



## Jefferson Health Plans 2025 Core Formulary (List of Covered Drugs)

Complete (HMO) | Prime (HMO) | Silver (HMO)  
Platinum (HMO) | Flex Plus (PPO) | Flex Pro (PPO)

# Jefferson Health Plans

## Formulario Core 2025

### (Lista de medicamentos cubiertos o “Lista de medicamentos”)

#### LEE LA SIGUIENTE INFORMACIÓN: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

Id. del formulario 25396, Versión 23

Este formulario se actualizó el 01/10/2025. Para obtener información más reciente o si tienes otras preguntas, comunícate con Servicios para Miembros de Jefferson Health Plans al 1-866-901-8000 (los usuarios de TTY deben llamar al 1-877-454-8477) o visita [JeffersonHealthPlans.com/medicare](https://JeffersonHealthPlans.com/medicare). Del 1.º de octubre al 31 de marzo, estamos disponibles de 8:00 a.m. a 8:00 p.m., los 7 días de la semana. Y del 1.º de abril al 30 de septiembre, estamos disponibles de 8:00 a.m. a 8:00 p.m., de lunes a viernes.

**Nota para los miembros existentes:** Este formulario se cambió el año pasado. Revisa este documento para asegurarte de que aún contiene los medicamentos que tomas.

Cuando esta lista de medicamentos (formulario) dice “nosotros”, “nos” o “nuestro/nuestra/nuestros/nuestras”, se refiere a Jefferson Health Plans. Cuando se refiere a “plan” o “nuestro plan”, hace referencia a Jefferson Health Plans Complete (HMO), Prime (HMO), Silver (HMO), Platinum (HMO), Flex Plus (PPO) y Flex Pro (PPO).

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan que entró en vigor el 01/10/2025. Para obtener una lista de medicamentos (formulario) actualizada, comunícate con nosotros. Nuestra información de contacto, junto con la fecha en la que actualizamos la lista de medicamentos (formulario), aparece en las páginas de portada y contraportada.

Generalmente, debes usar las farmacias de la red para usar tu beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias o los copagos o el coseguro pueden cambiar el 1.º de enero de 2025, y de vez en cuando durante el año.

### ¿Qué es el formulario Core de Jefferson Health Plans?

En este documento, usamos los términos Lista de medicamentos y formulario para referirnos a lo mismo. Un formulario es una lista de medicamentos cubiertos seleccionados por Jefferson Health Plans junto con un equipo de proveedores de atención médica, que representa las terapias recetadas que se consideran parte necesaria de un programa de tratamiento de calidad. Jefferson Health Plans, por lo general, cubre los medicamentos que se detallan en nuestro formulario siempre y cuando el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red de Jefferson Health Plans y se cumplan otras reglas del plan. Para obtener más información sobre cómo surtir las recetas, revisa tu Evidencia de cobertura.

Para obtener una lista completa de todos los medicamentos recetados cubiertos por Jefferson Health Plans, visita nuestro sitio web o llámanos. Nuestra información de contacto, junto con la fecha en la que actualizamos el formulario, aparece en las páginas de portada y contraportada.

## ¿Puede cambiar el Formulario?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1.º de enero, pero es posible que Jefferson Health Plans agregue o elimine medicamentos de la Lista de Medicamentos durante el año, los mueva a un nivel distinto de costos compartidos o agregue nuevas restricciones. Debemos seguir las reglas de Medicare al realizar estos cambios. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web en [JeffersonHealthPlans.com/medicare](https://JeffersonHealthPlans.com/medicare).

**Cambios que pueden afectarte este año:** En los casos a continuación, tú te verás afectado por los cambios de cobertura durante el año:

- **Sustituciones inmediatas de ciertas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos retirar directamente un medicamento de nuestro formulario si lo reemplazaremos por una determinada versión genérica nueva de dicho medicamento que aparecerá en el mismo nivel de costos compartidos o un nivel más bajo y con las mismas o menos cantidad de restricciones. Cuando agregamos una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o producto biológico original en nuestro formulario, pero transferirlo de inmediato a un nivel de costo compartido diferente o agregar nuevas restricciones.

Podemos hacer estos cambios inmediatos solo si agregamos una nueva versión genérica de un medicamento de marca o agregamos ciertas nuevas versiones biosimilares de un producto biológico original que ya estaba en el formulario (por ejemplo, agregamos un biosimilar intercambiable que puede sustituirse por un producto biológico original por una farmacia sin una nueva receta).

Si actualmente estás tomando el medicamento de marca o el producto biológico original, es posible que no te notifiquemos por adelantado antes de realizar el cambio inmediato, pero posteriormente te brindaremos información acerca de los cambios específicos que hagamos.

Si realizamos tal cambio, tú o el profesional que te receta pueden solicitarnos que hagamos una excepción y que continuemos cubriéndote el medicamento que se está cambiando. Para obtener más información, consulta la sección a continuación titulada “¿Cómo solicito una excepción al Formulario Core de Jefferson Health Plans?”

Algunos de estos tipos de medicamentos pueden ser nuevos para ti. Para obtener más información, consulta la sección a continuación titulada “¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?”

- **Medicamentos retirados del mercado.** Si el fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) determina que se retira por motivos de seguridad o eficacia, podemos retirar el medicamento de nuestro formulario de inmediato y luego notificar a los miembros que lo toman.

- **Otros cambios.** Podemos realizar otros cambios que afecten a miembros que actualmente estén tomando un medicamento. Por ejemplo, podemos eliminar un medicamento de marca del formulario al agregar un equivalente genérico o eliminar un producto biológico original al agregar un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o producto biológico original, o transferirlo a un nivel de costo compartido diferente, o ambas opciones. Podemos realizar cambios basados en nuevas pautas clínicas. Si retiramos medicamentos de nuestro formulario, agregamos autorización previa, límites de cantidad o restricciones de terapia escalonada para un medicamento, o cambiamos un medicamento a nivel superior de costos compartidos, debemos informar sobre el cambio a los miembros afectados al menos 30 días antes de que el cambio entre en vigencia. Como alternativa, al momento en que el miembro solicite otra reposición del medicamento, se le entregará un suministro de 30 días del medicamento y un aviso del cambio.

Si realizamos tales cambios, tú o el profesional que te receta pueden solicitarnos que hagamos una excepción y que continuemos cubriéndote el medicamento de marca. El aviso que te daremos incluirá información sobre cómo solicitar una excepción, y también puedes encontrar información en la sección que aparece a continuación titulada “¿Cómo solicito una excepción al Formulario Core de Jefferson Health Plans?”

**Cambios que no te afectarán si estás tomando el medicamento actualmente.** Por lo general, si estás tomando un medicamento que aparece en nuestro formulario de 2025 que tenía cobertura a principio de año, no interrumpiremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2025, excepto como se describe anteriormente. Esto significa que estos medicamentos permanecerán disponibles en el mismo nivel de costos compartidos para los miembros que los tomen durante el resto del año de cobertura. No recibirás un aviso directo este año sobre los cambios que no te afectan. Sin embargo, el 1.º de enero del próximo año, dichos cambios podrían afectarte, y es importante consultar el Formulario para el nuevo año de beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto entró en vigor el 01/10/2025. Para obtener información actualizada sobre los medicamentos cubiertos por Jefferson Health Plans, comunícate con nosotros. Nuestra información de contacto aparece en las páginas de portada y contraportada.

Nuestro formulario impreso se actualizará mediante otra impresión en el caso de que haya cambios en el formulario que no sean de mantenimiento y que ocurran a mitad de año.

## **¿Cómo uso el Formulario?**

Hay dos maneras de encontrar tu medicamento en el formulario:

### **Afección médica**

El formulario comienza en la página 2. Los medicamentos de este formulario se agrupan en categorías según el tipo de afecciones médicas que tratan. Por ejemplo, los medicamentos que se usan para tratar una enfermedad cardíaca se enumeran en la categoría “Agentes cardiovasculares”. Si sabes para qué se usa tu medicamento, busca el nombre de la categoría en la lista que comienza en la página R-9. Luego, busca el medicamento debajo del nombre de la categoría.

## **Listado en orden alfabético**

Si no estás seguro de la categoría en la que debes buscar, busca el medicamento en el Índice que comienza en la página 113. El Índice proporciona una lista en orden alfabético de todos los medicamentos que se incluyen en este documento. Tanto los medicamentos genéricos como los medicamentos de marca aparecen en el Índice. Busca en el Índice y encuentra el medicamento. Junto al medicamento, verás el número de página donde podrás encontrar la información de cobertura. Recurre a la página que aparece en el Índice y encuentra el nombre del medicamento en la primera columna de la lista.

## **¿Qué son los medicamentos genéricos?**

Jefferson Health Plans cubre tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico está aprobado por la FDA como un medicamento que tiene los mismos ingredientes activos que el medicamento de marca. Generalmente, los medicamentos genéricos funcionan tan bien como el medicamento de marca y normalmente cuestan menos. Hay medicamentos genéricos sustitutos disponibles para muchos medicamentos de marca. Los medicamentos genéricos generalmente pueden sustituirse por el medicamento de marca en la farmacia sin necesidad de una nueva receta, según las leyes estatales.

## **¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?**

En el formulario, cuando nos referimos a medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son medicamentos que son más complejos que los medicamentos típicos. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se denominan biosimilares. Por lo general, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según las leyes estatales, pueden sustituirse por el producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituirse por medicamentos de marca.

- Para conocer los tipos de medicamentos, consulta la Evidencia de cobertura, Capítulo 5, Sección 3.1, “La ‘Lista de medicamentos’ indica qué medicamentos de la Parte D están cubiertos”.

## **Hay alguna restricción en mi cobertura?**

Algunos medicamentos cubiertos pueden tener límites o requisitos adicionales en la cobertura. Se pueden aplicar los siguientes límites y requisitos:

- **Autorización previa:** Jefferson Health Plans requiere que tú o tu médico obtengan una autorización previa para determinados medicamentos. Significa que deberás obtener la aprobación de Jefferson Health Plans antes de surtir tus recetas. Si no obtienes la aprobación, es posible que Jefferson Health Plans no cubra el medicamento.
- **Límites de cantidad:** Para determinados medicamentos, Jefferson Health Plans limita la cantidad de medicamento que cubrirá. Por ejemplo, Jefferson Health Plans proporciona 60 comprimidos por receta para atorvastatina 10 mg. Es posible que esto se aplique además de un suministro estándar de un mes o tres meses.

- **Terapia escalonada:** En algunos casos, Jefferson Health Plans requiere que primero pruebes algunos medicamentos para tratar tu afección médica antes de que cubramos otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B tratan tu afección médica, es posible que Jefferson Health Plans no cubra el medicamento B, salvo que antes pruebes el medicamento A. Si el medicamento A no te funciona, Jefferson Health Plans cubrirá el medicamento B.

Para averiguar si tu medicamento tiene límites o requisitos adicionales, consulta el formulario que comienza en la página 2. También puedes obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Publicamos documentos en línea que explican nuestra autorización previa y las restricciones de terapia escalonada. También puedes solicitarnos que te enviemos una copia. Nuestra información de contacto, junto con la fecha en la que actualizamos el formulario, aparece en las páginas de portada y contraportada.

Puedes solicitar a Jefferson Health Plans que haga una excepción para estas restricciones o límites, o pedir una lista de otros medicamentos similares que puedan tratar tu afección médica. Consulta la sección “¿Cómo solicito una excepción al formulario Core de Jefferson Health Plans?” a continuación para obtener información acerca de cómo solicitar una excepción.

### **¿Qué sucede si mi medicamento no aparece en el Formulario?**

Si tu medicamento no se incluye en este formulario (lista de medicamentos cubiertos), primero debes comunicarte con Servicios para Miembros al 1-866-901-8000 (TTY 1-877-454-8477) y consultar si se cubre tu medicamento.

Si te enteras de que Jefferson Health Plans no cubre tu medicamento, tienes dos opciones:

- Puedes solicitarle a Servicios para Miembros una lista de medicamentos similares que estén cubiertos por Jefferson Health Plans. Cuando recibas la lista, muéstrasela al médico y pídele que te recete un medicamento similar que esté cubierto por Jefferson Health Plans.
- Puedes solicitar a Jefferson Health Plans que haga una excepción y que cubra tu medicamento. Consulta a continuación para obtener información acerca de cómo solicitar una excepción.

### **¿Cómo solicito una excepción al Formulario Core de Jefferson Health Plans?**

Puedes solicitar a Jefferson Health Plans que haga una excepción a nuestras reglas de cobertura. Hay varios tipos de excepciones que puedes solicitarnos.

- Puedes solicitarnos que cubramos un medicamento si no aparece en nuestro formulario. Si se aprueba, este medicamento será cubierto a un nivel predeterminado de gastos compartidos, y no podrás pedirnos que te proporcionemos el medicamento a un nivel más bajo de gastos compartidos.
- Puedes solicitarnos que anulemos una restricción de cobertura, incluida la autorización previa, la terapia escalonada o un límite de cantidad en tu medicamento. Por ejemplo, para algunos medicamentos, Jefferson Health Plans limita la cantidad del medicamento que cubriremos. Si tu

medicamento tiene un límite de cantidad, puedes solicitarnos que retiremos el límite y que cubramos una cantidad mayor.

- Puedes pedirnos que cubramos un medicamento del formulario a un nivel menor de costos compartidos a menos que el medicamento no esté en el nivel de especialidades. Si se aprueba, se reduciría la cantidad que debes pagar por el medicamento.

Por lo general, Jefferson Health Plans solo aprobará tu solicitud de una excepción si los medicamentos alternativos que se incluyen en el formulario del plan, los medicamentos de costos compartidos más bajos o las restricciones de utilización adicionales no fueran tan efectivos para tratar tu enfermedad o te causaran efectos médicos adversos.

Tú o la persona que extiende la receta deben comunicarse con nosotros para solicitar una excepción de nivel o del formulario, incluida una excepción a una restricción de cobertura. **Cuando solicitas una excepción, la persona que extiende la receta deberá explicar los motivos médicos por los que necesitas la excepción.** Por lo general, debemos tomar la decisión en el plazo de 72 horas de haber recibido la declaración del profesional que te receta. Puedes solicitar una excepción urgente (acelerada) si tú o tu médico creen que tu salud podría dañarse gravemente si esperaras hasta 72 horas para obtener una decisión. Si estamos de acuerdo, o si la persona que extiende la receta solicita una decisión rápida, debemos darte una decisión a más tardar 24 horas después de recibir la declaración de respaldo de la persona que extiende la receta.

### **¿Qué puedo hacer si mi medicamento no está en el formulario o tiene una restricción?**

Como miembro nuevo o permanente de nuestro plan, es posible que estés tomando medicamentos que no se encuentren en nuestro formulario. O bien, es posible que estés tomando un medicamento que está en nuestro formulario, pero que tiene una restricción de cobertura, como una autorización previa. Debes hablar con la persona que extiende la receta sobre solicitar una decisión de cobertura para demostrar que cumples con los criterios de aprobación, cambiar a un medicamento alternativo que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que tomas. Mientras tú y tu médico determinan el procedimiento correcto para ti, es posible que cubramos tu medicamento en algunos casos durante los primeros 90 días que seas miembro de nuestro plan.

Para cada uno de tus medicamentos que no esté en nuestro formulario o que tenga una restricción de cobertura, cubriremos un suministro temporal de 30 días. Si tu receta está escrita para menos días, permitiremos reposiciones para brindar un suministro de 30 días de medicamento, como máximo. Si no se aprueba la cobertura, después de tu primer suministro de 30 días, no pagaremos estos medicamentos, incluso si has sido miembro del plan durante menos de 90 días.

Si eres residente de un centro de atención prolongada y necesitas un medicamento que no se encuentra en nuestro formulario o si tu capacidad para obtener los medicamentos es limitada, pero ya han pasado los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras intentas obtener una excepción del formulario.

Si eres un miembro actual y te cambian el ámbito del tratamiento debido a algún cambio en el nivel de atención que requieres, puedes solicitarnos que hagamos una excepción del formulario. Algunos ejemplos de modificaciones en los niveles de atención incluyen:

- Alta del hospital a la casa.

- Finalizar la estadía en un centro de enfermería especializada de la Parte A de Medicare (donde los pagos incluyen gastos de farmacia) y necesitar el plan de la Parte D.
- Cambiar de la condición de cuidados paliativos y volver a la cobertura estándar de la Parte A y B de Medicare.
- Finalizar una estadía en un centro de atención prolongada y regresar a la comunidad.
- Altas de hospitales psiquiátricos con regímenes farmacológicos altamente individualizados.

Para estas transiciones imprevistas, puedes solicitarnos que hagamos una excepción al formulario o puedes apelar para continuar con la cobertura de tu medicamento. Además, revisaremos las solicitudes de continuación de terapia de forma individual, para los miembros que han tenido una modificación en su nivel de atención y se estabilizan con regímenes farmacológicos que, de cambiarse, producirían riesgos.

## Para más información

Para obtener más información sobre tu cobertura de medicamentos con receta de Jefferson Health Plans, revisa tu Evidencia de cobertura y otros documentos del plan.

Si tienes alguna pregunta sobre Jefferson Health Plans, comunícate con nosotros. Nuestra información de contacto, junto con la fecha en la que actualizamos el formulario, aparece en las páginas de portada y contraportada.

Si tienes preguntas generales sobre la cobertura de medicamentos con receta de Medicare, llama a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visita <http://www.medicare.gov>.

## Formulario Core de Jefferson Health Plans

En el formulario que comienza en la página 2, se proporciona información de cobertura sobre los medicamentos cubiertos por Jefferson Health Plans. Si tienes problemas para encontrar tu medicamento en la lista, recurre al Índice que comienza en la página 113.

En la primera columna del cuadro aparece el nombre del medicamento. Los medicamentos de marca están escritos en mayúscula (por ejemplo, ENTRESTO) y los medicamentos genéricos están escritos en cursiva y minúscula (por ejemplo, *valsartán*).

La información que aparece en la columna Requisitos/Límites te indica si Jefferson Health Plans tiene algún requisito especial para la cobertura de tu medicamento.

El cuadro en la página siguiente muestra los costos compartidos de cada nivel de medicamentos que se muestra en este formulario.

| Nivel de medicamentos                       | Costo compartido minorista<br>(suministro de 30 días) |
|---------------------------------------------|-------------------------------------------------------|
| <b>1 – Genéricos preferidos</b>             | \$0                                                   |
| <b>2 – Genéricos</b><br>Flex Plus, Flex Pro | \$5                                                   |

|                                       |      |
|---------------------------------------|------|
| Complete, Prime, Silver, Platinum     | \$10 |
| <b>3 – De marca preferidos</b>        | 25%  |
| <b>4 – Medicamentos no preferidos</b> | 35%  |
| <b>5 – De especialidad</b>            | 33%  |

\* No pagarás más de \$35 por un suministro de un mes de cada producto de insulina cubierto, independientemente del nivel de costo compartido.

## Category Listing

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## LEGEND

| TIER | NAME                |  |
|------|---------------------|--|
| 1    | Preferred Generics  |  |
| 2    | Generics            |  |
| 3    | Preferred Brands    |  |
| 4    | Non-Preferred Drugs |  |
| 5    | Specialty           |  |

| SYMBOL | NAME                                    | DESCRIPTION                                                                                                                                                                                                          |
|--------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QL     | Quantity Limit                          | There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.                                                                                                       |
| PA2    | Prior Authorization (New Starts Only)   | Prior authorization applies to new starts only. You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug. |
| PA3    | Prior Authorization (Part B vs. Part D) | This prescription may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.             |
| PA     | Prior Authorization                     | You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.                                                 |
| ST     | Step Therapy                            | In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.                                                                  |

# JEFFERSON HEALTH PLANS 5 TIER CORE FORMULARY (List of Covered Drugs)

| DRUG NAME                                                           | DRUG TIER             | REQUIREMENTS/LIMITS      |
|---------------------------------------------------------------------|-----------------------|--------------------------|
| <b>ANALGESICS</b>                                                   |                       |                          |
| <b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>                         |                       |                          |
| <i>butalbital-aspirin-caffeine</i>                                  | 2-Generics            | PA, QL (180 PER 30 DAYS) |
| <i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap)</i>                | 2-Generics            | QL (60 PER 30 DAYS)      |
| <i>celecoxib 400 mg cap</i>                                         | 2-Generics            | QL (30 PER 30 DAYS)      |
| <i>diclofenac potassium 50 mg tab</i>                               | 2-Generics            | QL (120 PER 30 DAYS)     |
| <i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i> | 2-Generics            |                          |
| <i>diclofenac sodium 1.5 % solution</i>                             | 4-Non-Preferred Drugs | QL (300 PER 28 DAYS)     |
| <i>diclofenac sodium er</i>                                         | 2-Generics            | QL (60 PER 30 DAYS)      |
| <i>diclofenac-misoprostol</i>                                       | 4-Non-Preferred Drugs |                          |
| <i>diflunisal</i>                                                   | 2-Generics            | QL (90 PER 30 DAYS)      |
| <i>etodolac (200 mg cap, 300 mg cap)</i>                            | 3-Preferred Brands    | QL (120 PER 30 DAYS)     |
| <i>etodolac (400 mg tab, 500 mg tab)</i>                            | 2-Generics            |                          |
| <i>etodolac er</i>                                                  | 4-Non-Preferred Drugs |                          |
| <i>flurbiprofen</i>                                                 | 2-Generics            |                          |
| <i>ibu</i>                                                          | 1-Preferred Generics  |                          |
| <i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension)</i>    | 2-Generics            |                          |
| <i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>               | 1-Preferred Generics  |                          |
| <i>meloxicam (7.5 mg tab, 15 mg tab)</i>                            | 1-Preferred Generics  |                          |
| <i>nabumetone</i>                                                   | 2-Generics            |                          |
| <i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>                | 1-Preferred Generics  |                          |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                      | DRUG TIER             | REQUIREMENTS/LIMITS |
|------------------------------------------------|-----------------------|---------------------|
| <i>naproxen (375 mg tab dr, 500 mg tab dr)</i> | 2-Generics            |                     |
| <i>naproxen dr</i>                             | 2-Generics            |                     |
| <i>naproxen sodium</i>                         | 2-Generics            |                     |
| <i>oxaprozin</i>                               | 4-Non-Preferred Drugs |                     |
| <i>piroxicam 10 mg cap</i>                     | 2-Generics            | QL (60 PER 30 DAYS) |
| <i>piroxicam 20 mg cap</i>                     | 2-Generics            | QL (30 PER 30 DAYS) |
| <i>relafen</i>                                 | 2-Generics            |                     |
| <i>sulindac</i>                                | 2-Generics            | QL (60 PER 30 DAYS) |

## OPIOID ANALGESICS, LONG-ACTING

|                                                                                                                                 |                       |                       |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| <i>buprenorphine</i>                                                                                                            | 4-Non-Preferred Drugs | QL (4 PER 28 DAYS)    |
| <i>fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i> | 4-Non-Preferred Drugs | QL (10 PER 30 DAYS)   |
| <i>methadone hcl 10 mg tab</i>                                                                                                  | 3-Preferred Brands    | QL (240 PER 30 DAYS)  |
| <i>methadone hcl 10 mg/5ml solution</i>                                                                                         | 3-Preferred Brands    | QL (1800 PER 30 DAYS) |
| <i>methadone hcl 5 mg tab</i>                                                                                                   | 3-Preferred Brands    | QL (480 PER 30 DAYS)  |
| <i>methadone hcl 5 mg/5ml solution</i>                                                                                          | 3-Preferred Brands    | QL (3600 PER 30 DAYS) |
| <i>morphine sulfate er (15 mg tab er, 30 mg tab er, 60 mg tab er, 100 mg tab er, 200 mg tab er)</i>                             | 3-Preferred Brands    | QL (90 PER 30 DAYS)   |
| <i>tramadol hcl (er biphasic)</i>                                                                                               | 3-Preferred Brands    | QL (30 PER 30 DAYS)   |
| <i>tramadol hcl er (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>                                                | 3-Preferred Brands    | QL (30 PER 30 DAYS)   |
| XTAMPZA ER                                                                                                                      | 3-Preferred Brands    | QL (60 PER 30 DAYS)   |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                    | DRUG TIER             | REQUIREMENTS/LIMITS   |
|--------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| <b>OPIOID ANALGESICS, SHORT-ACTING</b>                                                                       |                       |                       |
| <i>acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)</i>                             | 2-Generics            | QL (2700 PER 30 DAYS) |
| <i>acetaminophen-codeine 300-15 mg tab</i>                                                                   | 2-Generics            | QL (390 PER 30 DAYS)  |
| <i>acetaminophen-codeine 300-30 mg tab</i>                                                                   | 2-Generics            | QL (360 PER 30 DAYS)  |
| <i>acetaminophen-codeine 300-60 mg tab</i>                                                                   | 2-Generics            | QL (180 PER 30 DAYS)  |
| <i>butorphanol tartrate 10 mg/ml solution</i>                                                                | 4-Non-Preferred Drugs | QL (5 PER 30 DAYS)    |
| <i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>                                                                | 3-Preferred Brands    | QL (360 PER 30 DAYS)  |
| <i>endocet 10-325 mg tab</i>                                                                                 | 3-Preferred Brands    | QL (180 PER 30 DAYS)  |
| <i>endocet 7.5-325 mg tab</i>                                                                                | 3-Preferred Brands    | QL (240 PER 30 DAYS)  |
| <i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i> | 4-Non-Preferred Drugs | QL (2700 PER 30 DAYS) |
| <i>hydrocodone-acetaminophen 10-325 mg tab</i>                                                               | 3-Preferred Brands    | QL (180 PER 30 DAYS)  |
| <i>hydrocodone-acetaminophen 5-325 mg tab</i>                                                                | 3-Preferred Brands    | QL (360 PER 30 DAYS)  |
| <i>hydrocodone-acetaminophen 7.5-325 mg tab</i>                                                              | 3-Preferred Brands    | QL (240 PER 30 DAYS)  |
| <i>hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)</i>                                                      | 3-Preferred Brands    | QL (180 PER 30 DAYS)  |
| <i>hydromorphone hcl 1 mg/ml liquid</i>                                                                      | 4-Non-Preferred Drugs | QL (1500 PER 30 DAYS) |
| MORPHINE SULFATE (10 MG/5ML SOLUTION, 20 MG/5ML SOLUTION)                                                    | 3-Preferred Brands    | QL (900 PER 30 DAYS)  |
| <i>morphine sulfate (15 mg tab, 30 mg tab)</i>                                                               | 3-Preferred Brands    | QL (180 PER 30 DAYS)  |
| <i>morphine sulfate (concentrate)</i>                                                                        | 3-Preferred Brands    | QL (180 PER 30 DAYS)  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                   | DRUG TIER             | REQUIREMENTS/LIMITS  |
|-----------------------------------------------------------------------------|-----------------------|----------------------|
| <i>oxycodone hcl (5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i> | 3-Preferred Brands    | QL (180 PER 30 DAYS) |
| <i>oxycodone hcl 100 mg/5ml conc</i>                                        | 4-Non-Preferred Drugs | QL (180 PER 30 DAYS) |
| <i>oxycodone hcl 5 mg/5ml solution</i>                                      | 4-Non-Preferred Drugs | QL (900 PER 30 DAYS) |
| <i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>               | 3-Preferred Brands    | QL (360 PER 30 DAYS) |
| <i>oxycodone-acetaminophen 10-325 mg tab</i>                                | 3-Preferred Brands    | QL (180 PER 30 DAYS) |
| <i>oxycodone-acetaminophen 7.5-325 mg tab</i>                               | 3-Preferred Brands    | QL (240 PER 30 DAYS) |
| <i>tramadol hcl 50 mg tab</i>                                               | 2-Generics            | QL (240 PER 30 DAYS) |
| <i>tramadol-acetaminophen</i>                                               | 2-Generics            | QL (240 PER 30 DAYS) |

## ANESTHETICS

### LOCAL ANESTHETICS

|                               |                       |                         |
|-------------------------------|-----------------------|-------------------------|
| <i>lidocaine 5 % ointment</i> | 4-Non-Preferred Drugs | QL (50 PER 30 DAYS)     |
| <i>lidocaine 5 % patch</i>    | 4-Non-Preferred Drugs | PA, QL (90 PER 30 DAYS) |
| <i>lidocaine viscous hcl</i>  | 2-Generics            |                         |
| <i>lidocaine-prilocaine</i>   | 2-Generics            | QL (30 PER 30 DAYS)     |
| <i>lidocan</i>                | 4-Non-Preferred Drugs | PA, QL (90 PER 30 DAYS) |

## ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

### ALCOHOL DETERRENTS/ANTI-CRAVING

|                            |                       |  |
|----------------------------|-----------------------|--|
| <i>acamprosate calcium</i> | 4-Non-Preferred Drugs |  |
| <i>disulfiram</i>          | 3-Preferred Brands    |  |
| <i>naltrexone hcl</i>      | 2-Generics            |  |
| VIVITROL                   | 5-Specialty           |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                              | DRUG TIER             | REQUIREMENTS/LIMITS    |
|--------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>OPIOID DEPENDENCE</b>                                                                               |                       |                        |
| <i>buprenorphine hcl 2 mg sl tab</i>                                                                   | 2-Generics            | QL (90 PER 30 DAYS)    |
| <i>buprenorphine hcl 8 mg sl tab</i>                                                                   | 2-Generics            | QL (60 PER 30 DAYS)    |
| <i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab)</i>         | 2-Generics            | QL (90 PER 30 DAYS)    |
| <i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>                                                     | 2-Generics            | QL (60 PER 30 DAYS)    |
| <i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>                                                  | 2-Generics            | QL (120 PER 30 DAYS)   |
| <i>lofexidine hcl</i>                                                                                  | 5-Specialty           | PA, QL (16 PER 1 DAYS) |
| LUCEMYRA                                                                                               | 5-Specialty           | PA, QL (16 PER 1 DAYS) |
| <b>OPIOID REVERSAL AGENTS</b>                                                                          |                       |                        |
| <i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)</i> | 2-Generics            |                        |
| <i>naloxone hcl 4 mg/0.1ml liquid</i>                                                                  | 3-Preferred Brands    |                        |
| OPVEE                                                                                                  | 3-Preferred Brands    |                        |
| <b>SMOKING CESSATION AGENTS</b>                                                                        |                       |                        |
| <i>bupropion hcl er (smoking det)</i>                                                                  | 2-Generics            | QL (60 PER 30 DAYS)    |
| NICOTROL                                                                                               | 4-Non-Preferred Drugs |                        |
| NICOTROL NS                                                                                            | 4-Non-Preferred Drugs |                        |
| <i>varenicline tartrate</i>                                                                            | 4-Non-Preferred Drugs |                        |
| <i>varenicline tartrate (starter)</i>                                                                  | 4-Non-Preferred Drugs |                        |
| <i>varenicline tartrate(continue)</i>                                                                  | 4-Non-Preferred Drugs |                        |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                                                  | DRUG TIER             | REQUIREMENTS/LIMITS   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| <b>ANTIBACTERIALS</b>                                                                                                                                      |                       |                       |
| <b>AMINOGLYCOSIDES</b>                                                                                                                                     |                       |                       |
| <i>amikacin sulfate</i>                                                                                                                                    | 4-Non-Preferred Drugs |                       |
| ARIKAYCE                                                                                                                                                   | 5-Specialty           | PA                    |
| <i>gentamicin in saline (0.8-0.9 mg/ml-% solution, 1-0.9 mg/ml-% solution, 1.2-0.9 mg/ml-% solution, 1.6-0.9 mg/ml-% solution, 2-0.9 mg/ml-% solution)</i> | 4-Non-Preferred Drugs |                       |
| <i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>                                                                                                    | 2-Generics            | QL (30 PER 30 DAYS)   |
| <i>gentamicin sulfate (10 mg/ml solution, 40 mg/ml solution)</i>                                                                                           | 4-Non-Preferred Drugs |                       |
| <i>neomycin sulfate</i>                                                                                                                                    | 2-Generics            |                       |
| <i>streptomycin sulfate</i>                                                                                                                                | 5-Specialty           |                       |
| <i>tobramycin sulfate (10 mg/ml solution, 80 mg/2ml solution)</i>                                                                                          | 4-Non-Preferred Drugs |                       |
| <b>ANTIBACTERIALS, OTHER</b>                                                                                                                               |                       |                       |
| <i>aztreonam</i>                                                                                                                                           | 4-Non-Preferred Drugs |                       |
| <i>clindamycin hcl</i>                                                                                                                                     | 2-Generics            |                       |
| <i>clindamycin palmitate hcl</i>                                                                                                                           | 4-Non-Preferred Drugs |                       |
| <i>clindamycin phosphate (300 mg/2ml solution, 900 mg/6ml solution)</i>                                                                                    | 4-Non-Preferred Drugs |                       |
| <i>clindamycin phosphate 2 % cream</i>                                                                                                                     | 2-Generics            |                       |
| <i>clindamycin phosphate in d5w</i>                                                                                                                        | 4-Non-Preferred Drugs |                       |
| <i>colistimethate sodium (cba)</i>                                                                                                                         | 5-Specialty           |                       |
| <i>daptomycin 350 mg recon soln</i>                                                                                                                        | 5-Specialty           |                       |
| <i>daptomycin 500 mg recon soln</i>                                                                                                                        | 5-Specialty           |                       |
| <i>linezolid 100 mg/5ml recon susp</i>                                                                                                                     | 5-Specialty           | QL (1800 PER 30 DAYS) |
| <i>linezolid 600 mg tab</i>                                                                                                                                | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)   |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                        | DRUG TIER             | REQUIREMENTS/LIMITS  |
|------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|
| <i>linezolid 600 mg/300ml solution</i>                                                                           | 4-Non-Preferred Drugs |                      |
| <i>methenamine hippurate</i>                                                                                     | 2-Generics            |                      |
| <i>metronidazole (250 mg tab, 500 mg tab)</i>                                                                    | 2-Generics            |                      |
| <i>metronidazole 0.75 % gel</i>                                                                                  | 3-Preferred Brands    |                      |
| <i>metronidazole 500 mg/100ml solution</i>                                                                       | 4-Non-Preferred Drugs |                      |
| <i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>                                                       | 2-Generics            |                      |
| <i>nitrofurantoin monohyd macro</i>                                                                              | 2-Generics            |                      |
| <i>polymyxin b sulfate</i>                                                                                       | 2-Generics            |                      |
| SIVEXTRO                                                                                                         | 5-Specialty           | PA                   |
| TIGECYCLINE                                                                                                      | 5-Specialty           |                      |
| <i>tinidazole</i>                                                                                                | 3-Preferred Brands    |                      |
| <i>trimethoprim</i>                                                                                              | 2-Generics            |                      |
| <i>vancomycin hcl (1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 500 mg recon soln, 750 mg recon soln)</i> | 4-Non-Preferred Drugs |                      |
| <i>vancomycin hcl 125 mg cap</i>                                                                                 | 4-Non-Preferred Drugs | QL (120 PER 30 DAYS) |
| <i>vancomycin hcl 250 mg cap</i>                                                                                 | 4-Non-Preferred Drugs | QL (240 PER 30 DAYS) |
| XIFAXAN 200 MG TAB                                                                                               | 4-Non-Preferred Drugs | PA                   |
| XIFAXAN 550 MG TAB                                                                                               | 5-Specialty           | PA                   |

## BETA-LACTAM, CEPHALOSPORINS

|                                                                                                                      |                       |  |
|----------------------------------------------------------------------------------------------------------------------|-----------------------|--|
| <i>cefaclor (250 mg cap, 500 mg cap)</i>                                                                             | 2-Generics            |  |
| <i>cefadroxil (250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>                                         | 2-Generics            |  |
| <i>cefazolin sodium (1 gm recon soln, 10 gm recon soln, 100 gm recon soln, 300 gm recon soln, 500 mg recon soln)</i> | 4-Non-Preferred Drugs |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                            | DRUG TIER             | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|
| <i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>                                           | 2-Generics            |                     |
| <i>cefepime hcl (1 gm recon soln, 2 gm recon soln)</i>                                                               | 4-Non-Preferred Drugs |                     |
| <i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>                                           | 4-Non-Preferred Drugs |                     |
| <i>cefotetan disodium</i>                                                                                            | 4-Non-Preferred Drugs |                     |
| <i>cefoxitin sodium</i>                                                                                              | 4-Non-Preferred Drugs |                     |
| <i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>                    | 4-Non-Preferred Drugs |                     |
| <i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>                              | 2-Generics            |                     |
| <i>ceftazidime</i>                                                                                                   | 4-Non-Preferred Drugs |                     |
| <i>ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i> | 4-Non-Preferred Drugs |                     |
| <i>cefuroxime axetil</i>                                                                                             | 2-Generics            |                     |
| <i>cefuroxime sodium</i>                                                                                             | 4-Non-Preferred Drugs |                     |
| <i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i>                             | 2-Generics            |                     |
| <i>tazicef</i>                                                                                                       | 4-Non-Preferred Drugs |                     |
| TEFLARO                                                                                                              | 5-Specialty           |                     |

## BETA-LACTAM, PENICILLINS

|                                                                                                                                                                                                   |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i> | 1-Preferred Generics |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                                                                                         | DRUG TIER             | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|
| <i>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i> | 2-Generics            |                     |
| <i>amoxicillin-pot clavulanate er</i>                                                                                                                                                             | 4-Non-Preferred Drugs |                     |
| <i>ampicillin</i>                                                                                                                                                                                 | 2-Generics            |                     |
| <i>ampicillin sodium</i>                                                                                                                                                                          | 4-Non-Preferred Drugs |                     |
| <i>ampicillin-sulbactam sodium</i>                                                                                                                                                                | 4-Non-Preferred Drugs |                     |
| BICILLIN L-A                                                                                                                                                                                      | 4-Non-Preferred Drugs |                     |
| <i>dicloxacillin sodium</i>                                                                                                                                                                       | 2-Generics            |                     |
| <i>nafcillin sodium (1 gm recon soln, 2 gm recon soln)</i>                                                                                                                                        | 4-Non-Preferred Drugs |                     |
| <i>nafcillin sodium 10 gm recon soln</i>                                                                                                                                                          | 5-Specialty           |                     |
| <i>oxacillin sodium</i>                                                                                                                                                                           | 4-Non-Preferred Drugs |                     |
| PENICILLIN G POT IN DEXTROSE                                                                                                                                                                      | 4-Non-Preferred Drugs |                     |
| <i>penicillin g potassium</i>                                                                                                                                                                     | 4-Non-Preferred Drugs |                     |
| <i>penicillin g sodium</i>                                                                                                                                                                        | 4-Non-Preferred Drugs |                     |
| <i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>                                                                                              | 1-Preferred Generics  |                     |
| <i>pfizerpen</i>                                                                                                                                                                                  | 4-Non-Preferred Drugs |                     |
| <i>piperacillin sod-tazobactam so</i>                                                                                                                                                             | 4-Non-Preferred Drugs |                     |
| <b>CARBAPENEMS</b>                                                                                                                                                                                |                       |                     |
| <i>ertapenem sodium</i>                                                                                                                                                                           | 3-Preferred Brands    |                     |
| <i>imipenem-cilastatin</i>                                                                                                                                                                        | 3-Preferred Brands    |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                              | DRUG TIER             | REQUIREMENTS/LIMITS  |
|------------------------------------------------------------------------|-----------------------|----------------------|
| <i>meropenem (1 gm recon soln, 500 mg recon soln)</i>                  | 4-Non-Preferred Drugs |                      |
| <b>MACROLIDES</b>                                                      |                       |                      |
| <i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp)</i>     | 2-Generics            |                      |
| <i>azithromycin (250 mg tab, 500 mg tab, 600 mg tab)</i>               | 1-Preferred Generics  |                      |
| <i>azithromycin 1 gm packet</i>                                        | 3-Preferred Brands    |                      |
| <i>azithromycin 500 mg recon soln</i>                                  | 4-Non-Preferred Drugs |                      |
| <i>clarithromycin (125 mg/5ml recon susp, 250 mg/5ml recon susp)</i>   | 4-Non-Preferred Drugs |                      |
| <i>clarithromycin (250 mg tab, 500 mg tab)</i>                         | 2-Generics            |                      |
| <i>clarithromycin er</i>                                               | 4-Non-Preferred Drugs |                      |
| DIFICID 200 MG TAB                                                     | 5-Specialty           | QL (60 PER 30 DAYS)  |
| DIFICID 40 MG/ML RECON SUSP                                            | 5-Specialty           | QL (408 PER 30 DAYS) |
| <i>ery-tab</i>                                                         | 4-Non-Preferred Drugs |                      |
| <i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>      | 4-Non-Preferred Drugs |                      |
| <i>erythromycin base</i>                                               | 4-Non-Preferred Drugs |                      |
| <i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab)</i> | 4-Non-Preferred Drugs |                      |
| <i>fidaxomicin</i>                                                     | 5-Specialty           | QL (60 PER 30 DAYS)  |
| <b>QUINOLONES</b>                                                      |                       |                      |
| BESIVANCE                                                              | 4-Non-Preferred Drugs |                      |
| CILOXAN                                                                | 4-Non-Preferred Drugs |                      |
| <i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>          | 1-Preferred Generics  |                      |
| <i>ciprofloxacin hcl 0.3 % solution</i>                                | 2-Generics            |                      |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                | DRUG TIER             | REQUIREMENTS/LIMITS |
|----------------------------------------------------------|-----------------------|---------------------|
| <i>ciprofloxacin in d5w 200 mg/100ml solution</i>        | 4-Non-Preferred Drugs |                     |
| <i>ciprofloxacin in d5w 400 mg/200ml solution</i>        | 4-Non-Preferred Drugs |                     |
| <i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i> | 2-Generics            |                     |
| <i>levofloxacin in d5w</i>                               | 4-Non-Preferred Drugs |                     |
| <i>levofloxacin oral soln 25 mg/ml</i>                   | 4-Non-Preferred Drugs |                     |
| <i>moxifloxacin hcl 400 mg tab</i>                       | 3-Preferred Brands    |                     |
| <i>moxifloxacin hcl in nacl</i>                          | 4-Non-Preferred Drugs |                     |
| OFLOXACIN (300 MG TAB, 400 MG TAB)                       | 4-Non-Preferred Drugs |                     |

## SULFONAMIDES

|                                                                                             |                       |  |
|---------------------------------------------------------------------------------------------|-----------------------|--|
| <i>sulfadiazine</i>                                                                         | 4-Non-Preferred Drugs |  |
| <i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 800-160 mg/20ml suspension)</i> | 2-Generics            |  |
| <i>sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)</i>                        | 1-Preferred Generics  |  |

## TETRACYCLINES

|                                                                                          |                       |  |
|------------------------------------------------------------------------------------------|-----------------------|--|
| <i>demeclocycline hcl</i>                                                                | 4-Non-Preferred Drugs |  |
| <i>doxy 100</i>                                                                          | 4-Non-Preferred Drugs |  |
| <i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>                | 2-Generics            |  |
| <i>doxycycline hyclate 100 mg recon soln</i>                                             | 4-Non-Preferred Drugs |  |
| <i>doxycycline monohydrate (50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)</i> | 2-Generics            |  |
| <i>doxycycline monohydrate 150 mg tab</i>                                                | 3-Preferred Brands    |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                 | DRUG TIER             | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------|-----------------------|---------------------|
| <i>doxycycline monohydrate 25 mg/5ml recon susp</i>       | 4-Non-Preferred Drugs |                     |
| <i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i> | 2-Generics            |                     |
| <i>monodoxyne nl</i>                                      | 2-Generics            |                     |
| NUZYRA 100 MG RECON SOLN                                  | 5-Specialty           | PA                  |
| NUZYRA 150 MG TAB                                         | 5-Specialty           |                     |
| <i>tetracycline hcl (250 mg cap, 500 mg cap)</i>          | 4-Non-Preferred Drugs |                     |

## ANTICONVULSANTS

### ANTICONVULSANTS, OTHER

|                                                                   |                       |                           |
|-------------------------------------------------------------------|-----------------------|---------------------------|
| BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB) | 5-Specialty           | PA2, QL (60 PER 30 DAYS)  |
| BRIVIACT 10 MG/ML SOLUTION                                        | 5-Specialty           | PA2, QL (600 PER 30 DAYS) |
| BRIVIACT 50 MG/5ML SOLUTION                                       | 5-Specialty           | PA2                       |
| DIACOMIT (250 MG CAP, 250 MG PACKET)                              | 5-Specialty           | PA2, QL (360 PER 30 DAYS) |
| DIACOMIT (500 MG CAP, 500 MG PACKET)                              | 5-Specialty           | PA2, QL (180 PER 30 DAYS) |
| <i>divalproex sodium</i>                                          | 2-Generics            |                           |
| <i>divalproex sodium er</i>                                       | 2-Generics            |                           |
| EPIDIOLEX                                                         | 5-Specialty           | PA2, QL (600 PER 30 DAYS) |
| EPRONTIA                                                          | 4-Non-Preferred Drugs | PA2, QL (480 PER 30 DAYS) |
| <i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>  | 4-Non-Preferred Drugs |                           |
| FINTEPLA                                                          | 5-Specialty           | PA2, QL (360 PER 30 DAYS) |
| FYCOMPA (4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)      | 5-Specialty           | PA2, QL (30 PER 30 DAYS)  |
| FYCOMPA 0.5 MG/ML SUSPENSION                                      | 5-Specialty           | PA2, QL (720 PER 30 DAYS) |
| FYCOMPA 2 MG TAB                                                  | 4-Non-Preferred Drugs | PA2, QL (30 PER 30 DAYS)  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                              | DRUG TIER             | REQUIREMENTS/LIMITS      |
|------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------|
| <i>lamotrigine (25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)</i>                                  | 4-Non-Preferred Drugs |                          |
| <i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i>                                                                     | 2-Generics            |                          |
| <i>lamotrigine er</i>                                                                                                  | 4-Non-Preferred Drugs |                          |
| <i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab, 1000 mg tab)</i>                             | 2-Generics            |                          |
| <i>levetiracetam 500 mg/5ml solution</i>                                                                               | 4-Non-Preferred Drugs |                          |
| <i>levetiracetam er</i>                                                                                                | 2-Generics            |                          |
| LEVETIRACETAM IN NACL                                                                                                  | 4-Non-Preferred Drugs |                          |
| <i>perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>                                                 | 5-Specialty           | PA2, QL (30 PER 30 DAYS) |
| <i>perampanel 2 mg tab</i>                                                                                             | 4-Non-Preferred Drugs | PA2, QL (30 PER 30 DAYS) |
| <i>roweepra</i>                                                                                                        | 2-Generics            |                          |
| SPRITAM                                                                                                                | 4-Non-Preferred Drugs | ST                       |
| <i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg cap sprink, 50 mg tab, 100 mg tab, 200 mg tab)</i> | 2-Generics            |                          |
| <i>valproate sodium</i>                                                                                                | 4-Non-Preferred Drugs |                          |
| <i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>                                           | 2-Generics            |                          |

## CALCIUM CHANNEL MODIFYING AGENTS

|                                         |                       |  |
|-----------------------------------------|-----------------------|--|
| <i>ethosuximide 250 mg cap</i>          | 3-Preferred Brands    |  |
| <i>ethosuximide 250 mg/5ml solution</i> | 4-Non-Preferred Drugs |  |
| <i>methsuximide</i>                     | 4-Non-Preferred Drugs |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                              | DRUG TIER             | REQUIREMENTS/LIMITS       |
|------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------|
| <b>GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS</b>                                                                |                       |                           |
| <i>clobazam (10 mg tab, 20 mg tab)</i>                                                                                 | 4-Non-Preferred Drugs | PA2, QL (60 PER 30 DAYS)  |
| <i>clobazam 2.5 mg/ml suspension</i>                                                                                   | 4-Non-Preferred Drugs | PA2, QL (480 PER 30 DAYS) |
| <i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>                                                                     | 4-Non-Preferred Drugs |                           |
| <i>gabapentin (100 mg cap, 600 mg tab)</i>                                                                             | 2-Generics            | QL (180 PER 30 DAYS)      |
| <i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>                                                           | 4-Non-Preferred Drugs | QL (2160 PER 30 DAYS)     |
| <i>gabapentin 300 mg cap</i>                                                                                           | 2-Generics            | QL (360 PER 30 DAYS)      |
| <i>gabapentin 400 mg cap</i>                                                                                           | 2-Generics            | QL (270 PER 30 DAYS)      |
| <i>gabapentin 800 mg tab</i>                                                                                           | 2-Generics            | QL (120 PER 30 DAYS)      |
| LIBERVANT                                                                                                              | 5-Specialty           | PA2, QL (10 PER 30 DAYS)  |
| NAYZILAM                                                                                                               | 4-Non-Preferred Drugs | PA2, QL (10 PER 30 DAYS)  |
| <i>phenobarbital (15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i> | 2-Generics            |                           |
| <i>phenobarbital (20 mg/5ml elixir, 30 mg/7.5ml elixir, 60 mg/15ml elixir)</i>                                         | 4-Non-Preferred Drugs |                           |
| <i>primidone</i>                                                                                                       | 2-Generics            |                           |
| SYMPAZAN                                                                                                               | 5-Specialty           | PA2, QL (60 PER 30 DAYS)  |
| <i>tiagabine hcl</i>                                                                                                   | 4-Non-Preferred Drugs |                           |
| VALTOCO 10 MG DOSE                                                                                                     | 5-Specialty           | PA2, QL (10 PER 30 DAYS)  |
| VALTOCO 15 MG DOSE                                                                                                     | 5-Specialty           | PA2, QL (10 PER 30 DAYS)  |
| VALTOCO 20 MG DOSE                                                                                                     | 5-Specialty           | PA2, QL (10 PER 30 DAYS)  |
| VALTOCO 5 MG DOSE                                                                                                      | 5-Specialty           | PA2, QL (10 PER 30 DAYS)  |
| <i>vigabatrin</i>                                                                                                      | 5-Specialty           | PA2, QL (180 PER 30 DAYS) |
| <i>vigadrone</i>                                                                                                       | 5-Specialty           | PA2, QL (180 PER 30 DAYS) |
| VIGAFYDE                                                                                                               | 5-Specialty           | QL (900 PER 30 DAYS)      |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME       | DRUG TIER   | REQUIREMENTS/LIMITS        |
|-----------------|-------------|----------------------------|
| <i>vigpoder</i> | 5-Specialty | PA2, QL (180 PER 30 DAYS)  |
| ZTALMY          | 5-Specialty | PA2, QL (1100 PER 30 DAYS) |

## SODIUM CHANNEL AGENTS

|                                                                                 |                       |                       |
|---------------------------------------------------------------------------------|-----------------------|-----------------------|
| APTIOM (200 MG TAB, 400 MG TAB)                                                 | 5-Specialty           | QL (30 PER 30 DAYS)   |
| APTIOM (600 MG TAB, 800 MG TAB)                                                 | 5-Specialty           | QL (60 PER 30 DAYS)   |
| CARBAMAZEPINE (100 MG CHEW TAB, 200 MG CHEW TAB, 200 MG TAB)                    | 2-Generics            |                       |
| <i>carbamazepine (100 mg/5ml suspension, 200 mg/10ml suspension)</i>            | 4-Non-Preferred Drugs |                       |
| <i>carbamazepine er</i>                                                         | 2-Generics            |                       |
| DILANTIN                                                                        | 4-Non-Preferred Drugs |                       |
| DILANTIN INFATABS                                                               | 4-Non-Preferred Drugs |                       |
| <i>epitol</i>                                                                   | 2-Generics            |                       |
| <i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>                         | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS)   |
| <i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>                         | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)   |
| <i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i> | 4-Non-Preferred Drugs | QL (1200 PER 30 DAYS) |
| <i>lacosamide (100 mg tab, 150 mg tab, 200 mg tab)</i>                          | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)   |
| <i>lacosamide 200 mg/20ml solution</i>                                          | 4-Non-Preferred Drugs |                       |
| <i>lacosamide 50 mg tab</i>                                                     | 4-Non-Preferred Drugs | QL (120 PER 30 DAYS)  |
| <i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>                       | 2-Generics            |                       |
| <i>oxcarbazepine 300 mg/5ml suspension</i>                                      | 4-Non-Preferred Drugs |                       |
| <i>phenytek</i>                                                                 | 2-Generics            |                       |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                       | DRUG TIER             | REQUIREMENTS/LIMITS        |
|---------------------------------------------------------------------------------|-----------------------|----------------------------|
| <i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i> | 2-Generics            |                            |
| <i>phenytoin infatabs</i>                                                       | 2-Generics            |                            |
| <i>phenytoin sodium</i>                                                         | 4-Non-Preferred Drugs |                            |
| <i>phenytoin sodium extended</i>                                                | 2-Generics            |                            |
| <i>rufinamide 200 mg tab</i>                                                    | 4-Non-Preferred Drugs | PA2, QL (480 PER 30 DAYS)  |
| <i>rufinamide 40 mg/ml suspension</i>                                           | 5-Specialty           | PA2, QL (2760 PER 30 DAYS) |
| <i>rufinamide 400 mg tab</i>                                                    | 5-Specialty           | PA2, QL (240 PER 30 DAYS)  |
| XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)    | 5-Specialty           | PA2, QL (28 PER 28 DAYS)   |
| XCOPRI (150 MG TAB, 200 MG TAB)                                                 | 5-Specialty           | PA2, QL (60 PER 30 DAYS)   |
| XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)                                       | 5-Specialty           | PA2, QL (30 PER 30 DAYS)   |
| XCOPRI (250 MG DAILY DOSE)                                                      | 5-Specialty           | PA2, QL (56 PER 28 DAYS)   |
| XCOPRI (350 MG DAILY DOSE)                                                      | 5-Specialty           | PA2, QL (56 PER 28 DAYS)   |
| XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK                                       | 4-Non-Preferred Drugs | PA2, QL (28 PER 28 DAYS)   |
| ZONISADE                                                                        | 5-Specialty           | QL (900 PER 30 DAYS)       |
| <i>zonisamide</i>                                                               | 2-Generics            |                            |

## ANTIDEMENTIA AGENTS

### ANTIDEMENTIA AGENTS, OTHER

|          |                       |
|----------|-----------------------|
| NAMZARIC | 4-Non-Preferred Drugs |
|----------|-----------------------|

### CHOLINESTERASE INHIBITORS

|                                                                 |                       |                     |
|-----------------------------------------------------------------|-----------------------|---------------------|
| <i>donepezil hcl (5 mg tab disp, 10 mg tab disp)</i>            | 2-Generics            | QL (30 PER 30 DAYS) |
| <i>donepezil hcl (5 mg tab, 10 mg tab)</i>                      | 1-Preferred Generics  | QL (60 PER 30 DAYS) |
| <i>galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)</i> | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                        | DRUG TIER             | REQUIREMENTS/LIMITS  |
|--------------------------------------------------|-----------------------|----------------------|
| <i>galantamine hydrobromide 4 mg/ml solution</i> | 4-Non-Preferred Drugs | QL (360 PER 30 DAYS) |
| <i>galantamine hydrobromide er</i>               | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS)  |
| <i>rivastigmine</i>                              | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS)  |
| <i>rivastigmine tartrate</i>                     | 3-Preferred Brands    | QL (60 PER 30 DAYS)  |

## N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

|                                                             |                       |                      |
|-------------------------------------------------------------|-----------------------|----------------------|
| <i>memantine hcl (2 mg/ml solution, 10 mg/5ml solution)</i> | 4-Non-Preferred Drugs | QL (360 PER 30 DAYS) |
| <i>memantine hcl (5 mg tab, 10 mg tab)</i>                  | 2-Generics            | QL (60 PER 30 DAYS)  |
| <i>memantine hcl 28 x 5 mg &amp; 21 x 10 mg tab</i>         | 4-Non-Preferred Drugs | QL (98 PER 365 DAYS) |
| <i>memantine hcl er</i>                                     | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS)  |

## ANTIDEPRESSANTS

### ANTIDEPRESSANTS, OTHER

|                                                |                    |                          |
|------------------------------------------------|--------------------|--------------------------|
| AUVELITY                                       | 5-Specialty        | PA2, QL (60 PER 30 DAYS) |
| <i>bupropion hcl</i>                           | 2-Generics         | QL (120 PER 30 DAYS)     |
| <i>bupropion hcl er (sr)</i>                   | 2-Generics         | QL (60 PER 30 DAYS)      |
| <i>bupropion hcl er (xl) 150 mg tab er 24h</i> | 2-Generics         | QL (90 PER 30 DAYS)      |
| <i>bupropion hcl er (xl) 300 mg tab er 24h</i> | 2-Generics         | QL (30 PER 30 DAYS)      |
| <i>mirtazapine (7.5 mg tab, 45 mg tab)</i>     | 2-Generics         | QL (30 PER 30 DAYS)      |
| <i>mirtazapine 15 mg tab</i>                   | 2-Generics         | QL (90 PER 30 DAYS)      |
| <i>mirtazapine 15 mg tab disp</i>              | 3-Preferred Brands | QL (90 PER 30 DAYS)      |
| <i>mirtazapine 30 mg tab</i>                   | 2-Generics         | QL (60 PER 30 DAYS)      |
| <i>mirtazapine 30 mg tab disp</i>              | 3-Preferred Brands | QL (60 PER 30 DAYS)      |
| <i>mirtazapine 45 mg tab disp</i>              | 3-Preferred Brands | QL (30 PER 30 DAYS)      |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                         | DRUG TIER             | REQUIREMENTS/LIMITS      |
|-----------------------------------|-----------------------|--------------------------|
| <i>perphenazine-amitriptyline</i> | 4-Non-Preferred Drugs |                          |
| ZURZUVAE (20 MG CAP, 25 MG CAP)   | 5-Specialty           | PA2, QL (60 PER 30 DAYS) |
| ZURZUVAE 30 MG CAP                | 5-Specialty           | PA2, QL (30 PER 30 DAYS) |

## MONOAMINE OXIDASE INHIBITORS

|                                |                       |                          |
|--------------------------------|-----------------------|--------------------------|
| EMSAM                          | 5-Specialty           | PA2, QL (30 PER 30 DAYS) |
| MARPLAN                        | 4-Non-Preferred Drugs | QL (180 PER 30 DAYS)     |
| <i>phenelzine sulfate</i>      | 2-Generics            |                          |
| <i>tranylcypromine sulfate</i> | 4-Non-Preferred Drugs |                          |

## SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)

|                                                                          |                       |                          |
|--------------------------------------------------------------------------|-----------------------|--------------------------|
| <i>citalopram hydrobromide (10 mg/5ml solution, 20 mg/10ml solution)</i> | 3-Preferred Brands    | QL (600 PER 30 DAYS)     |
| <i>citalopram hydrobromide (20 mg tab, 40 mg tab)</i>                    | 1-Preferred Generics  | QL (45 PER 30 DAYS)      |
| <i>citalopram hydrobromide 10 mg tab</i>                                 | 1-Preferred Generics  | QL (90 PER 30 DAYS)      |
| <i>desvenlafaxine succinate er</i>                                       | 3-Preferred Brands    | QL (30 PER 30 DAYS)      |
| <i>escitalopram oxalate (5 mg/5ml solution, 10 mg/10ml solution)</i>     | 4-Non-Preferred Drugs | QL (600 PER 30 DAYS)     |
| <i>escitalopram oxalate 10 mg tab</i>                                    | 1-Preferred Generics  | QL (45 PER 30 DAYS)      |
| <i>escitalopram oxalate 20 mg tab</i>                                    | 1-Preferred Generics  | QL (30 PER 30 DAYS)      |
| <i>escitalopram oxalate 5 mg tab</i>                                     | 1-Preferred Generics  | QL (90 PER 30 DAYS)      |
| FETZIMA                                                                  | 4-Non-Preferred Drugs | PA2, QL (30 PER 30 DAYS) |
| FETZIMA TITRATION                                                        | 4-Non-Preferred Drugs | PA2, QL (28 PER 28 DAYS) |
| <i>fluoxetine hcl 10 mg cap</i>                                          | 1-Preferred Generics  | QL (90 PER 30 DAYS)      |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                | DRUG TIER             | REQUIREMENTS/LIMITS        |
|----------------------------------------------------------|-----------------------|----------------------------|
| <i>fluoxetine hcl 10 mg tab</i>                          | 2-Generics            | QL (90 PER 30 DAYS)        |
| <i>fluoxetine hcl 20 mg cap</i>                          | 1-Preferred Generics  | QL (120 PER 30 DAYS)       |
| <i>fluoxetine hcl 20 mg tab</i>                          | 2-Generics            | QL (120 PER 30 DAYS)       |
| <i>fluoxetine hcl 20 mg/5ml solution</i>                 | 2-Generics            |                            |
| <i>fluoxetine hcl 40 mg cap</i>                          | 1-Preferred Generics  | QL (60 PER 30 DAYS)        |
| <i>fluoxetine hcl 90 mg cap dr</i>                       | 4-Non-Preferred Drugs | QL (4 PER 28 DAYS)         |
| <i>fluvoxamine maleate</i>                               | 2-Generics            | QL (90 PER 30 DAYS)        |
| <i>fluvoxamine maleate er</i>                            | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)        |
| <i>nefazodone hcl</i>                                    | 4-Non-Preferred Drugs |                            |
| <i>paroxetine hcl (10 mg tab, 20 mg tab)</i>             | 1-Preferred Generics  | QL (30 PER 30 DAYS)        |
| <i>paroxetine hcl (30 mg tab, 40 mg tab)</i>             | 1-Preferred Generics  | QL (60 PER 30 DAYS)        |
| PAROXETINE HCL 10 MG/5ML SUSPENSION                      | 4-Non-Preferred Drugs | QL (900 PER 30 DAYS)       |
| <i>paroxetine hcl er 12.5 mg tab er 24h</i>              | 4-Non-Preferred Drugs | QL (90 PER 30 DAYS)        |
| <i>paroxetine hcl er 25 mg tab er 24h</i>                | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS)        |
| <i>paroxetine hcl er 37.5 mg tab er 24h</i>              | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)        |
| RALDESY                                                  | 5-Specialty           | PA2, QL (1200 PER 30 DAYS) |
| <i>sertraline hcl (25 mg tab, 50 mg tab)</i>             | 1-Preferred Generics  | QL (90 PER 30 DAYS)        |
| <i>sertraline hcl 100 mg tab</i>                         | 1-Preferred Generics  | QL (60 PER 30 DAYS)        |
| <i>sertraline hcl 20 mg/ml conc</i>                      | 4-Non-Preferred Drugs | QL (300 PER 30 DAYS)       |
| <i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i> | 1-Preferred Generics  |                            |
| <i>trazodone hcl 300 mg tab</i>                          | 2-Generics            |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                        | DRUG TIER                | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------|--------------------------|---------------------|
| TRINTELLIX                                                       | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS) |
| <i>venlafaxine hcl</i>                                           | 2-Generics               |                     |
| <i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h)</i> | 2-Generics               | QL (90 PER 30 DAYS) |
| <i>venlafaxine hcl er 150 mg cap er 24h</i>                      | 2-Generics               | QL (60 PER 30 DAYS) |
| <i>vilazodone hcl</i>                                            | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS) |

## TRICYCLICS

|                                                                                                        |                          |  |
|--------------------------------------------------------------------------------------------------------|--------------------------|--|
| <i>amitriptyline hcl</i>                                                                               | 2-Generics               |  |
| <i>amoxapine</i>                                                                                       | 3-Preferred<br>Brands    |  |
| <i>clomipramine hcl</i>                                                                                | 4-Non-Preferred<br>Drugs |  |
| <i>desipramine hcl</i>                                                                                 | 4-Non-Preferred<br>Drugs |  |
| <i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i> | 2-Generics               |  |
| <i>imipramine hcl</i>                                                                                  | 2-Generics               |  |
| <i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>                                  | 2-Generics               |  |
| <i>nortriptyline hcl 10 mg/5ml solution</i>                                                            | 4-Non-Preferred<br>Drugs |  |
| <i>protriptyline hcl</i>                                                                               | 4-Non-Preferred<br>Drugs |  |
| <i>trimipramine maleate</i>                                                                            | 4-Non-Preferred<br>Drugs |  |

## ANTIEMETICS

### ANTIEMETICS, OTHER

|                                               |                          |  |
|-----------------------------------------------|--------------------------|--|
| <i>compro</i>                                 | 4-Non-Preferred<br>Drugs |  |
| <i>meclizine hcl (12.5 mg tab, 25 mg tab)</i> | 2-Generics               |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                               | DRUG TIER             | REQUIREMENTS/LIMITS     |
|-----------------------------------------------------------------------------------------|-----------------------|-------------------------|
| <i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i> | 2-Generics            |                         |
| <i>perphenazine</i>                                                                     | 4-Non-Preferred Drugs |                         |
| <i>prochlorperazine</i>                                                                 | 4-Non-Preferred Drugs |                         |
| <i>prochlorperazine edisylate</i>                                                       | 4-Non-Preferred Drugs |                         |
| <i>prochlorperazine maleate</i>                                                         | 2-Generics            |                         |
| <i>promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)</i>                             | 2-Generics            | PA                      |
| <i>scopolamine</i>                                                                      | 4-Non-Preferred Drugs | PA, QL (10 PER 30 DAYS) |

## EMETOGENIC THERAPY ADJUNCTS

|                                                                                      |                       |                           |
|--------------------------------------------------------------------------------------|-----------------------|---------------------------|
| <i>aprepitant</i>                                                                    | 4-Non-Preferred Drugs | PA3                       |
| <i>dronabinol</i>                                                                    | 4-Non-Preferred Drugs | PA, QL (60 PER 30 DAYS)   |
| <i>granisetron hcl 1 mg tab</i>                                                      | 4-Non-Preferred Drugs | PA3, QL (60 PER 30 DAYS)  |
| <i>ondansetron 4 mg tab disp</i>                                                     | 2-Generics            | PA3, QL (180 PER 30 DAYS) |
| <i>ondansetron 8 mg tab disp</i>                                                     | 2-Generics            | PA3, QL (90 PER 30 DAYS)  |
| <i>ondansetron hcl (4 mg/2ml soln prsyr, 4 mg/2ml solution, 40 mg/20ml solution)</i> | 4-Non-Preferred Drugs |                           |
| <i>ondansetron hcl +rfid</i>                                                         | 4-Non-Preferred Drugs |                           |
| <i>ondansetron hcl 4 mg tab</i>                                                      | 2-Generics            | PA3, QL (180 PER 30 DAYS) |
| <i>ondansetron hcl 8 mg tab</i>                                                      | 2-Generics            | PA3, QL (90 PER 30 DAYS)  |
| <i>ondansetron hcl oral soln 4 mg/5ml</i>                                            | 4-Non-Preferred Drugs | PA3, QL (900 PER 30 DAYS) |
| SANCUSO                                                                              | 5-Specialty           | ST, QL (4 PER 28 DAYS)    |

## ANTIFUNGALS

|         |                       |     |
|---------|-----------------------|-----|
| ABELCET | 4-Non-Preferred Drugs | PA3 |
|---------|-----------------------|-----|

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                | DRUG TIER                | REQUIREMENTS/LIMITS  |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------|
| <i>amphotericin b</i>                                                                                                    | 4-Non-Preferred<br>Drugs | PA3                  |
| <i>amphotericin b liposome</i>                                                                                           | 5-Specialty              | PA3                  |
| <i>caspofungin acetate</i>                                                                                               | 4-Non-Preferred<br>Drugs |                      |
| <i>clotrimazole 1 % cream</i>                                                                                            | 2-Generics               | QL (90 PER 30 DAYS)  |
| <i>clotrimazole 1 % solution</i>                                                                                         | 2-Generics               | QL (30 PER 30 DAYS)  |
| <i>clotrimazole 10 mg troche</i>                                                                                         | 2-Generics               |                      |
| <i>econazole nitrate 1 % cream</i>                                                                                       | 4-Non-Preferred<br>Drugs | QL (85 PER 30 DAYS)  |
| <i>fluconazole (10 mg/ml recon susp,<br/>40 mg/ml recon susp, 50 mg tab,<br/>100 mg tab, 150 mg tab, 200 mg<br/>tab)</i> | 2-Generics               |                      |
| <i>fluconazole in sodium chloride (200-<br/>0.9 mg/100ml-% solution, 400-0.9<br/>mg/200ml-% solution)</i>                | 4-Non-Preferred<br>Drugs |                      |
| <i>flucytosine</i>                                                                                                       | 5-Specialty              |                      |
| <i>griseofulvin microsize (125 mg/5ml<br/>suspension, 500 mg tab)</i>                                                    | 4-Non-Preferred<br>Drugs |                      |
| <i>griseofulvin ultramicrosize (125 mg<br/>tab, 250 mg tab)</i>                                                          | 4-Non-Preferred<br>Drugs |                      |
| <i>itraconazole 100 mg cap</i>                                                                                           | 4-Non-Preferred<br>Drugs |                      |
| <i>ketoconazole 2 % cream</i>                                                                                            | 2-Generics               | QL (60 PER 30 DAYS)  |
| <i>ketoconazole 2 % shampoo</i>                                                                                          | 2-Generics               | QL (120 PER 30 DAYS) |
| <i>ketoconazole 200 mg tab</i>                                                                                           | 2-Generics               |                      |
| <i>klayesta</i>                                                                                                          | 2-Generics               | QL (60 PER 30 DAYS)  |
| <i>micafungin sodium</i>                                                                                                 | 4-Non-Preferred<br>Drugs |                      |
| <i>miconazole 3</i>                                                                                                      | 2-Generics               |                      |
| <i>naftifine hcl 1 % cream</i>                                                                                           | 4-Non-Preferred<br>Drugs | QL (90 PER 30 DAYS)  |
| <i>naftifine hcl 2 % cream</i>                                                                                           | 4-Non-Preferred<br>Drugs | QL (60 PER 30 DAYS)  |
| <i>nyamyc</i>                                                                                                            | 2-Generics               | QL (60 PER 30 DAYS)  |

You can find information on what the symbols and abbreviations  
on this table mean by going to page 1.

| DRUG NAME                                                                              | DRUG TIER             | REQUIREMENTS/LIMITS      |
|----------------------------------------------------------------------------------------|-----------------------|--------------------------|
| <i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i> | 2-Generics            | QL (60 PER 30 DAYS)      |
| <i>nystatin (100000 unit/ml suspension, 500000 unit tab)</i>                           | 2-Generics            |                          |
| <i>nystop</i>                                                                          | 2-Generics            | QL (60 PER 30 DAYS)      |
| <i>posaconazole 100 mg tab dr</i>                                                      | 5-Specialty           | PA, QL (93 PER 30 DAYS)  |
| <i>posaconazole 40 mg/ml suspension</i>                                                | 5-Specialty           | PA, QL (630 PER 30 DAYS) |
| <i>terbinafine hcl</i>                                                                 | 2-Generics            | QL (120 PER 30 DAYS)     |
| <i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>                            | 2-Generics            |                          |
| <i>voriconazole 200 mg recon soln</i>                                                  | 5-Specialty           | PA                       |
| <i>voriconazole 200 mg tab</i>                                                         | 4-Non-Preferred Drugs | QL (120 PER 30 DAYS)     |
| <i>voriconazole 40 mg/ml recon susp</i>                                                | 5-Specialty           | QL (600 PER 30 DAYS)     |
| <i>voriconazole 50 mg tab</i>                                                          | 4-Non-Preferred Drugs | QL (480 PER 30 DAYS)     |

## ANTIGOUT AGENTS

|                                             |                      |                      |
|---------------------------------------------|----------------------|----------------------|
| <i>allopurinol (100 mg tab, 300 mg tab)</i> | 1-Preferred Generics |                      |
| <i>colchicine 0.6 mg tab</i>                | 3-Preferred Brands   | QL (120 PER 30 DAYS) |
| <i>colchicine-probenecid</i>                | 3-Preferred Brands   |                      |
| <i>febuxostat</i>                           | 3-Preferred Brands   | ST                   |
| MITIGARE                                    | 3-Preferred Brands   | QL (60 PER 30 DAYS)  |
| <i>probenecid</i>                           | 3-Preferred Brands   |                      |

## ANTIMIGRAINE AGENTS

## CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

|         |                    |                        |
|---------|--------------------|------------------------|
| AIMOVIG | 3-Preferred Brands | PA, QL (1 PER 28 DAYS) |
|---------|--------------------|------------------------|

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME              | DRUG TIER          | REQUIREMENTS/LIMITS    |
|------------------------|--------------------|------------------------|
| EMGALITY               | 3-Preferred Brands | PA, QL (2 PER 28 DAYS) |
| EMGALITY (300 MG DOSE) | 3-Preferred Brands | PA, QL (3 PER 28 DAYS) |
| NURTEC                 | 5-Specialty        | QL (16 PER 30 DAYS)    |
| UBRELVY                | 5-Specialty        | QL (16 PER 30 DAYS)    |

## ERGOT ALKALOIDS

|                                                    |                    |                        |
|----------------------------------------------------|--------------------|------------------------|
| <i>dihydroergotamine mesylate 4 mg/ml solution</i> | 5-Specialty        | PA, QL (8 PER 30 DAYS) |
| <i>ergotamine-cafeine</i>                          | 3-Preferred Brands |                        |

## SEROTONIN (5-HT) RECEPTOR AGONIST

|                                                                                                  |                       |                     |
|--------------------------------------------------------------------------------------------------|-----------------------|---------------------|
| <i>naratriptan hcl</i>                                                                           | 2-Generics            | QL (9 PER 30 DAYS)  |
| <i>rizatriptan benzoate</i>                                                                      | 2-Generics            | QL (12 PER 30 DAYS) |
| <i>sumatriptan</i>                                                                               | 4-Non-Preferred Drugs | QL (12 PER 28 DAYS) |
| <i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>                                  | 2-Generics            | QL (9 PER 30 DAYS)  |
| <i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i> | 4-Non-Preferred Drugs | QL (6 PER 30 DAYS)  |
| <i>sumatriptan succinate refill</i>                                                              | 4-Non-Preferred Drugs | QL (6 PER 30 DAYS)  |

## ANTIMYASTHENIC AGENTS

### PARASYMPATHOMIMETICS

|                                         |                       |  |
|-----------------------------------------|-----------------------|--|
| <i>pyridostigmine bromide 60 mg tab</i> | 3-Preferred Brands    |  |
| <i>pyridostigmine bromide er</i>        | 4-Non-Preferred Drugs |  |

## ANTIMYCOBACTERIALS

### ANTIMYCOBACTERIALS, OTHER

|                                        |                    |  |
|----------------------------------------|--------------------|--|
| <i>dapsone (25 mg tab, 100 mg tab)</i> | 3-Preferred Brands |  |
|----------------------------------------|--------------------|--|

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                 | DRUG TIER             | REQUIREMENTS/LIMITS |
|-------------------------------------------|-----------------------|---------------------|
| <i>rifabutin</i>                          | 4-Non-Preferred Drugs |                     |
| <b>ANTITUBERCULARS</b>                    |                       |                     |
| <i>ethambutol hcl</i>                     | 2-Generics            |                     |
| <i>isoniazid (100 mg tab, 300 mg tab)</i> | 1-Preferred Generics  |                     |
| <i>isoniazid 50 mg/5ml syrup</i>          | 4-Non-Preferred Drugs |                     |
| PRIFTIN                                   | 4-Non-Preferred Drugs |                     |
| <i>pyrazinamide</i>                       | 4-Non-Preferred Drugs |                     |
| <i>rifampin (150 mg cap, 300 mg cap)</i>  | 3-Preferred Brands    |                     |
| <i>rifampin 600 mg recon soln</i>         | 4-Non-Preferred Drugs |                     |
| SIRTURO                                   | 5-Specialty           | PA                  |
| TRECATOR                                  | 4-Non-Preferred Drugs |                     |

## ANTINEOPLASTICS

### ALKYLATING AGENTS

|                                                                                                     |                       |     |
|-----------------------------------------------------------------------------------------------------|-----------------------|-----|
| <i>carboplatin</i>                                                                                  | 4-Non-Preferred Drugs | PA3 |
| <i>cisplatin</i>                                                                                    | 4-Non-Preferred Drugs | PA3 |
| CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)                                       | 3-Preferred Brands    | PA3 |
| GLEOSTINE (10 MG CAP, 40 MG CAP)                                                                    | 4-Non-Preferred Drugs | PA2 |
| GLEOSTINE 100 MG CAP                                                                                | 5-Specialty           | PA2 |
| LEUKERAN                                                                                            | 5-Specialty           |     |
| MATULANE                                                                                            | 5-Specialty           |     |
| <i>oxaliplatin (50 mg recon soln, 50 mg/10ml solution, 100 mg recon soln, 100 mg/20ml solution)</i> | 4-Non-Preferred Drugs | PA3 |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME         | DRUG TIER             | REQUIREMENTS/LIMITS      |
|-------------------|-----------------------|--------------------------|
| <i>paraplatin</i> | 4-Non-Preferred Drugs | PA3                      |
| VALCHLOR          | 5-Specialty           | PA2, QL (60 PER 30 DAYS) |

## ANTIANDROGENS

|                                       |                    |                           |
|---------------------------------------|--------------------|---------------------------|
| <i>abiraterone acetate 250 mg tab</i> | 5-Specialty        | PA2, QL (120 PER 30 DAYS) |
| <i>abiraterone acetate 500 mg tab</i> | 5-Specialty        | PA2, QL (60 PER 30 DAYS)  |
| <i>abirtega</i>                       | 3-Preferred Brands | PA2, QL (120 PER 30 DAYS) |
| <i>bicalutamide</i>                   | 2-Generics         |                           |
| ERLEADA 240 MG TAB                    | 5-Specialty        | PA2, QL (30 PER 30 DAYS)  |
| ERLEADA 60 MG TAB                     | 5-Specialty        | PA2, QL (120 PER 30 DAYS) |
| EULEXIN                               | 5-Specialty        | PA2                       |
| <i>nilutamide</i>                     | 5-Specialty        |                           |
| NUBEQA                                | 5-Specialty        | PA2, QL (120 PER 30 DAYS) |
| XTANDI (40 MG CAP, 40 MG TAB)         | 5-Specialty        | PA2, QL (120 PER 30 DAYS) |
| XTANDI 80 MG TAB                      | 5-Specialty        | PA2, QL (60 PER 30 DAYS)  |

## ANTIANGIOGENIC AGENTS

|                                   |             |                           |
|-----------------------------------|-------------|---------------------------|
| <i>lenalidomide</i>               | 5-Specialty | PA2, QL (28 PER 28 DAYS)  |
| POMALYST                          | 5-Specialty | PA2, QL (21 PER 28 DAYS)  |
| THALOMID (150 MG CAP, 200 MG CAP) | 5-Specialty | PA2, QL (60 PER 30 DAYS)  |
| THALOMID 100 MG CAP               | 5-Specialty | PA2, QL (120 PER 30 DAYS) |
| THALOMID 50 MG CAP                | 5-Specialty | PA2, QL (30 PER 30 DAYS)  |

## ANTIESTROGENS/MODIFIERS

|                           |             |                          |
|---------------------------|-------------|--------------------------|
| <i>fulvestrant</i>        | 5-Specialty | PA3                      |
| ORSERDU 345 MG TAB        | 5-Specialty | PA2, QL (30 PER 30 DAYS) |
| ORSERDU 86 MG TAB         | 5-Specialty | PA2, QL (90 PER 30 DAYS) |
| SOLTAMOX                  | 5-Specialty |                          |
| <i>tamoxifen citrate</i>  | 2-Generics  |                          |
| <i>toremifene citrate</i> | 5-Specialty |                          |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                | DRUG TIER             | REQUIREMENTS/LIMITS       |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------|
| <b>ANTIMETABOLITES</b>                                                                                                   |                       |                           |
| <i>azacitidine</i>                                                                                                       | 5-Specialty           | PA3                       |
| <i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>                | 4-Non-Preferred Drugs | PA3                       |
| <i>mercaptopurine 2000 mg/100ml suspension</i>                                                                           | 5-Specialty           |                           |
| <i>mercaptopurine 50 mg tab</i>                                                                                          | 3-Preferred Brands    |                           |
| ONUREG                                                                                                                   | 5-Specialty           | PA2, QL (14 PER 28 DAYS)  |
| PURIXAN                                                                                                                  | 5-Specialty           |                           |
| TABLOID                                                                                                                  | 4-Non-Preferred Drugs |                           |
| <b>ANTINEOPLASTICS, OTHER</b>                                                                                            |                       |                           |
| AKEEGA                                                                                                                   | 5-Specialty           | PA2, QL (60 PER 30 DAYS)  |
| AUGTYRO 160 MG CAP                                                                                                       | 5-Specialty           | PA2, QL (60 PER 30 DAYS)  |
| AUGTYRO 40 MG CAP                                                                                                        | 5-Specialty           | PA2, QL (240 PER 30 DAYS) |
| DOCETAXEL                                                                                                                | 5-Specialty           | PA3                       |
| DROXIA                                                                                                                   | 4-Non-Preferred Drugs |                           |
| FRUZAQLA 1 MG CAP                                                                                                        | 5-Specialty           | PA2, QL (84 PER 28 DAYS)  |
| FRUZAQLA 5 MG CAP                                                                                                        | 5-Specialty           | PA2, QL (21 PER 28 DAYS)  |
| <i>hydroxyurea</i>                                                                                                       | 2-Generics            |                           |
| INQOVI                                                                                                                   | 5-Specialty           | PA2, QL (5 PER 28 DAYS)   |
| IWILFIN                                                                                                                  | 5-Specialty           | PA2, QL (240 PER 30 DAYS) |
| <i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>                                                    | 2-Generics            |                           |
| <i>leucovorin calcium (50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln)</i> | 4-Non-Preferred Drugs |                           |
| LONSURF 15-6.14 MG TAB                                                                                                   | 5-Specialty           | PA2, QL (100 PER 28 DAYS) |
| LONSURF 20-8.19 MG TAB                                                                                                   | 5-Specialty           | PA2, QL (80 PER 28 DAYS)  |
| LYSODREN                                                                                                                 | 5-Specialty           |                           |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME | DRUG TIER   | REQUIREMENTS/LIMITS       |
|-----------|-------------|---------------------------|
| MODEYSO   | 5-Specialty | PA2, QL (20 PER 28 DAYS)  |
| OJJAARA   | 5-Specialty | PA2, QL (30 PER 30 DAYS)  |
| ORGOVYX   | 5-Specialty | PA2, QL (32 PER 30 DAYS)  |
| QINLOCK   | 5-Specialty | PA2, QL (90 PER 30 DAYS)  |
| WELIREG   | 5-Specialty | PA2, QL (90 PER 30 DAYS)  |
| ZOLINZA   | 5-Specialty | PA2, QL (120 PER 30 DAYS) |

## AROMATASE INHIBITORS, 3RD GENERATION

|                    |                       |  |
|--------------------|-----------------------|--|
| <i>anastrozole</i> | 1-Preferred Generics  |  |
| <i>exemestane</i>  | 4-Non-Preferred Drugs |  |
| <i>letrozole</i>   | 2-Generics            |  |

## ENZYME INHIBITORS

|                       |                       |     |
|-----------------------|-----------------------|-----|
| <i>etoposide</i>      | 2-Generics            |     |
| <i>irinotecan hcl</i> | 4-Non-Preferred Drugs | PA3 |

## MOLECULAR TARGET INHIBITORS

|                                                        |             |                           |
|--------------------------------------------------------|-------------|---------------------------|
| ALECENSA                                               | 5-Specialty | PA2, QL (240 PER 30 DAYS) |
| ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB) | 5-Specialty | PA2, QL (30 PER 30 DAYS)  |
| ALUNBRIG 30 MG TAB                                     | 5-Specialty | PA2, QL (120 PER 30 DAYS) |
| AVMAPKI FAKZYNJA CO-PACK                               | 5-Specialty | PA2, QL (66 PER 28 DAYS)  |
| AYVAKIT                                                | 5-Specialty | PA2, QL (30 PER 30 DAYS)  |
| BALVERSA 3 MG TAB                                      | 5-Specialty | PA2, QL (90 PER 30 DAYS)  |
| BALVERSA 4 MG TAB                                      | 5-Specialty | PA2, QL (60 PER 30 DAYS)  |
| BALVERSA 5 MG TAB                                      | 5-Specialty | PA2, QL (30 PER 30 DAYS)  |
| <i>bortezomib 3.5 mg recon soln</i>                    | 5-Specialty | PA3                       |
| BOSULIF (100 MG CAP, 100 MG TAB)                       | 5-Specialty | PA2, QL (180 PER 30 DAYS) |
| BOSULIF (400 MG TAB, 500 MG TAB)                       | 5-Specialty | PA2, QL (30 PER 30 DAYS)  |
| BOSULIF 50 MG CAP                                      | 5-Specialty | PA2, QL (360 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                       | DRUG TIER   | REQUIREMENTS/LIMITS       |
|-----------------------------------------------------------------|-------------|---------------------------|
| BRAFTOVI                                                        | 5-Specialty | PA2, QL (180 PER 30 DAYS) |
| BRUKINSA 160 MG TAB                                             | 5-Specialty | PA2, QL (60 PER 30 DAYS)  |
| BRUKINSA 80 MG CAP                                              | 5-Specialty | PA2, QL (120 PER 30 DAYS) |
| CABOMETYX (20 MG TAB, 60 MG TAB)                                | 5-Specialty | PA2, QL (30 PER 30 DAYS)  |
| CABOMETYX 40 MG TAB                                             | 5-Specialty | PA2, QL (60 PER 30 DAYS)  |
| CALQUENCE 100 MG TAB                                            | 5-Specialty | PA2, QL (60 PER 30 DAYS)  |
| CAPRELSA 100 MG TAB                                             | 5-Specialty | PA2, QL (60 PER 30 DAYS)  |
| CAPRELSA 300 MG TAB                                             | 5-Specialty | PA2, QL (30 PER 30 DAYS)  |
| COMETRIQ (100 MG DAILY DOSE)                                    | 5-Specialty | PA2, QL (60 PER 30 DAYS)  |
| COMETRIQ (140 MG DAILY DOSE)                                    | 5-Specialty | PA2, QL (120 PER 30 DAYS) |
| COMETRIQ (60 MG DAILY DOSE)                                     | 5-Specialty | PA2, QL (90 PER 30 DAYS)  |
| COPIKTRA                                                        | 5-Specialty | PA2, QL (60 PER 30 DAYS)  |
| COTELLIC                                                        | 5-Specialty | PA2, QL (63 PER 28 DAYS)  |
| DANZITEN                                                        | 5-Specialty | PA2, QL (120 PER 30 DAYS) |
| <i>dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab)</i>  | 5-Specialty | PA2, QL (60 PER 30 DAYS)  |
| <i>dasatinib 140 mg tab</i>                                     | 5-Specialty | PA2, QL (30 PER 30 DAYS)  |
| <i>dasatinib 20 mg tab</i>                                      | 5-Specialty | PA2, QL (90 PER 30 DAYS)  |
| DAURISMO 100 MG TAB                                             | 5-Specialty | PA2, QL (30 PER 30 DAYS)  |
| DAURISMO 25 MG TAB                                              | 5-Specialty | PA2, QL (60 PER 30 DAYS)  |
| ERIVEDGE                                                        | 5-Specialty | PA2, QL (30 PER 30 DAYS)  |
| <i>erlotinib hcl (100 mg tab, 150 mg tab)</i>                   | 5-Specialty | PA2, QL (30 PER 30 DAYS)  |
| <i>erlotinib hcl 25 mg tab</i>                                  | 5-Specialty | PA2, QL (60 PER 30 DAYS)  |
| <i>everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i> | 5-Specialty | PA2, QL (30 PER 30 DAYS)  |
| <i>everolimus (3 mg tab sol, 5 mg tab sol)</i>                  | 5-Specialty | PA2, QL (90 PER 30 DAYS)  |
| <i>everolimus 2 mg tab sol</i>                                  | 5-Specialty | PA2, QL (150 PER 30 DAYS) |
| FOTIVDA                                                         | 5-Specialty | PA2, QL (21 PER 28 DAYS)  |
| GAVRETO                                                         | 5-Specialty | PA2, QL (120 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                 | DRUG TIER   | REQUIREMENTS/LIMITS       |
|-----------------------------------------------------------|-------------|---------------------------|
| <i>gefitinib</i>                                          | 5-Specialty | PA2, QL (60 PER 30 DAYS)  |
| GILOTRIF                                                  | 5-Specialty | PA2, QL (30 PER 30 DAYS)  |
| GOMEKLI 1 MG CAP                                          | 5-Specialty | PA2, QL (126 PER 28 DAYS) |
| GOMEKLI 1 MG TAB SOL                                      | 5-Specialty | PA2, QL (168 PER 28 DAYS) |
| GOMEKLI 2 MG CAP                                          | 5-Specialty | PA2, QL (84 PER 28 DAYS)  |
| HERNEXEOS                                                 | 5-Specialty | PA2, QL (90 PER 30 DAYS)  |
| IBRANCE                                                   | 5-Specialty | PA2, QL (21 PER 28 DAYS)  |
| IBTROZI                                                   | 5-Specialty | PA2, QL (90 PER 30 DAYS)  |
| ICLUSIG (10 MG TAB, 30 MG TAB, 45 MG TAB)                 | 5-Specialty | PA2, QL (30 PER 30 DAYS)  |
| ICLUSIG 15 MG TAB                                         | 5-Specialty | PA2, QL (60 PER 30 DAYS)  |
| IDHIFA                                                    | 5-Specialty | PA2, QL (30 PER 30 DAYS)  |
| <i>imatinib mesylate 100 mg tab</i>                       | 5-Specialty | PA2, QL (90 PER 30 DAYS)  |
| <i>imatinib mesylate 400 mg tab</i>                       | 5-Specialty | PA2, QL (60 PER 30 DAYS)  |
| IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB) | 5-Specialty | PA2, QL (30 PER 30 DAYS)  |
| IMBRUVICA 140 MG CAP                                      | 5-Specialty | PA2, QL (120 PER 30 DAYS) |
| IMBRUVICA 70 MG/ML SUSPENSION                             | 5-Specialty | PA2, QL (324 PER 30 DAYS) |
| IMKELDI                                                   | 5-Specialty | PA2, QL (280 PER 28 DAYS) |
| INLYTA 1 MG TAB                                           | 5-Specialty | PA2, QL (180 PER 30 DAYS) |
| INLYTA 5 MG TAB                                           | 5-Specialty | PA2, QL (120 PER 30 DAYS) |
| INREBIC                                                   | 5-Specialty | PA2, QL (120 PER 30 DAYS) |
| ITOVEBI 3 MG TAB                                          | 5-Specialty | PA2, QL (60 PER 30 DAYS)  |
| ITOVEBI 9 MG TAB                                          | 5-Specialty | PA2, QL (30 PER 30 DAYS)  |
| JAKAFI                                                    | 5-Specialty | PA2, QL (60 PER 30 DAYS)  |
| JAYPIRCA 100 MG TAB                                       | 5-Specialty | PA2, QL (60 PER 30 DAYS)  |
| JAYPIRCA 50 MG TAB                                        | 5-Specialty | PA2, QL (30 PER 30 DAYS)  |
| KISQALI (200 MG DOSE)                                     | 5-Specialty | PA2, QL (21 PER 28 DAYS)  |
| KISQALI (400 MG DOSE)                                     | 5-Specialty | PA2, QL (42 PER 28 DAYS)  |
| KISQALI (600 MG DOSE)                                     | 5-Specialty | PA2, QL (63 PER 28 DAYS)  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                         | DRUG TIER   | REQUIREMENTS/LIMITS        |
|-----------------------------------|-------------|----------------------------|
| KISQALI FEMARA (200 MG DOSE)      | 5-Specialty | PA2, QL (49 PER 28 DAYS)   |
| KISQALI FEMARA (400 MG DOSE)      | 5-Specialty | PA2, QL (70 PER 28 DAYS)   |
| KISQALI FEMARA (600 MG DOSE)      | 5-Specialty | PA2, QL (91 PER 28 DAYS)   |
| KOSELUGO 10 MG CAP                | 5-Specialty | PA2, QL (240 PER 30 DAYS)  |
| KOSELUGO 25 MG CAP                | 5-Specialty | PA2, QL (120 PER 30 DAYS)  |
| KRAZATI                           | 5-Specialty | PA2, QL (180 PER 30 DAYS)  |
| <i>lapatinib ditosylate</i>       | 5-Specialty | PA2, QL (180 PER 30 DAYS)  |
| LAZCLUZE 240 MG TAB               | 5-Specialty | PA2, QL (30 PER 30 DAYS)   |
| LAZCLUZE 80 MG TAB                | 5-Specialty | PA2, QL (60 PER 30 DAYS)   |
| LENVIMA (10 MG DAILY DOSE)        | 5-Specialty | PA2                        |
| LENVIMA (12 MG DAILY DOSE)        | 5-Specialty | PA2                        |
| LENVIMA (14 MG DAILY DOSE)        | 5-Specialty | PA2                        |
| LENVIMA (18 MG DAILY DOSE)        | 5-Specialty | PA2                        |
| LENVIMA (20 MG DAILY DOSE)        | 5-Specialty | PA2                        |
| LENVIMA (24 MG DAILY DOSE)        | 5-Specialty | PA2                        |
| LENVIMA (4 MG DAILY DOSE)         | 5-Specialty | PA2                        |
| LENVIMA (8 MG DAILY DOSE)         | 5-Specialty | PA2                        |
| LORBRENA 100 MG TAB               | 5-Specialty | PA2, QL (30 PER 30 DAYS)   |
| LORBRENA 25 MG TAB                | 5-Specialty | PA2, QL (90 PER 30 DAYS)   |
| LUMAKRAS (120 MG TAB, 240 MG TAB) | 5-Specialty | PA2, QL (120 PER 30 DAYS)  |
| LUMAKRAS 320 MG TAB               | 5-Specialty | PA2, QL (90 PER 30 DAYS)   |
| LYNPARZA                          | 5-Specialty | PA2, QL (120 PER 30 DAYS)  |
| LYTGOBI (12 MG DAILY DOSE)        | 5-Specialty | PA2, QL (84 PER 28 DAYS)   |
| LYTGOBI (16 MG DAILY DOSE)        | 5-Specialty | PA2, QL (112 PER 28 DAYS)  |
| LYTGOBI (20 MG DAILY DOSE)        | 5-Specialty | PA2, QL (140 PER 28 DAYS)  |
| MEKINIST 0.05 MG/ML RECON SOLN    | 5-Specialty | PA2, QL (1350 PER 30 DAYS) |
| MEKINIST 0.5 MG TAB               | 5-Specialty | PA2, QL (120 PER 30 DAYS)  |
| MEKINIST 2 MG TAB                 | 5-Specialty | PA2, QL (30 PER 30 DAYS)   |
| MEKTOVI                           | 5-Specialty | PA2, QL (180 PER 30 DAYS)  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                            | DRUG TIER             | REQUIREMENTS/LIMITS       |
|--------------------------------------|-----------------------|---------------------------|
| NERLYNX                              | 5-Specialty           | PA2, QL (180 PER 30 DAYS) |
| <i>nilotinib hcl</i>                 | 5-Specialty           | PA2, QL (120 PER 30 DAYS) |
| NINLARO                              | 5-Specialty           | PA2, QL (3 PER 28 DAYS)   |
| ODOMZO                               | 5-Specialty           | PA2, QL (30 PER 30 DAYS)  |
| OGSIVEO (100 MG TAB, 150 MG TAB)     | 5-Specialty           | PA2, QL (60 PER 30 DAYS)  |
| OGSIVEO 50 MG TAB                    | 5-Specialty           | PA2, QL (180 PER 30 DAYS) |
| OJEMDA 100 MG TAB                    | 5-Specialty           | PA2, QL (24 PER 28 DAYS)  |
| OJEMDA 25 MG/ML RECON SUSP           | 5-Specialty           | PA2, QL (96 PER 28 DAYS)  |
| <i>paclitaxel</i>                    | 4-Non-Preferred Drugs | PA3                       |
| <i>paclitaxel protein-bound part</i> | 5-Specialty           | PA3                       |
| <i>pazopanib hcl</i>                 | 5-Specialty           | PA2, QL (120 PER 30 DAYS) |
| PEMAZYRE                             | 5-Specialty           | PA2, QL (30 PER 30 DAYS)  |
| PIQRAY (200 MG DAILY DOSE)           | 5-Specialty           | PA2, QL (30 PER 30 DAYS)  |
| PIQRAY (250 MG DAILY DOSE)           | 5-Specialty           | PA2, QL (60 PER 30 DAYS)  |
| PIQRAY (300 MG DAILY DOSE)           | 5-Specialty           | PA2, QL (60 PER 30 DAYS)  |
| RETEVMO (120 MG TAB, 160 MG TAB)     | 5-Specialty           | PA2, QL (60 PER 30 DAYS)  |
| RETEVMO (40 MG CAP, 40 MG TAB)       | 5-Specialty           | PA2, QL (180 PER 30 DAYS) |
| RETEVMO (80 MG CAP, 80 MG TAB)       | 5-Specialty           | PA2, QL (120 PER 30 DAYS) |
| REVUFORJ 110 MG TAB                  | 5-Specialty           | PA2, QL (120 PER 30 DAYS) |
| REVUFORJ 160 MG TAB                  | 5-Specialty           | PA2, QL (60 PER 30 DAYS)  |
| REVUFORJ 25 MG TAB                   | 5-Specialty           | PA2, QL (240 PER 30 DAYS) |
| REZLIDHIA                            | 5-Specialty           | PA2, QL (60 PER 30 DAYS)  |
| ROMVIMZA                             | 5-Specialty           | PA2, QL (8 PER 28 DAYS)   |
| ROZLYTREK 100 MG CAP                 | 5-Specialty           | PA2, QL (180 PER 30 DAYS) |
| ROZLYTREK 200 MG CAP                 | 5-Specialty           | PA2, QL (90 PER 30 DAYS)  |
| ROZLYTREK 50 MG PACKET               | 5-Specialty           | PA2, QL (360 PER 30 DAYS) |
| RUBRACA                              | 5-Specialty           | PA2, QL (120 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                             | DRUG TIER          | REQUIREMENTS/LIMITS       |
|-----------------------------------------------------------------------|--------------------|---------------------------|
| RYDAPT                                                                | 5-Specialty        | PA2, QL (240 PER 30 DAYS) |
| SCEMBLIX 100 MG TAB                                                   | 5-Specialty        | PA2, QL (120 PER 30 DAYS) |
| SCEMBLIX 20 MG TAB                                                    | 5-Specialty        | PA2, QL (60 PER 30 DAYS)  |
| SCEMBLIX 40 MG TAB                                                    | 5-Specialty        | PA2, QL (300 PER 30 DAYS) |
| <i>sorafenib tosylate</i>                                             | 5-Specialty        | PA2, QL (120 PER 30 DAYS) |
| SPRYCEL (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB)                 | 5-Specialty        | PA2, QL (60 PER 30 DAYS)  |
| SPRYCEL 140 MG TAB                                                    | 5-Specialty        | PA2, QL (30 PER 30 DAYS)  |
| SPRYCEL 20 MG TAB                                                     | 5-Specialty        | PA2, QL (90 PER 30 DAYS)  |
| STIVARGA                                                              | 5-Specialty        | PA2, QL (84 PER 28 DAYS)  |
| <i>sunitinib malate</i>                                               | 5-Specialty        | PA2, QL (30 PER 30 DAYS)  |
| TABRECTA                                                              | 5-Specialty        | PA2, QL (120 PER 30 DAYS) |
| TAFINLAR (50 MG CAP, 75 MG CAP)                                       | 5-Specialty        | PA2, QL (120 PER 30 DAYS) |
| TAFINLAR 10 MG TAB SOL                                                | 5-Specialty        | PA2, QL (900 PER 30 DAYS) |
| TAGRISSO                                                              | 5-Specialty        | PA2, QL (30 PER 30 DAYS)  |
| TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP) | 5-Specialty        | PA2, QL (30 PER 30 DAYS)  |
| TALZENNA 0.25 MG CAP                                                  | 5-Specialty        | PA2, QL (90 PER 30 DAYS)  |
| TASIGNA                                                               | 5-Specialty        | PA2, QL (120 PER 30 DAYS) |
| TAZVERIK                                                              | 5-Specialty        | PA2, QL (240 PER 30 DAYS) |
| TEPMETKO                                                              | 5-Specialty        | PA2, QL (60 PER 30 DAYS)  |
| TIBSOVO                                                               | 5-Specialty        | PA2, QL (60 PER 30 DAYS)  |
| <i>torpenz</i>                                                        | 5-Specialty        | PA2, QL (30 PER 30 DAYS)  |
| TRUQAP                                                                | 5-Specialty        | PA2, QL (64 PER 28 DAYS)  |
| TUKYSA 150 MG TAB                                                     | 5-Specialty        | PA2, QL (120 PER 30 DAYS) |
| TUKYSA 50 MG TAB                                                      | 5-Specialty        | PA2, QL (300 PER 30 DAYS) |
| TURALIO                                                               | 5-Specialty        | PA2, QL (120 PER 30 DAYS) |
| VANFLYTA                                                              | 5-Specialty        | PA2, QL (56 PER 28 DAYS)  |
| VENCLEXTA 10 MG TAB                                                   | 3-Preferred Brands | PA2, QL (120 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                            | DRUG TIER   | REQUIREMENTS/LIMITS       |
|----------------------------------------------------------------------|-------------|---------------------------|
| VENCLEXTA 100 MG TAB                                                 | 5-Specialty | PA2, QL (180 PER 30 DAYS) |
| VENCLEXTA 50 MG TAB                                                  | 5-Specialty | PA2, QL (120 PER 30 DAYS) |
| VENCLEXTA STARTING PACK                                              | 5-Specialty | PA2, QL (42 PER 28 DAYS)  |
| VERZENIO                                                             | 5-Specialty | PA2, QL (60 PER 30 DAYS)  |
| VITRAKVI 100 MG CAP                                                  | 5-Specialty | PA2, QL (60 PER 30 DAYS)  |
| VITRAKVI 20 MG/ML SOLUTION                                           | 5-Specialty | PA2, QL (300 PER 30 DAYS) |
| VITRAKVI 25 MG CAP                                                   | 5-Specialty | PA2, QL (180 PER 30 DAYS) |
| VIZIMPRO                                                             | 5-Specialty | PA2, QL (30 PER 30 DAYS)  |
| VONJO                                                                | 5-Specialty | PA2, QL (120 PER 30 DAYS) |
| VORANIGO 10 MG TAB                                                   | 5-Specialty | PA2, QL (60 PER 30 DAYS)  |
| VORANIGO 40 MG TAB                                                   | 5-Specialty | PA2, QL (30 PER 30 DAYS)  |
| XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP) | 5-Specialty | PA2, QL (120 PER 30 DAYS) |
| XALKORI 150 MG CAP SPRINK                                            | 5-Specialty | PA2, QL (180 PER 30 DAYS) |
| XOSPATA                                                              | 5-Specialty | PA2, QL (90 PER 30 DAYS)  |
| XPOVIO (100 MG ONCE WEEKLY)                                          | 5-Specialty | PA2, QL (8 PER 28 DAYS)   |
| XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK                            | 5-Specialty | PA2, QL (16 PER 28 DAYS)  |
| XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK                            | 5-Specialty | PA2, QL (4 PER 28 DAYS)   |
| XPOVIO (40 MG TWICE WEEKLY)                                          | 5-Specialty | PA2, QL (8 PER 28 DAYS)   |
| XPOVIO (60 MG ONCE WEEKLY)                                           | 5-Specialty | PA2, QL (4 PER 28 DAYS)   |
| XPOVIO (60 MG TWICE WEEKLY)                                          | 5-Specialty | PA2, QL (24 PER 28 DAYS)  |
| XPOVIO (80 MG ONCE WEEKLY)                                           | 5-Specialty | PA2, QL (8 PER 28 DAYS)   |
| XPOVIO (80 MG TWICE WEEKLY)                                          | 5-Specialty | PA2, QL (32 PER 28 DAYS)  |
| ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)                          | 5-Specialty | PA2, QL (30 PER 30 DAYS)  |
| ZELBORAF                                                             | 5-Specialty | PA2, QL (240 PER 30 DAYS) |
| ZYDELIG                                                              | 5-Specialty | PA2, QL (60 PER 30 DAYS)  |
| ZYKADIA                                                              | 5-Specialty | PA2, QL (90 PER 30 DAYS)  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                          | DRUG TIER             | REQUIREMENTS/LIMITS      |
|----------------------------------------------------|-----------------------|--------------------------|
| <b>MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE</b> |                       |                          |
| AVASTIN                                            | 5-Specialty           | PA3                      |
| HERCEPTIN HYLECTA                                  | 5-Specialty           | PA3                      |
| KADCYLA                                            | 5-Specialty           | PA3                      |
| KANJINTI                                           | 5-Specialty           | PA3                      |
| KEYTRUDA                                           | 5-Specialty           | PA3                      |
| MVASI                                              | 5-Specialty           | PA3                      |
| OGIVRI                                             | 5-Specialty           | PA3                      |
| RUXIENCE                                           | 5-Specialty           | PA3                      |
| TRAZIMERA                                          | 5-Specialty           | PA3                      |
| TRUXIMA                                            | 5-Specialty           | PA3                      |
| ZIRABEV                                            | 5-Specialty           | PA3                      |
| <b>RETINOIDS</b>                                   |                       |                          |
| <i>bexarotene 1 % gel</i>                          | 5-Specialty           | PA2, QL (60 PER 30 DAYS) |
| <i>bexarotene 75 mg cap</i>                        | 5-Specialty           | PA2                      |
| PANRETIN                                           | 5-Specialty           | PA2, QL (60 PER 30 DAYS) |
| <i>tretinoin 10 mg cap</i>                         | 5-Specialty           |                          |
| <b>TREATMENT ADJUNCTS</b>                          |                       |                          |
| <i>mesna 400 mg tab</i>                            | 5-Specialty           |                          |
| MESNEX 400 MG TAB                                  | 5-Specialty           |                          |
| <b>ANTIPARASITICS</b>                              |                       |                          |
| <b>ANTHELMINTHICS</b>                              |                       |                          |
| <i>albendazole</i>                                 | 5-Specialty           |                          |
| <i>ivermectin 3 mg tab</i>                         | 3-Preferred Brands    |                          |
| <i>praziquantel</i>                                | 4-Non-Preferred Drugs |                          |
| <b>ANTIPROTOZOALS</b>                              |                       |                          |
| <i>atovaquone</i>                                  | 4-Non-Preferred Drugs | QL (600 PER 30 DAYS)     |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                   | DRUG TIER                | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------|--------------------------|---------------------|
| <i>atovaquone-proguanil hcl</i>                             | 4-Non-Preferred<br>Drugs |                     |
| <i>chloroquine phosphate</i>                                | 2-Generics               |                     |
| COARTEM                                                     | 4-Non-Preferred<br>Drugs |                     |
| <i>hydroxychloroquine sulfate 200 mg tab</i>                | 2-Generics               |                     |
| IMPAVIDO                                                    | 5-Specialty              | QL (84 PER 28 DAYS) |
| <i>mefloquine hcl</i>                                       | 2-Generics               |                     |
| <i>nitazoxanide</i>                                         | 5-Specialty              | QL (6 PER 30 DAYS)  |
| <i>pentamidine isethionate for nebulization soln 300 mg</i> | 4-Non-Preferred<br>Drugs | PA3                 |
| <i>pentamidine isethionate for soln 300 mg</i>              | 4-Non-Preferred<br>Drugs |                     |
| <i>primaquine phosphate</i>                                 | 3-Preferred<br>Brands    |                     |
| <i>pyrimethamine</i>                                        | 5-Specialty              | PA                  |
| <i>quinine sulfate</i>                                      | 4-Non-Preferred<br>Drugs | PA                  |

## ANTIPARKINSON AGENTS

### ANTICHOLINERGICS

|                                                                     |            |    |
|---------------------------------------------------------------------|------------|----|
| <i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>        | 2-Generics |    |
| <i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i> | 2-Generics | PA |

### ANTIPARKINSON AGENTS, OTHER

|                                                                    |                          |  |
|--------------------------------------------------------------------|--------------------------|--|
| <i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i> | 2-Generics               |  |
| <i>carbidopa-levodopa-entacapone</i>                               | 4-Non-Preferred<br>Drugs |  |
| <i>entacapone</i>                                                  | 4-Non-Preferred<br>Drugs |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                                                 | DRUG TIER             | REQUIREMENTS/LIMITS      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------|
| <b>DOPAMINE AGONISTS</b>                                                                                                                                  |                       |                          |
| <i>apomorphine hcl</i>                                                                                                                                    | 5-Specialty           | PA, QL (60 PER 30 DAYS)  |
| <i>bromocriptine mesylate</i>                                                                                                                             | 4-Non-Preferred Drugs |                          |
| <i>pramipexole dihydrochloride</i>                                                                                                                        | 2-Generics            |                          |
| <i>ropinirole hcl</i>                                                                                                                                     | 2-Generics            |                          |
| <i>ropinirole hcl er</i>                                                                                                                                  | 4-Non-Preferred Drugs |                          |
| <b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b>                                                                                   |                       |                          |
| <i>carbidopa</i>                                                                                                                                          | 4-Non-Preferred Drugs |                          |
| <i>carbidopa-levodopa</i>                                                                                                                                 | 2-Generics            |                          |
| <i>carbidopa-levodopa er</i>                                                                                                                              | 2-Generics            |                          |
| INBRIJA                                                                                                                                                   | 5-Specialty           | PA, QL (300 PER 30 DAYS) |
| <b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>                                                                                                             |                       |                          |
| <i>rasagiline mesylate</i>                                                                                                                                | 4-Non-Preferred Drugs |                          |
| <i>selegiline hcl</i>                                                                                                                                     | 3-Preferred Brands    |                          |
| <b>ANTIPSYCHOTICS</b>                                                                                                                                     |                       |                          |
| <b>1ST GENERATION/TYPICAL</b>                                                                                                                             |                       |                          |
| <i>chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i> | 4-Non-Preferred Drugs |                          |
| <i>fluphenazine decanoate</i>                                                                                                                             | 4-Non-Preferred Drugs |                          |
| <i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab)</i>                                                                                       | 2-Generics            |                          |
| <i>fluphenazine hcl (2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg/ml conc)</i>                                                                             | 4-Non-Preferred Drugs |                          |
| <i>haloperidol</i>                                                                                                                                        | 2-Generics            |                          |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                   | DRUG TIER             | REQUIREMENTS/LIMITS |
|---------------------------------------------|-----------------------|---------------------|
| <i>haloperidol decanoate</i>                | 4-Non-Preferred Drugs |                     |
| <i>haloperidol lactate 2 mg/ml conc</i>     | 2-Generics            |                     |
| <i>haloperidol lactate 5 mg/ml solution</i> | 4-Non-Preferred Drugs |                     |
| <i>loxapine succinate</i>                   | 2-Generics            |                     |
| <i>molindone hcl</i>                        | 4-Non-Preferred Drugs |                     |
| <i>pimozide</i>                             | 4-Non-Preferred Drugs |                     |
| <i>thioridazine hcl</i>                     | 3-Preferred Brands    |                     |
| <i>thiothixene</i>                          | 4-Non-Preferred Drugs |                     |
| <i>trifluoperazine hcl</i>                  | 3-Preferred Brands    |                     |

## 2ND GENERATION/ATYPICAL

|                                                                |                       |                       |
|----------------------------------------------------------------|-----------------------|-----------------------|
| ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR                           | 5-Specialty           | QL (2.4 PER 56 DAYS)  |
| ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR                           | 5-Specialty           | QL (3.2 PER 56 DAYS)  |
| <i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab)</i> | 3-Preferred Brands    | QL (60 PER 30 DAYS)   |
| <i>aripiprazole (20 mg tab, 30 mg tab)</i>                     | 3-Preferred Brands    | QL (30 PER 30 DAYS)   |
| <i>aripiprazole 1 mg/ml solution</i>                           | 4-Non-Preferred Drugs | QL (900 PER 30 DAYS)  |
| <i>aripiprazole 10 mg tab disp</i>                             | 5-Specialty           | QL (60 PER 30 DAYS)   |
| <i>aripiprazole 15 mg tab disp</i>                             | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)   |
| ARISTADA 1064 MG/3.9ML PRSYR                                   | 5-Specialty           | QL (3.9 PER 56 DAYS)  |
| ARISTADA 441 MG/1.6ML PRSYR                                    | 5-Specialty           | QL (1.6 PER 28 DAYS)  |
| ARISTADA 662 MG/2.4ML PRSYR                                    | 5-Specialty           | QL (2.4 PER 28 DAYS)  |
| ARISTADA 882 MG/3.2ML PRSYR                                    | 5-Specialty           | QL (3.2 PER 28 DAYS)  |
| ARISTADA INITIO                                                | 5-Specialty           | QL (4.8 PER 365 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                               | DRUG TIER                | REQUIREMENTS/LIMITS      |
|-------------------------------------------------------------------------|--------------------------|--------------------------|
| <i>asenapine maleate</i>                                                | 4-Non-Preferred<br>Drugs | QL (60 PER 30 DAYS)      |
| CAPLYTA                                                                 | 5-Specialty              | ST, QL (30 PER 30 DAYS)  |
| COBENFY                                                                 | 5-Specialty              | QL (60 PER 30 DAYS)      |
| COBENFY STARTER PACK                                                    | 5-Specialty              | QL (56 PER 28 DAYS)      |
| FANAPT                                                                  | 5-Specialty              | ST, QL (60 PER 30 DAYS)  |
| FANAPT TITRATION PACK A                                                 | 4-Non-Preferred<br>Drugs | ST, QL (16 PER 365 DAYS) |
| FANAPT TITRATION PACK C                                                 | 4-Non-Preferred<br>Drugs | ST, QL (16 PER 365 DAYS) |
| INVEGA HAFYERA 1092<br>MG/3.5ML SUSP PRSYR                              | 5-Specialty              | QL (3.5 PER 180 DAYS)    |
| INVEGA HAFYERA 1560 MG/5ML<br>SUSP PRSYR                                | 5-Specialty              | QL (5 PER 180 DAYS)      |
| INVEGA SUSTENNA 117<br>MG/0.75ML SUSP PRSYR                             | 5-Specialty              | QL (0.75 PER 28 DAYS)    |
| INVEGA SUSTENNA 156 MG/ML<br>SUSP PRSYR                                 | 5-Specialty              | QL (1 PER 28 DAYS)       |
| INVEGA SUSTENNA 234<br>MG/1.5ML SUSP PRSYR                              | 5-Specialty              | QL (1.5 PER 28 DAYS)     |
| INVEGA SUSTENNA 39<br>MG/0.25ML SUSP PRSYR                              | 4-Non-Preferred<br>Drugs | QL (0.25 PER 28 DAYS)    |
| INVEGA SUSTENNA 78 MG/0.5ML<br>SUSP PRSYR                               | 5-Specialty              | QL (0.5 PER 28 DAYS)     |
| INVEGA TRINZA 273 MG/0.88ML<br>SUSP PRSYR                               | 5-Specialty              | QL (0.88 PER 84 DAYS)    |
| INVEGA TRINZA 410 MG/1.32ML<br>SUSP PRSYR                               | 5-Specialty              | QL (1.32 PER 84 DAYS)    |
| INVEGA TRINZA 546 MG/1.75ML<br>SUSP PRSYR                               | 5-Specialty              | QL (1.75 PER 84 DAYS)    |
| INVEGA TRINZA 819 MG/2.63ML<br>SUSP PRSYR                               | 5-Specialty              | QL (2.63 PER 84 DAYS)    |
| <i>lurasidone hcl (20 mg tab, 40 mg<br/>tab, 60 mg tab, 120 mg tab)</i> | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS)      |
| <i>lurasidone hcl 80 mg tab</i>                                         | 4-Non-Preferred<br>Drugs | QL (60 PER 30 DAYS)      |
| NUPLAZID                                                                | 5-Specialty              | PA2, QL (30 PER 30 DAYS) |

You can find information on what the symbols and abbreviations  
on this table mean by going to page 1.

| DRUG NAME                                                                                                          | DRUG TIER             | REQUIREMENTS/LIMITS      |
|--------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------|
| <i>olanzapine (15 mg tab, 20 mg tab)</i>                                                                           | 2-Generics            | QL (30 PER 30 DAYS)      |
| <i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>                                                    | 2-Generics            | QL (60 PER 30 DAYS)      |
| <i>olanzapine (5 mg tab disp, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>                                  | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)      |
| <i>olanzapine 10 mg recon soln</i>                                                                                 | 4-Non-Preferred Drugs | QL (90 PER 30 DAYS)      |
| OPIPZA (5 MG FILM, 10 MG FILM)                                                                                     | 5-Specialty           | PA2, QL (90 PER 30 DAYS) |
| OPIPZA 2 MG FILM                                                                                                   | 5-Specialty           | PA2, QL (30 PER 30 DAYS) |
| <i>paliperidone er 1.5 mg tab er 24h</i>                                                                           | 4-Non-Preferred Drugs | QL (240 PER 30 DAYS)     |
| <i>paliperidone er 3 mg tab er 24h</i>                                                                             | 4-Non-Preferred Drugs | QL (120 PER 30 DAYS)     |
| <i>paliperidone er 6 mg tab er 24h</i>                                                                             | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)      |
| <i>paliperidone er 9 mg tab er 24h</i>                                                                             | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS)      |
| <i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>                                                                | 2-Generics            | QL (60 PER 30 DAYS)      |
| <i>quetiapine fumarate (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>                                         | 2-Generics            | QL (120 PER 30 DAYS)     |
| <i>quetiapine fumarate 25 mg tab</i>                                                                               | 2-Generics            | QL (180 PER 30 DAYS)     |
| <i>quetiapine fumarate er</i>                                                                                      | 3-Preferred Brands    | QL (60 PER 30 DAYS)      |
| REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB)                                                                        | 5-Specialty           | ST, QL (60 PER 30 DAYS)  |
| REXULTI (2 MG TAB, 3 MG TAB, 4 MG TAB)                                                                             | 5-Specialty           | ST, QL (30 PER 30 DAYS)  |
| <i>risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i> | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)      |
| <i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>                               | 2-Generics            | QL (60 PER 30 DAYS)      |
| <i>risperidone 1 mg/ml solution</i>                                                                                | 2-Generics            | QL (480 PER 30 DAYS)     |
| <i>risperidone microspheres er</i>                                                                                 | 4-Non-Preferred Drugs | QL (2 PER 28 DAYS)       |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                               | DRUG TIER             | REQUIREMENTS/LIMITS     |
|---------------------------------------------------------|-----------------------|-------------------------|
| SECUADO                                                 | 5-Specialty           | ST, QL (30 PER 30 DAYS) |
| VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)    | 5-Specialty           | ST, QL (30 PER 30 DAYS) |
| <i>ziprasidone hcl</i>                                  | 3-Preferred Brands    | QL (60 PER 30 DAYS)     |
| <i>ziprasidone mesylate</i>                             | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)     |
| ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP) | 4-Non-Preferred Drugs | QL (2 PER 28 DAYS)      |
| ZYPREXA RELPREVV 405 MG RECON SUSP                      | 4-Non-Preferred Drugs | QL (1 PER 28 DAYS)      |

## TREATMENT-RESISTANT

|                                                                                                        |                       |                      |
|--------------------------------------------------------------------------------------------------------|-----------------------|----------------------|
| <i>clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)</i> | 4-Non-Preferred Drugs |                      |
| <i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>                                        | 3-Preferred Brands    |                      |
| VERSACLOZ                                                                                              | 5-Specialty           | QL (600 PER 30 DAYS) |

## ANTISPASTICITY AGENTS

|                                                  |                       |  |
|--------------------------------------------------|-----------------------|--|
| <i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i> | 2-Generics            |  |
| <i>dantrolene sodium</i>                         | 4-Non-Preferred Drugs |  |
| <i>tizanidine hcl (2 mg tab, 4 mg tab)</i>       | 2-Generics            |  |

## ANTIVIRALS

### ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

|                                        |                    |                          |
|----------------------------------------|--------------------|--------------------------|
| LIVTENCITY                             | 5-Specialty        | PA                       |
| PREVYMIS (20 MG PACKET, 120 MG PACKET) | 5-Specialty        | PA, QL (120 PER 30 DAYS) |
| PREVYMIS (240 MG TAB, 480 MG TAB)      | 5-Specialty        | PA, QL (28 PER 28 DAYS)  |
| <i>valganciclovir hcl 450 mg tab</i>   | 3-Preferred Brands |                          |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                            | DRUG TIER             | REQUIREMENTS/LIMITS      |
|------------------------------------------------------|-----------------------|--------------------------|
| <i>valganciclovir hcl 50 mg/ml recon soln</i>        | 5-Specialty           |                          |
| <b>ANTI-HEPATITIS B (HBV) AGENTS</b>                 |                       |                          |
| <i>adefovir dipivoxil</i>                            | 4-Non-Preferred Drugs |                          |
| BARACLUDE 0.05 MG/ML SOLUTION                        | 5-Specialty           |                          |
| <i>entecavir</i>                                     | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS)      |
| <i>lamivudine 100 mg tab</i>                         | 3-Preferred Brands    |                          |
| VEMLIDY                                              | 5-Specialty           | QL (30 PER 30 DAYS)      |
| <b>ANTI-HEPATITIS C (HCV) AGENTS</b>                 |                       |                          |
| EPCLUSA (150-37.5 MG PACKET, 400-100 MG TAB)         | 5-Specialty           | PA, QL (28 PER 28 DAYS)  |
| EPCLUSA (200-50 MG PACKET, 200-50 MG TAB)            | 5-Specialty           | PA, QL (56 PER 28 DAYS)  |
| HARVONI (33.75-150 MG PACKET, 90-400 MG TAB)         | 5-Specialty           | PA, QL (28 PER 28 DAYS)  |
| HARVONI (45-200 MG PACKET, 45-200 MG TAB)            | 5-Specialty           | PA, QL (56 PER 28 DAYS)  |
| MAVYRET 100-40 MG TAB                                | 5-Specialty           | PA, QL (84 PER 28 DAYS)  |
| MAVYRET 50-20 MG PACKET                              | 5-Specialty           | PA, QL (140 PER 28 DAYS) |
| <i>ribavirin</i>                                     | 3-Preferred Brands    |                          |
| SOFOSBUVIR-VELPATASVIR                               | 5-Specialty           | PA, QL (28 PER 28 DAYS)  |
| <b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b> |                       |                          |
| BIKTARVY                                             | 5-Specialty           | QL (30 PER 30 DAYS)      |
| DOVATO                                               | 5-Specialty           | QL (30 PER 30 DAYS)      |
| GENVOYA                                              | 5-Specialty           | QL (30 PER 30 DAYS)      |
| ISENTRESS (100 MG CHEW TAB, 100 MG PACKET)           | 5-Specialty           | QL (180 PER 30 DAYS)     |
| ISENTRESS 25 MG CHEW TAB                             | 4-Non-Preferred Drugs | QL (180 PER 30 DAYS)     |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                      | DRUG TIER                | REQUIREMENTS/LIMITS  |
|--------------------------------|--------------------------|----------------------|
| ISENTRESS 400 MG TAB           | 5-Specialty              | QL (60 PER 30 DAYS)  |
| ISENTRESS HD                   | 5-Specialty              | QL (60 PER 30 DAYS)  |
| JULUCA                         | 5-Specialty              | QL (30 PER 30 DAYS)  |
| STRIBILD                       | 5-Specialty              | QL (30 PER 30 DAYS)  |
| TIVICAY (25 MG TAB, 50 MG TAB) | 5-Specialty              | QL (60 PER 30 DAYS)  |
| TIVICAY 10 MG TAB              | 4-Non-Preferred<br>Drugs | QL (60 PER 30 DAYS)  |
| TIVICAY PD                     | 5-Specialty              | QL (180 PER 30 DAYS) |

## ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)

|                                                                         |                          |                       |
|-------------------------------------------------------------------------|--------------------------|-----------------------|
| COMPLERA                                                                | 5-Specialty              | QL (30 PER 30 DAYS)   |
| DELSTRIGO                                                               | 5-Specialty              | QL (30 PER 30 DAYS)   |
| EDURANT                                                                 | 5-Specialty              | QL (30 PER 30 DAYS)   |
| EDURANT PED                                                             | 5-Specialty              | QL (180 PER 30 DAYS)  |
| <i>efavirenz</i>                                                        | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS)   |
| <i>efavirenz-emtricitab-tenofo df</i>                                   | 5-Specialty              | QL (30 PER 30 DAYS)   |
| EFAVIRENZ-LAMIVUDINE-TENOFOVIR (400-300-300 MG TAB, 600-300-300 MG TAB) | 5-Specialty              | QL (30 PER 30 DAYS)   |
| <i>emtricitab-rilpivir-tenofov df</i>                                   | 5-Specialty              | QL (30 PER 30 DAYS)   |
| <i>etravirine 100 mg tab</i>                                            | 5-Specialty              | QL (120 PER 30 DAYS)  |
| <i>etravirine 200 mg tab</i>                                            | 5-Specialty              | QL (60 PER 30 DAYS)   |
| INTELENCE 25 MG TAB                                                     | 4-Non-Preferred<br>Drugs | QL (120 PER 30 DAYS)  |
| <i>nevirapine 200 mg tab</i>                                            | 2-Generics               | QL (60 PER 30 DAYS)   |
| <i>nevirapine 50 mg/5ml suspension</i>                                  | 4-Non-Preferred<br>Drugs | QL (1200 PER 30 DAYS) |
| <i>nevirapine er</i>                                                    | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS)   |
| ODEFSEY                                                                 | 5-Specialty              | QL (30 PER 30 DAYS)   |
| PIFELTRO                                                                | 5-Specialty              | QL (60 PER 30 DAYS)   |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                 | DRUG TIER             | REQUIREMENTS/LIMITS  |
|-------------------------------------------------------------------------------------------|-----------------------|----------------------|
| <b>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b> |                       |                      |
| <i>abacavir sulfate 20 mg/ml solution</i>                                                 | 4-Non-Preferred Drugs | QL (960 PER 30 DAYS) |
| <i>abacavir sulfate 300 mg tab</i>                                                        | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)  |
| <i>abacavir sulfate-lamivudine</i>                                                        | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS)  |
| CIMDUO                                                                                    | 5-Specialty           | QL (30 PER 30 DAYS)  |
| DESCOVY 120-15 MG TAB                                                                     | 5-Specialty           | QL (30 PER 30 DAYS)  |
| DESCOVY 200-25 MG TAB                                                                     | 5-Specialty           |                      |
| <i>emtricitabine</i>                                                                      | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS)  |
| <i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>        | 5-Specialty           | QL (30 PER 30 DAYS)  |
| <i>emtricitabine-tenofovir df 200-300 mg tab</i>                                          | 4-Non-Preferred Drugs |                      |
| EMTRIVA 10 MG/ML SOLUTION                                                                 | 4-Non-Preferred Drugs | QL (850 PER 30 DAYS) |
| <i>lamivudine (10 mg/ml solution, 300 mg/30ml solution)</i>                               | 3-Preferred Brands    | QL (960 PER 30 DAYS) |
| <i>lamivudine 150 mg tab</i>                                                              | 3-Preferred Brands    | QL (60 PER 30 DAYS)  |
| <i>lamivudine 300 mg tab</i>                                                              | 3-Preferred Brands    | QL (30 PER 30 DAYS)  |
| <i>lamivudine-zidovudine</i>                                                              | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)  |
| <i>tenofovir disoproxil fumarate</i>                                                      | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS)  |
| TRIUMEQ                                                                                   | 5-Specialty           | QL (30 PER 30 DAYS)  |
| TRIUMEQ PD                                                                                | 4-Non-Preferred Drugs | QL (180 PER 30 DAYS) |
| VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)                                               | 5-Specialty           | QL (30 PER 30 DAYS)  |
| VIREAD 40 MG/GM POWDER                                                                    | 5-Specialty           | QL (240 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                         | DRUG TIER          | REQUIREMENTS/LIMITS   |
|-----------------------------------|--------------------|-----------------------|
| <i>zidovudine 100 mg cap</i>      | 3-Preferred Brands | QL (180 PER 30 DAYS)  |
| <i>zidovudine 300 mg tab</i>      | 2-Generics         | QL (60 PER 30 DAYS)   |
| <i>zidovudine 50 mg/5ml syrup</i> | 3-Preferred Brands | QL (1920 PER 30 DAYS) |

## ANTI-HIV AGENTS, OTHER

|                                            |                    |                      |
|--------------------------------------------|--------------------|----------------------|
| CABENUVA                                   | 5-Specialty        |                      |
| FUZEON                                     | 5-Specialty        | QL (60 PER 30 DAYS)  |
| <i>maraviroc 150 mg tab</i>                | 5-Specialty        | QL (60 PER 30 DAYS)  |
| <i>maraviroc 300 mg tab</i>                | 5-Specialty        | QL (120 PER 30 DAYS) |
| RUKOBIA                                    | 5-Specialty        | QL (60 PER 30 DAYS)  |
| SELZENTRY 20 MG/ML SOLUTION                | 5-Specialty        |                      |
| SUNLENCA (4 X 300 MG TAB THPK, 300 MG TAB) | 5-Specialty        | QL (4 PER 28 DAYS)   |
| SUNLENCA 463.5 MG/1.5ML SOLUTION           | 5-Specialty        |                      |
| SUNLENCA 5 X 300 MG TAB THPK               | 5-Specialty        | QL (5 PER 28 DAYS)   |
| TROGARZO                                   | 5-Specialty        |                      |
| TYBOST                                     | 3-Preferred Brands | QL (30 PER 30 DAYS)  |

## ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

|                                                    |                       |                      |
|----------------------------------------------------|-----------------------|----------------------|
| APTIVUS                                            | 5-Specialty           | QL (120 PER 30 DAYS) |
| <i>atazanavir sulfate (150 mg cap, 200 mg cap)</i> | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)  |
| <i>atazanavir sulfate 300 mg cap</i>               | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS)  |
| <i>darunavir 600 mg tab</i>                        | 5-Specialty           | QL (60 PER 30 DAYS)  |
| <i>darunavir 800 mg tab</i>                        | 5-Specialty           | QL (30 PER 30 DAYS)  |
| EVOTAZ                                             | 5-Specialty           | QL (30 PER 30 DAYS)  |
| <i>fosamprenavir calcium</i>                       | 5-Specialty           | QL (120 PER 30 DAYS) |
| KALETRA 400-100 MG/5ML SOLUTION                    | 4-Non-Preferred Drugs | QL (480 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                          | DRUG TIER             | REQUIREMENTS/LIMITS  |
|----------------------------------------------------|-----------------------|----------------------|
| <i>lopinavir-ritonavir 100-25 mg tab</i>           | 4-Non-Preferred Drugs | QL (300 PER 30 DAYS) |
| <i>lopinavir-ritonavir 200-50 mg tab</i>           | 4-Non-Preferred Drugs | QL (120 PER 30 DAYS) |
| <i>lopinavir-ritonavir 400-100 mg/5ml solution</i> | 4-Non-Preferred Drugs | QL (480 PER 30 DAYS) |
| NORVIR 100 MG PACKET                               | 4-Non-Preferred Drugs | QL (360 PER 30 DAYS) |
| PREZCOBIX                                          | 5-Specialty           | QL (30 PER 30 DAYS)  |
| PREZISTA 100 MG/ML SUSPENSION                      | 5-Specialty           | QL (400 PER 30 DAYS) |
| PREZISTA 150 MG TAB                                | 5-Specialty           | QL (240 PER 30 DAYS) |
| PREZISTA 75 MG TAB                                 | 4-Non-Preferred Drugs | QL (480 PER 30 DAYS) |
| REYATAZ 50 MG PACKET                               | 5-Specialty           | QL (240 PER 30 DAYS) |
| <i>ritonavir</i>                                   | 3-Preferred Brands    | QL (360 PER 30 DAYS) |
| SYMTUZA                                            | 5-Specialty           | QL (30 PER 30 DAYS)  |
| VIRACEPT 250 MG TAB                                | 5-Specialty           | QL (270 PER 30 DAYS) |
| VIRACEPT 625 MG TAB                                | 5-Specialty           | QL (120 PER 30 DAYS) |

## ANTI-INFLUENZA AGENTS

|                                                     |                       |                        |
|-----------------------------------------------------|-----------------------|------------------------|
| <i>oseltamivir phosphate (45 mg cap, 75 mg cap)</i> | 3-Preferred Brands    | QL (84 PER 365 DAYS)   |
| <i>oseltamivir phosphate 30 mg cap</i>              | 3-Preferred Brands    | QL (168 PER 365 DAYS)  |
| <i>oseltamivir phosphate 6 mg/ml recon susp</i>     | 3-Preferred Brands    | QL (1080 PER 365 DAYS) |
| RELENZA DISKHALER                                   | 3-Preferred Brands    | QL (120 PER 365 DAYS)  |
| <i>rimantadine hcl</i>                              | 4-Non-Preferred Drugs |                        |
| XOFLUZA (40 MG DOSE)                                | 4-Non-Preferred Drugs | QL (6 PER 365 DAYS)    |
| XOFLUZA (80 MG DOSE)                                | 4-Non-Preferred Drugs | QL (6 PER 365 DAYS)    |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                     | DRUG TIER             | REQUIREMENTS/LIMITS  |
|---------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|
| <b>ANTIHERPETIC AGENTS</b>                                                                                    |                       |                      |
| <i>acyclovir (200 mg cap, 400 mg tab, 800 mg tab)</i>                                                         | 2-Generics            |                      |
| <i>acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)</i>                                              | 4-Non-Preferred Drugs |                      |
| <i>acyclovir sodium</i>                                                                                       | 4-Non-Preferred Drugs | PA3                  |
| <i>famciclovir</i>                                                                                            | 3-Preferred Brands    | QL (90 PER 30 DAYS)  |
| <i>valacyclovir hcl</i>                                                                                       | 2-Generics            | QL (120 PER 30 DAYS) |
| <b>ANTIVIRAL, CORONAVIRUS AGENTS</b>                                                                          |                       |                      |
| LAGEVRIO                                                                                                      | 3-Preferred Brands    |                      |
| PAXLOVID                                                                                                      | 3-Preferred Brands    | QL (22 PER 30 DAYS)  |
| PAXLOVID (150/100)                                                                                            | 3-Preferred Brands    | QL (40 PER 30 DAYS)  |
| PAXLOVID (300/100)                                                                                            | 3-Preferred Brands    | QL (60 PER 30 DAYS)  |
| <b>ANXIOLYTICS</b>                                                                                            |                       |                      |
| <b>ANXIOLYTICS, OTHER</b>                                                                                     |                       |                      |
| <i>buspirone hcl</i>                                                                                          | 1-Preferred Generics  |                      |
| <i>hydroxyzine pamoate</i>                                                                                    | 3-Preferred Brands    |                      |
| <b>BENZODIAZEPINES</b>                                                                                        |                       |                      |
| <i>alprazolam (0.25 mg tab, 0.5 mg tab)</i>                                                                   | 2-Generics            | QL (120 PER 30 DAYS) |
| <i>alprazolam (1 mg tab, 2 mg tab)</i>                                                                        | 2-Generics            | QL (150 PER 30 DAYS) |
| <i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp)</i> | 2-Generics            | QL (120 PER 30 DAYS) |
| <i>clonazepam (2 mg tab, 2 mg tab disp)</i>                                                                   | 2-Generics            | QL (300 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                | DRUG TIER             | REQUIREMENTS/LIMITS   |
|----------------------------------------------------------|-----------------------|-----------------------|
| <i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)</i> | 4-Non-Preferred Drugs | QL (90 PER 30 DAYS)   |
| <i>clorazepate dipotassium 15 mg tab</i>                 | 4-Non-Preferred Drugs | QL (180 PER 30 DAYS)  |
| <i>diazepam (2 mg tab, 5 mg tab, 10 mg tab)</i>          | 2-Generics            | QL (120 PER 30 DAYS)  |
| <i>diazepam 5 mg/5ml solution</i>                        | 2-Generics            | QL (1200 PER 30 DAYS) |
| <i>diazepam 5 mg/ml conc</i>                             | 2-Generics            | QL (240 PER 30 DAYS)  |
| <i>diazepam intensol</i>                                 | 2-Generics            | QL (240 PER 30 DAYS)  |
| <i>lorazepam (2 mg tab, 2 mg/ml conc)</i>                | 2-Generics            | QL (150 PER 30 DAYS)  |
| <i>lorazepam 0.5 mg tab</i>                              | 2-Generics            | QL (600 PER 30 DAYS)  |
| <i>lorazepam 1 mg tab</i>                                | 2-Generics            | QL (300 PER 30 DAYS)  |
| <i>lorazepam intensol</i>                                | 2-Generics            | QL (150 PER 30 DAYS)  |
| <i>oxazepam</i>                                          | 4-Non-Preferred Drugs | QL (120 PER 30 DAYS)  |

## BIPOLAR AGENTS

### MOOD STABILIZERS

|                                                                    |                       |
|--------------------------------------------------------------------|-----------------------|
| <i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i> | 2-Generics            |
| <i>lithium</i>                                                     | 4-Non-Preferred Drugs |
| <i>lithium carbonate</i>                                           | 1-Preferred Generics  |
| <i>lithium carbonate er</i>                                        | 2-Generics            |
| <i>subvenite</i>                                                   | 2-Generics            |

## BLOOD GLUCOSE REGULATORS

### ANTIDIABETIC AGENTS

|                                 |                      |                     |
|---------------------------------|----------------------|---------------------|
| <i>acarbose</i>                 | 2-Generics           | QL (90 PER 30 DAYS) |
| <i>alogliptin benzoate</i>      | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| <i>alogliptin-metformin hcl</i> | 1-Preferred Generics | QL (60 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                 | DRUG TIER             | REQUIREMENTS/LIMITS  |
|-------------------------------------------------------------------------------------------|-----------------------|----------------------|
| <i>alogliptin-pioglitazone (12.5-30 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab)</i> | 1-Preferred Generics  | QL (30 PER 30 DAYS)  |
| CYCLOSET                                                                                  | 4-Non-Preferred Drugs | QL (180 PER 30 DAYS) |
| <i>glimepiride (1 mg tab, 2 mg tab)</i>                                                   | 1-Preferred Generics  | QL (120 PER 30 DAYS) |
| <i>glimepiride 4 mg tab</i>                                                               | 1-Preferred Generics  | QL (60 PER 30 DAYS)  |
| <i>glipizide (5 mg tab, 10 mg tab)</i>                                                    | 1-Preferred Generics  | QL (120 PER 30 DAYS) |
| <i>glipizide er 10 mg tab er 24h</i>                                                      | 1-Preferred Generics  | QL (60 PER 30 DAYS)  |
| <i>glipizide er 2.5 mg tab er 24h</i>                                                     | 1-Preferred Generics  | QL (120 PER 30 DAYS) |
| <i>glipizide er 5 mg tab er 24h</i>                                                       | 1-Preferred Generics  | QL (90 PER 30 DAYS)  |
| <i>glipizide-metformin hcl</i>                                                            | 1-Preferred Generics  | QL (120 PER 30 DAYS) |
| <i>glyburide</i>                                                                          | 1-Preferred Generics  | QL (120 PER 30 DAYS) |
| GLYBURIDE MICRONIZED                                                                      | 1-Preferred Generics  | QL (60 PER 30 DAYS)  |
| <i>glyburide-metformin</i>                                                                | 1-Preferred Generics  | QL (120 PER 30 DAYS) |
| GLYXAMBI                                                                                  | 3-Preferred Brands    | QL (30 PER 30 DAYS)  |
| JANUMET                                                                                   | 3-Preferred Brands    | QL (60 PER 30 DAYS)  |
| JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)                                  | 3-Preferred Brands    | QL (60 PER 30 DAYS)  |
| JANUMET XR 100-1000 MG TAB ER 24H                                                         | 3-Preferred Brands    | QL (30 PER 30 DAYS)  |
| JANUVIA                                                                                   | 3-Preferred Brands    | QL (30 PER 30 DAYS)  |
| JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB)                                              | 3-Preferred Brands    | QL (60 PER 30 DAYS)  |
| JENTADUETO XR 2.5-1000 MG TAB ER 24H                                                      | 3-Preferred Brands    | QL (60 PER 30 DAYS)  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                         | DRUG TIER            | REQUIREMENTS/LIMITS      |
|---------------------------------------------------|----------------------|--------------------------|
| JENTADUETO XR 5-1000 MG TAB ER 24H                | 3-Preferred Brands   | QL (30 PER 30 DAYS)      |
| <i>metformin hcl 1000 mg tab</i>                  | 1-Preferred Generics | QL (75 PER 30 DAYS)      |
| <i>metformin hcl 500 mg tab</i>                   | 1-Preferred Generics | QL (150 PER 30 DAYS)     |
| <i>metformin hcl 850 mg tab</i>                   | 1-Preferred Generics | QL (90 PER 30 DAYS)      |
| <i>metformin hcl er 500 mg tab er 24h</i>         | 1-Preferred Generics | QL (120 PER 30 DAYS)     |
| <i>metformin hcl er 750 mg tab er 24h</i>         | 1-Preferred Generics | QL (60 PER 30 DAYS)      |
| <i>miglitol</i>                                   | 2-Generics           | QL (90 PER 30 DAYS)      |
| MOUNJARO                                          | 3-Preferred Brands   | PA, QL (2 PER 28 DAYS)   |
| <i>nateglinide 120 mg tab</i>                     | 1-Preferred Generics | QL (90 PER 30 DAYS)      |
| <i>nateglinide 60 mg tab</i>                      | 1-Preferred Generics | QL (180 PER 30 DAYS)     |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN | 3-Preferred Brands   | PA, QL (1.5 PER 28 DAYS) |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN   | 3-Preferred Brands   | PA, QL (3 PER 28 DAYS)   |
| OZEMPIC (1 MG/DOSE)                               | 3-Preferred Brands   | PA, QL (3 PER 28 DAYS)   |
| OZEMPIC (2 MG/DOSE)                               | 3-Preferred Brands   | PA, QL (3 PER 28 DAYS)   |
| <i>pioglitazone hcl</i>                           | 1-Preferred Generics | QL (30 PER 30 DAYS)      |
| <i>pioglitazone hcl-glimepiride</i>               | 1-Preferred Generics | QL (30 PER 30 DAYS)      |
| <i>pioglitazone hcl-metformin hcl</i>             | 1-Preferred Generics | QL (90 PER 30 DAYS)      |
| <i>repaglinide (0.5 mg tab, 1 mg tab)</i>         | 1-Preferred Generics | QL (120 PER 30 DAYS)     |
| <i>repaglinide 2 mg tab</i>                       | 1-Preferred Generics | QL (240 PER 30 DAYS)     |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                          | DRUG TIER          | REQUIREMENTS/LIMITS     |
|------------------------------------------------------------------------------------|--------------------|-------------------------|
| RYBELSUS                                                                           | 3-Preferred Brands | PA, QL (30 PER 30 DAYS) |
| SOLIQUA                                                                            | 3-Preferred Brands | QL (18 PER 30 DAYS)     |
| SYNJARDY (5-1000 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)                        | 3-Preferred Brands | QL (60 PER 30 DAYS)     |
| SYNJARDY 5-500 MG TAB                                                              | 3-Preferred Brands | QL (120 PER 30 DAYS)    |
| SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H) | 3-Preferred Brands | QL (60 PER 30 DAYS)     |
| SYNJARDY XR 25-1000 MG TAB ER 24H                                                  | 3-Preferred Brands | QL (30 PER 30 DAYS)     |
| TRADJENTA                                                                          | 3-Preferred Brands | QL (30 PER 30 DAYS)     |
| TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)                     | 3-Preferred Brands | QL (30 PER 30 DAYS)     |
| TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)                | 3-Preferred Brands | QL (60 PER 30 DAYS)     |
| TRULICITY                                                                          | 3-Preferred Brands | PA, QL (2 PER 28 DAYS)  |
| XIGDUO XR (10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)                            | 3-Preferred Brands | QL (30 PER 30 DAYS)     |
| XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H)      | 3-Preferred Brands | QL (60 PER 30 DAYS)     |

## GLYCEMIC AGENTS

|                                                          |                    |
|----------------------------------------------------------|--------------------|
| BAQSIMI ONE PACK                                         | 3-Preferred Brands |
| BAQSIMI TWO PACK                                         | 3-Preferred Brands |
| <i>diazoxide</i>                                         | 5-Specialty        |
| <i>glucagon emergency (1 mg kit, 1 mg/ml recon soln)</i> | 3-Preferred Brands |
| <i>glucagon emergency 1 mg kit (generic)</i>             | 3-Preferred Brands |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                      | DRUG TIER          | REQUIREMENTS/LIMITS |
|--------------------------------|--------------------|---------------------|
| ZEGALOGUE                      | 3-Preferred Brands |                     |
| <b>INSULINS</b>                |                    |                     |
| BASAGLAR KWIKPEN               | 3-Preferred Brands |                     |
| FIASP                          | 3-Preferred Brands |                     |
| FIASP FLEXTOUCH                | 3-Preferred Brands |                     |
| FIASP PENFILL                  | 3-Preferred Brands |                     |
| FIASP PUMPCART                 | 3-Preferred Brands |                     |
| HUMULIN R U-500 (CONCENTRATED) | 5-Specialty        |                     |
| HUMULIN R U-500 KWIKPEN        | 5-Specialty        |                     |
| LANTUS                         | 3-Preferred Brands |                     |
| LANTUS SOLOSTAR                | 3-Preferred Brands |                     |
| NOVOLIN 70/30                  | 3-Preferred Brands |                     |
| NOVOLIN 70/30 FLEXPEN          | 3-Preferred Brands |                     |
| NOVOLIN N                      | 3-Preferred Brands |                     |
| NOVOLIN N FLEXPEN              | 3-Preferred Brands |                     |
| NOVOLIN R                      | 3-Preferred Brands |                     |
| NOVOLIN R FLEXPEN              | 3-Preferred Brands |                     |
| NOVOLOG                        | 3-Preferred Brands |                     |
| NOVOLOG FLEXPEN                | 3-Preferred Brands |                     |
| NOVOLOG MIX 70/30              | 3-Preferred Brands |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                 | DRUG TIER          | REQUIREMENTS/LIMITS |
|---------------------------|--------------------|---------------------|
| NOVOLOG MIX 70/30 FLEXPEN | 3-Preferred Brands |                     |
| NOVOLOG PENFILL           | 3-Preferred Brands |                     |
| TOUJEO MAX SOLOSTAR       | 3-Preferred Brands |                     |
| TOUJEO SOLOSTAR           | 3-Preferred Brands |                     |
| TRESIBA                   | 3-Preferred Brands |                     |
| TRESIBA FLEXTOUCH         | 3-Preferred Brands |                     |

## BLOOD PRODUCTS AND MODIFIERS

### ANTICOAGULANTS

|                                                                                                                                                                                                |                       |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|
| <i>dabigatran etexilate mesylate (75 mg cap, 150 mg cap)</i>                                                                                                                                   | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS) |
| ELIQUIS 2.5 MG TAB                                                                                                                                                                             | 3-Preferred Brands    | QL (60 PER 30 DAYS) |
| ELIQUIS 5 MG TAB                                                                                                                                                                               | 3-Preferred Brands    | QL (74 PER 30 DAYS) |
| ELIQUIS DVT/PE STARTER PACK                                                                                                                                                                    | 3-Preferred Brands    | QL (74 PER 30 DAYS) |
| <i>enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr)</i> | 4-Non-Preferred Drugs |                     |
| <i>fondaparinux sodium (5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)</i>                                                                                                  | 5-Specialty           |                     |
| <i>fondaparinux sodium 2.5 mg/0.5ml solution</i>                                                                                                                                               | 4-Non-Preferred Drugs |                     |
| <i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>                                                                 | 3-Preferred Brands    |                     |
| <i>heparin sodium (porcine) pf 1000 unit/ml solution</i>                                                                                                                                       | 3-Preferred Brands    |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                             | DRUG TIER            | REQUIREMENTS/LIMITS  |
|---------------------------------------|----------------------|----------------------|
| <i>jantoven</i>                       | 1-Preferred Generics |                      |
| <i>rivaroxaban 1 mg/ml recon susp</i> | 3-Preferred Brands   | QL (620 PER 30 DAYS) |
| <i>warfarin sodium</i>                | 1-Preferred Generics |                      |
| XARELTO (10 MG TAB, 20 MG TAB)        | 3-Preferred Brands   | QL (30 PER 30 DAYS)  |
| XARELTO (2.5 MG TAB, 15 MG TAB)       | 3-Preferred Brands   | QL (60 PER 30 DAYS)  |
| XARELTO 1 MG/ML RECON SUSP            | 3-Preferred Brands   | QL (620 PER 30 DAYS) |
| XARELTO STARTER PACK                  | 3-Preferred Brands   | QL (51 PER 30 DAYS)  |

## BLOOD PRODUCTS AND MODIFIERS, OTHER

|                                                                                                       |                    |                         |
|-------------------------------------------------------------------------------------------------------|--------------------|-------------------------|
| ALVAIZ                                                                                                | 5-Specialty        | PA, QL (60 PER 30 DAYS) |
| <i>anagrelide hcl</i>                                                                                 | 3-Preferred Brands |                         |
| FULPHILA                                                                                              | 5-Specialty        | PA                      |
| PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION) | 3-Preferred Brands | PA3                     |
| PROCRIT (20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)                                              | 5-Specialty        | PA3                     |
| RETACRIT                                                                                              | 3-Preferred Brands | PA3                     |
| ZARXIO                                                                                                | 5-Specialty        | PA                      |

## HEMOSTASIS AGENTS

|                                   |                    |  |
|-----------------------------------|--------------------|--|
| <i>tranexamic acid 650 mg tab</i> | 3-Preferred Brands |  |
|-----------------------------------|--------------------|--|

## PLATELET MODIFYING AGENTS

|                                |                       |                     |
|--------------------------------|-----------------------|---------------------|
| <i>aspirin-dipyridamole er</i> | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS) |
|--------------------------------|-----------------------|---------------------|

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                               | DRUG TIER             | REQUIREMENTS/LIMITS |
|-----------------------------------------|-----------------------|---------------------|
| BRILINTA                                | 3-Preferred Brands    |                     |
| <i>cilostazol</i>                       | 2-Generics            |                     |
| <i>clopidogrel bisulfate 300 mg tab</i> | 2-Generics            |                     |
| <i>clopidogrel bisulfate 75 mg tab</i>  | 1-Preferred Generics  |                     |
| <i>dipyridamole</i>                     | 4-Non-Preferred Drugs |                     |
| DOPTELET                                | 5-Specialty           | PA                  |
| <i>prasugrel hcl</i>                    | 3-Preferred Brands    |                     |
| <i>ticagrelor 90 mg tab</i>             | 3-Preferred Brands    |                     |

## CARDIOVASCULAR AGENTS

### ALPHA-ADRENERGIC AGONISTS

|                                           |                       |                          |
|-------------------------------------------|-----------------------|--------------------------|
| <i>clonidine 0.1 mg/24hr patch wk</i>     | 4-Non-Preferred Drugs | QL (4 PER 28 DAYS)       |
| <i>clonidine 0.2 mg/24hr patch wk</i>     | 4-Non-Preferred Drugs | QL (4 PER 28 DAYS)       |
| <i>clonidine 0.3 mg/24hr patch wk</i>     | 4-Non-Preferred Drugs | QL (4 PER 28 DAYS)       |
| <i>clonidine hcl</i>                      | 1-Preferred Generics  |                          |
| <i>droxidopa (200 mg cap, 300 mg cap)</i> | 5-Specialty           | PA, QL (180 PER 30 DAYS) |
| <i>droxidopa 100 mg cap</i>               | 5-Specialty           | PA, QL (90 PER 30 DAYS)  |
| <i>midodrine hcl</i>                      | 3-Preferred Brands    |                          |

### ALPHA-ADRENERGIC BLOCKING AGENTS

|                           |                      |  |
|---------------------------|----------------------|--|
| <i>doxazosin mesylate</i> | 2-Generics           |  |
| <i>prazosin hcl</i>       | 2-Generics           |  |
| <i>terazosin hcl</i>      | 1-Preferred Generics |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                    | DRUG TIER            | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------|----------------------|---------------------|
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                   |                      |                     |
| <i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab)</i> | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>candesartan cilexetil 32 mg tab</i>                       | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| <i>irbesartan (75 mg tab, 300 mg tab)</i>                    | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| <i>irbesartan 150 mg tab</i>                                 | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>losartan potassium (25 mg tab, 50 mg tab)</i>             | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>losartan potassium 100 mg tab</i>                         | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| <i>olmesartan medoxomil (20 mg tab, 40 mg tab)</i>           | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| <i>olmesartan medoxomil 5 mg tab</i>                         | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>telmisartan</i>                                           | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| <i>valsartan (40 mg tab, 80 mg tab, 160 mg tab)</i>          | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>valsartan 320 mg tab</i>                                  | 1-Preferred Generics | QL (30 PER 30 DAYS) |

## ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

|                                                                       |                      |
|-----------------------------------------------------------------------|----------------------|
| <i>benazepril hcl</i>                                                 | 1-Preferred Generics |
| <i>captopril</i>                                                      | 1-Preferred Generics |
| <i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i> | 1-Preferred Generics |
| <i>fosinopril sodium</i>                                              | 1-Preferred Generics |
| <i>lisinopril</i>                                                     | 1-Preferred Generics |
| <i>moexipril hcl</i>                                                  | 1-Preferred Generics |
| <i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i>            | 1-Preferred Generics |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME            | DRUG TIER               | REQUIREMENTS/LIMITS |
|----------------------|-------------------------|---------------------|
| <i>quinapril hcl</i> | 1-Preferred<br>Generics |                     |
| <i>ramipril</i>      | 1-Preferred<br>Generics |                     |
| <i>trandolapril</i>  | 1-Preferred<br>Generics |                     |

## ANTIARRHYTHMICS

|                                                |                          |                     |
|------------------------------------------------|--------------------------|---------------------|
| <i>amiodarone hcl (100 mg tab, 400 mg tab)</i> | 4-Non-Preferred<br>Drugs |                     |
| <i>amiodarone hcl 200 mg tab</i>               | 2-Generics               |                     |
| <i>digoxin (125 mcg tab, 250 mcg tab)</i>      | 2-Generics               | QL (30 PER 30 DAYS) |
| <i>digoxin 0.05 mg/ml solution</i>             | 4-Non-Preferred<br>Drugs |                     |
| <i>dofetilide</i>                              | 4-Non-Preferred<br>Drugs |                     |
| <i>flecainide acetate</i>                      | 2-Generics               |                     |
| <i>mexiletine hcl</i>                          | 3-Preferred<br>Brands    |                     |
| MULTAQ                                         | 4-Non-Preferred<br>Drugs |                     |
| <i>pacerone (100 mg tab, 400 mg tab)</i>       | 4-Non-Preferred<br>Drugs |                     |
| <i>pacerone 200 mg tab</i>                     | 2-Generics               |                     |
| <i>propafenone hcl</i>                         | 2-Generics               |                     |
| <i>propafenone hcl er</i>                      | 4-Non-Preferred<br>Drugs |                     |
| <i>quinidine sulfate</i>                       | 2-Generics               |                     |
| <i>sotalol hcl</i>                             | 2-Generics               |                     |
| <i>sotalol hcl (af)</i>                        | 2-Generics               |                     |

## BETA-ADRENERGIC BLOCKING AGENTS

|                                             |                         |  |
|---------------------------------------------|-------------------------|--|
| <i>acebutolol hcl</i>                       | 2-Generics              |  |
| <i>atenolol</i>                             | 1-Preferred<br>Generics |  |
| <i>betaxolol hcl (10 mg tab, 20 mg tab)</i> | 2-Generics              |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                              | DRUG TIER             | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|
| <i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>                                                                       | 2-Generics            |                     |
| <i>carvedilol</i>                                                                                                      | 1-Preferred Generics  |                     |
| <i>carvedilol phosphate er</i>                                                                                         | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS) |
| <i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>                                                              | 2-Generics            |                     |
| <i>metoprolol succinate er</i>                                                                                         | 1-Preferred Generics  |                     |
| <i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>                                  | 1-Preferred Generics  |                     |
| <i>nadolol</i>                                                                                                         | 2-Generics            |                     |
| <i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>                                                                 | 3-Preferred Brands    | QL (30 PER 30 DAYS) |
| <i>nebivolol hcl 20 mg tab</i>                                                                                         | 3-Preferred Brands    | QL (60 PER 30 DAYS) |
| <i>pindolol</i>                                                                                                        | 2-Generics            |                     |
| <i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)</i> | 2-Generics            |                     |
| <i>propranolol hcl er</i>                                                                                              | 2-Generics            |                     |
| <i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>                                                                | 2-Generics            |                     |

## CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

|                                               |                       |  |
|-----------------------------------------------|-----------------------|--|
| <i>amlodipine besylate</i>                    | 1-Preferred Generics  |  |
| <i>felodipine er</i>                          | 2-Generics            |  |
| <i>isradipine</i>                             | 4-Non-Preferred Drugs |  |
| <i>nicardipine hcl (20 mg cap, 30 mg cap)</i> | 4-Non-Preferred Drugs |  |
| <i>nifedipine er</i>                          | 2-Generics            |  |
| <i>nifedipine er osmotic release</i>          | 2-Generics            |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                      | DRUG TIER                | REQUIREMENTS/LIMITS |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|
| <i>nimodipine 30 mg cap</i>                                                                                                    | 4-Non-Preferred<br>Drugs |                     |
| <b>CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES</b>                                                                    |                          |                     |
| <i>cartia xt</i>                                                                                                               | 2-Generics               |                     |
| <i>dilt-xr</i>                                                                                                                 | 2-Generics               |                     |
| <i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>                                                             | 2-Generics               |                     |
| <i>diltiazem hcl er</i>                                                                                                        | 2-Generics               |                     |
| <i>diltiazem hcl er beads</i>                                                                                                  | 2-Generics               |                     |
| <i>diltiazem hcl er coated beads</i>                                                                                           | 2-Generics               |                     |
| <i>matzim la</i>                                                                                                               | 2-Generics               |                     |
| <i>tiadylt er</i>                                                                                                              | 2-Generics               |                     |
| <i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>                                                                        | 1-Preferred<br>Generics  |                     |
| <i>verapamil hcl er (100 mg cap er 24h, 200 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>                           | 3-Preferred<br>Brands    |                     |
| <i>verapamil hcl er (120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 240 mg cap er 24h, 240 mg tab er)</i> | 2-Generics               |                     |
| <b>CARDIOVASCULAR AGENTS, OTHER</b>                                                                                            |                          |                     |
| <i>acetazolamide</i>                                                                                                           | 3-Preferred<br>Brands    |                     |
| <i>aliskiren fumarate</i>                                                                                                      | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS) |
| <i>amiloride-hydrochlorothiazide</i>                                                                                           | 2-Generics               |                     |
| <i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 10-20 mg cap)</i>                                  | 1-Preferred<br>Generics  | QL (60 PER 30 DAYS) |
| <i>amlodipine besy-benazepril hcl (5-40 mg cap, 10-40 mg cap)</i>                                                              | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS) |
| <i>amlodipine besylate-valsartan</i>                                                                                           | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS) |
| <i>amlodipine-atorvastatin</i>                                                                                                 | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                        | DRUG TIER             | REQUIREMENTS/LIMITS      |
|------------------------------------------------------------------|-----------------------|--------------------------|
| <i>amlodipine-olmesartan</i>                                     | 1-Preferred Generics  | QL (30 PER 30 DAYS)      |
| <i>amlodipine-valsartan-hctz</i>                                 | 1-Preferred Generics  | QL (30 PER 30 DAYS)      |
| <i>atenolol-chlorthalidone</i>                                   | 1-Preferred Generics  |                          |
| <i>benazepril-hydrochlorothiazide</i>                            | 1-Preferred Generics  |                          |
| <i>bisoprolol-hydrochlorothiazide</i>                            | 1-Preferred Generics  |                          |
| <i>candesartan cilexetil-hctz (32-12.5 mg tab, 32-25 mg tab)</i> | 1-Preferred Generics  | QL (30 PER 30 DAYS)      |
| <i>candesartan cilexetil-hctz 16-12.5 mg tab</i>                 | 1-Preferred Generics  | QL (60 PER 30 DAYS)      |
| CORLANOR (5 MG TAB, 7.5 MG TAB)                                  | 4-Non-Preferred Drugs | PA, QL (60 PER 30 DAYS)  |
| CORLANOR 5 MG/5ML SOLUTION                                       | 4-Non-Preferred Drugs | PA, QL (450 PER 30 DAYS) |
| <i>enalapril-hydrochlorothiazide</i>                             | 1-Preferred Generics  |                          |
| ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)                | 3-Preferred Brands    | QL (240 PER 30 DAYS)     |
| <i>fosinopril sodium-hctz</i>                                    | 1-Preferred Generics  |                          |
| <i>irbesartan-hydrochlorothiazide 150-12.5 mg tab</i>            | 1-Preferred Generics  | QL (60 PER 30 DAYS)      |
| <i>irbesartan-hydrochlorothiazide 300-12.5 mg tab</i>            | 1-Preferred Generics  | QL (30 PER 30 DAYS)      |
| <i>isosorb dinitrate-hydralazine</i>                             | 4-Non-Preferred Drugs |                          |
| <i>ivabradine hcl</i>                                            | 4-Non-Preferred Drugs | PA, QL (60 PER 30 DAYS)  |
| <i>lisinopril-hydrochlorothiazide</i>                            | 1-Preferred Generics  |                          |
| <i>losartan potassium-hctz (100-12.5 mg tab, 100-25 mg tab)</i>  | 1-Preferred Generics  | QL (30 PER 30 DAYS)      |
| <i>losartan potassium-hctz 50-12.5 mg tab</i>                    | 1-Preferred Generics  | QL (60 PER 30 DAYS)      |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                  | DRUG TIER                | REQUIREMENTS/LIMITS     |
|------------------------------------------------------------|--------------------------|-------------------------|
| <i>metoprolol-hydrochlorothiazide</i>                      | 2-Generics               |                         |
| <i>metyrosine</i>                                          | 5-Specialty              | PA                      |
| NEXLETOL                                                   | 4-Non-Preferred<br>Drugs | PA, QL (30 PER 30 DAYS) |
| <i>olmesartan medoxomil-hctz</i>                           | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS)     |
| <i>olmesartan-amlodipine-hctz</i>                          | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS)     |
| <i>pentoxifylline er</i>                                   | 2-Generics               |                         |
| <i>ranolazine er</i>                                       | 3-Preferred<br>Brands    | QL (60 PER 30 DAYS)     |
| <i>sacubitril-valsartan</i>                                | 3-Preferred<br>Brands    | QL (60 PER 30 DAYS)     |
| <i>spironolactone-hctz</i>                                 | 2-Generics               |                         |
| <i>telmisartan-amlodipine</i>                              | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS)     |
| <i>telmisartan-hctz (40-12.5 mg tab,<br/>80-25 mg tab)</i> | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS)     |
| <i>telmisartan-hctz 80-12.5 mg tab</i>                     | 1-Preferred<br>Generics  | QL (60 PER 30 DAYS)     |
| <i>trandolapril-verapamil hcl er</i>                       | 1-Preferred<br>Generics  |                         |
| <i>triamterene-hctz</i>                                    | 1-Preferred<br>Generics  |                         |
| <i>valsartan-hydrochlorothiazide</i>                       | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS)     |
| VERQUVO                                                    | 4-Non-Preferred<br>Drugs | PA, QL (30 PER 30 DAYS) |

## DIURETICS, LOOP

|                                                     |                          |  |
|-----------------------------------------------------|--------------------------|--|
| <i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>  | 2-Generics               |  |
| <i>bumetanide 0.25 mg/ml solution</i>               | 4-Non-Preferred<br>Drugs |  |
| <i>furosemide (20 mg tab, 40 mg tab, 80 mg tab)</i> | 1-Preferred<br>Generics  |  |
| <i>furosemide 10 mg/ml solution</i>                 | 4-Non-Preferred<br>Drugs |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                            | DRUG TIER               | REQUIREMENTS/LIMITS |
|------------------------------------------------------------------------------------------------------|-------------------------|---------------------|
| <i>furosemide 8 mg/ml solution</i>                                                                   | 2-Generics              |                     |
| <i>torsemide</i>                                                                                     | 2-Generics              |                     |
| <b>DIURETICS, POTASSIUM-SPARING</b>                                                                  |                         |                     |
| <i>amiloride hcl</i>                                                                                 | 2-Generics              |                     |
| <i>eplerenone</i>                                                                                    | 2-Generics              |                     |
| <b>DIURETICS, THIAZIDE</b>                                                                           |                         |                     |
| <i>chlorthalidone</i>                                                                                | 2-Generics              |                     |
| <i>hydrochlorothiazide</i>                                                                           | 1-Preferred<br>Generics |                     |
| <i>indapamide</i>                                                                                    | 1-Preferred<br>Generics |                     |
| <i>metolazone</i>                                                                                    | 2-Generics              |                     |
| <b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>                                                        |                         |                     |
| <i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i> | 2-Generics              |                     |
| <i>fenofibrate micronized (67 mg cap, 134 mg cap, 200 mg cap)</i>                                    | 2-Generics              |                     |
| <i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>                                                 | 3-Preferred<br>Brands   |                     |
| <i>gemfibrozil 600 mg tab</i>                                                                        | 1-Preferred<br>Generics |                     |
| <b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>                                                   |                         |                     |
| <i>atorvastatin calcium (10 mg tab, 40 mg tab)</i>                                                   | 1-Preferred<br>Generics | QL (60 PER 30 DAYS) |
| <i>atorvastatin calcium 20 mg tab</i>                                                                | 1-Preferred<br>Generics | QL (90 PER 30 DAYS) |
| <i>atorvastatin calcium 80 mg tab</i>                                                                | 1-Preferred<br>Generics | QL (30 PER 30 DAYS) |
| <i>lovastatin (10 mg tab, 20 mg tab)</i>                                                             | 1-Preferred<br>Generics | QL (30 PER 30 DAYS) |
| <i>lovastatin 40 mg tab</i>                                                                          | 1-Preferred<br>Generics | QL (60 PER 30 DAYS) |
| <i>pitavastatin calcium</i>                                                                          | 3-Preferred<br>Brands   | QL (30 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                   | DRUG TIER            | REQUIREMENTS/LIMITS |
|-----------------------------|----------------------|---------------------|
| <i>pravastatin sodium</i>   | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| <i>rosuvastatin calcium</i> | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| <i>simvastatin</i>          | 1-Preferred Generics | QL (30 PER 30 DAYS) |

## DYSLIPIDEMICS, OTHER

|                                                             |                       |                          |
|-------------------------------------------------------------|-----------------------|--------------------------|
| <i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>       | 2-Generics            |                          |
| <i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i> | 2-Generics            |                          |
| <i>colesevelam hcl 3.75 gm packet</i>                       | 4-Non-Preferred Drugs |                          |
| <i>colesevelam hcl 625 mg tab</i>                           | 3-Preferred Brands    |                          |
| <i>colestipol hcl (5 gm granules, 5 gm packet)</i>          | 4-Non-Preferred Drugs |                          |
| <i>colestipol hcl 1 gm tab</i>                              | 3-Preferred Brands    |                          |
| <i>ezetimibe</i>                                            | 1-Preferred Generics  | QL (30 PER 30 DAYS)      |
| <i>ezetimibe-simvastatin</i>                                | 1-Preferred Generics  | QL (30 PER 30 DAYS)      |
| NEXLIZET                                                    | 4-Non-Preferred Drugs | PA, QL (30 PER 30 DAYS)  |
| <i>niacin er (antihyperlipidemic)</i>                       | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)      |
| <i>omega-3-acid ethyl esters</i>                            | 3-Preferred Brands    | QL (120 PER 30 DAYS)     |
| <i>prevalite (4 gm packet, 4 gm/dose powder)</i>            | 2-Generics            |                          |
| REPATHA                                                     | 3-Preferred Brands    | PA, QL (3 PER 28 DAYS)   |
| REPATHA PUSHTRONEX SYSTEM                                   | 3-Preferred Brands    | PA, QL (3.5 PER 28 DAYS) |
| REPATHA SURECLICK                                           | 3-Preferred Brands    | PA, QL (3 PER 28 DAYS)   |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                                                  | DRUG TIER             | REQUIREMENTS/LIMITS     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| VASCEPA                                                                                                                                                    | 3-Preferred Brands    |                         |
| <b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>                                                                                                              |                       |                         |
| KERENDIA                                                                                                                                                   | 4-Non-Preferred Drugs | PA, QL (30 PER 30 DAYS) |
| <i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>                                                                                                   | 1-Preferred Generics  |                         |
| <b>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)</b>                                                                                                 |                       |                         |
| FARXIGA                                                                                                                                                    | 3-Preferred Brands    | QL (30 PER 30 DAYS)     |
| JARDIANCE                                                                                                                                                  | 3-Preferred Brands    | QL (30 PER 30 DAYS)     |
| <b>VASODILATORS, DIRECT-ACTING ARTERIAL</b>                                                                                                                |                       |                         |
| <i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>                                                                                       | 1-Preferred Generics  |                         |
| <i>minoxidil</i>                                                                                                                                           | 2-Generics            |                         |
| <b>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</b>                                                                                                         |                       |                         |
| <i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>                                                                                    | 2-Generics            |                         |
| <i>isosorbide mononitrate</i>                                                                                                                              | 1-Preferred Generics  |                         |
| <i>isosorbide mononitrate er</i>                                                                                                                           | 1-Preferred Generics  |                         |
| NITRO-BID                                                                                                                                                  | 4-Non-Preferred Drugs |                         |
| <i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i> | 2-Generics            |                         |
| <i>nitroglycerin 0.4 % ointment</i>                                                                                                                        | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS)     |
| <i>nitroglycerin 0.4 mg/spray solution</i>                                                                                                                 | 4-Non-Preferred Drugs |                         |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                 | DRUG TIER                | REQUIREMENTS/LIMITS      |
|-------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <b>CENTRAL NERVOUS SYSTEM AGENTS</b>                                                      |                          |                          |
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES</b>                      |                          |                          |
| <i>amphetamine-dextroamphetamine</i>                                                      | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS)      |
| <i>amphetamine-dextroamphetamine</i><br>(10 mg tab, 12.5 mg tab, 15 mg tab,<br>20 mg tab) | 3-Preferred<br>Brands    | QL (90 PER 30 DAYS)      |
| <i>amphetamine-dextroamphetamine</i><br>(5 mg tab, 7.5 mg tab)                            | 3-Preferred<br>Brands    | QL (120 PER 30 DAYS)     |
| <i>amphetamine-dextroamphetamine</i><br>30 mg tab                                         | 3-Preferred<br>Brands    | QL (60 PER 30 DAYS)      |
| <i>dextroamphetamine sulfate</i> (5 mg<br>tab, 10 mg tab)                                 | 4-Non-Preferred<br>Drugs | QL (180 PER 30 DAYS)     |
| <i>dextroamphetamine sulfate er</i>                                                       | 4-Non-Preferred<br>Drugs | QL (120 PER 30 DAYS)     |
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES</b>                  |                          |                          |
| <i>atomoxetine hcl</i> (10 mg cap, 25 mg<br>cap, 40 mg cap)                               | 4-Non-Preferred<br>Drugs | QL (60 PER 30 DAYS)      |
| <i>atomoxetine hcl</i> (60 mg cap, 80 mg<br>cap, 100 mg cap)                              | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS)      |
| <i>atomoxetine hcl</i> 18 mg cap                                                          | 4-Non-Preferred<br>Drugs | QL (120 PER 30 DAYS)     |
| <i>dexmethylphenidate hcl</i>                                                             | 3-Preferred<br>Brands    | QL (60 PER 30 DAYS)      |
| <i>guanfacine hcl er</i>                                                                  | 2-Generics               | QL (30 PER 30 DAYS)      |
| <i>methylphenidate hcl</i> (5 mg tab, 10<br>mg tab, 20 mg tab)                            | 3-Preferred<br>Brands    | QL (90 PER 30 DAYS)      |
| <i>methylphenidate hcl er</i> (10 mg tab<br>er, 20 mg tab er)                             | 4-Non-Preferred<br>Drugs | QL (90 PER 30 DAYS)      |
| <b>CENTRAL NERVOUS SYSTEM, OTHER</b>                                                      |                          |                          |
| AUSTEDO (9 MG TAB, 12 MG<br>TAB)                                                          | 5-Specialty              | PA, QL (120 PER 30 DAYS) |
| AUSTEDO 6 MG TAB                                                                          | 5-Specialty              | PA, QL (60 PER 30 DAYS)  |
| AUSTEDO XR (12 MG TAB ER<br>24H, 24 MG TAB ER 24H)                                        | 5-Specialty              | PA, QL (60 PER 30 DAYS)  |

You can find information on what the symbols and abbreviations  
on this table mean by going to page 1.

| DRUG NAME                                                                                             | DRUG TIER             | REQUIREMENTS/LIMITS      |
|-------------------------------------------------------------------------------------------------------|-----------------------|--------------------------|
| AUSTEDO XR (18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H) | 5-Specialty           | PA, QL (30 PER 30 DAYS)  |
| AUSTEDO XR 6 MG TAB ER 24H                                                                            | 5-Specialty           | PA, QL (120 PER 30 DAYS) |
| AUSTEDO XR PATIENT TITRATION                                                                          | 5-Specialty           | PA, QL (28 PER 28 DAYS)  |
| <i>bac (butalbital-acetamin-caff)</i>                                                                 | 2-Generics            | PA, QL (180 PER 30 DAYS) |
| <i>butalbital-apap-caffeine 50-325-40 mg tab</i>                                                      | 2-Generics            | PA, QL (180 PER 30 DAYS) |
| FIRDAPSE                                                                                              | 5-Specialty           | PA, QL (240 PER 30 DAYS) |
| NUDEXTA                                                                                               | 5-Specialty           | PA, QL (60 PER 30 DAYS)  |
| <i>riluzole</i>                                                                                       | 4-Non-Preferred Drugs |                          |
| <i>tetrabenazine 12.5 mg tab</i>                                                                      | 5-Specialty           | PA, QL (90 PER 30 DAYS)  |
| <i>tetrabenazine 25 mg tab</i>                                                                        | 5-Specialty           | PA, QL (120 PER 30 DAYS) |

## FIBROMYALGIA AGENTS

|                                                                                         |                       |                          |
|-----------------------------------------------------------------------------------------|-----------------------|--------------------------|
| DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR, 60 MG CAP DR)                            | 4-Non-Preferred Drugs | PA2, QL (60 PER 30 DAYS) |
| <i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>            | 3-Preferred Brands    | QL (60 PER 30 DAYS)      |
| <i>pregabalin (225 mg cap, 300 mg cap)</i>                                              | 3-Preferred Brands    | QL (60 PER 30 DAYS)      |
| <i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap)</i> | 3-Preferred Brands    | QL (90 PER 30 DAYS)      |
| <i>pregabalin 20 mg/ml solution</i>                                                     | 3-Preferred Brands    | QL (900 PER 30 DAYS)     |
| <i>pregabalin er (82.5 mg tab er 24h, 165 mg tab er 24h)</i>                            | 4-Non-Preferred Drugs | PA, QL (90 PER 30 DAYS)  |
| <i>pregabalin er 330 mg tab er 24h</i>                                                  | 4-Non-Preferred Drugs | PA, QL (60 PER 30 DAYS)  |

## MULTIPLE SCLEROSIS AGENTS

|                  |             |                    |
|------------------|-------------|--------------------|
| AVONEX PEN       | 5-Specialty | QL (1 PER 28 DAYS) |
| AVONEX PREFILLED | 5-Specialty | QL (1 PER 28 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                             | DRUG TIER          | REQUIREMENTS/LIMITS      |
|---------------------------------------|--------------------|--------------------------|
| BETASERON                             | 5-Specialty        | QL (14 PER 28 DAYS)      |
| COPAXONE 20 MG/ML SOLN PRSYR          | 5-Specialty        | QL (30 PER 30 DAYS)      |
| COPAXONE 40 MG/ML SOLN PRSYR          | 5-Specialty        | QL (12 PER 28 DAYS)      |
| <i>dalfampridine er</i>               | 3-Preferred Brands | QL (60 PER 30 DAYS)      |
| <i>dimethyl fumarate</i>              | 5-Specialty        | QL (60 PER 30 DAYS)      |
| <i>dimethyl fumarate starter pack</i> | 5-Specialty        | QL (120 PER 365 DAYS)    |
| <i>fingolimod hcl</i>                 | 5-Specialty        | QL (30 PER 30 DAYS)      |
| KESIMPTA                              | 5-Specialty        | PA, QL (1.2 PER 28 DAYS) |
| <i>teriflunomide</i>                  | 5-Specialty        | QL (30 PER 30 DAYS)      |

## DENTAL AND ORAL AGENTS

|                                               |                       |  |
|-----------------------------------------------|-----------------------|--|
| <i>cevimeline hcl</i>                         | 4-Non-Preferred Drugs |  |
| <i>chlorhexidine gluconate</i>                | 1-Preferred Generics  |  |
| <i>kourzeq</i>                                | 2-Generics            |  |
| <i>oralone</i>                                | 2-Generics            |  |
| <i>periogard</i>                              | 1-Preferred Generics  |  |
| <i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i> | 4-Non-Preferred Drugs |  |
| <i>triamcinolone acetonide 0.1 % paste</i>    | 2-Generics            |  |

## DERMATOLOGICAL AGENTS

### ACNE AND ROSACEA AGENTS

|                  |                       |     |
|------------------|-----------------------|-----|
| <i>accutane</i>  | 4-Non-Preferred Drugs |     |
| <i>acitretin</i> | 4-Non-Preferred Drugs | PA2 |
| <i>amnesteam</i> | 4-Non-Preferred Drugs |     |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                            | DRUG TIER             | REQUIREMENTS/LIMITS     |
|--------------------------------------------------------------------------------------|-----------------------|-------------------------|
| <i>benzoyl peroxide-erythromycin</i>                                                 | 4-Non-Preferred Drugs | QL (46.6 PER 30 DAYS)   |
| <i>claravis</i>                                                                      | 4-Non-Preferred Drugs |                         |
| <i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>                     | 4-Non-Preferred Drugs |                         |
| <i>metronidazole (0.75 % cream, 0.75 % lotion, 1 % gel)</i>                          | 4-Non-Preferred Drugs |                         |
| <i>sulfacetamide sodium (acne)</i>                                                   | 4-Non-Preferred Drugs | QL (118 PER 30 DAYS)    |
| <i>tazarotene (0.05 % cream, 0.1 % cream)</i>                                        | 3-Preferred Brands    | PA, QL (60 PER 30 DAYS) |
| <i>tazarotene (0.05 % gel, 0.1 % gel)</i>                                            | 4-Non-Preferred Drugs | PA, QL (60 PER 30 DAYS) |
| TAZORAC 0.05 % CREAM                                                                 | 4-Non-Preferred Drugs | PA, QL (60 PER 30 DAYS) |
| <i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)</i> | 4-Non-Preferred Drugs | PA, QL (45 PER 30 DAYS) |
| <i>zenatane</i>                                                                      | 4-Non-Preferred Drugs |                         |

## DERMATITIS AND PRURITUS AGENTS

|                                                                           |                       |                      |
|---------------------------------------------------------------------------|-----------------------|----------------------|
| <i>ala-cort</i>                                                           | 2-Generics            |                      |
| <i>alclometasone dipropionate</i>                                         | 2-Generics            |                      |
| <i>ammonium lactate</i>                                                   | 2-Generics            |                      |
| <i>betamethasone dipropionate (0.05 % cream, 0.05 % ointment)</i>         | 3-Preferred Brands    |                      |
| <i>betamethasone dipropionate 0.05 % lotion</i>                           | 2-Generics            |                      |
| <i>betamethasone dipropionate aug (0.05 % gel, 0.05 % ointment)</i>       | 4-Non-Preferred Drugs |                      |
| <i>betamethasone dipropionate aug 0.05 % cream</i>                        | 2-Generics            |                      |
| <i>betamethasone dipropionate aug 0.05 % lotion</i>                       | 4-Non-Preferred Drugs | QL (120 PER 30 DAYS) |
| <i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i> | 2-Generics            |                      |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                        | DRUG TIER             | REQUIREMENTS/LIMITS     |
|--------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| <i>clobetasol prop emollient base</i>                                                            | 4-Non-Preferred Drugs | QL (120 PER 30 DAYS)    |
| <i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>                         | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)     |
| <i>clobetasol propionate (0.05 % foam, 0.05 % solution)</i>                                      | 4-Non-Preferred Drugs | QL (100 PER 30 DAYS)    |
| <i>clobetasol propionate 0.05 % shampoo</i>                                                      | 4-Non-Preferred Drugs | QL (118 PER 30 DAYS)    |
| <i>clobetasol propionate e</i>                                                                   | 4-Non-Preferred Drugs | QL (120 PER 30 DAYS)    |
| <i>clobetasol propionate emulsion</i>                                                            | 4-Non-Preferred Drugs | QL (100 PER 30 DAYS)    |
| <i>clodan</i>                                                                                    | 4-Non-Preferred Drugs | QL (118 PER 30 DAYS)    |
| <i>desonide (0.05 % cream, 0.05 % ointment)</i>                                                  | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)     |
| <i>desonide 0.05 % lotion</i>                                                                    | 4-Non-Preferred Drugs | QL (118 PER 30 DAYS)    |
| <i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i> | 4-Non-Preferred Drugs | QL (100 PER 30 DAYS)    |
| <i>fluocinolone acetonide (0.025 % cream, 0.025 % ointment)</i>                                  | 2-Generics            | QL (120 PER 30 DAYS)    |
| <i>fluocinolone acetonide 0.01 % cream</i>                                                       | 2-Generics            | QL (60 PER 30 DAYS)     |
| <i>fluocinolone acetonide 0.01 % solution</i>                                                    | 4-Non-Preferred Drugs | QL (90 PER 30 DAYS)     |
| <i>fluocinolone acetonide body</i>                                                               | 4-Non-Preferred Drugs | QL (118.28 PER 30 DAYS) |
| <i>fluocinolone acetonide scalp</i>                                                              | 4-Non-Preferred Drugs | QL (118.28 PER 30 DAYS) |
| <i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>                                  | 3-Preferred Brands    | QL (120 PER 30 DAYS)    |
| <i>fluocinonide 0.05 % solution</i>                                                              | 3-Preferred Brands    | QL (60 PER 30 DAYS)     |
| <i>fluocinonide emulsified base</i>                                                              | 3-Preferred Brands    | QL (120 PER 30 DAYS)    |
| <i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>                                   | 2-Generics            |                         |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                                                | DRUG TIER             | REQUIREMENTS/LIMITS  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|
| <i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>                                                                                            | 4-Non-Preferred Drugs | QL (50 PER 30 DAYS)  |
| <i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>                                                               | 2-Generics            |                      |
| <i>hydrocortisone (perianal) 1 % cream</i>                                                                                                               | 1-Preferred Generics  |                      |
| <i>hydrocortisone (perianal) 2.5 % cream</i>                                                                                                             | 2-Generics            |                      |
| HYDROCORTISONE BUTYRATE 0.1 % OINTMENT                                                                                                                   | 4-Non-Preferred Drugs | QL (45 PER 30 DAYS)  |
| <i>hydrocortisone butyrate 0.1 % solution</i>                                                                                                            | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)  |
| <i>hydrocortisone valerate 0.2 % cream</i>                                                                                                               | 4-Non-Preferred Drugs |                      |
| <i>hydrocortisone valerate 0.2 % ointment</i>                                                                                                            | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)  |
| <i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>                                                                                  | 2-Generics            |                      |
| <i>pimecrolimus</i>                                                                                                                                      | 4-Non-Preferred Drugs | QL (100 PER 30 DAYS) |
| <i>procto-med hc</i>                                                                                                                                     | 2-Generics            |                      |
| <i>proctosol hc</i>                                                                                                                                      | 2-Generics            |                      |
| <i>proctozone-hc</i>                                                                                                                                     | 2-Generics            |                      |
| <i>selenium sulfide 2.5 % lotion</i>                                                                                                                     | 2-Generics            |                      |
| <i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>                                                                                                      | 4-Non-Preferred Drugs | QL (100 PER 30 DAYS) |
| <i>tovet</i>                                                                                                                                             | 4-Non-Preferred Drugs |                      |
| <i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i> | 2-Generics            |                      |
| <i>triderm</i>                                                                                                                                           | 2-Generics            |                      |

## DERMATOLOGICAL AGENTS, OTHER

|                                                        |                       |                      |
|--------------------------------------------------------|-----------------------|----------------------|
| <i>calcipotriene (0.005 % cream, 0.005 % ointment)</i> | 4-Non-Preferred Drugs | QL (120 PER 30 DAYS) |
|--------------------------------------------------------|-----------------------|----------------------|

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                      | DRUG TIER             | REQUIREMENTS/LIMITS       |
|----------------------------------------------------------------|-----------------------|---------------------------|
| <i>calcipotriene 0.005 % solution</i>                          | 3-Preferred Brands    | QL (60 PER 30 DAYS)       |
| <i>calcitrene</i>                                              | 4-Non-Preferred Drugs | QL (120 PER 30 DAYS)      |
| <i>clotrimazole-betamethasone 1-0.05 % cream</i>               | 2-Generics            | QL (45 PER 30 DAYS)       |
| CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION                     | 2-Generics            | QL (60 PER 30 DAYS)       |
| <i>fluorouracil (2 % solution, 5 % solution)</i>               | 2-Generics            | QL (10 PER 30 DAYS)       |
| <i>fluorouracil 5 % cream</i>                                  | 4-Non-Preferred Drugs | QL (80 PER 30 DAYS)       |
| <i>imiquimod 5 % cream</i>                                     | 2-Generics            | QL (24 PER 30 DAYS)       |
| <i>methoxsalen rapid</i>                                       | 5-Specialty           |                           |
| <i>nystatin-triamcinolone</i>                                  | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)       |
| OTEZLA (20 MG TAB, 30 MG TAB)                                  | 5-Specialty           | PA, QL (60 PER 30 DAYS)   |
| OTEZLA (4 X 10 & 51 X20 MG TAB THPK, 10 & 20 & 30 MG TAB THPK) | 5-Specialty           | PA, QL (110 PER 365 DAYS) |
| <i>podofilox 0.5 % solution</i>                                | 4-Non-Preferred Drugs |                           |
| REGRANEX                                                       | 5-Specialty           | PA, QL (30 PER 30 DAYS)   |
| SANTYL                                                         | 4-Non-Preferred Drugs | QL (90 PER 30 DAYS)       |
| <i>silver sulfadiazine</i>                                     | 2-Generics            |                           |
| <i>ssd</i>                                                     | 2-Generics            |                           |

## PEDICULICIDES/SCABICIDES

|                   |                       |
|-------------------|-----------------------|
| <i>malathion</i>  | 4-Non-Preferred Drugs |
| <i>permethrin</i> | 2-Generics            |

## TOPICAL ANTI-INFECTIVES

|                               |                       |                     |
|-------------------------------|-----------------------|---------------------|
| <i>acyclovir 5 % ointment</i> | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS) |
|-------------------------------|-----------------------|---------------------|

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                             | DRUG TIER             | REQUIREMENTS/LIMITS   |
|-------------------------------------------------------|-----------------------|-----------------------|
| <i>ciclodan</i>                                       | 3-Preferred Brands    | QL (13.2 PER 30 DAYS) |
| <i>ciclopirox 0.77 % gel</i>                          | 3-Preferred Brands    | QL (100 PER 30 DAYS)  |
| <i>ciclopirox 1 % shampoo</i>                         | 3-Preferred Brands    | QL (120 PER 30 DAYS)  |
| <i>ciclopirox 8 % solution</i>                        | 3-Preferred Brands    | QL (13.2 PER 30 DAYS) |
| <i>ciclopirox olamine 0.77 % cream</i>                | 3-Preferred Brands    | QL (90 PER 30 DAYS)   |
| <i>ciclopirox olamine 0.77 % suspension</i>           | 3-Preferred Brands    | QL (60 PER 30 DAYS)   |
| <i>clindamycin phos (once-daily)</i>                  | 3-Preferred Brands    | QL (75 PER 30 DAYS)   |
| <i>clindamycin phos (twice-daily)</i>                 | 3-Preferred Brands    | QL (75 PER 30 DAYS)   |
| <i>clindamycin phosphate (1 % solution, 1 % swab)</i> | 2-Generics            | QL (60 PER 30 DAYS)   |
| <i>clindamycin phosphate 1 % lotion</i>               | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)   |
| <i>ery 2% pad</i>                                     | 2-Generics            | QL (60 PER 30 DAYS)   |
| <i>erythromycin 2 % gel</i>                           | 2-Generics            | QL (60 PER 30 DAYS)   |
| <i>erythromycin 2 % solution</i>                      | 2-Generics            | QL (120 PER 30 DAYS)  |
| <i>mupirocin</i>                                      | 2-Generics            | QL (66 PER 30 DAYS)   |
| SULFAMYLON                                            | 4-Non-Preferred Drugs |                       |

## ELECTROLYTES/MINERALS/METALS/VITAMINS

### ELECTROLYTE/MINERAL REPLACEMENT

|                             |                       |     |
|-----------------------------|-----------------------|-----|
| <i>carglumic acid</i>       | 5-Specialty           | PA  |
| CLINIMIX/DEXTROSE (4.25/10) | 4-Non-Preferred Drugs | PA3 |
| CLINIMIX/DEXTROSE (4.25/5)  | 4-Non-Preferred Drugs | PA3 |
| CLINIMIX/DEXTROSE (5/15)    | 4-Non-Preferred Drugs | PA3 |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                                           | DRUG TIER             | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|
| CLINIMIX/DEXTROSE (5/20)                                                                                                                            | 4-Non-Preferred Drugs | PA3                 |
| <i>clinisol sf</i>                                                                                                                                  | 4-Non-Preferred Drugs | PA3                 |
| <i>dextrose (, 10 % solution)</i>                                                                                                                   | 4-Non-Preferred Drugs |                     |
| <i>dextrose-sodium chloride (2.5-0.45 % solution, 5-0.2 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.2 % solution, 10-0.45 % solution)</i> | 4-Non-Preferred Drugs |                     |
| FREAMINE III                                                                                                                                        | 4-Non-Preferred Drugs | PA3                 |
| ISOLYTE-P IN D5W                                                                                                                                    | 4-Non-Preferred Drugs |                     |
| ISOLYTE-S                                                                                                                                           | 4-Non-Preferred Drugs |                     |
| ISOLYTE-S PH 7.4                                                                                                                                    | 4-Non-Preferred Drugs |                     |
| <i>kcl (0.149%) in nacl</i>                                                                                                                         | 4-Non-Preferred Drugs |                     |
| <i>kcl in dextrose-nacl (, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 40-5-0.9 meq/l-%-% solution)</i>                              | 4-Non-Preferred Drugs |                     |
| KCL-LACTATED RINGERS-D5W                                                                                                                            | 4-Non-Preferred Drugs |                     |
| <i>klor-con 10</i>                                                                                                                                  | 2-Generics            |                     |
| <i>klor-con 20 meq packet</i>                                                                                                                       | 3-Preferred Brands    |                     |
| KLOR-CON 8 MEQ TAB ER                                                                                                                               | 2-Generics            |                     |
| <i>klor-con m10</i>                                                                                                                                 | 2-Generics            |                     |
| <i>klor-con m15</i>                                                                                                                                 | 2-Generics            |                     |
| <i>klor-con m20</i>                                                                                                                                 | 2-Generics            |                     |
| MAGNESIUM SULFATE 50 % SOLUTION                                                                                                                     | 4-Non-Preferred Drugs |                     |
| <i>multiple electro type 1 ph 5.5</i>                                                                                                               | 4-Non-Preferred Drugs |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                                                                                               | DRUG TIER                | REQUIREMENTS/LIMITS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|
| <i>multiple electro type 1 ph 7.4</i>                                                                                                                                                                   | 4-Non-Preferred<br>Drugs |                     |
| <i>plenamine</i>                                                                                                                                                                                        | 4-Non-Preferred<br>Drugs | PA3                 |
| POTASSIUM CHLORIDE (2<br>MEQ/ML SOLUTION, 10 %<br>SOLUTION, 10 MEQ/100ML<br>SOLUTION, 20 MEQ/100ML<br>SOLUTION, 20 MEQ/15ML (10%)<br>SOLUTION, 40 MEQ/100ML<br>SOLUTION, 40 MEQ/15ML (20%)<br>SOLUTION) | 4-Non-Preferred<br>Drugs |                     |
| <i>potassium chloride 20 meq packet</i>                                                                                                                                                                 | 3-Preferred<br>Brands    |                     |
| <i>potassium chloride crys er</i>                                                                                                                                                                       | 2-Generics               |                     |
| <i>potassium chloride er (8 cap er, 8<br/>tab er, 10 cap er, 10 tab er, 20 tab<br/>er)</i>                                                                                                              | 2-Generics               |                     |
| <i>potassium chloride in dextrose 20-5<br/>meq/l-% solution</i>                                                                                                                                         | 4-Non-Preferred<br>Drugs |                     |
| <i>potassium chloride in nacl</i>                                                                                                                                                                       | 4-Non-Preferred<br>Drugs |                     |
| <i>potassium citrate er</i>                                                                                                                                                                             | 3-Preferred<br>Brands    |                     |
| POTASSIUM CL IN DEXTROSE<br>5%                                                                                                                                                                          | 4-Non-Preferred<br>Drugs |                     |
| PREMASOL                                                                                                                                                                                                | 4-Non-Preferred<br>Drugs | PA3                 |
| PROSOL                                                                                                                                                                                                  | 4-Non-Preferred<br>Drugs | PA3                 |
| <i>sodium chloride (0.45 % solution,<br/>0.9 % solution, 3 % solution, 5 %<br/>solution)</i>                                                                                                            | 4-Non-Preferred<br>Drugs |                     |
| <i>sodium chloride (pf)</i>                                                                                                                                                                             | 4-Non-Preferred<br>Drugs |                     |
| <i>sodium fluoride (0.55 (0.25 f) mg<br/>chew tab, 1.1 (0.5 f) mg chew tab,<br/>2.2 (1 f) mg chew tab)</i>                                                                                              | 1-Preferred<br>Generics  |                     |
| TPN ELECTROLYTES                                                                                                                                                                                        | 4-Non-Preferred<br>Drugs | PA3                 |

You can find information on what the symbols and abbreviations  
on this table mean by going to page 1.

| DRUG NAME  | DRUG TIER             | REQUIREMENTS/LIMITS |
|------------|-----------------------|---------------------|
| TRAVASOL   | 4-Non-Preferred Drugs | PA3                 |
| TROPHAMINE | 4-Non-Preferred Drugs | PA3                 |

## ELECTROLYTE/MINERAL/METAL MODIFIERS

|                                                                                                 |                       |                      |
|-------------------------------------------------------------------------------------------------|-----------------------|----------------------|
| CHEMET                                                                                          | 5-Specialty           |                      |
| <i>deferasirox (125 mg tab sol, 180 mg tab, 360 mg tab)</i>                                     | 4-Non-Preferred Drugs | PA                   |
| <i>deferasirox (90 mg packet, 180 mg packet, 250 mg tab sol, 360 mg packet, 500 mg tab sol)</i> | 5-Specialty           | PA                   |
| <i>deferasirox 90 mg tab</i>                                                                    | 3-Preferred Brands    | PA                   |
| <i>deferasirox granules</i>                                                                     | 5-Specialty           | PA                   |
| <i>deferiprone</i>                                                                              | 5-Specialty           | PA                   |
| <i>penicillamine 250 mg tab</i>                                                                 | 5-Specialty           |                      |
| <i>trientine hcl 250 mg cap</i>                                                                 | 5-Specialty           | QL (240 PER 30 DAYS) |
| <i>trientine hcl 500 mg cap</i>                                                                 | 5-Specialty           | QL (120 PER 30 DAYS) |

## POTASSIUM BINDERS

|                                      |                    |                     |
|--------------------------------------|--------------------|---------------------|
| <i>kionex</i>                        | 3-Preferred Brands |                     |
| LOKELMA                              | 3-Preferred Brands | QL (90 PER 30 DAYS) |
| <i>sodium polystyrene sulfonate</i>  | 3-Preferred Brands |                     |
| <i>sps (sodium polystyrene sulf)</i> | 3-Preferred Brands |                     |

## VITAMINS

|                                                       |                       |  |
|-------------------------------------------------------|-----------------------|--|
| <i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i> | 4-Non-Preferred Drugs |  |
| <i>levocarnitine sf</i>                               | 4-Non-Preferred Drugs |  |
| PNV 27-CA/FE/FA                                       | 3-Preferred Brands    |  |
| PRENATAL VITAMIN ORAL TABLET                          | 3-Preferred Brands    |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                        | DRUG TIER             | REQUIREMENTS/LIMITS     |
|------------------------------------------------------------------|-----------------------|-------------------------|
| <b>GASTROINTESTINAL AGENTS</b>                                   |                       |                         |
| <b>ANTI-CONSTIPATION AGENTS</b>                                  |                       |                         |
| <i>constulose</i>                                                | 2-Generics            |                         |
| <i>enulose</i>                                                   | 2-Generics            |                         |
| <i>generlac</i>                                                  | 2-Generics            |                         |
| <i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>      | 2-Generics            |                         |
| <i>lactulose encephalopathy</i>                                  | 2-Generics            |                         |
| LINZESS                                                          | 3-Preferred Brands    | QL (30 PER 30 DAYS)     |
| <i>lubiprostone</i>                                              | 3-Preferred Brands    | QL (60 PER 30 DAYS)     |
| MOVANTIK                                                         | 3-Preferred Brands    | QL (30 PER 30 DAYS)     |
| RELISTOR (8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION, 150 MG TAB) | 5-Specialty           |                         |
| TRULANCE                                                         | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS)     |
| <b>ANTI-DIARRHEAL AGENTS</b>                                     |                       |                         |
| <i>alosetron hcl 0.5 mg tab</i>                                  | 4-Non-Preferred Drugs | PA, QL (60 PER 30 DAYS) |
| <i>alosetron hcl 1 mg tab</i>                                    | 5-Specialty           | PA, QL (60 PER 30 DAYS) |
| <i>diphenoxylate-atropine 2.5-0.025 mg tab</i>                   | 3-Preferred Brands    |                         |
| <i>diphenoxylate-atropine 2.5-0.025 mg/5ml liquid</i>            | 4-Non-Preferred Drugs |                         |
| <i>loperamide hcl</i>                                            | 2-Generics            |                         |
| VIBERZI                                                          | 5-Specialty           | QL (60 PER 30 DAYS)     |
| XERMELO                                                          | 5-Specialty           | PA, QL (84 PER 28 DAYS) |
| <b>ANTISPASMODICS, GASTROINTESTINAL</b>                          |                       |                         |
| <i>dicyclomine hcl (10 mg cap, 20 mg tab)</i>                    | 2-Generics            |                         |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                  | DRUG TIER                | REQUIREMENTS/LIMITS |
|--------------------------------------------|--------------------------|---------------------|
| <i>dicyclomine hcl 10 mg/5ml solution</i>  | 4-Non-Preferred<br>Drugs |                     |
| <i>glycopyrrolate (1 mg tab, 2 mg tab)</i> | 2-Generics               |                     |
| <i>methscopolamine bromide</i>             | 4-Non-Preferred<br>Drugs |                     |

## GASTROINTESTINAL AGENTS, OTHER

|                                          |                          |                         |
|------------------------------------------|--------------------------|-------------------------|
| CLENPIQ                                  | 4-Non-Preferred<br>Drugs |                         |
| GATTEX                                   | 5-Specialty              | PA                      |
| <i>gavilyte-c</i>                        | 2-Generics               |                         |
| <i>gavilyte-g</i>                        | 2-Generics               |                         |
| <i>gavilyte-n with flavor pack</i>       | 2-Generics               |                         |
| MYALEPT                                  | 5-Specialty              | PA                      |
| <i>na sulfate-k sulfate-mg sulf</i>      | 4-Non-Preferred<br>Drugs |                         |
| OICALIVA                                 | 5-Specialty              | PA                      |
| <i>peg 3350-kcl-na bicarb-nacl</i>       | 2-Generics               |                         |
| <i>peg-3350/electrolytes</i>             | 2-Generics               |                         |
| <i>ursodiol (250 mg tab, 500 mg tab)</i> | 4-Non-Preferred<br>Drugs |                         |
| <i>ursodiol 300 mg cap</i>               | 3-Preferred<br>Brands    |                         |
| VOWST                                    | 5-Specialty              | PA, QL (12 PER 30 DAYS) |

## HISTAMINE2 (H2) RECEPTOR ANTAGONISTS

|                                            |                          |  |
|--------------------------------------------|--------------------------|--|
| <i>cimetidine</i>                          | 2-Generics               |  |
| <i>famotidine (20 mg tab, 40 mg tab)</i>   | 1-Preferred<br>Generics  |  |
| <i>famotidine 40 mg/5ml recon susp</i>     | 4-Non-Preferred<br>Drugs |  |
| <i>nizatidine (150 mg cap, 300 mg cap)</i> | 3-Preferred<br>Brands    |  |

## PROTECTANTS

|                    |            |  |
|--------------------|------------|--|
| <i>misoprostol</i> | 2-Generics |  |
|--------------------|------------|--|

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                              | DRUG TIER             | REQUIREMENTS/LIMITS |
|----------------------------------------|-----------------------|---------------------|
| <i>sucralfate 1 gm tab</i>             | 2-Generics            |                     |
| <i>sucralfate 1 gm/10ml suspension</i> | 4-Non-Preferred Drugs |                     |

## PROTON PUMP INHIBITORS

|                                                            |                      |                     |
|------------------------------------------------------------|----------------------|---------------------|
| <i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i> | 3-Preferred Brands   | QL (60 PER 30 DAYS) |
| <i>lansoprazole (15 mg cap dr, 30 mg cap dr)</i>           | 2-Generics           | QL (60 PER 30 DAYS) |
| <i>omeprazole</i>                                          | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>    | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>rabeprazole sodium</i>                                  | 2-Generics           | QL (30 PER 30 DAYS) |

## GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

|                                                            |                       |                          |
|------------------------------------------------------------|-----------------------|--------------------------|
| <i>betaine</i>                                             | 5-Specialty           |                          |
| CERDELGA                                                   | 5-Specialty           | PA, QL (60 PER 30 DAYS)  |
| CREON                                                      | 3-Preferred Brands    |                          |
| <i>cromolyn sodium 100 mg/5ml conc</i>                     | 4-Non-Preferred Drugs |                          |
| CYSTAGON                                                   | 4-Non-Preferred Drugs |                          |
| CYSTARAN                                                   | 5-Specialty           | PA, QL (60 PER 28 DAYS)  |
| <i>javygtor</i>                                            | 5-Specialty           | PA                       |
| <i>l-glutamine</i>                                         | 5-Specialty           | PA, QL (180 PER 30 DAYS) |
| <i>miglustat</i>                                           | 5-Specialty           | PA, QL (90 PER 30 DAYS)  |
| <i>nitisinone</i>                                          | 5-Specialty           |                          |
| PROLASTIN-C                                                | 5-Specialty           | PA                       |
| RAVICTI                                                    | 5-Specialty           | PA, QL (525 PER 30 DAYS) |
| <i>sapropterin dihydrochloride</i>                         | 5-Specialty           | PA                       |
| <i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i> | 5-Specialty           | PA                       |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME       | DRUG TIER                | REQUIREMENTS/LIMITS     |
|-----------------|--------------------------|-------------------------|
| SUCRAID         | 5-Specialty              |                         |
| <i>yargesa</i>  | 5-Specialty              | PA, QL (90 PER 30 DAYS) |
| <i>zelvysia</i> | 5-Specialty              | PA                      |
| ZENPEP          | 4-Non-Preferred<br>Drugs |                         |

## GENITOURINARY AGENTS

### ANTISPASMODICS, URINARY

|                                                              |                          |                      |
|--------------------------------------------------------------|--------------------------|----------------------|
| <i>darifenacin hydrobromide er</i>                           | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS)  |
| <i>fesoterodine fumarate er</i>                              | 3-Preferred<br>Brands    | QL (30 PER 30 DAYS)  |
| GEMTESA                                                      | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS)  |
| MYRBETRIQ (25 MG TAB ER 24H,<br>50 MG TAB ER 24H)            | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS)  |
| MYRBETRIQ 8 MG/ML SRER                                       | 4-Non-Preferred<br>Drugs | QL (300 PER 30 DAYS) |
| <i>oxybutynin chloride (5 mg tab, 5<br/>mg/5ml solution)</i> | 2-Generics               |                      |
| <i>oxybutynin chloride er</i>                                | 2-Generics               | QL (60 PER 30 DAYS)  |
| <i>solifenacin succinate</i>                                 | 2-Generics               | QL (30 PER 30 DAYS)  |
| <i>tolterodine tartrate</i>                                  | 3-Preferred<br>Brands    | QL (60 PER 30 DAYS)  |
| <i>tolterodine tartrate er</i>                               | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS)  |
| <i>trospium chloride</i>                                     | 2-Generics               | QL (60 PER 30 DAYS)  |
| <i>trospium chloride er</i>                                  | 3-Preferred<br>Brands    | QL (30 PER 30 DAYS)  |

### BENIGN PROSTATIC HYPERTROPHY AGENTS

|                                   |                          |                     |
|-----------------------------------|--------------------------|---------------------|
| <i>alfuzosin hcl er</i>           | 2-Generics               | QL (30 PER 30 DAYS) |
| <i>dutasteride</i>                | 2-Generics               | QL (30 PER 30 DAYS) |
| <i>dutasteride-tamsulosin hcl</i> | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME             | DRUG TIER             | REQUIREMENTS/LIMITS     |
|-----------------------|-----------------------|-------------------------|
| <i>finasteride</i>    | 1-Preferred Generics  | QL (30 PER 30 DAYS)     |
| <i>silodosin</i>      | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS)     |
| <i>tadalafil</i>      | 4-Non-Preferred Drugs | PA, QL (30 PER 30 DAYS) |
| <i>tamsulosin hcl</i> | 1-Preferred Generics  | QL (60 PER 30 DAYS)     |

## GENITOURINARY AGENTS, OTHER

|                             |                       |                     |
|-----------------------------|-----------------------|---------------------|
| <i>bethanechol chloride</i> | 2-Generics            |                     |
| ELMIRON                     | 4-Non-Preferred Drugs | QL (90 PER 30 DAYS) |

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

|                                                                                                                                                                 |                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|
| <i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>                      | 2-Generics            |  |
| <i>dexamethasone sod phos +rfid</i>                                                                                                                             | 4-Non-Preferred Drugs |  |
| <i>dexamethasone sod phosphate pf</i>                                                                                                                           | 4-Non-Preferred Drugs |  |
| <i>dexamethasone sodium phosphate (4 mg/ml soln prsyr, 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)</i> | 4-Non-Preferred Drugs |  |
| <i>fludrocortisone acetate</i>                                                                                                                                  | 2-Generics            |  |
| <i>methylprednisolone</i>                                                                                                                                       | 2-Generics            |  |
| <i>methylprednisolone acetate</i>                                                                                                                               | 2-Generics            |  |
| <i>methylprednisolone sodium succ</i>                                                                                                                           | 4-Non-Preferred Drugs |  |
| <i>prednisolone 15 mg/5ml solution</i>                                                                                                                          | 2-Generics            |  |
| <i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 15 mg/5ml solution, 25 mg/5ml solution)</i>                                                     | 2-Generics            |  |
| <i>prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)</i>                                                                             | 1-Preferred Generics  |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                               | DRUG TIER             | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|
| <i>prednisone (5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg/5ml solution, 10 mg (21) tab thpk, 10 mg (48) tab thpk)</i> | 2-Generics            |                     |
| PREDNISONE INTENSOL                                                                                                     | 4-Non-Preferred Drugs |                     |
| SOLU-MEDROL 2 GM RECON SOLN                                                                                             | 4-Non-Preferred Drugs |                     |

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

|                                                      |                       |    |
|------------------------------------------------------|-----------------------|----|
| <i>desmopressin ace spray refrig</i>                 | 4-Non-Preferred Drugs |    |
| <i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i> | 2-Generics            |    |
| <i>desmopressin acetate 4 mcg/ml solution</i>        | 4-Non-Preferred Drugs |    |
| <i>desmopressin acetate pf</i>                       | 4-Non-Preferred Drugs |    |
| DESMOPRESSIN ACETATE SPRAY                           | 4-Non-Preferred Drugs |    |
| INCRELEX                                             | 5-Specialty           | PA |
| NORDITROPIN FLEXPRO                                  | 5-Specialty           | PA |

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

### ANDROGENS

|                                                                                      |                       |                          |
|--------------------------------------------------------------------------------------|-----------------------|--------------------------|
| <i>danazol</i>                                                                       | 4-Non-Preferred Drugs |                          |
| <i>testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)</i> | 4-Non-Preferred Drugs | PA, QL (300 PER 30 DAYS) |
| <i>testosterone 20.25 mg/act (1.62%) gel</i>                                         | 4-Non-Preferred Drugs | PA, QL (150 PER 30 DAYS) |
| <i>testosterone cypionate</i>                                                        | 2-Generics            | PA2                      |
| <i>testosterone enanthate</i>                                                        | 2-Generics            | PA2                      |
| <i>testosterone td gel pump 20.25 mg/act (1.62%)</i>                                 | 4-Non-Preferred Drugs | PA, QL (150 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                 | DRUG TIER                | REQUIREMENTS/LIMITS |
|---------------------------|--------------------------|---------------------|
| <b>ESTROGENS</b>          |                          |                     |
| <i>afirmelle</i>          | 2-Generics               |                     |
| <i>altavera</i>           | 2-Generics               |                     |
| <i>alyacen 1/35</i>       | 2-Generics               |                     |
| <i>alyacen 7/7/7</i>      | 2-Generics               |                     |
| <i>amethyst</i>           | 2-Generics               |                     |
| <i>apri</i>               | 2-Generics               |                     |
| <i>aranelle</i>           | 2-Generics               |                     |
| <i>aubra eq</i>           | 2-Generics               |                     |
| <i>aurovela 1.5/30</i>    | 2-Generics               |                     |
| <i>aurovela 1/20</i>      | 2-Generics               |                     |
| <i>aurovela 24 fe</i>     | 2-Generics               |                     |
| <i>aurovela fe 1.5/30</i> | 2-Generics               |                     |
| <i>aurovela fe 1/20</i>   | 2-Generics               |                     |
| <i>aviane</i>             | 2-Generics               |                     |
| <i>ayuna</i>              | 2-Generics               |                     |
| <i>azurette</i>           | 2-Generics               |                     |
| <i>balziva</i>            | 2-Generics               |                     |
| <i>blisovi 24 fe</i>      | 2-Generics               |                     |
| <i>blisovi fe 1.5/30</i>  | 2-Generics               |                     |
| <i>blisovi fe 1/20</i>    | 2-Generics               |                     |
| <i>brielllyn</i>          | 2-Generics               |                     |
| <i>camrese lo</i>         | 2-Generics               |                     |
| <i>chateal eq</i>         | 2-Generics               |                     |
| <i>cryselle-28</i>        | 2-Generics               |                     |
| <i>cyred eq</i>           | 2-Generics               |                     |
| <i>dasetta 1/35</i>       | 2-Generics               |                     |
| <i>dasetta 7/7/7</i>      | 2-Generics               |                     |
| <i>delyla</i>             | 2-Generics               |                     |
| DEPO-ESTRADIOL            | 4-Non-Preferred<br>Drugs |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                                                      | DRUG TIER                | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|
| <i>desogestrel-ethinyl estradiol</i>                                                                                                                           | 2-Generics               |                     |
| <i>dolishale</i>                                                                                                                                               | 2-Generics               |                     |
| <i>dotti</i>                                                                                                                                                   | 4-Non-Preferred<br>Drugs | QL (8 PER 28 DAYS)  |
| <i>drospirenone-ethinyl estradiol</i>                                                                                                                          | 2-Generics               |                     |
| <i>elinest</i>                                                                                                                                                 | 2-Generics               |                     |
| <i>eluryng</i>                                                                                                                                                 | 3-Preferred<br>Brands    |                     |
| <i>enilloring</i>                                                                                                                                              | 3-Preferred<br>Brands    |                     |
| <i>enpresse-28</i>                                                                                                                                             | 2-Generics               |                     |
| <i>enskyce</i>                                                                                                                                                 | 2-Generics               |                     |
| <i>estarylla</i>                                                                                                                                               | 2-Generics               |                     |
| <i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>                        | 3-Preferred<br>Brands    | QL (8 PER 28 DAYS)  |
| <i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i> | 3-Preferred<br>Brands    | QL (4 PER 28 DAYS)  |
| <i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>                                                                                                              | 2-Generics               |                     |
| <i>estradiol 0.1 mg/gm cream</i>                                                                                                                               | 3-Preferred<br>Brands    |                     |
| <i>estradiol 10 mcg tab</i>                                                                                                                                    | 4-Non-Preferred<br>Drugs |                     |
| <i>estradiol valerate</i>                                                                                                                                      | 4-Non-Preferred<br>Drugs |                     |
| ESTRING                                                                                                                                                        | 4-Non-Preferred<br>Drugs |                     |
| <i>ethynodiol diac-eth estradiol</i>                                                                                                                           | 2-Generics               |                     |
| <i>etonogestrel-ethinyl estradiol</i>                                                                                                                          | 3-Preferred<br>Brands    |                     |
| <i>falmina</i>                                                                                                                                                 | 2-Generics               |                     |
| <i>feirza 1.5/30</i>                                                                                                                                           | 2-Generics               |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME               | DRUG TIER          | REQUIREMENTS/LIMITS |
|-------------------------|--------------------|---------------------|
| <i>feirza 1/20</i>      | 2-Generics         |                     |
| <i>femynor</i>          | 2-Generics         |                     |
| <i>fyavolv</i>          | 2-Generics         |                     |
| <i>hailey 1.5/30</i>    | 2-Generics         |                     |
| <i>hailey 24 fe</i>     | 2-Generics         |                     |
| <i>hailey fe 1.5/30</i> | 2-Generics         |                     |
| <i>hailey fe 1/20</i>   | 2-Generics         |                     |
| <i>haloette</i>         | 3-Preferred Brands |                     |
| <i>iclevia</i>          | 2-Generics         |                     |
| <i>introvale</i>        | 2-Generics         |                     |
| <i>isibloom</i>         | 2-Generics         |                     |
| <i>jasmiel</i>          | 2-Generics         |                     |
| <i>jinteli</i>          | 2-Generics         |                     |
| <i>jolessa</i>          | 2-Generics         |                     |
| <i>juleber</i>          | 2-Generics         |                     |
| <i>junel 1.5/30</i>     | 2-Generics         |                     |
| <i>junel 1/20</i>       | 2-Generics         |                     |
| <i>junel fe 1.5/30</i>  | 2-Generics         |                     |
| <i>junel fe 1/20</i>    | 2-Generics         |                     |
| <i>junel fe 24</i>      | 2-Generics         |                     |
| <i>kalliga</i>          | 2-Generics         |                     |
| <i>kariva</i>           | 2-Generics         |                     |
| <i>kelnor 1/35</i>      | 2-Generics         |                     |
| <i>kelnor 1/50</i>      | 2-Generics         |                     |
| <i>kurvelo</i>          | 2-Generics         |                     |
| <i>larin 1.5/30</i>     | 2-Generics         |                     |
| <i>larin 1/20</i>       | 2-Generics         |                     |
| <i>larin 24 fe</i>      | 2-Generics         |                     |
| <i>larin fe 1.5/30</i>  | 2-Generics         |                     |
| <i>larin fe 1/20</i>    | 2-Generics         |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                           | DRUG TIER             | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------------------------|-----------------------|---------------------|
| <i>leena</i>                                                                        | 2-Generics            |                     |
| <i>lessina</i>                                                                      | 2-Generics            |                     |
| <i>levonest</i>                                                                     | 2-Generics            |                     |
| <i>levonorg-eth estrad triphasic</i>                                                | 2-Generics            |                     |
| <i>levonorgest-eth estrad 91-day (0.1-0.02 &amp; 0.01 mg tab, 0.15-0.03 mg tab)</i> | 2-Generics            |                     |
| <i>levonorgestrel-ethinyl estrad</i>                                                | 2-Generics            |                     |
| <i>levora 0.15/30 (28)</i>                                                          | 2-Generics            |                     |
| <i>lo-zumandimine</i>                                                               | 2-Generics            |                     |
| <i>loestrin 1.5/30 (21)</i>                                                         | 2-Generics            |                     |
| <i>loestrin 1/20 (21)</i>                                                           | 2-Generics            |                     |
| <i>loestrin fe 1.5/30</i>                                                           | 2-Generics            |                     |
| <i>loestrin fe 1/20</i>                                                             | 2-Generics            |                     |
| <i>lojaimiess</i>                                                                   | 2-Generics            |                     |
| <i>loryna</i>                                                                       | 2-Generics            |                     |
| <i>low-ogestrel</i>                                                                 | 2-Generics            |                     |
| <i>luizza 1.5/30</i>                                                                | 2-Generics            |                     |
| <i>luizza 1/20</i>                                                                  | 2-Generics            |                     |
| <i>luteru</i>                                                                       | 2-Generics            |                     |
| <i>lyllana</i>                                                                      | 4-Non-Preferred Drugs | QL (8 PER 28 DAYS)  |
| <i>marlissa</i>                                                                     | 2-Generics            |                     |
| MENEST                                                                              | 4-Non-Preferred Drugs |                     |
| <i>microgestin 1.5/30</i>                                                           | 2-Generics            |                     |
| <i>microgestin 1/20</i>                                                             | 2-Generics            |                     |
| <i>microgestin 24 fe</i>                                                            | 2-Generics            |                     |
| <i>microgestin fe 1.5/30</i>                                                        | 2-Generics            |                     |
| <i>microgestin fe 1/20</i>                                                          | 2-Generics            |                     |
| <i>mili</i>                                                                         | 2-Generics            |                     |
| <i>mono-lynyah</i>                                                                  | 2-Generics            |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                    | DRUG TIER          | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------|--------------------|---------------------|
| <i>necon 0.5/35 (28)</i>                                                                     | 2-Generics         |                     |
| <i>nikki</i>                                                                                 | 2-Generics         |                     |
| <i>norelgestromin-eth estradiol</i>                                                          | 3-Preferred Brands |                     |
| <i>norethin ace-eth estrad-fe (1-20 tab, 1.5-30 tab)</i>                                     | 2-Generics         |                     |
| <i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>                                      | 2-Generics         |                     |
| <i>norethindron-ethinyl estrad-fe</i>                                                        | 2-Generics         |                     |
| <i>norethindrone acet-ethinyl est</i>                                                        | 2-Generics         |                     |
| <i>norethindrone-eth estradiol</i>                                                           | 2-Generics         |                     |
| <i>norgestim-eth estrad triphasic</i>                                                        | 2-Generics         |                     |
| <i>norgestimate-eth estradiol</i>                                                            | 2-Generics         |                     |
| <i>nortrel 0.5/35 (28)</i>                                                                   | 2-Generics         |                     |
| <i>nortrel 1/35 (21)</i>                                                                     | 2-Generics         |                     |
| <i>nortrel 1/35 (28)</i>                                                                     | 2-Generics         |                     |
| <i>nortrel 7/7/7</i>                                                                         | 2-Generics         |                     |
| <i>nylia 1/35</i>                                                                            | 2-Generics         |                     |
| <i>nylia 7/7/7</i>                                                                           | 2-Generics         |                     |
| <i>nymyo</i>                                                                                 | 2-Generics         |                     |
| <i>ocella</i>                                                                                | 2-Generics         |                     |
| <i>philith</i>                                                                               | 2-Generics         |                     |
| <i>pimtrea</i>                                                                               | 2-Generics         |                     |
| <i>pirmella 1/35</i>                                                                         | 2-Generics         |                     |
| <i>portia-28</i>                                                                             | 2-Generics         |                     |
| PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB) | 3-Preferred Brands |                     |
| PREMPRO                                                                                      | 3-Preferred Brands |                     |
| <i>previfem</i>                                                                              | 2-Generics         |                     |
| <i>reclipsen</i>                                                                             | 2-Generics         |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                | DRUG TIER  | REQUIREMENTS/LIMITS |
|--------------------------|------------|---------------------|
| <i>setlakin</i>          | 2-Generics |                     |
| <i>simliya</i>           | 2-Generics |                     |
| <i>sprintec 28</i>       | 2-Generics |                     |
| <i>sronyx</i>            | 2-Generics |                     |
| <i>syeda</i>             | 2-Generics |                     |
| <i>tarina 24 fe</i>      | 2-Generics |                     |
| <i>tarina fe 1/20 eq</i> | 2-Generics |                     |
| <i>tilia fe</i>          | 2-Generics |                     |
| <i>tri femynor</i>       | 2-Generics |                     |
| <i>tri-estarylla</i>     | 2-Generics |                     |
| <i>tri-legest fe</i>     | 2-Generics |                     |
| <i>tri-linyah</i>        | 2-Generics |                     |
| <i>tri-lo-estarylla</i>  | 2-Generics |                     |
| <i>tri-lo-marzia</i>     | 2-Generics |                     |
| <i>tri-lo-mili</i>       | 2-Generics |                     |
| <i>tri-lo-sprintec</i>   | 2-Generics |                     |
| <i>tri-mili</i>          | 2-Generics |                     |
| <i>tri-nymyo</i>         | 2-Generics |                     |
| <i>tri-sprintec</i>      | 2-Generics |                     |
| <i>tri-vylibra</i>       | 2-Generics |                     |
| <i>tri-vylibra lo</i>    | 2-Generics |                     |
| <i>trivora (28)</i>      | 2-Generics |                     |
| <i>turqoz</i>            | 2-Generics |                     |
| <i>valtya 1/50</i>       | 2-Generics |                     |
| <i>velivet</i>           | 2-Generics |                     |
| <i>vestura</i>           | 2-Generics |                     |
| <i>vienva</i>            | 2-Generics |                     |
| <i>viorele</i>           | 2-Generics |                     |
| <i>volnea</i>            | 2-Generics |                     |
| <i>vyfemla</i>           | 2-Generics |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME              | DRUG TIER             | REQUIREMENTS/LIMITS |
|------------------------|-----------------------|---------------------|
| <i>vylibra</i>         | 2-Generics            |                     |
| <i>wera</i>            | 2-Generics            |                     |
| <i>wymzya fe</i>       | 2-Generics            |                     |
| <i>xarah fe</i>        | 2-Generics            |                     |
| <i>xelria fe</i>       | 2-Generics            |                     |
| <i>xulane</i>          | 3-Preferred Brands    |                     |
| <i>yuvaferm</i>        | 4-Non-Preferred Drugs |                     |
| <i>zafemy</i>          | 3-Preferred Brands    |                     |
| <i>zovia 1/35 (28)</i> | 2-Generics            |                     |
| <i>zumandimine</i>     | 2-Generics            |                     |

## PROGESTINS

|                                                                      |                       |  |
|----------------------------------------------------------------------|-----------------------|--|
| <i>camila</i>                                                        | 2-Generics            |  |
| <i>deblitane</i>                                                     | 2-Generics            |  |
| DEPO-SUBQ PROVERA 104                                                | 3-Preferred Brands    |  |
| <i>emzahh</i>                                                        | 2-Generics            |  |
| <i>errin</i>                                                         | 2-Generics            |  |
| <i>gallifrey</i>                                                     | 2-Generics            |  |
| <i>heather</i>                                                       | 2-Generics            |  |
| <i>incassia</i>                                                      | 2-Generics            |  |
| <i>jencycla</i>                                                      | 2-Generics            |  |
| LILETTA (52 MG)                                                      | 3-Preferred Brands    |  |
| <i>lyleq</i>                                                         | 2-Generics            |  |
| <i>lyza</i>                                                          | 2-Generics            |  |
| <i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i> | 2-Generics            |  |
| <i>medroxyprogesterone acetate 150 mg/ml susp prsyr</i>              | 4-Non-Preferred Drugs |  |
| <i>medroxyprogesterone acetate 150 mg/ml suspension</i>              | 3-Preferred Brands    |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                            | DRUG TIER             | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|
| <i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i> | 2-Generics            |                     |
| <i>megestrol acetate 625 mg/5ml suspension</i>                                                                       | 4-Non-Preferred Drugs |                     |
| <i>meleya</i>                                                                                                        | 2-Generics            |                     |
| NEXPLANON                                                                                                            | 3-Preferred Brands    |                     |
| <i>nora-be</i>                                                                                                       | 2-Generics            |                     |
| <i>norethindrone</i>                                                                                                 | 2-Generics            |                     |
| <i>norethindrone acetate</i>                                                                                         | 2-Generics            |                     |
| <i>norlyda</i>                                                                                                       | 2-Generics            |                     |
| <i>norlyroc</i>                                                                                                      | 2-Generics            |                     |
| <i>orquidea</i>                                                                                                      | 2-Generics            |                     |
| <i>progesterone (100 mg cap, 200 mg cap)</i>                                                                         | 2-Generics            |                     |
| <i>sharobel</i>                                                                                                      | 2-Generics            |                     |

## SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

|                       |                       |                     |
|-----------------------|-----------------------|---------------------|
| DUAVEE                | 4-Non-Preferred Drugs |                     |
| <i>raloxifene hcl</i> | 2-Generics            | QL (30 PER 30 DAYS) |

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

|                                                                                                                                                                                      |                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--|
| <i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i> | 1-Preferred Generics |  |
| <i>levoxyl</i>                                                                                                                                                                       | 3-Preferred Brands   |  |
| <i>liomny</i>                                                                                                                                                                        | 2-Generics           |  |
| <i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>                                                                                                                       | 2-Generics           |  |
| SYNTHROID                                                                                                                                                                            | 3-Preferred Brands   |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                           | DRUG TIER             | REQUIREMENTS/LIMITS      |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------|
| <i>unithroid</i>                                                                                                                    | 3-Preferred Brands    |                          |
| <b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)</b>                                                                          |                       |                          |
| <i>cabergoline</i>                                                                                                                  | 3-Preferred Brands    |                          |
| ELIGARD                                                                                                                             | 4-Non-Preferred Drugs | PA3                      |
| FIRMAGON                                                                                                                            | 4-Non-Preferred Drugs | PA3                      |
| FIRMAGON (240 MG DOSE)                                                                                                              | 5-Specialty           | PA3                      |
| <i>lanreotide acetate</i>                                                                                                           | 5-Specialty           | PA                       |
| <i>leuprolide acetate</i>                                                                                                           | 4-Non-Preferred Drugs | PA3                      |
| <i>leuprolide acetate (3 month)</i>                                                                                                 | 4-Non-Preferred Drugs | PA3                      |
| LUPRON DEPOT (1-MONTH)                                                                                                              | 5-Specialty           | PA3                      |
| LUPRON DEPOT (3-MONTH)                                                                                                              | 5-Specialty           | PA3                      |
| LUPRON DEPOT (4-MONTH)                                                                                                              | 5-Specialty           | PA3                      |
| LUPRON DEPOT (6-MONTH)                                                                                                              | 5-Specialty           | PA3                      |
| LUPRON DEPOT-PED (1-MONTH)                                                                                                          | 5-Specialty           | PA3                      |
| LUPRON DEPOT-PED (3-MONTH)                                                                                                          | 5-Specialty           | PA3                      |
| LUPRON DEPOT-PED (6-MONTH)                                                                                                          | 5-Specialty           | PA3                      |
| <i>mifepristone</i>                                                                                                                 | 5-Specialty           | PA                       |
| <i>octreotide acetate (50 mcg/ml soln prsy, 50 mcg/ml solution, 100 mcg/ml soln prsy, 100 mcg/ml solution, 200 mcg/ml solution)</i> | 4-Non-Preferred Drugs | PA                       |
| <i>octreotide acetate (500 mcg/ml soln prsy, 500 mcg/ml solution, 1000 mcg/ml solution)</i>                                         | 5-Specialty           | PA                       |
| RECORLEV                                                                                                                            | 5-Specialty           | PA, QL (240 PER 30 DAYS) |
| SIGNIFOR                                                                                                                            | 5-Specialty           | PA                       |
| SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)                                                                       | 5-Specialty           | PA                       |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME        | DRUG TIER                | REQUIREMENTS/LIMITS |
|------------------|--------------------------|---------------------|
| SOMAVERT         | 5-Specialty              | PA                  |
| SYNAREL          | 5-Specialty              |                     |
| TRELSTAR MIXJECT | 4-Non-Preferred<br>Drugs | PA3                 |

## HORMONAL AGENTS, SUPPRESSANT (THYROID)

### ANTITHYROID AGENTS

|                         |            |
|-------------------------|------------|
| <i>methimazole</i>      | 2-Generics |
| <i>propylthiouracil</i> | 2-Generics |

## IMMUNOLOGICAL AGENTS

### ANGIOEDEMA AGENTS

|                          |             |                         |
|--------------------------|-------------|-------------------------|
| BERINERT                 | 5-Specialty | PA                      |
| CINRYZE                  | 5-Specialty | PA                      |
| HAEGARDA                 | 5-Specialty | PA                      |
| <i>icatibant acetate</i> | 5-Specialty | PA, QL (27 PER 30 DAYS) |
| <i>sajazir</i>           | 5-Specialty | PA, QL (27 PER 30 DAYS) |

### IMMUNOGLOBULINS

|                        |             |    |
|------------------------|-------------|----|
| BIVIGAM                | 5-Specialty | PA |
| FLEBOGAMMA DIF         | 5-Specialty | PA |
| GAMMAGARD              | 5-Specialty | PA |
| GAMMAGARD S/D LESS IGA | 5-Specialty | PA |
| GAMMAKED               | 5-Specialty | PA |
| GAMMAPLEX              | 5-Specialty | PA |
| GAMUNEX-C              | 5-Specialty | PA |
| OCTAGAM                | 5-Specialty | PA |
| PANZYGA                | 5-Specialty | PA |
| PRIVIGEN               | 5-Specialty | PA |

### IMMUNOLOGICAL AGENTS, OTHER

|          |             |    |
|----------|-------------|----|
| ARCALYST | 5-Specialty | PA |
|----------|-------------|----|

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                                                            | DRUG TIER   | REQUIREMENTS/LIMITS      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|
| AURANOFIN                                                                                                                                                            | 5-Specialty |                          |
| BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)                                                                                                                      | 5-Specialty | PA                       |
| BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)                                                                                                                | 5-Specialty | PA, QL (8 PER 28 DAYS)   |
| DUPIXENT                                                                                                                                                             | 5-Specialty | PA                       |
| RIDAURA                                                                                                                                                              | 5-Specialty |                          |
| RINVOQ                                                                                                                                                               | 5-Specialty | PA, QL (30 PER 30 DAYS)  |
| RINVOQ LQ                                                                                                                                                            | 5-Specialty | PA, QL (360 PER 30 DAYS) |
| SKYRIZI                                                                                                                                                              | 5-Specialty | PA                       |
| SKYRIZI PEN                                                                                                                                                          | 5-Specialty | PA                       |
| STELARA                                                                                                                                                              | 5-Specialty | PA                       |
| TALTZ                                                                                                                                                                | 5-Specialty | PA                       |
| TAVNEOS                                                                                                                                                              | 5-Specialty | PA, QL (180 PER 30 DAYS) |
| XELJANZ (1 MG/ML SOLUTION, 5 MG TAB, 10 MG TAB)                                                                                                                      | 5-Specialty | PA                       |
| XELJANZ XR                                                                                                                                                           | 5-Specialty | PA                       |
| XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR) | 5-Specialty | PA                       |

## IMMUNOSTIMULANTS

|           |             |                         |
|-----------|-------------|-------------------------|
| ACTIMMUNE | 5-Specialty | PA                      |
| BESREMI   | 5-Specialty | PA2, QL (2 PER 28 DAYS) |
| PEGASYS   | 5-Specialty |                         |

## IMMUNOSUPPRESSANTS

|                                |             |    |
|--------------------------------|-------------|----|
| ADALIMUMAB-AACF (2 PEN)        | 5-Specialty | PA |
| ADALIMUMAB-AACF (2 SYRINGE)    | 5-Specialty | PA |
| ADALIMUMAB-AACF(CD/UC/HS STRT) | 5-Specialty | PA |
| ADALIMUMAB-AACF(PS/UV STARTER) | 5-Specialty | PA |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                           | DRUG TIER             | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------------------------|-----------------------|---------------------|
| <i>azathioprine 50 mg tab</i>                                                       | 2-Generics            | PA3                 |
| AZATHIOPRINE SODIUM                                                                 | 4-Non-Preferred Drugs | PA3                 |
| <i>cyclosporine (25 mg cap, 100 mg cap)</i>                                         | 4-Non-Preferred Drugs | PA3                 |
| <i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i> | 4-Non-Preferred Drugs | PA3                 |
| ENBREL                                                                              | 5-Specialty           | PA                  |
| ENBREL MINI                                                                         | 5-Specialty           | PA                  |
| ENBREL SURECLICK                                                                    | 5-Specialty           | PA                  |
| ENVARSUS XR                                                                         | 4-Non-Preferred Drugs | PA3                 |
| <i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>                  | 5-Specialty           | PA3                 |
| <i>engraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>                           | 4-Non-Preferred Drugs | PA3                 |
| HADLIMA                                                                             | 5-Specialty           | PA                  |
| HADLIMA PUSHTOUCH                                                                   | 5-Specialty           | PA                  |
| HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT (ABBVIE PRODUCT ONLY)                         | 5-Specialty           | PA                  |
| HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT                                               | 5-Specialty           | PA                  |
| HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT (ABBVIE PRODUCT ONLY)                         | 5-Specialty           | PA                  |
| HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT                                           | 5-Specialty           | PA                  |
| HUMIRA 10 MG/0.1ML PREF SY KT (ABBVIE PRODUCT ONLY)                                 | 5-Specialty           | PA                  |
| HUMIRA 20 MG/0.2ML PREF SY KT (ABBVIE PRODUCT ONLY)                                 | 5-Specialty           | PA                  |
| HUMIRA 40 MG/0.4ML PREF SY KT (ABBVIE PRODUCT ONLY)                                 | 5-Specialty           | PA                  |
| HUMIRA-PSORIASIS/UVEIT STARTER                                                      | 5-Specialty           | PA                  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                             | DRUG TIER             | REQUIREMENTS/LIMITS     |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| IDACIO (2 PEN)                                                                                                        | 5-Specialty           | PA                      |
| IDACIO (2 SYRINGE)                                                                                                    | 5-Specialty           | PA                      |
| IDACIO-CROHNS/UC STARTER                                                                                              | 5-Specialty           | PA                      |
| IDACIO-PSORIASIS STARTER                                                                                              | 5-Specialty           | PA                      |
| INFLECTRA                                                                                                             | 5-Specialty           | PA3                     |
| <i>leflunomide 10 mg tab</i>                                                                                          | 2-Generics            | QL (30 PER 30 DAYS)     |
| <i>leflunomide 20 mg tab</i>                                                                                          | 2-Generics            | QL (150 PER 30 DAYS)    |
| <i>methotrexate sodium (2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution)</i>                                     | 2-Generics            |                         |
| <i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i> | 2-Generics            |                         |
| <i>methotrexate sodium 1 gm recon soln</i>                                                                            | 4-Non-Preferred Drugs |                         |
| <i>mycophenolate mofetil (250 mg cap, 500 mg recon soln, 500 mg tab)</i>                                              | 2-Generics            | PA3                     |
| <i>mycophenolate mofetil 200 mg/ml recon susp</i>                                                                     | 5-Specialty           | PA3                     |
| <i>mycophenolate mofetil hcl</i>                                                                                      | 2-Generics            | PA3                     |
| <i>mycophenolate sodium</i>                                                                                           | 4-Non-Preferred Drugs | PA3                     |
| <i>mycophenolic acid</i>                                                                                              | 4-Non-Preferred Drugs | PA3                     |
| NULOJIX                                                                                                               | 5-Specialty           | PA3                     |
| PROGRAF (0.2 MG PACKET, 1 MG PACKET)                                                                                  | 4-Non-Preferred Drugs | PA3                     |
| RENFLEXIS                                                                                                             | 5-Specialty           | PA3                     |
| REZUROCK                                                                                                              | 5-Specialty           | PA, QL (30 PER 30 DAYS) |
| <i>sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)</i>                                                                     | 4-Non-Preferred Drugs | PA3                     |
| <i>sirolimus 1 mg/ml solution</i>                                                                                     | 5-Specialty           | PA3                     |
| <i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>                                                                    | 2-Generics            | PA3                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                        | DRUG TIER                | REQUIREMENTS/LIMITS |
|----------------------------------|--------------------------|---------------------|
| XATMEP                           | 4-Non-Preferred<br>Drugs |                     |
| <b>VACCINES</b>                  |                          |                     |
| ABRYSVO                          | 3-Preferred<br>Brands    |                     |
| ACTHIB                           | 3-Preferred<br>Brands    |                     |
| ADACEL                           | 3-Preferred<br>Brands    |                     |
| AREXVY                           | 3-Preferred<br>Brands    |                     |
| BCG VACCINE                      | 3-Preferred<br>Brands    |                     |
| BEXSERO                          | 3-Preferred<br>Brands    |                     |
| BOOSTRIX                         | 3-Preferred<br>Brands    |                     |
| DAPTACEL                         | 3-Preferred<br>Brands    |                     |
| DIPHTHERIA-TETANUS TOXOIDS<br>DT | 3-Preferred<br>Brands    |                     |
| ENGRIX-B                         | 3-Preferred<br>Brands    | PA3                 |
| GARDASIL 9                       | 3-Preferred<br>Brands    |                     |
| HAVRIX                           | 3-Preferred<br>Brands    |                     |
| HEPLISAV-B                       | 3-Preferred<br>Brands    | PA3                 |
| HIBERIX                          | 3-Preferred<br>Brands    |                     |
| IMOVAX RABIES                    | 3-Preferred<br>Brands    |                     |
| INFANRIX                         | 3-Preferred<br>Brands    |                     |
| IPOL                             | 3-Preferred<br>Brands    |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                     | DRUG TIER          | REQUIREMENTS/LIMITS |
|-------------------------------|--------------------|---------------------|
| IXIARO                        | 3-Preferred Brands |                     |
| JYNNEOS                       | 3-Preferred Brands | PA3                 |
| KINRIX                        | 3-Preferred Brands |                     |
| M-M-R II                      | 3-Preferred Brands |                     |
| MENACTRA                      | 3-Preferred Brands |                     |
| MENQUADFI                     | 3-Preferred Brands |                     |
| MENVEO (RECON SOLN, SOLUTION) | 3-Preferred Brands |                     |
| MRESVIA                       | 3-Preferred Brands |                     |
| PEDIARIX                      | 3-Preferred Brands |                     |
| PEDVAX HIB                    | 3-Preferred Brands |                     |
| PENMENVY                      | 3-Preferred Brands |                     |
| PENTACEL                      | 3-Preferred Brands |                     |
| PRIORIX                       | 3-Preferred Brands |                     |
| PROQUAD                       | 3-Preferred Brands |                     |
| QUADRACEL                     | 3-Preferred Brands |                     |
| RABAVERT                      | 3-Preferred Brands |                     |
| RECOMBIVAX HB                 | 3-Preferred Brands | PA3                 |
| ROTARIX                       | 3-Preferred Brands |                     |
| ROTATEQ                       | 3-Preferred Brands |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME | DRUG TIER          | REQUIREMENTS/LIMITS |
|-----------|--------------------|---------------------|
| SHINGRIX  | 3-Preferred Brands |                     |
| TENIVAC   | 3-Preferred Brands |                     |
| TICOVAC   | 3-Preferred Brands |                     |
| TRUMENBA  | 3-Preferred Brands |                     |
| TWINRIX   | 3-Preferred Brands |                     |
| TYPHIM VI | 3-Preferred Brands |                     |
| VAQTA     | 3-Preferred Brands |                     |
| VARIVAX   | 3-Preferred Brands |                     |
| VAXCHORA  | 3-Preferred Brands |                     |
| VIMKUNYA  | 3-Preferred Brands |                     |
| VIVOTIF   | 3-Preferred Brands |                     |
| YF-VAX    | 3-Preferred Brands |                     |

## INFLAMMATORY BOWEL DISEASE AGENTS

### AMINOSALICYLATES

|                                                                                             |                       |
|---------------------------------------------------------------------------------------------|-----------------------|
| <i>balsalazide disodium</i>                                                                 | 4-Non-Preferred Drugs |
| <i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos)</i> | 4-Non-Preferred Drugs |
| <i>mesalamine er 0.375 gm cap er 24h</i>                                                    | 4-Non-Preferred Drugs |
| <i>mesalamine-cleanser</i>                                                                  | 4-Non-Preferred Drugs |
| <i>sulfasalazine</i>                                                                        | 2-Generics            |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                              | DRUG TIER             | REQUIREMENTS/LIMITS       |
|--------------------------------------------------------|-----------------------|---------------------------|
| <b>GLUCOCORTICOIDS</b>                                 |                       |                           |
| <i>budesonide 3 mg cp dr part</i>                      | 4-Non-Preferred Drugs |                           |
| <i>budesonide er</i>                                   | 5-Specialty           |                           |
| <i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i> | 2-Generics            |                           |
| <i>hydrocortisone 100 mg/60ml enema</i>                | 4-Non-Preferred Drugs |                           |
| <b>METABOLIC BONE DISEASE AGENTS</b>                   |                       |                           |
| <i>alendronate sodium (35 mg tab, 70 mg tab)</i>       | 1-Preferred Generics  | QL (4 PER 28 DAYS)        |
| <i>alendronate sodium 10 mg tab</i>                    | 1-Preferred Generics  | QL (30 PER 30 DAYS)       |
| <i>alendronate sodium 70 mg/75ml solution</i>          | 1-Preferred Generics  |                           |
| <i>calcitonin (salmon) 200 unit/act solution</i>       | 3-Preferred Brands    |                           |
| <i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>          | 2-Generics            |                           |
| <i>calcitriol oral soln 1 mcg/ml</i>                   | 4-Non-Preferred Drugs |                           |
| <i>cinacalcet hcl (30 mg tab, 60 mg tab)</i>           | 4-Non-Preferred Drugs | PA3, QL (60 PER 30 DAYS)  |
| <i>cinacalcet hcl 90 mg tab</i>                        | 5-Specialty           | PA3, QL (120 PER 30 DAYS) |
| DOXERCALCIFEROL (0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP)  | 4-Non-Preferred Drugs |                           |
| <i>ibandronate sodium 150 mg tab</i>                   | 2-Generics            | QL (1 PER 30 DAYS)        |
| <i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>  | 4-Non-Preferred Drugs |                           |
| PROLIA                                                 | 4-Non-Preferred Drugs | QL (1 PER 180 DAYS)       |
| <i>risedronate sodium (5 mg tab, 30 mg tab)</i>        | 2-Generics            | QL (30 PER 30 DAYS)       |
| <i>risedronate sodium 150 mg tab</i>                   | 2-Generics            | QL (1 PER 28 DAYS)        |
| <i>risedronate sodium 35 mg tab</i>                    | 2-Generics            | QL (4 PER 28 DAYS)        |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                       | DRUG TIER             | REQUIREMENTS/LIMITS       |
|-----------------------------------------------------------------|-----------------------|---------------------------|
| <i>risedronate sodium 35 mg tab dr</i>                          | 4-Non-Preferred Drugs | QL (4 PER 28 DAYS)        |
| TERIPARATIDE 560 MCG/2.24ML SOLN PEN (ALVOGEN, NDC 47781065289) | 5-Specialty           | PA, QL (2.48 PER 28 DAYS) |
| XGEVA                                                           | 5-Specialty           | PA                        |
| <i>zoledronic acid (4 mg/5ml conc, 5 mg/100ml solution)</i>     | 4-Non-Preferred Drugs | PA3                       |

## MISCELLANEOUS THERAPEUTIC AGENTS

|                                                                                                                                                                                                                                                                                                                                                                                                    |                       |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----|
| BD ALCOHOL PADS                                                                                                                                                                                                                                                                                                                                                                                    | 2-Generics            | PA  |
| CLINOLIPID                                                                                                                                                                                                                                                                                                                                                                                         | 4-Non-Preferred Drugs | PA3 |
| DROPLET INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC) | 2-Generics            | PA  |
| DROPLET MICRON                                                                                                                                                                                                                                                                                                                                                                                     | 2-Generics            | PA  |
| DROPLET PEN NEEDLES (29G X 10MM MISC, 29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC)                                                                                                                                                                                                                      | 2-Generics            | PA  |
| EMBECTA AUTOSHIELD DUO                                                                                                                                                                                                                                                                                                                                                                             | 2-Generics            | PA  |
| EMBECTA INS SYR U/F 1/2 UNIT                                                                                                                                                                                                                                                                                                                                                                       | 2-Generics            | PA  |
| EMBECTA INSULIN SYRINGE                                                                                                                                                                                                                                                                                                                                                                            | 2-Generics            | PA  |
| EMBECTA INSULIN SYRINGE U/F                                                                                                                                                                                                                                                                                                                                                                        | 2-Generics            | PA  |
| EMBECTA PEN NEEDLE NANO                                                                                                                                                                                                                                                                                                                                                                            | 2-Generics            | PA  |
| EMBECTA PEN NEEDLE NANO 2 GEN                                                                                                                                                                                                                                                                                                                                                                      | 2-Generics            | PA  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                             | DRUG TIER             | REQUIREMENTS/LIMITS |
|-----------------------------------------------------------------------|-----------------------|---------------------|
| EMBECTA PEN NEEDLE U/F                                                | 2-Generics            | PA                  |
| GAUZE PADS & DRESSINGS - PADS 2 X 2                                   | 2-Generics            | PA                  |
| INSULIN PEN NEEDLE (NOVO/BD/ULTIMED/OWEN/TRIVIA)                      | 2-Generics            | PA                  |
| INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC) | 2-Generics            | PA                  |
| INSULIN SYRINGE (DISP) U-100 1 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC)   | 2-Generics            | PA                  |
| INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC) | 2-Generics            | PA                  |
| INSUPEN PEN NEEDLES                                                   | 2-Generics            | PA                  |
| INTRALIPID                                                            | 4-Non-Preferred Drugs | PA3                 |
| ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD                             | 2-Generics            | PA                  |
| NEEDLES, INSULIN DISP., SAFETY                                        | 2-Generics            | PA                  |
| NUTRILIPID                                                            | 4-Non-Preferred Drugs | PA3                 |
| PENBRAYA                                                              | 3-Preferred Brands    |                     |
| <i>sterile water for irrigation</i>                                   | 4-Non-Preferred Drugs |                     |
| UNIFINE PENTIPS                                                       | 2-Generics            | PA                  |

## OPHTHALMIC AGENTS

### OPHTHALMIC AGENTS, OTHER

|                                      |                    |
|--------------------------------------|--------------------|
| <i>ak-poly-bac</i>                   | 2-Generics         |
| <i>atropine sulfate 1 % solution</i> | 3-Preferred Brands |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                               | DRUG TIER             | REQUIREMENTS/LIMITS     |
|---------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
| <i>bacitra-neomycin-polymyxin-hc</i>                                                                    | 2-Generics            |                         |
| <i>bacitracin-polymyxin b</i>                                                                           | 2-Generics            |                         |
| COMBIGAN                                                                                                | 3-Preferred Brands    |                         |
| <i>cyclopentolate hcl</i>                                                                               | 2-Generics            |                         |
| <i>dorzolamide hcl-timolol mal</i>                                                                      | 1-Preferred Generics  |                         |
| <i>dorzolamide hcl-timolol mal pf</i>                                                                   | 4-Non-Preferred Drugs |                         |
| MIEBO                                                                                                   | 3-Preferred Brands    | QL (3 PER 30 DAYS)      |
| <i>neo-polycin</i>                                                                                      | 2-Generics            |                         |
| <i>neo-polycin hc</i>                                                                                   | 2-Generics            |                         |
| <i>neomycin-bacitracin zn-polymyx</i>                                                                   | 2-Generics            |                         |
| <i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i> | 2-Generics            |                         |
| <i>neomycin-polymyxin-gramicidin</i>                                                                    | 2-Generics            |                         |
| <i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>                                                     | 4-Non-Preferred Drugs |                         |
| OXERVATE                                                                                                | 5-Specialty           | PA, QL (60 PER 30 DAYS) |
| <i>polycin</i>                                                                                          | 2-Generics            |                         |
| RESTASIS                                                                                                | 3-Preferred Brands    | QL (60 PER 30 DAYS)     |
| RESTASIS MULTIDOSE                                                                                      | 3-Preferred Brands    | QL (5.5 PER 28 DAYS)    |
| ROCKLATAN                                                                                               | 4-Non-Preferred Drugs |                         |
| <i>sulfacetamide-prednisolone</i>                                                                       | 2-Generics            |                         |
| TOBRADEX 0.3-0.1 % OINTMENT                                                                             | 3-Preferred Brands    |                         |
| <i>tobramycin-dexamethasone</i>                                                                         | 3-Preferred Brands    |                         |
| XDEMVEY                                                                                                 | 5-Specialty           | PA, QL (10 PER 42 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME | DRUG TIER             | REQUIREMENTS/LIMITS |
|-----------|-----------------------|---------------------|
| XIIDRA    | 3-Preferred Brands    | QL (60 PER 30 DAYS) |
| ZYLET     | 4-Non-Preferred Drugs |                     |

## OPHTHALMIC ANTI-ALLERGY AGENTS

|                                       |            |
|---------------------------------------|------------|
| <i>azelastine hcl 0.05 % solution</i> | 2-Generics |
| <i>cromolyn sodium 4 % solution</i>   | 2-Generics |
| <i>epinastine hcl</i>                 | 2-Generics |

## OPHTHALMIC ANTI-INFECTIVES

|                                                            |                       |
|------------------------------------------------------------|-----------------------|
| AZASITE                                                    | 3-Preferred Brands    |
| <i>bacitracin</i>                                          | 2-Generics            |
| <i>erythromycin 5 mg/gm ointment</i>                       | 2-Generics            |
| <i>gatifloxacin</i>                                        | 2-Generics            |
| <i>gentamicin sulfate 0.3 % solution</i>                   | 2-Generics            |
| <i>levofloxacin 0.5 % solution</i>                         | 2-Generics            |
| <i>moxifloxacin hcl (2x day)</i>                           | 3-Preferred Brands    |
| <i>moxifloxacin hcl 0.5 % solution</i>                     | 3-Preferred Brands    |
| <i>ofloxacin 0.3 % solution</i>                            | 2-Generics            |
| <i>polymyxin b-trimethoprim</i>                            | 2-Generics            |
| <i>sulfacetamide sodium (10 % ointment, 10 % solution)</i> | 2-Generics            |
| <i>tobramycin 0.3 % solution</i>                           | 2-Generics            |
| <i>trifluridine</i>                                        | 2-Generics            |
| ZIRGAN                                                     | 4-Non-Preferred Drugs |

## OPHTHALMIC ANTI-INFLAMMATORIES

|                                         |                       |
|-----------------------------------------|-----------------------|
| <i>bromfenac sodium (once-daily)</i>    | 4-Non-Preferred Drugs |
| <i>bromfenac sodium 0.07 % solution</i> | 4-Non-Preferred Drugs |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                      | DRUG TIER             | REQUIREMENTS/LIMITS |
|----------------------------------------------------------------|-----------------------|---------------------|
| <i>dexamethasone sodium phosphate 0.1 % solution</i>           | 2-Generics            |                     |
| <i>diclofenac sodium 0.1 % solution</i>                        | 2-Generics            | QL (90 PER 30 DAYS) |
| <i>difluprednate</i>                                           | 4-Non-Preferred Drugs |                     |
| FLAREX                                                         | 4-Non-Preferred Drugs |                     |
| <i>fluorometholone</i>                                         | 3-Preferred Brands    |                     |
| <i>flurbiprofen sodium</i>                                     | 2-Generics            |                     |
| ILEVRO                                                         | 3-Preferred Brands    |                     |
| <i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i> | 2-Generics            |                     |
| LOTEMAX 0.5 % OINTMENT                                         | 4-Non-Preferred Drugs |                     |
| <i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>     | 4-Non-Preferred Drugs |                     |
| <i>prednisolone acetate</i>                                    | 3-Preferred Brands    |                     |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION                     | 2-Generics            |                     |
| PROLENSA                                                       | 4-Non-Preferred Drugs |                     |

## OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

|                                                              |                       |
|--------------------------------------------------------------|-----------------------|
| <i>betaxolol hcl 0.5 % solution</i>                          | 2-Generics            |
| <i>carteolol hcl</i>                                         | 2-Generics            |
| <i>levobunolol hcl</i>                                       | 2-Generics            |
| <i>timolol maleate (0.25 % gel f soln, 0.5 % gel f soln)</i> | 4-Non-Preferred Drugs |
| <i>timolol maleate (0.25 % solution, 0.5 % solution)</i>     | 1-Preferred Generics  |
| <i>timolol maleate (once-daily)</i>                          | 4-Non-Preferred Drugs |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                         | DRUG TIER             | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------|-----------------------|---------------------|
| <b>OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER</b>     |                       |                     |
| <i>acetazolamide er</i>                                           | 3-Preferred Brands    |                     |
| <i>apraclonidine hcl</i>                                          | 3-Preferred Brands    |                     |
| <i>brimonidine tartrate (0.1 % solution, 0.15 % solution)</i>     | 3-Preferred Brands    |                     |
| <i>brimonidine tartrate 0.2 % solution</i>                        | 2-Generics            |                     |
| <i>brinzolamide</i>                                               | 4-Non-Preferred Drugs |                     |
| <i>dorzolamide hcl</i>                                            | 2-Generics            |                     |
| <i>methazolamide</i>                                              | 4-Non-Preferred Drugs |                     |
| <i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i> | 3-Preferred Brands    |                     |
| RHOPRESSA                                                         | 4-Non-Preferred Drugs |                     |
| SIMBRINZA                                                         | 4-Non-Preferred Drugs |                     |
| <b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>            |                       |                     |
| <i>bimatoprost</i>                                                | 2-Generics            |                     |
| <i>latanoprost</i>                                                | 1-Preferred Generics  |                     |
| LUMIGAN                                                           | 3-Preferred Brands    |                     |
| <i>travoprost (bak free)</i>                                      | 2-Generics            |                     |
| <b>OTIC AGENTS</b>                                                |                       |                     |
| <i>acetic acid 2 % solution</i>                                   | 2-Generics            |                     |
| <i>ciprofloxacin-dexamethasone</i>                                | 4-Non-Preferred Drugs |                     |
| <i>flac</i>                                                       | 4-Non-Preferred Drugs |                     |
| <i>fluocinolone acetonide 0.01 % oil</i>                          | 4-Non-Preferred Drugs |                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                         | DRUG TIER          | REQUIREMENTS/LIMITS |
|-------------------------------------------------------------------|--------------------|---------------------|
| <i>hydrocortisone-acetic acid</i>                                 | 2-Generics         |                     |
| <i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution)</i> | 3-Preferred Brands |                     |

## RESPIRATORY TRACT/PULMONARY AGENTS

### ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

|                                                                                        |                       |                      |
|----------------------------------------------------------------------------------------|-----------------------|----------------------|
| ARNUITY ELLIPTA                                                                        | 3-Preferred Brands    | QL (30 PER 30 DAYS)  |
| <i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i> | 4-Non-Preferred Drugs | PA3                  |
| <i>flunisolide</i>                                                                     | 2-Generics            | QL (50 PER 30 DAYS)  |
| <i>fluticasone propionate 50 mcg/act suspension</i>                                    | 2-Generics            | QL (16 PER 30 DAYS)  |
| <i>fluticasone propionate diskus 100 mcg/act aer pow ba</i>                            | 3-Preferred Brands    | QL (60 PER 30 DAYS)  |
| <i>fluticasone propionate diskus 250 mcg/act aer pow ba</i>                            | 3-Preferred Brands    | QL (240 PER 30 DAYS) |
| <i>fluticasone propionate diskus 50 mcg/act aer pow ba</i>                             | 3-Preferred Brands    | QL (120 PER 30 DAYS) |
| <i>fluticasone propionate hfa (110 mcg/act aerosol, 220 mcg/act aerosol)</i>           | 3-Preferred Brands    | QL (24 PER 30 DAYS)  |
| <i>fluticasone propionate hfa 44 mcg/act aerosol</i>                                   | 3-Preferred Brands    | QL (22 PER 30 DAYS)  |
| <i>mometasone furoate 50 mcg/act suspension</i>                                        | 3-Preferred Brands    | QL (34 PER 30 DAYS)  |
| PULMICORT FLEXHALER                                                                    | 4-Non-Preferred Drugs | QL (2 PER 30 DAYS)   |

### ANTIHISTAMINES

|                                                                |                       |                     |
|----------------------------------------------------------------|-----------------------|---------------------|
| <i>azelastine hcl (0.1 % solution, 137 mcg/spray solution)</i> | 2-Generics            | QL (30 PER 25 DAYS) |
| <i>cetirizine hcl</i>                                          | 2-Generics            |                     |
| <i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>           | 4-Non-Preferred Drugs |                     |
| <i>desloratadine 5 mg tab</i>                                  | 2-Generics            | QL (30 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                             | DRUG TIER             | REQUIREMENTS/LIMITS   |
|-----------------------------------------------------------------------|-----------------------|-----------------------|
| <i>diphenhydramine hcl 50 mg/ml solution</i>                          | 4-Non-Preferred Drugs |                       |
| <i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>              | 2-Generics            |                       |
| <i>hydroxyzine hcl 10 mg/5ml syrup</i>                                | 4-Non-Preferred Drugs |                       |
| <i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>             | 4-Non-Preferred Drugs |                       |
| <i>levocetirizine dihydrochloride 5 mg tab</i>                        | 1-Preferred Generics  | QL (30 PER 30 DAYS)   |
| <i>olopatadine hcl 0.6 % solution</i>                                 | 3-Preferred Brands    | QL (30.5 PER 30 DAYS) |
| <i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg/10ml solution)</i> | 4-Non-Preferred Drugs | PA                    |

## ANTILEUKOTRIENES

|                                                          |                       |                     |
|----------------------------------------------------------|-----------------------|---------------------|
| <i>montelukast sodium (4 mg chew tab, 5 mg chew tab)</i> | 2-Generics            | QL (30 PER 30 DAYS) |
| <i>montelukast sodium 10 mg tab</i>                      | 1-Preferred Generics  | QL (30 PER 30 DAYS) |
| <i>montelukast sodium 4 mg packet</i>                    | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS) |
| <i>zafirlukast</i>                                       | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS) |

## BRONCHODILATORS, ANTICHOLINERGIC

|                                            |                       |                       |
|--------------------------------------------|-----------------------|-----------------------|
| ATROVENT HFA                               | 4-Non-Preferred Drugs | QL (25.8 PER 30 DAYS) |
| INCRUSE ELLIPTA                            | 3-Preferred Brands    | QL (30 PER 30 DAYS)   |
| <i>ipratropium bromide 0.02 % solution</i> | 2-Generics            | PA3                   |
| <i>ipratropium bromide 0.03 % solution</i> | 2-Generics            | QL (30 PER 28 DAYS)   |
| <i>ipratropium bromide 0.06 % solution</i> | 2-Generics            | QL (45 PER 30 DAYS)   |
| YUPELRI                                    | 5-Specialty           | PA3                   |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                                                                | DRUG TIER             | REQUIREMENTS/LIMITS      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------|
| <b>BRONCHODILATORS, SYMPATHOMIMETIC</b>                                                                                                                  |                       |                          |
| <i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln)</i> | 2-Generics            | PA3                      |
| <i>albuterol sulfate (2 mg tab, 4 mg tab)</i>                                                                                                            | 4-Non-Preferred Drugs |                          |
| <i>albuterol sulfate (2 mg/5ml syrup, 8 mg/20ml syrup)</i>                                                                                               | 2-Generics            |                          |
| <i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proair)</i>                                                                            | 2-Generics            | QL (17 PER 30 DAYS)      |
| <i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proventil)</i>                                                                         | 2-Generics            | QL (13.4 PER 30 DAYS)    |
| <i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic ventolin)</i>                                                                          | 2-Generics            | QL (36 PER 30 DAYS)      |
| <i>arformoterol tartrate</i>                                                                                                                             | 4-Non-Preferred Drugs | PA3                      |
| <i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>                                                        | 3-Preferred Brands    | QL (4 PER 30 DAYS)       |
| <i>formoterol fumarate</i>                                                                                                                               | 4-Non-Preferred Drugs | PA3                      |
| <i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>                                   | 4-Non-Preferred Drugs | PA3                      |
| <i>levalbuterol tartrate</i>                                                                                                                             | 3-Preferred Brands    | QL (30 PER 30 DAYS)      |
| SEREVENT DISKUS                                                                                                                                          | 3-Preferred Brands    | QL (60 PER 30 DAYS)      |
| <i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>                                                                                                        | 4-Non-Preferred Drugs |                          |
| <b>CYSTIC FIBROSIS AGENTS</b>                                                                                                                            |                       |                          |
| BRONCHITOL                                                                                                                                               | 5-Specialty           | PA, QL (600 PER 30 DAYS) |
| CAYSTON                                                                                                                                                  | 5-Specialty           | PA                       |
| KALYDECO                                                                                                                                                 | 5-Specialty           | PA, QL (56 PER 28 DAYS)  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                            | DRUG TIER   | REQUIREMENTS/LIMITS       |
|----------------------------------------------------------------------|-------------|---------------------------|
| ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)      | 5-Specialty | PA, QL (56 PER 28 DAYS)   |
| ORKAMBI 100-125 MG TAB                                               | 5-Specialty | PA, QL (112 PER 28 DAYS)  |
| ORKAMBI 200-125 MG TAB                                               | 5-Specialty | PA, QL (120 PER 30 DAYS)  |
| PULMOZYME                                                            | 5-Specialty | PA3                       |
| <i>tobramycin 300 mg/5ml nebu soln</i>                               | 5-Specialty | PA3, QL (300 PER 30 DAYS) |
| TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)  | 5-Specialty | PA, QL (84 PER 28 DAYS)   |
| TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK) | 5-Specialty | PA, QL (56 PER 28 DAYS)   |

## MAST CELL STABILIZERS

|                                            |            |     |
|--------------------------------------------|------------|-----|
| <i>cromolyn sodium 20 mg/2ml nebu soln</i> | 2-Generics | PA3 |
|--------------------------------------------|------------|-----|

## PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

|                                                                                                     |                       |                     |
|-----------------------------------------------------------------------------------------------------|-----------------------|---------------------|
| <i>elixophyllin</i>                                                                                 | 2-Generics            |                     |
| <i>roflumilast</i>                                                                                  | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS) |
| <i>theophylline</i>                                                                                 | 2-Generics            |                     |
| <i>theophylline er (300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i> | 2-Generics            |                     |

## PULMONARY ANTIHYPERTENSIVES

|                                                                                                         |                    |                         |
|---------------------------------------------------------------------------------------------------------|--------------------|-------------------------|
| ADEMPAS                                                                                                 | 5-Specialty        | PA, QL (90 PER 30 DAYS) |
| <i>alyq</i>                                                                                             | 5-Specialty        | PA, QL (60 PER 30 DAYS) |
| <i>ambrisentan</i>                                                                                      | 5-Specialty        | PA, QL (30 PER 30 DAYS) |
| <i>bosentan (62.5 mg tab, 125 mg tab)</i>                                                               | 5-Specialty        | PA, QL (60 PER 30 DAYS) |
| OPSUMIT                                                                                                 | 5-Specialty        | PA, QL (30 PER 30 DAYS) |
| <i>sildenafil citrate 20 mg tab</i>                                                                     | 3-Preferred Brands | PA, QL (90 PER 30 DAYS) |
| <i>tadalafil (pah)</i>                                                                                  | 5-Specialty        | PA, QL (60 PER 30 DAYS) |
| UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB) | 5-Specialty        | PA, QL (60 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                                                                                       | DRUG TIER          | REQUIREMENTS/LIMITS      |
|-----------------------------------------------------------------------------------------------------------------|--------------------|--------------------------|
| UPTRAVI 200 & 800 MCG TAB THPK                                                                                  | 5-Specialty        | PA, QL (200 PER 30 DAYS) |
| UPTRAVI 200 MCG TAB                                                                                             | 5-Specialty        | PA, QL (150 PER 30 DAYS) |
| <b>PULMONARY FIBROSIS AGENTS</b>                                                                                |                    |                          |
| OFEV                                                                                                            | 5-Specialty        | PA, QL (60 PER 30 DAYS)  |
| <i>pirfenidone (267 mg cap, 267 mg tab)</i>                                                                     | 5-Specialty        | PA, QL (270 PER 30 DAYS) |
| <i>pirfenidone (534 mg tab, 801 mg tab)</i>                                                                     | 5-Specialty        | PA, QL (90 PER 30 DAYS)  |
| <b>RESPIRATORY TRACT AGENTS, OTHER</b>                                                                          |                    |                          |
| <i>acetylcysteine (10 % solution, 20 % solution)</i>                                                            | 2-Generics         | PA3                      |
| ADVAIR HFA                                                                                                      | 3-Preferred Brands | QL (12 PER 30 DAYS)      |
| ANORO ELLIPTA                                                                                                   | 3-Preferred Brands | QL (60 PER 30 DAYS)      |
| BEVESPI AEROSPHERE                                                                                              | 3-Preferred Brands | QL (10.7 PER 30 DAYS)    |
| BREO ELLIPTA                                                                                                    | 3-Preferred Brands | QL (60 PER 30 DAYS)      |
| <i>breynd</i>                                                                                                   | 3-Preferred Brands | QL (10.3 PER 30 DAYS)    |
| BREZTRI AEROSPHERE                                                                                              | 3-Preferred Brands | QL (10.7 PER 30 DAYS)    |
| <i>budesonide-formoterol fumarate</i>                                                                           | 3-Preferred Brands | QL (10.2 PER 30 DAYS)    |
| COMBIVENT RESPIMAT                                                                                              | 3-Preferred Brands | QL (4 PER 30 DAYS)       |
| FASENRA                                                                                                         | 5-Specialty        | PA                       |
| FASENRA PEN                                                                                                     | 5-Specialty        | PA                       |
| <i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i> | 3-Preferred Brands | QL (60 PER 30 DAYS)      |
| <i>ipratropium-albuterol</i>                                                                                    | 2-Generics         | PA3                      |
| TRELEGY ELLIPTA                                                                                                 | 3-Preferred Brands | QL (60 PER 30 DAYS)      |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME                                     | DRUG TIER             | REQUIREMENTS/LIMITS      |
|-----------------------------------------------|-----------------------|--------------------------|
| <i>wixela inhub</i>                           | 3-Preferred Brands    | QL (60 PER 30 DAYS)      |
| <b>SKELETAL MUSCLE RELAXANTS</b>              |                       |                          |
| BOTOX                                         | 4-Non-Preferred Drugs | PA                       |
| <i>cyclobenzaprine hcl 10 mg tab</i>          | 2-Generics            | PA, QL (90 PER 30 DAYS)  |
| <i>cyclobenzaprine hcl 5 mg tab</i>           | 2-Generics            | PA, QL (180 PER 30 DAYS) |
| <i>methocarbamol (500 mg tab, 750 mg tab)</i> | 2-Generics            |                          |
| XEOMIN                                        | 4-Non-Preferred Drugs | PA                       |
| <b>SLEEP DISORDER AGENTS</b>                  |                       |                          |
| <b>SLEEP PROMOTING AGENTS</b>                 |                       |                          |
| <i>doxepin hcl (3 mg tab, 6 mg tab)</i>       | 2-Generics            | QL (30 PER 30 DAYS)      |
| <i>eszopiclone</i>                            | 4-Non-Preferred Drugs | PA, QL (30 PER 30 DAYS)  |
| HETLIOZ LQ                                    | 5-Specialty           | PA, QL (158 PER 30 DAYS) |
| <i>ramelteon</i>                              | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS)      |
| <i>tasimelteon</i>                            | 5-Specialty           | PA, QL (30 PER 30 DAYS)  |
| <i>temazepam (15 mg cap, 30 mg cap)</i>       | 2-Generics            | QL (30 PER 30 DAYS)      |
| <i>zaleplon 10 mg cap</i>                     | 2-Generics            | PA, QL (60 PER 30 DAYS)  |
| <i>zaleplon 5 mg cap</i>                      | 2-Generics            | PA, QL (30 PER 30 DAYS)  |
| <i>zolpidem tartrate 10 mg tab</i>            | 2-Generics            | PA, QL (30 PER 30 DAYS)  |
| <i>zolpidem tartrate 5 mg tab</i>             | 2-Generics            | QL (30 PER 30 DAYS)      |
| <b>WAKEFULNESS PROMOTING AGENTS</b>           |                       |                          |
| <i>armodafinil</i>                            | 4-Non-Preferred Drugs | PA, QL (30 PER 30 DAYS)  |
| <i>modafinil 100 mg tab</i>                   | 3-Preferred Brands    | PA, QL (30 PER 30 DAYS)  |
| <i>modafinil 200 mg tab</i>                   | 3-Preferred Brands    | PA, QL (60 PER 30 DAYS)  |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

| DRUG NAME      | DRUG TIER   | REQUIREMENTS/LIMITS      |
|----------------|-------------|--------------------------|
| SODIUM OXYBATE | 5-Specialty | PA, QL (540 PER 30 DAYS) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

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01/10/2025

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