



## 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

## Formulario principal 2026

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

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

Id. del formulario 26337, Versión 16

Este formulario se actualizó en 01/06/2026. Para obtener información más reciente o si tienes otras preguntas, comunícate con Servicios para Miembros de Jefferson Health Plans al 1-866-901-8000 (los usuarios de TTY deben llamar al 1-877-454-8477) o visita [JeffersonHealthPlans.com/Medicare](http://JeffersonHealthPlans.com/Medicare). Del 1.º de octubre al 31 de marzo, estamos disponibles de 8:00 a.m. a 8:00 p.m., los 7 días de la semana. Y del 1.º de abril al 30 de septiembre, estamos disponibles de 8:00 a.m. a 8:00 p.m., de lunes a viernes.

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

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

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan que está vigente desde 01/06/2026. Para obtener una lista de medicamentos (formulario) actualizada, comunícate con nosotros. Nuestra información de contacto, junto con la fecha en la que actualizamos la lista de medicamentos (formulario), aparece en las páginas de portada y contraportada.

Generalmente, debes usar las farmacias de la red para usar tu beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias o los copagos o el coseguro pueden cambiar el 1.º de enero de 2026, y de vez en cuando durante el año.

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

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

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

## ¿Puede cambiar el Formulario?

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

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

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

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

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

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

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

- **Medicamentos retirados del mercado.** Si el fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) determina que se retira por motivos de seguridad o eficacia, podemos retirar el medicamento de nuestro formulario de inmediato y luego notificar a los miembros que lo toman.
- **Otros cambios.** Podemos realizar otros cambios que afecten a miembros que actualmente estén tomando un medicamento. Por ejemplo, podemos eliminar un medicamento de marca del formulario al agregar un equivalente genérico o eliminar un producto biológico original al agregar un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o producto biológico original. Podemos realizar cambios basados en nuevas pautas clínicas. Si retiramos medicamentos de nuestro formulario o agregamos autorización previa, límites de cantidad o restricciones de terapia escalonada para un medicamento, debemos informar sobre el cambio a los miembros afectados al menos 30 días antes de que el cambio entre en vigencia. Como alternativa, al momento en que el miembro solicite otra reposición del medicamento, se le entregará un suministro de 30 días del medicamento y un aviso del cambio.

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

**Cambios que no te afectarán si estás tomando el medicamento actualmente.** Por lo general, si estás tomando un medicamento que aparece en nuestro formulario de 2026 que tenía cobertura a principio de año, no interrumpiremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2026, excepto como se describe anteriormente. Esto significa que estos medicamentos permanecerán disponibles en el mismo nivel de costos compartidos para los miembros que los tomen durante el resto del año de cobertura. No recibirás un aviso directo este año sobre los cambios que no te afectan. Sin embargo, el 1.º de enero del próximo año, dichos cambios podrían afectarte, y es importante consultar el Formulario para el nuevo año de beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto que está vigente desde 01/06/2026. Para obtener información actualizada sobre los medicamentos cubiertos por Jefferson Health Plans, comunícate con nosotros. Nuestra información de contacto aparece en las páginas de portada y contraportada.

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

## ¿Cómo uso el Formulario?

Hay dos maneras de encontrar tu medicamento en el formulario:

## **Afección médica**

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

## **Listado en orden alfabético**

Si no estás seguro de la categoría en la que debes buscar, busca el medicamento en el Índice que comienza en la página 110. El Índice proporciona una lista en orden alfabético de todos los medicamentos que se incluyen en este documento. Tanto los medicamentos genéricos como los medicamentos de marca aparecen en el Índice. Busca en el Índice y encuentra el medicamento. Junto al medicamento, verás el número de página donde podrás encontrar la información de cobertura. Recurre a la página que aparece en el Índice y encuentra el nombre del medicamento en la primera columna de la lista.

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

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

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

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

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

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

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

- **Autorización previa:** Jefferson Health Plans requiere que tú o tu médico obtengan una autorización previa para determinados medicamentos. Significa que deberás obtener la aprobación de Jefferson

Health Plans antes de surtir tus recetas. Si no obtienes la aprobación, es posible que Jefferson Health Plans no cubra el medicamento.

- **Límites de cantidad:** Para determinados medicamentos, Jefferson Health Plans limita la cantidad de medicamento que cubrirá. Por ejemplo, Jefferson Health Plans proporciona 60 comprimidos por receta para atorvastatina 10 mg. Es posible que esto se aplique además de un suministro estándar de un mes o tres meses.
- **Terapia escalonada:** En algunos casos, Jefferson Health Plans requiere que primero pruebes algunos medicamentos para tratar tu afección médica antes de que cubramos otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B tratan tu afección médica, es posible que Jefferson Health Plans no cubra el medicamento B, salvo que antes pruebes el medicamento A. Si el medicamento A no te funciona, Jefferson Health Plans cubrirá el medicamento B.

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

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

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

Si su medicamento no se incluye en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios para miembros y consultar si se cubre su medicamento.

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

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

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

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

- Puedes solicitarnos que cubramos un medicamento si no aparece en nuestro formulario. Si se aprueba, este medicamento será cubierto a un nivel predeterminado de gastos compartidos, y no podrás pedirnos que te proporcionemos el medicamento a un nivel más bajo de gastos compartidos.

- Puedes solicitarnos que anulemos una restricción de cobertura, incluida la autorización previa, la terapia escalonada o un límite de cantidad en tu medicamento. Por ejemplo, para algunos medicamentos, Jefferson Health Plans limita la cantidad del medicamento que cubriremos. Si tu medicamento tiene un límite de cantidad, puedes solicitarnos que retiremos el límite y que cubramos una cantidad mayor.
- Puede pedirnos que cubramos un medicamento del formulario a un nivel menor de costos compartidos a menos que el medicamento no esté en el nivel de especialidades. Si se aprueba, se reduciría la cantidad que debes pagar por el medicamento.

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

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

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

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

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

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

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

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

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

### Para más información

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

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

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

### Formulario principal de Jefferson Health Plans

En el formulario que comienza en la página 2, se proporciona información de cobertura sobre los medicamentos cubiertos por Jefferson Health Plans. Si tienes problemas para encontrar tu medicamento en la lista, recurre al Índice que comienza en la página 110.

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

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

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

Nivel de medicamentos	Monto estándar de costos compartidos de las farmacias minoristas (de la red) Suministro de un mes (hasta 30 días)
<b>1 – Genéricos preferidos</b>	\$0
<b>2 – Genéricos</b> Elite, Flex Plus, Flex Pro	\$0

Complete, Choice	\$5
Prime, Silver	\$10
<b>3 – De marca preferidos</b>	25%
<b>4 – Medicamentos no preferidos</b>	
Prime	28%
Flex Plus, Choice, Silver	32%
Flex Pro, Elite, Complete	34%
<b>5 – De especialidad</b>	33%

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

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## LEGEND

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

SYMBOL	NAME	DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
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
<b>ANALGESICS</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
<i>butalbital-aspirin-caffeine</i>	2-Generics	PA, QL (180 PER 30 DAYS)
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>celecoxib 400 mg cap</i>	2-Generics	QL (30 PER 30 DAYS)
<i>diclofenac potassium 50 mg tab</i>	2-Generics	QL (120 PER 30 DAYS)
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	2-Generics	
<i>diclofenac sodium 1.5 % solution</i>	3-Preferred Brands	QL (300 PER 28 DAYS)
<i>diclofenac sodium er</i>	2-Generics	QL (60 PER 30 DAYS)
<i>diclofenac-misoprostol</i>	4-Non-Preferred Drugs	
<i>diflunisal</i>	2-Generics	QL (90 PER 30 DAYS)
<i>etodolac (200 mg cap, 300 mg cap)</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>etodolac (400 mg tab, 500 mg tab)</i>	2-Generics	
<i>etodolac er</i>	4-Non-Preferred Drugs	
<i>flurbiprofen</i>	2-Generics	
<i>ibu</i>	1-Preferred Generics	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension)</i>	2-Generics	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	1-Preferred Generics	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1-Preferred Generics	
<i>nabumetone</i>	2-Generics	
<i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	1-Preferred Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>naproxen (375 mg tab dr, 500 mg tab dr)</i>	2-Generics	
<i>naproxen dr</i>	2-Generics	
<i>naproxen sodium</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</i>	2-Generics	
<i>sulindac</i>	2-Generics	QL (60 PER 30 DAYS)

### **OPIOID ANALGESICS, LONG-ACTING**

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

### **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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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)</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>oxycodone-acetaminophen 10-325 mg tab</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>tramadol hcl 50 mg tab</i>	2-Generics	QL (240 PER 30 DAYS)
<i>tramadol-acetaminophen</i>	2-Generics	QL (240 PER 30 DAYS)

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

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

## **ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS**

### **ALCOHOL DETERRENTS/ANTI-CRAVING**

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

### **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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>OPIOID REVERSAL AGENTS</b>		
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	
<b>SMOKING CESSATION AGENTS</b>		
<i>bupropion hcl er (smoking det)</i>	2-Generics	QL (60 PER 30 DAYS)
NICOTROL NS	4-Non-Preferred Drugs	
<i>varenicline tartrate</i>	4-Non-Preferred Drugs	
<i>varenicline tartrate (starter)</i>	4-Non-Preferred Drugs	
<i>varenicline tartrate(continue)</i>	4-Non-Preferred Drugs	
<b>ANTIBACTERIALS</b>		
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate</i>	4-Non-Preferred Drugs	
ARIKAYCE	5-Specialty	PA
GENTAMICIN IN SALINE	4-Non-Preferred Drugs	
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>gentamicin sulfate (10 mg/ml solution, 40 mg/ml solution)</i>	4-Non-Preferred Drugs	
<i>neomycin sulfate</i>	2-Generics	
<i>streptomycin sulfate</i>	5-Specialty	
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 10 mg/ml solution, 80 mg/2ml 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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTIBACTERIALS, OTHER</b>		
<i>aztreonam</i>	4-Non-Preferred Drugs	
<i>clindamycin hcl</i>	2-Generics	
<i>clindamycin palmitate hcl</i>	4-Non-Preferred Drugs	
<i>clindamycin phosphate (300 mg/2ml solution, 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</i>	4-Non-Preferred Drugs	
<i>colistimethate sodium (cba)</i>	5-Specialty	
<i>daptomycin 350 mg recon soln</i>	5-Specialty	
<i>daptomycin 500 mg recon soln</i>	5-Specialty	
<i>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	
<i>metronidazole (250 mg tab, 500 mg tab)</i>	2-Generics	
<i>metronidazole 0.75 % gel</i>	3-Preferred Brands	
<i>metronidazole 500 mg/100ml solution</i>	4-Non-Preferred Drugs	
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	2-Generics	
<i>nitrofurantoin monohyd macro</i>	2-Generics	
<i>polymyxin b sulfate</i>	4-Non-Preferred Drugs	
<b>TIGECYCLINE</b>	3-Preferred Brands	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>tinidazole</i>	3-Preferred Brands	
<i>trimethoprim</i>	2-Generics	
<i>vancomycin hcl (1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 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 (, 2 gm recon soln, 3 gm 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	
<i>cefepime hcl</i>	4-Non-Preferred Drugs	
CEFIXIME (100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 400 MG CAP)	4-Non-Preferred Drugs	
<i>cefotetan disodium</i>	4-Non-Preferred Drugs	
<i>cefoxitin sodium</i>	4-Non-Preferred Drugs	
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	4-Non-Preferred Drugs	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	2-Generics	

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>ceftaroline fosamil</i>	5-Specialty	
<i>ceftazidime</i>	4-Non-Preferred Drugs	
CEFTRIAXONE SODIUM (, 1 GM RECON SOLN, 2 GM RECON SOLN)	4-Non-Preferred Drugs	
<i>cefuroxime axetil</i>	2-Generics	
<i>cefuroxime sodium</i>	4-Non-Preferred Drugs	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i>	2-Generics	
<i>tazicef</i>	4-Non-Preferred Drugs	
TEFLARO	5-Specialty	

## **BETA-LACTAM, PENICILLINS**

<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1-Preferred Generics	
<i>amoxicillin-pot clavulanate (200- 28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	2-Generics	
<i>amoxicillin-pot clavulanate er</i>	4-Non-Preferred Drugs	
<i>ampicillin</i>	2-Generics	
<i>ampicillin sodium</i>	4-Non-Preferred Drugs	
<i>ampicillin-sulbactam sodium</i>	4-Non-Preferred Drugs	
BICILLIN L-A	4-Non-Preferred Drugs	
<i>dicloxacillin sodium</i>	2-Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>nafcillin sodium (1 gm recon soln, 2 gm recon soln)</i>	4-Non-Preferred Drugs	
<i>nafcillin sodium 10 gm recon soln</i>	5-Specialty	
<i>oxacillin sodium</i>	4-Non-Preferred Drugs	
<b>PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)</b>	4-Non-Preferred Drugs	
<i>penicillin g potassium</i>	4-Non-Preferred Drugs	
<i>penicillin g sodium</i>	4-Non-Preferred Drugs	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	1-Preferred Generics	
<i>pfizerpen</i>	4-Non-Preferred Drugs	
<i>piperacillin sod-tazobactam so</i>	4-Non-Preferred Drugs	

## **CARBAPENEMS**

<i>ertapenem sodium</i>	3-Preferred Brands	
<i>imipenem-cilastatin</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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>clarithromycin er</i>	4-Non-Preferred Drugs	
DIFICID 40 MG/ML RECON SUSP <i>e.e.s. 400</i>	5-Specialty	QL (408 PER 30 DAYS)
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	4-Non-Preferred Drugs	
<i>erythromycin base</i>	4-Non-Preferred Drugs	
<i>erythromycin ethylsuccinate 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</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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)</i>	1-Preferred Generics	
<b>TETRACYCLINES</b>		
<i>doxy 100</i>	4-Non-Preferred Drugs	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	2-Generics	
<i>doxycycline hyclate 100 mg recon soln</i>	4-Non-Preferred Drugs	
<i>doxycycline monohydrate (50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)</i>	2-Generics	
<i>doxycycline monohydrate 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</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</i>	2-Generics	
<i>divalproex sodium er</i>	2-Generics	

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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	
<i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i>	2-Generics	
<i>lamotrigine er</i>	4-Non-Preferred Drugs	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	2-Generics	
<i>levetiracetam er</i>	2-Generics	
LEVETIRACETAM IN NACL	4-Non-Preferred Drugs	
<i>perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>perampanel 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</i>	4-Non-Preferred Drugs	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	2-Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>CALCIUM CHANNEL MODIFYING AGENTS</b>		
<i>ethosuximide 250 mg cap</i>	3-Preferred Brands	
<i>ethosuximide 250 mg/5ml solution</i>	4-Non-Preferred Drugs	
<i>methsuximide</i>	4-Non-Preferred Drugs	
<b>GAMMA-AMINOBTYRIC ACID (GABA) MODULATING AGENTS</b>		
<i>clobazam (10 mg tab, 20 mg tab)</i>	4-Non-Preferred Drugs	PA2, QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	4-Non-Preferred Drugs	PA2, QL (480 PER 30 DAYS)
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	4-Non-Preferred Drugs	
<i>gabapentin (100 mg cap, 600 mg tab)</i>	2-Generics	QL (180 PER 30 DAYS)
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	4-Non-Preferred Drugs	QL (2160 PER 30 DAYS)
<i>gabapentin 300 mg cap</i>	2-Generics	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg cap</i>	2-Generics	QL (270 PER 30 DAYS)
<i>gabapentin 800 mg tab</i>	2-Generics	QL (120 PER 30 DAYS)
NAYZILAM	4-Non-Preferred Drugs	PA2, QL (10 PER 30 DAYS)
<i>phenobarbital</i>	4-Non-Preferred Drugs	QL (1500 PER 30 DAYS)
PHENOBARBITAL	2-Generics	QL (120 PER 30 DAYS)
<i>primidone</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-Specialty	PA2, QL (60 PER 30 DAYS)
<i>tiagabine hcl</i>	4-Non-Preferred Drugs	
VALTOCO 10 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 15 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
VALTOCO 20 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 5 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
<i>vigabatrin</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)
<i>vigadrone</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)
VIGAFYDE	5-Specialty	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</i>	2-Generics	
DILANTIN	4-Non-Preferred Drugs	
DILANTIN INFATABS	4-Non-Preferred Drugs	
<i>epitol</i>	2-Generics	
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	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)
<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	

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

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

## **ANTIDEMENTIA AGENTS**

### **ANTIDEMENTIA AGENTS, OTHER**

NAMZARIC (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
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### **CHOLINESTERASE INHIBITORS**

<i>donepezil hcl (5 mg tab disp, 10 mg tab disp)</i>	2-Generics	QL (30 PER 30 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>rivastigmine</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>rivastigmine tartrate</i>	3-Preferred Brands	QL (60 PER 30 DAYS)

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

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</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

### **ANTIDEPRESSANTS**

#### **ANTIDEPRESSANTS, OTHER**

AUVELITY	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>bupropion hcl</i>	2-Generics	QL (120 PER 30 DAYS)
<i>bupropion hcl er (sr)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	2-Generics	QL (90 PER 30 DAYS)
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	2-Generics	QL (30 PER 30 DAYS)
EXXUA	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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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</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	5-Specialty	PA2, QL (30 PER 30 DAYS)
MARPLAN	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
<i>phenelzine sulfate</i>	2-Generics	
<i>tranylcypromine sulfate</i>	4-Non-Preferred Drugs	

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>escitalopram oxalate 5 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
FETZIMA	4-Non-Preferred Drugs	PA2, QL (30 PER 30 DAYS)
FETZIMA TITRATION	4-Non-Preferred Drugs	PA2, QL (28 PER 28 DAYS)
<i>fluoxetine hcl 10 mg cap</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<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</i>	2-Generics	QL (90 PER 30 DAYS)
<i>nefazodone hcl</i>	4-Non-Preferred Drugs	
<i>paroxetine hcl (10 mg tab, 20 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>paroxetine hcl (30 mg tab, 40 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5ml suspension</i>	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)
<i>paroxetine hcl er 12.5 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>paroxetine hcl er 25 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>paroxetine hcl er 37.5 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
RALDESY	5-Specialty	PA2, QL (1200 PER 30 DAYS)
<i>sertraline hcl (25 mg tab, 50 mg tab)</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>sertraline hcl 100 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>sertraline hcl 20 mg/ml conc</i>	4-Non-Preferred Drugs	QL (300 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	4-Non-Preferred Drugs	PA2, QL (30 PER 30 DAYS)
<i>venlafaxine hcl</i>	2-Generics	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h)</i>	2-Generics	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap er 24h</i>	2-Generics	QL (60 PER 30 DAYS)
<i>vilazodone hcl</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

## TRICYCLICS

<i>amitriptyline hcl</i>	2-Generics	PA2
<i>amoxapine</i>	3-Preferred Brands	PA2
<i>clomipramine hcl</i>	4-Non-Preferred Drugs	PA2
<i>desipramine hcl</i>	4-Non-Preferred Drugs	PA2
DOXEPIN HCL (, 10 MG CAP, 25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP)	2-Generics	PA2
<i>imipramine hcl</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</i>	4-Non-Preferred Drugs	
<i>trimipramine maleate</i>	4-Non-Preferred Drugs	

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

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

### EMETOGENIC THERAPY ADJUNCTS

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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</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
<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</i>	4-Non-Preferred Drugs	
<i>flucytosine</i>	5-Specialty	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	4-Non-Preferred Drugs	
<i>griseofulvin ultramicrosize</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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>ketoconazole 200 mg tab</i>	2-Generics	
<i>klayesta</i>	2-Generics	QL (60 PER 30 DAYS)
<i>micafungin sodium</i>	4-Non-Preferred 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)
<i>terbinafine hcl</i>	2-Generics	QL (120 PER 30 DAYS)
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	2-Generics	
<i>voriconazole 200 mg recon soln</i>	5-Specialty	PA
<i>voriconazole 200 mg tab</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>voriconazole 40 mg/ml recon susp</i>	5-Specialty	QL (600 PER 30 DAYS)
<i>voriconazole 50 mg tab</i>	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)

## **ANTIGOUT AGENTS**

<i>allopurinol (100 mg tab, 300 mg tab)</i>	1-Preferred Generics	
<i>colchicine 0.6 mg tab</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>colchicine-probenecid</i>	3-Preferred Brands	
<i>febuxostat</i>	4-Non-Preferred Drugs	ST

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>probenecid</i>	3-Preferred Brands	

## ANTIMIGRAINE AGENTS

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

AIMOVIG	3-Preferred Brands	PA, QL (1 PER 28 DAYS)
EMGALITY	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	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
UBRELVY	3-Preferred Brands	PA, QL (16 PER 30 DAYS)

### ERGOT ALKALOIDS

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

### SEROTONIN (5-HT) RECEPTOR AGONIST

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANTIMYASTHENIC AGENTS</b>		
<b>PARASYMPATHOMIMETICS</b>		
<i>pyridostigmine bromide 60 mg tab</i>	3-Preferred Brands	
<i>pyridostigmine bromide er</i>	4-Non-Preferred Drugs	
<b>ANTIMYCOBACTERIALS</b>		
<b>ANTIMYCOBACTERIALS, OTHER</b>		
<i>dapsone (25 mg tab, 100 mg tab)</i>	3-Preferred Brands	
<i>rifabutin</i>	4-Non-Preferred Drugs	
<b>ANTITUBERCULARS</b>		
<i>ethambutol hcl</i>	2-Generics	
<i>isoniazid (100 mg tab, 300 mg tab)</i>	1-Preferred Generics	
<i>isoniazid 50 mg/5ml syrup</i>	4-Non-Preferred Drugs	
PRIFTIN	4-Non-Preferred Drugs	
<i>pyrazinamide</i>	4-Non-Preferred Drugs	
<i>rifampin (150 mg cap, 300 mg cap)</i>	3-Preferred Brands	
<i>rifampin 600 mg recon soln</i>	4-Non-Preferred Drugs	
SIRTURO	5-Specialty	PA
<b>ANTINEOPLASTICS</b>		
<b>ALKYLATING AGENTS</b>		
<i>cisplatin</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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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</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)
<i>bicalutamide</i>	2-Generics	
ERLEADA 240 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
ERLEADA 60 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
EULEXIN	5-Specialty	PA2
<i>nilutamide</i>	5-Specialty	
NUBEQA	5-Specialty	PA2, QL (120 PER 30 DAYS)
XTANDI (40 MG CAP, 40 MG TAB)	5-Specialty	PA2, QL (120 PER 30 DAYS)
XTANDI 80 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
YONSA	5-Specialty	PA2, QL (120 PER 30 DAYS)

## **ANTIANGIOGENIC AGENTS**

<i>lenalidomide</i>	5-Specialty	PA2, QL (28 PER 28 DAYS)
<i>pomalidomide</i>	5-Specialty	PA2, QL (21 PER 28 DAYS)
POMALYST	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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANTIESTROGENS/MODIFIERS</b>		
<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>	2-Generics	
<i>toremifene citrate</i>	5-Specialty	
<b>ANTIMETABOLITES</b>		
<i>azacitidine</i>	5-Specialty	PA3
<i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	4-Non-Preferred Drugs	PA3
<i>mercaptopurine 2000 mg/100ml suspension</i>	5-Specialty	
<i>mercaptopurine 50 mg tab</i>	3-Preferred Brands	
ONUREG	5-Specialty	PA2, QL (14 PER 28 DAYS)
TABLOID	4-Non-Preferred Drugs	
<b>ANTINEOPLASTICS, OTHER</b>		
AKEEGA	5-Specialty	PA2, QL (60 PER 30 DAYS)
AUGTYRO 160 MG CAP	5-Specialty	PA2, QL (60 PER 30 DAYS)
AUGTYRO 40 MG CAP	5-Specialty	PA2, QL (240 PER 30 DAYS)
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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	5-Specialty	PA2, QL (30 PER 30 DAYS)
ORGOVYX	5-Specialty	PA2, QL (32 PER 30 DAYS)
QINLOCK	5-Specialty	PA2, QL (90 PER 30 DAYS)
WELIREG	5-Specialty	PA2, QL (90 PER 30 DAYS)
ZOLINZA	5-Specialty	PA2, QL (120 PER 30 DAYS)

### **AROMATASE INHIBITORS, 3RD GENERATION**

<i>anastrozole</i>	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	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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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)
COMETRIQ (100 MG DAILY DOSE)	5-Specialty	PA2, QL (60 PER 30 DAYS)
COMETRIQ (140 MG DAILY DOSE)	5-Specialty	PA2, QL (120 PER 30 DAYS)
COMETRIQ (60 MG DAILY DOSE)	5-Specialty	PA2, QL (90 PER 30 DAYS)
COPIKTRA	5-Specialty	PA2, QL (60 PER 30 DAYS)
COTELLIC	5-Specialty	PA2, QL (63 PER 28 DAYS)
DANZITEN	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab)</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>dasatinib 140 mg tab</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>dasatinib 20 mg tab</i>	5-Specialty	PA2, QL (90 PER 30 DAYS)
DAURISMO 100 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
DAURISMO 25 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
ENSACOVE	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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
FOTIVDA	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	5-Specialty	PA2, QL (30 PER 30 DAYS)
GOMEKLI 1 MG CAP	5-Specialty	PA2, QL (126 PER 28 DAYS)
GOMEKLI 1 MG TAB SOL	5-Specialty	PA2, QL (168 PER 28 DAYS)
GOMEKLI 2 MG CAP	5-Specialty	PA2, QL (84 PER 28 DAYS)
HERNEXEOS	5-Specialty	PA2, QL (90 PER 30 DAYS)
HYRNUO	5-Specialty	PA2, QL (120 PER 30 DAYS)
IBRANCE	5-Specialty	PA2, QL (21 PER 28 DAYS)
IBTROZI	5-Specialty	PA2, QL (90 PER 30 DAYS)
ICLUSIG (10 MG TAB, 30 MG TAB, 45 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
ICLUSIG 15 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
IDHIFA	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	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-Specialty	PA2, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
KISQALI (200 MG DOSE)	5-Specialty	PA2, QL (21 PER 28 DAYS)
KISQALI (400 MG DOSE)	5-Specialty	PA2, QL (42 PER 28 DAYS)
KISQALI (600 MG DOSE)	5-Specialty	PA2, QL (63 PER 28 DAYS)
KISQALI FEMARA (400 MG DOSE)	5-Specialty	PA2, QL (70 PER 28 DAYS)
KISQALI FEMARA (600 MG DOSE)	5-Specialty	PA2, QL (91 PER 28 DAYS)
KOSELUGO 10 MG CAP	5-Specialty	PA2, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAP	5-Specialty	PA2, QL (120 PER 30 DAYS)
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	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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>nilotinib hcl</i>	5-Specialty	PA2, QL (120 PER 30 DAYS)
NINLARO	5-Specialty	PA2, QL (3 PER 28 DAYS)
ODOMZO	5-Specialty	PA2, QL (30 PER 30 DAYS)
OGSIVEO (100 MG TAB, 150 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
OGSIVEO 50 MG TAB	5-Specialty	PA2, QL (180 PER 30 DAYS)
OJEMDA 100 MG TAB	5-Specialty	PA2, QL (24 PER 28 DAYS)
OJEMDA 25 MG/ML RECON SUSP	5-Specialty	PA2, QL (96 PER 28 DAYS)
<i>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	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)
REVUFORJ 160 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
REVUFORJ 25 MG TAB	5-Specialty	PA2, QL (240 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
REZLIDHIA	5-Specialty	PA2, QL (60 PER 30 DAYS)
ROMVIMZA	5-Specialty	PA2, QL (8 PER 28 DAYS)
ROZLYTREK 100 MG CAP	5-Specialty	PA2, QL (180 PER 30 DAYS)
ROZLYTREK 200 MG CAP	5-Specialty	PA2, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PACKET	5-Specialty	PA2, QL (360 PER 30 DAYS)
RUBRACA	5-Specialty	PA2, QL (120 PER 30 DAYS)
RYDAPT	5-Specialty	PA2, QL (240 PER 30 DAYS)
SCSEMBLIX 100 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
SCSEMBLIX 20 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
SCSEMBLIX 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</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
TABRECTA	5-Specialty	PA2, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAP, 75 MG CAP)	5-Specialty	PA2, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TAB SOL	5-Specialty	PA2, QL (900 PER 30 DAYS)
TAGRISO	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</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
TRUQAP	5-Specialty	PA2, QL (64 PER 28 DAYS)
TUKYSA 150 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
TUKYSA 50 MG TAB	5-Specialty	PA2, QL (300 PER 30 DAYS)
TURALIO	5-Specialty	PA2, QL (120 PER 30 DAYS)
VANFLYTA	5-Specialty	PA2, QL (56 PER 28 DAYS)
VENCLEXTA 10 MG TAB	3-Preferred Brands	PA2, QL (120 PER 30 DAYS)

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ZELBORAF	5-Specialty	PA2, QL (240 PER 30 DAYS)
ZYDELIG	5-Specialty	PA2, QL (60 PER 30 DAYS)
ZYKADIA	5-Specialty	PA2, QL (90 PER 30 DAYS)

### **MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE**

AVASTIN	5-Specialty	PA3
HERCEPTIN HYLECTA	5-Specialty	PA3
KADCYLA	5-Specialty	PA3
KANJINTI	5-Specialty	PA3
KEYTRUDA	5-Specialty	PA3
MVASI	5-Specialty	PA3
OGIVRI	5-Specialty	PA3
RUXIENCE	5-Specialty	PA3
TRAZIMERA	5-Specialty	PA3
TRUXIMA	5-Specialty	PA3
ZIRABEV	5-Specialty	PA3

### **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	
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### **ANTIPARASITICS**

#### **ANTHELMINTHICS**

<i>albendazole</i>	3-Preferred Brands	
<i>ivermectin 3 mg tab</i>	3-Preferred Brands	
<i>praziquantel</i>	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANTIPROTOZOALS</b>		
<i>atovaquone</i>	4-Non-Preferred Drugs	QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	4-Non-Preferred Drugs	
<i>chloroquine phosphate</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 for nebulization soln 300 mg</i>	4-Non-Preferred Drugs	PA3
<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</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>entacapone</i>	4-Non-Preferred Drugs	
<b>DOPAMINE AGONISTS</b>		
<i>bromocriptine mesylate</i>	4-Non-Preferred Drugs	
<i>pramipexole dihydrochloride</i>	2-Generics	
<i>ropinirole hcl</i>	2-Generics	
<i>ropinirole hcl er</i>	4-Non-Preferred Drugs	
<b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa</i>	4-Non-Preferred Drugs	
<i>carbidopa-levodopa</i>	2-Generics	
<i>carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)</i>	2-Generics	
INBRIJA	5-Specialty	PA, QL (300 PER 30 DAYS)
<b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>		
<i>rasagiline mesylate</i>	4-Non-Preferred Drugs	
<i>selegiline hcl</i>	3-Preferred Brands	
<b>ANTIPSYCHOTICS</b>		
<b>1ST GENERATION/TYPICAL</b>		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	4-Non-Preferred Drugs	
<i>fluphenazine decanoate</i>	4-Non-Preferred Drugs	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2-Generics	
<i>fluphenazine hcl (2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg/ml conc)</i>	4-Non-Preferred Drugs	

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

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

## **2ND GENERATION/ATYPICAL**

ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5-Specialty	QL (2.4 PER 56 DAYS)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5-Specialty	QL (3.2 PER 56 DAYS)
ABILIFY MAINTENA	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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ARISTADA INITIO	5-Specialty	QL (4.8 PER 365 DAYS)
<i>asenapine maleate</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
CAPLYTA	5-Specialty	ST, QL (30 PER 30 DAYS)
COBENFY	5-Specialty	ST, QL (60 PER 30 DAYS)
COBENFY STARTER PACK	5-Specialty	ST, QL (56 PER 28 DAYS)
FANAPT	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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
LYBALVI	5-Specialty	PA2, QL (30 PER 30 DAYS)
NUPLAZID	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</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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>risperidone 1 mg/ml solution</i>	2-Generics	QL (480 PER 30 DAYS)
<i>risperidone microspheres er</i>	4-Non-Preferred Drugs	QL (2 PER 28 DAYS)
SECUADO	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</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</i>	4-Non-Preferred Drugs	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	2-Generics	

### **ANTIVIRALS**

#### **ANTI-CYTOMEGALOVIRUS (CMV) AGENTS**

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>valganciclovir hcl 50 mg/ml recon soln</i>	5-Specialty	
<b>ANTI-HEPATITIS B (HBV) AGENTS</b>		
<i>adefovir dipivoxil</i>	4-Non-Preferred Drugs	
BARACLUDE 0.05 MG/ML SOLUTION	5-Specialty	
<i>entecavir</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>lamivudine 100 mg tab</i>	3-Preferred Brands	
VEMLIDY	5-Specialty	QL (30 PER 30 DAYS)
<b>ANTI-HEPATITIS C (HCV) AGENTS</b>		
EPCLUSA (150-37.5 MG PACKET, 400-100 MG TAB)	5-Specialty	PA, QL (28 PER 28 DAYS)
EPCLUSA (200-50 MG PACKET, 200-50 MG TAB)	5-Specialty	PA, QL (56 PER 28 DAYS)
MAVYRET 100-40 MG TAB	5-Specialty	PA, QL (84 PER 28 DAYS)
MAVYRET 50-20 MG PACKET	5-Specialty	PA, QL (140 PER 28 DAYS)
<i>ribavirin</i>	3-Preferred Brands	
VOSEVI	5-Specialty	PA, QL (28 PER 28 DAYS)
<b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>		
BIKTARVY	5-Specialty	QL (30 PER 30 DAYS)
DOVATO	5-Specialty	QL (30 PER 30 DAYS)
GENVOYA	5-Specialty	QL (30 PER 30 DAYS)
ISENTRESS (100 MG CHEW TAB, 100 MG PACKET)	5-Specialty	QL (180 PER 30 DAYS)
ISENTRESS 25 MG CHEW TAB	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
ISENTRESS 400 MG TAB	5-Specialty	QL (60 PER 30 DAYS)
ISENTRESS HD	5-Specialty	QL (60 PER 30 DAYS)
JULUCA	5-Specialty	QL (30 PER 30 DAYS)
STRIBILD	5-Specialty	QL (30 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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</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)
<i>abacavir sulfate-lamivudine</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
CIMDUO	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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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)
<b>ANTI-HIV AGENTS, OTHER</b>		
CABENUVA	5-Specialty	
<i>maraviroc 150 mg tab</i>	5-Specialty	QL (60 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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)
NORVIR 100 MG PACKET	4-Non-Preferred Drugs	QL (360 PER 30 DAYS)
PREZCOBIX	5-Specialty	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	5-Specialty	QL (400 PER 30 DAYS)

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
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	
<i>acyclovir sodium</i>	4-Non-Preferred Drugs	PA3
<i>famciclovir</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>valacyclovir hcl</i>	2-Generics	QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANTIVIRAL, CORONAVIRUS AGENTS</b>		
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)
<b>ANXIOLYTICS</b>		
<b>ANXIOLYTICS, OTHER</b>		
<i>bupirone hcl</i>	1-Preferred Generics	
<i>hydroxyzine pamoate</i>	3-Preferred Brands	PA
<b>BENZODIAZEPINES</b>		
<i>alprazolam (0.25 mg tab, 0.5 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>alprazolam (1 mg tab, 2 mg tab)</i>	2-Generics	QL (150 PER 30 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>clonazepam (2 mg tab, 2 mg tab disp)</i>	2-Generics	QL (300 PER 30 DAYS)
<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)
<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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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</i>	1-Preferred Generics	
<i>lithium carbonate er</i>	2-Generics	
SUBVENITE	4-Non-Preferred Drugs	
<i>subvenite</i>	2-Generics	

## **BLOOD GLUCOSE REGULATORS**

### **ANTIDIABETIC AGENTS**

<i>acarbose</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>glimepiride (1 mg tab, 2 mg tab)</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>glipizide (5 mg tab, 10 mg tab)</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>glipizide er 10 mg tab er 24h</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tab er 24h</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>glipizide er 5 mg tab er 24h</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>glipizide-metformin hcl</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>glyburide</i>	1-Preferred Generics	QL (120 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>glyburide micronized</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>glyburide-metformin</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
GLYXAMBI	3-Preferred Brands	QL (30 PER 30 DAYS)
JANUMET	3-Preferred Brands	QL (60 PER 30 DAYS)
JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)	3-Preferred Brands	QL (60 PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	3-Preferred Brands	QL (30 PER 30 DAYS)
JANUVIA	3-Preferred Brands	QL (30 PER 30 DAYS)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB)	3-Preferred Brands	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3-Preferred Brands	QL (60 PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>metformin hcl 1000 mg tab</i>	1-Preferred Generics	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tab</i>	1-Preferred Generics	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tab er 24h</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tab er 24h</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>miglitol</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
MOUNJARO	3-Preferred Brands	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tab</i>	1-Preferred Generics	QL (180 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
OZEMPIC	3-Preferred Brands	PA, QL (30 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 (2 MG/DOSE)	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>pioglitazone hcl-metformin hcl</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>repaglinide (0.5 mg tab, 1 mg tab)</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>repaglinide 2 mg tab</i>	1-Preferred Generics	QL (240 PER 30 DAYS)
RYBELSUS	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)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	3-Preferred Brands	QL (30 PER 30 DAYS)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	3-Preferred Brands	QL (60 PER 30 DAYS)
TRULICITY	3-Preferred Brands	PA, QL (2 PER 28 DAYS)
XIGDUO XR (10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	3-Preferred Brands	QL (30 PER 30 DAYS)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H)	3-Preferred Brands	QL (60 PER 30 DAYS)
<b>GLYCEMIC AGENTS</b>		
BAQSIMI ONE PACK	3-Preferred Brands	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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	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	
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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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	
TRESIBA	3-Preferred Brands	
TRESIBA FLEXTOUCH	3-Preferred Brands	

## **BLOOD PRODUCTS AND MODIFIERS**

### **ANTICOAGULANTS**

<i>dabigatran etexilate mesylate (75 mg cap, 150 mg cap)</i>	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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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 prsy, 40 mg/0.4ml soln prsy, 60 mg/0.6ml soln prsy, 80 mg/0.8ml soln prsy, 100 mg/ml soln prsy, 120 mg/0.8ml soln prsy, 150 mg/ml soln prsy)</i>	4-Non-Preferred Drugs	
<i>fondaparinux sodium (5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)</i>	5-Specialty	
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	4-Non-Preferred Drugs	
<i>heparin sodium (porcine)</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</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</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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
XARELTO STARTER PACK	3-Preferred Brands	QL (51 PER 30 DAYS)
<b>BLOOD PRODUCTS AND MODIFIERS, OTHER</b>		
ALVAIZ	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>anagrelide hcl</i>	3-Preferred Brands	
FULPHILA	5-Specialty	PA
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION)	3-Preferred Brands	PA3
PROCRIT (20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	5-Specialty	PA3
RETACRIT	3-Preferred Brands	PA3
ZARXIO	5-Specialty	PA
<b>HEMOSTASIS AGENTS</b>		
<i>tranexamic acid 650 mg tab</i>	3-Preferred Brands	
<b>PLATELET MODIFYING AGENTS</b>		
<i>aspirin-dipyridamole er</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
BRILINTA 90 MG TAB	3-Preferred Brands	
<i>cilostazol</i>	2-Generics	
<i>clopidogrel bisulfate 300 mg tab</i>	2-Generics	
<i>clopidogrel bisulfate 75 mg tab</i>	1-Preferred Generics	
<i>dipyridamole</i>	3-Preferred Brands	
DOPTELET	5-Specialty	PA
DOPTELET SPRINKLE	5-Specialty	PA
<i>prasugrel hcl</i>	3-Preferred Brands	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>ticagrelor</i>	3-Preferred Brands	

## **CARDIOVASCULAR AGENTS**

### **ALPHA-ADRENERGIC AGONISTS**

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

### **ALPHA-ADRENERGIC BLOCKING AGENTS**

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

### **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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>losartan potassium 100 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil (20 mg tab, 40 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>telmisartan</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>valsartan 320 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)

### **ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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</i>	4-Non-Preferred Drugs	
<i>flecainide acetate</i>	2-Generics	
<i>mexiletine hcl</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</i>	2-Generics	
<i>propafenone hcl er</i>	4-Non-Preferred Drugs	
<i>quinidine sulfate</i>	4-Non-Preferred Drugs	
<i>sotalol hcl</i>	2-Generics	
<i>sotalol hcl (af)</i>	2-Generics	

## **BETA-ADRENERGIC BLOCKING AGENTS**

<i>acebutolol hcl</i>	2-Generics	
<i>atenolol</i>	1-Preferred Generics	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	2-Generics	
<i>bisoprolol fumarate</i>	2-Generics	
<i>carvedilol</i>	1-Preferred Generics	
<i>carvedilol phosphate er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	2-Generics	
<i>metoprolol succinate er</i>	1-Preferred Generics	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1-Preferred Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>nadolol</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</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</i>	3-Preferred Brands	
TIMOLOL MALEATE (, 10 MG TAB)	4-Non-Preferred Drugs	

### **CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES**

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

### **CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES**

<i>cartia xt</i>	2-Generics	
<i>dilt-xr</i>	2-Generics	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	2-Generics	
<i>diltiazem hcl er</i>	2-Generics	
<i>diltiazem hcl er beads</i>	2-Generics	
<i>diltiazem hcl er coated beads</i>	2-Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>matzim la</i>	2-Generics	
<i>tiadylt er</i>	2-Generics	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1-Preferred 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</i>	3-Preferred Brands	
<i>aliskiren fumarate</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide</i>	2-Generics	
<i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 10-20 mg cap)</i>	1-Preferred 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</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine-atorvastatin</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine-olmesartan</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan-hctz</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone</i>	1-Preferred Generics	
<i>benazepril-hydrochlorothiazide</i>	1-Preferred Generics	
<i>bisoprolol-hydrochlorothiazide</i>	1-Preferred Generics	
<i>candesartan cilexetil-hctz (32-12.5 mg tab, 32-25 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>candesartan cilexetil-hctz 16-12.5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide</i>	1-Preferred Generics	
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>fosinopril sodium-hctz</i>	1-Preferred Generics	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide 300-12.5 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>isosorb dinitrate-hydralazine</i>	4-Non-Preferred Drugs	
<i>ivabradine hcl</i>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide</i>	1-Preferred Generics	
<i>losartan potassium-hctz (100-12.5 mg tab, 100-25 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>losartan potassium-hctz 50-12.5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>metoprolol-hydrochlorothiazide</i>	2-Generics	
<i>metyrosine</i>	5-Specialty	PA
NEXLETOL	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
<i>olmesartan medoxomil-hctz</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>pentoxifylline er</i>	2-Generics	
<i>ranolazine er</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>sacubitril-valsartan</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>spironolactone-hctz</i>	2-Generics	
<i>telmisartan-amlodipine</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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>telmisartan-hctz (40-12.5 mg tab, 80-25 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>telmisartan-hctz 80-12.5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>trandolapril-verapamil hcl er</i>	1-Preferred Generics	
<i>triamterene-hctz</i>	1-Preferred Generics	
<i>valsartan-hydrochlorothiazide</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
VERQUVO	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>torseamide</i>	2-Generics	

### **DIURETICS, POTASSIUM-SPARING**

<i>amiloride hcl</i>	2-Generics	
<i>eplerenone</i>	3-Preferred Brands	

### **DIURETICS, THIAZIDE**

<i>chlorthalidone</i>	2-Generics	
<i>hydrochlorothiazide</i>	1-Preferred Generics	
<i>indapamide</i>	1-Preferred Generics	
<i>metolazone</i>	2-Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	2-Generics	
<i>fenofibrate micronized (67 mg cap, 134 mg cap, 200 mg cap)</i>	2-Generics	
<i>fenofibric acid</i>	3-Preferred Brands	
<i>gemfibrozil</i>	1-Preferred Generics	
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>		
<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</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</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>pravastatin sodium</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>simvastatin</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<b>DYSLIPIDEMICS, OTHER</b>		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	2-Generics	

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

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

### **MINERALOCORTICOID RECEPTOR ANTAGONISTS**

KERENDIA	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	

### **SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)**

<i>dapagliflozin</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
FARXIGA	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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
JARDIANCE	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</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 (10 mg tab, 20 mg tab)</i>	1-Preferred Generics	
<i>isosorbide mononitrate er</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-dextroamphetamine er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
<i>dextroamphetamine sulfate er</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</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>guanfacine hcl er</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)
AUSTEDO XR 6 MG TAB ER 24H	5-Specialty	PA, QL (120 PER 30 DAYS)
AUSTEDO XR PATIENT TITRATION	5-Specialty	PA, QL (28 PER 28 DAYS)
<i>bac (butalbital-acetamin-caff)</i>	2-Generics	PA, QL (180 PER 30 DAYS)
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	2-Generics	PA, QL (180 PER 30 DAYS)
FIRDAPSE	5-Specialty	PA, QL (240 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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	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)
<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 prsy</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>glatiramer acetate 40 mg/ml soln prsy</i>	5-Specialty	QL (12 PER 28 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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</i>	5-Specialty	QL (30 PER 30 DAYS)

## **DENTAL AND ORAL AGENTS**

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

## **DERMATOLOGICAL AGENTS**

### **ACNE AND ROSACEA AGENTS**

<i>accutane</i>	4-Non-Preferred Drugs	
<i>acitretin</i>	4-Non-Preferred Drugs	PA
<i>amnesteam</i>	4-Non-Preferred Drugs	
<i>benzoyl peroxide-erythromycin</i>	4-Non-Preferred Drugs	QL (46.6 PER 30 DAYS)
<i>claravis</i>	4-Non-Preferred Drugs	
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4-Non-Preferred Drugs	
<i>metronidazole (0.75 % lotion, 1 % gel)</i>	4-Non-Preferred Drugs	
<i>sulfacetamide sodium (acne)</i>	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>zenatane</i>	4-Non-Preferred Drugs	

## **DERMATITIS AND PRURITUS AGENTS**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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)
<b>EUCRISA</b>	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)
<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)</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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	

#### **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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>nystatin-triamcinolone</i>	4-Non-Preferred Drugs	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)
<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)

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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
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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	
<i>klor-con m20</i>	2-Generics	
MAGNESIUM SULFATE 50 % SOLUTION	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</i>	2-Generics	
<i>potassium chloride er</i>	2-Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>potassium chloride in dextrose</i>	4-Non-Preferred Drugs	
<i>potassium chloride in nacl</i>	4-Non-Preferred Drugs	
<i>potassium citrate 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	
<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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>tolvaptan (15 mg tab thpk, 30 &amp; 15 mg tab thpk, 45 &amp; 15 mg tab thpk, 60 &amp; 30 mg tab thpk, 90 &amp; 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	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	3-Preferred Brands	
<i>sps (sodium polystyrene sulf)</i>	3-Preferred Brands	

## **VITAMINS**

<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	4-Non-Preferred Drugs	
<i>levocarnitine sf</i>	4-Non-Preferred Drugs	
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	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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>lubiprostone</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
MOVANTIK	3-Preferred Brands	QL (30 PER 30 DAYS)
RELISTOR (8 MG/0.4ML 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)
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	3-Preferred Brands	PA
<i>loperamide hcl</i>	2-Generics	
VIBERZI	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</i>	4-Non-Preferred Drugs	

### **GASTROINTESTINAL AGENTS, OTHER**

CLENPIQ	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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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)

## **HISTAMINE2 (H2) RECEPTOR ANTAGONISTS**

<i>cimetidine</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</i>	4-Non-Preferred Drugs	

## **PROTECTANTS**

<i>misoprostol</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</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)

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>rabeprazole sodium</i>	2-Generics	QL (30 PER 30 DAYS)

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

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

## GENITOURINARY AGENTS

### ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
GEMTESA	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>mirabegron er</i>	2-Generics	QL (30 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	3-Preferred Brands	QL (30 PER 30 DAYS)
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</i>	2-Generics	QL (60 PER 30 DAYS)
<i>solifenacin succinate</i>	2-Generics	QL (30 PER 30 DAYS)
<i>tolterodine tartrate</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>tropium chloride</i>	2-Generics	QL (60 PER 30 DAYS)
<i>tropium 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</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</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
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>		
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	2-Generics	
<i>dexamethasone sod phos +rfid</i>	4-Non-Preferred Drugs	
<i>dexamethasone sod phosphate pf</i>	4-Non-Preferred Drugs	
<i>dexamethasone sodium phosphate (4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)</i>	4-Non-Preferred Drugs	
<i>fludrocortisone acetate</i>	2-Generics	
<i>methylprednisolone</i>	2-Generics	
<i>methylprednisolone acetate</i>	4-Non-Preferred Drugs	
<i>methylprednisolone sodium succ</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	

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

<i>desmopressin ace spray refrig</i>	4-Non-Preferred Drugs
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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>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 FLEXPRO	5-Specialty	PA

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

### ANDROGENS

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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</i>	2-Generics	
<i>dolishale</i>	2-Generics	
<i>dotti</i>	3-Preferred Brands	QL (8 PER 28 DAYS)
<i>drospirenone-ethinyl estradiol</i>	2-Generics	
<i>elinest</i>	2-Generics	
<i>eluryng</i>	3-Preferred Brands	
<i>enilloring</i>	3-Preferred Brands	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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</i>	4-Non-Preferred Drugs	
<b>ESTRING</b>	4-Non-Preferred Drugs	
<i>estrogens conjugated</i>	3-Preferred Brands	
<i>ethynodiol diac-eth estradiol</i>	2-Generics	
<i>etonogestrel-ethinyl estradiol</i>	3-Preferred Brands	
<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</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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>iclevia</i>	2-Generics	
<i>introvale</i>	2-Generics	
<i>isibloom</i>	2-Generics	
<i>jasmiel</i>	2-Generics	
<i>jinteli</i>	2-Generics	
<i>jolessa</i>	2-Generics	
<i>juleber</i>	2-Generics	
<i>junel 1.5/30</i>	2-Generics	
<i>junel 1/20</i>	2-Generics	
<i>junel fe 1.5/30</i>	2-Generics	
<i>junel fe 1/20</i>	2-Generics	
<i>junel fe 24</i>	2-Generics	
<i>kalliga</i>	2-Generics	
<i>kariva</i>	2-Generics	
<i>kelnor 1/35</i>	2-Generics	
<i>kelnor 1/50</i>	2-Generics	
<i>kurvelo</i>	2-Generics	
<i>larin 1.5/30</i>	2-Generics	
<i>larin 1/20</i>	2-Generics	
<i>larin 24 fe</i>	2-Generics	
<i>larin fe 1.5/30</i>	2-Generics	
<i>larin fe 1/20</i>	2-Generics	
<i>lessina</i>	2-Generics	
<i>levonest</i>	2-Generics	
<i>levonorg-eth estrad triphasic</i>	2-Generics	
<i>levonorgest-eth estrad 91-day</i>	2-Generics	
<i>levonorgestrel-ethinyl estrad</i>	2-Generics	
<i>levora 0.15/30 (28)</i>	2-Generics	
<i>lo-zumandimine</i>	2-Generics	
<i>loestrin 1.5/30 (21)</i>	2-Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>loestrin 1/20 (21)</i>	2-Generics	
<i>loestrin fe 1.5/30</i>	2-Generics	
<i>loestrin fe 1/20</i>	2-Generics	
<i>lojaimiess</i>	2-Generics	
<i>loryna</i>	2-Generics	
<i>low-ogestrel</i>	2-Generics	
<i>luizza 1.5/30</i>	2-Generics	
<i>luizza 1/20</i>	2-Generics	
<i>luteru</i>	2-Generics	
<i>lyllana</i>	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	
<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</i>	2-Generics	
<i>norethindrone-eth estradiol</i>	2-Generics	
<i>norgestim-eth estrad triphasic</i>	2-Generics	
<i>norgestimate-eth estradiol</i>	2-Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	3-Preferred Brands	
<i>previfem</i>	2-Generics	
<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-linyah</i>	2-Generics	
<i>tri-lo-estarylla</i>	2-Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>viorele</i>	2-Generics	
<i>volnea</i>	2-Generics	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>PROGESTINS</b>		
<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	
<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	

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>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</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	
<i>levoxyl</i>	3-Preferred Brands	
<i>liomny</i>	2-Generics	
<i>liothyronine sodium</i>	2-Generics	
REZDIFFRA	5-Specialty	PA, QL (30 PER 30 DAYS)
SYNTHROID	3-Preferred Brands	
<i>unithroid</i>	3-Preferred Brands	

### HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

<i>cabergoline</i>	3-Preferred Brands	
ELIGARD	4-Non-Preferred Drugs	PA3
FIRMAGON	4-Non-Preferred Drugs	PA3
FIRMAGON (240 MG DOSE)	5-Specialty	PA3

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>lanreotide acetate</i>	5-Specialty	PA
<i>leuprolide acetate</i>	4-Non-Preferred Drugs	PA3
LUPRON DEPOT (1-MONTH)	5-Specialty	PA3
LUPRON DEPOT (3-MONTH)	5-Specialty	PA3
LUPRON DEPOT (4-MONTH)	5-Specialty	PA3
LUPRON DEPOT (6-MONTH)	5-Specialty	PA3
LUPRON DEPOT-PED (1-MONTH)	5-Specialty	PA3
LUPRON DEPOT-PED (3-MONTH)	5-Specialty	PA3
LUPRON DEPOT-PED (6-MONTH)	5-Specialty	PA3
<i>mifepristone</i>	5-Specialty	PA
<i>octreotide acetate (50 mcg/ml soln prsy, 50 mcg/ml solution, 100 mcg/ml soln prsy, 100 mcg/ml solution, 200 mcg/ml solution)</i>	4-Non-Preferred Drugs	PA
<i>octreotide acetate (500 mcg/ml soln prsy, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	5-Specialty	PA
SIGNIFOR	5-Specialty	PA
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	5-Specialty	PA
SOMAVERT	5-Specialty	PA
SYNAREL	5-Specialty	
TRELSTAR MIXJECT	4-Non-Preferred Drugs	PA3

## **HORMONAL AGENTS, SUPPRESSANT (THYROID)**

### **ANTITHYROID AGENTS**

<i>methimazole</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
<b>IMMUNOLOGICAL AGENTS</b>		
<b>ANGIOEDEMA AGENTS</b>		
HAEGARDA	5-Specialty	PA
<i>icatibant acetate</i>	5-Specialty	PA, QL (27 PER 30 DAYS)
<i>sajazir</i>	5-Specialty	PA, QL (27 PER 30 DAYS)
<b>IMMUNOGLOBULINS</b>		
BIVIGAM	5-Specialty	PA
FLEBOGAMMA DIF	5-Specialty	PA
GAMMAGARD	5-Specialty	PA
GAMMAGARD ERC	5-Specialty	PA
GAMMAGARD S/D LESS IGA	5-Specialty	PA
GAMMAKED	5-Specialty	PA
GAMMAPLEX	5-Specialty	PA
GAMUNEX-C	5-Specialty	PA
OCTAGAM	5-Specialty	PA
PANZYGA	5-Specialty	PA
PRIVIGEN	5-Specialty	PA
<b>IMMUNOLOGICAL AGENTS, OTHER</b>		
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	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
RINVOQ	5-Specialty	PA, QL (30 PER 30 DAYS)
RINVOQ LQ	5-Specialty	PA, QL (360 PER 30 DAYS)
SKYRIZI	5-Specialty	PA

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SKYRIZI PEN	5-Specialty	PA
SOTYKTU	5-Specialty	PA, QL (30 PER 30 DAYS)
STELARA	5-Specialty	PA
TAVNEOS	5-Specialty	PA, QL (180 PER 30 DAYS)
TREMFYA	5-Specialty	PA
TREMFYA ONE-PRESS	5-Specialty	PA
TREMFYA PEN	5-Specialty	PA
TREMFYA-CD/UC INDUCTION	5-Specialty	PA
TYENNE	5-Specialty	PA
USTEKINUMAB	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	5-Specialty	PA, QL (30 PER 30 DAYS)
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5-Specialty	PA

## **IMMUNOSTIMULANTS**

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

## **IMMUNOSUPPRESSANTS**

<i>azathioprine 50 mg tab</i>	2-Generics	PA3
<i>cyclosporine</i>	4-Non-Preferred Drugs	PA3
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	4-Non-Preferred Drugs	PA3
ENBREL	5-Specialty	PA
ENBREL MINI	5-Specialty	PA

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ENBREL SURECLICK	5-Specialty	PA
ENVARSUS XR	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	5-Specialty	PA
HADLIMA PUSHTOUCH	5-Specialty	PA
HUMIRA (2 PEN)	5-Specialty	PA
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA (2 SYRINGE)	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	
METHOTREXATE SODIUM (PF)	2-Generics	
<i>mycophenolate mofetil (250 mg cap, 500 mg tab)</i>	2-Generics	PA3

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	5-Specialty	PA3
<i>mycophenolate sodium</i>	4-Non-Preferred Drugs	PA3
<i>mycophenolic acid</i>	4-Non-Preferred Drugs	PA3
NULOJIX	5-Specialty	PA3
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	4-Non-Preferred Drugs	PA3
RENFLIXIS	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	1-Preferred Generics	
AREXVY	1-Preferred Generics	
BCG VACCINE	1-Preferred Generics	
BEXSERO	1-Preferred Generics	
BOOSTRIX	1-Preferred Generics	
DAPTACEL	1-Preferred Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ENGERIX-B	1-Preferred Generics	PA3
GARDASIL 9	1-Preferred Generics	
HAVRIX	1-Preferred Generics	
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	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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
PENTACEL	1-Preferred Generics	
PRIORIX	1-Preferred Generics	
PROQUAD	1-Preferred Generics	
QUADRACEL	1-Preferred Generics	
RABAVERT	1-Preferred Generics	
RECOMBIVAX HB	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-Preferred Generics	
TRUMENBA	1-Preferred Generics	
TWINRIX	1-Preferred Generics	
TYPHIM VI	1-Preferred Generics	
VAQTA	1-Preferred Generics	
VARIVAX	1-Preferred Generics	
VAXCHORA	1-Preferred Generics	
VIMKUNYA	1-Preferred Generics	
VIVOTIF	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
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</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	
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	2-Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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)
TERIPARATIDE	5-Specialty	PA, QL (2.48 PER 28 DAYS)
WYOST	5-Specialty	PA
<i>zoledronic acid</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
INSULIN PEN NEEDLE (NOVO/BD/EMBECTA/ULTIMED/O WEN/TRIVIDIA)	2-Generics	PA
INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/EMBECTA/ULTIMED/ALLISON /TRIVIDIA/MHC)	2-Generics	PA

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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	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	
<i>cyclopentolate hcl</i>	2-Generics	
<i>dorzolamide hcl-timolol mal</i>	2-Generics	
<i>loteprednol-tobramycin</i>	3-Preferred Brands	
MIEBO	3-Preferred Brands	QL (3 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
NEOMYCIN-BACITRACIN ZN-POLYMYX	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	
XDEMVY	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	

### **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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	
KETOROLAC TROMETHAMINE ( 0.5 % SOLUTION)	2-Generics	
LOTEMAX 0.5 % OINTMENT	3-Preferred Brands	
<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	4-Non-Preferred Drugs	
<i>prednisolone acetate</i>	3-Preferred Brands	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2-Generics	

## **OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS**

<i>betaxolol hcl 0.5 % solution</i>	3-Preferred Brands	
<i>carteolol hcl</i>	2-Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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</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>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	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	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)
<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)

### **ANTI-HISTAMINES**

<i>azelastine hcl (0.1 % solution, 137 mcg/spray solution)</i>	2-Generics	QL (30 PER 25 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>cetirizine hcl</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</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</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)
<i>zafirlukast</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)

## **BRONCHODILATORS, ANTICHOLINERGIC**

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

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
SPIRIVA RESPIMAT	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 (17 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)
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>CYSTIC FIBROSIS AGENTS</b>		
CAYSTON	5-Specialty	PA
KALYDECO	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)
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	3-Preferred Brands	PA3
<b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>		
<i>roflumilast</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<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	
<b>PULMONARY ANTIHYPERTENSIVES</b>		
ADEMPAS	5-Specialty	PA, QL (90 PER 30 DAYS)
<i>alyq</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>ambrisentan</i>	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
OPSUMIT	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>sildenafil citrate 20 mg tab</i>	3-Preferred Brands	PA, QL (90 PER 30 DAYS)
<i>tadalafil (pah)</i>	3-Preferred Brands	PA, QL (60 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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	5-Specialty	PA

### **PULMONARY FIBROSIS AGENTS**

OFEV	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	5-Specialty	PA, QL (270 PER 30 DAYS)
<i>pirfenidone (534 mg tab, 801 mg tab)</i>	5-Specialty	PA, QL (90 PER 30 DAYS)

### **RESPIRATORY TRACT AGENTS, OTHER**

<i>acetylcysteine (10 % solution, 20 % solution)</i>	2-Generics	PA3
ADVAIR HFA	3-Preferred Brands	QL (12 PER 30 DAYS)
ANORO ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
BEVESPI AEROSPHERE	3-Preferred Brands	QL (10.7 PER 30 DAYS)
BREO ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>breynd</i>	3-Preferred Brands	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE	3-Preferred Brands	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	3-Preferred Brands	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT	3-Preferred Brands	QL (4 PER 30 DAYS)
FASENRA	5-Specialty	PA
FASENRA PEN	5-Specialty	PA

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-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>ipratropium-albuterol</i>	2-Generics	PA3
TRELEGY ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>wixela inhub</i>	3-Preferred Brands	QL (60 PER 30 DAYS)

## SKELETAL MUSCLE RELAXANTS

BOTOX	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	
XEOMIN	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</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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>WAKEFULNESS PROMOTING AGENTS</b>		
<i>armodafinil</i>	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>modafinil 100 mg tab</i>	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
<i>modafinil 200 mg tab</i>	3-Preferred Brands	PA, QL (60 PER 30 DAYS)
<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.

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HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT (ABBVIE PRODUCT ONLY).....	93	imipramine hcl.....	20
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT (ABBVIE PRODUCT ONLY).....	93	imiquimod.....	70
HUMIRA (2 SYRINGE).....	93	IMKELDI.....	30
HUMIRA 10 MG/0.1ML PEF SY KT (ABBVIE PRODUCT ONLY).....	93	IMOVAX RABIES.....	95
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KISQALI (400 MG DOSE).....	31	lenalidomide.....	26
KISQALI (600 MG DOSE).....	31	LENVIMA (10 MG DAILY DOSE).....	31
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KISQALI FEMARA (600 MG DOSE).....	31	LENVIMA (14 MG DAILY DOSE).....	31
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klor-con 10.....	73	LENVIMA (24 MG DAILY DOSE).....	31
klor-con m10.....	73	LENVIMA (4 MG DAILY DOSE).....	31
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<b>L</b>		levabuterol tartrate.....	105
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lamivudine.....	42,44	levocarnitine sf.....	75
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lamotrigine.....	13,48	levofloxacin.....	11
lamotrigine er.....	13	levofloxacin in d5w.....	11
lanreotide acetate.....	90	levofloxacin oral soln 25 mg/ml.....	11
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lidocaine viscous hcl	5	luizza 1/20	85
lidocaine-prilocaine	5	LUMAKRAS	31
lidocan	5	LUMIGAN	102
LIFYORLI (125 MG DOSE)	31	LUPRON DEPOT (1-MONTH)	90
LIFYORLI (150 MG DOSE)	31	LUPRON DEPOT (3-MONTH)	90
LILETTA (52 MG)	88	LUPRON DEPOT (4-MONTH)	90
linezolid	7	LUPRON DEPOT (6-MONTH)	90
LINZESS	75	LUPRON DEPOT-PED (1-MONTH)	90
liomny	89	LUPRON DEPOT-PED (3-MONTH)	90
liothyronine sodium	89	LUPRON DEPOT-PED (6-MONTH)	90
lisinopril	56	lurasidone hcl	39
lisinopril-hydrochlorothiazide	60	lutera	85
lithium	48	LYBALVI	40
lithium carbonate	48	lyleq	88
lithium carbonate er	48	lyllana	85
LIVTENCITY	41	LYNPARZA	31
lo-zumandimine	84	LYSODREN	28
loestrin 1.5/30 (21)	84	LYTGOBI (12 MG DAILY DOSE)	31
loestrin 1/20 (21)	85	LYTGOBI (16 MG DAILY DOSE)	31
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LOKELMA	75	<b>M</b>	
lomustine	26	M-M-R II	95
LONSURF	28	MAGNESIUM SULFATE	73
loperamide hcl	76	malathion	71
lopinavir-ritonavir	45	maraviroc	44,45
lorazepam	47,48	marlissa	85
lorazepam intensol	48	MARPLAN	18
LORBRENA	31	MATULANE	26
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losartan potassium-hctz	60	meclizine hcl	21
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loteprednol-tobramycin	99	megestrol acetate	88
lovastatin	62	MEKINIST	32
low-ogestrel	85	MEKTOVI	32
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lubiprostone	76	meloxicam	2

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memantine hcl.....	17	midodrine hcl.....	55
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MENVEO.....	95	miglitol.....	49
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meropenem.....	10	minocycline hcl.....	12
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mesna.....	35	misoprostol.....	77
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metformin hcl er.....	49	MODEYSO.....	28
methadone hcl.....	3	moexipril hcl.....	56
methazolamide.....	102	molindone hcl.....	38
methenamine hippurate.....	7	mometasone furoate.....	70,103
methimazole.....	90	mondoxyne nl.....	12
methocarbamol.....	108	mono-lynyah.....	85
methotrexate sodium.....	93	montelukast sodium.....	104
METHOTREXATE SODIUM (PF).....	93	morphine sulfate.....	4
methoxsalen rapid.....	70	morphine sulfate (concentrate).....	4
methscopolamine bromide.....	76	morphine sulfate er.....	3
methsuximide.....	14	MOUNJARO.....	49
methylphenidate hcl.....	65	MOVANTIK.....	76
methylphenidate hcl er.....	65	moxifloxacin hcl.....	11,100
methylprednisolone.....	80	moxifloxacin hcl in nacl.....	11
methylprednisolone acetate.....	80	MRESVIA.....	95
methylprednisolone sodium succ.....	80	MULTAQ.....	57
metoclopramide hcl.....	21	multiple electro type 1 ph 5.5.....	73
metolazone.....	61	multiple electro type 1 ph 7.4.....	73
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metoprolol-hydrochlorothiazide.....	60	mycophenolate mofetil.....	93,94
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microgestin 1/20.....	85	na sulfate-k sulfate-mg sulf.....	77
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naftifine hcl.....	23	nitroglycerin.....	64
naloxone hcl.....	6	nizatidine.....	77
naltrexone hcl.....	5	nora-be.....	88
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naproxen sodium.....	3	norethin-eth estradiol-fe.....	85
naratriptan hcl.....	24	norethindron-ethinyl estrad-fe.....	85
nateglinide.....	49	norethindrone.....	88
NAYZILAM.....	14	norethindrone acet-ethinyl est.....	85
nebivolol hcl.....	58	norethindrone acetate.....	88
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neomycin-polymyxin-gramicidin.....	100	nortrel 1/35 (21).....	86
neomycin-polymyxin-hc.....	100,103	nortrel 1/35 (28).....	86
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nitazoxanide.....	36	NUDEXTA.....	66
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nyamyc.....	23	oxacillin sodium.....	10
nylia 1/35.....	86	oxaprozin.....	3
nylia 7/7/7.....	86	oxcarbazepine.....	15
nymyo.....	86	oxybutynin chloride.....	79
nystatin.....	23	oxybutynin chloride er.....	79
nystatin-triamcinolone.....	71	oxycodone hcl.....	4
nystop.....	23	oxycodone-acetaminophen.....	4,5
<b>O</b>		OZEMPIC.....	50
ocella.....	86	OZEMPIC (0.25 OR 0.5 MG/DOSE).....	50
OCTAGAM.....	91	OZEMPIC (1 MG/DOSE).....	50
octreotide acetate.....	90	OZEMPIC (2 MG/DOSE).....	50
ODEFSEY.....	43	<b>P</b>	
ODOMZO.....	32	pacerone.....	57
OFEV.....	107	paliperidone er.....	40
ofloxacin.....	101	PANRETIN.....	35
OGIVRI.....	35	pantoprazole sodium.....	77
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OPIPZA.....	40	penicillamine.....	74
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OPVEE.....	6	penicillin g potassium.....	10
oralone.....	67	penicillin g sodium.....	10
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permethrin.....	71	potassium chloride crys er.....	73
perphenazine.....	21	potassium chloride er.....	73
perphenazine-amitriptyline.....	18	potassium chloride in dextrose.....	74
pfizerpen.....	10	potassium chloride in nacl.....	74
phenelzine sulfate.....	18	potassium citrate er.....	74
phenobarbital.....	14	POTASSIUM CL IN DEXTROSE 5%.....	74
PHENOBARBITAL.....	14	pramipexole dihydrochloride.....	37
phenytek.....	16	prasugrel hcl.....	54
phenytoin.....	16	pravastatin sodium.....	62
phenytoin infatabs.....	16	praziquantel.....	35
phenytoin sodium.....	16	prazosin hcl.....	55
phenytoin sodium extended.....	16	prednisolone.....	80
philith.....	86	prednisolone acetate.....	101
PHYRAGO.....	32	prednisolone sodium phosphate.....	80
PIFELTRO.....	43	PREDNISOLONE SODIUM PHOSPHATE.....	101
pilocarpine hcl.....	67,102	prednisone.....	80
pimecrolimus.....	70	PREDNISONE INTENSOL.....	80
pimozide.....	38	pregabalin.....	66
pimtrea.....	86	PREMARIN.....	86
pindolol.....	58	PREMASOL.....	74
pioglitazone hcl.....	50	PREMPRO.....	86
pioglitazone hcl-metformin hcl.....	50	PRENATAL VITAMIN ORAL TABLET.....	75
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		prochlorperazine edisylate.....	21

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proctosol hc.....	70	reclipsen.....	86
proctozone-hc.....	70	RECOMBIVAX HB.....	96
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PROLASTIN-C.....	78	relgaabi.....	14
PROLIA.....	98	RELISTOR.....	76
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propylthiouracil.....	90	RESTASIS MULTIDOSE.....	100
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PULMICORT FLEXHALER.....	103	REVUFORJ.....	32
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pyrazinamide.....	25	REYATAZ.....	46
pyridostigmine bromide.....	25	REZDIFFRA.....	89
pyridostigmine bromide er.....	25	REZLIDHIA.....	33
pyrimethamine.....	36	REZUROCK.....	94
		RHOPRESSA.....	102
<b>Q</b>		ribavirin.....	42
QINLOCK.....	28	rifabutin.....	25
QUADRACEL.....	96	rifampin.....	25
quetiapine fumarate.....	40	rilpivirine hcl.....	43
quetiapine fumarate er.....	40	riluzole.....	66
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quinidine sulfate.....	57	RINVOQ.....	91
quinine sulfate.....	36	RINVOQ LQ.....	91
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		risperidone.....	40,41
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RALDESY.....	19	rivastigmine.....	17
raloxifene hcl.....	89	rivastigmine tartrate.....	17
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roflumilast	106	SIRTURO	25
ROMVIMZA	33	SKYRIZI	91
ropinirole hcl	37	SKYRIZI PEN	92
ropinirole hcl er	37	sodium chloride	74
rosuvastatin calcium	62	sodium chloride (pf)	74
ROTARIX	96	SODIUM FLUORIDE	74
ROTATEQ	96	sodium oxybate	109
roweepra	13	sodium phenylbutyrate	78
ROZLYTREK	33	sodium polystyrene sulfonate	75
RUBRACA	33	solifenacin succinate	79
rufinamide	16	SOLQUA	50
RUKOBIA	45	SOLTAMOX	27
RUXIENCE	35	SOMATULINE DEPOT	90
RYBELSUS	50	SOMAVERT	90
RYDAPT	33	sorafenib tosylate	33
<b>S</b>		sotalol hcl	57
sacubitril-valsartan	60	sotalol hcl (af)	57
sajazir	91	SOTYKTU	92
SANCUSO	22	SPIRIVA RESPIMAT	105
SANTYL	71	spironolactone	63
sapropterin dihydrochloride	78	spironolactone-hctz	60
SCEMBLIX	33	sprintec 28	86
scopolamine	21	SPRITAM	13
SECUADO	41	sps (sodium polystyrene sulf)	75
selegiline hcl	37	sronyx	86
SELENIUM SULFIDE	70	ssd	71
SELZENTRY	45	STELARA	92
SEREVENT DISKUS	105	sterile water for irrigation	99
sertraline hcl	19	STIVARGA	33
setlakin	86	streptomycin sulfate	6
sharobel	89	STRIBILD	42
SHINGRIX	96	SUBVENITE	48
SIGNIFOR	90	subvenite	48
sildenafil citrate	106	sucalfate	77
silodosin	79	SULFACETAMIDE SODIUM	101
silver sulfadiazine	71	sulfacetamide sodium (acne)	67
SIMBRINZA	102	sulfacetamide-prednisolone	100
simliya	86	sulfadiazine	11
simvastatin	62	sulfamethoxazole-trimethoprim	11,12
		SULFAMYLON	72

sulfasalazine.....	97	teriflunomide.....	67
sulindac.....	3	TERIPARATIDE.....	98
sumatriptan.....	24	testosterone.....	81
sumatriptan succinate.....	24	testosterone cypionate.....	81
sunitinib malate.....	33	testosterone enanthate.....	81
SUNLENCA.....	45	testosterone td gel pump 20.25 mg/act (1.62%).....	81
syeda.....	86	tetrabenazine.....	66
SYMPAZAN.....	14	tetracycline hcl.....	12
SYMTUZA.....	46	THALOMID.....	26
SYNAREL.....	90	theophylline er.....	106
SYNTHROID.....	89	thioridazine hcl.....	38
<b>T</b>		thiothixene.....	38
TABLOID.....	27	tiadylt er.....	59
TABRECTA.....	33	tiagabine hcl.....	14
tacrolimus.....	70,94	TIBSOVO.....	33
tadalafil.....	79	ticagrelor.....	55
tadalafil (pah).....	106	TICOVAC.....	96
TAFINLAR.....	33	TIGECYCLINE.....	7
TAGRISSE.....	33	tilia fe.....	86
TALZENNA.....	33	TIMOLOL MALEATE.....	58
tamoxifen citrate.....	27	timolol maleate.....	102
tamsulosin hcl.....	79	timolol maleate (once-daily).....	102
tarina 24 fe.....	86	tinidazole.....	8
tarina fe 1/20 eq.....	86	tiotropium bromide 18 mcg cap (generic Spiriva HandiHaler).....	105
tasimelteon.....	108	TIVICAY.....	43
TAVNEOS.....	92	TIVICAY PD.....	43
tazarotene.....	68	tizanidine hcl.....	41
tazicef.....	9	TOBRADEX.....	100
TEFLARO.....	9	tobramycin.....	101,106
telmisartan.....	56	tobramycin sulfate.....	6
telmisartan-amlodipine.....	60	tobramycin-dexamethasone.....	100
telmisartan-hctz.....	61	tolterodine tartrate.....	79
temazepam.....	108	tolterodine tartrate er.....	79
TENIVAC.....	96	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).....	75
tenofovir disoproxil fumarate.....	44	tolvaptan 15 mg tab (generic Jynarque)....	75
TEPMETKO.....	33	tolvaptan 30 mg tab (generic Jynarque)....	75
terazosin hcl.....	55		
terbinafine hcl.....	23		
terbutaline sulfate.....	105		
terconazole.....	23		

topiramate	13	tri-vylibra lo	87
toremifene citrate	27	triamcinolone acetonide	67,70
torpenz	33	triamterene-hctz	61
torseamide	61	triderm	70
TOUJEO MAX SOLOSTAR	52	trientine hcl	75
TOUJEO SOLOSTAR	52	trifluoperazine hcl	38
tovet	70	trifluridine	101
TPN ELECTROLYTES	74	trihexyphenidyl hcl	36
TRADJENTA	50	TRIJARDY XR	50
tramadol hcl	5	TRIKAFTA	106
tramadol hcl er	3	trimethoprim	8
tramadol-acetaminophen	5	trimipramine maleate	20
trandolapril	56	TRINTELLIX	20
trandolapril-verapamil hcl er	61	TRIUMEQ	44
tranexamic acid	54	TRIUMEQ PD	44
tranylcypromine sulfate	18	TROGARZO	45
TRAVASOL	74	TROPHAMINE	74
travoprost (bak free)	102	tropium chloride	79
TRAZIMERA	35	tropium chloride er	79
trazodone hcl	20	TRULANCE	76
TRELEGY ELLIPTA	108	TRULICITY	50
TRELSTAR MIXJECT	90	TRUMENBA	96
TREMFYA	92	TRUQAP	33
TREMFYA ONE-PRESS	92	TRUXIMA	35
TREMFYA PEN	92	TUKYSA	33
TREMFYA-CD/UC INDUCTION	92	TURALIO	33
TRESIBA	52	turqoz	87
TRESIBA FLEXTOUCH	52	TWINRIX	96
tretinoin	35,68	TYBOST	45
tri femynor	86	TYENNE	92
tri-estarylla	86	TYPHIM VI	96
tri-legest fe	86		
tri-linyah	86	<b>U</b>	
tri-lo-estarylla	86	UBRELVY	24
tri-lo-marzia	87	unithroid	89
tri-lo-mili	87	UPTRAVI	107
tri-lo-sprintec	87	ursodiol	77
tri-mili	87	USTEKINUMAB	92
tri-nymyo	87		
tri-sprintec	87	<b>V</b>	
tri-vylibra	87	valacyclovir hcl	46

VALCHLOR.....	26	VIMKUNYA.....	96
valganciclovir hcl.....	41,42	viorele.....	87
valproate sodium.....	13	VIRACEPT.....	46
valproic acid.....	13	VIREAD.....	44
valsartan.....	56	VITRAKVI.....	34
valsartan-hydrochlorothiazide.....	61	VIVITROL.....	5
VALTOCO 10 MG DOSE.....	14	VIVOTIF.....	96
VALTOCO 15 MG DOSE.....	14	VIZIMPRO.....	34
VALTOCO 20 MG DOSE.....	15	volnea.....	87
VALTOCO 5 MG DOSE.....	15	VONJO.....	34
valtya 1/35.....	87	VOQUEZNA DUAL PAK.....	77
VALTYA 1/50.....	87	VOQUEZNA TRIPLE PAK.....	77
vancomycin hcl.....	8	VORANIGO.....	34
VANFLYTA.....	33	voriconazole.....	23
VAQTA.....	96	VOSEVI.....	42
varenicline tartrate.....	6	VOWST.....	77
varenicline tartrate (starter).....	6	VRAYLAR.....	41
varenicline tartrate(continue).....	6	vyfemla.....	87
VARIVAX.....	96	vylibra.....	87
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VELSIPITY.....	92	warfarin sodium.....	53
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VENCLEXTA.....	33,34	WELIREG.....	28
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verapamil hcl.....	59	wymzya fe.....	87
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VERZENIO.....	34	XALKORI.....	34
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vienva.....	87	XARELTO STARTER PACK.....	54
vigabatrin.....	15	XATMEP.....	94
vigadrone.....	15	XCOPRI.....	16
VIGAFYDE.....	15	XCOPRI (250 MG DAILY DOSE).....	16
vigpoder.....	15	XCOPRI (350 MG DAILY DOSE).....	16
vilazodone hcl.....	20	XDEMVY.....	100

XELJANZ.....	92	ziprasidone hcl.....	41
XELJANZ XR.....	92	ziprasidone mesylate.....	41
xelria fe.....	87	ZIRABEV.....	35
XEOMIN.....	108	ZIRGAN.....	101
XERMELO.....	76	zoledronic acid.....	98
XIFAXAN.....	8	ZOLINZA.....	28
XIGDUO XR.....	50	zolpidem tartrate.....	108
XIIDRA.....	100	ZONISADE.....	16
XOFLUZA (40 MG DOSE).....	46	zonisamide.....	16
XOFLUZA (80 MG DOSE).....	46	zovia 1/35 (28).....	87
XOLAIR.....	92	ZTALMY.....	15
XOSPATA.....	34	zumandimine.....	87
XPOVIO (100 MG ONCE WEEKLY).....	34	ZURZUVAE.....	18
XPOVIO (40 MG ONCE WEEKLY).....	34	ZYDELIG.....	35
XPOVIO (40 MG TWICE WEEKLY).....	34	ZYKADIA.....	35
XPOVIO (60 MG ONCE WEEKLY).....	34	ZYLET.....	100
XPOVIO (60 MG TWICE WEEKLY).....	34		
XPOVIO (80 MG ONCE WEEKLY).....	34		
XPOVIO (80 MG TWICE WEEKLY).....	34		
XTANDI.....	26		
xulane.....	87		
<b>Y</b>			
YF-VAX.....	97		
YONSA.....	26		
yulithira.....	34		
YUPELRI.....	105		
yuvafem.....	87		
<b>Z</b>			
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Este formulario se actualizó en 01/06/2026. Para obtener información más reciente o si tienes otras preguntas, comunícate con Jefferson Health Plans al 1-866-901-8000 (TTY 1-877-454-8477) o visita [www.JeffersonHealthPlans.com/Medicare](http://www.JeffersonHealthPlans.com/Medicare). Del 1.º de octubre al 31 de marzo, estamos disponibles de 8:00 a.m. a 8:00 p.m., los 7 días de la semana. Y del 1.º de abril al 30 de septiembre, estamos disponibles de 8:00 a.m. a 8:00 p.m., de lunes a viernes.

Jefferson Health Plans tiene un contrato con Medicare para ofrecer planes HMO, HMO-DSNP y PPO. Nuestro HMO-DSNP también tiene un contrato con el programa Medicaid del estado de Pennsylvania. La inscripción en nuestros planes depende de la renovación del contrato.

Y0170\_MCE-540RX-9015.A-ES\_C

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