



Jefferson Health Plans 2026 Core Formulary (List of Covered Drugs)

Complete (HMO) | Prime (HMO) | Silver (HMO)
Elite (HMO) | Flex Plus (PPO) | Flex Pro (PPO)
Choice (PPO)

Jefferson Health Plans

2026 Core Formulary

(List of Covered Drugs or “Drug List”)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

Formulary ID 26337, Version 18

This formulary was updated on 08/01/2026. For more recent information or other questions, please contact Jefferson Health Plans Member Relations at 1-866-901-8000 (TTY users should call 1-877-454-8477) or visit JeffersonHealthPlans.com/Medicare. From October 1 to March 31, we’re available 8 a.m. to 8 p.m., 7 days a week. And from April 1 to September 30, we’re available 8 a.m. to 8 p.m., Monday to Friday.

Note to existing members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means Jefferson Health Plans. When it refers to “plan” or “our plan,” it means Jefferson Health Plans Complete (HMO), Prime (HMO), Silver (HMO), Elite (HMO), Flex Plus (PPO), Flex Pro (PPO), and Choice (PPO).

This document includes a Drug List (formulary) for our plan which is current as of 08/01/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the Jefferson Health Plans Core Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Jefferson Health Plans in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Jefferson Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Jefferson Health Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by Jefferson Health Plans, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary change?

Most changes in drug coverage happen on January 1, but Jefferson Health Plans may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website at JeffersonHealthPlans.com/Medicare.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Jefferson Health Plans’ Core Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. We may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Jefferson Health Plans’ Core Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 08/01/2026. To get updated information about the drugs covered by Jefferson Health Plans please contact us. Our contact information appears on the front and back cover pages.

Our print formulary will be updated by reprinting in the event of mid-year non-maintenance formulary changes.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on A-8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 119. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Jefferson Health Plans covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Jefferson Health Plans requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Jefferson Health Plans before you fill your prescriptions. If you don’t get approval, Jefferson Health Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, Jefferson Health Plans limits the amount of the drug that Jefferson Health Plans will cover. For example, Jefferson Health Plans provides 60 tablets per prescription for atorvastatin 10 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Jefferson Health Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Jefferson Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Jefferson Health Plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Jefferson Health Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Jefferson Health Plans’ Core Formulary?” below for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Relations and ask if your drug is covered.

If you learn that Jefferson Health Plans does not cover your drug, you have two options:

- You can ask Member Relations for a list of similar drugs that are covered by Jefferson Health Plans. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Jefferson Health Plans.
- You can ask Jefferson Health Plans to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Jefferson Health Plans' Core Formulary?

You can ask Jefferson Health Plans to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Jefferson Health Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, Jefferson Health Plans will only approve your request for an exception if the alternative drugs included on the plan's formulary or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. ***When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.*** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will

cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you are a current member and have a change in treatment setting due to a change in the level of care you require, you can ask us to make a formulary exception. Examples of level of care changes might include:

- Discharge from a hospital to home
- Ending your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and you now need to use your Part D plan
- Changing from hospice status and reverting to standard Medicare Part A and B coverage
- Ending a long-term care stay and returning to the community
- Discharges from chronic psychiatric hospitals with highly individualized drug regimens

For these unplanned transitions, you can ask us to make a formulary exception or appeal for continued coverage of your drug. In addition, we will review requests for continuation of therapy on a case-by-case basis for members that have had a change in their level of care and are stabilized on drug regimens that if altered are known to have risks.

For more information

For more detailed information about your Jefferson Health Plans prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Jefferson Health Plans, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Jefferson Health Plans Core Formulary

The formulary that begins on the page 2 provides coverage information about the drugs covered by Jefferson Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 119.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., TRULICITY) and generic drugs are listed in lower-case italics (e.g., *valsartan*).

The information in the Requirements/Limits column tells you if Jefferson Health Plans has any special requirements for coverage of your drug.

The table below shows the cost-sharing for each drug tier shown in this formulary.

Drug Tier	Standard Retail Cost-Sharing (in-network) One-month supply (up to a 30-day supply)
1 – Preferred Generics	\$0
2 – Generic Elite, Flex Plus, Flex Pro Complete, Choice Prime, Silver	\$0 \$5 \$10
3 – Preferred Brand	25%
4 – Non-Preferred Drugs Prime Flex Plus, Choice, Silver Flex Pro, Elite, Complete	28% 32% 34%
5 – Specialty	33%

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

Category Listing

ANALGESICS.....	2
ANESTHETICS.....	5
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS.....	5
ANTIBACTERIALS.....	6
ANTICONVULSANTS.....	13
ANTIDEMENTIA AGENTS.....	17
ANTIDEPRESSANTS.....	18
ANTIEMETICS.....	22
ANTIFUNGALS.....	23
ANTIGOUT AGENTS.....	25
ANTIMIGRAINE AGENTS.....	25
ANTIMYASTHENIC AGENTS.....	26
ANTIMYCOBACTERIALS.....	26
ANTINEOPLASTICS.....	27
ANTIPARASITICS.....	38
ANTIPARKINSON AGENTS.....	39
ANTIPSYCHOTICS.....	40
ANTISPASTICITY AGENTS.....	44
ANTIVIRALS.....	44
ANXIOLYTICS.....	50
BIPOLAR AGENTS.....	51
BLOOD GLUCOSE REGULATORS.....	51
BLOOD PRODUCTS AND MODIFIERS.....	56
CARDIOVASCULAR AGENTS.....	58
CENTRAL NERVOUS SYSTEM AGENTS.....	69
DENTAL AND ORAL AGENTS.....	72
DERMATOLOGICAL AGENTS.....	72
ELECTROLYTES/MINERALS/METALS/VITAMINS.....	77
GASTROINTESTINAL AGENTS.....	81
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT.....	83
GENITOURINARY AGENTS.....	84
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL).....	86
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY).....	87
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS).....	87
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID).....	95
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY).....	96
HORMONAL AGENTS, SUPPRESSANT (THYROID).....	97

IMMUNOLOGICAL AGENTS.....	98
INFLAMMATORY BOWEL DISEASE AGENTS.....	106
METABOLIC BONE DISEASE AGENTS.....	106
MISCELLANEOUS THERAPEUTIC AGENTS.....	107
OPHTHALMIC AGENTS.....	108
OTIC AGENTS.....	112
RESPIRATORY TRACT/PULMONARY AGENTS.....	112
SKELETAL MUSCLE RELAXANTS.....	117
SLEEP DISORDER AGENTS.....	118

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.
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.
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.
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.
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.

2026 JEFFERSON HEALTH PLANS CORE FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<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>	3-Preferred Brands	QL (300 PER 28 DAYS)
<i>diclofenac sodium er</i>	2-Generics	QL (60 PER 30 DAYS)
<i>diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)</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 (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)</i>	4-Non-Preferred Drugs	
<i>flurbiprofen</i>	2-Generics	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</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 (500 mg tab, 750 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>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	1-Preferred Generics	
<i>naproxen (375 mg tab dr, 500 mg tab dr)</i>	2-Generics	
<i>naproxen dr</i>	2-Generics	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	3-Preferred Brands	
<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 (500 mg tab, 750 mg tab)</i>	2-Generics	
<i>sulindac (150 mg tab, 200 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)</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 (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</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
OPIOID ANALGESICS, SHORT-ACTING		
ACETAMINOPHEN-CODEINE (, 120-12 MG/5ML SOLUTION, 300-30 MG/12.5ML SOLUTION)	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)
<i>morphine sulfate (10 mg/5ml solution, 20 mg/5ml solution)</i>	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) (20 mg/ml solution, 100 mg/5ml solution)</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 (250 mg tab, 500 mg tab)</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
OPIOID DEPENDENCE		
<i>buprenorphine hcl 2 mg sl tab</i>	2-Generics	QL (180 PER 30 DAYS)
<i>buprenorphine hcl 8 mg sl tab</i>	2-Generics	QL (120 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab)</i>	2-Generics	QL (180 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl (4-1 mg film, 12-3 mg film)</i>	2-Generics	QL (90 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl (8-2 mg film, 8-2 mg sl tab)</i>	2-Generics	QL (120 PER 30 DAYS)
OPIOID REVERSAL AGENTS		
KLOXXADO	3-Preferred Brands	
<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	
OPVEE	3-Preferred Brands	
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det)</i>	2-Generics	QL (60 PER 30 DAYS)
NICOTROL NS	4-Non-Preferred Drugs	
<i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>	4-Non-Preferred Drugs	
<i>varenicline tartrate (starter)</i>	4-Non-Preferred Drugs	
<i>varenicline tartrate(continue)</i>	4-Non-Preferred Drugs	
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate (1 gm/4ml solution, 500 mg/2ml solution)</i>	4-Non-Preferred Drugs	
ARIKAYCE	5-Specialty	PA
GENTAMICIN IN SALINE (, 0.8-0.9 MG/ML-% SOLUTION, 1-0.9 MG/ML-% SOLUTION, 1.6-0.9 MG/ML-% SOLUTION, 2-0.9 MG/ML-% SOLUTION)	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>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 (1.2 gm recon soln, 1.2 gm/30ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i>	4-Non-Preferred Drugs	

ANTIBACTERIALS, OTHER

<i>aztreonam (1 gm recon soln, 2 gm recon soln)</i>	4-Non-Preferred Drugs	
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	2-Generics	
<i>clindamycin palmitate hcl</i>	4-Non-Preferred Drugs	
<i>clindamycin phosphate (300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution)</i>	4-Non-Preferred Drugs	
<i>clindamycin phosphate 2 % cream</i>	2-Generics	
<i>clindamycin phosphate in d5w (300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)</i>	4-Non-Preferred Drugs	
<i>colistimethate sodium (cba)</i>	5-Specialty	
DAPTOMYCIN 350 MG RECON SOLN	5-Specialty	
<i>daptomycin 500 mg recon soln</i>	5-Specialty	
<i>fosfomycin tromethamine</i>	4-Non-Preferred Drugs	
<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)
<i>linezolid 600 mg/300ml solution</i>	4-Non-Preferred Drugs	
<i>methenamine hippurate</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>metronidazole (250 mg tab, 500 mg tab)</i>	2-Generics	
<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>	4-Non-Preferred Drugs	
TIGECYCLINE	3-Preferred Brands	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	3-Preferred Brands	
<i>trimethoprim</i>	2-Generics	
<i>vancomycin hcl (1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 100 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/5ml recon susp)</i>	3-Preferred Brands	
<i>cefadroxil 500 mg cap</i>	2-Generics	
<i>cefazolin sodium (1 gm recon soln, 2 gm recon soln, 3 gm recon soln, 10 gm recon soln, 500 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</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>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 (1 gm recon soln, 2 gm recon soln)</i>	4-Non-Preferred Drugs	
<i>cefoxitin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</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>ceftaroline fosamil (400 mg recon soln, 600 mg recon soln)</i>	5-Specialty	
<i>ceftazidime (1 gm recon soln, 2 gm recon soln, 6 gm recon soln)</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 (250 mg tab, 500 mg tab)</i>	2-Generics	
<i>cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)</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 (1 gm recon soln, 2 gm recon soln, 6 gm recon soln)</i>	4-Non-Preferred Drugs	
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	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
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	
<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 (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>ampicillin-sulbactam sodium (1.5 (1-0.5) gm recon soln, 3 (2-1) gm recon soln, 15 (10-5) gm recon soln)</i>	4-Non-Preferred Drugs	
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	4-Non-Preferred Drugs	
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</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 (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	4-Non-Preferred Drugs	
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	4-Non-Preferred Drugs	
<i>penicillin g potassium (5000000 recon soln, 20000000 recon soln)</i>	4-Non-Preferred Drugs	
<i>penicillin g sodium</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>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 (5000000 recon soln, 20000000 recon soln)</i>	4-Non-Preferred Drugs	
<i>piperacillin sod-tazobactam so (2.25 (2-0.25) gm recon ln, 3-0.375 gm recon ln, 3.375 (3-0.375) gm recon ln, 4.5 (4-0.5) gm recon ln, 13.5 (12-1.5) gm recon ln, 40.5 (36-4.5) gm recon ln)</i>	4-Non-Preferred Drugs	

CARBAPENEMS

<i>ertapenem sodium</i>	3-Preferred Brands	
<i>imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)</i>	3-Preferred Brands	
<i>meropenem (1 gm recon soln, 500 mg recon soln)</i>	4-Non-Preferred Drugs	

MACROLIDES

<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 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 40 MG/ML RECON SUSP	5-Specialty	QL (408 PER 30 DAYS)
e.e.s. 400	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 (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</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>erythromycin ethylsuccinate 400 mg tab</i>	4-Non-Preferred Drugs	
<i>fidaxomicin</i>	5-Specialty	QL (60 PER 30 DAYS)

QUINOLONES

<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	
CIPROFLOXACIN IN D5W	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 (250 mg/50ml solution, 500 mg/100ml solution, 750 mg/150ml solution)</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	

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>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	

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 (50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)</i>	2-Generics	
<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>mondoxyne nl</i>	2-Generics	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	4-Non-Preferred Drugs	

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

<i>brivaracetam (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	4-Non-Preferred Drugs	PA2, QL (60 PER 30 DAYS)
<i>brivaracetam 10 mg/ml solution</i>	4-Non-Preferred Drugs	PA2, QL (600 PER 30 DAYS)
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)
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 (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	2-Generics	
<i>divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)</i>	2-Generics	
EPIDIOLEX	5-Specialty	PA2, QL (600 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 0.5 MG/ML SUSPENSION	5-Specialty	PA2, QL (720 PER 30 DAYS)
<i>lamotrigine (25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)</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>lamotrigine (5 mg chew tab, 25 mg chew tab)</i>	2-Generics	
<i>lamotrigine er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h, 250 mg tab er 24h, 300 mg tab er 24h)</i>	4-Non-Preferred Drugs	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	2-Generics	
<i>levetiracetam er (500 mg tab er 24h, 750 mg tab er 24h)</i>	2-Generics	
LEVETIRACETAM IN NACL (500 MG/100ML SOLUTION, 1000 MG/100ML SOLUTION, 1500 MG/100ML SOLUTION)	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 0.5 mg/ml suspension</i>	4-Non-Preferred Drugs	PA2, QL (720 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 (250 MG TAB, 500 MG TAB)	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>topiramate 25 mg/ml solution</i>	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)
<i>valproate sodium (100 mg/ml solution, 500 mg/5ml solution)</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
--------------------------------	--------------------

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

GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS

<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)
NAYZILAM	4-Non-Preferred Drugs	PA2, QL (10 PER 30 DAYS)
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)	2-Generics	QL (120 PER 30 DAYS)
<i>phenobarbital (20 mg/5ml elixir, 30 mg/7.5ml elixir, 60 mg/15ml elixir)</i>	4-Non-Preferred Drugs	QL (1500 PER 30 DAYS)
<i>primidone (50 mg tab, 125 mg tab, 250 mg tab)</i>	2-Generics	
<i>relgaabi 300 mg cap</i>	2-Generics	QL (360 PER 30 DAYS)
<i>relgaabi 400 mg cap</i>	2-Generics	QL (270 PER 30 DAYS)
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	5-Specialty	PA2, QL (60 PER 30 DAYS)
TIAGABINE HCL (2 MG TAB, 4 MG TAB, 12 MG TAB, 16 MG TAB)	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)

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
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 (500 mg packet, 500 mg tab)</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)
<i>vigadrone (500 mg packet, 500 mg tab)</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)
VIGAFYDE	5-Specialty	PA2, QL (900 PER 30 DAYS)
<i>vigpoder</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)
ZTALMY	5-Specialty	PA2, QL (1100 PER 30 DAYS)

SODIUM CHANNEL AGENTS

<i>carbamazepine (100 mg chew tab, 200 mg chew tab, 200 mg tab)</i>	2-Generics	
<i>carbamazepine (100 mg/5ml suspension, 200 mg/10ml suspension)</i>	4-Non-Preferred Drugs	
<i>carbamazepine er (100 mg cap er 12h, 100 mg tab er 12h, 200 mg cap er 12h, 200 mg tab er 12h, 300 mg cap er 12h, 400 mg tab er 12h)</i>	2-Generics	
DILANTIN (30 MG CAP, 100 MG CAP)	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>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>	3-Preferred Brands	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)

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>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 (200 mg cap, 300 mg cap)</i>	2-Generics	
<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 (100 mg cap, 200 mg cap, 300 mg cap)</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 (25 mg cap, 50 mg cap, 100 mg cap)</i>	2-Generics	

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

NAMZARIC (7-10 MG CAP ER 24H, 14-10 MG CAP ER 24H, 21-10 MG CAP ER 24H, 28-10 MG CAP ER 24H)	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
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)
<i>galantamine hydrobromide 4 mg/ml solution</i>	4-Non-Preferred Drugs	QL (360 PER 30 DAYS)
<i>galantamine hydrobromide er (8 mg cap er 24h, 16 mg cap er 24h, 24 mg cap er 24h)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
MEMANTINE HCL	4-Non-Preferred Drugs	QL (98 PER 365 DAYS)
<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 er (7 mg cap er 24h, 14 mg cap er 24h, 21 mg cap er 24h, 28 mg cap er 24h)</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 (75 mg tab, 100 mg tab)</i>	2-Generics	
<i>bupropion hcl er (sr) (100 mg tab er 12h, 150 mg tab er 12h, 200 mg tab er 12h)</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)

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>bupropion hcl er (xl) 300 mg tab er 24h</i>	2-Generics	QL (30 PER 30 DAYS)
EXXUA (18.2 MG TAB ER 24H, 36.3 MG TAB ER 24H, 54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H)	5-Specialty	PA2, QL (30 PER 30 DAYS)
EXXUA TITRATION PACK	5-Specialty	PA2, QL (32 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)
<i>perphenazine-amitriptyline (2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab)</i>	4-Non-Preferred Drugs	
ZURZUVAE (20 MG CAP, 25 MG CAP)	5-Specialty	PA2, QL (28 PER 14 DAYS)
ZURZUVAE 30 MG CAP	5-Specialty	PA2, QL (14 PER 14 DAYS)

MONOAMINE OXIDASE INHIBITORS

EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR)	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)

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>citalopram hydrobromide 10 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>desvenlafaxine succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h)</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 (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	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)
<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>fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2-Generics	QL (90 PER 30 DAYS)
<i>nefazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</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)
<i>paroxetine hcl 10 mg/5ml suspension</i>	4-Non-Preferred Drugs	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>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>	3-Preferred Brands	
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	4-Non-Preferred Drugs	PA2, QL (30 PER 30 DAYS)
<i>venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</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 (10 mg tab, 20 mg tab, 40 mg tab)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

TRICYCLICS

<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	2-Generics	PA2
<i>amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)</i>	3-Preferred Brands	PA2
<i>clomipramine hcl 25 mg cap</i>	4-Non-Preferred Drugs	PA2
<i>clomipramine hcl 50 mg cap</i>	4-Non-Preferred Drugs	PA2

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>clomipramine hcl 75 mg cap</i>	4-Non-Preferred Drugs	PA2
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	4-Non-Preferred Drugs	PA2
<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	PA2
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	2-Generics	PA2
<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 Drugs	
<i>protriptyline hcl (5 mg tab, 10 mg tab)</i>	4-Non-Preferred Drugs	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	4-Non-Preferred Drugs	

ANTIEMETICS

ANTIEMETICS, OTHER

<i>compro</i>	4-Non-Preferred Drugs	
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	2-Generics	PA
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	2-Generics	
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	4-Non-Preferred Drugs	
<i>prochlorperazine</i>	4-Non-Preferred Drugs	
<i>prochlorperazine edisylate</i>	4-Non-Preferred Drugs	
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	2-Generics	
<i>promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)</i>	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
<i>scopolamine</i>	4-Non-Preferred Drugs	QL (10 PER 30 DAYS)
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant (40 mg cap, 80 & 125 mg cap thpk, 80 mg cap, 125 mg cap)</i>	4-Non-Preferred Drugs	PA3
<i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</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 +rfd (4 mg/2ml soln prsyr, 4 mg/2ml solution)</i>	4-Non-Preferred Drugs	
<i>ondansetron hcl 4 mg tab</i>	2-Generics	PA3, QL (180 PER 30 DAYS)
<i>ondansetron hcl 4 mg/5ml solution</i>	4-Non-Preferred Drugs	PA3, QL (900 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		
<i>amphotericin b</i>	4-Non-Preferred Drugs	PA3
<i>amphotericin b liposome</i>	5-Specialty	PA3
<i>caspofungin acetate (50 mg recon soln, 70 mg recon soln)</i>	4-Non-Preferred 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	
CRESEMBA (74.5 MG CAP, 186 MG CAP)	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>econazole nitrate</i>	4-Non-Preferred Drugs	QL (85 PER 30 DAYS)
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp)</i>	3-Preferred Brands	
<i>fluconazole (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2-Generics	
<i>fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i>	4-Non-Preferred Drugs	
<i>flucytosine (250 mg cap, 500 mg cap)</i>	5-Specialty	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	4-Non-Preferred Drugs	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	4-Non-Preferred Drugs	
<i>itraconazole 100 mg cap</i>	4-Non-Preferred 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>miconazole sodium (50 mg recon soln, 100 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>naftifine hcl 1 % cream</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>naftifine hcl 2 % cream</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>nyamyc</i>	2-Generics	QL (60 PER 30 DAYS)
<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)

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>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 (40 mg tab, 80 mg tab)</i>	4-Non-Preferred Drugs	ST
<i>probenecid</i>	3-Preferred Brands	

ANTIMIGRAINE AGENTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	3-Preferred Brands	PA, QL (1 PER 28 DAYS)
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	3-Preferred Brands	PA, QL (2 PER 28 DAYS)
EMGALITY (300 MG DOSE)	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
NURTEC	3-Preferred Brands	PA, QL (16 PER 30 DAYS)
QULIPTA (10 MG TAB, 30 MG TAB, 60 MG TAB)	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
UBRELVY (50 MG TAB, 100 MG TAB)	3-Preferred Brands	PA, QL (16 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
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	5-Specialty	PA, QL (8 PER 30 DAYS)
<i>ergotamine-caffeine</i>	3-Preferred Brands	
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	2-Generics	QL (9 PER 30 DAYS)
<i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	2-Generics	QL (12 PER 30 DAYS)
<i>sumatriptan (5 mg/act solution, 20 mg/act solution)</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)
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	
<i>rifabutin</i>	4-Non-Preferred Drugs	
ANTITUBERCULARS		
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	2-Generics	
<i>isoniazid (100 mg tab, 300 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>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 (20 MG TAB, 100 MG TAB)	5-Specialty	PA

ANTINEOPLASTICS

ALKYLATING AGENTS

<i>cisplatin (50 mg/50ml solution, 100 mg/100ml solution, 200 mg/200ml solution)</i>	4-Non-Preferred Drugs	PA3
<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	3-Preferred Brands	PA3
CYCLOPHOSPHAMIDE (25 MG TAB, 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	
<i>lomustine (10 mg cap, 40 mg cap, 100 mg cap)</i>	4-Non-Preferred Drugs	PA2
MATULANE	5-Specialty	
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)

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>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
NILUTAMIDE	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)
YONSA	5-Specialty	PA2, QL (120 PER 30 DAYS)

ANTIANGIOGENIC AGENTS

<i>lenalidomide</i> (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)	5-Specialty	PA2, QL (28 PER 28 DAYS)
<i>pomalidomide</i> (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)	5-Specialty	PA2, QL (21 PER 28 DAYS)
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	5-Specialty	PA2, QL (21 PER 28 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
INLURIYO	5-Specialty	PA2, QL (56 PER 28 DAYS)
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> (10 mg tab, 20 mg tab)	2-Generics	
<i>toremifene citrate</i>	5-Specialty	

ANTIMETABOLITES

<i>azacitidine</i>	5-Specialty	PA3
<i>fluorouracil</i> (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)	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>mercaptopurine 2000 mg/100ml suspension</i>	5-Specialty	
<i>mercaptopurine 50 mg tab</i>	3-Preferred Brands	
ONUREG (200 MG TAB, 300 MG TAB)	5-Specialty	PA2, QL (14 PER 28 DAYS)
TABLOID	4-Non-Preferred Drugs	

ANTINEOPLASTICS, OTHER

AKEEGA (50-500 MG TAB, 100-500 MG TAB)	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)
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>lederle leucovorin</i>	2-Generics	
<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	
MODEYSO	5-Specialty	PA2, QL (20 PER 28 DAYS)
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	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)

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
ZOLINZA	5-Specialty	PA2, QL (120 PER 30 DAYS)
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole</i>	2-Generics	
<i>exemestane</i>	4-Non-Preferred Drugs	
<i>letrozole</i>	2-Generics	
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 (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	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</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)
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)

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
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 (15 MG CAP, 25 MG CAP)	5-Specialty	PA2, QL (60 PER 30 DAYS)
COTELLIC	5-Specialty	PA2, QL (63 PER 28 DAYS)
DANZITEN (71 MG TAB, 95 MG TAB)	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)
ENSACOVE (25 MG CAP, 100 MG CAP)	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 (0.89 MG CAP, 1.34 MG CAP)	5-Specialty	PA2, QL (21 PER 28 DAYS)
GAVRETO	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>gefitinib</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	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)

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
HERNEXEOS	5-Specialty	PA2, QL (90 PER 30 DAYS)
HYRNUO	5-Specialty	PA2, QL (120 PER 30 DAYS)
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB)	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 (50 MG TAB, 100 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	3-Preferred Brands	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 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
JAKAFI XR (11 MG TAB ER 24H, 22 MG TAB ER 24H, 33 MG TAB ER 24H, 44 MG TAB ER 24H, 55 MG TAB ER 24H)	5-Specialty	PA2, QL (30 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)

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 (600 MG DOSE)	5-Specialty	PA2, QL (63 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)
KOMZIFTI	5-Specialty	PA2, QL (90 PER 30 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)
KOSELUGO 5 MG CAP SPRINK	5-Specialty	PA2, QL (600 PER 30 DAYS)
KOSELUGO 7.5 MG CAP SPRINK	5-Specialty	PA2, QL (360 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
LIFYORLI (125 MG DOSE)	5-Specialty	PA2
LIFYORLI (150 MG 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 (100 MG TAB, 150 MG TAB)	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)

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
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)
NERLYNX	5-Specialty	PA2, QL (180 PER 30 DAYS)
NILOTINIB D-TARTRATE (50 MG CAP, 150 MG CAP, 200 MG CAP)	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)</i>	5-Specialty	PA2, QL (120 PER 30 DAYS)
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	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>pazopanib hcl 200 mg tab</i>	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>pazopanib hcl 400 mg tab</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
PHYRAGO (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
PHYRAGO 20 MG TAB	5-Specialty	PA2, QL (90 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 (80 MG TAB, 120 MG TAB, 160 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
RETEVMO 40 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
REVUFORJ 110 MG TAB	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
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 (14 MG CAP, 20 MG CAP, 30 MG CAP)	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 (200 MG TAB, 250 MG TAB, 300 MG TAB)	5-Specialty	PA2, QL (120 PER 30 DAYS)
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)
STIVARGA	5-Specialty	PA2, QL (84 PER 28 DAYS)
<i>sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
TABRECTA (150 MG TAB, 200 MG TAB)	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 (40 MG TAB, 80 MG TAB)	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)
TEPMETKO	5-Specialty	PA2, QL (60 PER 30 DAYS)
TIBSOVO	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>torpenz (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
TRUQAP (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK)	5-Specialty	PA2, QL (64 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
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 (17.7 MG TAB, 26.5 MG TAB)	5-Specialty	PA2, QL (56 PER 28 DAYS)
VENCLEXTA 10 MG TAB	3-Preferred Brands	PA2, QL (120 PER 30 DAYS)
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 (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	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 (15 MG TAB, 30 MG TAB, 45 MG TAB)	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)

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
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	5-Specialty	PA2, QL (8 PER 28 DAYS)
XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK	5-Specialty	PA2, QL (4 PER 28 DAYS)
XPOVIO (80 MG TWICE WEEKLY)	5-Specialty	PA2, QL (32 PER 28 DAYS)
<i>yulithira (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	3-Preferred Brands	PA2, QL (30 PER 30 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 (100 MG TAB, 150 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
ZYKADIA	5-Specialty	PA2, QL (90 PER 30 DAYS)

MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE

AVASTIN (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	5-Specialty	PA3
HERCEPTIN HYLECTA	5-Specialty	PA3
KADCYLA (100 MG RECON SOLN, 160 MG RECON SOLN)	5-Specialty	PA3
KANJINTI (150 MG RECON SOLN, 420 MG RECON SOLN)	5-Specialty	PA3
KEYTRUDA	5-Specialty	PA3
MVASI (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	5-Specialty	PA3
OGIVRI (150 MG RECON SOLN, 420 MG RECON SOLN)	5-Specialty	PA3
RUXIENCE (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	5-Specialty	PA3
TRAZIMERA (150 MG RECON SOLN, 420 MG RECON SOLN)	5-Specialty	PA3
TRUXIMA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	5-Specialty	PA3
ZIRABEV (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	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
RETINOIDS		
<i>bexarotene 1 % gel</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>bexarotene 75 mg cap</i>	5-Specialty	PA2, QL (300 PER 30 DAYS)
PANRETIN	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>tretinoin 10 mg cap</i>	5-Specialty	
TREATMENT ADJUNCTS		
<i>mesna 400 mg tab</i>	5-Specialty	
ANTIPARASITICS		
ANTHELMINTHICS		
<i>albendazole</i>	3-Preferred Brands	
<i>ivermectin 3 mg tab</i>	3-Preferred Brands	
<i>praziquantel</i>	4-Non-Preferred Drugs	
ANTIPROTOZOALS		
<i>atovaquone</i>	4-Non-Preferred Drugs	QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i>	4-Non-Preferred Drugs	
<i>chloroquine phosphate (250 mg tab, 500 mg tab)</i>	2-Generics	
COARTEM	4-Non-Preferred 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</i>	4-Non-Preferred Drugs	PA3
<i>pentamidine isethionate for nebulization soln 300 mg</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>pentamidine isethionate for soln 300 mg</i>	4-Non-Preferred Drugs	
<i>primaquine phosphate</i>	3-Preferred Brands	
<i>pyrimethamine</i>	5-Specialty	PA
<i>quinine sulfate</i>	4-Non-Preferred 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, 100 mg/10ml solution)</i>	2-Generics	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	4-Non-Preferred Drugs	
<i>entacapone</i>	4-Non-Preferred Drugs	

DOPAMINE AGONISTS

<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	4-Non-Preferred Drugs	
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	2-Generics	
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	2-Generics	
<i>ropinirole hcl er (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h)</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
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa</i>	4-Non-Preferred Drugs	
<i>carbidopa-levodopa (10-100 mg tab, 10-100 mg tab disp, 25-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp)</i>	2-Generics	
<i>carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)</i>	2-Generics	
INBRIJA	5-Specialty	PA, QL (300 PER 30 DAYS)
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	4-Non-Preferred Drugs	
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	3-Preferred Brands	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<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 (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	2-Generics	
<i>haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)</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	

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>loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i>	2-Generics	
<i>molindone hcl (5 mg tab, 10 mg tab, 25 mg tab)</i>	4-Non-Preferred Drugs	
<i>pimozide (1 mg tab, 2 mg tab)</i>	4-Non-Preferred Drugs	
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	3-Preferred Brands	
<i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	4-Non-Preferred Drugs	
<i>trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)</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)
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	5-Specialty	QL (1 PER 28 DAYS)
<i>aripiprazole (10 mg tab disp, 15 mg tab disp)</i>	4-Non-Preferred Drugs	QL (60 PER 30 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)
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)
<i>asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	5-Specialty	ST, 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
COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	5-Specialty	ST, QL (60 PER 30 DAYS)
COBENFY STARTER PACK	5-Specialty	ST, QL (56 PER 28 DAYS)
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	5-Specialty	ST, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK A	4-Non-Preferred Drugs	ST, QL (16 PER 365 DAYS)
FANAPT TITRATION PACK B	5-Specialty	ST, QL (24 PER 365 DAYS)
FANAPT TITRATION PACK C	5-Specialty	ST, QL (16 PER 365 DAYS)
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5-Specialty	QL (3.5 PER 180 DAYS)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5-Specialty	QL (5 PER 180 DAYS)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5-Specialty	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5-Specialty	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5-Specialty	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4-Non-Preferred Drugs	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5-Specialty	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5-Specialty	QL (0.88 PER 84 DAYS)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5-Specialty	QL (1.32 PER 84 DAYS)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5-Specialty	QL (1.75 PER 84 DAYS)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5-Specialty	QL (2.63 PER 84 DAYS)
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tab</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
LYBALVI (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)	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
NUPLAZID (10 MG TAB, 34 MG CAP)	5-Specialty	PA2, QL (30 PER 30 DAYS)
<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 (50 mg tab er 24h, 150 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)</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)

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>risperidone 1 mg/ml solution</i>	2-Generics	QL (480 PER 30 DAYS)
<i>risperidone microspheres er (12.5 mg, 25 mg, 37.5 mg, 50 mg)</i>	4-Non-Preferred Drugs	QL (2 PER 28 DAYS)
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	5-Specialty	ST, QL (30 PER 30 DAYS)
VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 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 (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	4-Non-Preferred Drugs	QL (60 PER 30 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 (25 mg cap, 50 mg cap, 100 mg cap)</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	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	4-Non-Preferred Drugs	
BARACLUDE 0.05 MG/ML SOLUTION	5-Specialty	
<i>entecavir (0.5 mg tab, 1 mg tab)</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)
ANTI-HEPATITIS C (HCV) AGENTS		
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)
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 (200 mg cap, 200 mg tab)</i>	3-Preferred Brands	
VOSEVI	5-Specialty	PA, QL (28 PER 28 DAYS)
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	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)
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)

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
STRIBILD	5-Specialty	QL (30 PER 30 DAYS)
TIVICAY 50 MG TAB	5-Specialty	QL (60 PER 30 DAYS)
TIVICAY PD	5-Specialty	QL (180 PER 30 DAYS)

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

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 Drugs	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitab-tenofo df</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)</i>	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 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 Drugs	QL (1200 PER 30 DAYS)
<i>nevirapine er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
ODEFSEY	5-Specialty	QL (30 PER 30 DAYS)
PIFELTRO	5-Specialty	QL (60 PER 30 DAYS)
<i>rilpivirine hcl</i>	5-Specialty	QL (30 PER 30 DAYS)

ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

<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)

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>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, 167-250 mg tab)</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir df 133-200 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)
<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)

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
ANTI-HIV AGENTS, OTHER		
CABENUVA (400 & 600 MG/2ML SUSP, 600 & 900 MG/3ML SUSP)	5-Specialty	
IDVYNZO	5-Specialty	QL (30 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>	3-Preferred Brands	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)
<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)

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
NORVIR 100 MG PACKET	4-Non-Preferred Drugs	QL (360 PER 30 DAYS)
PREZCOBIX (675-150 MG TAB, 800-150 MG TAB)	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)

ANTIHERPETIC AGENTS

<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

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>acyclovir sodium</i>	4-Non-Preferred Drugs	PA3
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)

ANTIVIRAL, CORONAVIRUS AGENTS

LAGEVRIO	3-Preferred Brands	
PAXLOVID (150/100)	2-Generics	QL (40 PER 30 DAYS)
PAXLOVID (300/100 & 150/100)	2-Generics	QL (22 PER 30 DAYS)
PAXLOVID (300/100)	2-Generics	QL (60 PER 30 DAYS)

ANXIOLYTICS

ANXIOLYTICS, OTHER

<i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	1-Preferred Generics	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	3-Preferred Brands	PA

BENZODIAZEPINES

<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)
<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	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>diazepam 5 mg/5ml solution</i>	2-Generics	PA2, QL (1200 PER 30 DAYS)
<i>diazepam 5 mg/ml conc</i>	2-Generics	PA2, QL (240 PER 30 DAYS)
<i>diazepam intensol</i>	2-Generics	PA2, QL (240 PER 30 DAYS)
<i>lorazepam (2 mg tab, 2 mg/ml conc)</i>	2-Generics	PA2, QL (150 PER 30 DAYS)
<i>lorazepam 0.5 mg tab</i>	2-Generics	PA2, QL (600 PER 30 DAYS)
<i>lorazepam 1 mg tab</i>	2-Generics	PA2, QL (300 PER 30 DAYS)
<i>lorazepam intensol</i>	2-Generics	PA2, QL (150 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 (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	1-Preferred Generics
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	2-Generics
SUBVENITE	4-Non-Preferred Drugs
<i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2-Generics

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>dapaglifloz base-metformin er (10-1000 mg tab er 24h, 10-500 mg tab er 24h)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>dapaglifloz base-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>glimepiride (1 mg tab, 2 mg tab)</i>	1-Preferred Generics	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>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 (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>glyburide micronized (1.5 mg tab, 3 mg tab, 6 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	3-Preferred Brands	QL (30 PER 30 DAYS)
JANUMET (50-1000 MG TAB, 50-500 MG TAB)	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 (25 MG TAB, 50 MG TAB, 100 MG TAB)	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)
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)

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>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 (25 mg tab, 50 mg tab, 100 mg tab)</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
MOUNJARO (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	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)	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
OZEMPIC (1 MG/DOSE)	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
OZEMPIC (1.5 MG TAB, 4 MG TAB, 9 MG TAB)	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
OZEMPIC (2 MG/DOSE)	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)</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)
RYBELSUS (3 MG TAB, 7 MG TAB, 14 MG TAB)	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
SOLIQUA	3-Preferred Brands	QL (18 PER 30 DAYS)
TRADJENTA	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
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 (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	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</i>	3-Preferred Brands
<i>glucagon emergency 1 mg kit (generic)</i>	3-Preferred Brands
ZEGALOGUE (0.6 MG/0.6ML SOLN A-INJ, 0.6 MG/0.6ML SOLN PRSYR)	3-Preferred Brands

INSULINS

BASAGLAR KWIKPEN	3-Preferred Brands
FIASP	3-Preferred Brands
FIASP FLEXTOUCH	3-Preferred Brands
FIASP PENFILL	3-Preferred Brands
FIASP PUMPCART	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
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 FLEXPEN RELION	3-Preferred Brands	
NOVOLOG MIX 70/30	3-Preferred Brands	
NOVOLOG MIX 70/30 FLEXPEN	3-Preferred Brands	
NOVOLOG PENFILL	3-Preferred Brands	
NOVOLOG RELION	3-Preferred Brands	
TOUJEO MAX SOLOSTAR	3-Preferred Brands	
TOUJEO SOLOSTAR	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
TRESIBA	3-Preferred Brands	
TRESIBA FLEXTOUCH (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	3-Preferred Brands	

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

<i>dabigatran etexilate mesylate (75 mg cap, 150 mg cap)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>dabigatran etexilate mesylate 110 mg cap</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
ELIQUIS (1.5 MG PACK)	3-Preferred Brands	QL (560 PER 28 DAYS)
ELIQUIS (2 MG PACK)	3-Preferred Brands	QL (560 PER 28 DAYS)
ELIQUIS 0.15 MG CAP SPRINK	3-Preferred Brands	QL (70 PER 28 DAYS)
ELIQUIS 0.5 MG TAB SOL	3-Preferred Brands	QL (560 PER 28 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	

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>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) +rfid</i>	3-Preferred Brands	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	3-Preferred Brands	
<i>jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	1-Preferred Generics	
<i>rivaroxaban 1 mg/ml recon susp</i>	3-Preferred Brands	QL (620 PER 30 DAYS)
<i>rivaroxaban 2.5 mg tab</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</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 (9 MG TAB, 18 MG TAB, 36 MG TAB, 54 MG TAB)	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</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

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
PROCRIT (20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	5-Specialty	PA3
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	3-Preferred Brands	PA3
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	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)
BRILINTA 90 MG TAB	3-Preferred Brands	
<i>cilostazol (50 mg tab, 100 mg tab)</i>	2-Generics	
<i>clopidogrel bisulfate 300 mg tab</i>	2-Generics	
<i>clopidogrel bisulfate 75 mg tab</i>	1-Preferred Generics	
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	3-Preferred Brands	
DOPTELET	5-Specialty	PA
DOPTELET SPRINKLE	5-Specialty	PA
<i>prasugrel hcl (5 mg tab, 10 mg tab)</i>	3-Preferred Brands	
<i>ticagrelor (60 mg tab, 90 mg tab)</i>	3-Preferred Brands	

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</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>clonidine 0.1 mg/24hr patch wk</i>	4-Non-Preferred Drugs	
<i>clonidine 0.2 mg/24hr patch wk</i>	4-Non-Preferred Drugs	
<i>clonidine 0.3 mg/24hr patch wk</i>	4-Non-Preferred Drugs	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</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>	3-Preferred Brands	PA, QL (90 PER 30 DAYS)
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	3-Preferred Brands	

ALPHA-ADRENERGIC BLOCKING AGENTS

<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	2-Generics
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	2-Generics
<i>terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	1-Preferred Generics

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<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)

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>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</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 (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1-Preferred Generics	
<i>captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</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 (10 mg tab, 20 mg tab, 40 mg tab)</i>	1-Preferred Generics	
<i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1-Preferred Generics	
<i>moexipril hcl (7.5 mg tab, 15 mg tab)</i>	1-Preferred Generics	
PERINDOPRIL ERBUMINE (, 4 MG TAB, 8 MG TAB)	1-Preferred Generics	
<i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1-Preferred Generics	
<i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1-Preferred Generics	
<i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>	1-Preferred Generics	

ANTIARRHYTHMICS

<i>amiodarone hcl (100 mg tab, 400 mg tab)</i>	4-Non-Preferred 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 Drugs	
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</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>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	2-Generics	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	3-Preferred Brands	
MULTAQ	4-Non-Preferred Drugs	
<i>pacerone (100 mg tab, 400 mg tab)</i>	4-Non-Preferred Drugs	
<i>pacerone 200 mg tab</i>	2-Generics	
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	2-Generics	
<i>propafenone hcl er (225 mg cap er 12h, 325 mg cap er 12h, 425 mg cap er 12h)</i>	4-Non-Preferred Drugs	
<i>quinidine sulfate (200 mg tab, 300 mg tab)</i>	4-Non-Preferred Drugs	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	2-Generics	
<i>sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)</i>	2-Generics	

BETA-ADRENERGIC BLOCKING AGENTS

<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	2-Generics	
<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	2-Generics	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	2-Generics	
<i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	1-Preferred Generics	
<i>carvedilol phosphate er (10 mg cap er 24h, 20 mg cap er 24h, 40 mg cap er 24h, 80 mg cap er 24h)</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 (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h)</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>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1-Preferred Generics	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	4-Non-Preferred Drugs	
<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 (5 mg tab, 10 mg tab)</i>	4-Non-Preferred Drugs	
<i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i>	2-Generics	
<i>propranolol hcl er (60 mg cap er 24h, 80 mg cap er 24h, 120 mg cap er 24h, 160 mg cap er 24h)</i>	3-Preferred Brands	
TIMOLOL MALEATE (5 MG TAB, 10 MG TAB, 20 MG TAB)	4-Non-Preferred Drugs	

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1-Preferred Generics	
<i>felodipine er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	2-Generics	
<i>isradipine (2.5 mg cap, 5 mg cap)</i>	4-Non-Preferred Drugs	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	4-Non-Preferred Drugs	
<i>nifedipine er (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i>	2-Generics	
<i>nifedipine er osmotic release (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i>	2-Generics	
<i>nimodipine</i>	4-Non-Preferred Drugs	

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

<i>cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</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>dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</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 (60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h, 120 mg cap er 24h, 120 mg tab er 24h, 180 mg cap er 24h, 180 mg tab er 24h, 240 mg cap er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>	2-Generics	
<i>diltiazem hcl er beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)</i>	2-Generics	
<i>diltiazem hcl er coated beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>	2-Generics	
<i>matzim la (180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>	2-Generics	
<i>tiadylt er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)</i>	2-Generics	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1-Preferred 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 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	
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	3-Preferred Brands	
<i>aliskiren fumarate (150 mg tab, 300 mg tab)</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>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 Generics	QL (60 PER 30 DAYS)
<i>amlodipine besy-benazepril hcl (5-40 mg cap, 10-40 mg cap)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i>	1-Preferred Generics	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1-Preferred Generics	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</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)
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</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 (10-12.5 mg tab, 20-12.5 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>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 (5 mg tab, 7.5 mg tab)</i>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</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)
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	2-Generics	
<i>metyrosine</i>	5-Specialty	PA
NEXLETOL	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	1-Preferred Generics	
<i>pentoxifylline er</i>	2-Generics	
<i>ranolazine er (500 mg tab er 12h, 1000 mg tab er 12h)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>sacubitril-valsartan (24-26 mg tab, 49-51 mg tab, 97-103 mg tab)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>spironolactone-hctz</i>	2-Generics	
<i>telmisartan-amlodipine (40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>telmisartan-hctz (40-12.5 mg tab, 80-25 mg tab)</i>	1-Preferred 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>telmisartan-hctz 80-12.5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>trandolapril-verapamil hcl er (1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er)</i>	1-Preferred Generics	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	1-Preferred Generics	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	3-Preferred Brands	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 Drugs	
FUROSEMIDE (, 8 MG/ML SOLUTION)	2-Generics	
<i>furosemide (20 mg tab, 40 mg tab, 80 mg tab)</i>	1-Preferred Generics	
<i>furosemide 10 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	2-Generics	

DIURETICS, POTASSIUM-SPARING

<i>amiloride hcl</i>	2-Generics	
<i>eplerenone (25 mg tab, 50 mg tab)</i>	3-Preferred Brands	

DIURETICS, THIAZIDE

<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	2-Generics	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1-Preferred Generics	
<i>indapamide (1.25 mg tab, 2.5 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>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2-Generics	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<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 Brands	
<i>gemfibrozil</i>	1-Preferred Generics	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tab, 40 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>atorvastatin calcium 20 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>atorvastatin calcium 80 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>fluvastatin sodium (20 mg cap, 40 mg cap)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>fluvastatin sodium er</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>lovastatin (10 mg tab, 20 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>lovastatin 40 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>pitavastatin calcium (1 mg tab, 2 mg tab, 4 mg tab)</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1-Preferred 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
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 (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
NEXLIZET	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
<i>niacin er (antihyperlipidemic) (500 mg tab er, 750 mg tab er, 1000 mg tab er)</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 SURECLICK	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
VASCEPA (0.5 GM CAP, 1 GM CAP)	3-Preferred Brands	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA (10 MG TAB, 20 MG TAB, 40 MG TAB)	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
<i>spironolactone (25 mg tab, 50 mg tab, 100 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
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
<i>dapagliflozin (5 mg tab, 10 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
FARXIGA (5 MG TAB, 10 MG TAB)	3-Preferred Brands	QL (30 PER 30 DAYS)
JARDIANCE (10 MG TAB, 25 MG TAB)	3-Preferred Brands	QL (30 PER 30 DAYS)
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	2-Generics	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<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 (30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</i>	1-Preferred Generics	
<i>nitro-bid</i>	3-Preferred Brands	
<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	
<i>nitroglycerin 2 % ointment</i>	3-Preferred Brands	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine-dextroamphet er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h)</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>amphetamine-dextroamphetamine (10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab)</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab)</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>amphetamine-dextroamphetamine 30 mg tab</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
<i>dextroamphetamine sulfate er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h)</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine hcl (10 mg cap, 25 mg cap, 40 mg cap)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>atomoxetine hcl 18 mg cap</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>methylphenidate hcl er (10 mg tab er, 20 mg tab er)</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)

CENTRAL NERVOUS SYSTEM, OTHER

AUSTEDO (9 MG TAB, 12 MG 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 24H, 24 MG TAB ER 24H)	5-Specialty	PA, QL (60 PER 30 DAYS)
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)

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 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-cafeine 50-325-40 mg tab</i>	2-Generics	PA, QL (180 PER 30 DAYS)
FIRDAPSE	5-Specialty	PA, QL (240 PER 30 DAYS)
NUEDEXTA	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	4-Non-Preferred Drugs	
<i>tetrabenazine 12.5 mg tab</i>	3-Preferred Brands	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, 40 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)

MULTIPLE SCLEROSIS AGENTS

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 120 mg cap dr</i>	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>dimethyl fumarate 240 mg cap dr</i>	5-Specialty	QL (60 PER 30 DAYS)
<i>dimethyl fumarate starter pack</i>	3-Preferred Brands	QL (120 PER 365 DAYS)
<i>fingolimod hcl</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	5-Specialty	QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml soln prsyr</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml soln prsyr</i>	5-Specialty	QL (12 PER 28 DAYS)
KESIMPTA	5-Specialty	PA, QL (1.2 PER 28 DAYS)
<i>teriflunomide (7 mg tab, 14 mg tab)</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 (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4-Non-Preferred Drugs	
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	4-Non-Preferred Drugs	PA
<i>amnesteam (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</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 (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</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 % lotion, 1 % gel)</i>	4-Non-Preferred Drugs	
<i>metronidazole 0.75 % gel</i>	3-Preferred Brands	
<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)
<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>trilitas</i>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
<i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4-Non-Preferred Drugs	

DERMATITIS AND PRURITUS AGENTS

<i>ala-cort</i>	2-Generics	
<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	2-Generics	
<i>ammonium lactate (12 % cream, 12 % lotion)</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	

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>betamethasone dipropionate aug 0.05 % lotion</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>betamethasone valerate (, 0.1 % cream, 0.1 % ointment)</i>	2-Generics	
<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 % ointment, 0.25 % cream, 0.25 % ointment)</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
EUCRISA	4-Non-Preferred Drugs	PA, 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)

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>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	
<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, 2.5 % cream)</i>	2-Generics	
<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	
SELENIUM SULFIDE 2.5 % LOTION	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	QL (100 PER 30 DAYS)
<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	

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
DERMATOLOGICAL AGENTS, OTHER		
<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<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)
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	2-Generics	QL (60 PER 30 DAYS)
<i>fluorouracil (2 % solution, 5 % solution)</i>	3-Preferred Brands	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 (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>pellix</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>podofilox 0.5 % solution</i>	4-Non-Preferred Drugs	
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 (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)
ERYTHROMYCIN	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

AMINOSYN II	4-Non-Preferred Drugs	PA3
AMINOSYN-PF	4-Non-Preferred Drugs	PA3
<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

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 (5/15)	4-Non-Preferred Drugs	PA3
CLINIMIX/DEXTROSE (5/20)	4-Non-Preferred Drugs	PA3
<i>clinisol sf</i>	4-Non-Preferred Drugs	PA3
<i>dextrose (5 % solution, 10 % solution, 50 % solution, 70 % 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	
GLUCOSE (DEXTROSE)	4-Non-Preferred Drugs	
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 (10-5-0.45 meq/l-%-% solution, 20-5-0.2 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 30-5-0.45 meq/l-%-% solution, 40-5-0.45 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	
<i>klor-con 8 meq tab er</i>	2-Generics	
<i>klor-con m10</i>	2-Generics	
<i>klor-con m15</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>klor-con m20</i>	2-Generics	
<i>magnesium sulfate 50 % solution</i>	3-Preferred Brands	
<i>multiple electro type 1 ph 5.5</i>	4-Non-Preferred Drugs	
<i>multiple electro type 1 ph 7.4</i>	4-Non-Preferred Drugs	
<i>plenamine</i>	4-Non-Preferred Drugs	PA3
POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/100ML SOLUTION, 20 MEQ/100ML SOLUTION, 20 MEQ/15ML (10%) SOLUTION, 40 MEQ/100ML SOLUTION, 40 MEQ/15ML (20%) SOLUTION)	4-Non-Preferred Drugs	
<i>potassium chloride 20 meq packet</i>	3-Preferred Brands	
<i>potassium chloride crys er (10 tab er, 15 tab er, 20 tab er)</i>	2-Generics	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)</i>	2-Generics	
<i>potassium chloride in dextrose</i>	4-Non-Preferred Drugs	
POTASSIUM CHLORIDE IN NACL (20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION)	4-Non-Preferred Drugs	
<i>potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)</i>	3-Preferred Brands	
POTASSIUM CL IN DEXTROSE 5%	4-Non-Preferred Drugs	
PREMASOL	4-Non-Preferred Drugs	PA3
PROSOL	4-Non-Preferred Drugs	PA3
<i>sodium chloride (0.45 % solution, 0.9 % solution, 3 % solution, 5 % 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>sodium chloride (pf)</i>	4-Non-Preferred Drugs	
SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 2.2 (1 F) MG CHEW TAB)	1-Preferred Generics	
TPN ELECTROLYTES	4-Non-Preferred Drugs	PA3
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 (250 mg tab sol, 500 mg tab sol)</i>	5-Specialty	PA
<i>deferasirox 90 mg tab</i>	3-Preferred Brands	PA
<i>penicillamine 250 mg tab</i>	5-Specialty	
<i>tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk – generic jynarque)</i>	5-Specialty	PA
<i>tolvaptan 15 mg tab (generic jynarque)</i>	5-Specialty	PA
<i>tolvaptan 30 mg tab (generic jynarque)</i>	5-Specialty	PA
<i>trientine hcl 250 mg cap</i>	5-Specialty	QL (240 PER 30 DAYS)

POTASSIUM BINDERS

<i>kionex</i>	3-Preferred Brands	
LOKELMA (5 GM PACKET, 10 GM PACKET)	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</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>sps (sodium polystyrene sulf) (15 gm/60ml suspension, 30 gm/120ml suspension)</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	
PRENATAL VITAMIN ORAL TABLET	3-Preferred Brands	

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

<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 (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	3-Preferred Brands	QL (30 PER 30 DAYS)
RELISTOR (8 MG/0.4ML SOLN PRSYR, 12 MG/0.6ML SOLN PRSYR, 12 MG/0.6ML SOLUTION, 150 MG TAB)	5-Specialty	
TRULANCE	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

ANTI-DIARRHEAL AGENTS

<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)

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>diphenoxylate-atropine 2.5-0.025 mg tab</i>	3-Preferred Brands	PA
<i>loperamide hcl</i>	2-Generics	
VIBERZI (75 MG TAB, 100 MG TAB)	5-Specialty	QL (60 PER 30 DAYS)
XERMELO	5-Specialty	PA, QL (84 PER 28 DAYS)

ANTISPASMODICS, GASTROINTESTINAL

<i>dicyclomine hcl (10 mg cap, 20 mg tab)</i>	2-Generics	PA
<i>dicyclomine hcl 10 mg/5ml solution</i>	4-Non-Preferred Drugs	PA
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	2-Generics	
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	4-Non-Preferred Drugs	

GASTROINTESTINAL AGENTS, OTHER

CLENPIQ (10-3.5-12 -GM/160ML SOLUTION, 10-3.5-12 -GM/175ML SOLUTION)	4-Non-Preferred 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	
<i>na sulfate-k sulfate-mg sulf</i>	4-Non-Preferred Drugs	
<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 Drugs	
<i>ursodiol 300 mg cap</i>	3-Preferred Brands	
VOQUEZNA DUAL PAK	4-Non-Preferred Drugs	QL (224 PER 365 DAYS)
VOQUEZNA TRIPLE PAK	4-Non-Preferred Drugs	QL (224 PER 365 DAYS)
VOWST	5-Specialty	PA, QL (12 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
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	3-Preferred Brands	
<i>famotidine (20 mg tab, 40 mg tab)</i>	1-Preferred Generics	
<i>famotidine 40 mg/5ml recon susp</i>	4-Non-Preferred Drugs	
<i>nizatidine (150 mg cap, 300 mg cap)</i>	4-Non-Preferred Drugs	
PROTECTANTS		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	2-Generics	
<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 (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</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 (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	3-Preferred Brands	
<i>cromolyn sodium 100 mg/5ml conc</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
CYSTAGON (50 MG CAP, 150 MG CAP)	4-Non-Preferred Drugs	
CYSTARAN	5-Specialty	PA, QL (60 PER 28 DAYS)
<i>javygtor (100 mg packet, 100 mg tab, 500 mg packet)</i>	5-Specialty	PA
<i>l-glutamine</i>	5-Specialty	PA, QL (180 PER 30 DAYS)
<i>nitisinone (2 mg cap, 5 mg cap, 10 mg cap, 20 mg cap)</i>	5-Specialty	
PROLASTIN-C	5-Specialty	PA
REVCovi	5-Specialty	PA
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	5-Specialty	PA
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	5-Specialty	PA
<i>zelvysia (100 mg packet, 500 mg packet)</i>	5-Specialty	PA
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	4-Non-Preferred Drugs	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide er (7.5 mg tab er 24h, 15 mg tab er 24h)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er (4 mg tab er 24h, 8 mg tab er 24h)</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
GEMTESA	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>mirabegron er (25 mg tab er 24h, 50 mg tab er 24h)</i>	2-Generics	QL (30 PER 30 DAYS)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	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
MYRBETRIQ 8 MG/ML SRER	3-Preferred Brands	QL (300 PER 30 DAYS)
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	2-Generics	
<i>oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>solifenacin succinate (5 mg tab, 10 mg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er (2 mg cap er 24h, 4 mg cap er 24h)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>trospium chloride</i>	2-Generics	QL (60 PER 30 DAYS)
<i>trospium chloride er</i>	3-Preferred 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 Drugs	QL (30 PER 30 DAYS)
<i>finasteride</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>silodosin (4 mg cap, 8 mg cap)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>tadalafil (2.5 mg tab, 5 mg tab)</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 (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	2-Generics	
ELMIRON	4-Non-Preferred Drugs	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
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 +rfd</i>	4-Non-Preferred Drugs	
<i>dexamethasone sod phosphate pf</i>	4-Non-Preferred Drugs	
<i>dexamethasone sodium phosphate (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 (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	2-Generics	
<i>methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)</i>	4-Non-Preferred Drugs	
<i>methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>prednisolone 15 mg/5ml solution</i>	2-Generics	
<i>prednisolone sodium phosphate (5 mg/5ml solution, 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	
<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	

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
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	
<i>desmopressin acetate spray</i>	4-Non-Preferred Drugs	
INCRELEX	5-Specialty	PA
NORDITROPIN FLEXPPO (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN)	5-Specialty	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</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 (100 mg/ml solution, 200 mg/ml solution)</i>	2-Generics	PA
<i>testosterone enanthate</i>	2-Generics	PA
<i>testosterone td gel pump 20.25 mg/act (1.62%)</i>	4-Non-Preferred Drugs	PA, QL (150 PER 30 DAYS)
ESTROGENS		
<i>afirmelle</i>	2-Generics	
<i>altavera</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>alyacen 1/35</i>	2-Generics	
<i>alyacen 7/7/7</i>	2-Generics	
<i>amethyst</i>	2-Generics	
<i>apri</i>	2-Generics	
ARANELLE	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>briellyn</i>	2-Generics	
<i>camrese lo</i>	2-Generics	
<i>chateal eq</i>	2-Generics	
<i>cryselle</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	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	2-Generics	
<i>dolishale</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>dotti (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 Brands	QL (8 PER 28 DAYS)
<i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	2-Generics	
<i>elinest</i>	2-Generics	
<i>eluryng</i>	3-Preferred Brands	
<i>enilloring</i>	3-Preferred Brands	
<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 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 Brands	QL (4 PER 28 DAYS)
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2-Generics	
<i>estradiol 0.01 % cream</i>	3-Preferred Brands	
<i>estradiol 10 mcg tab</i>	4-Non-Preferred Drugs	
<i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i>	4-Non-Preferred Drugs	
ESTRING	4-Non-Preferred Drugs	
<i>estrogens conjugated (0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab)</i>	3-Preferred Brands	
<i>ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)</i>	2-Generics	
<i>etonogestrel-ethinyl estradiol</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>falmina</i>	2-Generics	
<i>feirza 1.5/30</i>	2-Generics	
<i>feirza 1/20</i>	2-Generics	
<i>femynor</i>	2-Generics	
<i>fyavolv (0.5-2.5 tab, 1-5 tab)</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	

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>larin fe 1.5/30</i>	2-Generics	
<i>larin fe 1/20</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 & 0.01 mg tab, 0.15-0.03 mg tab)</i>	2-Generics	
<i>levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab, 90-20 mcg tab)</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>lutra</i>	2-Generics	
<i>lyllana (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 Brands	QL (8 PER 28 DAYS)
<i>marlissa</i>	2-Generics	
<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	

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>mili</i>	2-Generics	
<i>mono-linyah</i>	2-Generics	
<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</i>	2-Generics	
<i>norethindron-ethinyl estrad-fe</i>	2-Generics	
<i>norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)</i>	2-Generics	
<i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>	2-Generics	
<i>norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)</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 0.625 MG/GM CREAM	3-Preferred Brands	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	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>reclipsen</i>	2-Generics	
<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-lynyah</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>turqoz</i>	2-Generics	
<i>valtya 1/35</i>	2-Generics	
VALTYA 1/50	2-Generics	
<i>velivet</i>	2-Generics	
<i>vestura</i>	2-Generics	
<i>vienva</i>	2-Generics	
<i>vioarele</i>	2-Generics	
<i>volnea</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>vyfemla</i>	2-Generics	
<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 (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	3-Preferred Brands	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 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>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>levo-t (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>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	

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>levoxyl</i> (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)	3-Preferred Brands	
<i>liomny</i> (5 mcg tab, 25 mcg tab, 50 mcg tab)	2-Generics	
<i>liothyronine sodium</i> (5 mcg tab, 25 mcg tab, 50 mcg tab)	2-Generics	
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	5-Specialty	PA, QL (30 PER 30 DAYS)
SYNTHROID (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)	3-Preferred Brands	
<i>unithroid</i> (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)	3-Preferred Brands	

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

<i>cabergoline</i>	3-Preferred Brands	
ELIGARD (7.5 MG KIT, 22.5 MG KIT, 30 MG KIT, 45 MG KIT)	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
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	5-Specialty	PA3
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	5-Specialty	PA3
LUPRON DEPOT (4-MONTH)	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
LUPRON DEPOT (6-MONTH)	5-Specialty	PA3
LUPRON DEPOT-PED (1-MONTH) (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	5-Specialty	PA3
LUPRON DEPOT-PED (3-MONTH) (11.25 MG (PED) KIT, 30 MG KIT)	5-Specialty	PA3
LUPRON DEPOT-PED (6-MONTH)	5-Specialty	PA3
<i>mifepristone</i>	5-Specialty	PA
<i>octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution)</i>	4-Non-Preferred Drugs	PA
<i>octreotide acetate (500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	5-Specialty	PA
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	5-Specialty	PA
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	5-Specialty	PA
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	5-Specialty	PA
SYNAREL	5-Specialty	
TRELSTAR MIXJECT (3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP)	4-Non-Preferred Drugs	PA3

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

<i>methimazole (5 mg tab, 10 mg tab)</i>	2-Generics
<i>propylthiouracil</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
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	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 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	5-Specialty	PA
FLEBOGAMMA DIF (5 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	5-Specialty	PA
GAMMAGARD (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	5-Specialty	PA
GAMMAGARD ERC (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	5-Specialty	PA
GAMMAGARD S/D LESS IGA (5 GM RECON SOLN, 10 GM RECON SOLN)	5-Specialty	PA
GAMMAKED (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	5-Specialty	PA
GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML 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
GAMUNEX-C (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	5-Specialty	PA
OCTAGAM (1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	5-Specialty	PA
PANZYGA (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	5-Specialty	PA
PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	5-Specialty	PA

IMMUNOLOGICAL AGENTS, OTHER

ARCALYST	5-Specialty	PA
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)
BIMZELX (160 MG/ML SOLN A-INJ, 160 MG/ML SOLN PRSYR, 320 MG/2ML SOLN A-INJ, 320 MG/2ML SOLN PRSYR)	5-Specialty	PA
DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	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
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H, 45 MG TAB ER 24H)	5-Specialty	PA, QL (30 PER 30 DAYS)
RINVOQ LQ	5-Specialty	PA, QL (360 PER 30 DAYS)
SKYRIZI (150 MG/ML SOLN PRSYR, 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART, 600 MG/10ML SOLUTION)	5-Specialty	PA
SKYRIZI PEN	5-Specialty	PA
SOTYKTU	5-Specialty	PA, QL (30 PER 30 DAYS)
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR, 130 MG/26ML SOLUTION)	5-Specialty	PA
TAVNEOS	5-Specialty	PA, QL (180 PER 30 DAYS)
TREMFYA (100 MG/ML SOLN PRSYR, 200 MG/20ML SOLUTION, 200 MG/2ML SOLN PRSYR)	5-Specialty	PA
TREMFYA ONE-PRESS	5-Specialty	PA
TREMFYA PEN (100 MG/ML SOLN A-INJ, 200 MG/2ML SOLN A-INJ)	5-Specialty	PA
TREMFYA-CD/UC INDUCTION	5-Specialty	PA
TYENNE (80 MG/4ML SOLUTION, 162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	5-Specialty	PA
USTEKINUMAB (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR, 130 MG/26ML SOLUTION)	5-Specialty	PA
VELSIPITY	5-Specialty	PA, QL (30 PER 30 DAYS)
XELJANZ (5 MG TAB, 10 MG TAB)	5-Specialty	PA, QL (60 PER 30 DAYS)
XELJANZ 1 MG/ML SOLUTION	5-Specialty	PA, QL (480 PER 24 DAYS)
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	5-Specialty	PA, 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
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 (180 MCG/0.5ML SOLN PRSYR, 180 MCG/ML SOLUTION)	5-Specialty	
IMMUNOSUPPRESSANTS		
<i>azathioprine 50 mg tab</i>	2-Generics	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 (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	5-Specialty	PA
ENBREL MINI	5-Specialty	PA
ENBREL SURECLICK	5-Specialty	PA
ENVARUSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	4-Non-Preferred Drugs	PA3
<i>everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	5-Specialty	PA3
<i>everolimus 0.25 mg tab</i>	3-Preferred Brands	PA3
<i>gengraf (25 mg cap, 100 mg cap)</i>	4-Non-Preferred Drugs	PA3
HADLIMA (40 MG/0.4ML SOLN PRSYR, 40 MG/0.8ML SOLN PRSYR)	5-Specialty	PA
HADLIMA PUSHTOUCH (40 MG/0.4ML SOLN A-INJ, 40 MG/0.8ML SOLN A-INJ)	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
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
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 (1 gm recon soln, 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>mycophenolate mofetil (250 mg cap, 500 mg tab)</i>	2-Generics	PA3
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	5-Specialty	PA3
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	4-Non-Preferred Drugs	PA3
<i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>	4-Non-Preferred Drugs	PA3
NULOJIX	5-Specialty	PA3
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	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
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>	3-Preferred Brands	PA3
<i>tacrolimus (0.5 mg cap, 1 mg cap)</i>	2-Generics	PA3
<i>tacrolimus 5 mg cap</i>	4-Non-Preferred Drugs	PA3
XATMEP	4-Non-Preferred Drugs	

VACCINES

ABRYSVO	1-Preferred Generics	
ACTHIB	1-Preferred Generics	
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	1-Preferred Generics	
AREXVY	1-Preferred Generics	
BCG VACCINE	1-Preferred Generics	
BEXSERO	1-Preferred Generics	
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	1-Preferred Generics	
DAPTACEL	1-Preferred Generics	
ENGRIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	1-Preferred Generics	PA3
GARDASIL 9 (0.5 ML SUSP PRSYR, SUSPENSION)	1-Preferred Generics	
HAVRIX (720 U/0.5ML SUSP PRSYR, 1440 U/ML SUSP PRSYR)	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
HEPLISAV-B	1-Preferred Generics	PA3
HIBERIX	1-Preferred Generics	
IMOVAX RABIES	1-Preferred Generics	
INFANRIX	1-Preferred Generics	
IPOL	1-Preferred Generics	
IXIARO	1-Preferred Generics	
JYNNEOS	1-Preferred Generics	PA3
KINRIX	1-Preferred Generics	
M-M-R II	1-Preferred Generics	
MENQUADFI (0.5 ML SOLUTION, SOLUTION)	1-Preferred Generics	
MENVEO (RECON SOLN, SOLUTION)	1-Preferred Generics	
MRESVIA	1-Preferred Generics	
PEDIARIX	1-Preferred Generics	
PEDVAX HIB	1-Preferred Generics	
PENBRAYA	1-Preferred Generics	
PENMENVY	1-Preferred Generics	
PENTACEL	1-Preferred Generics	
PRIORIX	1-Preferred Generics	
PROQUAD	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
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	1-Preferred Generics	
RABAVERT	1-Preferred Generics	
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	1-Preferred Generics	PA3
ROTARIX	1-Preferred Generics	
ROTATEQ	1-Preferred Generics	
SHINGRIX (50 MCG/0.5ML RECON SUSP, 50 MCG/0.5ML SUSP PRSYR)	1-Preferred Generics	
TENIVAC	1-Preferred Generics	
TICOVAC (1.2 MCG/0.25ML SUSP PRSYR, 2.4 MCG/0.5ML SUSP PRSYR)	1-Preferred Generics	
TRUMENBA	1-Preferred Generics	
TWINRIX	1-Preferred Generics	
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	1-Preferred Generics	
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	1-Preferred Generics	
VARIVAX	1-Preferred Generics	
VAXCHORA	1-Preferred Generics	
VIMKUNYA	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
VIVOTIF	1-Preferred Generics	
YF-VAX	1-Preferred Generics	

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium</i>	4-Non-Preferred Drugs	
MESALAMINE (, 1.2 GM TAB DR, 4 GM ENEMA, 1000 MG SUPPOS)	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 (500 mg tab, 500 mg tab dr)</i>	2-Generics	

GLUCOCORTICOIDS

<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	

METABOLIC BONE DISEASE AGENTS

<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	
BONSITY	5-Specialty	PA, QL (2.48 PER 28 DAYS)
<i>calcitonin (salmon) 200 unit/act 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>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	2-Generics	
<i>calcitriol 1 mcg/ml solution</i>	4-Non-Preferred Drugs	
<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>	3-Preferred Brands	PA3, QL (120 PER 30 DAYS)
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	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)
<i>risedronate sodium 35 mg tab dr</i>	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
<i>teriparatide</i>	5-Specialty	PA, QL (2.48 PER 28 DAYS)
WYOST	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
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	2-Generics	PA
CLINOLIPID	4-Non-Preferred Drugs	PA3
GAUZE PADS & DRESSINGS - PADS 2 X 2	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
INSULIN PEN NEEDLE (NOVO/BD/EMBECTA/ULTIMED/TRIVIDIA)	2-Generics	PA
INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/EMBECTA/ULTIMED/ALLISON /TRIVIDIA/MHC)	2-Generics	PA
INSULIN SYRINGE (DISP) U-100 1 ML (BD/EMBECTA/ULTIMED/ALLISON /TRIVIDIA/MHC)	2-Generics	PA2
INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/EMBECTA/ULTIMED/ALLISON /TRIVIDIA/MHC)	2-Generics	PA2
INTRALIPID (20 % EMULSION, 30 % EMULSION)	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
<i>sterile water for irrigation</i>	4-Non-Preferred Drugs	
<i>water for irrigation, sterile</i>	4-Non-Preferred Drugs	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

<i>ak-poly-bac</i>	2-Generics
<i>atropine sulfate 1 % solution</i>	3-Preferred Brands
BACITRA-NEOMYCIN- POLYMYXIN-HC	2-Generics
BACITRACIN-POLYMYXIN B	2-Generics
COMBIGAN	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>cyclopentolate hcl (0.5 % solution, 1 % solution)</i>	2-Generics	
<i>dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)</i>	2-Generics	
<i>loteprednol-tobramycin</i>	3-Preferred Brands	
MIEBO	3-Preferred Brands	QL (3 PER 30 DAYS)
<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	
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	
XDEMZY	5-Specialty	PA, QL (10 PER 42 DAYS)
XIIDRA	3-Preferred Brands	QL (60 PER 30 DAYS)
ZYLET	3-Preferred Brands	
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine hcl 0.05 % solution</i>	2-Generics	
<i>cromolyn sodium 4 % 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
OPHTHALMIC ANTI-INFECTIVES		
<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>moxifloxacin hcl 0.5 % solution</i>	3-Preferred Brands	
<i>ofloxacin 0.3 % solution</i>	2-Generics	
<i>polymyxin b-trimethoprim</i>	2-Generics	
SULFACETAMIDE SODIUM	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 0.07 % solution</i>	4-Non-Preferred Drugs	
<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	
EYSUVIS	4-Non-Preferred Drugs	
<i>fluorometholone</i>	3-Preferred Brands	
<i>flurbiprofen sodium</i>	3-Preferred Brands	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	2-Generics	
LOTEMAX 0.5 % OINTMENT	3-Preferred Brands	
<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</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>prednisolone acetate</i>	3-Preferred Brands	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2-Generics	

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

<i>betaxolol hcl 0.5 % solution</i>	3-Preferred Brands	
<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	

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

<i>acetazolamide er</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 (25 mg tab, 50 mg tab)</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	

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

<i>bimatoprost 0.01 % 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>latanoprost</i>	1-Preferred Generics	
LUMIGAN	3-Preferred Brands	
<i>travoprost (bak free)</i>	2-Generics	
VYZULTA	4-Non-Preferred Drugs	

OTIC AGENTS

<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	
<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 (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	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 (50 mcg/act aer pow ba, 100 mcg/act aer pow ba)</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>fluticasone propionate diskus 250 mcg/act aer pow ba</i>	3-Preferred Brands	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>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 (1 mg/ml solution, 5 mg/5ml solution)</i>	2-Generics	
<i>cyproheptadine hcl 4 mg tab</i>	4-Non-Preferred Drugs	PA
<i>desloratadine 5 mg tab</i>	2-Generics	QL (30 PER 30 DAYS)
<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	PA
<i>hydroxyzine hcl (10 mg/5ml syrup, 50 mg/25ml syrup)</i>	4-Non-Preferred Drugs	PA
<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)

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>zafirlukast (10 mg tab, 20 mg tab)</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)
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	4-Non-Preferred Drugs	QL (4 PER 30 DAYS)
<i>tiotropium bromide 18 mcg cap (generic spiriva handihaler)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
YUPELRI	5-Specialty	PA3
BRONCHODILATORS, SYMPATHOMIMETIC		
<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</i>	2-Generics	QL (36 PER 30 DAYS)
<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)

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>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	

CYSTIC FIBROSIS AGENTS

CAYSTON	5-Specialty	PA
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	5-Specialty	PA, QL (56 PER 28 DAYS)
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>	3-Preferred Brands	PA3
--	--------------------	-----

PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

<i>roflumilast (250 mcg tab, 500 mcg tab)</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>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 (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	5-Specialty	PA, QL (90 PER 30 DAYS)
<i>alyq</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>ambrisentan (5 mg tab, 10 mg tab)</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>	3-Preferred Brands	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)
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)
WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)	5-Specialty	PA
PULMONARY FIBROSIS AGENTS		
<i>nintedanib esylate (100 mg cap, 150 mg cap)</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
OFEV (100 MG CAP, 150 MG CAP)	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)
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	2-Generics	PA3
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	3-Preferred Brands	QL (12 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
ANORO ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
BEVESPI AEROSPHERE	3-Preferred Brands	QL (10.7 PER 30 DAYS)
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>breynga (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)</i>	3-Preferred Brands	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	3-Preferred Brands	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)</i>	3-Preferred Brands	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT	3-Preferred Brands	QL (4 PER 30 DAYS)
FASENRA (10 MG/0.5ML SOLN PRSYR, 30 MG/ML SOLN PRSYR)	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 (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>wixela inhub (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)

SKELETAL MUSCLE RELAXANTS

BOTOX (100 RECON SOLN, 200 RECON SOLN)	4-Non-Preferred Drugs	PA
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	2-Generics	PA, QL (90 PER 30 DAYS)
<i>methocarbamol (500 mg tab, 750 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
XEOMIN (50 RECON SOLN, 100 RECON SOLN, 200 RECON SOLN)	4-Non-Preferred Drugs	PA

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)</i>	4-Non-Preferred Drugs	PA, QL (30 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	PA, 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)

WAKEFULNESS PROMOTING AGENTS

<i>armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</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)
<i>sodium oxybate</i>	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.

Index of Drugs

A

abacavir sulfate.....	46	albuterol sulfate hfa 108 (90 base) mcg/act	
abacavir sulfate-lamivudine.....	47	aero soln (generic ventolin).....	114
ABILIFY ASIMTUFI.....	41	alclometasone dipropionate.....	73
ABILIFY MAINTENA.....	41	ALECENSA.....	30
abiraterone acetate.....	27	alendronate sodium.....	106
abirtega.....	27	alfuzosin hcl er.....	85
ABRYSVO.....	103	aliskiren fumarate.....	63
acamprosate calcium.....	5	allopurinol.....	25
acarbose.....	51	alosetron hcl.....	81
accutane.....	72	alprazolam.....	50
acebutolol hcl.....	61	altavera.....	87
ACETAMINOPHEN-CODEINE.....	4	ALUNBRIG.....	30
acetaminophen-codeine.....	4	ALVAIZ.....	57
acetazolamide.....	63	alyacen 1/35.....	88
acetazolamide er.....	111	alyacen 7/7/7.....	88
acetic acid.....	112	alyq.....	116
acetylcysteine.....	116	amantadine hcl.....	39
acitretin.....	72	ambrisentan.....	116
ACTHIB.....	103	amethyst.....	88
ACTIMMUNE.....	101	amikacin sulfate.....	6
acyclovir.....	49,76	amiloride hcl.....	66
acyclovir sodium.....	50	amiloride-hydrochlorothiazide.....	64
ADACEL.....	103	AMINOSYN II.....	77
adefovir dipivoxil.....	45	AMINOSYN-PF.....	77
ADEMPAS.....	116	amiodarone hcl.....	60
ADVAIR HFA.....	116	amitriptyline hcl.....	21
afirmelle.....	87	amlodipine besy-benazepril hcl.....	64
AIMOVIG.....	25	amlodipine besylate.....	62
ak-poly-bac.....	108	amlodipine besylate-valsartan.....	64
AKEEGA.....	29	amlodipine-atorvastatin.....	64
ala-cort.....	73	amlodipine-olmesartan.....	64
albendazole.....	38	amlodipine-valsartan-hctz.....	64
albuterol sulfate.....	114	ammonium lactate.....	73
albuterol sulfate hfa.....	114	amnestem.....	72
albuterol sulfate hfa 108 (90 base) mcg/act		amoxapine.....	21
aero soln (generic proair).....	114	amoxicillin.....	10
albuterol sulfate hfa 108 (90 base) mcg/act		amoxicillin-pot clavulanate.....	10
aero soln (generic proventil).....	114	amoxicillin-pot clavulanate er.....	10
		amphetamine-dextroamphet er.....	69
		amphetamine-dextroamphetamine.....	70
		amphotericin b.....	23

amphotericin b liposome.....	23	AUVELITY.....	18
ampicillin.....	10	AVASTIN.....	37
ampicillin sodium.....	10	aviane.....	88
ampicillin-sulbactam sodium.....	10	AVMAPKI FAKZYNJA CO-PACK.....	30
anagrelide hcl.....	57	ayuna.....	88
anastrozole.....	30	AYVAKIT.....	30
ANORO ELLIPTA.....	117	azacitidine.....	28
aprepitant.....	23	azathioprine.....	101
apri.....	88	azelastine hcl.....	109,113
APTIVUS.....	48	azithromycin.....	11
ARANELLE.....	88	aztreonam.....	7
ARCALYST.....	99	azurette.....	88
AREXVY.....	103		
arformoterol tartrate.....	114	B	
ARIKAYCE.....	6	bac (butalbital-acetamin-caff).....	71
aripiprazole.....	41	BACITRA-NEOMYCIN-POLYMYXIN-HC.....	108
ARISTADA.....	41	bacitracin.....	110
ARISTADA INITIO.....	41	BACITRACIN-POLYMYXIN B.....	108
armodafinil.....	118	baclofen.....	44
ARNUITY ELLIPTA.....	112	balsalazide disodium.....	106
asenapine maleate.....	41	BALVERSA.....	30
aspirin-dipyridamole er.....	58	balziva.....	88
atazanavir sulfate.....	48	BAQSIMI ONE PACK.....	54
atenolol.....	61	BAQSIMI TWO PACK.....	54
atenolol-chlorthalidone.....	64	BARACLUDE.....	45
atomoxetine hcl.....	70	BASAGLAR KWIKPEN.....	54
atorvastatin calcium.....	67	BCG VACCINE.....	103
atovaquone.....	38	BD ALCOHOL PADS.....	107
atovaquone-proguanil hcl.....	38	BD INSULIN SYRINGE.....	107
atropine sulfate.....	108	benazepril hcl.....	60
ATROVENT HFA.....	114	benazepril-hydrochlorothiazide.....	64
aubra eq.....	88	BENLYSTA.....	99
AUGTYRO.....	29	benzoyl peroxide-erythromycin.....	73
aurovela 1.5/30.....	88	benztropine mesylate.....	39
aurovela 1/20.....	88	BESREMI.....	101
aurovela 24 fe.....	88	betaine.....	83
aurovela fe 1.5/30.....	88	betamethasone dipropionate.....	73
aurovela fe 1/20.....	88	betamethasone dipropionate aug.....	73,74
AUSTEDO.....	70	betamethasone valerate.....	74
AUSTEDO XR.....	70,71	BETASERON.....	71
AUSTEDO XR PATIENT TITRATION.....	71	betaxolol hcl.....	61,111

bethanechol chloride	85	bupropion hcl	18
BEVESPI AEROSPHERE	117	bupropion hcl er (smoking det)	6
bexarotene	38	bupropion hcl er (sr)	18
BEXSERO	103	bupropion hcl er (xl)	18,19
bicalutamide	28	buspirone hcl	50
BICILLIN L-A	10	butalbital-apap-caffeine	71
BIKTARVY	45	butalbital-aspirin-caffeine	2
bimatoprost	111	butorphanol tartrate	4
BIMZELX	99		
bisoprolol fumarate	61	C	
bisoprolol-hydrochlorothiazide	64	CABENUVA	48
BIVIGAM	98	cabergoline	96
blisovi 24 fe	88	CABOMETYX	30
blisovi fe 1.5/30	88	calcipotriene	76
blisovi fe 1/20	88	calcitonin (salmon)	106
BONSITY	106	calcitrene	76
BOOSTRIX	103	calcitriol	107
bortezomib	30	calcitriol oral soln 1 mcg/ml	107
bosentan	116	CALQUENCE	30
BOSULIF	30	camila	94
BOTOX	117	camrese lo	88
BRAFTOVI	30	candesartan cilexetil	59
BREO ELLIPTA	117	candesartan cilexetil-hctz	64
brey-na	117	CAPLYTA	41
BREZTRI AEROSPHERE	117	CAPRELSA	30
briellyn	88	captopril	60
BRILINTA	58	carbamazepine	16
brimonidine tartrate	111	carbamazepine er	16
brinzolamide	111	carbidopa	40
brivaracetam	13	carbidopa-levodopa	40
BRIVIACT	13	carbidopa-levodopa er	40
bromfenac sodium	110	carbidopa-levodopa-entacapone	39
bromocriptine mesylate	39	carglumic acid	77
BRUKINSA	30	carteolol hcl	111
budesonide	106,112	cartia xt	62
budesonide er	106	carvedilol	61
budesonide-formoterol fumarate	117	carvedilol phosphate er	61
bumetanide	66	caspofungin acetate	23
buprenorphine	3	CAYSTON	115
buprenorphine hcl	6	cefaclor	8
buprenorphine hcl-naloxone hcl	6	cefadroxil	8

cefazolin sodium.....	8	clarithromycin er.....	11
cefdinir.....	8	CLENPIQ.....	82
cefepime hcl.....	9	clindamycin hcl.....	7
cefixime.....	9	clindamycin palmitate hcl.....	7
cefotetan disodium.....	9	clindamycin phos (twice-daily).....	77
cefoxitin sodium.....	9	clindamycin phosphate.....	7,77
cefpodoxime proxetil.....	9	clindamycin phosphate in d5w.....	7
cefprozil.....	9	CLINIMIX/DEXTROSE (4.25/10).....	77
ceftaroline fosamil.....	9	CLINIMIX/DEXTROSE (4.25/5).....	77
ceftazidime.....	9	CLINIMIX/DEXTROSE (5/15).....	78
ceftriaxone sodium.....	9	CLINIMIX/DEXTROSE (5/20).....	78
cefuroxime axetil.....	9	clinisol sf.....	78
cefuroxime sodium.....	9	CLINOLIPID.....	107
celecoxib.....	2	clobazam.....	15
cephalexin.....	9	clobetasol prop emollient base.....	74
CERDELGA.....	83	clobetasol propionate.....	74
cetirizine hcl.....	113	clobetasol propionate e.....	74
cevimeline hcl.....	72	clobetasol propionate emulsion.....	74
chateal eq.....	88	clodan.....	74
CHEMET.....	80	clomipramine hcl 25 mg cap.....	21
chlorhexidine gluconate.....	72	clomipramine hcl 50 mg cap.....	21
chloroquine phosphate.....	38	clomipramine hcl 75 mg cap.....	22
chlorpromazine hcl.....	40	clonazepam.....	50
chlorthalidone.....	66	clonidine.....	58
cholestyramine.....	68	clonidine 0.1 mg/24hr patch wk.....	59
cholestyramine light.....	68	clonidine 0.2 mg/24hr patch wk.....	59
ciclodan.....	77	clonidine 0.3 mg/24hr patch wk.....	59
ciclopirox.....	77	clonidine hcl.....	59
ciclopirox olamine.....	77	clopidogrel bisulfate.....	58
cilostazol.....	58	clorazepate dipotassium.....	50
CIMDUO.....	47	clotrimazole.....	23
cimetidine.....	83	clotrimazole-betamethasone.....	76
cinacalcet hcl.....	107	clozapine.....	44
ciprofloxacin hcl.....	12	COARTEM.....	38
CIPROFLOXACIN IN D5W.....	12	COBENFY.....	42
ciprofloxacin in d5w 400 mg/200ml solution.....	12	COBENFY STARTER PACK.....	42
ciprofloxacin-dexamethasone.....	112	colchicine.....	25
cisplatin.....	27	colchicine-probenecid.....	25
citalopram hydrobromide.....	19,20	colesevelam hcl.....	68
claravis.....	73	colestipol hcl.....	68
clarithromycin.....	11	colistimethate sodium (cba).....	7

COMBIGAN.....	108
COMBIVENT RESPIMAT.....	117
COMETRIQ (100 MG DAILY DOSE).....	31
COMETRIQ (140 MG DAILY DOSE).....	31
COMETRIQ (60 MG DAILY DOSE).....	31
compro.....	22
constulose.....	81
COPAXONE.....	71
COPIKTRA.....	31
COTELLIC.....	31
CREON.....	83
CRESEMBA.....	23
cromolyn sodium.....	83,109,115
cryselle.....	88
cryselle-28.....	88
cyclobenzaprine hcl.....	117
cyclopentolate hcl.....	109
CYCLOPHOSPHAMIDE.....	27
cyclophosphamide (25 mg cap, 50 mg cap) 27	
cyclosporine.....	101
cyclosporine modified.....	101
cyproheptadine hcl.....	113
cyred eq.....	88
CYSTAGON.....	84
CYSTARAN.....	84

D

dabigatran etexilate mesylate.....	56
dalfampridine er.....	71
danazol.....	87
dantrolene sodium.....	44
DANZITEN.....	31
dapaglifloz base-metformin er.....	51
dapagliflozin.....	69
dapsone.....	26
DAPTACEL.....	103
daptomycin.....	7
DAPTOMYCIN 350 MG RECON SOLN.....	7
darifenacin hydrobromide er.....	84
darunavir.....	48
dasatinib.....	31
dasetta 1/35.....	88
dasetta 7/7/7.....	88
DAURISMO.....	31
deblitane.....	94
deferasirox.....	80
DELSTRIGO.....	46
delyla.....	88
DEPO-SUBQ PROVERA 104.....	94
DESCOVY.....	47
desipramine hcl.....	22
desloratadine.....	113
desmopressin ace spray refrig.....	87
desmopressin acetate.....	87
desmopressin acetate pf.....	87
desmopressin acetate spray.....	87
desogestrel-ethinyl estradiol.....	88
desonide.....	74
desoximetasone.....	74
desvenlafaxine succinate er.....	20
dexamethasone.....	86
dexamethasone sod phos +rfid.....	86
dexamethasone sod phosphate pf.....	86
dexamethasone sodium phosphate	86,110
dexmethylphenidate hcl.....	70
dextroamphetamine sulfate.....	70
dextroamphetamine sulfate er.....	70
dextrose.....	78
dextrose-sodium chloride.....	78
DIACOMIT.....	13
diazepam.....	15,50,51
diazepam intensol.....	51
diazoxide.....	54
diclofenac potassium.....	2
diclofenac sodium.....	2,110
diclofenac sodium er.....	2
diclofenac-misoprostol.....	2
dicloxacillin sodium.....	10
dicyclomine hcl.....	82
DIFICID.....	11
diflunisal.....	2
difluprednate.....	110

digoxin	60
dihydroergotamine mesylate	26
DILANTIN	16
DILANTIN INFATABS	16
dilt-xr	63
diltiazem hcl	63
diltiazem hcl er	63
diltiazem hcl er beads	63
diltiazem hcl er coated beads	63
dimethyl fumarate	71,72
dimethyl fumarate starter pack	72
diphenhydramine hcl	113
diphenoxylate-atropine	82
dipyridamole	58
disulfiram	5
divalproex sodium	13
divalproex sodium er	13
dofetilide	60
dolishale	88
donepezil hcl	18
DOPTELET	58
DOPTELET SPRINKLE	58
dorzolamide hcl	111
dorzolamide hcl-timolol mal	109
dotti	89
DOVATO	45
doxazosin mesylate	59
doxepin hcl	22,118
doxercalciferol	107
doxy 100	12
doxycycline hyclate	12
doxycycline monohydrate	13
DRIZALMA SPRINKLE	71
dronabinol	23
drospirenone-ethinyl estradiol	89
droxidopa	59
DUAVEE	95
duloxetine hcl	71
DUPIXENT	99
dutasteride	85
dutasteride-tamsulosin hcl	85

E

e.e.s. 400	11
econazole nitrate	24
EDURANT	46
EDURANT PED	46
efavirenz	46
efavirenz-emtricitab-tenofo df	46
efavirenz-lamivudine-tenofovir	46
ELIGARD	96
elinest	89
ELIQUIS	56
ELIQUIS (1.5 MG PACK)	56
ELIQUIS (2 MG PACK)	56
ELIQUIS DVT/PE STARTER PACK	56
ELMIRON	85
eluryng	89
EMGALITY	25
EMGALITY (300 MG DOSE)	25
EMSAM	19
emtricitab-rilpivir-tenofov df	46
emtricitabine	47
emtricitabine-tenofovir df	47
EMTRIVA	47
emzahn	94
enalapril maleate	60
enalapril-hydrochlorothiazide	64
ENBREL	101
ENBREL MINI	101
ENBREL SURECLICK	101
endocet	4
ENGERIX-B	103
enilloring	89
enoxaparin sodium	56
ENSACOVE	31
enskyce	89
entacapone	39
entecavir	45
ENTRESTO	64
enulose	81
ENVARUSUS XR	101

EPCLUSA.....	45
EPIDIOLEX.....	13
epinephrine.....	114
epitol.....	16
eplerenone.....	66
ergotamine-caffeine.....	26
ERIVEDGE.....	31
ERLEADA.....	28
erlotinib hcl.....	31
errin.....	94
ertapenem sodium.....	11
ery 2% pad.....	77
erythromycin.....	11,77,110
ERYTHROMYCIN.....	77
erythromycin base.....	11
erythromycin ethylsuccinate.....	12
escitalopram oxalate.....	20
eslicarbazepine acetate.....	16
esomeprazole magnesium.....	83
estarylla.....	89
estradiol.....	89
estradiol valerate.....	89
ESTRING.....	89
estrogens conjugated.....	89
eszopiclone.....	118
ethambutol hcl.....	26
ethosuximide.....	14,15
ethynodiol diac-eth estradiol.....	89
etodolac.....	2
etodolac er.....	2
etonogestrel-ethinyl estradiol.....	89
etravirine.....	46
EUCRISA.....	74
EULEXIN.....	28
everolimus.....	31,101
EVOTAZ.....	48
exemestane.....	30
EXXUA.....	19
EXXUA TITRATION PACK.....	19
EYSUVIS.....	110
ezetimibe.....	68

ezetimibe-simvastatin.....	68
----------------------------	----

F

falmina.....	90
famciclovir.....	50
famotidine.....	83
FANAPT.....	42
FANAPT TITRATION PACK A.....	42
FANAPT TITRATION PACK B.....	42
FANAPT TITRATION PACK C.....	42
FARXIGA.....	69
FASENRA.....	117
FASENRA PEN.....	117
febuxostat.....	25
feirza 1.5/30.....	90
feirza 1/20.....	90
felbamate.....	13
felodipine er.....	62
femynor.....	90
fenofibrate.....	67
fenofibrate micronized.....	67
fenofibric acid.....	67
fentanyl.....	3
fesoterodine fumarate er.....	84
FETZIMA.....	20
FETZIMA TITRATION.....	20
FIASP.....	54
FIASP FLEXTOUCH.....	54
FIASP PENFILL.....	54
FIASP PUMPCART.....	54
fidaxomicin.....	12
finasteride.....	85
fingolimod hcl.....	72
FINTEPLA.....	13
FIRDAPSE.....	71
FIRMAGON.....	96
FIRMAGON (240 MG DOSE).....	96
flac.....	112
FLEBOGAMMA DIF.....	98
flecainide acetate.....	61
fluconazole.....	24

fluconazole in sodium chloride	24	galantamine hydrobromide er	18
flucytosine	24	gallifrey	94
fludrocortisone acetate	86	GAMMAGARD	98
flunisolide	112	GAMMAGARD ERC	98
fluocinolone acetonide	74,112	GAMMAGARD S/D LESS IGA	98
fluocinolone acetonide body	74	GAMMAKED	98
fluocinolone acetonide scalp	74	GAMMAPLEX	98
fluocinonide	74,75	GAMUNEX-C	99
fluocinonide emulsified base	75	GARDASIL 9	103
fluorometholone	110	gatifloxacin	110
fluorouracil	28,76	GATTEX	82
fluoxetine hcl	20	GAUZE PADS & DRESSINGS - PADS 2 X	
fluphenazine decanoate	40	2	107
fluphenazine hcl	40	gavilyte-c	82
flurbiprofen	2	gavilyte-g	82
flurbiprofen sodium	110	gavilyte-n with flavor pack	82
fluticasone propionate	75,112	GAVRETO	31
fluticasone propionate diskus	112	gefitinib	31
fluticasone propionate hfa	113	gemfibrozil	67
fluticasone-salmeterol	117	GEMTESA	84
fluvastatin sodium	67	generlac	81
fluvastatin sodium er	67	gengraf	101
fluvoxamine maleate	20	GENTAMICIN IN SALINE	6
fondaparinux sodium	56	gentamicin sulfate	7,110
formoterol fumarate	115	GENVOYA	45
fosamprenavir calcium	48	GILOTRIF	31
fosfomycin tromethamine	7	glatiramer acetate	72
fosinopril sodium	60	glatopa	72
fosinopril sodium-hctz	64	GLEOSTINE	27
FOTIVDA	31	glimepiride	51,52
FRUZAQLA	29	glipizide	52
FULPHILA	57	glipizide er	52
fulvestrant	28	glipizide-metformin hcl	52
FUROSEMIDE	66	glucagon emergency	54
furosemide	66	glucagon emergency 1 mg kit (generic)	54
fyavolv	90	GLUCOSE (DEXTROSE)	78
FYCOMPA	13	glyburide	52
		glyburide micronized	52
		glyburide-metformin	52
		glycopyrrolate	82
		GLYXAMBI	52
G			
gabapentin	15		
galantamine hydrobromide	18		

GOMEKLI.....	31
granisetron hcl.....	23
griseofulvin microsize.....	24
griseofulvin ultramicrosize.....	24
guanfacine hcl er.....	70

H

HADLIMA.....	101
HADLIMA PUSH TOUCH.....	101
HAEGARDA.....	98
hailey 1.5/30.....	90
hailey 24 fe.....	90
hailey fe 1.5/30.....	90
hailey fe 1/20.....	90
halobetasol propionate.....	75
haloette.....	90
haloperidol.....	40
haloperidol decanoate.....	40
haloperidol lactate.....	40
HAVRIX.....	103
heather.....	94
heparin sodium (porcine).....	57
heparin sodium (porcine) +rfid.....	57
heparin sodium (porcine) pf.....	57
HEPLISAV-B.....	104
HERCEPTIN HYLECTA.....	37
HERNEXEOS.....	32
HIBERIX.....	104
HUMIRA (2 PEN).....	102
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT (ABBVIE PRODUCT ONLY).....	102
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT (ABBVIE PRODUCT ONLY).....	102
HUMIRA (2 SYRINGE).....	102
HUMIRA 10 MG/0.1ML PREF SY KT (ABBVIE PRODUCT ONLY).....	102
HUMIRA 20 MG/0.2ML PREF SY KT (ABBVIE PRODUCT ONLY).....	102
HUMIRA 40 MG/0.4ML PREF SY KT (ABBVIE PRODUCT ONLY).....	102
HUMIRA-PSORIASIS/UEIT STARTER..	102

HUMULIN R U-500 (CONCENTRATED)...	55
HUMULIN R U-500 KWIKPEN.....	55
hydralazine hcl.....	69
hydrochlorothiazide.....	66
hydrocodone-acetaminophen.....	4
hydrocortisone.....	75,106
hydrocortisone (perianal).....	75
hydrocortisone valerate.....	75
hydrocortisone-acetic acid.....	112
hydromorphone hcl.....	4
hydroxychloroquine sulfate.....	38
hydroxyurea.....	29
hydroxyzine hcl.....	113
hydroxyzine pamoate.....	50
HYRNUO.....	32

I

ibandronate sodium.....	107
IBRANCE.....	32
IBTROZI.....	32
ibu.....	2
ibuprofen.....	2
icatibant acetate.....	98
iclevia.....	90
ICLUSIG.....	32
IDHIFA.....	32
IDVYNZO.....	48
imatinib mesylate.....	32
IMBRUVICA.....	32
imipenem-cilastatin.....	11
imipramine hcl.....	22
imiquimod.....	76
IMKELDI.....	32
IMOVAX RABIES.....	104
IMPAVIDO.....	38
INBRIJA.....	40
incassia.....	94
INCRELEX.....	87
INCRUSE ELLIPTA.....	114
indapamide.....	66
INFANRIX.....	104

INFLECTRA.....	102
INLURIYO.....	28
INLYTA.....	32
INQOVI.....	29
INREBIC.....	32
INSULIN PEN NEEDLE (NOVO/BD/EMBECTA/ULTIMED/TRIVIDIA) 1 08	
INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/EMBECTA/ULTIMED/ALLISON/TRIVIDI A/MHC).....	108
INSULIN SYRINGE (DISP) U-100 1 ML (BD/EMBECTA/ULTIMED/ALLISON/TRIVIDI A/MHC).....	108
INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/EMBECTA/ULTIMED/ALLISON/TRIVIDI A/MHC).....	108
INTELENCE.....	46
INTRALIPID.....	108
introvale.....	90
INVEGA HAFYERA.....	42
INVEGA SUSTENNA.....	42
INVEGA TRINZA.....	42
IPOL.....	104
ipratropium bromide.....	114
ipratropium-albuterol.....	117
irbesartan.....	59
irbesartan-hydrochlorothiazide.....	65
ISENTRESS.....	45
ISENTRESS HD.....	45
isibloom.....	90
ISOLYTE-P IN D5W.....	78
ISOLYTE-S.....	78
ISOLYTE-S PH 7.4.....	78
isoniazid.....	26,27
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD.....	108
isosorb dinitrate-hydralazine.....	65
isosorbide dinitrate.....	69
isosorbide mononitrate.....	69
isosorbide mononitrate er.....	69

isotretinoin.....	73
isradipine.....	62
ITOVEBI.....	32
itraconazole.....	24
ivabradine hcl.....	65
ivermectin.....	38
IWILFIN.....	29
IXIARO.....	104

J

JAKAFI.....	32
JAKAFI XR.....	32
jantoven.....	57
JANUMET.....	52
JANUMET XR.....	52
JANUVIA.....	52
JARDIANCE.....	69
jasmiel.....	90
javygtor.....	84
JAYPIRCA.....	32
jencycla.....	94
JENTADUETO.....	52
JENTADUETO XR.....	52
jinteli.....	90
jolessa.....	90
juleber.....	90
JULUCA.....	45
junel 1.5/30.....	90
junel 1/20.....	90
junel fe 1.5/30.....	90
junel fe 1/20.....	90
junel fe 24.....	90
JYNNEOS.....	104

K

KADCYLA.....	37
KALETRA.....	48
kalliga.....	90
KALYDECO.....	115
KANJINTI.....	37
kariva.....	90

kcl (0.149%) in nacl.....	78	lanreotide acetate.....	96
kcl in dextrose-nacl.....	78	lansoprazole.....	83
KCL-LACTATED RINGERS-D5W.....	78	LANTUS.....	55
kelnor 1/35.....	90	LANTUS SOLOSTAR.....	55
kelnor 1/50.....	90	lapatinib ditosylate.....	33
KERENDIA.....	68	larin 1.5/30.....	90
KESIMPTA.....	72	larin 1/20.....	90
ketoconazole.....	24	larin 24 fe.....	90
ketorolac tromethamine.....	110	larin fe 1.5/30.....	91
KEYTRUDA.....	37	larin fe 1/20.....	91
KINRIX.....	104	latanoprost.....	112
kionex.....	80	LAZCLUZE.....	33
KISQALI (200 MG DOSE).....	32	lederle leucovorin.....	29
KISQALI (400 MG DOSE).....	32	leflunomide.....	102
KISQALI (600 MG DOSE).....	33	lenalidomide.....	28
KISQALI FEMARA (400 MG DOSE).....	33	LENVIMA (10 MG DAILY DOSE).....	33
KISQALI FEMARA (600 MG DOSE).....	33	LENVIMA (12 MG DAILY DOSE).....	33
klayesta.....	24	LENVIMA (14 MG DAILY DOSE).....	33
klor-con.....	78	LENVIMA (18 MG DAILY DOSE).....	33
klor-con 10.....	78	LENVIMA (20 MG DAILY DOSE).....	33
klor-con m10.....	78	LENVIMA (24 MG DAILY DOSE).....	33
klor-con m15.....	78	LENVIMA (4 MG DAILY DOSE).....	33
klor-con m20.....	79	LENVIMA (8 MG DAILY DOSE).....	33
KLOXXADO.....	6	lessina.....	91
KOMZIFTI.....	33	letrozole.....	30
KOSELUGO.....	33	leucovorin calcium.....	29
kourzeq.....	72	LEUKERAN.....	27
KRAZATI.....	33	leuprolide acetate.....	96
kurvelo.....	90	levalbuterol hcl.....	115
		levalbuterol tartrate.....	115
L		levetiracetam.....	14
l-glutamine.....	84	levetiracetam er.....	14
labetalol hcl.....	61	LEVETIRACETAM IN NACL.....	14
lacosamide.....	16	levo-t.....	95
lactulose.....	81	levobunolol hcl.....	111
lactulose encephalopathy.....	81	levocarnitine.....	81
LAGEVRIO.....	50	levocarnitine sf.....	81
lamivudine.....	45,47	levocetirizine dihydrochloride.....	113
lamivudine-zidovudine.....	47	levofloxacin.....	12
lamotrigine.....	13,14,51	levofloxacin in d5w.....	12
lamotrigine er.....	14	levofloxacin oral soln 25 mg/ml.....	12

levonest.....	91	LOTEMAX.....	110
levonorg-eth estrad triphasic.....	91	loteprednol etabonate.....	110
levonorgest-eth estrad 91-day.....	91	loteprednol-tobramycin.....	109
levonorgestrel-ethinyl estrad.....	91	lovastatin.....	67
levora 0.15/30 (28).....	91	low-ogestrel.....	91
levothyroxine sodium.....	95	loxapine succinate.....	41
levoxyl.....	96	lubiprostone.....	81
lidocaine.....	5	luizza 1.5/30.....	91
lidocaine viscous hcl.....	5	luizza 1/20.....	91
lidocaine-prilocaine.....	5	LUMAKRAS.....	33
lidocan.....	5	LUMIGAN.....	112
LIFYORLI (125 MG DOSE).....	33	LUPRON DEPOT (1-MONTH).....	96
LIFYORLI (150 MG DOSE).....	33	LUPRON DEPOT (3-MONTH).....	96
LILETTA (52 MG).....	94	LUPRON DEPOT (4-MONTH).....	96
linezolid.....	7	LUPRON DEPOT (6-MONTH).....	97
LINZESS.....	81	LUPRON DEPOT-PED (1-MONTH).....	97
liomny.....	96	LUPRON DEPOT-PED (3-MONTH).....	97
liothyronine sodium.....	96	LUPRON DEPOT-PED (6-MONTH).....	97
lisinopril.....	60	lurasidone hcl.....	42
lisinopril-hydrochlorothiazide.....	65	luter.....	91
lithium.....	51	LYBALVI.....	42
lithium carbonate.....	51	lyleq.....	94
lithium carbonate er.....	51	lyllana.....	91
LIVTENCITY.....	44	LYNPARZA.....	33
lo-zumandimine.....	91	LYSODREN.....	29
loestrin 1.5/30 (21).....	91	LYTGOBI (12 MG DAILY DOSE).....	33
loestrin 1/20 (21).....	91	LYTGOBI (16 MG DAILY DOSE).....	33
loestrin fe 1.5/30.....	91	LYTGOBI (20 MG DAILY DOSE).....	34
loestrin fe 1/20.....	91	lyza.....	94
lojaimiess.....	91		
LOKELMA.....	80	M	
lomustine.....	27	M-M-R II.....	104
LONSURF.....	29	magnesium sulfate.....	79
loperamide hcl.....	82	malathion.....	76
lopinavir-ritonavir.....	48	maraviroc.....	48
lorazepam.....	51	marlissa.....	91
lorazepam intensol.....	51	MARPLAN.....	19
LORBRENA.....	33	MATULANE.....	27
loryna.....	91	matzim la.....	63
losartan potassium.....	59	MAVYRET.....	45
losartan potassium-hctz.....	65	meclizine hcl.....	22

medroxyprogesterone acetate.....	94	metyrosine.....	65
mefloquine hcl.....	38	mexiletine hcl.....	61
megestrol acetate.....	95	micalfungin sodium.....	24
MEKINIST.....	34	microgestin 1.5/30.....	91
MEKTOVI.....	34	microgestin 1/20.....	91
meleya.....	95	microgestin 24 fe.....	91
meloxicam.....	2	microgestin fe 1.5/30.....	91
MEMANTINE HCL.....	18	microgestin fe 1/20.....	91
memantine hcl.....	18	midodrine hcl.....	59
memantine hcl er.....	18	MIEBO.....	109
MENQUADFI.....	104	mifepristone.....	97
MENVEO.....	104	miglitol.....	53
mercaptapurine.....	29	mili.....	92
meropenem.....	11	minocycline hcl.....	13
MESALAMINE.....	106	minoxidil.....	69
mesalamine er.....	106	mirabegron er.....	84
mesalamine-cleanser.....	106	mirtazapine.....	19
mesna.....	38	misoprostol.....	83
metformin hcl.....	52,53	modafinil.....	118
metformin hcl er.....	53	MODEYSO.....	29
methadone hcl.....	3	moexipril hcl.....	60
methazolamide.....	111	molindone hcl.....	41
methenamine hippurate.....	7	mometasone furoate.....	75,113
methimazole.....	97	mondoxyne nl.....	13
methocarbamol.....	117	mono-lynyah.....	92
methotrexate sodium.....	102	montelukast sodium.....	113
methotrexate sodium (pf).....	102	morphine sulfate.....	4
methoxsalen rapid.....	76	morphine sulfate (concentrate).....	4
methscopolamine bromide.....	82	morphine sulfate er.....	3
methsuximide.....	15	MOUNJARO.....	53
methylphenidate hcl.....	70	MOVANTIK.....	81
methylphenidate hcl er.....	70	moxifloxacin hcl.....	12,110
methylprednisolone.....	86	moxifloxacin hcl in nacl.....	12
methylprednisolone acetate.....	86	MRESVIA.....	104
methylprednisolone sodium succ.....	86	MULTAQ.....	61
metoclopramide hcl.....	22	multiple electro type 1 ph 5.5.....	79
metolazone.....	67	multiple electro type 1 ph 7.4.....	79
metoprolol succinate er.....	61	mupirocin.....	77
metoprolol tartrate.....	62	MVASI.....	37
metoprolol-hydrochlorothiazide.....	65	mycophenolate mofetil.....	102
metronidazole.....	8,73	mycophenolate sodium.....	102

mycophenolic acid	102
MYRBETRIQ	84,85

N

na sulfate-k sulfate-mg sulf	82	NILUTAMIDE	28
nabumetone	2	nimodipine	62
nadolol	62	NINLARO	34
nafcillin sodium	10	nintedanib esylate	116
naftifine hcl	24	nitazoxanide	38
naloxone hcl	6	nitisinone	84
naltrexone hcl	5	nitro-bid	69
NAMZARIC	17	nitrofurantoin macrocrystal	8
naproxen	3	nitrofurantoin monohyd macro	8
naproxen dr	3	nitroglycerin	69
naproxen sodium	3	nizatidine	83
naratriptan hcl	26	nora-be	95
nateglinide	53	NORDITROPIN FLEXPOR	87
NAYZILAM	15	norelgestromin-eth estradiol	92
nebivolol hcl	62	norethin ace-eth estrad-fe	92
necon 0.5/35 (28)	92	norethin-eth estradiol-fe	92
NEEDLES, INSULIN DISP., SAFETY	108	norethindron-ethinyl estrad-fe	92
nefazodone hcl	20	norethindrone	95
neomycin sulfate	7	norethindrone acet-ethinyl est	92
neomycin-bacitracin zn-polymyx	109	norethindrone acetate	95
neomycin-polymyxin-dexameth	109	norethindrone-eth estradiol	92
neomycin-polymyxin-gramicidin	109	norgestim-eth estrad triphasic	92
neomycin-polymyxin-hc	109,112	norgestimate-eth estradiol	92
NERLYNX	34	norlyda	95
nevirapine	46	norlyroc	95
nevirapine er	46	nortrel 0.5/35 (28)	92
NEXLETOL	65	nortrel 1/35 (21)	92
NEXLIZET	68	nortrel 1/35 (28)	92
NEXPLANON	95	nortrel 7/7/7	92
niacin er (antihyperlipidemic)	68	nortriptyline hcl	22
nicardipine hcl	62	NORVIR	49
NICOTROL NS	6	NOVOLIN 70/30	55
nifedipine er	62	NOVOLIN 70/30 FLEXPEN	55
nifedipine er osmotic release	62	NOVOLIN N	55
nikki	92	NOVOLIN N FLEXPEN	55
NILOTINIB D-TARTRATE	34	NOVOLIN R	55
nilotinib hcl	34	NOVOLIN R FLEXPEN	55
		NOVOLOG	55
		NOVOLOG FLEXPEN	55
		NOVOLOG FLEXPEN RELION	55
		NOVOLOG MIX 70/30	55

NOVOLOG MIX 70/30 FLEXPEN	55
NOVOLOG PENFILL	55
NOVOLOG RELION	55
NUBEQA	28
NUDEXTA	71
NULOJIX	102
NUPLAZID	43
NURTEC	25
NUTRILIPID	108
nyamyc	24
nylia 1/35	92
nylia 7/7/7	92
nymyo	92
nystatin	24
nystatin-triamcinolone	76
nystop	24

O

ocella	92
OCTAGAM	99
octreotide acetate	97
ODEFSEY	46
ODOMZO	34
OFEV	116
ofloxacin	110
OGIVRI	37
OGSIVEO	34
OJEMDA	34
OJJAARA	29
olanzapine	43
olmesartan medoxomil	59
olmesartan medoxomil-hctz	65
olmesartan-amlodipine-hctz	65
olopatadine hcl	113
omega-3-acid ethyl esters	68
omeprazole	83
ondansetron	23
ondansetron hcl	23
ondansetron hcl +rfid	23
ondansetron hcl oral soln 4 mg/5ml	23
ONUREG	29

OPIPZA	43
OPSUMIT	116
OPVEE	6
oralone	72
ORGOVYX	29
ORKAMBI	115
orquidea	95
ORSERDU	28
oseltamivir phosphate	49
oxacillin sodium	10
oxaprozin	3
oxcarbazepine	17
oxybutynin chloride	85
oxybutynin chloride er	85
oxycodone hcl	5
oxycodone-acetaminophen	5
OZEMPIC	53
OZEMPIC (0.25 OR 0.5 MG/DOSE)	53
OZEMPIC (1 MG/DOSE)	53
OZEMPIC (2 MG/DOSE)	53

P

pacerone	61
paliperidone er	43
PANRETIN	38
pantoprazole sodium	83
PANZYGA	99
paricalcitol	107
paroxetine hcl	20
paroxetine hcl er	21
PAXLOVID (150/100)	50
PAXLOVID (300/100 & 150/100)	50
PAXLOVID (300/100)	50
pazopanib hcl	34
PEDIARIX	104
PEDVAX HIB	104
peg 3350-kcl-na bicarb-nacl	82
peg-3350/electrolytes	82
PEGASYS	101
pellix	76
PEMAZYRE	34

PENBRAYA.....	104	PIQRAY (300 MG DAILY DOSE).....	34
penicillamine.....	80	pirfenidone.....	116
PENICILLIN G POT IN DEXTROSE.....	10	pirmella 1/35.....	92
penicillin g potassium.....	10	piroxicam.....	3
penicillin g sodium.....	10	pitavastatin calcium.....	67
penicillin v potassium.....	11	plenamine.....	79
PENMENVY.....	104	podofilox.....	76
PENTACEL.....	104	polymyxin b sulfate.....	8
pentamidine isethionate.....	38	polymyxin b-trimethoprim.....	110
pentamidine isethionate for nebulization soln		pomalidomide.....	28
300 mg.....	38	POMALYST.....	28
pentamidine isethionate for soln 300 mg.....	39	portia-28.....	92
pentoxifylline er.....	65	posaconazole.....	24
perampanel.....	14	POTASSIUM CHLORIDE.....	79
PERINDOPRIL ERBUMINE.....	60	potassium chloride.....	79
periogard.....	72	potassium chloride crys er.....	79
permethrin.....	76	potassium chloride er.....	79
perphenazine.....	22	potassium chloride in dextrose.....	79
perphenazine-amitriptyline.....	19	POTASSIUM CHLORIDE IN NACL.....	79
pfizerpen.....	11	potassium citrate er.....	79
phenelzine sulfate.....	19	POTASSIUM CL IN DEXTROSE 5%.....	79
PHENOBARBITAL.....	15	pramipexole dihydrochloride.....	39
phenobarbital.....	15	prasugrel hcl.....	58
phenytek.....	17	pravastatin sodium.....	67
phenytoin.....	17	praziquantel.....	38
phenytoin infatabs.....	17	prazosin hcl.....	59
phenytoin sodium.....	17	prednisolone.....	86
phenytoin sodium extended.....	17	prednisolone acetate.....	111
philith.....	92	prednisolone sodium phosphate.....	86
PHYRAGO.....	34	PREDNISOLONE SODIUM PHOSPHATE.....	111
PIFELTRO.....	46	prednisone.....	86
pilocarpine hcl.....	72,111	PREDNISONE INTENSOL.....	86
pimecrolimus.....	75	pregabalin.....	71
pimozide.....	41	PREMARIN.....	92
pimtrea.....	92	PREMASOL.....	79
pindolol.....	62	PREMPRO.....	92
pioglitazone hcl.....	53	PRENATAL VITAMIN ORAL TABLET.....	81
pioglitazone hcl-metformin hcl.....	53	prevalite.....	68
piperacillin sod-tazobactam so.....	11	PREVYMIS.....	44
PIQRAY (200 MG DAILY DOSE).....	34	PREZCOBIX.....	49
PIQRAY (250 MG DAILY DOSE).....	34	PREZISTA.....	49

PRIFTIN.....	27
primaquine phosphate.....	39
primidone.....	15
PRIORIX.....	104
PRIVIGEN.....	99
probenecid.....	25
prochlorperazine.....	22
prochlorperazine edisylate.....	22
prochlorperazine maleate.....	22
PROCRIPT.....	57,58
procto-med hc.....	75
proctosol hc.....	75
proctozone-hc.....	75
progesterone.....	95
PROGRAF.....	102
PROLASTIN-C.....	84
PROLIA.....	107
promethazine hcl.....	22,113
propafenone hcl.....	61
propafenone hcl er.....	61
propranolol hcl.....	62
propranolol hcl er.....	62
propylthiouracil.....	97
PROQUAD.....	104
PROSOL.....	79
protriptyline hcl.....	22
PULMICORT FLEXHALER.....	113
PULMOZYME.....	115
pyrazinamide.....	27
pyridostigmine bromide.....	26
pyridostigmine bromide er.....	26
pyrimethamine.....	39

Q

QINLOCK.....	29
QUADRACEL.....	105
quetiapine fumarate.....	43
quetiapine fumarate er.....	43
quinapril hcl.....	60
quinidine sulfate.....	61
quinine sulfate.....	39

QULIPTA.....	25
--------------	----

R

RABAVERT.....	105
rabeprazole sodium.....	83
RALDESY.....	21
raloxifene hcl.....	95
ramelteon.....	118
ramipril.....	60
ranolazine er.....	65
rasagiline mesylate.....	40
reclipsen.....	93
RECOMBIVAX HB.....	105
relafen.....	3
RELENZA DISKHALER.....	49
relgaabi.....	15
RELISTOR.....	81
RENFLEXIS.....	103
repaglinide.....	53
REPATHA.....	68
REPATHA SURECLICK.....	68
RESTASIS.....	109
RESTASIS MULTIDOSE.....	109
RETACRIT.....	58
RETEVMO.....	34
REVCovi.....	84
REVUFORJ.....	34,35
REXULTI.....	43
REYATAZ.....	49
REZDIFFRA.....	96
REZLIDHIA.....	35
REZUROCK.....	103
RHOPRESSA.....	111
ribavirin.....	45
rifabutin.....	26
rifampin.....	27
rilpivirine hcl.....	46
riluzole.....	71
rimantadine hcl.....	49
RINVOQ.....	100
RINVOQ LQ.....	100

risedronate sodium.....	107
risperidone.....	43,44
risperidone microspheres er.....	44
ritonavir.....	49
rivaroxaban.....	57
rivastigmine.....	18
rivastigmine tartrate.....	18
rizatriptan benzoate.....	26
ROCKLATAN.....	109
roflumilast.....	115
ROMVIMZA.....	35
ropinirole hcl.....	39
ropinirole hcl er.....	39
rosuvastatin calcium.....	67
ROTARIX.....	105
ROTATEQ.....	105
roweepra.....	14
ROZLYTREK.....	35
RUBRACA.....	35
rufinamide.....	17
RUKOBIA.....	48
RUXIENCE.....	37
RYBELSUS.....	53
RYDAPT.....	35

S

sacubitril-valsartan.....	65
sajazir.....	98
SANCUSO.....	23
SANTYL.....	76
sapropterin dihydrochloride.....	84
SCEMBLIX.....	35
scopolamine.....	23
SECUADO.....	44
selegiline hcl.....	40
SELENIUM SULFIDE.....	75
SELZENTRY.....	48
SEREVENT DISKUS.....	115
sertraline hcl.....	21
setlakin.....	93
sharobel.....	95
SHINGRIX.....	105
SIGNIFOR.....	97
sildenafil citrate.....	116
silodosin.....	85
silver sulfadiazine.....	76
SIMBRINZA.....	111
simliya.....	93
simvastatin.....	67
sirolimus.....	103
SIRTURO.....	27
SKYRIZI.....	100
SKYRIZI PEN.....	100
sodium chloride.....	79
sodium chloride (pf).....	80
SODIUM FLUORIDE.....	80
sodium oxybate.....	118
sodium phenylbutyrate.....	84
sodium polystyrene sulfonate.....	80
solifenacin succinate.....	85
SOLIQUEA.....	53
SOLTAMOX.....	28
SOMATULINE DEPOT.....	97
SOMAVERT.....	97
sorafenib tosylate.....	35
sotalol hcl.....	61
sotalol hcl (af).....	61
SOTYKTU.....	100
SPIRIVA RESPIMAT.....	114
spironolactone.....	68
spironolactone-hctz.....	65
sprintec 28.....	93
SPRITAM.....	14
sps (sodium polystyrene sulf).....	81
sronyx.....	93
ssd.....	76
STELARA.....	100
sterile water for irrigation.....	108
STIVARGA.....	35
streptomycin sulfate.....	7
STRIBILD.....	46
SUBVENITE.....	51

subvenite.....	51	temazepam.....	118
sucralfate.....	83	TENIVAC.....	105
SULFACETAMIDE SODIUM.....	110	tenofovir disoproxil fumarate.....	47
sulfacetamide sodium (acne).....	73	TEPMETKO.....	35
sulfacetamide-prednisolone.....	109	terazosin hcl.....	59
sulfadiazine.....	12	terbinafine hcl.....	25
sulfamethoxazole-trimethoprim.....	12	terbutaline sulfate.....	115
SULFAMYLON.....	77	terconazole.....	25
sulfasalazine.....	106	teriflunomide.....	72
sulindac.....	3	teriparatide.....	107
sumatriptan.....	26	testosterone.....	87
sumatriptan succinate.....	26	testosterone cypionate.....	87
sunitinib malate.....	35	testosterone enanthate.....	87
SUNLENCA.....	48	testosterone td gel pump 20.25 mg/act (1.62%).....	87
syeda.....	93	tetrabenazine.....	71
SYMPAZAN.....	15	tetracycline hcl.....	13
SYMTUZA.....	49	THALOMID.....	28
SYNAREL.....	97	theophylline er.....	116
SYNTHROID.....	96	thioridazine hcl.....	41
T		thiothixene.....	41
TABLOID.....	29	tiadylt er.....	63
TABRECTA.....	35	TIAGABINE HCL.....	15
tacrolimus.....	75,103	TIBSOVO.....	35
tadalafil.....	85	ticagrelor.....	58
tadalafil (pah).....	116	TICOVAC.....	105
TAFINLAR.....	35	TIGECYCLINE.....	8
TAGRISSO.....	35	tilia fe.....	93
TALZENNA.....	35	TIMOLOL MALEATE.....	62
tamoxifen citrate.....	28	timolol maleate.....	111
tamsulosin hcl.....	85	timolol maleate (once-daily).....	111
tarina 24 fe.....	93	tinidazole.....	8
tarina fe 1/20 eq.....	93	tiotropium bromide 18 mcg cap (generic Spiriva HandiHaler).....	114
tasimelteon.....	118	TIVICAY.....	46
TAVNEOS.....	100	TIVICAY PD.....	46
tazarotene.....	73	tizanidine hcl.....	44
tazicef.....	9	TOBRADEX.....	109
TEFLARO.....	9	tobramycin.....	110,115
telmisartan.....	60	tobramycin sulfate.....	7
telmisartan-amlodipine.....	65	tobramycin-dexamethasone.....	109
telmisartan-hctz.....	65,66		

tolterodine tartrate.....	85	tri-lo-estarylla.....	93
tolterodine tartrate er.....	85	tri-lo-marzia.....	93
tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk – generic Jynarque).....	80	tri-lo-mili.....	93
tolvaptan 15 mg tab (generic Jynarque)....	80	tri-lo-sprintec.....	93
tolvaptan 30 mg tab (generic Jynarque)....	80	tri-mili.....	93
topiramate.....	14	tri-nymyo.....	93
toremifene citrate.....	28	tri-sprintec.....	93
torpenz.....	35	tri-vylibra.....	93
torsemide.....	66	tri-vylibra lo.....	93
TOUJEO MAX SOLOSTAR.....	55	triamcinolone acetonide.....	72,75
TOUJEO SOLOSTAR.....	55	triamterene-hctz.....	66
tovet.....	75	triderm.....	75
TPN ELECTROLYTES.....	80	trientine hcl.....	80
TRADJENTA.....	53	trifluoperazine hcl.....	41
tramadol hcl.....	5	trifluridine.....	110
tramadol hcl er.....	3	trihexyphenidyl hcl.....	39
tramadol-acetaminophen.....	5	TRIJARDY XR.....	54
trandolapril.....	60	TRIKAFTA.....	115
trandolapril-verapamil hcl er.....	66	trilitas.....	73
tranexamic acid.....	58	trimethoprim.....	8
tranylcypromine sulfate.....	19	trimipramine maleate.....	22
TRAVASOL.....	80	TRINTELLIX.....	21
travoprost (bak free).....	112	TRIUMEQ.....	47
TRAZIMERA.....	37	TRIUMEQ PD.....	47
trazodone hcl.....	21	TROGARZO.....	48
TRELEGY ELLIPTA.....	117	TROPHAMINE.....	80
TRELSTAR MIXJECT.....	97	trospium chloride.....	85
TREMFYA.....	100	trospium chloride er.....	85
TREMFYA ONE-PRESS.....	100	TRULANCE.....	81
TREMFYA PEN.....	100	TRULICITY.....	54
TREMFYA-CD/UC INDUCTION.....	100	TRUMENBA.....	105
TRESIBA.....	56	TRUQAP.....	35
TRESIBA FLEXTOUCH.....	56	TRUXIMA.....	37
tretinoin.....	38,73	TUKYSA.....	36
tri femynor.....	93	TURALIO.....	36
tri-estarylla.....	93	turqoz.....	93
tri-legest fe.....	93	TWINRIX.....	105
tri-linyah.....	93	TYBOST.....	48
		TYENNE.....	100
		TYPHIM VI.....	105

U

UBRELVY	25
unithroid	96
UPTRAVI	116
ursodiol	82
USTEKINUMAB	100

V

valacyclovir hcl	50
VALCHLOR	27
valganciclovir hcl	44,45
valproate sodium	14
valproic acid	14
valsartan	60
valsartan-hydrochlorothiazide	66
VALTOCO 10 MG DOSE	15
VALTOCO 15 MG DOSE	15
VALTOCO 20 MG DOSE	16
VALTOCO 5 MG DOSE	16
valtya 1/35	93
VALTYA 1/50	93
vancomycin hcl	8
VANFLYTA	36
VAQTA	105
varenicline tartrate	6
varenicline tartrate (starter)	6
varenicline tartrate(continue)	6
VARIVAX	105
VASCEPA	68
VAXCHORA	105
velivet	93
VELSIPITY	100
VEMLIDY	45
VENCLEXTA	36
VENCLEXTA STARTING PACK	36
venlafaxine hcl	21
venlafaxine hcl er	21
verapamil hcl	63
verapamil hcl er	63
VERQUVO	66

VERSACLOZ	44
VERZENIO	36
vestura	93
VIBERZI	82
vienva	93
vigabatrin	16
vigadrone	16
VIGAFYDE	16
vigpoder	16
vilazodone hcl	21
VIMKUNYA	105
viorele	93
VIRACEPT	49
VIREAD	47
VITRAKVI	36
VIVITROL	5
VIVOTIF	106
VIZIMPRO	36
volnea	93
VONJO	36
VOQUEZNA DUAL PAK	82
VOQUEZNA TRIPLE PAK	82
VORANIGO	36
voriconazole	25
VOSEVI	45
VOWST	82
VRAYLAR	44
vyfemla	94
vylibra	94
VYZULTA	112

W

warfarin sodium	57
water for irrigation, sterile	108
WELIREG	29
wera	94
WINREVAIR	116
wixela inhub	117
wymzya fe	94
WYOST	107

X

XALKORI	36
xarah fe	94
XARELTO	57
XARELTO STARTER PACK	57
XATMEP	103
XCOPRI	17
XCOPRI (250 MG DAILY DOSE)	17
XCOPRI (350 MG DAILY DOSE)	17
XDEMVY	109
XELJANZ	100
XELJANZ XR	100
xelria fe	94
XEOMIN	118
XERMELO	82
XIFAXAN	8
XIGDUO XR	54
XIIDRA	109
XOFLUZA (40 MG DOSE)	49
XOFLUZA (80 MG DOSE)	49
XOLAIR	101
XOSPATA	36
XPOVIO (100 MG ONCE WEEKLY)	36
XPOVIO (40 MG ONCE WEEKLY)	36
XPOVIO (40 MG TWICE WEEKLY)	36
XPOVIO (60 MG ONCE WEEKLY)	36
XPOVIO (60 MG TWICE WEEKLY)	36
XPOVIO (80 MG ONCE WEEKLY)	37
XPOVIO (80 MG TWICE WEEKLY)	37
XTANDI	28
xulane	94

Y

YF-VAX	106
YONSA	28
yulithira	37
YUPELRI	114
yuvaferm	94

Z

zafemy	94
zafirlukast	114
zaleplon	118
ZARXIO	58
ZEGALOGUE	54
ZEJULA	37
ZELBORAF	37
zelvysia	84
zenatane	73
ZENPEP	84
zidovudine	47
ziprasidone hcl	44
ziprasidone mesylate	44
ZIRABEV	37
ZIRGAN	110
zoledronic acid	107
ZOLINZA	30
zolpidem tartrate	118
ZONISADE	17
zonisamide	17
zovia 1/35 (28)	94
ZTALMY	16
zumandimine	94
ZURZUVAE	19
ZYDELIG	37
ZYKADIA	37
ZYLET	109

This formulary was updated on 08/01/2026. For more recent information or other questions, please contact Jefferson Health Plans at 1-866-901-8000 (TTY 1-877-454-8477), or visit www.JeffersonHealthPlans.com/Medicare. From October 1 to March 31, we're available 8 a.m. to 8 p.m., 7 days a week. And from April 1 to September 30, we're available 8 a.m. to 8 p.m., Monday to Friday.

Jefferson Health Plans contracts with Medicare to offer HMO, HMO-DSNP, and PPO plans. Our HMO-DSNP also has a contract with the Pennsylvania State Medicaid program. Enrollment in our plans depends on contract renewal.

Y0170_MCE-540RX-9316.A_C

Jefferson Health Plans

1101 Market Street, Suite 3000
Philadelphia, PA 19107

1-866-901-8000 (TTY 1-877-454-8477)

www.JeffersonHealthPlans.com/Medicare

