT.....	66	oxcarbazepine.....	15	paricalcitol.....	87
ORAL CITRATE.....	66	OXERVATE.....	99	PARLODEL.....	27
ORALAIR.....	93	OXLUMO.....	72	PARNATE.....	16
ORALAIR ADULT STARTER PACK.....	93	OXTELLAR XR.....	15	paroxetine hcl.....	16
ORALAIR CHILDRENS STARTER PACK.....	93	oxybutynin chloride.....	72, 73	paroxetine hcl er.....	16
oralone.....	42	oxybutynin chloride er.....	72	PARSABIV.....	87
ORAMAGICRX.....	93	OXYCODONE HCL.....	5	PAXIL.....	16
ORBACTIV.....	11	oxycodone hcl.....	5	PAXIL CR.....	16
ORENCIA.....	85	OXYCODONE HCL ER.....	5	PAXLOVID (150/100).....	29
ORENCIA CLICKJECT.....	85	OXYCODONE-ACETAMINOPHEN.....	5	PAXLOVID (300/100).....	29
ORENITRAM.....	103	OXYCONTIN.....	5	pazopanib hcl.....	24
ORENITRAM MONTH 1.....	103	oxymorphone hcl.....	5	PEDIAPRED.....	74
		oxymorphone hcl er.....	5	PEDIATRIC COMPRESSOR NEBULIZER.....	94
		oxytocin.....	76	PEDIATRIC PANDA MASK.....	94
		OXYTOCIN-LACTATED RINGERS.....	76	PEDMARK.....	94
		OXYTOCIN-SODIUM CHLORIDE.....	76	peg 3350-kcl-na bicarb-nacl.....	70
				peg-3350/electrolytes.....	70

Effective June 1, 2024

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

**ATRIUM HEALTH**

peg-3350/electrolytes/ascorbat.....	70	PHARMACIST CHOICE NO		PIP GLUCOSE CONTROL	
PEGASYS.....	29	CODING.....	58	SOLUTION.....	58
peg-kcl-nacl-nasulf-na asc-c.....	70	PHEBURANE.....	72	PIP PEN NEEDLES 31G X 5MM..	94
PEG-PREP.....	71	phenazo.....	73	PIP PEN NEEDLES 32G X 4MM..	94
PEMAZYRE.....	24	phenazopyridine hcl.....	73	piperacillin sod-tazobactam so.....	11
PEMETREXED.....	24	phendimetrazine tartrate.....	41	PIQRAY.....	24
PEMETREXED DISODIUM.....	24	phendimetrazine tartrate er.....	41	pirfenidone.....	102
pemetrexed disodium.....	24	phenelzine sulfate.....	16	piroxicam.....	6
PEMETREXED		PHENERGAN.....	18	pitavastatin calcium.....	38
DITROMETHAMINE.....	24	phenobarbital.....	15	PITOCIN.....	76
PEMFEXY.....	24	phenobarbital sodium.....	15	PLAQUENIL.....	26
PEMGARDA.....	29	phenoxybenzamine hcl.....	37	PLAVIX.....	27
penicillamine.....	73	phentermine hcl.....	41	PLEGRIDY.....	40
PENICILLIN G POT IN		phentolamine mesylate.....	37	PLEGRIDY STARTER PACK.....	40
DEXTROSE.....	11	PHENYLEPHRINE HCL.....	37	PLENAMINE.....	66
penicillin g potassium.....	11	phenylephrine hcl.....	99	PLENVU.....	71
penicillin g sodium.....	11	PHENYLEPHRINE HCL		plerixafor.....	32
penicillin v potassium.....	11	(PRESSORS).....	37	PNV TABS 20-1.....	66
PENNSAID.....	6	phenylephrine hcl (pressors).....	37	POCKET SPACER.....	94
PENTAM.....	26	PHENYLEPHRINE HCL-NACL		POCKETCHEM EZ CONTROL... ..	58
pentamidine isethionate.....	26	.....	37, 38	POCKETCHEM EZ SYSTEM.....	58
PENTASA.....	86	phenytek.....	15	POCKETCHEM EZ TEST.....	58
pentazocine-naloxone hcl.....	5	phenytoin.....	15	podofilox.....	46
PENTETATE CALCIUM		phenytoin infatabs.....	15	POGO AUTOMATIC BLOOD	
TRISODIUM.....	94	phenytoin sodium.....	15	GLUCOSE.....	58
PENTETATE ZINC TRISODIUM..	94	phenytoin sodium extended.....	15	POGO AUTOMATIC TEST	
pentobarbital sodium.....	15	PHESGO.....	24	CARTRIDGES.....	58
pentoxifylline er.....	37	PHEXXI.....	94	POKONZA.....	66
PERCOCET.....	5	philith.....	79	POLIVY.....	24
PERFOROMIST.....	102	PHOSPHA 250 NEUTRAL.....	66	POLOCAINE.....	8
PERIDEX.....	42	phosphorous.....	66	POLOCAINE-MPF.....	8
PERIKABIVEN.....	66	phospho-trin 250 neutral.....	66	polycin.....	99
perindopril erbumine.....	37	PHOSPHO-TRIN K500.....	66	polymyxin b sulfate.....	11
periogard.....	42	PHOTOFRIN.....	24	polymyxin b-trimethoprim.....	99
PERJETA.....	24	PHOTREXA-PHOTREXA		POLY-VI-FLOR.....	66
permethrin.....	26	VISCOUS KIT.....	94	POLY-VI-FLOR/IRON.....	66
perphenazine.....	17	phytonadione.....	66	POMALYST.....	24
perphenazine-amitriptyline.....	16	PIFELTRO.....	29	POMBILITI.....	72
PERSERIS.....	28	pilocarpine hcl.....	42, 98	PONS MOUTHPIECE.....	94
PERTZYE.....	72	pimecrolimus.....	46	PONS SYSTEM.....	94
PETROLEUM GAUZE NON-		pimozide.....	28	PONVORY.....	40
WOVEN 3X9".....	46	pimtrea.....	79	PONVORY STARTER PACK.....	40
PFIZERPEN.....	11	pindolol.....	38	POP-ON INTERMEDIATE MALE	
PHARMACIST CHOICE		pioglitazone hcl.....	48	CATH.....	94
AUTOCODE.....	58	pioglitazone hcl-glimepiride.....	48	portia-28.....	79
PHARMACIST CHOICE		pioglitazone hcl-metformin hcl.....	48	PORTRAZZA.....	24
AUTOCODE SYS.....	58	PIP BLOOD GLUCOSE		posaconazole.....	19
PHARMACIST CHOICE MINI		MONITORING.....	58	potassium acetate.....	66
SYSTEM.....	58	PIP BLOOD GLUCOSE TEST		POTASSIUM ACETATE.....	66
		STRIP.....	58	potassium chloride.....	66, 67

Effective June 1, 2024

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

**ATRIUM HEALTH**

POTASSIUM CHLORIDE.....	67	PRENATE RESTORE.....	67	PROAIR RESPICLICK.....	102
potassium chloride crys er.....	66	PRENATRIX.....	67	probenecid.....	19
potassium chloride er.....	66	PRENATRYL.....	67	procainamide hcl.....	38
potassium citrate er.....	67	PRENATVITE COMPLETE.....	67	PROCARE SPACER/ADULT	
potassium phosphates.....	67	PREPIV SUPPLY.....	8	MASK.....	94
potassium phosphates(66 meq k).....	67	PRESTALIA.....	38	PROCARE SPACER/CHILD	
potassium phosphates(71 meq k).....	67	PRETOMANID.....	20	MASK.....	94
POTELIGEO.....	24	PREVACID.....	69	PROCENTRA.....	40
POVIDONE-IODINE.....	97	PREVACID SOLUTAB.....	69	prochlorperazine.....	18
POWDER FREE NITRILE		prevalite.....	38	prochlorperazine edisylate.....	18
GLOVES SM.....	94	PREVDUO.....	94	prochlorperazine maleate.....	18
PRADAXA.....	13	PREVIDENT.....	42	PROCRIT.....	32
PRALUENT.....	38	PREVIDENT 5000 BOOSTER		PROCTOFOAM HC.....	86
pramipexole dihydrochloride.....	27	PLUS.....	42	procto-med hc.....	86
PRAMOTIC.....	99	PREVIDENT 5000 DRY MOUTH.....	42	proctosol hc.....	86
prasugrel hcl.....	27	PREVIDENT 5000 ENAMEL		proctozone-hc.....	86
pravastatin sodium.....	38	PROTECT.....	42	PRODIGY AUTOCODE BLOOD	
praziquantel.....	26	PREVIDENT 5000 KIDS.....	42	GLUCOSE.....	59
prazosin hcl.....	38	PREVIDENT 5000 ORTHO		PRODIGY CONTROL	
PRECEDEX.....	94	DEFENSE.....	42	SOLUTION.....	59
PRECISION GLUCOSE		PREVIDENT 5000 PLUS.....	42	PRODIGY NO CODING BLOOD	
KETONE CONTR.....	58	PREVIDENT 5000 SENSITIVE.....	42	GLUC.....	59
PRECISION XTRA.....	58	PREVYMIS.....	29	PRODIGY POCKET BLOOD	
PRECISION XTRA BLOOD		PREZCOBIX.....	29	GLUCOSE.....	59
GLUCOSE.....	58	PREZISTA.....	29	PRODIGY VOICE BLOOD	
PRED FORTE.....	97	PRIFTIN.....	20	GLUCOSE.....	59
PRED MILD.....	97	PRIMACARE.....	67	PROFILNINE.....	32
prednisolone.....	74	primaquine phosphate.....	26	PROFOLA.....	67
prednisolone acetate.....	97	PRIMAXIN IV.....	11	progesterone.....	79
prednisolone sodium phosphate		primidone.....	15	PROGLYCEM.....	61
.....	74, 97	PRISMASOL B22GK 4/0.....	67	PROGRAF.....	85
prednisone.....	74	PRISMASOL BGK 0/2.5.....	67	PROLASTIN-C.....	102
pregabalin.....	41	PRISMASOL BGK 2/0.....	67	PROLENSA.....	97
PREGEN DHA.....	67	PRISMASOL BGK 2/3.5.....	67	PROLEUKIN.....	24
PREGENNA.....	67	PRISMASOL BGK 4/2.5.....	67	PROLIA.....	87
PREGNYL.....	76	PRISMASOL BK 0/0/1.2.....	67	PROMACTA.....	32
PREMARIN.....	79	PRISTIQ.....	16	promethazine hcl.....	18
PREMASOL.....	67	PRIVIGEN.....	85	promethazine vc.....	100
PREMIUM BLOOD GLUCOSE		PRO COMFORT SPACER		promethazine-codeine.....	100
TEST.....	58	ADULT.....	94	promethazine-dm.....	100
PREMPHASE.....	79	PRO COMFORT SPACER		promethegan.....	18
PREMPRO.....	79	CHILD.....	94	PROMETRIUM.....	79
prenatal.....	67	PRO COMFORT SPACER		propafenone hcl.....	38
PRENATE.....	67	INFANT.....	94	propafenone hcl er.....	38
PRENATE DHA.....	67	PRO COMFORT TENS UNIT.....	94	proparacaine hcl.....	99
PRENATE ELITE.....	67	PRO VOICE V8 GLUCOSE		PROPECIA.....	46
PRENATE ENHANCE.....	67	SYSTEM.....	59	propranolol hcl.....	38
PRENATE ESSENTIAL.....	67	PRO VOICE V8/V9 GLUCOSE.....	59	propranolol hcl er.....	38
PRENATE MINI.....	67	PRO VOICE V9 GLUCOSE		propylthiouracil.....	80
PRENATE PIXIE.....	67	SYSTEM.....	59	PROSCAR.....	73

Effective June 1, 2024

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

**ATRIUM HEALTH**

PROSOL.....	67	QUFLORA FE.....	67	REBIF REBIDOSE TITRATION	
PROSTIN VR.....	38	QUICKTEK.....	59	PACK.....	40
protamine sulfate.....	32	QUICKTEK CONTROL		REBIF TITRATION PACK.....	40
PROTONIX.....	69	SOLUTION.....	59	REBINYN.....	32
PROTOPAM CHLORIDE.....	94	QUICKTEK TEST.....	59	REBLOZYL.....	32
protriptyline hcl.....	16	QUICKTEK/METER.....	59	REBYOTA.....	71
PROVAYBLUE.....	94	QUILLICHEW ER.....	40	RECARBRIO.....	11
PROVENTIL HFA.....	102	QUILLIVANT XR.....	40	RECLAST.....	87
PROVERA.....	79	quinapril hcl.....	38	reclipsen.....	80
PROVIGIL.....	104	quinapril-hydrochlorothiazide.....	38	RECOMBINATE.....	32
PROZAC.....	16	quinidine gluconate er.....	38	RECORLEV.....	76
pseudoephedrine-bromphen-dm	100	quinidine sulfate.....	38	RECOTHROM.....	32
PTS PANELS EGLU TEST.....	59	quinine sulfate.....	26	RECOTHROM SPRAY KIT.....	32
PULMICORT FLEXHALER.....	102	QUINTET AC BLOOD		RECTIV.....	38
PULMICORT SUSPENSION.....	102	GLUCOSE.....	59	REFUAH PLUS BLOOD	
PULMOSAL.....	100	QUINTET AC BLOOD		GLUCOSE TEST.....	59
PULMOZYME.....	102	GLUCOSE TEST.....	59	REFUAH PLUS GLUCOSE	
PURE COMFORT SAFETY PEN		QUINTET BLOOD GLUCOSE		CONTROL.....	59
NEEDLE.....	94	SYSTEM.....	59	REFUAH PLUS MONITORING	
PURE COMFORT SPACER		QUINTET BLOOD GLUCOSE		SYSTEM.....	59
CHAMBER.....	94	TEST.....	59	REGENECARE.....	46
PURIXAN.....	24	QUINTET CONTROL		REGLAN.....	18
PYLERA.....	71	HIGH/NORMAL.....	59	REGONOL.....	20
pyrazinamide.....	20	QULIPTA.....	19	REGRANEX.....	46
pyridostigmine bromide.....	20	QUVIVIQ.....	104	RELAFEN DS.....	6
pyridostigmine bromide er.....	20	QVAR REDIHALER.....	102	RELENZA DISKHALER.....	29
pyridoxine hcl.....	67	RABEPRAZOLE SODIUM.....	69	RELEUKO.....	32
PYRIDOXINE HCL.....	67	rabeprazole sodium.....	69	RELION ALL-IN-ONE.....	59
pyrimethamine.....	26	RADIAPLEXRX.....	46	RELION BLOOD GLUCOSE	
PYRIMETHAMINE-		RADICAVA.....	41	TEST.....	59
LEUCOVORIN.....	26	RADICAVA ORS.....	41	RELION CONFIRM GLUCOSE	
PYROGALLIC ACID.....	46	RADICAVA ORS STARTER KIT..	41	MONITOR.....	59
PYRUKYND.....	32	RADIOGARDASE.....	94	RELION CONFIRM/MICRO	
PYRUKYND TAPER PACK.....	32	RAGWITEK.....	94	TEST.....	59
QBREXZA.....	46	raloxifene hcl.....	76	RELION MICRO.....	59
QDOLO.....	5	ramelteon.....	104	RELION PREMIER BLU	
QELBREE.....	40	ramipril.....	38	MONITOR.....	59
QINLOCK.....	24	ranolazine er.....	38	RELION PREMIER CLASSIC.....	59
QNASL.....	100	RAPAMUNE.....	85	RELION PREMIER COMPACT	
QNASL CHILDRENS.....	100	RAPIVAB.....	29	SYSTEM.....	59
QSYMIA.....	41	RAPPORT RLS.....	94	RELION PREMIER TEST.....	59
QTERN.....	48	RAPPORT VTD.....	94	RELION PREMIER VOICE	
QUALAQUIN.....	26	rasagiline mesylate.....	27	MONITOR.....	59
quazepam.....	31	RASUVO.....	85	RELION PRIME MONITOR.....	59
QUDEXY XR.....	15	RAVICTI.....	72	RELION PRIME TEST.....	59
QUELICIN.....	41	RAYA SURE PEN NEEDLE.....	94	RELION TRUE MET AIR GLUC	
QUESTRAN.....	38	RAYALDEE.....	87	METER.....	59
QUESTRAN LIGHT.....	38	RAYOS.....	74	RELION TRUE METRIX TEST	
quetiapine fumarate.....	28	REBIF.....	40	STRIPS.....	59
quetiapine fumarate er.....	28	REBIF REBIDOSE.....	40		

Effective June 1, 2024

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

**ATRIUM HEALTH**

RELION ULTIMA GLUCOSE SYSTEM.....	59	REZIPRES.....	38	rivelsa.....	80
RELION ULTIMA TEST.....	59	REZLIDHIA.....	24	RIXUBIS.....	32
RELISTOR.....	71	REZUROCK.....	85	rizatriptan benzoate.....	20
RELPAK.....	19	REZVOGLAR KWIKPEN.....	63	ROBAXIN.....	104
RELTONE.....	71	RHOFADE.....	46	ROCALTROL.....	87
RELYVRIO.....	41	RHOGAM ULTRA-FILTERED PLUS.....	85	ROCKLATAN.....	98
REMEDIENT.....	67	RHOPHYLAC.....	85	rocuronium bromide.....	41
REMERON.....	16	RHOPRESSA.....	98	ROCURONIUM BROMIDE.....	41
REMERON SOLTAB.....	17	RIABNI.....	24	roflumilast.....	102
REMESENSE.....	42	RIASTAP.....	32	ROLVEDON.....	32
REMICADE.....	85	ribavirin.....	29, 30	romidepsin.....	24
remifentanil hcl.....	5	RIDAURA.....	85	ropinirole hcl.....	27
REMODULIN.....	103	rifabutin.....	20	ropinirole hcl er.....	27
RENFLEXIS.....	85	RIFADIN.....	20	ropivacaine hcl.....	8
repaglinide.....	48	rifampin.....	20	ROPIVACAINE HCL.....	8
REPATHA.....	38	RIGHTEST GC300 CONTROL.....	59	ROPIVACAINE HCL-NACL.....	8
REPATHA PUSHTRONEX SYSTEM.....	38	RIGHTEST GM100 BLOOD GLUCOSE.....	59	rosuvastatin calcium.....	38
REPATHA SURECLICK.....	38	RIGHTEST GM300 BLOOD GLUCOSE.....	59	ROWASA.....	86
RESTASIS.....	99	RIGHTEST GM550 BLOOD GLUCOSE.....	59	roweepra.....	15
RESTASIS MULTIDOSE.....	99	RIGHTEST GS100 BLOOD GLUCOSE.....	59	ROXICODONE.....	5
RESTORA RX.....	71	RIGHTEST GS300 BLOOD GLUCOSE.....	60	ROXYBOND.....	5
RESTORIL.....	104	RIGHTEST GS550 BLOOD GLUCOSE.....	60	ROZLYTREK.....	24
RETACRIT.....	32	RIGHTEST GT333 BLOOD GLUCOSE.....	60	RUBRACA.....	24
RETAVASE.....	13	RIGHTEST GT333 GLUCOSE TEST.....	60	rufinamide.....	15
RETAVASE HALF-KIT.....	13	RILUTEK.....	41	RUKOBIA.....	30
RETEVMO.....	24	riluzole.....	41	RUSCH FLOCATH QUICK 16FR.....	94
RETIN-A.....	46	rimantadine hcl.....	30	RUXIENCE.....	24
RETIN-A MICRO GEL 0.04 %, 0.1 %.....	46	RIMSO-50.....	73	RYALTRIS.....	100
RETIN-A MICRO PUMP.....	46	RINVOQ.....	85	RYANODEX.....	104
RETROVIR.....	29	RIOMET.....	48	RYBELSUS.....	48
REUSABLE COMFORTSEAL MASK-LRG.....	94	risedronate sodium.....	87	RYBREVANT.....	24
REUSABLE COMFORTSEAL MASK-MED.....	94	RISPERDAL.....	28	RYDAPT.....	25
REUSABLE COMFORTSEAL MASK-SML.....	94	RISPERDAL CONSTA.....	28	RYKINDO.....	28
REVATIO.....	103	risperidone.....	28	RYLAZE.....	25
REVCovi.....	72	risperidone microspheres er.....	28	RYSTIGGO.....	94
REVLIMID.....	24	RITALIN.....	40	RYTARY.....	27
revonto.....	104	RITALIN LA.....	40	S.T. GENESIS NERVE STIMULATOR.....	94
REXALL BLOOD GLUCOSE SYSTEM.....	59	ritonavir.....	30	SABRIL.....	15
REXALL BLOOD GLUCOSE TEST.....	59	RITUXAN.....	24	SAFE-SENSE EARLOOP FACE MASK.....	94
REXULTI.....	28	RITUXAN HYCELA.....	24	SAFE-SENSE GLOVE-BLUE-NITRL-L.....	94
REYATAZ.....	29	rivastigmine tartrate.....	16	SAFE-SENSE GLOVE-BLUE-NITRL-M.....	94
REYVOW.....	20			SAFE-SENSE GLOVE-BLUE-NITRL-S.....	94
				SAFE-SENSE GLOVE-BLUE-NITRL-XL.....	94
				SAFETY PEN NEEDLES.....	94

Effective June 1, 2024

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

**ATRIUM HEALTH**

SAFYRAL.....	80	SEYSARA.....	11	SMARTEST BLOOD GLUCOSE	
SAIZEN.....	76	SEZABY.....	15	TEST.....	60
SALAGEN.....	42	sf.....	42	SMARTEST CONTROL	
saline bacteriostatic.....	94	sf 5000 plus.....	42	MEDIUM.....	60
SALINE-PHENOL.....	95	SFROWASA.....	86	SMARTEST EJECT.....	60
SAMSCA.....	67	sharobel.....	80	SMARTEST EJECT STARTER....	60
SANCUSO.....	18	SHARPS CONTAINER.....	95	SMARTEST PERSONA	
SANDIMMUNE.....	85	SIDESTREAM ADULT FACE		STARTER.....	60
SANDOSTATIN.....	76	MASK.....	95	SMARTEST PRONTO	
SANTYL.....	46	SIDESTREAM PEDIATRIC		STARTER.....	60
SAPHNELO.....	85	FACE MASK.....	95	SMARTEST PROTEGE.....	60
SAPHRIS.....	28	SIGNIFOR.....	76	SMARTEST PROTEGE	
sapropterin dihydrochloride.....	72	SIGNIFOR LAR.....	76	STARTER.....	60
SARCLISA.....	25	sildenafil citrate.....	73, 103	SMOFLIPID.....	67
SAVAYSA.....	13	SILIGENTLE AG FOAM		SOANZ.....	38
SAVELLA.....	41	DRESSING.....	46	sod benz-sod phenylacet.....	72
SAVELLA TITRATION PACK.....	41	SILIGENTLE AG SILVER FOAM		sod citrate-citric acid.....	67
SAVI DUAL.....	95	DRES.....	46	sodium acetate.....	67
saxagliptin hcl.....	48	SILIQ.....	85	sodium bicarbonate.....	67
saxagliptin-metformin er.....	48	silodosin.....	73	SODIUM BICARBONATE.....	67
SAXENDA.....	41	SILVADENE.....	12	sodium chloride.....	67, 100
SCSEMBLIX.....	25	silver sulfadiazine.....	12	SODIUM CHLORIDE.....	67
SCENESSE.....	46	SILVERSEAL HYDROGEL		sodium chloride (pf).....	67
SCLEROSOL INTRAPLEURAL..	102	DRESSING.....	46	sodium chloride bacteriostatic.....	95
scopolamine.....	18	SIMBRINZA.....	98	sodium chloride flush.....	67
SECUADO.....	28	simliya.....	80	SODIUM CITRATE.....	13
SEGLENTIS.....	5	simpesse.....	80	SODIUM CITRATE LOCK	
SEGLUROMET.....	48	SIMPONI.....	85	FLUSH.....	13
SELECT-OB.....	67	SIMPONI ARIA.....	85	SODIUM CITRATE-	
SELECT-OB+DHA.....	67	SIMULECT.....	85	GENTAMICIN SULF.....	13
selegiline hcl.....	27	simvastatin.....	38	SODIUM EDECIN.....	38
selenium sulfide.....	46	SINEMET.....	27	sodium fluoride.....	42, 67
SELZENTRY.....	30	SINGULAIR.....	102	sodium fluoride 5000 plus.....	42
SEMGLEE (YFGN).....	63	sirolimus.....	85	sodium fluoride 5000 ppm.....	42
SENSIPAR.....	87	SIRTURO.....	20	SODIUM IODIDE I-131.....	81
SENSORCAINE.....	8	SIVEXTRO.....	12	sodium nitrite.....	95
SENSORCAINE/EPINEPHRINE....	8	SKINEEZ TED STOCKINGS.....	95	sodium nitroprusside.....	38
SENSORCAINE-MPF.....	8	SKYCLARYS.....	39	SODIUM OXYBATE.....	104
SENSORCAINE-		SKYRIZI.....	85	sodium phenylbutyrate.....	72
MPF/EPINEPHRINE.....	8	SKYRIZI PEN.....	85	sodium phosphates.....	67
SEREVENT DISKUS.....	102	SKYTROFA.....	76	sodium polystyrene sulfonate.....	67
SEROQUEL.....	28	SLYND.....	80	sodium saccharin.....	95
SEROQUEL XR.....	28	SMART SENSE PREMIUM		sodium thiosulfate.....	95
SEROSTIM.....	71	SYSTEM.....	60	SOFOSBUVIR-VELPATASVIR....	30
SERTRALINE HCL.....	17	SMART SENSE PREMIUM		SOGROYA.....	76
sertraline hcl.....	17	TEST.....	60	SOHONOS.....	95
setlakin.....	80	SMART SENSE VALUE		SOLESTA.....	95
sevelamer carbonate.....	73	GLUCOSE SYS.....	60	solifenacin succinate.....	73
sevelamer hcl.....	73	SMART SENSE VALUE TEST....	60	SOLIQUA.....	48
SEVENFACT.....	32			SOLIRIS.....	32

Effective June 1, 2024

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

**ATRIUM HEALTH**

SOLODYN.....	12	sterile water for injection.....	95	SURGICAL FACE MASK/NIOSH	
SOLOSEC.....	12	STERITALC.....	102	N95.....	95
SOLTAMOX.....	25	STIMUFEND.....	32	SURGICEL FIBRILLAR.....	95
SOLU-CORTEF.....	74	STIOLTO RESPIMAT.....	102	SURGICEL NU-KNIT.....	95
SOLU-MEDROL.....	74	STIVARGA.....	25	SURGICEL SNOW 1"X2".....	95
SOLU-MEDROL (PF).....	74	STRATTERA.....	40	SURGICEL SNOW 2"X4".....	95
SOLUS V2 BLOOD GLUCOSE		STRENSIQ.....	72	SURGICEL SNOW 4"X4".....	95
SYSTEM.....	60	streptomycin sulfate.....	12	SURGIFOAM.....	95
SOLUS V2 CONTROL.....	60	STRIBILD.....	30	SURVANTA.....	100
SOLUS V2 TEST.....	60	STRIVE DUAL ZONE PEAK		SUSTOL.....	18
SOMA.....	104	FLOW MTR.....	95	SUSVIMO (IMPLANT 1ST FILL)..	99
SOMATULINE DEPOT.....	76	STRIVERDI RESPIMAT.....	102	SUSVIMO (IMPLANT REFILL)....	99
SOMAVERT.....	76	STROMEKTOL.....	27	SUTAB.....	71
SOOLANTRA.....	46	SUBLOCADE.....	8	SUTENT.....	25
sorafenib tosylate.....	25	SUBOXONE.....	8	syeda.....	80
SORILUX.....	46	subvenite.....	15	SYFOVRE.....	99
SOTALOL HCL.....	38	subvenite starter kit-blue.....	15	SYLVANT.....	25
sotalol hcl.....	38	subvenite starter kit-green.....	15	SYMBICORT.....	102
sotalol hcl (af).....	38	subvenite starter kit-orange.....	15	SYMBYAX.....	17
SOTYKTU.....	85	SUCCINYLCHOLINE		SYMDEKO.....	102
SOTYLIZE.....	38	CHLORIDE.....	41	SYMFI.....	30
SOVALDI.....	30	succinylcholine chloride.....	41	SYMFI LO.....	30
SPARKY THE DOG PED		SUCRAID.....	72	SYMLINPEN 120.....	48
NEBULIZER.....	95	sucrafate.....	69	SYMLINPEN 60.....	48
SPEVIGO.....	86	SUFLAVE.....	71	SYMPAZAN.....	15
SPILL KIT/CHEMOTHERAPY.....	95	sulfacetamide sodium.....	97	SYMPROIC.....	71
spinosad.....	26	sulfacetamide sodium (acne).....	46	SYMTUZA.....	30
SPIRIVA HANDIHALER.....	102	sulfacetamide sodium-sulfur.....	46	SYNAGIS.....	86
SPIRIVA RESPIMAT.....	102	sulfacetamide-prednisolone.....	99	SYNALAR.....	46
spironolactone.....	38	sulfadiazine.....	12	SYNAREL.....	76
spironolactone-hctz.....	38	sulfamethoxazole-trimethoprim.....	12	SYNDROS.....	18
SPORANOX.....	19	SULFAMYLON.....	12	SYNJARDY.....	48
SPRAVATO (56 MG DOSE).....	17	sulfasalazine.....	86	SYNJARDY XR.....	48
SPRAVATO (84 MG DOSE).....	17	sulfatrim pediatric.....	12	SYNOJOYNT.....	95
sprintec 28.....	80	sulfurated lime.....	27	SYNTHROID.....	81
SPRIX.....	6	sulindac.....	6	SYNVISC.....	95
SPRYCEL.....	25	sumatriptan.....	20	SYNVISC ONE.....	95
SPS.....	68	sumatriptan succinate.....	20	SYRINGE AVITENE.....	95
sronyx.....	80	sumatriptan succinate refill		SYRINGE LUER LOCK.....	95
ssd.....	12	subcutaneous solution cartridge...	20	SYRINGE LUER SLIP.....	95
STEGLATRO.....	48	sunitinib malate.....	25	SYRINGE PRECISEDOSE	
STEGLUJAN.....	48	SUNLENCA.....	30	DISPENSER.....	95
STELARA.....	86	SUNOSI.....	104	T.E.D. ANTI-EMBOLISM	
STENDRA.....	73	SUPARTZ FX.....	95	STOCKINGS.....	95
STERILE DILUENT FLOLAN PH		SUPPRELIN LA.....	76	T.E.D. KNEE LENGTH/LARGE...	95
12.....	95	SUPREME II HIGH/LOW		TABLOID.....	25
STERILE DILUENT FOR		CONTROL.....	60	TABRECTA.....	25
REMODULIN.....	95	SUPREME TEST.....	60	TACHOSIL.....	95
STERILE TALC POWDER.....	102	SUPREP BOWEL PREP KIT.....	71	TACLONEX.....	46
STERILE TOPICAL L.E.T. GEL.....	8			tacrolimus.....	46, 86

Effective June 1, 2024

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

**ATRIUM HEALTH**

tadalafil.....	73	telmisartan.....	38	thioridazine hcl.....	28
tadalafil (pah).....	103	telmisartan-amlodipine.....	38	thiotepa.....	25
TADLIQ.....	103	telmisartan-hctz.....	38	thiothixene.....	28
TAFINLAR.....	25	temazepam.....	104	THROMBI-GEL 10.....	95
tafluprost (pf).....	98	TEMBEXA.....	30	THROMBI-GEL 100.....	95
TAGRISSE.....	25	TEMODAR.....	25	THROMBI-GEL 40.....	95
TAI DOC CONTROL.....	60	temozolomide.....	25	THROMBIN-JMI.....	32
TAKHZYRO.....	86	TEMPO REFILL.....	60	THROMBIN-JMI EPISTAXIS.....	32
TALICIA.....	71	TEMPO SMART BUTTON.....	60	THROMBI-PAD.....	95
TALTZ.....	86	TEMPO WELCOME.....	60	THROMBOGEN.....	32
TALVEY.....	25	temsirolimus.....	86	THYMOGLOBULIN.....	86
TALZENNA.....	25	TENCON.....	5	THYQUIDITY.....	81
TAMIFLU.....	30	tenofovir disoproxil fumarate.....	30	thyroid.....	81
tamoxifen citrate.....	25	TENORETIC 100.....	38	tiadylt er.....	38
tamsulosin hcl.....	73	TENORETIC 50.....	38	tiagabine hcl.....	15
TARGADOX.....	12	TENORMIN.....	38	TIAZAC.....	38
TARGRETIN.....	25	TEPADINA.....	25	TIBSOVO.....	25
tarina 24 fe.....	80	TEPEZZA.....	76	TICE BCG.....	25
tarina fe 1/20 eq.....	80	TEPMETKO.....	25	TIGAN.....	18
TARPEYO.....	86	terazosin hcl.....	73	tigecycline.....	12
TASCENSO ODT.....	40	terbinafine hcl.....	19	TIKOSYN.....	38
TASIGNA.....	25	terbutaline sulfate.....	102	tilia fe.....	80
tasimelteon.....	104	terconazole.....	19	timolol maleate.....	38, 98
TASMAR.....	27	teriflunomide.....	40	timolol maleate (once-daily).....	98
TAURINE.....	68	teriparatide.....	87	timolol maleate ocudose.....	98
tavorole.....	19	teriparatide (recombinant).....	87	timolol maleate pf.....	98
TAVALISSE.....	32	TERIPARATIDE		TIMOPTIC OCUDOSE.....	98
TAVNEOS.....	95	(RECOMBINANT).....	87	tinidazole.....	12
taysofy.....	80	TESTIM.....	75	tiopronin.....	73
TAYTULLA.....	80	TESTOPEL.....	75	tiotropium bromide monohydrate.....	102
tazarotene.....	46	testosterone.....	75	tirofiban hcl in nacl.....	27
TAZAROTENE.....	46	testosterone cypionate.....	75	TIROSINT.....	81
tazicef.....	12	testosterone enanthate.....	75	TIROSINT-SOL.....	81
TAZICEF.....	12	tetrabenazine.....	42	TISSEEL.....	95
TAZORAC.....	46	tetracaine hcl.....	8, 99	TIVDAK.....	25
taztia xt.....	38	tetracycline hcl.....	12	TIVICAY.....	30
TAZVERIK.....	25	TEZSPIRE.....	102	TIVICAY PD.....	30
TECENTRIQ.....	25	TGT BLOOD GLUCOSE		tizanidine hcl.....	104
TECFIDERA.....	40	MONITORING.....	60	TLANDO.....	75
TECHLITE LANCETS 26G.....	60	TGT BLOOD GLUCOSE TEST ...	60	TM-DAILY VITE.....	68
TECVAYLI.....	25	THALITONE.....	38	TM-VITE RX.....	68
TEFLARO.....	12	THALOMID.....	25	TNKASE.....	13
TEGLUTIK.....	41	THAM.....	68	TOBI NEBULIZER.....	102
TEGRETOL.....	15	THE LIQUILIFT TRACE.....	68	TOBI PODHALER.....	102
TEGRETOL-XR.....	15	THEO-24.....	102	TOBRADEX.....	97
TEGSEDI.....	41	theophylline.....	102	TOBRADEX ST.....	97
TEKURNA.....	38	theophylline er.....	102	tobramycin.....	97, 102, 103
TELFA AMD ISLAND		thiamine hcl.....	68	TOBRAMYCIN.....	103
DRESSING.....	95	THIOLA.....	73	tobramycin sulfate.....	12
TELFA AMD NON-ADHERENT ...	95	THIOLA EC.....	73	tobramycin-dexamethasone.....	97

Effective June 1, 2024

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

**ATRIUM HEALTH**



TOBEX	97	treprostinil	103	TRISTART DHA	68
TOLAK	46	TRESIBA	63	TRIUMEQ	30
tolcapone	27	TRESIBA FLEXTOUCH	63	TRIUMEQ PD	30
TOLSURA	19	tretinoin	25, 46	TRIVISC	95
tolterodine tartrate	73	tretinoin microsphere	47	trivora (28)	80
tolterodine tartrate er	73	tretinoin microsphere pump	47	tri-vylibra	80
tolvaptan	68	TRETTEN	32	tri-vylibra lo	80
TOPAMAX	15	TREXALL	86	TRODELVY	25
TOPAMAX SPRINKLE	15	TREXIMET	20	TROGARZO	30
TOPICAL L.E.T	8	TREZIX	5	TROKENDI XR	15
TOPICORT	46	triamcinolone acetonide	42, 47, 74	TRONVITE	68
TOPICORT SPRAY	46	TRIAMCINOLONE ACETONIDE	74	TROPHAMINE	68
topiramate	15	TRIAMCINOLONE DIACETATE	74	TROPICAMIDE-	
topiramate er	15	TRIAMCINOLONE-		PHENYLEPHRINE	99
topotecan hcl	25	BUPIVACAINE	74	TROPIC-CYCLOPENT-PE-	
TOPROL XL	38	TRI-AMINO	68	KETOROLAC	99
toremifene citrate	25	triamterene	38	tropium chloride	73
TORISEL	86	triamterene-hctz	38, 39	tropium chloride er	73
toremide	38	triazolam	31	TRUDHESA	20
TOSYMRA	20	TRIBENZOR	39	TRUE FOCUS BLOOD	
TOUJEO MAX SOLOSTAR	63	TRICITRASOL	13	GLUCOSE METER	60
TOUJEO SOLOSTAR	63	tricitrates	68	TRUE FOCUS BLOOD	
TOVIAZ	73	TRICOR	39	GLUCOSE STRIP	60
TPOXX	30	triderm	47	TRUE METRIX AIR GLUCOSE	
TRACLEER	103	trientine hcl	68	METER	60
TRADJENTA	48	tri-estarylla	80	TRUE METRIX BLOOD	
TRALEMENT	68	trifluoperazine hcl	28	GLUCOSE TEST	60
TRAMADOL HCL (ER		trifluridine	97	TRUE METRIX GO GLUCOSE	
BIPHASIC)	5	trihexyphenidyl hcl	27	METER	60
tramadol hcl (er biphasic)	5	TRIJARDY XR	48	TRUE METRIX LEVEL 1	60
tramadol hcl er	5	TRIKAFTA	103	TRUE METRIX LEVEL 2	60
TRAMADOL HCL IR	5	tri-legest fe	80	TRUE METRIX LEVEL 3	60
tramadol hcl ir	5	TRILEPTAL	15	TRUE METRIX METER	60
tramadol-acetaminophen	5	tri-linyah	80	TRUE METRIX PRO BLOOD	
trandolapril	38	TRILIPIX	39	GLUCOSE	60
trandolapril-verapamil hcl er	38	tri-lo-estarylla	80	TRUE MULTIVITAMIN	68
tranexamic acid	32	tri-lo-marzia	80	TRUECONTROL GLUCOSE	
tranexamic acid-nacl	32	tri-lo-mili	80	CONT LEV 0	60
TRANSDERM-SCOP	18	tri-lo-sprintec	80	TRUECONTROL GLUCOSE	
tranlycypromine sulfate	17	TRILURON	95	CONT LEV 1	60
TRAVASOL	68	trimethobenzamide hcl	18	TRUERESULT BLOOD	
TRAVATAN Z	98	trimethoprim	12	GLUCOSE	60
travoprost (bak free)	98	tri-mili	80	TRUETEST TEST	60
TRAZIMERA	25	trimipramine maleate	17	TRUETRACK BLOOD	
trazodone hcl	17	TRINTELLIX	17	GLUCOSE	60
TREANDA	25	tri-nymyo	80	TRUETRACK SMART SYSTEM	60
TRECTOR	20	TRIPTODUR	76	TRUETRACK TEST	60
TRELEGY ELLIPTA	102	TRISENOX	25	TRULANCE	71
TRELSTAR MIXJECT	76	TRISODIUM CITRATE/CRRT	68	TRULICITY	48
TREMFYA	86	tri-sprintec	80	TRUQAP	25

Effective June 1, 2024

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

**ATRIUM HEALTH**

TRUVADA.....	30	UNISTRIP1 GENERIC.....	60	VAPRO PLUS CATHETER	
TRUXIMA.....	25	unithroid.....	81	14FR/8".....	96
TRUZONE PEAK FLOW METER.....	95	UNITUXIN.....	25	varenicline tartrate.....	8
TUDORZA PRESSAIR.....	102	UPLIZNA.....	86	varenicline tartrate (starter).....	8
TUKYSA.....	25	UPNEEQ.....	97	varenicline tartrate(continue).....	8
TURALIO.....	25	UPTRAVI.....	103	VARITHENA.....	39
turqoz.....	80	UPTRAVI TITRATION.....	103	VARUBI (180 MG DOSE).....	18
TWIRLA.....	80	urea.....	47	VASCEPA.....	39
TWYNEO.....	47	uretron d/s.....	73	vasopressin.....	76
TYBLUME.....	80	UROCIT-K 10.....	68	vasopressin +rfid.....	76
TYBOST.....	30	UROCIT-K 15.....	68	VASOPRESSIN-SODIUM	
tydemy.....	80	UROCIT-K 5.....	68	CHLORIDE.....	76
TYGACIL.....	12	URSO 250.....	71	VASOSTRICT.....	76
TYMLOS.....	87	URSO FORTE.....	71	VAZCULEP.....	39
TYRVAYA.....	99	URSODIOL.....	71	VECAMYL.....	39
TYSABRI.....	40	ursodiol.....	71	VECTIBIX.....	25
TYVASO.....	103	UVADEX.....	25	VECTICAL.....	47
TYVASO DPI INSTITUTIONAL		UZEDY.....	28	VECURONIUM BROMIDE.....	42
KIT.....	103	VABOMERE.....	12	vecuronium bromide.....	42
TYVASO DPI MAINTENANCE		VABYSMO.....	99	VEGZELMA.....	25
KIT.....	103	VAGIFEM.....	80	VEKLURY.....	30
TYVASO DPI TITRATION KIT.....	103	valacyclovir hcl.....	30	VELCADE.....	25
TYVASO REFILL.....	103	VALCHLOR.....	25	VELETRI.....	103
TYVASO STARTER.....	103	valganciclovir hcl.....	30	velivet.....	80
TZIELD.....	48	VALIUM.....	31	VELPHORO.....	73
UBRELVY.....	20	valproate sodium.....	15	VELSIPITY.....	86
UCERIS.....	86	valproic acid.....	15	VELTASSA.....	68
UDENYCA.....	32	valrubicin.....	25	VEMLIDY.....	30
UDENYCA ONBODY.....	32	VALSARTAN.....	39	VENCLEXTA.....	25
UDSX MEDICATED SYSTEM.....	95	valsartan.....	39	VENCLEXTA STARTING PACK..	25
UDSXMP MEDICATED SYSTEM.....	95	valsartan-hydrochlorothiazide.....	39	VENELEX.....	47
ULTIGUARD SAFEPACK		VALSTAR.....	25	VENEXA.....	68
SYR/NEEDLE.....	63	VALTOCO.....	15	VENEXA FE.....	68
ULTIVA.....	5	VALTrex.....	30	VENIPUNCTURE PX1	
ULTOMIRIS.....	32	VANCOGIN.....	12	PHLEBOTOMY.....	8
ULTRAFOAM SPONGE		vancomycin hcl.....	12	VENLAFAXINE BESYLATE ER...	17
2X6.25X7CM.....	95	VANCOMYCIN HCL IN		venlafaxine hcl.....	17
ULTRAFOAM SPONGE		DEXTROSE.....	12	venlafaxine hcl er.....	17
8X12.5X1CM.....	96	vancomycin hcl in dextrose.....	12	VENOFER.....	68
ULTRAFOAM SPONGE		vancomycin hcl in nacl.....	12	VENTAVIS.....	103
8X12.5X3CM.....	96	VANCOMYCIN HCL IN NACL.....	12	VENTOLIN HFA.....	102
ULTRAFOAM SPONGE		VANDAZOLE.....	12	VENTRIXYL.....	68
8X25X1CM.....	96	VANFLYTA.....	25	VENTRIXYL FE.....	68
ULTRAFOAM SPONGE		VANISH.....	42	VEOPOZ.....	86
8X6.25X1CM.....	96	VAPRO PLUS CATHETER		VEOZAH.....	96
ULTRAVATE.....	47	12FR/16".....	96	verapamil hcl.....	39
UNASYN.....	12	VAPRO PLUS CATHETER		verapamil hcl er.....	39
UNIFINE PROTECT PEN		12FR/8".....	96	VERASENS BLOOD GLUCOSE	
NEEDLE.....	96	VAPRO PLUS CATHETER		METER.....	60
UNISTRIP CONTROL.....	60	14FR/16".....	96		

Effective June 1, 2024

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

**ATRIUM HEALTH**

VERASENS BLOOD GLUCOSE SYSTEM.....	61	VIMOVO.....	6	VIVELLE-DOT.....	80
VERASENS BLOOD GLUCOSE TEST.....	61	VIMPAT.....	15	VIVIMUSTA.....	25
VERASENS GLUCOSE CONTROL.....	61	vinblastine sulfate.....	25	VIVITROL.....	8
VERELAN.....	39	vincristine sulfate.....	25	VIVJOA.....	19
VERELAN PM.....	39	vinorelbine tartrate.....	25	VIZIMPRO.....	25
VERIFINE INSULIN PEN NEEDLE.....	96	VIOKACE.....	72	VOCABRIA.....	30
VERIFINE INSULIN SYRINGE.....	63	viorele.....	80	VOGELXO.....	75
VERIFINE PLUS PEN NEEDLE.....	96	VIRACEPT.....	30	VOGELXO PUMP.....	75
VERIFINE SAFE LANCET MINI 21G.....	61	VIRAZOLE.....	30	volnea.....	80
VERIFINE SAFE LANCET MINI 23G.....	61	VIREAD.....	30	VONJO.....	25
VERIFINE SAFE LANCET MINI 28G.....	61	VISCO-3.....	96	VONVENDI.....	32
VERIFINE SAFE LANCET MINI 30G.....	61	VISTARIL.....	31	VOQUEZNA.....	69
VERKAZIA.....	99	VISTOGARD.....	96	VOQUEZNA DUAL PAK.....	71
VERQUVO.....	39	VISUDYNE.....	99	VOQUEZNA TRIPLE PAK.....	71
VERSACLOZ.....	28	VITAFOL FE+.....	68	VORAXAZE.....	25
VERSAPAP.....	96	VITAFOL GUMMIES.....	68	voriconazole.....	19
VERSAPAP W/UNIVERSAL TUBING.....	96	VITAFOL ULTRA.....	68	VORTEX VALVED HOLDING CHAMBER.....	96
VERZENIO.....	25	VITAFOL-NANO.....	68	VOSEVI.....	30
VESICARE.....	73	VITAFOL-OB.....	68	VOTRIENT.....	25
VESICARE LS.....	73	VITAFOL-OB+DHA.....	68	VOWST.....	71
vestura.....	80	VITAFOL-ONE.....	68	VOXZOGO.....	72
VFEND.....	19	VITAMEDMD ONE RX/QUATREFOLIC.....	68	VPRIV.....	72
VFEND IV.....	19	VITAMEDMD REDICHEW RX.....	68	VRAYLAR.....	28
VIAGRA.....	73	vitamin d (ergocalciferol).....	68	VTAMA.....	47
VIBATIV.....	12	vitamin k1.....	68	VUITY.....	98
VIBERZI.....	71	VITA-PAC.....	68	VUMERITY.....	40
VIBRAMYCIN.....	12	VITAPEARL.....	68	VYEPTI.....	20
VIBRANT.....	71	VITASURE.....	68	vyfemla.....	80
VIBRANT STARTER KIT.....	71	VITATHELY WITH GINGER.....	68	VYLEESI.....	42
VICTOZA.....	48	VITATRUE.....	68	vylibra.....	80
VIDAZA.....	25	VITRAKVI.....	25	VYNDAMAX.....	39
vienva.....	80	VITRAMYN.....	68	VYNDAQEL.....	39
vigabatrin.....	15	VITRANOL.....	68	VYONDYS 53.....	72
vigadrone.....	15	VITRANOL FE.....	68	VYTORIN.....	39
VIGAMOX.....	97	VITREXATE.....	68	VYVANSE.....	40
vigpoder.....	15	VITREXATE FE.....	68	VYVGART.....	96
VIIBRYD.....	17	VITREXYL.....	68	VYVGART HYTRULO.....	96
VIJOICE.....	25	VITREXYL + IRON.....	68	VYXEOS.....	25
vilazodone hcl.....	17	VIVAGUARD INO CONTROL SOLUTION.....	61	VYZULTA.....	98
VILTEPSO.....	72	VIVAGUARD INO GLUCOSE METER.....	61	WAKIX.....	104
VIMIZIM.....	72	VIVAGUARD INO SMART GLUC METER.....	61	warfarin sodium.....	13
		VIVAGUARD INO TEST STRIPS.....	61	WAVESENSE AMP.....	61
		VIVAGUARD LANCETS 30G.....	61	WEGOVY.....	42
		VIVAGUARD LANCING DEVICE.....	61	WELCHOL.....	39
		VIVAGUARD SAFETY LANCETS 28G.....	61	WELIREG.....	25
				WELLBUTRIN SR.....	17
				WELLBUTRIN XL.....	17
				WELLFOLA.....	68
				wera.....	80

Effective June 1, 2024

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

**ATRIUM HEALTH**

wes-phos 250 neutral.....	68	XEROFORM PETROLATUM		YERVOY.....	26
WESTGEL DHA.....	68	DRES 5"X9".....	47	YONDELIS.....	26
WILATE.....	32	XEROFORM PETROLATUM		YONSA.....	26
WINLEVI.....	47	ROLL 4"X9'.....	47	YOSPRALA.....	27
WINRHO SDF.....	86	XGEVA.....	87	YUFLYMA (1 PEN).....	86
wixela inhub.....	102	XHANCE.....	100	YUFLYMA (2 PEN).....	86
wymzya fe.....	80	XIAFLEX.....	96	YUFLYMA (2 SYRINGE).....	86
WYNZORA.....	47	XIFAXAN.....	13	YUFLYMA-CD/UC/HS STARTER	86
XACIATO.....	12	XIGDUO XR.....	48	YUPELRI.....	102
XALATAN.....	98	XIIDRA.....	99	YUSIMRY.....	86
XALIX.....	47	XOFIGO.....	25	yuvafem.....	80
XALKORI.....	25	XOFLUZA (40 MG DOSE).....	30	zafemy.....	80
XANAX.....	31	XOFLUZA (80 MG DOSE).....	30	zafirlukast.....	102
XANAX XR.....	31	XOLAIR.....	102	zaleplon.....	104
XARELTO.....	13	XOPENEX HFA.....	102	ZALTRAP.....	26
XARELTO STARTER PACK.....	13	XOSPATA.....	25	ZALVIT.....	68
XATMEP.....	86	XPHOZAH.....	96	ZANAFLEX.....	104
XCOPRI.....	15	XPOVIO (100 MG ONCE		ZANOSAR.....	26
XDEMVI.....	97	WEEKLY).....	26	ZARONTIN.....	15
XELJANZ.....	86	XPOVIO (40 MG ONCE		ZARXIO.....	32
XELJANZ XR.....	86	WEEKLY).....	26	ZAVZPRET.....	20
XELPROS.....	98	XPOVIO (40 MG TWICE		ZEGALOGUE.....	61
XELSTRYM.....	40	WEEKLY).....	26	ZEGERID.....	69
XEMBIFY.....	86	XPOVIO (60 MG ONCE		ZEJULA.....	26
XENICAL.....	42	WEEKLY).....	26	ZELBORAF.....	26
XEOMIN.....	96	XPOVIO (60 MG TWICE		ZELDANA.....	68
XEPI.....	12	WEEKLY).....	26	ZEMAIRA.....	102
XERAC AC.....	47	XPOVIO (80 MG ONCE		ZEMBRACE SYMTOUCH.....	20
XERAVA.....	12	WEEKLY).....	26	ZEMDRI.....	13
XERMELO.....	71	XPOVIO (80 MG TWICE		ZEMPLAR.....	87
XEROFORM OCCLUSIVE		WEEKLY).....	26	zenatane.....	47
GAUZE PATCH.....	47	XTAMPZA ER.....	5	ZENIFIBER AG.....	47
XEROFORM OIL EMULSION		XTANDI.....	26	ZENIFOAM AG.....	47
2"X2".....	47	xulane.....	80	ZENPEP.....	72
XEROFORM OIL EMULSION		XULTOPHY.....	48	ZENZEDI.....	40
GAUZE.....	47	XURIDEN.....	72	ZEPATIER.....	30
XEROFORM OIL EMULSION		XYLOCAINE.....	8	ZEPBOUND.....	42
STRIP.....	47	XYLOCAINE/EPINEPHRINE.....	8	ZEPOSIA.....	40
XEROFORM OIL ROLL 4"X9'.....	47	XYLOCAINE-MPF.....	8	ZEPOSIA 7-DAY STARTER	
XEROFORM PETROLAT		XYLOCAINE-		PACK.....	40
GAUZE 1"X8".....	47	MPF/EPINEPHRINE.....	8	ZEPOSIA STARTER KIT.....	41
XEROFORM PETROLAT		XYNTHA.....	32	ZEPZELCA.....	26
GAUZE 5"X9".....	47	XYNTHA SOLOFUSE.....	32	ZERBAXA.....	13
XEROFORM PETROLAT		XYOSTED.....	75	ZERVIAE.....	97
PATCH 2"X2".....	47	XYREM.....	104	ZESTRIL.....	39
XEROFORM PETROLAT		XYWAV.....	104	ZETIA.....	39
PATCH 4"X4".....	47	yargesa.....	72	ZETONNA.....	100
XEROFORM PETROLATUM		YASMIN 28.....	80	ZEVALIN Y-90.....	26
DRES 4"X4".....	47	YAZ.....	80	ZEWA DIGITAL TENS UNIT.....	96
		YCANTH.....	47		

Effective June 1, 2024

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

**ATRIUM HEALTH**

ZEWA TENS/EMS COMBO		ZYKADIA.....	26
UNIT.....	96	ZYLET.....	99
ZIAGEN.....	30	ZYNLONTA.....	26
ZIANA.....	47	ZYNYZ.....	26
zidovudine.....	30	ZYPITAMAG.....	39
ZIEXTENZO.....	32	ZYPREXA.....	28
ZILXI.....	47	ZYPREXA RELPREVV.....	28
ZIMHI.....	8	ZYPREXA ZYDIS.....	28
zinc chloride.....	68	ZYTIGA.....	26
zinc sulfate.....	68	ZYVOX.....	13
ZINPLAVA.....	86		
ZIOPTAN.....	98		
ZIPHEX.....	68		
ziprasidone hcl.....	28		
ziprasidone mesylate.....	28		
ZIPSOR.....	6		
ZIRABEV.....	26		
ZIRGAN.....	97		
ZITHROMAX.....	13		
ZITHROMAX TRI-PAK.....	13		
ZITHROMAX Z-PAK.....	13		
ZOCOR.....	39		
ZOKINVY.....	96		
ZOLADEX.....	76		
zoledronic acid.....	87		
ZOLINZA.....	26		
zolmitriptan.....	20		
ZOLOFT.....	17		
ZOLPIDEM TARTRATE.....	104		
zolpidem tartrate.....	104		
zolpidem tartrate er.....	104		
ZOMACTON.....	76		
ZONEGRAN.....	15		
ZONISADE.....	15		
zonisamide.....	15		
ZONTIVITY.....	27		
ZORTRESS.....	86		
ZORYVE.....	47		
ZOSYN.....	13		
zovia 1/35 (28).....	80		
ZOVIRAX.....	30		
ZTALMY.....	15		
ZTLIDO.....	8		
ZUBSOLV.....	8		
ZULRESSO.....	17		
zumandimine.....	80		
ZURZUVAE.....	17		
ZYCLARA.....	47		
ZYCLARA PUMP.....	47		
ZYDELIG.....	26		

Effective June 1, 2024

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

**ATRIUM HEALTH**