

Atrium Health

Table of Contents

Analgesics - Drugs for Pain	3
Analgesics - Drugs for Pain and Inflammation	5
Anesthetics	6
Anti-Addiction / Substance Abuse Treatment Agents	8
Antibacterials	9
Anticoagulants	13
Anticonvulsants - Drugs for Seizures	14
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia	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	33
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	43
Diabetes - Antidiabetic Agents	48
Diabetes - Glucose Monitoring	49
Diabetes - Glycemic Agents	61
Diabetes - Insulins	61
Electrolytes / Minerals / Metals / Vitamins	63
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer	69
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions	69
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment	71
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	75
Hormonal Agents - Pituitary	75
Hormonal Agents - Prostaglandins	77
Hormonal Agents - Selective Estrogen Receptor Modifying Agents	77
Hormonal Agents - Sex Hormones and Birth Control	77
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	86
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
Analgesics - Drugs for Pain		
acetaminophen intravenous solution	TIER 01	
acetaminophen-codeine	TIER 01	QL
APADAZ	EXCLUDED	QL
apap-caff-dihydrocodeine	TIER 01	QL
ascomp-codeine	TIER 01	
bac	TIER 01	
BELBUCA	TIER 02	PA; QL
BENZHYDROCODONE-ACETAMINOPHEN	EXCLUDED	QL
buprenorphine	TIER 01	PA; QL
buprenorphine hcl injection	TIER 01	
butalbital-acetaminophen oral tablet 50-325 mg	TIER 01	
butalbital-apap-caff-cod	TIER 01	
butalbital-apap-caffeine oral capsule 50-300-40 mg	TIER 01	
butalbital-apap-caffeine oral tablet	TIER 01	
butalbital-asa-caff-codeine	TIER 01	
butalbital-aspirin-caffeine	TIER 01	
butorphanol tartrate injection	TIER 01	
butorphanol tartrate nasal	TIER 01	QL
BUTRANS	EXCLUDED	PA; QL
codeine sulfate	TIER 01	QL
CONZIP	EXCLUDED	PA; QL
DEMEROL	TIER 03	
DILAUDID INJECTION	TIER 03	
DILAUDID ORAL	EXCLUDED	QL
DURAMORPH	TIER 03	
endocet	TIER 01	QL

Drug Name	Drug Tier	Notes
fentanyl	TIER 01	PA; QL
fentanyl citrate buccal lozenge on a handle	TIER 01	PA; QL
FENTANYL CITRATE BUCCAL TABLET	EXCLUDED	PA; QL
FENTANYL CITRATE INJECTION SOLUTION PREFILLED SYRINGE 250 MCG/5ML	TIER 03	
fentanyl citrate solution prefilled syringe 100 mcg/2ml injection	TIER 01	
FENTANYL CITRATE SOLUTION PREFILLED SYRINGE 100 MCG/2ML INJECTION	TIER 03	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	TIER 03	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 1000-0.9 MCG/50ML-%, 5-0.9 MCG/ML-%, 500-0.9 MCG/50ML-%, 550-0.9 MCG/55ML-%	TIER 03	
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 September 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-%, 5-0.9 MG/5ML-%	TIER 03	
METHADOSE ORAL CONCENTRATE 10 MG/ML	TIER 03	
methadose oral tablet soluble	TIER 01	
METHADOSE SUGAR-FREE	TIER 03	
mitigo	TIER 01	
morphine sulfate (concentrate)	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 INJECTION	TIER 03	

Effective September 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 1-0.9 MG/ML-%, 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%, 500-0.9 MG/100ML-%	TIER 03	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
MS CONTIN	EXCLUDED	PA; QL
nalbuphine hcl injection	TIER 01	
NUCYNTA	EXCLUDED	QL
NUCYNTA ER	EXCLUDED	PA; QL
OXYCODONE HCL	EXCLUDED	
oxycodone hcl oral capsule	TIER 01	QL
oxycodone hcl oral concentrate	TIER 01	QL
oxycodone hcl oral solution	TIER 01	QL
oxycodone hcl oral tablet	TIER 01	QL
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT	EXCLUDED	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	TIER 03	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	TIER 01	QL
OXYCONTIN	TIER 02	PA; QL
oxymorphone hcl	TIER 01	QL
oxymorphone hcl er	TIER 01	PA; QL
pentazocine-naloxone hcl	TIER 01	QL
PERCOCET	EXCLUDED	QL
QDOLO	EXCLUDED	QL

Drug Name	Drug Tier	Notes
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
TRAMADOL HCL ORAL SOLUTION	EXCLUDED	QL
tramadol hcl oral tablet 100 mg, 50 mg	TIER 01	QL
tramadol-acetaminophen	TIER 01	QL
TREZIX	TIER 03	QL
ULTIVA	TIER 03	
XTAMPZA ER	TIER 02	PA; QL
Analgesics - Drugs for Pain and Inflammation		
ARTHROTEC	EXCLUDED	
CALDOLOR	TIER 03	
CELEBREX	EXCLUDED	
celecoxib oral	TIER 01	
COMBOGESIC	TIER 03	
COXANTO	EXCLUDED	PA
DAYPRO	TIER 03	
DICLOFENAC PATCH 1.3%	EXCLUDED	PA
diclofenac potassium oral tablet 50 mg	TIER 01	
diclofenac sodium er	TIER 01	
diclofenac sodium external gel 1 %	TIER 01	
diclofenac sodium external solution 1.5 %	TIER 01	PA

Effective September 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
diclofenac sodium oral	TIER 01	
DICLOFONO	TIER 03	
diflunisal oral	TIER 01	
DUEXIS	EXCLUDED	PA
ELYXYB	EXCLUDED	PA
etodolac	TIER 01	
etodolac er	TIER 01	
FLECTOR	EXCLUDED	PA
flurbiprofen oral	TIER 01	
ibuprofen lysine	TIER 01	
ibuprofen oral suspension 100 mg/5ml	TIER 01	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	TIER 01	
ibuprofen-famotidine	EXCLUDED	PA
indomethacin er	TIER 01	
indomethacin oral capsule	TIER 01	
indomethacin sodium	TIER 01	
ketoprofen oral capsule 50 mg	TIER 01	
ketorolac tromethamine injection solution 15 mg/ml	TIER 01	
ketorolac tromethamine intramuscular solution 60 mg/2ml	TIER 01	
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	

Drug Name	Drug Tier	Notes
NALFON	EXCLUDED	
naproxen oral tablet	TIER 01	
naproxen sodium oral tablet 275 mg, 550 mg	TIER 01	
NEOPROFEN	TIER 03	
OXAPROZIN ORAL CAPSULE	EXCLUDED	PA
oxaprozin oral tablet	TIER 01	
PENNSAID	EXCLUDED	PA
piroxicam oral	TIER 01	
RELAFEN DS	EXCLUDED	PA
SPRIX	EXCLUDED	PA
sulindac oral	TIER 01	
VIMOVO	EXCLUDED	PA
ZIPSOR	EXCLUDED	
Anesthetics		
ARTICADENT DENTAL	TIER 03	
bupivacaine hcl (pf)	TIER 01	
bupivacaine hcl (pf)	TIER 01	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.25 % (10 ML)	TIER 03	
bupivacaine hcl solution 0.25 % injection	TIER 01	
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	

Effective September 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
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	
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	

Drug Name	Drug Tier	Notes
lidocaine hcl solution 1 % injection	TIER 01	
LIDOCAINE HCL SOLUTION 2 % INJECTION	TIER 03	
lidocaine hcl solution 2 % injection	TIER 01	
lidocaine hcl urethral/mucosal	TIER 01	
LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-%	TIER 03	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	TIER 01	
LIDOCAINE(BUFFERED)-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

Effective September 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
LIDODERM	EXCLUDED	PA
LIDO-EPINEPHRINE-TETRACAINE	TIER 03	
LIDO-RACEPINEPHRINE-TETRACAINE	TIER 03	
LIDOTRAL EXTERNAL GEL 5 %	TIER 03	
LIDOTRAL ROLL-ON	TIER 03	
MARCAINE	TIER 03	
MARCAINE PRESERVATIVE FREE	TIER 03	
MARCAINE/EPINEPHRINE	TIER 03	
MARCAINE/EPINEPHRINE PF	TIER 03	
NAROPIN INJECTION SOLUTION 10 MG/ML, 5 MG/ML, 7.5 MG/ML	TIER 03	
NESACAINE	TIER 03	
NESACAINE-MPF	TIER 03	
ORABLOC	TIER 03	
POLOCAINE	TIER 03	
POLOCAINE-MPF	TIER 03	
PREPIV SUPPLY	TIER 03	
ropivacaine hcl injection 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	

Drug Name	Drug Tier	Notes
STERILE TOPICAL L.E.T. GEL	TIER 03	
TOPICAL L.E.T.	TIER 03	
TRIDACAINE II	EXCLUDED	PA
TRIDACAINE III	EXCLUDED	PA
VENIPUNCTURE PX1 PHLEBOTOMY	TIER 03	
XYLOCAINE	TIER 03	
XYLOCAINE/EPINEPHRINE	TIER 03	
XYLOCAINE-MPF	TIER 03	
XYLOCAINE-MPF/EPINEPHRINE	TIER 03	
ZTLIDO	EXCLUDED	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	TIER 01	
BRIXADI	SPECIALTY	
BRIXADI (WEEKLY)	SPECIALTY	
buprenorphine hcl sublingual	TIER 01	QL
buprenorphine hcl-naloxone hcl	TIER 01	QL
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	

Effective September 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
SUBOXONE	EXCLUDED	QL
varenicline tartrate	TIER 01	QL
varenicline tartrate (starter)	TIER 01	QL
varenicline tartrate(continue)	TIER 01	QL
VIVITROL	SPECIALTY	
ZIMHI	TIER 03	
ZUBSOLV	TIER 02	QL
Antibacterials		
AEMCOLO	TIER 03	PA
amikacin sulfate injection	TIER 01	
amoxicillin	TIER 01	
amoxicillin-potassium clavulanate	TIER 01	
amoxicillin-potassium clavulanate er	TIER 01	
ampicillin	TIER 01	
ampicillin sodium	TIER 01	
ampicillin-sulbactam sodium	TIER 01	
ARIKAYCE	SPECIALTY	PA
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	

Drug Name	Drug Tier	Notes
cefaclor er	TIER 01	
cefadroxil	TIER 01	
CEFAZOLIN IN SODIUM CHLORIDE	TIER 03	
CEFAZOLIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE	TIER 03	
cefazolin sodium injection solution reconstituted	TIER 01	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
cefazolin sodium intravenous solution reconstituted	TIER 01	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	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	

Effective September 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
CEFOXITIN SODIUM-DEXTROSE	TIER 03	
cefepodoxime proxetil	TIER 01	
cefprozil	TIER 01	
ceftazidime injection	TIER 01	
ceftazidime intravenous	TIER 01	
ceftriaxone sodium in dextrose	TIER 01	
ceftriaxone sodium injection	TIER 01	
ceftriaxone sodium intravenous	TIER 01	
ceftriaxone sodium-dextrose	TIER 01	
cefuroxime axetil	TIER 01	
cefuroxime sodium	TIER 01	
cephalexin oral capsule 250 mg, 500 mg	TIER 01	
cephalexin oral suspension reconstituted	TIER 01	
cephalexin oral tablet	TIER 01	
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	

Drug Name	Drug Tier	Notes
clindamycin phosphate vaginal	TIER 01	
CLINDESSE	TIER 03	
colistimethate sodium (cba)	TIER 01	
COLY-MYCIN M	TIER 03	
DALVANCE	TIER 03	
daptomycin	TIER 01	
DAPTOMYCIN-SODIUM CHLORIDE	TIER 03	
demeclocycline hcl	TIER 01	
dicloxacillin sodium	TIER 01	
DIFICID	TIER 03	
DORYX MPC	EXCLUDED	
doxy 100	TIER 01	
doxycycline hyclate intravenous	TIER 01	
doxycycline hyclate oral capsule	TIER 01	
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	

Effective September 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
ERYTHROCIN LACTOBIONATE	TIER 03	
erythromycin base oral	TIER 01	
erythromycin ethylsuccinate oral	TIER 01	
erythromycin lactobionate	TIER 01	
erythromycin oral	TIER 01	
EXTENCILLINE	TIER 03	
FETROJA	TIER 03	
FIRVANQ	TIER 03	
fosfomicin tromethamine	TIER 01	
gentamicin in saline	TIER 01	
gentamicin sulfate external	TIER 01	
gentamicin sulfate injection	TIER 01	
HIPREX	TIER 03	
HUMATIN	TIER 02	
hydrogen peroxide	TIER 01	
imipenem-cilastatin	TIER 01	
iodine tincture external tincture 2 %	TIER 01	
KIMYRSA	TIER 03	
LENTOCILIN	TIER 03	
levofloxacin in d5w	TIER 01	
levofloxacin intravenous	TIER 01	
levofloxacin oral	TIER 01	
LIKMEZ	EXCLUDED	PA
LINCOGIN	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	

Drug Name	Drug Tier	Notes
MACRODANTIN	TIER 03	
mafenide acetate external	TIER 01	
meropenem	TIER 01	
MEROPENEM-SODIUM CHLORIDE	TIER 03	
methenamine hippurate	TIER 01	
metronidazole intravenous	TIER 01	
metronidazole oral tablet	TIER 01	
metronidazole vaginal	TIER 01	
MINOCIN	TIER 03	
minocycline hcl oral capsule	TIER 01	
MINOLIRA	EXCLUDED	
mondoxyne nl	TIER 01	
moxifloxacin hcl in nacl	TIER 01	
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	

Effective September 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
OXACILLIN SODIUM IN DEXTROSE	TIER 03	
PENICILLIN G POT IN DEXTROSE	TIER 03	
penicillin g potassium	TIER 01	
penicillin g sodium	TIER 01	
penicillin v potassium	TIER 01	
PFIZERPEN	TIER 03	
piperacillin sod-tazobactam sod	TIER 01	
polymyxin b sulfate injection	TIER 01	
PRIMAXIN IV	TIER 03	
RECARBRIO	TIER 03	
SEYSARA	TIER 03	ST
SILVADENE	EXCLUDED	
silver sulfadiazine external	TIER 01	
SIVEXTRO INTRAVENOUS	TIER 03	QL
SOLOSEC	TIER 03	ST
ssd	TIER 01	
streptomycin sulfate intramuscular	TIER 01	
sulfadiazine oral	TIER 01	
sulfamethoxazole-trimethoprim	TIER 01	
sulfatrim pediatric	TIER 01	
TARGADOX	EXCLUDED	
tazicef injection	TIER 01	
TAZICEF INTRAVENOUS SOLUTION	TIER 03	
tazicef intravenous solution reconstituted	TIER 01	
TEFLARO	TIER 03	
tetracycline hcl oral capsule	TIER 01	
tigecycline	TIER 01	

Drug Name	Drug Tier	Notes
tinidazole oral	TIER 01	
tobramycin sulfate injection	TIER 01	
trimethoprim oral	TIER 01	
TYGACIL	TIER 03	
UNASYN	TIER 03	
VABOMERE	TIER 03	
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	TIER 03	
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	TIER 01	
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-%, 1.75-0.9 GM/500ML-%, 2-0.9 GM/500ML-%, 750-0.9 MG/250ML-%	TIER 03	
VANCOMYCIN HCL IN NAACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	TIER 03	

Effective September 1, 2024

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

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
vancomycin hcl in 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	
XERAVA	TIER 03	
XIFAXAN ORAL TABLET 200 MG	EXCLUDED	PA
XIFAXAN ORAL TABLET 550 MG	TIER 03	PA
ZEMDRI	TIER 03	
ZERBAXA	TIER 03	
ZITHROMAX	TIER 03	
ZITHROMAX TRI-PAK	TIER 03	
ZITHROMAX Z-PAK	TIER 03	
ZOSYN	TIER 03	
ZYVOX INTRAVENOUS	TIER 03	
ZYVOX ORAL SUSPENSION RECONSTITUTED	TIER 03	QL
Anticoagulants		
ACD FORMULA A	TIER 03	
ACD-A NOCLOT-50	TIER 03	
ANGIOMAX	TIER 03	
ANTICOAGULANT SODIUM CITRATE	TIER 03	
ARIXTRA	TIER 03	
bd heparin posiflush	TIER 01	
bivalirudin trifluoroacetate intravenous solution reconstituted	TIER 01	
dabigatran etexilate mesylate	TIER 01	

Drug Name	Drug Tier	Notes
DEFENCATH	TIER 03	
ELIQUIS	TIER 02	
ELIQUIS DVT/PE STARTER PACK	TIER 02	
enoxaparin sodium	TIER 01	
fondaparinux sodium	TIER 01	
FRAGMIN	TIER 03	
heparin (porcine) in nacl intravenous solution	TIER 01	
HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	TIER 03	
heparin na (pork) lock flush 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	

Effective September 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
TNKASE	TIER 03	
TRICITRASOL	TIER 03	
warfarin sodium oral	PREVENT	
XARELTO	TIER 02	
XARELTO STARTER PACK	TIER 02	
Anticonvulsants - Drugs for Seizures		
APTIOM	TIER 03	
BRIVIACT INTRAVENOUS	TIER 03	
BRIVIACT ORAL	TIER 03	ST
carbamazepine er oral capsule extended release 12 hour	PREVENT	
carbamazepine er oral tablet extended release 12 hour 100 mg	TIER 01	
carbamazepine er oral tablet extended release 12 hour 200 mg, 400 mg	PREVENT	
carbamazepine oral	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	

Drug Name	Drug Tier	Notes
DILANTIN-125	EXCLUDED	
divalproex sodium er	TIER 01	
divalproex sodium oral	TIER 01	
ELEPSIA XR	EXCLUDED	
EPIDIOLEX	SPECIALTY	PA
epitol	PREVENT	
EPRONTIA	EXCLUDED	
ethosuximide oral	TIER 01	
felbamate	TIER 01	
FINTEPLA	SPECIALTY	PA
fosphenytoin sodium	TIER 01	
FYCOMPA	TIER 03	
gabapentin oral capsule	TIER 01	
gabapentin oral solution	TIER 01	
gabapentin oral tablet 600 mg, 800 mg	TIER 01	
KEPPRA INTRAVENOUS	TIER 03	
KEPPRA ORAL	EXCLUDED	
KEPPRA XR	EXCLUDED	
lacosamide	TIER 01	
LAMICTAL	EXCLUDED	
LAMICTAL ODT	EXCLUDED	
LAMICTAL STARTER	EXCLUDED	
LAMICTAL XR ORAL KIT	TIER 03	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	EXCLUDED	
lamotrigine er	TIER 01	
lamotrigine oral	TIER 01	
lamotrigine starter kit-blue	TIER 01	
lamotrigine starter kit-green	TIER 01	
lamotrigine starter kit-orange	TIER 01	
levetiracetam er	TIER 01	

Effective September 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
levetiracetam in nacl	TIER 01	
levetiracetam intravenous	TIER 01	
levetiracetam oral	TIER 01	
methsuximide	TIER 01	
MOTPOLY XR	TIER 03	ST
NAYZILAM	TIER 03	QL
NEURONTIN	EXCLUDED	
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	

Drug Name	Drug Tier	Notes
TEGRETOL-XR	EXCLUDED	
tiagabine hcl	TIER 01	
TOPAMAX	EXCLUDED	
TOPAMAX SPRINKLE	EXCLUDED	
topiramate er oral capsule er 24 hour sprinkle	TIER 01	
topiramate er oral capsule extended release 24 hour	TIER 01	ST
topiramate oral	TIER 01	
TRILEPTAL	EXCLUDED	
TROKENDI XR	EXCLUDED	
valproate sodium intravenous	TIER 01	
valproic acid oral capsule	TIER 01	
valproic acid oral solution	PREVENT	
VALTOCO	TIER 03	QL
vigabatrin	SPECIALTY	PA
vigadrone	SPECIALTY	PA
vigpoder	SPECIALTY	PA
VIMPAT	EXCLUDED	
XCOPRI	TIER 03	ST
ZARONTIN	TIER 02	
ZONEGRAN	EXCLUDED	
ZONISADE	EXCLUDED	PA
zonisamide oral	TIER 01	
ZTALMY	SPECIALTY	PA
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ADLARITY	EXCLUDED	PA
ADUHELM	EXCLUDED	PA
donepezil hcl	TIER 01	
galantamine hydrobromide	TIER 01	
galantamine hydrobromide er	TIER 01	

Effective September 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
LEQEMBI	EXCLUDED	PA
memantine hcl	TIER 01	
memantine hcl er	TIER 01	
NAMENDA XR	TIER 03	
NAMZARIC	TIER 02	
rivastigmine tartrate	TIER 01	
Antidepressants		
amitriptyline hcl oral	PREVENT	
amoxapine	TIER 01	
AUVELITY	EXCLUDED	
bupropion hcl er (sr)	TIER 01	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	TIER 01	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	EXCLUDED	
bupropion hcl oral	TIER 01	
CELEXA	EXCLUDED	
chlordiazepoxide-amitriptyline	TIER 01	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	EXCLUDED	
citalopram hydrobromide oral solution	PREVENT	
citalopram hydrobromide oral tablet	PREVENT	
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	

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

Effective September 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
PRISTIQ	EXCLUDED	
protriptyline hcl	TIER 01	
PROZAC	EXCLUDED	
REMERON	TIER 03	
REMERON SOLTAB	TIER 03	
SERTRALINE HCL ORAL CAPSULE	EXCLUDED	
sertraline hcl oral concentrate	PREVENT	
sertraline hcl oral tablet	PREVENT	
SPRAVATO (56 MG DOSE)	SPECIALTY	PA
SPRAVATO (84 MG DOSE)	SPECIALTY	PA
SYMBYAX	TIER 03	
tranylcypromine sulfate	TIER 01	
trazodone hcl oral	TIER 01	
trimipramine maleate oral	TIER 01	
TRINTELLIX	TIER 03	ST; QL
VENLAFAXINE BESYLATE ER	EXCLUDED	
venlafaxine hcl	PREVENT	
venlafaxine hcl er oral capsule extended release 24 hour	PREVENT	
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	PREVENT	
VIIBRYD	TIER 03	ST; QL
vilazodone hcl	TIER 01	
WELLBUTRIN SR	EXCLUDED	
WELLBUTRIN XL	EXCLUDED	
ZOLOFT	EXCLUDED	
ZULRESSO	SPECIALTY	PA
ZURZUVAE	TIER 03	PA

Drug Name	Drug Tier	Notes
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO (READY-TO-USE)	TIER 03	
AKYNZEO (TO-BE-DILUTED)	TIER 03	
AKYNZEO INTRAVENOUS	TIER 03	
AKYNZEO ORAL	TIER 03	QL
ANTIVERT	TIER 03	
ANZEMET	TIER 03	QL
APONVIE	TIER 03	
aprepitant	TIER 01	QL
BARHEMSYS	TIER 03	
BONJESTA	TIER 03	PA; QL
CINVANTI	TIER 03	
compro	TIER 01	
DICLEGIS	TIER 03	PA; QL
dimenhydrinate injection	TIER 01	
doxylamine-pyridoxine	TIER 01	PA; QL
dronabinol	TIER 01	PA; QL
droperidol injection	TIER 01	
EMEND INTRAVENOUS	TIER 03	
EMEND ORAL	TIER 03	QL
EMEND TRI-PACK	TIER 03	QL
fosaprepitant dimeglumine	TIER 01	
GIMOTI	EXCLUDED	PA
granisetron hcl intravenous	TIER 01	
granisetron hcl oral	TIER 01	QL
MARINOL ORAL CAPSULE 2.5 MG	TIER 03	PA; QL
meclizine hcl oral tablet	TIER 01	
metoclopramide hcl injection	TIER 01	
metoclopramide hcl oral	TIER 01	

Effective September 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
ondansetron hcl injection	TIER 01	
ondansetron hcl oral solution	TIER 01	QL
ondansetron hcl oral tablet 4 mg, 8 mg	TIER 01	
ondansetron odt	TIER 01	
palonosetron hcl	TIER 01	
perphenazine oral	TIER 01	
PHENERGAN	TIER 03	
prochlorperazine	TIER 01	
prochlorperazine edisylate injection	TIER 01	
prochlorperazine maleate oral	TIER 01	
promethazine hcl injection	TIER 01	
promethazine hcl oral	TIER 01	
promethazine hcl rectal	TIER 01	
promethegan	TIER 01	
REGLAN	TIER 03	
SANCUSO	EXCLUDED	PA; QL
scopolamine	TIER 01	
SUSTOL	TIER 03	QL
SYNDROS	TIER 03	PA; QL
TIGAN	TIER 03	
TRANSDERM-SCOP	TIER 03	
trimethobenzamide hcl oral	TIER 01	
VARUBI (180 MG DOSE)	TIER 03	QL
Antifungals		
ABELCET	TIER 03	
amphotericin b intravenous	TIER 01	
amphotericin b liposome	TIER 01	
ANCOBON	TIER 03	
BREXAFEMME	EXCLUDED	
CANCIDAS	TIER 03	

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

Effective September 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
miconazole 3	TIER 01	
MYCAMINE	TIER 03	
naftifine hcl external gel	TIER 01	
NOXAFIL INTRAVENOUS	SPECIALTY	
NOXAFIL ORAL PACKET	SPECIALTY	PA
NOXAFIL ORAL SUSPENSION	SPECIALTY	PA
nyamyc	TIER 01	
nystatin external	TIER 01	
nystatin mouth/throat	TIER 01	
nystatin oral	TIER 01	
nystatin-triamcinolone	TIER 01	
nystop	TIER 01	
posaconazole intravenous	SPECIALTY	
posaconazole oral	SPECIALTY	PA
SPORANOX	TIER 03	PA
tavaborole	TIER 01	PA
terbinafine hcl oral	TIER 01	QL
terconazole	TIER 01	
TOLSURA	EXCLUDED	PA
VFEND	SPECIALTY	PA
VFEND IV	SPECIALTY	
VIVJOA	EXCLUDED	PA
voriconazole intravenous	SPECIALTY	
voriconazole oral	SPECIALTY	PA
Antigout Agents		
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

Effective September 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
GLOPERBA	EXCLUDED	PA
MITIGARE	EXCLUDED	
probenecid	TIER 01	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	SPECIALTY	PA
AJOVY	TIER 02	PA
CAMBIA	EXCLUDED	
dihydroergotamine mesylate injection	TIER 01	PA; QL
dihydroergotamine mesylate nasal	TIER 01	PA; QL
eletriptan hydrobromide	TIER 01	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	EXCLUDED	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	SPECIALTY	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	EXCLUDED	PA
ERGOMAR	TIER 03	PA; QL
ergotamine-caffeine	TIER 01	PA; QL
IMITREX	EXCLUDED	QL
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

Drug Name	Drug Tier	Notes
ONZETRA XSAIL	EXCLUDED	QL
QULIPTA	TIER 02	PA; QL
RELPAK	EXCLUDED	QL
REYVOW	EXCLUDED	PA
rizatriptan benzoate	TIER 01	QL
sumatriptan nasal	TIER 01	QL
sumatriptan succinate oral	TIER 01	QL
sumatriptan succinate refill subcutaneous solution cartridge	TIER 01	QL
sumatriptan succinate subcutaneous	TIER 01	QL
TOSYMRA	EXCLUDED	QL
TREXIMET	EXCLUDED	QL
TRUDHESA	EXCLUDED	PA; QL
UBRELVY	TIER 02	PA
VYEPTI	TIER 03	PA
ZAVZPRET	TIER 03	PA
ZEMBRACE SYMTOUCH	EXCLUDED	QL
zolmitriptan	TIER 01	QL
ZOMIG ORAL	EXCLUDED	QL
Antimyasthenic Agents		
BLOXIVERZ	TIER 03	
MESTINON ORAL SOLUTION	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	
Antimycobacterials		
cycloserine oral	TIER 01	
dapsone oral	TIER 01	
ethambutol hcl oral	TIER 01	
isoniazid injection	TIER 01	
isoniazid oral	TIER 01	
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	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	SPECIALTY	PA
ABRAXANE	SPECIALTY	

Effective September 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
ADCETRIS	SPECIALTY	PA
adriamycin	SPECIALTY	
AFINITOR	EXCLUDED	PA
AFINITOR DISPERZ	EXCLUDED	PA
AKEEGA	EXCLUDED	PA
ALECENSA	SPECIALTY	PA
ALIMTA	SPECIALTY	
ALIQOPA	SPECIALTY	PA
ALUNBRIG	SPECIALTY	PA
ALYMSYS	EXCLUDED	PA
anastrozole oral	TIER 01	
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	
bleomycin sulfate	SPECIALTY	

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

Effective September 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 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
ETHYOL	TIER 03	
ETOPOPHOS	SPECIALTY	

Drug Name	Drug Tier	Notes
etoposide intravenous	SPECIALTY	
etoposide oral	SPECIALTY	
EULEXIN	TIER 03	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	SPECIALTY	PA
everolimus oral tablet soluble	SPECIALTY	PA
EVOMELA	SPECIALTY	
exemestane	SPECIALTY	
FARESTON	SPECIALTY	
FASLODEX	SPECIALTY	
floxuridine	SPECIALTY	
fludarabine phosphate	SPECIALTY	
fluorouracil intravenous	SPECIALTY	
FOLOTYN	SPECIALTY	PA
FOTIVDA	EXCLUDED	PA
FRUZAQLA	SPECIALTY	PA
fulvestrant	SPECIALTY	
FYARRO	SPECIALTY	PA
GAVRETO	SPECIALTY	PA
GAZYVA	SPECIALTY	PA
gefitinib	SPECIALTY	PA
gemcitabine hcl	SPECIALTY	
GILOTRIF	SPECIALTY	PA
GLEEVEC	EXCLUDED	PA
GLEOSTINE	SPECIALTY	
HALAVEN	SPECIALTY	PA
HERCEPTIN	SPECIALTY	PA
HERCEPTIN HYLECTA	SPECIALTY	PA
HERZUMA	EXCLUDED	PA
HYCANTIN	SPECIALTY	
HYDREA	TIER 03	
hydroxyurea oral	TIER 01	
IBRANCE	SPECIALTY	PA
ICLUSIG	SPECIALTY	PA
IDAMYCIN PFS	SPECIALTY	

Effective September 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
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 (200 MG DOSE)	SPECIALTY	PA
KISQALI (400 MG DOSE)	SPECIALTY	PA

Drug Name	Drug Tier	Notes
KISQALI (600 MG DOSE)	SPECIALTY	PA
KOSELUGO	SPECIALTY	PA
KRAZATI	SPECIALTY	PA
KYPROLIS	SPECIALTY	PA
lapatinib ditosylate	SPECIALTY	PA
lenalidomide	SPECIALTY	PA
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	SPECIALTY	PA
letrozole oral	TIER 01	
leucovorin calcium injection	TIER 01	
leucovorin calcium oral	TIER 01	
LEUKERAN	SPECIALTY	
levoleucovorin calcium	SPECIALTY	
levoleucovorin calcium pf	SPECIALTY	
LIBTAYO	SPECIALTY	PA
LONSURF	SPECIALTY	PA
LOQTORZI	SPECIALTY	PA
LORBRENA	SPECIALTY	PA
LUMAKRAS	SPECIALTY	PA
LUNSUMIO	SPECIALTY	PA
LYNPARZA	SPECIALTY	PA
LYSODREN	SPECIALTY	
LYTGOBI (12 MG DAILY DOSE)	SPECIALTY	PA
LYTGOBI (16 MG DAILY DOSE)	SPECIALTY	PA
LYTGOBI (20 MG DAILY DOSE)	SPECIALTY	PA
MARGENZA	SPECIALTY	PA
MATULANE	SPECIALTY	
MEKINIST	SPECIALTY	PA
MEKTOVI	SPECIALTY	PA

Effective September 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
melphalan hcl	SPECIALTY	
mercaptopurine oral	TIER 01	
mesna	SPECIALTY	
MESNEX	SPECIALTY	
mitomycin intravenous	SPECIALTY	
MITOMYCIN INTRAVESICAL	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	
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	SPECIALTY	
pemetrexed disodium intravenous solution reconstituted	SPECIALTY	
PEMETREXED DITROMETHAMINE	SPECIALTY	
PEMFEXY	SPECIALTY	
PERJETA	SPECIALTY	PA
PHESGO	SPECIALTY	PA
PHOTOFRIN	SPECIALTY	
PIQRAY	SPECIALTY	PA
POLIVY	SPECIALTY	PA
POMALYST	SPECIALTY	PA
PORTRAZZA	SPECIALTY	PA
POTELIGEO	SPECIALTY	PA
PROLEUKIN	SPECIALTY	
PURIXAN	SPECIALTY	
QINLOCK	SPECIALTY	PA
RETEVMO ORAL CAPSULE	SPECIALTY	PA
RETEVMO ORAL TABLET	SPECIALTY	
REVLIMID	SPECIALTY	PA
REZLIDHIA	EXCLUDED	PA
RIABNI	EXCLUDED	PA
RITUXAN	SPECIALTY	PA
RITUXAN HYCELA	SPECIALTY	PA
romidepsin	SPECIALTY	PA
ROZLYTREK	SPECIALTY	PA

Effective September 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
RUBRACA	EXCLUDED	PA
RUXIENCE	SPECIALTY	PA
RYBREVAANT	SPECIALTY	PA
RYDAPT	SPECIALTY	PA
RYLAZE	EXCLUDED	PA
SARCLISA	SPECIALTY	PA
SCSEMBLIX	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
TAGRISSE	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	

Drug Name	Drug Tier	Notes
toemifene citrate	SPECIALTY	
torpenz	SPECIALTY	PA
TRAZIMERA	SPECIALTY	PA
TREANDA	EXCLUDED	PA
tretinoin oral	SPECIALTY	
TRISENOX	SPECIALTY	
TRODELVY	SPECIALTY	PA
TRUQAP	SPECIALTY	PA
TRUXIMA	EXCLUDED	PA
TUKYSA	SPECIALTY	PA
TURALIO	SPECIALTY	PA
UNITUXIN	SPECIALTY	PA
UVADEX	TIER 03	
VALCHLOR	SPECIALTY	PA
valrubicin	SPECIALTY	
VALSTAR	SPECIALTY	
VANFLYTA	SPECIALTY	PA
VECTIBIX	SPECIALTY	
VEGZELMA	EXCLUDED	PA
VELCADE	SPECIALTY	PA
VENCLEXTA	SPECIALTY	PA
VENCLEXTA STARTING PACK	SPECIALTY	PA
VERZENIO	SPECIALTY	PA
VIDAZA	SPECIALTY	
VIJOICE ORAL TABLET THERAPY PACK	EXCLUDED	PA
vinblastine sulfate	SPECIALTY	
vincristine sulfate	SPECIALTY	
vinorelbine tartrate	SPECIALTY	
VITRAKVI	SPECIALTY	PA
VIVIMUSTA	EXCLUDED	PA
VIZIMPRO	SPECIALTY	PA
VONJO	SPECIALTY	PA
VORAXAZE	TIER 03	
VOTRIENT	SPECIALTY	PA
VYXEOS	SPECIALTY	PA

Effective September 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
WELIREG	SPECIALTY	PA
XALKORI	EXCLUDED	PA
XOFIGO	TIER 02	
XOSPATA	SPECIALTY	PA
XPOVIO (100 MG ONCE WEEKLY)	SPECIALTY	PA
XPOVIO (40 MG ONCE WEEKLY)	SPECIALTY	PA
XPOVIO (40 MG TWICE WEEKLY)	SPECIALTY	PA
XPOVIO (60 MG ONCE WEEKLY)	SPECIALTY	PA
XPOVIO (60 MG TWICE WEEKLY)	SPECIALTY	PA
XPOVIO (80 MG ONCE WEEKLY)	SPECIALTY	PA
XPOVIO (80 MG TWICE WEEKLY)	SPECIALTY	PA
XTANDI	SPECIALTY	PA
YERVOY	SPECIALTY	PA
YONDELIS	SPECIALTY	
YONSA	EXCLUDED	PA
ZALTRAP	SPECIALTY	PA
ZANOSAR	SPECIALTY	
ZEJULA	SPECIALTY	PA
ZELBORAF	SPECIALTY	PA
ZEPZELCA	SPECIALTY	PA
ZEVALIN Y-90	SPECIALTY	
ZIRABEV	SPECIALTY	PA
ZOLINZA	SPECIALTY	PA
ZYDELIG	SPECIALTY	PA
ZYKADIA	SPECIALTY	PA
ZYNLONTA	SPECIALTY	PA
ZYNYZ	SPECIALTY	PA
ZYTIGA	EXCLUDED	PA
Antiparasitics		
albendazole oral	TIER 01	PA

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

Effective September 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
PYRIMETHAMINE-LEUCOVORIN	TIER 03	
QUALAQUIN	TIER 03	PA
quinine sulfate	TIER 01	PA
spinosad	TIER 01	
STROMEKTOL	TIER 03	
sulfurated lime	TIER 01	
Antiparkinson Agents		
amantadine hcl oral	TIER 01	
APOKYN	SPECIALTY	PA
apomorphine hcl subcutaneous	SPECIALTY	PA
benztropine mesylate	TIER 01	
bromocriptine mesylate oral	TIER 01	
carbidopa oral	TIER 01	
carbidopa-levodopa	TIER 01	
carbidopa-levodopa er	TIER 01	
carbidopa-levodopa-entacapone	TIER 01	
CREXONT	TIER 03	ST
DHIVY	EXCLUDED	
DUOPA	TIER 03	PA
entacapone	TIER 01	
GOCOVRI	EXCLUDED	PA
INBRIJA	SPECIALTY	PA
NEUPRO	TIER 03	
NOURIANZ	TIER 03	PA
ONGENTYS	TIER 03	ST
OSMOLEX ER	EXCLUDED	PA
PARLODEL	TIER 03	
pramipexole dihydrochloride	TIER 01	
rasagiline mesylate oral	TIER 01	
ropinirole hcl	TIER 01	
ropinirole hcl er	TIER 01	
RYTARY	TIER 03	ST

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

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

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

Effective September 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
COMPLERA	TIER 03	
darunavir	TIER 01	
DELSTRIGO	TIER 03	
DESCOVY ORAL TABLET 120-15 MG	EXCLUDED	
DESCOVY ORAL TABLET 200-25 MG	EXCLUDED	PA
DOVATO	TIER 02	
EDURANT	TIER 02	
efavirenz	TIER 01	
efavirenz-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	

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

Effective September 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
RETROVIR INTRAVENOUS	TIER 02	
RETROVIR ORAL	TIER 03	
REYATAZ ORAL CAPSULE	TIER 03	
REYATAZ ORAL PACKET	TIER 02	
ribavirin inhalation	TIER 01	
ribavirin oral	SPECIALTY	
rimantadine hcl	TIER 01	
ritonavir	TIER 01	
RUKOBIA	TIER 02	
SELZENTRY ORAL SOLUTION	TIER 02	PA
SOFOSBUVIR-VELPATASVIR	EXCLUDED	PA; QL
SOVALDI	SPECIALTY	PA; QL
STRIBILD	TIER 03	
SUNLENCA	TIER 03	PA
SYMFI	TIER 02	
SYMFI LO	TIER 02	
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	

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

Effective September 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
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
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
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	TIER 03	
lithium	TIER 01	
lithium carbonate er	TIER 01	
lithium carbonate oral	TIER 01	
LITHOBID	TIER 02	

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

Effective September 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
HEMOPIL 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	
KOATE	SPECIALTY	
KOATE-DVI	SPECIALTY	
KOGENATE FS	SPECIALTY	
KOVALTRY	SPECIALTY	
LEUKINE	SPECIALTY	PA
LMD IN D5W	TIER 03	
LMD IN NACL	TIER 03	
MIRCERA	SPECIALTY	PA
MOZOBIL	SPECIALTY	
MULPLETA	SPECIALTY	PA
NEULASTA	SPECIALTY	PA
NEULASTA ONPRO	SPECIALTY	PA
NEUPOGEN	EXCLUDED	PA
NIVESTYM	SPECIALTY	PA
NOVOEIGHT	SPECIALTY	
NOVOSEVEN RT	SPECIALTY	
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	

Drug Name	Drug Tier	Notes
PYRUKYND	SPECIALTY	PA
PYRUKYND TAPER PACK	SPECIALTY	PA
REBINYN	SPECIALTY	
REBLOZYL	SPECIALTY	PA
RECOMBINATE	SPECIALTY	
RECOTHROM	TIER 03	
RECOTHROM SPRAY KIT	TIER 03	
RELEUKO	EXCLUDED	PA
RETACRIT	SPECIALTY	PA
RIASTAP	SPECIALTY	
RIXUBIS	SPECIALTY	
ROLVEDON	EXCLUDED	PA
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

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

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

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

Drug Name	Drug Tier	Notes
disopyramide phosphate	TIER 01	
DIURIL	TIER 03	
dobutamine hcl	TIER 01	
dobutamine-dextrose	TIER 01	
dofetilide	TIER 01	
dopamine hcl intravenous	TIER 01	
dopamine-dextrose	TIER 01	
doxazosin mesylate oral	PREVENT	
DYRENIUM	TIER 03	
EDARBI	TIER 03	ST
EDARBYCLOR	TIER 03	ST
EDECRIN	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	

Effective September 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
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 25-0.9 MG/5ML-%, 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	TIER 03	
EPINEPHRINE HCL- DEXTROSE	TIER 03	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	TIER 03	
epinephrine injection solution 10 mg/10ml	TIER 01	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	TIER 03	
EPINEPHRINE INTRAVENOUS SOLUTION	TIER 03	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	TIER 03	
epinephrine intravenous solution prefilled syringe 1 mg/10ml	TIER 01	
epinephrine pf	TIER 01	
epinephrine solution 1 mg/ml injection	TIER 01	
EPINEPHRINE SOLUTION 1 MG/ML INJECTION	TIER 03	
EPINEPHRINE- DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	TIER 03	

Drug Name	Drug Tier	Notes
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
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	

Effective September 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
flecainide acetate	TIER 01	
fosinopril sodium	PREVENT	
fosinopril sodium-hctz	PREVENT	
FUROSCIX	EXCLUDED	PA
FUROSEMIDE IN SODIUM CHLORIDE	TIER 03	
furosemide injection	TIER 01	
furosemide oral	TIER 01	
gemfibrozil oral	PREVENT	
guanfacine hcl	PREVENT	
HEMANGEOL	TIER 03	PA
hydralazine hcl injection	TIER 01	
hydralazine hcl oral	PREVENT	
hydrochlorothiazide oral	PREVENT	
HYZAAR	EXCLUDED	
ibutilide fumarate	TIER 01	
icosapent ethyl	TIER 01	PA
IMMPHENTIV	TIER 03	
indapamide	PREVENT	
INDERAL LA	EXCLUDED	
INDERAL XL	EXCLUDED	PA
INNOPRAN XL	EXCLUDED	PA
INPEFA	EXCLUDED	
irbesartan	PREVENT	
irbesartan-hydrochlorothiazide	PREVENT	
ISORDIL TITRADOSE	TIER 03	
isosorb dinitrate-hydralazine	TIER 01	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	TIER 01	
isosorbide mononitrate	TIER 01	
isosorbide mononitrate er	TIER 01	
isradipine	PREVENT	
ivabradine hcl	TIER 01	PA
JUXTAPID	SPECIALTY	PA

Drug Name	Drug Tier	Notes
KAPSPARGO SPRINKLE	EXCLUDED	
KATERZIA	EXCLUDED	PA
LABELALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
labetalol hcl oral	TIER 01	
labetalol hcl solution 5 mg/ml intravenous	TIER 01	
LABELALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	TIER 03	
LABELALOL HCL-DEXTROSE	TIER 03	
LABELALOL 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	
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	

Effective September 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
LOVAZA	EXCLUDED	PA
mannitol intravenous	TIER 01	
METHYLDOPA	PREVENT	
metolazone	PREVENT	
metoprolol succinate er	PREVENT	
metoprolol tartrate intravenous	TIER 01	
metoprolol tartrate oral	PREVENT	
metoprolol-hydrochlorothiazide	PREVENT	
metyrosine	PREVENT	PA
mexiletine hcl oral	TIER 01	
MICARDIS	EXCLUDED	
MICARDIS HCT	EXCLUDED	
midodrine hcl	TIER 01	
milrinone lactate	TIER 01	
milrinone lactate in dextrose	TIER 01	
minoxidil oral	TIER 01	
moexipril hcl	PREVENT	
MULTAQ	TIER 03	
nadolol oral	PREVENT	
nebivolol hcl	TIER 01	
NEXLETOL	TIER 02	PA
NEXLIZET	TIER 02	PA
NEXTERONE	TIER 03	
niacin er (antihyperlipidemic)	TIER 01	
NICARDIPINE HCL IN NACL	TIER 03	
nicardipine hcl intravenous	TIER 01	
nifedipine er	PREVENT	
nifedipine er osmotic release	PREVENT	
nifedipine oral	PREVENT	
nimodipine oral	PREVENT	
NITRO-BID	TIER 03	

Drug Name	Drug Tier	Notes
nitroglycerin	TIER 01	
nitroglycerin in d5w	TIER 01	
NITROLINGUAL	TIER 03	
nitroprusside sodium	TIER 01	
NITROSTAT	EXCLUDED	
norepinephrine bitartrate solution 1 mg/ml intravenous	TIER 01	
NOREPINEPHRINE BITARTRATE SOLUTION 1 MG/ML INTRAVENOUS	TIER 03	
NOREPINEPHRINE-DEXTROSE	TIER 03	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 16-0.9 MG/250ML-%, 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	TIER 03	
NORLIQVA	TIER 03	PA
NORPACE	TIER 03	
NORPACE CR	TIER 02	
NORVASC	EXCLUDED	
NYMALIZE	TIER 03	
olmesartan medoxomil oral	PREVENT	
olmesartan medoxomil-hctz	PREVENT	
olmesartan-amlodipine-hctz	PREVENT	
omega-3-acid ethyl esters	TIER 01	
OSMITROL	TIER 03	
PACERONE	TIER 03	
pentoxifylline er	TIER 01	
perindopril erbumine	PREVENT	
phenoxybenzamine hcl oral	TIER 01	PA

Effective September 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
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	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
pindolol	PREVENT	
pitavastatin calcium	TIER 01	
PRALUENT	EXCLUDED	PA
pravastatin sodium	PREVENT	
prazosin hcl oral	PREVENT	
PRESTALIA	TIER 03	
prevalite	TIER 01	
procainamide hcl injection	TIER 01	
propafenone hcl	TIER 01	
propafenone hcl er	TIER 01	
propranolol hcl er	PREVENT	

Drug Name	Drug Tier	Notes
propranolol hcl intravenous	PREVENT	
propranolol hcl oral	PREVENT	
PROSTIN VR	TIER 03	
QUESTRAN	EXCLUDED	
QUESTRAN LIGHT	EXCLUDED	
quinapril hcl	PREVENT	
quinapril-hydrochlorothiazide	PREVENT	
quinidine gluconate er	TIER 01	
quinidine sulfate	TIER 01	
ramipril	PREVENT	
ranolazine er	TIER 01	
RECTIV	TIER 03	
REPATHA	TIER 02	PA
REPATHA PUSHTRONEX SYSTEM	TIER 02	PA
REPATHA SURECLICK	TIER 02	PA
REZIPRES	TIER 03	
rosuvastatin calcium oral	PREVENT	
simvastatin oral	PREVENT	
SOANZ	EXCLUDED	PA
sodium nitroprusside intravenous solution 25 mg/ml	TIER 01	
sotalol hcl (af)	PREVENT	
sotalol hcl oral	PREVENT	
SOTYLIZE	TIER 03	
spironolactone oral tablet	PREVENT	
spironolactone-hctz	PREVENT	
TEKTURNA	TIER 02	
telmisartan	PREVENT	
telmisartan-amlodipine	PREVENT	
telmisartan-hctz	PREVENT	
TENORMIN	EXCLUDED	
THALITONE	TIER 03	
tiadylt er	PREVENT	

Effective September 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
TIAZAC	TIER 03	
TIKOSYN	EXCLUDED	
timolol maleate oral	PREVENT	
TOPROL XL	EXCLUDED	
torseamide	PREVENT	
trandolapril	PREVENT	
trandolapril-verapamil hcl er	PREVENT	
triamterene oral	TIER 01	
triamterene-hctz oral capsule	TIER 01	
triamterene-hctz oral tablet	PREVENT	
TRIBENZOR	EXCLUDED	
TRICOR	EXCLUDED	
TRILIPIX	TIER 03	
VALSARTAN ORAL SOLUTION	EXCLUDED	PA
valsartan oral tablet	PREVENT	
valsartan-hydrochlorothiazide	PREVENT	
VARITHENA	TIER 03	
VASCEPA	TIER 02	PA
VAZCULEP	TIER 03	
VECAMYL	TIER 03	
verapamil hcl er	PREVENT	
verapamil hcl intravenous	TIER 01	
verapamil hcl oral	PREVENT	
VERELAN	TIER 03	
VERELAN PM	TIER 03	
VERQUVO	TIER 03	PA
VYNDAMAX	SPECIALTY	PA
VYNDAQEL	SPECIALTY	PA
VYTORIN	EXCLUDED	
WELCHOL	EXCLUDED	
ZESTRIL	EXCLUDED	
ZETIA	EXCLUDED	

Effective September 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
ZOCOR	EXCLUDED	
ZYPITAMAG	EXCLUDED	
Central Nervous System Agents		
SKYCLARYS	SPECIALTY	PA
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	TIER 03	
ADDERALL XR	TIER 03	ST; QL
ADZENYS XR-ODT	EXCLUDED	
amphetamine sulfate	TIER 01	
amphetamine-dextroamphetamine	TIER 01	
amphetamine-dextroamphetamine er	TIER 01	
amphet-dextroamphet 3-bead er	TIER 01	
APTENSIO XR	TIER 03	ST; QL
atomoxetine hcl	TIER 01	
AZSTARYS	TIER 02	ST; QL
clonidine hcl er 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	
DYANAVAL XR	EXCLUDED	
EVEKEO	EXCLUDED	
FOCALIN	EXCLUDED	
FOCALIN XR	EXCLUDED	

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

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

Effective September 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
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
ZEPOSIA STARTER KIT	SPECIALTY	PA; QL
Central Nervous System Agents - Miscellaneous		
ADDYI	TIER 03	PA
ADIPEX-P	EXCLUDED	PA
AMVUTTRA	SPECIALTY	PA
ANECTINE	TIER 03	
atracurium besylate	TIER 01	
AUSTEDO	SPECIALTY	PA
AUSTEDO XR	SPECIALTY	PA
AUSTEDO XR PATIENT TITRATION	SPECIALTY	PA
benzphetamine hcl	TIER 01	
caffeine citrate	TIER 01	
CAFFEINE-SODIUM BENZOATE	TIER 03	
cisatracurium besylate	TIER 01	
cisatracurium besylate (pf)	TIER 01	
CONTRAIVE	EXCLUDED	PA
DAYBUE	EXCLUDED	PA
diethylpropion hcl er	TIER 01	
diethylpropion hcl oral	TIER 01	
DOPRAM	TIER 03	
edaravone	SPECIALTY	PA

Drug Name	Drug Tier	Notes
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
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
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

Effective September 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
SUCCINYLCHOLINE CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100 MG/5ML	TIER 03	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS	TIER 03	
succinylcholine chloride solution 20 mg/ml injection	TIER 01	
SUCCINYLCHOLINE CHLORIDE SOLUTION 20 MG/ML INJECTION	TIER 03	
TEGLUTIK	SPECIALTY	PA
TEGSEDI	SPECIALTY	PA
tetrabenazine	SPECIALTY	PA
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
vecuronium bromide intravenous solution reconstituted	TIER 01	
VYLEESI	TIER 03	PA
WAINUA	SPECIALTY	PA
WEGOVY	TIER 02	PA
XENICAL	TIER 03	PA
ZEPBOUND SUBCUTANEOUS SOLUTION	TIER 03	PA
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	TIER 02	PA
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
AQUORAL	TIER 03	
CAPHOSOL	TIER 03	
cevimeline hcl	TIER 01	

Drug Name	Drug Tier	Notes
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	
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	

Effective September 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
PREVIDENT 5000 SENSITIVE	TIER 03	
REMESENSE	TIER 03	
SALAGEN	TIER 03	
sf gel 1.1%	TIER 01	
sf 5000 plus	TIER 01	
sod fluoride-potassium nitrate	TIER 01	
sodium fluoride 5000 plus	TIER 01	
sodium fluoride 5000 ppm dental cream	TIER 01	
sodium fluoride 5000 ppm dental paste	TIER 01	
sodium fluoride dental	TIER 01	
triamcinolone acetonide mouth/throat	TIER 01	
VANISH	TIER 03	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	EXCLUDED	PA
ABSORICA LD	TIER 03	PA
ACANYA	EXCLUDED	
acutane	TIER 01	
acitretin	TIER 01	
ACZONE	EXCLUDED	
adapalene external cream	TIER 01	
adapalene external gel	TIER 01	
adapalene-benzoyl peroxide external gel	TIER 01	
ADBRY	SPECIALTY	PA
AKLIEF	TIER 03	PA
ALA SCALP	EXCLUDED	PA
ala-cort	TIER 01	
alclometasone dipropionate	TIER 01	
ALTRENO	TIER 03	PA

Drug Name	Drug Tier	Notes
ammonium lactate external	TIER 01	
amnestem	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	
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	

Effective September 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
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
claravis	TIER 01	
CLEOCIN-T	TIER 03	
clindacin etz external swab	TIER 01	
clindacin-p	TIER 01	
CLINDAGEL	EXCLUDED	
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	EXCLUDED	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	TIER 01	
clindamycin phosphate external gel	TIER 01	
clindamycin phosphate external lotion	TIER 01	
clindamycin phosphate external solution	TIER 01	
clindamycin phosphate external swab	TIER 01	
clindamycin-tretinoin	TIER 01	
clobetasol propionate e	TIER 01	
clobetasol propionate external	TIER 01	
CLOBEX	EXCLUDED	
CLOBEX SPRAY	EXCLUDED	

Drug Name	Drug Tier	Notes
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	
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	

Effective September 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
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 pad 2%	TIER 01	
ERYGEL	TIER 03	
erythromycin external	TIER 01	
EUCRISA	TIER 02	ST
FABIOR	EXCLUDED	PA
FILSUVEZ	TIER 03	PA
FINACEA EXTERNAL FOAM	TIER 03	
fluocinolone acetonide body	TIER 01	
fluocinolone acetonide external	TIER 01	
fluocinolone acetonide scalp	TIER 01	
fluocinonide emulsified base	TIER 01	
fluocinonide external	TIER 01	
FLUOROURACIL EXTERNAL CREAM 0.5 %	TIER 02	
fluorouracil external cream 5 %	TIER 01	
fluorouracil external solution	TIER 01	

Drug Name	Drug Tier	Notes
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
HYDROCAINE	TIER 03	
hydrocortisone butyrate external cream	TIER 01	
hydrocortisone butyrate external ointment	TIER 01	
hydrocortisone butyrate external solution	TIER 01	
hydrocortisone external cream 1 %, 2.5 %	TIER 01	
hydrocortisone external lotion 2.5 %	TIER 01	
hydrocortisone external ointment 1 %, 2.5 %	TIER 01	
hydrocortisone valerate	TIER 01	
HYFTOR	EXCLUDED	PA
HYPOCYN ANTIPRURITIC	TIER 03	
imiquimod external cream 3.75 %	TIER 01	ST
imiquimod external cream 5 %	TIER 01	
imiquimod pump	TIER 01	ST
IMPOYZ	EXCLUDED	PA
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	TIER 01	
ivermectin external cream	TIER 01	
KENALOG	EXCLUDED	

Effective September 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
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
LIDOTRAL + HYDROCORTISONE EXTERNAL LOTION 5-1 %	TIER 03	
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	
MICROCYN EXTERNAL LIQUID	TIER 03	
MIRVASO	TIER 02	
mometasone furoate external	TIER 01	
NEO-SYNALAR	TIER 03	
neuac	TIER 01	
NORITATE	EXCLUDED	
NORMLGEL AG	TIER 03	

Drug Name	Drug Tier	Notes
NOVACHOR EXTERNAL SHEET 1.5 CM X 2.75 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
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	TIER 03	PA
RHOFADE	EXCLUDED	
SANTYL	TIER 03	QL
SCENESSE	SPECIALTY	PA
selenium sulfide external lotion	TIER 01	
SILIGENTLE AG FOAM DRESSING	TIER 03	
SILIGENTLE AG SILVER FOAM DRES	TIER 03	

Effective September 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
SILVERSEAL HYDROGEL DRESSING EXTERNAL PAD 2"X3"	TIER 03	
SOOLANTRA	TIER 03	
SORILUX	EXCLUDED	PA
sulfacetamide sodium (acne)	TIER 01	
sulfacetamide sodium external	TIER 01	
sulfacetamide sodium-sulfur external liquid 10-5 %	TIER 01	
sulfacetamide sodium-sulfur external suspension 8-4 %, 9-4.25 %	TIER 01	
SYNALAR	TIER 03	
TACLONEX	TIER 03	QL
tacrolimus external	TIER 01	QL
tazarotene external cream	TIER 01	PA
TAZAROTENE EXTERNAL FOAM	EXCLUDED	PA
tazarotene external gel	TIER 01	PA
TAZORAC	EXCLUDED	PA
TOLAK	TIER 03	
TOPICORT EXTERNAL CREAM 0.25 %	TIER 03	
TOPICORT EXTERNAL GEL	TIER 03	
TOPICORT EXTERNAL OINTMENT	TIER 03	
TOPICORT SPRAY	EXCLUDED	
tretinoin external	TIER 01	
tretinoin microsphere external gel 0.08 %	TIER 01	
tretinoin microsphere pump external gel 0.08 %	TIER 01	
triamcinolone acetonide external cream	TIER 01	

Drug Name	Drug Tier	Notes
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	
XEROFORM PETROLAT PATCH 2"X2"	TIER 03	
XEROFORM PETROLAT PATCH 4"X4"	TIER 03	

Effective September 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
XEROFORM PETROLATUM DRES 4"X4"	TIER 03	
XEROFORM PETROLATUM DRES 5"X9"	TIER 03	
XEROFORM PETROLATUM ROLL 4"X9'	TIER 03	
YCANTH	TIER 03	PA
zenatane	TIER 01	
ZENIFIBER AG EXTERNAL PAD	TIER 03	
ZENIFOAM AG EXTERNAL PAD 2"X2" , 4"X5"	TIER 03	
ZIANA	EXCLUDED	
ZILXI	TIER 03	ST
ZORYVE EXTERNAL CREAM 0.3 %	EXCLUDED	PA
ZORYVE EXTERNAL FOAM	EXCLUDED	PA
ZYCLARA	EXCLUDED	
ZYCLARA PUMP	EXCLUDED	
Diabetes - Antidiabetic Agents		
acarbose oral	PREVENT	
ALOGLIPTIN BENZOATE	EXCLUDED	
ALOGLIPTIN- METFORMIN HCL	EXCLUDED	
ALOGLIPTIN- PIOGLITAZONE	EXCLUDED	
BEXAGLIFLOZIN	EXCLUDED	
BRENZAVVY	EXCLUDED	
BYDUREON BCISE AUTOINJECTOR	TIER 02	PA; QL
BYETTA 10 MCG PEN	TIER 02	PA; QL
BYETTA 5 MCG PEN	TIER 02	PA; QL
CYCLOSET	TIER 03	ST

Drug Name	Drug Tier	Notes
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
LIRAGLUTIDE	TIER 02	PA; QL
metformin hcl er	PREVENT	
metformin hcl er (mod)	EXCLUDED	PA
metformin hcl er (osm)	EXCLUDED	
metformin hcl oral solution	TIER 01	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	PREVENT	
metformin hcl oral tablet 625 mg	PREVENT	PA
migliitol	PREVENT	

Effective September 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
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	
SITAGLIPTIN	EXCLUDED	
SOLIQUA	TIER 02	
STEGLATRO	EXCLUDED	
STEGLUJAN	EXCLUDED	
SYMLINPEN 120	TIER 03	PA
SYMLINPEN 60	TIER 03	PA
SYNJARDY	TIER 02	
SYNJARDY XR	TIER 02	
TRADJENTA	TIER 02	ST
TRIJARDY XR	TIER 02	
TRULICITY	TIER 02	PA; QL
TZIELD	EXCLUDED	PA
VICTOZA	TIER 02	PA; QL
XIGDUO XR	TIER 02	
XULTOPHY	TIER 03	
ZITUVIO	EXCLUDED	
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	EXCLUDED	

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	

Effective September 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
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	

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	

Effective September 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
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	
CEQUR SIMPLICITY 2U 10PK	TIER 02	
CEQUR SIMPLICITY INSERTER	TIER 02	

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	

Effective September 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
CONTOUR NEXT CONTROL SOLUTION	TIER 02	
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	
CVS GLUCOSE METER TEST STRIPS	EXCLUDED	
CVS KETONE CARE	TIER 03	
CVS TRUE METRIX GLUCOSE TEST	EXCLUDED	
D-CARE BLOOD GLUCOSE	EXCLUDED	
D-CARE GLUCOMETER	EXCLUDED	
DEXCOM G6 RECEIVER	TIER 02	
DEXCOM G6 SENSOR	TIER 02	
DEXCOM G6 TRANSMITTER	TIER 02	
DEXCOM G7 RECEIVER	TIER 02	
DEXCOM G7 SENSOR	TIER 02	
DIASTIX REAGENT	TIER 02	
DIATHRIVE BLOOD GLUCOSE METER	EXCLUDED	

Drug Name	Drug Tier	Notes
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	
DUO-CARE CONTROL SOLUTION	EXCLUDED	
DUO-CARE TEST	EXCLUDED	
EASY MAX BLOOD GLUCOSE TEST	EXCLUDED	
EASY MAX T1 GLUCOSE SYSTEM	EXCLUDED	
EASY PLUS II CONTROL	EXCLUDED	
EASY PLUS II GLUCOSE SYSTEM	EXCLUDED	
EASY PLUS II GLUCOSE TEST	EXCLUDED	
EASY STEP CONTROL	EXCLUDED	
EASY STEP GLUCOSE MONITOR	EXCLUDED	
EASY STEP TEST	EXCLUDED	

Effective September 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 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	
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	

Drug Name	Drug Tier	Notes
BLOOD GLUCOSE TEST STRIPS	EXCLUDED	
EASYMAX V BLOOD GLUCOSE	EXCLUDED	
EASYMAX V2 BLOOD GLUCOSE 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	
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	

Effective September 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
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	
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	

Drug Name	Drug Tier	Notes
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	
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	

Effective September 1, 2024

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

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
FORA 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	
FORACARE TEST N GO MONITOR	EXCLUDED	
FORACARE TEST N GO TEST	EXCLUDED	
FREESTYLE CONTROL SOLUTION	EXCLUDED	
FREESTYLE FREEDOM LITE	EXCLUDED	
FREESTYLE INSULINX TEST	EXCLUDED	
FREESTYLE LIBRE 14 DAY READER	EXCLUDED	
FREESTYLE LIBRE 14 DAY SENSOR	EXCLUDED	

Drug Name	Drug Tier	Notes
FREESTYLE LIBRE 2 READER	PREVENT	
FREESTYLE LIBRE 2 SENSOR	PREVENT	
FREESTYLE LIBRE 3 PLUS SENSOR	EXCLUDED	
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	
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	

Effective September 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 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	
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	

Drug Name	Drug Tier	Notes
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	
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	

Effective September 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
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	
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	

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

Effective September 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
MEIJER TRUETRACK TEST	EXCLUDED	
MICRODOT BLOOD GLUCOSE SYSTEM	EXCLUDED	
MICRODOT CONTROL HIGH/LOW	EXCLUDED	
MICRODOT TEST	EXCLUDED	
MICROLET NEXT LANCING DEVICE	PREVENT	
MM BLOOD GLUCOSE SYSTEM	EXCLUDED	
MM BLOOD GLUCOSE SYSTEM REFILL	EXCLUDED	
MM BLULINK GLUCOSE MONIT SYS	EXCLUDED	
MM BLULINK GLUCOSE TEST	EXCLUDED	
MM EASY TOUCH GLUCOSE	EXCLUDED	
MM EASY TOUCH GLUCOSE METER	EXCLUDED	
MYGLUCOHEALTH BLOOD GLUCOSE	EXCLUDED	
MYGLUCOHEALTH CONTROL	EXCLUDED	
MYGLUCOHEALTH TEST	EXCLUDED	
NEUTEK 2TEK CONTROL	EXCLUDED	
NEUTEK 2TEK TEST	EXCLUDED	
NOVA MAX BLOOD GLUCOSE SYSTEM	EXCLUDED	
NOVA MAX GLUCOSE TEST	EXCLUDED	
NOVA MAX PLUS GLU/KET CONTROL	EXCLUDED	
NOVOPEN ECHO	TIER 03	
ON CALL EXPRESS BLOOD GLUCOSE	EXCLUDED	
ON CALL EXPRESS MONITORING SYS	EXCLUDED	

Drug Name	Drug Tier	Notes
ONE DROP BLOOD GLUCOSE MONITOR	EXCLUDED	
ONE DROP TEST	EXCLUDED	
ONETOUCH DELICA PLUS LANCING	TIER 03	
ONETOUCH DELICA SAFETY LANCING	TIER 02	
ONETOUCH ULTRA TEST STRIPS	EXCLUDED	
ONETOUCH ULTRA 2 KIT W/DEVICE	EXCLUDED	
ONETOUCH ULTRA CONTROL	EXCLUDED	
ONETOUCH ULTRA IN VITRO LIQUID	EXCLUDED	
ONETOUCH ULTRA TEST STRIPS	EXCLUDED	
ONETOUCH VERIO KIT W/DEVICE	EXCLUDED	
ONETOUCH VERIO FLEX SYSTEM DEVICE	EXCLUDED	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	EXCLUDED	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	PREVENT	
ONETOUCH VERIO REFLECT KIT W/DEVICE	EXCLUDED	
OPTIUMEZ TEST	EXCLUDED	
PHARMACIST CHOICE AUTOCODE	EXCLUDED	
PHARMACIST CHOICE AUTOCODE SYS	EXCLUDED	
PHARMACIST CHOICE MINI SYSTEM	EXCLUDED	
PHARMACIST CHOICE NO CODING	EXCLUDED	
PIP BLOOD GLUCOSE MONITORING	EXCLUDED	

Effective September 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
PIP BLOOD GLUCOSE TEST STRIP	EXCLUDED	
PIP GLUCOSE CONTROL SOLUTION	EXCLUDED	
POCKETCHEM EZ CONTROL	EXCLUDED	
POCKETCHEM EZ SYSTEM	EXCLUDED	
POCKETCHEM EZ TEST	EXCLUDED	
POGO AUTOMATIC BLOOD GLUCOSE	EXCLUDED	
POGO AUTOMATIC TEST CARTRIDGES	EXCLUDED	
PRECISION GLUCOSE KETONE CONTR	EXCLUDED	
PRECISION XTRA	EXCLUDED	
PRECISION XTRA BLOOD GLUCOSE	EXCLUDED	
PREMIUM BLOOD GLUCOSE TEST	EXCLUDED	
PRO VOICE V8 GLUCOSE SYSTEM	EXCLUDED	
PRO VOICE V8/V9 GLUCOSE	EXCLUDED	
PRO VOICE V9 GLUCOSE SYSTEM	EXCLUDED	
PRODIGY AUTOCODE BLOOD GLUCOSE	EXCLUDED	
PRODIGY CONTROL SOLUTION	EXCLUDED	
PRODIGY NO CODING BLOOD GLUC	EXCLUDED	
PRODIGY POCKET BLOOD GLUCOSE	EXCLUDED	
PRODIGY VOICE BLOOD GLUCOSE	EXCLUDED	
PTS PANELS EGLU TEST	EXCLUDED	
QUICKTEK	EXCLUDED	

Drug Name	Drug Tier	Notes
QUICKTEK CONTROL SOLUTION	EXCLUDED	
QUICKTEK TEST	EXCLUDED	
QUICKTEK/METER	EXCLUDED	
QUINTET AC BLOOD GLUCOSE	EXCLUDED	
QUINTET AC BLOOD GLUCOSE TEST	EXCLUDED	
QUINTET BLOOD GLUCOSE SYSTEM	EXCLUDED	
QUINTET BLOOD GLUCOSE TEST	EXCLUDED	
QUINTET CONTROL HIGH/NORMAL	EXCLUDED	
REFUAH PLUS BLOOD GLUCOSE TEST	EXCLUDED	
REFUAH PLUS GLUCOSE CONTROL	EXCLUDED	
REFUAH PLUS MONITORING SYSTEM	EXCLUDED	
RELION ALL-IN-ONE	EXCLUDED	
RELION BLOOD GLUCOSE TEST	EXCLUDED	
RELION CONFIRM GLUCOSE MONITOR	EXCLUDED	
RELION CONFIRM/MICRO TEST	EXCLUDED	
RELION 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	

Effective September 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
RELION TRUE MET AIR GLUC METER	EXCLUDED	
RELION TRUE METRIX TEST STRIPS	EXCLUDED	
RELION ULTIMA GLUCOSE SYSTEM	EXCLUDED	
RELION ULTIMA TEST	EXCLUDED	
REXALL BLOOD GLUCOSE SYSTEM	EXCLUDED	
REXALL BLOOD GLUCOSE TEST	EXCLUDED	
RIGHTEST GC300 CONTROL	EXCLUDED	
RIGHTEST GM100 BLOOD GLUCOSE	EXCLUDED	
RIGHTEST GM300 BLOOD GLUCOSE	EXCLUDED	
RIGHTEST GM550 BLOOD GLUCOSE	EXCLUDED	
RIGHTEST GS100 BLOOD GLUCOSE	EXCLUDED	
RIGHTEST GS300 BLOOD GLUCOSE	EXCLUDED	
RIGHTEST GS550 BLOOD GLUCOSE	EXCLUDED	
RIGHTEST GT333 BLOOD GLUCOSE	EXCLUDED	
RIGHTEST GT333 GLUCOSE TEST	EXCLUDED	
SMART SENSE PREMIUM SYSTEM	EXCLUDED	
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	

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

Effective September 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
TRUE METRIX LEVEL 3	EXCLUDED	
TRUE METRIX METER	EXCLUDED	
TRUE METRIX PRO BLOOD GLUCOSE	EXCLUDED	
TRUECONTROL GLUCOSE CONT LEV 0	EXCLUDED	
TRUECONTROL GLUCOSE CONT LEV 1	EXCLUDED	
TRUERESULT BLOOD GLUCOSE	EXCLUDED	
TRUETEST TEST	EXCLUDED	
TRUETRACK BLOOD GLUCOSE	EXCLUDED	
TRUETRACK SMART SYSTEM	EXCLUDED	
TRUETRACK TEST	EXCLUDED	
UNISTRIP CONTROL	EXCLUDED	
UNISTRIP1 GENERIC	EXCLUDED	
VERASENS BLOOD GLUCOSE METER	EXCLUDED	
VERASENS BLOOD GLUCOSE SYSTEM	EXCLUDED	
VERASENS BLOOD GLUCOSE TEST	EXCLUDED	
VERASENS GLUCOSE CONTROL	EXCLUDED	
VERIFINE SAFE LANCET MINI 21G	TIER 02	
VERIFINE SAFE LANCET MINI 23G	TIER 02	
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	

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

Effective September 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
DROPSAFE SAFETY SYRINGE/NEEDLE	TIER 02	
FIASP	TIER 01	
FIASP FLEXTOUCH	TIER 01	
FIASP PENFILL	TIER 01	
FIASP PUMPCART	TIER 01	
HUMALOG KWIKPEN	PREVENT	
HUMALOG MIX 50/50 KWIKPEN	PREVENT	
HUMALOG MIX 50/50 VIAL	PREVENT	
HUMALOG MIX 75/25 KWIKPEN	PREVENT	
HUMALOG MIX 75/25 VIAL	PREVENT	
HUMALOG SOLUTION 100 UNIT/ML INJECTION	PREVENT	
HUMALOG SOLUTION 100 UNIT/ML INJECTION	TIER 01	
HUMALOG SUBCUTANEOUS	PREVENT	
HUMALOG TEMPO PEN	EXCLUDED	
HUMALOG U-100 JUNIOR KWIKPEN	PREVENT	
HUMULIN 70/30 KWIKPEN	PREVENT	
HUMULIN 70/30 VIAL	PREVENT	
HUMULIN N KWIKPEN	PREVENT	
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	

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

Effective September 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
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	
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	

Drug Name	Drug Tier	Notes
REZVOGLAR KWIKPEN	TIER 01	
SEMGLEE (YFGN)	EXCLUDED	
TOUJEO MAX SOLOSTAR	PREVENT	
TOUJEO SOLOSTAR	PREVENT	
TRESIBA	EXCLUDED	
TRESIBA FLEXTOUCH	EXCLUDED	
ULTIGUARD SAFEPACK SYR/NEEDLE	TIER 02	
VERIFINE INSULIN SYRINGE	TIER 02	
Electrolytes / Minerals / Metals / Vitamins		
ACCRUFER	EXCLUDED	
ALTRIXA	EXCLUDED	
AMINO ACID	TIER 03	
AMINO ACID-CALCIUM-HEP IN D10W INTRAVENOUS SOLUTION 3 %	TIER 03	
AMINOPROTECT	TIER 03	
AMINOSYN II	TIER 03	
AMINOSYN-PF	TIER 03	
AMINOSYN-PF 7%	TIER 03	
AMLADEX	EXCLUDED	
AQUASOL A	TIER 03	
AQUASTAT	TIER 03	
AQUASTAT SFR	TIER 03	
ARGININE HCL INJECTION	TIER 03	
AZESCO	EXCLUDED	
BD POSIFLUSH	TIER 03	
BD POSIFLUSH SAFESCRUB	TIER 03	
CALCIFOL	TIER 03	
CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS	TIER 03	

Effective September 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
calcium chloride solution 10 % intravenous	TIER 01	
calcium gluconate intravenous solution	TIER 01	
CALCIUM GLUCONATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
calcium gluconate-nacl intravenous solution 1-0.675 gm/50ml-%, 2-0.675 gm/100ml-%	TIER 01	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.8 GM/100ML-%, 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%	TIER 03	
CARBAGLU	SPECIALTY	PA
carglumic acid	SPECIALTY	PA
CARNITOR INTRAVENOUS	TIER 03	
CARNITOR ORAL	EXCLUDED	
CARNITOR SF	EXCLUDED	
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	

Drug Name	Drug Tier	Notes
CLINIMIX E/DEXTROSE (5/20)	TIER 03	
CLINIMIX E/DEXTROSE (8/10)	TIER 03	
CLINIMIX E/DEXTROSE (8/14)	TIER 03	
CLINIMIX/DEXTROSE (4.25/10)	TIER 03	
CLINIMIX/DEXTROSE (4.25/5)	TIER 03	
CLINIMIX/DEXTROSE (5/15)	TIER 03	
CLINIMIX/DEXTROSE (5/20)	TIER 03	
CLINIMIX/DEXTROSE (6/5)	TIER 03	
CLINIMIX/DEXTROSE (8/10)	TIER 03	
CLINIMIX/DEXTROSE (8/14)	TIER 03	
CLINISOL SF	TIER 03	
CLINOLIPID	TIER 03	
cupric chloride	TIER 01	
CUVRIOR	EXCLUDED	PA
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	

Effective September 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
DERMACINRX ZINTREXYL-C	EXCLUDED	
DEXATLAN	EXCLUDED	
DEXIFOL	EXCLUDED	
DEXPANTHENOL INJECTION	TIER 03	
dextrose intravenous solution 10 %, 20 %, 30 %, 40 %, 5 %, 70 %	TIER 01	
DEXTROSE SOLUTION 250 MG/ML INTRAVENOUS	TIER 03	
dextrose solution 250 mg/ml intravenous	TIER 01	
DEXTROSE SOLUTION 50 % INTRAVENOUS	TIER 03	
dextrose solution 50 % intravenous	TIER 01	
DIATROL	EXCLUDED	
DODEX	TIER 03	
DRISDOL	TIER 03	
EDETATE DISODIUM INTRAVENOUS	TIER 03	
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
FLORAFOL PEDIATRIC	EXCLUDED	
FLORRAVITE	EXCLUDED	

Drug Name	Drug Tier	Notes
FOLAGENT DHA	EXCLUDED	
FOLAMAX	EXCLUDED	
FOLAMED DHA	EXCLUDED	
FOLAPRIME	EXCLUDED	
FOLCYTEINE	EXCLUDED	
folic acid injection	TIER 01	
folic acid oral tablet 1 mg	TIER 01	
FOLIFLEX	EXCLUDED	
FOLIKA-BC	EXCLUDED	
FOLITIN-Z	EXCLUDED	
FOLTREXYL	EXCLUDED	
GALZIN	TIER 03	
GLUTATHIONE INJECTION SOLUTION 200 MG/ML	TIER 03	
GLUTATHIONE INTRAVENOUS	TIER 03	
GLYCINE INJECTION	TIER 03	
GLYCOPHOS	TIER 03	
hematinic/folic acid	TIER 01	
hydroxocobalamin acetate	TIER 01	
HYLAVITE	EXCLUDED	
HYLAZINC	EXCLUDED	
INFED	TIER 03	
INJECTAFER	TIER 03	ST
INTRALIPID	TIER 03	
iodine strong oral	TIER 01	
JENLIVA PRENATAL/POSTNATA L	EXCLUDED	
JYNARQUE	EXCLUDED	PA; QL
KABIVEN	TIER 03	
KEYLOSA	EXCLUDED	
KIONEX	TIER 03	
klor-con	TIER 01	
klor-con 10	TIER 01	
klor-con m10	TIER 01	

Effective September 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
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	
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	

Drug Name	Drug Tier	Notes
MONOJECT SODIUM CHLORIDE FLUSH	TIER 03	
MULTIPRO	EXCLUDED	
MULTITOL-M	EXCLUDED	
MULTI-VIT-FLOR	EXCLUDED	
MULTRYS	TIER 03	
na ferric gluc cplx in sucrose	TIER 01	
NASCOBAL	TIER 03	
NATAL PNV	EXCLUDED	
NEEVO DHA	EXCLUDED	
NEOKE ALCAR	TIER 03	
NEONATAL + DHA	EXCLUDED	
NEONATAL COMPLETE ORAL TABLET 29-1 MG	EXCLUDED	
NEONATAL FE	EXCLUDED	
NESTABS DHA	EXCLUDED	
NESTABS ONE	EXCLUDED	
NICADAN	EXCLUDED	
NICAZEL	EXCLUDED	
NICAZEL FORTE	EXCLUDED	
NICOMIDE	EXCLUDED	
NITRIVIA	EXCLUDED	
normal saline flush	TIER 01	
NOVITE	EXCLUDED	
NUTRA-Z+	EXCLUDED	
NUTRILIPID	TIER 03	
OB COMPLETE ONE	EXCLUDED	
OB COMPLETE PETITE	EXCLUDED	
OB COMPLETE PREMIER	EXCLUDED	
ORAL CITRATE	TIER 03	
PERIKABIVEN	TIER 03	
phosphorous	TIER 01	
phospho-trin 250 neutral	TIER 01	
PHOSPHO-TRIN K500	TIER 03	
phytonadione injection	TIER 01	

Effective September 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
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 crs er	TIER 01	
potassium chloride er	TIER 01	
potassium chloride intravenous solution	TIER 01	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
potassium chloride oral	TIER 01	
potassium citrate er	TIER 01	
potassium phosphates	TIER 01	
potassium phosphates(66 meq k)	TIER 01	
potassium phosphates(71 meq k)	TIER 01	
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	

Drug Name	Drug Tier	Notes
PRENATE MINI	EXCLUDED	
PRENATE PIXIE	EXCLUDED	
PRENATE RESTORE	EXCLUDED	
PRENATOL-M	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	
pyridoxine hcl solution 100 mg/ml injection	TIER 01	
PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION	TIER 03	
QUFLORA FE	EXCLUDED	
REMEDIENT	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	

Effective September 1, 2024

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

ATRIUM HEALTH

Drug Name	Drug Tier	Notes
SODIUM 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	
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	
trientine hcl	SPECIALTY	PA
TRISODIUM CITRATE/CRRT	TIER 03	
TRISTART DHA	EXCLUDED	
TRONVITE	EXCLUDED	
TROPHAMINE	TIER 03	
TRUE DAILY VITE	EXCLUDED	
TRUE MULTIVITAMIN	EXCLUDED	
VELTASSA	TIER 03	

Drug Name	Drug Tier	Notes
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	
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	

Effective September 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
ZELDANA	EXCLUDED	
zinc chloride intravenous	TIER 01	
zinc sulfate intravenous	TIER 01	
ZIPHEX	EXCLUDED	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	EXCLUDED	
CARAFATE ORAL TABLET	EXCLUDED	
cimetidine hcl	TIER 01	
cimetidine oral	TIER 01	
CYTOTEC	TIER 03	
DEXILANT	EXCLUDED	
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	

Drug Name	Drug Tier	Notes
nizatidine	TIER 01	
omeprazole oral capsule delayed release	TIER 01	
OMEPRAZOLE+SYRSP END SF ALKA	TIER 03	ST
omeprazole-sodium bicarbonate	EXCLUDED	
pantoprazole sodium intravenous	TIER 01	
pantoprazole sodium oral tablet delayed release	TIER 01	
PANTOPRAZOLE SODIUM-NACL	TIER 03	
PREVACID	EXCLUDED	ST; QL
PREVACID SOLUTAB	EXCLUDED	
PROTONIX INTRAVENOUS	TIER 03	
PROTONIX ORAL TABLET DELAYED RELEASE	EXCLUDED	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	EXCLUDED	
rabeprazole sodium oral tablet delayed release	TIER 01	
sucralfate oral tablet	TIER 01	
VOQUEZNA	EXCLUDED	PA
ZEGERID	EXCLUDED	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	TIER 01	PA
alvimopan	TIER 01	
AMITIZA	EXCLUDED	
ANASPAZ	TIER 03	
atropine sulfate injection solution	TIER 01	

Effective September 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
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	TIER 01	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML	TIER 03	
atropine sulfate intravenous solution	TIER 01	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	TIER 03	
BENTYL	TIER 03	
bis subcit-metronid-tetracyc	TIER 01	
bismuth/metronidaz/tetra cyclin	TIER 01	
CHENODAL	SPECIALTY	PA
CLENPIQ	TIER 03	
constulose	TIER 01	
cromolyn sodium oral	TIER 01	
dicyclomine hcl intramuscular	TIER 01	
dicyclomine hcl oral	TIER 01	
diphenoxylate-atropine	TIER 01	
enulose	TIER 01	
GATTEX	SPECIALTY	PA
gavilyte-c	TIER 01	
gavilyte-g	TIER 01	
gavilyte-n with flavor pack	TIER 01	
generlac	TIER 01	
glycopyrrolate injection solution	TIER 01	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE	TIER 03	

Drug Name	Drug Tier	Notes
GLYCOPYRROLATE INTRAVENOUS	TIER 03	
glycopyrrolate oral solution	TIER 01	PA
glycopyrrolate oral tablet 1 mg, 2 mg	TIER 01	
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	TIER 01	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	TIER 03	
GLYRX-PF	TIER 03	
GOLYTELY	EXCLUDED	
HELIDAC THERAPY	TIER 03	
hyoscyamine sulfate er	TIER 01	
hyoscyamine sulfate oral elixir	TIER 01	
hyoscyamine sulfate oral tablet	TIER 01	
hyoscyamine sulfate oral tablet dispersible	TIER 01	
hyoscyamine sulfate sublingual	TIER 01	
hyosyne oral elixir	TIER 01	
IBSRELA	EXCLUDED	PA
lactulose encephalopathy oral solution 10 gm/15ml	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	

Effective September 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
MOTEGRITY	TIER 03	ST; QL
MOTOFEN	EXCLUDED	PA
MOVANTIK	EXCLUDED	QL
MOVIPREP	EXCLUDED	
MYTESI	TIER 03	QL
na sulfate-k sulfate-mg sulf	TIER 01	
OMECLAMOX-PAK	TIER 02	
OSCIMIN	TIER 03	
peg 3350-kcl-na bicarb-nacl	TIER 01	
peg-3350/electrolytes	TIER 01	
peg-3350/electrolytes/ascorbic acid	TIER 01	
peg-kcl-nacl-nasulf-na asc-c	TIER 01	
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	
SUREBIOTIC PROBIOTIC SUPPORT	TIER 03	
SUTAB	TIER 03	
SYMPROIC	SPECIALTY	ST; QL
TALICIA	TIER 03	
TRULANCE	EXCLUDED	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	EXCLUDED	PA
ursodiol oral capsule 300 mg	TIER 01	

Drug Name	Drug Tier	Notes
ursodiol oral tablet	TIER 01	
VIBERZI	TIER 03	PA
VIBRANT	TIER 03	
VIBRANT STARTER KIT	TIER 03	
VOQUEZNA DUAL PAK	TIER 03	PA
VOQUEZNA TRIPLE PAK	TIER 03	PA
VOWST	EXCLUDED	PA
XERMELO	SPECIALTY	PA
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ADZYNMA	SPECIALTY	PA
ALDURAZYME	SPECIALTY	PA
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

Effective September 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
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
OICALIVA	SPECIALTY	PA
OLPRUVA (2 GM DOSE)	EXCLUDED	PA
OLPRUVA (3 GM DOSE)	EXCLUDED	PA
OLPRUVA (4 GM DOSE)	EXCLUDED	PA
OLPRUVA (5 GM DOSE)	EXCLUDED	PA
OLPRUVA (6 GM DOSE)	EXCLUDED	PA
OLPRUVA (6.67 GM DOSE)	EXCLUDED	PA
OPFOLDA	SPECIALTY	PA
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

Drug Name	Drug Tier	Notes
SUCRAID	SPECIALTY	PA
VILTEPSO	EXCLUDED	PA
VIMIZIM	SPECIALTY	PA
VIOKACE	EXCLUDED	
VOXZOGO	SPECIALTY	PA
VPRIV	SPECIALTY	PA
VYONDYS 53	EXCLUDED	PA
XURIDEN	SPECIALTY	PA
yargesa	SPECIALTY	PA
ZENPEP	TIER 02	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	EXCLUDED	
bethanechol chloride oral	TIER 01	
calcium acetate (phos binder)	TIER 01	
calcium acetate oral tablet 667 mg	TIER 01	
CIALIS	EXCLUDED	QL
CUPRIMINE	EXCLUDED	PA
darifenacin hydrobromide er	TIER 01	
DEPEN TITRATABS	SPECIALTY	
DETROL	TIER 03	
DETROL LA	TIER 03	
ELMIRON	EXCLUDED	PA
FILSPARI	SPECIALTY	PA
flavoxate hcl	TIER 01	
FOSRENOL ORAL PACKET	TIER 03	ST
GELNIQUE	TIER 03	ST
GEMTESA	EXCLUDED	
INTRAROSA	TIER 03	ST
lanthanum carbonate	TIER 01	
LITHOSTAT	TIER 03	
mirabegron er	TIER 01	

Effective September 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
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	EXCLUDED	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	TIER 02	
OXLUMO	SPECIALTY	PA
oxybutynin chloride er	TIER 01	
oxybutynin chloride oral solution	TIER 01	
oxybutynin chloride oral tablet 5 mg	TIER 01	
OXYTROL	TIER 03	ST; QL
penicillamine oral capsule	EXCLUDED	PA
penicillamine oral tablet	SPECIALTY	
phenazo oral tablet 200 mg	TIER 01	
phenazopyridine hcl oral tablet 100 mg, 200 mg	TIER 01	
RIMSO-50	TIER 03	
RIVFLOZA	SPECIALTY	PA
sevelamer carbonate	TIER 01	
sevelamer hcl	TIER 01	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	TIER 01	QL
solifenacin succinate	TIER 01	
STENDRA	EXCLUDED	QL
tadalafil oral	TIER 01	QL
THIOLA	SPECIALTY	
THIOLA EC	SPECIALTY	
tiopronin	SPECIALTY	
tolterodine tartrate	TIER 01	
tolterodine tartrate er	TIER 01	
TOVIAZ	EXCLUDED	
tropium chloride	TIER 01	
tropium chloride er	TIER 01	
VELPHORO	TIER 03	

Drug Name	Drug Tier	Notes
VESICARE	EXCLUDED	
VESICARE LS	EXCLUDED	
VIAGRA	EXCLUDED	QL
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	TIER 01	
AVODART	EXCLUDED	
dutasteride oral	TIER 01	
dutasteride-tamsulosin hcl	TIER 01	
finasteride oral tablet 5 mg	TIER 01	
FLOMAX	EXCLUDED	
PROSCAR	TIER 03	
silodosin	TIER 01	
tamsulosin hcl	PREVENT	
terazosin hcl	PREVENT	
Hormonal Agents - Adrenal		
AGAMREE	SPECIALTY	PA
ALKINDI SPRINKLE	EXCLUDED	PA
betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	TIER 01	
BETAMETHASONE SODIUM PHOSPHATE INJECTION	TIER 03	
CELESTONE SOLUSPAN	TIER 03	
CORTEF	EXCLUDED	
CORTISONE ACETATE ORAL	EXCLUDED	PA
deflazacort oral suspension	SPECIALTY	PA
DEPO-MEDROL	TIER 03	
DEXAMETHASONE (LA)	TIER 03	
dexamethasone intensol	TIER 01	

Effective September 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 oral	TIER 01	
dexamethasone sod phos +rfid	TIER 01	
DEXAMETHASONE SOD PHOS-NACL	TIER 03	
dexamethasone sod phosphate pf	TIER 01	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	TIER 01	
dexamethasone sodium phosphate injection solution prefilled syringe	TIER 01	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	TIER 03	
dexamethasone sodium phosphate solution 10 mg/ml injection	TIER 01	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION	TIER 03	
dexamethasone sodium phosphate solution 4 mg/ml injection	TIER 01	
DEXONTO 0.4%	TIER 03	
fludrocortisone acetate oral	TIER 01	
HEMADY	EXCLUDED	PA
hydrocortisone oral	TIER 01	
KENALOG-10	TIER 03	
KENALOG-40	EXCLUDED	
KENALOG-80	TIER 03	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	TIER 03	
MEDROL ORAL TABLET 2 MG	TIER 02	

Drug Name	Drug Tier	Notes
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	
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	

Effective September 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
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION	TIER 03	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 80 MG/ML	TIER 03	
TRIAMCINOLONE-BUPIVACAINE	TIER 03	
Hormonal Agents - Men's Health		
ANDRODERM	TIER 02	PA
ANDROGEL PUMP	EXCLUDED	PA
AVEED	EXCLUDED	PA
danazol oral	TIER 01	
DEPO-TESTOSTERONE	EXCLUDED	PA
JATENZO	EXCLUDED	PA
METHITEST	TIER 03	PA
NATESTO	EXCLUDED	PA
TESTIM	EXCLUDED	PA
TESTOPEL	EXCLUDED	PA
testosterone cypionate intramuscular	TIER 01	PA
testosterone enanthate intramuscular	TIER 01	PA
testosterone transdermal	TIER 01	PA
TLANDO	EXCLUDED	PA
VOGELXO	EXCLUDED	PA
VOGELXO PUMP	EXCLUDED	PA
XYOSTED	EXCLUDED	PA
Hormonal Agents - Pituitary		
ACTHAR	SPECIALTY	PA
cabergoline	TIER 01	
cetorelix acetate	SPECIALTY	
CETROTIDE	EXCLUDED	

Drug Name	Drug Tier	Notes
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
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 MINIQUEEK	EXCLUDED	PA
GONAL-F	SPECIALTY	
GONAL-F RFF	SPECIALTY	
GONAL-F RFF REDIJECT	SPECIALTY	
HUMATROPE	EXCLUDED	PA
INCRELEX	SPECIALTY	PA
ISTURISA	EXCLUDED	PA

Effective September 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
lanreotide acetate solution 120 mg/0.5ml subcutaneous	SPECIALTY	PA
lanreotide acetate solution 120 mg/0.5ml subcutaneous	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
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	SPECIALTY	PA
LUPRON DEPOT-PED (1-MONTH)	SPECIALTY	PA
LUPRON DEPOT-PED (3-MONTH)	SPECIALTY	PA
LUPRON DEPOT-PED (6-MONTH)	SPECIALTY	PA
MENOPUR	SPECIALTY	
MYCAPSSA	EXCLUDED	PA
NGENLA	SPECIALTY	PA
NOCDURNA	TIER 03	PA
NORDITROPIN FLEXPRO	SPECIALTY	PA
NOVAREL	SPECIALTY	
NUTROPIN AQ NUSPIN 10	SPECIALTY	PA
NUTROPIN AQ NUSPIN 20	SPECIALTY	PA

Drug Name	Drug Tier	Notes
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
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

Effective September 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
Hormonal Agents - Prostaglandins		
KORLYM	SPECIALTY	PA; QL
MIFEPREX	TIER 03	
mifepristone oral tablet 200 mg	TIER 01	
mifepristone oral tablet 300 mg	SPECIALTY	PA; QL
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
EVISTA	TIER 03	
OSPHENA	TIER 03	
raloxifene hcl	TIER 01	
Hormonal Agents - Sex Hormones and Birth Control		
ACTIVELLA	TIER 03	
afirmelle	TIER 01	
ALORA	TIER 03	ST
altavera	TIER 01	
alyacen 1/35	TIER 01	
alyacen 7/7/7	TIER 01	
amethyst	TIER 01	
ANGELIQ	TIER 03	
ANNOVERA	TIER 03	QL
apri	TIER 01	
aranelle	TIER 01	
ashlyna	TIER 01	QL
aubra eq	TIER 01	
aurovela 1.5/30	TIER 01	
aurovela 1/20	TIER 01	
aurovela 24 fe	TIER 01	
aurovela fe 1.5/30	TIER 01	
aurovela fe 1/20	TIER 01	
aviane	TIER 01	
ayuna	TIER 01	

Drug Name	Drug Tier	Notes
azurette	TIER 01	
BALCOLTRA	TIER 03	
balziva	TIER 01	
BEYAZ	EXCLUDED	
BIJUVA	TIER 03	
blisovi 24 fe	TIER 01	
blisovi fe 1.5/30	TIER 01	
blisovi fe 1/20	TIER 01	
briellyn	TIER 01	
camila	TIER 01	
camrese	TIER 01	QL
camrese lo	TIER 01	QL
charlotte 24 fe	TIER 01	
chateal eq	TIER 01	
CLIMARA	EXCLUDED	
CLIMARA PRO	TIER 02	
COMBIPATCH	TIER 03	
CRINONE	TIER 03	
cryselle-28	TIER 01	
cyred eq	TIER 01	
dasetta 1/35	TIER 01	
dasetta 7/7/7	TIER 01	
daysee	TIER 01	QL
deblitane	TIER 01	
DELESTROGEN	EXCLUDED	
delyla	TIER 01	
DEPO-ESTRADIOL	TIER 03	
DEPO-PROVERA	TIER 03	QL
DEPO-SUBQ PROVERA 104	TIER 03	QL
desogestrel-ethinyl estradiol	TIER 01	
DIVIGEL	TIER 03	
dolishale	TIER 01	
dotti	TIER 01	
drospiren-eth estrad-levomefol	TIER 01	

Effective September 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
drospirenone-ethinyl estradiol	TIER 01	
DUAVEE	TIER 02	
ELESTRIN	TIER 03	
elinest	TIER 01	
ELLA	TIER 03	
eluryng	TIER 01	
emzahh	TIER 01	
ENDOMETRIN	TIER 02	
enilloring	TIER 01	
enpresse-28	TIER 01	
enskyce	TIER 01	
errin	TIER 01	
estarylla	TIER 01	
ESTRACE	EXCLUDED	
estradiol oral	TIER 01	
estradiol transdermal	TIER 01	
estradiol vaginal	TIER 01	
estradiol valerate intramuscular	TIER 01	
estradiol-norethindrone acet	TIER 01	
ESTRING	TIER 03	QL
ESTROGEL	TIER 03	
ethynodiol diac-eth estradiol	TIER 01	
etonogestrel-ethinyl estradiol	TIER 01	
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	

Drug Name	Drug Tier	Notes
hailey fe 1/20	TIER 01	
haloette	TIER 01	
heather	TIER 01	
iclevia	TIER 01	QL
IMVEXXY MAINTENANCE PACK	TIER 02	
IMVEXXY STARTER PACK	TIER 02	
incassia	TIER 01	
introvale	TIER 01	QL
isibloom	TIER 01	
jaimiess	TIER 01	QL
jasmiel	TIER 01	
jencycla	TIER 01	
jinteli	TIER 01	
jolessa	TIER 01	QL
joyeaux	TIER 01	
juleber	TIER 01	
junel 1.5/30	TIER 01	
junel 1/20	TIER 01	
junel fe 1.5/30	TIER 01	
junel fe 1/20	TIER 01	
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	

Effective September 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
levonest	TIER 01	
levonorgest-eth est & eth est	TIER 01	QL
levonorgest-eth estrad 91-day	TIER 01	QL
levonorgest-eth estradiol-iron	TIER 01	
levonorgestrel-ethinyl estrad	TIER 01	
levonorg-eth estrad triphasic	TIER 01	
levora 0.15/30 (28)	TIER 01	
LO LOESTRIN FE	EXCLUDED	
LOESTRIN 1.5/30 (21)	EXCLUDED	
LOESTRIN 1/20 (21)	EXCLUDED	
LOESTRIN FE 1.5/30	EXCLUDED	
LOESTRIN FE 1/20	EXCLUDED	
lojaimiess	TIER 01	QL
loryna	TIER 01	
low-ogestrel	TIER 01	
lo-zumandimine	TIER 01	
lutra	TIER 01	
lyleq	TIER 01	
lyllana	TIER 01	
lyza	TIER 01	
marlissa	TIER 01	
medroxyprogesterone acetate intramuscular	TIER 01	QL
medroxyprogesterone acetate oral	TIER 01	
megestrol acetate oral	TIER 01	
MENEST	TIER 02	
MENOSTAR	TIER 03	ST
merzee	TIER 01	
mibelas 24 fe	TIER 01	
microgestin 1.5/30	TIER 01	
microgestin 1/20	TIER 01	
microgestin 24 fe	TIER 01	

Drug Name	Drug Tier	Notes
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	
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	

Effective September 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
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	
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	

Drug Name	Drug Tier	Notes
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	
vienva	TIER 01	
vioarele	TIER 01	
VIVELLE-DOT	EXCLUDED	ST
volnea	TIER 01	
vyfemla	TIER 01	
vylibra	TIER 01	
wera	TIER 01	
wymzya fe	TIER 01	
xulane	TIER 01	
YASMIN 28	EXCLUDED	
YAZ	EXCLUDED	
yuvafem	TIER 01	
zafemy	TIER 01	
zovia 1/35 (28)	TIER 01	
zumandimine	TIER 01	
Hormonal Agents - Thyroid		
ADTHYZA	TIER 03	
ARMOUR THYROID	TIER 03	
CYTOMEL	EXCLUDED	
ERMEZA	EXCLUDED	

Effective September 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
euthyrox	PREVENT	
levo-t	PREVENT	
levothyroxine sodium intravenous	TIER 01	
LEVOTHYROXINE SODIUM ORAL CAPSULE	EXCLUDED	
levothyroxine sodium oral tablet	PREVENT	
levoxyol	PREVENT	
liothyronine sodium intravenous	TIER 01	
liothyronine sodium oral	TIER 01	
methimazole oral	PREVENT	
NIVA THYROID	TIER 03	
np thyroid	TIER 01	
propylthiouracil oral	TIER 01	
SODIUM IODIDE I-131	TIER 03	
SYNTHROID	EXCLUDED	
THYQUIDITY	EXCLUDED	
thyroid oral	TIER 01	
TIROSINT	EXCLUDED	
TIROSINT-SOL	EXCLUDED	
unithroid	PREVENT	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN)	EXCLUDED	PA
ABRILADA (2 PEN)	EXCLUDED	PA
ABRILADA (2 SYRINGE)	EXCLUDED	PA
ACTEMRA ACTPEN	SPECIALTY	PA; QL
ACTEMRA INTRAVENOUS	SPECIALTY	PA
ACTEMRA SUBCUTANEOUS	SPECIALTY	PA; QL
ACTIMMUNE	SPECIALTY	PA

Drug Name	Drug Tier	Notes
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-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	EXCLUDED	PA; QL
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	SPECIALTY	PA; QL
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	EXCLUDED	PA; QL
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	SPECIALTY	PA; QL
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	EXCLUDED	PA; QL
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	SPECIALTY	PA; QL
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	EXCLUDED	PA; QL

Effective September 1, 2024

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

Drug Name	Drug Tier	Notes
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	SPECIALTY	PA; QL
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	SPECIALTY	PA; QL
ADALIMUMAB-ADBM(CD/UC/HS STRT)	SPECIALTY	PA; QL
ADALIMUMAB-ADBM(PS/UV STARTER)	SPECIALTY	PA; QL
ADALIMUMAB-FKJP (2 PEN)	EXCLUDED	PA
ADALIMUMAB-FKJP (2 SYRINGE)	EXCLUDED	PA
ADALIMUMAB-RYVK (2 PEN)	EXCLUDED	PA
ADALIMUMAB-RYVK (2 SYRINGE)	EXCLUDED	PA
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	EXCLUDED	PA; QL
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	SPECIALTY	PA; QL
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	SPECIALTY	PA; QL
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SPECIALTY	PA; QL
AMJEVITA-PED 10KG TO <15KG	SPECIALTY	PA; QL

Drug Name	Drug Tier	Notes
AMJEVITA-PED 15KG TO <30KG	SPECIALTY	PA; QL
ARCALYST	SPECIALTY	PA
ASCENIV	EXCLUDED	PA
ASTAGRAF XL	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
COSENTYX SENSOREADY PEN	EXCLUDED	PA
COSENTYX UNOREADY	EXCLUDED	PA
CUTAQUIG	EXCLUDED	PA
CUVITRU	SPECIALTY	PA
cyclosporine modified	TIER 01	
cyclosporine oral	TIER 01	
CYLTEZO (2 PEN)	SPECIALTY	PA; QL
CYLTEZO (2 SYRINGE)	SPECIALTY	PA; QL
CYLTEZO-CD/UC/HS STARTER	SPECIALTY	PA; QL

Effective September 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
CYLTEZO-PSORIASIS/UV STARTER	SPECIALTY	PA; QL
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
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	SPECIALTY	PA; QL

Drug Name	Drug Tier	Notes
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
HUMIRA-CD/UC/HS STARTER	SPECIALTY	PA; QL
HUMIRA-PSORIASIS/VEIT STARTER	SPECIALTY	PA; QL

Effective September 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
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
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

Drug Name	Drug Tier	Notes
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
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

Effective September 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
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	SPECIALTY	PA; QL
ORENCIA CLICKJECT	SPECIALTY	PA; QL
ORENCIA INTRAVENOUS	SPECIALTY	PA
ORENCIA SUBCUTANEOUS	SPECIALTY	PA; QL
ORLADEYO	SPECIALTY	PA
OTEZLA	SPECIALTY	PA; QL
OTREXUP	EXCLUDED	PA
PANZYGA	EXCLUDED	PA
PRIVIGEN	SPECIALTY	PA
PROGRAF	TIER 02	
RAPAMUNE	SPECIALTY	

Drug Name	Drug Tier	Notes
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
RINVOQ LQ	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
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	

Effective September 1, 2024

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

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

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

Effective September 1, 2024

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

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

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

Effective September 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 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	
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	

Drug Name	Drug Tier	Notes
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	
BD HYDROPHILIC CATHETER 14FR	TIER 03	
BD SYRINGE LUER-LOK 30 ML	PREVENT	
BD ULTRA-FINE PEN NEEDLES	PREVENT	
BD ULTRA-FINE PEN NEEDLES	TIER 02	
BENTLEY THE BEAR PED NEBULIZER	TIER 03	
BIGFOOT UNITY PEN CAP/ADMELOG	EXCLUDED	
BIGFOOT UNITY PEN CAP/APIDRA	EXCLUDED	
BIGFOOT UNITY PEN CAP/ASPART	EXCLUDED	

Effective September 1, 2024

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

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

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

Effective September 1, 2024

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

ATRIUM HEALTH

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

Drug Name	Drug Tier	Notes
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	
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	

Effective September 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
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	
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	

Drug Name	Drug Tier	Notes
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
HYALGAN	EXCLUDED	PA
HYLENEX	TIER 03	
HYMOVIS	EXCLUDED	PA
IGALMI	TIER 03	PA
INCONTROL ULTICARE PEN NEEDLES	TIER 02	
INSPIREASE RESERVOIR BAGS	TIER 02	

Effective September 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
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	
IWILFIN	SPECIALTY	PA
J-TIP KIT W/VIAL ADAPTERS	TIER 03	
KANGAROO BALLOON 20FR/3.5CM	TIER 03	
KANGAROO FEEDING SET/ENFIT	TIER 03	
KANGAROO GASTROSTOMY TUBE	TIER 03	
KANGAROO GRAVITY FEEDING BAG	TIER 03	
KANGAROO JOEY ENTERAL PUMP	TIER 03	
KANGAROO MULTI-FUNCTIONAL PORT	TIER 03	
KANGAROO STOMA MEASURING DEV	TIER 03	
KARAYA GUM POWDER	TIER 03	
KENDALL SCD EXPRESS FOOT CUFF	TIER 03	
KERENDIA	TIER 03	PA
KERLIX AMD ANTIMICROBIAL	TIER 03	
KERLIX AMD SUPER SPONGES	TIER 03	
KORSUVA	SPECIALTY	PA
LATEX GLOVES MEDIUM	TIER 03	
l-glutamine oral packet	SPECIALTY	PA
LIVMARLI	EXCLUDED	PA

Drug Name	Drug Tier	Notes
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	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 200 COMPRESSOR NEBULIZER	TIER 03	
NEB-RITE4	TIER 03	
NEBULIZER MASK ADULT	TIER 03	
NEBULIZER MASK CHILD	TIER 03	
NEBULIZER PED FROG	TIER 03	

Effective September 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 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	
ONE FLOW SPIROMETER DEVICE	TIER 03	
OPTICHAMBER DIAMOND	TIER 02	

Drug Name	Drug Tier	Notes
OPTICHAMBER DIAMOND-LG MASK	TIER 02	
OPTICHAMBER DIAMOND-MD MASK	TIER 02	
OPTICHAMBER DIAMOND-SM MASK	TIER 02	
OPTUNE	TIER 03	
OPTUNE LUA	TIER 03	
ORALAIR	SPECIALTY	PA
ORALAIR ADULT STARTER PACK	SPECIALTY	PA
ORALAIR CHILDRENS STARTER PACK	SPECIALTY	PA
ORAMAGICRX	TIER 03	
ORTHOVISC	EXCLUDED	PA
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	
PEDIATRIC COMPRESSOR NEBULIZER	TIER 03	
PEDIATRIC PANDA MASK	TIER 02	

Effective September 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
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	
PROCARE SPACER/CHILD MASK	TIER 02	
PROTOPAM CHLORIDE	TIER 03	
PROVAYBLUE	TIER 03	

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

Effective September 1, 2024

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

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

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

Effective September 1, 2024

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

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

Drug Name	Drug Tier	Notes
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	TIER 03	
ACULAR LS	TIER 03	
ALOMIDE	TIER 03	
AZASITE	TIER 03	
azelastine hcl ophthalmic	TIER 01	
bacitracin ophthalmic	TIER 01	
BEPREVE	EXCLUDED	
BESIVANCE	TIER 03	
BETADINE OPHTHALMIC PREP	TIER 03	
bromfenac sodium (once-daily)	TIER 01	QL
bromfenac sodium ophthalmic solution 0.07 %	TIER 01	QL
BROMSITE	EXCLUDED	QL
ciprofloxacin hcl ophthalmic	TIER 01	
CLOBETASOL PROPIONATE OPHTHALMIC	TIER 03	
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	

Effective September 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
FML LIQUIFILM	TIER 03	
gatifloxacin ophthalmic	TIER 01	
gentamicin sulfate ophthalmic	TIER 01	
ILEVRO	EXCLUDED	QL
INVELTYS	TIER 03	
ketorolac tromethamine ophthalmic	TIER 01	
levofloxacin ophthalmic	TIER 01	
LOTEMAX OPHTHALMIC SUSPENSION	EXCLUDED	
LOTEMAX SM	TIER 03	
loteprednol etabonate ophthalmic gel	TIER 01	QL
MAXIDEX	TIER 03	
MAXITROL OPHTHALMIC OINTMENT	TIER 03	
MAXITROL OPHTHALMIC 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	

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

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

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

Effective September 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
CYCLOGYL	TIER 03	
CYCLOMYDRIL	TIER 03	
cyclopentolate hcl ophthalmic	TIER 01	
cyclosporine ophthalmic	EXCLUDED	PA
CYSTADROPS	SPECIALTY	
CYSTARAN	SPECIALTY	
EYLEA	SPECIALTY	PA
EYLEA HD	SPECIALTY	PA
HOMATROPAIRE	TIER 03	
IZERVAY	SPECIALTY	PA
LATISSE	EXCLUDED	
LUCENTIS	EXCLUDED	PA
MIEBO	TIER 02	PA; QL
MYDCOMBI	TIER 03	
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	

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

Effective September 1, 2024

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

Drug Name	Drug Tier	Notes
carbinoxamine maleate oral tablet 4 mg	TIER 01	
cetirizine hcl oral solution	TIER 01	
CINQAIR	SPECIALTY	PA
CLARINEX	EXCLUDED	
CLARINEX-D 12 HOUR	EXCLUDED	PA
clemastine fumarate oral tablet	TIER 01	
CUROSURF	TIER 03	
cyproheptadine hcl oral	TIER 01	
diphenhydramine hcl injection	TIER 01	
diphenhydramine hcl oral elixir	TIER 01	
DYMISTA	TIER 02	QL
flunisolide nasal	TIER 01	QL
fluticasone propionate nasal	TIER 01	
guaifenesin-codeine	TIER 01	PA; QL
HYCODAN	TIER 03	PA; QL
hydrocod poli-chlorphe poli er	TIER 01	PA; QL
hydrocodone bit-homatrop mbr	TIER 01	PA; QL
hydromet	TIER 01	PA; QL
HYPERSAL	TIER 03	
INFASURF	TIER 03	
ipratropium bromide nasal	PREVENT	
levocetirizine dihydrochloride oral tablet	TIER 01	
maxi-tuss ac	TIER 01	PA; QL
mometasone furoate nasal	TIER 01	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	TIER 03	
OMNARIS	TIER 03	QL

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

Effective September 1, 2024

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

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

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

Effective September 1, 2024

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

Drug Name	Drug Tier	Notes
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	PREVENT	QL
formoterol fumarate inhalation	PREVENT	QL
GLASSIA	SPECIALTY	PA
INCRUSE ELLIPTA	PREVENT	QL
ipratropium bromide inhalation	TIER 01	QL
ipratropium-albuterol	PREVENT	QL
isoproterenol hcl injection	TIER 01	
levalbuterol hcl inhalation	PREVENT	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	EXCLUDED	QL
montelukast sodium oral packet	TIER 01	
montelukast sodium oral tablet	PREVENT	
montelukast sodium oral tablet chewable	PREVENT	
NEFFY	TIER 03	
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

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

Effective September 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
BRONCHITOL TOLERANCE TEST	EXCLUDED	PA; QL
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	
tobramycin nebulization solution 300 mg/5ml inhalation	SPECIALTY	
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	EXCLUDED	
TRIKAFTA	SPECIALTY	PA; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	EXCLUDED	PA
ADEMPAS	SPECIALTY	PA
alyq	SPECIALTY	PA
ambrisentan	SPECIALTY	PA
bosentan	SPECIALTY	PA
epoprostenol sodium	SPECIALTY	PA
FLOLAN	SPECIALTY	PA
LETAIRIS	EXCLUDED	PA
OPSUMIT	SPECIALTY	PA
ORENITRAM	SPECIALTY	PA
ORENITRAM MONTH 1	SPECIALTY	PA
ORENITRAM MONTH 2	SPECIALTY	PA
ORENITRAM MONTH 3	SPECIALTY	PA
REMODULIN	EXCLUDED	PA

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

Effective September 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
chlorzoxazone oral tablet 500 mg	TIER 01	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	TIER 01	
DANTRIUM	TIER 03	
dantrolene sodium intravenous	TIER 01	
dantrolene sodium oral	TIER 01	
FLEQSUVY	EXCLUDED	PA
LYVISPAH	EXCLUDED	PA
methocarbamol injection	TIER 01	
methocarbamol oral tablet 500 mg, 750 mg	TIER 01	
NORGESIC	EXCLUDED	
NORGESIC FORTE	EXCLUDED	PA
orphenadrine citrate er	TIER 01	
orphenadrine citrate injection	TIER 01	
ORPHENGESIC FORTE	EXCLUDED	PA
OZOBAX DS	EXCLUDED	PA
revonto	TIER 01	
ROBAXIN	TIER 03	
RYANODEX	TIER 03	
SOMA	EXCLUDED	
tizanidine hcl oral capsule 6 mg	TIER 01	
tizanidine hcl oral tablet	TIER 01	
ZANAFLEX	EXCLUDED	
Sleep Disorder Agents		
AMBIEN	EXCLUDED	QL
AMBIEN CR	EXCLUDED	QL
armodafinil	TIER 01	PA; QL
BELSOMRA	TIER 03	ST; QL
DAYVIGO	TIER 03	ST; QL
doxepin hcl oral tablet	TIER 01	QL
eszopiclone	TIER 01	QL
flurazepam hcl	TIER 01	PA; QL

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

Effective September 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	ADEMPAS.....	103
abacavir sulfate-lamivudine.....	28	acetazolamide sodium.....	33	adenosine.....	33
ABELCET.....	18	acetic acid.....	99	ADIPEX-P.....	41
ABILIFY.....	27	acetylcysteine.....	87, 100	ADLARITY.....	15
ABILIFY ASIMTUFII.....	27	ACIPHEX.....	69	ADMELOG.....	61
ABILIFY MAINTENA.....	27	acitretin.....	43	ADMELOG SOLOSTAR.....	61
abiraterone acetate.....	20	ACTEMRA.....	81	ADRENALIN.....	100
ABRAXANE.....	20	ACTEMRA ACTPEN.....	81	adriamycin.....	21
ABRILADA (1 PEN).....	81	ACTHAR.....	75	ADTHYZA.....	80
ABRILADA (2 PEN).....	81	ACTIFOAM COLLAGEN		ADUHELM.....	15
ABRILADA (2 SYRINGE).....	81	SPONGE.....	87	ADVAIR DISKUS.....	100
ABSORICA.....	43	ACTIMMUNE.....	81	ADVAIR HFA.....	100
ABSORICA LD.....	43	ACTIVELLA.....	77	ADVANCE INTUITION	
acamprosate calcium.....	8	ACULAR.....	96	CONTROL.....	49
ACANYA.....	43	ACULAR LS.....	96	ADVANCE INTUITION METER.....	49
acarbose.....	48	acyclovir.....	28	ADVANCE INTUITION	
ACCOLATE.....	100	acyclovir sodium.....	28	MONITOR.....	49
ACCRUFER.....	63	ACYCLOVIR SODIUM-NACL.....	28	ADVANCE INTUITION TEST.....	49
ACCU-CHEK AVIVA DEVICE.....	49	ACZONE.....	43	ADVANCE MICRO-DRAW	
ACCU-CHEK AVIVA PLUS KIT		ADAKVEO.....	87	CONTROL.....	49
W/DEVICE.....	49	ADALIMUMAB-AACF (2 PEN).....	81	ADVANCE MICRO-DRAW	
ACCU-CHEK FASTCLIX		ADALIMUMAB-AATY (1 PEN).....	81	METER.....	49
LANCET KIT.....	49	ADALIMUMAB-AATY (2 PEN).....	81	ADVANCE MICRO-DRAW	
ACCU-CHEK GUIDE CONTROL.....	49	ADALIMUMAB-AATY (2		NORMAL.....	49
ACCU-CHEK GUIDE KIT		SYRINGE).....	81	ADVANCE MICRO-DRAW TEST.....	49
W/DEVICE.....	49	ADALIMUMAB-ADAZ.....	81	ADVATE.....	31
ACCU-CHEK GUIDE TEST		ADALIMUMAB-ADBM (2 PEN).....	81	ADVOCATE BLOOD GLUCOSE	
STRIPS.....	49	ADALIMUMAB-ADBM (2		MONITOR.....	49
ACCU-CHEK SMARTVIEW		SYRINGE).....	81, 82	ADVOCATE BLOOD GLUCOSE	
CONTROL.....	49	ADALIMUMAB-		SYSTEM.....	49
ACCU-CHEK SMARTVIEW		ADBM(CD/UC/HS STRT).....	82	ADVOCATE CONTROL	
TEST STRIPS.....	49	ADALIMUMAB-ADBM(PS/UV		SOLUTION.....	50
ACCU-CHEK SOFTCLIX		STARTER).....	82	ADVOCATE INSULIN PEN	
LANCET DEVICE KIT.....	49	ADALIMUMAB-FKJP (2 PEN).....	82	NEEDLE.....	87
ACCU-CHEK TENDER 1		ADALIMUMAB-FKJP (2		ADVOCATE REDI-CODE.....	50
INFUSION.....	87	SYRINGE).....	82	ADVOCATE REDI-CODE+.....	50
ACCU-PRIL.....	33	ADALIMUMAB-RYVK (2 PEN).....	82	ADVOCATE REDI-CODE+	
ACCURETIC.....	33	ADALIMUMAB-RYVK (2		CONTROL.....	50
accutane.....	43	SYRINGE).....	82	ADVOCATE REDI-CODE+ TEST.....	50
ACCU-TREND GLUCOSE.....	49	adapalene.....	43	ADVOCATE TEST.....	50
ACCU-TREND GLUCOSE		adapalene-benzoyl peroxide.....	43	ADYNOVATE.....	31
CONTROL.....	49	ADASUVE.....	27	ADZENYS XR-ODT.....	39
ACD FORMULA A.....	13	ADBRY.....	43	ADZYNMA.....	71
ACD-A NOCLOT-50.....	13	ADCETRIS.....	21	AEMCOLO.....	9
acebutolol hcl.....	33	ADCIRCA.....	103	AEROBIKA OPEP	
ACETADOTE.....	87	ADDERALL.....	39	W/MANOMETER.....	87
acetaminophen.....	3	ADDERALL XR.....	39	AEROCHAMBER HOLDING	
acetaminophen-codeine.....	3	ADDYI.....	41	CHAMBER.....	87
acetazolamide.....	97	adefovir dipivoxil.....	28		

Effective September 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 MINI	AIRDUO RESPICLICK 55/14.....	100	ALPROLIX.....	31
CHAMBER.....	AIRS PEDIATRIC AEROSOL		ALTACAINE.....	98
AEROCHAMBER MV.....	MASK.....	88	ALTACE.....	33
AEROCHAMBER PLS FLOVU	AIRSUPRA.....	100	altafrin.....	98
MTHPIECE.....	AJOVY.....	19	altavera.....	77
AEROCHAMBER PLUS FLO-VU	AKEEGA.....	21	ALTRENO.....	43
INTERM.....	AKLIEF.....	43	ALTRIXA.....	63
AEROCHAMBER PLUS FLO-VU	AKOVAZ.....	33	ALTUVIIIO.....	31
LARGE.....	AKTEN.....	98	ALUNBRIG.....	21
AEROCHAMBER PLUS FLO-VU	AKYNZEO.....	17	ALVAIZ.....	31
MEDIUM.....	AKYNZEO (READY-TO-USE).....	17	ALVESCO.....	101
AEROCHAMBER PLUS FLO-VU	AKYNZEO (TO-BE-DILUTED).....	17	alvimopan.....	69
SMALL.....	ALA SCALP.....	43	alyacen 1/35.....	77
AEROCHAMBER PLUS FLOW	ala-cort.....	43	alyacen 7/7/7.....	77
VU.....	albendazole.....	26	ALYMSYS.....	21
AEROCHAMBER	albuterol sulfate.....	101	alyq.....	103
W/FLOWSIGNAL.....	albuterol sulfate hfa.....	100	amantadine hcl.....	27
AEROECLIPSE EZ TWIST	ALBUTEROL SULFATE HFA.....	101	AMBIEN.....	104
TUBING.....	ALCAINE.....	98	AMBIEN CR.....	104
AEROECLIPSE II W/ELBOW	alclometasone dipropionate.....	43	ambisentan.....	103
ADAPTER.....	ALCOHOL PREP PADS.....	88	AMD FOAM DRESSING.....	88
AEROECLIPSE II W/UNIV	ALDACTONE.....	33	AMD FOAM DRESSING	
TUBING.....	ALDURAZYME.....	71	TOPSHEET.....	88
AEROECLIPSE XL NEBULIZER..	ALECENSA.....	21	amethyst.....	77
AEROGEAR ACTION ASTHMA	alendronate sodium.....	86	amikacin sulfate.....	9
KIT.....	alfuzosin hcl er.....	73	amiloride hcl.....	33
AFINITOR.....	ALIMTA.....	21	amiloride-hydrochlorothiazide.....	33
AFINITOR DISPERZ.....	ALINIA.....	26	AMINO ACID.....	63
afirmelle.....	ALIQOPA.....	21	AMINO ACID-CALCIUM-HEP IN	
AFREZZA.....	aliskiren fumarate.....	33	D10W.....	63
AFSTYLA.....	ALKINDI SPRINKLE.....	73	aminocaproic acid.....	31
AGAMATRIX AMP.....	ALL FLOW 1000 PFT FILTER.....	88	aminophylline.....	101
AGAMATRIX AMP TEST.....	allopurinol.....	19	AMINOPROTECT.....	63
AGAMATRIX CONTROL.....	ALLOPURINOL.....	19	AMINOSYN II.....	63
AGAMATRIX CONTROL LEVEL	allopurinol sodium.....	19	AMINOSYN-PF.....	63
2.....	ALOGLIPTIN BENZOATE.....	48	AMINOSYN-PF 7%.....	63
AGAMATRIX CONTROL LEVEL	ALOGLIPTIN-METFORMIN HCL.....	48	amiodarone hcl.....	33
4.....	ALOGLIPTIN-PIOGLITAZONE.....	48	AMITIZA.....	69
AGAMATRIX JAZZ TEST.....	ALOMIDE.....	96	amitriptyline hcl.....	16
AGAMATRIX JAZZ WIRELESS 2	ALOPRIM.....	19	AMJEVITA.....	82
AGAMATRIX KEYNOTE TEST....	ALORA.....	77	AMJEVITA-PED 10KG TO	
AGAMATRIX PRESTO.....	alosetron hcl.....	69	<15KG.....	82
AGAMATRIX PRESTO PRO	ALPHAGAN P.....	97	AMJEVITA-PED 15KG TO	
METER.....	ALPHA-LIPOIC ACID.....	88	<30KG.....	82
AGAMATRIX PRESTO TEST.....	ALPHANATE.....	31	AMLADDEX.....	63
AGAMREE.....	ALPHANINE SD.....	31	amlodipine besylate.....	33
AGGRASTAT.....	alprazolam.....	30	amlodipine besylate-benazepril	
AIMOVIG.....	alprazolam er.....	30	hcl.....	33
AIRDUO RESPICLICK 113/14... 100	alprazolam intensol.....	30	amlodipine besylate-valsartan.....	33
AIRDUO RESPICLICK 232/14... 100	alprazolam xr.....	30	amlodipine-atorvastatin.....	33

Effective September 1, 2024

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

ATRIUM HEALTH

amlodipine-olmesartan	33	APIDRA VIAL	61	ARZERRA.....	21
amlodipine-valsartan-hctz.....	33	APOGEE HC CATHETER		ASCENIV	82
ammonium lactate	43	16FR/16".....	88	ASCLERA.....	33
AMMONUL.....	71	APOGEE IC CATHETER		ascomp-codeine.....	3
amnesteem.....	43	14FR/16".....	88	asenapine maleate.....	27
AMONDYS 45.....	71	APOGEE PLUS INTERMITTENT		ashlyna.....	77
amoxapine.....	16	CATH.....	88	ASMANEX (120 METERED	
amoxicillin.....	9	APOKYN.....	27	DOSES).....	101
amoxicillin-potassium clavulanate..	9	apomorphine hcl.....	27	ASMANEX (14 METERED	
amoxicillin-potassium clavulanate		APONVIE.....	17	DOSES).....	101
er.....	9	apraclonidine hcl.....	97	ASMANEX (30 METERED	
AMPHADASE.....	88	aprepitant.....	17	DOSES).....	101
amphetamine sulfate.....	39	APRETUDE.....	28	ASMANEX (60 METERED	
amphetamine-		apri.....	77	DOSES).....	101
dextroamphetamine.....	39	APRISO.....	86	ASMANEX HFA.....	101
amphetamine-		APTENSIO XR.....	39	ASPARLAS.....	21
dextroamphetamine er.....	39	APTIOM.....	14	aspirin-dipyridamole er.....	27
amphet-dextroamphet 3-bead er..	39	APTIVUS.....	28	ASPRUZYO SPRINKLE.....	33
amphotericin b.....	18	AQ INSULIN SYRINGE.....	61	ASSURE 3 CONTROL.....	50
amphotericin b liposome.....	18	AQINJECT PEN NEEDLE.....	88	ASSURE 3 METER.....	50
ampicillin.....	9	AQUACEL AG BURN.....	43	ASSURE 3 TEST.....	50
ampicillin sodium.....	9	AQUACEL AG FOAM.....	43	ASSURE 4 CONTROL LEVEL 1	
ampicillin-sulbactam sodium.....	9	AQUASOL A.....	63	& 2.....	50
AMPYRA.....	40	AQUASTAT.....	63	ASSURE 4 METER.....	50
AMRIX.....	103	AQUASTAT SFR.....	63	ASSURE 4 TEST.....	50
AMVUTTRA.....	41	AQUORAL.....	42	ASSURE DOSE CONTROL.....	50
AMZEEQ.....	43	ARAKODA.....	26	ASSURE DOSE NORM/HIGH	
anagrelide hcl.....	31	ARALAST NP.....	101	CONTROL.....	50
ANALPRAM-HC.....	86	aranelle.....	77	ASSURE ID DUO PRO PEN	
ANASPAZ.....	69	ARANESP (ALBUMIN FREE).....	31	NEEDLES.....	88
anastrozole.....	21	ARAZLO.....	43	ASSURE ID PRO PEN	
ANCOBON.....	18	ARCALYST.....	82	NEEDLES.....	88
ANDEXXA.....	88	arformoterol tartrate.....	101	ASSURE II.....	50
ANDRODERM.....	75	ARGININE HCL.....	63	ASSURE II CHECK.....	50
ANDROGEL PUMP.....	75	ARIKAYCE.....	9	ASSURE II CONTROL.....	50
ANECTINE.....	41	ARIMIDEX.....	21	ASSURE II CONTROL LEVEL 1	
ANGELIQ.....	77	aripiprazole.....	27	& 2.....	50
ANGIOMAX.....	13	ARISTADA.....	27	ASSURE PLATINUM.....	50
ANNOVERA.....	77	ARISTADA INITIO.....	27	ASSURE PLATINUM METER.....	50
ANORO ELLIPTA.....	101	ARIXTRA.....	13	ASSURE PRISM CONTROL	
ANTICOAGULANT SODIUM		armodafinil.....	104	LEVEL 1	50
CITRATE.....	13	ARMOUR THYROID.....	80	ASSURE PRISM MULTI METER.....	50
ANTIVERT.....	17	arnica flower.....	88	ASSURE PRISM MULTI TEST.....	50
ANUSOL-HC.....	86	ARNUITY ELLIPTA.....	101	ASSURE PRO BLOOD	
ANZEMET.....	17	ARRANON.....	21	GLUCOSE METER.....	50
APADAZ.....	3	arsenic trioxide.....	21	ASSURE PRO CONTROL	
apap-caff-dihydrocodeine.....	3	ARTESUNATE.....	26	LEVEL 1 & 2.....	50
APEXICON E.....	43	ARTHROTEC.....	5	ASSURE PRO TEST.....	50
APHEXDA.....	31	ARTICADENT DENTAL.....	6	ASTAGRAF XL.....	82
APIDRA SOLOSTAR.....	61	ARTISS.....	88	ASTRINGYN.....	31

Effective September 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

ATACAND.....	33	avidoxy.....	9	BARD PISTON ENT	
atazanavir sulfate.....	28	AVITENE.....	88	IRRIGATION SYR.....	88
ATELVIA.....	87	AVITENE FLOUR.....	88	BARHEMSYS.....	17
atenolol.....	33	AVODART.....	73	BASAGLAR KWIKPEN.....	61
atenolol-chlorthalidone.....	33	AVONEX PEN.....	40	BASAGLAR TEMPO PEN.....	61
ATIVAN.....	30	AVONEX PREFILLED.....	40	BAVENCIO.....	21
atomoxetine hcl.....	39	AVSOLA.....	82	BD AUTOSHIELD DUO PEN	
ATORVALIQ.....	33	AVYCAZ.....	9	NEEDLES.....	88
atorvastatin calcium.....	33	ayuna.....	77	BD ECLIPSE NEEDLE.....	88
atovaquone.....	26	AYVAKIT.....	21	BD FILTER NEEDLE.....	88
atovaquone-proguanil hcl.....	26	azacitidine.....	21	bd heparin posiflush.....	13
atracurium besylate.....	41	AZACTAM.....	9	BD HYDROPHILIC CATHETER	
ATRALIN.....	43	AZADROX.....	43	14FR.....	88
ATRAPRO DERMAL SPRAY.....	43	AZASAN.....	82	BD LATITUDE DIABETES.....	50
atropine sulfate.....	69, 70, 98	AZASITE.....	96	BD LOGIC BLOOD GLUCOSE	
ATROPINE SULFATE.....	70, 98	azathioprine.....	82	MONITOR.....	50
ATROVENT HFA.....	101	azathioprine sodium.....	82	BD POSIFLUSH.....	63
AUBAGIO.....	40	azelaic acid.....	43	BD POSIFLUSH SAFESCRUB....	63
aubra eq.....	77	azelastine hcl.....	96, 99	BD SYRINGE LUER-LOK.....	88
AUGMENTIN.....	9	azelastine-fluticasone.....	99	BD ULTRA-FINE INSULIN	
AUGMENTIN ES-600.....	9	AZESCO.....	63	SYRINGES.....	61
AUGTYRO.....	21	azithromycin.....	9	BD ULTRA-FINE PEN NEEDLES	88
AUM ALCOHOL PREP PADS.....	88	AZOPT.....	97	BELBUCA.....	3
AUM INSULIN SAFETY PEN		AZOR.....	33	BELEODAQ.....	21
NEEDLE.....	88	AZSTARYS.....	39	BELRAPZO.....	21
AUM MINI INSULIN PEN		aztreonam.....	9	BELSOMRA.....	104
NEEDLE.....	88	AZULFIDINE.....	86	benazepril hcl.....	33
AUM PEN NEEDLE.....	88	AZULFIDINE EN-TABS.....	86	benazepril-hydrochlorothiazide....	33
AUM READYGARD DUO PEN		azurette.....	77	BENDAMUSTINE HCL.....	21
NEEDLE.....	88	B & C.....	43	bendamustine hcl.....	21
AUM SAFETY PEN NEEDLE.....	88	bac.....	3	BENDEKA.....	21
AURA PORTANEB.....	88	bacitracin.....	96	BENEFIX.....	31
aurovela 1.5/30.....	77	bacitracin-polymyxin b.....	98	BENICAR.....	33
aurovela 1/20.....	77	bacitra-neomycin-polymyxin-hc....	98	BENICAR HCT.....	33
aurovela 24 fe.....	77	BACLOFEN.....	103	BENLYSTA.....	82
aurovela fe 1.5/30.....	77	baclofen.....	103	BENTLEY THE BEAR PED	
aurovela fe 1/20.....	77	BACTERIOSTATIC		NEBULIZER.....	88
AURYXIA.....	72	WATER(BENZ ALC).....	88	BENTYL.....	70
AUSTEDO.....	41	BACTRIM.....	9	benzalkonium chloride.....	9
AUSTEDO XR.....	41	BACTRIM DS.....	9	BENZAMYCIN.....	43
AUSTEDO XR PATIENT		BAFIERTAM.....	40	BENZHYDROCODONE-	
TITRATION.....	41	BALCOLTRA.....	77	ACETAMINOPHEN.....	3
AUTOLET II CLINISAFE.....	50	BALFAXAR.....	31	BENZNIDAZOLE.....	26
AUTOLET LANCING DEVICE.....	50	balsalazide disodium.....	86	benzonatate.....	99
AUVELITY.....	16	balsam peru-castor oil.....	43	benzoyl peroxide-erythromycin....	43
AUVI-Q.....	101	BALVERSA.....	21	benzphetamine hcl.....	41
AVAPRO.....	33	balziva.....	77	benztropine mesylate.....	27
AVASTIN.....	21	BAQSIMI ONE PACK.....	61	BEOVU.....	98
AVEED.....	75	BAQSIMI TWO PACK.....	61	BEPREVE.....	96
aviane.....	77	BARACLUDE.....	28	BESIVANCE.....	96

Effective September 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

BESPONSA.....	21	BIGFOOT UNITY PEN		BOSULIF.....	21
BESREMI.....	21	CAP/TOUJEO M.....	89	BPCO.....	43
BETADINE OPHTHALMIC PREP	96	BIGFOOT UNITY PEN		BRAFTOVI.....	21
betaine.....	71	CAP/TRESIBA.....	89	BREATHE COMFORT	
betamethasone dipropionate.....	43	BIGFOOT UNITY PROGRAM.....	50	CHAMBER/ADULT.....	89
betamethasone dipropionate aug.	43	BIJUVA.....	77	BREATHE COMFORT	
betamethasone sod phos & acet..	73	BIKTARVY.....	28	CHAMBER/CHILD.....	89
BETAMETHASONE SODIUM		BILTRICIDE.....	26	BREATHE EASE LARGE.....	89
PHOSPHATE.....	73	bimatoprost.....	97	BREATHE EASE MEDIUM.....	89
betamethasone valerate.....	43	BIMZELX.....	43	BREATHE EASE NEB	
BETASERON.....	40	BIONECT.....	43	MASK/CHILD.....	89
betaxolol hcl.....	33, 97	BIORPHEN.....	33	BREATHE EASE NEB	
bethanechol chloride.....	72	BIOSTEP AG.....	43	MASK/INFANT.....	89
BETHKIS.....	102	BIOTEL CARE BLOOD		BREATHE EASE SMALL.....	89
BETIMOL.....	97	GLUCOSE.....	50	BREATHERITE VALVED MDI	
BEVACIZUMAB.....	98	BIOTEL CARE BLOOD		CHAMBER.....	89
BEVESPI AEROSPHERE.....	101	GLUCOSE SYST.....	50	BRENZAVVY.....	48
BEXAGLIFLOZIN.....	48	BIOTEL CARE TEST STRIPS.....	50	BREO ELLIPTA.....	101
bexarotene.....	21	bis subcit-metronid-tetracyc.....	70	BREVIBLOC.....	33
BEYAZ.....	77	bismuth/metronidaz/tetracyclin....	70	BREVIBLOC IN NACL.....	33
BEYFORTUS.....	82	bisoprolol fumarate.....	33	BREVIBLOC PREMIXED.....	33
BIAFINE.....	43	bisoprolol-hydrochlorothiazide.....	33	BREVIBLOC PREMIXED DS.....	33
bicalutamide.....	21	bivalirudin trifluoroacetate.....	13	BREXAFEMME.....	18
BICILLIN C-R.....	9	BIVIGAM.....	82	breyana.....	101
BICILLIN C-R 900/300.....	9	bleomycin sulfate.....	21	BREZTRI AEROSPHERE.....	101
BICILLIN L-A.....	9	BLINCYTO.....	21	BRIDION.....	89
BIDIL.....	33	blisovi 24 fe.....	77	briellyn.....	77
BIGFOOT UNITY PEN		blisovi fe 1.5/30.....	77	BRILINTA.....	27
CAP/ADMELOG.....	88	blisovi fe 1/20.....	77	brimonidine tartrate.....	43, 97, 98
BIGFOOT UNITY PEN		BLOOD GLUCOSE MONITOR		brimonidine tartrate-timolol.....	98
CAP/APIDRA.....	88	SYSTEM.....	50	BRIMONIDINE-DORZOLAMIDE..	98
BIGFOOT UNITY PEN		BLOOD GLUCOSE		brinzolamide.....	98
CAP/ASPART.....	88	MONITORING 333.....	50	BRIUMVI.....	40
BIGFOOT UNITY PEN		BLOOD GLUCOSE SYSTEM		BRIVIACT.....	14
CAP/BASAGLAR.....	89	PAK.....	50	BRIXADI.....	8
BIGFOOT UNITY PEN		BLOOD GLUCOSE TEST.....	51	BRIXADI (WEEKLY).....	8
CAP/FIASP.....	89	BLOOD GLUCOSE TEST		bromfenac sodium.....	96
BIGFOOT UNITY PEN		STRIPS.....	53	bromfenac sodium (once-daily)....	96
CAP/HUMALOG.....	89	BLOOD GLUCOSE TEST		bromocriptine mesylate.....	27
BIGFOOT UNITY PEN		STRIPS 333.....	51	BROMSITE.....	96
CAP/LANTUS.....	89	BLOXIVERZ.....	20	BRONCHITOL.....	102
BIGFOOT UNITY PEN		BLUESTAR.....	51	BRONCHITOL TOLERANCE	
CAP/LISPRO.....	89	BLULINK CONTROL HIGH &		TEST.....	103
BIGFOOT UNITY PEN		LOW.....	51	BROVANA.....	101
CAP/LYUMJEV.....	89	BLULINK GLUCOSE		BRUKINSA.....	21
BIGFOOT UNITY PEN		MONITORING SYS.....	51	budesonide.....	86, 101
CAP/NOVOLOG.....	89	BLULINK GLUCOSE TEST.....	51	budesonide er.....	86
BIGFOOT UNITY PEN		BONJESTA.....	17	budesonide-formoterol fumarate.	101
CAP/TOUJEO.....	89	bortezomib.....	21	bumetanide.....	33
		bosentan.....	103	BUMEX.....	33

Effective September 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

BUPHENYL.....	71	calcium chloride.....	64	CAREPOINT SYRINGE LUER	
BUPIVACAINE HCL.....	6	calcium gluconate.....	64	SLIP.....	89
bupivacaine hcl.....	6	CALCIUM GLUCONATE.....	64	CARESENS CONTROL A.....	51
bupivacaine hcl (pf).....	6	calcium gluconate-nacl.....	64	CARESENS CONTROL	
bupivacaine-epinephrine.....	6	CALCIUM GLUCONATE-NACL...	64	SOLUTION A/B.....	51
bupivacaine-epinephrine (pf).....	6	CALDOLOR.....	5	CARESENS LANCETS 30G.....	51
buprenorphine.....	3	CALQUENCE.....	21	CARESENS N FELIZ.....	51
buprenorphine hcl.....	3, 8	CAMBIA.....	19	CARESENS N FELIZ BT.....	51
buprenorphine hcl-naloxone hcl.....	8	camila.....	77	CARESENS N GLUCOSE	
bupropion hcl.....	16	CAMPTOSAR.....	21	SYSTEM.....	51
bupropion hcl er (smoking det).....	8	camrese.....	77	CARESENS N GLUCOSE TEST..	51
bupropion hcl er (sr).....	16	camrese lo.....	77	CARESENS N VOICE SYSTEM..	51
bupropion hcl er (xl).....	16	CAMZYOS.....	33	CARETOUCH 2 CPAP HOSE	
BUPROPION HCL ER (XL).....	16	CANASA.....	86	HANGER.....	89
buspirone hcl.....	30	CANCIDAS.....	18	CARETOUCH CONTROL SOL	
busulfan.....	21	candesartan cilexetil.....	33	LEVEL 2.....	51
BUSULFEX.....	21	candesartan cilexetil-hctz.....	33	CARETOUCH CPAP & BIPAP	
butalbital-acetaminophen.....	3	capecitabine.....	21	HOSE.....	89
butalbital-apap-caff-cod.....	3	CAPHOSOL.....	42	CARETOUCH CPAP MASK	
butalbital-apap-caffeine.....	3	CAPLYTA.....	27	WIPES.....	89
butalbital-asa-caff-codeine.....	3	CAPRELSA.....	21	CARETOUCH CPAP PRE-	
butalbital-aspirin-caffeine.....	3	CAPTAIN EAGLE PED		WASH SOLN.....	89
butorphanol tartrate.....	3	NEBULIZER.....	89	CARETOUCH CPAP TUBE	
BUTRANS.....	3	captopril.....	33	BRUSH.....	89
BYDUREON BCISE		captopril-hydrochlorothiazide.....	33	CARETOUCH	
AUTOINJECTOR.....	48	CARAC.....	44	LANCING/EJECTOR.....	51
BYETTA 10 MCG PEN.....	48	CARAFATE.....	69	CARETOUCH MONITOR	
BYETTA 5 MCG PEN.....	48	CARBAGLU.....	64	SYSTEM.....	51
BYLVAY.....	89	carbamazepine.....	14	CARETOUCH TEST.....	51
BYLVAY (PELLETS).....	89	carbamazepine er.....	14	CARETOUCH UNIVERSL CPAP	
BYOOVIZ.....	98	CARBATROL.....	14	FILTER.....	89
BYSTOLIC.....	33	carbidopa.....	27	carglumic acid.....	64
CABENUVA.....	28	carbidopa-levodopa.....	27	carisoprodol.....	103
cabergoline.....	75	carbidopa-levodopa er.....	27	carmustine.....	21
CABLIVI.....	27	carbidopa-levodopa-entacapone..	27	CARNITOR.....	64
CABOMETYX.....	21	carbinoxamine maleate.....	99, 100	CARNITOR SF.....	64
CABTREO.....	43	carboplatin.....	21	carteolol hcl.....	98
caffeine citrate.....	41	CARDENE IV.....	33	cartia xt.....	33
CAFFEINE-SODIUM		CARDIZEM LA.....	33	carvedilol.....	33
BENZOATE.....	41	CAREONE BLOOD GLUCOSE		CASODEX.....	21
CALCIFOL.....	63	SYSTEM.....	51	casprofungin acetate.....	18
calcipotriene.....	43, 44	CAREONE BLOOD GLUCOSE		CATAPRES-TTS-1.....	33
CALCIPOTRIENE.....	44	TEST.....	51	CATAPRES-TTS-2.....	33
calcipotriene-betameth diprop.....	44	CAREPOINT POLY HUB		CATAPRES-TTS-3.....	33
calcitonin (salmon).....	87	NEEDLE.....	89	CAYSTON.....	103
CALCITRENE.....	44	CAREPOINT SAFETY 1ST		cefaclor.....	9
calcitriol.....	44, 87	NEEDLE.....	89	cefaclor er.....	9
calcium acetate.....	72	CAREPOINT SYRINGE LUER		cefadroxil.....	9
calcium acetate (phos binder).....	72	LOCK.....	89	CEFALY KIT.....	89
CALCIUM CHLORIDE.....	63				

Effective September 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.....	89	claravis.....	44
cefepime-dextrose.....	9	chlorprocaine hcl (pf).....	6	CLARINEX.....	100
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.....	104	CLENPIQ.....	70
CEFOXITIN SODIUM-		CHOLBAM.....	71	CLEOCIN.....	10
DEXTROSE.....	10	cholestyramine.....	34	CLEOCIN PHOSPHATE.....	10
cefpodoxime proxetil.....	10	cholestyramine light.....	34	CLEOCIN-T.....	44
cefprozil.....	10	CHORIONIC GONADOTROPIN...75		CLEVER CHEK AUTO-CODE	
ceftazidime.....	10	CHOSEN LANCETS 30G.....	51	SYSTEM.....	51
ceftriaxone sodium.....	10	CHOSEN LANCING DEVICE.....	51	CLEVER CHEK AUTO-CODE	
ceftriaxone sodium in dextrose.....	10	CHOSEN SAFETY LANCETS		TEST.....	51
ceftriaxone sodium-dextrose.....	10	28G.....	51	CLEVER CHEK AUTO-CODE	
cefuroxime axetil.....	10	chromic chloride.....	64	VOICE.....	51
cefuroxime sodium.....	10	CIALIS.....	72	CLEVER CHEK SYSTEM.....	51
CELEBREX.....	5	CIBINQO.....	44	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.....	69	CONTROL.....	51
CEQUR SIMPLICITY 2U 10PK...51		cimetidine hcl.....	69	CLEVER CHOICE HOLDING	
CEQUR SIMPLICITY INSERTER.51		CIMZIA.....	82	CHAMBER.....	89
CERDELGA.....	71	CIMZIA (2 SYRINGE).....	82	CLEVER CHOICE MICRO	
CEREBYX.....	14	CIMZIA STARTER KIT.....	82	SYSTEM.....	51
CEREZYME.....	71	cinacalcet hcl.....	87	CLEVER CHOICE MICRO TEST.51	
cetirizine hcl.....	100	CINQAIR.....	100	CLEVER CHOICE MINI	
CETRAXAL.....	99	CINRYZE.....	82	SYSTEM.....	51
cetorelix acetate.....	75	CINVANTI.....	17	CLEVER CHOICE NO CODING...51	
CETROTIDE.....	75	CIPRO.....	10	CLEVER CHOICE TALK	
cevimeline hcl.....	42	ciprofloxacin hcl.....	10, 96, 99	SYSTEM.....	51
charlotte 24 fe.....	77	ciprofloxacin in d5w.....	10	CLEVER CHOICE TENS UNIT ...89	
chateal eq.....	77	ciprofloxacin-dexamethasone.....	99	CLEVER CHOICE WHIS AIR	
CHEMET.....	64	cisatracurium besylate.....	41	PED NEB.....	89
CHEMOPLUS LATEX GLOVES...89		cisatracurium besylate (pf).....	41	CLEVER CHOICE WHISPER	
CHEMOPLUS NEOPRENE		cisplatin.....	21	AIRE NEB.....	90
GLOVE.....	89	CISPLATIN.....	21	CLEVIPREX.....	34

Effective September 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	CONTRAVE.....	41
CLIMARA PRO.....	77	clozapine.....	27	CONTROL.....	52
clindacin etz.....	44	CNJ-016.....	82	CONZIP.....	3
clindacin-p.....	44	COAGADDEX.....	31	COOL BLOOD GLUCOSE TEST	
CLINDAGEL.....	44	COAGUCHEK XS SYSTEM.....	90	STRIPS.....	52
clindamycin hcl.....	10	coal tar.....	44	COOL CONTROL A.....	52
clindamycin palmitate hcl.....	10	COARTEM.....	26	COOL CONTROL B.....	52
clindamycin phosphate.....	10, 44	COCAINE HCL.....	6	COOL MONITOR.....	52
clindamycin phosphate in d5w.....	10	codeine sulfate.....	3	COOL MONITOR KIT.....	52
CLINDAMYCIN PHOSPHATE IN		colchicine.....	19	COPAXONE.....	40
NACL.....	10	colchicine-probenecid.....	19	COPIKTRA.....	21
clindamycin phosphate-benzoyl		colesevelam hcl.....	34	CORDRAN.....	44
peroxide.....	44	COLESTID.....	34	COREG.....	34
clindamycin-tretinoin.....	44	colestipol hcl.....	34	COREG CR.....	34
CLINDESSE.....	10	colistimethate sodium (cba).....	10	CORIFACT.....	31
CLINIMIX E/DEXTROSE (2.75/5).....	64	COLUMVI.....	21	CORLANOR.....	34
CLINIMIX E/DEXTROSE		COLY-MYCIN M.....	10	CORTEF.....	73
(4.25/1.0).....	64	COMBIGAN.....	98	CORTENEMA.....	86
CLINIMIX E/DEXTROSE (4.25/5).....	64	COMBIPATCH.....	77	CORTIFOAM.....	86
CLINIMIX E/DEXTROSE (5/15).....	64	COMBIVENT RESPIMAT.....	101	CORTISONE ACETATE.....	73
CLINIMIX E/DEXTROSE (5/20).....	64	COMBOGESIC.....	5	CORTISPORIN-TC.....	99
CLINIMIX E/DEXTROSE (8/10).....	64	COMETRIQ.....	21	CORTROPHIN.....	75
CLINIMIX E/DEXTROSE (8/14).....	64	COMFORT EZ PRO PEN		CORVERT.....	34
CLINIMIX/DEXTROSE (4.25/10).....	64	NEEDLES.....	90	COSELA.....	21
CLINIMIX/DEXTROSE (4.25/5).....	64	COMFORT TOUCH TWIST		COSENTYX (300 MG DOSE).....	82
CLINIMIX/DEXTROSE (5/15).....	64	LANCET 30G.....	51	COSENTYX 150 MG/ML.....	82
CLINIMIX/DEXTROSE (5/20).....	64	COMP A-I-R NEBULIZER.....	90	COSENTYX SENSOREADY	
CLINIMIX/DEXTROSE (6/5).....	64	COMPACT SPACE CHAMBER.....	90	(300 MG).....	82
CLINIMIX/DEXTROSE (8/10).....	64	COMPACT SPACE		COSENTYX SENSOREADY	
CLINIMIX/DEXTROSE (8/14).....	64	CHAMBER/LG MASK.....	90	PEN.....	82
CLINISOL SF.....	64	COMPACT SPACE		COSENTYX UNOREADY.....	82
CLINOLIPID.....	64	CHAMBER/MED MASK.....	90	COSOPT.....	98
CLINPRO 5000.....	42	COMPACT SPACE		COSOPT PF.....	98
clobazam.....	14	CHAMBER/SM MASK.....	90	COTELLIC.....	21
clobetasol propionate.....	44	COMPLERA.....	29	COTEMPLA XR-ODT.....	39
CLOBETASOL PROPIONATE.....	96	COMPRESSOR NEBULIZER.....	90	COXANTO.....	5
clobetasol propionate e.....	44	compro.....	17	COZAAR.....	34
CLOBEX.....	44	CONCEPTION KIT.....	90	CREON.....	71
CLOBEX SPRAY.....	44	CONCERTA.....	39	CRESEMBA.....	18
clodan.....	44	CONDYLOX.....	44	CRESTOR.....	34
CLODERM.....	44	CONJUPRI.....	34	CREXONT.....	27
clofarabine.....	21	constulose.....	70	CRINONE.....	77
CLOMID.....	75	CONTOUR CONTROL		cromolyn sodium.....	70, 96, 101
clomipramine hcl.....	16	SOLUTION.....	51	CROTAN.....	26
clonazepam.....	30	CONTOUR NEXT CONTROL		cryselle-28.....	77
clonidine hcl.....	34	SOLUTION.....	52	CRYSVITA.....	71
clonidine hcl er.....	39	CONTOUR NEXT GEN TEST		cupric chloride.....	64
clopidogrel bisulfate.....	27	STRIPS.....	52	CUPRIMINE.....	72
clorazepate dipotassium.....	30	CONTOUR NEXT ONE KIT.....	52	CURAFOAM AG FOAM	
clotrimazole.....	18	CONTOUR TEST STRIPS.....	52	DRESSING.....	44

Effective September 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

CURITY AMD ANTIMICROBIAL SPNGE.....	90	dacarbazine.....	22	DEMEROL.....	3
CURITY AMD ANTIMICROBIAL STRIP.....	90	dactinomycin.....	22	DEMSEER.....	34
CURITY IODOFORM PACKING STRIP.....	90	dalfampridine er.....	40	DENTA 5000 PLUS.....	42
CUROSURF.....	100	DALIRESP.....	101	DENTA 5000 PLUS SENSITIVE..	42
CUTAQUIG.....	82	DALVANCE.....	10	DENTAGEL.....	42
CUVITRU.....	82	danazol.....	75	DEPAKOTE.....	14
CUVRIOR.....	64	DANTRIUM.....	104	DEPAKOTE ER.....	14
CVS ADVANCED GLUCOSE TEST.....	52	dantrolene sodium.....	104	DEPAKOTE SPRINKLES.....	14
CVS BLOOD GLUCOSE METER.....	52	DANYELZA.....	22	DEPEN TITRATABS.....	72
CVS GLUCOSE METER TEST STRIPS.....	52	DAPAGLIFLOZIN PRO-METFORMIN ER.....	48	DEPO-ESTRADIOL.....	77
CVS KETONE CARE.....	52	DAPAGLIFLOZIN PROPANEDIOL.....	48	DEPO-MEDROL.....	73
CVS TRUE METRIX GLUCOSE TEST.....	52	dapsone.....	20	DEPO-PROVERA.....	77
cyanocobalamin.....	64	daptomycin.....	10	DEPO-SUBQ PROVERA 104.....	77
CYANOKIT.....	90	DAPTOMYCIN-SODIUM CHLORIDE.....	10	DEPO-TESTOSTERONE.....	75
cyclobenzaprine hcl.....	104	DARAPRIM.....	26	DERMACINRX DAVIMET.....	64
CYCLOGYL.....	99	darifenacin hydrobromide er.....	72	DERMACINRX MULTITAM.....	64
CYCLOMYDRIL.....	99	darunavir.....	29	DERMACINRX PRETRATE.....	64
cyclopentolate hcl.....	99	DARZALEX.....	22	DERMACINRX RIBOTIN-E.....	64
cyclophosphamide.....	21, 22	DARZALEX FASPRO.....	22	DERMACINRX ZINTREXYL-C.....	65
CYCLOPHOSPHAMIDE.....	21, 22	dasetta 1/35.....	77	DERMA-SMOOTH/FS BODY.....	44
cycloserine.....	20	dasetta 7/7/7.....	77	DERMA-SMOOTH/FS SCALP...	44
CYCLOSET.....	48	daunorubicin hcl.....	22	DERMOTIC.....	99
cyclosporine.....	82, 99	DAURISMO.....	22	DESCOVY.....	29
cyclosporine modified.....	82	DAVIMET-FLUORIDE.....	64	DESFERAL.....	90
CYKLOKAPRON.....	31	DAVIMET-M.....	64	desipramine hcl.....	16
CYLTEZO (2 PEN).....	82	DAYAVITE.....	64	desmopressin ace spray refrig.....	75
CYLTEZO (2 SYRINGE).....	82	DAYBUE.....	41	desmopressin acetate.....	75
CYLTEZO-CD/UC/HS STARTER.....	82	DAYPRO.....	5	desmopressin acetate pf.....	75
CYLTEZO-PSORIASIS/UV STARTER.....	83	daysee.....	77	desmopressin acetate spray.....	75
CYMBALTA.....	16	DAYTRANA.....	39	desogestrel-ethinyl estradiol.....	77
cyproheptadine hcl.....	100	DAYVIGO.....	104	desonide.....	44
CYRAMZA.....	22	D-CARE BLOOD GLUCOSE.....	52	DESOWEN.....	44
cyred eq.....	77	D-CARE GLUCOMETER.....	52	desoximetasone.....	44
CYSTADANE.....	71	deblitane.....	77	DESVENLAFAXINE ER.....	16
CYSTADROPS.....	99	decitabine.....	22	desvenlafaxine succinate er.....	16
CYSTAGON.....	71	DEFENCATH.....	13	DETROL.....	72
CYSTARAN.....	99	deferasirox.....	64	DETROL LA.....	72
cytarabine.....	22	deferasirox granules.....	64	dexamethasone.....	74
cytarabine (pf).....	22	deferroxamine mesylate.....	90	DEXAMETHASONE (LA).....	73
CYTOMEL.....	80	deflazacort.....	73	dexamethasone intensol.....	73
CYTOTEC.....	69	DEFLUX.....	90	dexamethasone sod phos +rfid....	74
CYTOTINE.....	90	DEFLUX METAL NEEDLE.....	90	DEXAMETHASONE SOD PHOS-NACL.....	74
dabigatran etexilate mesylate.....	13	DELESTROGEN.....	77	dexamethasone sod phosphate pf.....	74
		DELSTRIGO.....	29	dexamethasone sodium phosphate.....	74, 96
		delyla.....	77	DEXAMETHASONE SODIUM PHOSPHATE.....	74
		DELZICOL.....	86	DEXATRAN.....	65
		demeclocycline hcl.....	10		

Effective September 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

DEXCOM G6 RECEIVER.....	52	DIATHRIVE GLUCOSE TEST.....	52	dimethyl fumarate.....	40
DEXCOM G6 SENSOR.....	52	DIATHRIVE LANCING DEVICE...	52	dimethyl fumarate starter pack....	40
DEXCOM G6 TRANSMITTER.....	52	DIATHRIVE+ GLUCOSE		DIOVAN.....	34
DEXCOM G7 RECEIVER.....	52	MONITOR.....	52	DIOVAN HCT.....	34
DEXCOM G7 SENSOR.....	52	DIATHRIVE+ GLUCOSE TEST...	52	DIPENTUM.....	86
DEXIFOL.....	65	DIATROL.....	65	diphenhydramine hcl.....	100
DEXILANT.....	69	DIATRUE CONTROL LEVEL 1...	52	diphenoxylate-atropine.....	70
DEXMEDETOMIDINE HCL.....	90	DIATRUE CONTROL LEVEL 2...	52	DIPROLENE.....	44
dexmedetomidine hcl.....	90	DIATRUE CONTROL LEVEL 3...	52	dipyridamole.....	27
dexmedetomidine hcl in nacl.....	90	DIATRUE PLUS BLOOD		disopyramide phosphate.....	34
DEXMEDETOMIDINE HCL IN		GLUCOSE.....	52	disulfiram.....	8
NACL.....	90	DIATRUE PLUS TEST.....	52	DIURIL.....	34
DEXMEDETOMIDINE HCL-		diazepam.....	14, 30, 31	divalproex sodium.....	14
DEXTROSE.....	90	DIAZEPAM.....	31	divalproex sodium er.....	14
dexmethylphenidate hcl.....	39	diazepam intensol.....	30	DIVIGEL.....	77
dexmethylphenidate hcl er.....	39	diazoxide.....	61	dobutamine hcl.....	34
DEXONTO 0.4%.....	74	DIBENZYLINE.....	34	dobutamine-dextrose.....	34
DEXPANTHENOL.....	65	dichlorphenamide.....	98	docetaxel.....	22
dexrazoxane.....	22	DICLEGIS.....	17	DOCIVYX.....	22
dexrazoxane hcl.....	22	DICLOFENAC PATCH 1.3%.....	5	DODEX.....	65
dextroamphetamine sulfate.....	39	diclofenac potassium.....	5	dofetilide.....	34
dextroamphetamine sulfate er.....	39	diclofenac sodium.....	5, 6, 44, 96	DOJOLVI.....	90
dextrose.....	65	diclofenac sodium er.....	5	dolishale.....	77
DEXTROSE.....	65	DICLOFONO.....	6	donepezil hcl.....	15
DHIVY.....	27	dicloxacillin sodium.....	10	dopamine hcl.....	34
DIACOMIT.....	14	dicyclomine hcl.....	70	dopamine-dextrose.....	34
DIASCREEN 10.....	90	diethylpropion hcl.....	41	DOPRAM.....	41
DIASCREEN 1B.....	90	diethylpropion hcl er.....	41	DOPTLET.....	31
DIASCREEN 1G.....	90	DIFFERIN.....	44	DORAL.....	31
DIASCREEN 1K.....	90	DIFICID.....	10	DORYX MPC.....	10
DIASCREEN 2GK.....	90	DIFLUCAN.....	18	DORZOLAMIDE HCL.....	98
DIASCREEN 2GP.....	90	diflunisal.....	6	dorzolamide hcl.....	98
DIASCREEN 3.....	90	difluprednate.....	96	dorzolamide hcl-timolol mal.....	98
DIASCREEN 4NL.....	90	DIGIFAB.....	90	dorzolamide hcl-timolol mal pf.....	98
DIASCREEN 4OBL.....	90	digoxin.....	34	dotti.....	77
DIASCREEN 4PH.....	90	dihydroergotamine mesylate.....	19	DOVATO.....	29
DIASCREEN 5.....	90	DILANTIN.....	14	DOVER URETHRAL	
DIASCREEN 6.....	90	DILANTIN INFATABS.....	14	CATHETER.....	90
DIASCREEN 7.....	90	DILANTIN-125.....	14	doxazosin mesylate.....	34
DIASCREEN 8.....	90	DILAUDID.....	3	doxepin hcl.....	16, 104
DIASCREEN 9.....	90	diltiazem hcl.....	34	doxercalciferol.....	87
DIASCREEN LIQUID URINE		diltiazem hcl er.....	34	DOXIL.....	22
CONTROL.....	90	diltiazem hcl er beads.....	34	doxorubicin hcl.....	22
DIASTIX REAGENT.....	52	diltiazem hcl er coated beads.....	34	doxorubicin hcl liposomal.....	22
DIATHRIVE BLOOD GLUCOSE		DILTIAZEM HCL-DEXTROSE.....	34	doxy 100.....	10
METER.....	52	DILTIAZEM HCL-SODIUM		doxycycline hyclate.....	10
DIATHRIVE BLOOD GLUCOSE		CHLORIDE.....	34	DOXYCYCLINE HYCLATE.....	10
TEST.....	52	dilt-xr.....	34	doxycycline monohydrate.....	10
DIATHRIVE GLUCOSE		diluent for treprostinil.....	90	doxylamine-pyridoxine.....	17
CONTROL SOLN.....	52	dimenhydrinate.....	17	DRISDOL.....	65

Effective September 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

dronabinol.....	17	EASY PLUS II GLUCOSE SYSTEM.....	52	EASYPRO BLOOD GLUCOSE TEST.....	53
droperidol.....	17	EASY PLUS II GLUCOSE TEST ..	52	EASYPRO PLUS.....	53
DROPLET GENTEEL LANCING DEVICE.....	52	EASY STEP CONTROL.....	52	econazole nitrate.....	18
DROPLET MICRON.....	90	EASY STEP GLUCOSE MONITOR.....	52	edaravone.....	41
DROPSAFE ALCOHOL PREP	90	EASY STEP TEST.....	52	EDARBI.....	34
DROPSAFE SAFETY SYRINGE/NEEDLE.....	62	EASY TALK BLOOD GLUCOSE SYSTEM.....	53	EDARBYCLOR.....	34
drospiren-eth estrad-levomefol.....	77	EASY TALK BLOOD GLUCOSE TEST.....	53	EDECRIN.....	34
drospirenone-ethinyl estradiol.....	78	EASY TALK CONTROL.....	53	EDETATE CALCIUM DISODIUM.....	91
DROXIA.....	22	EASY TALK PLUS II CONTROL ..	53	EDETATE DISODIUM.....	65
DRYSOL.....	44	EASY TALK PLUS II TEST STRIPS.....	53	EDURANT.....	29
DUAKLIR PRESSAIR.....	101	EASY TOUCH CONTROL HIGH & LOW.....	53	efavirenz.....	29
DUAVEE.....	78	EASY TOUCH GLUCOSE SYSTEM.....	53	efavirenz-emtricitab-tenofo df.....	29
DUETACT.....	48	EASY TOUCH HEALTHPRO GLUCOSE.....	53	efavirenz-lamivudine-tenofovir.....	29
DUEXIS.....	6	EASY TOUCH LANCING DEVICE.....	53	EFFER-K.....	65
DULERA.....	101	EASY TOUCH TEST.....	53	effer-k.....	65
duloxetine hcl.....	16	EASY TRAK BLOOD GLUCOSE SYSTEM.....	53	EFFEXOR XR.....	16
DUOBRII.....	44	EASY TRAK BLOOD GLUCOSE TEST.....	53	EFUDEX.....	45
DUO-CARE CONTROL SOLUTION.....	52	EASY TRAK CONTROL.....	53	EGATEN.....	26
DUO-CARE TEST.....	52	EASY TRAK II BLOOD GLUCOSE SYS.....	53	EGRIFTA SV.....	75
DUOPA.....	27	EASY TRAK II CONTROL.....	53	ELAPRASE.....	71
DUPIXENT.....	44	EASY TRAK II GLUCOSE TEST ..	53	ELELYSO.....	71
DURAFIBER.....	44	easygel.....	42	ELEMENT AUTOCODE SYSTEM.....	53
DURAMORPH.....	3	EASYGLUCO.....	53	ELEMENT COMPACT CONTROL 2.....	53
dutasteride.....	73	EASYMAX 15 LEVEL 2 CONTROL.....	53	ELEMENT COMPACT CONTROL 3.....	53
dutasteride-tamsulosin hcl.....	73	EASYMAX 15 LEVEL 2-3 CONTROL.....	53	ELEMENT COMPACT GLUCOSE SYSTEM.....	53
DYANAVEL XR.....	39	EASYMAX 15 TEST.....	53	ELEMENT COMPACT TEST.....	53
DYMISTA.....	100	EASYMAX CONTROL.....	53	ELEMENT COMPACT V GLUCOSE SYS.....	53
DYNAFOAM AG FOAM DRESSING.....	44	EASYMAX NG BLOOD GLUCOSE.....	53	ELEMENT CONTROL.....	53
DYNAGINATE AG CA ALG ROPE 30CM.....	45	EASYMAX V BLOOD GLUCOSE.....	53	ELEMENT PLUS.....	53
DYNAGINATE AG SILVER CAL 2"X2".....	45	EASYMAX V2 BLOOD GLUCOSE.....	53	ELEMENT TEST.....	53
DYNAGINATE AG SILVER CAL 4"X5".....	45	EASYPPOINT NEEDLE.....	90	ELEPSIA XR.....	14
DYNAGINATE AG SILVER CAL 4"X8".....	45	EASYPRO BLOOD GLUCOSE MONITOR.....	53	ELESTRIN.....	78
DYRENIUM.....	34			eletriptan hydrobromide.....	19
DYSPORT.....	90			ELEVIDYS.....	71
E.E.S. 400.....	10			ELFABRIO.....	71
E.E.S. GRANULES.....	10			ELIDEL.....	45
EASIVENT.....	90			ELIGARD.....	75
EASY MAX BLOOD GLUCOSE TEST.....	52			elinest.....	78
EASY MAX T1 GLUCOSE SYSTEM.....	52			ELIQUIS.....	13
EASY PLUS II CONTROL.....	52			ELIQUIS DVT/PE STARTER PACK.....	13

Effective September 1, 2024

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

ELLENCE.....	22	EMPAVELI.....	31	epinephrine (anaphylaxis).....	101
ELMIRON.....	72	EMPLICITI.....	22	EPINEPHRINE HCL- DEXTROSE.....	35
ELOCTATE.....	31	EMSAM.....	16	EPINEPHRINE HCL-NACL.....	35
ELREXFIO.....	22	emtricitabine.....	29	epinephrine pf.....	35
eluryng.....	78	emtricitabine-tenofovir df.....	29	EPINEPHRINE-DEXTROSE.....	35
ELYXYB.....	6	EMTRIVA.....	29	EPINEPHRINE-NACL.....	35
EMBRACE BLOOD GLUCOSE MONITOR.....	53	EMVERM.....	26	EPIPEN 2-PAK.....	101
EMBRACE BLOOD GLUCOSE TEST.....	53	emzahh.....	78	EPIPEN JR 2-PAK.....	101
EMBRACE CONTROL.....	53	enalapril maleate.....	34	EPISIL.....	91
EMBRACE EVO BLOOD GLUCOSE TEST.....	53	enalaprilat.....	34	epitol.....	14
EMBRACE EVO CONTROL LEVEL 1.....	53	enalapril-hydrochlorothiazide.....	34	EPIVIR.....	29
EMBRACE EVO GLUCOSE MONITOR.....	53	ENBRACE HR.....	65	EPKINLY.....	22
EMBRACE EVO GLUCOSE MONITORING.....	53	ENBREL.....	83	eplerenone.....	35
EMBRACE GLUCOSE CONTROL.....	54	ENBREL MINI.....	83	EPOGEN.....	31
EMBRACE LANCING DEVICE/EJECTOR.....	54	ENBREL SURECLICK.....	83	epoprostenol sodium.....	103
EMBRACE PEN NEEDLES.....	91	ENDARI.....	91	EPRONTIA.....	14
EMBRACE PRO GLUCOSE CONTROL.....	54	ENDO AVITENE.....	91	EPSOLAY.....	45
EMBRACE PRO GLUCOSE METER.....	54	endocet.....	3	eptifibatide.....	27
EMBRACE PRO GLUCOSE TEST.....	54	ENDOMETRIN.....	78	EQ BLOOD GLUCOSE TEST.....	54
EMBRACE SEIZURE MONITORING SYS.....	91	ENEMA BOTTLE.....	91	EQUETRO.....	31
EMBRACE TALK BLOOD GLUCOSE.....	54	ENHERTU.....	22	ERAXIS.....	18
EMBRACE TALK GLUCOSE CONTROL.....	54	enilloring.....	78	ERBITUX.....	22
EMBRACE TALK GLUCOSE TEST.....	54	ENJAYMO.....	31	ergocalciferol.....	65
EMBRACE TALK MONITORING SYSTEM.....	54	ENLITE GLUCOSE SENSOR.....	54	ergoloid mesylates.....	91
EMBRACE WAVE BLOOD GLUCOSE.....	54	enoxaparin sodium.....	13	ERGOMAR.....	19
EMBRACE WAVE GLUCOSE METER.....	54	enpresse-28.....	78	ergotamine-caffeine.....	19
EMCYT.....	22	enskyce.....	78	eribulin mesylate.....	22
EMEND.....	17	ENSPRYNG.....	83	ERIVEDGE.....	22
EMEND TRI-PACK.....	17	ENSTILAR.....	45	ERLEADA.....	22
EMERPHED.....	34	entacapone.....	27	erlotinib hcl.....	22
EMGALITY.....	19	entecavir.....	29	ERMEZA.....	80
EMJOI TENS.....	91	ENTRESTO.....	34	errin.....	78
		ENTRISTAR PEG ENTERAL CONNECT.....	91	ertapenem sodium.....	10
		ENTYVIO.....	83	ery pad 2%.....	45
		enulose.....	70	ERYGEL.....	45
		ENVARBUS XR.....	83	ERYPED 200.....	10
		EOHILIA.....	86	ERYPED 400.....	10
		EPCLUSA.....	29	ERY-TAB.....	10
		EPHEDRINE SULFATE (PRESSORS).....	34	ERYTHROCIN LACTOBIONATE.....	11
		ephedrine sulfate (pressors).....	34	erythromycin.....	11, 45, 96
		EPHEDRINE SULFATE-NACL.....	35	erythromycin base.....	11
		EPIDIOLEX.....	14	erythromycin ethylsuccinate.....	11
		EPIDUO.....	45	erythromycin lactobionate.....	11
		EPIDUO FORTE.....	45	ESBRIET.....	101
		EPIFOAM.....	45	escitalopram oxalate.....	16
		epinastine hcl.....	96	esmolol hcl.....	35
		epinephrine.....	35, 101	ESMOLOL HCL.....	35
		EPINEPHRINE.....	35	esmolol hcl-sodium chloride.....	35
				esomeprazole magnesium.....	69

Effective September 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

esomeprazole sodium.....	69	exemestane.....	22	FERRLECIT.....	65
ESPEROCT.....	31	EXFORGE.....	35	ferumoxytol.....	65
estarylla.....	78	EXFORGE HCT.....	35	FETROJA.....	11
estazolam.....	31	EXODERM.....	18	FETZIMA.....	16
ESTRACE.....	78	EXONDYS 51.....	71	FETZIMA TITRATION.....	16
estradiol.....	78	EXPAREL.....	7	FIASP.....	62
estradiol valerate.....	78	EXSERVAN.....	41	FIASP FLEXTOUCH.....	62
estradiol-norethindrone acet.....	78	EXTAVIA.....	40	FIASP PENFILL.....	62
ESTRING.....	78	EXTENCILLINE.....	11	FIASP PUMPCART.....	62
ESTROGEL.....	78	EYLEA.....	99	FIBRYGA.....	31
eszopiclone.....	104	EYLEA HD.....	99	FIFTY50 GLUCOSE METER 2.0.....	54
ethacrynate sodium.....	35	EYSUVIS.....	96	FIFTY50 GLUCOSE TEST 2.0.....	54
ethacrynic acid.....	35	ezetimibe.....	35	FILSPARI.....	72
ethambutol hcl.....	20	ezetimibe-simvastatin.....	35	FILSUVEZ.....	45
ETHAMOLIN.....	35	FABHALTA.....	31	FINACEA.....	45
ethosuximide.....	14	FABIOR.....	45	finasteride.....	73
ethyl chloride.....	6	FABRAZYME.....	71	finngolimod hcl.....	40
ethynodiol diac-eth estradiol.....	78	FACE MASK EARLOOP-STYLE.....	91	FINTEPLA.....	14
ETHYOL.....	22	FACE MASK RESP N-100 PART.....	91	finzala.....	78
etodolac.....	6	FACE MASK RESPIRATOR R-.....		FIORICET.....	3
etodolac er.....	6	95 PART.....	91	FIORICET/CODEINE.....	3
etonogestrel-ethinyl estradiol.....	78	falmina.....	78	FIRAZYR.....	83
ETOPOPHOS.....	22	famciclovir.....	29	FIRDAPSE.....	91
etoposide.....	22	famotidine.....	69	FIRMAGON.....	75
etravirine.....	29	famotidine (pf).....	69	FIRMAGON (240 MG DOSE).....	75
EUA PATIENT ASSESSMENT.....	91	famotidine premixed.....	69	FIRST-LANSOPRAZOLE.....	69
EUCRISA.....	45	FANAPT.....	27	FIRST-OMEPRAZOLE.....	69
EULEXIN.....	22	FANAPT TITRATION PACK.....	28	FIRVANQ.....	11
euthyrox.....	81	FARESTON.....	22	flac.....	99
EVAMIST.....	78	FARXIGA.....	48	FLAREX.....	96
EVEKEO.....	39	FASENRA.....	101	flavoxate hcl.....	72
EVENITY.....	87	FASENRA PEN.....	101	FLEBOGAMMA DIF.....	83
everolimus.....	22, 83	FASLODEX.....	22	flecainide acetate.....	36
EVERSENSE E3.....		febuxostat.....	19	FLECTOR.....	6
SENSOR/HOLDER.....	54	FEIBA.....	31	FLEQSUVY.....	104
EVERSENSE E3 SMART.....		felbamate.....	14	FLEXICHAMBER.....	91
TRANSMITTER.....	54	felodipine er.....	35	FLEXICHAMBER ADULT.....	
EVERSENSE.....		FEMRING.....	78	MASK/SMALL.....	91
SENSOR/HOLDER.....	54	fenofibrate.....	35	FLEXICHAMBER CHILD.....	
EVERSENSE SMART.....		fenofibrate micronized.....	35	MASK/LARGE.....	91
TRANSMITTER.....	54	fenofibric acid.....	35	FLEXICHAMBER CHILD.....	
EVISTA.....	77	FENSOLVI (6 MONTH).....	75	MASK/SMALL.....	91
EVKEEZA.....	35	fentanyl.....	3	FLOLAN.....	103
EVOLUTION AUTOCODE.....	54	fentanyl citrate.....	3	FLOMAX.....	73
EVOLUTION CONTROL.....	54	FENTANYL CITRATE.....	3	FLORAFOL PEDIATRIC.....	65
EVOMELA.....	22	FENTANYL CITRATE-NACL.....	3	FLORRAVITE.....	65
EVOTAZ.....	29	FENTORA.....	3	floxuridine.....	22
EVRYSDI.....	71	FEONYX.....	65	fluconazole.....	18
EXCILON AMD DRAIN.....		FERAHEME.....	65	fluconazole in sodium chloride.....	18
SPONGES.....	91	FERRIPROX.....	65	flucytosine.....	18

Effective September 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

fludarabine phosphate.....	22	FOLIKA-BC.....	65	FORA V12 BLOOD GLUCOSE	
fludrocortisone acetate.....	74	FOLITIN-Z.....	65	SYSTEM.....	55
flumazenil.....	91	FOLLISTIM AQ.....	75	FORA V12 BLOOD GLUCOSE	
flunisolide.....	100	FOLOTYN.....	22	TEST.....	55
fluocinolone acetonide.....	45, 99	FOLTREXYL.....	65	FORA V20 BLOOD GLUCOSE	
fluocinolone acetonide body.....	45	fomepizole.....	91	SYSTEM.....	55
fluocinolone acetonide scalp.....	45	fondaparinux sodium.....	13	FORA V20 BLOOD GLUCOSE	
fluocinonide.....	45	FORA 6 CONNECT.....	54	TEST.....	55
fluocinonide emulsified base.....	45	FORA 6 CONNECT/GTEL TEST.....	54	FORA V30A BLOOD GLUCOSE	
FLUORIDEX.....	42	FORA BLOOD GLUCOSE TEST.....	54	SYSTEM.....	55
fluoridex daily renewal.....	42	FORA CONTROL.....	54	FORA V30A BLOOD GLUCOSE	
FLUORIDEX ENHANCED		FORA D15G BLOOD GLUCOSE		TEST.....	55
WHITENING.....	42	TEST.....	54	FORACARE GD40 MONITOR.....	55
FLUORIDEX SENSITIVITY		FORA D20 BLOOD GLUCOSE		FORACARE GD40 TEST.....	55
RELIEF.....	42	TEST.....	54	FORACARE GDH CONTROL.....	55
FLUORIMAX 5000.....	42	FORA D40/G31 BLOOD		FORACARE PREMIUM V10.....	55
FLUORIMAX 5000 SENSITIVE.....	42	GLUCOSE.....	54	FORACARE PREMIUM V10	
fluorometholone.....	96	FORA D40G		TEST.....	55
fluorouracil.....	22, 45	GLUCOSE/PRESSURE.....	91	FORACARE TEST N GO	
FLUOROURACIL.....	45	FORA G20 BLOOD GLUCOSE		MONITOR.....	55
fluoxetine hcl.....	16	SYSTEM.....	54	FORACARE TEST N GO TEST.....	55
fluphenazine decanoate.....	28	FORA G20 BLOOD GLUCOSE		FORFIVO XL.....	16
fluphenazine hcl.....	28	TEST.....	54	formaldehyde.....	91
flurazepam hcl.....	104	FORA G30/PREM V10		formoterol fumarate.....	102
flurbiprofen.....	6	GLUCOSE TEST.....	54	FORTEO.....	87
flurbiprofen sodium.....	96	FORA G30A BLOOD GLUCOSE		FOSAMAX.....	87
FLUTICASONE FUROATE-		SYSTEM.....	54	fosamprenavir calcium.....	29
VILANTEROL.....	101	FORA GD20 BLOOD GLUCOSE		fosaprepitant dimeglumine.....	17
fluticasone propionate.....	45, 100	SYSTEM.....	54	foscarnet sodium.....	29
FLUTICASONE PROPIONATE		FORA GD20 TEST.....	54	FOSCAVIR.....	29
DISKUS.....	101	FORA GD50 BLOOD GLUCOSE		fosfomycin tromethamine.....	11
FLUTICASONE PROPIONATE		SYSTEM.....	54	fosinopril sodium.....	36
HFA.....	101	FORA GD50 BLOOD GLUCOSE		fosinopril sodium-hctz.....	36
FLUTICASONE-SALMETEROL		TEST.....	54	fosphenytoin sodium.....	14
.....	101, 102	FORA GTEL BLOOD GLUCOSE		FOSRENOL.....	72
fluticasone-salmeterol.....	101	SYSTEM.....	54	FOTIVDA.....	22
fluvoxamine maleate.....	16	FORA GTEL BLOOD GLUCOSE		FRAGMIN.....	13
fluvoxamine maleate er.....	16	TEST.....	54	FREESTYLE CONTROL	
FLYP NEBULIZER.....	91	FORA PREMIUM V10 BLE		SOLUTION.....	55
FML FORTE.....	96	SYSTEM.....	54	FREESTYLE FREEDOM LITE.....	55
FML LIQUIFILM.....	97	FORA TEST N' GO MONITOR.....	54	FREESTYLE INSULINX TEST.....	55
FOCALIN.....	39	FORA TN'G ADVANCE PRO.....	54	FREESTYLE LIBRE 14 DAY	
FOCALIN XR.....	39	FORA TN'G VOICE.....	54	READER.....	55
FOLAGENT DHA.....	65	FORA TN'G/TN'G VOICE.....	54	FREESTYLE LIBRE 14 DAY	
FOLAMAX.....	65	FORA V10 BLOOD GLUCOSE		SENSOR.....	55
FOLAMED DHA.....	65	SYSTEM.....	55	FREESTYLE LIBRE 2 READER..	55
FOLAPRIME.....	65	FORA V10 BLOOD GLUCOSE		FREESTYLE LIBRE 2 SENSOR..	55
FOLCYTEINE.....	65	TEST.....	55	FREESTYLE LIBRE 3 PLUS	
folic acid.....	65	FORA V10/V12/D10/D20 TEST.....	55	SENSOR.....	55
FOLIFLEX.....	65			FREESTYLE LIBRE 3 READER..	55

Effective September 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 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	glucagon emergency kit.....	61
FREESTYLE PRECISION NEO		GEBAUERS PAIN EASE.....	7	GLUCAGON EMERGENCY KIT..	61
TEST.....	55	GEBAUERS SPRAY AND		GLUCO PERFECT 3 METER.....	55
FREESTYLE TEST.....	55	STRETCH.....	7	GLUCO PERFECT 3 TEST.....	55
FRUZAQLA.....	22	gefitinib.....	22	GLUCOCARD 01 BLOOD	
FULPHILA.....	31	GELFILM.....	91	GLUCOSE.....	55
fulvestrant.....	22	GEL-FLOW NT.....	91	GLUCOCARD 01 CONTROL.....	55
FUROSCIX.....	36	GELFOAM.....	91	GLUCOCARD 01 SENSOR	
furosemide.....	36	GELFOAM COMPRESSED SIZE		PLUS.....	55
FUROSEMIDE IN SODIUM		100.....	91	GLUCOCARD 01 TEST.....	56
CHLORIDE.....	36	GELFOAM DENTAL PACK SIZE		GLUCOCARD 01-MINI	
FUZEON.....	29	4.....	91	GLUCOSE.....	56
FYARRO.....	22	GELFOAM SPONGE.....	91	GLUCOCARD EXPRESSION	
fyavolv.....	78	GELFOAM SPONGE SIZE 100....	91	CONTROL.....	56
FYCOMPA.....	14	GELFOAM SPONGE SIZE 200....	91	GLUCOCARD EXPRESSION	
FYLNETRA.....	31	GELFOAM SPONGE SIZE 50.....	91	MONITOR.....	56
fyremadel.....	75	GELNIQUE.....	72	GLUCOCARD EXPRESSION	
gabapentin.....	14	GEL-ONE.....	91	TEST.....	56
gabapentin (once-daily).....	41	gemcitabine hcl.....	22	GLUCOCARD SHINE.....	56
GALAFOLD.....	71	gemfibrozil.....	36	GLUCOCARD SHINE CONNEX..	56
galantamine hydrobromide.....	15	gemmily.....	78	GLUCOCARD SHINE	
galantamine hydrobromide er.....	15	GEMTESA.....	72	CONTROL.....	56
GALZIN.....	65	generlac.....	70	GLUCOCARD SHINE EXPRESS..	56
GAMASTAN.....	83	gengraf.....	83	GLUCOCARD SHINE TEST.....	56
GAMIFANT.....	83	GENOTROPIN.....	75	GLUCOCARD SHINE XL.....	56
GAMMACORE.....	91	GENOTROPIN MINIQUICK.....	75	GLUCOCARD VITAL MONITOR..	56
GAMMACORE SAPPHIRE 31-		gentamicin in saline.....	11	GLUCOCARD VITAL TEST.....	56
DAY.....	91	gentamicin sulfate.....	11, 97	GLUCOCARD X-METER.....	56
GAMMACORE SAPPHIRE D.....	91	GENTEEL LANCING KIT (BLUE)..	55	GLUCOCARD X-SENSOR.....	56
GAMMACORE SAPPHIRE		GENULTIMATE TEST.....	55	GLUCOCARD X-SENSOR	
REFILL KIT.....	91	GENVISC 850.....	91	CONTROL.....	56
GAMMAGARD.....	83	GENVOYA.....	29	GLUCOCOM BLOOD GLUCOSE	
GAMMAGARD S/D LESS IGA.....	83	GEODON.....	28	MONITOR.....	56
GAMMAKED.....	83	GHT BLOOD GLUCOSE		GLUCOCOM CONTROL.....	56
GAMMAPLEX.....	83	MONITOR.....	55	GLUCOCOM MONITOR.....	56
GAMUNEX-C.....	83	GHT TEST.....	55	GLUCOCOM TEST.....	56
GANCICLOVIR.....	29	GILENYA.....	40	GLUCONAVII BLOOD	
ganciclovir sodium.....	29	GILOTRIF.....	22	GLUCOSE SYS.....	56
ganirelix acetate.....	75	GIMOTI.....	17	GLUCONAVII BLOOD	
gatifloxacin.....	97	GLASSIA.....	102	GLUCOSE TEST.....	56
GATTEX.....	70	glatiramer acetate.....	40	GLUCOSE CONTROL.....	56
gavilyte-c.....	70	glatopa.....	40	GLUCOSE CONTROL	
gavilyte-g.....	70	GLEEVEC.....	22	SOLUTIONS.....	53
gavilyte-n with flavor pack.....	70	GLEOSTINE.....	22	GLUCOSE METER TEST.....	56
GAVRETO.....	22	glimepiride.....	48	GLUCOTROL XL.....	48

Effective September 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

GLUMETZA.....	48	guaifenesin-codeine.....	100	HERCEPTIN.....	22
glutaraldehyde.....	91	guanfacine hcl.....	36	HERCEPTIN HYLECTA.....	22
GLUTATHIONE.....	65	guanfacine hcl er.....	40	HERZUMA.....	22
glyburide.....	48	GUARDIAN 4 GLUCOSE		HESPAN.....	32
glyburide micronized.....	48	SENSOR.....	56	hetastarch-nacl.....	32
glyburide-metformin.....	48	GUARDIAN 4 TRANSMITTER.....	56	HETLIOZ.....	104
GLYCINE.....	65	GUARDIAN CONNECT		HETLIOZ LQ.....	104
GLYCOPHOS.....	65	TRANSMITTER.....	56	HEXTEND.....	32
glycopyrrolate.....	70	GUARDIAN LINK 3		HIPREX.....	11
GLYCOPYRROLATE.....	70	TRANSMITTER.....	56	HIZENTRA.....	83
glycopyrrolate pf.....	70	GUARDIAN SENSOR (3).....	56	HM EMBRACE TALK SYSTEM....	56
GLYCOPYRROLATE PF.....	70	GUARDIAN SENSOR 3.....	56	HOMATROPAIRE.....	99
glydo.....	7	GVOKE HYPOPEN 1-PACK.....	61	HORIZANT.....	41
GLYRX-PF.....	70	GVOKE HYPOPEN 2-PACK.....	61	HULIO (2 PEN).....	83
GLYXAMBI.....	48	GVOKE KIT.....	61	HULIO (2 SYRINGE).....	83
GNP EASY TOUCH CONT		GVOKE PFS.....	61	HUMALOG.....	62
HIGH/LOW.....	56	GYNAZOLE-1.....	18	HUMALOG KWIKPEN.....	62
GNP EASY TOUCH GLUCOSE		HADLIMA.....	83	HUMALOG MIX 50/50 KWIKPEN.	62
METER.....	56	HADLIMA PUSHTOUCH.....	83	HUMALOG MIX 50/50 VIAL.....	62
GNP EASY TOUCH GLUCOSE		hailey 1.5/30.....	78	HUMALOG MIX 75/25 KWIKPEN.	62
TEST.....	56	hailey 24 fe.....	78	HUMALOG MIX 75/25 VIAL.....	62
GNP TRUE METRIX AIR		hailey fe 1.5/30.....	78	HUMALOG TEMPO PEN.....	62
METER.....	56	hailey fe 1/20.....	78	HUMALOG U-100 JUNIOR	
GNP TRUE METRIX GLUCOSE		HALAVEN.....	22	KWIKPEN.....	62
METER.....	56	HALCION.....	31	HUMATE-P.....	32
GNP TRUE METRIX GLUCOSE		HALDOL DECANOATE.....	28	HUMATIN.....	11
STRIPS.....	56	halobetasol propionate.....	45	HUMATROPE.....	75
GNP TRUETRACK SMART		haloette.....	78	HUMIRA (2 PEN).....	83
SYSTEM.....	56	HALOG.....	45	HUMIRA (2 SYRINGE).....	83
GNP TRUETRACK TEST		haloperidol.....	28	HUMIRA-CD/UC/HS STARTER...	83
STRIPS.....	56	haloperidol decanoate.....	28	HUMIRA-PSORIASIS/UVEIT	
GOCOVRI.....	27	haloperidol lactate.....	28	STARTER.....	83
GOHIBIC.....	91	HARVONI.....	29	HUMULIN 70/30 KWIKPEN.....	62
GOJJI BLOOD GLUCOSE TEST.	56	HEALTHPRO BLOOD		HUMULIN 70/30 VIAL.....	62
GOJJI CONTROL.....	56	GLUCOSE MONITO.....	56	HUMULIN N KWIKPEN.....	62
GOJJI LANCING		heather.....	78	HUMULIN N VIAL.....	62
DEVICE/CLEAR CAP.....	56	HECTOROL.....	87	HUMULIN R U-500 KWIKPEN....	62
GOLYTELY.....	70	HELIDAC THERAPY.....	70	HUMULIN R U-500 VIAL.....	62
GONAL-F.....	75	HEMADY.....	74	HUMULIN R VIAL.....	62
GONAL-F RFF.....	75	HEMANGEOL.....	36	HW EMBRACE PRO GLUCOSE	
GONAL-F RFF REDIJECT.....	75	hematinic/folic acid.....	65	METER.....	56
GOODSENSE BLOOD		HEMLIBRA.....	31	HW EMBRACE PRO GLUCOSE	
GLUCOSE.....	56	HEMOPIL M.....	32	TEST.....	57
GORDOFILM.....	45	heparin (porcine) in nacl.....	13	HW EMBRACE TALK BLOOD	
GRALISE.....	41	HEPARIN (PORCINE) IN NACL...	13	GLUCOSE.....	57
granisetron hcl.....	17	heparin na (pork) lock flsh pf.....	13	HW EMBRACE TALK GLUCOSE	
GRANIX.....	31	heparin sod (porcine) in d5w.....	13	TEST.....	57
GRASTEK.....	91	heparin sod (pork) lock flush.....	13	HYALGAN.....	91
griseofulvin microsize.....	18	heparin sodium (porcine).....	13	HYCANTIN.....	22
griseofulvin ultramicrosize.....	18	heparin sodium (porcine) pf.....	13	HYCODAN.....	100

Effective September 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

hydralazine hcl.....	36	ibandronate sodium.....	87	IN TOUCH BLOOD GLUCOSE	
HYDREA.....	22	IBRANCE.....	22	TEST.....	57
HYDROCAINE.....	45	IBSRELA.....	70	IN TOUCH GLUCOSE	
hydrochlorothiazide.....	36	ibuprofen.....	6	CONTROL.....	57
hydrocod poli-chlorphe poli er.....	100	ibuprofen lysine.....	6	INBRIJA.....	27
hydrocodone bitartrate er.....	3	ibuprofen-famotidine.....	6	incassia.....	78
hydrocodone bit-homatrop mbr... 100		ibutilide fumarate.....	36	INCONTROL ULTICARE PEN	
hydrocodone-acetaminophen.....	3	icatibant acetate.....	84	NEEDLES.....	91
hydrocodone-ibuprofen.....	3	iclevia.....	78	INCRELEX.....	75
hydrocortisone.....	45, 74, 86	ICLUSIG.....	22	INCRUSE ELLIPTA.....	102
hydrocortisone (perianal).....	86	icosapent ethyl.....	36	indapamide.....	36
hydrocortisone ace-pramoxine.....	86	IDACIO (2 PEN).....	84	INDERAL LA.....	36
hydrocortisone butyrate.....	45	IDACIO (2 SYRINGE).....	84	INDERAL XL.....	36
hydrocortisone valerate.....	45	IDACIO-CROHNS/UC STARTER.....	84	indomethacin.....	6
hydrocortisone-acetic acid.....	99	IDACIO-PSORIASIS STARTER... 84		indomethacin er.....	6
hydrogen peroxide.....	11	IDAMYCIN PFS.....	22	indomethacin sodium.....	6
hydromet.....	100	idarubicin hcl.....	23	INFASURF.....	100
HYDROMORPHONE HCL.....	4	IDELVION.....	32	INFED.....	65
hydromorphone hcl.....	4	IDHIFA.....	23	INFINITY BLOOD GLUCOSE	
hydromorphone hcl er.....	3	IFEX.....	23	SYSTEM.....	57
hydromorphone hcl pf.....	4	ifosfamide.....	23	INFINITY BLOOD GLUCOSE	
HYDROMORPHONE HCL-NACL... 4		IGALMI.....	91	TEST.....	57
hydroxocobalamin acetate.....	65	IGLUCOSE MONITORING		INFINITY CONTROL.....	57
hydroxychloroquine sulfate.....	26	SYSTEM.....	57	INFINITY VOICE.....	57
hydroxyurea.....	22	IGLUCOSE TEST STRIPS.....	57	INFLECTRA.....	84
hydroxyzine hcl.....	31	ILARIS.....	84	INFLIXIMAB.....	85
hydroxyzine pamoate.....	31	ILEVRO.....	97	INFUMORPH 200.....	4
HYFTOR.....	45	ILUMYA.....	84	INFUMORPH 500.....	4
HYLAVITE.....	65	imatinib mesylate.....	23	INGREZZA.....	41
HYLAZINC.....	65	IMBRUVICA.....	23	INJECTAFER.....	65
HYLENEX.....	91	IMCIVREE.....	41	INLYTA.....	23
HYMOVIS.....	91	IMFINZI.....	23	INNOPRAN XL.....	36
hyoscyamine sulfate.....	70	imipenem-cilastatin.....	11	INPEFA.....	36
hyoscyamine sulfate er.....	70	imipramine hcl.....	16	INPEN 100-BLUE-LILLY-	
hyosyne.....	70	imipramine pamoate.....	16	HUMALOG.....	57
HYPERRHO S/D.....	84	imiquimod.....	45	INPEN 100-GREY-LILLY-	
HYPERSAL.....	100	imiquimod pump.....	45	HUMALOG.....	57
HYPOCYN ANTIPRURITIC.....	45	IMITREX.....	19	INPEN 100-PINK-LILLY-	
HYQVIA.....	84	IMITREX STATDOSE REFILL.....	19	HUMALOG.....	57
HYRIMOZ.....	84	IMITREX STATDOSE SYSTEM... 19		INQOVI.....	23
HYRIMOZ-CROHNS/UC		IMJUDO.....	23	INREBIC.....	23
STARTER.....	84	IMMPHENTIV.....	36	INSPIREASE RESERVOIR	
HYRIMOZ-PED<40KG CROHN		IMPAVIDO.....	26	BAGS.....	91
STARTER.....	84	IMPOYZ.....	45	INSTAT.....	92
HYRIMOZ-PED>=40KG		IMURAN.....	84	INSUFLON.....	92
CROHN START.....	84	IMVEXXY MAINTENANCE		INSULIN ASP PROT & ASP	
HYRIMOZ-PLAQUE PSORIASIS		PACK.....	78	FLEXPEN.....	62
START.....	84	IMVEXXY STARTER PACK.....	78	INSULIN ASPART.....	62
HYSINGLA ER.....	4	IN TOUCH.....	57	INSULIN ASPART FLEXPEN.....	62
HYZAAR.....	36			INSULIN ASPART PENFILL.....	62

Effective September 1, 2024

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

INSULIN ASPART PROT & ASPART.....	62	isosorbide mononitrate.....	36	junel fe 24.....	78
INSULIN DEGLUDEC.....	62	isosorbide mononitrate er.....	36	JUST RIGHT 5000.....	42
INSULIN DEGLUDEC FLEXTOUCH.....	62	isotretinoin.....	45	JUXTAPID.....	36
INSULIN GLARGINE MAX SOLOSTAR.....	62	isradipine.....	36	JYLAMVO.....	85
INSULIN GLARGINE SOLOSTAR.....	62	ISTALOL.....	98	JYNARQUE.....	65
INSULIN GLARGINE-YFGN.....	62	ISTODAX.....	23	KABIVEN.....	65
INSULIN LISPRO.....	62	ISTURISA.....	75	KADCYLA.....	23
INSULIN LISPRO (1 UNIT DIAL).....	62	itraconazole.....	18	kaitlib fe.....	78
INSULIN LISPRO JUNIOR KWIKPEN.....	62	IV ADMINISTRATION SET.....	92	KALBITOR.....	85
INSULIN LISPRO PROT & LISPRO.....	62	IV EXTENSION SET.....	92	KALETRA.....	29
INSULIN PEN NEEDLES.....	92, 95	ivabradine hcl.....	36	kalliga.....	78
INSULIN SYRINGES.....	62	ivermectin.....	26, 45	KALYDECO.....	103
INTELENCE.....	29	IWILFIN.....	92	KANGAROO BALLOON 20FR/3.5CM.....	92
INTERCEED.....	92	IXEMPRA KIT.....	23	KANGAROO FEEDING SET/ENFIT.....	92
INTERCEED (TC7).....	92	IXINITY.....	32	KANGAROO GASTROSTOMY TUBE.....	92
INTRALIPID.....	65	IYUZEH.....	98	KANGAROO GRAVITY FEEDING BAG.....	92
INTRAROSA.....	72	IZERVAY.....	99	KANGAROO JOEY ENTERAL PUMP.....	92
introvale.....	78	jaimiess.....	78	KANGAROO MULTI-FUNCTIONAL PORT.....	92
INTUNIV.....	40	JAKAFI.....	23	KANGAROO STOMA MEASURING DEV.....	92
INVEGA.....	28	jantoven.....	13	KANJINTI.....	23
INVEGA HAFYERA.....	28	JANUMET.....	48	KANUMA.....	71
INVEGA SUSTENNA.....	28	JANUMET XR.....	48	KAPSPARGO SPRINKLE.....	36
INVEGA TRINZA.....	28	JANUVIA.....	48	KARAYA GUM.....	92
INVELTYS.....	97	JARDIANCE.....	48	kariva.....	78
INVOKAMET.....	48	jasmiel.....	78	KATERZIA.....	36
INVOKAMET XR.....	48	JATENZO.....	75	KCENTRA.....	32
INVOKANA.....	48	JAVYGTOR.....	71	kelnor 1/35.....	78
iodine strong.....	65	JAYPIRCA.....	23	kelnor 1/50.....	78
iodine tincture.....	11	JEMPERLI.....	23	KEMOPLAT.....	23
IOPIDINE.....	98	jencycla.....	78	KENALOG.....	45
ipratropium bromide.....	100, 102	JENLIVA.....		KENALOG-10.....	74
ipratropium-albuterol.....	102	PRENATAL/POSTNATAL.....	65	KENALOG-40.....	74
irbesartan.....	36	JENTADUETO.....	48	KENALOG-80.....	74
irbesartan-hydrochlorothiazide.....	36	JENTADUETO XR.....	48	KENDALL SCD EXPRESS FOOT CUFF.....	92
IRESSA.....	23	JESDUVROQ.....	32	KENGREAL.....	27
irinotecan hcl.....	23	JEVTANA.....	23	KEPIVANCE.....	42
ISENTRESS.....	29	jinteli.....	78	KEPPRA.....	14
ISENTRESS HD.....	29	JIVI.....	32	KEPPRA XR.....	14
isibloom.....	78	JOENJA.....	85	KERALYT.....	46
isoniazid.....	20	jolessa.....	78	KERENDIA.....	92
isoproterenol hcl.....	102	JORNAY PM.....	40	KERLIX AMD ANTIMICROBIAL.....	92
ISORDIL TITRADOSE.....	36	joyeaux.....	78		
isosorb dinitrate-hydralazine.....	36	J-TIP KIT W/VIAL ADAPTERS.....	92		
isosorbide dinitrate.....	36	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		

Effective September 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

KERLIX AMD SUPER			larin fe 1/20.....	78
SPONGES.....	92	KROGER HEALTHPRO	LASIX.....	36
KESIMPTA.....	40	CONTROL HI/LO.....	latanoprost.....	98
ketoconazole.....	18	KROGER HEALTHPRO	LATEX GLOVES MEDIUM.....	92
KETO-DIASTIX.....	57	GLUCOSE TEST.....	LATISSE.....	99
KETONE TEST.....	57	KROGER PREMIUM BLOOD	LATUDA.....	28
ketoprofen.....	6	GLUCOSE.....	layolis fe.....	78
ketorolac tromethamine.....	6, 97	KROGER PREMIUM GLUCOSE	LEDIPASVIR-SOFOSBUVIR.....	29
KETOROLAC TROMETHAMINE... 6		TEST.....	leena.....	78
KETOSTIX.....	57	K-TAB.....	leflunomide.....	85
KEVEYIS.....	98	kurvelo.....	LEMTRADA.....	40
KEVZARA.....	85	KUVAN.....	lenalidomide.....	23
KEYLOSA.....	65	KYPROLIS.....	LENTOCILIN.....	11
KEYTRUDA.....	23	L.E.T.....	LENVIMA.....	23
KHAPZORY.....	23	LABETALOL HCL.....	LEQEMBI.....	16
KIMMTRAK.....	23	labetalol hcl.....	LEQVIO.....	36
KIMYRSA.....	11	LABETALOL HCL-DEXTROSE... 36	LESCOL XL.....	36
KINERET.....	85	LABETALOL HCL-SODIUM	lessina.....	78
KIONEX.....	65	CHLORIDE.....	LETAIRIS.....	103
KISQALI (200 MG DOSE).....	23	lacosamide.....	letrozole.....	23
KISQALI (400 MG DOSE).....	23	lactic acid.....	leucovorin calcium.....	23
KISQALI (600 MG DOSE).....	23	lactic acid e.....	LEUKERAN.....	23
KITABIS PAK.....	103	lactulose.....	LEUKINE.....	32
KLARON.....	46	lactulose encephalopathy.....	leuprolide acetate.....	76
klayesta.....	18	LAGEVRIO.....	LEUPROLIDE ACETATE (3	
KLISYRI.....	46	LAMICTAL.....	MONTH).....	76
KLONOPIN.....	31	LAMICTAL ODT.....	LEUPROLIDE ACETATE-	
klor-con.....	65	LAMICTAL STARTER.....	BUPIVACAINE.....	76
klor-con 10.....	65	LAMICTAL XR.....	levabuterol hcl.....	102
klor-con m10.....	65	lamivudine.....	LEVALBUTEROL HFA.....	102
klor-con m15.....	66	lamivudine-zidovudine.....	LEVAMLODIPINE MALEATE.....	36
klor-con m20.....	66	lamotrigine.....	LEVEMIR FLEXPEN.....	63
KLOXXADO.....	8	lamotrigine er.....	LEVEMIR U-100 VIAL.....	63
KOATE.....	32	lamotrigine starter kit-blue.....	levetiracetam.....	15
KOATE-DVI.....	32	lamotrigine starter kit-green.....	levetiracetam er.....	14
KOGENATE FS.....	32	lamotrigine starter kit-orange.....	levetiracetam in nacl.....	15
KONVOMEF.....	69	LAMPIT.....	levobunolol hcl.....	98
KORLYM.....	77	LANCETS.....	LEVOCARNITINE.....	66
KORSUVA.....	92	LANCETS SUPER THIN.....	levocarnitine.....	66
KOSELUGO.....	23	LANOXIN.....	levocarnitine sf.....	66
kourzeq.....	42	LANOXIN PEDIATRIC.....	levocetirizine dihydrochloride.....	100
KOVALTRY.....	32	lanreotide acetate.....	levofloxacin.....	11, 97
K-PHOS.....	66	lansoprazole.....	levofloxacin in d5w.....	11
k-prime.....	66	lanthanum carbonate.....	levoleucovorin calcium.....	23
KRAZATI.....	23	LANTUS SOLOSTAR.....	levoleucovorin calcium pf.....	23
KRINTAFEL.....	26	LANTUS U-100 VIAL.....	levonest.....	79
KROGER BLOOD GLUCOSE.....	57	lapatinib ditosylate.....	levonorgest-eth est & eth est.....	79
KROGER BLOOD GLUCOSE		larin 1.5/30.....	levonorgest-eth estrad 91-day.....	79
TEST.....	57	larin 1/20.....	levonorgest-eth estradiol-iron.....	79
		larin 24 fe.....	levonorgestrel-ethinyl estrad.....	79
		larin fe 1.5/30.....		

Effective September 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.....	79	LIDO-RACEPINEPHRINE-		loperamide hcl.....	70
LEVOPHED.....	36	TETRACAINE.....	8	LOPID.....	36
levora 0.15/30 (28).....	79	LIDOTRAL.....	8	lopinavir-ritonavir.....	29
levo-t.....	81	LIDOTRAL +		LOPRESSOR.....	36
levothyroxine sodium.....	81	HYDROCORTISONE.....	46	LOQTORZI.....	23
LEVOTHYROXINE SODIUM.....	81	LIDOTRAL ROLL-ON.....	8	lorazepam.....	31
levoxyl.....	81	LIKMEZ.....	11	lorazepam intensol.....	31
LEVULAN KERASTICK.....	46	LINCOCIN.....	11	LORBRENA.....	23
LEXAPRO.....	16	lincomycin hcl.....	11	LOREEV XR.....	31
LEXETTE.....	46	linezolid.....	11	loryna.....	79
l-glutamine.....	92	linezolid in sodium chloride.....	11	losartan potassium.....	36
LIALDA.....	86	LINZESS.....	70	losartan potassium-hctz.....	36
LIBERTY BLOOD GLUCOSE		liothyronine sodium.....	81	LOTEMAX.....	97
METER.....	57	LIPITOR.....	36	LOTEMAX SM.....	97
LIBERTY GLUCOSE CONTROL.....	57	LIPO.....	66	LOTENSIN.....	36
LIBERTY GLUCOSE CONTROL		LIPO-C.....	66	LOTENSIN HCT.....	36
MID.....	57	LIRAGLUTIDE.....	48	loteprednol etabonate.....	97
LIBERTY NEXT GENERATION		lisdexamphetamine dimesylate.....	40	LOTREL.....	36
TEST.....	57	lisinopril.....	36	lovastatin.....	36
LIBERTY NXT GENERATION		lisinopril-hydrochlorothiazide.....	36	LOVAZA.....	37
MONITOR.....	57	LITFULO.....	46	LOVENOX.....	13
LIBERTY TEST.....	57	lithium.....	31	low-ogestrel.....	79
LIBTAYO.....	23	lithium carbonate.....	31	loxapine succinate.....	28
LICART.....	6	lithium carbonate er.....	31	lo-zumandimine.....	79
lidocaine.....	7	LITHOBID.....	31	lubiprostone.....	70
lidocaine hcl.....	7	LITHOSTAT.....	72	LUCEMYRA.....	8
LIDOCAINE HCL.....	7	LIVALO.....	36	LUCENTIS.....	99
LIDOCAINE HCL (BUFFERED).....	7	LIVITA ADULTS.....	66	LUGOLS STRONG IODINE.....	11
LIDOCAINE HCL (CARDIAC).....	7	LIVITA CHILDREN.....	66	LUMAKRAS.....	23
lidocaine hcl (cardiac).....	7	LIVMARLI.....	92	LUMIGAN.....	98
lidocaine hcl (cardiac) pf.....	7	LIVTENCITY.....	29	LUMIZYME.....	72
lidocaine hcl (pf).....	7	LMD IN D5W.....	32	LUMRYZ.....	104
lidocaine hcl urethral/mucosal.....	7	LMD IN NACL.....	32	LUNESTA.....	104
LIDOCAINE IN D5W.....	7	L-MESITRAN SOFT WOUND.....	46	LUNSUMIO.....	23
lidocaine in d5w.....	7	LO LOESTRIN FE.....	79	LUPKYNIS.....	85
lidocaine viscous hcl.....	42	LOCOID LIPOCREAM.....	46	LUPRON DEPOT (1-MONTH).....	76
LIDOCAINE(BUFFERD)-		LODINE.....	6	LUPRON DEPOT (3-MONTH).....	76
EPINEPHRINE.....	7	LODOCO.....	36	LUPRON DEPOT (4-MONTH)	
lidocaine-epinephrine.....	7	LOESTRIN 1.5/30 (21).....	79	INTRAMUSCULAR KIT 30MG.....	76
LIDOCAINE-EPINEPHRINE.....	7	LOESTRIN 1/20 (21).....	79	LUPRON DEPOT (6-MONTH)	
LIDOCAINE-EPINEPHRINE (3		LOESTRIN FE 1.5/30.....	79	INTRAMUSCULAR KIT 45MG.....	76
ML).....	7	LOESTRIN FE 1/20.....	79	LUPRON DEPOT-PED (1-	
lidocaine-prilocaine.....	7	LOFRIC PRIMO NELATON		MONTH).....	76
LIDOCAINE-SODIUM		CATHETER.....	92	LUPRON DEPOT-PED (3-	
BICARBONATE.....	7	lojaimiess.....	79	MONTH).....	76
LIDOCAN.....	7	LOKELMA.....	66	LUPRON DEPOT-PED (6-	
LIDODERM.....	8	LOMAIRA.....	41	MONTH).....	76
LIDO-EPINEPHRINE-		LOMOTIL.....	70	lurasidone hcl.....	28
TETRACAINE.....	8	LONSURF.....	23	lutera.....	79
		LOOP.....	92	LUXAMEND.....	46

Effective September 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

LYBALVI.....	28	MEDICAL COMPRESSION		MEROPENEM-SODIUM	
lyleq.....	79	STOCKINGS.....	92	CHLORIDE.....	11
lyllana.....	79	MEDIHONEY WOUND & BURN		merzee.....	79
LYNPARZA.....	23	DRESSING.....	46	mesalamine.....	86
LYRICA.....	41	MEDIHONEY WOUND/BURN		mesalamine er.....	86
LYRICA CR.....	41	DRESSING.....	46	mesalamine-cleanser.....	86
LYSINE HCL.....	66	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.....	40
LYTGOBI (20 MG DAILY DOSE). 23		MEDNEB NEB-WITH DISPO		metformin hcl er.....	48
LYUMJEV KWIKPEN.....	63	NEB KIT.....	92	metformin hcl er (mod).....	48
LYUMJEV TEMPO PEN.....	63	MEDROL.....	74	metformin hcl er (osm).....	48
LYUMJEV VIAL.....	63	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.....	66	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.....	81
mannitol.....	37	GLUCOSE.....	57	METHITEST.....	75
maraviroc.....	29	MEIJER TRUERESULT		methocarbamol.....	104
MARCAINE.....	8	GLUCOSE SYS.....	57	methotrexate sodium.....	85
MARCAINE PRESERVATIVE		MEIJER TRUETEST TEST.....	57	methotrexate sodium (pf).....	85
FREE.....	8	MEIJER TRUETRACK		methoxsalen rapid.....	46
MARCAINE/EPINEPHRINE.....	8	GLUCOSE SYS.....	57	methscopolamine bromide.....	70
MARCAINE/EPINEPHRINE PF.....	8	MEIJER TRUETRACK TEST.....	58	methsuximide.....	15
MARGENZA.....	23	MEKINIST.....	23	METHYLCOBALAMIN.....	66
MARINOL.....	17	MEKTOVI.....	23	METHYLDOPA.....	37
marlissa.....	79	meloxicam.....	6	methylene blue.....	92
MARPLAN.....	16	melphalan hcl.....	24	methylergonovine maleate.....	92
MATULANE.....	23	memantine hcl.....	16	METHYLIN.....	40
MAVENCLAD.....	40	memantine hcl er.....	16	methylphenidate hcl.....	40
MAVYRET.....	29	MENATROL.....	66	methylphenidate hcl er.....	40
MAXALT.....	19	MENEST.....	79	methylphenidate hcl er (cd).....	40
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.....	46	methylprednisolone.....	74
MAYZENT.....	40	meprobamate.....	31	METHYLPREDNISOLONE	
MAYZENT STARTER PACK.....	40	MEPRON.....	26	ACETATE.....	74
MC 300 W/UNIVERSAL TUBING. 92		MEPSEVII.....	72	methylprednisolone acetate.....	74
MC 300-MOUTHPIECE.....	92	mercaptapurine.....	24	methylprednisolone sodium succ..	74
meclizine hcl.....	17	meropenem.....	11		

Effective September 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

METHYLPREDNISOLONE- BUPIVACAINE	74	milrinone lactate in dextrose	37	morphine sulfate er	4
metoclopramide hcl	17	mirvey	79	morphine sulfate er beads	4
metolazone	37	mineral oil heavy	70	MORPHINE SULFATE-NACL ...	4, 5
metoprolol succinate er	37	MINOCIN	11	MOTEGRITY	71
metoprolol tartrate	37	minocycline hcl	11	MOTOFEN	71
metoprolol-hydrochlorothiazide	37	MINOLIRA	11	MOTPOLY XR	15
METROCREAM	46	minoxidil	37	MOUNJARO	49
METROGEL	46	mirabegron er	72	MOVANTIK	71
METROLOTION	46	MIRCERA	32	MOVIPREP	71
metronidazole	11, 46	mirtazapine	16	MOXIFLOXACIN HCL	11
metyrosine	37	MIRVASO	46	moxifloxacin hcl	11, 97
mexiletine hcl	37	misoprostol	69	moxifloxacin hcl (2x day)	97
MI PASTE	42	MITIGARE	19	moxifloxacin hcl in nacl	11
MI PASTE PLUS	42	mitigo	4	MOZOBIL	32
MIACALCIN	87	mitomycin	24	MS CONTIN	5
mibelas 24 fe	79	MITOMYCIN	24	MUCOTROL	92
micafungin sodium	18	MITOSOL	97	MULPLETA	32
MICAFUNGIN SODIUM-NACL ...	18	mitoxantrone hcl	24	MULTAQ	37
MICARDIS	37	MM BLOOD GLUCOSE SYSTEM	58	MULTIPRO	66
MICARDIS HCT	37	MM BLOOD GLUCOSE SYSTEM REFILL	58	MULTITOL-M	66
miconazole 3	19	MM BLULINK GLUCOSE MONIT SYS	58	MULTI-VIT-FLOR	66
MICRHOGAM ULTRA- FILTERED PLUS	85	MM BLULINK GLUCOSE TEST ...	58	MULTRYS	66
MICROAIR VIBRATING MESH NEBUL	92	MM EASY TOUCH GLUCOSE	58	mupirocin	11
MICROCHAMBER	92	MM EASY TOUCH GLUCOSE	58	mutamycin	24
MICROCYN	46	METER	58	MVASI	24
MICRODOT BLOOD GLUCOSE SYSTEM	58	modafinil	104	MYALEPT	72
MICRODOT CONTROL HIGH/LOW	58	moexipril hcl	37	MYCAMINE	19
MICRODOT TEST	58	molindone hcl	28	MYCAPSSA	76
microgestin 1.5/30	79	mometasone furoate	46, 100	MYCOBUTIN	20
microgestin 1/20	79	MONARCH ETNS SYSTEM	92	mycophenolate mofetil	85
microgestin 24 fe	79	mondoxyne nl	11	mycophenolate mofetil hcl	85
microgestin fe 1.5/30	79	MONJUVI	24	mycophenolate sodium	85
microgestin fe 1/20	79	MONOFERRIC	66	mycophenolic acid	85
MICROLET NEXT LANCING DEVICE	58	MONOJECT FLUSH SYRINGE ...	66	MYDAYIS	40
MICRONEB	92	MONOJECT HYPODERMIC NEEDLE	92	MYDCOMBI	99
midodrine hcl	37	MONOJECT MONODOSE ORAL MED SYR	92	MYFEMBREE	79
MIEBO	99	MONOJECT SODIUM CHLORIDE FLUSH	66	MYFORTIC	85
MIFEPREX	77	mono-lynyah	79	MYGLUCOHEALTH BLOOD GLUCOSE	58
mifepristone	77	MONOVISC	92	MYGLUCOHEALTH CONTROL ...	58
MIGERGOT	19	montelukast sodium	102	MYGLUCOHEALTH TEST	58
miglitol	48	MORPHINE SULFATE	4	MYLERAN	24
miglustat	72	morphine sulfate	4	MYLOTARG	24
mili	79	morphine sulfate (concentrate)	4	MYOBLOC	92
milrinone lactate	37	morphine sulfate (pf)	4	MYRBETRIQ	73
				MYTESI	71
				MYXREDLIN	63
				na ferric gluc cplx in sucrose	66
				na sulfate-k sulfate-mg sulf	71
				nabumetone	6

Effective September 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

nadolol.....	37	neomycin-polymyxin-hc.....	97, 99	nifedipine er osmotic release.....	37
naftillin sodium.....	11	NEONATAL + DHA.....	66	nikki.....	79
NAFCILLIN SODIUM IN		NEONATAL COMPLETE.....	66	NILANDRON.....	24
DEXTROSE.....	11	NEONATAL FE.....	66	nilutamide.....	24
naftifine hcl.....	19	neo-polycin.....	99	nimodipine.....	37
NAGLAZYME.....	72	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	NITHIODOLE.....	93
naloxone hcl.....	8	NEOSTIGMINE		nitisinone.....	72
naltrexone hcl.....	8	METHYLSULFATE.....	20	NITRILE GLOVES LARGE.....	93
NAMENDA XR.....	16	NEO-SYNALAR.....	46	NITRIVIA.....	66
NAMZARIC.....	16	NERIVIO.....	93	NITRO-BID.....	37
naproxen.....	6	NERLYNX.....	24	NITROFURANTOIN.....	11
naproxen sodium.....	6	NESACAINE.....	8	nitrofurantoin macrocrystal.....	11
naratriptan hcl.....	19	NESACAINE-MPF.....	8	nitrofurantoin monohydrate	
NARCAN.....	8	NESTABS DHA.....	66	macrocrystals.....	11
NARDIL.....	16	NESTABS ONE.....	66	nitroglycerin.....	37
NAROPIN.....	8	neuac.....	46	nitroglycerin in d5w.....	37
NASCOBAL.....	66	NEULASTA.....	32	NITROLINGUAL.....	37
NATACYN.....	97	NEULASTA ONPRO.....	32	nitroprusside sodium.....	37
NATAL PNV.....	66	NEUPOGEN.....	32	NITROSTAT.....	37
NATAZIA.....	79	NEUPRO.....	27	NITYR.....	72
nateglinide.....	49	NEURONTIN.....	15	NIVA THYROID.....	81
NATESTO.....	75	NEUTEK 2TEK CONTROL.....	58	NIVESTYM.....	32
NATROBA.....	26	NEUTEK 2TEK TEST.....	58	nizatidine.....	69
NAYZILAM.....	15	NEVANAC.....	97	NOCDURNA.....	76
NEB 200 COMPRESSOR		nevirapine.....	29	nora-be.....	79
NEBULIZER.....	92	nevirapine er.....	29	NORDIPEN 5 INJECTION	
nebivolol hcl.....	37	NEXAVAR.....	24	DEVICE.....	93
NEB-RITE4.....	92	NEXAVIR.....	93	NORDITROPIN FLEXPRO.....	76
NEBULIZER MASK ADULT.....	92	NEXIUM.....	69	norelgestromin-eth estradiol.....	79
NEBULIZER MASK CHILD.....	92	NEXIUM I.V.....	69	norepinephrine bitartrate.....	37
NEBULIZER PED FROG.....	92	NEXLETOL.....	37	NOREPINEPHRINE	
NEBULIZER PED FROG KIT.....	93	NEXLIZET.....	37	BITARTRATE.....	37
NEBULIZER SYSTEM ALL-IN-		NEXTERONE.....	37	NOREPINEPHRINE-DEXTROSE	37
ONE.....	93	NEXTSTELLIS.....	79	NOREPINEPHRINE-SODIUM	
NEBUPENT.....	26	NEXVIAZYME.....	72	CHLORIDE.....	37
NEBUSAL.....	100	NGENLA.....	76	norethin ace-eth estrad-fe.....	79
necon 0.5/35 (28).....	79	niacin er (antihyperlipidemic).....	37	norethindrone.....	79
NEEVO DHA.....	66	NICADAN.....	66	norethindrone acetate.....	79
nefazodone hcl.....	16	nicardipine hcl.....	37	norethindrone acet-ethinyl est.....	79
NEFFY.....	102	NICARDIPINE HCL IN NAACL.....	37	norethindrone-eth estradiol.....	79
nelarabine.....	24	NICAZEL.....	66	norethindron-ethinyl estrad-fe.....	79
NEOKE ALCAR.....	66	NICAZEL FORTE.....	66	norethin-eth estradiol-fe.....	79
NEOKE RA LIPOIC.....	93	NICOMIDE.....	66	NORGESIC.....	104
neomycin sulfate.....	11	NICOTROL.....	8	NORGESIC FORTE.....	104
neomycin-bacitracin zn-polymyx...99		NICOTROL NS.....	8	norgestimate-eth estradiol.....	79
neomycin-polymyxin-dexameth....97		nifedipine.....	37	norgestimate-ethinyl estradiol	
neomycin-polymyxin-gramicidin....99		nifedipine er.....	37	triphasic.....	79

Effective September 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

NORITATE.....	46	NOVOLOG RELION.....	63	ODOMZO.....	24
NORLIQVA.....	37	NOVOLOG U-100 VIAL.....	63	OFEV.....	102
norlyroc.....	79	NOVOPEN ECHO.....	58	ofloxacin.....	11, 97, 99
normal saline flush.....	66	NOVOSEVEN RT.....	32	OGIVRI.....	24
NORM-JECT LUER SLIP		NOXAFIL.....	19	OGSIVEO.....	24
SYRINGE.....	93	np thyroid.....	81	OJJAARA.....	24
NORMLGEL AG.....	46	NPLATE.....	32	olanzapine.....	28
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).....	72
nortrel 7/7/7.....	79	NUDEXTA.....	41	OLPRUVA (3 GM DOSE).....	72
nortriptyline hcl.....	16	NULIBRY.....	72	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.....	71
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.....	63	nyamyc.....	19	OMNIPOD 5 G6 PODS (GEN 5)..	93
NOVOLIN 70/30 FLEXPEN		nylia 1/35.....	79	OMNIPOD CLASSIC PODS	
RELION.....	63	nylia 7/7/7.....	79	(GEN 3).....	93
NOVOLIN 70/30 RELION.....	63	NYMALIZE.....	37	OMNIPOD DASH INTRO (GEN	
NOVOLIN 70/30 VIAL.....	63	nymyo.....	79	4).....	93
NOVOLIN N FLEXPEN.....	63	nystatin.....	19	OMNIPOD DASH PDM (GEN 4)..	93
NOVOLIN N FLEXPEN RELION..	63	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.....	72	MONITORING SYS.....	58
RELION.....	63	ocella.....	80	ONCASPAR.....	24
NOVOLOG FLEXPEN.....	63	OCREVUS.....	40	ondansetron hcl.....	18
NOVOLOG FLEXPEN RELION...	63	OCTAGAM.....	85	ondansetron odt.....	18
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

Effective September 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 DELICA PLUS	ORBACTIV	11	oxytocin	76
LANCING	ORENCIA	85	OXYTOCIN-LACTATED	
ONETOUCH DELICA SAFETY	ORENCIA CLICKJECT	85	RINGERS	76
LANCING	ORENITRAM	103	OXYTOCIN-SODIUM	
ONETOUCH ULTRA 2 KIT	ORENITRAM MONTH 1	103	CHLORIDE	76
W/DEVICE	ORENITRAM MONTH 2	103	OXYTROL	73
ONETOUCH ULTRA CONTROL ..	ORENITRAM MONTH 3	103	OZEMPIC	49
ONETOUCH ULTRA TEST	ORFADIN	72	OZOBAX DS	104
STRIPS	ORGOVYX	24	PACERONE	37
ONETOUCH VERIO FLEX	ORIAHNN	80	paclitaxel	24
SYSTEM	ORLISSA	76	PACLITAXEL PROTEIN-BOUND	
ONETOUCH VERIO KIT	ORKAMBI	103	PART	24
W/DEVICE	ORLADEYO	85	PADCEV	24
ONETOUCH VERIO REFLECT	ORLISTAT	41	PAIN RELIEF WITH TENS	
KIT W/DEVICE	orphenadrine citrate	104	S2000	93
ONEXTON	orphenadrine citrate er	104	PALFORZIA	93
ONFI	ORPHENGESIC FORTE	104	paliperidone er	28
ONGENTYS	ORSERDU	24	palonosetron hcl	18
ONGLYZA	ORTHOVISC	93	PALYNZIQ	72
ONIVYDE	OSCIMIN	71	pamidronate disodium	87
ONPATTRO	oseltamivir phosphate	29	PANCREAZE	72
ONTRUZANT	OSMITROL	37	PANDA MASK LARGE	93
ONUREG	OSMOLEX ER	27	PANDA MASK MEDIUM	93
ONZETRA XSAIL	OSPHENA	77	PANDA MASK SMALL	93
OPDIVO	OTEZLA	85	PANDEL	46
OPDUALAG	OTREXUP	85	PANRETIN	24
OPFOLDA	OVIDE	26	pantoprazole sodium	69
OPSUMIT	OVIDREL	76	PANTOPRAZOLE SODIUM-	
OPTICHAMBER DIAMOND	oxacillin sodium	11	NACL	69
OPTICHAMBER DIAMOND-LG	OXACILLIN SODIUM IN		PANZYGA	85
MASK	DEXTROSE	12	PARAPLATIN	24
OPTICHAMBER DIAMOND-MD	oxaliplatin	24	PARI ALTERA NEBULIZER	
MASK	OXAPROZIN	6	HANDSET	93
OPTICHAMBER DIAMOND-SM	oxaprozin	6	PARI BABY NEBULIZER SET	93
MASK	oxazepam	31	PARI MASK SET	93
OPTIUMEZ TEST	OXBRYTA	93	PARI PRONEB MAX LC PLUS	93
OPTUNE	oxcarbazepine	15	PARI PRONEB MAX LC SPRINT	93
OPTUNE LUA	OXERVATE	99	PARI TREK S COMBO PACK	93
OPVEE	OXLUMO	73	PARI VORTEX ADULT MASK	93
OPZELURA	OXTELLAR XR	15	paricalcitol	87
ORABLOC	oxybutynin chloride	73	PARLODEL	27
ORACEA	oxybutynin chloride er	73	PARNATE	16
ORAL CITRATE	OXYCODONE HCL	5	paroxetine hcl	16
ORALAIR	oxycodone hcl	5	paroxetine hcl er	16
ORALAIR ADULT STARTER	OXYCODONE-		PARSABIV	87
PACK	ACETAMINOPHEN	5	PAXIL	16
ORALAIR CHILDRENS	oxycodone-acetaminophen	5	PAXIL CR	16
STARTER PACK	OXYCONTIN	5	PAXLOVID (150/100)	29
oralone	oxymorphone hcl	5	PAXLOVID (300/100)	29
ORAMAGICRX	oxymorphone hcl er	5	pazopanib hcl	24

Effective September 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

PEDIAPRED.....	74	PHARMACIST CHOICE		PIP BLOOD GLUCOSE	
PEDIATRIC COMPRESSOR		AUTOCODE.....	58	MONITORING.....	58
NEBULIZER.....	93	PHARMACIST CHOICE		PIP BLOOD GLUCOSE TEST	
PEDIATRIC PANDA MASK.....	93	AUTOCODE SYS.....	58	STRIP.....	59
PEDMARK.....	94	PHARMACIST CHOICE MINI		PIP GLUCOSE CONTROL	
peg 3350-kcl-na bicarb-nacl.....	71	SYSTEM.....	58	SOLUTION.....	59
peg-3350/electrolytes.....	71	PHARMACIST CHOICE NO		PIP PEN NEEDLES 31G X 5MM..	94
peg-3350/electrolytes/ascorbat.....	71	CODING.....	58	PIP PEN NEEDLES 32G X 4MM..	94
PEGASYS.....	29	PHEBURANE.....	72	piperacillin sod-tazobactam sod...	12
peg-kcl-nacl-nasulf-na asc-c.....	71	phenazo.....	73	PIQRAY.....	24
PEG-PREP.....	71	phenazopyridine hcl.....	73	pirfenidone.....	102
PEMAZYRE.....	24	phendimetrazine tartrate.....	41	piroxicam.....	6
PEMETREXED.....	24	phendimetrazine tartrate er.....	41	pitavastatin calcium.....	38
PEMETREXED DISODIUM.....	24	phenelzine sulfate.....	16	PITOCIN.....	76
pemetrexed disodium.....	24	PHENERGAN.....	18	PLAQUENIL.....	26
PEMETREXED		phenobarbital.....	15	PLAVIX.....	27
DITROMETHAMINE.....	24	phenobarbital sodium.....	15	PLEGRIDY.....	40
PEMFEXY.....	24	phenoxybenzamine hcl.....	37	PLEGRIDY STARTER PACK.....	40
PEMGARDA.....	29	phentermine hcl.....	41	PLENAMINE.....	67
penicillamine.....	73	phentolamine mesylate.....	38	PLENVU.....	71
PENICILLIN G POT IN		PHENYLEPHRINE HCL.....	38	plerixafor.....	32
DEXTROSE.....	12	phenylephrine hcl.....	99	PNV TABS 20-1.....	67
penicillin g potassium.....	12	PHENYLEPHRINE HCL		POCKET SPACER.....	94
penicillin g sodium.....	12	(PRESSORS).....	38	POCKETCHEM EZ CONTROL... ..	59
penicillin v potassium.....	12	phenylephrine hcl (pressors).....	38	POCKETCHEM EZ SYSTEM.....	59
PENNSAID.....	6	PHENYLEPHRINE HCL-NACL... ..	38	POCKETCHEM EZ TEST.....	59
PENTAM.....	26	phenytek.....	15	podofilox.....	46
pentamidine isethionate.....	26	phenytoin.....	15	POGO AUTOMATIC BLOOD	
PENTASA.....	86	phenytoin infatabs.....	15	GLUCOSE.....	59
pentazocine-naloxone hcl.....	5	phenytoin sodium.....	15	POGO AUTOMATIC TEST	
PENTETATE CALCIUM		phenytoin sodium extended.....	15	CARTRIDGES.....	59
TRISODIUM.....	94	PHESGO.....	24	POKONZA.....	67
PENTETATE ZINC TRISODIUM..	94	PHEXXI.....	94	POLIVY.....	24
pentobarbital sodium.....	15	philith.....	80	POLOCAINE.....	8
pentoxifylline er.....	37	phosphorous.....	66	POLOCAINE-MPF.....	8
PERCOCET.....	5	phospho-trin 250 neutral.....	66	polycin.....	99
PERFOROMIST.....	102	PHOSPHO-TRIN K500.....	66	polymyxin b sulfate.....	12
PERIDEX.....	42	PHOTOFRIN.....	24	polymyxin b-trimethoprim.....	99
PERIKABIVEN.....	66	PHOTREXA-PHOTREXA		POLY-VI-FLOR.....	67
perindopril erbumine.....	37	VISCOUS KIT.....	94	POLY-VI-FLOR/IRON.....	67
perio gard.....	42	phytonadione.....	66, 67	POMALYST.....	24
PERJETA.....	24	PIFELTRO.....	29	POMBILITI.....	72
permethrin.....	26	pilocarpine hcl.....	42, 98	PONS MOUTHPIECE.....	94
perphenazine.....	18	pimecrolimus.....	46	PONS SYSTEM.....	94
perphenazine-amitriptyline.....	16	pimozide.....	28	PONVORY.....	40
PERSERIS.....	28	pimtrea.....	80	PONVORY STARTER PACK.....	40
PERTZYE.....	72	pindolol.....	38	POP-ON INTERMEDIATE MALE	
PETROLEUM GAUZE NON-		pioglitazone hcl.....	49	CATH.....	94
WOVEN 3X9".....	46	pioglitazone hcl-glimepiride.....	49	portia-28.....	80
PFIZERPEN.....	12	pioglitazone hcl-metformin hcl.....	49	PORTRAZZA.....	24

Effective September 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

posaconazole.....	19	PRENATE ENHANCE.....	67	PRO VOICE V8 GLUCOSE	
potassium acetate.....	67	PRENATE ESSENTIAL.....	67	SYSTEM.....	59
POTASSIUM ACETATE.....	67	PRENATE MINI.....	67	PRO VOICE V8/V9 GLUCOSE...	59
potassium chloride.....	67	PRENATE PIXIE.....	67	PRO VOICE V9 GLUCOSE	
POTASSIUM CHLORIDE.....	67	PRENATE RESTORE.....	67	SYSTEM.....	59
potassium chloride crys er.....	67	PRENATOL-M.....	67	PROAIR RESPICLICK.....	102
potassium chloride er.....	67	PRENATRIX.....	67	probenecid.....	19
potassium citrate er.....	67	PRENATRYL.....	67	procainamide hcl.....	38
potassium phosphates.....	67	PRENATVITE COMPLETE.....	67	PROCARE SPACER/ADULT	
potassium phosphates(66 meq k).....	67	PREPIV SUPPLY.....	8	MASK.....	94
potassium phosphates(71 meq k).....	67	PRESTALIA.....	38	PROCARE SPACER/CHILD	
POTELIGEO.....	24	PRETOMANID.....	20	MASK.....	94
POVIDONE-IODINE.....	97	PREVACID.....	69	PROCENTRA.....	40
POWDER FREE NITRILE		PREVACID SOLUTAB.....	69	prochlorperazine.....	18
GLOVES SM.....	94	prevalite.....	38	prochlorperazine edisylate.....	18
PRADAXA.....	13	PREVDUO.....	94	prochlorperazine maleate.....	18
PRALUENT.....	38	PREVIDENT.....	42	PROCRIT.....	32
pramipexole dihydrochloride.....	27	PREVIDENT 5000 BOOSTER		PROCTOFOAM HC.....	86
PRAMOTIC.....	99	PLUS.....	42	procto-med hc.....	86
prasugrel hcl.....	27	PREVIDENT 5000 DRY MOUTH.....	42	proctosol hc.....	86
pravastatin sodium.....	38	PREVIDENT 5000 ENAMEL		proctozone-hc.....	86
praziquantel.....	26	PROTECT.....	42	PRODIGY AUTOCODE BLOOD	
prazosin hcl.....	38	PREVIDENT 5000 KIDS.....	42	GLUCOSE.....	59
PRECEDEX.....	94	PREVIDENT 5000 ORTHO		PRODIGY CONTROL	
PRECISION GLUCOSE		DEFENSE.....	42	SOLUTION.....	59
KETONE CONTR.....	59	PREVIDENT 5000 PLUS.....	42	PRODIGY NO CODING BLOOD	
PRECISION XTRA.....	59	PREVIDENT 5000 SENSITIVE....	43	GLUC.....	59
PRECISION XTRA BLOOD		PREVYMIS.....	29	PRODIGY POCKET BLOOD	
GLUCOSE.....	59	PREZCOBIX.....	29	GLUCOSE.....	59
PRED FORTE.....	97	PREZISTA.....	29	PRODIGY VOICE BLOOD	
PRED MILD.....	97	PRIFTIN.....	20	GLUCOSE.....	59
prednisolone.....	74	PRIMACARE.....	67	PROFILNINE.....	32
prednisolone acetate.....	97	primaquine phosphate.....	26	PROFOLA.....	67
prednisolone sodium phosphate		PRIMAXIN IV.....	12	progesterone.....	80
.....	74, 97	primidone.....	15	PROGLYCEM.....	61
prednisone.....	74	PRISMASOL B22GK 4/0.....	67	PROGRAF.....	85
pregabalin.....	41	PRISMASOL BGK 0/2.5.....	67	PROLASTIN-C.....	102
PREGEN DHA.....	67	PRISMASOL BGK 2/0.....	67	PROLENSA.....	97
PREGENNA.....	67	PRISMASOL BGK 2/3.5.....	67	PROLEUKIN.....	24
PREGNYL.....	76	PRISMASOL BGK 4/2.5.....	67	PROLIA.....	87
PREMARIN.....	80	PRISMASOL BK 0/0/1.2.....	67	PROMACTA.....	32
PREMASOL.....	67	PRISTIQ.....	17	promethazine hcl.....	18
PREMIUM BLOOD GLUCOSE		PRIVIGEN.....	85	promethazine vc.....	100
TEST.....	59	PRO COMFORT SPACER		promethazine-codeine.....	100
PREMPHASE.....	80	ADULT.....	94	promethazine-dm.....	100
PREMPRO.....	80	PRO COMFORT SPACER		promethazine-phenylephrine.....	100
prenatal.....	67	CHILD.....	94	promethegan.....	18
PRENATE.....	67	PRO COMFORT SPACER		PROMETRIUM.....	80
PRENATE DHA.....	67	INFANT.....	94	propafenone hcl.....	38
PRENATE ELITE.....	67	PRO COMFORT TENS UNIT.....	94	propafenone hcl er.....	38

Effective September 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

propracaine hcl.....	99	QUDEXY XR.....	15	RAVICTI.....	72
PROPECIA.....	46	QUELICIN.....	41	RAYA SURE PEN NEEDLE.....	94
propranolol hcl.....	38	QUESTRAN.....	38	RAYALDEE.....	87
propranolol hcl er.....	38	QUESTRAN LIGHT.....	38	RAYOS.....	74
propylthiouracil.....	81	quetiapine fumarate.....	28	REBIF.....	40
PROSCAR.....	73	quetiapine fumarate er.....	28	REBIF REBIDOSE.....	40
PROSOL.....	67	QUFLORA FE.....	67	REBIF REBIDOSE TITRATION	
PROSTIN VR.....	38	QUICKTEK.....	59	PACK.....	41
protamine sulfate.....	32	QUICKTEK CONTROL		REBIF TITRATION PACK.....	41
PROTONIX.....	69	SOLUTION.....	59	REBINYN.....	32
PROTOPAM CHLORIDE.....	94	QUICKTEK TEST.....	59	REBLOZYL.....	32
protriptyline hcl.....	17	QUICKTEK/METER.....	59	REBYOTA.....	71
PROVAYBLUE.....	94	QUILLICHEW ER.....	40	RECARBRIO.....	12
PROVENTIL HFA.....	102	QUILLIVANT XR.....	40	reclipsen.....	80
PROVERA.....	80	quinapril hcl.....	38	RECOMBINATE.....	32
PROVIGIL.....	104	quinapril-hydrochlorothiazide.....	38	RECORLEV.....	76
PROZAC.....	17	quinidine gluconate er.....	38	RECOTHROM.....	32
pseudoephedrine-bromphen-dm	100	quinidine sulfate.....	38	RECOTHROM SPRAY KIT.....	32
PTS PANELS EGLU TEST.....	59	quinine sulfate.....	27	RECTIV.....	38
PULMICORT FLEXHALER.....	102	QUINTET AC BLOOD		REFUAH PLUS BLOOD	
PULMICORT SUSPENSION.....	102	GLUCOSE.....	59	GLUCOSE TEST.....	59
PULMOSAL.....	100	QUINTET AC BLOOD		REFUAH PLUS GLUCOSE	
PULMOZYME.....	103	GLUCOSE TEST.....	59	CONTROL.....	59
PURE COMFORT SAFETY PEN		QUINTET BLOOD GLUCOSE		REFUAH PLUS MONITORING	
NEEDLE.....	94	SYSTEM.....	59	SYSTEM.....	59
PURE COMFORT SPACER		QUINTET BLOOD GLUCOSE		REGENECARE.....	46
CHAMBER.....	94	TEST.....	59	REGLAN.....	18
PURIXAN.....	24	QUINTET CONTROL		REGONOL.....	20
PYLERA.....	71	HIGH/NORMAL.....	59	REGRANEX.....	46
pyrazinamide.....	20	QULIPTA.....	20	RELAFEN DS.....	6
pyridostigmine bromide.....	20	QUVIVIQ.....	104	RELENZA DISKHALER.....	29
pyridostigmine bromide er.....	20	QVAR REDIHALER.....	102	RELEUKO.....	32
pyridoxine hcl.....	67	RABEPRAZOLE SODIUM.....	69	RELION ALL-IN-ONE.....	59
PYRIDOXINE HCL.....	67	rabeprazole sodium.....	69	RELION BLOOD GLUCOSE	
pyrimethamine.....	26	RADIAPLEXRX.....	46	TEST.....	59
PYRIMETHAMINE-		RADICAVA.....	41	RELION CONFIRM GLUCOSE	
LEUCOVORIN.....	27	RADICAVA ORS.....	41	MONITOR.....	59
PYROGALLIC ACID.....	46	RADICAVA ORS STARTER KIT..	41	RELION CONFIRM/MICRO	
PYRUKYND.....	32	RADIOGARDASE.....	94	TEST.....	59
PYRUKYND TAPER PACK.....	32	RAGWITEK.....	94	RELION MICRO.....	59
QBREXZA.....	46	raloxifene hcl.....	77	RELION PREMIER BLU	
QDOLO.....	5	ramelteon.....	104	MONITOR.....	59
QELBREE.....	40	ramipril.....	38	RELION PREMIER CLASSIC.....	59
QINLOCK.....	24	ranolazine er.....	38	RELION PREMIER COMPACT	
QNASL.....	100	RAPAMUNE.....	85	SYSTEM.....	59
QNASL CHILDRENS.....	100	RAPIVAB.....	29	RELION PREMIER TEST.....	59
QSYMIA.....	41	RAPPORT RLS.....	94	RELION PREMIER VOICE	
QTERN.....	49	RAPPORT VTD.....	94	MONITOR.....	59
QUALAQUIN.....	27	rasagiline mesylate.....	27	RELION PRIME MONITOR.....	59
quazepam.....	31	RASUVO.....	85	RELION PRIME TEST.....	59

Effective September 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 TRUE MET AIR GLUC METER.....	60	REXALL BLOOD GLUCOSE TEST.....	60	RITALIN LA.....	40
RELION TRUE METRIX TEST STRIPS.....	60	REXULTI.....	28	ritonavir.....	30
RELION ULTIMA GLUCOSE SYSTEM.....	60	REYATAZ.....	30	RITUXAN.....	24
RELION ULTIMA TEST.....	60	REYVOW.....	20	RITUXAN HYCELA.....	24
RELISTOR.....	71	REZIPRES.....	38	rivastigmine tartrate.....	16
RELPAK.....	20	REZLIDHIA.....	24	rivelsa.....	80
RELTONE.....	71	REZUROCK.....	85	RIVFLOZA.....	73
RELYVRIO.....	41	REZVOGLAR KWIKPEN.....	63	RIXUBIS.....	32
REMEDIENT.....	67	RHOFADE.....	46	rizatriptan benzoate.....	20
REMERON.....	17	RHOGAM ULTRA-FILTERED PLUS.....	85	ROBAXIN.....	104
REMERON SOLTAB.....	17	RHOPHYLAC.....	85	ROCALTROL.....	87
REMESENSE.....	43	RHOPRESSA.....	98	ROCKLATAN.....	98
REMICADE.....	85	RIABNI.....	24	rocuronium bromide.....	41
remifentanil hcl.....	5	RIASTAP.....	32	ROCURONIUM BROMIDE.....	41
REMODULIN.....	103	ribavirin.....	30	roflumilast.....	102
RENFLEXIS.....	85	RIDAURA.....	85	ROLVEDON.....	32
repaglinide.....	49	rifabutin.....	20	romidepsin.....	24
REPATHA.....	38	RIFADIN.....	20	ropinirole hcl.....	27
REPATHA PUSHTRONEX SYSTEM.....	38	rifampin.....	20	ropinirole hcl er.....	27
REPATHA SURECLICK.....	38	RIGHTEST GC300 CONTROL.....	60	ropivacaine hcl.....	8
RESTASIS.....	99	RIGHTEST GM100 BLOOD GLUCOSE.....	60	ROPIVACAINE HCL.....	8
RESTASIS MULTIDOSE.....	99	RIGHTEST GM300 BLOOD GLUCOSE.....	60	ROPIVACAINE HCL-NACL.....	8
RESTORA RX.....	71	RIGHTEST GM550 BLOOD GLUCOSE.....	60	rosuvastatin calcium.....	38
RESTORIL.....	104	RIGHTEST GS100 BLOOD GLUCOSE.....	60	ROWASA.....	86
RETACRIT.....	32	RIGHTEST GS300 BLOOD GLUCOSE.....	60	roweepra.....	15
RETAVASE.....	13	RIGHTEST GS550 BLOOD GLUCOSE.....	60	ROXICODONE.....	5
RETAVASE HALF-KIT.....	13	RIGHTEST GT333 BLOOD GLUCOSE.....	60	ROXYBOND.....	5
RETEVMO.....	24	RIGHTEST GT333 GLUCOSE TEST.....	60	ROZLYTREK.....	24
RETIN-A.....	46	riluzole.....	41	RUBRACA.....	25
RETIN-A MICRO GEL 0.04 %, 0.1 %.....	46	rimantadine hcl.....	30	rufinamide.....	15
RETIN-A MICRO PUMP.....	46	RIMSO-50.....	73	RUKOBIA.....	30
RETROVIR.....	30	RINVOQ.....	85	RUSCH FLOCATH QUICK 16FR.....	94
REUSABLE COMFORTSEAL MASK-LRG.....	94	RINVOQ LQ.....	85	RUXIENCE.....	25
REUSABLE COMFORTSEAL MASK-MED.....	94	RIOMET.....	49	RYALTRIS.....	100
REUSABLE COMFORTSEAL MASK-SML.....	94	risedronate sodium.....	87	RYANODEX.....	104
REVATIO.....	103	RISPERDAL.....	28	RYBELSUS.....	49
REVCIVI.....	72	RISPERDAL CONSTA.....	28	RYBREVANT.....	25
REVLIMID.....	24	risperidone.....	28	RYDAPT.....	25
revonto.....	104	risperidone microspheres er.....	28	RYKINDO.....	28
REXALL BLOOD GLUCOSE SYSTEM.....	60	RITALIN.....	40	RYLAZE.....	25
				RYSTIGGO.....	94
				RYTARY.....	27
				S.T. GENESIS NERVE STIMULATOR.....	94
				SABRIL.....	15
				SAFE-SENSE EARLOOP FACE MASK.....	94
				SAFE-SENSE GLOVE-BLUE- NITRL-L.....	94

Effective September 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

SAFE-SENSE GLOVE-BLUE-NITRL-M.....	94	SEROSTIM.....	71	SMART SENSE PREMIUM SYSTEM.....	60
SAFE-SENSE GLOVE-BLUE-NITRL-S.....	94	SERTRALINE HCL.....	17	SMART SENSE PREMIUM TEST.....	60
SAFE-SENSE GLOVE-BLUE-NITRL-XL.....	94	sertraline hcl.....	17	SMART SENSE VALUE GLUCOSE SYS.....	60
SAFETY PEN NEEDLES.....	94	setlakin.....	80	SMART SENSE VALUE TEST.....	60
SAFYRAL.....	80	sevelamer carbonate.....	73	SMARTEST BLOOD GLUCOSE TEST.....	60
SAIZEN.....	76	sevelamer hcl.....	73	SMARTEST CONTROL MEDIUM.....	60
SALAGEN.....	43	SEVENFACT.....	32	SMARTEST EJECT.....	60
saline bacteriostatic.....	94	SEYSARA.....	12	SMARTEST EJECT STARTER.....	60
SALINE-PHENOL.....	94	SEZABY.....	15	SMARTEST PERSONA STARTER.....	60
SAMSCA.....	67	sf 5000 plus.....	43	SMARTEST PRONTO STARTER.....	60
SANCUSO.....	18	sf gel 1.1%.....	43	SMARTEST PROTEGE.....	60
SANDIMMUNE.....	85	SFROWASA.....	86	SMARTEST PROTEGE STARTER.....	60
SANDOSTATIN.....	76	sharobel.....	80	SMOFLIPID.....	67
SANTYL.....	46	SHARPS CONTAINER.....	94	SOAAZ.....	38
SAPHNELO.....	85	SIDESTREAM ADULT FACE MASK.....	95	sod benz-sod phenylacet.....	72
SAPHRIS.....	28	SIDESTREAM PEDIATRIC FACE MASK.....	95	sod citrate-citric acid.....	67
sapropterin dihydrochloride.....	72	SIGNIFOR.....	76	sod fluoride-potassium nitrate.....	43
SARCLISA.....	25	SIGNIFOR LAR.....	76	sodium acetate.....	67
SAVAYSA.....	13	sildenafil citrate.....	73, 103	sodium bicarbonate.....	67
SAVELLA.....	41	SILIGENTLE AG FOAM DRESSING.....	46	SODIUM BICARBONATE.....	68
SAVELLA TITRATION PACK.....	41	SILIGENTLE AG SILVER FOAM DRES.....	46	sodium chloride.....	68, 100
SAVI DUAL.....	94	SILIQ.....	85	SODIUM CHLORIDE.....	68
saxagliptin hcl.....	49	silodosin.....	73	sodium chloride (pf).....	68
saxagliptin-metformin er.....	49	SILVADENE.....	12	sodium chloride bacteriostatic.....	95
SAXENDA.....	41	silver sulfadiazine.....	12	sodium chloride flush.....	68
SCSEMBLIX.....	25	SILVERSEAL HYDROGEL DRESSING.....	47	SODIUM CITRATE.....	13
SCENESSE.....	46	SIMBRINZA.....	98	SODIUM CITRATE LOCK FLUSH.....	13
SCLEROSOL INTRAPLEURAL.....	102	simliya.....	80	SODIUM CITRATE-GENTAMICIN SULF.....	13
scopolamine.....	18	simpesse.....	80	sodium fluoride.....	43, 68
SECUADO.....	28	SIMPONI.....	85	sodium fluoride 5000 plus.....	43
SEGLENTIS.....	5	SIMPONI ARIA.....	85	sodium fluoride 5000 ppm.....	43
SEGLUROMET.....	49	SIMULECT.....	85	SODIUM IODIDE I-131.....	81
SELECT-OB.....	67	simvastatin.....	38	sodium nitrite.....	95
SELECT-OB+DHA.....	67	SINEMET.....	27	sodium nitroprusside.....	38
selegiline hcl.....	27	SINGULAIR.....	102	SODIUM OXYBATE.....	104
selenium sulfide.....	46	sirolimus.....	85	sodium phenylbutyrate.....	72
SELZENTRY.....	30	SIRTURO.....	20	sodium phosphates.....	68
SEMGLEE (YFGN).....	63	SITAGLIPTIN.....	49	sodium polystyrene sulfonate.....	68
SENSIPAR.....	87	SIVEXTRO.....	12	sodium saccharin.....	95
SENSORCAINE.....	8	SKINEEZ TED STOCKINGS.....	95	sodium thiosulfate.....	95
SENSORCAINE/EPINEPHRINE.....	8	SKYCLARYS.....	39		
SENSORCAINE-MPF.....	8	SKYRIZI.....	85		
SENSORCAINE-MPF/EPINEPHRINE.....	8	SKYRIZI PEN.....	85		
SEREVENT DISKUS.....	102	SKYTROFA.....	76		
SEROQUEL.....	28	SLYND.....	80		
SEROQUEL XR.....	28				

Effective September 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

SOFOSBUVIR-VELPATASVIR....	30	STERILE DILUENT FLOLAN PH		SUPREME II HIGH/LOW	
SOGROYA.....	76	12.....	95	CONTROL.....	60
SOHONOS.....	95	STERILE DILUENT FOR		SUPREME TEST.....	60
SOLESTA.....	95	REMODULIN.....	95	SUPREP BOWEL PREP KIT.....	71
solifenacin succinate.....	73	STERILE TALC POWDER.....	102	SUREBIOTIC PROBIOTIC	
SOLQUA.....	49	STERILE TOPICAL L.E.T. GEL.....	8	SUPPORT.....	71
SOLIRIS.....	32	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	STROMECTOL.....	27	SUTAB.....	71
SOOLANTRA.....	47	SUBLOCADE.....	8	SUTENT.....	25
sorafenib tosylate.....	25	SUBOXONE.....	9	syeda.....	80
SORILUX.....	47	subvenite.....	15	SYFOVRE.....	99
sotalol hcl.....	38	subvenite starter kit-blue.....	15	SYLVANT.....	25
sotalol hcl (af).....	38	subvenite starter kit-green.....	15	SYMBICORT.....	102
SOTYKTU.....	85	subvenite starter kit-orange.....	15	SYMBYAX.....	17
SOTYLIZE.....	38	SUCCINYLCHOLINE		SYMDEKO.....	103
SOVALDI.....	30	CHLORIDE.....	42	SYMFI.....	30
SPARKY THE DOG PED		succinylcholine chloride.....	42	SYMFI LO.....	30
NEBULIZER.....	95	SUCRAID.....	72	SYMLINPEN 120.....	49
SPEVIGO.....	85	sucrafate.....	69	SYMLINPEN 60.....	49
SPILL KIT/CHEMOTHERAPY.....	95	SUFLAVE.....	71	SYMPAZAN.....	15
spinosad.....	27	sulfacetamide sodium.....	47, 97	SYMPROIC.....	71
SPIRIVA HANDIHALER.....	102	sulfacetamide sodium (acne).....	47	SYMTUZA.....	30
SPIRIVA RESPIMAT.....	102	sulfacetamide sodium-sulfur.....	47	SYNAGIS.....	85
spironolactone.....	38	sulfacetamide-prednisolone.....	99	SYNALAR.....	47
spironolactone-hctz.....	38	sulfadiazine.....	12	SYNAREL.....	76
SPORANOX.....	19	sulfamethoxazole-trimethoprim.....	12	SYNDROS.....	18
SPRAVATO (56 MG DOSE).....	17	sulfasalazine.....	86	SYNJARDY.....	49
SPRAVATO (84 MG DOSE).....	17	sulfatrim pediatric.....	12	SYNJARDY XR.....	49
sprintec 28.....	80	sulfurated lime.....	27	SYNOJOYNT.....	95
SPRIX.....	6	sulindac.....	6	SYNTHROID.....	81
SPRYCEL.....	25	sumatriptan.....	20	SYNVISC.....	95
SPS.....	68	sumatriptan succinate.....	20	SYNVISC ONE.....	95
sronyx.....	80	sumatriptan succinate refill		SYRINGE AVITENE.....	95
ssd.....	12	subcutaneous solution cartridge...	20	SYRINGE LUER LOCK.....	95
STEGLATRO.....	49	sunitinib malate.....	25	SYRINGE LUER SLIP.....	95
STEGLUJAN.....	49	SUNLENCA.....	30	SYRINGE PRECISEDOSSE	
STELARA.....	85	SUNOSI.....	104	DISPENSER.....	95
STENDRA.....	73	SUPARTZ FX.....	95	T.E.D. KNEE LENGTH/LARGE....	95
		SUPPRELIN LA.....	76	TABLOID.....	25

Effective September 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

TABRECTA.....	25	TELFAMOND ISLAND		THIOLA EC.....	73
TACHOSIL.....	95	DRESSING.....	95	thioridazine hcl.....	28
TACLONEX.....	47	TELFAMOND NON-ADHERENT.....	95	thiotepa.....	25
tacrolimus.....	47, 85	telmisartan.....	38	thiothixene.....	28
tadalafil.....	73	telmisartan-amlodipine.....	38	THROMBI-GEL 10.....	95
tadalafil (pah).....	103	telmisartan-hctz.....	38	THROMBI-GEL 100.....	95
TADLIQ.....	103	temazepam.....	104	THROMBI-GEL 40.....	95
TAFINLAR.....	25	TEMBEXA.....	30	THROMBIN-JMI.....	32
tafluprost (pf).....	98	TEMODAR.....	25	THROMBIN-JMI EPISTAXIS.....	32
TAGRISSE.....	25	temozolomide.....	25	THROMBI-PAD.....	95
TAI DOC CONTROL.....	60	TEMPO REFILL.....	60	THROMBOGEN.....	32
TAKHZYRO.....	85	TEMPO SMART BUTTON.....	60	THYMOGLOBULIN.....	85
TALICIA.....	71	TEMPO WELCOME.....	60	THYQUIDITY.....	81
TALTZ.....	85	temsirolimus.....	85	thyroid.....	81
TALVEY.....	25	TENCON.....	5	tiadylt er.....	38
TALZENNA.....	25	tenofovir disoproxil fumarate.....	30	tiagabine hcl.....	15
TAMIFLU.....	30	TENORMIN.....	38	TIAZAC.....	39
tamoxifen citrate.....	25	TEPADINA.....	25	TIBSOVO.....	25
tamsulosin hcl.....	73	TEPEZZA.....	76	TICE BCG.....	25
TARGADOX.....	12	TEPMETKO.....	25	TIGAN.....	18
TARGRETIN.....	25	terazosin hcl.....	73	tigecycline.....	12
tarina 24 fe.....	80	terbinafine hcl.....	19	TIKOSYN.....	39
tarina fe 1/20 eq.....	80	terbutaline sulfate.....	102	tilia fe.....	80
TARPEYO.....	86	terconazole.....	19	timolol maleate.....	39, 98
TASCENSO ODT.....	41	teriflunomide.....	41	timolol maleate (once-daily).....	98
TASIGNA.....	25	teriparatide.....	87	timolol maleate ocudose.....	98
tasimelteon.....	104	teriparatide (recombinant).....	87	timolol maleate pf.....	98
TASMAR.....	27	TERIPARATIDE		TIMOPTIC OCUDOSE.....	98
TAURINE.....	68	(RECOMBINANT).....	87	tinidazole.....	12
tavorole.....	19	TESTIM.....	75	tiopronin.....	73
TAVALISSE.....	32	TESTOPEL.....	75	tiotropium bromide monohydrate.....	102
TAVNEOS.....	95	testosterone.....	75	tirofiban hcl in nacl.....	27
taysofy.....	80	testosterone cypionate.....	75	TIROSINT.....	81
TAYTULLA.....	80	testosterone enanthate.....	75	TIROSINT-SOL.....	81
tazarotene.....	47	tetrabenazine.....	42	TISSEEL.....	95
TAZAROTENE.....	47	tetracaine hcl.....	99	TIVDAK.....	25
tazicef.....	12	tetracycline hcl.....	12	TIVICAY.....	30
TAZICEF.....	12	TEZSPIRE.....	102	TIVICAY PD.....	30
TAZORAC.....	47	TGT BLOOD GLUCOSE		tizanidine hcl.....	104
TAZVERIK.....	25	MONITORING.....	60	TLANDO.....	75
TECENTRIQ.....	25	TGT BLOOD GLUCOSE TEST.....	60	TM-DAILY VITE.....	68
TECFIDERA.....	41	THALITONE.....	38	TM-VITE RX.....	68
TECHLITE LANCETS 26G.....	60	THALOMID.....	25	TNKASE.....	14
TECVAYLI.....	25	THAM.....	68	TOBI NEBULIZER.....	103
TEFLARO.....	12	THE LIQUILIFT TRACE.....	68	TOBI PODHALER.....	103
TEGLUTIK.....	42	THEO-24.....	102	TOBRADEX.....	97
TEGRETOL.....	15	theophylline.....	102	TOBRADEX ST.....	97
TEGRETOL-XR.....	15	theophylline er.....	102	tobramycin.....	97, 103
TEGSEDI.....	42	thiamine hcl.....	68	TOBRAMYCIN.....	103
TEKTURNA.....	38	THIOLA.....	73	tobramycin sulfate.....	12

Effective September 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

tobramycin-dexamethasone	97	TRELSTAR MIXJECT	76	TRISENOX	25
TOBREX	97	TREMFYA	85	TRISODIUM CITRATE/CRRT	68
TOLAK	47	treprostinil	103	tri-sprintec	80
tolcapone	27	TRESIBA	63	TRISTART DHA	68
TOLSURA	19	TRESIBA FLEXTOUCH	63	TRIUMEQ	30
tolterodine tartrate	73	tretinoin	25, 47	TRIUMEQ PD	30
tolterodine tartrate er	73	tretinoin microsphere	47	TRIVISC	95
tolvaptan	68	tretinoin microsphere pump	47	trivora (28)	80
TOPAMAX	15	TRETTEN	32	tri-vylibra	80
TOPAMAX SPRINKLE	15	TREXALL	85	tri-vylibra lo	80
TOPICAL L.E.T	8	TREXIMET	20	TRODELVY	25
TOPICORT	47	TREZIX	5	TROGARZO	30
TOPICORT SPRAY	47	triamcinolone acetonide	43, 47, 74	TROKENDI XR	15
topiramate	15	TRIAMCINOLONE ACETONIDE	75	TRONVITE	68
topiramate er	15	TRIAMCINOLONE DIACETATE	75	TROPHAMINE	68
topotecan hcl	25	TRIAMCINOLONE-		TROPICAMIDE-	
TOPROL XL	39	BUPIVACAINE	75	PHENYLEPHRINE	99
toremifene citrate	25	TRI-AMINO	68	TROPIC-CYCLOPENT-PE-	
TORISEL	85	triamterene	39	KETOROLAC	99
torpenz	25	triamterene-hctz	39	tropium chloride	73
toremide	39	triazolam	31	tropium chloride er	73
TOSYMRA	20	TRIBENZOR	39	TRUDHESA	20
TOUJEO MAX SOLOSTAR	63	TRICITRASOL	14	TRUE DAILY VITE	68
TOUJEO SOLOSTAR	63	TRICOR	39	TRUE FOCUS BLOOD	
TOVIAZ	73	TRIDACAINE II	8	GLUCOSE METER	60
TPOXX	30	TRIDACAINE III	8	TRUE FOCUS BLOOD	
TRACLEER	103	triderm	47	GLUCOSE STRIP	60
TRADJENTA	49	trientine hcl	68	TRUE METRIX AIR GLUCOSE	
TRALEMENT	68	tri-estarylla	80	METER	60
TRAMADOL HCL (ER		trifluoperazine hcl	28	TRUE METRIX BLOOD	
BIPHASIC)	5	trifluridine	97	GLUCOSE TEST	60
tramadol hcl (er biphasic)	5	trihexyphenidyl hcl	27	TRUE METRIX GO GLUCOSE	
tramadol hcl er	5	TRIJARDY XR	49	METER	60
TRAMADOL HCL IR	5	TRIKAFTA	103	TRUE METRIX LEVEL 1	60
tramadol hcl ir	5	tri-legest fe	80	TRUE METRIX LEVEL 2	60
tramadol-acetaminophen	5	TRILEPTAL	15	TRUE METRIX LEVEL 3	61
trandolapril	39	tri-linyah	80	TRUE METRIX METER	61
trandolapril-verapamil hcl er	39	TRILIPIX	39	TRUE METRIX PRO BLOOD	
tranexamic acid	32	tri-lo-estarylla	80	GLUCOSE	61
tranexamic acid-nacl	32	tri-lo-marzia	80	TRUE MULTIVITAMIN	68
TRANSDERM-SCOP	18	tri-lo-mili	80	TRUECONTROL GLUCOSE	
tranylcypromine sulfate	17	tri-lo-sprintec	80	CONT LEV 0	61
TRAVASOL	68	TRILURON	95	TRUECONTROL GLUCOSE	
TRAVATAN Z	98	trimethobenzamide hcl	18	CONT LEV 1	61
travoprost (bak free)	98	trimethoprim	12	TRUERESULT BLOOD	
TRAZIMERA	25	tri-mili	80	GLUCOSE	61
trazodone hcl	17	trimipramine maleate	17	TRUETEST TEST	61
TREANDA	25	TRINTELLIX	17	TRUETRACK BLOOD	
TRECTOR	20	tri-nymyo	80	GLUCOSE	61
TRELEGY ELLIPTA	102	TRIPTODUR	76	TRUETRACK SMART SYSTEM	61

Effective September 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

TRUETRACK TEST.....	61	UNASYN.....	12	varenicline tartrate (starter).....	9
TRULANCE.....	71	UNIFINE PROTECT PEN		varenicline tartrate(continue).....	9
TRULICITY.....	49	NEEDLE.....	96	VARITHENA.....	39
TRUQAP.....	25	UNISTRIP CONTROL.....	61	VARUBI (180 MG DOSE).....	18
TRUVADA.....	30	UNISTRIP1 GENERIC.....	61	VASCEPA.....	39
TRUXIMA.....	25	unithroid.....	81	vasopressin.....	76
TRUZONE PEAK FLOW METER.....	95	UNITUXIN.....	25	vasopressin +rfid.....	76
TUDORZA PRESSAIR.....	102	UPLIZNA.....	86	VASOPRESSIN-SODIUM	
TUKYSA.....	25	UPNEEQ.....	97	CHLORIDE.....	76
TURALIO.....	25	UPTRAVI.....	103	VASOSTRICT.....	76
turqoz.....	80	UPTRAVI TITRATION.....	103	VAZCULEP.....	39
TWIRLA.....	80	urea.....	47	VECAMYL.....	39
TWYNEO.....	47	URSODIOL.....	71	VECTIBIX.....	25
TYBLUME.....	80	ursodiol.....	71	VECTICAL.....	47
TYBOST.....	30	UVADEX.....	25	VECURONIUM BROMIDE.....	42
tydemy.....	80	UZEDY.....	28	vecuronium bromide.....	42
TYGACIL.....	12	VABOMERE.....	12	VEGZELMA.....	25
TYMLOS.....	87	VABYSMO.....	99	VEKLURY.....	30
TYRVAYA.....	99	VAGIFEM.....	80	VELCADE.....	25
TYSABRI.....	41	valacyclovir hcl.....	30	VELETRI.....	103
TYVASO.....	103	VALCHLOR.....	25	velivet.....	80
TYVASO DPI INSTITUTIONAL		valganciclovir hcl.....	30	VELPHORO.....	73
KIT.....	103	VALIUM.....	31	VELSIPITY.....	86
TYVASO DPI MAINTENANCE		valproate sodium.....	15	VELTASSA.....	68
KIT.....	103	valproic acid.....	15	VEMLIDY.....	30
TYVASO DPI TITRATION KIT.....	103	valrubicin.....	25	VENCLEXTA.....	25
TYVASO REFILL KIT.....	103	VALSARTAN.....	39	VENCLEXTA STARTING PACK..	25
TYVASO STARTER KIT.....	103	valsartan.....	39	ENELEX.....	47
TZIELD.....	49	valsartan-hydrochlorothiazide.....	39	VENEXA.....	68
UBRELVY.....	20	VALSTAR.....	25	VENEXA FE.....	68
UCERIS.....	86	VALTOCO.....	15	VENIPUNCTURE PX1	
UDENYCA.....	32	VALTRESX.....	30	PHLEBOTOMY.....	8
UDENYCA ONBODY.....	32	vancomycin hcl.....	13	VENLAFAXINE BESYLATE ER...	17
UDSX MEDICATED SYSTEM.....	95	VANCOMYCIN HCL IN		venlafaxine hcl.....	17
UDSXMP MEDICATED SYSTEM.....	95	DEXTROSE.....	12	venlafaxine hcl er.....	17
ULTIGUARD SAFEPACK		vancomycin hcl in dextrose.....	12	VENOFER.....	68
SYR/NEEDLE.....	63	vancomycin hcl in nacl.....	12, 13	VENTAVIS.....	103
ULTIVA.....	5	VANCOMYCIN HCL IN NAACL.....	12	VENTOLIN HFA.....	102
ULTOMIRIS.....	32	VANDAZOLE.....	13	VENTRIXYL.....	68
ULTRAFOAM SPONGE		VANFLYTA.....	25	VENTRIXYL FE.....	68
2X6.25X7CM.....	95	VANISH.....	43	VEOPOZ.....	86
ULTRAFOAM SPONGE		VAPRO PLUS CATHETER		VEOZAH.....	96
8X12.5X1CM.....	95	12FR/16".....	96	verapamil hcl.....	39
ULTRAFOAM SPONGE		VAPRO PLUS CATHETER		verapamil hcl er.....	39
8X12.5X3CM.....	95	12FR/8".....	96	VERASENS BLOOD GLUCOSE	
ULTRAFOAM SPONGE		VAPRO PLUS CATHETER		METER.....	61
8X25X1CM.....	96	14FR/16".....	96	VERASENS BLOOD GLUCOSE	
ULTRAFOAM SPONGE		VAPRO PLUS CATHETER		SYSTEM.....	61
8X6.25X1CM.....	96	14FR/8".....	96	VERASENS BLOOD GLUCOSE	
ULTRAVATE.....	47	varenicline tartrate.....	9	TEST.....	61

Effective September 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 GLUCOSE		vincristine sulfate.....	25	VIVJOA.....	19
CONTROL.....	61	vinorelbine tartrate.....	25	VIZIMPRO.....	25
VERELAN.....	39	VIOKACE.....	72	VOCABRIA.....	30
VERELAN PM.....	39	viorele.....	80	VOGELXO.....	75
VERIFINE INSULIN PEN		VIRACEPT.....	30	VOGELXO PUMP.....	75
NEEDLE.....	96	VIRAZOLE.....	30	volnea.....	80
VERIFINE INSULIN SYRINGE.....	63	VIREAD.....	30	VONJO.....	25
VERIFINE PLUS PEN NEEDLE.....	96	VISCO-3.....	96	VONVENDI.....	32
VERIFINE SAFE LANCET MINI		VISTARIL.....	31	VOQUEZNA.....	69
21G.....	61	VISTOGARD.....	96	VOQUEZNA DUAL PAK.....	71
VERIFINE SAFE LANCET MINI		VISUDYNE.....	99	VOQUEZNA TRIPLE PAK.....	71
23G.....	61	VITAFOL FE+.....	68	VORAXAZE.....	25
VERIFINE SAFE LANCET MINI		VITAFOL GUMMIES.....	68	voriconazole.....	19
28G.....	61	VITAFOL ULTRA.....	68	VORTEX VALVED HOLDING	
VERIFINE SAFE LANCET MINI		VITAFOL-NANO.....	68	CHAMBER.....	96
30G.....	61	VITAFOL-OB.....	68	VOSEVI.....	30
VERKAZIA.....	99	VITAFOL-OB+DHA.....	68	VOTRIENT.....	25
VERQUVO.....	39	VITAFOL-ONE.....	68	VOWST.....	71
VERSACLOZ.....	28	VITAMEDMD ONE		VOXZOGO.....	72
VERSAPAP.....	96	RX/QUATREFOLIC.....	68	VPRIV.....	72
VERSAPAP W/UNIVERSAL		VITAMEDMD REDICHEW RX.....	68	VRAYLAR.....	28
TUBING.....	96	vitamin d (ergocalciferol).....	68	VTAMA.....	47
VERZENIO.....	25	vitamin k1.....	68	VUITY.....	98
VESICARE.....	73	VITA-PAC.....	68	VUMERITY.....	41
VESICARE LS.....	73	VITAPEARL.....	68	VYEPTI.....	20
vestura.....	80	VITASURE.....	68	vyfemla.....	80
VEVYE.....	99	VITATHELY WITH GINGER.....	68	VYLEESI.....	42
VFEND.....	19	VITATRUE.....	68	vylibra.....	80
VFEND IV.....	19	VITRAKVI.....	25	VYNDAMAX.....	39
VIAGRA.....	73	VITRAMYN.....	68	VYNDAQEL.....	39
VIBATIV.....	13	VITRANOL.....	68	VYONDYS 53.....	72
VIBERZI.....	71	VITRANOL FE.....	68	VYTORIN.....	39
VIBRAMYCIN.....	13	VITREXATE.....	68	VYVANSE.....	40
VIBRANT.....	71	VITREXATE FE.....	68	VYVGART.....	96
VIBRANT STARTER KIT.....	71	VITREXYL.....	68	VYVGART HYTRULO.....	96
VICTOZA.....	49	VITREXYL + IRON.....	68	VYXEOS.....	25
VIDAZA.....	25	VIVAGUARD INO CONTROL		VYZULTA.....	98
vienva.....	80	SOLUTION.....	61	WAINUA.....	42
vigabatrin.....	15	VIVAGUARD INO GLUCOSE		WAKIX.....	104
vigadrone.....	15	METER.....	61	warfarin sodium.....	14
VIGAMOX.....	97	VIVAGUARD INO SMART GLUC		WAVESENSE AMP.....	61
vigpoder.....	15	METER.....	61	WEGOVY.....	42
VIIIBRYD.....	17	VIVAGUARD INO TEST STRIPS.....	61	WELCHOL.....	39
VIJOICE.....	25	VIVAGUARD LANCETS 30G.....	61	WELIREG.....	26
vilazodone hcl.....	17	VIVAGUARD LANCING DEVICE.....	61	WELLBUTRIN SR.....	17
VILTEPSO.....	72	VIVAGUARD SAFETY		WELLBUTRIN XL.....	17
VIMIZIM.....	72	LANCETS 28G.....	61	WELLFOLA.....	68
VIMOVO.....	6	VIVELLE-DOT.....	80	wera.....	80
VIMPAT.....	15	VIVIMUSTA.....	25	wes-phos 250 neutral.....	68
vinblastine sulfate.....	25	VIVITROL.....	9	WESTGEL DHA.....	68

Effective September 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

WILATE.....	32	XGEVA.....	87	YUFLYMA (1 PEN).....	86
WINLEVI.....	47	XHANCE.....	100	YUFLYMA (2 PEN).....	86
WINRHO SDF.....	86	XIAFLEX.....	96	YUFLYMA (2 SYRINGE).....	86
wixela inhub.....	102	XIFAXAN.....	13	YUFLYMA-CD/UC/HS STARTER	86
wymzya fe.....	80	XIGDUO XR.....	49	YUPELRI.....	102
WYNZORA.....	47	XIIDRA.....	99	YUSIMRY.....	86
XACIATO.....	13	XOFIGO.....	26	yuvafem.....	80
XALATAN.....	98	XOFLUZA (40 MG DOSE).....	30	zafemy.....	80
XALIX.....	47	XOFLUZA (80 MG DOSE).....	30	zafirlukast.....	102
XALKORI.....	26	XOLAIR.....	102	zaleplon.....	104
XANAX.....	31	XOPENEX HFA.....	102	ZALTRAP.....	26
XANAX XR.....	31	XOSPATA.....	26	ZALVIT.....	68
XARELTO.....	14	XPHOZAH.....	96	ZANAFLEX.....	104
XARELTO STARTER PACK.....	14	XPOVIO (100 MG ONCE		ZANOSAR.....	26
XATMEP.....	86	WEEKLY).....	26	ZARONTIN.....	15
XCOPRI.....	15	XPOVIO (40 MG ONCE		ZARXIO.....	32
XDEMVY.....	97	WEEKLY).....	26	ZAVZPRET.....	20
XELJANZ.....	86	XPOVIO (40 MG TWICE		ZEGALOGUE.....	61
XELJANZ XR.....	86	WEEKLY).....	26	ZEGERID.....	69
XELPROS.....	98	XPOVIO (60 MG ONCE		ZEJULA.....	26
XELSTRYM.....	40	WEEKLY).....	26	ZELBORAF.....	26
XEMBIFY.....	86	XPOVIO (60 MG TWICE		ZELDANA.....	69
XENICAL.....	42	WEEKLY).....	26	ZEMAIRA.....	102
XEOMIN.....	96	XPOVIO (80 MG ONCE		ZEMBRACE SYMTOUCH.....	20
XERAC AC.....	47	WEEKLY).....	26	ZEMDRI.....	13
XERAVA.....	13	XPOVIO (80 MG TWICE		ZEMPLAR.....	87
XERMELO.....	71	WEEKLY).....	26	zenatane.....	48
XEROFORM OCCLUSIVE		XTAMPZA ER.....	5	ZENIFIBER AG.....	48
GAUZE PATCH.....	47	XTANDI.....	26	ZENIFOAM AG.....	48
XEROFORM OIL EMULSION		xulane.....	80	ZENPEP.....	72
2"X2".....	47	XULTOPHY.....	49	ZENZEDI.....	40
XEROFORM OIL EMULSION		XURIDEN.....	72	ZEPATIER.....	30
GAUZE.....	47	XYLOCAINE.....	8	ZEPBOUND.....	42
XEROFORM OIL EMULSION		XYLOCAINE/EPINEPHRINE.....	8	ZEPOSIA.....	41
STRIP.....	47	XYLOCAINE-MPF.....	8	ZEPOSIA 7-DAY STARTER	
XEROFORM OIL ROLL 4"X9'.....	47	XYLOCAINE-		PACK.....	41
XEROFORM PETROLAT		MPF/EPINEPHRINE.....	8	ZEPOSIA STARTER KIT.....	41
GAUZE 1"X8".....	47	XYNTHA.....	32	ZEPZELCA.....	26
XEROFORM PETROLAT		XYNTHA SOLOFUSE.....	32	ZERBAXA.....	13
GAUZE 5"X9".....	47	XYOSTED.....	75	ZERVIAE.....	97
XEROFORM PETROLAT		XYREM.....	104	ZESTRIL.....	39
PATCH 2"X2".....	47	XYWAV.....	104	ZETIA.....	39
XEROFORM PETROLAT		yargesa.....	72	ZETONNA.....	100
PATCH 4"X4".....	47	YASMIN 28.....	80	ZEVALIN Y-90.....	26
XEROFORM PETROLATUM		YAZ.....	80	ZEWA DIGITAL TENS UNIT.....	96
DRES 4"X4".....	48	YCANTH.....	48	ZEWA TENS/EMS COMBO	
XEROFORM PETROLATUM		YERVOY.....	26	UNIT.....	96
DRES 5"X9".....	48	YONDELIS.....	26	ZIAGEN.....	30
XEROFORM PETROLATUM		YONSA.....	26	ZIANA.....	48
ROLL 4"X9'.....	48	YOSPRALA.....	27	zidovudine.....	30

Effective September 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

ZIEXTENZO.....	32	ZYMFENTRA (2 PEN).....	86
ZILXI.....	48	ZYMFENTRA (2 SYRINGE).....	86
ZIMHI.....	9	ZYNLONTA.....	26
zinc chloride.....	69	ZYNYZ.....	26
zinc sulfate.....	69	ZYPITAMAG.....	39
ZINPLAVA.....	86	ZYPREXA.....	28
ZIOPTAN.....	98	ZYPREXA RELPREVV.....	28
ZIPHEX.....	69	ZYPREXA ZYDIS.....	28
ziprasidone hcl.....	28	ZYTIGA.....	26
ziprasidone mesylate.....	28	ZYVOX.....	13
ZIPSOR.....	6		
ZIRABEV.....	26		
ZIRGAN.....	97		
ZITHROMAX.....	13		
ZITHROMAX TRI-PAK.....	13		
ZITHROMAX Z-PAK.....	13		
ZITUVIO.....	49		
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		
ZOMIG.....	20		
ZONEGRAN.....	15		
ZONISADE.....	15		
zonisamide.....	15		
ZONTIVITY.....	27		
ZORTRESS.....	86		
ZORYVE.....	48		
ZOSYN.....	13		
zovia 1/35 (28).....	80		
ZOVIRAX.....	30		
ZTALMY.....	15		
ZTLIDO.....	8		
ZUBSOLV.....	9		
ZULRESSO.....	17		
zumandimine.....	80		
ZURZUVAE.....	17		
ZYCLARA.....	48		
ZYCLARA PUMP.....	48		
ZYDELIG.....	26		
ZYKADIA.....	26		
ZYLET.....	99		
ZYMFENTRA (1 PEN).....	86		

Effective September 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