

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

ABIRATERONE ACETATE 250 MG TAB	BELBUCA 75 MCG FILM
ABIRATERONE ACETATE 500 MG TAB	BELBUCA 750 MCG FILM
ABRILADA(CF) 20 MG/0.4 ML SYRN	BELBUCA 900 MCG FILM
ABRILADA(CF) 40 MG/0.8 ML SYRN	BENZPHETAMINE HCL 50 MG TABLET
ABRILADA(CF) PEN 40 MG/0.8 ML	BETAINE 1 GRAM/SCOOP POWDER
ACTEMRA 162 MG/0.9 ML SYRINGE	BETHKIS 300 MG/4 ML AMPULE
ACTEMRA ACTPEN 162 MG/0.9 ML	BEXAROTENE 1% GEL
ACTHAR GEL 400 UNIT/5 ML VIAL	BEXAROTENE 75 MG CAPSULE
ADALIMUMAB-ADAZ(CF) 40 MG SYRG	BIMZELX 160 MG/ML AUTOINJECTOR
ADALIMUMAB-ADAZ(CF) PEN 40 MG	BIMZELX 160 MG/ML SYRINGE
ADALIMUMAB-ADB(CF) 10 MG SYRG	BOSENTAN 125 MG TABLET
ADALIMUMAB-ADB(CF) 20 MG SYRG	BOSENTAN 62.5 MG TABLET
ADALIMUMAB-ADB(CF) 40 MG SYRG	BRIMONIDINE 0.33% GEL PUMP
ADALIMUMAB-ADB(CF) CRHN 40MG	BUPHENYL 500 MG TABLET
ADALIMUMAB-ADB(CF) PEN 40 MG	BUPHENYL POWDER
ADALIMUMAB-ADB(CF) PS-UV 40MG	BUPRENORPHINE 10 MCG/HR PATCH
ADBRY 150 MG/ML SYRINGE	BUPRENORPHINE 15 MCG/HR PATCH
ADIPEX-P 37.5 MG CAPSULE	BUPRENORPHINE 150 MCG FILM
ADIPEX-P 37.5 MG TABLET	BUPRENORPHINE 20 MCG/HR PATCH
ADLYXIN 10-20 MCG STARTER PACK	BUPRENORPHINE 300 MCG FILM
ADLYXIN 20 MCG MAINTENANCE PK	BUPRENORPHINE 450 MCG FILM
AKEEGA 100-500 MG TABLET	BUPRENORPHINE 5 MCG/HR PATCH
AKEEGA 50-500 MG TABLET	BUPRENORPHINE 600 MCG FILM
ALYQ 20 MG TABLET	BUPRENORPHINE 7.5 MCG/HR PATCH
AMBRISENTAN 10 MG TABLET	BUPRENORPHINE 75 MCG FILM
AMBRISENTAN 5 MG TABLET	BUPRENORPHINE 750 MCG FILM
ARAZLO 0.045% LOTION	BUPRENORPHINE 900 MCG FILM
ARCALYST 220 MG VIAL	BYDUREON 2 MG PEN INJECT
AUSTEDO 12 MG TABLET	BYDUREON BCISE 2 MG AUTOINJECT
AUSTEDO 6 MG TABLET	BYETTA 10 MCG DOSE PEN INJ
AUSTEDO 9 MG TABLET	BYETTA 5 MCG DOSE PEN INJ
AUSTEDO XR 12 MG TABLET	BYLVAY 1,200 MCG CAPSULE
AUSTEDO XR 24 MG TABLET	BYLVAY 200 MCG PELLETT
AUSTEDO XR 6 MG TABLET	BYLVAY 400 MCG CAPSULE
AUSTEDO XR TITRATION KT(WK1-4)	BYLVAY 600 MCG PELLETT
AZILECT 0.5 MG TABLET	BYNFEZIA 2,500 MCG/ML PEN
AZILECT 1 MG TABLET	CABLIVI 11 MG KIT
BELBUCA 150 MCG FILM	CAMZYOS 10 MG CAPSULE
BELBUCA 300 MCG FILM	CAMZYOS 15 MG CAPSULE
BELBUCA 450 MCG FILM	CAMZYOS 2.5 MG CAPSULE
BELBUCA 600 MCG FILM	CAMZYOS 5 MG CAPSULE

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CAPECITABINE 150 MG TABLET	DISKETS 40 MG TABLET DISPR
CAPECITABINE 500 MG TABLET	DOJOLVI LIQUID
CAVERJECT 20 MCG VIAL	DOPTELET (10 TAB PK) 20 MG TAB
CAVERJECT 40 MCG VIAL	DOPTELET (15 TAB PK) 20 MG TAB
CAVERJECT IMPULSE 10 MCG KIT	DOPTELET (30 TAB PK) 20 MG TAB
CAVERJECT IMPULSE 10 MCG SYRNG	DUPIXENT 100 MG/0.67 ML SYRING
CAVERJECT IMPULSE 20 MCG KIT	DUPIXENT 200 MG/1.14 ML PEN
CAVERJECT IMPULSE 20 MCG SYRNG	DUPIXENT 200 MG/1.14 ML SYRING
CEQUA 0.09% SOLUTION	DUPIXENT 300 MG/2 ML PEN
CERDELGA 84 MG CAPSULE	DUPIXENT 300 MG/2 ML SYRINGE
CHENODAL 250 MG TABLET	DURAGESIC 100 MCG/HR PATCH
CIBINQO 100 MG TABLET	DURAGESIC 12 MCG/HR PATCH
CIBINQO 200 MG TABLET	DURAGESIC 25 MCG/HR PATCH
CIBINQO 50 MG TABLET	DURAGESIC 50 MCG/HR PATCH
CINRYZE 500 UNIT VIAL	DURAGESIC 75 MCG/HR PATCH
CINRYZE 500 UNIT VIAL-DILUENT	EDEX 10 MCG CARTRIDGE 2-PK KIT
CONTRACE ER 8-90 MG TABLET	EDEX 10 MCG CARTRIDGE 6-PK KIT
COTELLIC 20 MG TABLET	EDEX 20 MCG CARTRIDGE 2-PK KIT
CYCLOSPORINE 0.05% EYE EMULS	EDEX 20 MCG CARTRIDGE 6-PK KIT
CYLTEZO(CF) 10 MG/0.2 ML SYRNG	EDEX 40 MCG CARTRIDGE 2-PK KIT
CYLTEZO(CF) 20 MG/0.4 ML SYRNG	EDEX 40 MCG CARTRIDGE 6-PK KIT
CYLTEZO(CF) 40 MG/0.8 ML SYRNG	EGRIFTA SV 2 MG VIAL
CYLTEZO(CF) PEN 40 MG/0.8 ML	EMPAVELI 1,080 MG/20 ML VIAL
CYLTEZO(CF) PEN CRH-UC-HS 40MG	ENBREL 25 MG KIT
CYLTEZO(CF) PEN PSORIA-UV 40MG	ENBREL 25 MG/0.5 ML SYRINGE
DAZOMON 0.25% GEL	ENBREL 25 MG/0.5 ML VIAL
DEFERASIROX 125 MG TB FOR SUSP	ENBREL 50 MG/ML MINI CARTRIDGE
DEFERASIROX 180 MG GRANULE PKT	ENBREL 50 MG/ML SURECLICK
DEFERASIROX 180 MG TABLET	ENBREL 50 MG/ML SYRINGE
DEFERASIROX 250 MG TB FOR SUSP	ENTYVIO 108 MG/0.68 ML PEN
DEFERASIROX 360 MG GRANULE PKT	EPCLUSA 150-37.5 MG PELLETT PKT
DEFERASIROX 360 MG TABLET	EPCLUSA 200 MG-50 MG TABLET
DEFERASIROX 500 MG TB FOR SUSP	EPCLUSA 200-50 MG PELLETT PACK
DEFERASIROX 90 MG GRANULE PKT	EPCLUSA 400 MG-100 MG TABLET
DEFERASIROX 90 MG TABLET	EXKIVITY 40 MG CAPSULE
DEFERIPRONE 1,000 MG TB(3X/DY)	EYSUVIS 0.25% EYE DROPS
DEFERIPRONE 500 MG TABLET	FASENRA PEN 30 MG/ML
DICHLORPHENAMIDE 50 MG TABLET	FENTANYL 100 MCG/HR PATCH
DICLOFENAC SODIUM 3% GEL	FENTANYL 12 MCG/HR PATCH
DIETHYLPROPION 25 MG TABLET	FENTANYL 25 MCG/HR PATCH
DIETHYLPROPION ER 75 MG TABLET	FENTANYL 37.5 MCG/HR PATCH

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FENTANYL 50 MCG/HR PATCH	HARVONI 33.75-150 MG PELLETT PK
FENTANYL 62.5 MCG/HR PATCH	HARVONI 45-200 MG PELLETT PACKT
FENTANYL 75 MCG/HR PATCH	HARVONI 45-200 MG TABLET
FENTANYL 87.5 MCG/HR PATCH	HARVONI 90-400 MG TABLET
FERRIPROX 1,000 MG TAB(2X/DAY)	HIZENTRA 1 GRAM/5 ML SYRINGE
FERRIPROX 1,000 MG TAB(3X/DAY)	HIZENTRA 1 GRAM/5 ML VIAL
FERRIPROX 1,000 MG TABLET	HIZENTRA 10 GRAM/50 ML VIAL
FERRIPROX 100 MG/ML SOLUTION	HIZENTRA 2 GRAM/10 ML SYRINGE
FERRIPROX 500 MG TABLET	HIZENTRA 2 GRAM/10 ML VIAL
FULPHILA 6 MG/0.6 ML SYRINGE	HIZENTRA 4 GRAM/20 ML SYRINGE
GAMMAGARD LIQUID 10% VIAL	HIZENTRA 4 GRAM/20 ML VIAL
GAMMAGARD S-D 10 G (IGA<1) SOL	HUMIRA 40 MG/0.8 ML SYRINGE
GAMMAGARD S-D 5 G (IGA<1) SOLN	HUMIRA PEN 40 MG/0.8 ML
GAMUNEX-C 1 GRAM/10 ML VIAL	HUMIRA PEN CROHN-UC-HS 40 MG
GAMUNEX-C 10 GRAM/100 ML VIAL	HUMIRA PEN PS-UV-ADOL HS 40 MG
GAMUNEX-C 2.5 GRAM/25 ML VIAL	HUMIRA(CF) 10 MG/0.1 ML SYRING
GAMUNEX-C 20 GRAM/200 ML VIAL	HUMIRA(CF) 20 MG/0.2 ML SYRING
GAMUNEX-C 40 GRAM/400 ML VIAL	HUMIRA(CF) 40 MG/0.4 ML SYRING
GAMUNEX-C 5 GRAM/50 ML VIAL	HUMIRA(CF) PEDI CROHN 80-40 MG
GANIRELIX ACET 250 MCG/0.5 ML	HUMIRA(CF) PEDI CROHN 80MG/0.8
GAVRETO 100 MG CAPSULE	HUMIRA(CF) PEN 40 MG/0.4 ML
GENOTROPIN 12 MG CARTRIDGE	HUMIRA(CF) PEN 80 MG/0.8 ML
GENOTROPIN 5 MG CARTRIDGE	HUMIRA(CF) PEN CRHN-UC-HS 80MG
GENOTROPIN MINIQUICK 0.2 MG	HUMIRA(CF) PEN PEDI UC 80 MG
GENOTROPIN MINIQUICK 0.4 MG	HUMIRA(CF) PEN PS-UV-AHS 80-40
GENOTROPIN MINIQUICK 0.6 MG	HYDROCODONE ER 10 MG CAPSULE
GENOTROPIN MINIQUICK 0.8 MG	HYDROCODONE ER 100 MG TABLET
GENOTROPIN MINIQUICK 1 MG	HYDROCODONE ER 120 MG TABLET
GENOTROPIN MINIQUICK 1.2 MG	HYDROCODONE ER 15 MG CAPSULE
GENOTROPIN MINIQUICK 1.4 MG	HYDROCODONE ER 20 MG CAPSULE
GENOTROPIN MINIQUICK 1.6 MG	HYDROCODONE ER 20 MG TABLET
GENOTROPIN MINIQUICK 1.8 MG	HYDROCODONE ER 30 MG CAPSULE
GENOTROPIN MINIQUICK 2 MG	HYDROCODONE ER 30 MG TABLET
GONAL-F 1,050 UNITS VIAL	HYDROCODONE ER 40 MG CAPSULE
GONAL-F 450 UNITS VIAL	HYDROCODONE ER 40 MG TABLET
GONAL-F RFF 75 UNIT VIAL	HYDROCODONE ER 50 MG CAPSULE
GONAL-F RFF REDI-JECT 300 UNIT	HYDROCODONE ER 60 MG TABLET
GONAL-F RFF REDI-JECT 450 UNIT	HYDROCODONE ER 80 MG TABLET
GONAL-F RFF REDI-JECT 900 UNIT	HYDROMORPHONE HCL ER 12 MG TAB
HAEGARDA 2,000 UNIT VIAL	HYDROMORPHONE HCL ER 16 MG TAB
HAEGARDA 3,000 UNIT VIAL	HYDROMORPHONE HCL ER 32 MG TAB

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HYDROMORPHONE HCL ER 8 MG TAB	JOENJA 70 MG TABLET
HYFTOR 0.2% GEL	JYNARQUE 15 MG TABLET
HYRIMOZ 40 MG/0.8 ML SYRINGE	JYNARQUE 15 MG-15 MG TABLET
HYRIMOZ PEN 40 MG/0.8 ML	JYNARQUE 30 MG TABLET
HYRIMOZ(CF) 10 MG/0.1 ML SYRNG	JYNARQUE 30 MG-15 MG TABLET
HYRIMOZ(CF) 20 MG/0.2 ML SYRNG	JYNARQUE 45 MG-15 MG TABLET
HYRIMOZ(CF) 40 MG/0.4 ML SYRNG	JYNARQUE 60 MG-30 MG TABLET
HYRIMOZ(CF) PEDI CROHN 80 MG	JYNARQUE 90 MG-30 MG TABLET
HYRIMOZ(CF) PEDI CROHN 80-40MG	KADIAN ER 10 MG CAPSULE
HYRIMOZ(CF) PEN 40 MG/0.4 ML	KADIAN ER 100 MG CAPSULE
HYRIMOZ(CF) PEN 80 MG/0.8 ML	KADIAN ER 20 MG CAPSULE
HYRIMOZ(CF) PEN CROHN-UC 80 MG	KADIAN ER 200 MG CAPSULE
HYRIMOZ(CF) PEN PSORIA 80-40MG	KADIAN ER 30 MG CAPSULE
HYSINGLA ER 100 MG TABLET	KADIAN ER 40 MG CAPSULE
HYSINGLA ER 120 MG TABLET	KADIAN ER 50 MG CAPSULE
HYSINGLA ER 20 MG TABLET	KADIAN ER 60 MG CAPSULE
HYSINGLA ER 30 MG TABLET	KADIAN ER 80 MG CAPSULE
HYSINGLA ER 40 MG TABLET	KALYDECO 13.4 MG GRANULES PKT
HYSINGLA ER 60 MG TABLET	KALYDECO 150 MG TABLET
HYSINGLA ER 80 MG TABLET	KALYDECO 25 MG GRANULES PACKET
ICATIBANT 30 MG/3 ML SYRINGE	KALYDECO 5.8 MG GRANULES PKT
ICOSAPENT ETHYL 0.5 GM CAPSULE	KALYDECO 50 MG GRANULES PACKET
ICOSAPENT ETHYL 1 GRAM CAPSULE	KALYDECO 75 MG GRANULES PACKET
ICOSAPENT ETHYL 500 MG CAPSULE	KERENDIA 10 MG TABLET
IMBRUVICA 140 MG CAPSULE	KERENDIA 20 MG TABLET
IMBRUVICA 140 MG TABLET	KISQALI 200 MG DAILY DOSE
IMBRUVICA 280 MG TABLET	KISQALI 400 MG DAILY DOSE
IMBRUVICA 420 MG TABLET	KISQALI 600 MG DAILY DOSE
IMBRUVICA 560 MG TABLET	KISQALI FEMARA 200 MG CO-PACK
IMBRUVICA 70 MG CAPSULE	KISQALI FEMARA 400 MG CO-PACK
IMBRUVICA 70 MG/ML SUSPENSION	KISQALI FEMARA 600 MG CO-PACK
IMCIVREE 10 MG/ML VIAL	KITABIS PAK 300 MG/5 ML
INCRELEX 40 MG/4 ML VIAL	LACRISERT 5 MG EYE INSERT
INGREZZA 40 MG CAPSULE	LENALIDOMIDE 10 MG CAPSULE
INGREZZA 60 MG CAPSULE	LENALIDOMIDE 15 MG CAPSULE
INGREZZA 80 MG CAPSULE	LENALIDOMIDE 2.5 MG CAPSULE
INGREZZA INITIATION PACK	LENALIDOMIDE 20 MG CAPSULE
IVERMECTIN 3 MG TABLET	LENALIDOMIDE 25 MG CAPSULE
JAVYGTOR 100 MG POWDER PACKET	LENALIDOMIDE 5 MG CAPSULE
JAVYGTOR 100 MG TABLET	LEUPROLIDE 2WK 14 MG/2.8 ML KT
JAVYGTOR 500 MG POWDER PACKET	LINEZOLID 100 MG/5 ML SUSP

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LINEZOLID 600 MG TABLET	MORPHINE SULFATE ER 60 MG CAP
LITFULO 50 MG CAPSULE	MORPHINE SULFATE ER 75 MG CAP
LIVMARLI 9.5 MG/ML ORAL SOLN	MORPHINE SULFATE ER 80 MG CAP
LIVTENCITY 200 MG TABLET	MORPHINE SULFATE ER 90 MG CAP
LODOCO 0.5 MG TABLET	MOUNJARO 10 MG/0.5 ML PEN
LOMAIRA 8 MG TABLET	MOUNJARO 12.5 MG/0.5 ML PEN
LUMAKRAS 120 MG TABLET	MOUNJARO 15 MG/0.5 ML PEN
LUMAKRAS 320 MG TABLET	MOUNJARO 2.5 MG/0.5 ML PEN
LUPANETA PK 11.25-5 MG 3MO KIT	MOUNJARO 5 MG/0.5 ML PEN
LUPANETA PK 3.75-5 MG 1MO KIT	MOUNJARO 7.5 MG/0.5 ML PEN
LUPKYNIS 7.9 MG CAPSULE	MS CONTIN ER 100 MG TABLET
LYTGOBI 12 MG DOSE (3X 4MG TB)	MS CONTIN ER 15 MG TABLET
LYTGOBI 16 MG DOSE (4X 4MG TB)	MS CONTIN ER 200 MG TABLET
LYTGOBI 20 MG DOSE (5X 4MG TB)	MS CONTIN ER 30 MG TABLET
MEKINIST 0.05 MG/ML SOLUTION	MS CONTIN ER 60 MG TABLET
MEKINIST 0.5 MG TABLET	MUSE 1,000 MCG URETHRAL SUPP
MEKINIST 2 MG TABLET	MUSE 125 MCG URETHRAL SUPPOS
METHADONE 10 MG/5 ML SOLUTION	MUSE 250 MCG URETHRAL SUPPOS
METHADONE 10 MG/ML ORAL CONC	MUSE 500 MCG URETHRAL SUPPOS
METHADONE 40 MG TABLET DISPR	MYCAPSSA DR 20 MG CAPSULE
METHADONE 5 MG/5 ML SOLUTION	MYFEMBREE 40 MG-1 MG-0.5 MG TB
METHADONE HCL 10 MG TABLET	NEXLETOL 180 MG TABLET
METHADONE HCL 5 MG TABLET	NEXLIZET 180-10 MG TABLET
METHADONE INTENSOL 10 MG/ML	NGENLA PEN 24 MG/1.2 ML
METHADOSE 10 MG/ML ORAL CONC	NGENLA PEN 60 MG/1.2 ML
METHADOSE 40 MG TABLET DISPR	NIVESTYM 300 MCG/0.5 ML SYRING
MIGLUSTAT 100 MG CAPSULE	NIVESTYM 300 MCG/ML VIAL
MIRVASO 0.33% GEL PUMP	NIVESTYM 480 MCG/0.8 ML SYRING
MORPHINE SULF ER 100 MG TABLET	NIVESTYM 480 MCG/1.6 ML VIAL
MORPHINE SULF ER 15 MG TABLET	NUCALA 100 MG/ML AUTO-INJECTOR
MORPHINE SULF ER 200 MG TABLET	NUCALA 100 MG/ML SYRINGE
MORPHINE SULF ER 30 MG TABLET	NUCALA 40 MG/0.4 ML SYRINGE
MORPHINE SULF ER 60 MG TABLET	OCALIVA 10 MG TABLET
MORPHINE SULFATE ER 10 MG CAP	OCALIVA 5 MG TABLET
MORPHINE SULFATE ER 100 MG CAP	OCTREOTIDE 1,000 MCG/5 ML VIAL
MORPHINE SULFATE ER 120 MG CAP	OCTREOTIDE 1,000 MCG/ML VIAL
MORPHINE SULFATE ER 20 MG CAP	OCTREOTIDE 5,000 MCG/5 ML VIAL
MORPHINE SULFATE ER 30 MG CAP	OCTREOTIDE ACET 0.05 MG/ML VL
MORPHINE SULFATE ER 40 MG CAP	OCTREOTIDE ACET 100 MCG/ML AMP
MORPHINE SULFATE ER 45 MG CAP	OCTREOTIDE ACET 100 MCG/ML SYR
MORPHINE SULFATE ER 50 MG CAP	OCTREOTIDE ACET 100 MCG/ML VL

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OCTREOTIDE ACET 200 MCG/ML VL	OXYCONTIN ER 20 MG TABLET
OCTREOTIDE ACET 50 MCG/ML AMP	OXYCONTIN ER 30 MG TABLET
OCTREOTIDE ACET 50 MCG/ML SYR	OXYCONTIN ER 40 MG TABLET
OCTREOTIDE ACET 50 MCG/ML VIAL	OXYCONTIN ER 60 MG TABLET
OCTREOTIDE ACET 500 MCG/ML AMP	OXYCONTIN ER 80 MG TABLET
OCTREOTIDE ACET 500 MCG/ML SYR	OXYMORPHONE HCL ER 10 MG TAB
OCTREOTIDE ACET 500 MCG/ML VL	OXYMORPHONE HCL ER 15 MG TAB
OJJAARA 100 MG TABLET	OXYMORPHONE HCL ER 20 MG TAB
OJJAARA 150 MG TABLET	OXYMORPHONE HCL ER 30 MG TAB
OJJAARA 200 MG TABLET	OXYMORPHONE HCL ER 40 MG TAB
OLPRUVA 2 GRAM DOSE ENVELOPE	OXYMORPHONE HCL ER 5 MG TABLET
OLPRUVA 2 GRAM DOSE KIT	OXYMORPHONE HCL ER 7.5 MG TAB
OLPRUVA 3 GRAM DOSE ENVELOPE	OZEMPIC 0.25-0.5 MG/DOSE PEN
OLPRUVA 3 GRAM DOSE KIT	OZEMPIC 1 MG/DOSE (2 MG/1.5ML)
OLPRUVA 4 GRAM DOSE ENVELOPE	OZEMPIC 1 MG/DOSE (4 MG/3 ML)
OLPRUVA 4 GRAM DOSE KIT	OZEMPIC 2 MG/DOSE (8 MG/3 ML)
OLPRUVA 5 GRAM DOSE ENVELOPE	PALYNZIQ 10 MG/0.5 ML SYRINGE
OLPRUVA 5 GRAM DOSE KIT	PALYNZIQ 2.5 MG/0.5 ML SYRINGE
OLPRUVA 6 GRAM DOSE ENVELOPE	PALYNZIQ 20 MG/ML SYRINGE
OLPRUVA 6 GRAM DOSE KIT	PANRETIN 0.1% GEL
OLPRUVA 6.67 GM DOSE ENVELOPE	PHEBURANE PELLETT
OLPRUVA 6.67 GRAM DOSE KIT	PHENDIMETRAZINE 35 MG TABLET
OMEGA-3 ETHYL ESTERS 1 GM CAP	PHENDIMETRAZINE ER 105 MG CAP
OMNITROPE 10 MG/1.5 ML CRTG	PHENTERMINE 15 MG CAPSULE
OMNITROPE 5 MG/1.5 ML CRTG	PHENTERMINE 30 MG CAPSULE
OMNITROPE 5.8 MG VIAL	PHENTERMINE 37.5 MG CAPSULE
OPFOLDA 65 MG CAPSULE	PHENTERMINE 37.5 MG TABLET
OPSUMIT 10 MG TABLET	PIRFENIDONE 267 MG CAPSULE
OPZELURA 1.5% CREAM	PIRFENIDONE 267 MG TABLET
ORGOVYX 120 MG TABLET	PIRFENIDONE 801 MG TABLET
ORLADEYO 110 MG CAPSULE	PREGNYL 10,000 UNIT VIAL
ORLADEYO 150 MG CAPSULE	PRIVIGEN 10% VIAL
ORLISTAT 120 MG CAPSULE	PROCRIT 10,000 UNITS/ML VIAL
ORSERDU 345 MG TABLET	PROCRIT 2,000 UNITS/ML VIAL
ORSERDU 86 MG TABLET	PROCRIT 20,000 UNITS/ML VIAL
OTEZLA 28 DAY STARTER PACK	PROCRIT 3,000 UNITS/ML VIAL
OTEZLA 30 MG TABLET	PROCRIT 4,000 UNITS/ML VIAL
OTEZLA STARTER PACK	PROCRIT 40,000 UNITS/ML VIAL
OXERVATE 0.002% EYE DROP	PROMACTA 12.5 MG SUSPEN PACKET
OXYCONTIN ER 10 MG TABLET	PROMACTA 12.5 MG TABLET
OXYCONTIN ER 15 MG TABLET	PROMACTA 25 MG SUSPENSION PCKT

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PROMACTA 25 MG TABLET	RYBELSUS 7 MG TABLET
PROMACTA 50 MG TABLET	RYPLAZIM 68.8 MG VIAL
PROMACTA 75 MG TABLET	SAJAZIR 30 MG/3 ML SYRINGE
PYRUKYND 20 MG TABLET	SANDOSTATIN 0.05 MG/ML AMPUL
PYRUKYND 20-5 MG TAPER PACK	SANDOSTATIN 0.1 MG/ML AMPUL
PYRUKYND 5 MG TABLET	SANDOSTATIN 0.5 MG/ML AMPUL
PYRUKYND 5 MG TAPER PACK	SAPROPTERIN 100 MG POWDER PKT
PYRUKYND 50 MG TABLET	SAPROPTERIN 100 MG TABLET
PYRUKYND 50-20 MG TAPER PACK	SAPROPTERIN 500 MG POWDER PKT
QSYMIA 11.25 MG-69 MG CAPSULE	SAXENDA 18 MG/3 ML PEN
QSYMIA 15 MG-92 MG CAPSULE	SCEMBLIX 20 MG TABLET
QSYMIA 3.75 MG-23 MG CAPSULE	SCEMBLIX 40 MG TABLET
QSYMIA 7.5 MG-46 MG CAPSULE	SEROSTIM 4 MG VIAL
QULIPTA 10 MG TABLET	SEROSTIM 5 MG VIAL
QULIPTA 30 MG TABLET	SEROSTIM 6 MG VIAL
QULIPTA 60 MG TABLET	SIGNIFOR 0.3 MG/ML AMPULE
RESTASIS 0.05% EYE EMULSION	SIGNIFOR 0.6 MG/ML AMPULE
RESTASIS MULTIDOSE 0.05% EYE	SIGNIFOR 0.9 MG/ML AMPULE
RETACRIT 10,000 UNIT/ML VIAL	SILDENAFIL 10 MG/ML ORAL SUSP
RETACRIT 2,000 UNIT/ML VIAL	SILDENAFIL 20 MG TABLET
RETACRIT 20,000 UNIT/2 ML VIAL	SIMPONI 100 MG/ML PEN INJECTOR
RETACRIT 20,000 UNIT/ML VIAL	SIMPONI 100 MG/ML SYRINGE
RETACRIT 3,000 UNIT/ML VIAL	SKYRIZI 150 MG DOSE KIT-2 SYRN
RETACRIT 4,000 UNIT/ML VIAL	SKYRIZI 150 MG/ML PEN
RETACRIT 40,000 UNIT/ML VIAL	SKYRIZI 150 MG/ML SYRINGE
REVATIO 10 MG/ML ORAL SUSP	SKYRIZI 180 MG/1.2 ML ON-BODY
REVATIO 20 MG TABLET	SKYRIZI 360 MG/2.4 ML ON-BODY
REVLIMID 10 MG CAPSULE	SODIUM PHENYLBUTYRATE 500MG TB
REVLIMID 15 MG CAPSULE	SODIUM PHENYLBUTYRATE POWDER
REVLIMID 2.5 MG CAPSULE	SOHONOS 1 MG CAPSULE
REVLIMID 20 MG CAPSULE	SOHONOS 1.5 MG CAPSULE
REVLIMID 25 MG CAPSULE	SOHONOS 10 MG CAPSULE
REVLIMID 5 MG CAPSULE	SOHONOS 2.5 MG CAPSULE
REZUROCK 200 MG TABLET	SOHONOS 5 MG CAPSULE
RHOFADE 1% CREAM	SOLARAZE 3% GEL
RINVOQ ER 15 MG TABLET	SOMATULINE DEPOT 120 MG/0.5 ML
RINVOQ ER 30 MG TABLET	SOMATULINE DEPOT 60 MG/0.2 ML
RINVOQ ER 45 MG TABLET	SOMATULINE DEPOT 90 MG/0.3 ML
RUCONEST 2,100 UNIT VIAL	STELARA 45 MG/0.5 ML SYRINGE
RYBELSUS 14 MG TABLET	STELARA 45 MG/0.5 ML VIAL
RYBELSUS 3 MG TABLET	STELARA 90 MG/ML SYRINGE

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STROMEKTOL 3 MG TABLET	TEMOZOLOMIDE 250 MG CAPSULE
SUNITINIB MALATE 12.5 MG CAP	TEMOZOLOMIDE 5 MG CAPSULE
SUNITINIB MALATE 25 MG CAPSULE	TETRABENAZINE 12.5 MG TABLET
SUNITINIB MALATE 37.5 MG CAP	TETRABENAZINE 25 MG TABLET
SUNITINIB MALATE 50 MG CAPSULE	TEZSPIRE 210 MG/1.91 ML PEN
SUNLENCA 4- 300 MG TABLET	TEZSPIRE 210 MG/1.91 ML SYRINGE
SUNLENCA 5- 300 MG TABLET	THALOMID 100 MG CAPSULE
SUTENT 12.5 MG CAPSULE	THALOMID 150 MG CAPSULE
SUTENT 25 MG CAPSULE	THALOMID 200 MG CAPSULE
SUTENT 37.5 MG CAPSULE	THALOMID 50 MG CAPSULE
SUTENT 50 MG CAPSULE	TOBI PODHALER 28 MG INHALE CAP
SYNAREL 2 MG/ML NASAL SPRAY	TOBRAMYCIN 300 MG/4 ML AMPULE
TADALAFIL 20 MG TABLET	TOBRAMYCIN 300 MG/5 ML AMPULE
TAFINLAR 10 MG TABLET FOR SUSP	TOBRAMYCIN PAK 300 MG/5 ML
TAFINLAR 50 MG CAPSULE	TOLVAPTAN 15 MG TABLET
TAFINLAR 75 MG CAPSULE	TOLVAPTAN 30 MG TABLET
TAKHZYRO 150 MG/ML SYRINGE	TRACLEER 125 MG TABLET
TAKHZYRO 300 MG/2 ML SYRINGE	TRACLEER 32 MG TABLET FOR SUSP
TAKHZYRO 300 MG/2 ML VIAL	TRACLEER 62.5 MG TABLET
TALTZ 80 MG/ML AUTOINJ (2-PK)	TREMFYA 100 MG/ML INJECTOR
TALTZ 80 MG/ML AUTOINJ (3-PK)	TREMFYA 100 MG/ML SYRINGE
TALTZ 80 MG/ML AUTOINJECTOR	TRULICITY 0.75 MG/0.5 ML PEN
TALTZ 80 MG/ML SYRINGE	TRULICITY 1.5 MG/0.5 ML PEN
TARGRETIN 1% GEL	TRULICITY 3 MG/0.5 ML PEN
TARPEYO DR 4 MG CAPSULE	TRULICITY 4.5 MG/0.5 ML PEN
TAVALISSE 100 MG TABLET	TRUSELTIQ 100 MG DAILY DOSE PK
TAVALISSE 150 MG TABLET	TRUSELTIQ 125 MG DAILY DOSE PK
TAZAROTENE 0.05% GEL	TRUSELTIQ 50 MG DAILY DOSE PK
TAZAROTENE 0.1% CREAM	TRUSELTIQ 75 MG DAILY DOSE PK
TAZAROTENE 0.1% GEL	TYRVAYA 0.03 MG NASAL SPRAY
TEGSEDI 284 MG/1.5 ML SYRINGE	TYSABRI 300 MG/15 ML VIAL
TEMODAR 100 MG CAPSULE	TYVASO 1.74 MG/2.9 ML SOLUTION
TEMODAR 140 MG CAPSULE	TYVASO DPI 16 MCG CARTRIDGE
TEMODAR 180 MG CAPSULE	TYVASO DPI 16-32 MCG TITR KIT
TEMODAR 20 MG CAPSULE	TYVASO DPI 16-32-48 MCG TITRAT
TEMODAR 250 MG CAPSULE	TYVASO DPI 32 MCG CARTRIDGE
TEMODAR 5 MG CAPSULE	TYVASO DPI 32-48 MCG MAINT KIT
TEMOZOLOMIDE 100 MG CAPSULE	TYVASO DPI 48 MCG CARTRIDGE
TEMOZOLOMIDE 140 MG CAPSULE	TYVASO DPI 64 MCG CARTRIDGE
TEMOZOLOMIDE 180 MG CAPSULE	TYVASO INHALATION REFILL KIT
TEMOZOLOMIDE 20 MG CAPSULE	TYVASO INHALATION STARTER KIT

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

TYVASO INSTITUTIONAL START KIT	ZEPOSIA STARTER KIT (28-DAY)
VASCEPA 0.5 GM CAPSULE	ZEPOSIA STARTER KIT (37-DAY)
VASCEPA 1 GM CAPSULE	ZEPOSIA STARTER PACK (7-DAY)
VENTAVIS 10 MCG/1 ML SOLUTION	ZIEXTENZO 6 MG/0.6 ML SYRINGE
VENTAVIS 20 MCG/1 ML SOLUTION	ZOHYDRO ER 10 MG CAPSULE
VERZENIO 100 MG TABLET	ZOHYDRO ER 15 MG CAPSULE
VERZENIO 150 MG TABLET	ZOHYDRO ER 20 MG CAPSULE
VERZENIO 200 MG TABLET	ZOHYDRO ER 30 MG CAPSULE
VERZENIO 50 MG TABLET	ZOHYDRO ER 40 MG CAPSULE
VIEKIRA PAK	ZOHYDRO ER 50 MG CAPSULE
VIJOICE 125 MG TABLET	ZORBTIVE 8.8 MG VIAL
VIJOICE 250 MG DAILY DOSE PACK	ZTALMY 50 MG/ML SUSPENSION
VIJOICE 50 MG TABLET	ZYVOX 100 MG/5 ML SUSPENSION
VIVJOA 150 MG CAPSULE	ZYVOX 600 MG TABLET
VONJO 100 MG CAPSULE	
VOSEVI 400-100-100 MG TABLET	
VOXZOGO 0.4 MG VIAL	
VOXZOGO 0.56 MG VIAL	
VOXZOGO 1.2 MG VIAL	
WEGOVY 0.25 MG/0.5 ML PEN	
WEGOVY 0.5 MG/0.5 ML PEN	
WEGOVY 1 MG/0.5 ML PEN	
WEGOVY 1.7 MG/0.75 ML PEN	
WEGOVY 2.4 MG/0.75 ML PEN	
WELIREG 40 MG TABLET	
XELJANZ 1 MG/ML SOLUTION	
XELJANZ 10 MG TABLET	
XELJANZ 5 MG TABLET	
XELJANZ XR 11 MG TABLET	
XELJANZ XR 22 MG TABLET	
XELODA 150 MG TABLET	
XELODA 500 MG TABLET	
XENICAL 120 MG CAPSULE	
XERMELO 250 MG TABLET	
XOLAIR 150 MG/1.2 ML POWDER VL	
XOLAIR 150 MG/ML SYRINGE	
XOLAIR 75 MG/0.5 ML SYRINGE	
YARGESA 100 MG CAPSULE	
ZELBORAF 240 MG TABLET	
ZEPATIER 50-100 MG TABLET	
ZEPOSIA 0.92 MG CAPSULE	

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.

ABSORICA 10 MG CAPSULE	ADEMPAS 1 MG TABLET
ABSORICA 20 MG CAPSULE	ADEMPAS 1.5 MG TABLET
ABSORICA 25 MG CAPSULE	ADEMPAS 2 MG TABLET
ABSORICA 30 MG CAPSULE	ADEMPAS 2.5 MG TABLET
ABSORICA 35 MG CAPSULE	ADHANSIA XR 25 MG CAPSULE
ABSORICA 40 MG CAPSULE	ADHANSIA XR 35 MG CAPSULE
ACIOXIAY 15%-4% CREAM	ADHANSIA XR 45 MG CAPSULE
ACIPHEX SPRINKLE DR 10 MG CAP	ADHANSIA XR 55 MG CAPSULE
ACIPHEX SPRINKLE DR 5 MG CAP	ADHANSIA XR 70 MG CAPSULE
ACTICLATE 150 MG TABLET	ADHANSIA XR 85 MG CAPSULE
ACTICLATE 75 MG TABLET	ADLARITY 10MG/DAY WEEKLY PATCH
ACTIQ 1,200 MCG LOZENGE	ADLARITY 5 MG/DAY WEEKLY PATCH
ACTIQ 1,600 MCG LOZENGE	ADLYXIN 10-20 MCG STARTER PACK
ACTIQ 200 MCG LOZENGE	ADLYXIN 20 MCG MAINTENANCE PK
ACTIQ 400 MCG LOZENGE	ADVAIR 100-50 DISKUS
ACTIQ 600 MCG LOZENGE	ADVAIR 250-50 DISKUS
ACTIQ 800 MCG LOZENGE	ADVAIR 500-50 DISKUS
ACTONEL 150 MG TABLET	ADVAIR HFA 115-21 MCG INHALER
ACTONEL 35 MG TABLET	ADVAIR HFA 230-21 MCG INHALER
ACTOPLUS MET 15 MG-500 MG TAB	ADVAIR HFA 45-21 MCG INHALER
ACTOPLUS MET 15 MG-850 MG TAB	ADZENYS ER 1.25 MG/ML SUSP
ACTOS 15 MG TABLET	ADZENYS XR-ODT 12.5 MG TABLET
ACTOS 30 MG TABLET	ADZENYS XR-ODT 15.7 MG TABLET
ACTOS 45 MG TABLET	ADZENYS XR-ODT 18.8 MG TABLET
ACULAR 0.5% EYE DROPS	ADZENYS XR-ODT 3.1 MG TABLET
ACULAR LS 0.4% OPHTH SOL	ADZENYS XR-ODT 6.3 MG TABLET
ACYCLOVIR 5% CREAM	ADZENYS XR-ODT 9.4 MG TABLET
ACYCLOVIR 5% OINTMENT	AIMOVIG 140 MG/ML AUTOINJECTOR
ACZONE 5% GEL	AIMOVIG 70 MG/ML AUTOINJECTOR
ACZONE 7.5% GEL PUMP	AIRDUO DIGIHALER 113-14 MCG
ADAINZDE 0.3%-2.5%-1% GEL	AIRDUO DIGIHALER 232-14 MCG
ADAINZOXIA 0.3%-2.5%-4% GEL	AIRDUO DIGIHALER 55-14 MCG
ADAP 0.3%-BENZOYL 2.5%-CLIN 1%	AJOVY 225 MG/1.5 ML AUTOINJECT
ADAP 0.3%-BENZOYL 2.5%-NIAC 4%	AJOVY 225 MG/1.5 ML SYRINGE
ADAPALENE 0.1% LOTION	AKLIEF 0.005% CREAM
ADAPALENE 0.1% SWAB	ALA-SCALP 2% LOTION
ADDYI 100 MG TABLET	ALECENSA 150 MG CAPSULE
ADEINZDE 0.1%-2.5%-1% GEL	ALLZITAL 25-325 MG TABLET
ADEMPAS 0.5 MG TABLET	ALTABAX 1% OINTMENT

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.

ALUNBRIG 180 MG TABLET	AVAR-E EMOLLIENT CREAM
ALUNBRIG 30 MG TABLET	AVAR-E GREEN EMOLLIENT CREAM
ALUNBRIG 90 MG TABLET	AVAR-E LS CREAM
ALUNBRIG 90 MG-180 MG TAB PACK	AVIDOXY DK KIT
AMCINONIDE 0.1% CREAM	AYVAKIT 100 MG TABLET
AMCINONIDE 0.1% LOTION	AYVAKIT 200 MG TABLET
AMCINONIDE 0.1% OINTMENT	AYVAKIT 25 MG TABLET
AMERGE 1 MG TABLET	AYVAKIT 300 MG TABLET
AMERGE 2.5 MG TABLET	AYVAKIT 50 MG TABLET
AMPHETAMINE ER 1.25 MG/ML SUSP	AZELAIC ACID 15%-NIACINAMIDE4%
AMZEEQ 4% FOAM	AZELASTIN-FLUTIC 137-50MCG SPR
ANALPRAM HC 2.5%-1% CREAM	AZELEX 20% CREAM
ANALPRAM HC 2.5%-1% CRM SINGLE	AZSTARYS 26.1 MG-5.2 MG CAP
ANALPRAM HC 2.5%-1% LOTION	AZSTARYS 39.2 MG-7.8 MG CAP
ANAPROX DS 550 MG TABLET	AZSTARYS 52.3 MG-10.4 MG CAP
ANDROID 10 MG CAPSULE	BALVERSA 3 MG TABLET
ANNOVERA VAGINAL RING	BALVERSA 4 MG TABLET
APEXICON E 0.05% CREAM	BALVERSA 5 MG TABLET
AQUA GLYCOLIC HC 2% KIT	BELSOMRA 10 MG TABLET
ARICEPT 10 MG TABLET	BELSOMRA 15 MG TABLET
ARICEPT 23 MG TABLET	BELSOMRA 20 MG TABLET
ARICEPT 5 MG TABLET	BELSOMRA 5 MG TABLET
ARIKAYCE 590 MG/8.4 ML VIAL	BENLYSTA 120 MG VIAL
ARMODAFINIL 150 MG TABLET	BENLYSTA 200 MG/ML AUTOINJECT
ARMODAFINIL 200 MG TABLET	BENLYSTA 200 MG/ML SYRINGE
ARMODAFINIL 250 MG TABLET	BENLYSTA 400 MG VIAL
ARMODAFINIL 50 MG TABLET	BENZ5%-CLIN1%-NIA2%-TRET0.025%
ARTHROTEC 50 MG-200 MCG TAB	BENZAACLIN GEL
ARTHROTEC 75 MG-200 MCG TAB	BENZAACLIN GEL 35G PUMP
ASTAGRAF XL 0.5 MG CAPSULE	BENZAACLIN GEL 50G PUMP
ASTAGRAF XL 1 MG CAPSULE	BENZAMYCIN GEL
ASTAGRAF XL 5 MG CAPSULE	BENZEPRO 7% CREAMY WASH
ATELVIA DR 35 MG TABLET	BENZO5%-CLIN1%-NIA2%-TRET0.05%
AUVI-Q 0.1 MG AUTO-INJECTOR	BENZOYL 2.5%-CLINDA 1%-NIAC 4%
AUVI-Q 0.15 MG AUTO-INJECTOR	BENZOYL 5%-CLINDA 1%-NIACIN 4%
AUVI-Q 0.3 MG AUTO-INJECTOR	BESER 0.05% KIT
AVANDIA 2 MG TABLET	BESER 0.05% LOTION
AVANDIA 4 MG TABLET	BETAMETHASONE VALER 0.12% FOAM
AVAR LS CLEANSER	BETAPACE 120 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.

BETAPACE 160 MG TABLET	CADUET 10 MG-10 MG TABLET
BETAPACE 240 MG TABLET	CADUET 10 MG-20 MG TABLET
BETAPACE 80 MG TABLET	CADUET 10 MG-40 MG TABLET
BETAPACE AF 120 MG TABLET	CADUET 10 MG-80 MG TABLET
BETAPACE AF 160 MG TABLET	CADUET 5 MG-10 MG TABLET
BETAPACE AF 80 MG TABLET	CADUET 5 MG-20 MG TABLET
BEYAZ 28 TABLET	CADUET 5 MG-40 MG TABLET
BIMATOPROST 0.03% EYE DROPS	CADUET 5 MG-80 MG TABLET
BINOSTO 70 MG EFFERVESCENT TAB	CALAN SR 120 MG CAPLET
BONIVA 150 MG TABLET	CALAN SR 120 MG TABLET
BOSULIF 100 MG TABLET	CALAN SR 180 MG CAPLET
BOSULIF 400 MG TABLET	CALAN SR 180 MG TABLET
BOSULIF 500 MG TABLET	CALAN SR 240 MG CAPLET
BP 10-1 WASH	CALAN SR 240 MG TABLET
BP CLEANSING WASH	CALCIPOTRIENE-BETAMETH DP OINT
BP2.5%-CLIN1%-NIA2%-TRET0.025%	CALQUENCE 100 MG CAPSULE
BREO ELLIPTA 100-25 MCG INHALR	CALQUENCE 100 MG TABLET
BREO ELLIPTA 200-25 MCG INHALR	CAMBIA 50 MG POWDER PACKET
BREO ELLIPTA 50-25 MCG INHALER	CAPEX SHAMPOO
BREXAFEMME 150 MG TABLET	CAPRELSA 100 MG TABLET
BREYNA 160-4.5 MCG INHALER	CAPRELSA 300 MG TABLET
BREYNA 80-4.5 MCG INHALER	CARBINOXAMINE MALEATE 6 MG TAB
BRISDELLE 7.5 MG CAPSULE	CARDURA 1 MG TABLET
BRIVIACT 10 MG TABLET	CARDURA 2 MG TABLET
BRIVIACT 10 MG/ML ORAL SOLN	CARDURA 4 MG TABLET
BRIVIACT 100 MG TABLET	CARDURA 8 MG TABLET
BRIVIACT 25 MG TABLET	CARDURA XL 4 MG TABLET
BRIVIACT 50 MG TABLET	CARDURA XL 8 MG TABLET
BRIVIACT 75 MG TABLET	CENTANY 2% OINTMENT
BRONCHITOL 40 MG INHALE CAP	CENTANY AT 2% OINTMENT KIT
BRUKINSA 80 MG CAPSULE	CHEMET 100 MG CAPSULE
BRYHALI 0.01% LOTION	CHLOHUX 0.05%-2% SHAMPOO
BUDESONIDE-FORMOTEROL 160-4.5	CHLOOXIA 0.05%-4% CREAM
BUDESONIDE-FORMOTEROL 80-4.5	CHLOOXIA 0.05%-4% OINTMENT
BYETTA 10 MCG DOSE PEN INJ	CHLOOXIA 0.05%-4% SOLUTION
BYETTA 5 MCG DOSE PEN INJ	CHOLBAM 250 MG CAPSULE
CABOMETYX 20 MG TABLET	CHOLBAM 50 MG CAPSULE
CABOMETYX 40 MG TABLET	CICLODAN 8% KIT
CABOMETYX 60 MG TABLET	CINACALCET HCL 30 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.

CINACALCET HCL 60 MG TABLET	COPIKTRA 15 MG CAPSULE
CINACALCET HCL 90 MG TABLET	COPIKTRA 25 MG CAPSULE
CLEOCIN T 1% LOTION	CORDRAN 0.025% CREAM
CLEOCIN T 1% SOLUTION	CORDRAN 0.05% CREAM
CLIN1%-NIA4%-SPIR2%-TRET0.025%	CORDRAN 0.05% LOTION
CLINDA 1%-NIA 4%-TRETIN 0.025%	CORDRAN 0.05% OINTMENT
CLINDACIN ETZ KIT	CORDRAN 4 MCG/SQ CM TAPE LARGE
CLINDACIN PAC KIT	COREG CR 10 MG CAPSULE
CLINDAMYCIN 1%-NIACINAMIDE 4%	COREG CR 20 MG CAPSULE
CLINDAMYCIN PHOSPHATE 1% GEL	COREG CR 40 MG CAPSULE
CLINDAVIX KIT	COREG CR 80 MG CAPSULE
CLOBAZAM 10 MG TABLET	COREMINO ER 135 MG TABLET
CLOBAZAM 2.5 MG/ML SUSPENSION	COREMINO ER 45 MG TABLET
CLOBAZAM 20 MG TABLET	COREMINO ER 90 MG TABLET
CLOBETASOL 0.05% SHAMPOO	CORGARD 20 MG TABLET
CLOBETASOL 0.05% TOPICAL LOTN	CORGARD 40 MG TABLET
CLOBETASOL 0.05%-LEVOCETIRZ 2%	CORGARD 80 MG TABLET
CLOBETASOL 0.05%-NIACINAMID 4%	COTEMPLA XR-ODT 17.3 MG TABLET
CLOBETASOL EMOLLNT 0.05% FOAM	COTEMPLA XR-ODT 25.9 MG TABLET
CLOBETASOL EMULSION 0.05% FOAM	COTEMPLA XR-ODT 8.6 MG TABLET
CLOBETASOL PROP 0.05% FOAM	CRESEMBA 186 MG CAPSULE
CLOBETASOL PROP 0.05% SPRAY	CRESEMBA 74.5 MG CAPSULE
CLOBETAVIX KIT	CUTIVATE 0.05% CREAM
CLOBETEX 0.05%-5 MG KIT	CUTIVATE 0.05% LOTION
CLOBEX 0.05% SHAMPOO	CYCLOBENZAPRINE ER 15 MG CAP
CLOBEX 0.05% SPRAY	CYCLOBENZAPRINE ER 30 MG CAP
CLOBEX 0.05% TOPICAL LOTION	DAPSONE 6%-NIACIN 2%-SPIRON 5%
CLODAN 0.05% KIT	DAPSONE 6%-NIACINAMIDE 4% GEL
CLODAN 0.05% SHAMPOO	DAPSONE 8.5%-NIACIN 2%-SPIRO5%
CLODERM 0.1% CREAM	DAPSONE 8.5%-NIACINAMIDE4% GEL
CLODERM 0.1% CREAM PUMP	DARAPRIM 25 MG TABLET
CLOVIQUE 250 MG CAPSULE	DAURISMO 100 MG TABLET
COLESTID 1 GM TABLET	DAURISMO 25 MG TABLET
COLESTID FLAVORED GRANULES	DAYPRO 600 MG CAPLET
COLESTID GRANULES	DAYTRANA 10 MG/9 HR PATCH
COLESTID GRANULES PACKET	DAYTRANA 15 MG/9 HR PATCH
COMETRIQ 100 MG DAILY-DOSE PK	DAYTRANA 20 MG/9 HOUR PATCH
COMETRIQ 140 MG DAILY-DOSE PK	DAYTRANA 30 MG/9 HOUR PATCH
COMETRIQ 60 MG DAILY-DOSE PACK	DAYVIGO 10 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.

DAYVIGO 5 MG TABLET	DEXEDRINE SPANSULE 5 MG
DEMSER 250 MG CAPSULE	DEXLANSOPRAZOLE DR 30 MG CAP
DEOXIA 1%-4% GEL	DEXLANSOPRAZOLE DR 60 MG CAP
DEOXIA 1%-4% LOTION	DIACOMIT 250 MG CAPSULE
DEOXIADEMTAR 1%-4%-2%-0.025%	DIACOMIT 250 MG POWDER PACKET
DEOXIATAR 1%-4%-0.025% SOLN	DIACOMIT 500 MG CAPSULE
DEOXIAVAR 1%-4%-0.05% CREAM	DIACOMIT 500 MG POWDER PACKET
DEPAKOTE DR 125 MG SPRINKLE CP	DIADIMAXIA 6%-2%-5% GEL
DEPAKOTE DR 125 MG TABLET	DIAOXIA 6%-4% GEL
DEPAKOTE DR 250 MG TABLET	DIASAXIATAR 8.5%-2%-0.025% GEL
DEPAKOTE DR 500 MG TABLET	DIASDIMAXIA 8.5%-2%-5% GEL
DEPAKOTE ER 250 MG TABLET	DIASOXIA 8.5%-4% GEL
DEPAKOTE ER 500 MG TABLET	DIBENZYLINE 10 MG CAPSULE
DEPEN 250 MG TITRATAB	DICLOFENAC 2% SOLUTION PUMP
DERMACINRX LIDOCAN 5% PATCH	DICLOFENAC POT 25 MG TABLET
DERMA-SMOOTH-FS BODY OIL	DICLOFENAC POT 50 MG POWDR PKT
DERMA-SMOOTH-FS SCALP OIL	DICLOFENAC SODIUM 1% GEL
DESONATE 0.05% GEL	DIFFERIN 0.1% CREAM
DESONIDE 0.05% GEL	DIFFERIN 0.1% LOTION
DESONIDE 0.05% LOTION	DIFFERIN 0.3% GEL PUMP
DESOWEN 0.05% CREAM	DIFLORASONE 0.05% CREAM
DESOXIMETASONE 0.05% CREAM	DIFLORASONE 0.05% OINTMENT
DESOXIMETASONE 0.05% GEL	DIHYDROERGOTAMINE 4 MG/ML SPRY
DESOXIMETASONE 0.05% OINTMENT	DIMOXIA 4%-5% GEL
DESOXIMETASONE 0.25% CREAM	DIPROLENE 0.05% OINTMENT
DESOXIMETASONE 0.25% OINTMENT	DITROPAN XL 10 MG TABLET
DESOXIMETASONE 0.25% SPRAY	DITROPAN XL 5 MG TABLET
DESRX 0.05% GEL	DONEPEZIL HCL 23 MG TABLET
DESVENLAFAXINE ER 100 MG TAB	DOVONEX 0.005% CREAM
DESVENLAFAXINE ER 50 MG TAB	DOXEPIN 5% CREAM
DESVENLAFAXINE SUCCNT ER 100MG	DOXEPIN HCL 3 MG TABLET
DESVENLAFAXINE SUCCNT ER 25 MG	DOXEPIN HCL 6 MG TABLET
DESVENLAFAXINE SUCCNT ER 50 MG	DOXERCALCIFEROL 0.5 MCG CAP
DEXABLISS 11 DAY 1.5 MG TAB PK	DOXERCALCIFEROL 1 MCG CAPSULE
DEXAMETHASONE 10 DAY 1.5 MG TB	DOXERCALCIFEROL 2.5 MCG CAP
DEXAMETHASONE 13 DAY 1.5 MG TB	DOXYCYCLINE 50 MG TABLET
DEXAMETHASONE 6 DAY 1.5 MG TAB	DOXYCYCLINE HYC DR 100 MG TAB
DEXEDRINE SPANSULE 10 MG	DOXYCYCLINE HYC DR 150 MG TAB
DEXEDRINE SPANSULE 15 MG	DOXYCYCLINE HYC DR 200 MG TAB

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.

DOXYCYCLINE HYC DR 50 MG TAB	EMGALITY 100 MG/ML SYR(1 OF 3)
DOXYCYCLINE HYC DR 75 MG TAB	EMGALITY 120 MG/ML PEN
DOXYCYCLINE HYCLATE 150 MG TAB	EMGALITY 120 MG/ML SYRINGE
DOXYCYCLINE HYCLATE 75 MG TAB	EMGALITY 300 MG (100 MG X3SYR)
DOXYCYCLINE MONO 150 MG CAP	ENDARI 5 GRAM POWDER PACKET
D-PENAMINE 125 MG TABLET	ENSPRYNG 120 MG/ML SYRINGE
DRAXACE 2%-8% SUSP LOT CLEANSE	ENSTILAR 0.005%-0.064% FOAM
DRAXACE 2%-8% SUSPENSION	ENZOCLEAR 9.8% FOAM
DRAXACEY 2%-8% SUSPENSION	EPIDIOLEX 100 MG/ML SOLN PACK
DRIXECE 5%-10% SUSPENSION	EPIDIOLEX 100 MG/ML SOLUTION
DRONABINOL 10 MG CAPSULE	EPIDUO 0.1-2.5% GEL PUMP
DRONABINOL 2.5 MG CAPSULE	EPIDUO FORTE 0.3-2.5% GEL PUMP
DRONABINOL 5 MG CAPSULE	EPIFOAM FOAM
DROXIDOPA 100 MG CAPSULE	EPIPEN 0.3 MG AUTO-INJECTOR
DROXIDOPA 200 MG CAPSULE	EPIPEN 2-PAK 0.3 MG AUTO-INJECT
DROXIDOPA 300 MG CAPSULE	EPIPEN JR 0.15 MG AUTO-INJECTR
DUETACT 30-2 MG TABLET	EPIPEN JR 2-PAK 0.15 MG INJECTR
DUETACT 30-4 MG TABLET	EPSOLAY 5% CREAM PUMP
DUEXIS 800-26.6 MG TABLET	ERIVEDGE 150 MG CAPSULE
DULERA 100 MCG-5 MCG INHALER	ERLEADA 240 MG TABLET
DULERA 200 MCG-5 MCG INHALER	ERLEADA 60 MG TABLET
DULERA 50 MCG-5 MCG INHALER	ERLOTINIB HCL 100 MG TABLET
DULOXETINE HCL DR 40 MG CAP	ERLOTINIB HCL 150 MG TABLET
DUOBRII 0.01%-0.045% LOTION	ERLOTINIB HCL 25 MG TABLET
DURLAZA ER 162.5 MG CAPSULE	ERMEZA 150 MCG/5 ML SOLUTION
DUTASTERIDE 0.5 MG CAPSULE	ESCITALOPRAM OXALATE 5 MG/5 ML
DUTASTERIDE-TAMSULOSIN 0.5-0.4	ESGIC 50-325-40 MG CAPSULE
DUTOPROL 100-12.5 MG TABLET	ESGIC 50-325-40 MG TABLET
DUTOPROL 25-12.5 MG TABLET	ESOMEPRAZOLE DR 10 MG PACKET
DUTOPROL 50-12.5 MG TABLET	ESOMEPRAZOLE DR 20 MG PACKET
DXEVO 11 DAY 1.5 MG TABLET PK	ESOMEPRAZOLE DR 40 MG PACKET
DYMISTA NASAL SPRAY	ESOMEPRAZOLE DR 49.3 MG CAP
EC-NAPROSYN EC 375 MG TABLET	ESTROSTEP FE-28 TABLET
EC-NAPROSYN EC 500 MG TABLET	EUCRISA 2% OINTMENT
EDECIN 25 MG TABLET	EVOCLIN 1% FOAM
EDLUAR 10 MG SL TABLET	EVRYSDI 60 MG/80 ML(0.75MG/ML)
EDLUAR 5 MG SL TABLET	EXELON 13.3 MG/24HR PATCH
ELEPSIA XR 1,000 MG TABLET	EXELON 4.6 MG/24HR PATCH
ELEPSIA XR 1,500 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.

EXELON 9.5 MG/24HR PATCH	FINACEA 15% GEL
EXSERVAN 50 MG FILM	FIORICET 50-300-40 MG CAPSULE
EXTINA 2% FOAM	FIORINAL 50-325-40 MG CAPSULE
EZETIMIBE 10 MG TABLET	FIRDAPSE 10 MG TABLET
EZETIMIBE-ATORVASTATIN 10-10MG	FLECTOR 1.3% PATCH
EZETIMIBE-ATORVASTATIN 10-20MG	FLOLIPID 20 MG/5 ML ORAL SUSP
EZETIMIBE-ATORVASTATIN 10-40MG	FLOLIPID 40 MG/5 ML ORAL SUSP
EZETIMIBE-ATORVASTATIN 10-80MG	FLOMAX 0.4 MG CAPSULE
FARXIGA 10 MG TABLET	FLUNISOLIDE 0.025% SPRAY
FARXIGA 5 MG TABLET	FLUOCINOLONE ACE 0.01%-NIAC 4%
FARYDAK 10 MG CAPSULE	FLUOCINOLONE ACE 0.025%-NIAC4%
FARYDAK 15 MG CAPSULE	FLUOCINONIDE 0.1% CREAM
FARYDAK 20 MG CAPSULE	FLUOPAR 0.1%-5% CREAM KIT
FEBUXOSTAT 40 MG TABLET	FLUOVIX 0.1% CREAM KIT
FEBUXOSTAT 80 MG TABLET	FLUOVIX PLUS 0.1% CREAM KIT
FELDENE 10 MG CAPSULE	FLUOXETINE DR 90 MG CAPSULE
FELDENE 20 MG CAPSULE	FLUOXETINE HCL 10 MG TABLET
FENOFIBRATE 120 MG TABLET	FLUOXETINE HCL 20 MG TABLET
FENOFIBRATE 40 MG TABLET	FLUOXETINE HCL 60 MG TABLET
FENOGLIDE 120 MG TABLET	FLUOXIA 0.05%-4% CREAM
FENOGLIDE 40 MG TABLET	FLURANDRENOLIDE 0.05% CREAM
FENOPROFEN 400 MG CAPSULE	FLURANDRENOLIDE 0.05% LOTION
FENOPROFEN 600 MG TABLET	FLURANDRENOLIDE 0.05% OINTMENT
FENORTHO 200 MG CAPSULE	FLUTICASONE PROP 0.05% LOTION
FENTANYL CIT OTFC 1,200 MCG	FLUTICASONE-SALMETEROL 100-50
FENTANYL CIT OTFC 1,600 MCG	FLUTICASONE-SALMETEROL 250-50
FENTANYL CITRATE OTFC 200 MCG	FLUTICASONE-SALMETEROL 500-50
FENTANYL CITRATE OTFC 400 MCG	FLUVOXAMINE ER 100 MG CAPSULE
FENTANYL CITRATE OTFC 600 MCG	FLUVOXAMINE ER 150 MG CAPSULE
FENTANYL CITRATE OTFC 800 MCG	FML LIQUIFILM 0.1% EYE DROP
FETZIMA 20-40 MG TITRATION PAK	FORTAMET ER 1,000 MG TABLET
FETZIMA ER 120 MG CAPSULE	FORTAMET ER 500 MG TABLET
FETZIMA ER 20 MG CAPSULE	FORTEO 600 MCG/2.4 ML PEN INJ
FETZIMA ER 40 MG CAPSULE	FOSAMAX 70 MG TABLET
FETZIMA ER 80 MG CAPSULE	FOSAMAX PLUS D 70 MG-2800 UNIT
FEXMID 7.5 MG TABLET	FOSAMAX PLUS D 70 MG-5600 UNIT
FIBRICOR 105 MG TABLET	FROVA 2.5 MG TABLET
FIBRICOR 35 MG TABLET	GALAFOLD 123 MG CAPSULE
FINACEA 15% FOAM	GEFITINIB 250 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.

GILOTRIF 20 MG TABLET	ICLUSIG 15 MG TABLET
GILOTRIF 30 MG TABLET	ICLUSIG 30 MG TABLET
GILOTRIF 40 MG TABLET	ICLUSIG 45 MG TABLET
GLYXAMBI 10 MG-5 MG TABLET	IDHIFA 100 MG TABLET
GLYXAMBI 25 MG-5 MG TABLET	IDHIFA 50 MG TABLET
GRALISE ER 300 MG TABLET	IDYYXIATAR 5%-0.025% GEL
GRALISE ER 450 MG TABLET	INBRIJA 42 MG INHALATION CAP
GRALISE ER 600 MG TABLET	INLYTA 1 MG TABLET
GRALISE ER 750 MG TABLET	INLYTA 5 MG TABLET
GRALISE ER 900 MG TABLET	INOVA 4% EASY PAD
GRASTEK 2,800 BAU SL TABLET	INOVA 4-1 EASY PAD
HALCINONIDE 0.1% CREAM	INOVA 8% EASY PAD
HALOG 0.1% CREAM	INOVA 8-2 EASY PAD
HALOG 0.1% OINTMENT	INTERMEZZO 1.75 MG TAB SUBLING
HALOG 0.1% SOLUTION	INVELTYS 1% EYE DROP
HEMLIBRA 105 MG/0.7 ML VIAL	INZDEAXIATAR 2.5%-1%-2%-0.025%
HEMLIBRA 150 MG/ML VIAL	INZDEAXIAVAR 2.5%-1%-2%-0.05%
HEMLIBRA 30 MG/ML VIAL	INZDEOXIA 2.5%-1%-4% GEL
HEMLIBRA 60 MG/0.4 ML VIAL	IRESSA 250 MG TABLET
HETLIOZ 20 MG CAPSULE	JAKAFI 10 MG TABLET
HETLIOZ LQ 4 MG/ML SUSPENSION	JAKAFI 15 MG TABLET
HEXIOUNYL 3%-5%-20% LOTION	JAKAFI 20 MG TABLET
HIDEX 6 DAY 1.5 MG TABLET	JAKAFI 25 MG TABLET
HORIZANT ER 300 MG TABLET	JAKAFI 5 MG TABLET
HORIZANT ER 600 MG TABLET	JALYN 0.5-0.4 MG CAPSULE
HYALUR 0.5%-NIA4%-TRETINO.025%	JANUMET 50-1,000 MG TABLET
HYALUR 0.5%-NIAC4%-TRETIN 0.1%	JANUMET 50-500 MG TABLET
HYALUR 0.5%-NIAC4%-TRETINO.05%	JANUMET XR 100-1,000 MG TABLET
HYCAMTIN 0.25 MG CAPSULE	JANUMET XR 50-1,000 MG TABLET
HYCAMTIN 1 MG CAPSULE	JANUMET XR 50-500 MG TABLET
HYDROCORT LOTION COMPLETE KIT	JANUVIA 100 MG TABLET
HYDROCORTISONE BUTYR 0.1% LOTN	JANUVIA 25 MG TABLET
HYDROCORTISONE BUTYR 0.1% OINT	JANUVIA 50 MG TABLET
HYDROCORTISONE BUTYR 0.1% SOLN	JARDIANCE 10 MG TABLET
HYDROCORT-PRAMOXIN 2.35-1% CRM	JARDIANCE 25 MG TABLET
HYDROCORT-PRAMOXINE 2.5-1% CRM	JORNAY PM 100 MG CAPSULE
HYDROXYM 2% GEL	JORNAY PM 20 MG CAPSULE
IBUPROFEN-FAMOTIDIN 800-26.6MG	JORNAY PM 40 MG CAPSULE
ICLUSIG 10 MG TABLET	JORNAY PM 60 MG CAPSULE

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.

JORNAY PM 80 MG CAPSULE	LENVIMA 20 MG DAILY DOSE
JUBLIA 10% TOPICAL SOLUTION	LENVIMA 24 MG DAILY DOSE
JUXTAPID 10 MG CAPSULE	LENVIMA 4 MG CAPSULE
JUXTAPID 20 MG CAPSULE	LENVIMA 8 MG DAILY DOSE
JUXTAPID 30 MG CAPSULE	LESCOL 20 MG CAPSULE
JUXTAPID 5 MG CAPSULE	LESCOL 40 MG CAPSULE
KAPVAY ER 0.1 MG TABLET	LESCOL XL 80 MG TABLET
KARBINAL ER 4 MG/5 ML SUSP	LEVITRA 10 MG TABLET
KENALOG 0.147 MG/GRAM SPRAY	LEVITRA 20 MG TABLET
KETOCONAZOLE 2% FOAM	LICART 1.3% PATCH
KETODAN 2% FOAM	LIDOCAINE 5% PATCH
KETODAN 2% FOAM KIT	LIDOCAN II 5% PATCH
KETOPROFEN 25 MG CAPSULE	LIVALO 1 MG TABLET
KETOPROFEN ER 200 MG CAPSULE	LIVALO 2 MG TABLET
KLARON 10% LOTION	LIVALO 4 MG TABLET
KOSELUGO 10 MG CAPSULE	LODINE 400 MG TABLET
KOSELUGO 25 MG CAPSULE	LOFENA 25 MG TABLET
KYNMOBI 10 MG SL FILM	LONSURF 15 MG-6.14 MG TABLET
KYNMOBI 15 MG SL FILM	LONSURF 20 MG-8.19 MG TABLET
KYNMOBI 20 MG SL FILM	LOPRESSOR 100 MG TABLET
KYNMOBI 25 MG SL FILM	LOPRESSOR 50 MG TABLET
KYNMOBI 30 MG SL FILM	LORBRENA 100 MG TABLET
LAMICTAL XR START KIT (BLUE)	LORBRENA 25 MG TABLET
LAMICTAL XR START KIT (GREEN)	LORZONE 375 MG TABLET
LAMICTAL XR START KIT (ORANGE)	LORZONE 750 MG TABLET
LANSOPRAZOLE DR 15 MG ODT	LOTEMAX 0.5% EYE OINTMENT
LANSOPRAZOLE DR 30 MG ODT	LOTEMAX 0.5% OPHTHALMIC GEL
LAPATINIB 250 MG TABLET	LOTEMAX SM 0.38% OPHTH GEL
LASIX 20 MG TABLET	LUMIGAN 0.01% EYE DROPS
LASIX 40 MG TABLET	LUMRYZ ER 4.5 GM PACKET
LASIX 80 MG TABLET	LUMRYZ ER 6 GM PACKET
LASTACAFT 0.25% EYE DROPS	LUMRYZ ER 7.5 GM PACKET
LATANOPROST 0.005% EYE DROPS	LUMRYZ ER 9 GM PACKET
LAZANDA 100 MCG NASAL SPRAY	LUXIQ 0.12% FOAM
LAZANDA 400 MCG NASAL SPRAY	LYNPARZA 100 MG TABLET
LENVIMA 10 MG DAILY DOSE	LYNPARZA 150 MG TABLET
LENVIMA 12 MG DAILY DOSE	MARINOL 10 MG CAPSULE
LENVIMA 14 MG DAILY DOSE	MARINOL 2.5 MG CAPSULE
LENVIMA 18 MG DAILY DOSE	MARINOL 5 MG CAPSULE

National Preferred Formulary – Step Therapy List

The following prescription drugs require Step Therapy

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MELOXICAM 10 MG CAPSULE
MELOXICAM 5 MG CAPSULE
METFORMIN ER 1,000 MG GASTR-TB
METFORMIN ER 1,000 MG OSM-TAB
METFORMIN ER 500 MG GASTRC-TB
METFORMIN ER 500 MG OSMOTIC TB
METFORMIN HCL 500 MG/5 ML CUP
METFORMIN HCL 500 MG/5 ML SOLN
METFORMIN HCL 850 MG/8.5ML CUP
METHERGINE 0.2 MG TABLET
METHYLERGONOVINE 0.2 MG TABLET
METHYLPHENIDATE 10 MG/9HR PTCH
METHYLPHENIDATE 15 MG/9HR PTCH
METHYLPHENIDATE 20 MG/9HR PTCH
METHYLPHENIDATE 30 MG/9HR PTCH
METHYLPHENIDATE ER 10 MG CAP
METHYLPHENIDATE ER 15 MG CAP
METHYLPHENIDATE ER 20 MG CAP
METHYLPHENIDATE ER 30 MG CAP
METHYLPHENIDATE ER 40 MG CAP
METHYLPHENIDATE ER 50 MG CAP
METHYLPHENIDATE ER 60 MG CAP
METROCREAM 0.75% CREAM
METROGEL TOPICAL 1% GEL
METROLOTION TOPICAL 0.75%
METYROSINE 250 MG CAPSULE
MIGRANAL NASAL SPRAY
MINOCYCLINE ER 105 MG TABLET
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
MINOLIRA ER 105 MG TABLET
MINOLIRA ER 135 MG TABLET
MOBIC 15 MG TABLET
MOBIC 7.5 MG TABLET
MODAFINIL 100 MG TABLET
MODAFINIL 200 MG TABLET
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
MOTPOLY XR 100 MG CAPSULE
MOTPOLY XR 150 MG CAPSULE
MOTPOLY XR 200 MG CAPSULE
MUPIROCIN 2% CREAM
MYALEPT 11.3 MG (5 MG/ML) VIAL
MYDAYIS ER 12.5 MG CAPSULE
MYDAYIS ER 25 MG CAPSULE
MYDAYIS ER 37.5 MG CAPSULE
MYDAYIS ER 50 MG CAPSULE
NALFON 600 MG TABLET
NAMENDA 10 MG TABLET
NAMENDA 5 MG TABLET
NAMZARIC 14 MG-10 MG CAPSULE
NAMZARIC 21 MG-10 MG CAPSULE
NAMZARIC 28 MG-10 MG CAPSULE
NAMZARIC 7 MG-10 MG CAPSULE
NAMZARIC TITRATION PACK
NAPRELAN CR 375 MG TABLET
NAPRELAN CR 500 MG TABLET
NAPRELAN CR 750 MG TABLET
NAPROSYN 125 MG/5 ML SUSPEN
NAPROSYN 500 MG TABLET
NAPROXEN 125 MG/5 ML SUSPEN
NAPROXEN SOD CR 375 MG TABLET
NAPROXEN SOD CR 500 MG TABLET
NAPROXEN SOD CR 750 MG TABLET
NAPROXEN SOD ER 375 MG TABLET
NAPROXEN SOD ER 500 MG TABLET
NAPROXEN SOD ER 750 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.

NAPROXEN-ESOMEPRAZ DR 375-20MG	NOXAFIL 40 MG/ML SUSPENSION
NAPROXEN-ESOMEPRAZ DR 500-20MG	NUBEQA 300 MG TABLET
NASCOBAL 500 MCG NASAL SPRAY	NUCARACLINPAK
NASONEX 50 MCG NASAL SPRAY	NUCARARXPAK
NATPARA 100 MCG DOSE CARTRIDGE	NUCORT LOTION
NATPARA 25 MCG DOSE CARTRIDGE	NUEDEXTA 20-10 MG CAPSULE
NATPARA 50 MCG DOSE CARTRIDGE	NUJO 0.1% SOLUTION
NATPARA 75 MCG DOSE CARTRIDGE	NUPLAZID 10 MG TABLET
NAYZILAM 5 MG NASAL SPRAY	NUPLAZID 34 MG CAPSULE
NERLYNX 40 MG TABLET	NURTEC ODT 75 MG TABLET
NEUAC 1.2-5% KIT	OBREDON 2.5-200 MG/5 ML SOLN
NIA2%-SPIRON5%-TRETINOINO.025%	ODACTRA 12 SQ-HDM SL TABLET
NIAC2%-SPIRON5%-TRETINOINO.05%	ODOMZO 200 MG CAPSULE
NIACINAM 4%-TRIAMCINOLONE 0.1%	OFEV 100 MG CAPSULE
NIACINAMIDE 4%-SPIRONOLACTN 5%	OFEV 150 MG CAPSULE
NIACINAMIDE 4%-TRETINOIN 0.05%	OLUX 0.05% FOAM
NIACINAMIDE 4%-TRETINOINO.025%	OLUX-E 0.05% FOAM
NILANDRON 150 MG TABLET	OMEPRAZOLE-BICARB 20-1,100 CAP
NILUTAMIDE 150 MG TABLET	OMEPRAZOLE-BICARB 20-1,680 PKT
NINLARO 2.3 MG CAPSULE	OMEPRAZOLE-BICARB 40-1,100 CAP
NINLARO 3 MG CAPSULE	OMEPRAZOLE-BICARB 40-1,680 PKT
NINLARO 4 MG CAPSULE	ONEXTON GEL PUMP
NITISINONE 10 MG CAPSULE	ONZDEAXIADEMTAR 5-1-2-2-0.025%
NITISINONE 2 MG CAPSULE	ONZDEAXIADEMVAR 5-1-2-2-0.05 %
NITISINONE 20 MG CAPSULE	ONZDEAXIATAR 5%-1%-2%-0.025%
NITISINONE 5 MG CAPSULE	ONZDEAXIAVAR 5%-1%-2%-0.05%
NITYR 10 MG TABLET	ONZDEAXIAZAR 5%-1%-2%-0.1% GEL
NITYR 2 MG TABLET	ONZDEOXIA 5%-1%-4% GEL
NITYR 5 MG TABLET	ORALAIR 300 IR SUBLINGUAL TAB
NOCDURNA 27.7 MCG TABLET SL	ORENITRAM ER 0.125 MG TABLET
NOCDURNA 55.3 MCG TABLET SL	ORENITRAM ER 0.25 MG TABLET
NOLIX 0.05% CREAM	ORENITRAM ER 1 MG TABLET
NOLIX 0.05% LOTION	ORENITRAM ER 2.5 MG TABLET
NOURIANZ 20 MG TABLET	ORENITRAM ER 5 MG TABLET
NOURIANZ 40 MG TABLET	ORENITRAM MONTH 1 TITRATION KT
NOVACORT 2%-1% GEL	ORENITRAM MONTH 2 TITRATION KT
NOXAFIL 300 MG POWDERMIX SUSP	ORENITRAM MONTH 3 TITRATION KT
	ORFADIN 10 MG CAPSULE
	ORFADIN 2 MG CAPSULE

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.

ORFADIN 20 MG CAPSULE	PARICALCITOL 4 MCG CAPSULE
ORFADIN 4 MG/ML SUSPENSION	PAROXETINE CR 12.5 MG TABLET
ORFADIN 5 MG CAPSULE	PAROXETINE CR 25 MG TABLET
ORIAHNN 300-1-0.5MG/300MG CAPS	PAROXETINE CR 37.5 MG TABLET
ORILISSA 150 MG TABLET	PAROXETINE ER 12.5 MG TABLET
ORILISSA 200 MG TABLET	PAROXETINE ER 25 MG TABLET
ORKAMBI 100 MG-125 MG TABLET	PAROXETINE ER 37.5 MG TABLET
ORKAMBI 100-125 MG GRANULE PKT	PAROXETINE HCL 10 MG/5 ML SUSP
ORKAMBI 150-188 MG GRANULE PKT	PAROXETINE MESYLATE 7.5 MG CAP
ORKAMBI 200 MG-125 MG TABLET	PAXIL 10 MG TABLET
ORKAMBI 75-94 MG GRANULE PKT	PAXIL 10 MG/5 ML SUSPENSION
OSENI 12.5-15 MG TABLET	PAXIL 20 MG TABLET
OSENI 12.5-30 MG TABLET	PAXIL 30 MG TABLET
OSENI 12.5-45 MG TABLET	PAXIL 40 MG TABLET
OSENI 25-15 MG TABLET	PAXIL CR 12.5 MG TABLET
OSENI 25-30 MG TABLET	PAXIL CR 25 MG TABLET
OSENI 25-45 MG TABLET	PAXIL CR 37.5 MG TABLET
OXIACHLO 0.05%-4% SOLUTION	PAZOPANIB HCL 200 MG TABLET
OXIATAR 4%-0.025% CREAM	PEMAZYRE 13.5 MG TABLET
OXIAVAR 4-0.05% CREAM	PEMAZYRE 4.5 MG TABLET
OXIAVARRY 4%-0.05% CREAM	PEMAZYRE 9 MG TABLET
OXIAVARY 4%-0.1% CREAM	PENICILLAMINE 250 MG CAPSULE
OXIAZAR 4%-0.1% CREAM	PENICILLAMINE 250 MG TABLET
OXTELLAR XR 150 MG TABLET	PHENOXYBENZAMINE HCL 10 MG CAP
OXTELLAR XR 300 MG TABLET	PIMECROLIMUS 1% CREAM
OXTELLAR XR 600 MG TABLET	PIQRAY 200 MG DAILY DOSE PACK
OXYTROL 3.9 MG/24HR PATCH	PIQRAY 250 MG DAILY DOSE PACK
OZEMPIC 0.25-0.5 MG/DOSE PEN	PIQRAY 300 MG DAILY DOSE PACK
OZEMPIC 1 MG/DOSE (2 MG/1.5ML)	PLEXION 9.8-4.8% CLEANSER
OZEMPIC 1 MG/DOSE (4 MG/3 ML)	PLEXION 9.8-4.8% CLNSING CLOTH
OZEMPIC 2 MG/DOSE (8 MG/3 ML)	PLEXION 9.8-4.8% CREAM
OZOBAX DS 10 MG/5 ML SOLUTION	PLEXION 9.8-4.8% LOTION
PACNEX 7% WASH	POMALYST 1 MG CAPSULE
PACNEX HP 7% CLEANSING PADS	POMALYST 2 MG CAPSULE
PACNEX LP 4.25% CLEANSING PADS	POMALYST 3 MG CAPSULE
PANDEL 0.1% CREAM	POMALYST 4 MG CAPSULE
PANTOPRAZOLE DR 40 MG SUSP PKT	POSACONAZOLE 200 MG/5 ML SUSP
PARICALCITOL 1 MCG CAPSULE	POSACONAZOLE DR 100 MG TABLET
PARICALCITOL 2 MCG CAPSULE	PR BENZOYL PEROXIDE 7% WASH

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.

PRAMOSONE 1% LOTION	QUVIVIQ 50 MG TABLET
PRAMOSONE 1%-1% CREAM	RAGWITEK SUBLINGUAL TABLET
PRAMOSONE 1%-1% OINTMENT	RASUVO 10 MG/0.2 ML AUTOINJ
PRAMOSONE 2.5%-1% CREAM	RASUVO 12.5 MG/0.25 ML AUTOINJ
PRAMOSONE 2.5%-1% LOTION	RASUVO 15 MG/0.3 ML AUTOINJ
PRAMOSONE 2.5%-1% OINTMENT	RASUVO 17.5 MG/0.35 ML AUTOINJ
PRAVACHOL 20 MG TABLET	RASUVO 20 MG/0.4 ML AUTOINJ
PRAVACHOL 40 MG TABLET	RASUVO 22.5 MG/0.45 ML AUTOINJ
PREGABALIN ER 165 MG TABLET	RASUVO 25 MG/0.5 ML AUTOINJ
PREGABALIN ER 330 MG TABLET	RASUVO 30 MG/0.6 ML AUTOINJ
PREGABALIN ER 82.5 MG TABLET	RASUVO 7.5 MG/0.15 ML AUTOINJ
PRESTALIA 14 MG-10 MG TABLET	RAYALDEE ER 30 MCG CAPSULE
PRESTALIA 3.5 MG-2.5 MG TABLET	RAYOS DR 1 MG TABLET
PRESTALIA 7 MG-5 MG TABLET	RAYOS DR 2 MG TABLET
PRETOMANID 200 MG TABLET	RAYOS DR 5 MG TABLET
PROCARDIA 10 MG CAPSULE	RAZADYNE ER 16 MG CAPSULE
PROCARDIA XL 30 MG TABLET	RAZADYNE ER 24 MG CAPSULE
PROCARDIA XL 60 MG TABLET	RAZADYNE ER 8 MG CAPSULE
PROCARDIA XL 90 MG TABLET	RELAFEN 500 MG TABLET
PROCTOCORT 1% CREAM	RELAFEN 750 MG TABLET
PROCTOCORT 30 MG SUPPOSITORY	RELISTOR 12 MG/0.6 ML SYRINGE
PROSCAR 5 MG TABLET	RELISTOR 12 MG/0.6 ML VIAL
PROTOPIC 0.03% OINTMENT	RELISTOR 150 MG TABLET
PROTOPIC 0.1% OINTMENT	RELISTOR 8 MG/0.4 ML SYRINGE
PRUDOXIN 5% CREAM	REPATHA 140 MG/ML SURECLICK
PYRIMETHAMINE 25 MG TABLET	REPATHA 140 MG/ML SYRINGE
QELBREE ER 100 MG CAPSULE	REPATHA 420 MG/3.5ML PUSHTRONX
QELBREE ER 150 MG CAPSULE	RETEVMO 40 MG CAPSULE
QELBREE ER 200 MG CAPSULE	RETEVMO 80 MG CAPSULE
QUDEXY XR 100 MG CAPSULE	REVCOVI 2.4 MG/1.5 ML VIAL
QUDEXY XR 150 MG CAPSULE	REYVOW 100 MG TABLET
QUDEXY XR 200 MG CAPSULE	REYVOW 50 MG TABLET
QUDEXY XR 25 MG CAPSULE	RILUTEK 50 MG TABLET
QUDEXY XR 50 MG CAPSULE	RILUZOLE 50 MG TABLET
QUESTRAN LIGHT POWDER	RIOMET 500 MG/5 ML SOLUTION
QUESTRAN PACKET	RIOMET ER 500 MG/5 ML SUSP
QUESTRAN POWDER	ROCALTROL 0.25 MCG CAPSULE
QUINIXIL 0.1% CREAM-5% CRM KIT	ROCALTROL 0.5 MCG CAPSULE
QUVIVIQ 25 MG TABLET	ROCALTROL 1 MCG/ML ORAL SOLN

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.

ROFLUMILAST 250 MCG TABLET	SAXAGLIPTN-METFORM ER 2.5-1000
ROFLUMILAST 500 MCG TABLET	SCALACORT DK 2% KIT
ROSDAN 0.75% CREAM KIT	SEGLUROMET 2.5-1,000 MG TABLET
ROSDAN 0.75% GEL KIT	SEGLUROMET 2.5-500 MG TABLET
ROSULA 10%-4.5% WASH	SEGLUROMET 7.5-1,000 MG TABLET
ROSZET 10-10 MG TABLET	SEGLUROMET 7.5-500 MG TABLET
ROSZET 20-10 MG TABLET	SEYSARA 100 MG TABLET
ROSZET 40-10 MG TABLET	SEYSARA 150 MG TABLET
ROSZET 5-10 MG TABLET	SEYSARA 60 MG TABLET
ROZLYTREK 100 MG CAPSULE	SILDENAFIL 100 MG TABLET
ROZLYTREK 200 MG CAPSULE	SILDENAFIL 25 MG TABLET
ROZLYTREK 50 MG PELLET PACKET	SILDENAFIL 50 MG TABLET
RUBRACA 200 MG TABLET	SILENOR 3 MG TABLET
RUBRACA 250 MG TABLET	SILENOR 6 MG TABLET
RUBRACA 300 MG TABLET	SIRTURO 100 MG TABLET
RUFINAMIDE 200 MG TABLET	SIRTURO 20 MG TABLET
RUFINAMIDE 40 MG/ML SUSPENSION	SODIUM OXYBATE 0.5 G/ML SOLN
RUFINAMIDE 400 MG TABLET	SOLODYN ER 105 MG TABLET
RUZURGI 10 MG TABLET	SOLODYN ER 115 MG TABLET
RYALTRIS 665-25 MCG SPRAY	SOLODYN ER 55 MG TABLET
RYBELSUS 14 MG TABLET	SOLODYN ER 65 MG TABLET
RYBELSUS 3 MG TABLET	SOLODYN ER 80 MG TABLET
RYBELSUS 7 MG TABLET	SOOLANTRA 1% CREAM
RYDAPT 25 MG CAPSULE	SPRITAM 1,000 MG TABLET
RYVENT 6 MG TABLET	SPRITAM 250 MG TABLET
SALICYLIC 2%-SULFACETAMIDE 8%	SPRITAM 500 MG TABLET
SALICYLIC 5%-SULFACETAMIDE 10%	SPRITAM 750 MG TABLET
SARAFEM 10 MG TABLET	SPRIX 15.75 MG NASAL SPRAY
SARAFEM 20 MG TABLET	SPRYCEL 100 MG TABLET
SAROXIA 4%-0.05% CREAM	SPRYCEL 140 MG TABLET
SAVELLA 100 MG TABLET	SPRYCEL 20 MG TABLET
SAVELLA 12.5 MG TABLET	SPRYCEL 50 MG TABLET
SAVELLA 25 MG TABLET	SPRYCEL 70 MG TABLET
SAVELLA 50 MG TABLET	SPRYCEL 80 MG TABLET
SAVELLA TITRATION PACK	STAXYN 10 MG ODT
SAXAGLIPTIN HCL 2.5 MG TABLET	STEGLATRO 15 MG TABLET
SAXAGLIPTIN HCL 5 MG TABLET	STEGLATRO 5 MG TABLET
SAXAGLIPTIN-METFORMIN ER 5-500	STENDRA 100 MG TABLET
SAXAGLIPTIN-METFORMN ER 5-1000	STENDRA 200 MG TABLET

National Preferred Formulary – Step Therapy List

The following prescription drugs require Step Therapy

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STENDRA 50 MG TABLET	SYNJARDY 5-1,000 MG TABLET
STIVARGA 40 MG TABLET	SYNJARDY 5-500 MG TABLET
STRENSIQ 18 MG/0.45 ML VIAL	SYNJARDY XR 10-1,000 MG TABLET
STRENSIQ 28 MG/0.7 ML VIAL	SYNJARDY XR 12.5-1,000 MG TAB
STRENSIQ 40 MG/ML VIAL	SYNJARDY XR 25-1,000 MG TABLET
STRENSIQ 80 MG/0.8 ML VIAL	SYNJARDY XR 5-1,000 MG TABLET
SULAR ER 17 MG TABLET	SYPRINE 250 MG CAPSULE
SULAR ER 34 MG TABLET	TABRECTA 150 MG TABLET
SULAR ER 8.5 MG TABLET	TABRECTA 200 MG TABLET
SULFACLEANSE 8-4 SUSPENSION	TACLONEX OINTMENT
SUMADAN 9%-4.5% WASH	TACROLIMUS 0.03% OINTMENT
SUMADAN KIT	TACROLIMUS 0.1% OINTMENT
SUMADAN XLT KIT	TADALAFIL 10 MG TABLET
SUMATRIPTAN-NAPROXEN 85-500 MG	TADALAFIL 2.5 MG TABLET
SUMAXIN 9%-4% WASH	TADALAFIL 20 MG TABLET
SUMAXIN CLEANSING PADS	TADALAFIL 5 MG TABLET
SUMAXIN CP KIT	T AFLUPROST 0.0015% EYE DROP
SUMAXIN TS TOPICAL SUSPENSION	TAGRISSO 40 MG TABLET
SUNOSI 150 MG TABLET	TAGRISSO 80 MG TABLET
SUNOSI 75 MG TABLET	TALZENNA 0.1 MG CAPSULE
SYMBICORT 160-4.5 MCG INHALER	TALZENNA 0.25 MG CAPSULE
SYMBICORT 80-4.5 MCG INHALER	TALZENNA 0.35 MG CAPSULE
SYMDEKO 100/150 MG-150 MG TABS	TALZENNA 0.5 MG CAPSULE
SYMDEKO 50/75 MG-75 MG TABLETS	TALZENNA 0.75 MG CAPSULE
SYMLINPEN 120 PEN INJECTOR	TALZENNA 1 MG CAPSULE
SYMLINPEN 60 PEN INJECTOR	TAPERDEX 12 DAY 1.5 MG TABLET
SYMPAZAN 10 MG FILM	TAPERDEX 6 DAY 1.5 MG TABLET
SYMPAZAN 20 MG FILM	TAPERDEX 7 DAY 1.5 MG TAB PACK
SYMPAZAN 5 MG FILM	TARCEVA 100 MG TABLET
SYNALAR 0.01% SOLUTION	TARCEVA 150 MG TABLET
SYNALAR 0.025% CREAM	TARCEVA 25 MG TABLET
SYNALAR 0.025% CREAM KIT	TARDEOXIA 1%-4%-0.025% CREAM
SYNALAR 0.025% OINTMENT	TARDIMAXIA 2%-5%-0.025% GEL
SYNALAR 0.025% OINTMENT KIT	TARGADOX 50 MG TABLET
SYNALAR TS 0.01% KIT	TAROXIA 4%-0.025% CREAM
SYNDROS 5 MG/ML SOLUTION	TAROXIA 4%-0.025% GEL
SYNERA PATCH	TASIGNA 150 MG CAPSULE
SYNJARDY 12.5-1,000 MG TABLET	TASIGNA 200 MG CAPSULE
SYNJARDY 12.5-500 MG TABLET	TASIGNA 50 MG CAPSULE

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.

TASIMELTEON 20 MG CAPSULE	TRIJARDY XR 10-5-1,000 MG TAB
TASOPROL 0.05% KIT	TRIJARDY XR 12.5-2.5-1,000 MG
TAVABOROLE 5% TOPICAL SOLUTION	TRIJARDY XR 25-5-1,000 MG TAB
TAZVERIK 200 MG TABLET	TRIJARDY XR 5-2.5-1,000 MG TAB
TEMOVATE 0.05% CREAM	TRIKAFTA 100-50-75 MG/150 MG
TEMOVATE 0.05% OINTMENT	TRIKAFTA 100-50-75 MG/75MG PKT
TENORETIC 100 TABLET	TRIKAFTA 50-25-37.5 MG/75 MG
TENORETIC 50 TABLET	TRIKAFTA 80-40-60MG/59.5MG PKT
TENORMIN 100 MG TABLET	TRILIPIX DR 135 MG CAPSULE
TENORMIN 25 MG TABLET	TRILIPIX DR 45 MG CAPSULE
TENORMIN 50 MG TABLET	TRINTELLIX 10 MG TABLET
TERIPARATIDE 620 MCG/2.48 ML	TRINTELLIX 20 MG TABLET
TESTRED 10 MG CAPSULE	TRINTELLIX 5 MG TABLET
TETOXIA 0.01%-4% CREAM	TRITOCIN 0.05% OINTMENT
TEXACORT 2.5% SOLUTION	TROKENDI XR 100 MG CAPSULE
TIBSOVO 250 MG TABLET	TROKENDI XR 200 MG CAPSULE
TIGLUTIK 50 MG/10 ML SUSP	TROKENDI XR 25 MG CAPSULE
TOLMETIN SODIUM 400 MG CAP	TROKENDI XR 50 MG CAPSULE
TOLMETIN SODIUM 600 MG TAB	TRUDHESA NASAL SPRAY
TOPICORT 0.05% CREAM	TUKYSA 150 MG TABLET
TOPICORT 0.05% GEL	TUKYSA 50 MG TABLET
TOPICORT 0.05% OINTMENT	TURALIO 125 MG CAPSULE
TOPICORT 0.25% CREAM	TURALIO 200 MG CAPSULE
TOPICORT 0.25% OINTMENT	TUSSICAPS 10 MG-8 MG CAPSULE
TOPIRAMATE ER 100 MG CAPSULE	TUZISTRA XR 14.7-2.8 MG/5 ML
TOPIRAMATE ER 150 MG CAPSULE	TWYNEO 0.1%-3% CREAM
TOPIRAMATE ER 200 MG CAPSULE	TWYNSTA 40-10 MG TABLET
TOPIRAMATE ER 25 MG CAPSULE	TWYNSTA 40-5 MG TABLET
TOPIRAMATE ER 50 MG CAPSULE	TWYNSTA 80-10 MG TABLET
TOSYMRA 10 MG NASAL SPRAY	TWYNSTA 80-5 MG TABLET
TOVET 0.05% FOAM KIT	TYKERB 250 MG TABLET
TOVET EMOLLIENT 0.05% FOAM	TYMLOS 80 MCG DOSE PEN INJECTR
TRAVOPROST 0.004% EYE DROP	UBRELVY 100 MG TABLET
TRIAMCINOLONE 0.05% OINTMENT	UBRELVY 50 MG TABLET
TRIAMCINOLONE 0.147 MG/G SPRAY	UPTRAVI 1,000 MCG TABLET
TRIANEX 0.05% OINTMENT	UPTRAVI 1,200 MCG TABLET
TRIDERM 0.5% CREAM	UPTRAVI 1,400 MCG TABLET
TRIDESILON 0.05% CREAM	UPTRAVI 1,600 MCG TABLET
TRIENTINE HCL 250 MG CAPSULE	UPTRAVI 200 MCG TABLET

National Preferred Formulary – Step Therapy List

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UPTRAVI 200-800 TITRATION PACK	VIBRAMYCIN 100 MG CAPSULE
UPTRAVI 400 MCG TABLET	VIBRAMYCIN 50 MG/5 ML SYRUP
UPTRAVI 600 MCG TABLET	VIGABATRIN 500 MG POWDER PACKET
UPTRAVI 800 MCG TABLET	VIGABATRIN 500 MG TABLET
VALCHLOR 0.016% GEL	VIGADRONE 500 MG POWDER PACKET
VALTOCO 10 MG NASAL SPRAY	VIGADRONE 500 MG TABLET
VALTOCO 15 MG NASAL SPRAY	VILAZODONE HCL 10 MG TABLET
VALTOCO 20 MG NASAL SPRAY	VILAZODONE HCL 20 MG TABLET
VALTOCO 5 MG NASAL SPRAY	VILAZODONE HCL 40 MG TABLET
VANATOL LQ ORAL SOLUTION	VISTOGARD 10 GRAM PACKET
VANATOL S ORAL SOLUTION	VITRAKVI 100 MG CAPSULE
VANOXIDE-HC LOTION	VITRAKVI 20 MG/ML SOLUTION
VARDENAFIL HCL 10 MG ODT	VITRAKVI 25 MG CAPSULE
VARDENAFIL HCL 10 MG TABLET	VIZIMPRO 15 MG TABLET
VARDENAFIL HCL 2.5 MG TABLET	VIZIMPRO 30 MG TABLET
VARDENAFIL HCL 20 MG TABLET	VIZIMPRO 45 MG TABLET
VARDENAFIL HCL 5 MG TABLET	VOLTAREN 1% GEL
VARDIMAXIA 2%-5%-0.05% GEL	VOLTAREN-XR 100 MG TABLET
VAROXIA 4%-0.05% CREAM	VORICONAZOLE 200 MG TABLET
VAROXIA 4%-0.05% GEL	VORICONAZOLE 40 MG/ML SUSP
VENCLEXTA 10 MG TAB (10MG X 2)	VORICONAZOLE 50 MG TABLET
VENCLEXTA 10 MG TABLET	VOTRIENT 200 MG TABLET
VENCLEXTA 100 MG TABLET	VTAMA 1% CREAM
VENCLEXTA 50 MG TABLET	VYLEESI 1.75 MG/0.3 ML AUTOINJ
VENCLEXTA STARTING PACK	VYNDAMAX 61 MG CAPSULE
VENLAFAXINE HCL ER 150 MG TAB	VYNDAQEL 20 MG CAPSULE
VENLAFAXINE HCL ER 225 MG TAB	VYVANSE 10 MG CAPSULE
VENLAFAXINE HCL ER 37.5 MG TAB	VYVANSE 10 MG CHEWABLE TABLET
VENLAFAXINE HCL ER 75 MG TAB	VYVANSE 20 MG CAPSULE
VERELAN 120 MG CAP PELLETT	VYVANSE 20 MG CHEWABLE TABLET
VERELAN 180 MG CAP PELLETT	VYVANSE 30 MG CAPSULE
VERELAN 240 MG CAP PELLETT	VYVANSE 30 MG CHEWABLE TABLET
VERELAN 360 MG CAP PELLETT	VYVANSE 40 MG CAPSULE
VERELAN PM 100 MG CAP PELLETT	VYVANSE 40 MG CHEWABLE TABLET
VERELAN PM 200 MG CAP PELLETT	VYVANSE 50 MG CAPSULE
VERELAN PM 300 MG CAP PELLETT	VYVANSE 50 MG CHEWABLE TABLET
VFEND 200 MG TABLET	VYVANSE 60 MG CAPSULE
VFEND 40 MG/ML SUSPENSION	VYVANSE 60 MG CHEWABLE TABLET
VFEND 50 MG TABLET	VYVANSE 70 MG CAPSULE

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VYZULTA 0.024% OPHTH SOLUTION
WAKIX 17.8 MG TABLET
WAKIX 4.45 MG TABLET
WIXELA 100-50 INHUB
WIXELA 250-50 INHUB
WIXELA 500-50 INHUB
WYNZORA 0.005%-0.064% CREAM
XALKORI 200 MG CAPSULE
XALKORI 250 MG CAPSULE
XEPI 1% CREAM
XHANCE 93 MCG NASAL SPRAY
XIGDUO XR 10 MG-1,000 MG TAB
XIGDUO XR 10 MG-500 MG TABLET
XIGDUO XR 2.5 MG-1,000 MG TAB
XIGDUO XR 5 MG-1,000 MG TABLET
XIGDUO XR 5 MG-500 MG TABLET
XIIDRA 5% EYE DROPS
XILAPAK KIT
XOSPATA 40 MG TABLET
XTANDI 40 MG CAPSULE
XTANDI 40 MG TABLET
XTANDI 80 MG TABLET
XYWAV 0.5 GM/ML ORAL SOLUTION
YAZ 28 TABLET
ZCORT 7 DAY 1.5 MG TABLET
ZEJULA 100 MG CAPSULE
ZEJULA 100 MG TABLET
ZEJULA 200 MG TABLET
ZEJULA 300 MG TABLET
ZEMBRACE SYMTOUCH 3 MG/0.5 ML
ZEMPLAR 1 MCG CAPSULE
ZEMPLAR 2 MCG CAPSULE
ZIAC 10-6.25 MG TABLET
ZIAC 2.5-6.25 MG TABLET
ZIAC 5-6.25 MG TABLET
ZIANA GEL
ZILEUTON ER 600 MG TABLET
ZOKINVY 50 MG CAPSULE
ZOKINVY 75 MG CAPSULE

ZOLINZA 100 MG CAPSULE
ZOLMITRIPTAN 5 MG NASAL SPRAY
ZOMIG 2.5 MG NASAL SPRAY
ZOMIG 5 MG NASAL SPRAY
ZOMIG ZMT 2.5 MG TABLET
ZOMIG ZMT 5 MG TABLET
ZONALON 5% CREAM
ZONTIVITY 2.08 MG TABLET
ZORYVE 0.3% CREAM
ZOVIRAX 5% CREAM
ZTLIDO 1.8% TOPICAL SYSTEM
ZYDELIG 100 MG TABLET
ZYDELIG 150 MG TABLET
ZYFLO 600 MG TABLET
ZYKADIA 150 MG TABLET
ZYPITAMAG 2 MG TABLET
ZYPITAMAG 4 MG TABLET

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