

DRUG_NM_DESC	DRUG_AUTH_TYP
ABIRATERONE ACETATE (ABIRATERONE ACETATE)	Prior Authorization
ABRILADA (ADALIMUMAB-AFZB)	Prior Authorization
ABRILADA 1-PEN KIT (ADALIMUMAB-AFZB)	Prior Authorization
ABRILADA 2-PEN KIT (ADALIMUMAB-AFZB)	Prior Authorization
ABSORICA LD (ISOTRETINOIN MICRONIZED)	Prior Authorization
ACCRUFER (FERRIC MALTOL)	Step Therapy
ACTEMRA (TOCILIZUMAB)	Prior Authorization
ACTEMRA ACTPEN (TOCILIZUMAB)	Prior Authorization
ACTHAR (CORTICOTROPIN)	Prior Authorization
ADALIMUMAB-AACF (2 PEN) (ADALIMUMAB-AACF)	Prior Authorization
ADALIMUMAB-ADAZ (ADALIMUMAB-ADAZ)	Prior Authorization
ADALIMUMAB-ADBM (ADALIMUMAB-ADBM)	Prior Authorization
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER (ADALIMUMAB-ADBM)	Prior Authorization
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER (ADALIMUMAB-ADBM)	Prior Authorization
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS (ADALIMUMAB-ADBM)	Prior Authorization
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS (ADALIMUMAB-ADBM)	Prior Authorization
ADALIMUMAB-FKJP (ADALIMUMAB-FKJP)	Prior Authorization
ADASUVE (LOXAPINE)	Prior Authorization
ADBRY (TRALOKINUMAB-LDRM)	Prior Authorization
ADDERALL XR (AMPHETAMINE-DEXTROAMPHETAMINE)	Step Therapy
ADDYI (FLIBANSERIN)	Prior Authorization
ADEMPAS (RIOCIQUAT)	Prior Authorization
ADIPEX-P (PHENTERMINE HCL)	Prior Authorization
ADVAIR DISKUS (FLUTICASONE-SALMETEROL)	Step Therapy
ADZENYS XR-ODT (AMPHETAMINE)	Step Therapy
AEMCOLO (RIFAMYCIN SODIUM)	Prior Authorization
AFREZZA (INSULIN REGULAR (HUMAN))	Prior Authorization
AGAMREE (VAMOROLONE)	Prior Authorization
AIMOVIG (ERENUMAB-AOOE)	Prior Authorization
AJOVY (FREMANEZUMAB-VFRM)	Prior Authorization
AKEEGA (NIRAPARIB TOSYLATE-ABIRATERONE ACETATE)	Prior Authorization

AKLIEF (TRIFAROTENE)	Prior Authorization
ALBENDAZOLE (ALBENDAZOLE)	Prior Authorization
ALECENSA (ALECTINIB HCL)	Prior Authorization
ALOGLIPTIN (ALOGLIPTIN BENZOATE)	Step Therapy
ALOGLIPTIN/METFORMIN HCL (ALOGLIPTIN-METFORMIN HCL)	Step Therapy
ALOGLIPTIN/METFORMIN HYDROCHLORIDE (ALOGLIPTIN-METFORMIN HCL)	Step Therapy
ALOGLIPTIN/PIOGLITAZONE (ALOGLIPTIN-PIOGLITAZONE)	Step Therapy
ALORA (ESTRADIOL)	Step Therapy
ALOSETRON HYDROCHLORIDE (ALOSETRON HCL)	Prior Authorization
ALPHAGAN P (BRIMONIDINE TARTRATE)	Step Therapy
ALUNBRIG (BRIGATINIB)	Prior Authorization
ALVAIZ (ELTROMBOPAG CHOLINE)	Prior Authorization
ALVESCO (CICLESONIDE)	Step Therapy
ALYQ (TADALAFIL (PULMONARY HYPERTENSION))	Prior Authorization
AMBRISENTAN (AMBRISENTAN)	Prior Authorization
AMJEVITA (ADALIMUMAB-ATTO)	Prior Authorization
AMPYRA (DALFAMPRIDINE)	Prior Authorization
ANDRODERM (TESTOSTERONE)	Prior Authorization
APOKYN (APOMORPHINE HYDROCHLORIDE)	Prior Authorization
APOMORPHINE HYDROCHLORIDE (APOMORPHINE HYDROCHLORIDE)	Prior Authorization
APTENSIO XR (METHYLPHENIDATE HCL)	Step Therapy
ARCALYST (RILONACEPT)	Prior Authorization
ARIKAYCE (AMIKACIN SULFATE LIPOSOME)	Prior Authorization
ARMODAFINIL (ARMODAFINIL)	Prior Authorization
ASMANEX HFA (MOMETASONE FUROATE (INHALATION))	Step Therapy
ASMANEX TWISTHALER 120 METERED DOSES (MOMETASONE FUROATE (INHALATION))	Step Therapy
ASMANEX TWISTHALER 30 METERED DOSES (MOMETASONE FUROATE (INHALATION))	Step Therapy
ASMANEX TWISTHALER 60 METERED DOSES (MOMETASONE FUROATE (INHALATION))	Step Therapy
ATORVALIQ (ATORVASTATIN CALCIUM)	Prior Authorization
AUGTYRO (REPOTRECTINIB)	Prior Authorization
AURYXIA (FERRIC CITRATE)	Step Therapy
AUSTEDO (DEUTETRABENAZINE)	Prior Authorization
AUSTEDO XR (DEUTETRABENAZINE)	Prior Authorization

AUSTEDO XR PATIENT TITRATION KIT (DEUTETRABENAZINE)	Prior Authorization
AUVELITY (DEXTROMETHORPHAN HYDROBROMIDE-BUPROPION HYDROCHLORIDE)	Step Therapy
AVONEX (INTERFERON BETA-1A)	Prior Authorization
AVONEX PEN (INTERFERON BETA-1A)	Prior Authorization
AYVAKIT (AVAPRITINIB)	Prior Authorization
AZOPT (BRINZOLAMIDE)	Step Therapy
AZSTARYS (SERDEXMETHYLPHENIDATE CHLORIDE- DEXMETHYLPHENIDATE HCL)	Step Therapy
BAFIERTAM (MONOMETHYL FUMARATE)	Prior Authorization
BALVERSA (ERDAFITINIB)	Prior Authorization
BELBUCA (BUPRENORPHINE HCL)	Prior Authorization
BELSOMRA (SUVOREXANT)	Step Therapy
BENLYSTA (BELIMUMAB)	Prior Authorization
BENZAMYCIN (BENZOYL PEROXIDE- ERYTHROMYCIN)	Step Therapy
BESREMI (ROPEGINTERFERON ALFA-2B-NJFT)	Prior Authorization
BETASERON (INTERFERON BETA-1B)	Prior Authorization
BEVESPI AEROSPHERE (GLYCOPYRROLATE- FORMOTEROL FUMARATE)	Step Therapy
BEXAGLIFLOZIN (BEXAGLIFLOZIN)	Step Therapy
BEXAROTENE (BEXAROTENE)	Prior Authorization
BIMZELX (BIMEKIZUMAB-BKZX)	Prior Authorization
BONJESTA (DOXYLAMINE-PYRIDOXINE)	Prior Authorization
BOSENTAN (BOSENTAN)	Prior Authorization
BOSULIF (BOSUTINIB)	Prior Authorization
BRAFTOVI (ENCORAFENIB)	Prior Authorization
BRENZAVVY (BEXAGLIFLOZIN)	Step Therapy
BRIVIACT (BRIVARACETAM)	Step Therapy
BRONCHITOL (MANNITOL (CYSTIC FIBROSIS))	Prior Authorization
BRONCHITOL TOLERANCE TEST (MANNITOL (CYSTIC FIBROSIS))	Prior Authorization
BRUKINSA (ZANUBRUTINIB)	Prior Authorization
BUPRENORPHINE (BUPRENORPHINE)	Prior Authorization
BYDUREON BCISE (EXENATIDE)	Prior Authorization
BYETTA (EXENATIDE)	Prior Authorization
BYLVAY (ODEVIXIBAT)	Prior Authorization
BYLVAY (PELLETS) (ODEVIXIBAT)	Prior Authorization
CABOMETYX (CABOZANTINIB S-MALATE)	Prior Authorization
CALQUENCE (ACALABRUTINIB MALEATE)	Prior Authorization

CAPLYTA (LUMATEPERONE TOSYLATE)	Step Therapy
CAPRELSA (VANDETANIB)	Prior Authorization
CARBAGLU (CARGLUMIC ACID)	Prior Authorization
CARBATROL (CARBAMAZEPINE)	Step Therapy
CARGLUMIC ACID (CARGLUMIC ACID)	Prior Authorization
CARNITOR (LEVOCARNITINE (METABOLIC MODIFIERS))	Step Therapy
CARNITOR SF (LEVOCARNITINE (METABOLIC MODIFIERS))	Step Therapy
CEQUA (CYCLOSPORINE (OPHTH))	Prior Authorization
CERDELGA (ELIGLUSTAT TARTRATE)	Prior Authorization
CETRAXAL (CIPROFLOXACIN HCL (OTIC))	Step Therapy
CETRORELIX ACETATE (CETRORELIX ACETATE)	Prior Authorization
CETROTIDE (CETRORELIX ACETATE)	Prior Authorization
CHENODAL (CHENODIOL)	Prior Authorization
CHOLBAM (CHOLIC ACID)	Prior Authorization
CHORIONIC GONADOTROPIN (CHORIONIC GONADOTROPIN)	Prior Authorization
CIBINQO (ABROCITINIB)	Prior Authorization
CIMZIA (CERTOLIZUMAB PEGOL)	Prior Authorization
CIMZIA STARTER KIT (CERTOLIZUMAB PEGOL)	Prior Authorization
CINACALCET HYDROCHLORIDE (CINACALCET HCL)	Prior Authorization
CLOBAZAM (CLOBAZAM)	Prior Authorization
CLOBEX (CLOBETASOL PROPIONATE)	Step Therapy
CODEINE/GUAIFENESIN (GUAIFENESIN-CODEINE)	Prior Authorization
CODITUSSIN AC (GUAIFENESIN-CODEINE)	Prior Authorization
CODITUSSIN DAC (PSEUDOEPHEDRINE W/ CODEINE-GG)	Prior Authorization
COLESTID (COLESTIPOL HCL)	Step Therapy
COMETRIQ (CABOZANTINIB S-MALATE)	Prior Authorization
CONCERTA (METHYLPHENIDATE HCL)	Step Therapy
CONTRACE (NALTREXONE HCL-BUPROPION HCL)	Prior Authorization
COPAXONE (GLATIRAMER ACETATE)	Prior Authorization
COPIKTRA (DUVELISIB)	Prior Authorization
CORLANOR (IVABRADINE HCL)	Prior Authorization
CORTEF (HYDROCORTISONE)	Step Therapy
CORTROPHIN (CORTICOTROPIN)	Prior Authorization
COSENTYX (SECUKINUMAB)	Prior Authorization

COSENTYX SENSOREADY PEN (SECUKINUMAB)	Prior Authorization
COSENTYX UNOREADY (SECUKINUMAB)	Prior Authorization
COSOPT (DORZOLAMIDE HCL-TIMOLOL MALEATE)	Step Therapy
COSOPT PF (DORZOLAMIDE HCL-TIMOLOL MALEATE)	Step Therapy
COTELLIC (COBIMETINIB FUMARATE)	Prior Authorization
COTEMPLA XR-ODT (METHYLPHENIDATE)	Step Therapy
CRESEMBA (ISAVUCONAZONIUM SULFATE)	Prior Authorization
CUVRIOR (TRIENTINE TETRAHYDROCHLORIDE)	Prior Authorization
CYCLOSET (BROMOCRIPTINE MESYLATE (DIABETES))	Step Therapy
CYCLOSPORINE (CYCLOSPORINE (OPHTH))	Prior Authorization
CYLTEZO (ADALIMUMAB-ADBIM)	Prior Authorization
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS (ADALIMUMAB-ADBIM)	Prior Authorization
CYLTEZO STARTER PACKAGE FOR PSORIASIS (ADALIMUMAB-ADBIM)	Prior Authorization
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS (ADALIMUMAB-ADBIM)	Prior Authorization
DALFAMPRIDINE ER (DALFAMPRIDINE)	Prior Authorization
DALIRESP (ROFLUMILAST)	Prior Authorization
DARAPRIM (PYRIMETHAMINE)	Prior Authorization
DAURISMO (GLASDEGIB MALEATE)	Prior Authorization
DAYBUE (TROFINETIDE)	Prior Authorization
DAYVIGO (LEMBOREXANT)	Step Therapy
DEFERASIROX (DEFERASIROX)	Prior Authorization
DEFERIPRONE (DEFERIPRONE)	Prior Authorization
DEFLAZACORT (DEFLAZACORT)	Prior Authorization
DELESTROGEN (ESTRADIOL VALERATE)	Step Therapy
DEMSEER (METYROSINE)	Prior Authorization
DESCOVY (EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE)	Prior Authorization
DIACOMIT (STIRIPENTOL)	Prior Authorization
DIBENZYLINE (PHENOXYBENZAMINE HCL)	Prior Authorization
DICHLORPHENAMIDE (DICHLORPHENAMIDE)	Prior Authorization
DICLEGIS (DOXYLAMINE-PYRIDOXINE)	Prior Authorization
DICLOFENAC SODIUM (DICLOFENAC SODIUM (ACTINIC KERATOSES))	Step Therapy
DIHYDROERGOTAMINE MESYLATE (DIHYDROERGOTAMINE MESYLATE)	Prior Authorization

DIMETHYL FUMARATE (DIMETHYL FUMARATE)	Prior Authorization
DIMETHYL FUMARATE STARTERPACK (DIMETHYL FUMARATE)	Prior Authorization
DOPTELET (AVATROMBOPAG MALEATE)	Prior Authorization
DOXYLAMINE SUCCINATE/PYRIDOXINE HYDROCHLORIDE (DOXYLAMINE-PYRIDOXINE)	Prior Authorization
DRONABINOL (DRONABINOL)	Prior Authorization
DUAKLIR PRESSAIR (ACLDINIUM BROMIDE-FORMOTEROL FUMARATE)	Step Therapy
DULERA (MOMETASONE FUROATE-FORMOTEROL FUMARATE DIHYDRATE)	Step Therapy
DUPIXENT (DUPILUMAB)	Prior Authorization
DYANAVEL XR (AMPHETAMINE)	Step Therapy
EDARBI (AZILSARTAN MEDOXOMIL)	Step Therapy
EDARBYCLOR (AZILSARTAN MEDOXOMIL-CHLORTHALIDONE)	Step Therapy
EGRIFTA SV (TESAMORELIN ACETATE)	Prior Authorization
ELIGARD (LEUPROLIDE ACETATE (4 MONTH))	Prior Authorization
ELMIRON (PENTOSAN POLYSULFATE SODIUM)	Prior Authorization
ELYXYB (CELECOXIB (MIGRAINE))	Prior Authorization
EMGALITY (GALCANEZUMAB-GNLM)	Prior Authorization
ENBREL (ETANERCEPT)	Prior Authorization
ENBREL MINI (ETANERCEPT)	Prior Authorization
ENBREL SURECLICK (ETANERCEPT)	Prior Authorization
ENDARI (GLUTAMINE (SICKLE CELL))	Prior Authorization
ENSPRYNG (SATRALIZUMAB-MWGE)	Prior Authorization
ENTYVIO (VEDOLIZUMAB)	Prior Authorization
EOHILIA (BUDESONIDE)	Prior Authorization
EPCLUSA (SOFOSBUVIR-VELPATASVIR)	Prior Authorization
EPIDIOLEX (CANNABIDIOL)	Prior Authorization
EPIPEN 2-PAK (EPINEPHRINE (ANAPHYLAXIS))	Step Therapy
EPIPEN-JR 2-PAK (EPINEPHRINE (ANAPHYLAXIS))	Step Therapy
EPRONTIA (TOPIRAMATE)	Step Therapy
ERGOMAR (ERGOTAMINE TARTRATE)	Prior Authorization
ERGOTAMINE TARTRATE/CAFFEINE (ERGOTAMINE W/ CAFFEINE)	Prior Authorization
ERIVEDGE (VISMODEGIB)	Prior Authorization
ERLEADA (APALUTAMIDE)	Prior Authorization

ERLOTINIB HYDROCHLORIDE (ERLOTINIB HCL)	Prior Authorization
ESBRIET (PIRFENIDONE)	Prior Authorization
ESTRACE (ESTRADIOL)	Step Therapy
EUCRISA (CRISABOROLE)	Step Therapy
EVEKEO (AMPHETAMINE SULFATE)	Step Therapy
EVRYSDI (RISDIPLAM)	Prior Authorization
EXTAVIA (INTERFERON BETA-1B)	Prior Authorization
EYSUVIS (LOTEPREDNOL ETABONATE)	Prior Authorization
FABHALTA (IPTACOPAN HCL)	Prior Authorization
FANAPT (ILOPERIDONE)	Step Therapy
FANAPT TITRATION PACK (ILOPERIDONE)	Step Therapy
FARXIGA (DAPAGLIFLOZIN PROPANEDIOL)	Step Therapy
FASENRA (BENRALIZUMAB)	Prior Authorization
FASENRA PEN (BENRALIZUMAB)	Prior Authorization
FEBUXOSTAT (FEBUXOSTAT)	Step Therapy
FEMRING (ESTRADIOL ACETATE VAGINAL)	Step Therapy
FENTANYL (FENTANYL)	Prior Authorization
FENTANYL CITRATE (FENTANYL CITRATE)	Prior Authorization
FENTANYL CITRATE ORAL TRANSMUCOSAL (FENTANYL CITRATE)	Prior Authorization
FENTORA (FENTANYL CITRATE)	Prior Authorization
FERRIPROX (DEFERIPRONE)	Prior Authorization
FETZIMA (LEVOMILNACIPRAN HCL)	Step Therapy
FETZIMA TITRATION PACK (LEVOMILNACIPRAN HCL)	Step Therapy
FILSPARI (SPARSENTAN)	Prior Authorization
FILSUVEZ (BIRCH TRITERPENES)	Prior Authorization
FINGOLIMOD HYDROCHLORIDE (FINGOLIMOD HCL)	Prior Authorization
FINTEPLA (FENFLURAMINE HCL (ANTICONVULSANT))	Prior Authorization
FIORICET/CODEINE (BUTALBITAL-ACETAMINOPHEN-CAFFEINE W/ CODEINE)	Step Therapy
FIRDAPSE (AMIFAMPRIDINE PHOSPHATE)	Prior Authorization
FIRMAGON (DEGARELIX ACETATE)	Prior Authorization
FIRST PANTOPRAZOLE (PANTOPRAZOLE SODIUM)	Step Therapy
FLURAZEPAM HYDROCHLORIDE (FLURAZEPAM HCL)	Prior Authorization
FLUTICASONE FUROATE/VILANTEROL ELLIPTA (FLUTICASONE FUROATE-VILANTEROL)	Prior Authorization

FLUTICASONE PROPIONATE DISKUS (FLUTICASONE PROPIONATE (INHALATION))	Step Therapy
FLUTICASONE PROPIONATE HFA (FLUTICASONE PROPIONATE HFA)	Step Therapy
FOCALIN (DEXMETHYLPHENIDATE HCL)	Step Therapy
FOLLISTIM AQ (FOLLITROPIN BETA)	Prior Authorization
FORTEO (TERIPARATIDE (RECOMBINANT))	Prior Authorization
FOSRENOL (LANTHANUM CARBONATE)	Step Therapy
FOTIVDA (TIVOZANIB HCL)	Prior Authorization
FRUZAQLA (FRUQUINTINIB)	Prior Authorization
FYREMADEL (GANIRELIX ACETATE)	Prior Authorization
G TUSSIN AC (GUAIFENESIN-CODEINE)	Prior Authorization
GABAPENTIN ONCE-DAILY (GABAPENTIN (ONCE-DAILY))	Step Therapy
GALAFOLD (MIGALASTAT HCL)	Prior Authorization
GANIRELIX ACETATE (GANIRELIX ACETATE)	Prior Authorization
GATTEX (TEDUGLUTIDE (RDNA))	Prior Authorization
GAVRETO (PRALSETINIB)	Prior Authorization
GEFITINIB (GEFITINIB)	Prior Authorization
GELNIQUE (OXYBUTYNIN CHLORIDE)	Step Therapy
GEMTESA (VIBEGRON)	Step Therapy
GENOTROPIN (SOMATROPIN)	Prior Authorization
GENOTROPIN MINIQUICK (SOMATROPIN)	Prior Authorization
GILENYA (FINGOLIMOD HCL)	Prior Authorization
GILOTRIF (AFATINIB DIMALEATE)	Prior Authorization
GLATIRAMER ACETATE (GLATIRAMER ACETATE)	Prior Authorization
GLATOPA (GLATIRAMER ACETATE)	Prior Authorization
GLOPERBA (COLCHICINE)	Prior Authorization
GLYCOPYRROLATE (GLYCOPYRROLATE)	Prior Authorization
GLYXAMBI (EMPAGLIFLOZIN-LINAGLIPTIN)	Step Therapy
GOLYTELY (PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE)	Step Therapy
GONAL-F (FOLLITROPIN ALFA)	Prior Authorization
GONAL-F RFF (FOLLITROPIN ALFA)	Prior Authorization
GONAL-F RFF REDIJECT (FOLLITROPIN ALFA)	Prior Authorization
GRALISE (GABAPENTIN (ONCE-DAILY))	Step Therapy
GRASTEK (TIMOTHY GRASS POLLEN ALLERGEN EXTRACT)	Prior Authorization
GUAIFENESIN/CODEINE (GUAIFENESIN-CODEINE)	Prior Authorization
GUAIFENESIN/CODEINE PHOSPHATE (GUAIFENESIN-CODEINE)	Prior Authorization
GVOKE HYOPEN 1-PACK (GLUCAGON)	Step Therapy

GVOKE HYPOPEN 2-PACK (GLUCAGON)	Step Therapy
GVOKE KIT (GLUCAGON)	Step Therapy
GVOKE PFS (GLUCAGON)	Step Therapy
HADLIMA (ADALIMUMAB-BWWD)	Prior Authorization
HADLIMA PUSH TOUCH (ADALIMUMAB-BWWD)	Prior Authorization
HARVONI (LEDIPASVIR-SOFOSBUVIR)	Prior Authorization
HEMANGEOL (PROPRANOLOL HCL)	Prior Authorization
HORIZANT (GABAPENTIN ENACARBIL)	Prior Authorization
HULIO (ADALIMUMAB-FKJP)	Prior Authorization
HUMATROPE (SOMATROPIN)	Prior Authorization
HUMIRA (ADALIMUMAB)	Prior Authorization
HUMIRA PEN (ADALIMUMAB)	Prior Authorization
HUMIRA PEN-CD/UC/HS STARTER (ADALIMUMAB)	Prior Authorization
HUMIRA PEN-PS/UV STARTER (ADALIMUMAB)	Prior Authorization
HYCODAN (HYDROCODONE BITARTRATE-HOMATROPINE METHYLBROMIDE)	Prior Authorization
HYDROCODONE BITARTRATE ER (HYDROCODONE BITARTRATE)	Prior Authorization
HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE (HYDROCODONE BITARTRATE-HOMATROPINE METHYLBROMIDE)	Prior Authorization
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX (HYDROCODONE POLISTIREX-CHLORPHENIRAMINE POLISTIREX)	Prior Authorization
HYDROCODONE/HOMATROPINE (HYDROCODONE BITARTRATE-HOMATROPINE METHYLBROMIDE)	Prior Authorization
HYDROMET (HYDROCODONE BITARTRATE-HOMATROPINE METHYLBROMIDE)	Prior Authorization
HYDROMORPHONE HCL ER (HYDROMORPHONE HCL)	Prior Authorization
HYDROMORPHONE HYDROCHLORIDE ER (HYDROMORPHONE HCL)	Prior Authorization
HYFTOR (SIROLIMUS (TOPICAL))	Prior Authorization
HYRIMOZ (ADALIMUMAB-ADAZ)	Prior Authorization
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK (ADALIMUMAB-ADAZ)	Prior Authorization

HYRIMOZ PEDIATRIC CROHNS DISEASE STARTER PACK (ADALIMUMAB-ADAZ)	Prior Authorization
HYRIMOZ PEDIATRIC CROHN'S DISEASE STARTER PACK (ADALIMUMAB-ADAZ)	Prior Authorization
HYRIMOZ PLAQUE PSORIASIS STARTER PACK (ADALIMUMAB-ADAZ)	Prior Authorization
HYRIMOZ PLAQUE PSORIASIS/UVEITIS STARTER PACK (ADALIMUMAB-ADAZ)	Prior Authorization
HYRIMOZ SENSOREADY PENS (ADALIMUMAB-ADAZ)	Prior Authorization
HYSINGLA ER (HYDROCODONE BITARTRATE)	Prior Authorization
IBRANCE (PALBOCICLIB)	Prior Authorization
ICATIBANT ACETATE (ICATIBANT ACETATE)	Prior Authorization
ICLUSIG (PONATINIB HCL)	Prior Authorization
ICOSAPENT ETHYL (ICOSAPENT ETHYL)	Prior Authorization
IDACIO (2 PEN) (ADALIMUMAB-AACF)	Prior Authorization
IDACIO (2 SYRINGE) (ADALIMUMAB-AACF)	Prior Authorization
IDACIO STARTER PACKAGE FOR CROHNS DISEASE (ADALIMUMAB-AACF)	Prior Authorization
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS (ADALIMUMAB-AACF)	Prior Authorization
IDHIFA (ENASIDENIB MESYLATE)	Prior Authorization
IGALMI (DEXMEDETOMIDINE HCL)	Prior Authorization
ILUMYA (TILDRAKIZUMAB-ASMN)	Prior Authorization
IMATINIB MESYLATE (IMATINIB MESYLATE)	Prior Authorization
IMBRUVICA (IBRUTINIB)	Prior Authorization
IMCIVREE (SETMELANOTIDE ACETATE)	Prior Authorization
IMIQUIMOD PUMP (IMIQUIMOD)	Step Therapy
IMITREX STATDOSE REFILL (SUMATRIPTAN SUCCINATE)	Step Therapy
IMITREX STATDOSE SYSTEM (SUMATRIPTAN SUCCINATE)	Step Therapy
INBRIJA (LEVODOPA)	Prior Authorization
INCRELEX (MECASERMIN)	Prior Authorization
INCRUSE ELLIPTA (UMECLIDIINIUM BROMIDE)	Step Therapy
INGREZZA (VALBENZAZINE TOSYLATE)	Prior Authorization
INLYTA (AXITINIB)	Prior Authorization
INQOVI (DECITABINE-CEDAZURIDINE)	Prior Authorization
INREBIC (FEDRATINIB HCL)	Prior Authorization
INSULIN ASPART (INSULIN ASPART)	Prior Authorization
INSULIN ASPART FLEXPEN (INSULIN ASPART)	Prior Authorization
INSULIN ASPART PENFILL (INSULIN ASPART)	Prior Authorization

INSULIN ASPART PROTAMINE/INSULIN ASPART (INSULIN ASPART PROTAMINE & ASPART (HUMAN))	Prior Authorization
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN (INSULIN ASPART PROTAMINE & ASPART (HUMAN))	Prior Authorization
INSULIN DEGLUDEC (INSULIN DEGLUDEC)	Prior Authorization
INSULIN DEGLUDEC FLEXTOUCH (INSULIN DEGLUDEC)	Prior Authorization
INSULIN GLARGINE MAX SOLOSTAR (INSULIN GLARGINE)	Prior Authorization
INSULIN GLARGINE SOLOSTAR (INSULIN GLARGINE)	Prior Authorization
INSULIN GLARGINE-YFGN (INSULIN GLARGINE-YFGN)	Step Therapy
INTRAROSA (PRASTERONE VAGINAL)	Step Therapy
INVEGA HAFYERA (PALIPERIDONE PALMITATE)	Step Therapy
INVOKAMET (CANAGLIFLOZIN-METFORMIN HCL)	Step Therapy
INVOKAMET XR (CANAGLIFLOZIN-METFORMIN HCL)	Step Therapy
INVOKANA (CANAGLIFLOZIN)	Step Therapy
IRESSA (GEFITINIB)	Prior Authorization
ITRACONAZOLE (ITRACONAZOLE)	Prior Authorization
IVABRADINE HYDROCHLORIDE (IVABRADINE HCL)	Prior Authorization
IWILFIN (EFLORNITHINE HYDROCHLORIDE)	Prior Authorization
JAKAFI (RUXOLITINIB PHOSPHATE)	Prior Authorization
JANUMET (SITAGLIPTIN-METFORMIN HCL)	Step Therapy
JANUMET XR (SITAGLIPTIN-METFORMIN HCL)	Step Therapy
JANUVIA (SITAGLIPTIN PHOSPHATE)	Step Therapy
JARDIANCE (EMPAGLIFLOZIN)	Step Therapy
JAYPIRCA (PIRTOBRUTINIB)	Prior Authorization
JENTADUETO (LINAGLIPTIN-METFORMIN HCL)	Step Therapy
JENTADUETO XR (LINAGLIPTIN-METFORMIN HCL)	Step Therapy
JESDUVROQ (DAPRODUSTAT)	Prior Authorization
JOENJA (LENIOLISIB PHOSPHATE)	Prior Authorization
JORNAY PM (METHYLPHENIDATE HCL)	Step Therapy
JUXTAPID (LOMITAPIDE MESYLATE)	Prior Authorization
JYLAMVO (METHOTREXATE)	Prior Authorization

JYNARQUE (TOLVAPTAN)	Prior Authorization
KALYDECO (IVACAFTOR)	Prior Authorization
KAPSPARGO SPRINKLE (METOPROLOL SUCCINATE)	Step Therapy
KERENDIA (FINERENONE)	Prior Authorization
KESIMPTA (OFATUMUMAB (MS))	Prior Authorization
KEVEYIS (DICHLORPHENAMIDE)	Prior Authorization
KEVZARA (SARILUMAB)	Prior Authorization
KINERET (ANAKINRA)	Prior Authorization
KISQALI (RIBOCICLIB SUCCINATE)	Prior Authorization
KITABIS PAK (TOBRAMYCIN)	Step Therapy
KLISYRI (TIRBANIBULIN)	Step Therapy
KORLYM (MIFEPRISTONE (HYPERGLYCEMIA))	Prior Authorization
KOSELUGO (SELUMETINIB SULFATE)	Prior Authorization
KRAZATI (ADAGRASIB)	Prior Authorization
K-TAB (POTASSIUM CHLORIDE)	Step Therapy
LAMICTAL ODT (LAMOTRIGINE)	Step Therapy
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE (LAMOTRIGINE)	Step Therapy
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE (LAMOTRIGINE)	Step Therapy
LAMICTAL STARTER/TAKING VALPROATE (LAMOTRIGINE)	Step Therapy
LANREOTIDE ACETATE (LANREOTIDE ACETATE)	Prior Authorization
LAPATINIB DITOSYLATE (LAPATINIB DITOSYLATE)	Prior Authorization
LASIX (FUROSEMIDE)	Step Therapy
LATUDA (LURASIDONE HCL)	Step Therapy
LEDIPASVIR/SOFOSBUVIR (LEDIPASVIR- SOFOSBUVIR)	Prior Authorization
LENALIDOMIDE (LENALIDOMIDE)	Prior Authorization
LENVIMA 10 MG DAILY DOSE (LENVATINIB MESYLATE)	Prior Authorization
LENVIMA 12MG DAILY DOSE (LENVATINIB MESYLATE)	Prior Authorization
LENVIMA 14 MG DAILY DOSE (LENVATINIB MESYLATE)	Prior Authorization
LENVIMA 18 MG DAILY DOSE (LENVATINIB MESYLATE)	Prior Authorization
LENVIMA 20 MG DAILY DOSE (LENVATINIB MESYLATE)	Prior Authorization

LENVIMA 24 MG DAILY DOSE (LENVATINIB MESYLATE)	Prior Authorization
LENVIMA 4 MG DAILY DOSE (LENVATINIB MESYLATE)	Prior Authorization
LENVIMA 8 MG DAILY DOSE (LENVATINIB MESYLATE)	Prior Authorization
LEUKINE (SARGRAMOSTIM)	Prior Authorization
LEUPROLIDE ACETATE (LEUPROLIDE ACETATE)	Prior Authorization
LEVALBUTEROL TARTRATE HFA (LEVALBUTEROL TARTRATE)	Step Therapy
L-GLUTAMINE (GLUTAMINE (SICKLE CELL))	Prior Authorization
LIALDA (MESALAMINE)	Step Therapy
LINZESS (LINACLOTIDE)	Step Therapy
LIRAGLUTIDE (LIRAGLUTIDE)	Prior Authorization
LITFULO (RITLECITINIB TOSYLATE)	Prior Authorization
LIVALO (PITAVASTATIN CALCIUM)	Step Therapy
LIVMARLI (MARALIXIBAT CHLORIDE)	Prior Authorization
LIVTENCITY (MARIBAVIR)	Prior Authorization
LOESTRIN 1.5/30-21 (NORETHINDRONE ACET & ETH ESTRA)	Step Therapy
LOESTRIN 1/20-21 (NORETHINDRONE ACET & ETH ESTRA)	Step Therapy
LOESTRIN FE 1.5/30 (NORETHIN ACET & ESTRAD-FE)	Step Therapy
LOESTRIN FE 1/20 (NORETHIN ACET & ESTRAD-FE)	Step Therapy
LOMAIRA (PHENTERMINE HCL)	Prior Authorization
LONSURF (TRIFLURIDINE-TIPIRACIL)	Prior Authorization
LORBRENA (LORLATINIB)	Prior Authorization
LUCEMYRA (LOFEXIDINE HCL)	Step Therapy
LUMAKRAS (SOTORASIB)	Prior Authorization
LUMRYZ (SODIUM OXYBATE)	Prior Authorization
LUPKYNIS (VOCLOSPORIN)	Prior Authorization
LUPRON DEPOT (1-MONTH) (LEUPROLIDE ACETATE)	Prior Authorization
LUPRON DEPOT (3-MONTH) (LEUPROLIDE ACETATE (3 MONTH))	Prior Authorization
LUPRON DEPOT (4-MONTH) (LEUPROLIDE ACETATE (4 MONTH))	Prior Authorization
LUPRON DEPOT (6-MONTH) (LEUPROLIDE ACETATE (6 MONTH))	Prior Authorization
LUPRON DEPOT-PED (1-MONTH) (LEUPROLIDE ACETATE (CPP))	Prior Authorization

LUPRON DEPOT-PED (3-MONTH) (LEUPROLIDE ACETATE (CPP) (3 MONTH))	Prior Authorization
LYBALVI (OLANZAPINE-SAMIDORPHAN L-MALATE)	Step Therapy
LYNPARZA (OLAPARIB)	Prior Authorization
LYRICA (PREGABALIN)	Step Therapy
LYTGOBI (FUTIBATINIB)	Prior Authorization
MARAVIROC (MARAVIROC)	Prior Authorization
MARINOL (DRONABINOL)	Prior Authorization
MAVENCLAD (CLADRIBINE (MULTIPLE SCLEROSIS))	Prior Authorization
MAVYRET (GLECAPREVIR-PIBRENTASVIR)	Prior Authorization
MAXI-TUSS AC (GUAIFENESIN-CODEINE)	Prior Authorization
MAXI-TUSS CD (PHENYLEPHRINE-CHLORPHENIRAMINE W/ CODEINE)	Prior Authorization
MAYZENT (SIPONIMOD FUMARATE)	Prior Authorization
MAYZENT STARTER PACK (SIPONIMOD FUMARATE)	Prior Authorization
MEKINIST (TRAMETINIB DIMETHYL SULFOXIDE)	Prior Authorization
MEKTOVI (BINIMETINIB)	Prior Authorization
MENOPUR (MENOTROPINS)	Prior Authorization
MENOSTAR (ESTRADIOL)	Step Therapy
METHITEST (METHYLTESTOSTERONE)	Prior Authorization
METHYLIN (METHYLPHENIDATE HCL)	Step Therapy
METHYLPHENIDATE HYDROCHLORIDE CD (METHYLPHENIDATE HCL)	Step Therapy
METHYLPHENIDATE HYDROCHLORIDE ER (METHYLPHENIDATE HCL)	Step Therapy
METROGEL (METRONIDAZOLE (TOPICAL))	Step Therapy
METYROSINE (METYROSINE)	Prior Authorization
MIEBO (PERFLUOROHEXYLOCTANE)	Prior Authorization
MIFEPRISTONE (MIFEPRISTONE (HYPERGLYCEMIA))	Prior Authorization
MIGERGOT (ERGOTAMINE W/ CAFFEINE)	Prior Authorization
MIGLUSTAT (MIGLUSTAT)	Prior Authorization
MITIGARE (COLCHICINE)	Step Therapy
MODAFINIL (MODAFINIL)	Prior Authorization
MORPHINE SULFATE ER (MORPHINE SULFATE BEADS)	Prior Authorization
MOTEGRITY (PRUCALOPRIDE SUCCINATE)	Step Therapy
MOTPOLY XR (LACOSAMIDE)	Step Therapy
MOUNJARO (TIRZEPATIDE)	Prior Authorization
MOVANTIK (NALOXEGOL OXALATE)	Step Therapy

MOVIPREP (PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-ASCORBIC ACID)	Step Therapy
MULPLETA (LUSUTROMBOPAG)	Prior Authorization
MYALEPT (METRELEPTIN)	Prior Authorization
MYDAYIS (AMPHETAMINE-DEXTROAMPHETAMINE)	Step Therapy
MYFEMBREE (RELUGOLIX-ESTRADIOL-NORETHINDRONE ACETATE)	Prior Authorization
NATROBA (SPINOSAD)	Step Therapy
NERLYNX (NERATINIB MALEATE)	Prior Authorization
NEURONTIN (GABAPENTIN)	Step Therapy
NEXAVAR (SORAFENIB TOSYLATE)	Prior Authorization
NEXLETOL (BEMPEDOIC ACID)	Prior Authorization
NEXLIZET (BEMPEDOIC ACID-EZETIMIBE)	Prior Authorization
NGENLA (SOMATROGON-GHLA)	Prior Authorization
NINLARO (IXAZOMIB CITRATE)	Prior Authorization
NITISINONE (NITISINONE)	Prior Authorization
NITROSTAT (NITROGLYCERIN)	Step Therapy
NITYR (NITISINONE)	Prior Authorization
NOCDURNA (DESMOPRESSIN ACETATE)	Prior Authorization
NORDITROPIN FLEXPEN (SOMATROPIN)	Prior Authorization
NORLIQVA (AMLODIPINE BESYLATE)	Prior Authorization
NOURIANZ (ISTRADEFYLLINE)	Prior Authorization
NOVAREL (CHORIONIC GONADOTROPIN)	Prior Authorization
NOVOLOG FLEXPEN RELION (INSULIN ASPART)	Prior Authorization
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION (INSULIN ASPART PROTAMINE & ASPART (HUMAN))	Prior Authorization
NOVOLOG MIX 70/30 RELION (INSULIN ASPART PROTAMINE & ASPART (HUMAN))	Prior Authorization
NOVOLOG RELION (INSULIN ASPART)	Prior Authorization
NOXAFIL (POSACONAZOLE)	Prior Authorization
NUBEQA (DAROLUTAMIDE)	Prior Authorization
NUCALA (MEPOLIZUMAB)	Prior Authorization
NUCYNTA ER (TAPENTADOL HCL)	Prior Authorization
NUEDEXTA (DEXTROMETHORPHAN HBR-QUINIDINE SULFATE)	Prior Authorization
NUPLAZID (PIMAVANSERIN TARTRATE)	Prior Authorization
NURTEC (RIMEGEPANT SULFATE)	Prior Authorization
NUTROPIN AQ NUSPIN 10 (SOMATROPIN)	Prior Authorization
NUTROPIN AQ NUSPIN 20 (SOMATROPIN)	Prior Authorization
NUTROPIN AQ NUSPIN 5 (SOMATROPIN)	Prior Authorization
OCALIVA (OBETICHOLIC ACID)	Prior Authorization

OCTREOTIDE ACETATE (OCTREOTIDE ACETATE)	Prior Authorization
ODACTRA (DUST MITE MIXED ALLERGEN EXTRACT)	Prior Authorization
ODOMZO (SONIDEGIB PHOSPHATE)	Prior Authorization
OFEV (NINTEDANIB ESYLATE)	Prior Authorization
OGSIVEO (NIROGACESTAT HYDROBROMIDE)	Prior Authorization
OJJAARA (MOMELOTINIB DIHYDROCHLORIDE)	Prior Authorization
OLUMIANT (BARICITINIB)	Prior Authorization
OMNITROPE (SOMATROPIN)	Prior Authorization
OMVOH (MIRIKIZUMAB-MRKZ)	Prior Authorization
ONEXTON (CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE)	Step Therapy
ONGENTYS (OPICAPONE)	Step Therapy
ONGLYZA (SAXAGLIPTIN HCL)	Step Therapy
ONUREG (AZACITIDINE)	Prior Authorization
OPFOLDA (MIGLUSTAT (GAA DEFICIENCY))	Prior Authorization
OPSUMIT (MACITENTAN)	Prior Authorization
OPZELURA (RUXOLITINIB PHOSPHATE (TOPICAL))	Step Therapy
ORENCIA (ABATACEPT)	Prior Authorization
ORENCIA CLICKJECT (ABATACEPT)	Prior Authorization
ORENITRAM (TREPROSTINIL DIOLAMINE)	Prior Authorization
ORENITRAM TITRATION KIT MONTH 1 (TREPROSTINIL DIOLAMINE)	Prior Authorization
ORENITRAM TITRATION KIT MONTH 2 (TREPROSTINIL DIOLAMINE)	Prior Authorization
ORENITRAM TITRATION KIT MONTH 3 (TREPROSTINIL DIOLAMINE)	Prior Authorization
ORFADIN (NITISINONE)	Prior Authorization
ORGOVYX (RELUGOLIX)	Prior Authorization
ORIAHNN (ELAGOLIX SODIUM-ESTRADIOL-NORETHINDRONE ACETATE)	Prior Authorization
ORLISSA (ELAGOLIX SODIUM)	Prior Authorization
ORKAMBI (LUMACAFTOR-IVACAFTOR)	Prior Authorization
ORLADEYO (BEROTRALSTAT HCL)	Prior Authorization
ORLISTAT (ORLISTAT)	Prior Authorization
ORSERDU (ELACESTRANT HYDROCHLORIDE)	Prior Authorization
OSMOLEX ER (AMANTADINE HCL)	Prior Authorization
OTEZLA (APREMILAST)	Prior Authorization
OVIDREL (CHORIOGONADOTROPIN ALFA)	Prior Authorization
OXERVATE (CENEGERMIN-BKBJ)	Prior Authorization
OXTELLAR XR (OXCARBAZEPINE)	Step Therapy

OXYCONTIN (OXYCODONE HCL)	Prior Authorization
OXYMORPHONE HYDROCHLORIDE ER (OXYMORPHONE HCL)	Prior Authorization
OXYMORPHONE HYDROCHLORIDEER (OXYMORPHONE HCL)	Prior Authorization
OXYTROL (OXYBUTYNIN)	Step Therapy
OZEMPIC (SEMAGLUTIDE)	Prior Authorization
PALFORZIA INITIAL DOSE ESCALATION (PEANUT (ARACHIS HYPOGAEA) ALLERGEN POWDER-DNFP)	Prior Authorization
PALFORZIA LEVEL 1 (PEANUT (ARACHIS HYPOGAEA) ALLERGEN POWDER-DNFP)	Prior Authorization
PALFORZIA LEVEL 10 (PEANUT (ARACHIS HYPOGAEA) ALLERGEN POWDER-DNFP)	Prior Authorization
PALFORZIA LEVEL 11 (MAINTENANCE) (PEANUT (ARACHIS HYPOGAEA) ALLERGEN POWDER-DNFP)	Prior Authorization
PALFORZIA LEVEL 11 (TITRATION) (PEANUT (ARACHIS HYPOGAEA) ALLERGEN POWDER-DNFP)	Prior Authorization
PALFORZIA LEVEL 2 (PEANUT (ARACHIS HYPOGAEA) ALLERGEN POWDER-DNFP)	Prior Authorization
PALFORZIA LEVEL 3 (PEANUT (ARACHIS HYPOGAEA) ALLERGEN POWDER-DNFP)	Prior Authorization
PALFORZIA LEVEL 4 (PEANUT (ARACHIS HYPOGAEA) ALLERGEN POWDER-DNFP)	Prior Authorization
PALFORZIA LEVEL 5 (PEANUT (ARACHIS HYPOGAEA) ALLERGEN POWDER-DNFP)	Prior Authorization
PALFORZIA LEVEL 6 (PEANUT (ARACHIS HYPOGAEA) ALLERGEN POWDER-DNFP)	Prior Authorization
PALFORZIA LEVEL 7 (PEANUT (ARACHIS HYPOGAEA) ALLERGEN POWDER-DNFP)	Prior Authorization
PALFORZIA LEVEL 8 (PEANUT (ARACHIS HYPOGAEA) ALLERGEN POWDER-DNFP)	Prior Authorization
PALFORZIA LEVEL 9 (PEANUT (ARACHIS HYPOGAEA) ALLERGEN POWDER-DNFP)	Prior Authorization
PANCREAZE (PANCRELIPASE (LIPASE-PROTEASE-AMYLASE))	Step Therapy
PAXIL (PAROXETINE HCL)	Step Therapy
PAZOPANIB HYDROCHLORIDE (PAZOPANIB HCL)	Prior Authorization
PEGASYS (PEGINTERFERON ALFA-2A)	Prior Authorization
PEMAZYRE (PEMIGATINIB)	Prior Authorization
PENTASA (MESALAMINE)	Step Therapy

PHEBURANE (SODIUM PHENYLBUTYRATE)	Prior Authorization
PHENOXYBENZAMINE HYDROCHLORIDE (PHENOXYBENZAMINE HCL)	Prior Authorization
PHEXXI (LACTIC ACID-CITRIC ACID-POTASSIUM BITARTRATE)	Prior Authorization
PIMECROLIMUS (PIMECROLIMUS)	Step Therapy
PIQRAY 200MG DAILY DOSE (ALPELISIB)	Prior Authorization
PIQRAY 250MG DAILY DOSE (ALPELISIB)	Prior Authorization
PIQRAY 300MG DAILY DOSE (ALPELISIB)	Prior Authorization
PIRFENIDONE (PIRFENIDONE)	Prior Authorization
PLAVIX (CLOPIDOGREL BISULFATE)	Step Therapy
PLEGRIDY (PEGINTERFERON BETA-1A)	Prior Authorization
PLEGRIDY STARTER PACK (PEGINTERFERON BETA- 1A)	Prior Authorization
PLENVU (PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-ASCORBIC ACID)	Step Therapy
POLY-TUSSIN AC (PHENYLEPHRINE- BROMPHENIRAMINE W/ CODEINE)	Prior Authorization
POMALYST (POMALIDOMIDE)	Prior Authorization
POSACONAZOLE (POSACONAZOLE)	Prior Authorization
POSACONAZOLE DR (POSACONAZOLE)	Prior Authorization
PRALUENT (ALIROCUMAB)	Prior Authorization
PRED FORTE (PREDNISOLONE ACETATE (OPHTH))	Step Therapy
PREGNYL (CHORIONIC GONADOTROPIN)	Prior Authorization
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL (CHORIONIC GONADOTROPIN)	Prior Authorization
PROAIR RESPICLICK (ALBUTEROL SULFATE)	Step Therapy
PROCENTRA (DEXTROAMPHETAMINE SULFATE)	Step Therapy
PROLENSA (BROMFENAC SODIUM (OPHTH))	Step Therapy
PROMACTA (ELTROMBOPAG OLAMINE)	Prior Authorization
PROMETHAZINE/CODEINE (PROMETHAZINE W/CODEINE)	Prior Authorization
PROVENTIL HFA (ALBUTEROL SULFATE)	Step Therapy
PULMICORT FLEXHALER (BUDESONIDE (INHALATION))	Step Therapy
PULMOZYME (DORNASE ALFA)	Prior Authorization
PYRIMETHAMINE (PYRIMETHAMINE)	Prior Authorization
PYRUKYND (MITAPIVAT SULFATE)	Prior Authorization
PYRUKYND TAPER PACK (MITAPIVAT SULFATE)	Prior Authorization
QELBREE (VILOXAZINE HCL (ADHD))	Step Therapy

QJNLOCK (RIPRETINIB)	Prior Authorization
QSYMIA (PHENTERMINE HCL-TOPIRAMATE)	Prior Authorization
QTERN (DAPAGLIFLOZIN-SAXAGLIPTIN)	Step Therapy
QUALAQUIN (QUININE SULFATE)	Prior Authorization
QUDEXY XR (TOPIRAMATE)	Step Therapy
QUESTRAN (CHOLESTYRAMINE)	Step Therapy
QUESTRAN LIGHT (CHOLESTYRAMINE LIGHT)	Step Therapy
QUILLICHEW ER (METHYLPHENIDATE HCL)	Step Therapy
QUILLIVANT XR (METHYLPHENIDATE HCL)	Step Therapy
QUININE SULFATE (QUININE SULFATE)	Prior Authorization
QULIPTA (ATOGEPAANT)	Prior Authorization
QUVIVIQ (DARIDOREXANT HCL)	Step Therapy
RADICAVA ORS (EDARAVONE)	Prior Authorization
RADICAVA ORS STARTER KIT (EDARAVONE)	Prior Authorization
RAGWITEK (SHORT RAGWEED POLLEN ALLERGEN EXTRACT)	Prior Authorization
RASUVO (METHOTREXATE (ANTIRHEUMATIC))	Prior Authorization
REBIF (INTERFERON BETA-1A)	Prior Authorization
REBIF REBIDOSE (INTERFERON BETA-1A)	Prior Authorization
REBIF REBIDOSE TITRATION PACK (INTERFERON BETA-1A)	Prior Authorization
REBIF TITRATION PACK (INTERFERON BETA-1A)	Prior Authorization
REGRANEX (BECAPLERMIN)	Prior Authorization
RELISTOR (METHYLNALTREXONE BROMIDE)	Step Therapy
RELYVRIO (SODIUM PHENYLBUTYRATE-TAURURSODIOL)	Prior Authorization
REPATHA (EVOLOCUMAB)	Prior Authorization
REPATHA PUSHTRONEX SYSTEM (EVOLOCUMAB)	Prior Authorization
REPATHA SURECLICK (EVOLOCUMAB)	Prior Authorization
RESTASIS (CYCLOSPORINE (OPHTH))	Prior Authorization
RESTASIS MULTIDOSE (CYCLOSPORINE (OPHTH))	Prior Authorization
RETEVMO (SELPERCATINIB)	Prior Authorization
RETIN-A MICRO (TRETINOIN MICROSPHERE)	Prior Authorization
RETIN-A MICRO PUMP (TRETINOIN MICROSPHERE)	Prior Authorization
REVLIMID (LENALIDOMIDE)	Prior Authorization
REYVOW (LASMIDITAN SUCCINATE)	Prior Authorization
REZLIDHIA (OLUTASIDENIB)	Prior Authorization
RHOFADE (OXYMETAZOLINE HCL (TOPICAL))	Step Therapy
RINVOQ (UPADACITINIB)	Prior Authorization

RINVOQ LQ (UPADACITINIB)	Prior Authorization
RIOMET (METFORMIN HCL)	Step Therapy
RISPERDAL (RISPERIDONE)	Step Therapy
RIVFLOZA (NEDOSIRAN SODIUM)	Prior Authorization
ROFLUMILAST (ROFLUMILAST)	Prior Authorization
ROZLYTREK (ENTRECTINIB)	Prior Authorization
RUBRACA (RUCAPARIB CAMSYLATE)	Prior Authorization
RUFINAMIDE (RUFINAMIDE)	Prior Authorization
RYBELSUS (SEMAGLUTIDE)	Prior Authorization
RYDAPT (MIDOSTAURIN)	Prior Authorization
RYTARY (CARBIDOPA-LEVODOPA)	Step Therapy
SAFYRAL (DROSPIRENONE-ETHINYL ESTRADIOL- LEVOMEFOLATE CALCIUM)	Step Therapy
SAIZEN (SOMATROPIN (NON-REFRIGERATED))	Prior Authorization
SAMSCA (TOLVAPTAN)	Prior Authorization
SAPROPTERIN DIHYDROCHLORIDE (SAPROPTERIN DIHYDROCHLORIDE)	Prior Authorization
SAVELLA (MILNACIPRAN HCL)	Step Therapy
SAVELLA TITRATION PACK (MILNACIPRAN HCL)	Step Therapy
SAXAGLIPTIN HYDROCHLORIDE (SAXAGLIPTIN HCL)	Step Therapy
SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER (SAXAGLIPTIN-METFORMIN HCL)	Step Therapy
SAXENDA (LIRAGLUTIDE (WEIGHT MANAGEMENT))	Prior Authorization
SCEMBLIX (ASCIMINIB HCL)	Prior Authorization
SECUADO (ASENAPINE)	Step Therapy
SEGLUOMET (ERTUGLIFLOZIN-METFORMIN HCL)	Step Therapy
SELZENTRY (MARAVIROC)	Prior Authorization
SEMGLEE (INSULIN GLARGINE-YFGN)	Step Therapy
SEROSTIM (SOMATROPIN (NON-REFRIGERATED))	Prior Authorization
SEYSARA (SARECYCLINE HCL)	Step Therapy
SILIQ (BRODALUMAB)	Prior Authorization
SILVADENE (SILVER SULFADIAZINE)	Step Therapy
SIMPONI (GOLIMUMAB)	Prior Authorization
SKYCLARYS (OMAVELOXOLONE)	Prior Authorization
SKYRIZI (RISANKIZUMAB-RZAA)	Prior Authorization
SKYRIZI PEN (RISANKIZUMAB-RZAA)	Prior Authorization
SKYTROFA (LONAPEG SOMATROPIN-TCGD)	Prior Authorization

SLYND (DROSPIRENONE)	Step Therapy
SOAANZ (TORSEMIDE)	Prior Authorization
SODIUM OXYBATE (SODIUM OXYBATE)	Prior Authorization
SODIUM PHENYL BUTYRATE (SODIUM PHENYL BUTYRATE)	Prior Authorization
SOFOSBUVIR/VELPATASVIR (SOFOBUVIR-VELPATASVIR)	Prior Authorization
SOGROYA (SOMAPACITAN-BECO)	Prior Authorization
SOHONOS (PALOVAROTENE)	Prior Authorization
SOLOSEC (SECNIDAZOLE)	Step Therapy
SOMATULINE DEPOT (LANREOTIDE ACETATE)	Prior Authorization
SOMAVERT (PEGVISOMANT)	Prior Authorization
SORAFENIB (SORAFENIB TOSYLATE)	Prior Authorization
SORAFENIB TOSYLATE (SORAFENIB TOSYLATE)	Prior Authorization
SOTYKTU (DEUCRAVACITINIB)	Prior Authorization
SOVALDI (SOFOBUVIR)	Prior Authorization
SPEVIGO (SPESOLIMAB-SBZO)	Prior Authorization
SPIRIVA HANDIHALER (TIOTROPIUM BROMIDE MONOHYDRATE)	Step Therapy
SPORANOX (ITRACONAZOLE)	Prior Authorization
SPRAVATO 56MG DOSE (ESKETAMINE HCL)	Prior Authorization
SPRAVATO 84MG DOSE (ESKETAMINE HCL)	Prior Authorization
SPRYCEL (DASATINIB)	Prior Authorization
STEGLATRO (ERTUGLIFLOZIN L-PYROGLUTAMIC ACID)	Step Therapy
STEGLUJAN (ERTUGLIFLOZIN-SITAGLIPTIN)	Step Therapy
STELARA (USTEKINUMAB)	Prior Authorization
STIVARGA (REGORAFENIB)	Prior Authorization
STRENSIQ (ASFOTASE ALFA)	Prior Authorization
SUCRAID (SACROSIDASE)	Prior Authorization
SUNITINIB MALATE (SUNITINIB MALATE)	Prior Authorization
SUNLENCA (LENACAPAVIR SODIUM)	Prior Authorization
SUNOSI (SOLRIAMFETOL HCL)	Prior Authorization
SYMBICORT (BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE)	Step Therapy
SYMDEKO (TEZACAFTOR-IVACAFTOR)	Prior Authorization
SYMLINPEN 120 (PRAMLINTIDE ACETATE)	Prior Authorization
SYMLINPEN 60 (PRAMLINTIDE ACETATE)	Prior Authorization
SYMPAZAN (CLOBAZAM)	Prior Authorization
SYMPROIC (NALDEMEDINE TOSYLATE)	Step Therapy
SYNDROS (DRONABINOL)	Prior Authorization
SYNJARDY (EMPAGLIFLOZIN-METFORMIN HCL)	Step Therapy

SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN HCL)	Step Therapy
TABRECTA (CAPMATINIB HCL)	Prior Authorization
TADLIQ (TADALAFIL (PULMONARY HYPERTENSION))	Prior Authorization
TAFINLAR (DABRAFENIB MESYLATE)	Prior Authorization
TAGRISSO (OSIMERTINIB MESYLATE)	Prior Authorization
TAKHZYRO (LANADELUMAB-FLYO)	Prior Authorization
TALTZ (IXEKIZUMAB)	Prior Authorization
TALZENNA (TALAZOPARIB TOSYLATE)	Prior Authorization
TASIGNA (NILOTINIB HCL)	Prior Authorization
TASIMELTEON (TASIMELTEON)	Prior Authorization
TAVABOROLE (TAVABOROLE)	Prior Authorization
TAVALISSE (FOSTAMATINIB DISODIUM)	Prior Authorization
TAVNEOS (AVACOPAN)	Prior Authorization
TAYTULLA (NORETHIN ACET & ESTRAD-FE)	Step Therapy
TAZAROTENE (TAZAROTENE)	Prior Authorization
TAZVERIK (TAZEMETOSTAT HBR)	Prior Authorization
TEGLUTIK (RILUZOLE)	Prior Authorization
TEGSEDI (INOTERSEN SODIUM)	Prior Authorization
TEMOZOLOMIDE (TEMOZOLOMIDE)	Prior Authorization
TEPMETKO (TEPOTINIB HCL)	Prior Authorization
TERIFLUNOMIDE (TERIFLUNOMIDE)	Prior Authorization
TERIPARATIDE (TERIPARATIDE (RECOMBINANT))	Prior Authorization
TESTOSTERONE (TESTOSTERONE)	Prior Authorization
TESTOSTERONE CYPIONATE (TESTOSTERONE CYPIONATE)	Prior Authorization
TESTOSTERONE ENANTHATE (TESTOSTERONE ENANTHATE)	Prior Authorization
TESTOSTERONE PUMP (TESTOSTERONE)	Prior Authorization
TESTOSTERONE TOPICAL SOLUTION (TESTOSTERONE)	Prior Authorization
TETRABENAZINE (TETRABENAZINE)	Prior Authorization
TEZSPIRE (TEZEPELUMAB-EKKO)	Prior Authorization
THALOMID (THALIDOMIDE)	Prior Authorization
THYQUIDITY (LEVOTHYROXINE SODIUM)	Step Therapy
TIBSOVO (IVOSIDENIB)	Prior Authorization
TIKOSYN (DOFETILIDE)	Step Therapy
TIMOPTIC OCUDOSE (TIMOLOL MALEATE (OPHTH))	Step Therapy
TOBI (TOBRAMYCIN)	Step Therapy
TOLVAPTAN (TOLVAPTAN)	Prior Authorization
TOPIRAMATE ER (TOPIRAMATE)	Step Therapy

TORPENZ (EVEROLIMUS)	Prior Authorization
TRACLEER (BOSENTAN)	Prior Authorization
TRADJENTA (LINAGLIPTIN)	Step Therapy
TRAMADOL HCL ER (TRAMADOL HCL)	Prior Authorization
TRAMADOL HYDROCHLORIDE ER (TRAMADOL HCL)	Prior Authorization
TRELSTAR MIXJECT (TRIPTORELIN PAMOATE)	Prior Authorization
TREMFYA (GUSELKUMAB)	Prior Authorization
TRICOR (FENOFIBRATE)	Step Therapy
TRIENTINE HYDROCHLORIDE (TRIENTINE HCL)	Prior Authorization
TRIJARDY XR (EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN)	Step Therapy
TRIKAFTA (ELEXACAFTOR-TEZACAFTOR-IVACAFTOR)	Prior Authorization
TRINTELLIX (VORTIOXETINE HBR)	Step Therapy
TRIPTODUR (TRIPTORELIN PAMOATE (CPP))	Prior Authorization
TROKENDI XR (TOPIRAMATE)	Step Therapy
TRUDHESA (DIHYDROERGOTAMINE MESYLATE HFA)	Prior Authorization
TRULANCE (PLECANATIDE)	Step Therapy
TRULICITY (DULAGLUTIDE)	Prior Authorization
TRUQAP (CAPIVASERTIB)	Prior Authorization
TUKYSA (TUCATINIB)	Prior Authorization
TURALIO (PEXIDARTINIB HCL)	Prior Authorization
TWIRLA (LEVONORGESTREL-ETHINYL ESTRADIOL)	Step Therapy
TYMLOS (ABALOPARATIDE)	Prior Authorization
TYRVAYA (VARENICLINE TARTRATE (CHOLINERGIC AGONIST))	Prior Authorization
TYVASO (TREPROSTINIL)	Prior Authorization
TYVASO DPI MAINTENANCE KIT (TREPROSTINIL)	Prior Authorization
TYVASO DPI TITRATION KIT (TREPROSTINIL)	Prior Authorization
TYVASO REFILL KIT (TREPROSTINIL)	Prior Authorization
TYVASO STARTER KIT (TREPROSTINIL)	Prior Authorization
UBRELVY (UBROGEPANT)	Prior Authorization
UPNEEQ (OXYMETAZOLINE HCL (BLEPHAROPTOSIS))	Prior Authorization
UPTRAVI (SELEXIPAG)	Prior Authorization
UPTRAVI TITRATION PACK (SELEXIPAG)	Prior Authorization
VALCHLOR (MECHLORETHAMINE HCL (TOPICAL))	Prior Authorization
VANDAZOLE (METRONIDAZOLE VAGINAL)	Step Therapy

VANFLYTA (QUIZARTINIB DIHYDROCHLORIDE)	Prior Authorization
VASCEPA (ICOSAPENT ETHYL)	Prior Authorization
VECTICAL (CALCITRIOL (TOPICAL))	Step Therapy
VELSIPITY (ETRASIMOD ARGININE)	Prior Authorization
VENCLEXTA (VENETOCLAX)	Prior Authorization
VENCLEXTA STARTING PACK (VENETOCLAX)	Prior Authorization
VENTAVIS (ILOPROST)	Prior Authorization
VENTOLIN HFA (ALBUTEROL SULFATE)	Step Therapy
VEOZAH (FEZOLINETANT)	Prior Authorization
VERKAZIA (CYCLOSPORINE (OPHTH))	Prior Authorization
VERQUVO (VERICIGUAT)	Prior Authorization
VERZENIO (ABEMACICLIB)	Prior Authorization
VESICARE LS (SOLIFENACIN SUCCINATE)	Step Therapy
VFEND (VORICONAZOLE)	Prior Authorization
VIBERZI (ELUXADOLINE)	Prior Authorization
VIBRAMYCIN (DOXYCYCLINE HYCLATE)	Step Therapy
VICTOZA (LIRAGLUTIDE)	Prior Authorization
VIGABATRIN (VIGABATRIN)	Prior Authorization
VIGADRONE (VIGABATRIN)	Prior Authorization
VIGAMOX (MOXIFLOXACIN HCL (OPHTH))	Step Therapy
VIGPODER (VIGABATRIN)	Prior Authorization
VIIBRYD (VILAZODONE HCL)	Step Therapy
VIJOICE (ALPELISIB (PROS AGENTS))	Prior Authorization
VIOKACE (PANCRELIPASE (LIPASE-PROTEASE-AMYLASE))	Step Therapy
VITRAKVI (LAROTRECTINIB SULFATE)	Prior Authorization
VIZIMPRO (DACOMITINIB)	Prior Authorization
VOCABRIA (CABOTEGRAVIR SODIUM)	Prior Authorization
VONJO (PACRITINIB CITRATE)	Prior Authorization
VORICONAZOLE (VORICONAZOLE)	Prior Authorization
VOSEVI (SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR)	Prior Authorization
VOTRIENT (PAZOPANIB HCL)	Prior Authorization
VOWST (FECAL MICROBIOTA SPORES, LIVE-BRPK)	Prior Authorization
VOXZOGO (VOSORITIDE)	Prior Authorization
VTAMA (TAPINAROF)	Prior Authorization
VUMERITY (DIROXIMEL FUMARATE)	Prior Authorization
VYLEESI (BREMELANOTIDE ACETATE)	Prior Authorization
VYNDAMAX (TAFAMIDIS)	Prior Authorization
VYNDAQEL (TAFAMIDIS MEGLUMINE (CARDIAC))	Prior Authorization

VYVANSE (LISDEXAMFETAMINE DIMESYLATE)	Step Therapy
VYZULTA (LATANOPROSTENE BUNOD)	Step Therapy
WAINUA (EPLONTERSEN SODIUM)	Prior Authorization
WAKIX (PITOLISANT HCL)	Prior Authorization
WEGOVY (SEMAGLUTIDE (WEIGHT MANAGEMENT))	Prior Authorization
WELIREG (BELZUTIFAN)	Prior Authorization
WINLEVI (CLASCOTERONE)	Prior Authorization
XALKORI (CRIZOTINIB)	Prior Authorization
XATMEP (METHOTREXATE)	Prior Authorization
XCOPRI (CENOBAMATE)	Step Therapy
XDEMVY (LOTILANER)	Prior Authorization
XELJANZ (TOFACITINIB CITRATE)	Prior Authorization
XELJANZ XR (TOFACITINIB CITRATE)	Prior Authorization
XELPROS (LATANOPROST)	Step Therapy
XENICAL (ORLISTAT)	Prior Authorization
XERMELO (TELOTRISTAT ETIPRATE)	Prior Authorization
XIFAXAN (RIFAXIMIN)	Prior Authorization
XIGDUO XR (DAPAGLIFLOZIN PROPANEDIOL-METFORMIN HCL)	Step Therapy
XIIDRA (LIFITEGRAST)	Prior Authorization
XOLAIR (OMALIZUMAB)	Prior Authorization
XOLREMDI (MAVORIXAFOR)	Prior Authorization
XOPENEX HFA (LEVALBUTEROL TARTRATE)	Step Therapy
XOSPATA (GILTERITINIB FUMARATE)	Prior Authorization
XPHOZAH (TENAPANOR HCL (CKD))	Step Therapy
XPOVIO (SELINEXOR)	Prior Authorization
XPOVIO 60 MG TWICE WEEKLY (SELINEXOR)	Prior Authorization
XPOVIO 80 MG TWICE WEEKLY (SELINEXOR)	Prior Authorization
XTAMPZA ER (OXYCODONE)	Prior Authorization
XTANDI (ENZALUTAMIDE)	Prior Authorization
XURIDEN (URIDINE TRIACETATE)	Prior Authorization
XYOSTED (TESTOSTERONE ENANTHATE)	Prior Authorization
XYWAV (CALCIUM, MAGNESIUM, POTASSIUM, & SODIUM OXYBATES)	Prior Authorization
YARGESA (MIGLUSTAT)	Prior Authorization
YASMIN 28 (DROSPIRENONE-ETHINYL ESTRADIOL)	Step Therapy
YUFLYMA 1-PEN KIT (ADALIMUMAB-AATY)	Prior Authorization
YUFLYMA 2-PEN KIT (ADALIMUMAB-AATY)	Prior Authorization
YUFLYMA 2-SYRINGE KIT (ADALIMUMAB-AATY)	Prior Authorization
YUSIMRY (ADALIMUMAB-AQVH)	Prior Authorization

ZANAFLEX (TIZANIDINE HCL)	Step Therapy
ZAVZPRET (ZAVEGEPANT HCL)	Prior Authorization
ZEJULA (NIRAPARIB TOSYLATE)	Prior Authorization
ZELBORAF (VEMURAFENIB)	Prior Authorization
ZENZEDI (DEXTROAMPHETAMINE SULFATE)	Step Therapy
ZEPATIER (ELBASVIR-GRAZOPREVIR)	Prior Authorization
ZEPBOUND (TIRZEPATIDE (WEIGHT MANAGEMENT))	Prior Authorization
ZEPOSIA (OZANIMOD HCL)	Prior Authorization
ZEPOSIA 7-DAY STARTER PACK (OZANIMOD HCL)	Prior Authorization
ZEPOSIA STARTER KIT (OZANIMOD HCL)	Prior Authorization
ZILXI (MINOCYCLINE HCL MICRONIZED (ROSACEA))	Step Therapy
ZOKINVY (LONAFARNIB)	Prior Authorization
ZOLINZA (VORINOSTAT)	Prior Authorization
ZOMACTON (SOMATROPIN)	Prior Authorization
ZONISADE (ZONISAMIDE)	Prior Authorization
ZORYVE (ROFLUMILAST (TOPICAL))	Prior Authorization
ZTALMY (GANAXOLONE)	Prior Authorization
ZTLIDO (LIDOCAINE)	Step Therapy
ZURZUVAE (ZURANOLONE)	Prior Authorization
ZYDELIG (IDELALISIB)	Prior Authorization
ZYKADIA (CERITINIB)	Prior Authorization
ZYMFENTRA 1-PEN (INFLIXIMAB-DYYB)	Prior Authorization
ZYMFENTRA 2-PEN (INFLIXIMAB-DYYB)	Prior Authorization
ZYMFENTRA 2-SYRINGE (INFLIXIMAB-DYYB)	Prior Authorization
ZYPREXA (OLANZAPINE)	Step Therapy