

National Preferred Formulary - Prior Authorization List

The following prescription drugs require Prior Authorization

Certain medications require prior authorization, which means approval is needed before the prescription can be filled. If approval is not received, the drug may not be covered. This list may not apply to all plans or benefits. List subject to change.

ABIRATERONE ACETATE 250 MG TAB	ARAZLO 0.045% LOTION
ABIRATERONE ACETATE 500 MG TAB	ARCALYST 220 MG VIAL
ACTEMRA 162 MG/0.9 ML SYRINGE	ARIKAYCE 590 MG/8.4 ML VIAL
ACTEMRA ACTPEN 162 MG/0.9 ML	ARMODAFINIL 150 MG TABLET
ACTHAR 40 UNIT/0.5 ML SELFJECT	ARMODAFINIL 200 MG TABLET
ACTHAR 80 UNIT/ML SELFJECT	ARMODAFINIL 250 MG TABLET
ACTHAR GEL 400 UNIT/5 ML VIAL	ARMODAFINIL 50 MG TABLET
ACYCLOVIR 5% CREAM	ASTAGRAF XL 0.5 MG CAPSULE
ACYCLOVIR 5% OINTMENT	ASTAGRAF XL 1 MG CAPSULE
ADALIMUMAB-ADAZ(CF) 40 MG SYRG	ASTAGRAF XL 5 MG CAPSULE
ADALIMUMAB-ADAZ(CF) PEN 40 MG	AUGTYRO 40 MG CAPSULE
ADALIMUMAB-ADBM(CF) 10 MG SYRG	AUSTEDO 12 MG TABLET
ADALIMUMAB-ADBM(CF) 20 MG SYRG	AUSTEDO 6 MG TABLET
ADALIMUMAB-ADBM(CF) 40 MG SYRG	AUSTEDO 9 MG TABLET
ADALIMUMAB-ADBM(CF) CRHN 40MG	AUSTEDO XR 12 MG TABLET
ADALIMUMAB-ADBM(CF) PEN 40 MG	AUSTEDO XR 18 MG TABLET
ADALIMUMAB-ADBM(CF) PS-UV 40MG	AUSTEDO XR 24 MG TABLET
ADALIMUMAB-RYVK(CF) 40 MG SYRG	AUSTEDO XR 30 MG TABLET
ADALIMUMAB-RYVK(CF) AI 40 MG	AUSTEDO XR 36 MG TABLET
ADBRY 150 MG/ML SYRINGE	AUSTEDO XR 42 MG TABLET
ADBRY 300 MG/2 ML AUTOINJECTOR	AUSTEDO XR 48 MG TABLET
ADDYI 100 MG TABLET	AUSTEDO XR 6 MG TABLET
ADEMPAS 0.5 MG TABLET	AUSTEDO XR TITR(12-18-24-30MG)
ADEMPAS 1 MG TABLET	AVONEX PEN 30 MCG/0.5 ML KIT
ADEMPAS 1.5 MG TABLET	AVONEX PREFILLED SYR 30 MCG KT
ADEMPAS 2 MG TABLET	AYVAKIT 100 MG TABLET
ADEMPAS 2.5 MG TABLET	AYVAKIT 200 MG TABLET
ADIPEX-P 37.5 MG TABLET	AYVAKIT 25 MG TABLET
AIMOVIG 140 MG/ML AUTOINJECTOR	AYVAKIT 300 MG TABLET
AIMOVIG 70 MG/ML AUTOINJECTOR	AYVAKIT 50 MG TABLET
AJOVY 225 MG/1.5 ML AUTOINJECT	BAFIERTAM DR 95 MG CAPSULE
AJOVY 225 MG/1.5 ML SYRINGE	BALVERSA 3 MG TABLET
ALECENSA 150 MG CAPSULE	BALVERSA 4 MG TABLET
ALUNBRIG 180 MG TABLET	BALVERSA 5 MG TABLET
ALUNBRIG 30 MG TABLET	BENLYSTA 120 MG VIAL
ALUNBRIG 90 MG TABLET	BENLYSTA 200 MG/ML AUTOINJECT
ALUNBRIG 90 MG-180 MG TAB PACK	BENLYSTA 200 MG/ML SYRINGE
ALYQ 20 MG TABLET	BENLYSTA 400 MG VIAL
AMBRISENTAN 10 MG TABLET	BENZPHETAMINE HCL 50 MG TABLET
AMBRISENTAN 5 MG TABLET	BETAINE 1 GRAM/SCOOP POWDER

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BETASERON 0.3 MG KIT	CHEMET 100 MG CAPSULE
BETHKIS 300 MG/4 ML AMPULE	CHENODAL 250 MG TABLET
BEXAROTENE 1% GEL	CHLORZOXAZONE 250 MG TABLET
BEXAROTENE 75 MG CAPSULE	CHLORZOXAZONE 375 MG TABLET
BOSENTAN 125 MG TABLET	CHLORZOXAZONE 750 MG TABLET
BOSENTAN 62.5 MG TABLET	CHOLBAM 250 MG CAPSULE
BOSULIF 100 MG CAPSULE	CHOLBAM 50 MG CAPSULE
BOSULIF 100 MG TABLET	CIBINQO 100 MG TABLET
BOSULIF 400 MG TABLET	CIBINQO 200 MG TABLET
BOSULIF 50 MG CAPSULE	CIBINQO 50 MG TABLET
BOSULIF 500 MG TABLET	CINRYZE 500 UNIT VIAL
BRIMONIDINE 0.33% GEL PUMP	CINRYZE 500 UNIT VIAL-DILUENT
BRUKINSA 80 MG CAPSULE	CLEMASTINE 0.5 MG/5 ML SYRUP
BUPHENYL 500 MG TABLET	CLEMASTINE 0.67 MG/5 ML SYRUP
BUPHENYL POWDER	CLOBAZAM 10 MG TABLET
BYLVAY 1,200 MCG CAPSULE	CLOBAZAM 2.5 MG/ML SUSPENSION
BYLVAY 200 MCG PELLET	CLOBAZAM 20 MG TABLET
BYLVAY 400 MCG CAPSULE	COMETRIQ 100 MG DAILY-DOSE PK
BYLVAY 600 MCG PELLET	COMETRIQ 140 MG DAILY-DOSE PK
CABLIVI 11 MG KIT	COMETRIQ 60 MG DAILY-DOSE PACK
CABOMETYX 20 MG TABLET	CONSENSI 10-200 MG TABLET
CABOMETYX 40 MG TABLET	CONSENSI 2.5-200 MG TABLET
CABOMETYX 60 MG TABLET	CONSENSI 5-200 MG TABLET
CALQUENCE 100 MG TABLET	CONTRAVE ER 8-90 MG TABLET
CAMZYOS 10 MG CAPSULE	COPIKTRA 15 MG CAPSULE
CAMZYOS 15 MG CAPSULE	COPIKTRA 25 MG CAPSULE
CAMZYOS 2.5 MG CAPSULE	COTELLIC 20 MG TABLET
CAMZYOS 5 MG CAPSULE	CRESEMBA 186 MG CAPSULE
CAPECITABINE 150 MG TABLET	CRESEMBA 74.5 MG CAPSULE
CAPECITABINE 500 MG TABLET	CVS OMEPRAZOLE-BICARB 20-1,100
CAPRELSA 100 MG TABLET	CYCLOBENZAPRINE 7.5 MG TABLET
CAPRELSA 300 MG TABLET	CYCLOBENZAPRINE ER 15 MG CAP
CAVERJECT 20 MCG VIAL	CYCLOBENZAPRINE ER 30 MG CAP
CAVERJECT 40 MCG VIAL	CYCLOSPORINE 0.05% EYE EMULS
CAVERJECT IMPULSE 10 MCG KIT	CYLTEZO(CF) 10 MG/0.2 ML SYRNG
CAVERJECT IMPULSE 10 MCG SYRNG	CYLTEZO(CF) 20 MG/0.4 ML SYRNG
CAVERJECT IMPULSE 20 MCG KIT	CYLTEZO(CF) 40 MG/0.4 ML SYRNG
CAVERJECT IMPULSE 20 MCG SYRNG	CYLTEZO(CF) 40 MG/0.8 ML SYRNG
CEQUA 0.09% SOLUTION	CYLTEZO(CF) PEN 40 MG/0.4 ML
CERDELGA 84 MG CAPSULE	CYLTEZO(CF) PEN 40 MG/0.8 ML

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CYLTEZO(CF) PEN CRH-UC-HS 40MG	DICHLORPHENAMIDE 50 MG TABLET
CYLTEZO(CF) PEN PSORIA-UV 40MG	DICLOFENAC SODIUM 3% GEL
DALFAMPRIDINE ER 10 MG TABLET	DIETHYLPROPION 25 MG TABLET
DARAPRIM 25 MG TABLET	DIETHYLPROPION 75 MG TAB ER
DASATINIB 100 MG TABLET	DIETHYLPROPION ER 75 MG TABLET
DASATINIB 140 MG TABLET	DIMETHYL FUMARATE 30D START PK
DASATINIB 20 MG TABLET	DIMETHYL FUMARATE DR 120 MG CP
DASATINIB 50 MG TABLET	DIMETHYL FUMARATE DR 240 MG CP
DASATINIB 70 MG TABLET	DOJOLVI LIQUID
DASATINIB 80 MG TABLET	DOPTELET (10 TAB PK) 20 MG TAB
DAURISMO 100 MG TABLET	DOPTELET (15 TAB PK) 20 MG TAB
DAURISMO 25 MG TABLET	DOPTELET (30 TAB PK) 20 MG TAB
DEFERASIROX 125 MG TB FOR SUSP	DRONABINOL 10 MG CAPSULE
DEFERASIROX 180 MG GRANULE PKT	DRONABINOL 2.5 MG CAPSULE
DEFERASIROX 180 MG TABLET	DRONABINOL 5 MG CAPSULE
DEFERASIROX 250 MG TB FOR SUSP	DROXIDOPA 100 MG CAPSULE
DEFERASIROX 360 MG GRANULE PKT	DROXIDOPA 200 MG CAPSULE
DEFERASIROX 360 MG TABLET	DROXIDOPA 300 MG CAPSULE
DEFERASIROX 500 MG TB FOR SUSP	DUMMY
DEFERASIROX 90 MG GRANULE PKT	DUPIXENT 200 MG/1.14 ML PEN
DEFERASIROX 90 MG TABLET	DUPIXENT 200 MG/1.14 ML SYRINGE
DEFERIPRONE 1,000 MG TB(3X/DY)	DUPIXENT 300 MG/2 ML PEN
DEFERIPRONE 500 MG TABLET	DUPIXENT 300 MG/2 ML SYRINGE
DEFLAZACORT 18 MG TABLET	EDEX 10 MCG CARTRIDGE 2-PK KIT
DEFLAZACORT 22.75 MG/ML SUSP	EDEX 10 MCG CARTRIDGE 6-PK KIT
DEFLAZACORT 30 MG TABLET	EDEX 20 MCG CARTRIDGE 2-PK KIT
DEFLAZACORT 36 MG TABLET	EDEX 20 MCG CARTRIDGE 6-PK KIT
DEFLAZACORT 6 MG TABLET	EDEX 40 MCG CARTRIDGE 2-PK KIT
DEMSER 250 MG CAPSULE	EDEX 40 MCG CARTRIDGE 6-PK KIT
DEPEN 250 MG TITRATAB	EGRIFTA SV 2 MG VIAL
DEXABLISS 11 DAY 1.5 MG TAB PK	EMGALITY 100 MG/ML SYR(1 OF 3)
DEXAMETHASONE 10 DAY 1.5 MG TB	EMGALITY 120 MG/ML PEN
DEXAMETHASONE 13 DAY 1.5 MG TB	EMGALITY 120 MG/ML SYRINGE
DEXAMETHASONE 6 DAY 1.5 MG TAB	EMGALITY 300 MG (100 MG X3SYR)
DEXCHLORPHENIRAMINE 2 MG/5 ML	EMPAVELI 1,080 MG/20 ML VIAL
DIACOMIT 250 MG CAPSULE	ENBREL 25 MG/0.5 ML SYRINGE
DIACOMIT 250 MG POWDER PACKET	ENBREL 25 MG/0.5 ML VIAL
DIACOMIT 500 MG CAPSULE	ENBREL 50 MG/ML MINI CARTRIDGE
DIACOMIT 500 MG POWDER PACKET	ENBREL 50 MG/ML SURECLICK
DIBENZYLINE 10 MG CAPSULE	ENBREL 50 MG/ML SYRINGE

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ENDARI 5 GRAM POWDER PACKET
ENSPRYNG 120 MG/ML SYRINGE
EPCLUSA 150-37.5 MG PELLET PKT
EPCLUSA 200 MG-50 MG TABLET
EPCLUSA 200-50 MG PELLET PACK
EPCLUSA 400 MG-100 MG TABLET
EPIDIOLEX 100 MG/ML SOLN PACK
EPIDIOLEX 100 MG/ML SOLUTION
EPIPEN 0.3 MG AUTO-INJECTOR
EPIPEN 2-PAK 0.3 MG AUTO-INJCT
EPIPEN JR 0.15 MG AUTO-INJCT
EPIPEN JR 0.15 MG AUTO-INJECTR
EPIPEN JR 2-PAK 0.15 MG INJCTR
ERIVEDGE 150 MG CAPSULE
ERLEADA 240 MG TABLET
ERLEADA 60 MG TABLET
ERLOTINIB HCL 100 MG TABLET
ERLOTINIB HCL 150 MG TABLET
ERLOTINIB HCL 25 MG TABLET
ESGIC 50-325-40 MG TABLET
EVEROLIMUS 10 MG TABLET
EVEROLIMUS 2 MG TAB FOR SUSP
EVEROLIMUS 2.5 MG TABLET
EVEROLIMUS 3 MG TAB FOR SUSP
EVEROLIMUS 5 MG TAB FOR SUSP
EVEROLIMUS 5 MG TABLET
EVEROLIMUS 7.5 MG TABLET
EVRYSDI 60 MG/80 ML(0.75MG/ML)
EYSUVIS 0.25% EYE DROPS
FABHALTA 200 MG CAPSULE
FASENRA PEN 30 MG/ML
FENOFIBRATE 120 MG TABLET
FERRIPROX 1,000 MG TAB(2X/DAY)
FERRIPROX 1,000 MG TAB(3X/DAY)
FERRIPROX 1,000 MG TABLET
FERRIPROX 100 MG/ML SOLUTION
FERRIPROX 500 MG TABLET
FEXMID 7.5 MG TABLET
FILSUEVZ 10% GEL
FINGOLIMOD 0.5 MG CAPSULE

FIORICET 50-300-40 MG CAPSULE
FIRDAPSE 10 MG TABLET
FORTEO 600 MCG/2.4 ML PEN INJ
FULPHILA 6 MG/0.6 ML SYRINGE
GALAFOLD 123 MG CAPSULE
GAMMAGARD LIQUID 10% VIAL
GAMMAGARD S-D 10 G (IGA<1) SOL
GAMMAGARD S-D 5 G (IGA<1) SOLN
GAMUNEX-C 1 GRAM/10 ML VIAL
GAMUNEX-C 10 GRAM/100 ML VIAL
GAMUNEX-C 2.5 GRAM/25 ML VIAL
GAMUNEX-C 20 GRAM/200 ML VIAL
GAMUNEX-C 40 GRAM/400 ML VIAL
GAMUNEX-C 5 GRAM/50 ML VIAL
GAVRETO 100 MG CAPSULE
GEFITINIB 250 MG TABLET
GENOTROPIN 12 MG CARTRIDGE
GENOTROPIN 13.8 MG CARTRIDGE
GENOTROPIN 5 MG CARTRIDGE
GENOTROPIN 5.8 MG CARTRIDGE
GENOTROPIN MINIQUICK 0.2 MG
GENOTROPIN MINIQUICK 0.4 MG
GENOTROPIN MINIQUICK 0.6 MG
GENOTROPIN MINIQUICK 0.8 MG
GENOTROPIN MINIQUICK 1 MG
GENOTROPIN MINIQUICK 1.2 MG
GENOTROPIN MINIQUICK 1.4 MG
GENOTROPIN MINIQUICK 1.6 MG
GENOTROPIN MINIQUICK 1.8 MG
GENOTROPIN MINIQUICK 2 MG
GILOTRIF 20 MG TABLET
GILOTRIF 30 MG TABLET
GILOTRIF 40 MG TABLET
GLATIRAMER 20 MG/ML SYRINGE
GLATIRAMER 40 MG/ML SYRINGE
GLATOPA 20 MG/ML SYRINGE
GLATOPA 40 MG/ML SYRINGE
GRASTEK 2,800 BAU SL TABLET
GS OMEPRAZOLE-BICARB 20-1,100
HAEGARDA 2,000 UNIT VIAL

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HAEGARDA 3,000 UNIT VIAL	IDHIFA 100 MG TABLET
HARVONI 33.75-150 MG PELLET PK	IDHIFA 50 MG TABLET
HARVONI 45-200 MG PELLET PACKET	IMATINIB MESYLATE 100 MG TAB
HARVONI 45-200 MG TABLET	IMATINIB MESYLATE 400 MG TAB
HARVONI 90-400 MG TABLET	IMBRUVICA 140 MG CAPSULE
HEMLIBRA 105 MG/0.7 ML VIAL	IMBRUVICA 140 MG TABLET
HEMLIBRA 12 MG/0.4 ML VIAL	IMBRUVICA 280 MG TABLET
HEMLIBRA 150 MG/ML VIAL	IMBRUVICA 420 MG TABLET
HEMLIBRA 30 MG/ML VIAL	IMBRUVICA 70 MG CAPSULE
HEMLIBRA 300 MG/2 ML VIAL	IMBRUVICA 70 MG/ML SUSPENSION
HEMLIBRA 60 MG/0.4 ML VIAL	IMCIVREE 10 MG/ML VIAL
HETLIOZ 20 MG CAPSULE	INBRIJA 42 MG INHALATION CAP
HETLIOZ LQ 4 MG/ML SUSPENSION	INCRELEX 40 MG/4 ML VIAL
HIZENTRA 1 GRAM/5 ML SYRINGE	INGREZZA 40 MG CAPSULE
HIZENTRA 1 GRAM/5 ML VIAL	INGREZZA 40 MG SPRINKLE CAP
HIZENTRA 10 GRAM/50 ML SYRINGE	INGREZZA 60 MG CAPSULE
HIZENTRA 10 GRAM/50 ML VIAL	INGREZZA 60 MG SPRINKLE CAP
HIZENTRA 2 GRAM/10 ML SYRINGE	INGREZZA 80 MG CAPSULE
HIZENTRA 2 GRAM/10 ML VIAL	INGREZZA 80 MG SPRINKLE CAP
HIZENTRA 4 GRAM/20 ML SYRINGE	INGREZZA INITIATION PK(TARDIV)
HIZENTRA 4 GRAM/20 ML VIAL	INLYTA 1 MG TABLET
HUMIRA 40 MG/0.8 ML SYRINGE	INLYTA 5 MG TABLET
HUMIRA PEN 40 MG/0.8 ML	IRESSA 250 MG TABLET
HUMIRA(CF) PEN CRHN-UC-HS 80MG	IVABRADINE HCL 5 MG TABLET
HUMIRA(CF) PEN PEDI UC 80 MG	IVABRADINE HCL 7.5 MG TABLET
HUMIRA(CF) PEN PS-UV-AHS 80-40	IVERMECTIN 3 MG TABLET
HYCAMTIN 0.25 MG CAPSULE	IWILFIN 192 MG TABLET
HYCAMTIN 1 MG CAPSULE	JAVYGTOR 100 MG POWDER PACKET
HYFTOR 0.2% GEL	JAVYGTOR 100 MG TABLET
HYRIMOZ(CF) 10 MG/0.1 ML SYRNG	JAVYGTOR 500 MG POWDER PACKET
HYRIMOZ(CF) PEDI CROHN 80 MG	JOENJA 70 MG TABLET
HYRIMOZ(CF) PEDI CROHN 80-40MG	JUXTAPID 10 MG CAPSULE
ICATIBANT 30 MG/3 ML SYRINGE	JUXTAPID 5 MG CAPSULE
ICLUSIG 10 MG TABLET	JYNARQUE 15 MG TABLET
ICLUSIG 15 MG TABLET	JYNARQUE 15 MG-15 MG TABLET
ICLUSIG 30 MG TABLET	JYNARQUE 30 MG TABLET
ICLUSIG 45 MG TABLET	JYNARQUE 30 MG-15 MG TABLET
ICOSAPENT ETHYL 0.5 GM CAPSULE	JYNARQUE 45 MG-15 MG TABLET
ICOSAPENT ETHYL 1 GRAM CAPSULE	JYNARQUE 60 MG-30 MG TABLET
ICOSAPENT ETHYL 500 MG CAPSULE	JYNARQUE 90 MG-30 MG TABLET

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KALYDECO 13.4 MG GRANULES PKT	LEVORPHANOL 3 MG TABLET
KALYDECO 150 MG TABLET	L-GLUTAMINE 5 GRAM POWDER PKT
KALYDECO 25 MG GRANULES PACKET	LINEZOLID 100 MG/5 ML SUSP
KALYDECO 5.8 MG GRANULES PKT	LINEZOLID 600 MG TABLET
KALYDECO 50 MG GRANULES PACKET	LITFULO 50 MG CAPSULE
KALYDECO 75 MG GRANULES PACKET	LIVMARLI 19 MG/ML ORAL SOLN
KERENDIA 10 MG TABLET	LIVMARLI 9.5 MG/ML ORAL SOLN
KERENDIA 20 MG TABLET	LIVTENCITY 200 MG TABLET
KESIMPTA 20 MG/0.4 ML PEN	LOFEXIDINE 0.18 MG TABLET
KETOPROFEN 25 MG CAPSULE	LOMAIRA 8 MG TABLET
KIPROFEN 25 MG CAPSULE	LONSURF 15 MG-6.14 MG TABLET
KISQALI 200 MG DAILY DOSE	LONSURF 20 MG-8.19 MG TABLET
KISQALI 400 MG DAILY DOSE	LORBRENA 100 MG TABLET
KISQALI 600 MG DAILY DOSE	LORBRENA 25 MG TABLET
KITABIS PAK 300 MG/5 ML	LORZONE 375 MG TABLET
KOSELUGO 10 MG CAPSULE	LORZONE 750 MG TABLET
KOSELUGO 25 MG CAPSULE	LUMAKRAS 120 MG TABLET
LACTULOSE 10 GM PACKET	LUMAKRAS 320 MG TABLET
LAPATINIB 250 MG TABLET	LUPKYNIS 7.9 MG CAPSULE
LAZCLUZE 240 MG TABLET	LYNPARZA 100 MG TABLET
LAZCLUZE 80 MG TABLET	LYNPARZA 150 MG TABLET
LENALIDOMIDE 10 MG CAPSULE	LYTGOBI 12 MG DOSE (3X 4MG TB)
LENALIDOMIDE 15 MG CAPSULE	LYTGOBI 16 MG DOSE (4X 4MG TB)
LENALIDOMIDE 2.5 MG CAPSULE	LYTGOBI 20 MG DOSE (5X 4MG TB)
LENALIDOMIDE 20 MG CAPSULE	MARINOL 10 MG CAPSULE
LENALIDOMIDE 25 MG CAPSULE	MARINOL 2.5 MG CAPSULE
LENALIDOMIDE 5 MG CAPSULE	MARINOL 5 MG CAPSULE
LENVIMA 10 MG DAILY DOSE	MAVENCLAD 10 MG X 10 TABLET PK
LENVIMA 12 MG DAILY DOSE	MAVENCLAD 10 MG X 4 TABLET PK
LENVIMA 14 MG DAILY DOSE	MAVENCLAD 10 MG X 5 TABLET PK
LENVIMA 18 MG DAILY DOSE	MAVENCLAD 10 MG X 6 TABLET PK
LENVIMA 20 MG DAILY DOSE	MAVENCLAD 10 MG X 7 TABLET PK
LENVIMA 24 MG DAILY DOSE	MAVENCLAD 10 MG X 8 TABLET PK
LENVIMA 4 MG CAPSULE	MAVENCLAD 10 MG X 9 TABLET PK
LENVIMA 8 MG DAILY DOSE	MAYZENT 0.25 MG TABLET
LEUPROLIDE 1 MG/0.2 ML KIT	MAYZENT 0.25MG START-1MG MAINT
LEUPROLIDE 2WK 1 MG/0.2 ML KIT	MAYZENT 0.25MG START-2MG MAINT
LEUPROLIDE 2WK 1 MG/0.2 ML KT	MAYZENT 1 MG TABLET
LEUPROLIDE 2WK 14 MG/2.8 ML KT	MAYZENT 2 MG TABLET
LEVORPHANOL 2 MG TABLET	MEKINIST 0.05 MG/ML SOLUTION

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MEKINIST 0.5 MG TABLET	NOCDURNA 27.7 MCG TABLET SL
MEKINIST 2 MG TABLET	NOCDURNA 55.3 MCG TABLET SL
METFORMIN ER 1,000 MG OSM-TAB	NORGESIC 25-385-30 MG TABLET
METFORMIN ER 500 MG OSMOTIC TB	NORGESIC FORTE 50-770-60 MG TB
METYROSINE 250 MG CAPSULE	NORGESIC FORTE TABLET
MIEBO 100% EYE DROP	NORGESIC TABLET
MIFEPRISTONE 300 MG TABLET	NOURIANZ 20 MG TABLET
MIGLUSTAT 100 MG CAPSULE	NOURIANZ 40 MG TABLET
MIRVASO 0.33% GEL PUMP	NOXAFIL 300 MG POWDERMIX SUSP
MODAFINIL 100 MG TABLET	NOXAFIL 40 MG/ML SUSPENSION
MODAFINIL 200 MG TABLET	NUBEQA 300 MG TABLET
MYALEPT 11.3 MG (5 MG/ML) VIAL	NUCALA 100 MG/ML AUTO-INJECTOR
MYCAPSSA DR 20 MG CAPSULE	NUCALA 100 MG/ML SYRINGE
MYFEMBREE 40 MG-1 MG-0.5 MG TB	NUCALA 40 MG/0.4 ML SYRINGE
NALOCET 2.5-300 MG TABLET	NUEDEXTA 20-10 MG CAPSULE
NAYZILAM 5 MG NASAL SPRAY	NUPLAZID 10 MG TABLET
NERLYNX 40 MG TABLET	NUPLAZID 34 MG CAPSULE
NEXAVAR 200 MG TABLET	NURTEC ODT 75 MG TABLET
NEXLETOL 180 MG TABLET	OCALIVA 10 MG TABLET
NEXLIZET 180-10 MG TABLET	OCALIVA 5 MG TABLET
NGENLA PEN 24 MG/1.2 ML	OCTREOTIDE 1,000 MCG/5 ML VIAL
NGENLA PEN 60 MG/1.2 ML	OCTREOTIDE 1,000 MCG/ML VIAL
NIACIN 500 MG TABLET	OCTREOTIDE 5,000 MCG/5 ML VIAL
NIACOR 500 MG TABLET	OCTREOTIDE ACET 0.05 MG/ML VL
NILANDRON 150 MG TABLET	OCTREOTIDE ACET 100 MCG/ML AMP
NILUTAMIDE 150 MG TABLET	OCTREOTIDE ACET 100 MCG/ML SYR
NINLARO 2.3 MG CAPSULE	OCTREOTIDE ACET 100 MCG/ML VL
NINLARO 3 MG CAPSULE	OCTREOTIDE ACET 200 MCG/ML VL
NINLARO 4 MG CAPSULE	OCTREOTIDE ACET 50 MCG/ML AMP
NITISINONE 10 MG CAPSULE	OCTREOTIDE ACET 50 MCG/ML SYR
NITISINONE 2 MG CAPSULE	OCTREOTIDE ACET 50 MCG/ML VIAL
NITISINONE 20 MG CAPSULE	OCTREOTIDE ACET 500 MCG/ML AMP
NITISINONE 5 MG CAPSULE	OCTREOTIDE ACET 500 MCG/ML SYR
NITYR 10 MG TABLET	OCTREOTIDE ACET 500 MCG/ML VL
NITYR 2 MG TABLET	OCTREOTIDE ACET ER 20 MG IM VL
NITYR 5 MG TABLET	OCTREOTIDE ACET ER 30 MG IM VL
NIVESTYM 300 MCG/0.5 ML SYRING	ODACTRA 12 SQ-HDM SL TABLET
NIVESTYM 300 MCG/ML VIAL	ODOMZO 200 MG CAPSULE
NIVESTYM 480 MCG/0.8 ML SYRING	OFEV 100 MG CAPSULE
NIVESTYM 480 MCG/1.6 ML VIAL	OFEV 150 MG CAPSULE

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OGSIVEO 100 MG TABLET	ORENITRAM ER 0.25 MG TABLET
OGSIVEO 150 MG TABLET	ORENITRAM ER 1 MG TABLET
OGSIVEO 50 MG TABLET	ORENITRAM ER 2.5 MG TABLET
OJEMDA 100 MG TAB (400MG DOSE)	ORENITRAM ER 5 MG TABLET
OJEMDA 100 MG TAB (500MG DOSE)	ORENITRAM MONTH 1 TITRATION KT
OJEMDA 100 MG TAB (600MG DOSE)	ORENITRAM MONTH 2 TITRATION KT
OJEMDA 25 MG/ML ORAL SUSP	ORENITRAM MONTH 3 TITRATION KT
OLPRUVA 2 GRAM DOSE ENVELOPE	ORFADIN 10 MG CAPSULE
OLPRUVA 2 GRAM DOSE KIT	ORFADIN 2 MG CAPSULE
OLPRUVA 2 GRAM PACKET	ORFADIN 20 MG CAPSULE
OLPRUVA 3 GRAM DOSE ENVELOPE	ORFADIN 4 MG/ML SUSPENSION
OLPRUVA 3 GRAM DOSE KIT	ORFADIN 5 MG CAPSULE
OLPRUVA 3 GRAM PACKET	ORGOVYX 120 MG TABLET
OLPRUVA 4 GRAM DOSE ENVELOPE	ORIAHNN 300-1-0.5MG/300MG CAPS
OLPRUVA 4 GRAM DOSE KIT	ORKAMBI 100 MG-125 MG TABLET
OLPRUVA 5 GRAM DOSE ENVELOPE	ORKAMBI 100-125 MG GRANULE PKT
OLPRUVA 5 GRAM DOSE KIT	ORKAMBI 150-188 MG GRANULE PKT
OLPRUVA 6 GRAM DOSE ENVELOPE	ORKAMBI 200 MG-125 MG TABLET
OLPRUVA 6 GRAM DOSE KIT	ORKAMBI 75-94 MG GRANULE PKT
OLPRUVA 6.67 GM DOSE ENVELOPE	ORLADEYO 110 MG CAPSULE
OLPRUVA 6.67 GRAM DOSE KIT	ORLADEYO 150 MG CAPSULE
OMEGA-3 ETHYL ESTERS 1 GM CAP	ORLISTAT 120 MG CAPSULE
OMEPRAZOLE-BICARB 20-1,100 CAP	ORMALVI 50 MG TABLET
OMEPRAZOLE-BICARB 20-1,680 PKT	ORPHENADRINE COMP TABLET
OMEPRAZOLE-BICARB 40-1,100 CAP	ORPHENADRIN-ASA-CAF 25-385-30MG
OMEPRAZOLE-BICARB 40-1,680 PKT	ORPHENGESIC FORTE 50-770-60 MG
OMNITROPE 10 MG/1.5 ML CRTG	ORSERDU 345 MG TABLET
OMNITROPE 5 MG/1.5 ML CRTG	ORSERDU 86 MG TABLET
OMNITROPE 5.8 MG VIAL	OTEZLA 10-20 MG STARTER 28 DAY
OMVOH 100 MG/ML PEN	OTEZLA 10-20-30MG START 28 DAY
OMVOH 100 MG/ML SYRINGE	OTEZLA 20 MG TABLET
OPFOLDA 65 MG CAPSULE	OTEZLA 30 MG TABLET
OPSUMIT 10 MG TABLET	OXERVATE 0.002% EYE DROP
OPSYNVI 10-20 MG TABLET	OXYCODON-ACETAMINOPHEN 7.5-300
OPSYNVI 10-40 MG TABLET	OXYCODONE-ACETAMINOPH 10-300/5
OPZELURA 1.5% CREAM	OXYCODONE-ACETAMINOPHEN 10-300
ORALAIR 300 IR ADULT SAMPLE KT	OXYCODONE-ACETAMINOPHEN 5-300
ORALAIR 300 IR STARTER PACK	OXYCODONE-ACETAMINOPHN 2.5-300
ORALAIR 300 IR SUBLINGUAL TAB	PALYNZIQ 10 MG/0.5 ML SYRINGE
ORENITRAM ER 0.125 MG TABLET	PALYNZIQ 2.5 MG/0.5 ML SYRINGE

National Preferred Formulary - Prior Authorization List

The following prescription drugs require Prior Authorization

Certain medications require prior authorization, which means approval is needed before the prescription can be filled. If approval is not received, the drug may not be covered. This list may not apply to all plans or benefits. List subject to change.

PALYNZIQ 20 MG/ML SYRINGE	PRETOMANID 200 MG TABLET
PANRETIN 0.1% GEL	PRIVIGEN 10% VIAL
PAZOPANIB HCL 200 MG TABLET	PROCRIT 10,000 UNITS/ML VIAL
PEMAZYRE 13.5 MG TABLET	PROCRIT 2,000 UNITS/ML VIAL
PEMAZYRE 4.5 MG TABLET	PROCRIT 20,000 UNITS/ML VIAL
PEMAZYRE 9 MG TABLET	PROCRIT 3,000 UNITS/ML VIAL
PENICILLAMINE 250 MG CAPSULE	PROCRIT 4,000 UNITS/ML VIAL
PENICILLAMINE 250 MG TABLET	PROCRIT 40,000 UNITS/ML VIAL
PHEBURANE PELLETT	PROLATE 10-300 MG TABLET
PHENDIMETRAZINE 105 MG CP SA	PROLATE 5-300 MG TABLET
PHENDIMETRAZINE 35 MG TABLET	PROLATE 7.5-300 MG TABLET
PHENDIMETRAZINE ER 105 MG CAP	PROMACTA 12.5 MG SUSPEN PACKET
phendimetrazine tartrate 35 mg	PROMACTA 12.5 MG TABLET
PHENOXYBENZAMINE HCL 10 MG CAP	PROMACTA 25 MG SUSPENSION PCKT
PHENTERMINE 15 MG CAPSULE	PROMACTA 25 MG TABLET
PHENTERMINE 30 MG CAPSULE	PROMACTA 50 MG TABLET
PHENTERMINE 37.5 MG CAPSULE	PROMACTA 75 MG TABLET
PHENTERMINE 37.5 MG TABLET	PV NIACIN 500 MG TABLET
PIQRAY 200 MG DAILY DOSE PACK	PV OMEPRAZOLE-BICARB 20-1,100
PIQRAY 250 MG DAILY DOSE PACK	PYRIMETHAMINE 25 MG TABLET
PIQRAY 300 MG DAILY DOSE PACK	PYRUKYND 20 MG TABLET
PIRFENIDONE 267 MG CAPSULE	PYRUKYND 20 MG TAPER PACK
PIRFENIDONE 267 MG TABLET	PYRUKYND 20-5 MG TAPER PACK
PIRFENIDONE 801 MG TABLET	PYRUKYND 5 MG TABLET
PLAIN NIACIN 500 MG TABLET	PYRUKYND 5 MG TAPER PACK
PLEGRIDY 125 MCG/0.5 ML PEN	PYRUKYND 50 MG TABLET
PLEGRIDY 125 MCG/0.5 ML SYRING	PYRUKYND 50 MG TAPER PACK
PLEGRIDY PEN INJ STARTER PACK	PYRUKYND 50-20 MG TAPER PACK
PLEGRIDY SYRINGE STARTER PACK	QSYMIA 11.25 MG-69 MG CAPSULE
POMALYST 1 MG CAPSULE	QSYMIA 15 MG-92 MG CAPSULE
POMALYST 2 MG CAPSULE	QSYMIA 3.75 MG-23 MG CAPSULE
POMALYST 3 MG CAPSULE	QSYMIA 7.5 MG-46 MG CAPSULE
POMALYST 4 MG CAPSULE	QULIPTA 10 MG TABLET
PONVORY 14-DAY STARTER PACK	QULIPTA 30 MG TABLET
PONVORY 20 MG TABLET	QULIPTA 60 MG TABLET
POSACONAZOLE 200 MG/5 ML SUSP	RA NIACIN 500 MG TABLET
POSACONAZOLE DR 100 MG TABLET	RA OMEPRAZOLE-BICARB 20-1,100
PREGABALIN ER 165 MG TABLET	RAGWITEK SUBLINGUAL TABLET
PREGABALIN ER 330 MG TABLET	RAYOS DR 1 MG TABLET
PREGABALIN ER 82.5 MG TABLET	RAYOS DR 2 MG TABLET

National Preferred Formulary - Prior Authorization List

The following prescription drugs require Prior Authorization

Certain medications require prior authorization, which means approval is needed before the prescription can be filled. If approval is not received, the drug may not be covered. This list may not apply to all plans or benefits. List subject to change.

RAYOS DR 5 MG TABLET	RINVOQ ER 30 MG TABLET
REBIF 22 MCG/0.5 ML SYRINGE	RINVOQ ER 45 MG TABLET
REBIF 44 MCG/0.5 ML SYRINGE	RINVOQ LQ 1 MG/ML SOLUTION
REBIF REBIDOSE 22 MCG/0.5 ML	ROFLUMILAST 250 MCG TABLET
REBIF REBIDOSE 44 MCG/0.5 ML	ROFLUMILAST 500 MCG TABLET
REBIF REBIDOSE TITRATION PACK	ROZLYTREK 100 MG CAPSULE
REBIF TITRATION PACK	ROZLYTREK 200 MG CAPSULE
REPATHA 140 MG/ML SURECLICK	ROZLYTREK 50 MG PELLET PACKET
REPATHA 140 MG/ML SYRINGE	RUCONEST 2,100 UNIT VIAL
REPATHA 420 MG/3.5ML PUSHTRONX	RUFINAMIDE 200 MG TABLET
RESTASIS 0.05% EYE EMULSION	RUFINAMIDE 40 MG/ML SUSPENSION
RESTASIS MULTIDOSE 0.05% EYE	RUFINAMIDE 400 MG TABLET
RETACRIT 10,000 UNIT/ML VIAL	RYDAPT 25 MG CAPSULE
RETACRIT 2,000 UNIT/ML VIAL	RYPLAZIM 68.8 MG VIAL
RETACRIT 20,000 UNIT/2 ML VIAL	SAJAZIR 30 MG/3 ML SYRINGE
RETACRIT 20,000 UNIT/ML VIAL	SANDOSTATIN 0.05 MG/ML AMPUL
RETACRIT 3,000 UNIT/ML VIAL	SANDOSTATIN 0.1 MG/ML AMPUL
RETACRIT 4,000 UNIT/ML VIAL	SANDOSTATIN 0.5 MG/ML AMPUL
RETACRIT 40,000 UNIT/ML VIAL	SAPROPTERIN 100 MG POWDER PKT
RETEVMO 120 MG TABLET	SAPROPTERIN 100 MG TABLET
RETEVMO 160 MG TABLET	SAPROPTERIN 500 MG POWDER PKT
RETEVMO 40 MG TABLET	SAXENDA 18 MG/3 ML PEN
RETEVMO 80 MG TABLET	SCEMBLIX 100 MG TABLET
REVATIO 20 MG TABLET	SCEMBLIX 20 MG TABLET
REVCOSI 2.4 MG/1.5 ML VIAL	SCEMBLIX 40 MG TABLET
REVLIMID 10 MG CAPSULE	SEROSTIM 4 MG VIAL
REVLIMID 15 MG CAPSULE	SEROSTIM 5 MG VIAL
REVLIMID 2.5 MG CAPSULE	SEROSTIM 6 MG VIAL
REVLIMID 20 MG CAPSULE	SIGNIFOR 0.3 MG/ML AMPULE
REVLIMID 25 MG CAPSULE	SIGNIFOR 0.6 MG/ML AMPULE
REVLIMID 5 MG CAPSULE	SIGNIFOR 0.9 MG/ML AMPULE
REYVOW 100 MG TABLET	SILDENAFIL 10 MG/ML ORAL SUSP
REYVOW 50 MG TABLET	SILDENAFIL 20 MG TABLET
REZDIFFRA 100 MG TABLET	SIMLANDI(CF) AI 40 MG/0.4 ML
REZDIFFRA 60 MG TABLET	SIMPONI 100 MG/ML PEN INJECTOR
REZDIFFRA 80 MG TABLET	SIMPONI 100 MG/ML SYRINGE
REZUROCK 200 MG TABLET	SIRTURO 100 MG TABLET
RILUTEK 50 MG TABLET	SIRTURO 20 MG TABLET
RILUZOLE 50 MG TABLET	SKYRIZI 150 MG/ML PEN
RINVOQ ER 15 MG TABLET	SKYRIZI 150 MG/ML SYRINGE

National Preferred Formulary - Prior Authorization List

The following prescription drugs require Prior Authorization

Certain medications require prior authorization, which means approval is needed before the prescription can be filled. If approval is not received, the drug may not be covered. This list may not apply to all plans or benefits. List subject to change.

SKYRIZI 180 MG/1.2 ML ON-BODY	SUTENT 12.5 MG CAPSULE
SKYRIZI 360 MG/2.4 ML ON-BODY	SUTENT 25 MG CAPSULE
SODIUM PHENYLBUTYRATE 500MG TB	SUTENT 37.5 MG CAPSULE
SODIUM PHENYLBUTYRATE POWDER	SUTENT 50 MG CAPSULE
SOHONOS 1 MG CAPSULE	SYMDEKO 100/150 MG-150 MG TABS
SOHONOS 1.5 MG CAPSULE	SYMDEKO 50/75 MG-75 MG TABLETS
SOHONOS 10 MG CAPSULE	SYMPAZAN 10 MG FILM
SOHONOS 2.5 MG CAPSULE	SYMPAZAN 20 MG FILM
SOHONOS 5 MG CAPSULE	SYMPAZAN 5 MG FILM
SOMATULINE 120 MG/0.5 ML SYRGE	SYNAREL 2 MG/ML NASAL SPRAY
SOMATULINE DEPOT 120 MG/0.5 ML	SYNDROS 5 MG/ML SOLUTION
SOMATULINE DEPOT 60 MG/0.2 ML	SYPRINE 250 MG CAPSULE
SOMATULINE DEPOT 90 MG/0.3 ML	TABRECTA 150 MG TABLET
SORAFENIB 200 MG TABLET	TABRECTA 200 MG TABLET
SOTYKTU 6 MG TABLET	TADALAFIL 20 MG TABLET
SPEVIGO 150 MG/ML SYRINGE	TAFINLAR 10 MG TABLET FOR SUSP
SPRYCEL 100 MG TABLET	TAFINLAR 50 MG CAPSULE
SPRYCEL 140 MG TABLET	TAFINLAR 75 MG CAPSULE
SPRYCEL 20 MG TABLET	TAGRISSO 40 MG TABLET
SPRYCEL 50 MG TABLET	TAGRISSO 80 MG TABLET
SPRYCEL 70 MG TABLET	TAKHZYRO 150 MG/ML SYRINGE
SPRYCEL 80 MG TABLET	TAKHZYRO 300 MG/2 ML SYRINGE
STELARA 45 MG/0.5 ML SYRINGE	TAKHZYRO 300 MG/2 ML VIAL
STELARA 45 MG/0.5 ML VIAL	TALTZ 20 MG/0.25 ML SYRINGE
STELARA 90 MG/ML SYRINGE	TALTZ 40 MG/0.5 ML SYRINGE
STIVARGA 40 MG TABLET	TALTZ 80 MG/ML AUTOINJ (2-PK)
STRENSIQ 18 MG/0.45 ML VIAL	TALTZ 80 MG/ML AUTOINJ (3-PK)
STRENSIQ 28 MG/0.7 ML VIAL	TALTZ 80 MG/ML AUTOINJECTOR
STRENSIQ 40 MG/ML VIAL	TALTZ 80 MG/ML SYRINGE
STRENSIQ 80 MG/0.8 ML VIAL	TALZENNA 0.1 MG CAPSULE
STROMECTOL 3 MG TABLET	TALZENNA 0.1 MG SOFTGEL
SUMATRIPTAN-NAPROXEN 85-500 MG	TALZENNA 0.25 MG CAPSULE
SUNITINIB MALATE 12.5 MG CAP	TALZENNA 0.25 MG SOFTGEL
SUNITINIB MALATE 25 MG CAPSULE	TALZENNA 0.35 MG CAPSULE
SUNITINIB MALATE 37.5 MG CAP	TALZENNA 0.35 MG SOFTGEL
SUNITINIB MALATE 50 MG CAPSULE	TALZENNA 0.5 MG CAPSULE
SUNLENCA 4- 300 MG TABLET	TALZENNA 0.5 MG SOFTGEL
SUNLENCA 5- 300 MG TABLET	TALZENNA 0.75 MG CAPSULE
SUNOSI 150 MG TABLET	TALZENNA 0.75 MG SOFTGEL
SUNOSI 75 MG TABLET	TALZENNA 1 MG CAPSULE

National Preferred Formulary - Prior Authorization List

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TALZENNA 1 MG SOFTGEL	TIOPRONIN DR 100 MG TABLET
TAPERDEX 12 DAY 1.5 MG TABLET	TIOPRONIN DR 300 MG TABLET
TAPERDEX 6 DAY 1.5 MG TABLET	TIZANIDINE HCL 2 MG CAPSULE
TAPERDEX 7 DAY 1.5 MG TAB PACK	TIZANIDINE HCL 4 MG CAPSULE
TARCEVA 100 MG TABLET	TIZANIDINE HCL 6 MG CAPSULE
TARGRETIN 1% GEL	TOBI PODHALER 28 MG INHALE CAP
TARPEYO DR 4 MG CAPSULE	TOBRAMYCIN 300 MG/4 ML AMPULE
TASIGNA 150 MG CAPSULE	TOBRAMYCIN 300 MG/5 ML AMPULE
TASIGNA 200 MG CAPSULE	TOBRAMYCIN PAK 300 MG/5 ML
TASIGNA 50 MG CAPSULE	TOLVAPTAN 15 MG TABLET
TASIMELTEON 20 MG CAPSULE	TOLVAPTAN 30 MG TABLET
TAVALISSE 100 MG TABLET	TORPENZ 10 MG TABLET
TAVALISSE 150 MG TABLET	TORPENZ 2.5 MG TABLET
TAZAROTENE 0.05% CREAM	TORPENZ 5 MG TABLET
TAZAROTENE 0.05% GEL	TORPENZ 7.5 MG TABLET
TAZAROTENE 0.1% CREAM	TRACLEER 125 MG TABLET
TAZAROTENE 0.1% GEL	TRACLEER 32 MG TABLET FOR SUSP
TAZVERIK 200 MG TABLET	TRACLEER 62.5 MG TABLET
TEGLUTIK 5 MG/ML SUSPENSION	TREMFYA 100 MG/ML INJECTOR
TEMOZOLOMIDE 100 MG CAPSULE	TREMFYA 100 MG/ML SYRINGE
TEMOZOLOMIDE 140 MG CAPSULE	TRIENTINE HCL 250 MG CAPSULE
TEMOZOLOMIDE 180 MG CAPSULE	TRIKAFTA 100-50-75 MG/150 MG
TEMOZOLOMIDE 20 MG CAPSULE	TRIKAFTA 100-50-75 MG/75MG PKT
TEMOZOLOMIDE 250 MG CAPSULE	TRIKAFTA 50-25-37.5 MG/75 MG
TEMOZOLOMIDE 5 MG CAPSULE	TRIKAFTA 80-40-60MG/59.5MG PKT
TERIFLUNOMIDE 14 MG TABLET	TUKYSA 150 MG TABLET
TERIFLUNOMIDE 7 MG TABLET	TUKYSA 50 MG TABLET
TERIPARATIDE 600 MCG/2.4ML PEN	TURALIO 125 MG CAPSULE
TERIPARATIDE 620 MCG/2.48 ML	TYENNE 162 MG/0.9 ML AUTOINJCT
TETRABENAZINE 12.5 MG TABLET	TYENNE 162 MG/0.9 ML SYRINGE
TETRABENAZINE 25 MG TABLET	TYKERB 250 MG TABLET
TEZSPIRE 210 MG/1.91 ML PEN	TYMLOS 80 MCG DOSE PEN INJECTR
TEZSPIRE 210 MG/1.91 ML SYRING	TYRVAYA 0.03 MG NASAL SPRAY
THALOMID 100 MG CAPSULE	TYSABRI 300 MG/15 ML VIAL
THALOMID 50 MG CAPSULE	TYVASO 1.74 MG/2.9 ML SOLUTION
THIOLA EC 100 MG TABLET	TYVASO DPI 16 MCG CARTRIDGE
THIOLA EC 300 MG TABLET	TYVASO DPI 16-32-48 MCG TITRAT
TIBSOVO 250 MG TABLET	TYVASO DPI 32 MCG CARTRIDGE
TIGLUTIK 50 MG/10 ML SUSP	TYVASO DPI 48 MCG CARTRIDGE
TIOPRONIN 100 MG TABLET	TYVASO DPI 64 MCG CARTRIDGE

National Preferred Formulary - Prior Authorization List

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TYVASO INHALATION REFILL KIT	VIGABATRIN 500 MG TABLET
TYVASO INHALATION STARTER KIT	VIGADRONE 500 MG POWDER PACKET
TYVASO INSTITUTIONAL START KIT	VIGADRONE 500 MG TABLET
UBRELVY 100 MG TABLET	VIGPODER 500 MG POWDER PACKET
UBRELVY 50 MG TABLET	VIJOICE 125 MG TABLET
UPTRAVI 1,000 MCG TABLET	VIJOICE 250 MG DAILY DOSE PACK
UPTRAVI 1,200 MCG TABLET	VIJOICE 50 MG GRANULE PACKET
UPTRAVI 1,400 MCG TABLET	VIJOICE 50 MG TABLET
UPTRAVI 1,600 MCG TABLET	VISTOGARD 10 GRAM PACKET
UPTRAVI 200 MCG TABLET	VITRAKVI 100 MG CAPSULE
UPTRAVI 200-800 TITRATION PACK	VITRAKVI 20 MG/ML SOLUTION
UPTRAVI 400 MCG TABLET	VITRAKVI 25 MG CAPSULE
UPTRAVI 600 MCG TABLET	VIVJOA 150 MG CAPSULE
UPTRAVI 800 MCG TABLET	VIZIMPRO 15 MG TABLET
VALCHLOR 0.016% GEL	VIZIMPRO 30 MG TABLET
VALTOCO 10 MG NASAL SPRAY	VIZIMPRO 45 MG TABLET
VALTOCO 15 MG NASAL SPRAY	VONJO 100 MG CAPSULE
VALTOCO 20 MG NASAL SPRAY	VORANIGO 10 MG TABLET
VALTOCO 5 MG NASAL SPRAY	VORANIGO 40 MG TABLET
VASCEPA 0.5 GM CAPSULE	VORICONAZOLE 200 MG TABLET
VASCEPA 1 GM CAPSULE	VORICONAZOLE 40 MG/ML SUSP
VENCLEXTA 10 MG TAB (10MG X 2)	VORICONAZOLE 50 MG TABLET
VENCLEXTA 10 MG TABLET	VOSEVI 400-100-100 MG TABLET
VENCLEXTA 100 MG TABLET	VOTRIENT 200 MG TABLET
VENCLEXTA 50 MG TABLET	VOXZOGO 0.4 MG VIAL
VENCLEXTA STARTING PACK	VOXZOGO 0.56 MG VIAL
VENLAFAXINE HCL ER 150 MG TAB	VOXZOGO 1.2 MG VIAL
VENLAFAXINE HCL ER 225 MG TAB	VOYDEYA 100 MG TABLET
VENLAFAXINE HCL ER 37.5 MG TAB	VOYDEYA 150 MG DOSE TABLET
VENLAFAXINE HCL ER 75 MG TAB	VUMERITY DR 231 MG CAPSULE
VENTAVIS 10 MCG/1 ML SOLUTION	VYLEESI 1.75 MG/0.3 ML AUTOINJ
VENTAVIS 20 MCG/1 ML SOLUTION	VYNDAMAX 61 MG CAPSULE
VERZENIO 100 MG TABLET	VYNDAQEL 20 MG CAPSULE
VERZENIO 150 MG TABLET	WAKIX 17.8 MG TABLET
VERZENIO 200 MG TABLET	WAKIX 4.45 MG TABLET
VERZENIO 50 MG TABLET	WEGOVY 0.25 MG/0.5 ML PEN
VEVYE 0.1% EYE DROP	WEGOVY 0.5 MG/0.5 ML PEN
VFEND 40 MG/ML SUSPENSION	WEGOVY 1 MG/0.5 ML PEN
VFEND 50 MG TABLET	WEGOVY 1.7 MG/0.75 ML PEN
VIGABATRIN 500 MG POWDER PACKT	WEGOVY 2.4 MG/0.75 ML PEN

National Preferred Formulary - Prior Authorization List

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WELIREG 40 MG TABLET	ZEPATIER 50-100 MG TABLET
WINREVAIR 45 MG ONE-VIAL KIT	ZEPBOUND 10 MG/0.5 ML PEN
WINREVAIR 45 MG TWO-VIAL KIT	ZEPBOUND 12.5 MG/0.5 ML PEN
WINREVAIR 45 MG VIAL	ZEPBOUND 15 MG/0.5 ML PEN
WINREVAIR 60 MG ONE-VIAL KIT	ZEPBOUND 2.5 MG/0.5 ML PEN
WINREVAIR 60 MG TWO-VIAL KIT	ZEPBOUND 5 MG/0.5 ML PEN
WINREVAIR 60 MG VIAL	ZEPBOUND 7.5 MG/0.5 ML PEN
XALKORI 150 MG PELLETT	ZEPOSIA 0.92 MG CAPSULE
XALKORI 20 MG PELLETT	ZEPOSIA STARTER KIT (28-DAY)
XALKORI 200 MG CAPSULE	ZEPOSIA STARTER PACK (7-DAY)
XALKORI 250 MG CAPSULE	ZIEXTENZO 6 MG/0.6 ML SYRINGE
XALKORI 50 MG PELLETT	ZILEUTON ER 600 MG TABLET
XELJANZ 1 MG/ML SOLUTION	ZOKINVY 50 MG CAPSULE
XELJANZ 10 MG TABLET	ZOKINVY 75 MG CAPSULE
XELJANZ 5 MG TABLET	ZOLINZA 100 MG CAPSULE
XELJANZ XR 11 MG TABLET	ZONTIVITY 2.08 MG TABLET
XELJANZ XR 22 MG TABLET	ZOVIRAX 5% CREAM
XELODA 150 MG TABLET	ZTALMY 50 MG/ML SUSPENSION
XELODA 500 MG TABLET	ZYDELIG 100 MG TABLET
XENICAL 120 MG CAPSULE	ZYDELIG 150 MG TABLET
XERMELO 250 MG TABLET	ZYFLO 600 MG FILMTAB
XIIDRA 5% EYE DROPS	ZYFLO 600 MG TABLET
XOLAIR 150 MG/1.2 ML POWDER VL	ZYKADIA 150 MG TABLET
XOLAIR 150 MG/ML AUTOINJECTOR	ZYMFENTRA 120 MG/ML PEN KIT
XOLAIR 150 MG/ML SYRINGE	ZYMFENTRA 120 MG/ML SYRINGE KT
XOLAIR 300 MG/2 ML AUTOINJECT	ZYVOX 100 MG/5 ML SUSPENSION
XOLAIR 300 MG/2 ML SYRINGE	ZYVOX 600 MG TABLET
XOLAIR 75 MG/0.5 ML AUTOINJECT	
XOLAIR 75 MG/0.5 ML SYRINGE	
XOLREMDI 100 MG CAPSULE	
XOSPATA 40 MG TABLET	
XTANDI 40 MG CAPSULE	
XTANDI 40 MG TABLET	
XTANDI 80 MG TABLET	
YARGESA 100 MG CAPSULE	
YORVIPATH 168 MCG/0.56 ML PEN	
YORVIPATH 294 MCG/0.98 ML PEN	
YORVIPATH 420 MCG/1.4 ML PEN	
ZCORT 7 DAY 1.5 MG TABLET	
ZELBORAF 240 MG TABLET	

National Preferred Formulary – Step Therapy List

The following prescription drugs require Step Therapy

Step Therapy requires that members try certain First Line options before other medications will be considered medically necessary for treatment of a specific condition. Step therapy requirements may apply to both brand and generics. This list may not apply to all plans or benefits. List subject to change.

ABSORICA 10 MG CAPSULE	ADZENYS XR-ODT 9.4 MG TABLET
ABSORICA 20 MG CAPSULE	AKLIEF 0.005% CREAM
ABSORICA 25 MG CAPSULE	ALA-SCALP 2% LOTION
ABSORICA 30 MG CAPSULE	ALTABAX 1% OINTMENT
ABSORICA 35 MG CAPSULE	AMCINONIDE 0.1% CREAM
ABSORICA 40 MG CAPSULE	AMCINONIDE 0.1% OINTMENT
ACETAMINOP-CODEINE 120-12 MG/5	AMZEEQ 4% FOAM
ACETAMINOPHEN/COD #2 TABLET	ANALPRAM HC 2.5% CREAM
ACETAMINOPHEN/COD #3 TABLET	ANALPRAM HC 2.5%-1% CREAM
ACETAMINOPHEN/COD #4 TABLET	ANALPRAM HC 2.5%-1% LOTION
ACETAMINOPHEN-COD #2 TABLET	ANAPROX DS 550 MG TABLET
ACETAMINOPHEN-COD #3 TABLET	ANNOVERA VAGINAL RING
ACETAMINOPHEN-COD #4 TABLET	APEXICON E 0.05% CREAM
ACETAMINOPHEN-CODEINE SOLUTION	ARICEPT 10 MG TABLET
ACETAMN-CAF-DIHYDRCODEIN 320.5	ARICEPT 23 MG TABLET
ACTICLATE 150 MG TABLET	ARICEPT 5 MG TABLET
ACTICLATE 75 MG TABLET	ARTHROTEC 50 EC TABLET
ACTONEL 150 MG TABLET	ARTHROTEC 50 MG-200 MCG TAB
ACTONEL 35 MG TABLET	ARTHROTEC 75 MG-200 MCG TAB
ACTOPLUS MET 15 MG-850 MG TAB	ARTHROTEC 75 TABLET
ACTOS 15 MG TABLET	ARTHROTEC 75 TABLET EC
ACTOS 30 MG TABLET	ARTHROTEC EC 75 TABLET
ACTOS 45 MG TABLET	ASA-BUTALB-CAFF-COD #3 CAPSULE
ACULAR 0.5% EYE DROPS	ASCOMP WITH CODEINE CAPSULE
ACULAR LS 0.4% OPHTH SOL	ATELVIA DR 35 MG TABLET
ACZONE 5% GEL	AUVELITY ER 45-105 MG TABLET
ACZONE 7.5% GEL PUMP	AVAR LS CLEANSER
ADAPALENE 0.1% LOTION	AVAR-E EMOLLIENT CREAM
ADAPALENE 0.1% SWAB	AVAR-E GREEN EMOLLIENT CREAM
ADLARITY 10MG/DAY WEEKLY PATCH	AVIDOXY DK KIT
ADLARITY 5 MG/DAY WEEKLY PATCH	AZELASTIN-FLUTIC 137-50MCG SPR
ADVAIR HFA 115-21 MCG INHALER	AZELEX 20% CREAM
ADVAIR HFA 230-21 MCG INHALER	AZILECT 0.5 MG TABLET
ADVAIR HFA 45-21 MCG INHALER	AZILECT 1 MG TABLET
ADZENYS XR-ODT 12.5 MG TABLET	AZSTARYS 26.1 MG-5.2 MG CAP
ADZENYS XR-ODT 15.7 MG TABLET	AZSTARYS 39.2 MG-7.8 MG CAP
ADZENYS XR-ODT 18.8 MG TABLET	AZSTARYS 52.3 MG-10.4 MG CAP
ADZENYS XR-ODT 3.1 MG TABLET	BELBUCA 150 MCG FILM
ADZENYS XR-ODT 6.3 MG TABLET	BELBUCA 300 MCG FILM

National Preferred Formulary – Step Therapy List

The following prescription drugs require Step Therapy

Step Therapy requires that members try certain First Line options before other medications will be considered medically necessary for treatment of a specific condition. Step therapy requirements may apply to both brand and generics. This list may not apply to all plans or benefits. List subject to change.

BELBUCA 450 MCG FILM	BRYHALI 0.01% LOTION
BELBUCA 600 MCG FILM	BUDESONIDE-FORMOTEROL 160-4.5
BELBUCA 75 MCG FILM	BUDESONIDE-FORMOTEROL 80-4.5
BELBUCA 750 MCG FILM	BUPRENORPHINE 10 MCG/HR PATCH
BELBUCA 900 MCG FILM	BUPRENORPHINE 15 MCG/HR PATCH
BELLADONNA-OPIUM 16.2-30 SUPP	BUPRENORPHINE 20 MCG/HR PATCH
BELLADONNA-OPIUM 16.2-60 SUPP	BUPRENORPHINE 5 MCG/HR PATCH
BELSOMRA 10 MG TABLET	BUPRENORPHINE 7.5 MCG/HR PATCH
BELSOMRA 15 MG TABLET	BUTALB-ACETAMIN-CAF-COD 50-300
BELSOMRA 20 MG TABLET	BUTALB-ACETAMIN-CAF-COD 50-325
BELSOMRA 5 MG TABLET	BUTALB-CAFF-ACETAMINOPH-CODEIN
BENZAMYCIN GEL	BUTALBITAL-CAFF-APAP-COD CAP
BENZEPRO 7% CREAMY WASH	BUTALBITAL-CAFF-APAP-COD CP
BESER 0.05% LOTION	BUTORPHANOL 10 MG/ML SPRAY
BETAMETHASONE VALER 0.12% FOAM	BYDUREON BCISE 2 MG AUTOINJECT
BETAPACE 120 MG TABLET	BYETTA 10 MCG DOSE PEN INJ
BETAPACE 160 MG TABLET	BYETTA 5 MCG DOSE PEN INJ
BETAPACE 240 MG TABLET	CADUET 10 MG-10 MG TABLET
BETAPACE 80 MG TABLET	CADUET 10 MG-20 MG TABLET
BETAPACE AF 120 MG TABLET	CADUET 10 MG-40 MG TABLET
BETAPACE AF 160 MG TABLET	CADUET 10 MG-80 MG TABLET
BETAPACE AF 80 MG TABLET	CADUET 5 MG-10 MG TABLET
BEYAZ 28 TABLET	CADUET 5 MG-20 MG TABLET
BIMATOPROST 0.03% EYE DROPS	CADUET 5 MG-40 MG TABLET
BINOSTO 70 MG EFFERVESCENT TAB	CADUET 5 MG-80 MG TABLET
BINOSTO 70 MG TABLET EFF	CALCIPOTRIENE-BETAMETH DP OINT
BP 10-1 WASH	CAMBIA 50 MG POWDER PACKET
BREO ELLIPTA 100-25 MCG INHALR	CAPEX SHAMPOO
BREO ELLIPTA 200-25 MCG INHALR	CARBINOXAMINE MALEATE 6 MG TAB
BREO ELLIPTA 50-25 MCG INHALER	CARDURA 1 MG TABLET
BREXAFEMME 150 MG TABLET	CARDURA 2 MG TABLET
BREYNA 160-4.5 MCG INHALER	CARDURA 4 MG TABLET
BREYNA 80-4.5 MCG INHALER	CARDURA 8 MG TABLET
BRIVIACT 10 MG TABLET	CARDURA XL 4 MG TABLET
BRIVIACT 10 MG/ML ORAL SOLN	CARDURA XL 8 MG TABLET
BRIVIACT 100 MG TABLET	CARISOPRODOL CPD-CODEINE TAB
BRIVIACT 25 MG TABLET	CARISOPRODOL-ASPIRIN-CODEIN TB
BRIVIACT 50 MG TABLET	CENTANY 2% OINTMENT
BRIVIACT 75 MG TABLET	CENTANY AT 2% OINTMENT KIT

National Preferred Formulary – Step Therapy List

The following prescription drugs require Step Therapy

Step Therapy requires that members try certain First Line options before other medications will be considered medically necessary for treatment of a specific condition. Step therapy requirements may apply to both brand and generics. This list may not apply to all plans or benefits. List subject to change.

CICLODAN 8% KIT	DAYTRANA 10 MG/9 HR PATCH
CINACALCET HCL 30 MG TABLET	DAYTRANA 15 MG/9 HR PATCH
CINACALCET HCL 60 MG TABLET	DAYTRANA 20 MG/9 HOUR PATCH
CINACALCET HCL 90 MG TABLET	DAYTRANA 30 MG/9 HOUR PATCH
CLEOCIN T 1% LOTION	DAYVIGO 10 MG TABLET
CLINDACIN ETZ KIT	DAYVIGO 5 MG TABLET
CLINDACIN PAC KIT	DEPAKOTE 250 MG TABLET EC
CLINDAMYCIN PHOSPHATE 1% GEL	DEPAKOTE 500 MG TABLET EC
CLOBETASOL 0.05% SHAMPOO	DEPAKOTE DR 125 MG SPRINKLE CP
CLOBETASOL 0.05% TOPICAL LOTN	DEPAKOTE DR 125 MG TABLET
CLOBETASOL EMOLLNT 0.05% FOAM	DEPAKOTE DR 250 MG TABLET
CLOBETASOL EMULSION 0.05% FOAM	DEPAKOTE DR 500 MG TABLET
CLOBETASOL PROP 0.05% FOAM	DEPAKOTE EC 125 MG TABLET
CLOBEX 0.05% SHAMPOO	DEPAKOTE EC 250 MG TABLET
CLOBEX 0.05% SPRAY	DEPAKOTE ER 250 MG TABLET
CLODAN 0.05% KIT	DEPAKOTE ER 500 MG TAB SA
CLODAN 0.05% SHAMPOO	DEPAKOTE ER 500 MG TABLET
CODEINE SULFATE 15 MG TABLET	DERMACINRX LIDOCAN 5% PATCH
CODEINE SULFATE 30 MG TABLET	DERMA-SMOOTH-FS BODY OIL
CODEINE SULFATE 60 MG TABLET	DERMA-SMOOTH-FS SCALP OIL
COLCHICINE 0.6 MG CAPSULE	DESONIDE 0.05% GEL
COLESTID 1 GM TABLET	DESONIDE 0.05% LOTION
COLESTID GRANULES	DESOXIMETASONE 0.05% CREAM
CORDRAN 0.025% CREAM	DESOXIMETASONE 0.05% GEL
CORDRAN 0.05% CREAM	DESOXIMETASONE 0.05% OINTMENT
CORDRAN 0.05% LOTION	DESOXIMETASONE 0.25% CREAM
CORDRAN 0.05% OINTMENT	DESOXIMETASONE 0.25% OINTMENT
CORDRAN 4 MCG/SQ CM TAPE LARGE	DESOXIMETASONE 0.25% SPRAY
COREG CR 10 MG CAPSULE	DESVENLAFAXINE ER 100 MG TAB
COREG CR 20 MG CAPSULE	DESVENLAFAXINE ER 50 MG TAB
COREG CR 40 MG CAPSULE	DESVENLAFAXINE SUCCNT ER 100MG
COREG CR 80 MG CAPSULE	DESVENLAFAXINE SUCCNT ER 25 MG
COTEMPLA XR-ODT 17.3 MG TABLET	DESVENLAFAXINE SUCCNT ER 50 MG
COTEMPLA XR-ODT 25.9 MG TABLET	DEXEDRINE SPANSULE 10 MG
COTEMPLA XR-ODT 8.6 MG TABLET	DEXLANSOPRAZOLE DR 30 MG CAP
CVS DICLOFENAC SODIUM 1% GEL	DEXLANSOPRAZOLE DR 60 MG CAP
CVS LANSOPRAZOLE DR 15 MG ODT	DICLOFENAC 2% SOLUTION PUMP
CYANOCOBALAMIN 500 MCG SPRAY	DICLOFENAC POT 25 MG TABLET
DAYPRO 600 MG CAPLET	DICLOFENAC POT 50 MG POWDR PKT

National Preferred Formulary – Step Therapy List

The following prescription drugs require Step Therapy

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DICLOFENAC SODIUM 1% GEL	DUTASTERIDE-TAMSULOSIN 0.5-0.4
DIFFERIN 0.1% CREAM	DYMISTA NASAL SPRAY
DIFFERIN 0.1% LOTION	EC-NAPROSYN EC 375 MG TABLET
DIFFERIN 0.3% GEL PUMP	EC-NAPROSYN EC 500 MG TABLET
DIFLORASONE 0.05% CREAM	EDECIN 25 MG TABLET
DIFLORASONE 0.05% OINTMENT	EDLUAR 10 MG SL TABLET
DIHYDROERGOTAMINE 4 MG/ML SPRY	EDLUAR 5 MG SL TABLET
DILAUDID 2 MG TABLET	ELEPSIA XR 1,000 MG TABLET
DILAUDID 4 MG TABLET	ELEPSIA XR 1,500 MG TABLET
DILAUDID 5 MG/5 ML ORAL LIQUID	ENDOCET 10-325 MG TABLET
DILAUDID 8 MG TABLET	ENDOCET 2.5-325 MG TABLET
DIPROLENE 0.05% OINTMENT	ENDOCET 5-325 MG TABLET
DONEPEZIL HCL 23 MG TABLET	ENDOCET 5-325 TABLET
DOXEPIN 5% CREAM	ENDOCET 7.5-325 MG TABLET
DOXEPIN HCL 3 MG TABLET	ENSTILAR 0.005%-0.064% FOAM
DOXEPIN HCL 6 MG TABLET	EPIDUO FORTE 0.3-2.5% GEL PUMP
DOXERCALCIFEROL 0.5 MCG CAP	EPIFOAM FOAM
DOXERCALCIFEROL 1 MCG CAPSULE	EPSOLAY 5% CREAM PUMP
DOXERCALCIFEROL 2.5 MCG CAP	ERMEZA 150 MCG/5 ML SOLUTION
DOXYCYCLINE 50 MG TABLET	ESCITALOPRAM OXALATE 10MG/10ML
DOXYCYCLINE HYC DR 100 MG TAB	ESCITALOPRAM OXALATE 5 MG/5 ML
DOXYCYCLINE HYC DR 150 MG TAB	ESOMEPRAZOLE DR 10 MG PACKET
DOXYCYCLINE HYC DR 200 MG TAB	ESOMEPRAZOLE DR 20 MG PACKET
DOXYCYCLINE HYC DR 50 MG TAB	ESOMEPRAZOLE DR 40 MG PACKET
DOXYCYCLINE HYC DR 75 MG TAB	EUCRISA 2% OINTMENT
DOXYCYCLINE HYCLATE 150 MG TAB	EVOCLIN 1% FOAM
DOXYCYCLINE HYCLATE 75 MG TAB	EXELON 13.3 MG/24HR PATCH
DOXYCYCLINE IR-DR 40 MG CAP	EXELON 4.6 MG/24HR PATCH
DOXYCYCLINE MONO 150 MG CAP	EXELON 9.5 MG/24HR PATCH
DUETACT 30-2 MG TABLET	EXTINA 2% FOAM
DUETACT 30-4 MG TABLET	FARXIGA 10 MG TABLET
DUEXIS 800-26.6 MG TABLET	FARXIGA 5 MG TABLET
DULERA 100 MCG-5 MCG INHALER	FEBUXOSTAT 40 MG TABLET
DULERA 200 MCG-5 MCG INHALER	FEBUXOSTAT 80 MG TABLET
DULERA 50 MCG-5 MCG INHALER	FENOFIBRATE 40 MG TABLET
DULOXETINE HCL DR 40 MG CAP	FENOGLIDE 120 MG TABLET
DUMMY	FENOGLIDE 40 MG TABLET
DUOBRII 0.01%-0.045% LOTION	FENOPROFEN 400 MG CAPSULE
DUTASTERIDE 0.5 MG CAPSULE	FENOPROFEN 600 MG TABLET

National Preferred Formulary – Step Therapy List

The following prescription drugs require Step Therapy

Step Therapy requires that members try certain First Line options before other medications will be considered medically necessary for treatment of a specific condition. Step therapy requirements may apply to both brand and generics. This list may not apply to all plans or benefits. List subject to change.

FENOPROFEN CALCIUM 400 MG CAP	FML LIQUIFILM 0.1% EYE DROP
FENTANYL 100 MCG/HR PATCH	FOSAMAX 70 MG TABLET
FENTANYL 12 MCG/HR PATCH	FOSAMAX PLUS D 70 MG-2,800 IU
FENTANYL 25 MCG/HR PATCH	FOSAMAX PLUS D 70 MG-2800 UNIT
FENTANYL 37.5 MCG/HR PATCH	FOSAMAX PLUS D 70 MG-5600 UNIT
FENTANYL 50 MCG/HR PATCH	FROVA 2.5 MG TABLET
FENTANYL 62.5 MCG/HR PATCH	GABAPENTIN ER 300 MG TABLET
FENTANYL 75 MCG/HR PATCH	GABAPENTIN ER 600 MG TABLET
FENTANYL 87.5 MCG/HR PATCH	GLYXAMBI 10 MG-5 MG TABLET
FENTANYL CITRATE OTFC 200 MCG	GLYXAMBI 25 MG-5 MG TABLET
FENTANYL CITRATE OTFC 600 MCG	GNP DICLOFENAC SODIUM 1% GEL
FETZIMA 20-40 MG TITRATION PAK	GONAL-F 1,050 UNITS VIAL
FETZIMA ER 120 MG CAPSULE	GONAL-F 450 UNITS VIAL
FETZIMA ER 20 MG CAPSULE	GONAL-F RFF 75 UNIT VIAL
FETZIMA ER 40 MG CAPSULE	GONAL-F RFF REDI-JECT 300 UNIT
FETZIMA ER 80 MG CAPSULE	GONAL-F RFF REDI-JECT 450 UNIT
FIBRICOR 105 MG TABLET	GONAL-F RFF REDI-JECT 900 UNIT
FIBRICOR 35 MG TABLET	GRALISE ER 300 MG TABLET
FINACEA 15% FOAM	GRALISE ER 450 MG TABLET
FIORICET-COD 50-300-40-30 CAP	GRALISE ER 600 MG TABLET
FLECTOR 1.3% PATCH	GRALISE ER 750 MG TABLET
FLOLIPID 20 MG/5 ML ORAL SUSP	GRALISE ER 900 MG TABLET
FLOLIPID 40 MG/5 ML ORAL SUSP	GS DICLOFENAC SODIUM 1% GEL
FLOMAX 0.4 MG CAPSULE	GS LANSOPRAZOLE DR 15 MG ODT
FLUNISOLIDE 0.025% SPRAY	HALCINONIDE 0.1% CREAM
FLUOCINONIDE 0.1% CREAM	HALOBETASOL PROP 0.05% FOAM
FLUOXETINE DR 90 MG CAPSULE	HALOG 0.1% CREAM
FLUOXETINE HCL 10 MG TABLET	HALOG 0.1% OINTMENT
FLUOXETINE HCL 20 MG TABLET	HALOG 0.1% SOLUTION
FLUOXETINE HCL 60 MG TABLET	HORIZANT ER 300 MG TABLET
FLURANDRENOLIDE 0.05% CREAM	HORIZANT ER 600 MG TABLET
FLURANDRENOLIDE 0.05% LOTION	HYDROCODON-ACETAMIN 7.5-325/15
FLURANDRENOLIDE 0.05% OINTMENT	HYDROCODON-ACETAMINOPH 7.5-300
FLUTICASONE PROP 0.05% LOTION	HYDROCODON-ACETAMINOPH 7.5-325
FLUTICASONE-SALMETEROL 100-50	HYDROCODON-ACETAMINOPHEN 5-300
FLUTICASONE-SALMETEROL 250-50	HYDROCODON-ACETAMINOPHEN 5-325
FLUTICASONE-SALMETEROL 500-50	HYDROCODON-ACETAMINOPHN 10-300
FLUVOXAMINE ER 100 MG CAPSULE	HYDROCODON-ACETAMINOPHN 10-325
FLUVOXAMINE ER 150 MG CAPSULE	HYDROCODONE BT-IBUPROFEN TAB

National Preferred Formulary – Step Therapy List

The following prescription drugs require Step Therapy

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HYDROCODONE BT-IBUPROFEN TB
HYDROCODONE ER 10 MG CAPSULE
HYDROCODONE ER 100 MG TABLET
HYDROCODONE ER 120 MG TABLET
HYDROCODONE ER 15 MG CAPSULE
HYDROCODONE ER 20 MG CAPSULE
HYDROCODONE ER 20 MG TABLET
HYDROCODONE ER 30 MG CAPSULE
HYDROCODONE ER 30 MG TABLET
HYDROCODONE ER 40 MG CAPSULE
HYDROCODONE ER 40 MG TABLET
HYDROCODONE ER 50 MG CAPSULE
HYDROCODONE ER 60 MG TABLET
HYDROCODONE ER 80 MG TABLET
HYDROCODONE-ACETAMIN 10-300 MG
HYDROCODONE-ACETAMIN 10-325 MG
HYDROCODONE-ACETAMIN 10-325/15
HYDROCODONE-ACETAMIN 2.5-108/5
HYDROCODONE-ACETAMIN 5-217/10
HYDROCODONE-ACETAMIN 5-300 MG
HYDROCODONE-ACETAMIN 5-325 MG
HYDROCODONE-ACETAMIN 7.5-300
HYDROCODONE-ACETAMIN 7.5-325
HYDROCODONE-ACETAMN 7.5-325/15
HYDROCODONE-APAP 10-325 TABLET
HYDROCODONE-APAP 5-325 TABLET
HYDROCODONE-APAP 7.5-325 TAB
HYDROCODONE-IBUPROFEN 10-200
HYDROCODONE-IBUPROFEN 5-200 MG
HYDROCODONE-IBUPROFEN 7.5-200
HYDROCORTISONE 0.1% SOLN
HYDROCORTISONE BUTYR 0.1% LOTN
HYDROCORTISONE BUTYR 0.1% OINT
HYDROCORTISONE BUTYR 0.1% SOLN
HYDROCORTISONE-PRAMOXINE CREAM
HYDROCORT-PRAMOXINE 2.5%-1% CM
HYDROCORT-PRAMOXINE 2.5-1% CRM
HYDROMORPHONE 1 MG/ML
SOLUTION
HYDROMORPHONE 2 MG TABLET
HYDROMORPHONE 3 MG SUPPOS
HYDROMORPHONE 4 MG TABLET
HYDROMORPHONE 5 MG/5 ML CUP
HYDROMORPHONE 5 MG/5 ML SOLN
HYDROMORPHONE 8 MG TABLET
HYDROMORPHONE HCL 8 MG TAB
HYDROMORPHONE HCL ER 12 MG TAB
HYDROMORPHONE HCL ER 16 MG TAB
HYDROMORPHONE HCL ER 32 MG TAB
HYDROMORPHONE HCL ER 8 MG TAB
HYSINGLA ER 100 MG TABLET
HYSINGLA ER 120 MG TABLET
HYSINGLA ER 20 MG TABLET
HYSINGLA ER 30 MG TABLET
HYSINGLA ER 40 MG TABLET
HYSINGLA ER 60 MG TABLET
HYSINGLA ER 80 MG TABLET
INDOMETHACIN 25 MG/5 ML SUSP
INVELTYS 1% EYE DROP
JAKAFI 10 MG TABLET
JAKAFI 15 MG TABLET
JAKAFI 20 MG TABLET
JAKAFI 25 MG TABLET
JAKAFI 5 MG TABLET
JANUMET 50-1,000 MG TABLET
JANUMET 50-500 MG TABLET
JANUMET XR 100-1,000 MG TABLET
JANUMET XR 50-1,000 MG TABLET
JANUMET XR 50-500 MG TABLET
JANUVIA 100 MG TABLET
JANUVIA 25 MG TABLET
JANUVIA 50 MG TABLET
JARDIANCE 10 MG TABLET
JARDIANCE 25 MG TABLET
JORNAY PM 100 MG CAPSULE
JORNAY PM 20 MG CAPSULE
JORNAY PM 40 MG CAPSULE
JORNAY PM 60 MG CAPSULE
JORNAY PM 80 MG CAPSULE

National Preferred Formulary – Step Therapy List

The following prescription drugs require Step Therapy

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JUBLIA 10% TOPICAL SOLUTION	LOPRESSOR 50 MG TABLET
KARBINAL ER 4 MG/5 ML SUSP	LOTEMAX 0.5% EYE OINTMENT
KENALOG 0.147 MG/GRAM SPRAY	LOTEMAX 0.5% OPHTHALMIC GEL
KETOCONAZOLE 2% FOAM	LOTEMAX SM 0.38% OPHTH GEL
KETODAN 2% FOAM	LOTEPREDNOL ETABONATE 0.2% DRP
KETODAN 2% FOAM KIT	LUMIGAN 0.01% EYE DROPS
KETOPROFEN 200 MG CAPSULE SA	LUMRYZ ER 4.5 GM PACKET
KETOPROFEN ER 200 MG CAPSULE	LUMRYZ ER 6 GM PACKET
KLARON 10% LOTION	LUMRYZ ER 7.5 GM PACKET
LAMICTAL XR START KIT (BLUE)	LUMRYZ ER 9 GM PACKET
LAMICTAL XR START KIT (GREEN)	MELOXICAM 10 MG CAPSULE
LAMICTAL XR START KIT (ORANGE)	MELOXICAM 5 MG CAPSULE
LANSOPRAZOLE DR 15 MG ODT	MEPERIDINE 50 MG TABLET
LANSOPRAZOLE DR 30 MG ODT	MEPERIDINE 50 MG/5 ML SOLUTION
LANSOPRAZOLE ODT 15 MG TABLET	METADATE CD 10 MG CAPSULE
LANSOPRAZOLE ODT 30 MG TABLET	METADATE CD 20 MG CAPSULE
LASIX 20 MG TABLET	METADATE CD 30 MG CAPSULE
LASIX 40 MG TABLET	METADATE CD 40 MG CAPSULE
LASIX 80 MG TABLET	METADATE CD 50 MG CAPSULE
LATANOPROST 0.005% EYE DROPS	METADATE CD 60 MG CAPSULE
LESCOL XL 80 MG TABLET	METFORMIN HCL 500 MG/5 ML CUP
LESCOL XL 80 MG TABLET SA	METFORMIN HCL 500 MG/5 ML SOLN
LICART 1.3% PATCH	METFORMIN HCL 850 MG/8.5ML CUP
LIDOCAINE 5% PATCH	METHYLPHENIDATE 10 MG/9HR PTCH
LIDOCAN III 5% PATCH	METHYLPHENIDATE 15 MG/9HR PTCH
LIDOCAN IV 5% PATCH	METHYLPHENIDATE 20 MG/9HR PTCH
LIDOCAN V 5% PATCH	METHYLPHENIDATE 30 MG/9HR PTCH
LISDEXAMFETAMINE 10 MG TB CHEW	METHYLPHENIDATE ER 10 MG CAP
LISDEXAMFETAMINE 20 MG TB CHEW	METHYLPHENIDATE ER 15 MG CAP
LISDEXAMFETAMINE 30 MG TB CHEW	METHYLPHENIDATE ER 20 MG CAP
LISDEXAMFETAMINE 40 MG TB CHEW	METHYLPHENIDATE ER 30 MG CAP
LISDEXAMFETAMINE 50 MG TB CHEW	METHYLPHENIDATE ER 40 MG CAP
LISDEXAMFETAMINE 60 MG TB CHEW	METHYLPHENIDATE ER 50 MG CAP
LIVALO 1 MG TABLET	METHYLPHENIDATE ER 60 MG CAP
LIVALO 2 MG TABLET	METROCREAM 0.75% CREAM
LIVALO 4 MG TABLET	METROGEL TOPICAL 1% GEL
LODINE 400 MG TABLET	MIGRANAL 4 MG/ML NASAL SPRAY
LOFENA 25 MG TABLET	MIGRANAL NASAL SPRAY
LOPRESSOR 100 MG TABLET	MINOCYCLINE ER 105 MG TABLET

National Preferred Formulary – Step Therapy List

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MINOCYCLINE ER 115 MG TABLET
MINOCYCLINE ER 135 MG TABLET
MINOCYCLINE ER 45 MG TABLET
MINOCYCLINE ER 55 MG TABLET
MINOCYCLINE ER 65 MG TABLET
MINOCYCLINE ER 80 MG TABLET
MINOCYCLINE ER 90 MG TABLET
MITIGARE 0.6 MG CAPSULE
MOMETASONE FUROATE 50 MCG SPRY
MONODOX 100 MG CAPSULE
MONODOX 50 MG CAPSULE
MONODOX 75 MG CAPSULE
MORGIDOX 1X100 MG KIT
MORGIDOX 1X50 MG KIT
MORGIDOX 2X100 MG KIT
MORPHINE SULF 10 MG SUPPOS
MORPHINE SULF 10 MG/5 ML CUP
MORPHINE SULF 10 MG/5 ML SOLN
MORPHINE SULF 100 MG TAB SA
MORPHINE SULF 100 MG/5 ML CONC
MORPHINE SULF 100 MG/5 ML SOLN
MORPHINE SULF 15 MG TAB SA
MORPHINE SULF 20 MG SUPPOS
MORPHINE SULF 20 MG/10 ML SOLN
MORPHINE SULF 20 MG/5 ML SOLN
MORPHINE SULF 200 MG TAB SA
MORPHINE SULF 30 MG SUPPOS
MORPHINE SULF 30 MG TAB SA
MORPHINE SULF 5 MG SUPPOS
MORPHINE SULF 60 MG TAB SA
MORPHINE SULF CR 100 MG TABLET
MORPHINE SULF CR 15 MG TABLET
MORPHINE SULF CR 200 MG TABLET
MORPHINE SULF CR 30 MG TABLET
MORPHINE SULF CR 60 MG TABLET
MORPHINE SULF ER 100 MG TAB
MORPHINE SULF ER 100 MG TABLET
MORPHINE SULF ER 15 MG TABLET
MORPHINE SULF ER 200 MG TAB
MORPHINE SULF ER 200 MG TABLET
MORPHINE SULF ER 30 MG TABLET
MORPHINE SULF ER 60 MG TAB
MORPHINE SULF ER 60 MG TABLET
MORPHINE SULFATE 20 MG/ML SOLN
MORPHINE SULFATE 30 MG TAB SA
MORPHINE SULFATE ER 10 MG CAP
MORPHINE SULFATE ER 100 MG CAP
MORPHINE SULFATE ER 120 MG CAP
MORPHINE SULFATE ER 20 MG CAP
MORPHINE SULFATE ER 30 MG CAP
MORPHINE SULFATE ER 45 MG CAP
MORPHINE SULFATE ER 50 MG CAP
MORPHINE SULFATE ER 60 MG CAP
MORPHINE SULFATE ER 75 MG CAP
MORPHINE SULFATE ER 80 MG CAP
MORPHINE SULFATE ER 90 MG CAP
MORPHINE SULFATE IR 15 MG TAB
MORPHINE SULFATE IR 30 MG TAB
MOUNJARO 10 MG/0.5 ML PEN
MOUNJARO 12.5 MG/0.5 ML PEN
MOUNJARO 15 MG/0.5 ML PEN
MOUNJARO 2.5 MG/0.5 ML PEN
MOUNJARO 5 MG/0.5 ML PEN
MS CONTIN 100 MG TABLET
MS CONTIN 15 MG TABLET
MS CONTIN 15 MG TABLET SA
MS CONTIN 200 MG TABLET
MS CONTIN 60 MG TABLET
MS CONTIN CR 30 MG TABLET
MS CONTIN ER 100 MG TABLET
MS CONTIN ER 15 MG TABLET
MS CONTIN ER 200 MG TABLET
MS CONTIN ER 30 MG TABLET
MS CONTIN ER 60 MG TABLET
MUPIROCIN 2% CREAM
MYDAYIS ER 12.5 MG CAPSULE
MYDAYIS ER 25 MG CAPSULE
MYDAYIS ER 37.5 MG CAPSULE

National Preferred Formulary – Step Therapy List

The following prescription drugs require Step Therapy

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MYDAYIS ER 50 MG CAPSULE	OXYCODON-ACETAMINOPHEN 7.5-325
NALFON 600 MG TABLET	OXYCODONE 5 MG CAPSULE
NAMZARIC 14 MG-10 MG CAPSULE	OXYCODONE 5 MG TABLET
NAMZARIC 21 MG-10 MG CAPSULE	OXYCODONE HCL (IR) 10 MG TAB
NAMZARIC 28 MG-10 MG CAPSULE	OXYCODONE HCL (IR) 15 MG TAB
NAMZARIC 7 MG-10 MG CAPSULE	OXYCODONE HCL (IR) 20 MG TAB
NAMZARIC TITRATION PACK	OXYCODONE HCL (IR) 30 MG TAB
NAPRELAN CR 375 MG TABLET	OXYCODONE HCL (IR) 5 MG CAP
NAPRELAN CR 500 MG TABLET	OXYCODONE HCL (IR) 5 MG TABLET
NAPRELAN CR 750 MG TABLET	OXYCODONE HCL 10 MG TABLET
NAPROSYN 125 MG/5 ML SUSPEN	OXYCODONE HCL 15 MG TABLET
NAPROSYN 375 MG TABLET EC	OXYCODONE HCL 20 MG TABLET
NAPROSYN 500 MG TABLET	OXYCODONE HCL 30 MG TABLET
NAPROSYN 500 MG TABLET EC	OXYCODONE HCL 5 MG CAPSULE
NAPROSYN EC 500 MG TABLET	OXYCODONE HCL 5 MG TABLET
NAPROXEN 125 MG/5 ML SUSPEN	OXYCODONE HCL 5 MG/5 ML CUP
NAPROXEN SOD CR 375 MG TABLET	OXYCODONE HCL 5 MG/5 ML SOL
NAPROXEN SOD CR 500 MG TABLET	OXYCODONE HCL 5 MG/5 ML SOLN
NAPROXEN SOD CR 750 MG TABLET	OXYCODONE HCL IR 10 MG TABLET
NAPROXEN SOD ER 375 MG TABLET	OXYCODONE HCL IR 5 MG CAPSULE
NAPROXEN SOD ER 500 MG TABLET	OXYCODONE HCL IR 5 MG TABLET
NAPROXEN SOD ER 750 MG TABLET	OXYCODONE-ACETAMINOPHEN 10-325
NAPROXEN-ESOMEPRAZ DR 375-20MG	OXYCODONE-ACETAMINOPHEN 5-325
NAPROXEN-ESOMEPRAZ DR 500-20MG	OXYCODONE-ACETAMINOPHN 2.5-325
NASCOBAL 500 MCG NASAL SPRAY	OXYCODONE-ACETAMINOPHN 5-325/5
NEUAC 1.2-5% KIT	OXYCODONE-ACETAMINOPHN 7.5-325
NUCORT LOTION	OXYCODONE-APAP 10-325 MG TAB
OLUX 0.05% FOAM	OXYCODONE-APAP 5/325 TABLET
ONEXTON GEL PUMP	OXYCODONE-APAP 5-325 MG TAB
ORILISSA 150 MG TABLET	OXYCODONE-APAP 7.5-325 MG TAB
ORILISSA 200 MG TABLET	OXYCONTIN 10 MG TABLET
OSENI 12.5-30 MG TABLET	OXYCONTIN 20 MG TABLET
OSENI 25-15 MG TABLET	OXYCONTIN 30 MG TABLET
OSENI 25-30 MG TABLET	OXYCONTIN 40 MG TABLET
OSENI 25-45 MG TABLET	OXYCONTIN 60 MG TABLET
OXTELLAR XR 150 MG TABLET	OXYCONTIN 80 MG TABLET
OXTELLAR XR 300 MG TABLET	OXYCONTIN ER 10 MG TABLET
OXTELLAR XR 600 MG TABLET	OXYCONTIN ER 15 MG TABLET
OXYCODON-ACETAMINOPHEN 2.5-325	OXYCONTIN ER 20 MG TABLET

National Preferred Formulary – Step Therapy List

The following prescription drugs require Step Therapy

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OXYCONTIN ER 30 MG TABLET
OXYCONTIN ER 40 MG TABLET
OXYCONTIN ER 60 MG TABLET
OXYCONTIN ER 80 MG TABLET
OXYMORPHONE HCL 10 MG TABLET
OXYMORPHONE HCL 5 MG TABLET
OXYMORPHONE HCL ER 10 MG TAB
OXYMORPHONE HCL ER 15 MG TAB
OXYMORPHONE HCL ER 20 MG TAB
OXYMORPHONE HCL ER 30 MG TAB
OXYMORPHONE HCL ER 40 MG TAB
OXYMORPHONE HCL ER 5 MG TABLET
OXYMORPHONE HCL ER 7.5 MG TAB
OXYTROL 3.9 MG/24HR PATCH
OZEMPIC 0.25-0.5 MG/DOSE PEN
OZEMPIC 1 MG/DOSE (4 MG/3 ML)
OZEMPIC 2 MG/DOSE (8 MG/3 ML)
PACNEX 7% WASH
PANDEL 0.1% CREAM
PANTOPRAZOLE DR 40 MG SUSP PKT
PARICALCITOL 1 MCG CAPSULE
PARICALCITOL 2 MCG CAPSULE
PARICALCITOL 4 MCG CAPSULE
PAROXETINE CR 12.5 MG TABLET
PAROXETINE CR 25 MG TABLET
PAROXETINE CR 37.5 MG TABLET
PAROXETINE ER 12.5 MG TABLET
PAROXETINE ER 25 MG TABLET
PAROXETINE ER 37.5 MG TABLET
PAROXETINE HCL 10 MG/5 ML SUSP
PAROXETINE MESYLATE 7.5 MG CAP
PAXIL 10 MG TABLET
PAXIL 10 MG/5 ML SUSPENSION
PAXIL 20 MG TABLET
PAXIL 30 MG TABLET
PAXIL 40 MG TABLET
PAXIL CR 12.5 MG TABLET
PAXIL CR 25 MG TABLET
PAXIL CR 37.5 MG TABLET

PENTAZOCINE-NALOXONE TABLET
PIMECROLIMUS 1% CREAM
PLEXION 9.8-4.8% CLEANSER
PLEXION 9.8-4.8% CLNSING CLOTH
PLEXION 9.8-4.8% CREAM
PLEXION 9.8-4.8% LOTION
PODOFILOX 0.5% GEL
PR BENZOYL PEROXIDE 7% WASH
PRAMOSONE 1% CREAM
PRAMOSONE 1% LOTION
PRAMOSONE 1% OINTMENT
PRAMOSONE 1%-1% CREAM
PRAMOSONE 1%-1% OINTMENT
PRAMOSONE 2.5% LOTION
PRAMOSONE 2.5% OINTMENT
PRAMOSONE 2.5%-1% LOTION
PRAMOSONE 2.5%-1% OINTMENT
PRESTALIA 14 MG-10 MG TABLET
PRESTALIA 3.5 MG-2.5 MG TABLET
PRESTALIA 7 MG-5 MG TABLET
PROCARDIA XL 30 MG TABLET
PROCARDIA XL 60 MG TABLET
PROCARDIA XL 90 MG TABLET
PROCTOCORT 1% CREAM
PROCTOCORT 30 MG SUPPOSITORY
PROSCAR 5 MG TABLET
PRUDOXIN 5% CREAM
QC DICLOFENAC SODIUM 1% GEL
QELBREE ER 100 MG CAPSULE
QELBREE ER 150 MG CAPSULE
QELBREE ER 200 MG CAPSULE
QUDEXY XR 100 MG CAPSULE
QUDEXY XR 150 MG CAPSULE
QUDEXY XR 200 MG CAPSULE
QUDEXY XR 25 MG CAPSULE
QUDEXY XR 50 MG CAPSULE
QUESTRAN LIGHT POWDER
QUESTRAN PACKET
QUESTRAN POWDER

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QUVIVIQ 25 MG TABLET	SAVELLA TITRATION PACK
QUVIVIQ 50 MG TABLET	SAXAGLIPTIN HCL 2.5 MG TABLET
RASUVO 10 MG/0.2 ML AUTOINJ	SAXAGLIPTIN HCL 5 MG TABLET
RASUVO 12.5 MG/0.25 ML AUTOINJ	SAXAGLIPTIN-METFORMIN ER 5-500
RASUVO 15 MG/0.3 ML AUTOINJ	SAXAGLIPTIN-METFORMIN ER 5-1000
RASUVO 17.5 MG/0.35 ML AUTOINJ	SAXAGLIPTIN-METFORMIN ER 2.5-1000
RASUVO 20 MG/0.4 ML AUTOINJ	SCALACORT DK 2% KIT
RASUVO 22.5 MG/0.45 ML AUTOINJ	SEGLUROMET 2.5-1,000 MG TABLET
RASUVO 25 MG/0.5 ML AUTOINJ	SEGLUROMET 2.5-500 MG TABLET
RASUVO 30 MG/0.6 ML AUTOINJ	SEGLUROMET 7.5-1,000 MG TABLET
RASUVO 7.5 MG/0.15 ML AUTOINJ	SEGLUROMET 7.5-500 MG TABLET
RAYALDEE ER 30 MCG CAP (HARD)	SEYSARA 100 MG TABLET
RAYALDEE ER 30 MCG CAP (SOFT)	SEYSARA 150 MG TABLET
RELISTOR 12 MG/0.6 ML SYRINGE	SEYSARA 60 MG TABLET
RELISTOR 12 MG/0.6 ML VIAL	SILDENAFIL 100 MG TABLET
RELISTOR 150 MG TABLET	SILDENAFIL 25 MG TABLET
RELISTOR 8 MG/0.4 ML SYRINGE	SILDENAFIL 50 MG TABLET
RIBAVIRIN 200 MG CAPSULE	SILENOR 3 MG TABLET
RIBAVIRIN 200 MG TABLET	SILENOR 6 MG TABLET
RIOMET 500 MG/5 ML SOLUTION	SOOLANTRA 1% CREAM
ROCALTROL 1 MCG/ML ORAL SOLN	SPRITAM 1,000 MG TABLET
ROSADAN 0.75% CREAM KIT	SPRITAM 250 MG TABLET
ROSADAN 0.75% GEL KIT	SPRITAM 500 MG TABLET
ROSULA 10%-4.5% WASH	SPRITAM 750 MG TABLET
ROSZET 10-10 MG TABLET	SPRIX 15.75 MG NASAL SPRAY
ROSZET 20-10 MG TABLET	STEGLATRO 15 MG TABLET
ROSZET 40-10 MG TABLET	STEGLATRO 5 MG TABLET
ROSZET 5-10 MG TABLET	STENDRA 100 MG TABLET
ROXICODONE 15 MG TABLET	STENDRA 200 MG TABLET
ROXICODONE 30 MG TABLET	STENDRA 50 MG TABLET
RYALTRIS 665-25 MCG SPRAY	SULAR ER 17 MG TABLET
RYBELSUS 14 MG TABLET	SULAR ER 34 MG TABLET
RYBELSUS 3 MG TABLET	SULAR ER 8.5 MG TABLET
RYBELSUS 7 MG TABLET	SULFACLEANSE 8-4 SUSPENSION
RYVENT 6 MG TABLET	SUMADAN 9%-4.5% WASH
SAVELLA 100 MG TABLET	SUMADAN KIT
SAVELLA 12.5 MG TABLET	SUMADAN XLT KIT
SAVELLA 25 MG TABLET	SUMAXIN 9%-4% WASH
SAVELLA 50 MG TABLET	SUMAXIN CLEANSING PADS

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SUMAXIN CP KIT	TOPICORT 0.05% CREAM
SUMAXIN TS TOPICAL SUSPENSION	TOPICORT 0.05% GEL
SYMBICORT 160-4.5 MCG INHALER	TOPICORT 0.05% OINTMENT
SYMBICORT 80-4.5 MCG INHALER	TOPICORT 0.25% CREAM
SYMLINPEN 120 PEN INJECTOR	TOPICORT 0.25% OINTMENT
SYMLINPEN 60 PEN INJECTOR	TOPIRAMATE ER 100 MG CAPSULE
SYNALAR 0.01% SOLUTION	TOPIRAMATE ER 100MG SPRINK CAP
SYNALAR 0.025% CREAM	TOPIRAMATE ER 150 MG CAPSULE
SYNALAR 0.025% CREAM KIT	TOPIRAMATE ER 150MG SPRINK CAP
SYNALAR 0.025% OINTMENT	TOPIRAMATE ER 200 MG CAPSULE
SYNALAR 0.025% OINTMENT KIT	TOPIRAMATE ER 200MG SPRINK CAP
SYNALAR TS 0.01% KIT	TOPIRAMATE ER 25 MG CAPSULE
SYNJARDY 12.5-1,000 MG TABLET	TOPIRAMATE ER 25MG SPRINKL CAP
SYNJARDY 12.5-500 MG TABLET	TOPIRAMATE ER 50 MG CAPSULE
SYNJARDY 5-1,000 MG TABLET	TOPIRAMATE ER 50MG SPRINKL CAP
SYNJARDY 5-500 MG TABLET	TOSYMRA 10 MG NASAL SPRAY
SYNJARDY XR 10-1,000 MG TABLET	TOVET EMOLLIENT 0.05% FOAM
SYNJARDY XR 12.5-1,000 MG TAB	TRAMADOL ER 100 MG TABLET
SYNJARDY XR 25-1,000 MG TABLET	TRAMADOL ER 200 MG TABLET
SYNJARDY XR 5-1,000 MG TABLET	TRAMADOL ER 300 MG TABLET
TACROLIMUS 0.03% OINTMENT	TRAMADOL HCL 50 MG TABLET
TACROLIMUS 0.1% OINTMENT	TRAMADOL HCL ER 100 MG TABLET
TADALAFIL 10 MG TABLET	TRAMADOL HCL ER 200 MG TABLET
TADALAFIL 2.5 MG TABLET	TRAMADOL HCL ER 300 MG TABLET
TADALAFIL 20 MG TABLET	TRAMADOL-ACETAMINOPHN 37.5-325
TADALAFIL 5 MG TABLET	TRAVOPROST 0.004% EYE DROP
TAFLUPROST 0.0015% EYE DROP	TREZIX 320.5-30-16 MG CAPSULE
TARGADOX 50 MG TABLET	TRIAMCINOLONE 0.05% OINT
TAVABOROLE 5% TOPICAL SOLUTION	TRIAMCINOLONE 0.05% OINTMENT
TENORETIC 100 TABLET	TRIAMCINOLONE 0.147 MG/G SPRAY
TENORETIC 50 TABLET	TRIDERM 0.5% CREAM
TENORMIN 100 MG TABLET	TRIJARDY XR 10-5-1,000 MG TAB
TENORMIN 25 MG TABLET	TRIJARDY XR 12.5-2.5-1,000 MG
TENORMIN 50 MG TABLET	TRIJARDY XR 25-5-1,000 MG TAB
TETRACYCLINE 250 MG TABLET	TRIJARDY XR 5-2.5-1,000 MG TAB
TETRACYCLINE 500 MG TABLET	TRILIPIX DR 135 MG CAPSULE
TEXACORT 2.5% SOLUTION	TRILIPIX DR 45 MG CAPSULE
TOLECTIN 600 MG TABLET	TRINTELLIX 10 MG TABLET
TOLMETIN SODIUM 400 MG CAP	TRINTELLIX 20 MG TABLET

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TRINTELLIX 5 MG TABLET	WIXELA 100-50 INHUB
TROKENDI XR 100 MG CAPSULE	WIXELA 250-50 INHUB
TROKENDI XR 200 MG CAPSULE	WIXELA 500-50 INHUB
TROKENDI XR 25 MG CAPSULE	WYNZORA 0.005%-0.064% CREAM
TROKENDI XR 50 MG CAPSULE	XEPI 1% CREAM
TRUDHESA NASAL SPRAY	XHANCE 93 MCG NASAL SPRAY
TRULICITY 0.75 MG/0.5 ML PEN	XIGDUO XR 10 MG-1,000 MG TAB
TRULICITY 1.5 MG/0.5 ML PEN	XIGDUO XR 10 MG-500 MG TABLET
TRULICITY 3 MG/0.5 ML PEN	XIGDUO XR 2.5 MG-1,000 MG TAB
TWYNEO 0.1%-3% CREAM	XIGDUO XR 5 MG-1,000 MG TABLET
VANOXIDE-HC LOTION	XIGDUO XR 5 MG-500 MG TABLET
VARDENAFIL HCL 10 MG ODT	XYWAV 0.5 GM/ML ORAL SOLUTION
VARDENAFIL HCL 10 MG TABLET	YAZ 28 TABLET
VARDENAFIL HCL 2.5 MG TABLET	ZEMBRACE SYMTOUCH 3 MG/0.5 ML
VARDENAFIL HCL 20 MG TABLET	ZEMPLAR 1 MCG CAPSULE
VARDENAFIL HCL 5 MG TABLET	ZEMPLAR 2 MCG CAPSULE
VERELAN PM 100 MG CAP PELLETT	ZIANA GEL
VERELAN PM 200 MG CAP PELLETT	ZOLMITRIPTAN 2.5 MG NASAL SPRY
VERELAN PM 300 MG CAP PELLETT	ZOLMITRIPTAN 2.5MG NASAL SPRAY
VILAZODONE HCL 10 MG TABLET	ZOLMITRIPTAN 5 MG NASAL SPRAY
VILAZODONE HCL 20 MG TABLET	ZOMIG 2.5 MG NASAL SPRAY
VILAZODONE HCL 40 MG TABLET	ZOMIG 5 MG NASAL SPRAY
VOQUEZNA 10 MG TABLET	ZONALON 5% CREAM
VOQUEZNA 20 MG TABLET	ZORYVE 0.3% CREAM
VTAMA 1% CREAM	ZORYVE 0.3% FOAM
VYVANSE 10 MG CAPSULE	ZTLIDO 1.8% TOPICAL SYSTEM
VYVANSE 10 MG CHEWABLE TABLET	ZYPITAMAG 2 MG TABLET
VYVANSE 20 MG CAPSULE	ZYPITAMAG 4 MG TABLET
VYVANSE 20 MG CHEWABLE TABLET	
VYVANSE 30 MG CAPSULE	
VYVANSE 30 MG CHEWABLE TABLET	
VYVANSE 40 MG CAPSULE	
VYVANSE 40 MG CHEWABLE TABLET	
VYVANSE 50 MG CAPSULE	
VYVANSE 50 MG CHEWABLE TABLET	
VYVANSE 60 MG CAPSULE	
VYVANSE 60 MG CHEWABLE TABLET	
VYVANSE 70 MG CAPSULE	
VYZULTA 0.024% OPHTH SOLUTION	

**Please submit completed PA and Step Therapy forms to:
Pharmacy Help Desk
Mail to: 165 Court Street, Rochester, NY 14647
Fax: 1 (800) 956-2397
Phone: 1 (800) 499-1275**