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Traditional Drug List - Negative Changes

Drug Name	Tier Status Change	Utilization Management Change
24 HR NASAL SPRAY ALLERGY (OTC)	Tier 1 -> NC	
ACID REDUCER CAPSULE 15MG (OTC)	Tier 1 -> NC	
ACID REDUCER TABLET 20MG DR (OTC)	Tier 1 -> NC	
ADALIMUMAB-ADBM		Add Step Therapy
ADDERALL		Add Prior Authorization
ADDERALL XR		Add Prior Authorization
ADVANCED EYE RELIEF DROP 0.2% (OTC)	Tier 1 -> NC	
ADZENYS XR-ODT		Add Prior Authorization
ALAWAY CHILD OPHTHALMIC DROP 0.035% (OTC)	Tier 1 -> NC	
ALAWAY OPHTHALMIC DROP 0.035% (OTC)	Tier 1 -> NC	
ALL DAY ALLERGY SOLUTION 1MG/ML (OTC)	Tier 1 -> NC	
ALLEGRA ALLERGY TABLET 60MG (OTC)	Tier 2 -> NC	
ALLERCLEAR TABLET 10MG (OTC)	Tier 1 -> NC	
ALLER-FLO SPRAY 50MCG (OTC)	Tier 1 -> NC	
ALLERGY NASAL SPRAY 24HR (OTC)	Tier 1 -> NC	
ALLERGY NASAL SPRAY 50MCG (OTC)	Tier 1 -> NC	
ALLERGY RELIEF SOLUTION 1MG/ML(OTC)	Tier 1 -> NC	
ALLERGY RELIEF TABLET 10MG (OTC)	Tier 1 -> NC	
ALLERGY RELIEF TABLET 60MG (OTC)	Tier 1 -> NC	
ALLER-TEC SOLUTION 1MG/ML (OTC)	Tier 1 -> NC	
AMPHETAMINE TAB		Add Prior Authorization
AMPHETAMINE ER SUSPENSION 1.25 MG/ML		Add Prior Authorization
ANORO ELLIPTA	Tier 2 -> Tier 3	Add Step Therapy
APTENSIO XR		Add Prior Authorization
ARTHRITIS PAIN GEL 1% (OTC)	Tier 1 -> NC	
ASPERCREAM PAIN GEL 1% (OTC)	Tier 1 -> NC	
ATHLETE FOOT CRE 1% (OTC)	Tier 1 -> NC	
AZSTARYS		Add Prior Authorization
BONSITY		Add Prior Authorization and Add Step Therapy
BUDESONIDE NASAL SUSPENSION (RX) (OTC)	Tier 1 -> NC	

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BUTENAFINE CRE 1% (RX) (OTC)	Tier 1 -> NC	
CALCIPOTRIEN AER 0.005%	Tier 1 -> Tier 3	Add Step Therapy
CEFALY KIT	Tier 2 -> Tier 3	
CETIRIZINE SOLUTION 1MG/ML (OTC)	Tier 1 -> NC	
CETIRIZINE SOLUTION 1MG/ML (RX)	Tier 1 -> NC	
CHILD ALLRGY SOLUTION 1MG/ML	Tier 1 -> NC	
CLARITIN TABLET 10MG (OTC)	Tier 2 -> NC	
CONCERTA		Add Prior Authorization
CONDOLYX		Add Step Therapy
COTEMPLA XR-ODT		Add Prior Authorization
CREXONT		Add Step Therapy
DAVIMET/FLUO CHW 0.75		Add Step Therapy
DAYTRANA		Add Prior Authorization
DERMACINRX TAB PRETRATE	Tier 2 -> Tier 3	
DESOXYN		Add Prior Authorization
DEXEDRINE SPANSULES		Add Prior Authorization
DEXMETHYLPHENIDATE ER CAPSULE		Add Prior Authorization
DEXMETHYLPHENIDATE TABLET		Add Prior Authorization
DEXTROAMPHETAMINE ORAL SOLUTION		Add Prior Authorization
DEXTROAMPHETAMINE TABLET		Add Prior Authorization
DEXTROAMPHETAMINE-AMPHETAMINE 3-BEAD ER 24H CAPSULE		Add Prior Authorization
DEXTROAMPHETAMINE-AMPHETAMINE ER CAPSULE		Add Prior Authorization
DEXTROAMPHETAMINE-AMPHETAMINE TABLET		Add Prior Authorization
DICLOFENAC GEL 1% (OTC)	Tier 1 -> NC	
DURAMORPH	Tier 1 -> Tier 3	
DYANAVEL XR SUSPENSION, TABLETS		Add Prior Authorization
EVEKEO ODT		Add Prior Authorization
EVEKEO TABLET		Add Prior Authorization
EYE ALLERGY SOLUTION 0.1% (OTC)	Tier 1 -> NC	
EYE ALLERGY SOLUTION 0.2% (OTC)	Tier 1 -> NC	
EYE ITCH RELIEF OPHTHALMIC DROP 0.035% (OTC)	Tier 1 -> NC	
FERAHEME		Add Step Therapy
FERRLECIT		Add Step Therapy
FEXOFENADINE TAB 60MG (RX) (OTC)	Tier 1 -> NC	

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FLONASE ALLERGY SPRAY 50MCG (RX) (OTC)	Tier 2 -> NC	
FLONASE SPRAY 27.5MCG (OTC)	Tier 2 -> NC	
FLORAFOL CHW 0.5MG		Add Step Therapy
FLORAFOL PED CHW 1MG		Add Step Therapy
FLORIVA		Add Step Therapy
FLORIVA CHW		Add Step Therapy
FLORIVA PLUS		Add Step Therapy
FLORRAXYL TAB	Tier 3 -> NC	
FLUTICASONE SPRAY 50MCG (OTC)	Tier 1 -> NC	
FLUTICASONE SPRAY 50MCG (RX)	Tier 1 -> NC	
FOCALIN		Add Prior Authorization
FOCALIN XR		Add Prior Authorization
FORTEO		Add Prior Authorization
GLIMEPIRIDE 3 MG		Add Prior Authorization
GLYTACTIN PAK BTMK/DLT	Tier 2 -> Tier 3	
GLYTACTIN PAK SWIRL 15	Tier 2 -> Tier 3	
GLYTACTIN POW BLD 10PE	Tier 2 -> Tier 3	
GLYTACTIN POW BLD PKU	Tier 2 -> Tier 3	
GLYTACTIN POW RESTOR 5	Tier 2 -> Tier 3	
GLYTACTIN POW RST LT10	Tier 2 -> Tier 3	
HOMACTIN AA POW PLUS	Tier 2 -> Tier 3	
IBUPROFEN TAB 300MG	Tier 1 -> Tier 3	Add Step Therapy
ICLUSIG 15 MG		Change Quantity Limit
IMBRUVICA 140, 280 MG TABS		Add Step Therapy
ISOSORB MONO TAB 10, 20 MG	Tier 1 -> Tier 3	
IVERMECTIN LOTION 0.5% (OTC)	Tier 1 -> NC	
JORNAY PM		Add Prior Authorization
KETOTIFEN FUMARATE OPHTHALMIC DROP 0.035% (OTC)	Tier 1 -> NC	
LANSOPRAZOLE CAPSULE 15MG DR (RX) (OTC)	Tier 1 -> NC	
LASTACAFT SOLUTION (RX) (OTC)	Tier 2 -> NC	
LATUDA		Add Step Therapy
LEVOCETIRIZINE SOLUTION 2.5/5ML (RX)	Tier 1 -> NC	
LEVOCETIRIZINE TABLET 5MG (RX) (OTC)	Tier 1 -> NC	
LISDEXAMFETAMINE DIMESYLATE		Add Prior Authorization

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LITFULO		Add Prior Authorization
LORADAMED TABLET 10MG (OTC)	Tier 1 -> NC	
LORATADINE TABLET 10MG (OTC)	Tier 1 -> NC	
LOTRIMIN ULT CRE 1% (OTC)	Tier 2 -> NC	
MESNEX	Tier 2 -> Tier 3	
METADATE CD		Add Prior Authorization
METADATE ER		Add Prior Authorization
METHAMPHETAMINE 5MG		Add Prior Authorization
METHYLIN SOLUTION		Add Prior Authorization
METHYLPHENIDATE CD CAPSULE		Add Prior Authorization
METHYLPHENIDATE CHEWABLE		Add Prior Authorization
METHYLPHENIDATE CR TABLET		Add Prior Authorization
METHYLPHENIDATE ER 24-HR TABLET (GENERIC CONCERTA)		Add Prior Authorization
METHYLPHENIDATE ER CAPSULE		Add Prior Authorization
METHYLPHENIDATE ER TABLET		Add Prior Authorization
METHYLPHENIDATE LA CAPSULE		Add Prior Authorization
METHYLPHENIDATE SOLUTION		Add Prior Authorization
METHYLPHENIDATE SR TABLET		Add Prior Authorization
METHYLPHENIDATE TABLET		Add Prior Authorization
METHYLPHENIDATE XR CAPSULE		Add Prior Authorization
MIEBO		Change quantity limit
MINCORA TAB	Tier 3 -> NC	
MOMETASONE SPRAY 50MCG (OTC)	Tier 1 -> NC	
MOMETASONE SPRAY 50MCG (RX)	Tier 3 -> NC	
MOTRIN ARTHRITIS GEL 1% (OTC)	Tier 1 -> NC	
MULTI-VIT-FLOR		Add Step Therapy
MULTI-VIT-FLOR CHW		Add Step Therapy
MYDAYIS		Add Prior Authorization
NAMZARIC CAP 14-10, 21-10, 28-10 MG	Tier 2 -> Tier 3	
NAPROSYN SUSPENSION		Add Step Therapy
NASACORT ALLERGY SPRAY 55MCG/ACT (OTC)	Tier 2 -> NC	
NASAL ALLERGY SPRAY 55MCG/ACT (OTC)	Tier 1 -> NC	
NASONEX SPRAY 24 HR (OTC)	Tier 2 -> NC	
NEOMATERNA TAB	Tier 2 -> Tier 3	
NEO-VITAL RX TAB	Tier 2 -> Tier 3	

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NEXIUM 24HR TABLET 20MG (RX) (OTC)	Tier 2 -> NC	
NICARDIPINE INJECTION, SOLUTION	Tier 1 -> Tier 3	
NIFEREX TAB	Tier 3 -> NC	
OLOPATADINE OPHTHALMIC DROP 0.1% (OTC)	Tier 1 -> NC	
OLOPATADINE OPHTHALMIC SOLUTION 0.2% (OTC)	Tier 1 -> NC	
OLOPATADINE OPHTHALMIC SOLUTION 0.2% (RX)	Tier 3 -> NC	
OMEPRAZOLE TABLET 20MG (OTC)	Tier 1 -> NC	
OMEPRAZOLE TABLET 20MG DR (OTC)	Tier 1 -> NC	
ONETOUCH BLOOD GLUCOSE MONITORING SUPPLIES	Tier 2 -> Tier 3	Add Step Therapy
OXYCODONE TAB 10MG	Tier 1 -> Tier 3	
OXYTROL PATCH 3.9MG/24 (RX)	Tier 3 -> NC	
OXYTROL/WOMEN PATCH 3.9MG/24 (OTC)	Tier 2 -> NC	
PATADAY SOLUTION 0.1% (OTC)	Tier 2 -> NC	
PATADAY SOLUTION 0.2% (OTC)	Tier 2 -> NC	
PATADAY SOLUTION 0.7% (OTC)	Tier 2 -> NC	
POLY-VI-FLOR		Add Step Therapy
POLY-VI-FLOR CHW		Add Step Therapy
POLY-VI-FLOR/IRON		Add Step Therapy
PREP H CRE 1%	Tier 1 -> Tier 2	
PREVACID 24H CAPSULE 15MG DR (OTC)	Tier 2 -> NC	
PRILOSEC OTC TABLET 20MG (OTC)	Tier 2 -> NC	
PROCENTRA		Add Prior Authorization
QUFLORA FE		Add Step Therapy
QUFLORA FE PEDIATRIC		Add Step Therapy
QUFLORA PED CHW		Add Step Therapy
QUFLORA PEDIATRIC		Add Step Therapy
QUILLICHEW ER		Add Prior Authorization
QUILLIVANT XR		Add Prior Authorization
RELEXXII ER		Add Prior Authorization
RETAINE ALLERGY SOLUTION 0.2% (OTC)	Tier 1 -> NC	
RINVOQ 45 MG		Change quantity limit
RITALIN LA 10MG, 20MG, 30MG, 40MG, 60MG		Add Prior Authorization
RITALIN TABLET		Add Prior Authorization

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SKLICE LOTION 0.5% (OTC)	Tier 2 -> NC	
SORILUX		Add Step Therapy
SPRYCEL	Tier 2 -> Tier 3	
SYMBYAX		Add Step Therapy
TASIGNA	Tier 2 -> Tier 3	
TAZORAC CRE 0.05%	Tier 2 -> Tier 3	Add Step Therapy
TAZORAC GEL		Add Step Therapy
TERIPARATIDE INJ 560/2.24		Add Prior Authorization
TERIPARATIDE INJ 560/2.24 (NDC: 47781065289)		Add Prior Authorization and Add Step Therapy
TOLMETIN SOD CAP 400 MG		Add Step Therapy
TRETINOIN MICROSPHERE GEL 0.08%		Add Step Therapy
TRIAMCINOLON AEROSOL 55MCG/ACT (OTC)	Tier 1 -> NC	
TRIAMCINOLON SPRAY 55MCG/ACT (OTC)	Tier 1 -> NC	
TRI-VI-FLOR		Add Step Therapy
TRI-VI-FLOR SUSPENSION		Add Step Therapy
TRI-VI-FLORO SUSPENSION		Add Step Therapy
TYLACTIN POW RESTOR5	Tier 2 -> Tier 3	
TYMLOS INJ		Add Prior Authorization and Add Step Therapy
USTEKINUMAB-AEKN		Add Step Therapy
VECTICAL		Add Step Therapy
VENOFER		Add Step Therapy
VEREGEN		Add Step Therapy
VEYVE		Change quantity limit
VICTOZA	Tier 2 -> Tier 3	
VOLTAREN GEL 1% (OTC)	Tier 2 -> NC	
VYVANSE		Add Prior Authorization
WAL-FEX ALLERGY 12 HOUR TABLET 60MG (OTC)	Tier 1 -> NC	
WAL-ITIN TABLET 10MG (OTC)	Tier 1 -> NC	
WAL-ZYR SOLUTION 1MG/ML (OTC)	Tier 1 -> NC	
XELSTRYM		Add Prior Authorization
XYREM SOL 500MG/ML		Add Step Therapy
XYZAL 24HR SOLUTION 2.5/5ML (OTC)	Tier 2 -> NC	
XYZAL TABLET 5MG (OTC)	Tier 2 -> NC	

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ZADITOR OPHTHALMIC DROP 0.035% (OTC)	Tier 2 -> NC	
ZEJULA 100 mg		Change Quantity Limit
ZENZEDI 2.5MG, 5MG, 7.5MG, 10MG, 15MG, 20MG, 30MG		Add Prior Authorization
ZYRTEC CHILD SOLUTION 5MG/5ML (OTC)	Tier 2 -> NC	

*NC = Not Covered (Non-FDA approved product)

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