

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

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

Jefferson
Health Plans

Jefferson Health Plans

Formulario Premium 2026

(Lista de medicamentos cubiertos o

"Lista de medicamentos")

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

Id. del formulario 26352, Versión 19

Este formulario se actualizó en 01/11/2026. 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 01/11/2026. Para obtener una lista de medicamentos (formulario) actualizada, comunícate con nosotros. Nuestra información de contacto, junto con la fecha en la que actualizamos la lista de medicamentos (formulario), aparece en las páginas de portada y contraportada.

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

¿Qué es el Formulario 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. Podemos realizar cambios basados en nuevas pautas clínicas. Si retiramos medicamentos de nuestro formulario o agregamos autorización previa, límites de cantidad o restricciones de terapia escalonada para un medicamento, debemos informar sobre el cambio a los miembros afectados al menos 30 días antes de que el cambio entre en vigencia. Como alternativa, al momento en que el miembro solicite otra reposición del medicamento, se le entregará un suministro de 30 días del medicamento y un aviso del cambio.

  Si realizamos tales cambios, tú o el profesional que te receta pueden solicitarnos que hagamos una excepción y que continuemos cubriéndote el medicamento de marca. El aviso que te daremos incluirá información sobre cómo solicitar una excepción, y también puedes encontrar información en la sección que aparece a continuación titulada "¿Cómo solicito una excepción al Formulario 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 2026 que tenía cobertura a principio de año, no interrumpiremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2026, excepto como se describe anteriormente. Esto significa que estos medicamentos permanecerán disponibles en el mismo nivel de costos compartidos para los miembros que los tomen durante el resto del año de cobertura. No recibirás un aviso directo este año sobre los cambios que no te afectan. Sin embargo, el 1.º de enero del próximo año, dichos cambios podrían afectarte, y es importante consultar el Formulario para el nuevo año de beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto que está vigente desde 01/11/2026. Para obtener información actualizada sobre los medicamentos cubiertos por Jefferson Health Plans, comunícate con nosotros. Nuestra información de contacto aparece en las páginas de portada y contraportada.

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

¿Cómo uso el Formulario?

Hay dos maneras de encontrar tu medicamento en el formulario:

Afección médica

El formulario comienza en la página 2. Los medicamentos de este formulario se agrupan en categorías según el tipo de afecciones médicas que tratan. Por ejemplo, los medicamentos que se usan para tratar una enfermedad cardíaca se enumeran en la categoría "Agentes cardiovasculares". Si sabes para qué se usa tu medicamento, busca el nombre de la categoría en la lista que comienza en la página R-10. 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 120. El Índice proporciona una lista en orden alfabético de todos los medicamentos que se incluyen en este documento. Tanto los medicamentos genéricos como los medicamentos de marca aparecen en el Índice. Busca en el Índice y encuentra el medicamento. Junto al medicamento, verás el número de página donde podrás encontrar la información de cobertura. Recurre a la página que aparece en el Índice y encuentra el nombre del medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

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

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

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

- Para conocer los tipos de medicamentos, consulta la Evidencia de cobertura, Capítulo 5*,* Sección 3.1, "La 'Lista de medicamentos' indica qué medicamentos de la Parte D están cubiertos".

Hay alguna restricción en mi cobertura?

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

- **Autorización previa:** Jefferson Health Plans requiere que tú o tu médico obtengan una autorización previa para determinados medicamentos. Significa que deberás obtener la aprobación de Jefferson Health Plans antes de surtir tus recetas. Si no obtienes la aprobación, es posible que Jefferson Health Plans no cubra el medicamento.

- **Límites de cantidad:** Para determinados medicamentos, Jefferson Health Plans limita la cantidad de medicamento que cubrirá. Por ejemplo, Jefferson Health Plans proporciona 60 comprimidos por receta para atorvastatina 10 mg. Es posible que esto se aplique además de un suministro estándar de un mes o tres meses.

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

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

Puedes solicitar a Jefferson Health Plans que haga una excepción para estas restricciones o límites, o pedir una lista de otros medicamentos similares que puedan tratar tu afección médica. Consulta la sección "¿Cómo solicito una excepción al Formulario 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 su medicamento no se incluye en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios para miembros y consultar si se cubre su medicamento.

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

- Puedes solicitarle a Servicios para Miembros una lista de medicamentos similares que estén cubiertos por Jefferson Health Plans. Cuando recibas la lista, muéstrasela al médico y pídele que te recete un medicamento similar que esté cubierto por Jefferson Health Plans.

- Puedes solicitar a Jefferson Health Plans que haga una excepción y que cubra tu medicamento. Consulta a continuación para obtener información acerca de cómo solicitar una excepción.

¿Cómo solicito una excepción al Formulario 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 gastos compartidos, y no podrás pedirnos que te proporcionemos el medicamento a un nivel más bajo de gastos compartidos.

- Puedes solicitarnos que anulemos una restricción de cobertura, incluida la autorización previa, la terapia escalonada o un límite de cantidad en tu medicamento. Por ejemplo, para algunos medicamentos, Jefferson Health Plans limita la cantidad del medicamento que cubriremos. Si tu medicamento tiene un límite de cantidad, puedes solicitarnos que retiremos el límite y que cubramos una cantidad mayor.

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

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

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

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

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

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

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

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

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

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

Para más información

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

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

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

Formulario 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 120.

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

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

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

Nivel de medicamentos	**Monto estándar de costos compartidos de las farmacias minoristas (de la red)** Suministro de un mes (hasta 30 días)
1 – Genéricos preferidos Special, Dual Pearl Select✧	 $0 25%
2 – Genéricos✧ Special, Dual Pearl Select	 20% 25%
3 – De marca preferidos✧ Special, Dual Pearl Select	 24% 25%
4 – Medicamentos no preferidos✧ Special, Dual Pearl Select	 28% 25%
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 miembros de los planes Special (HMO-SNP) y Dual Pearl (HMO-SNP) pagarán un deducible anual de $615 por los 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 $615 por los 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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
celecoxib (50 mg cap, 100 mg cap, 200 mg cap)	3-Preferred Brands	QL (60 PER 30 DAYS)
celecoxib 400 mg cap	3-Preferred Brands	QL (30 PER 30 DAYS)
diclofenac potassium 50 mg tab	2-Generics	QL (120 PER 30 DAYS)
diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)	2-Generics	
diclofenac sodium 1.5 % solution	3-Preferred Brands	QL (300 PER 28 DAYS)
diclofenac sodium er	2-Generics	QL (60 PER 30 DAYS)
diflunisal	3-Preferred Brands	QL (90 PER 30 DAYS)
etodolac (200 mg cap, 300 mg cap)	3-Preferred Brands	QL (120 PER 30 DAYS)
etodolac (400 mg tab, 500 mg tab)	3-Preferred Brands	
etodolac er (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)	4-Non-Preferred Drugs	
flurbiprofen	2-Generics	
ibu (400 mg tab, 600 mg tab, 800 mg tab)	1-Preferred Generics	
ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension)	2-Generics	
ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)	1-Preferred Generics	
meloxicam (7.5 mg tab, 15 mg tab)	1-Preferred Generics	
nabumetone (500 mg tab, 750 mg tab)	2-Generics	
naproxen (250 mg tab, 375 mg tab, 500 mg tab)	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
naproxen 375 mg tab dr	2-Generics	
naproxen sodium (275 mg tab, 550 mg tab)	3-Preferred Brands	
piroxicam 10 mg cap	3-Preferred Brands	QL (60 PER 30 DAYS)
piroxicam 20 mg cap	3-Preferred Brands	QL (30 PER 30 DAYS)
relafen (500 mg tab, 750 mg tab)	2-Generics	
sulindac (150 mg tab, 200 mg tab)	2-Generics	QL (60 PER 30 DAYS)
OPIOID ANALGESICS, LONG-ACTING		
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)	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
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)	4-Non-Preferred Drugs	QL (10 PER 30 DAYS)
methadone hcl 10 mg tab	3-Preferred Brands	QL (240 PER 30 DAYS)
methadone hcl 10 mg/5ml solution	3-Preferred Brands	QL (1800 PER 30 DAYS)
methadone hcl 5 mg tab	3-Preferred Brands	QL (480 PER 30 DAYS)
methadone hcl 5 mg/5ml solution	3-Preferred Brands	QL (3600 PER 30 DAYS)
morphine sulfate er (15 mg tab er, 30 mg tab er, 60 mg tab er, 100 mg tab er, 200 mg tab er)	3-Preferred Brands	QL (90 PER 30 DAYS)
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)	2-Generics	QL (2700 PER 30 DAYS)
acetaminophen-codeine 300-15 mg tab	2-Generics	QL (390 PER 30 DAYS)
acetaminophen-codeine 300-30 mg tab	2-Generics	QL (360 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
acetaminophen-codeine 300-60 mg tab	2-Generics	QL (180 PER 30 DAYS)
endocet (2.5-325 mg tab, 5-325 mg tab)	3-Preferred Brands	QL (360 PER 30 DAYS)
endocet 10-325 mg tab	3-Preferred Brands	QL (180 PER 30 DAYS)
endocet 7.5-325 mg tab	3-Preferred Brands	QL (240 PER 30 DAYS)
hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)	4-Non-Preferred Drugs	QL (2700 PER 30 DAYS)
hydrocodone-acetaminophen 10-325 mg tab	3-Preferred Brands	QL (180 PER 30 DAYS)
hydrocodone-acetaminophen 5-325 mg tab	3-Preferred Brands	QL (360 PER 30 DAYS)
hydrocodone-acetaminophen 7.5-325 mg tab	3-Preferred Brands	QL (240 PER 30 DAYS)
hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)	3-Preferred Brands	QL (180 PER 30 DAYS)
hydromorphone hcl 1 mg/ml liquid	4-Non-Preferred Drugs	QL (1500 PER 30 DAYS)
morphine sulfate (10 mg/5ml solution, 20 mg/5ml solution)	3-Preferred Brands	QL (900 PER 30 DAYS)
morphine sulfate (15 mg tab, 30 mg tab)	3-Preferred Brands	QL (180 PER 30 DAYS)
morphine sulfate (concentrate) (20 mg/ml solution, 100 mg/5ml solution)	3-Preferred Brands	QL (180 PER 30 DAYS)
oxycodone hcl (5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	3-Preferred Brands	QL (180 PER 30 DAYS)
oxycodone hcl 100 mg/5ml conc	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
oxycodone hcl 5 mg/5ml solution	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)
oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)	3-Preferred Brands	QL (360 PER 30 DAYS)
oxycodone-acetaminophen 10-325 mg tab	3-Preferred Brands	QL (180 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
oxycodone-acetaminophen 7.5-325 mg tab	3-Preferred Brands	QL (240 PER 30 DAYS)
tramadol hcl 50 mg tab	2-Generics	QL (240 PER 30 DAYS)
tramadol-acetaminophen	2-Generics	QL (240 PER 30 DAYS)
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine 5 % ointment	4-Non-Preferred Drugs	QL (50 PER 30 DAYS)
lidocaine 5 % patch	4-Non-Preferred Drugs	PA, QL (90 PER 30 DAYS)
lidocaine viscous hcl	2-Generics	
lidocaine-prilocaine	2-Generics	QL (30 PER 30 DAYS)
lidocan	4-Non-Preferred Drugs	PA, QL (90 PER 30 DAYS)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
acamprosate calcium	4-Non-Preferred Drugs	
disulfiram (250 mg tab, 500 mg tab)	3-Preferred Brands	
naltrexone hcl	2-Generics	
VIVITROL	5-Specialty	
OPIOID DEPENDENCE		
buprenorphine hcl 2 mg sl tab	3-Preferred Brands	QL (180 PER 30 DAYS)
buprenorphine hcl 8 mg sl tab	3-Preferred Brands	QL (120 PER 30 DAYS)
buprenorphine hcl-naloxone hcl (4-1 mg film, 12-3 mg film)	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
buprenorphine hcl-naloxone hcl 2-0.5 mg film	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab	2-Generics	QL (180 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
buprenorphine hcl-naloxone hcl 8-2 mg film	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
buprenorphine hcl-naloxone hcl 8-2 mg sl tab	2-Generics	QL (120 PER 30 DAYS)
OPIOID REVERSAL AGENTS		
KLOXXADO	3-Preferred Brands	
naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)	2-Generics	
OPVEE	3-Preferred Brands	
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det)	2-Generics	QL (60 PER 30 DAYS)
NICOTROL NS	4-Non-Preferred Drugs	
varenicline tartrate (0.5 mg tab, 1 mg tab)	4-Non-Preferred Drugs	
varenicline tartrate (starter)	4-Non-Preferred Drugs	
varenicline tartrate(continue)	4-Non-Preferred Drugs	
ANTIBACTERIALS		
AMINOGLYCOSIDES		
amikacin sulfate (1 gm/4ml solution, 500 mg/2ml solution)	4-Non-Preferred Drugs	
ARIKAYCE	5-Specialty	PA
gentamicin in saline (0.8-0.9 mg/ml-% solution, 1-0.9 mg/ml-% solution, 1.2-0.9 mg/ml-% solution, 1.6-0.9 mg/ml-% solution, 2-0.9 mg/ml-% solution)	4-Non-Preferred Drugs	
gentamicin sulfate (0.1 % cream, 0.1 % ointment)	3-Preferred Brands	QL (30 PER 30 DAYS)
gentamicin sulfate (10 mg/ml solution, 40 mg/ml solution)	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
neomycin sulfate	2-Generics	
streptomycin sulfate	5-Specialty	
tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 10 mg/ml solution, 80 mg/2ml solution)	4-Non-Preferred Drugs	
ANTIBACTERIALS, OTHER		
aztreonam (1 gm recon soln, 2 gm recon soln)	4-Non-Preferred Drugs	
clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)	2-Generics	
clindamycin palmitate hcl	4-Non-Preferred Drugs	
clindamycin phosphate (300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution)	4-Non-Preferred Drugs	
clindamycin phosphate 2 % cream	3-Preferred Brands	
clindamycin phosphate in d5w (300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)	4-Non-Preferred Drugs	
colistimethate sodium (cba)	5-Specialty	
DAPTOMYCIN 350 MG RECON SOLN	5-Specialty	
daptomycin 500 mg recon soln	5-Specialty	
fosfomycin tromethamine	4-Non-Preferred Drugs	
linezolid 100 mg/5ml recon susp	5-Specialty	QL (1800 PER 30 DAYS)
linezolid 600 mg tab	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
linezolid 600 mg/300ml solution	4-Non-Preferred Drugs	
methenamine hippurate	4-Non-Preferred Drugs	
metronidazole (250 mg tab, 500 mg tab)	2-Generics	
metronidazole 0.75 % gel	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
metronidazole 500 mg/100ml solution	4-Non-Preferred Drugs	
nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)	3-Preferred Brands	
nitrofurantoin monohyd macro	3-Preferred Brands	
TIGECYCLINE	3-Preferred Brands	
tinidazole (250 mg tab, 500 mg tab)	3-Preferred Brands	
trimethoprim	3-Preferred Brands	
vancomycin hcl (1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 100 gm recon soln, 500 mg recon soln, 750 mg recon soln)	4-Non-Preferred Drugs	
vancomycin hcl 125 mg cap	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
vancomycin hcl 250 mg cap	4-Non-Preferred Drugs	QL (240 PER 30 DAYS)
XIFAXAN 550 MG TAB	5-Specialty	PA
BETA-LACTAM, CEPHALOSPORINS		
cefaclor (250 mg cap, 500 mg cap)	3-Preferred Brands	
cefadroxil (250 mg/5ml recon susp, 500 mg/5ml recon susp)	3-Preferred Brands	
cefadroxil 500 mg cap	2-Generics	
cefazolin sodium (1 gm recon soln, 2 gm recon soln, 3 gm recon soln, 10 gm recon soln, 500 mg recon soln)	4-Non-Preferred Drugs	
cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp)	3-Preferred Brands	
cefdinir 300 mg cap	2-Generics	
cefepime hcl (1 gm recon soln, 2 gm recon soln)	4-Non-Preferred Drugs	
cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cefotetan disodium (1 gm recon soln, 2 gm recon soln)	4-Non-Preferred Drugs	
cefoxitin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)	4-Non-Preferred Drugs	
cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)	4-Non-Preferred Drugs	
cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	2-Generics	
ceftaroline fosamil (400 mg recon soln, 600 mg recon soln)	5-Specialty	
ceftazidime (1 gm recon soln, 2 gm recon soln, 6 gm recon soln)	4-Non-Preferred Drugs	
ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln)	4-Non-Preferred Drugs	
cefuroxime axetil (250 mg tab, 500 mg tab)	2-Generics	
cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)	4-Non-Preferred Drugs	
cephalexin (125 mg/5ml recon susp, 250 mg/5ml recon susp)	3-Preferred Brands	
cephalexin (250 mg cap, 500 mg cap)	2-Generics	
tazicef (1 gm recon soln, 2 gm recon soln, 6 gm recon soln)	4-Non-Preferred Drugs	
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	5-Specialty	
BETA-LACTAM, PENICILLINS		
amoxicillin (125 mg chew tab, 250 mg chew tab)	2-Generics	
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)	1-Preferred Generics	
amoxicillin trihydrate	1-Preferred Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)	3-Preferred Brands	
amoxicillin-pot clavulanate (250-125 mg tab, 500-125 mg tab, 875-125 mg tab)	2-Generics	
ampicillin	2-Generics	
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)	4-Non-Preferred Drugs	
ampicillin-sulbactam sodium (1.5 (1-0.5) gm recon soln, 3 (2-1) gm recon soln, 15 (10-5) gm recon soln)	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	
dicloxacillin sodium (250 mg cap, 500 mg cap)	3-Preferred Brands	
nafcillin sodium (1 gm recon soln, 2 gm recon soln)	4-Non-Preferred Drugs	
nafcillin sodium 10 gm recon soln	5-Specialty	
oxacillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)	4-Non-Preferred Drugs	
penicillin g potassium (5000000 recon soln, 20000000 recon soln)	4-Non-Preferred Drugs	
penicillin g sodium	4-Non-Preferred Drugs	
penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)	2-Generics	
pfizerpen (5000000 recon soln, 20000000 recon soln)	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
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)	4-Non-Preferred Drugs	
CARBAPENEMS		
ertapenem sodium	3-Preferred Brands	
imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)	3-Preferred Brands	
meropenem (1 gm recon soln, 500 mg recon soln)	4-Non-Preferred Drugs	
MACROLIDES		
azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp)	3-Preferred Brands	
azithromycin (250 mg tab, 500 mg tab, 600 mg tab)	2-Generics	
azithromycin 500 mg recon soln	4-Non-Preferred Drugs	
clarithromycin (125 mg/5ml recon susp, 250 mg/5ml recon susp)	4-Non-Preferred Drugs	
clarithromycin (250 mg tab, 500 mg tab)	3-Preferred Brands	
clarithromycin er	4-Non-Preferred Drugs	
DIFICID 40 MG/ML RECON SUSP	5-Specialty	QL (408 PER 30 DAYS)
e.e.s. 400	4-Non-Preferred Drugs	
erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	4-Non-Preferred Drugs	
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)	4-Non-Preferred Drugs	
erythromycin ethylsuccinate 400 mg tab	4-Non-Preferred Drugs	
fidaxomicin	5-Specialty	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QUINOLONES		
ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)	2-Generics	
ciprofloxacin in d5w 200 mg/100ml solution	4-Non-Preferred Drugs	
ciprofloxacin in d5w 400 mg/200ml solution	4-Non-Preferred Drugs	
levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)	2-Generics	
levofloxacin in d5w (250 mg/50ml solution, 500 mg/100ml solution, 750 mg/150ml solution)	4-Non-Preferred Drugs	
levofloxacin oral soln 25 mg/ml	4-Non-Preferred Drugs	
moxifloxacin hcl 400 mg tab	3-Preferred Brands	
moxifloxacin hcl in nacl	4-Non-Preferred Drugs	
SULFONAMIDES		
sulfadiazine	4-Non-Preferred Drugs	
sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 800-160 mg/20ml suspension)	3-Preferred Brands	
sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)	1-Preferred Generics	
TETRACYCLINES		
doxy 100	4-Non-Preferred Drugs	
doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)	3-Preferred Brands	
doxycycline hyclate 100 mg recon soln	4-Non-Preferred Drugs	
doxycycline monohydrate (50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
doxycycline monohydrate 25 mg/5ml recon susp	4-Non-Preferred Drugs	
minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)	2-Generics	
mondoxyne nl	2-Generics	
tetracycline hcl (250 mg cap, 500 mg cap)	4-Non-Preferred Drugs	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
brivaracetam (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	4-Non-Preferred Drugs	PA2, QL (60 PER 30 DAYS)
brivaracetam 10 mg/ml solution	4-Non-Preferred Drugs	PA2, QL (600 PER 30 DAYS)
BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
BRIVIACT 10 MG/ML SOLUTION	5-Specialty	PA2, QL (600 PER 30 DAYS)
DIACOMIT (250 MG CAP, 250 MG PACKET)	5-Specialty	PA2, QL (360 PER 30 DAYS)
DIACOMIT (500 MG CAP, 500 MG PACKET)	5-Specialty	PA2, QL (180 PER 30 DAYS)
divalproex sodium (125 mg tab dr, 250 mg tab dr, 500 mg tab dr)	2-Generics	
divalproex sodium 125 mg cap dr	3-Preferred Brands	
divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)	3-Preferred Brands	
EPIDIOLEX	5-Specialty	PA2, QL (600 PER 30 DAYS)
felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)	4-Non-Preferred Drugs	
FINTEPLA	5-Specialty	PA2, QL (360 PER 30 DAYS)
FYCOMPA 0.5 MG/ML SUSPENSION	5-Specialty	PA2, QL (720 PER 30 DAYS)
lamotrigine (5 mg chew tab, 25 mg chew tab)	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)	4-Non-Preferred Drugs	
levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)	2-Generics	
levetiracetam er (500 mg tab er 24h, 750 mg tab er 24h)	3-Preferred Brands	
LEVETIRACETAM IN NACL (500 MG/100ML SOLUTION, 1000 MG/100ML SOLUTION, 1500 MG/100ML SOLUTION)	4-Non-Preferred Drugs	
perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)	5-Specialty	PA2, QL (30 PER 30 DAYS)
perampanel 0.5 mg/ml suspension	4-Non-Preferred Drugs	PA2, QL (720 PER 30 DAYS)
perampanel 2 mg tab	4-Non-Preferred Drugs	PA2, QL (30 PER 30 DAYS)
roweepra	2-Generics	
SPRITAM (250 MG TAB, 500 MG TAB)	4-Non-Preferred Drugs	ST
topiramate (15 mg cap sprink, 25 mg cap sprink, 50 mg cap sprink)	3-Preferred Brands	
topiramate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	2-Generics	
topiramate 25 mg/ml solution	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)
valproate sodium (100 mg/ml solution, 500 mg/5ml solution)	4-Non-Preferred Drugs	
valproic acid (250 mg/5ml solution, 500 mg/10ml solution)	3-Preferred Brands	
valproic acid 250 mg cap	2-Generics	
CALCIUM CHANNEL MODIFYING AGENTS		
ethosuximide 250 mg cap	3-Preferred Brands	
ethosuximide 250 mg/5ml solution	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
methsuximide	4-Non-Preferred Drugs	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS		
clobazam (10 mg tab, 20 mg tab)	4-Non-Preferred Drugs	PA2, QL (60 PER 30 DAYS)
clobazam 2.5 mg/ml suspension	4-Non-Preferred Drugs	PA2, QL (480 PER 30 DAYS)
diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)	4-Non-Preferred Drugs	
gabapentin (100 mg cap, 600 mg tab)	2-Generics	QL (180 PER 30 DAYS)
gabapentin (250 mg/5ml solution, 300 mg/6ml solution)	4-Non-Preferred Drugs	QL (2160 PER 30 DAYS)
gabapentin 300 mg cap	2-Generics	QL (360 PER 30 DAYS)
gabapentin 400 mg cap	2-Generics	QL (270 PER 30 DAYS)
gabapentin 800 mg tab	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)
phenobarbital (20 mg/5ml elixir, 30 mg/7.5ml elixir, 60 mg/15ml elixir)	4-Non-Preferred Drugs	QL (1500 PER 30 DAYS)
primidone (50 mg tab, 125 mg tab, 250 mg tab)	2-Generics	
relgaabi 300 mg cap	2-Generics	QL (360 PER 30 DAYS)
relgaabi 400 mg cap	2-Generics	QL (270 PER 30 DAYS)
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	5-Specialty	PA2, QL (60 PER 30 DAYS)
tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)	4-Non-Preferred Drugs	
VALTOCO 10 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 15 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 20 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 5 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
vigabatrin (500 mg packet, 500 mg tab)	5-Specialty	PA2, QL (180 PER 30 DAYS)
vigadrone (500 mg packet, 500 mg tab)	5-Specialty	PA2, QL (180 PER 30 DAYS)
VIGAFYDE	5-Specialty	PA2, QL (900 PER 30 DAYS)
vigpoder	5-Specialty	PA2, QL (180 PER 30 DAYS)
ZTALMY	5-Specialty	PA2, QL (1100 PER 30 DAYS)
SODIUM CHANNEL AGENTS		
carbamazepine (100 mg chew tab, 200 mg chew tab, 200 mg tab)	3-Preferred Brands	
carbamazepine (100 mg/5ml suspension, 200 mg/10ml suspension)	4-Non-Preferred Drugs	
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)	4-Non-Preferred Drugs	
DILANTIN (30 MG CAP, 100 MG CAP)	4-Non-Preferred Drugs	
DILANTIN INFATABS	4-Non-Preferred Drugs	
epitol	3-Preferred Brands	
eslicarbazepine acetate (200 mg tab, 400 mg tab)	3-Preferred Brands	QL (30 PER 30 DAYS)
eslicarbazepine acetate (600 mg tab, 800 mg tab)	3-Preferred Brands	QL (60 PER 30 DAYS)
lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)	4-Non-Preferred Drugs	QL (1200 PER 30 DAYS)
lacosamide (100 mg tab, 150 mg tab, 200 mg tab)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
lacosamide 200 mg/20ml solution	4-Non-Preferred Drugs	
lacosamide 50 mg tab	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
oxcarbazepine 300 mg/5ml suspension	4-Non-Preferred Drugs	
phenytek (200 mg cap, 300 mg cap)	2-Generics	
phenytoin (100 mg/4ml suspension, 125 mg/5ml suspension)	2-Generics	
phenytoin 50 mg chew tab	3-Preferred Brands	
phenytoin infatabs	3-Preferred Brands	
phenytoin sodium	4-Non-Preferred Drugs	
phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)	2-Generics	
rufinamide 200 mg tab	4-Non-Preferred Drugs	PA2, QL (480 PER 30 DAYS)
rufinamide 40 mg/ml suspension	5-Specialty	PA2, QL (2760 PER 30 DAYS)
rufinamide 400 mg tab	5-Specialty	PA2, QL (240 PER 30 DAYS)
XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	5-Specialty	PA2, QL (28 PER 28 DAYS)
XCOPRI (150 MG TAB, 200 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
XCOPRI (250 MG DAILY DOSE)	5-Specialty	PA2, QL (56 PER 28 DAYS)
XCOPRI (350 MG DAILY DOSE)	5-Specialty	PA2, QL (56 PER 28 DAYS)
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	4-Non-Preferred Drugs	PA2, QL (28 PER 28 DAYS)
ZONISADE	5-Specialty	QL (900 PER 30 DAYS)
zonisamide (25 mg cap, 50 mg cap, 100 mg cap)	2-Generics	

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

NAMZARIC (7-10 MG CAP ER 24H, 14-10 MG CAP ER 24H, 21-10 MG CAP ER 24H, 28-10 MG CAP ER 24H)	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CHOLINESTERASE INHIBITORS		
donepezil hcl (5 mg tab disp, 10 mg tab disp)	2-Generics	QL (30 PER 30 DAYS)
donepezil hcl (5 mg tab, 10 mg tab)	2-Generics	QL (60 PER 30 DAYS)
galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
galantamine hydrobromide 4 mg/ml solution	4-Non-Preferred Drugs	QL (360 PER 30 DAYS)
galantamine hydrobromide er (8 mg cap er 24h, 16 mg cap er 24h, 24 mg cap er 24h)	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)	3-Preferred Brands	QL (60 PER 30 DAYS)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
MEMANTINE HCL	4-Non-Preferred Drugs	QL (98 PER 365 DAYS)
memantine hcl (2 mg/ml solution, 10 mg/5ml solution)	4-Non-Preferred Drugs	QL (360 PER 30 DAYS)
memantine hcl (5 mg tab, 10 mg tab)	2-Generics	QL (60 PER 30 DAYS)
memantine hcl er (7 mg cap er 24h, 14 mg cap er 24h, 21 mg cap er 24h, 28 mg cap er 24h)	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
AUVELITY 45-105 MG TAB ER	5-Specialty	PA2, QL (60 PER 30 DAYS)
AUVELITY TITRATION PACK	5-Specialty	PA2, QL (102 PER 365 DAYS)
bupropion hcl (75 mg tab, 100 mg tab)	2-Generics	QL (120 PER 30 DAYS)
bupropion hcl er (sr) (100 mg tab er 12h, 150 mg tab er 12h, 200 mg tab er 12h)	2-Generics	QL (60 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
bupropion hcl er (xl) 150 mg tab er 24h	2-Generics	QL (90 PER 30 DAYS)
bupropion hcl er (xl) 300 mg tab er 24h	2-Generics	QL (30 PER 30 DAYS)
EXXUA (18.2 MG TAB ER 24H, 36.3 MG TAB ER 24H, 54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H)	5-Specialty	PA2, QL (30 PER 30 DAYS)
EXXUA TITRATION PACK	5-Specialty	PA2, QL (32 PER 30 DAYS)
mirtazapine (7.5 mg tab, 45 mg tab)	2-Generics	QL (30 PER 30 DAYS)
mirtazapine 15 mg tab	2-Generics	QL (90 PER 30 DAYS)
mirtazapine 15 mg tab disp	3-Preferred Brands	QL (90 PER 30 DAYS)
mirtazapine 30 mg tab	2-Generics	QL (60 PER 30 DAYS)
mirtazapine 30 mg tab disp	3-Preferred Brands	QL (60 PER 30 DAYS)
mirtazapine 45 mg tab disp	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)
phenelzine sulfate	3-Preferred Brands	
tranylcypromine sulfate	4-Non-Preferred Drugs	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
citalopram hydrobromide (10 mg/5ml solution, 20 mg/10ml solution)	3-Preferred Brands	QL (600 PER 30 DAYS)
citalopram hydrobromide (20 mg tab, 40 mg tab)	1-Preferred Generics	QL (45 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
citalopram hydrobromide 10 mg tab	1-Preferred Generics	QL (90 PER 30 DAYS)
desvenlafaxine succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h)	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
escitalopram oxalate (5 mg/5ml solution, 10 mg/10ml solution)	4-Non-Preferred Drugs	QL (600 PER 30 DAYS)
escitalopram oxalate 10 mg tab	1-Preferred Generics	QL (45 PER 30 DAYS)
escitalopram oxalate 20 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)
escitalopram oxalate 5 mg tab	1-Preferred Generics	QL (90 PER 30 DAYS)
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	4-Non-Preferred Drugs	PA2, QL (30 PER 30 DAYS)
FETZIMA TITRATION	4-Non-Preferred Drugs	PA2, QL (28 PER 28 DAYS)
fluoxetine hcl 10 mg cap	1-Preferred Generics	QL (90 PER 30 DAYS)
fluoxetine hcl 20 mg cap	1-Preferred Generics	QL (120 PER 30 DAYS)
fluoxetine hcl 20 mg/5ml solution	3-Preferred Brands	
fluoxetine hcl 40 mg cap	1-Preferred Generics	QL (60 PER 30 DAYS)
fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)	3-Preferred Brands	QL (90 PER 30 DAYS)
nefazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)	4-Non-Preferred Drugs	
paroxetine hcl (10 mg tab, 20 mg tab)	2-Generics	QL (30 PER 30 DAYS)
paroxetine hcl (30 mg tab, 40 mg tab)	2-Generics	QL (60 PER 30 DAYS)
paroxetine hcl 10 mg/5ml suspension	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)
RALDESY	5-Specialty	PA2, QL (1200 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
sertraline hcl (25 mg tab, 50 mg tab)	1-Preferred Generics	QL (90 PER 30 DAYS)
sertraline hcl 100 mg tab	1-Preferred Generics	QL (60 PER 30 DAYS)
sertraline hcl 20 mg/ml conc	4-Non-Preferred Drugs	QL (300 PER 30 DAYS)
trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)	1-Preferred Generics	
trazodone hcl 300 mg tab	3-Preferred Brands	
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	4-Non-Preferred Drugs	PA2, QL (30 PER 30 DAYS)
venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	2-Generics	
venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h)	2-Generics	QL (90 PER 30 DAYS)
venlafaxine hcl er 150 mg cap er 24h	2-Generics	QL (60 PER 30 DAYS)
vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
TRICYCLICS		
amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	3-Preferred Brands	PA2
amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)	3-Preferred Brands	PA2
clomipramine hcl 25 mg cap	4-Non-Preferred Drugs	PA2
clomipramine hcl 50 mg cap	4-Non-Preferred Drugs	PA2
clomipramine hcl 75 mg cap	4-Non-Preferred Drugs	PA2
desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	4-Non-Preferred Drugs	PA2
doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)	3-Preferred Brands	PA2

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)	2-Generics	PA2
nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)	2-Generics	
nortriptyline hcl 10 mg/5ml solution	4-Non-Preferred Drugs	
protriptyline hcl (5 mg tab, 10 mg tab)	4-Non-Preferred Drugs	
trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)	4-Non-Preferred Drugs	
ANTIEMETICS		
ANTIEMETICS, OTHER		
compro	4-Non-Preferred Drugs	
meclizine hcl (12.5 mg tab, 25 mg tab)	2-Generics	PA
metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)	2-Generics	
perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)	4-Non-Preferred Drugs	
prochlorperazine	4-Non-Preferred Drugs	
prochlorperazine edisylate	4-Non-Preferred Drugs	
prochlorperazine maleate (5 mg tab, 10 mg tab)	2-Generics	
promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)	2-Generics	PA
scopolamine	4-Non-Preferred Drugs	QL (10 PER 30 DAYS)
EMETOGENIC THERAPY ADJUNCTS		
aprepitant (40 mg cap, 80 & 125 mg cap thpk, 80 mg cap, 125 mg cap)	4-Non-Preferred Drugs	PA3
dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
granisetron hcl 1 mg tab	4-Non-Preferred Drugs	PA3, QL (60 PER 30 DAYS)
ondansetron 4 mg tab disp	3-Preferred Brands	PA3, QL (180 PER 30 DAYS)
ondansetron 8 mg tab disp	3-Preferred Brands	PA3, QL (90 PER 30 DAYS)
ondansetron hcl (4 mg/2ml soln prsyr, 4 mg/2ml solution, 40 mg/20ml solution)	4-Non-Preferred Drugs	
ondansetron hcl +rfid (4 mg/2ml soln prsyr, 4 mg/2ml solution)	4-Non-Preferred Drugs	
ondansetron hcl 4 mg tab	2-Generics	PA3, QL (180 PER 30 DAYS)
ondansetron hcl 4 mg/5ml solution	4-Non-Preferred Drugs	PA3, QL (900 PER 30 DAYS)
ondansetron hcl 8 mg tab	2-Generics	PA3, QL (90 PER 30 DAYS)
ondansetron hcl oral soln 4 mg/5ml	4-Non-Preferred Drugs	PA3, QL (900 PER 30 DAYS)
ANTIFUNGALS		
amphotericin b	4-Non-Preferred Drugs	PA3
amphotericin b liposome	5-Specialty	PA3
caspofungin acetate (50 mg recon soln, 70 mg recon soln)	4-Non-Preferred Drugs	
clotrimazole 1 % cream	2-Generics	QL (90 PER 30 DAYS)
clotrimazole 1 % solution	2-Generics	QL (30 PER 30 DAYS)
clotrimazole 10 mg troche	2-Generics	
CRESEMBA (74.5 MG CAP, 186 MG CAP)	5-Specialty	PA
econazole nitrate	4-Non-Preferred Drugs	QL (85 PER 30 DAYS)
fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp)	3-Preferred Brands	
fluconazole (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	2-Generics	
fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
flucytosine (250 mg cap, 500 mg cap)	5-Specialty	
griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)	4-Non-Preferred Drugs	
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	4-Non-Preferred Drugs	
itraconazole 100 mg cap	4-Non-Preferred Drugs	
ketoconazole 2 % cream	2-Generics	QL (60 PER 30 DAYS)
ketoconazole 2 % shampoo	2-Generics	QL (120 PER 30 DAYS)
ketoconazole 200 mg tab	2-Generics	
klayesta	3-Preferred Brands	QL (60 PER 30 DAYS)
micafungin sodium (50 mg recon soln, 100 mg recon soln)	4-Non-Preferred Drugs	
nyamyc	3-Preferred Brands	QL (60 PER 30 DAYS)
nystatin (100000 unit/gm cream, 100000 unit/gm ointment)	2-Generics	QL (60 PER 30 DAYS)
nystatin 100000 unit/gm powder	3-Preferred Brands	QL (60 PER 30 DAYS)
nystatin 100000 unit/ml suspension	2-Generics	
nystatin 500000 unit tab	3-Preferred Brands	
nystop	3-Preferred Brands	QL (60 PER 30 DAYS)
posaconazole 100 mg tab dr	5-Specialty	PA, QL (93 PER 30 DAYS)
posaconazole 40 mg/ml suspension	5-Specialty	PA, QL (630 PER 30 DAYS)
terbinafine hcl	2-Generics	QL (120 PER 30 DAYS)
terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)	3-Preferred Brands	
voriconazole 200 mg recon soln	5-Specialty	PA
voriconazole 200 mg tab	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
voriconazole 40 mg/ml recon susp	5-Specialty	QL (600 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
voriconazole 50 mg tab	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)
ANTIGOUT AGENTS		
allopurinol (100 mg tab, 300 mg tab)	1-Preferred Generics	
colchicine 0.6 mg tab	3-Preferred Brands	QL (120 PER 30 DAYS)
colchicine-probenecid	3-Preferred Brands	
febuxostat (40 mg tab, 80 mg tab)	4-Non-Preferred Drugs	ST
probenecid	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		
dihydroergotamine mesylate 4 mg/ml solution	5-Specialty	PA, QL (8 PER 30 DAYS)
ergotamine-caffeine	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SEROTONIN (5-HT) RECEPTOR AGONIST		
naratriptan hcl (1 mg tab, 2.5 mg tab)	3-Preferred Brands	QL (9 PER 30 DAYS)
rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)	3-Preferred Brands	QL (12 PER 30 DAYS)
sumatriptan (5 mg/act solution, 20 mg/act solution)	4-Non-Preferred Drugs	QL (12 PER 28 DAYS)
sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)	2-Generics	QL (9 PER 30 DAYS)
sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)	4-Non-Preferred Drugs	QL (6 PER 30 DAYS)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
pyridostigmine bromide 60 mg tab	3-Preferred Brands	
pyridostigmine bromide er	4-Non-Preferred Drugs	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
dapsone (25 mg tab, 100 mg tab)	3-Preferred Brands	
rifabutin	4-Non-Preferred Drugs	
ANTITUBERCULARS		
ethambutol hcl (100 mg tab, 400 mg tab)	3-Preferred Brands	
isoniazid (100 mg tab, 300 mg tab)	2-Generics	
isoniazid 50 mg/5ml syrup	4-Non-Preferred Drugs	
PRIFTIN	4-Non-Preferred Drugs	
pyrazinamide	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
rifampin (150 mg cap, 300 mg cap, 600 mg recon soln)	4-Non-Preferred Drugs	
SIRTURO (20 MG TAB, 100 MG TAB)	5-Specialty	PA
ANTINEOPLASTICS		
ALKYLATING AGENTS		
cisplatin (50 mg/50ml solution, 100 mg/100ml solution, 200 mg/200ml solution)	4-Non-Preferred Drugs	PA3
cyclophosphamide (25 mg cap, 50 mg cap)	3-Preferred Brands	PA3
CYCLOPHOSPHAMIDE (25 MG TAB, 50 MG TAB)	4-Non-Preferred Drugs	PA3
GLEOSTINE (10 MG CAP, 40 MG CAP)	4-Non-Preferred Drugs	PA2
GLEOSTINE 100 MG CAP	5-Specialty	PA2
LEUKERAN	5-Specialty	
lomustine (10 mg cap, 40 mg cap, 100 mg cap)	4-Non-Preferred Drugs	PA2
MATULANE	5-Specialty	
VALCHLOR	5-Specialty	PA2, QL (60 PER 30 DAYS)
ANTIANDROGENS		
abiraterone acetate 250 mg tab	5-Specialty	PA2, QL (120 PER 30 DAYS)
abiraterone acetate 500 mg tab	5-Specialty	PA2, QL (60 PER 30 DAYS)
abirtega	3-Preferred Brands	PA2, QL (120 PER 30 DAYS)
bicalutamide	2-Generics	
ERLEADA 240 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
ERLEADA 60 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
EULEXIN	5-Specialty	PA2
nilutamide	5-Specialty	
NUBEQA	5-Specialty	PA2, QL (120 PER 30 DAYS)
XTANDI (40 MG CAP, 40 MG TAB)	5-Specialty	PA2, QL (120 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XTANDI 80 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
YONSA	5-Specialty	PA2, QL (120 PER 30 DAYS)
ANTIANGIOGENIC AGENTS		
lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)	5-Specialty	PA2, QL (28 PER 28 DAYS)
pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)	5-Specialty	PA2, QL (21 PER 28 DAYS)
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	5-Specialty	PA2, QL (21 PER 28 DAYS)
THALOMID 100 MG CAP	5-Specialty	PA2, QL (120 PER 30 DAYS)
THALOMID 50 MG CAP	5-Specialty	PA2, QL (30 PER 30 DAYS)
ANTIESTROGENS/MODIFIERS		
ETCAMAH	5-Specialty	PA2, QL (28 PER 28 DAYS)
fulvestrant	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	
tamoxifen citrate (10 mg tab, 20 mg tab)	2-Generics	
toremifene citrate	5-Specialty	
ANTIMETABOLITES		
azacitidine	5-Specialty	PA3
fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)	4-Non-Preferred Drugs	PA3
mercaptopurine 2000 mg/100ml suspension	5-Specialty	
mercaptopurine 50 mg tab	3-Preferred Brands	
ONUREG (200 MG TAB, 300 MG TAB)	5-Specialty	PA2, QL (14 PER 28 DAYS)
TABLOID	4-Non-Preferred Drugs	

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)
hydroxyurea	2-Generics	
INQOVI	5-Specialty	PA2, QL (5 PER 28 DAYS)
IWILFIN	5-Specialty	PA2, QL (240 PER 30 DAYS)
lederle leucovorin	3-Preferred Brands	
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)	3-Preferred Brands	
leucovorin calcium (50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln)	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		
anastrozole	2-Generics	
exemestane	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
letrozole	2-Generics	
MOLECULAR TARGET INHIBITORS		
ALECENSA	5-Specialty	PA2, QL (240 PER 30 DAYS)
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
AVMAPKI FAKZYNJA CO-PACK	5-Specialty	PA2, QL (66 PER 28 DAYS)
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
BALVERSA 3 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
BALVERSA 4 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
BALVERSA 5 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
BEQALZI (1 MG TAB, 5 MG TAB, 20 MG TAB, 80 MG TAB)	5-Specialty	PA2
BEQALZI STARTER PACK	5-Specialty	PA2
bortezomib	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)
bosutinib 400 mg tab	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)
BRUKINSA 80 MG CAP	5-Specialty	PA2, QL (120 PER 30 DAYS)
CABOMETYX (20 MG TAB, 60 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
CABOMETYX 40 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
CALQUENCE 100 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
COMETRIQ (100 MG DAILY DOSE)	5-Specialty	PA2, QL (60 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COMETRIQ (140 MG DAILY DOSE)	5-Specialty	PA2, QL (120 PER 30 DAYS)
COMETRIQ (60 MG DAILY DOSE)	5-Specialty	PA2, QL (90 PER 30 DAYS)
COPIKTRA (15 MG CAP, 25 MG CAP)	5-Specialty	PA2, QL (60 PER 30 DAYS)
COTELLIC	5-Specialty	PA2, QL (63 PER 28 DAYS)
DANZITEN (71 MG TAB, 95 MG TAB)	5-Specialty	PA2, QL (120 PER 30 DAYS)
dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab)	5-Specialty	PA2, QL (60 PER 30 DAYS)
dasatinib 140 mg tab	5-Specialty	PA2, QL (30 PER 30 DAYS)
dasatinib 20 mg tab	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)
erlotinib hcl (100 mg tab, 150 mg tab)	5-Specialty	PA2, QL (30 PER 30 DAYS)
erlotinib hcl 25 mg tab	5-Specialty	PA2, QL (60 PER 30 DAYS)
everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	5-Specialty	PA2, QL (30 PER 30 DAYS)
everolimus (3 mg tab sol, 5 mg tab sol)	5-Specialty	PA2, QL (90 PER 30 DAYS)
everolimus 2 mg tab sol	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)
gefitinib	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)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HYRNUO	5-Specialty	PA2, QL (120 PER 30 DAYS)
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB)	5-Specialty	PA2, QL (21 PER 28 DAYS)
IBTROZI	5-Specialty	PA2, QL (90 PER 30 DAYS)
ICLUSIG (10 MG TAB, 30 MG TAB, 45 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
ICLUSIG 15 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
IDHIFA (50 MG TAB, 100 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
imatinib mesylate 100 mg tab	3-Preferred Brands	PA2, QL (90 PER 30 DAYS)
imatinib mesylate 400 mg tab	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)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KISQALI (400 MG DOSE)	5-Specialty	PA2, QL (42 PER 28 DAYS)
KISQALI (600 MG DOSE)	5-Specialty	PA2, QL (63 PER 28 DAYS)
KISQALI FEMARA (400 MG DOSE)	5-Specialty	PA2, QL (70 PER 28 DAYS)
KISQALI FEMARA (600 MG DOSE)	5-Specialty	PA2, QL (91 PER 28 DAYS)
KOMZIFTI	5-Specialty	PA2, QL (90 PER 30 DAYS)
KOSELUGO 10 MG CAP	5-Specialty	PA2, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAP	5-Specialty	PA2, QL (120 PER 30 DAYS)
KOSELUGO 5 MG CAP SPRINK	5-Specialty	PA2, QL (600 PER 30 DAYS)
KOSELUGO 7.5 MG CAP SPRINK	5-Specialty	PA2, QL (360 PER 30 DAYS)
KRAZATI	5-Specialty	PA2, QL (180 PER 30 DAYS)
lapatinib ditosylate	5-Specialty	PA2, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
LENVIMA (10 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (12 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (14 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (18 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (20 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (24 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (4 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (8 MG DAILY DOSE)	5-Specialty	PA2
LIFYORLI (125 MG DOSE)	5-Specialty	PA2
LIFYORLI (150 MG DOSE)	5-Specialty	PA2
LORBRENA 100 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
LORBRENA 25 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
LUMAKRAS (120 MG TAB, 240 MG TAB)	5-Specialty	PA2, QL (120 PER 30 DAYS)
LUMAKRAS 320 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
LYNPARZA (100 MG TAB, 150 MG TAB)	5-Specialty	PA2, QL (120 PER 30 DAYS)
LYTGOBI (12 MG DAILY DOSE)	5-Specialty	PA2, QL (84 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYTGOBI (16 MG DAILY DOSE)	5-Specialty	PA2, QL (112 PER 28 DAYS)
LYTGOBI (20 MG DAILY DOSE)	5-Specialty	PA2, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML RECON SOLN	5-Specialty	PA2, QL (1350 PER 30 DAYS)
MEKINIST 0.5 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
MEKINIST 2 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
MEKTOVI	5-Specialty	PA2, QL (180 PER 30 DAYS)
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)
nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)	5-Specialty	PA2, QL (120 PER 30 DAYS)
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	5-Specialty	PA2, QL (3 PER 28 DAYS)
ODOMZO	5-Specialty	PA2, QL (30 PER 30 DAYS)
OGSIVEO (100 MG TAB, 150 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
OGSIVEO 50 MG TAB	5-Specialty	PA2, QL (180 PER 30 DAYS)
OJEMDA 100 MG TAB	5-Specialty	PA2, QL (24 PER 28 DAYS)
OJEMDA 25 MG/ML RECON SUSP	5-Specialty	PA2, QL (96 PER 28 DAYS)
pazopanib hcl 200 mg tab	5-Specialty	PA2, QL (120 PER 30 DAYS)
pazopanib hcl 400 mg tab	5-Specialty	PA2, QL (60 PER 30 DAYS)
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
PHYRAGO (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
PHYRAGO 20 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
PIQRAY (200 MG DAILY DOSE)	5-Specialty	PA2, QL (30 PER 30 DAYS)
PIQRAY (250 MG DAILY DOSE)	5-Specialty	PA2, QL (60 PER 30 DAYS)
PIQRAY (300 MG DAILY DOSE)	5-Specialty	PA2, QL (60 PER 30 DAYS)
RASONQUE (100 MG TAB, 150 MG TAB)	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)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
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)
sorafenib tosylate	5-Specialty	PA2, QL (120 PER 30 DAYS)
STIVARGA	5-Specialty	PA2, QL (84 PER 28 DAYS)
sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)	5-Specialty	PA2, QL (30 PER 30 DAYS)
TABRECTA (150 MG TAB, 200 MG TAB)	5-Specialty	PA2, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAP, 75 MG CAP)	5-Specialty	PA2, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TAB SOL	5-Specialty	PA2, QL (900 PER 30 DAYS)
TAGRISSO (40 MG TAB, 80 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	5-Specialty	PA2, QL (30 PER 30 DAYS)
TALZENNA 0.25 MG CAP	5-Specialty	PA2, QL (90 PER 30 DAYS)
TEPMETKO	5-Specialty	PA2, QL (60 PER 30 DAYS)
TIBSOVO	5-Specialty	PA2, QL (60 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
torpenz (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	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	3-Preferred Brands	PA2, QL (120 PER 30 DAYS)
VENCLEXTA 100 MG TAB	5-Specialty	PA2, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
VENCLEXTA STARTING PACK	5-Specialty	PA2, QL (42 PER 28 DAYS)
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAP	5-Specialty	PA2, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	5-Specialty	PA2, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAP	5-Specialty	PA2, QL (180 PER 30 DAYS)
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
VONJO	5-Specialty	PA2, QL (120 PER 30 DAYS)
VORANIGO 10 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
VORANIGO 40 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	5-Specialty	PA2, QL (120 PER 30 DAYS)
XALKORI 150 MG CAP SPRINK	5-Specialty	PA2, QL (180 PER 30 DAYS)
XOSPATA	5-Specialty	PA2, QL (90 PER 30 DAYS)
XPOVIO (100 MG ONCE WEEKLY)	5-Specialty	PA2, QL (8 PER 28 DAYS)
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK	5-Specialty	PA2, QL (16 PER 28 DAYS)
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	5-Specialty	PA2, QL (4 PER 28 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
yulithira (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	3-Preferred Brands	PA2, QL (30 PER 30 DAYS)
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
ZELBORAF	5-Specialty	PA2, QL (240 PER 30 DAYS)
ZYDELIG (100 MG TAB, 150 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
ZYKADIA	5-Specialty	PA2, QL (90 PER 30 DAYS)
MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE		
AVASTIN (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	5-Specialty	PA3
HERCEPTIN HYLECTA	5-Specialty	PA3
KADCYLA (100 MG RECON SOLN, 160 MG RECON SOLN)	5-Specialty	PA3
KANJINTI (150 MG RECON SOLN, 420 MG RECON SOLN)	5-Specialty	PA3
KEYTRUDA	5-Specialty	PA3
MVASI (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	5-Specialty	PA3
OGIVRI (150 MG RECON SOLN, 420 MG RECON SOLN)	5-Specialty	PA3
RUXIENCE (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	5-Specialty	PA3
TRAZIMERA (150 MG RECON SOLN, 420 MG RECON SOLN)	5-Specialty	PA3
TRUXIMA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	5-Specialty	PA3

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZIRABEV (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	5-Specialty	PA3
RETINOIDS		
bexarotene 1 % gel	5-Specialty	PA2, QL (60 PER 30 DAYS)
bexarotene 75 mg cap	5-Specialty	PA2, QL (300 PER 30 DAYS)
PANRETIN	5-Specialty	PA2, QL (60 PER 30 DAYS)
tretinoin 10 mg cap	5-Specialty	
TREATMENT ADJUNCTS		
mesna 400 mg tab	5-Specialty	
ANTIPARASITICS		
ANTHELMINTHICS		
albendazole	3-Preferred Brands	
ivermectin 3 mg tab	3-Preferred Brands	
praziquantel	4-Non-Preferred Drugs	
ANTIPROTOZOALS		
atovaquone	4-Non-Preferred Drugs	QL (600 PER 30 DAYS)
atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)	4-Non-Preferred Drugs	
chloroquine phosphate (250 mg tab, 500 mg tab)	4-Non-Preferred Drugs	
COARTEM	4-Non-Preferred Drugs	
hydroxychloroquine sulfate 200 mg tab	2-Generics	
IMPAVIDO 50 MG CAP	5-Specialty	QL (84 PER 28 DAYS)
mefloquine hcl	3-Preferred Brands	
nitazoxanide	5-Specialty	QL (6 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pentamidine isethionate	4-Non-Preferred Drugs	PA3
pentamidine isethionate for nebulization soln 300 mg	4-Non-Preferred Drugs	PA3
pentamidine isethionate for soln 300 mg	4-Non-Preferred Drugs	
primaquine phosphate	3-Preferred Brands	
pyrimethamine	5-Specialty	PA
quinine sulfate	4-Non-Preferred Drugs	PA
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)	2-Generics	
trihexyphenidyl hcl (2 mg tab, 5 mg tab)	2-Generics	PA
trihexyphenidyl hcl 0.4 mg/ml solution	3-Preferred Brands	PA
ANTIPARKINSON AGENTS, OTHER		
amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)	3-Preferred Brands	
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)	4-Non-Preferred Drugs	
entacapone	4-Non-Preferred Drugs	
DOPAMINE AGONISTS		
bromocriptine mesylate (2.5 mg tab, 5 mg cap)	4-Non-Preferred Drugs	
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)	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)	2-Generics	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)	4-Non-Preferred Drugs	
carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)	2-Generics	
carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)	3-Preferred Brands	
INBRIJA	5-Specialty	PA, QL (300 PER 30 DAYS)
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline mesylate (0.5 mg tab, 1 mg tab)	4-Non-Preferred Drugs	
selegiline hcl (5 mg cap, 5 mg tab)	3-Preferred Brands	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
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)	4-Non-Preferred Drugs	
fluphenazine decanoate	4-Non-Preferred Drugs	
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)	4-Non-Preferred Drugs	
haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	2-Generics	
haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)	4-Non-Preferred Drugs	
haloperidol lactate 2 mg/ml conc	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
haloperidol lactate 5 mg/ml solution	4-Non-Preferred Drugs	
loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)	3-Preferred Brands	
molindone hcl (5 mg tab, 10 mg tab, 25 mg tab)	4-Non-Preferred Drugs	
pimozide (1 mg tab, 2 mg tab)	4-Non-Preferred Drugs	
thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	3-Preferred Brands	
thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	4-Non-Preferred Drugs	
trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)	3-Preferred Brands	
2ND GENERATION/ATYPICAL		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5-Specialty	QL (2.4 PER 56 DAYS)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5-Specialty	QL (3.2 PER 56 DAYS)
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	5-Specialty	QL (1 PER 28 DAYS)
aripiprazole (10 mg tab disp, 15 mg tab disp)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab)	3-Preferred Brands	QL (60 PER 30 DAYS)
aripiprazole (20 mg tab, 30 mg tab)	3-Preferred Brands	QL (30 PER 30 DAYS)
aripiprazole 1 mg/ml solution	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)
ARISTADA 1064 MG/3.9ML PRSYR	5-Specialty	QL (3.9 PER 56 DAYS)
ARISTADA 441 MG/1.6ML PRSYR	5-Specialty	QL (1.6 PER 28 DAYS)
ARISTADA 662 MG/2.4ML PRSYR	5-Specialty	QL (2.4 PER 28 DAYS)
ARISTADA 882 MG/3.2ML PRSYR	5-Specialty	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	5-Specialty	QL (4.8 PER 365 DAYS)
asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BYSANTI (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)
BYSANTI TITRATION PACK A	4-Non-Preferred Drugs	ST, QL (16 PER 365 DAYS)
BYSANTI TITRATION PACK B	4-Non-Preferred Drugs	ST, QL (24 PER 365 DAYS)
BYSANTI TITRATION PACK C	4-Non-Preferred Drugs	ST, QL (16 PER 365 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 28 DAYS)
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	5-Specialty	ST, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK A	4-Non-Preferred Drugs	ST, QL (16 PER 365 DAYS)
FANAPT TITRATION PACK B	4-Non-Preferred Drugs	ST, QL (24 PER 365 DAYS)
FANAPT TITRATION PACK C	4-Non-Preferred Drugs	ST, QL (16 PER 365 DAYS)
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5-Specialty	QL (3.5 PER 180 DAYS)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5-Specialty	QL (5 PER 180 DAYS)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5-Specialty	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5-Specialty	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5-Specialty	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4-Non-Preferred Drugs	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5-Specialty	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5-Specialty	QL (0.88 PER 84 DAYS)

You 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 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)
lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
lurasidone hcl 80 mg tab	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
LYBALVI (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	5-Specialty	PA2, QL (30 PER 30 DAYS)
olanzapine (15 mg tab, 20 mg tab)	2-Generics	QL (30 PER 30 DAYS)
olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	2-Generics	QL (60 PER 30 DAYS)
olanzapine (5 mg tab disp, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
olanzapine 10 mg recon soln	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)
paliperidone er 1.5 mg tab er 24h	4-Non-Preferred Drugs	QL (240 PER 30 DAYS)
paliperidone er 3 mg tab er 24h	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
paliperidone er 6 mg tab er 24h	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
paliperidone er 9 mg tab er 24h	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
quetiapine fumarate (300 mg tab, 400 mg tab)	2-Generics	QL (60 PER 30 DAYS)
quetiapine fumarate (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	2-Generics	QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
quetiapine fumarate 25 mg tab	2-Generics	QL (180 PER 30 DAYS)
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)	3-Preferred Brands	QL (60 PER 30 DAYS)
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB)	5-Specialty	ST, QL (60 PER 30 DAYS)
REXULTI (2 MG TAB, 3 MG TAB, 4 MG TAB)	5-Specialty	ST, QL (30 PER 30 DAYS)
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)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)	2-Generics	QL (60 PER 30 DAYS)
risperidone 1 mg/ml solution	3-Preferred Brands	QL (480 PER 30 DAYS)
risperidone microspheres er (12.5 mg, 25 mg, 37.5 mg, 50 mg)	4-Non-Preferred Drugs	QL (2 PER 28 DAYS)
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	5-Specialty	ST, QL (30 PER 30 DAYS)
VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	5-Specialty	ST, QL (30 PER 30 DAYS)
ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)	3-Preferred Brands	QL (60 PER 30 DAYS)
ziprasidone mesylate	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
TREATMENT-RESISTANT		
clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)	4-Non-Preferred Drugs	
clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	3-Preferred Brands	
VERSACLOZ	5-Specialty	QL (600 PER 30 DAYS)
ANTISPASTICITY AGENTS		
baclofen (5 mg tab, 10 mg tab, 20 mg tab)	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	4-Non-Preferred Drugs	
tizanidine hcl (2 mg tab, 4 mg tab)	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)
valganciclovir hcl 450 mg tab	3-Preferred Brands	
valganciclovir hcl 50 mg/ml recon soln	5-Specialty	
ANTI-HEPATITIS B (HBV) AGENTS		
adefovir dipivoxil	4-Non-Preferred Drugs	
BARACLUDE 0.05 MG/ML SOLUTION	5-Specialty	
entecavir (0.5 mg tab, 1 mg tab)	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
lamivudine 100 mg tab	3-Preferred Brands	
VEMLIDY	5-Specialty	QL (30 PER 30 DAYS)
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA (150-37.5 MG PACKET, 400-100 MG TAB)	5-Specialty	PA, QL (28 PER 28 DAYS)
EPCLUSA (200-50 MG PACKET, 200-50 MG TAB)	5-Specialty	PA, QL (56 PER 28 DAYS)
MAVYRET 100-40 MG TAB	5-Specialty	PA, QL (84 PER 28 DAYS)
MAVYRET 50-20 MG PACKET	5-Specialty	PA, QL (140 PER 28 DAYS)
ribavirin (200 mg cap, 200 mg tab)	3-Preferred Brands	
VOSEVI	5-Specialty	PA, QL (28 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
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
BIXLENVO	5-Specialty	QL (30 PER 30 DAYS)
DOVATO	5-Specialty	QL (30 PER 30 DAYS)
GENVOYA	5-Specialty	QL (30 PER 30 DAYS)
ISENTRESS (100 MG CHEW TAB, 100 MG PACKET)	5-Specialty	QL (180 PER 30 DAYS)
ISENTRESS 25 MG CHEW TAB	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
ISENTRESS 400 MG TAB	5-Specialty	QL (60 PER 30 DAYS)
ISENTRESS HD	5-Specialty	QL (60 PER 30 DAYS)
JULUCA	5-Specialty	QL (30 PER 30 DAYS)
STRIBILD	5-Specialty	QL (30 PER 30 DAYS)
TIVICAY 50 MG TAB	5-Specialty	QL (60 PER 30 DAYS)
TIVICAY PD	5-Specialty	QL (180 PER 30 DAYS)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
DELSTRIGO	5-Specialty	QL (30 PER 30 DAYS)
EDURANT	5-Specialty	QL (30 PER 30 DAYS)
EDURANT PED	5-Specialty	QL (180 PER 30 DAYS)
efavirenz	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
efavirenz-emtricitab-tenofo df	3-Preferred Brands	QL (30 PER 30 DAYS)
efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)	5-Specialty	QL (30 PER 30 DAYS)
emtricitab-rilpivir-tenofov df	5-Specialty	QL (30 PER 30 DAYS)
etravirine 100 mg tab	5-Specialty	QL (120 PER 30 DAYS)
etravirine 200 mg tab	5-Specialty	QL (60 PER 30 DAYS)
INTELENCE 25 MG TAB	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nevirapine 200 mg tab	2-Generics	QL (60 PER 30 DAYS)
nevirapine 50 mg/5ml suspension	4-Non-Preferred Drugs	QL (1200 PER 30 DAYS)
nevirapine er	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)
rilpivirine hcl	5-Specialty	QL (30 PER 30 DAYS)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir sulfate 20 mg/ml solution	4-Non-Preferred Drugs	QL (960 PER 30 DAYS)
abacavir sulfate 300 mg tab	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
abacavir sulfate-lamivudine	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
CIMDUO	5-Specialty	QL (30 PER 30 DAYS)
DESCOVY 120-15 MG TAB	5-Specialty	QL (30 PER 30 DAYS)
DESCOVY 200-25 MG TAB	5-Specialty	
emtricitabine	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
emtricitabine-tenofovir df (100-150 mg tab, 167-250 mg tab)	3-Preferred Brands	QL (30 PER 30 DAYS)
emtricitabine-tenofovir df 133-200 mg tab	5-Specialty	QL (30 PER 30 DAYS)
emtricitabine-tenofovir df 200-300 mg tab	4-Non-Preferred Drugs	
EMTRIVA 10 MG/ML SOLUTION	4-Non-Preferred Drugs	QL (850 PER 30 DAYS)
lamivudine (10 mg/ml solution, 300 mg/30ml solution)	3-Preferred Brands	QL (960 PER 30 DAYS)
lamivudine 150 mg tab	3-Preferred Brands	QL (60 PER 30 DAYS)
lamivudine 300 mg tab	3-Preferred Brands	QL (30 PER 30 DAYS)
lamivudine-zidovudine	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tenofovir disoproxil fumarate	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)
zidovudine 100 mg cap	3-Preferred Brands	QL (180 PER 30 DAYS)
zidovudine 300 mg tab	3-Preferred Brands	QL (60 PER 30 DAYS)
zidovudine 50 mg/5ml syrup	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	
IDVYNSO	5-Specialty	QL (30 PER 30 DAYS)
maraviroc 150 mg tab	5-Specialty	QL (60 PER 30 DAYS)
maraviroc 300 mg tab	5-Specialty	QL (120 PER 30 DAYS)
RUKOBIA	5-Specialty	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML SOLUTION	5-Specialty	
SUNLENCA (4 X 300 MG TAB THPK, 300 MG TAB)	5-Specialty	QL (4 PER 28 DAYS)
SUNLENCA 463.5 MG/1.5ML SOLUTION	5-Specialty	
SUNLENCA 5 X 300 MG TAB THPK	5-Specialty	QL (5 PER 28 DAYS)
TROGARZO	5-Specialty	
TYBOST	3-Preferred Brands	QL (30 PER 30 DAYS)
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS	5-Specialty	QL (120 PER 30 DAYS)
atazanavir sulfate (150 mg cap, 200 mg cap)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
atazanavir sulfate 300 mg cap	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
darunavir 600 mg tab	3-Preferred Brands	QL (60 PER 30 DAYS)
darunavir 800 mg tab	5-Specialty	QL (30 PER 30 DAYS)
EVOTAZ	5-Specialty	QL (30 PER 30 DAYS)
fosamprenavir calcium	5-Specialty	QL (120 PER 30 DAYS)
KALETRA 400-100 MG/5ML SOLUTION	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)
lopinavir-ritonavir 100-25 mg tab	4-Non-Preferred Drugs	QL (300 PER 30 DAYS)
lopinavir-ritonavir 200-50 mg tab	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
NORVIR 100 MG PACKET	4-Non-Preferred Drugs	QL (360 PER 30 DAYS)
PREZCOBIX (675-150 MG TAB, 800-150 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	5-Specialty	QL (400 PER 30 DAYS)
PREZISTA 150 MG TAB	5-Specialty	QL (240 PER 30 DAYS)
PREZISTA 75 MG TAB	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)
REYATAZ 50 MG PACKET	5-Specialty	QL (240 PER 30 DAYS)
ritonavir	3-Preferred Brands	QL (360 PER 30 DAYS)
SYMTUZA	5-Specialty	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TAB	5-Specialty	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TAB	5-Specialty	QL (120 PER 30 DAYS)
ANTI-INFLUENZA AGENTS		
oseltamivir phosphate (45 mg cap, 75 mg cap)	3-Preferred Brands	QL (84 PER 365 DAYS)
oseltamivir phosphate 30 mg cap	3-Preferred Brands	QL (168 PER 365 DAYS)
oseltamivir phosphate 6 mg/ml recon susp	3-Preferred Brands	QL (1080 PER 365 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RELENZA DISKHALER	3-Preferred Brands	QL (120 PER 365 DAYS)
rimantadine hcl	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		
acyclovir (200 mg cap, 400 mg tab, 800 mg tab)	2-Generics	
acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)	4-Non-Preferred Drugs	
acyclovir sodium	4-Non-Preferred Drugs	PA3
famciclovir (125 mg tab, 250 mg tab, 500 mg tab)	3-Preferred Brands	QL (90 PER 30 DAYS)
valacyclovir hcl (1 gm tab, 500 mg tab)	3-Preferred Brands	QL (120 PER 30 DAYS)
ANTIVIRAL, CORONAVIRUS AGENTS		
LAGEVRIO	3-Preferred Brands	
PAXLOVID (150/100)	2-Generics	QL (40 PER 30 DAYS)
PAXLOVID (300/100 & 150/100)	2-Generics	QL (22 PER 30 DAYS)
PAXLOVID (300/100)	2-Generics	QL (60 PER 30 DAYS)
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)	2-Generics	
hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)	3-Preferred Brands	PA
BENZODIAZEPINES		
alprazolam (0.25 mg tab, 0.5 mg tab)	2-Generics	QL (120 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
alprazolam (1 mg tab, 2 mg tab)	2-Generics	QL (150 PER 30 DAYS)
clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp)	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
clonazepam (0.5 mg tab, 1 mg tab)	2-Generics	QL (120 PER 30 DAYS)
clonazepam 2 mg tab	2-Generics	QL (300 PER 30 DAYS)
clonazepam 2 mg tab disp	4-Non-Preferred Drugs	QL (300 PER 30 DAYS)
clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
clorazepate dipotassium 15 mg tab	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
diazepam (2 mg tab, 5 mg tab, 10 mg tab)	2-Generics	PA2, QL (120 PER 30 DAYS)
diazepam 5 mg/5ml solution	4-Non-Preferred Drugs	PA2, QL (1200 PER 30 DAYS)
diazepam 5 mg/ml conc	4-Non-Preferred Drugs	PA2, QL (240 PER 30 DAYS)
diazepam intensol	4-Non-Preferred Drugs	PA2, QL (240 PER 30 DAYS)
lorazepam 0.5 mg tab	2-Generics	PA2, QL (600 PER 30 DAYS)
lorazepam 1 mg tab	2-Generics	PA2, QL (300 PER 30 DAYS)
lorazepam 2 mg tab	2-Generics	PA2, QL (150 PER 30 DAYS)
lorazepam 2 mg/ml conc	3-Preferred Brands	PA2, QL (150 PER 30 DAYS)
lorazepam intensol	3-Preferred Brands	PA2, QL (150 PER 30 DAYS)
BIPOLAR AGENTS		
MOOD STABILIZERS		
lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	2-Generics	
lithium	4-Non-Preferred Drugs	
lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)	1-Preferred Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lithium carbonate er (300 mg tab er, 450 mg tab er)	2-Generics	
SUBVENITE	4-Non-Preferred Drugs	
subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	2-Generics	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
acarbose (25 mg tab, 50 mg tab, 100 mg tab)	6-Select Care	QL (90 PER 30 DAYS)
dapaglifloz base-metformin er (10-1000 mg tab er 24h, 10-500 mg tab er 24h)	2-Generics	QL (30 PER 30 DAYS)
dapaglifloz base-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h)	2-Generics	QL (60 PER 30 DAYS)
glimepiride (1 mg tab, 2 mg tab)	6-Select Care	QL (120 PER 30 DAYS)
glimepiride 4 mg tab	6-Select Care	QL (60 PER 30 DAYS)
glipizide (5 mg tab, 10 mg tab)	6-Select Care	QL (120 PER 30 DAYS)
glipizide er 10 mg tab er 24h	6-Select Care	QL (60 PER 30 DAYS)
glipizide er 2.5 mg tab er 24h	6-Select Care	QL (120 PER 30 DAYS)
glipizide er 5 mg tab er 24h	6-Select Care	QL (90 PER 30 DAYS)
glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	6-Select Care	QL (120 PER 30 DAYS)
glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)	6-Select Care	QL (120 PER 30 DAYS)
glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	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)
JANUMET (50-1000 MG TAB, 50-500 MG TAB)	3-Preferred Brands	QL (60 PER 30 DAYS)
JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)	3-Preferred Brands	QL (60 PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	3-Preferred Brands	QL (30 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JANUVIA (25 MG TAB, 50 MG TAB, 100 MG TAB)	3-Preferred Brands	QL (30 PER 30 DAYS)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB)	3-Preferred Brands	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3-Preferred Brands	QL (60 PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	3-Preferred Brands	QL (30 PER 30 DAYS)
metformin hcl 1000 mg tab	6-Select Care	QL (75 PER 30 DAYS)
metformin hcl 500 mg tab	6-Select Care	QL (150 PER 30 DAYS)
metformin hcl 850 mg tab	6-Select Care	QL (90 PER 30 DAYS)
metformin hcl er 500 mg tab er 24h	6-Select Care	QL (120 PER 30 DAYS)
metformin hcl er 750 mg tab er 24h	6-Select Care	QL (60 PER 30 DAYS)
MOUNJARO (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	3-Preferred Brands	PA, QL (2 PER 28 DAYS)
nateglinide 120 mg tab	6-Select Care	QL (90 PER 30 DAYS)
nateglinide 60 mg tab	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)
pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)	6-Select Care	QL (90 PER 30 DAYS)
repaglinide (0.5 mg tab, 1 mg tab)	6-Select Care	QL (120 PER 30 DAYS)
repaglinide 2 mg tab	6-Select Care	QL (240 PER 30 DAYS)
RYBELSUS (3 MG TAB, 7 MG TAB, 14 MG TAB)	3-Preferred Brands	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
sitaglip phos-metformin hcl er (50-1000 mg tab er 24h, 50-500 mg tab er 24h)	2-Generics	QL (60 PER 30 DAYS)
sitaglip phos-metformin hcl er 100-1000 mg tab er 24h	2-Generics	QL (30 PER 30 DAYS)
sitagliptin phos-metformin hcl (50-1000 mg tab, 50-500 mg tab)	2-Generics	QL (60 PER 30 DAYS)
sitagliptin phosphate (25 mg tab, 50 mg tab, 100 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
SOLIQUA	3-Preferred Brands	QL (18 PER 30 DAYS)
TRADJENTA	3-Preferred Brands	QL (30 PER 30 DAYS)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	3-Preferred Brands	QL (30 PER 30 DAYS)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	3-Preferred Brands	QL (60 PER 30 DAYS)
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	3-Preferred Brands	PA, QL (2 PER 28 DAYS)
XIGDUO XR (10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	3-Preferred Brands	QL (30 PER 30 DAYS)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H)	3-Preferred Brands	QL (60 PER 30 DAYS)
GLYCEMIC AGENTS		
BAQSIMI ONE PACK	3-Preferred Brands	
BAQSIMI TWO PACK	3-Preferred Brands	
diazoxide	5-Specialty	
glucagon emergency	3-Preferred Brands	
glucagon emergency 1 mg kit (generic)	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZEGALOGUE (0.6 MG/0.6ML SOLN A-INJ, 0.6 MG/0.6ML SOLN PRSYR)	3-Preferred Brands	
INSULINS		
BASAGLAR KWIKPEN	3-Preferred Brands	
FIASP	3-Preferred Brands	
FIASP FLEXTOUCH	3-Preferred Brands	
FIASP PENFILL	3-Preferred Brands	
FIASP PUMPCART	3-Preferred Brands	
HUMULIN R U-500 (CONCENTRATED)	5-Specialty	
HUMULIN R U-500 KWIKPEN	5-Specialty	
LANTUS	3-Preferred Brands	
LANTUS SOLOSTAR	3-Preferred Brands	
NOVOLIN 70/30	3-Preferred Brands	
NOVOLIN 70/30 FLEXPEN	3-Preferred Brands	
NOVOLIN N	3-Preferred Brands	
NOVOLIN N FLEXPEN	3-Preferred Brands	
NOVOLIN R	3-Preferred Brands	
NOVOLIN R FLEXPEN	3-Preferred Brands	
NOVOLOG	3-Preferred Brands	
NOVOLOG FLEXPEN	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NOVOLOG FLEXPEN RELION	3-Preferred Brands	
NOVOLOG MIX 70/30	3-Preferred Brands	
NOVOLOG MIX 70/30 FLEXPEN	3-Preferred Brands	
NOVOLOG PENFILL	3-Preferred Brands	
NOVOLOG RELION	3-Preferred Brands	
TOUJEO MAX SOLOSTAR	3-Preferred Brands	
TOUJEO SOLOSTAR	3-Preferred Brands	
TRESIBA	3-Preferred Brands	
TRESIBA FLEXTOUCH (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	3-Preferred Brands	

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

dabigatran etexilate mesylate (75 mg cap, 150 mg cap)	3-Preferred Brands	QL (60 PER 30 DAYS)
dabigatran etexilate mesylate 110 mg cap	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)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELIQUIS DVT/PE STARTER PACK	3-Preferred Brands	QL (74 PER 30 DAYS)
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)	4-Non-Preferred Drugs	
fondaparinux sodium (5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)	5-Specialty	
fondaparinux sodium 2.5 mg/0.5ml solution	4-Non-Preferred Drugs	
heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)	3-Preferred Brands	
heparin sodium (porcine) +rfid	3-Preferred Brands	
heparin sodium (porcine) pf 1000 unit/ml solution	3-Preferred Brands	
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)	1-Preferred Generics	
rivaroxaban 1 mg/ml recon susp	3-Preferred Brands	QL (620 PER 30 DAYS)
rivaroxaban 2.5 mg tab	3-Preferred Brands	QL (60 PER 30 DAYS)
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)	1-Preferred Generics	
XARELTO (10 MG TAB, 20 MG TAB)	3-Preferred Brands	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TAB, 15 MG TAB)	3-Preferred Brands	QL (60 PER 30 DAYS)
XARELTO 1 MG/ML RECON SUSP	3-Preferred Brands	QL (620 PER 30 DAYS)
XARELTO STARTER PACK	3-Preferred Brands	QL (51 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BLOOD PRODUCTS AND MODIFIERS, OTHER		
ALVAIZ (9 MG TAB, 18 MG TAB, 36 MG TAB, 54 MG TAB)	5-Specialty	PA, QL (60 PER 30 DAYS)
anagrelide hcl (0.5 mg cap, 1 mg cap)	4-Non-Preferred Drugs	
FULPHILA	5-Specialty	PA
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION)	3-Preferred Brands	PA3
PROCRIT (20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	5-Specialty	PA3
RETACRIT (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		
tranexamic acid 650 mg tab	3-Preferred Brands	
PLATELET MODIFYING AGENTS		
aspirin-dipyridamole er	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
BRILINTA 90 MG TAB	3-Preferred Brands	
cilostazol (50 mg tab, 100 mg tab)	2-Generics	
clopidogrel bisulfate 300 mg tab	2-Generics	
clopidogrel bisulfate 75 mg tab	1-Preferred Generics	
dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DOPTELET	5-Specialty	PA
DOPTELET SPRINKLE	5-Specialty	PA
prasugrel hcl (5 mg tab, 10 mg tab)	3-Preferred Brands	
ticagrelor (60 mg tab, 90 mg tab)	3-Preferred Brands	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
clonidine 0.1 mg/24hr patch wk	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
clonidine 0.2 mg/24hr patch wk	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
clonidine 0.3 mg/24hr patch wk	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)	1-Preferred Generics	
droxidopa (200 mg cap, 300 mg cap)	5-Specialty	PA, QL (180 PER 30 DAYS)
droxidopa 100 mg cap	3-Preferred Brands	PA, QL (90 PER 30 DAYS)
midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	3-Preferred Brands	
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	2-Generics	
prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)	2-Generics	
terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	1-Preferred Generics	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab)	6-Select Care	QL (60 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
candesartan cilexetil 32 mg tab	6-Select Care	QL (30 PER 30 DAYS)
irbesartan (75 mg tab, 300 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
irbesartan 150 mg tab	6-Select Care	QL (60 PER 30 DAYS)
losartan potassium (25 mg tab, 50 mg tab)	6-Select Care	QL (60 PER 30 DAYS)
losartan potassium 100 mg tab	6-Select Care	QL (30 PER 30 DAYS)
olmesartan medoxomil (20 mg tab, 40 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
olmesartan medoxomil 5 mg tab	6-Select Care	QL (60 PER 30 DAYS)
telmisartan (20 mg tab, 40 mg tab, 80 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
valsartan (40 mg tab, 80 mg tab, 160 mg tab)	6-Select Care	QL (60 PER 30 DAYS)
valsartan 320 mg tab	6-Select Care	QL (30 PER 30 DAYS)
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	6-Select Care	
captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	6-Select Care	
enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	6-Select Care	
fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)	6-Select Care	
lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	6-Select Care	
moexipril hcl (7.5 mg tab, 15 mg tab)	6-Select Care	
perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)	6-Select Care	
quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	6-Select Care	
ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)	6-Select Care	
trandolapril (1 mg tab, 2 mg tab, 4 mg tab)	6-Select Care	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIARRHYTHMICS		
amiodarone hcl (100 mg tab, 400 mg tab)	4-Non-Preferred Drugs	
amiodarone hcl 200 mg tab	2-Generics	
digoxin (125 mcg tab, 250 mcg tab)	2-Generics	QL (30 PER 30 DAYS)
digoxin 0.05 mg/ml solution	4-Non-Preferred Drugs	
dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)	4-Non-Preferred Drugs	
flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)	3-Preferred Brands	
MULTAQ	4-Non-Preferred Drugs	
pacerone (100 mg tab, 400 mg tab)	4-Non-Preferred Drugs	
pacerone 200 mg tab	2-Generics	
propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)	2-Generics	
propafenone hcl er (225 mg cap er 12h, 325 mg cap er 12h, 425 mg cap er 12h)	4-Non-Preferred Drugs	
quinidine sulfate (200 mg tab, 300 mg tab)	4-Non-Preferred Drugs	
sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)	2-Generics	
sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)	2-Generics	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl (200 mg cap, 400 mg cap)	2-Generics	
atenolol (25 mg tab, 50 mg tab, 100 mg tab)	1-Preferred Generics	
bisoprolol fumarate (5 mg tab, 10 mg tab)	2-Generics	
carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)	1-Preferred Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	2-Generics	
metoprolol succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h)	1-Preferred Generics	
metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)	1-Preferred Generics	
metoprolol tartrate (37.5 mg tab, 75 mg tab)	2-Generics	
nadolol (20 mg tab, 40 mg tab, 80 mg tab)	4-Non-Preferred Drugs	
nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	3-Preferred Brands	QL (30 PER 30 DAYS)
nebivolol hcl 20 mg tab	3-Preferred Brands	QL (60 PER 30 DAYS)
pindolol (5 mg tab, 10 mg tab)	4-Non-Preferred Drugs	
propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)	2-Generics	
propranolol hcl er (60 mg cap er 24h, 80 mg cap er 24h, 120 mg cap er 24h, 160 mg cap er 24h)	3-Preferred Brands	
timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)	4-Non-Preferred Drugs	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)	1-Preferred Generics	
felodipine er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)	2-Generics	
isradipine (2.5 mg cap, 5 mg cap)	4-Non-Preferred Drugs	
nicardipine hcl (20 mg cap, 30 mg cap)	4-Non-Preferred Drugs	
nifedipine er (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)	3-Preferred Brands	
nifedipine er osmotic release (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nimodipine	4-Non-Preferred Drugs	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)	2-Generics	
dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)	2-Generics	
diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)	2-Generics	
diltiazem hcl er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)	2-Generics	
diltiazem hcl er (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)	3-Preferred Brands	
diltiazem hcl er (60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h)	4-Non-Preferred Drugs	
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)	2-Generics	
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)	2-Generics	
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)	3-Preferred Brands	
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)	2-Generics	
verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)	1-Preferred Generics	
verapamil hcl er (100 mg cap er 24h, 200 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)	2-Generics	
CARDIOVASCULAR AGENTS, OTHER		
acetazolamide (125 mg tab, 250 mg tab)	3-Preferred Brands	
aliskiren fumarate (150 mg tab, 300 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
amiloride-hydrochlorothiazide	2-Generics	
amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 10-20 mg cap)	6-Select Care	QL (60 PER 30 DAYS)
amlodipine besy-benazepril hcl (5-40 mg cap, 10-40 mg cap)	6-Select Care	QL (30 PER 30 DAYS)
amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
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)	6-Select Care	QL (30 PER 30 DAYS)
amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
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)	1-Preferred Generics	QL (30 PER 30 DAYS)
atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)	2-Generics	
benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	6-Select Care	
bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)	2-Generics	
candesartan cilexetil-hctz (32-12.5 mg tab, 32-25 mg tab)	6-Select Care	QL (30 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
candesartan cilexetil-hctz 16-12.5 mg tab	6-Select Care	QL (60 PER 30 DAYS)
enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)	6-Select Care	
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	3-Preferred Brands	QL (240 PER 30 DAYS)
fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)	6-Select Care	
irbesartan-hydrochlorothiazide 150-12.5 mg tab	6-Select Care	QL (60 PER 30 DAYS)
irbesartan-hydrochlorothiazide 300-12.5 mg tab	6-Select Care	QL (30 PER 30 DAYS)
ivabradine hcl (5 mg tab, 7.5 mg tab)	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	6-Select Care	
losartan potassium-hctz (100-12.5 mg tab, 100-25 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
losartan potassium-hctz 50-12.5 mg tab	6-Select Care	QL (60 PER 30 DAYS)
metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)	2-Generics	
metyrosine	5-Specialty	PA
NEXLETOL	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
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)	6-Select Care	QL (30 PER 30 DAYS)
pentoxifylline er	2-Generics	
ranolazine er (500 mg tab er 12h, 1000 mg tab er 12h)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
sacubitril-valsartan (24-26 mg tab, 49-51 mg tab, 97-103 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
spironolactone-hctz	2-Generics	
telmisartan-amlodipine (40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
telmisartan-hctz (40-12.5 mg tab, 80-25 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
telmisartan-hctz 80-12.5 mg tab	6-Select Care	QL (60 PER 30 DAYS)
triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)	1-Preferred Generics	
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)	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		
bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)	3-Preferred Brands	
bumetanide 0.25 mg/ml solution	4-Non-Preferred Drugs	
furosemide (20 mg tab, 40 mg tab, 80 mg tab)	1-Preferred Generics	
furosemide 10 mg/ml solution	4-Non-Preferred Drugs	
furosemide 8 mg/ml solution	2-Generics	
torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)	2-Generics	
DIURETICS, POTASSIUM-SPARING		
amiloride hcl	2-Generics	
eplerenone (25 mg tab, 50 mg tab)	3-Preferred Brands	
DIURETICS, THIAZIDE		
chlorthalidone (25 mg tab, 50 mg tab)	2-Generics	
hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)	1-Preferred Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
indapamide (1.25 mg tab, 2.5 mg tab)	1-Preferred Generics	
metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)	2-Generics	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
fenofibrate (48 mg tab, 54 mg tab, 145 mg tab, 160 mg tab)	2-Generics	
fenofibrate (67 mg cap, 134 mg cap, 200 mg cap)	3-Preferred Brands	
fenofibrate micronized (67 mg cap, 134 mg cap, 200 mg cap)	3-Preferred Brands	
gemfibrozil	2-Generics	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium (10 mg tab, 40 mg tab)	6-Select Care	QL (60 PER 30 DAYS)
atorvastatin calcium 20 mg tab	6-Select Care	QL (90 PER 30 DAYS)
atorvastatin calcium 80 mg tab	6-Select Care	QL (30 PER 30 DAYS)
fluvastatin sodium (20 mg cap, 40 mg cap)	6-Select Care	QL (60 PER 30 DAYS)
fluvastatin sodium er	6-Select Care	QL (30 PER 30 DAYS)
lovastatin (10 mg tab, 20 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
lovastatin 40 mg tab	6-Select Care	QL (60 PER 30 DAYS)
pitavastatin calcium (1 mg tab, 2 mg tab, 4 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
DYSLIPIDEMICS, OTHER		
cholestyramine (4 gm packet, 4 gm/dose powder)	3-Preferred Brands	
cholestyramine light (4 gm packet, 4 gm/dose powder)	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
colesevelam hcl (3.75 gm packet, 625 mg tab)	4-Non-Preferred Drugs	
colestipol hcl (5 gm granules, 5 gm packet)	4-Non-Preferred Drugs	
colestipol hcl 1 gm tab	3-Preferred Brands	
ezetimibe	1-Preferred Generics	QL (30 PER 30 DAYS)
ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
icosapent ethyl (0.5 gm cap, 1 gm cap)	3-Preferred Brands	
NEXLIZET	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
niacin er (antihyperlipidemic) (500 mg tab er, 750 mg tab er, 1000 mg tab er)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
omega-3-acid ethyl esters	3-Preferred Brands	QL (120 PER 30 DAYS)
prevalite (4 gm packet, 4 gm/dose powder)	3-Preferred Brands	
REPATHA	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
REPATHA SURECLICK	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
VASCEPA (0.5 GM CAP, 1 GM CAP)	3-Preferred Brands	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA (10 MG TAB, 20 MG TAB, 40 MG TAB)	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
spironolactone (25 mg tab, 50 mg tab, 100 mg tab)	1-Preferred Generics	
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
dapagliflozin (5 mg tab, 10 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
FARXIGA (5 MG TAB, 10 MG TAB)	3-Preferred Brands	QL (30 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JARDIANCE (10 MG TAB, 25 MG TAB)	3-Preferred Brands	QL (30 PER 30 DAYS)
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1-Preferred Generics	
minoxidil (2.5 mg tab, 10 mg tab)	2-Generics	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	3-Preferred Brands	
isosorbide mononitrate	2-Generics	
isosorbide mononitrate er (30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)	2-Generics	
nitro-bid	3-Preferred Brands	
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)	2-Generics	
nitroglycerin 0.4 % ointment	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
nitroglycerin 0.4 mg/spray solution	4-Non-Preferred Drugs	
nitroglycerin 2 % ointment	3-Preferred Brands	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
amphetamine-dextroamphet er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h)	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
amphetamine-dextroamphetamine (10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab)	3-Preferred Brands	QL (90 PER 30 DAYS)
amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab)	3-Preferred Brands	QL (120 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
amphetamine-dextroamphetamine 30 mg tab	3-Preferred Brands	QL (60 PER 30 DAYS)
dextroamphetamine sulfate (5 mg tab, 10 mg tab)	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
dextroamphetamine sulfate er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h)	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
atomoxetine hcl (10 mg cap, 25 mg cap, 40 mg cap)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
atomoxetine hcl 18 mg cap	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	3-Preferred Brands	QL (60 PER 30 DAYS)
guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)	2-Generics	QL (30 PER 30 DAYS)
methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)	3-Preferred Brands	QL (90 PER 30 DAYS)
methylphenidate hcl er (10 mg tab er, 20 mg tab er)	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO (9 MG TAB, 12 MG TAB)	5-Specialty	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TAB	5-Specialty	PA, QL (60 PER 30 DAYS)
AUSTEDO XR (12 MG TAB ER 24H, 24 MG TAB ER 24H)	5-Specialty	PA, QL (60 PER 30 DAYS)
AUSTEDO XR (18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H)	5-Specialty	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 6 MG TAB ER 24H	5-Specialty	PA, QL (120 PER 30 DAYS)
AUSTEDO XR PATIENT TITRATION	5-Specialty	PA, QL (28 PER 28 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dextromethorphan-quinidine	5-Specialty	PA, QL (60 PER 30 DAYS)
riluzole	4-Non-Preferred Drugs	
tetrabenazine 12.5 mg tab	3-Preferred Brands	PA, QL (90 PER 30 DAYS)
tetrabenazine 25 mg tab	5-Specialty	PA, QL (120 PER 30 DAYS)
FIBROMYALGIA AGENTS		
DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR, 40 MG CAP DR, 60 MG CAP DR)	4-Non-Preferred Drugs	PA2, QL (60 PER 30 DAYS)
duloxetine hcl 20 mg cp dr part	3-Preferred Brands	QL (120 PER 30 DAYS)
duloxetine hcl 30 mg cp dr part	3-Preferred Brands	QL (90 PER 30 DAYS)
duloxetine hcl 60 mg cp dr part	3-Preferred Brands	QL (60 PER 30 DAYS)
pregabalin (225 mg cap, 300 mg cap)	3-Preferred Brands	QL (60 PER 30 DAYS)
pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap)	3-Preferred Brands	QL (90 PER 30 DAYS)
pregabalin 20 mg/ml solution	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)
MULTIPLE SCLEROSIS AGENTS		
BETASERON	5-Specialty	QL (14 PER 28 DAYS)
COPAXONE 20 MG/ML SOLN PRSYR	5-Specialty	QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SOLN PRSYR	5-Specialty	QL (12 PER 28 DAYS)
dalfampridine er	3-Preferred Brands	QL (60 PER 30 DAYS)
dimethyl fumarate 120 mg cap dr	3-Preferred Brands	QL (60 PER 30 DAYS)
dimethyl fumarate 240 mg cap dr	5-Specialty	QL (60 PER 30 DAYS)
dimethyl fumarate starter pack	3-Preferred Brands	QL (120 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
fingolimod hcl	5-Specialty	QL (30 PER 30 DAYS)
glatiramer acetate 20 mg/ml soln prsyr	5-Specialty	QL (30 PER 30 DAYS)
glatiramer acetate 40 mg/ml soln prsyr	5-Specialty	QL (12 PER 28 DAYS)
glatopa 20 mg/ml soln prsyr	5-Specialty	QL (30 PER 30 DAYS)
glatopa 40 mg/ml soln prsyr	5-Specialty	QL (12 PER 28 DAYS)
KESIMPTA	5-Specialty	PA, QL (1.2 PER 28 DAYS)
teriflunomide (7 mg tab, 14 mg tab)	5-Specialty	QL (30 PER 30 DAYS)
DENTAL AND ORAL AGENTS		
cevimeline hcl	4-Non-Preferred Drugs	
chlorhexidine gluconate	1-Preferred Generics	
kourzeq	3-Preferred Brands	
oralone	3-Preferred Brands	
periogard	1-Preferred Generics	
pilocarpine hcl (5 mg tab, 7.5 mg tab)	4-Non-Preferred Drugs	
triamcinolone acetonide 0.1 % paste	3-Preferred Brands	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
accutane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	4-Non-Preferred Drugs	
acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)	4-Non-Preferred Drugs	PA
amnesteem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	4-Non-Preferred Drugs	
benzoyl peroxide-erythromycin	4-Non-Preferred Drugs	QL (46.6 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	4-Non-Preferred Drugs	
isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	4-Non-Preferred Drugs	
metronidazole (0.75 % lotion, 1 % gel)	4-Non-Preferred Drugs	
sulfacetamide sodium (acne)	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
tazarotene 0.1 % cream	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)	4-Non-Preferred Drugs	PA, QL (45 PER 30 DAYS)
zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	4-Non-Preferred Drugs	
DERMATITIS AND PRURITUS AGENTS		
ala-cort	2-Generics	
alclometasone dipropionate (, 0.05 % cream, 0.05 % ointment)	3-Preferred Brands	
ammonium lactate (12 % cream, 12 % lotion)	2-Generics	
betamethasone dipropionate (0.05 % cream, 0.05 % ointment)	3-Preferred Brands	
betamethasone dipropionate 0.05 % lotion	2-Generics	
betamethasone dipropionate aug (0.05 % gel, 0.05 % ointment)	4-Non-Preferred Drugs	
betamethasone dipropionate aug 0.05 % cream	2-Generics	
betamethasone dipropionate aug 0.05 % lotion	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
betamethasone valerate (, 0.1 % cream, 0.1 % ointment)	2-Generics	
clobetasol prop emollient base	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clobetasol propionate (0.05 % foam, 0.05 % solution)	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
clobetasol propionate 0.05 % shampoo	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
clodan	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
desonide (0.05 % cream, 0.05 % ointment)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
desonide 0.05 % lotion	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)
fluocinolone acetonide 0.01 % cream	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
fluocinolone acetonide 0.01 % solution	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
fluocinolone acetonide 0.025 % cream	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
fluocinolone acetonide 0.025 % ointment	2-Generics	QL (120 PER 30 DAYS)
fluocinolone acetonide body	4-Non-Preferred Drugs	QL (118.28 PER 30 DAYS)
fluocinolone acetonide scalp	4-Non-Preferred Drugs	QL (118.28 PER 30 DAYS)
fluocinonide (0.05 % gel, 0.05 % ointment)	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
fluocinonide 0.05 % cream	3-Preferred Brands	QL (120 PER 30 DAYS)
fluocinonide 0.05 % solution	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
fluocinonide emulsified base	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
fluticasone propionate (0.005 % ointment, 0.05 % cream)	2-Generics	
halobetasol propionate (0.05 % cream, 0.05 % ointment)	4-Non-Preferred Drugs	QL (50 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)	2-Generics	
hydrocortisone (perianal) (1 % cream, 2.5 % cream)	2-Generics	
hydrocortisone valerate 0.2 % cream	4-Non-Preferred Drugs	
hydrocortisone valerate 0.2 % ointment	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)	2-Generics	
pimecrolimus	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
procto-med hc	2-Generics	
proctosol hc	2-Generics	
proctozone-hc	2-Generics	
selenium sulfide	2-Generics	
tacrolimus (0.03 % ointment, 0.1 % ointment)	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
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)	2-Generics	
triderm	2-Generics	
DERMATOLOGICAL AGENTS, OTHER		
calcipotriene (0.005 % cream, 0.005 % ointment)	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
calcipotriene 0.005 % solution	3-Preferred Brands	QL (60 PER 30 DAYS)
calcitrene	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
clotrimazole-betamethasone 1-0.05 % cream	3-Preferred Brands	QL (45 PER 30 DAYS)
clotrimazole-betamethasone 1-0.05 % lotion	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
fluorouracil (2 % solution, 5 % solution)	3-Preferred Brands	QL (10 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fluorouracil 5 % cream	4-Non-Preferred Drugs	QL (80 PER 30 DAYS)
imiquimod 5 % cream	3-Preferred Brands	QL (24 PER 30 DAYS)
nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
podofilox 0.5 % solution	4-Non-Preferred Drugs	
SANTYL	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
silver sulfadiazine	2-Generics	
ssd	2-Generics	
PEDICULICIDES/SCABICIDES		
malathion	4-Non-Preferred Drugs	
permethrin	3-Preferred Brands	
TOPICAL ANTI-INFECTIVES		
acyclovir 5 % ointment	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
ciclodan	3-Preferred Brands	QL (13.2 PER 30 DAYS)
ciclopirox 0.77 % gel	3-Preferred Brands	QL (100 PER 30 DAYS)
ciclopirox 1 % shampoo	3-Preferred Brands	QL (120 PER 30 DAYS)
ciclopirox 8 % solution	3-Preferred Brands	QL (13.2 PER 30 DAYS)
ciclopirox olamine 0.77 % cream	3-Preferred Brands	QL (90 PER 30 DAYS)
ciclopirox olamine 0.77 % suspension	3-Preferred Brands	QL (60 PER 30 DAYS)
clindamycin phos (twice-daily)	3-Preferred Brands	QL (75 PER 30 DAYS)
clindamycin phosphate (1 % solution, 1 % swab)	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
clindamycin phosphate 1 % lotion	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
ery 2% pad	3-Preferred Brands	QL (60 PER 30 DAYS)
erythromycin 2 % gel	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
erythromycin 2 % solution	2-Generics	QL (120 PER 30 DAYS)
mupirocin	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
carglumic acid	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
clinisol sf	4-Non-Preferred Drugs	PA3
dextrose (5 % solution, 10 % solution, 50 % solution, 70 % solution)	4-Non-Preferred Drugs	
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)	4-Non-Preferred Drugs	
ISOLYTE-P IN D5W	4-Non-Preferred Drugs	
ISOLYTE-S	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ISOLYTE-S PH 7.4	4-Non-Preferred Drugs	
kcl (0.149%) in nacl	4-Non-Preferred Drugs	
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)	4-Non-Preferred Drugs	
KCL-LACTATED RINGERS-D5W	4-Non-Preferred Drugs	
klor-con 10	2-Generics	
klor-con 20 meq packet	4-Non-Preferred Drugs	
klor-con 8 meq tab er	2-Generics	
klor-con m10	2-Generics	
klor-con m15	2-Generics	
klor-con m20	2-Generics	
magnesium sulfate 50 % solution	3-Preferred Brands	
multiple electro type 1 ph 5.5	4-Non-Preferred Drugs	
multiple electro type 1 ph 7.4	4-Non-Preferred Drugs	
plenamine	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	
potassium chloride crys er (10 tab er, 15 tab er, 20 tab er)	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)	2-Generics	
potassium chloride in dextrose	4-Non-Preferred Drugs	
POTASSIUM CHLORIDE IN NACL (20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION)	4-Non-Preferred Drugs	
potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)	3-Preferred Brands	
POTASSIUM CL IN DEXTROSE 5%	4-Non-Preferred Drugs	
PREMASOL	4-Non-Preferred Drugs	PA3
PROSOL	4-Non-Preferred Drugs	PA3
sodium chloride (0.45 % solution, 0.9 % solution, 3 % solution, 5 % solution)	4-Non-Preferred Drugs	
sodium chloride (pf)	4-Non-Preferred Drugs	
sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 2.2 (1 f) mg chew tab)	1-Preferred Generics	
TPN ELECTROLYTES	4-Non-Preferred Drugs	PA3
TRAVASOL	4-Non-Preferred Drugs	PA3
TROPHAMINE	4-Non-Preferred Drugs	PA3
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET	5-Specialty	
deferasirox (125 mg tab sol, 180 mg tab, 360 mg tab)	4-Non-Preferred Drugs	PA
deferasirox (250 mg tab sol, 500 mg tab sol)	5-Specialty	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
deferasirox 90 mg tab	3-Preferred Brands	PA
penicillamine 250 mg tab	5-Specialty	
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)	5-Specialty	PA
tolvaptan 15 mg tab (generic jynarque)	5-Specialty	PA
tolvaptan 30 mg tab (generic jynarque)	5-Specialty	PA
trientine hcl 250 mg cap	5-Specialty	QL (240 PER 30 DAYS)
POTASSIUM BINDERS		
kionex	3-Preferred Brands	
LOKELMA (5 GM PACKET, 10 GM PACKET)	3-Preferred Brands	QL (90 PER 30 DAYS)
sodium polystyrene sulfonate (15 gm/60ml suspension, powder)	3-Preferred Brands	
sps (sodium polystyrene sulf) (15 gm/60ml suspension, 30 gm/120ml suspension)	3-Preferred Brands	
VITAMINS		
levocarnitine (1 gm/10ml solution, 330 mg tab)	4-Non-Preferred Drugs	
levocarnitine sf	4-Non-Preferred Drugs	
PRENATAL VITAMIN ORAL TABLET	3-Preferred Brands	
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
constulose	2-Generics	
enulose	2-Generics	
generlac	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lactulose (10 gm/15ml solution, 20 gm/30ml solution)	2-Generics	
lactulose encephalopathy	2-Generics	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	3-Preferred Brands	QL (30 PER 30 DAYS)
lubiprostone (8 mcg cap, 24 mcg cap)	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		
alosetron hcl 0.5 mg tab	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
alosetron hcl 1 mg tab	5-Specialty	PA, QL (60 PER 30 DAYS)
diphenoxylate-atropine 2.5-0.025 mg tab	3-Preferred Brands	PA
loperamide hcl	2-Generics	
XERMELO	5-Specialty	PA, QL (84 PER 28 DAYS)
ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine hcl (10 mg cap, 20 mg tab)	2-Generics	PA
dicyclomine hcl 10 mg/5ml solution	4-Non-Preferred Drugs	PA
glycopyrrolate (1 mg tab, 2 mg tab)	3-Preferred Brands	
GASTROINTESTINAL AGENTS, OTHER		
CLENPIQ (10-3.5-12 -GM/160ML SOLUTION, 10-3.5-12 -GM/175ML SOLUTION)	4-Non-Preferred Drugs	
GATTEX	5-Specialty	PA
gavilyte-c	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
gavilyte-g	2-Generics	
gavilyte-n with flavor pack	2-Generics	
na sulfate-k sulfate-mg sulf	4-Non-Preferred Drugs	
peg 3350-kcl-na bicarb-nacl	2-Generics	
peg-3350/electrolytes	2-Generics	
ursodiol (250 mg tab, 500 mg tab)	4-Non-Preferred Drugs	
ursodiol 300 mg cap	3-Preferred Brands	
VOQUEZNA DUAL PAK	4-Non-Preferred Drugs	QL (224 PER 365 DAYS)
VOQUEZNA TRIPLE PAK	4-Non-Preferred Drugs	QL (224 PER 365 DAYS)
VOWST	5-Specialty	PA, QL (12 PER 30 DAYS)
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
famotidine (20 mg tab, 40 mg tab)	1-Preferred Generics	
famotidine 40 mg/5ml recon susp	4-Non-Preferred Drugs	
nizatidine 150 mg cap	4-Non-Preferred Drugs	
PROTECTANTS		
misoprostol (100 mcg tab, 200 mcg tab)	3-Preferred Brands	
sucralfate 1 gm tab	2-Generics	
sucralfate 1 gm/10ml suspension	4-Non-Preferred Drugs	
PROTON PUMP INHIBITORS		
esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)	3-Preferred Brands	QL (60 PER 30 DAYS)
lansoprazole (15 mg cap dr, 30 mg cap dr)	3-Preferred Brands	QL (60 PER 30 DAYS)
omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)	1-Preferred Generics	QL (60 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pantoprazole sodium (20 mg tab dr, 40 mg tab dr)	1-Preferred Generics	QL (60 PER 30 DAYS)
rabeprazole sodium	3-Preferred Brands	QL (30 PER 30 DAYS)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
betaine	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	
cromolyn sodium 100 mg/5ml conc	4-Non-Preferred Drugs	
CYSTAGON (50 MG CAP, 150 MG CAP)	4-Non-Preferred Drugs	
CYSTARAN	5-Specialty	PA, QL (60 PER 28 DAYS)
javygtor (100 mg packet, 100 mg tab, 500 mg packet)	5-Specialty	PA
l-glutamine	5-Specialty	PA, QL (180 PER 30 DAYS)
nitisinone (2 mg cap, 5 mg cap, 10 mg cap, 20 mg cap)	5-Specialty	
PROLASTIN-C	5-Specialty	PA
REVCOVI	5-Specialty	PA
sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)	5-Specialty	PA
sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)	5-Specialty	PA
zelvysia (100 mg packet, 500 mg packet)	5-Specialty	PA
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
fesoterodine fumarate er (4 mg tab er 24h, 8 mg tab er 24h)	3-Preferred Brands	QL (30 PER 30 DAYS)
GEMTESA	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
mirabegron er (25 mg tab er 24h, 50 mg tab er 24h)	2-Generics	QL (30 PER 30 DAYS)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	3-Preferred Brands	QL (30 PER 30 DAYS)
MYRBETRIQ 8 MG/ML SRER	3-Preferred Brands	QL (300 PER 30 DAYS)
oxybutynin chloride (5 mg tab, 5 mg/5ml solution)	2-Generics	
oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)	2-Generics	QL (60 PER 30 DAYS)
solifenacin succinate (5 mg tab, 10 mg tab)	2-Generics	QL (30 PER 30 DAYS)
tolterodine tartrate (1 mg tab, 2 mg tab)	3-Preferred Brands	QL (60 PER 30 DAYS)
tolterodine tartrate er (2 mg cap er 24h, 4 mg cap er 24h)	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
trospium chloride	2-Generics	QL (60 PER 30 DAYS)
trospium chloride er	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er	2-Generics	QL (30 PER 30 DAYS)
dutasteride	2-Generics	QL (30 PER 30 DAYS)
dutasteride-tamsulosin hcl	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
finasteride	1-Preferred Generics	QL (30 PER 30 DAYS)
silodosin (4 mg cap, 8 mg cap)	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tadalafil (2.5 mg tab, 5 mg tab)	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
tamsulosin hcl	1-Preferred Generics	QL (60 PER 30 DAYS)
GENITOURINARY AGENTS, OTHER		
bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)	3-Preferred Brands	
ELMIRON	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
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)	2-Generics	
dexamethasone sod phos +rfid	4-Non-Preferred Drugs	
dexamethasone sod phosphate pf	4-Non-Preferred Drugs	
dexamethasone sodium phosphate (4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)	4-Non-Preferred Drugs	
fludrocortisone acetate	2-Generics	
methylprednisolone (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)	3-Preferred Brands	
methylprednisolone 4 mg tab thpk	2-Generics	
methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)	4-Non-Preferred Drugs	
methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)	4-Non-Preferred Drugs	
prednisolone 15 mg/5ml solution	2-Generics	
prednisolone sodium phosphate (5 mg/5ml solution, 6.7 (5 base) mg/5ml solution, 25 mg/5ml solution)	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
prednisolone sodium phosphate 15 mg/5ml solution	2-Generics	
prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)	1-Preferred Generics	
prednisone (5 mg (21) tab thpk, 5 mg (48) tab thpk, 10 mg (21) tab thpk, 10 mg (48) tab thpk)	2-Generics	
prednisone 5 mg/5ml solution	4-Non-Preferred Drugs	
PREDNISONE INTENSOL	4-Non-Preferred Drugs	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
desmopressin ace spray refrig	4-Non-Preferred Drugs	
desmopressin acetate (0.1 mg tab, 0.2 mg tab)	3-Preferred Brands	
desmopressin acetate 4 mcg/ml solution	4-Non-Preferred Drugs	
desmopressin acetate pf	4-Non-Preferred Drugs	
desmopressin acetate spray	4-Non-Preferred Drugs	
INCRELEX	5-Specialty	PA
NORDITROPIN FLEXPRO (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN)	5-Specialty	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
danazol (50 mg cap, 100 mg cap, 200 mg cap)	4-Non-Preferred Drugs	
testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)	4-Non-Preferred Drugs	PA, QL (300 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
testosterone 20.25 mg/act (1.62%) gel	4-Non-Preferred Drugs	PA, QL (150 PER 30 DAYS)
testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)	3-Preferred Brands	PA
testosterone enanthate	3-Preferred Brands	PA
testosterone td gel pump 20.25 mg/act (1.62%)	4-Non-Preferred Drugs	PA, QL (150 PER 30 DAYS)
ESTROGENS		
afirmelle	2-Generics	
altavera	3-Preferred Brands	
alyacen 1/35	3-Preferred Brands	
alyacen 7/7/7	3-Preferred Brands	
amethyst	2-Generics	
apri	2-Generics	
aranelle	3-Preferred Brands	
aubra eq	2-Generics	
aurovela 1.5/30	3-Preferred Brands	
aurovela 1/20	3-Preferred Brands	
aurovela fe 1.5/30	2-Generics	
aurovela fe 1/20	2-Generics	
aviane	2-Generics	
ayuna	3-Preferred Brands	
azurette	3-Preferred Brands	
balziva	3-Preferred Brands	
blisovi fe 1.5/30	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
blisovi fe 1/20	2-Generics	
briellyn	3-Preferred Brands	
chateal eq	3-Preferred Brands	
cryselle	2-Generics	
cryselle-28	2-Generics	
cyred eq	2-Generics	
dasetta 1/35	3-Preferred Brands	
dasetta 7/7/7	3-Preferred Brands	
delyla	2-Generics	
desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab	3-Preferred Brands	
desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab	2-Generics	
dolishale	2-Generics	
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)	3-Preferred Brands	QL (8 PER 28 DAYS)
drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)	3-Preferred Brands	
elinest	2-Generics	
eluryng	3-Preferred Brands	
enilloring	3-Preferred Brands	
enskyce	2-Generics	
estarylla	3-Preferred Brands	
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)	3-Preferred Brands	QL (8 PER 28 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)	3-Preferred Brands	QL (4 PER 28 DAYS)
estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)	2-Generics	
estradiol 0.01 % cream	3-Preferred Brands	
estradiol 10 mcg tab	4-Non-Preferred Drugs	
estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)	4-Non-Preferred Drugs	
estrogens conjugated (0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab)	4-Non-Preferred Drugs	
ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)	2-Generics	
etonogestrel-ethinyl estradiol	3-Preferred Brands	
falmina	2-Generics	
feirza 1.5/30	2-Generics	
feirza 1/20	2-Generics	
femynor	3-Preferred Brands	
fyavolv (0.5-2.5 tab, 1-5 tab)	3-Preferred Brands	
hailey 1.5/30	3-Preferred Brands	
hailey fe 1.5/30	2-Generics	
hailey fe 1/20	2-Generics	
haloette	3-Preferred Brands	
iclevia	3-Preferred Brands	
introvale	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
isibloom	2-Generics	
jasmiel	3-Preferred Brands	
jinteli	3-Preferred Brands	
jolessa	3-Preferred Brands	
juleber	2-Generics	
junel 1.5/30	3-Preferred Brands	
junel 1/20	3-Preferred Brands	
junel fe 1.5/30	2-Generics	
junel fe 1/20	2-Generics	
kalliga	2-Generics	
kariva	3-Preferred Brands	
kelnor 1/35	2-Generics	
kelnor 1/50	2-Generics	
kurvelo	3-Preferred Brands	
larin 1.5/30	3-Preferred Brands	
larin 1/20	3-Preferred Brands	
larin fe 1.5/30	2-Generics	
larin fe 1/20	2-Generics	
lessina	2-Generics	
levonest	2-Generics	
levonorg-eth estrad triphasic	2-Generics	
levonorgest-eth estrad 91-day 0.15-0.03 mg tab	3-Preferred Brands	
levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 90-20 mcg tab)	2-Generics	
levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
levora 0.15/30 (28)	3-Preferred Brands	
lo-zumandimine	3-Preferred Brands	
loestrin 1.5/30 (21)	3-Preferred Brands	
loestrin 1/20 (21)	3-Preferred Brands	
loestrin fe 1.5/30	2-Generics	
loestrin fe 1/20	2-Generics	
loryna	3-Preferred Brands	
low-ogestrel	2-Generics	
luizza 1.5/30	3-Preferred Brands	
luizza 1/20	3-Preferred Brands	
lutera	2-Generics	
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)	3-Preferred Brands	QL (8 PER 28 DAYS)
marlissa	3-Preferred Brands	
microgestin 1.5/30	3-Preferred Brands	
microgestin 1/20	3-Preferred Brands	
microgestin fe 1.5/30	2-Generics	
microgestin fe 1/20	2-Generics	
mili	3-Preferred Brands	
mono-linyah	3-Preferred Brands	
necon 0.5/35 (28)	3-Preferred Brands	
nikki	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
norelgestromin-eth estradiol	3-Preferred Brands	
norethin ace-eth estrad-fe (1-20 tab, 1.5-30 tab)	2-Generics	
norethindron-ethinyl estrad-fe	2-Generics	
norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)	3-Preferred Brands	
norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)	3-Preferred Brands	
norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)	3-Preferred Brands	
norgestimate-eth estradiol	3-Preferred Brands	
nortrel 0.5/35 (28)	3-Preferred Brands	
nortrel 1/35 (21)	3-Preferred Brands	
nortrel 1/35 (28)	3-Preferred Brands	
nortrel 7/7/7	3-Preferred Brands	
nylia 1/35	3-Preferred Brands	
nylia 7/7/7	3-Preferred Brands	
nymyo	3-Preferred Brands	
ocella	3-Preferred Brands	
philith	3-Preferred Brands	
pimtrea	3-Preferred Brands	
pirmella 1/35	3-Preferred Brands	
portia-28	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREMARIN 0.625 MG/GM CREAM	3-Preferred Brands	
reclipsen	2-Generics	
setlakin	3-Preferred Brands	
simliya	3-Preferred Brands	
sprintec 28	3-Preferred Brands	
sronyx	2-Generics	
syeda	3-Preferred Brands	
tarina fe 1/20 eq	2-Generics	
tilia fe	2-Generics	
tri femynor	3-Preferred Brands	
tri-estarylla	3-Preferred Brands	
tri-legest fe	2-Generics	
tri-linyah	3-Preferred Brands	
tri-lo-estarylla	3-Preferred Brands	
tri-lo-marzia	3-Preferred Brands	
tri-lo-mili	3-Preferred Brands	
tri-lo-sprintec	3-Preferred Brands	
tri-mili	3-Preferred Brands	
tri-nymyo	3-Preferred Brands	
tri-sprintec	3-Preferred Brands	
tri-vylibra	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
tri-vylibra lo	3-Preferred Brands	
turqoz	2-Generics	
valtya 1/35	2-Generics	
valtya 1/50	2-Generics	
velivet	2-Generics	
vestura	3-Preferred Brands	
vienva	2-Generics	
viorele	3-Preferred Brands	
volnea	3-Preferred Brands	
vyfemla	3-Preferred Brands	
vylibra	3-Preferred Brands	
wera	3-Preferred Brands	
xarah fe	2-Generics	
xulane	3-Preferred Brands	
yuvafem	4-Non-Preferred Drugs	
zafemy	3-Preferred Brands	
zovia 1/35 (28)	2-Generics	
zumandimine	3-Preferred Brands	
PROGESTINS		
camila	3-Preferred Brands	
deblitane	3-Preferred Brands	
DEPO-SUBQ PROVERA 104	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
emzahh	3-Preferred Brands	
errin	3-Preferred Brands	
gallifrey	3-Preferred Brands	
heather	3-Preferred Brands	
incassia	3-Preferred Brands	
jencycla	3-Preferred Brands	
LILETTA (52 MG)	3-Preferred Brands	
lyleq	3-Preferred Brands	
lyza	3-Preferred Brands	
medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)	3-Preferred Brands	
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	2-Generics	
megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)	3-Preferred Brands	
megestrol acetate 625 mg/5ml suspension	4-Non-Preferred Drugs	
meleya	3-Preferred Brands	
NEXPLANON	3-Preferred Brands	
nora-be	3-Preferred Brands	
norethindrone	3-Preferred Brands	
norethindrone acetate	3-Preferred Brands	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
norlyda	3-Preferred Brands	
norlyroc	3-Preferred Brands	
orquidea	3-Preferred Brands	
progesterone (100 mg cap, 200 mg cap)	3-Preferred Brands	
sharobel	3-Preferred Brands	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE	4-Non-Preferred Drugs	
raloxifene hcl	3-Preferred Brands	QL (30 PER 30 DAYS)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
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)	1-Preferred Generics	
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)	1-Preferred Generics	
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)	3-Preferred Brands	
liomny (5 mcg tab, 25 mcg tab, 50 mcg tab)	3-Preferred Brands	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	3-Preferred Brands	
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	5-Specialty	PA, QL (30 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
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)	3-Preferred Brands	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline	3-Preferred Brands	
ELIGARD (7.5 MG KIT, 22.5 MG KIT, 30 MG KIT, 45 MG KIT)	4-Non-Preferred Drugs	PA3
FIRMAGON	4-Non-Preferred Drugs	PA3
FIRMAGON (240 MG DOSE)	5-Specialty	PA3
lanreotide acetate	5-Specialty	PA
leuprolide acetate	4-Non-Preferred Drugs	PA3
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	5-Specialty	PA3
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	5-Specialty	PA3
LUPRON DEPOT-PED (1-MONTH) (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	5-Specialty	PA3
LUPRON DEPOT-PED (3-MONTH) (11.25 MG (PED) KIT, 30 MG KIT)	5-Specialty	PA3
LUPRON DEPOT-PED (6-MONTH)	5-Specialty	PA3
mifepristone	5-Specialty	PA
octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution)	4-Non-Preferred Drugs	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
octreotide acetate (500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)	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		
methimazole (5 mg tab, 10 mg tab)	2-Generics	
propylthiouracil	3-Preferred Brands	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	5-Specialty	PA
icatibant acetate	5-Specialty	PA, QL (27 PER 30 DAYS)
sajazir	5-Specialty	PA, QL (27 PER 30 DAYS)
IMMUNOGLOBULINS		
BIVIGAM (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	5-Specialty	PA
FLEBOGAMMA DIF (5 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	5-Specialty	PA
GAMMAGARD (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	5-Specialty	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAMMAGARD ERC (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	5-Specialty	PA
GAMMAGARD S/D LESS IGA (5 GM RECON SOLN, 10 GM RECON SOLN)	5-Specialty	PA
GAMMAKED (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	5-Specialty	PA
GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	5-Specialty	PA
GAMUNEX-C (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	5-Specialty	PA
OCTAGAM (1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	5-Specialty	PA
PANZYGA (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	5-Specialty	PA
PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	5-Specialty	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST	5-Specialty	PA
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	5-Specialty	PA
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	5-Specialty	PA, QL (8 PER 28 DAYS)
BIMZELX (160 MG/ML SOLN A-INJ, 160 MG/ML SOLN PRSYR, 320 MG/2ML SOLN A-INJ, 320 MG/2ML SOLN PRSYR)	5-Specialty	PA
DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5-Specialty	PA
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 (55 MG/0.37ML SOLN PRSYR, 150 MG/ML SOLN PRSYR, 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART, 600 MG/10ML SOLUTION)	5-Specialty	PA
SKYRIZI PEN	5-Specialty	PA
SOTYKTU	5-Specialty	PA, QL (30 PER 30 DAYS)
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR, 130 MG/26ML SOLUTION)	5-Specialty	PA
TAVNEOS	5-Specialty	PA, QL (180 PER 30 DAYS)
tofacitinib citrate (5 mg tab, 10 mg tab)	5-Specialty	PA, QL (60 PER 30 DAYS)
tofacitinib citrate 1 mg/ml solution	5-Specialty	PA, QL (480 PER 24 DAYS)
tofacitinib citrate er (11 mg tab er 24h, 22 mg tab er 24h)	5-Specialty	PA, QL (30 PER 30 DAYS)
TREMFYA (100 MG/ML SOLN PRSYR, 200 MG/20ML SOLUTION, 200 MG/2ML SOLN PRSYR)	5-Specialty	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TREMFYA ONE-PRESS	5-Specialty	PA
TREMFYA PEN (100 MG/ML SOLN A-INJ, 200 MG/2ML SOLN A-INJ)	5-Specialty	PA
TREMFYA-CD/UC INDUCTION	5-Specialty	PA
TYENNE (80 MG/4ML SOLUTION, 162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	5-Specialty	PA
USTEKINUMAB (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR, 130 MG/26ML SOLUTION)	5-Specialty	PA
VELSIPITY	5-Specialty	PA, QL (30 PER 30 DAYS)
XELJANZ (5 MG TAB, 10 MG TAB)	5-Specialty	PA, QL (60 PER 30 DAYS)
XELJANZ 1 MG/ML SOLUTION	5-Specialty	PA, QL (480 PER 24 DAYS)
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	5-Specialty	PA, QL (30 PER 30 DAYS)
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5-Specialty	PA
IMMUNOSTIMULANTS		
ACTIMMUNE	5-Specialty	PA
BESREMI	5-Specialty	PA2, QL (2 PER 28 DAYS)
BESREMI PEN	5-Specialty	PA2, QL (1 PER 28 DAYS)
PEGASYS (180 MCG/0.5ML SOLN PRSYR, 180 MCG/ML SOLUTION)	5-Specialty	
IMMUNOSUPPRESSANTS		
azathioprine 50 mg tab	3-Preferred Brands	PA3
cyclosporine (25 mg cap, 100 mg cap)	4-Non-Preferred Drugs	PA3
cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)	4-Non-Preferred Drugs	PA3

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	5-Specialty	PA
ENBREL MINI	5-Specialty	PA
ENBREL SURECLICK	5-Specialty	PA
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	4-Non-Preferred Drugs	PA3
everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)	5-Specialty	PA3
everolimus 0.25 mg tab	3-Preferred Brands	PA3
gengraf (25 mg cap, 100 mg cap)	4-Non-Preferred Drugs	PA3
HADLIMA (40 MG/0.4ML SOLN PRSYR, 40 MG/0.8ML SOLN PRSYR)	5-Specialty	PA
HADLIMA PUSHTOUCH (40 MG/0.4ML SOLN A-INJ, 40 MG/0.8ML SOLN A-INJ)	5-Specialty	PA
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT	5-Specialty	PA
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	5-Specialty	PA
HUMIRA 10 MG/0.1ML PREF SY KT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA 20 MG/0.2ML PREF SY KT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA 40 MG/0.4ML PREF SY KT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA-PSORIASIS/UVEIT STARTER	5-Specialty	PA
INFLECTRA	5-Specialty	PA3

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
leflunomide 10 mg tab	3-Preferred Brands	QL (30 PER 30 DAYS)
leflunomide 20 mg tab	3-Preferred Brands	QL (150 PER 30 DAYS)
methotrexate sodium (1 gm recon soln, 50 mg/2ml solution, 250 mg/10ml solution)	2-Generics	
methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)	2-Generics	
methotrexate sodium 2.5 mg tab	3-Preferred Brands	
mycophenolate mofetil (250 mg cap, 500 mg tab)	3-Preferred Brands	PA3
mycophenolate mofetil 200 mg/ml recon susp	5-Specialty	PA3
mycophenolate sodium (180 mg tab dr, 360 mg tab dr)	4-Non-Preferred Drugs	PA3
mycophenolic acid (180 mg tab dr, 360 mg tab dr)	4-Non-Preferred Drugs	PA3
NULOJIX	5-Specialty	PA3
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	4-Non-Preferred Drugs	PA3
RENFLEXIS	5-Specialty	PA3
REZUROCK	5-Specialty	PA, QL (30 PER 30 DAYS)
sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)	4-Non-Preferred Drugs	PA3
sirolimus 1 mg/ml solution	3-Preferred Brands	PA3
tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)	4-Non-Preferred Drugs	PA3
XATMEP	4-Non-Preferred Drugs	
VACCINES		
ABRYSVO	1-Preferred Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ACTHIB	1-Preferred Generics	
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	1-Preferred Generics	
AREXVY	1-Preferred Generics	
BCG VACCINE	1-Preferred Generics	
BEXSERO	1-Preferred Generics	
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	1-Preferred Generics	
DAPTACEL	1-Preferred Generics	
ENGERIX-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	
INFANRIX	1-Preferred Generics	
IPOL	1-Preferred Generics	
IXIARO	1-Preferred Generics	
JYNNEOS	1-Preferred Generics	PA3
KINRIX	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
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	
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	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TENIVAC	1-Preferred Generics	
TICOVAC (1.2 MCG/0.25ML SUSP PRSYR, 2.4 MCG/0.5ML SUSP PRSYR)	1-Preferred Generics	
TRUMENBA	1-Preferred Generics	
TWINRIX	1-Preferred Generics	
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	1-Preferred Generics	
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	1-Preferred Generics	
VARIVAX	1-Preferred Generics	
VAXCHORA	1-Preferred Generics	
VIMKUNYA	1-Preferred Generics	
VIVOTIF	1-Preferred Generics	
YF-VAX	1-Preferred Generics	
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
balsalazide disodium	4-Non-Preferred Drugs	
mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 1000 mg suppos)	4-Non-Preferred Drugs	
mesalamine er 0.375 gm cap er 24h	4-Non-Preferred Drugs	
mesalamine-cleanser	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sulfasalazine (500 mg tab, 500 mg tab dr)	2-Generics	
GLUCOCORTICOIDS		
budesonide 3 mg cp dr part	4-Non-Preferred Drugs	
budesonide er	5-Specialty	
hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)	3-Preferred Brands	
hydrocortisone 100 mg/60ml enema	4-Non-Preferred Drugs	
METABOLIC BONE DISEASE AGENTS		
alendronate sodium (35 mg tab, 70 mg tab)	1-Preferred Generics	QL (4 PER 28 DAYS)
alendronate sodium 10 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)
alendronate sodium 70 mg/75ml solution	4-Non-Preferred Drugs	
BONSITY	5-Specialty	PA, QL (2.48 PER 28 DAYS)
calcitonin (salmon) 200 unit/act solution	3-Preferred Brands	
calcitriol (0.25 mcg cap, 0.5 mcg cap)	2-Generics	
calcitriol 1 mcg/ml solution	4-Non-Preferred Drugs	
calcitriol oral soln 1 mcg/ml	4-Non-Preferred Drugs	
cinacalcet hcl (30 mg tab, 60 mg tab)	4-Non-Preferred Drugs	PA3, QL (60 PER 30 DAYS)
cinacalcet hcl 90 mg tab	3-Preferred Brands	PA3, QL (120 PER 30 DAYS)
ibandronate sodium 150 mg tab	2-Generics	QL (1 PER 30 DAYS)
paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)	4-Non-Preferred Drugs	
PROLIA	4-Non-Preferred Drugs	QL (1 PER 180 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
risedronate sodium (5 mg tab, 30 mg tab)	3-Preferred Brands	QL (30 PER 30 DAYS)
risedronate sodium 150 mg tab	3-Preferred Brands	QL (1 PER 28 DAYS)
risedronate sodium 35 mg tab	3-Preferred Brands	QL (4 PER 28 DAYS)
risedronate sodium 35 mg tab dr	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
teriparatide	5-Specialty	PA, QL (2.48 PER 28 DAYS)
WYOST	5-Specialty	PA
zoledronic acid (4 mg/5ml conc, 5 mg/100ml solution)	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	PA2
INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/EMBECTA/ULTIMED/ALLISON/TRIVIDIA/MHC)	2-Generics	PA2
INTRALIPID (20 % EMULSION, 30 % EMULSION)	4-Non-Preferred Drugs	PA3
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD	2-Generics	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEEDLES, INSULIN DISP., SAFETY	2-Generics	PA
NUTRILIPID	4-Non-Preferred Drugs	PA3
sterile water for irrigation	4-Non-Preferred Drugs	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

ak-poly-bac	2-Generics	
atropine sulfate 1 % solution	3-Preferred Brands	
bacitra-neomycin-polymyxin-hc	3-Preferred Brands	
bacitracin-polymyxin b	2-Generics	
COMBIGAN	3-Preferred Brands	
cyclosporine (pf)	3-Preferred Brands	QL (60 PER 30 DAYS)
dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)	2-Generics	
loteprednol-tobramycin	3-Preferred Brands	
MIEBO	3-Preferred Brands	QL (3 PER 30 DAYS)
neo-polycin	3-Preferred Brands	
neo-polycin hc	3-Preferred Brands	
neomycin-bacitracin zn-polymyx	3-Preferred Brands	
neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)	2-Generics	
neomycin-polymyxin-gramicidin	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
neomycin-polymyxin-hc 3.5-10000-1 suspension	4-Non-Preferred Drugs	
polycin	2-Generics	
RESTASIS	3-Preferred Brands	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	3-Preferred Brands	QL (5.5 PER 28 DAYS)
ROCKLATAN	4-Non-Preferred Drugs	
sulfacetamide-prednisolone	2-Generics	
TOBRADEX 0.3-0.1 % OINTMENT	3-Preferred Brands	
tobramycin-dexamethasone	3-Preferred Brands	
XDEMVY	5-Specialty	PA, QL (10 PER 42 DAYS)
XIIDRA	3-Preferred Brands	QL (60 PER 30 DAYS)
ZYLET	3-Preferred Brands	

OPHTHALMIC ANTI-ALLERGY AGENTS

azelastine hcl 0.05 % solution	2-Generics	
cromolyn sodium 4 % solution	2-Generics	

OPHTHALMIC ANTI-INFECTIVES

bacitracin	3-Preferred Brands	
erythromycin 5 mg/gm ointment	2-Generics	
gatifloxacin	3-Preferred Brands	
gentamicin sulfate 0.3 % solution	2-Generics	
moxifloxacin hcl 0.5 % solution	3-Preferred Brands	
polymyxin b-trimethoprim	2-Generics	
sulfacetamide sodium	3-Preferred Brands	
tobramycin 0.3 % solution	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
trifluridine	4-Non-Preferred Drugs	
ZIRGAN	4-Non-Preferred Drugs	
OPHTHALMIC ANTI-INFLAMMATORIES		
bromfenac sodium 0.07 % solution	4-Non-Preferred Drugs	
dexamethasone sodium phosphate 0.1 % solution	3-Preferred Brands	
diclofenac sodium 0.1 % solution	2-Generics	QL (90 PER 30 DAYS)
difluprednate	4-Non-Preferred Drugs	
EYSUVIS	4-Non-Preferred Drugs	
fluorometholone	3-Preferred Brands	
flurbiprofen sodium	3-Preferred Brands	
ketorolac tromethamine 0.4 % solution	3-Preferred Brands	
ketorolac tromethamine 0.5 % solution	2-Generics	
LOTEMAX 0.5 % OINTMENT	3-Preferred Brands	
loteprednol etabonate (0.5 % gel, 0.5 % suspension)	4-Non-Preferred Drugs	
prednisolone acetate	3-Preferred Brands	
PREDNISOLONE SODIUM PHOSPHATE	3-Preferred Brands	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
betaxolol hcl 0.5 % solution	3-Preferred Brands	
carteolol hcl	2-Generics	
levobunolol hcl	2-Generics	
timolol maleate (0.25 % gel f soln, 0.5 % gel f soln)	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
timolol maleate (0.25 % solution, 0.5 % solution)	1-Preferred Generics	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
acetazolamide er	3-Preferred Brands	
brimonidine tartrate 0.1 % solution	3-Preferred Brands	
brimonidine tartrate 0.15 % solution	4-Non-Preferred Drugs	
brimonidine tartrate 0.2 % solution	2-Generics	
brinzolamide	4-Non-Preferred Drugs	
dorzolamide hcl	2-Generics	
methazolamide (25 mg tab, 50 mg tab)	4-Non-Preferred Drugs	
pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)	3-Preferred Brands	
RHOPRESSA	4-Non-Preferred Drugs	
SIMBRINZA	4-Non-Preferred Drugs	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost 0.01 % solution	3-Preferred Brands	
latanoprost	1-Preferred Generics	
LUMIGAN	3-Preferred Brands	
travoprost (bak free)	4-Non-Preferred Drugs	
VYZULTA	4-Non-Preferred Drugs	
OTIC AGENTS		
acetic acid 2 % solution	2-Generics	
ciprofloxacin-dexamethasone	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
flac	4-Non-Preferred Drugs	
fluocinolone acetonide 0.01 % oil	4-Non-Preferred Drugs	
hydrocortisone-acetic acid	4-Non-Preferred Drugs	
neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution)	3-Preferred Brands	
ofloxacin 0.3 % solution	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIHISTAMINES		
azelastine hcl (0.1 % solution, 137 mcg/spray solution)	2-Generics	QL (30 PER 25 DAYS)
cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)	2-Generics	
cyproheptadine hcl 4 mg tab	4-Non-Preferred Drugs	PA
desloratadine 5 mg tab	3-Preferred Brands	QL (30 PER 30 DAYS)
diphenhydramine hcl +rfid	4-Non-Preferred Drugs	
diphenhydramine hcl 50 mg/ml solution	4-Non-Preferred Drugs	
hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)	3-Preferred Brands	PA
hydroxyzine hcl (10 mg/5ml syrup, 50 mg/25ml syrup)	4-Non-Preferred Drugs	PA
levocetirizine dihydrochloride 5 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)
promethazine hcl (6.25 mg/5ml solution, 12.5 mg/10ml solution)	4-Non-Preferred Drugs	PA
ANTILEUKOTRIENES		
montelukast sodium (4 mg chew tab, 5 mg chew tab)	2-Generics	QL (30 PER 30 DAYS)
montelukast sodium 10 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)
montelukast sodium 4 mg packet	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
zafirlukast (10 mg tab, 20 mg tab)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	4-Non-Preferred Drugs	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	3-Preferred Brands	QL (30 PER 30 DAYS)
ipratropium bromide 0.02 % solution	2-Generics	PA3

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ipratropium bromide 0.03 % solution	2-Generics	QL (30 PER 28 DAYS)
ipratropium bromide 0.06 % solution	2-Generics	QL (45 PER 30 DAYS)
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	4-Non-Preferred Drugs	QL (4 PER 30 DAYS)
tiotropium bromide 18 mcg cap (generic spiriva handihaler)	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
YUPELRI	5-Specialty	PA3
BRONCHODILATORS, SYMPATHOMIMETIC		
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)	2-Generics	PA3
albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)	4-Non-Preferred Drugs	
albuterol sulfate hfa	3-Preferred Brands	QL (36 PER 30 DAYS)
albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proair)	3-Preferred Brands	QL (17 PER 30 DAYS)
albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proventil)	3-Preferred Brands	QL (13.4 PER 30 DAYS)
albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic ventolin)	3-Preferred Brands	QL (36 PER 30 DAYS)
arformoterol tartrate	4-Non-Preferred Drugs	PA3
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)	3-Preferred Brands	QL (4 PER 30 DAYS)
formoterol fumarate	4-Non-Preferred Drugs	PA3
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)	4-Non-Preferred Drugs	PA3
levalbuterol tartrate	3-Preferred Brands	QL (30 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SEREVENT DISKUS	3-Preferred Brands	QL (60 PER 30 DAYS)
terbutaline sulfate (2.5 mg tab, 5 mg tab)	4-Non-Preferred Drugs	
CYSTIC FIBROSIS AGENTS		
CAYSTON	5-Specialty	PA
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	5-Specialty	PA, QL (56 PER 28 DAYS)
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	5-Specialty	PA, QL (56 PER 28 DAYS)
ORKAMBI 100-125 MG TAB	5-Specialty	PA, QL (112 PER 28 DAYS)
ORKAMBI 200-125 MG TAB	5-Specialty	PA, QL (120 PER 30 DAYS)
PULMOZYME	5-Specialty	PA3
tobramycin 300 mg/5ml nebu soln	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		
cromolyn sodium 20 mg/2ml nebu soln	3-Preferred Brands	PA3
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
roflumilast (250 mcg tab, 500 mcg tab)	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
theophylline er (300 mg tab er 12h, 450 mg tab er 12h)	4-Non-Preferred Drugs	
theophylline er (400 mg tab er 24h, 600 mg tab er 24h)	3-Preferred Brands	
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)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
alyq	5-Specialty	PA, QL (60 PER 30 DAYS)
ambrisentan (5 mg tab, 10 mg tab)	5-Specialty	PA, QL (30 PER 30 DAYS)
bosentan (62.5 mg tab, 125 mg tab)	5-Specialty	PA, QL (60 PER 30 DAYS)
macitentan	5-Specialty	PA, QL (30 PER 30 DAYS)
sildenafil citrate 20 mg tab	3-Preferred Brands	PA, QL (90 PER 30 DAYS)
tadalafil (pah)	3-Preferred Brands	PA, QL (60 PER 30 DAYS)
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	5-Specialty	PA, QL (60 PER 30 DAYS)
UPTRAVI 200 & 800 MCG TAB THPK	5-Specialty	PA, QL (200 PER 30 DAYS)
UPTRAVI 200 MCG TAB	5-Specialty	PA, QL (150 PER 30 DAYS)
WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)	5-Specialty	PA
PULMONARY FIBROSIS AGENTS		
nintedanib esylate (100 mg cap, 150 mg cap)	5-Specialty	PA, QL (60 PER 30 DAYS)
OFEV (100 MG CAP, 150 MG CAP)	5-Specialty	PA, QL (60 PER 30 DAYS)
pirfenidone (267 mg cap, 267 mg tab)	5-Specialty	PA, QL (270 PER 30 DAYS)
pirfenidone (534 mg tab, 801 mg tab)	5-Specialty	PA, QL (90 PER 30 DAYS)
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine (10 % solution, 20 % solution)	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)
ANORO ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
BEVESPI AEROSPHERE	3-Preferred Brands	QL (10.7 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
breyna (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)	3-Preferred Brands	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)
budesonide-formoterol fumarate (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)	3-Preferred Brands	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT	4-Non-Preferred Drugs	QL (4 PER 30 DAYS)
FASENRA (10 MG/0.5ML SOLN PRSYR, 30 MG/ML SOLN PRSYR)	5-Specialty	PA
FASENRA PEN	5-Specialty	PA
fluticasone-salmeterol (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)
ipratropium-albuterol	2-Generics	PA3
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	3-Preferred Brands	QL (60 PER 30 DAYS)
wixela inhub (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)
SKELETAL MUSCLE RELAXANTS		
BOTOX (100 RECON SOLN, 200 RECON SOLN)	4-Non-Preferred Drugs	PA
cyclobenzaprine hcl (5 mg tab, 10 mg tab)	2-Generics	PA, QL (90 PER 30 DAYS)
methocarbamol (500 mg tab, 750 mg tab)	2-Generics	
XEOMIN (50 RECON SOLN, 100 RECON SOLN, 200 RECON SOLN)	4-Non-Preferred Drugs	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
doxepin hcl (3 mg tab, 6 mg tab)	3-Preferred Brands	QL (30 PER 30 DAYS)
eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
ramelteon	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
tasimelteon	5-Specialty	PA, QL (30 PER 30 DAYS)
temazepam (15 mg cap, 30 mg cap)	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
zaleplon 10 mg cap	3-Preferred Brands	PA, QL (60 PER 30 DAYS)
zaleplon 5 mg cap	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
zolpidem tartrate 10 mg tab	2-Generics	PA, QL (30 PER 30 DAYS)
zolpidem tartrate 5 mg tab	2-Generics	QL (30 PER 30 DAYS)
WAKEFULNESS PROMOTING AGENTS		
armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
modafinil 100 mg tab	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
modafinil 200 mg tab	3-Preferred Brands	PA, QL (60 PER 30 DAYS)
sodium oxybate	5-Specialty	PA, QL (540 PER 30 DAYS)

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