



Jefferson Health Plans 2027 Premium Formulary (List of Covered Drugs)

Special (HMO SNP) | Dual Pearl (HMO SNP)
Select (HMO SNP)

Jefferson Health Plans

Formulario Premium 2027

(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 27358, Versión 8

Este formulario se actualizó en 15/10/2026. 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. 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 Special (HMO-SNP), Dual Pearl (HMO-SNP), y Select (HMO-SNP).

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan que está vigente desde 15/10/2026. 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 2027, y de vez en cuando durante el año.

¿Qué es el Formulario Premium de Jefferson Health Plans?

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

Para obtener una lista completa de todos los medicamentos 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.

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 Premium de Jefferson Health Plans?”

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

- **Medicamentos retirados del mercado.** Si el fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) determina que

se retira por motivos de seguridad o eficacia, podemos retirar el medicamento de nuestro formulario de inmediato y luego notificar a los miembros que lo toman.

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

Si realizamos tales cambios, tú o el profesional que te receta pueden solicitarnos que hagamos una excepción y que continuemos cubriéndote el medicamento que has estado tomando. 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 Premium 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 2027 que tenía cobertura a principio de año, no interrumpiremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2027, 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 15/10/2026. 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 A-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 117. 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 según criterios específicos 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 Premium de Jefferson Health Plans?” a continuación para obtener información acerca de cómo solicitar una excepción.

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

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

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

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

¿Cómo solicito una excepción al Formulario Premium 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 costos compartidos, y no podrás pedirnos que te proporcionemos el medicamento a un nivel más bajo de costos 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 incluidos en el formulario del plan, los medicamentos de costos compartidos más bajos o las restricciones de utilización adicionales no serían tan efectivas para tratar tu enfermedad o te causarían efectos médicos adversos.

Tú o la persona que emite la receta deben comunicarse con nosotros para solicitar una excepción de nivel o del formulario, incluida una excepción a una restricción de cobertura. ***Cuando solicitas una excepción, la persona que extiende la receta deberá explicar los motivos médicos por los que necesitas la excepción.*** Por lo general, debemos tomar la decisión en el plazo de 72 horas de haber recibido la declaración del profesional que te receta. Puedes solicitar una decisión acelerada (rápida) si crees, y nosotros estamos de acuerdo, que podrías perjudicar gravemente tu salud si esperas 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 Premium 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 117.

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, *valsartan*).

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)
1 – Genéricos preferidos[‡] Special, Dual Pearl Select	\$0 25%
2 – Genéricos^{♦*} Special, Dual Pearl	20%

Select	25%
3 – De marca preferidos^{♦*}	
Special, Dual Pearl	24%
Select	25%
4 – Medicamentos no preferidos^{♦*}	
Special, Dual Pearl	29%
Select	26%
5 – De especialidad^{♦*}	25%
6 – Select Care	\$0

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

Los medicamentos que se encuentran en el nivel de medicamentos especializados se limitan a un suministro de 1 mes por receta. Estos medicamentos están indicados como medicamentos especializados de nivel 5.

[♦] Los miembros de los planes Special (HMO-SNP) y Dual Pearl (HMO-SNP) pagarán un deducible anual de \$700 por medicamentos de los Niveles 2, 3, 4 y 5. Los miembros de los planes Special (HMO-SNP) y Dual Pearl (HMO-SNP) deben pagar el costo total de los medicamentos de los Niveles 2, 3, 4 y 5 hasta que alcancen el monto del deducible del plan. Para todos los demás medicamentos, no tendrás que pagar ningún deducible. La Etapa del deducible es la primera etapa de pago de tu cobertura de medicamentos. El deducible no se aplica a los productos de insulina cubiertos ni a la mayoría de las vacunas para adultos de la Parte D, incluidas las vacunas contra la culebrilla (herpes zóster), el tétanos y las vacunas para viajes. Como la mayoría de nuestros miembros reciben la “Ayuda adicional” con sus costos de medicamentos con receta, la Etapa del deducible no se aplica a la mayoría de los miembros. Si recibes “Ayuda adicional”, esta etapa de pago no se aplica a ti. Consulta el prospecto por separado (denominado “Cláusula adicional LIS”) para conocer el monto de tu deducible.

^{*} Los miembros del plan Select (HMO-SNP) pagarán un deducible anual de \$700 por medicamentos de los Niveles 1, 2, 3, 4 y 5. Los miembros del plan Select (HMO-SNP) deben pagar el costo total de tus medicamentos de los Niveles 1, 2, 3, 4 y 5 hasta que alcances el monto del deducible del plan. Para todos los demás medicamentos, no tendrás que pagar ningún deducible. La Etapa del deducible es la primera etapa de pago de tu cobertura de medicamentos. El deducible no se aplica a los productos de insulina cubiertos ni a la mayoría de las vacunas para adultos de la Parte D, incluidas las vacunas contra la culebrilla (herpes zóster), el tétanos y las vacunas para viajes. Como la mayoría de nuestros miembros reciben la “Ayuda adicional” con sus costos de medicamentos con receta, la Etapa del deducible no se aplica a la mayoría de los miembros. Si recibes “Ayuda adicional”, esta etapa de pago no se aplica a ti. Consulta el prospecto por separado (denominado “Cláusula adicional LIS”) para conocer el monto de tu deducible.

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LEGEND

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

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.
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.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

2027 JEFFERSON HEALTH PLANS PREMIUM FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>celecoxib 400 mg cap</i>	3-Preferred Brands	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>diflunisal</i>	3-Preferred Brands	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>	3-Preferred Brands	
<i>etodolac er (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)</i>	4-Non-Preferred Drugs	
<i>flurbiprofen</i>	2-Generics	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	1-Preferred Generics	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension)</i>	2-Generics	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	1-Preferred Generics	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1-Preferred Generics	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	2-Generics	
<i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naproxen 375 mg tab dr</i>	2-Generics	
<i>piroxicam 10 mg cap</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>piroxicam 20 mg cap</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>relafen (500 mg tab, 750 mg tab)</i>	2-Generics	
<i>sulindac (150 mg tab, 200 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)</i>	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
<i>fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i>	4-Non-Preferred Drugs	QL (10 PER 30 DAYS)
<i>methadone hcl 10 mg tab</i>	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>methadone hcl 10 mg/5ml solution</i>	3-Preferred Brands	QL (1800 PER 30 DAYS)
<i>methadone hcl 5 mg tab</i>	3-Preferred Brands	QL (480 PER 30 DAYS)
<i>methadone hcl 5 mg/5ml solution</i>	3-Preferred Brands	QL (3600 PER 30 DAYS)
<i>morphine sulfate er (15 mg tab er, 30 mg tab er, 60 mg tab er, 100 mg tab er, 200 mg tab er)</i>	3-Preferred Brands	QL (90 PER 30 DAYS)

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)</i>	2-Generics	QL (2700 PER 30 DAYS)
<i>acetaminophen-codeine 300-15 mg tab</i>	2-Generics	QL (390 PER 30 DAYS)
<i>acetaminophen-codeine 300-30 mg tab</i>	2-Generics	QL (360 PER 30 DAYS)
<i>acetaminophen-codeine 300-60 mg tab</i>	2-Generics	QL (180 PER 30 DAYS)

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>endocet (2.5-325 mg tab, 5-325 mg tab)</i>	3-Preferred Brands	QL (360 PER 30 DAYS)
<i>endocet 10-325 mg tab</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>endocet 7.5-325 mg tab</i>	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i>	4-Non-Preferred Drugs	QL (2700 PER 30 DAYS)
<i>hydrocodone-acetaminophen 10-325 mg tab</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	3-Preferred Brands	QL (360 PER 30 DAYS)
<i>hydrocodone-acetaminophen 7.5-325 mg tab</i>	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>hydromorphone hcl 1 mg/ml liquid</i>	4-Non-Preferred Drugs	QL (1500 PER 30 DAYS)
<i>morphine sulfate (10 mg/5ml solution, 20 mg/5ml solution)</i>	3-Preferred Brands	QL (900 PER 30 DAYS)
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>morphine sulfate (concentrate) (20 mg/ml solution, 100 mg/5ml solution)</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>oxycodone hcl (5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>oxycodone hcl 100 mg/5ml conc</i>	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
<i>oxycodone hcl 5 mg/5ml solution</i>	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	3-Preferred Brands	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen 10-325 mg tab</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	3-Preferred Brands	QL (240 PER 30 DAYS)

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>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)

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

<i>acamprosate calcium</i>	4-Non-Preferred Drugs	
<i>disulfiram (250 mg tab, 500 mg tab)</i>	3-Preferred Brands	
<i>naltrexone hcl</i>	2-Generics	
VIVITROL	5-Specialty	

OPIOID DEPENDENCE

<i>buprenorphine hcl 2 mg sl tab</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>buprenorphine hcl 8 mg sl tab</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab)</i>	2-Generics	QL (180 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl (4-1 mg film, 12-3 mg film)</i>	2-Generics	QL (90 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl (8-2 mg film, 8-2 mg sl tab)</i>	2-Generics	QL (120 PER 30 DAYS)

OPIOID REVERSAL AGENTS

KLOXXADO	3-Preferred Brands	
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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>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)</i>	2-Generics	
OPVEE	3-Preferred Brands	

SMOKING CESSATION AGENTS

<i>bupropion hcl er (smoking det)</i>	2-Generics	QL (60 PER 30 DAYS)
NICOTROL NS	4-Non-Preferred Drugs	
<i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>varenicline tartrate (starter)</i>	4-Non-Preferred Drugs	QL (106 PER 365 DAYS)
<i>varenicline tartrate(continue)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)

ANTIBACTERIALS

AMINOGLYCOSIDES

<i>amikacin sulfate (1 gm/4ml solution, 500 mg/2ml solution)</i>	4-Non-Preferred Drugs	
ARIKAYCE	5-Specialty	PA
<i>gentamicin in saline (0.8-0.9 mg/ml-% solution, 1-0.9 mg/ml-% solution, 1.2-0.9 mg/ml-% solution, 1.6-0.9 mg/ml-% solution, 2-0.9 mg/ml-% solution)</i>	4-Non-Preferred Drugs	
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	3-Preferred Brands	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.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIBACTERIALS, OTHER		
<i>aztreonam (1 gm recon soln, 2 gm recon soln)</i>	4-Non-Preferred Drugs	
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	2-Generics	
<i>clindamycin palmitate hcl</i>	4-Non-Preferred Drugs	
<i>clindamycin phosphate (300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution)</i>	4-Non-Preferred Drugs	
<i>clindamycin phosphate 2 % cream</i>	3-Preferred Brands	
<i>clindamycin phosphate in d5w (300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)</i>	4-Non-Preferred Drugs	
<i>colistimethate sodium (cba)</i>	4-Non-Preferred Drugs	
<i>daptomycin 350 mg recon soln</i>	3-Preferred Brands	
<i>daptomycin 500 mg recon soln</i>	3-Preferred Brands	
<i>fosfomycin tromethamine</i>	4-Non-Preferred Drugs	
<i>linezolid 100 mg/5ml recon susp</i>	4-Non-Preferred Drugs	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>	4-Non-Preferred Drugs	
<i>metronidazole (250 mg tab, 500 mg tab)</i>	2-Generics	
<i>metronidazole 500 mg/100ml solution</i>	4-Non-Preferred Drugs	
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	3-Preferred Brands	
<i>nitrofurantoin monohyd macro</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
TIGECYCLINE	4-Non-Preferred Drugs	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	3-Preferred Brands	
<i>trimethoprim</i>	3-Preferred Brands	
<i>vancomycin hcl (1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 500 mg recon soln, 750 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>vancomycin hcl 125 mg cap</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg cap</i>	4-Non-Preferred Drugs	QL (240 PER 30 DAYS)
XIFAXAN (200 MG TAB, 550 MG TAB)	3-Preferred Brands	PA

BETA-LACTAM, CEPHALOSPORINS

<i>cefaclor (250 mg cap, 500 mg cap)</i>	3-Preferred Brands	
<i>cefadroxil (250 mg/5ml recon susp, 500 mg/5ml recon susp)</i>	3-Preferred Brands	
<i>cefadroxil 500 mg cap</i>	2-Generics	
<i>cefazolin sodium (1 gm recon soln, 2 gm recon soln, 3 gm recon soln, 10 gm recon soln, 500 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp)</i>	3-Preferred Brands	
<i>cefdinir 300 mg cap</i>	2-Generics	
<i>cefepime hcl (1 gm recon soln, 2 gm recon soln)</i>	4-Non-Preferred Drugs	
<i>cefixime 400 mg cap</i>	4-Non-Preferred Drugs	
<i>cefotetan disodium (1 gm recon soln, 2 gm recon soln)</i>	4-Non-Preferred Drugs	
<i>cefoxitin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	4-Non-Preferred Drugs	
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	4-Non-Preferred Drugs	

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>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	2-Generics	
<i>ceftaroline fosamil (400 mg recon soln, 600 mg recon soln)</i>	5-Specialty	
<i>ceftazidime (1 gm recon soln, 2 gm recon soln, 6 gm recon soln)</i>	4-Non-Preferred Drugs	
<i>ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	2-Generics	
<i>cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i>	2-Generics	
<i>tazicef (1 gm recon soln, 2 gm recon soln, 6 gm recon soln)</i>	4-Non-Preferred Drugs	

BETA-LACTAM, PENICILLINS

<i>amoxicillin (125 mg chew tab, 250 mg chew tab)</i>	2-Generics	
<i>amoxicillin (125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 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 trihydrate</i>	1-Preferred Generics	
<i>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-62.5 mg/5ml recon susp, 400-57 mg/5ml recon susp, 600-42.9 mg/5ml recon susp)</i>	3-Preferred Brands	
<i>amoxicillin-pot clavulanate (250-125 mg tab, 500-125 mg tab, 875-125 mg tab)</i>	2-Generics	
<i>ampicillin 500 mg cap</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ampicillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>ampicillin-sulbactam sodium (1.5 (1-0.5) gm recon soln, 3 (2-1) gm recon soln, 15 (10-5) gm recon soln)</i>	4-Non-Preferred Drugs	
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	4-Non-Preferred Drugs	
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	2-Generics	
<i>nafcillin sodium (1 gm recon soln, 2 gm recon soln)</i>	4-Non-Preferred Drugs	
<i>nafcillin sodium 10 gm recon soln</i>	5-Specialty	
<i>oxacillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	4-Non-Preferred Drugs	
<i>penicillin g potassium (5000000 recon soln, 20000000 recon soln)</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/5ml recon soln)</i>	2-Generics	
<i>penicillin v potassium (250 mg tab, 500 mg tab)</i>	1-Preferred Generics	
<i>pfizerpen (5000000 recon soln, 20000000 recon soln)</i>	4-Non-Preferred Drugs	
<i>piperacillin sod-tazobactam so (2.25 (2-0.25) gm recon ln, 3-0.375 gm recon ln, 3.375 (3-0.375) gm recon ln, 4.5 (4-0.5) gm recon ln, 13.5 (12-1.5) gm recon ln, 40.5 (36-4.5) gm recon ln)</i>	4-Non-Preferred Drugs	
CARBAPENEMS		
<i>ertapenem sodium</i>	4-Non-Preferred Drugs	
<i>imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)</i>	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>meropenem (1 gm recon soln, 500 mg recon soln)</i>	3-Preferred Brands	
MACROLIDES		
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp)</i>	3-Preferred Brands	
<i>azithromycin (250 mg tab, 500 mg tab, 600 mg tab)</i>	2-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>	3-Preferred Brands	
<i>clarithromycin er</i>	4-Non-Preferred Drugs	
DIFICID 40 MG/ML RECON SUSP	5-Specialty	QL (408 PER 30 DAYS)
<i>ery-tab (250 mg tab dr, 333 mg tab dr)</i>	4-Non-Preferred Drugs	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	4-Non-Preferred Drugs	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	4-Non-Preferred Drugs	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg/5ml recon susp)</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	
<i>ciprofloxacin in d5w 200 mg/100ml solution</i>	4-Non-Preferred Drugs	
<i>ciprofloxacin in d5w 400 mg/200ml solution</i>	4-Non-Preferred Drugs	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	2-Generics	

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>levofloxacin in d5w (250 mg/50ml solution, 500 mg/100ml solution, 750 mg/150ml solution)</i>	4-Non-Preferred Drugs	
<i>levofloxacin oral soln 25 mg/ml</i>	4-Non-Preferred Drugs	
<i>moxifloxacin hcl 400 mg tab</i>	3-Preferred Brands	
<i>moxifloxacin hcl in nacl</i>	4-Non-Preferred Drugs	

SULFONAMIDES

<i>sulfadiazine</i>	4-Non-Preferred Drugs	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 800-160 mg/20ml suspension)</i>	3-Preferred Brands	
<i>sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)</i>	1-Preferred Generics	

TETRACYCLINES

<i>doxy 100</i>	4-Non-Preferred Drugs	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	3-Preferred Brands	
<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 (250 mg cap, 500 mg cap)</i>	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
DIACOMIT (250 MG CAP, 250 MG PACKET)	5-Specialty	PA2, QL (360 PER 30 DAYS)
DIACOMIT (500 MG CAP, 500 MG PACKET)	5-Specialty	PA2, QL (180 PER 30 DAYS)
<i>divalproex sodium (125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	2-Generics	
<i>divalproex sodium 125 mg cap dr</i>	3-Preferred Brands	
<i>divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)</i>	3-Preferred Brands	
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)
<i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i>	2-Generics	
<i>lamotrigine er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h, 250 mg tab er 24h, 300 mg tab er 24h)</i>	4-Non-Preferred Drugs	
<i>levetiracetam (100 mg/ml solution, 750 mg tab, 1000 mg tab)</i>	2-Generics	
<i>levetiracetam (250 mg tab, 500 mg tab)</i>	2-Generics	ST
<i>levetiracetam 500 mg/5ml solution</i>	4-Non-Preferred Drugs	
<i>levetiracetam er (500 mg tab er 24h, 750 mg tab er 24h)</i>	3-Preferred Brands	
LEVETIRACETAM IN NACL (500 MG/100ML SOLUTION, 1000 MG/100ML SOLUTION, 1500 MG/100ML SOLUTION)	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>perampanel (2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	4-Non-Preferred Drugs	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>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, 50 mg cap sprink)</i>	3-Preferred Brands	
<i>topiramate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2-Generics	
<i>topiramate 25 mg/ml solution</i>	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)
<i>valproate sodium (100 mg/ml solution, 500 mg/5ml solution)</i>	4-Non-Preferred Drugs	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	2-Generics	

CALCIUM CHANNEL MODIFYING AGENTS

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

GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS

<i>clobazam (10 mg tab, 20 mg tab)</i>	4-Non-Preferred Drugs	PA2, QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	4-Non-Preferred Drugs	PA2, QL (480 PER 30 DAYS)
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	4-Non-Preferred Drugs	
<i>gabapentin (100 mg cap, 600 mg tab)</i>	2-Generics	QL (180 PER 30 DAYS)
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	4-Non-Preferred Drugs	QL (2160 PER 30 DAYS)

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>gabapentin 300 mg cap</i>	2-Generics	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg cap</i>	2-Generics	QL (270 PER 30 DAYS)
<i>gabapentin 800 mg tab</i>	2-Generics	QL (120 PER 30 DAYS)
NAYZILAM	4-Non-Preferred Drugs	PA2, QL (10 PER 30 DAYS)
PHENOBARBITAL (15 MG TAB, 16.2 MG TAB, 30 MG TAB, 32.4 MG TAB, 60 MG TAB, 64.8 MG TAB, 97.2 MG TAB, 100 MG TAB)	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>phenobarbital (20 mg/5ml elixir, 30 mg/7.5ml elixir, 60 mg/15ml elixir)</i>	4-Non-Preferred Drugs	QL (1500 PER 30 DAYS)
<i>primidone (50 mg tab, 125 mg tab, 250 mg tab)</i>	2-Generics	
<i>relgaabi 300 mg cap</i>	2-Generics	QL (360 PER 30 DAYS)
<i>relgaabi 400 mg cap</i>	2-Generics	QL (270 PER 30 DAYS)
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	4-Non-Preferred Drugs	PA2, QL (60 PER 30 DAYS)
<i>tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)</i>	4-Non-Preferred Drugs	
VALTOCO 10 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 15 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 20 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 5 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
<i>vigabatrin (500 mg packet, 500 mg tab)</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)
<i>vigadrone (500 mg packet, 500 mg tab)</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)
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>	3-Preferred Brands	
<i>carbamazepine (100 mg/5ml suspension, 200 mg/10ml suspension)</i>	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carbamazepine er (100 mg cap er 12h, 100 mg tab er 12h, 200 mg cap er 12h, 200 mg tab er 12h, 300 mg cap er 12h, 400 mg tab er 12h)</i>	4-Non-Preferred Drugs	
DILANTIN (30 MG CAP, 100 MG CAP)	4-Non-Preferred Drugs	
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	4-Non-Preferred Drugs	QL (1200 PER 30 DAYS)
<i>lacosamide (100 mg tab, 150 mg tab, 200 mg tab)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>lacosamide 200 mg/20ml solution</i>	4-Non-Preferred Drugs	
<i>lacosamide 50 mg tab</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>	3-Preferred Brands	
<i>oxcarbazepine 300 mg/5ml suspension</i>	4-Non-Preferred Drugs	
<i>phenytek (200 mg cap, 300 mg cap)</i>	2-Generics	
<i>phenytoin (100 mg/4ml suspension, 125 mg/5ml suspension)</i>	2-Generics	
<i>phenytoin 50 mg chew tab</i>	3-Preferred Brands	
<i>phenytoin infatabs</i>	3-Preferred Brands	
<i>phenytoin sodium</i>	4-Non-Preferred Drugs	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	2-Generics	
<i>rufinamide 200 mg tab</i>	4-Non-Preferred Drugs	PA2, QL (480 PER 30 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	5-Specialty	PA2, QL (2760 PER 30 DAYS)
<i>rufinamide 400 mg tab</i>	5-Specialty	PA2, QL (240 PER 30 DAYS)

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
XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	5-Specialty	PA2, QL (28 PER 28 DAYS)
XCOPRI (150 MG TAB, 200 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
XCOPRI (250 MG DAILY DOSE)	5-Specialty	PA2, QL (56 PER 28 DAYS)
XCOPRI (350 MG DAILY DOSE)	5-Specialty	PA2, QL (56 PER 28 DAYS)
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	4-Non-Preferred Drugs	PA2, QL (28 PER 28 DAYS)
ZONISADE	5-Specialty	QL (900 PER 30 DAYS)
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	2-Generics	

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

LEQEMBI IQLIK	5-Specialty	PA, QL (7.2 PER 28 DAYS)
LEQEMBI IQLIK (500 MG DOSE)	5-Specialty	PA, QL (10 PER 28 DAYS)
<i>memantine hcl-donepezil hcl (14-10 mg cap er 24h, 21-10 mg cap er 24h, 28-10 mg cap er 24h)</i>	3-Preferred Brands	
<i>memantine hcl-donepezil hcl er (14-10 mg cap er 24h, 28-10 mg cap er 24h)</i>	3-Preferred Brands	

CHOLINESTERASE INHIBITORS

<i>donepezil hcl (5 mg tab disp, 10 mg tab disp)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>donepezil hcl (5 mg tab, 10 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>galantamine hydrobromide 4 mg/ml solution</i>	4-Non-Preferred Drugs	QL (360 PER 30 DAYS)
<i>galantamine hydrobromide er (8 mg cap er 24h, 16 mg cap er 24h, 24 mg cap er 24h)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

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>rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)

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

<i>memantine hcl (2 mg/ml solution, 10 mg/5ml solution)</i>	4-Non-Preferred Drugs	QL (360 PER 30 DAYS)
<i>memantine hcl (5 mg tab, 10 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>memantine hcl er (7 mg cap er 24h, 14 mg cap er 24h, 21 mg cap er 24h, 28 mg cap er 24h)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

AUVELITY	4-Non-Preferred Drugs	PA2, QL (60 PER 30 DAYS)
<i>bupropion hcl (75 mg tab, 100 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>bupropion hcl er (sr) (100 mg tab er 12h, 150 mg tab er 12h, 200 mg tab er 12h)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	2-Generics	QL (90 PER 30 DAYS)
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	2-Generics	QL (30 PER 30 DAYS)
EXXUA (18.2 MG TAB ER 24H, 36.3 MG TAB ER 24H, 54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H)	5-Specialty	PA2, QL (30 PER 30 DAYS)
EXXUA TITRATION PACK	5-Specialty	PA2, QL (32 PER 180 DAYS)
<i>mirtazapine (7.5 mg tab, 45 mg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>mirtazapine 15 mg tab</i>	2-Generics	QL (90 PER 30 DAYS)
<i>mirtazapine 15 mg tab disp</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>mirtazapine 30 mg tab</i>	2-Generics	QL (60 PER 30 DAYS)

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>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)
ZURZUVAE (20 MG CAP, 25 MG CAP)	5-Specialty	PA2, QL (28 PER 14 DAYS)
ZURZUVAE 30 MG CAP	5-Specialty	PA2, QL (14 PER 14 DAYS)

MONOAMINE OXIDASE INHIBITORS

EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR)	5-Specialty	PA2, QL (30 PER 30 DAYS)
MARPLAN 10 MG TAB	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
<i>phenelzine sulfate</i>	3-Preferred Brands	
<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 (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h – generic pristiq)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>escitalopram oxalate (5 mg/5ml solution, 10 mg/10ml solution)</i>	4-Non-Preferred Drugs	QL (600 PER 30 DAYS)
<i>escitalopram oxalate 10 mg tab</i>	1-Preferred Generics	QL (45 PER 30 DAYS)
<i>escitalopram oxalate 20 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>escitalopram oxalate 5 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	4-Non-Preferred Drugs	PA2, QL (30 PER 30 DAYS)
FETZIMA TITRATION	4-Non-Preferred Drugs	PA2, QL (28 PER 180 DAYS)
<i>fluoxetine hcl 10 mg cap</i>	1-Preferred 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/5ml solution</i>	3-Preferred Brands	
<i>fluoxetine hcl 40 mg cap</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>nefazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</i>	4-Non-Preferred Drugs	
<i>paroxetine hcl (10 mg tab, 20 mg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>paroxetine hcl (30 mg tab, 40 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5ml suspension</i>	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)
RALDESY	4-Non-Preferred Drugs	PA2, QL (1200 PER 30 DAYS)
<i>sertraline hcl (25 mg tab, 50 mg tab)</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>sertraline hcl 100 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>sertraline hcl 20 mg/ml conc</i>	4-Non-Preferred Drugs	QL (300 PER 30 DAYS)
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>	1-Preferred Generics	
<i>trazodone hcl 300 mg tab</i>	3-Preferred Brands	
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	4-Non-Preferred Drugs	PA2, QL (30 PER 30 DAYS)

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>venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	2-Generics	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h)</i>	2-Generics	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap er 24h</i>	2-Generics	QL (60 PER 30 DAYS)
<i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

TRICYCLICS

<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	3-Preferred Brands	PA2
<i>amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)</i>	3-Preferred Brands	PA2
<i>clomipramine hcl 25 mg cap</i>	4-Non-Preferred Drugs	PA2
<i>clomipramine hcl 50 mg cap</i>	4-Non-Preferred Drugs	PA2
<i>clomipramine hcl 75 mg cap</i>	4-Non-Preferred Drugs	PA2
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	4-Non-Preferred Drugs	PA2
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	3-Preferred Brands	PA2
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	2-Generics	PA2
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	2-Generics	
<i>nortriptyline hcl 10 mg/5ml solution</i>	4-Non-Preferred Drugs	
<i>protriptyline hcl (5 mg tab, 10 mg tab)</i>	4-Non-Preferred Drugs	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	4-Non-Preferred Drugs	

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
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>compro</i>	4-Non-Preferred Drugs	
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	2-Generics	PA
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	2-Generics	
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	4-Non-Preferred Drugs	
<i>prochlorperazine</i>	4-Non-Preferred Drugs	
<i>prochlorperazine edisylate</i>	4-Non-Preferred Drugs	
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	2-Generics	
<i>promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)</i>	2-Generics	PA
<i>scopolamine</i>	4-Non-Preferred Drugs	QL (10 PER 30 DAYS)
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant (40 mg cap, 80 & 125 mg cap thpk, 80 mg cap, 125 mg cap)</i>	4-Non-Preferred Drugs	PA3
<i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
<i>granisetron hcl 1 mg tab</i>	4-Non-Preferred Drugs	PA3, QL (60 PER 30 DAYS)
<i>ondansetron 4 mg tab disp</i>	3-Preferred Brands	PA3, QL (180 PER 30 DAYS)
<i>ondansetron 8 mg tab disp</i>	3-Preferred Brands	PA3, QL (90 PER 30 DAYS)
<i>ondansetron hcl (4 mg/2ml soln prsyr, 4 mg/2ml solution, 40 mg/20ml solution)</i>	4-Non-Preferred Drugs	
<i>ondansetron hcl +rfid (4 mg/2ml soln prsyr, 4 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.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ondansetron hcl 4 mg tab</i>	2-Generics	PA3, QL (180 PER 30 DAYS)
<i>ondansetron hcl 4 mg/5ml solution</i>	4-Non-Preferred Drugs	PA3, QL (900 PER 30 DAYS)
<i>ondansetron hcl 8 mg tab</i>	2-Generics	PA3, QL (90 PER 30 DAYS)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	4-Non-Preferred Drugs	PA3, QL (900 PER 30 DAYS)

ANTIFUNGALS

<i>amphotericin b</i>	4-Non-Preferred Drugs	PA3
<i>amphotericin b liposome</i>	5-Specialty	PA3
<i>caspofungin acetate (50 mg recon soln, 70 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>clotrimazole 1 % cream</i>	2-Generics	QL (90 PER 30 DAYS)
<i>clotrimazole 1 % solution</i>	2-Generics	QL (30 PER 30 DAYS)
<i>clotrimazole 10 mg troche</i>	2-Generics	
CRESEMBA (74.5 MG CAP, 186 MG CAP)	5-Specialty	PA
<i>econazole nitrate</i>	4-Non-Preferred Drugs	QL (85 PER 30 DAYS)
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp)</i>	3-Preferred Brands	
<i>fluconazole (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2-Generics	
<i>fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i>	4-Non-Preferred Drugs	
<i>flucytosine (250 mg cap, 500 mg cap)</i>	5-Specialty	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	4-Non-Preferred Drugs	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	4-Non-Preferred Drugs	
<i>itraconazole 100 mg cap</i>	4-Non-Preferred Drugs	
<i>ketoconazole 2 % cream</i>	2-Generics	QL (60 PER 30 DAYS)

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>ketoconazole 2 % shampoo</i>	2-Generics	QL (120 PER 30 DAYS)
<i>ketoconazole 200 mg tab</i>	2-Generics	
<i>klayesta</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>miconazole sodium (50 mg recon soln, 100 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>nyamyc</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>nystatin 100000 unit/gm powder</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>nystatin 100000 unit/ml suspension</i>	2-Generics	
<i>nystatin 500000 unit tab</i>	3-Preferred Brands	
<i>nystop</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>posaconazole 100 mg tab dr</i>	4-Non-Preferred Drugs	PA, QL (93 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>	3-Preferred Brands	
<i>voriconazole 200 mg recon soln</i>	3-Preferred Brands	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	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>febuxostat (40 mg tab, 80 mg tab)</i>	3-Preferred Brands	ST
<i>probenecid</i>	3-Preferred Brands	

ANTIMIGRAINE AGENTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	3-Preferred Brands	PA, QL (1 PER 28 DAYS)
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	3-Preferred Brands	PA, QL (2 PER 28 DAYS)
EMGALITY (300 MG DOSE)	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
NURTEC	3-Preferred Brands	PA, QL (16 PER 30 DAYS)
QULIPTA (10 MG TAB, 30 MG TAB, 60 MG TAB)	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
UBRELVY (50 MG TAB, 100 MG TAB)	3-Preferred Brands	PA, QL (16 PER 30 DAYS)

ERGOT ALKALOIDS

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

SEROTONIN (5-HT) RECEPTOR AGONIST

<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	3-Preferred Brands	QL (9 PER 30 DAYS)
<i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	3-Preferred Brands	QL (12 PER 30 DAYS)
<i>sumatriptan (5 mg/act solution, 20 mg/act solution)</i>	4-Non-Preferred Drugs	QL (12 PER 28 DAYS)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2-Generics	QL (9 PER 30 DAYS)
<i>sumatriptan succinate (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
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide 60 mg tab</i>	3-Preferred Brands	
<i>pyridostigmine bromide er</i>	4-Non-Preferred Drugs	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone (25 mg tab, 100 mg tab)</i>	3-Preferred Brands	
<i>rifabutin</i>	4-Non-Preferred Drugs	
ANTITUBERCULARS		
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	3-Preferred Brands	
<i>isoniazid 100 mg tab</i>	2-Generics	
<i>isoniazid 300 mg tab</i>	1-Preferred Generics	
<i>isoniazid 50 mg/5ml syrup</i>	4-Non-Preferred Drugs	
PRETOMANID	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
PRIFTIN	4-Non-Preferred Drugs	
<i>pyrazinamide</i>	4-Non-Preferred Drugs	
<i>rifampin (150 mg cap, 300 mg cap, 600 mg recon soln)</i>	4-Non-Preferred Drugs	
SIRTURO (20 MG TAB, 100 MG TAB)	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
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>cisplatin (50 mg/50ml solution, 100 mg/100ml solution, 200 mg/200ml solution)</i>	4-Non-Preferred Drugs	PA3
<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	3-Preferred Brands	PA3
CYCLOPHOSPHAMIDE 50 MG TAB	3-Preferred Brands	PA3
LEUKERAN	5-Specialty	
<i>lomustine (10 mg cap, 40 mg cap)</i>	4-Non-Preferred Drugs	PA2
<i>lomustine 100 mg cap</i>	5-Specialty	PA2
MATULANE	5-Specialty	
VALCHLOR	5-Specialty	PA2, QL (60 PER 30 DAYS)
ANTIANDROGENS		
<i>abiraterone acetate 250 mg tab</i>	4-Non-Preferred Drugs	PA2, QL (120 PER 30 DAYS)
<i>abiraterone acetate 500 mg tab</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>abirtega</i>	4-Non-Preferred Drugs	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	4-Non-Preferred Drugs	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)

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
ANTIANGIOGENIC AGENTS		
<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)</i>	5-Specialty	PA2, QL (28 PER 28 DAYS)
<i>pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)</i>	5-Specialty	PA2, QL (21 PER 28 DAYS)
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	5-Specialty	PA2, QL (21 PER 28 DAYS)
THALOMID 100 MG CAP	5-Specialty	PA2, QL (120 PER 30 DAYS)
THALOMID 50 MG CAP	5-Specialty	PA2, QL (30 PER 30 DAYS)
ANTIESTROGENS/MODIFIERS		
<i>fulvestrant</i>	5-Specialty	PA3
INLURIYO	5-Specialty	PA2, QL (56 PER 28 DAYS)
ORSERDU 345 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
ORSERDU 86 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
SOLTAMOX	5-Specialty	
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	2-Generics	
<i>toremifene citrate</i>	4-Non-Preferred Drugs	
ANTIMETABOLITES		
<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 (200 MG TAB, 300 MG TAB)	5-Specialty	PA2, QL (14 PER 28 DAYS)
TABLOID	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
ANTINEOPLASTICS, OTHER		
AKEEGA (50-500 MG TAB, 100-500 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
AUGTYRO 160 MG CAP	5-Specialty	PA2, QL (60 PER 30 DAYS)
AUGTYRO 40 MG CAP	5-Specialty	PA2, QL (240 PER 30 DAYS)
FRUZAQLA 1 MG CAP	5-Specialty	PA2, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAP	5-Specialty	PA2, QL (21 PER 28 DAYS)
<i>hydroxyurea</i>	2-Generics	
INQOVI	5-Specialty	PA2, QL (5 PER 28 DAYS)
IWILFIN	5-Specialty	PA2, QL (240 PER 30 DAYS)
<i>lederle leucovorin</i>	3-Preferred Brands	
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	3-Preferred Brands	
<i>leucovorin calcium (50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln)</i>	4-Non-Preferred Drugs	
LONSURF 15-6.14 MG TAB	5-Specialty	PA2, QL (100 PER 28 DAYS)
LONSURF 20-8.19 MG TAB	5-Specialty	PA2, QL (80 PER 28 DAYS)
LYSODREN	5-Specialty	
MODEYSO	5-Specialty	PA2, QL (20 PER 28 DAYS)
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
ORGOVYX	5-Specialty	PA2, QL (32 PER 30 DAYS)
QINLOCK	5-Specialty	PA2, QL (90 PER 30 DAYS)
WELIREG	5-Specialty	PA2, QL (90 PER 30 DAYS)
ZENBEXUS (0.75 MG CAP, 1 MG CAP)	5-Specialty	PA2, QL (21 PER 28 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	

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>letrozole</i>	2-Generics	

MOLECULAR TARGET INHIBITORS

ALECENSA	5-Specialty	PA2, QL (240 PER 30 DAYS)
ALUNBRIG (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)
ALUNBRIG 90 & 180 MG TAB THPK	5-Specialty	PA2, QL (30 PER 180 DAYS)
AVMAPKI FAKZYNJA CO-PACK	5-Specialty	PA2, QL (66 PER 28 DAYS)
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
BALVERSA 3 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
BALVERSA 4 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
BALVERSA 5 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>bortezomib</i>	5-Specialty	PA3
BOSULIF (100 MG CAP, 100 MG TAB)	5-Specialty	PA2, QL (180 PER 30 DAYS)
BOSULIF 50 MG CAP	5-Specialty	PA2, QL (360 PER 30 DAYS)
BOSULIF 500 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>bosutinib 400 mg tab</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
BRAFTOVI	5-Specialty	PA2, QL (180 PER 30 DAYS)
BRUKINSA 160 MG TAB	5-Specialty	PA2, QL (60 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)

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
COPIKTRA (15 MG CAP, 25 MG CAP)	5-Specialty	PA2, QL (60 PER 30 DAYS)
COTELLIC	5-Specialty	PA2, QL (63 PER 28 DAYS)
DANZITEN (71 MG TAB, 95 MG TAB)	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab)</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>dasatinib 140 mg tab</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>dasatinib 20 mg tab</i>	5-Specialty	PA2, QL (90 PER 30 DAYS)
DAURISMO 100 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
DAURISMO 25 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
ENSACOVE (25 MG CAP, 100 MG CAP)	5-Specialty	PA2, QL (60 PER 30 DAYS)
ERIVEDGE	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tab</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>everolimus (3 mg tab sol, 5 mg tab sol)</i>	5-Specialty	PA2, QL (90 PER 30 DAYS)
<i>everolimus 2 mg tab sol</i>	5-Specialty	PA2, QL (150 PER 30 DAYS)
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	5-Specialty	PA2, QL (21 PER 28 DAYS)
GAVRETO	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>gefitinib</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
GOMEKLI 1 MG CAP	5-Specialty	PA2, QL (126 PER 28 DAYS)
GOMEKLI 1 MG TAB SOL	5-Specialty	PA2, QL (168 PER 28 DAYS)
GOMEKLI 2 MG CAP	5-Specialty	PA2, QL (84 PER 28 DAYS)
HERNEXEOS	5-Specialty	PA2, QL (90 PER 30 DAYS)
HYRNUO	5-Specialty	PA2, QL (120 PER 30 DAYS)
IBRANCE (75 MG TAB, 100 MG TAB, 125 MG CAP, 125 MG TAB)	5-Specialty	PA2, QL (21 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IBTROZI	5-Specialty	PA2, QL (90 PER 30 DAYS)
ICLUSIG (10 MG TAB, 30 MG TAB, 45 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
ICLUSIG 15 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
IDHIFA (50 MG TAB, 100 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	3-Preferred Brands	PA2, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAP	5-Specialty	PA2, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	5-Specialty	PA2, QL (324 PER 30 DAYS)
IMKELDI	5-Specialty	PA2, QL (280 PER 28 DAYS)
INLYTA 1 MG TAB	5-Specialty	PA2, QL (180 PER 30 DAYS)
INLYTA 5 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
INREBIC	5-Specialty	PA2, QL (120 PER 30 DAYS)
ITOVEBI 3 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
ITOVEBI 9 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
JAKAFI XR (11 MG TAB ER 24H, 22 MG TAB ER 24H, 33 MG TAB ER 24H, 44 MG TAB ER 24H, 55 MG TAB ER 24H)	5-Specialty	PA2, QL (30 PER 30 DAYS)
JAYPIRCA 100 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
JIDEYTRO 100 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
JIDEYTRO 25 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
KISQALI (200 MG DOSE)	5-Specialty	PA2, QL (21 PER 28 DAYS)
KISQALI (400 MG DOSE)	5-Specialty	PA2, QL (42 PER 28 DAYS)
KISQALI (600 MG DOSE)	5-Specialty	PA2, QL (63 PER 28 DAYS)
KOMZIFTI	5-Specialty	PA2, QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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, QL (18 PER 28 DAYS)
LIFYORLI (150 MG DOSE)	5-Specialty	PA2, QL (27 PER 28 DAYS)
LORBRENA 100 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
LORBRENA 25 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
LUMAKRAS (120 MG TAB, 240 MG TAB)	5-Specialty	PA2, QL (120 PER 30 DAYS)
LUMAKRAS 320 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
LYNPARZA (100 MG TAB, 150 MG TAB)	5-Specialty	PA2, QL (120 PER 30 DAYS)
LYTGOBI (12 MG DAILY DOSE)	5-Specialty	PA2, QL (84 PER 28 DAYS)
LYTGOBI (16 MG DAILY DOSE)	5-Specialty	PA2, QL (112 PER 28 DAYS)
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)

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
MEKINIST 2 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
MEKTOVI	5-Specialty	PA2, QL (180 PER 30 DAYS)
NERLYNX	5-Specialty	PA2, QL (180 PER 30 DAYS)
NILOTINIB D-TARTRATE (50 MG CAP, 150 MG CAP, 200 MG CAP)	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)</i>	5-Specialty	PA2, QL (120 PER 30 DAYS)
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	5-Specialty	PA2, QL (3 PER 28 DAYS)
ODOMZO	5-Specialty	PA2, QL (30 PER 30 DAYS)
OGSIVEO (100 MG TAB, 150 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
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)
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
PIQRAY (200 MG DAILY DOSE)	5-Specialty	PA2, QL (30 PER 30 DAYS)
PIQRAY (250 MG DAILY DOSE)	5-Specialty	PA2, QL (60 PER 30 DAYS)
PIQRAY (300 MG DAILY DOSE)	5-Specialty	PA2, QL (60 PER 30 DAYS)
RETEVMO (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)
REZLIDHIA	5-Specialty	PA2, QL (60 PER 30 DAYS)
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	5-Specialty	PA2, QL (8 PER 28 DAYS)
ROZLYTREK 100 MG CAP	5-Specialty	PA2, QL (180 PER 30 DAYS)
ROZLYTREK 200 MG CAP	5-Specialty	PA2, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PACKET	5-Specialty	PA2, QL (360 PER 30 DAYS)
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	5-Specialty	PA2, QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RYDAPT	5-Specialty	PA2, QL (240 PER 30 DAYS)
SCEMBLIX 100 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
SCEMBLIX 20 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TAB	5-Specialty	PA2, QL (300 PER 30 DAYS)
<i>sorafenib tosylate</i>	5-Specialty	PA2, QL (120 PER 30 DAYS)
STIVARGA	5-Specialty	PA2, QL (84 PER 28 DAYS)
<i>sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
TABRECTA (150 MG TAB, 200 MG TAB)	5-Specialty	PA2, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAP, 75 MG CAP)	5-Specialty	PA2, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TAB SOL	5-Specialty	PA2, QL (900 PER 30 DAYS)
TAGRISSE (40 MG TAB, 80 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	5-Specialty	PA2, QL (30 PER 30 DAYS)
TALZENNA 0.25 MG CAP	5-Specialty	PA2, QL (90 PER 30 DAYS)
TEPMETKO	5-Specialty	PA2, QL (60 PER 30 DAYS)
TIBSOVO	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>torpenz (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
TRUQAP (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK)	5-Specialty	PA2, QL (64 PER 28 DAYS)
TUKYSA 150 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
TUKYSA 50 MG TAB	5-Specialty	PA2, QL (300 PER 30 DAYS)
TURALIO	5-Specialty	PA2, QL (120 PER 30 DAYS)
VANFLYTA (17.7 MG TAB, 26.5 MG TAB)	5-Specialty	PA2, QL (56 PER 28 DAYS)
VENCLEXTA (10 MG TAB, 50 MG TAB)	3-Preferred Brands	PA2, QL (120 PER 30 DAYS)
VENCLEXTA 100 MG TAB	5-Specialty	PA2, QL (180 PER 30 DAYS)
VENCLEXTA STARTING PACK	5-Specialty	PA2, QL (42 PER 180 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
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAP	5-Specialty	PA2, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	5-Specialty	PA2, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAP	5-Specialty	PA2, QL (180 PER 30 DAYS)
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 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 (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	3-Preferred Brands	PA2, QL (30 PER 30 DAYS)
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
ZELBORAF	5-Specialty	PA2, QL (240 PER 30 DAYS)
ZYKADIA	5-Specialty	PA2, QL (90 PER 30 DAYS)

MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE

AVASTIN (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	5-Specialty	PA3
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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
HERCEPTIN HYLECTA	5-Specialty	PA3
KADCYLA (100 MG RECON SOLN, 160 MG RECON SOLN)	5-Specialty	PA3
KANJINTI (150 MG RECON SOLN, 420 MG RECON SOLN)	5-Specialty	PA3
KEYTRUDA	5-Specialty	PA3
MVASI (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	5-Specialty	PA3
OGIVRI (150 MG RECON SOLN, 420 MG RECON SOLN)	5-Specialty	PA3
RUXIENCE (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	5-Specialty	PA3
TRAZIMERA (150 MG RECON SOLN, 420 MG RECON SOLN)	5-Specialty	PA3
TRUXIMA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	5-Specialty	PA3
ZIRABEV (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	5-Specialty	PA3

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>	3-Preferred Brands	
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ANTIPARASITICS

ANTHELMINTHICS

<i>albendazole</i>	4-Non-Preferred Drugs	
<i>ivermectin 3 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>praziquantel</i>	4-Non-Preferred Drugs	
ANTIPROTOZOALS		
<i>atovaquone</i>	4-Non-Preferred Drugs	QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i> (62.5-25 mg tab, 250-100 mg tab)	4-Non-Preferred Drugs	
<i>chloroquine phosphate</i> (250 mg tab, 500 mg tab)	4-Non-Preferred Drugs	
COARTEM	4-Non-Preferred Drugs	
<i>hydroxychloroquine sulfate</i> 200 mg tab	2-Generics	
<i>mefloquine hcl</i>	3-Preferred Brands	
<i>nitazoxanide</i>	4-Non-Preferred Drugs	QL (6 PER 30 DAYS)
<i>pentamidine isethionate</i>	4-Non-Preferred Drugs	PA3
<i>pentamidine isethionate for nebulization soln</i> 300 mg	4-Non-Preferred Drugs	PA3
<i>pentamidine isethionate for soln</i> 300 mg	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</i> (0.5 mg tab, 1 mg tab, 2 mg tab)	2-Generics	
<i>trihexyphenidyl hcl</i> (2 mg tab, 5 mg tab)	2-Generics	PA
<i>trihexyphenidyl hcl</i> 0.4 mg/ml solution	3-Preferred Brands	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
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)</i>	3-Preferred Brands	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	4-Non-Preferred Drugs	
<i>entacapone</i>	4-Non-Preferred Drugs	
DOPAMINE AGONISTS		
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	4-Non-Preferred Drugs	
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	2-Generics	
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	2-Generics	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)</i>	4-Non-Preferred Drugs	
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	2-Generics	
<i>carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)</i>	3-Preferred Brands	
INBRIJA	5-Specialty	PA, QL (300 PER 30 DAYS)
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	4-Non-Preferred Drugs	
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	3-Preferred Brands	

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
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	4-Non-Preferred Drugs	
<i>fluphenazine decanoate</i>	4-Non-Preferred Drugs	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	4-Non-Preferred Drugs	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	2-Generics	
<i>haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)</i>	4-Non-Preferred Drugs	
<i>haloperidol lactate 2 mg/ml conc</i>	2-Generics	
<i>haloperidol lactate 5 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i>	3-Preferred Brands	
<i>molindone hcl (5 mg tab, 10 mg tab, 25 mg tab)</i>	4-Non-Preferred Drugs	
<i>pimozide (1 mg tab, 2 mg tab)</i>	4-Non-Preferred Drugs	
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	3-Preferred Brands	
<i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	4-Non-Preferred Drugs	
<i>trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)</i>	3-Preferred Brands	
2ND GENERATION/ATYPICAL		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5-Specialty	QL (2.4 PER 56 DAYS)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5-Specialty	QL (3.2 PER 56 DAYS)

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
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	5-Specialty	QL (1 PER 28 DAYS)
<i>aripiprazole (10 mg tab disp, 15 mg tab disp)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>aripiprazole (20 mg tab, 30 mg tab)</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)
ARISTADA 1064 MG/3.9ML PRSYR	5-Specialty	QL (3.9 PER 56 DAYS)
ARISTADA 441 MG/1.6ML PRSYR	5-Specialty	QL (1.6 PER 28 DAYS)
ARISTADA 662 MG/2.4ML PRSYR	5-Specialty	QL (2.4 PER 28 DAYS)
ARISTADA 882 MG/3.2ML PRSYR	5-Specialty	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	5-Specialty	QL (2.4 PER 180 DAYS)
<i>asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	5-Specialty	ST, QL (30 PER 30 DAYS)
COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	5-Specialty	ST, QL (60 PER 30 DAYS)
COBENFY STARTER PACK	5-Specialty	ST, QL (56 PER 180 DAYS)
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	5-Specialty	ST, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK A	4-Non-Preferred Drugs	ST, QL (8 PER 180 DAYS)
FANAPT TITRATION PACK B	4-Non-Preferred Drugs	ST, QL (12 PER 180 DAYS)
FANAPT TITRATION PACK C	4-Non-Preferred Drugs	ST, QL (8 PER 180 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)

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
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5-Specialty	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5-Specialty	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4-Non-Preferred Drugs	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5-Specialty	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5-Specialty	QL (0.88 PER 84 DAYS)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5-Specialty	QL (1.32 PER 84 DAYS)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5-Specialty	QL (1.75 PER 84 DAYS)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5-Specialty	QL (2.63 PER 84 DAYS)
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tab</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
LYBALVI (10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
LYBALVI 5-10 MG TAB	5-Specialty	PA2
NUPLAZID (10 MG TAB, 34 MG CAP)	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>olanzapine (15 mg tab, 20 mg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>olanzapine (5 mg tab disp, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>olanzapine 10 mg recon soln</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
OPIPZA (5 MG FILM, 10 MG FILM)	5-Specialty	PA2, QL (90 PER 30 DAYS)
OPIPZA 2 MG FILM	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>paliperidone er 1.5 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (240 PER 30 DAYS)

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>paliperidone er 3 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>paliperidone er 6 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>paliperidone er 9 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>quetiapine fumarate (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>quetiapine fumarate 25 mg tab</i>	2-Generics	QL (180 PER 30 DAYS)
<i>quetiapine fumarate er (50 mg tab er 24h, 150 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
REXULTI (2 MG TAB, 3 MG TAB, 4 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	2-Generics	QL (480 PER 30 DAYS)
<i>risperidone microspheres er (12.5 mg, 25 mg, 37.5 mg, 50 mg)</i>	4-Non-Preferred Drugs	QL (2 PER 28 DAYS)
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	5-Specialty	ST, QL (30 PER 30 DAYS)
VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)

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
TREATMENT-RESISTANT		
<i>clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)</i>	4-Non-Preferred Drugs	
<i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	3-Preferred Brands	
VERSACLOZ	5-Specialty	QL (600 PER 30 DAYS)
ANTISPASTICITY AGENTS		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	2-Generics	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	4-Non-Preferred Drugs	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	2-Generics	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY	5-Specialty	PA
PREVYMIS (20 MG PACKET, 120 MG PACKET)	5-Specialty	PA, QL (120 PER 30 DAYS)
PREVYMIS (240 MG TAB, 480 MG TAB)	5-Specialty	PA, QL (28 PER 28 DAYS)
<i>valganciclovir hcl 450 mg tab</i>	3-Preferred Brands	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	5-Specialty	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	4-Non-Preferred Drugs	
<i>entecavir (0.5 mg tab, 1 mg tab)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>lamivudine 100 mg tab</i>	3-Preferred Brands	
VEMLIDY	5-Specialty	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA (150-37.5 MG PACKET, 400-100 MG TAB)	5-Specialty	PA, QL (28 PER 28 DAYS)
EPCLUSA (200-50 MG PACKET, 200-50 MG TAB)	5-Specialty	PA, QL (56 PER 28 DAYS)
MAVYRET 100-40 MG TAB	5-Specialty	PA, QL (84 PER 28 DAYS)
MAVYRET 50-20 MG PACKET	5-Specialty	PA, QL (140 PER 28 DAYS)
<i>ribavirin (200 mg cap, 200 mg tab)</i>	3-Preferred Brands	
VOSEVI	5-Specialty	PA, QL (28 PER 28 DAYS)
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
DOVATO	5-Specialty	QL (30 PER 30 DAYS)
GENVOYA	5-Specialty	QL (30 PER 30 DAYS)
ISENTRESS (100 MG CHEW TAB, 100 MG PACKET)	5-Specialty	QL (180 PER 30 DAYS)
ISENTRESS 25 MG CHEW TAB	3-Preferred Brands	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)
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 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)

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>efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>emtricitab-rilpivir-tenofov df</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>etravirine 100 mg tab</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>etravirine 200 mg tab</i>	4-Non-Preferred Drugs	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>	3-Preferred Brands	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)
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
<i>emtricitabine</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	4-Non-Preferred Drugs	QL (850 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>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)

ANTI-HIV AGENTS, OTHER

CABENUVA (400 & 600 MG/2ML SUSP, 600 & 900 MG/3ML SUSP)	5-Specialty	
IDVYNZO	5-Specialty	QL (30 PER 30 DAYS)
<i>maraviroc 150 mg tab</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>maraviroc 300 mg tab</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
RUKOBIA	5-Specialty	QL (60 PER 30 DAYS)
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)

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
TROGARZO	5-Specialty	
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>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tab</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
EVOTAZ	5-Specialty	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	4-Non-Preferred Drugs	QL (120 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)
PREZCOBIX (675-150 MG TAB, 800-150 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	5-Specialty	QL (400 PER 30 DAYS)
PREZISTA 150 MG TAB	5-Specialty	QL (240 PER 30 DAYS)
PREZISTA 75 MG TAB	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)
REYATAZ 50 MG PACKET	5-Specialty	QL (240 PER 30 DAYS)
<i>ritonavir</i>	3-Preferred Brands	QL (360 PER 30 DAYS)
SYMTUZA	5-Specialty	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TAB	4-Non-Preferred Drugs	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TAB	4-Non-Preferred Drugs	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)

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>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 (125 mg tab, 250 mg tab, 500 mg tab)</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	3-Preferred Brands	QL (120 PER 30 DAYS)

ANTIVIRAL, CORONAVIRUS AGENTS

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

ANXIOLYTICS

ANXIOLYTICS, OTHER

<i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	2-Generics	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	3-Preferred Brands	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
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tab, 0.5 mg tab)</i>	2-Generics	PA, QL (120 PER 30 DAYS)
<i>alprazolam (1 mg tab, 2 mg tab)</i>	2-Generics	PA, QL (150 PER 30 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp)</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>clonazepam (0.5 mg tab, 1 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>clonazepam 2 mg tab</i>	2-Generics	QL (300 PER 30 DAYS)
<i>clonazepam 2 mg tab disp</i>	4-Non-Preferred Drugs	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>	4-Non-Preferred Drugs	PA2, QL (1200 PER 30 DAYS)
<i>diazepam 5 mg/ml conc</i>	4-Non-Preferred Drugs	PA2, QL (240 PER 30 DAYS)
<i>diazepam intensol</i>	4-Non-Preferred Drugs	PA2, QL (240 PER 30 DAYS)
<i>lorazepam (0.5 mg tab, 1 mg tab)</i>	2-Generics	PA2, QL (120 PER 30 DAYS)
<i>lorazepam 2 mg tab</i>	2-Generics	PA2, QL (150 PER 30 DAYS)
<i>lorazepam 2 mg/ml conc</i>	3-Preferred Brands	PA2, QL (150 PER 30 DAYS)
<i>lorazepam intensol</i>	3-Preferred Brands	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

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>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	1-Preferred Generics	
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	2-Generics	
SUBVENITE	4-Non-Preferred Drugs	
<i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2-Generics	

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	6-Select Care	QL (90 PER 30 DAYS)
<i>dapaglifloz base-metformin er (10-1000 mg tab er 24h, 10-500 mg tab er 24h)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>dapaglifloz base-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>glimepiride (1 mg tab, 2 mg tab)</i>	6-Select Care	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tab</i>	6-Select Care	QL (60 PER 30 DAYS)
<i>glipizide (5 mg tab, 10 mg tab)</i>	6-Select Care	QL (120 PER 30 DAYS)
<i>glipizide er 10 mg tab er 24h</i>	6-Select Care	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tab er 24h</i>	6-Select Care	QL (120 PER 30 DAYS)
<i>glipizide er 5 mg tab er 24h</i>	6-Select Care	QL (90 PER 30 DAYS)
<i>glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	6-Select Care	QL (120 PER 30 DAYS)
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	6-Select Care	QL (120 PER 30 DAYS)
<i>glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	6-Select Care	QL (120 PER 30 DAYS)
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>metformin hcl 1000 mg tab</i>	6-Select Care	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tab</i>	6-Select Care	QL (150 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metformin hcl 850 mg tab</i>	6-Select Care	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tab er 24h</i>	6-Select Care	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tab er 24h</i>	6-Select Care	QL (60 PER 30 DAYS)
<i>miglitol (25 mg tab, 50 mg tab, 100 mg tab)</i>	6-Select Care	QL (90 PER 30 DAYS)
MOUNJARO (2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML, 10MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML SOLN A-INJ)	3-Preferred Brands	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tab</i>	6-Select Care	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tab</i>	6-Select Care	QL (180 PER 30 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
OZEMPIC (1 MG/DOSE)	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
OZEMPIC (1.5 MG TAB, 4 MG TAB, 9 MG TAB)	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
OZEMPIC (2 MG/DOSE)	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)
<i>pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)</i>	6-Select Care	QL (90 PER 30 DAYS)
<i>repaglinide (0.5 mg tab, 1 mg tab)</i>	6-Select Care	QL (120 PER 30 DAYS)
<i>repaglinide 2 mg tab</i>	6-Select Care	QL (240 PER 30 DAYS)
<i>sitagliip phos-metformin hcl er (50-1000 mg tab er 24h, 50-500 mg tab er 24h)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>sitagliip phos-metformin hcl er 100-1000 mg tab er 24h</i>	2-Generics	QL (30 PER 30 DAYS)
<i>sitagliptin phos-metformin hcl (50-1000 mg tab, 50-500 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>sitagliptin phosphate (25 mg tab, 50 mg tab, 100 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)
SOLIQUA	3-Preferred Brands	QL (18 PER 30 DAYS)
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	3-Preferred Brands	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	3-Preferred Brands	QL (30 PER 30 DAYS)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	3-Preferred Brands	QL (60 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 (0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML SOLN A-INJ)	3-Preferred Brands	PA, QL (2 PER 28 DAYS)

GLYCEMIC AGENTS

BAQSIMI ONE PACK	3-Preferred Brands
BAQSIMI TWO PACK	3-Preferred Brands
<i>diazoxide</i>	4-Non-Preferred Drugs
<i>glucagon emergency</i>	3-Preferred Brands
<i>glucagon emergency 1 mg kit (generic)</i>	3-Preferred Brands
GVOKE HYPOPEN 1-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	3-Preferred Brands
GVOKE HYPOPEN 2-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	3-Preferred Brands
GVOKE KIT	3-Preferred Brands
GVOKE PFS	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
INSULINS		
BASAGLAR KWIKPEN	3-Preferred Brands	
HUMULIN R U-500 KWIKPEN	3-Preferred Brands	
KIRSTY (100 UNIT/ML SOLN PEN, 100 UNIT/ML SOLUTION)	3-Preferred Brands	
LANTUS	3-Preferred Brands	
LANTUS SOLOSTAR	3-Preferred Brands	
NOVOLIN 70/30	3-Preferred Brands	
NOVOLIN 70/30 FLEXPEN	3-Preferred Brands	
NOVOLIN N	3-Preferred Brands	
NOVOLIN N FLEXPEN	3-Preferred Brands	
NOVOLIN R	3-Preferred Brands	
NOVOLIN R FLEXPEN	3-Preferred Brands	
NOVOLOG	3-Preferred Brands	
NOVOLOG FLEXPEN	3-Preferred Brands	
NOVOLOG MIX 70/30	3-Preferred Brands	
NOVOLOG MIX 70/30 FLEXPEN	3-Preferred Brands	
NOVOLOG PENFILL	3-Preferred Brands	
TOUJEO MAX SOLOSTAR	3-Preferred Brands	
TOUJEO SOLOSTAR	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRESIBA	3-Preferred Brands	
TRESIBA FLEXTOUCH (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	3-Preferred Brands	

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

<i>dabigatran etexilate mesylate (75 mg cap, 150 mg cap)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>dabigatran etexilate mesylate 110 mg cap</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
ELIQUIS (1.5 MG PACK)	3-Preferred Brands	QL (420 PER 28 DAYS)
ELIQUIS (2 MG PACK)	3-Preferred Brands	QL (560 PER 28 DAYS)
ELIQUIS 0.15 MG CAP SPRINK	3-Preferred Brands	QL (70 PER 28 DAYS)
ELIQUIS 0.5 MG TAB SOL	3-Preferred Brands	QL (140 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 180 DAYS)
<i>enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr)</i>	4-Non-Preferred Drugs	
<i>fondaparinux sodium (2.5 mg/0.5ml solution, 10 mg/0.8ml solution)</i>	4-Non-Preferred Drugs	
<i>fondaparinux sodium (5 mg/0.4ml solution, 7.5 mg/0.6ml solution)</i>	5-Specialty	
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>heparin sodium (porcine) +rfid</i>	3-Preferred Brands	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	3-Preferred Brands	
<i>jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	1-Preferred Generics	
<i>rivaroxaban 1 mg/ml recon susp</i>	3-Preferred Brands	QL (620 PER 30 DAYS)
<i>rivaroxaban 2.5 mg tab</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	1-Preferred Generics	
XARELTO (10 MG TAB, 20 MG TAB)	3-Preferred Brands	QL (30 PER 30 DAYS)
XARELTO 15 MG TAB	3-Preferred Brands	QL (60 PER 30 DAYS)
XARELTO STARTER PACK	3-Preferred Brands	QL (51 PER 180 DAYS)

BLOOD PRODUCTS AND MODIFIERS, OTHER

<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>	4-Non-Preferred Drugs	
<i>eltrombopag olamine (12.5 mg packet, 12.5 mg tab, 25 mg packet, 25 mg tab, 50 mg tab, 75 mg tab)</i>	5-Specialty	PA
FULPHILA	5-Specialty	PA
LEUKINE	5-Specialty	PA
NYVEPRIA	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

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
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	3-Preferred Brands	PA3
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	5-Specialty	PA

HEMOSTASIS AGENTS

<i>tranexamic acid 650 mg tab</i>	3-Preferred Brands
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PLATELET MODIFYING AGENTS

<i>aspirin-dipyridamole er</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>cilostazol (50 mg tab, 100 mg tab)</i>	2-Generics	
<i>clopidogrel bisulfate 300 mg tab</i>	2-Generics	
<i>clopidogrel bisulfate 75 mg tab</i>	1-Preferred Generics	
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	3-Preferred Brands	
DOPTELET	5-Specialty	PA
DOPTELET SPRINKLE	5-Specialty	PA
<i>prasugrel hcl (5 mg tab, 10 mg tab)</i>	3-Preferred Brands	
<i>ticagrelor (60 mg tab, 90 mg tab)</i>	3-Preferred Brands	

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clonidine 0.3 mg/24hr patch wk</i>	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	1-Preferred Generics	
<i>droxidopa (200 mg cap, 300 mg cap)</i>	5-Specialty	PA, QL (180 PER 30 DAYS)
<i>droxidopa 100 mg cap</i>	4-Non-Preferred Drugs	PA, QL (90 PER 30 DAYS)
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	3-Preferred Brands	

ALPHA-ADRENERGIC BLOCKING AGENTS

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

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab)</i>	6-Select Care	QL (60 PER 30 DAYS)
<i>candesartan cilexetil 32 mg tab</i>	6-Select Care	QL (30 PER 30 DAYS)
FILSPARI 200 MG TAB	5-Specialty	PA, QL (30 PER 30 DAYS)
FILSPARI 400 MG TAB	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>irbesartan (75 mg tab, 300 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)
<i>irbesartan 150 mg tab</i>	6-Select Care	QL (60 PER 30 DAYS)
<i>losartan potassium (25 mg tab, 50 mg tab)</i>	6-Select Care	QL (60 PER 30 DAYS)
<i>losartan potassium 100 mg tab</i>	6-Select Care	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil (20 mg tab, 40 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 5 mg tab</i>	6-Select Care	QL (60 PER 30 DAYS)
<i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab)</i>	6-Select Care	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>valsartan 320 mg tab</i>	6-Select Care	QL (30 PER 30 DAYS)
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	6-Select Care	
<i>captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	6-Select Care	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	6-Select Care	
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	6-Select Care	
<i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	6-Select Care	
<i>moexipril hcl (7.5 mg tab, 15 mg tab)</i>	6-Select Care	
<i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i>	6-Select Care	
<i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	6-Select Care	
<i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i>	6-Select Care	
<i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>	6-Select Care	
ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tab, 400 mg tab)</i>	4-Non-Preferred Drugs	
<i>amiodarone hcl 200 mg tab</i>	2-Generics	
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	3-Preferred Brands	
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	3-Preferred Brands	
MULTAQ	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>pacerone 100 mg tab</i>	4-Non-Preferred Drugs	
<i>pacerone 200 mg tab</i>	2-Generics	
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	2-Generics	
<i>propafenone hcl er (225 mg cap er 12h, 325 mg cap er 12h, 425 mg cap er 12h)</i>	4-Non-Preferred Drugs	
<i>quinidine sulfate (200 mg tab, 300 mg tab)</i>	4-Non-Preferred Drugs	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	2-Generics	
<i>sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)</i>	2-Generics	

BETA-ADRENERGIC BLOCKING AGENTS

<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	2-Generics	
<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	2-Generics	
<i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	1-Preferred Generics	
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	2-Generics	
<i>metoprolol succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h)</i>	1-Preferred Generics	
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	
<i>metoprolol tartrate (37.5 mg tab, 75 mg tab)</i>	2-Generics	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	4-Non-Preferred Drugs	
<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>nebivolol hcl 20 mg tab</i>	3-Preferred Brands	QL (60 PER 30 DAYS)

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>pindolol (5 mg tab, 10 mg tab)</i>	4-Non-Preferred Drugs	
<i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)</i>	2-Generics	
<i>propranolol hcl er (60 mg cap er 24h, 80 mg cap er 24h, 120 mg cap er 24h, 160 mg cap er 24h)</i>	2-Generics	
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	4-Non-Preferred Drugs	

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1-Preferred Generics	
<i>felodipine er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	2-Generics	
<i>isradipine (2.5 mg cap, 5 mg cap)</i>	4-Non-Preferred Drugs	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	4-Non-Preferred Drugs	
<i>nifedipine er (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i>	3-Preferred Brands	
<i>nifedipine er osmotic release (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i>	3-Preferred Brands	
<i>nimodipine</i>	4-Non-Preferred Drugs	

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

<i>cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>	2-Generics	
<i>dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>	2-Generics	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	2-Generics	
<i>diltiazem hcl er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diltiazem hcl er (60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h, 120 mg tab er 24h, 180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>	3-Preferred Brands	
<i>diltiazem hcl er beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)</i>	2-Generics	
<i>diltiazem hcl er coated beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>	2-Generics	
<i>matzim la (180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>	3-Preferred Brands	
<i>tiadylt er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)</i>	2-Generics	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1-Preferred Generics	
<i>verapamil hcl er (100 mg cap er 24h, 200 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>	4-Non-Preferred Drugs	
<i>verapamil hcl er (120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 240 mg cap er 24h, 240 mg tab er)</i>	2-Generics	

CARDIOVASCULAR AGENTS, OTHER

<i>acetazolamide (125 mg tab, 250 mg tab)</i>	3-Preferred Brands	
<i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>	6-Select Care	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>	6-Select Care	QL (60 PER 30 DAYS)
<i>amlodipine besy-benazepril hcl (5-40 mg cap, 10-40 mg cap)</i>	6-Select Care	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)
<i>amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i>	2-Generics	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	6-Select Care	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	2-Generics	
<i>candesartan cilexetil-hctz (32-12.5 mg tab, 32-25 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)
<i>candesartan cilexetil-hctz 16-12.5 mg tab</i>	6-Select Care	QL (60 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	6-Select Care	
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	6-Select Care	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab</i>	6-Select Care	QL (60 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide 300-12.5 mg tab</i>	6-Select Care	QL (30 PER 30 DAYS)
<i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	6-Select Care	
<i>losartan potassium-hctz (100-12.5 mg tab, 100-25 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)
<i>losartan potassium-hctz 50-12.5 mg tab</i>	6-Select Care	QL (60 PER 30 DAYS)
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	2-Generics	
<i>metyrosine</i>	5-Specialty	PA
NEXLETOL	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)
<i>pentoxifylline er</i>	2-Generics	
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	6-Select Care	
<i>ranolazine er (500 mg tab er 12h, 1000 mg tab er 12h)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>sacubitril-valsartan (49-51 mg tab, 97-103 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>sacubitril-valsartan 24-26 mg tab</i>	2-Generics	QL (180 PER 30 DAYS)
<i>spironolactone-hctz</i>	2-Generics	
<i>telmisartan-amlodipine (40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)
<i>telmisartan-hctz (40-12.5 mg tab, 80-25 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)
<i>telmisartan-hctz 80-12.5 mg tab</i>	6-Select Care	QL (60 PER 30 DAYS)
<i>trandolapril-verapamil hcl er (1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er)</i>	6-Select Care	

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>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	1-Preferred Generics	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	3-Preferred Brands	PA, QL (30 PER 30 DAYS)

DIURETICS, LOOP

<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2-Generics	
<i>bumetanide 0.25 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>furosemide (20 mg tab, 40 mg tab, 80 mg tab)</i>	1-Preferred Generics	
<i>furosemide (8 mg/ml solution, 10 mg/ml solution)</i>	2-Generics	
<i>furosemide 10 mg/ml solution, inj</i>	4-Non-Preferred Drugs	
<i>torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	2-Generics	

DIURETICS, POTASSIUM-SPARING

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

DIURETICS, THIAZIDE

<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	2-Generics	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1-Preferred Generics	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	1-Preferred Generics	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2-Generics	

DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES

<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	2-Generics	
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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>fenofibrate micronized (67 mg cap, 134 mg cap, 200 mg cap)</i>	2-Generics	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	3-Preferred Brands	
<i>gemfibrozil</i>	2-Generics	

DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)
<i>fluvastatin sodium (20 mg cap, 40 mg cap)</i>	6-Select Care	QL (60 PER 30 DAYS)
<i>fluvastatin sodium er</i>	6-Select Care	QL (30 PER 30 DAYS)
<i>lovastatin (10 mg tab, 20 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)
<i>lovastatin 40 mg tab</i>	6-Select Care	QL (60 PER 30 DAYS)
<i>pitavastatin calcium (1 mg tab, 2 mg tab, 4 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)
<i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)

DYSLIPIDEMICS, OTHER

<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	3-Preferred Brands	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	3-Preferred Brands	
<i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i>	4-Non-Preferred Drugs	
<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>	2-Generics	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>icosapent ethyl (0.5 gm cap, 1 gm cap)</i>	3-Preferred Brands	
NEXLIZET	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
<i>niacin er (antihyperlipidemic) (500 mg tab er, 750 mg tab er, 1000 mg tab er)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>omega-3-acid ethyl esters</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	3-Preferred Brands	
REPATHA	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
REPATHA SURECLICK	3-Preferred Brands	PA, QL (3 PER 28 DAYS)

MINERALOCORTICOID RECEPTOR ANTAGONISTS

KERENDIA (10 MG TAB, 20 MG TAB, 40 MG TAB)	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	

SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)

<i>dapagliflozin (5 mg tab, 10 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS)
FARXIGA (5 MG TAB, 10 MG TAB)	3-Preferred Brands	ST, QL (30 PER 30 DAYS)
JARDIANCE (10 MG TAB, 25 MG TAB)	3-Preferred Brands	QL (30 PER 30 DAYS)

VASODILATORS, DIRECT-ACTING ARTERIAL

<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	2-Generics	

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	3-Preferred Brands	
<i>isosorbide mononitrate</i>	2-Generics	
<i>isosorbide mononitrate er (30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>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	

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

<i>amphetamine-dextroamphetamine (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>amphetamine-dextroamphetamine (10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab)</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab)</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>amphetamine-dextroamphetamine 30 mg tab</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
<i>dextroamphetamine sulfate er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h)</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine hcl (10 mg cap, 18 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>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 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.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>methylphenidate hcl er (10 mg tab er, 20 mg tab er)</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)

CENTRAL NERVOUS SYSTEM, OTHER

AUSTEDO (9 MG TAB, 12 MG TAB)	5-Specialty	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TAB	5-Specialty	PA, QL (60 PER 30 DAYS)
AUSTEDO XR (6 MG TAB ER 24H, 12 MG TAB ER 24H, 18 MG TAB ER 24H, 24 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 PATIENT TITRATION	5-Specialty	PA, QL (28 PER 180 DAYS)
<i>dextromethorphan-quinidine</i>	3-Preferred Brands	PA, QL (60 PER 30 DAYS)
INGREZZA (40 MG CAP, 40 MG CAP SPRINK, 60 MG CAP, 60 MG CAP SPRINK, 80 MG CAP, 80 MG CAP SPRINK)	5-Specialty	PA, QL (30 PER 30 DAYS)
INGREZZA 40 & 80 MG CAP THPK	5-Specialty	PA, QL (28 PER 180 DAYS)
<i>riluzole</i>	4-Non-Preferred Drugs	
<i>tetrabenazine 12.5 mg tab</i>	4-Non-Preferred Drugs	PA, QL (90 PER 30 DAYS)
<i>tetrabenazine 25 mg tab</i>	4-Non-Preferred Drugs	PA, QL (120 PER 30 DAYS)

FIBROMYALGIA AGENTS

DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR, 40 MG CAP DR, 60 MG CAP DR)	4-Non-Preferred Drugs	PA2, QL (60 PER 30 DAYS)
<i>duloxetine hcl 20 mg cp dr part</i>	2-Generics	QL (120 PER 30 DAYS)
<i>duloxetine hcl 30 mg cp dr part</i>	2-Generics	QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>duloxetine hcl 60 mg cp dr part</i>	2-Generics	QL (60 PER 30 DAYS)
<i>pregabalin (225 mg cap, 300 mg cap)</i>	2-Generics	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>	2-Generics	QL (90 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	2-Generics	QL (900 PER 30 DAYS)

MULTIPLE SCLEROSIS AGENTS

BETASERON	5-Specialty	QL (14 PER 28 DAYS)
<i>dalfampridine er</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>dimethyl fumarate (120 mg cap dr, 240 mg cap dr)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>dimethyl fumarate starter pack</i>	4-Non-Preferred Drugs	QL (120 PER 365 DAYS)
<i>fingolimod hcl</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	5-Specialty	QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml soln prsyr</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml soln prsyr</i>	5-Specialty	QL (12 PER 28 DAYS)
KESIMPTA	5-Specialty	PA, QL (1.6 PER 28 DAYS)
<i>teriflunomide (7 mg tab, 14 mg tab)</i>	5-Specialty	QL (30 PER 30 DAYS)
ZEPOSIA	5-Specialty	PA, QL (30 PER 30 DAYS)
ZEPOSIA 7-DAY STARTER PACK	5-Specialty	PA, QL (7 PER 180 DAYS)
ZEPOSIA STARTER KIT	5-Specialty	PA, QL (28 PER 180 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

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

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

<i>accutane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4-Non-Preferred Drugs	
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	4-Non-Preferred Drugs	PA
<i>amnestem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4-Non-Preferred Drugs	
<i>benzoyl peroxide-erythromycin</i>	4-Non-Preferred Drugs	QL (46.6 PER 30 DAYS)
<i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4-Non-Preferred Drugs	
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4-Non-Preferred Drugs	
<i>metronidazole (0.75 % lotion, 1 % gel)</i>	4-Non-Preferred Drugs	
<i>metronidazole 0.75 % gel</i>	3-Preferred Brands	
<i>sulfacetamide sodium (acne)</i>	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
<i>tazarotene 0.1 % cream</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 (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4-Non-Preferred Drugs	

DERMATITIS AND PRURITUS AGENTS

ADBRY (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ)	5-Specialty	PA, QL (6 PER 28 DAYS)
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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>ala-cort</i>	2-Generics	
<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	3-Preferred Brands	
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	2-Generics	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	3-Preferred Brands	
<i>betamethasone dipropionate 0.05 % lotion</i>	2-Generics	
<i>betamethasone dipropionate aug (0.05 % gel, 0.05 % ointment)</i>	4-Non-Preferred Drugs	
<i>betamethasone dipropionate aug 0.05 % cream</i>	2-Generics	
<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 0.05 % cream</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>clodan</i>	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
<i>desonide (0.05 % cream, 0.05 % ointment)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>desonide 0.05 % lotion</i>	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
DESOXIMETASONE (, 0.05 % CREAM, 0.25 % CREAM)	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
EUCRISA	4-Non-Preferred Drugs	PA, QL (100 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>fluocinolone acetonide 0.01 % cream</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>fluocinolone acetonide 0.01 % solution</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>fluocinolone acetonide 0.025 % cream</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>fluocinolone acetonide 0.025 % ointment</i>	2-Generics	QL (120 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 % gel, 0.05 % ointment)</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>fluocinonide 0.05 % cream</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>fluocinonide 0.05 % solution</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>fluocinonide emulsified base</i>	4-Non-Preferred Drugs	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 % ointment)</i>	2-Generics	
<i>hydrocortisone (perianal) (1 % cream, 2.5 % cream)</i>	2-Generics	
<i>hydrocortisone 2.5 % lotion</i>	2-Generics	QL (118 PER 30 DAYS)
<i>hydrocortisone valerate 0.2 % cream</i>	4-Non-Preferred Drugs	
<i>hydrocortisone valerate 0.2 % ointment</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	2-Generics	
<i>pimecrolimus</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)

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>procto-med hc</i>	2-Generics	
<i>proctosol hc</i>	2-Generics	
<i>proctozone-hc</i>	2-Generics	
<i>selenium sulfide</i>	2-Generics	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</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>	3-Preferred Brands	QL (45 PER 30 DAYS)
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	4-Non-Preferred Drugs	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>	3-Preferred Brands	QL (24 PER 30 DAYS)
<i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
OTEZLA (20 MG TAB, 30 MG TAB)	5-Specialty	PA, QL (60 PER 30 DAYS)
OTEZLA (4 X 10 & 51 X20 MG TAB THPK, 10 & 20 & 30 MG TAB THPK)	5-Specialty	PA, QL (55 PER 180 DAYS)
OTEZLA XR	5-Specialty	PA, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OTEZLA/OTEZLA XR INITIATION PK	5-Specialty	PA, QL (41 PER 180 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>	3-Preferred Brands	

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>	3-Preferred Brands	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>erythromycin 2 % gel</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>erythromycin 2 % solution</i>	2-Generics	QL (120 PER 30 DAYS)
<i>mupirocin</i>	2-Generics	QL (66 PER 30 DAYS)

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	
ISOLYTE-P IN D5W	4-Non-Preferred Drugs	
ISOLYTE-S	4-Non-Preferred Drugs	
ISOLYTE-S PH 7.4	4-Non-Preferred Drugs	
<i>kcl (0.149%) in nacl</i>	4-Non-Preferred Drugs	

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>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>	4-Non-Preferred Drugs	
<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	
<i>magnesium sulfate 50 % solution</i>	3-Preferred Brands	
<i>multiple electro type 1 ph 5.5</i>	4-Non-Preferred Drugs	
<i>multiple electro type 1 ph 7.4</i>	4-Non-Preferred Drugs	
<i>plenamine</i>	4-Non-Preferred Drugs	PA3
POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/100ML SOLUTION, 20 MEQ PACKET, 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 crys er (10 tab er, 15 tab er, 20 tab er)</i>	2-Generics	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)</i>	2-Generics	
<i>potassium chloride in dextrose</i>	4-Non-Preferred Drugs	

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
POTASSIUM CHLORIDE IN NACL (20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION)	4-Non-Preferred Drugs	
<i>potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)</i>	3-Preferred Brands	
POTASSIUM CL IN DEXTROSE 5%	4-Non-Preferred Drugs	
PREMASOL	4-Non-Preferred Drugs	PA3
PROSOL	4-Non-Preferred Drugs	PA3
<i>sodium chloride (0.45 % solution, 0.9 % solution, 3 % solution, 5 % solution)</i>	4-Non-Preferred Drugs	
<i>sodium chloride (pf)</i>	4-Non-Preferred Drugs	
<i>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)</i>	1-Preferred Generics	
TPN ELECTROLYTES	4-Non-Preferred Drugs	PA3
TRAVASOL	4-Non-Preferred Drugs	PA3
TROPHAMINE	4-Non-Preferred Drugs	PA3

ELECTROLYTE/MINERAL/METAL MODIFIERS

CHEMET	5-Specialty	
<i>deferasirox (125 mg tab sol, 180 mg tab, 360 mg tab)</i>	4-Non-Preferred Drugs	PA
<i>deferasirox (250 mg tab sol, 500 mg tab sol)</i>	5-Specialty	PA
<i>deferasirox 90 mg tab</i>	3-Preferred Brands	PA
<i>penicillamine 250 mg tab</i>	5-Specialty	
<i>tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk – generic jynarque)</i>	5-Specialty	PA, QL (56 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tolvaptan 15 mg tab (generic jynarque)</i>	5-Specialty	PA, QL (120 PER 30 DAYS)
<i>tolvaptan 30 mg tab (generic jynarque)</i>	5-Specialty	PA, QL (120 PER 30 DAYS)
<i>trientine hcl 250 mg cap</i>	5-Specialty	QL (240 PER 30 DAYS)

PHOSPHATE BINDERS

<i>calcium acetate (phos binder) (667 mg cap, 667 mg tab)</i>	3-Preferred Brands	PA
<i>sevelamer carbonate 800 mg tab</i>	4-Non-Preferred Drugs	PA

POTASSIUM BINDERS

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

VITAMINS

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

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

<i>constulose</i>	2-Generics	
<i>enulose</i>	2-Generics	
<i>generlac</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>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	2-Generics	
<i>lactulose encephalopathy</i>	2-Generics	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	3-Preferred Brands	QL (30 PER 30 DAYS)
RELISTOR (8 MG/0.4ML SOLN PRSYR, 12 MG/0.6ML SOLN PRSYR, 12 MG/0.6ML SOLUTION, 150 MG TAB)	5-Specialty	
TRULANCE	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

ANTI-DIARRHEAL AGENTS

<i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>	4-Non-Preferred Drugs	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	
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>	3-Preferred Brands	

GASTROINTESTINAL AGENTS, OTHER

<i>bis subcit-metronid-tetracyc</i>	3-Preferred Brands	
<i>bismuth/metronidaz/tetracyclin</i>	3-Preferred Brands	
CLENPIQ (10-3.5-12 -GM/160ML SOLUTION, 10-3.5-12 -GM/175ML SOLUTION)	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GATTEX	5-Specialty	PA
<i>gavilyte-c</i>	2-Generics	
<i>gavilyte-g</i>	2-Generics	
<i>gavilyte-n with flavor pack</i>	2-Generics	
<i>na sulfate-k sulfate-mg sulf</i>	4-Non-Preferred Drugs	
<i>peg 3350-kcl-na bicarb-nacl</i>	2-Generics	
<i>peg-3350/electrolytes</i>	2-Generics	
<i>ursodiol (250 mg tab, 500 mg tab)</i>	4-Non-Preferred Drugs	
<i>ursodiol 300 mg cap</i>	3-Preferred Brands	
VOQUEZNA DUAL PAK	4-Non-Preferred Drugs	PA, QL (224 PER 365 DAYS)
VOQUEZNA TRIPLE PAK	4-Non-Preferred Drugs	PA, QL (224 PER 365 DAYS)
VOWST	5-Specialty	PA, QL (12 PER 30 DAYS)

HISTAMINE2 (H2) RECEPTOR ANTAGONISTS

<i>famotidine (20 mg tab, 40 mg tab)</i>	1-Preferred Generics	
<i>famotidine 40 mg/5ml recon susp</i>	4-Non-Preferred Drugs	
<i>nizatidine 150 mg cap</i>	4-Non-Preferred Drugs	

PROTECTANTS

<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	3-Preferred Brands	
<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>	3-Preferred Brands	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>rabeprazole sodium</i>	3-Preferred Brands	QL (30 PER 30 DAYS)

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

<i>betaine</i>	5-Specialty	
CERDELGA	5-Specialty	PA, QL (60 PER 30 DAYS)
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	3-Preferred Brands	
<i>cromolyn sodium 100 mg/5ml conc</i>	4-Non-Preferred Drugs	
CYSTAGON (50 MG CAP, 150 MG CAP)	4-Non-Preferred Drugs	
CYSTARAN	5-Specialty	PA, QL (60 PER 28 DAYS)
<i>javygtor (100 mg packet, 100 mg tab, 500 mg packet)</i>	5-Specialty	PA
<i>l-glutamine</i>	5-Specialty	PA, QL (180 PER 30 DAYS)
<i>nitisinone (2 mg cap, 5 mg cap, 10 mg cap, 20 mg cap)</i>	5-Specialty	
PROLASTIN-C	5-Specialty	PA
REVCovi	5-Specialty	PA
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	5-Specialty	PA
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	5-Specialty	PA
VYNDAMAX	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>zelvysia (100 mg packet, 500 mg packet)</i>	5-Specialty	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	4-Non-Preferred Drugs	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>fesoterodine fumarate er (4 mg tab er 24h, 8 mg tab er 24h)</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
GEMTESA	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>mirabegron er (25 mg tab er 24h, 50 mg tab er 24h)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	2-Generics	
<i>oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>solifenacin succinate (5 mg tab, 10 mg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er (2 mg cap er 24h, 4 mg cap er 24h)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>trospium chloride</i>	2-Generics	QL (60 PER 30 DAYS)
<i>trospium chloride er</i>	4-Non-Preferred Drugs	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)

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>silodosin (4 mg cap, 8 mg cap)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>tadalafil (2.5 mg tab, 5 mg tab)</i>	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	1-Preferred Generics	QL (60 PER 30 DAYS)

GENITOURINARY AGENTS, OTHER

<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	3-Preferred Brands	
ELMIRON	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	2-Generics	
<i>dexamethasone sod phos +rfid</i>	4-Non-Preferred Drugs	
<i>dexamethasone sod phosphate pf</i>	4-Non-Preferred Drugs	
<i>dexamethasone sodium phosphate (4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)</i>	4-Non-Preferred Drugs	
<i>fludrocortisone acetate</i>	2-Generics	
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	2-Generics	
<i>methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)</i>	4-Non-Preferred Drugs	
<i>methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>prednisolone 15 mg/5ml solution</i>	2-Generics	
<i>prednisolone sodium phosphate (5 mg/5ml solution, 6.7 (5 base) mg/5ml solution, 25 mg/5ml solution)</i>	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisolone sodium phosphate 15 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, 10 mg (21) tab thpk, 10 mg (48) tab thpk)</i>	2-Generics	
<i>prednisone 5 mg/5ml solution</i>	4-Non-Preferred Drugs	
PREDNISONE INTENSOL	4-Non-Preferred Drugs	
TARPEYO	5-Specialty	PA, QL (120 PER 30 DAYS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

<i>desmopressin ace spray refrig</i>	4-Non-Preferred Drugs	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	3-Preferred Brands	
<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
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	5-Specialty	PA

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

ANDROGENS

<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	4-Non-Preferred Drugs	
<i>testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)</i>	4-Non-Preferred Drugs	PA, QL (300 PER 30 DAYS)

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>testosterone 20.25 mg/act (1.62%) gel</i>	4-Non-Preferred Drugs	PA, QL (150 PER 30 DAYS)
<i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i>	2-Generics	PA
<i>testosterone enanthate</i>	3-Preferred Brands	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
<i>aranelle</i>	2-Generics
<i>aubra eq</i>	2-Generics
<i>aurovela 1.5/30</i>	2-Generics
<i>aurovela 1/20</i>	2-Generics
<i>aurovela 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 fe 1.5/30</i>	2-Generics
<i>blisovi fe 1/20</i>	2-Generics
<i>briellyn</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

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>dasetta 1/35</i>	2-Generics	
<i>dasetta 7/7/7</i>	2-Generics	
<i>delyla</i>	2-Generics	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	2-Generics	
<i>dolishale</i>	2-Generics	
<i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	3-Preferred Brands	QL (8 PER 28 DAYS)
<i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	2-Generics	
<i>elinest</i>	2-Generics	
<i>eluryng</i>	3-Preferred Brands	
<i>enilloring</i>	3-Preferred Brands	
<i>enskyce</i>	2-Generics	
<i>estarylla</i>	2-Generics	
<i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	3-Preferred Brands	QL (8 PER 28 DAYS)
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i>	3-Preferred Brands	QL (4 PER 28 DAYS)
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2-Generics	
<i>estradiol 0.01 % cream</i>	3-Preferred Brands	
<i>estradiol 10 mcg tab</i>	4-Non-Preferred Drugs	
<i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i>	4-Non-Preferred Drugs	
<i>estrogens conjugated (0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab)</i>	3-Preferred Brands	

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>ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)</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 (0.5-2.5 tab, 1-5 tab)</i>	3-Preferred Brands	
<i>hailey 1.5/30</i>	2-Generics	
<i>hailey fe 1.5/30</i>	2-Generics	
<i>hailey fe 1/20</i>	2-Generics	
<i>iclevia</i>	2-Generics	
<i>introvale</i>	2-Generics	
<i>isibloom</i>	2-Generics	
<i>jasmiel</i>	2-Generics	
<i>jinteli</i>	3-Preferred Brands	
<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>kalliga</i>	2-Generics	
<i>kariva</i>	2-Generics	
<i>kelnor 1/35</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 fe 1.5/30</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>larin fe 1/20</i>	2-Generics	
<i>lessina</i>	2-Generics	
<i>levonest</i>	2-Generics	
<i>levonorg-eth estrad triphasic</i>	2-Generics	
<i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)</i>	2-Generics	
<i>levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 90-20 mcg tab)</i>	2-Generics	
<i>lo-zumandimine</i>	2-Generics	
<i>loestrin 1.5/30 (21)</i>	2-Generics	
<i>loestrin 1/20 (21)</i>	2-Generics	
<i>loestrin fe 1.5/30</i>	2-Generics	
<i>loestrin fe 1/20</i>	2-Generics	
<i>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>lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	3-Preferred Brands	QL (8 PER 28 DAYS)
<i>marlissa</i>	2-Generics	
<i>microgestin 1.5/30</i>	2-Generics	
<i>microgestin 1/20</i>	2-Generics	
<i>microgestin 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	

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>norethin ace-eth estrad-fe (1-20 tab, 1.5-30 tab)</i>	2-Generics	
<i>norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)</i>	2-Generics	
<i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>	3-Preferred Brands	
<i>norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)</i>	2-Generics	
<i>norgestimate-eth estradiol</i>	2-Generics	
<i>nortrel 0.5/35 (28)</i>	2-Generics	
<i>nortrel 1/35 (21)</i>	2-Generics	
<i>nortrel 1/35 (28)</i>	2-Generics	
<i>nortrel 7/7/7</i>	2-Generics	
<i>nylia 1/35</i>	2-Generics	
<i>nylia 7/7/7</i>	2-Generics	
<i>nymyo</i>	2-Generics	
<i>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	
<i>reclipsen</i>	2-Generics	
<i>setlakin</i>	2-Generics	
<i>simliya</i>	2-Generics	
<i>sprintec 28</i>	2-Generics	
<i>syeda</i>	2-Generics	
<i>tarina fe 1/20 eq</i>	2-Generics	
<i>tri femynor</i>	2-Generics	
<i>tri-estarylla</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.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<i>valtya 1/50</i>	2-Generics	
<i>velivet</i>	2-Generics	
<i>vestura</i>	2-Generics	
<i>vienva</i>	2-Generics	
<i>viorele</i>	2-Generics	
<i>volnea</i>	2-Generics	
<i>vyfemla</i>	2-Generics	
<i>vylibra</i>	2-Generics	
<i>wera</i>	2-Generics	
<i>xulane</i>	3-Preferred Brands	
<i>yuvaferm</i>	4-Non-Preferred Drugs	
<i>zafemy</i>	3-Preferred Brands	
<i>zovia 1/35 (28)</i>	2-Generics	
<i>zumandimine</i>	2-Generics	
PROGESTINS		
<i>camila</i>	2-Generics	
<i>deblitane</i>	2-Generics	
DEPO-SUBQ PROVERA 104	3-Preferred Brands	

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>emzahh</i>	2-Generics	
<i>errin</i>	2-Generics	
<i>gallifrey</i>	2-Generics	
<i>heather</i>	2-Generics	
<i>incassia</i>	2-Generics	
<i>jencycla</i>	2-Generics	
LILETTA (52 MG)	3-Preferred Brands	
<i>lyleq</i>	2-Generics	
<i>lyza</i>	2-Generics	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml susp prsyr, 150 mg/ml suspension)</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>	3-Preferred Brands	
<i>megestrol acetate 625 mg/5ml suspension</i>	4-Non-Preferred Drugs	
<i>meleya</i>	2-Generics	
NEXPLANON	3-Preferred Brands	
<i>nora-be</i>	2-Generics	
<i>norethindrone</i>	2-Generics	
<i>norethindrone acetate</i>	2-Generics	
<i>norlyda</i>	2-Generics	
<i>norlyroc</i>	2-Generics	
<i>orquidea</i>	2-Generics	
<i>progesterone (100 mg cap, 200 mg cap)</i>	3-Preferred Brands	
<i>sharobel</i>	2-Generics	

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

DUAVEE	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>raloxifene hcl</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
<i>levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1-Preferred Generics	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1-Preferred Generics	
<i>levoxyl (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)</i>	3-Preferred Brands	
<i>liomny (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2-Generics	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2-Generics	
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	5-Specialty	PA, QL (30 PER 30 DAYS)
SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	3-Preferred Brands	
<i>unithroid (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>	3-Preferred Brands	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
<i>cabergoline</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
ELIGARD (7.5 MG KIT, 22.5 MG KIT, 30 MG KIT, 45 MG KIT)	4-Non-Preferred Drugs	PA3
FIRMAGON	4-Non-Preferred Drugs	PA3
FIRMAGON (240 MG DOSE)	5-Specialty	PA3
<i>lanreotide acetate</i>	5-Specialty	PA
<i>leuprolide acetate</i>	4-Non-Preferred Drugs	PA3
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	5-Specialty	PA3
<i>mifepristone</i>	5-Specialty	PA
<i>octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 1000 mcg/ml solution)</i>	4-Non-Preferred Drugs	PA
<i>octreotide acetate (500 mcg/ml soln prsyr, 500 mcg/ml solution)</i>	5-Specialty	PA
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	5-Specialty	PA
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	5-Specialty	PA
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	5-Specialty	PA
SYNAREL	5-Specialty	

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

<i>methimazole (5 mg tab, 10 mg tab)</i>	2-Generics
<i>propylthiouracil</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
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	5-Specialty	PA
<i>icatibant acetate</i>	5-Specialty	PA, QL (27 PER 30 DAYS)
<i>sajazir</i>	5-Specialty	PA, QL (27 PER 30 DAYS)
IMMUNOGLOBULINS		
GAMMAGARD (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	5-Specialty	PA
GAMMAGARD ERC (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	5-Specialty	PA
GAMMAKED (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	5-Specialty	PA
GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	5-Specialty	PA
GAMUNEX-C (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	5-Specialty	PA

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
OCTAGAM (2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	5-Specialty	PA
OCTAGAM 1 GM/20ML SOLUTION	3-Preferred Brands	PA
PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	5-Specialty	PA

IMMUNOLOGICAL AGENTS, OTHER

ARCALYST	5-Specialty	PA
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	5-Specialty	PA
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	5-Specialty	PA, QL (8 PER 28 DAYS)
COSENTYX (300 MG DOSE)	5-Specialty	PA, QL (10 PER 28 DAYS)
COSENTYX 125 MG/5ML SOLUTION	5-Specialty	PA
COSENTYX 150 MG/ML SOLN PRSYR	5-Specialty	PA, QL (10 PER 28 DAYS)
COSENTYX 75 MG/0.5ML SOLN PRSYR	5-Specialty	PA, QL (2.5 PER 28 DAYS)
COSENTYX SENSOREADY (300 MG)	5-Specialty	PA, QL (10 PER 28 DAYS)
COSENTYX SENSOREADY PEN	5-Specialty	PA, QL (10 PER 28 DAYS)
COSENTYX UNOREADY	5-Specialty	PA, QL (10 PER 28 DAYS)
DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR)	5-Specialty	PA, QL (4.56 PER 28 DAYS)
DUPIXENT (300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5-Specialty	PA, QL (8 PER 28 DAYS)
ENTYVIO PEN	5-Specialty	PA, QL (1.36 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEMLUVIO	5-Specialty	PA, QL (2 PER 28 DAYS)
OTULFI (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	3-Preferred Brands	PA, QL (0.5 PER 28 DAYS)
OTULFI 130 MG/26ML SOLUTION	5-Specialty	PA
OTULFI 90 MG/ML SOLN PRSYR	5-Specialty	PA, QL (1 PER 28 DAYS)
PYZCHIVA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	3-Preferred Brands	PA, QL (0.5 PER 28 DAYS)
PYZCHIVA 130 MG/26ML SOLUTION	5-Specialty	PA
PYZCHIVA 90 MG/ML SOLN PRSYR	5-Specialty	PA, QL (1 PER 28 DAYS)
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H, 45 MG TAB ER 24H)	5-Specialty	PA, QL (30 PER 30 DAYS)
RINVOQ LQ	5-Specialty	PA, QL (360 PER 30 DAYS)
SKYRIZI 150 MG/ML SOLN PRSYR	5-Specialty	PA, QL (2 PER 84 DAYS)
SKYRIZI 180 MG/1.2ML SOLN CART	5-Specialty	PA, QL (1.2 PER 56 DAYS)
SKYRIZI 360 MG/2.4ML SOLN CART	5-Specialty	PA, QL (2.4 PER 56 DAYS)
SKYRIZI 55 MG/0.37ML SOLN PRSYR	5-Specialty	PA, QL (2.22 PER 365 DAYS)
SKYRIZI 600 MG/10ML SOLUTION	5-Specialty	PA
SKYRIZI PEN	5-Specialty	PA, QL (2 PER 84 DAYS)
TAVNEOS	5-Specialty	PA, QL (180 PER 30 DAYS)
<i>tofacitinib citrate (5 mg tab, 10 mg tab)</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>tofacitinib citrate 1 mg/ml solution</i>	5-Specialty	PA, QL (480 PER 24 DAYS)
<i>tofacitinib citrate er (11 mg tab er 24h, 22 mg tab er 24h)</i>	5-Specialty	PA, QL (30 PER 30 DAYS)
TREMFYA (100 MG/ML SOLN PRSYR, 200 MG/2ML SOLN PRSYR)	5-Specialty	PA, QL (2 PER 28 DAYS)
TREMFYA 200 MG/20ML SOLUTION	5-Specialty	PA
TREMFYA ONE-PRESS	5-Specialty	PA, QL (2 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TREMFYA PEN (100 MG/ML SOLN A-INJ, 200 MG/2ML SOLN A-INJ)	5-Specialty	PA, QL (2 PER 28 DAYS)
TREMFYA-CD/UC INDUCTION	5-Specialty	PA, QL (12 PER 180 DAYS)
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	5-Specialty	PA, QL (3.6 PER 28 DAYS)
TYENNE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	5-Specialty	PA
XOLAIR (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, QL (8 PER 28 DAYS)
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR)	5-Specialty	PA, QL (1 PER 28 DAYS)
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	3-Preferred Brands	PA, QL (0.5 PER 28 DAYS)
YESINTEK 130 MG/26ML SOLUTION	5-Specialty	PA
YESINTEK 90 MG/ML SOLN PRSYR	5-Specialty	PA, QL (1 PER 28 DAYS)

IMMUNOSTIMULANTS

ACTIMMUNE	5-Specialty	PA
BESREMI	5-Specialty	PA2, QL (2 PER 28 DAYS)
BESREMI PEN	5-Specialty	PA2, QL (1 PER 28 DAYS)
PEGASYS 180 MCG/0.5ML SOLN PRSYR	5-Specialty	QL (2 PER 28 DAYS)
PEGASYS 180 MCG/ML SOLUTION	5-Specialty	QL (4 PER 28 DAYS)

IMMUNOSUPPRESSANTS

<i>azathioprine 50 mg tab</i>	2-Generics	PA3
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	4-Non-Preferred Drugs	PA3
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	4-Non-Preferred Drugs	PA3
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	5-Specialty	PA, QL (8 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENBREL MINI	5-Specialty	PA, QL (8 PER 28 DAYS)
ENBREL SURECLICK	5-Specialty	PA, QL (8 PER 28 DAYS)
ENVARUSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	4-Non-Preferred Drugs	PA3
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	4-Non-Preferred Drugs	PA3
<i>gengraf (25 mg cap, 100 mg cap)</i>	4-Non-Preferred Drugs	PA3
HADLIMA 40 MG/0.4ML SOLN PRSYR	5-Specialty	PA, QL (2.4 PER 28 DAYS)
HADLIMA 40 MG/0.8ML SOLN PRSYR	5-Specialty	PA, QL (4.8 PER 28 DAYS)
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	5-Specialty	PA, QL (2.4 PER 28 DAYS)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	5-Specialty	PA, QL (4.8 PER 28 DAYS)
INFLECTRA	5-Specialty	PA3
<i>leflunomide 10 mg tab</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>leflunomide 20 mg tab</i>	3-Preferred Brands	QL (150 PER 30 DAYS)
<i>methotrexate sodium (1 gm recon soln, 2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution)</i>	2-Generics	
<i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	2-Generics	
<i>mycophenolate mofetil (250 mg cap, 500 mg tab)</i>	3-Preferred Brands	PA3
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	5-Specialty	PA3
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	4-Non-Preferred Drugs	PA3
<i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>	4-Non-Preferred Drugs	PA3
NULOJIX	5-Specialty	PA3

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
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	4-Non-Preferred Drugs	PA3
RENFLEXIS	5-Specialty	PA3
REZUROCK	5-Specialty	PA, QL (30 PER 30 DAYS)
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	5-Specialty	PA, QL (4 PER 28 DAYS)
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	5-Specialty	PA, QL (3 PER 28 DAYS)
SIMLANDI (2 PEN)	5-Specialty	PA, QL (4 PER 28 DAYS)
SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT	3-Preferred Brands	PA, QL (2 PER 28 DAYS)
SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT	5-Specialty	PA, QL (4 PER 28 DAYS)
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	4-Non-Preferred Drugs	PA3
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	4-Non-Preferred Drugs	PA3
XATMEP	4-Non-Preferred Drugs	
ZYMFENTRA (1 PEN)	5-Specialty	PA, QL (2 PER 28 DAYS)
ZYMFENTRA (2 PEN)	5-Specialty	PA, QL (2 PER 28 DAYS)
ZYMFENTRA (2 SYRINGE)	5-Specialty	PA, QL (2 PER 28 DAYS)

VACCINES

ABRYSVO	1-Preferred Generics
ACTHIB	1-Preferred Generics
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	1-Preferred Generics
AREXVY	1-Preferred Generics
BCG VACCINE	1-Preferred Generics
BEXSERO	1-Preferred Generics

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
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR	1-Preferred Generics	
DAPTACEL	1-Preferred Generics	
ENGRIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	1-Preferred Generics	PA3
GARDASIL 9 (0.5 ML SUSP PRSYR, SUSPENSION)	1-Preferred Generics	
HAVRIX (720 U/0.5ML SUSP PRSYR, 1440 U/ML SUSP PRSYR)	1-Preferred Generics	
HEPLISAV-B	1-Preferred Generics	PA3
HIBERIX	1-Preferred Generics	
IMOVAX RABIES	1-Preferred Generics	PA3
INFANRIX	1-Preferred Generics	
IPOL	1-Preferred Generics	
IXIARO	1-Preferred Generics	
JYNNEOS	1-Preferred Generics	PA3
KINRIX	1-Preferred Generics	
M-M-R II	1-Preferred Generics	
MENQUADFI (0.5 ML SOLUTION, SOLUTION)	1-Preferred Generics	
MENVEO (RECON SOLN, SOLUTION)	1-Preferred Generics	
MRESVIA	1-Preferred Generics	
PEDIARIX	1-Preferred Generics	

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
PEDVAXHIB	1-Preferred Generics	
PENBRAYA	1-Preferred Generics	
PENMENVY	1-Preferred Generics	
PENTACEL	1-Preferred Generics	
PRIORIX	1-Preferred Generics	
PROQUAD	1-Preferred Generics	
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	1-Preferred Generics	
RABAVERT	1-Preferred Generics	PA3
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	1-Preferred Generics	PA3
ROTARIX SUSPENSION	1-Preferred Generics	
ROTATEQ	1-Preferred Generics	
SHINGRIX (50 MCG/0.5ML RECON SUSP, 50 MCG/0.5ML SUSP PRSYR)	1-Preferred Generics	
TENIVAC	1-Preferred Generics	
TICOVAC (1.2 MCG/0.25ML SUSP PRSYR, 2.4 MCG/0.5ML SUSP PRSYR)	1-Preferred Generics	
TRUMENBA	1-Preferred Generics	
TWINRIX	1-Preferred Generics	
TYPHIM VI 25 MCG/0.5ML SOLN PRSYR	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
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	1-Preferred Generics	
VARIVAX	1-Preferred Generics	
VAXCHORA	1-Preferred Generics	
VIMKUNYA	1-Preferred Generics	
VIVOTIF	1-Preferred Generics	
YF-VAX	1-Preferred Generics	

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium</i>	4-Non-Preferred Drugs
<i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 1000 mg suppos)</i>	4-Non-Preferred Drugs
<i>mesalamine er 0.375 gm cap er 24h</i>	4-Non-Preferred Drugs
<i>mesalamine-cleanser</i>	4-Non-Preferred Drugs
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	2-Generics

GLUCOCORTICOIDS

<i>budesonide 3 mg cp dr part</i>	4-Non-Preferred Drugs
<i>budesonide er</i>	5-Specialty
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	3-Preferred Brands
<i>hydrocortisone 100 mg/60ml enema</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
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)
BOMYNTRA 120 MG/1.7ML SOLN PRSYR	5-Specialty	PA
BONSITY	5-Specialty	PA, QL (2.24 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	
<i>calcitriol 1 mcg/ml solution</i>	4-Non-Preferred Drugs	
<i>calcitriol oral soln 1 mcg/ml</i>	4-Non-Preferred Drugs	
<i>cinacalcet hcl (30 mg tab, 60 mg tab)</i>	4-Non-Preferred Drugs	PA3, QL (60 PER 30 DAYS)
<i>cinacalcet hcl 90 mg tab</i>	4-Non-Preferred Drugs	PA3, QL (120 PER 30 DAYS)
<i>ibandronate sodium 150 mg tab</i>	2-Generics	QL (1 PER 30 DAYS)
JUBBONTI	3-Preferred Brands	QL (1 PER 180 DAYS)
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	4-Non-Preferred Drugs	
PROLIA	3-Preferred Brands	QL (1 PER 180 DAYS)
<i>risedronate sodium (5 mg tab, 30 mg tab)</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>risedronate sodium 150 mg tab</i>	3-Preferred Brands	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tab</i>	3-Preferred Brands	QL (4 PER 28 DAYS)
<i>risedronate sodium 35 mg tab dr</i>	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
<i>teriparatide</i>	5-Specialty	PA, QL (2.24 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TYMLOS	5-Specialty	PA, QL (1.56 PER 30 DAYS)
WYOST	5-Specialty	PA
<i>zoledronic acid (4 mg/5ml conc, 5 mg/100ml solution)</i>	4-Non-Preferred Drugs	PA3

MISCELLANEOUS THERAPEUTIC AGENTS

BD ALCOHOL PADS	2-Generics	PA
CLINOLIPID	4-Non-Preferred Drugs	PA3
GAUZE PADS & DRESSINGS - PADS 2 X 2	2-Generics	PA
INSULIN PEN NEEDLE (NOVO/BD/EMBECTA/ULTIMED/TRIVIDIA)	2-Generics	PA
INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/EMBECTA/ULTIMED/ALLISON/TRIVIDIA/MHC)	2-Generics	PA
INSULIN SYRINGE (DISP) U-100 1 ML (BD/EMBECTA/ULTIMED/ALLISON/TRIVIDIA/MHC)	2-Generics	PA
INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/EMBECTA/ULTIMED/ALLISON/TRIVIDIA/MHC)	2-Generics	PA
INTRALIPID (20 % EMULSION, 30 % EMULSION)	4-Non-Preferred Drugs	PA3
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD	2-Generics	PA
NEEDLES, INSULIN DISP., SAFETY	2-Generics	PA
NUTRILIPID	4-Non-Preferred Drugs	PA3
<i>sterile water for irrigation</i>	4-Non-Preferred Drugs	
WEGOVY (0.25 MG/0.5ML SOLN A-INJ, 0.5 MG/0.5ML SOLN A-INJ, 1 MG/0.5ML SOLN A-INJ)	3-Preferred Brands	PA, QL (2 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
WEGOVY (1.5 MG TAB, 4 MG TAB, 9 MG TAB, 25 MG TAB)	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
WEGOVY (1.7 MG/0.75ML SOLN A-INJ, 2.4 MG/0.75ML SOLN A-INJ)	3-Preferred Brands	PA, QL (3 PER 28 DAYS)

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

<i>ak-poly-bac</i>	2-Generics	
<i>atropine sulfate 1 % solution</i>	3-Preferred Brands	
<i>bacitra-neomycin-polymyxin-hc</i>	3-Preferred Brands	
<i>bacitracin-polymyxin b</i>	2-Generics	
<i>brimonidine tartrate-timolol</i>	3-Preferred Brands	
<i>cyclosporine (pf)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)</i>	2-Generics	
MIEBO	3-Preferred Brands	QL (3 PER 30 DAYS)
<i>neomycin-bacitracin zn-polymyx</i>	3-Preferred Brands	
<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>	3-Preferred Brands	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	4-Non-Preferred Drugs	
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	

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
XDEMZY	5-Specialty	PA, QL (10 PER 42 DAYS)
XIIDRA	3-Preferred Brands	QL (60 PER 30 DAYS)

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>erythromycin 5 mg/gm ointment</i>	2-Generics
<i>gatifloxacin</i>	3-Preferred Brands
<i>gentamicin sulfate 0.3 % solution</i>	2-Generics
<i>moxifloxacin hcl 0.5 % solution</i>	3-Preferred Brands
<i>ofloxacin 0.3 % solution</i>	2-Generics
<i>polymyxin b-trimethoprim</i>	2-Generics
<i>sulfacetamide sodium</i>	3-Preferred Brands
<i>tobramycin 0.3 % solution</i>	2-Generics
<i>trifluridine</i>	4-Non-Preferred Drugs
ZIRGAN	4-Non-Preferred Drugs

OPHTHALMIC ANTI-INFLAMMATORIES

<i>bromfenac sodium (once-daily)</i>	4-Non-Preferred Drugs	
<i>dexamethasone sodium phosphate 0.1 % solution</i>	3-Preferred Brands	
<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	QL (16.6 PER 30 DAYS)
<i>fluorometholone</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>flurbiprofen sodium</i>	3-Preferred Brands	
<i>ketorolac tromethamine 0.4 % solution</i>	3-Preferred Brands	
<i>ketorolac tromethamine 0.5 % solution</i>	2-Generics	
<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	4-Non-Preferred Drugs	
<i>prednisolone acetate</i>	3-Preferred Brands	
PREDNISOLONE SODIUM PHOSPHATE	3-Preferred Brands	

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

<i>betaxolol hcl 0.5 % solution</i>	3-Preferred Brands
<i>carteolol hcl</i>	2-Generics
<i>levobunolol hcl</i>	2-Generics
<i>timolol maleate (0.25 % gel f soln, 0.5 % gel f soln)</i>	4-Non-Preferred Drugs
<i>timolol maleate (0.25 % solution, 0.5 % solution)</i>	1-Preferred Generics

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

<i>acetazolamide er</i>	3-Preferred Brands
<i>brimonidine tartrate 0.1 % solution</i>	3-Preferred Brands
<i>brimonidine tartrate 0.15 % solution</i>	4-Non-Preferred Drugs
<i>brimonidine tartrate 0.2 % solution</i>	2-Generics
<i>brinzolamide</i>	4-Non-Preferred Drugs
<i>dorzolamide hcl</i>	2-Generics
<i>methazolamide (25 mg tab, 50 mg tab)</i>	4-Non-Preferred Drugs
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	3-Preferred Brands

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
RHOPRESSA	4-Non-Preferred Drugs	
SIMBRINZA	4-Non-Preferred Drugs	

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

<i>bimatoprost 0.01 % solution</i>	4-Non-Preferred Drugs	
<i>bimatoprost 0.03 % solution</i>	2-Generics	
<i>latanoprost</i>	1-Preferred Generics	
<i>travoprost (bak free)</i>	4-Non-Preferred Drugs	
VYZULTA	4-Non-Preferred Drugs	QL (5 PER 30 DAYS)

OTIC AGENTS

<i>acetic acid 2 % solution</i>	2-Generics	
<i>ciprofloxacin-dexamethasone</i>	4-Non-Preferred Drugs	
<i>fluocinolone acetonide 0.01 % oil</i>	4-Non-Preferred Drugs	
<i>hydrocortisone-acetic acid</i>	4-Non-Preferred Drugs	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution)</i>	3-Preferred Brands	

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	4-Non-Preferred Drugs	PA3
<i>flunisolide</i>	3-Preferred Brands	QL (50 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluticasone propionate 50 mcg/act suspension</i>	2-Generics	QL (16 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>	4-Non-Preferred Drugs	QL (34 PER 30 DAYS)
PULMICORT FLEXHALER	3-Preferred Brands	QL (2 PER 30 DAYS)

ANTIHISTAMINES

<i>azelastine hcl (0.1 % solution, 137 mcg/spray solution)</i>	2-Generics	QL (30 PER 25 DAYS)
<i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i>	2-Generics	
<i>cypheptadine hcl 4 mg tab</i>	4-Non-Preferred Drugs	PA
<i>desloratadine 5 mg tab</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>diphenhydramine hcl 50 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	3-Preferred Brands	PA
<i>hydroxyzine hcl (10 mg/5ml syrup, 50 mg/25ml syrup)</i>	4-Non-Preferred Drugs	PA
<i>levocetirizine dihydrochloride 5 mg tab</i>	2-Generics	QL (30 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>zafirlukast (10 mg tab, 20 mg tab)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BRONCHODILATORS, ANTICHOLINERGIC		
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)
<i>ipratropium bromide hfa</i>	4-Non-Preferred Drugs	QL (25.8 PER 30 DAYS)
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	3-Preferred Brands	QL (4 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, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)</i>	4-Non-Preferred Drugs	
<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

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>levalbuterol tartrate</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
SEREVENT DISKUS	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	4-Non-Preferred Drugs	

CYSTIC FIBROSIS AGENTS

CAYSTON	5-Specialty	PA
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	5-Specialty	PA, QL (56 PER 28 DAYS)
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	5-Specialty	PA, QL (112 PER 28 DAYS)
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	5-Specialty	PA, QL (56 PER 28 DAYS)
PULMOZYME	5-Specialty	PA3
TOBI PODHALER	5-Specialty	PA, QL (224 PER 56 DAYS)
<i>tobramycin 300 mg/5ml nebu soln</i>	5-Specialty	PA3, QL (300 PER 30 DAYS)
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	5-Specialty	PA, QL (84 PER 28 DAYS)
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	5-Specialty	PA, QL (56 PER 28 DAYS)

MAST CELL STABILIZERS

<i>cromolyn sodium 20 mg/2ml nebu soln</i>	3-Preferred Brands	PA3
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PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

<i>roflumilast (250 mcg tab, 500 mcg tab)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>theophylline er (300 mg tab er 12h, 450 mg tab er 12h)</i>	4-Non-Preferred Drugs	
<i>theophylline er (400 mg tab er 24h, 600 mg tab er 24h)</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
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	5-Specialty	PA, QL (90 PER 30 DAYS)
<i>alyq</i>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
<i>ambrisentan (5 mg tab, 10 mg tab)</i>	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
<i>macitentan</i>	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>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	5-Specialty	PA, QL (60 PER 30 DAYS)
UPTRAVI 200 & 800 MCG TAB THPK	5-Specialty	PA, QL (200 PER 180 DAYS)
UPTRAVI 200 MCG TAB	5-Specialty	PA, QL (150 PER 30 DAYS)
WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)	5-Specialty	PA, QL (1 PER 21 DAYS)
PULMONARY FIBROSIS AGENTS		
<i>nintedanib esylate (100 mg cap, 150 mg cap)</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
OFEV (100 MG CAP, 150 MG CAP)	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	5-Specialty	PA, QL (270 PER 30 DAYS)
<i>pirfenidone (534 mg tab, 801 mg tab)</i>	5-Specialty	PA, QL (90 PER 30 DAYS)
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	3-Preferred Brands	PA3
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	3-Preferred Brands	QL (12 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANORO ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>breyndra</i> (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)	4-Non-Preferred Drugs	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE (160-18-4.8 MCG/ACT AEROSOL, 160-9-4.8 MCG/ACT AEROSOL)	3-Preferred Brands	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate</i> (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)	4-Non-Preferred Drugs	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT	4-Non-Preferred Drugs	QL (4 PER 30 DAYS)
DULERA (50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL)	3-Preferred Brands	QL (13 PER 30 DAYS)
FASENRA 10 MG/0.5ML SOLN PRSYR	5-Specialty	PA, QL (0.5 PER 28 DAYS)
FASENRA 30 MG/ML SOLN PRSYR	5-Specialty	PA, QL (1 PER 28 DAYS)
FASENRA PEN	5-Specialty	PA, QL (1 PER 28 DAYS)
<i>fluticasone furoate-vilanterol</i> (100-25 mcg/act aer pow ba, 200-25 mcg/act aer pow ba)	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>fluticasone-salmeterol</i> (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>ipratropium-albuterol</i>	2-Generics	PA3
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	5-Specialty	PA, QL (3 PER 28 DAYS)
NUCALA 40 MG/0.4ML SOLN PRSYR	5-Specialty	PA, QL (0.4 PER 28 DAYS)
STIOLTO RESPIMAT	3-Preferred Brands	QL (4 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)

SKELETAL MUSCLE RELAXANTS

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

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)</i>	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>ramelteon</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>tasimelteon</i>	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>temazepam (15 mg cap, 30 mg cap)</i>	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>zaleplon 10 mg cap</i>	3-Preferred Brands	PA, QL (60 PER 30 DAYS)
<i>zaleplon 5 mg cap</i>	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	2-Generics	PA, QL (30 PER 30 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	2-Generics	QL (30 PER 30 DAYS)

WAKEFULNESS PROMOTING AGENTS

<i>armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</i>	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
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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>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)

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hydrocodone-acetaminophen.....	4	INQOVI.....	29
hydrocortisone.....	73,103	INREBIC.....	32
hydrocortisone (perianal).....	73	INSULIN PEN NEEDLE (NOVO/BD/EMBECTA/ULTIMED/TRIVIDIA).1 05	
hydrocortisone valerate.....	73	INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/EMBECTA/ULTIMED/ALLISON/TRIVIDI A/MHC).....	105
hydrocortisone-acetic acid.....	109	INSULIN SYRINGE (DISP) U-100 1 ML (BD/EMBECTA/ULTIMED/ALLISON/TRIVIDI A/MHC).....	105
hydromorphone hcl.....	4	INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/EMBECTA/ULTIMED/ALLISON/TRIVIDI A/MHC).....	105
hydroxychloroquine sulfate.....	38	INTELENCE.....	46
hydroxyurea.....	29	INTRALIPID.....	105
hydroxyzine hcl.....	110	introvale.....	88
hydroxyzine pamoate.....	49	INVEGA HAFYERA.....	41
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		INVEGA TRINZA.....	42
		IPOL.....	101
ibandronate sodium.....	104	ipratropium bromide.....	111
IBRANCE.....	31	ipratropium bromide hfa.....	111
IBTROZI.....	32	ipratropium-albuterol.....	114
ibu.....	2	irbesartan.....	58
ibuprofen.....	2	irbesartan-hydrochlorothiazide.....	63
icatibant acetate.....	95	ISENTRESS.....	45
iclevia.....	88	ISENTRESS HD.....	45
ICLUSIG.....	32	isibloom.....	88
icosapent ethyl.....	67	ISOLYTE-P IN D5W.....	76
IDHIFA.....	32	ISOLYTE-S.....	76
IDVYNZO.....	47	ISOLYTE-S PH 7.4.....	76
imatinib mesylate.....	32	isoniazid.....	26
IMBRUVICA.....	32		
imipenem-cilastatin.....	10		
imipramine hcl.....	21		
imiquimod.....	74		
IMKELDI.....	32		
IMOVAX RABIES.....	101		
INBRIJA.....	39		
incassia.....	92		
INCRELEX.....	85		

ISOPROPYL ALCOHOL 0.7 ML/ML	
MEDICATED PAD	105
isosorbide dinitrate	67
isosorbide mononitrate	67
isosorbide mononitrate er	67
isotretinoin	71
isradipine	61
ITOVEBI	32
itraconazole	23
ivabradine hcl	63
ivermectin	37
IWILFIN	29
IXIARO	101

J

JAKAFI	32
JAKAFI XR	32
jantoven	56
JARDIANCE	67
jasmiel	88
javygtor	82
JAYPIRCA	32
jencycla	92
JIDEYTRO	32
jinteli	88
jolessa	88
JUBBONTI	104
juleber	88
JULUCA	45
junel 1.5/30	88
junel 1/20	88
junel fe 1.5/30	88
junel fe 1/20	88
JYNNEOS	101

K

KADCYLA	37
kalliga	88
KALYDECO	112
KANJINTI	37
kariva	88

kcl (0.149%) in nacl	76
kcl in dextrose-nacl	77
KCL-LACTATED RINGERS-D5W	77
kelnor 1/35	88
KERENDIA	67
KESIMPTA	70
ketoconazole	23,24
ketorolac tromethamine	108
KEYTRUDA	37
KINRIX	101
kionex	79
KIRSTY	54
KISQALI (200 MG DOSE)	32
KISQALI (400 MG DOSE)	32
KISQALI (600 MG DOSE)	32
klayesta	24
klor-con	77
klor-con 10	77
klor-con m10	77
klor-con m15	77
klor-con m20	77
KLOXXADO	5
KOMZIFTI	32
KOSELUGO	33
kourzeq	70
KRAZATI	33
kurvelo	88

L

l-glutamine	82
labetalol hcl	60
lacosamide	16
lactulose	80
lactulose encephalopathy	80
lamivudine	44,47
lamivudine-zidovudine	47
lamotrigine	13,50
lamotrigine er	13
lanreotide acetate	94
lansoprazole	81
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larin 1/20.....	88	levothyroxine sodium.....	93
larin fe 1.5/30.....	88	levoxyl.....	93
larin fe 1/20.....	89	lidocaine.....	5
latanoprost.....	109	lidocaine viscous hcl.....	5
LAZCLUZE.....	33	lidocaine-prilocaine.....	5
lederle leucovorin.....	29	LIFYORLI (125 MG DOSE).....	33
leflunomide.....	99	LIFYORLI (150 MG DOSE).....	33
lenalidomide.....	28	LILETTA (52 MG).....	92
LENVIMA (10 MG DAILY DOSE).....	33	linezolid.....	7
LENVIMA (12 MG DAILY DOSE).....	33	LINZESS.....	80
LENVIMA (14 MG DAILY DOSE).....	33	liomny.....	93
LENVIMA (18 MG DAILY DOSE).....	33	liothyronine sodium.....	93
LENVIMA (20 MG DAILY DOSE).....	33	lisinopril.....	59
LENVIMA (24 MG DAILY DOSE).....	33	lisinopril-hydrochlorothiazide.....	64
LENVIMA (4 MG DAILY DOSE).....	33	lithium.....	50
LENVIMA (8 MG DAILY DOSE).....	33	lithium carbonate.....	51
LEQEMBI IQLIK.....	17	lithium carbonate er.....	51
LEQEMBI IQLIK (500 MG DOSE).....	17	LIVTENCITY.....	44
lessina.....	89	lo-zumandimine.....	89
letrozole.....	30	loestrin 1.5/30 (21).....	89
leucovorin calcium.....	29	loestrin 1/20 (21).....	89
LEUKERAN.....	27	loestrin fe 1.5/30.....	89
LEUKINE.....	56	loestrin fe 1/20.....	89
leuprolide acetate.....	94	LOKELMA.....	79
levalbuterol hcl.....	111	lomustine.....	27
levalbuterol tartrate.....	112	LONSURF.....	29
levetiracetam.....	13	loperamide hcl.....	80
levetiracetam er.....	13	lopinavir-ritonavir.....	48
LEVETIRACETAM IN NACL.....	13	lorazepam.....	50
levo-t.....	93	lorazepam intensol.....	50
levobunolol hcl.....	108	LORBRENA.....	33
levocarnitine.....	79	loryna.....	89
levocarnitine sf.....	79	losartan potassium.....	58
levocetirizine dihydrochloride.....	110	losartan potassium-hctz.....	64
levofloxacin.....	11	loteprednol etabonate.....	108
levofloxacin in d5w.....	12	lovastatin.....	66
levofloxacin oral soln 25 mg/ml.....	12	low-ogestrel.....	89
levonest.....	89	loxapine succinate.....	40

lubiprostone.....	80	mercaptapurine.....	28
luizza 1.5/30.....	89	meropenem.....	11
luizza 1/20.....	89	mesalamine.....	103
LUMAKRAS.....	33	mesalamine er.....	103
LUPRON DEPOT (1-MONTH).....	94	mesalamine-cleanser.....	103
lurasidone hcl.....	42	mesna.....	37
LYBALVI.....	42	metformin hcl.....	51,52
lyleq.....	92	metformin hcl er.....	52
lyllana.....	89	methadone hcl.....	3
LYNPARZA.....	33	methazolamide.....	108
LYSODREN.....	29	methenamine hippurate.....	7
LYTGOBI (12 MG DAILY DOSE).....	33	methimazole.....	94
LYTGOBI (16 MG DAILY DOSE).....	33	methocarbamol.....	115
LYTGOBI (20 MG DAILY DOSE).....	33	methotrexate sodium.....	99
lyza.....	92	methotrexate sodium (pf).....	99
M		methsuximide.....	14
M-M-R II.....	101	methylphenidate hcl.....	69
macitentan.....	113	methylphenidate hcl er.....	69
magnesium sulfate.....	77	methylprednisolone.....	84
malathion.....	75	methylprednisolone acetate.....	84
maraviroc.....	47	methylprednisolone sodium succ.....	84
marlissa.....	89	metoclopramide hcl.....	22
MARPLAN.....	19	metolazone.....	65
MATULANE.....	27	metoprolol succinate er.....	60
matzim la.....	62	metoprolol tartrate.....	60
MAVYRET.....	45	metoprolol-hydrochlorothiazide.....	64
meclizine hcl.....	22	metronidazole.....	7,71
medroxyprogesterone acetate.....	92	metyrosine.....	64
mefloquine hcl.....	38	micafungin sodium.....	24
megestrol acetate.....	92	microgestin 1.5/30.....	89
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MEKTOVI.....	34	microgestin fe 1.5/30.....	89
meleya.....	92	microgestin fe 1/20.....	89
meloxicam.....	2	midodrine hcl.....	58
memantine hcl.....	18	MIEBO.....	106
memantine hcl er.....	18	mifepristone.....	94
memantine hcl-donepezil hcl.....	17	miglitol.....	52
memantine hcl-donepezil hcl er.....	17	mili.....	89
MENQUADFI.....	101	minocycline hcl.....	12
MENVEO.....	101	minoxidil.....	67
		mirabegron er.....	83

mirtazapine	18,19	necon 0.5/35 (28)	89
misoprostol	81	NEEDLES, INSULIN DISP., SAFETY	105
modafinil	116	nefazodone hcl	20
MODEYSO	29	NEMLUVIO	97
moexipril hcl	59	neomycin sulfate	6
molindone hcl	40	neomycin-bacitracin zn-polymyx	106
mometasone furoate	73,110	neomycin-polymyxin-dexameth	106
mondoxylene nl	12	neomycin-polymyxin-gramicidin	106
mono-lyyah	89	neomycin-polymyxin-hc	106,109
montelukast sodium	110	NERLYNX	34
morphine sulfate	4	nevirapine	46
morphine sulfate (concentrate)	4	nevirapine er	46
morphine sulfate er	3	NEXLETOL	64
MOUNJARO (2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML, 10MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML SOLN A-INJ)	52	NEXLIZET	67
MOVANTIK	80	NEXPLANON	92
moxifloxacin hcl	12,107	niacin er (antihyperlipidemic)	67
moxifloxacin hcl in nacl	12	nicardipine hcl	61
MRESVIA	101	NICOTROL NS	6
MULTAQ	59	nifedipine er	61
multiple electro type 1 ph 5.5	77	nifedipine er osmotic release	61
multiple electro type 1 ph 7.4	77	nikki	89
mupirocin	76	NILOTINIB D-TARTRATE	34
MVASI	37	nilotinib hcl	34
mycophenolate mofetil	99	nilutamide	27
mycophenolate sodium	99	nimodipine	61
mycophenolic acid	99	NINLARO	34
N		nintedanib esylate	113
na sulfate-k sulfate-mg sulf	81	nitazoxanide	38
nabumetone	2	nitisinone	82
nadolol	60	nitro-bid	68
nafcillin sodium	10	nitrofurantoin macrocrystal	7
naloxone hcl	6	nitrofurantoin monohyd macro	7
naltrexone hcl	5	nitroglycerin	68
naproxen	2,3	nizatidine	81
naratriptan hcl	25	nora-be	92
nateglinide	52	norelgestromin-eth estradiol	89
NAYZILAM	15	norethin ace-eth estrad-fe	90
nebivolol hcl	60	norethindrone	92
		norethindrone acet-ethinyl est	90
		norethindrone acetate	92
		norethindrone-eth estradiol	90

norgestim-eth estrad triphasic	90	ofloxacin	107
norgestimate-eth estradiol	90	OGIVRI	37
norlyda	92	OGSIVEO	34
norlyroc	92	OJEMDA	34
nortrel 0.5/35 (28)	90	OJJAARA	29
nortrel 1/35 (21)	90	olanzapine	42
nortrel 1/35 (28)	90	olmesartan medoxomil	58
nortrel 7/7/7	90	olmesartan medoxomil-hctz	64
nortriptyline hcl	21	olmesartan-amlodipine-hctz	64
NOVOLIN 70/30	54	omega-3-acid ethyl esters	67
NOVOLIN 70/30 FLEXPEN	54	omeprazole	82
NOVOLIN N	54	OMNITROPE	85
NOVOLIN N FLEXPEN	54	ondansetron	22
NOVOLIN R	54	ondansetron hcl	22,23
NOVOLIN R FLEXPEN	54	ondansetron hcl +rfid	22
NOVOLOG	54	ondansetron hcl oral soln 4 mg/5ml	23
NOVOLOG FLEXPEN	54	ONUREG	28
NOVOLOG MIX 70/30	54	OPIPZA	42
NOVOLOG MIX 70/30 FLEXPEN	54	OPVEE	6
NOVOLOG PENFILL	54	oralone	71
NUBEQA	27	ORGOVYX	29
NUCALA	114	ORKAMBI	112
NULOJIX	99	orquidea	92
NUPLAZID	42	ORSERDU	28
NURTEC	25	oseltamivir phosphate	48,49
NUTRILIPID	105	OTEZLA	74
nyamyc	24	OTEZLA XR	74
nylia 1/35	90	OTEZLA/OTEZLA XR INITIATION PK	75
nylia 7/7/7	90	OTULFI	97
nymyo	90	oxacillin sodium	10
nystatin	24	oxcarbazepine	16
nystatin-triamcinolone	74	oxybutynin chloride	83
nystop	24	oxybutynin chloride er	83
NYVEPRIA	56	oxycodone hcl	4
		oxycodone-acetaminophen	4
O		OZEMPIC	52
OCTAGAM	96	OZEMPIC (0.25 OR 0.5 MG/DOSE)	52
octreotide acetate	94	OZEMPIC (1 MG/DOSE)	52
ODEFSEY	46	OZEMPIC (2 MG/DOSE)	52
ODOMZO	34		
OFEV	113		

P

pacerone	60	phenytoin infatabs	16
paliperidone er	42,43	phenytoin sodium	16
PANRETIN	37	phenytoin sodium extended	16
pantoprazole sodium	82	philith	90
paricalcitol	104	PIFELTRO	46
paroxetine hcl	20	pilocarpine hcl	71,108
PAXLOVID (150/100)	49	pimecrolimus	73
PAXLOVID (300/100 & 150/100)	49	pimozide	40
PAXLOVID (300/100)	49	pimtrea	90
pazopanib hcl	34	pindolol	61
PEDIARIX	101	pioglitazone hcl	52
PEDVAXHIB	102	pioglitazone hcl-metformin hcl	52
peg 3350-kcl-na bicarb-nacl	81	piperacillin sod-tazobactam so	10
peg-3350/electrolytes	81	PIQRAY (200 MG DAILY DOSE)	34
PEGASYS	98	PIQRAY (250 MG DAILY DOSE)	34
PEMAZYRE	34	PIQRAY (300 MG DAILY DOSE)	34
PENBRAYA	102	pirfenidone	113
penicillamine	78	pirmella 1/35	90
penicillin g potassium	10	piroxicam	3
penicillin g sodium	10	pitavastatin calcium	66
penicillin v potassium	10	plenamine	77
PENMENVY	102	podofilox	75
PENTACEL	102	polymyxin b-trimethoprim	107
pentamidine isethionate	38	pomalidomide	28
pentamidine isethionate for nebulization soln		POMALYST	28
300 mg	38	portia-28	90
pentamidine isethionate for soln 300 mg	38	posaconazole	24
pentoxifylline er	64	POTASSIUM CHLORIDE	77
perampanel	14	potassium chloride crys er	77
perindopril erbumine	59	potassium chloride er	77
periogard	71	potassium chloride in dextrose	77
permethrin	75	POTASSIUM CHLORIDE IN NACL	78
perphenazine	22	potassium citrate er	78
pfizerpen	10	POTASSIUM CL IN DEXTROSE 5%	78
phenelzine sulfate	19	pramipexole dihydrochloride	39
PHENOBARBITAL	15	prasugrel hcl	57
phenobarbital	15	pravastatin sodium	66
phenytekt	16	praziquantel	38
phenytoin	16	prazosin hcl	58
		prednisolone	84
		prednisolone acetate	108

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PREDNISOLONE SODIUM PHOSPHATE	108
prednisone.....	85
PREDNISON INTENSOL.....	85
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PREMASOL.....	78
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PREVYMIS.....	44
PREZCOBIX.....	48
PREZISTA.....	48
PRIFTIN.....	26
primaquine phosphate.....	38
primidone.....	15
PRIORIX.....	102
PRIVIGEN.....	96
probenecid.....	25
prochlorperazine.....	22
prochlorperazine edisylate.....	22
prochlorperazine maleate.....	22
PROCRIT.....	56
procto-med hc.....	74
proctosol hc.....	74
proctozone-hc.....	74
progesterone.....	92
PROGRAF.....	100
PROLASTIN-C.....	82
PROLIA.....	104
promethazine hcl.....	22,110
propafenone hcl.....	60
propafenone hcl er.....	60
propranolol hcl.....	61
propranolol hcl er.....	61
propylthiouracil.....	94
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PROSOL.....	78
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pyridostigmine bromide.....	26
pyridostigmine bromide er.....	26
pyrimethamine.....	38
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quetiapine fumarate.....	43
quetiapine fumarate er.....	43
quinapril hcl.....	59
quinapril-hydrochlorothiazide.....	64
quinidine sulfate.....	60
quinine sulfate.....	38
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rabeprazole sodium.....	82
RALDESY.....	20
raloxifene hcl.....	93
ramelteon.....	115
ramipril.....	59
ranolazine er.....	64
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RELISTOR.....	80
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RETEVMO.....	34
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REYATAZ.....	48	SCSEMBLIX.....	35
REZDIFFRA.....	93	scopolamine.....	22
REZLIDHIA.....	34	SECUADO.....	43
REZUROCK.....	100	selegiline hcl.....	39
RHOPRESSA.....	109	selenium sulfide.....	74
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rifampin.....	26	setlakin.....	90
rilpivirine hcl.....	46	sevelamer carbonate.....	79
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risperidone.....	43	silver sulfadiazine.....	75
risperidone microspheres er.....	43	SIMBRINZA.....	109
ritonavir.....	48	SIMLANDI (1 PEN).....	100
rivaroxaban.....	56	SIMLANDI (2 PEN).....	100
rivastigmine.....	18	SIMLANDI (2 SYRINGE).....	100
rivastigmine tartrate.....	18	simliya.....	90
rizatriptan benzoate.....	25	simvastatin.....	66
ROCKLATAN.....	106	sirolimus.....	100
roflumilast.....	112	SIRTURO.....	26
ROMVIMZA.....	34	sitagliip phos-metformin hcl er.....	52
ropinirole hcl.....	39	sitagliptin phos-metformin hcl.....	52
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RUBRACA.....	34	sodium fluoride.....	78
rufinamide.....	16	sodium oxybate.....	116
RUKOBIA.....	47	sodium phenylbutyrate.....	82
RUXIENCE.....	37	sodium polystyrene sulfonate.....	79
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sps (sodium polystyrene sulf).....	79	TARPEYO.....	85
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sulfadiazine.....	12	terbinafine hcl.....	24
sulfamethoxazole-trimethoprim.....	12	terbutaline sulfate.....	112
sulfasalazine.....	103	terconazole.....	24
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SYMTUZA.....	48	tetracycline hcl.....	12
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SYNTHROID.....	93	thiothixene.....	40
T		tiadylt er.....	62
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tobramycin.....	107,112	tri-linyuh.....	90
tobramycin sulfate.....	6	tri-lo-estarylla.....	90
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tofacitinib citrate.....	97	tri-lo-mili.....	91
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Este formulario se actualizó en 15/10/2026. 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. 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.

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