



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

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

Jefferson Health Plans

Formulario Core 2025

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

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

Id. del formulario 25396, Versión 17

Este formulario se actualizó el 01/05/2025. Para obtener información más reciente o si tienes otras preguntas, comunícate con Servicios para Miembros de Jefferson Health Plans al 1-866-901-8000 (los usuarios de TTY deben llamar al 1-877-454-8477) o visita JeffersonHealthPlans.com/medicare. Del 1.º de octubre al 31 de marzo, estamos disponibles de 8:00 a.m. a 8:00 p.m., los 7 días de la semana. Y del 1.º de abril al 30 de septiembre, estamos disponibles de 8:00 a.m. a 8:00 p.m., de lunes a viernes.

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

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

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan que entró en vigor el 01/05/2025. Para obtener una lista de medicamentos (formulario) actualizada, comunícate con nosotros. Nuestra información de contacto, junto con la fecha en la que actualizamos la lista de medicamentos (formulario), aparece en las páginas de portada y contraportada.

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

¿Qué es el formulario Core de Jefferson Health Plans?

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

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

¿Puede cambiar el Formulario?

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

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

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

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

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

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

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

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

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

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

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

El formulario adjunto entró en vigor el 01/05/2025. Para obtener información actualizada sobre los medicamentos cubiertos por Jefferson Health Plans, comunícate con nosotros. Nuestra información de contacto aparece en las páginas de portada y contraportada.

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

¿Cómo uso el Formulario?

Hay dos maneras de encontrar tu medicamento en el formulario:

Afección médica

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

Listado en orden alfabético

Si no estás seguro de la categoría en la que debes buscar, busca el medicamento en el Índice que comienza en la página 111. El Índice proporciona una lista en orden alfabético de todos los medicamentos que se incluyen en este documento. Tanto los medicamentos genéricos como los medicamentos de marca aparecen en el Índice. Busca en el Índice y encuentra el medicamento. Junto al medicamento, verás el número de página donde podrás encontrar la información de cobertura. Recurre a la página que aparece en el Índice y encuentra el nombre del medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

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

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

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

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

Hay alguna restricción en mi cobertura?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Alta del hospital a la casa.

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

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

Para más información

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

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

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

Formulario Core de Jefferson Health Plans

En el formulario que comienza en la página 2, se proporciona información de cobertura sobre los medicamentos cubiertos por Jefferson Health Plans. Si tienes problemas para encontrar tu medicamento en la lista, recurre al Índice que comienza en la página 111.

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

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

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

Nivel de medicamentos	Costo compartido minorista (suministro de 30 días)
1 – Genéricos preferidos	\$0
2 – Genéricos Flex Plus, Flex Pro	\$5

Complete, Prime, Silver, Platinum	\$10
3 – De marca preferidos	25%
4 – Medicamentos no preferidos	35%
5 – De especialidad	33%

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

Category Listing

ANALGESICS.....	2
ANESTHETICS.....	5
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS.....	5
ANTIBACTERIALS.....	7
ANTICONVULSANTS.....	13
ANTIDEMENTIA AGENTS.....	17
ANTIDEPRESSANTS.....	18
ANTIEMETICS.....	21
ANTIFUNGALS.....	22
ANTIGOUT AGENTS.....	24
ANTIMIGRAINE AGENTS.....	24
ANTIMYASTHENIC AGENTS.....	25
ANTIMYCOBACTERIALS.....	25
ANTINEOPLASTICS.....	26
ANTIPARASITICS.....	36
ANTIPARKINSON AGENTS.....	37
ANTIPSYCHOTICS.....	38
ANTISPASTICITY AGENTS.....	41
ANTIVIRALS.....	42
ANXIOLYTICS.....	47
BIPOLAR AGENTS.....	48
BLOOD GLUCOSE REGULATORS.....	48
BLOOD PRODUCTS AND MODIFIERS.....	53
CARDIOVASCULAR AGENTS.....	55
CENTRAL NERVOUS SYSTEM AGENTS.....	64
DENTAL AND ORAL AGENTS.....	67
DERMATOLOGICAL AGENTS.....	67
ELECTROLYTES/MINERALS/METALS/VITAMINS.....	72
GASTROINTESTINAL AGENTS.....	75
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT.....	78
GENITOURINARY AGENTS.....	79
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL).....	80
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY).....	81
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS).....	81
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID).....	89
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY).....	89
HORMONAL AGENTS, SUPPRESSANT (THYROID).....	90

IMMUNOLOGICAL AGENTS.....	91
INFLAMMATORY BOWEL DISEASE AGENTS.....	97
METABOLIC BONE DISEASE AGENTS.....	98
MISCELLANEOUS THERAPEUTIC AGENTS.....	99
OPHTHALMIC AGENTS.....	100
OTIC AGENTS.....	104
RESPIRATORY TRACT/PULMONARY AGENTS.....	104
SKELETAL MUSCLE RELAXANTS.....	109
SLEEP DISORDER AGENTS.....	109

LEGEND

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	1-Preferred Generics	
<i>naproxen (375 mg tab dr, 500 mg tab dr)</i>	2-Generics	
<i>naproxen dr</i>	2-Generics	
<i>naproxen sodium</i>	2-Generics	
<i>oxaprozin</i>	4-Non-Preferred Drugs	
<i>piroxicam 10 mg cap</i>	2-Generics	QL (60 PER 30 DAYS)
<i>piroxicam 20 mg cap</i>	2-Generics	QL (30 PER 30 DAYS)
<i>relafen</i>	2-Generics	
<i>sulindac</i>	2-Generics	QL (60 PER 30 DAYS)

OPIOID ANALGESICS, LONG-ACTING

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

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

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

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

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

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

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

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

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

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

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

BETA-LACTAM, CEPHALOSPORINS

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

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

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

BETA-LACTAM, PENICILLINS

<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1-Preferred Generics
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>imipenem-cilastatin</i>	3-Preferred Brands	
<i>meropenem</i>	4-Non-Preferred Drugs	

MACROLIDES

<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp)</i>	2-Generics	
<i>azithromycin (250 mg tab, 500 mg tab, 600 mg tab)</i>	1-Preferred Generics	
<i>azithromycin 1 gm packet</i>	3-Preferred Brands	
<i>azithromycin 500 mg recon soln</i>	4-Non-Preferred Drugs	
<i>clarithromycin (125 mg/5ml recon susp, 250 mg/5ml recon susp)</i>	4-Non-Preferred Drugs	
<i>clarithromycin (250 mg tab, 500 mg tab)</i>	2-Generics	
<i>clarithromycin er</i>	4-Non-Preferred Drugs	
DIFICID 200 MG TAB	5-Specialty	QL (60 PER 30 DAYS)
DIFICID 40 MG/ML RECON SUSP	5-Specialty	QL (408 PER 30 DAYS)
<i>ery-tab</i>	4-Non-Preferred Drugs	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	4-Non-Preferred Drugs	
<i>erythromycin base</i>	4-Non-Preferred Drugs	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab)</i>	4-Non-Preferred Drugs	

QUINOLONES

BESIVANCE	4-Non-Preferred Drugs	
CILOXAN	4-Non-Preferred Drugs	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ciprofloxacin hcl 0.3 % solution</i>	2-Generics	
<i>ciprofloxacin in d5w 200 mg/100ml solution</i>	4-Non-Preferred Drugs	
<i>ciprofloxacin in d5w 400 mg/200ml solution</i>	4-Non-Preferred Drugs	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	2-Generics	
<i>levofloxacin in d5w</i>	4-Non-Preferred Drugs	
<i>levofloxacin oral soln 25 mg/ml</i>	4-Non-Preferred Drugs	
<i>moxifloxacin hcl 400 mg tab</i>	3-Preferred Brands	
<i>moxifloxacin hcl in nacl</i>	4-Non-Preferred Drugs	
<i>ofloxacin (300 mg tab, 400 mg tab)</i>	4-Non-Preferred Drugs	

SULFONAMIDES

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

TETRACYCLINES

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxycycline monohydrate 150 mg tab</i>	3-Preferred Brands	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	4-Non-Preferred Drugs	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	2-Generics	
<i>monodoxine nl</i>	2-Generics	
NUZYRA 100 MG RECON SOLN	5-Specialty	PA
NUZYRA 150 MG TAB	5-Specialty	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	4-Non-Preferred Drugs	

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

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

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

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

CALCIUM CHANNEL MODIFYING AGENTS

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

GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS

<i>clobazam (10 mg tab, 20 mg tab)</i>	4-Non-Preferred Drugs	PA2, QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	4-Non-Preferred Drugs	PA2, QL (480 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	4-Non-Preferred Drugs	
<i>gabapentin (100 mg cap, 600 mg tab)</i>	2-Generics	QL (180 PER 30 DAYS)
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	4-Non-Preferred Drugs	QL (2160 PER 30 DAYS)
<i>gabapentin 300 mg cap</i>	2-Generics	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg cap</i>	2-Generics	QL (270 PER 30 DAYS)
<i>gabapentin 800 mg tab</i>	2-Generics	QL (120 PER 30 DAYS)
LIBERVANT	5-Specialty	PA2, QL (10 PER 30 DAYS)
NAYZILAM	4-Non-Preferred Drugs	PA2, QL (10 PER 30 DAYS)
<i>phenobarbital (15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	2-Generics	
<i>phenobarbital 20 mg/5ml elixir</i>	4-Non-Preferred Drugs	
<i>primidone</i>	2-Generics	
SYMPAZAN	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>tiagabine hcl</i>	4-Non-Preferred Drugs	
VALTOCO 10 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 15 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 20 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 5 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
<i>vigabatrin</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)
<i>vigadrone</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)
VIGAFYDE	5-Specialty	QL (900 PER 30 DAYS)
<i>vigpoder</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)
ZTALMY	5-Specialty	PA2, QL (1100 PER 30 DAYS)

SODIUM CHANNEL AGENTS

APTIOM (200 MG TAB, 400 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
APTIOM (600 MG TAB, 800 MG TAB)	5-Specialty	QL (60 PER 30 DAYS)
CARBAMAZEPINE (100 MG CHEW TAB, 200 MG CHEW TAB, 200 MG TAB)	2-Generics	
<i>carbamazepine (100 mg/5ml suspension, 200 mg/10ml suspension)</i>	4-Non-Preferred Drugs	
<i>carbamazepine er</i>	2-Generics	
DILANTIN (30 MG CAP, 100 MG CAP)	4-Non-Preferred Drugs	
DILANTIN INFATABS	4-Non-Preferred Drugs	
<i>epitol</i>	2-Generics	
<i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	4-Non-Preferred Drugs	QL (1200 PER 30 DAYS)
<i>lacosamide (100 mg tab, 150 mg tab, 200 mg tab)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>lacosamide 200 mg/20ml solution</i>	4-Non-Preferred Drugs	
<i>lacosamide 50 mg tab</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>	2-Generics	
<i>oxcarbazepine 300 mg/5ml suspension</i>	4-Non-Preferred Drugs	
<i>phenytek</i>	2-Generics	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	2-Generics	
<i>phenytoin infatabs</i>	2-Generics	
<i>phenytoin sodium</i>	4-Non-Preferred Drugs	
<i>phenytoin sodium extended</i>	2-Generics	
<i>rufinamide 200 mg tab</i>	4-Non-Preferred Drugs	PA2, QL (480 PER 30 DAYS)

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

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

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

NAMZARIC	4-Non-Preferred Drugs
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CHOLINESTERASE INHIBITORS

<i>donepezil hcl (5 mg tab disp, 10 mg tab disp)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>donepezil hcl (5 mg tab, 10 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>galantamine hydrobromide 4 mg/ml solution</i>	4-Non-Preferred Drugs	QL (360 PER 30 DAYS)
<i>galantamine hydrobromide er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>rivastigmine</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>rivastigmine tartrate</i>	3-Preferred Brands	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl (2 mg/ml solution, 10 mg/5ml solution)</i>	4-Non-Preferred Drugs	QL (360 PER 30 DAYS)
<i>memantine hcl (5 mg tab, 10 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>memantine hcl 28 x 5 mg & 21 x 10 mg tab</i>	4-Non-Preferred Drugs	QL (98 PER 365 DAYS)
<i>memantine hcl er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

AUVELITY	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>bupropion hcl</i>	2-Generics	QL (120 PER 30 DAYS)
<i>bupropion hcl er (sr)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	2-Generics	QL (90 PER 30 DAYS)
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	2-Generics	QL (30 PER 30 DAYS)
<i>mirtazapine (7.5 mg tab, 45 mg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>mirtazapine 15 mg tab</i>	2-Generics	QL (90 PER 30 DAYS)
<i>mirtazapine 15 mg tab disp</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>mirtazapine 30 mg tab</i>	2-Generics	QL (60 PER 30 DAYS)
<i>mirtazapine 30 mg tab disp</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>mirtazapine 45 mg tab disp</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>perphenazine-amitriptyline</i>	4-Non-Preferred Drugs	
ZURZUVAE (20 MG CAP, 25 MG CAP)	5-Specialty	PA2, QL (60 PER 30 DAYS)
ZURZUVAE 30 MG CAP	5-Specialty	PA2, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MONOAMINE OXIDASE INHIBITORS		
EMSAM	5-Specialty	PA2, QL (30 PER 30 DAYS)
MARPLAN	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
<i>phenelzine sulfate</i>	2-Generics	
<i>tranylcypromine sulfate</i>	4-Non-Preferred Drugs	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide (10 mg/5ml solution, 20 mg/10ml solution)</i>	3-Preferred Brands	QL (600 PER 30 DAYS)
<i>citalopram hydrobromide (20 mg tab, 40 mg tab)</i>	1-Preferred Generics	QL (45 PER 30 DAYS)
<i>citalopram hydrobromide 10 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>desvenlafaxine succinate er</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>escitalopram oxalate 10 mg tab</i>	1-Preferred Generics	QL (45 PER 30 DAYS)
<i>escitalopram oxalate 20 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>escitalopram oxalate 5 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>escitalopram oxalate 5 mg/5ml solution</i>	4-Non-Preferred Drugs	QL (600 PER 30 DAYS)
FETZIMA	4-Non-Preferred Drugs	PA2, QL (30 PER 30 DAYS)
FETZIMA TITRATION	4-Non-Preferred Drugs	PA2, QL (28 PER 28 DAYS)
<i>fluoxetine hcl 10 mg cap</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 10 mg tab</i>	2-Generics	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 20 mg cap</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg tab</i>	2-Generics	QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluoxetine hcl 20 mg/5ml solution</i>	2-Generics	
<i>fluoxetine hcl 40 mg cap</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>fluoxetine hcl 90 mg cap dr</i>	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
<i>fluvoxamine maleate</i>	2-Generics	QL (90 PER 30 DAYS)
<i>fluvoxamine maleate er</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>nefazodone hcl</i>	4-Non-Preferred Drugs	
<i>paroxetine hcl (10 mg tab, 20 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>paroxetine hcl (30 mg tab, 40 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5ml suspension</i>	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)
<i>paroxetine hcl er 12.5 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>paroxetine hcl er 25 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>paroxetine hcl er 37.5 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>sertraline hcl (25 mg tab, 50 mg tab)</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>sertraline hcl 100 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>sertraline hcl 20 mg/ml conc</i>	4-Non-Preferred Drugs	QL (300 PER 30 DAYS)
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>	1-Preferred Generics	
<i>trazodone hcl 300 mg tab</i>	2-Generics	
TRINTELLIX	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>venlafaxine hcl</i>	2-Generics	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h)</i>	2-Generics	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap er 24h</i>	2-Generics	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>vilazodone hcl</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
TRICYCLICS		
<i>amitriptyline hcl</i>	2-Generics	
<i>amoxapine</i>	3-Preferred Brands	
<i>clomipramine hcl</i>	4-Non-Preferred Drugs	
<i>desipramine hcl</i>	4-Non-Preferred Drugs	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	2-Generics	
<i>imipramine hcl</i>	2-Generics	
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	2-Generics	
<i>nortriptyline hcl 10 mg/5ml solution</i>	4-Non-Preferred Drugs	
<i>protriptyline hcl</i>	4-Non-Preferred Drugs	
<i>trimipramine maleate</i>	4-Non-Preferred Drugs	

ANTIEMETICS

ANTIEMETICS, OTHER

<i>compro</i>	4-Non-Preferred Drugs	
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	2-Generics	
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	2-Generics	
<i>perphenazine</i>	4-Non-Preferred Drugs	
<i>prochlorperazine</i>	4-Non-Preferred Drugs	

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

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

EMETOGENIC THERAPY ADJUNCTS

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

ANTIFUNGALS

ABELCET	4-Non-Preferred Drugs	PA3
<i>amphotericin b</i>	4-Non-Preferred Drugs	PA3
<i>amphotericin b liposome</i>	5-Specialty	PA3
<i>caspofungin acetate</i>	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clotrimazole 1 % cream</i>	2-Generics	QL (90 PER 30 DAYS)
<i>clotrimazole 1 % solution</i>	2-Generics	QL (30 PER 30 DAYS)
<i>clotrimazole 10 mg troche</i>	2-Generics	
<i>econazole nitrate</i>	4-Non-Preferred Drugs	QL (85 PER 30 DAYS)
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2-Generics	
<i>fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i>	4-Non-Preferred Drugs	
<i>flucytosine</i>	5-Specialty	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	4-Non-Preferred Drugs	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	4-Non-Preferred Drugs	
<i>itraconazole 100 mg cap</i>	4-Non-Preferred Drugs	
<i>ketoconazole 2 % cream</i>	2-Generics	QL (60 PER 30 DAYS)
<i>ketoconazole 2 % shampoo</i>	2-Generics	QL (120 PER 30 DAYS)
<i>ketoconazole 200 mg tab</i>	2-Generics	
<i>klayesta</i>	2-Generics	QL (60 PER 30 DAYS)
<i>micafungin sodium</i>	4-Non-Preferred Drugs	
<i>miconazole 3</i>	2-Generics	
<i>naftifine hcl 1 % cream</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>naftifine hcl 2 % cream</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>nyamyc</i>	2-Generics	QL (60 PER 30 DAYS)
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>nystatin (100000 unit/ml suspension, 500000 unit tab)</i>	2-Generics	

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

ANTIGOUT AGENTS

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

ANTIMIGRAINE AGENTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

AIMOVIG	3-Preferred Brands	PA, QL (1 PER 28 DAYS)
EMGALITY	3-Preferred Brands	PA, QL (2 PER 28 DAYS)
EMGALITY (300 MG DOSE)	3-Preferred Brands	PA, QL (3 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NURTEC	5-Specialty	QL (16 PER 30 DAYS)
UBRELVY	5-Specialty	ST, QL (16 PER 30 DAYS)

ERGOT ALKALOIDS

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

SEROTONIN (5-HT) RECEPTOR AGONIST

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

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

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

ANTIMYCOBACTERIALS

ANTIMYCOBACTERIALS, OTHER

<i>dapsone (25 mg tab, 100 mg tab)</i>	3-Preferred Brands	
<i>rifabutin</i>	4-Non-Preferred Drugs	

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

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

ANTINEOPLASTICS

ALKYLATING AGENTS

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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VALCHLOR	5-Specialty	PA2, QL (60 PER 30 DAYS)
ANTIANDROGENS		
<i>abiraterone acetate 250 mg tab</i>	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>abiraterone acetate 500 mg tab</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>abirtega</i>	5-Specialty	PA2, QL (120 PER 30 DAYS)
AKEEGA	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>bicalutamide</i>	2-Generics	
ERLEADA 240 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
ERLEADA 60 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>nilutamide</i>	5-Specialty	
NUBEQA	5-Specialty	PA2, QL (120 PER 30 DAYS)
XTANDI (40 MG CAP, 40 MG TAB)	5-Specialty	PA2, QL (120 PER 30 DAYS)
XTANDI 80 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
ANTIANGIOGENIC AGENTS		
<i>lenalidomide</i>	5-Specialty	PA2, QL (28 PER 28 DAYS)
POMALYST	5-Specialty	PA2, QL (21 PER 28 DAYS)
THALOMID (150 MG CAP, 200 MG CAP)	5-Specialty	PA2, QL (60 PER 30 DAYS)
THALOMID 100 MG CAP	5-Specialty	PA2, QL (120 PER 30 DAYS)
THALOMID 50 MG CAP	5-Specialty	PA2, QL (30 PER 30 DAYS)
ANTIESTROGENS/MODIFIERS		
<i>fulvestrant</i>	5-Specialty	PA3
ORSERDU 345 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
ORSERDU 86 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
SOLTAMOX	5-Specialty	
<i>tamoxifen citrate</i>	2-Generics	
<i>toremifene citrate</i>	5-Specialty	
ANTIMETABOLITES		
<i>azacitidine</i>	5-Specialty	PA3
<i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	4-Non-Preferred Drugs	PA3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mercaptopurine 2000 mg/100ml suspension</i>	5-Specialty	
<i>mercaptopurine 50 mg tab</i>	3-Preferred Brands	
ONUREG	5-Specialty	PA2, QL (14 PER 28 DAYS)
PURIXAN	5-Specialty	

ANTINEOPLASTICS, OTHER

AUGTYRO 160 MG CAP	5-Specialty	PA2, QL (60 PER 30 DAYS)
AUGTYRO 40 MG CAP	5-Specialty	PA2, QL (240 PER 30 DAYS)
DOCETAXEL	5-Specialty	PA3
DROXIA	4-Non-Preferred Drugs	
FRUZAQLA 1 MG CAP	5-Specialty	PA2, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAP	5-Specialty	PA2, QL (21 PER 28 DAYS)
<i>hydroxyurea</i>	2-Generics	
INQOVI	5-Specialty	PA2, QL (5 PER 28 DAYS)
IWILFIN	5-Specialty	PA2, QL (240 PER 30 DAYS)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	2-Generics	
<i>leucovorin calcium (50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln)</i>	4-Non-Preferred Drugs	
LONSURF 15-6.14 MG TAB	5-Specialty	PA2, QL (100 PER 28 DAYS)
LONSURF 20-8.19 MG TAB	5-Specialty	PA2, QL (80 PER 28 DAYS)
LYSODREN	5-Specialty	
OJJAARA	5-Specialty	PA2, QL (30 PER 30 DAYS)
ORGOVYX	5-Specialty	PA2, QL (32 PER 30 DAYS)
QINLOCK	5-Specialty	PA2, QL (90 PER 30 DAYS)
WELIREG	5-Specialty	PA2, QL (90 PER 30 DAYS)
ZOLINZA	5-Specialty	PA2, QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole</i>	1-Preferred Generics	
<i>exemestane</i>	4-Non-Preferred Drugs	
<i>letrozole</i>	2-Generics	
ENZYME INHIBITORS		
<i>etoposide</i>	2-Generics	
<i>irinotecan hcl</i>	4-Non-Preferred Drugs	PA3
MOLECULAR TARGET INHIBITORS		
ALECENSA	5-Specialty	PA2, QL (240 PER 30 DAYS)
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
AYVAKIT	5-Specialty	PA2, QL (30 PER 30 DAYS)
BALVERSA 3 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
BALVERSA 4 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
BALVERSA 5 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>bortezomib 3.5 mg recon soln</i>	5-Specialty	PA3
BOSULIF (100 MG CAP, 100 MG TAB)	5-Specialty	PA2, QL (180 PER 30 DAYS)
BOSULIF (400 MG TAB, 500 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAP	5-Specialty	PA2, QL (360 PER 30 DAYS)
BRAFTOVI	5-Specialty	PA2, QL (180 PER 30 DAYS)
BRUKINSA	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	5-Specialty	PA2, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TAB	5-Specialty	PA2, 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
CAPRELSA 300 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
COMETRIQ (100 MG DAILY DOSE)	5-Specialty	PA2, QL (60 PER 30 DAYS)
COMETRIQ (140 MG DAILY DOSE)	5-Specialty	PA2, QL (120 PER 30 DAYS)
COMETRIQ (60 MG DAILY DOSE)	5-Specialty	PA2, QL (90 PER 30 DAYS)
COPIKTRA	5-Specialty	PA2, QL (60 PER 30 DAYS)
COTELLIC	5-Specialty	PA2, QL (63 PER 28 DAYS)
DANZITEN	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab)</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>dasatinib 140 mg tab</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>dasatinib 20 mg tab</i>	5-Specialty	PA2, QL (90 PER 30 DAYS)
DAURISMO 100 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
DAURISMO 25 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
ERIVEDGE	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tab</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>everolimus (3 mg tab sol, 5 mg tab sol)</i>	5-Specialty	PA2, QL (90 PER 30 DAYS)
<i>everolimus 2 mg tab sol</i>	5-Specialty	PA2, QL (150 PER 30 DAYS)
FOTIVDA	5-Specialty	PA2, QL (21 PER 28 DAYS)
GAVRETO	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>gefitinib</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
GILOTRIF	5-Specialty	PA2, QL (30 PER 30 DAYS)
GOMEKLI (1 MG TAB SOL, 2 MG CAP)	5-Specialty	PA2, QL (84 PER 28 DAYS)
GOMEKLI 1 MG CAP	5-Specialty	PA2, QL (42 PER 28 DAYS)
IBRANCE	5-Specialty	PA2, QL (21 PER 28 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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IDHIFA	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	5-Specialty	PA2, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAP	5-Specialty	PA2, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	5-Specialty	PA2, QL (324 PER 30 DAYS)
IMKELDI	5-Specialty	PA2, QL (280 PER 28 DAYS)
INLYTA 1 MG TAB	5-Specialty	PA2, QL (180 PER 30 DAYS)
INLYTA 5 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
INREBIC	5-Specialty	PA2, QL (120 PER 30 DAYS)
ITOVEBI 3 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
ITOVEBI 9 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
JAKAFI	5-Specialty	PA2, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
KISQALI (200 MG DOSE)	5-Specialty	PA2, QL (21 PER 28 DAYS)
KISQALI (400 MG DOSE)	5-Specialty	PA2, QL (42 PER 28 DAYS)
KISQALI (600 MG DOSE)	5-Specialty	PA2, QL (63 PER 28 DAYS)
KISQALI FEMARA (200 MG DOSE)	5-Specialty	PA2, QL (49 PER 28 DAYS)
KISQALI FEMARA (400 MG DOSE)	5-Specialty	PA2, QL (70 PER 28 DAYS)
KISQALI FEMARA (600 MG DOSE)	5-Specialty	PA2, QL (91 PER 28 DAYS)
KOSELUGO 10 MG CAP	5-Specialty	PA2, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAP	5-Specialty	PA2, QL (120 PER 30 DAYS)
KRAZATI	5-Specialty	PA2, QL (180 PER 30 DAYS)
<i>lapatinib ditosylate</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
LENVIMA (10 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (12 MG DAILY DOSE)	5-Specialty	PA2

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LENVIMA (14 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (18 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (20 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (24 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (4 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (8 MG DAILY DOSE)	5-Specialty	PA2
LORBRENA 100 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
LORBRENA 25 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
LUMAKRAS (120 MG TAB, 240 MG TAB)	5-Specialty	PA2, QL (120 PER 30 DAYS)
LUMAKRAS 320 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
LYNPARZA	5-Specialty	PA2, QL (120 PER 30 DAYS)
LYTGOBI (12 MG DAILY DOSE)	5-Specialty	PA2, QL (84 PER 28 DAYS)
LYTGOBI (16 MG DAILY DOSE)	5-Specialty	PA2, QL (112 PER 28 DAYS)
LYTGOBI (20 MG DAILY DOSE)	5-Specialty	PA2, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML RECON SOLN	5-Specialty	PA2, QL (1350 PER 30 DAYS)
MEKINIST 0.5 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
MEKINIST 2 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
MEKTOVI	5-Specialty	PA2, QL (180 PER 30 DAYS)
NERLYNX	5-Specialty	PA2, QL (180 PER 30 DAYS)
NINLARO	5-Specialty	PA2, QL (3 PER 28 DAYS)
ODOMZO	5-Specialty	PA2, QL (30 PER 30 DAYS)
OGSIVEO (100 MG TAB, 150 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
OGSIVEO 50 MG TAB	5-Specialty	PA2, QL (180 PER 30 DAYS)
OJEMDA 100 MG TAB	5-Specialty	PA2, QL (24 PER 28 DAYS)
OJEMDA 25 MG/ML RECON SUSP	5-Specialty	PA2, QL (96 PER 28 DAYS)
<i>paclitaxel</i>	4-Non-Preferred Drugs	PA3
<i>paclitaxel protein-bound part</i>	5-Specialty	PA3
<i>pazopanib hcl</i>	5-Specialty	PA2, QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PEMAZYRE	5-Specialty	PA2, QL (30 PER 30 DAYS)
PIQRAY (200 MG DAILY DOSE)	5-Specialty	PA2, QL (30 PER 30 DAYS)
PIQRAY (250 MG DAILY DOSE)	5-Specialty	PA2, QL (60 PER 30 DAYS)
PIQRAY (300 MG DAILY DOSE)	5-Specialty	PA2, QL (60 PER 30 DAYS)
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
RETEVMO 40 MG CAP	5-Specialty	PA2, QL (180 PER 30 DAYS)
RETEVMO 40 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
RETEVMO 80 MG CAP	5-Specialty	PA2, QL (120 PER 30 DAYS)
REVUFORJ 110 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
REVUFORJ 160 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
REZLIDHIA	5-Specialty	PA2, QL (60 PER 30 DAYS)
ROZLYTREK 100 MG CAP	5-Specialty	PA2, QL (180 PER 30 DAYS)
ROZLYTREK 200 MG CAP	5-Specialty	PA2, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PACKET	5-Specialty	PA2, QL (360 PER 30 DAYS)
RUBRACA	5-Specialty	PA2, QL (120 PER 30 DAYS)
RYDAPT	5-Specialty	PA2, QL (240 PER 30 DAYS)
SCEMBLIX 100 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
SCEMBLIX 20 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TAB	5-Specialty	PA2, QL (300 PER 30 DAYS)
<i>sorafenib tosylate</i>	5-Specialty	PA2, QL (120 PER 30 DAYS)
SPRYCEL (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
SPRYCEL 140 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
SPRYCEL 20 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
STIVARGA	5-Specialty	PA2, QL (84 PER 28 DAYS)
<i>sunitinib malate</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
TABRECTA	5-Specialty	PA2, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAP, 75 MG CAP)	5-Specialty	PA2, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TAB SOL	5-Specialty	PA2, QL (900 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TAGRISSO	5-Specialty	PA2, QL (30 PER 30 DAYS)
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	5-Specialty	PA2, QL (30 PER 30 DAYS)
TALZENNA 0.25 MG CAP	5-Specialty	PA2, QL (90 PER 30 DAYS)
TASIGNA	5-Specialty	PA2, QL (120 PER 30 DAYS)
TAZVERIK	5-Specialty	PA2, QL (240 PER 30 DAYS)
TEPMETKO	5-Specialty	PA2, QL (60 PER 30 DAYS)
TIBSOVO	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>torpenz</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
TRUQAP	5-Specialty	PA2, QL (64 PER 28 DAYS)
TUKYSA 150 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
TUKYSA 50 MG TAB	5-Specialty	PA2, QL (300 PER 30 DAYS)
TURALIO	5-Specialty	PA2, QL (120 PER 30 DAYS)
VANFLYTA	5-Specialty	PA2, QL (56 PER 28 DAYS)
VENCLEXTA 10 MG TAB	3-Preferred Brands	PA2, QL (120 PER 30 DAYS)
VENCLEXTA 100 MG TAB	5-Specialty	PA2, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
VENCLEXTA STARTING PACK	5-Specialty	PA2, QL (42 PER 28 DAYS)
VERZENIO	5-Specialty	PA2, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAP	5-Specialty	PA2, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	5-Specialty	PA2, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAP	5-Specialty	PA2, QL (180 PER 30 DAYS)
VIZIMPRO	5-Specialty	PA2, QL (30 PER 30 DAYS)
VONJO	5-Specialty	PA2, QL (120 PER 30 DAYS)
VORANIGO 10 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
VORANIGO 40 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	5-Specialty	PA2, QL (120 PER 30 DAYS)
XALKORI 150 MG CAP SPRINK	5-Specialty	PA2, QL (180 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XOSPATA	5-Specialty	PA2, QL (90 PER 30 DAYS)
XPOVIO (100 MG ONCE WEEKLY)	5-Specialty	PA2, QL (8 PER 28 DAYS)
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK	5-Specialty	PA2, QL (16 PER 28 DAYS)
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	5-Specialty	PA2, QL (4 PER 28 DAYS)
XPOVIO (40 MG TWICE WEEKLY)	5-Specialty	PA2, QL (8 PER 28 DAYS)
XPOVIO (60 MG ONCE WEEKLY)	5-Specialty	PA2, QL (4 PER 28 DAYS)
XPOVIO (60 MG TWICE WEEKLY)	5-Specialty	PA2, QL (24 PER 28 DAYS)
XPOVIO (80 MG ONCE WEEKLY)	5-Specialty	PA2, QL (8 PER 28 DAYS)
XPOVIO (80 MG TWICE WEEKLY)	5-Specialty	PA2, QL (32 PER 28 DAYS)
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
ZELBORAF	5-Specialty	PA2, QL (240 PER 30 DAYS)
ZYDELIG	5-Specialty	PA2, QL (60 PER 30 DAYS)
ZYKADIA	5-Specialty	PA2, QL (90 PER 30 DAYS)

MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE

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

RETINOIDS

<i>bexarotene 1 % gel</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>bexarotene 75 mg cap</i>	5-Specialty	PA2

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PANRETIN	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>tretinoin 10 mg cap</i>	5-Specialty	
TREATMENT ADJUNCTS		
<i>mesna 400 mg tab</i>	5-Specialty	
MESNEX 400 MG TAB	5-Specialty	
ANTIPARASITICS		
ANTHELMINTHICS		
<i>albendazole</i>	5-Specialty	
<i>ivermectin 3 mg tab</i>	3-Preferred Brands	
<i>praziquantel</i>	4-Non-Preferred Drugs	
ANTIPROTOZOALS		
<i>atovaquone</i>	4-Non-Preferred Drugs	QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	4-Non-Preferred Drugs	
<i>chloroquine phosphate</i>	2-Generics	
COARTEM	4-Non-Preferred Drugs	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2-Generics	
IMPAVIDO	5-Specialty	QL (84 PER 28 DAYS)
<i>mefloquine hcl</i>	2-Generics	
<i>nitazoxanide</i>	5-Specialty	QL (6 PER 30 DAYS)
<i>pentamidine isethionate for nebulization soln 300 mg</i>	4-Non-Preferred Drugs	PA3
<i>pentamidine isethionate for soln 300 mg</i>	4-Non-Preferred Drugs	
<i>primaquine phosphate</i>	3-Preferred Brands	
<i>pyrimethamine</i>	5-Specialty	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>quinine sulfate</i>	4-Non-Preferred Drugs	PA
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2-Generics	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	2-Generics	PA
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	2-Generics	
<i>carbidopa-levodopa-entacapone</i>	4-Non-Preferred Drugs	
<i>entacapone</i>	4-Non-Preferred Drugs	
DOPAMINE AGONISTS		
<i>apomorphine hcl</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>bromocriptine mesylate</i>	4-Non-Preferred Drugs	
<i>pramipexole dihydrochloride</i>	2-Generics	
<i>ropinirole hcl</i>	2-Generics	
<i>ropinirole hcl er</i>	4-Non-Preferred Drugs	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa</i>	4-Non-Preferred Drugs	
<i>carbidopa-levodopa</i>	2-Generics	
<i>carbidopa-levodopa er</i>	2-Generics	
INBRIJA	5-Specialty	PA, QL (300 PER 30 DAYS)
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate</i>	4-Non-Preferred Drugs	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5-Specialty	QL (3.2 PER 56 DAYS)
<i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>aripiprazole (20 mg tab, 30 mg tab)</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)
<i>aripiprazole 10 mg tab disp</i>	5-Specialty	QL (60 PER 30 DAYS)
<i>aripiprazole 15 mg tab disp</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
ARISTADA 1064 MG/3.9ML PRSYR	5-Specialty	QL (3.9 PER 56 DAYS)
ARISTADA 441 MG/1.6ML PRSYR	5-Specialty	QL (1.6 PER 28 DAYS)
ARISTADA 662 MG/2.4ML PRSYR	5-Specialty	QL (2.4 PER 28 DAYS)
ARISTADA 882 MG/3.2ML PRSYR	5-Specialty	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	5-Specialty	QL (4.8 PER 365 DAYS)
<i>asenapine maleate</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
CAPLYTA	5-Specialty	ST, QL (30 PER 30 DAYS)
COBENFY	5-Specialty	QL (60 PER 30 DAYS)
COBENFY STARTER PACK	5-Specialty	QL (56 PER 28 DAYS)
FANAPT	5-Specialty	ST, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5-Specialty	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5-Specialty	QL (0.88 PER 84 DAYS)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5-Specialty	QL (1.32 PER 84 DAYS)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5-Specialty	QL (1.75 PER 84 DAYS)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5-Specialty	QL (2.63 PER 84 DAYS)
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tab</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
NUPLAZID	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>olanzapine (15 mg tab, 20 mg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>olanzapine (5 mg tab disp, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>olanzapine 10 mg recon soln</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>paliperidone er 1.5 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (240 PER 30 DAYS)
<i>paliperidone er 3 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>paliperidone er 6 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>paliperidone er 9 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>quetiapine fumarate (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>quetiapine fumarate 25 mg tab</i>	2-Generics	QL (180 PER 30 DAYS)
<i>quetiapine fumarate er</i>	3-Preferred Brands	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB)	5-Specialty	ST, QL (60 PER 30 DAYS)
REXULTI (2 MG TAB, 3 MG TAB, 4 MG TAB)	5-Specialty	ST, QL (30 PER 30 DAYS)
<i>risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	2-Generics	QL (480 PER 30 DAYS)
<i>risperidone microspheres er</i>	4-Non-Preferred Drugs	QL (2 PER 28 DAYS)
SECUADO	5-Specialty	ST, QL (30 PER 30 DAYS)
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	5-Specialty	ST, QL (30 PER 30 DAYS)
<i>ziprasidone hcl</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP)	4-Non-Preferred Drugs	QL (2 PER 28 DAYS)
ZYPREXA RELPREVV 405 MG RECON SUSP	4-Non-Preferred Drugs	QL (1 PER 28 DAYS)

TREATMENT-RESISTANT

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

ANTISPASTICITY AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	2-Generics	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY	5-Specialty	PA
PREVYMIS (20 MG PACKET, 120 MG PACKET)	5-Specialty	PA, QL (120 PER 30 DAYS)
PREVYMIS (240 MG TAB, 480 MG TAB)	5-Specialty	PA, QL (28 PER 28 DAYS)
<i>valganciclovir hcl 450 mg tab</i>	3-Preferred Brands	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	5-Specialty	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	4-Non-Preferred Drugs	
BARACLUDE 0.05 MG/ML SOLUTION	5-Specialty	
<i>entecavir</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>lamivudine 100 mg tab</i>	3-Preferred Brands	
VEMLIDY	5-Specialty	QL (30 PER 30 DAYS)
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)
HARVONI (33.75-150 MG PACKET, 90-400 MG TAB)	5-Specialty	PA, QL (28 PER 28 DAYS)
HARVONI (45-200 MG PACKET, 45-200 MG TAB)	5-Specialty	PA, QL (56 PER 28 DAYS)
MAVYRET 100-40 MG TAB	5-Specialty	PA, QL (84 PER 28 DAYS)
MAVYRET 50-20 MG PACKET	5-Specialty	PA, QL (140 PER 28 DAYS)
<i>ribavirin</i>	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SOFOSBUVIR-VELPATASVIR	5-Specialty	PA, QL (28 PER 28 DAYS)
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY	5-Specialty	QL (30 PER 30 DAYS)
DOVATO	5-Specialty	QL (30 PER 30 DAYS)
GENVOYA	5-Specialty	QL (30 PER 30 DAYS)
ISENTRESS (100 MG CHEW TAB, 100 MG PACKET)	5-Specialty	QL (180 PER 30 DAYS)
ISENTRESS 25 MG CHEW TAB	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
ISENTRESS 400 MG TAB	5-Specialty	QL (60 PER 30 DAYS)
ISENTRESS HD	5-Specialty	QL (60 PER 30 DAYS)
JULUCA	5-Specialty	QL (30 PER 30 DAYS)
STRIBILD	5-Specialty	QL (30 PER 30 DAYS)
TIVICAY (25 MG TAB, 50 MG TAB)	5-Specialty	QL (60 PER 30 DAYS)
TIVICAY 10 MG TAB	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
TIVICAY PD	5-Specialty	QL (180 PER 30 DAYS)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA	5-Specialty	QL (30 PER 30 DAYS)
DELSTRIGO	5-Specialty	QL (30 PER 30 DAYS)
EDURANT	5-Specialty	QL (30 PER 30 DAYS)
<i>efavirenz</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitab-tenofo df</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>etravirine 100 mg tab</i>	5-Specialty	QL (120 PER 30 DAYS)
<i>etravirine 200 mg tab</i>	5-Specialty	QL (60 PER 30 DAYS)
INTELENCE 25 MG TAB	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>nevirapine 200 mg tab</i>	2-Generics	QL (60 PER 30 DAYS)
<i>nevirapine 50 mg/5ml suspension</i>	4-Non-Preferred Drugs	QL (1200 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nevirapine er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
ODEFSEY	5-Specialty	QL (30 PER 30 DAYS)
PIFELTRO	5-Specialty	QL (60 PER 30 DAYS)

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

<i>abacavir sulfate 20 mg/ml solution</i>	4-Non-Preferred Drugs	QL (960 PER 30 DAYS)
<i>abacavir sulfate 300 mg tab</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>abacavir sulfate-lamivudine</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
CIMDUO	5-Specialty	QL (30 PER 30 DAYS)
DESCOVY 120-15 MG TAB	5-Specialty	QL (30 PER 30 DAYS)
DESCOVY 200-25 MG TAB	5-Specialty	
<i>emtricitabine</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	4-Non-Preferred Drugs	
EMTRIVA 10 MG/ML SOLUTION	4-Non-Preferred Drugs	QL (850 PER 30 DAYS)
<i>lamivudine (10 mg/ml solution, 300 mg/30ml solution)</i>	3-Preferred Brands	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tab</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tab</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
TRIUMEQ	5-Specialty	QL (30 PER 30 DAYS)
TRIUMEQ PD	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
VIREAD 40 MG/GM POWDER	5-Specialty	QL (240 PER 30 DAYS)
<i>zidovudine 100 mg cap</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tab</i>	2-Generics	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	3-Preferred Brands	QL (1920 PER 30 DAYS)

ANTI-HIV AGENTS, OTHER

CABENUVA	5-Specialty	
FUZEON	5-Specialty	QL (60 PER 30 DAYS)
<i>maraviroc 150 mg tab</i>	5-Specialty	QL (60 PER 30 DAYS)
<i>maraviroc 300 mg tab</i>	5-Specialty	QL (120 PER 30 DAYS)
RUKOBIA	5-Specialty	QL (60 PER 30 DAYS)
SELZENTRY (20 MG/ML SOLUTION, 75 MG TAB)	5-Specialty	
SELZENTRY 25 MG TAB	4-Non-Preferred Drugs	
SUNLENCA 4 X 300 MG TAB THPK	5-Specialty	QL (4 PER 28 DAYS)
SUNLENCA 463.5 MG/1.5ML SOLUTION	5-Specialty	
SUNLENCA 5 X 300 MG TAB THPK	5-Specialty	QL (5 PER 28 DAYS)
TROGARZO	5-Specialty	
TYBOST	3-Preferred Brands	QL (30 PER 30 DAYS)

ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

APTIVUS	5-Specialty	QL (120 PER 30 DAYS)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>atazanavir sulfate 300 mg cap</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>darunavir 600 mg tab</i>	5-Specialty	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>darunavir 800 mg tab</i>	5-Specialty	QL (30 PER 30 DAYS)
EVOTAZ	5-Specialty	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	5-Specialty	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir 100-25 mg tab</i>	4-Non-Preferred Drugs	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir 200-50 mg tab</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)
NORVIR 100 MG PACKET	4-Non-Preferred Drugs	QL (360 PER 30 DAYS)
PREZCOBIX	5-Specialty	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	5-Specialty	QL (400 PER 30 DAYS)
PREZISTA 150 MG TAB	5-Specialty	QL (240 PER 30 DAYS)
PREZISTA 75 MG TAB	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)
REYATAZ 50 MG PACKET	5-Specialty	QL (240 PER 30 DAYS)
<i>ritonavir</i>	3-Preferred Brands	QL (360 PER 30 DAYS)
SYMTUZA	5-Specialty	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TAB	5-Specialty	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TAB	5-Specialty	QL (120 PER 30 DAYS)

ANTI-INFLUENZA AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XOFLUZA (80 MG DOSE)	4-Non-Preferred Drugs	QL (6 PER 365 DAYS)
ANTIHERPETIC AGENTS		
<i>acyclovir (200 mg cap, 400 mg tab, 800 mg tab)</i>	2-Generics	
<i>acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)</i>	4-Non-Preferred Drugs	
<i>acyclovir sodium</i>	4-Non-Preferred Drugs	PA3
<i>famciclovir</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>valacyclovir hcl</i>	2-Generics	QL (120 PER 30 DAYS)
ANTIVIRAL, CORONAVIRUS AGENTS		
LAGEVRIO	3-Preferred Brands	
PAXLOVID (150/100)	3-Preferred Brands	QL (40 PER 30 DAYS)
PAXLOVID (300/100)	3-Preferred Brands	QL (60 PER 30 DAYS)
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>buspirone hcl</i>	1-Preferred Generics	
<i>hydroxyzine pamoate</i>	3-Preferred Brands	
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tab, 0.5 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>alprazolam (1 mg tab, 2 mg tab)</i>	2-Generics	QL (150 PER 30 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>clonazepam (2 mg tab, 2 mg tab disp)</i>	2-Generics	QL (300 PER 30 DAYS)

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

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

BIPOLAR AGENTS

MOOD STABILIZERS

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

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

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

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

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

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

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

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

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

GLYCEMIC AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZEGALOGUE	3-Preferred Brands	
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	
NOVOLOG MIX 70/30	3-Preferred Brands	

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

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

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

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

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

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

BLOOD PRODUCTS AND MODIFIERS, OTHER

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

HEMOSTASIS AGENTS

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

<i>aspirin-dipyridamole er</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
BRILINTA	3-Preferred Brands	

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

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

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

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

ALPHA-ADRENERGIC BLOCKING AGENTS

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

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>candesartan cilexetil 32 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>irbesartan (75 mg tab, 300 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>irbesartan 150 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>losartan potassium (25 mg tab, 50 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>losartan potassium 100 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil (20 mg tab, 40 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>telmisartan</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>valsartan 320 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)

ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trandolapril</i>	1-Preferred Generics	
ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tab, 400 mg tab)</i>	4-Non-Preferred Drugs	
<i>amiodarone hcl 200 mg tab</i>	2-Generics	
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>dofetilide</i>	4-Non-Preferred Drugs	
<i>flecainide acetate</i>	2-Generics	
<i>mexiletine hcl</i>	3-Preferred Brands	
MULTAQ	4-Non-Preferred Drugs	
<i>pacerone (100 mg tab, 400 mg tab)</i>	4-Non-Preferred Drugs	
<i>pacerone 200 mg tab</i>	2-Generics	
<i>propafenone hcl</i>	2-Generics	
<i>propafenone hcl er</i>	4-Non-Preferred Drugs	
<i>quinidine sulfate</i>	2-Generics	
<i>sotalol hcl</i>	2-Generics	
<i>sotalol hcl (af)</i>	2-Generics	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	2-Generics	
<i>atenolol</i>	1-Preferred Generics	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	2-Generics	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	2-Generics	
<i>carvedilol</i>	1-Preferred Generics	

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

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

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

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

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

<i>cartia xt</i>	2-Generics	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dilt-xr</i>	2-Generics	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	2-Generics	
<i>diltiazem hcl er</i>	2-Generics	
<i>diltiazem hcl er beads</i>	2-Generics	
<i>diltiazem hcl er coated beads</i>	2-Generics	
<i>matzim la</i>	2-Generics	
<i>taztia xt</i>	2-Generics	
<i>tiadylt er</i>	2-Generics	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1-Preferred Generics	
<i>verapamil hcl er (100 mg cap er 24h, 200 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>	3-Preferred Brands	
<i>verapamil hcl er (120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 240 mg cap er 24h, 240 mg tab er)</i>	2-Generics	

CARDIOVASCULAR AGENTS, OTHER

<i>acetazolamide</i>	3-Preferred Brands	
<i>aliskiren fumarate</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide</i>	2-Generics	
<i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 10-20 mg cap)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>amlodipine besy-benazepril hcl (5-40 mg cap, 10-40 mg cap)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine besylate-valsartan</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine-atorvastatin</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine-olmesartan</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan-hctz</i>	1-Preferred Generics	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atenolol-chlorthalidone</i>	1-Preferred Generics	
<i>benazepril-hydrochlorothiazide</i>	1-Preferred Generics	
<i>bisoprolol-hydrochlorothiazide</i>	1-Preferred Generics	
<i>candesartan cilexetil-hctz (32-12.5 mg tab, 32-25 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>candesartan cilexetil-hctz 16-12.5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
CORLANOR (5 MG TAB, 7.5 MG TAB)	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5ML SOLUTION	4-Non-Preferred Drugs	PA, QL (450 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide</i>	1-Preferred Generics	
ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	3-Preferred Brands	QL (60 PER 30 DAYS)
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>fosinopril sodium-hctz</i>	1-Preferred Generics	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide 300-12.5 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>isosorb dinitrate-hydralazine</i>	4-Non-Preferred Drugs	
<i>ivabradine hcl</i>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide</i>	1-Preferred Generics	
<i>losartan potassium-hctz (100-12.5 mg tab, 100-25 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>losartan potassium-hctz 50-12.5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>metoprolol-hydrochlorothiazide</i>	2-Generics	

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

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

DIURETICS, LOOP

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rosuvastatin calcium</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>simvastatin</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	2-Generics	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	2-Generics	
<i>colesevelam hcl 3.75 gm packet</i>	4-Non-Preferred Drugs	
<i>colesevelam hcl 625 mg tab</i>	3-Preferred Brands	
<i>colestipol hcl (5 gm granules, 5 gm packet)</i>	4-Non-Preferred Drugs	
<i>colestipol hcl 1 gm tab</i>	3-Preferred Brands	
<i>ezetimibe</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
NEXLIZET	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>niacin er (antihyperlipidemic)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>omega-3-acid ethyl esters</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	2-Generics	
REPATHA	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
REPATHA PUSHTRONEX SYSTEM	3-Preferred Brands	PA, QL (3.5 PER 28 DAYS)
REPATHA SURECLICK	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
VASCEPA	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
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
FARXIGA	3-Preferred Brands	QL (30 PER 30 DAYS)
JARDIANCE	3-Preferred Brands	QL (30 PER 30 DAYS)
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	
<i>minoxidil</i>	2-Generics	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	2-Generics	
<i>isosorbide mononitrate</i>	1-Preferred Generics	
<i>isosorbide mononitrate er</i>	1-Preferred Generics	
NITRO-BID	4-Non-Preferred Drugs	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	2-Generics	
<i>nitroglycerin 0.4 % ointment</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>nitroglycerin 0.4 mg/spray solution</i>	4-Non-Preferred Drugs	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine-dextroamphet er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amphetamine-dextroamphetamine (10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab)</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab)</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>amphetamine-dextroamphetamine 30 mg tab</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
<i>dextroamphetamine sulfate er</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

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

CENTRAL NERVOUS SYSTEM, OTHER

AUSTEDO (9 MG TAB, 12 MG TAB)	5-Specialty	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TAB	5-Specialty	PA, QL (60 PER 30 DAYS)
AUSTEDO XR (12 MG TAB ER 24H, 24 MG TAB ER 24H)	5-Specialty	PA, QL (60 PER 30 DAYS)
AUSTEDO XR (18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H)	5-Specialty	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 6 MG TAB ER 24H	5-Specialty	PA, QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	5-Specialty	PA, QL (28 PER 28 DAYS)
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	5-Specialty	PA, QL (42 PER 28 DAYS)
<i>bac (butalbital-acetamin-caff)</i>	2-Generics	PA, QL (180 PER 30 DAYS)
<i>butalbital-apap-cafeine 50-325-40 mg tab</i>	2-Generics	PA, QL (180 PER 30 DAYS)
FIRDAPSE	5-Specialty	PA, QL (240 PER 30 DAYS)
NUDEXTA	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	4-Non-Preferred Drugs	
<i>tetrabenazine 12.5 mg tab</i>	5-Specialty	PA, QL (90 PER 30 DAYS)
<i>tetrabenazine 25 mg tab</i>	5-Specialty	PA, QL (120 PER 30 DAYS)

FIBROMYALGIA AGENTS

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

MULTIPLE SCLEROSIS AGENTS

AVONEX PEN	5-Specialty	QL (1 PER 28 DAYS)
AVONEX PREFILLED	5-Specialty	QL (1 PER 28 DAYS)
BETASERON	5-Specialty	QL (14 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
COPAXONE 20 MG/ML SOLN PRSYR	5-Specialty	QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SOLN PRSYR	5-Specialty	QL (12 PER 28 DAYS)
<i>dalfampridine er</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>dimethyl fumarate</i>	5-Specialty	QL (60 PER 30 DAYS)
<i>dimethyl fumarate starter pack</i>	5-Specialty	QL (120 PER 365 DAYS)
<i>fingolimod hcl</i>	5-Specialty	QL (30 PER 30 DAYS)
KESIMPTA	5-Specialty	PA, QL (1.2 PER 28 DAYS)
<i>teriflunomide</i>	5-Specialty	QL (30 PER 30 DAYS)

DENTAL AND ORAL AGENTS

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

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

<i>accutane</i>	4-Non-Preferred Drugs	
<i>acitretin</i>	4-Non-Preferred Drugs	PA2
<i>amnesteam (10 mg cap, 20 mg cap, 40 mg cap)</i>	4-Non-Preferred Drugs	
<i>benzoyl peroxide-erythromycin</i>	4-Non-Preferred Drugs	QL (46.6 PER 30 DAYS)

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

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

DERMATITIS AND PRURITUS AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>clobetasol propionate (0.05 % foam, 0.05 % solution)</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>clobetasol propionate 0.05 % shampoo</i>	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
<i>clobetasol propionate e</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>clobetasol propionate emulsion</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>clodan</i>	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
<i>desonide (0.05 % cream, 0.05 % ointment)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>desonide 0.05 % lotion</i>	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>fluocinolone acetonide (0.025 % cream, 0.025 % ointment)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>fluocinolone acetonide 0.01 % cream</i>	2-Generics	QL (60 PER 30 DAYS)
<i>fluocinolone acetonide 0.01 % solution</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>fluocinolone acetonide body</i>	4-Non-Preferred Drugs	QL (118.28 PER 30 DAYS)
<i>fluocinolone acetonide scalp</i>	4-Non-Preferred Drugs	QL (118.28 PER 30 DAYS)
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>fluocinonide 0.05 % solution</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>fluocinonide emulsified base</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	2-Generics	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	4-Non-Preferred Drugs	QL (50 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	2-Generics	
<i>hydrocortisone (perianal) 1 % cream</i>	1-Preferred Generics	
<i>hydrocortisone (perianal) 2.5 % cream</i>	2-Generics	
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT	4-Non-Preferred Drugs	QL (45 PER 30 DAYS)
<i>hydrocortisone butyrate 0.1 % solution</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>hydrocortisone valerate 0.2 % cream</i>	4-Non-Preferred Drugs	
<i>hydrocortisone valerate 0.2 % ointment</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	2-Generics	
<i>pimecrolimus</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>procto-med hc</i>	2-Generics	
<i>proctosol hc</i>	2-Generics	
<i>proctozone-hc</i>	2-Generics	
<i>selenium sulfide 2.5 % lotion</i>	2-Generics	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>tovet</i>	4-Non-Preferred Drugs	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	2-Generics	
<i>triderm</i>	2-Generics	
DERMATOLOGICAL AGENTS, OTHER		
<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>calcipotriene 0.005 % solution</i>	3-Preferred Brands	QL (60 PER 30 DAYS)

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

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

PEDICULICIDES/SCABICIDES

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

TOPICAL ANTI-INFECTIVES

<i>acyclovir 5 % ointment</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>ciclodan</i>	3-Preferred Brands	QL (13.2 PER 30 DAYS)

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

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

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

<i>carglumic acid</i>	5-Specialty	PA
CLINIMIX/DEXTROSE (4.25/10)	4-Non-Preferred Drugs	PA3
CLINIMIX/DEXTROSE (4.25/5)	4-Non-Preferred Drugs	PA3
CLINIMIX/DEXTROSE (5/15)	4-Non-Preferred Drugs	PA3
CLINIMIX/DEXTROSE (5/20)	4-Non-Preferred Drugs	PA3

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET	5-Specialty	
<i>deferasirox (125 mg tab sol, 180 mg tab, 360 mg tab)</i>	4-Non-Preferred Drugs	PA
<i>deferasirox (90 mg packet, 180 mg packet, 250 mg tab sol, 360 mg packet, 500 mg tab sol)</i>	5-Specialty	PA
<i>deferasirox 90 mg tab</i>	3-Preferred Brands	PA
<i>deferasirox granules</i>	5-Specialty	PA
<i>deferiprone</i>	5-Specialty	PA
<i>penicillamine 250 mg tab</i>	5-Specialty	
<i>trientine hcl 250 mg cap</i>	5-Specialty	QL (240 PER 30 DAYS)
<i>trientine hcl 500 mg cap</i>	5-Specialty	QL (120 PER 30 DAYS)
POTASSIUM BINDERS		
<i>kionex</i>	3-Preferred Brands	
LOKELMA	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>sodium polystyrene sulfonate</i>	3-Preferred Brands	
<i>sps (sodium polystyrene sulf)</i>	3-Preferred Brands	
VITAMINS		
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	4-Non-Preferred Drugs	
<i>levocarnitine sf</i>	4-Non-Preferred Drugs	
PRENATAL VITAMIN ORAL TABLET	3-Preferred Brands	
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
<i>constulose</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>enulose</i>	2-Generics	
<i>generlac</i>	2-Generics	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	2-Generics	
<i>lactulose encephalopathy</i>	2-Generics	
LINZESS	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>lubiprostone</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
MOVANTIK	3-Preferred Brands	QL (30 PER 30 DAYS)
RELISTOR (8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION, 150 MG TAB)	5-Specialty	
TRULANCE	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

ANTI-DIARRHEAL AGENTS

<i>alosetron hcl 0.5 mg tab</i>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
<i>alosetron hcl 1 mg tab</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	3-Preferred Brands	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liquid</i>	4-Non-Preferred Drugs	
<i>loperamide hcl</i>	2-Generics	
VIBERZI	5-Specialty	QL (60 PER 30 DAYS)
XERMELO	5-Specialty	PA, QL (84 PER 28 DAYS)

ANTISPASMODICS, GASTROINTESTINAL

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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GASTROINTESTINAL AGENTS, OTHER		
CLENPIQ	4-Non-Preferred Drugs	
GATTEX	5-Specialty	PA
<i>gavilyte-c</i>	2-Generics	
<i>gavilyte-g</i>	2-Generics	
<i>gavilyte-n with flavor pack</i>	2-Generics	
MYALEPT	5-Specialty	PA
<i>na sulfate-k sulfate-mg sulf</i>	4-Non-Preferred Drugs	
OICALIVA	5-Specialty	PA
<i>peg 3350-kcl-na bicarb-nacl</i>	2-Generics	
<i>peg-3350/electrolytes</i>	2-Generics	
<i>ursodiol (250 mg tab, 500 mg tab)</i>	4-Non-Preferred Drugs	
<i>ursodiol 300 mg cap</i>	3-Preferred Brands	
VOWST	5-Specialty	PA, QL (12 PER 30 DAYS)
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine</i>	2-Generics	
<i>famotidine (20 mg tab, 40 mg tab)</i>	1-Preferred Generics	
<i>famotidine 40 mg/5ml recon susp</i>	4-Non-Preferred Drugs	
<i>nizatidine (150 mg cap, 300 mg cap)</i>	3-Preferred Brands	
PROTECTANTS		
<i>misoprostol</i>	2-Generics	
<i>sucralfate 1 gm tab</i>	2-Generics	
<i>sucralfate 1 gm/10ml suspension</i>	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>lansoprazole (15 mg cap dr, 30 mg cap dr)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>omeprazole</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>rabeprazole sodium</i>	2-Generics	QL (30 PER 30 DAYS)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>betaine</i>	5-Specialty	
CERDELGA	5-Specialty	PA, QL (60 PER 30 DAYS)
CREON	3-Preferred Brands	
<i>cromolyn sodium 100 mg/5ml conc</i>	4-Non-Preferred Drugs	
CYSTAGON	4-Non-Preferred Drugs	
CYSTARAN	5-Specialty	PA, QL (60 PER 28 DAYS)
<i>javygtor</i>	5-Specialty	PA
<i>l-glutamine</i>	5-Specialty	PA, QL (180 PER 30 DAYS)
<i>miglustat</i>	5-Specialty	PA, QL (90 PER 30 DAYS)
<i>nitisinone</i>	5-Specialty	
PROLASTIN-C	5-Specialty	PA
RAVICTI	5-Specialty	PA, QL (525 PER 30 DAYS)
<i>sapropterin dihydrochloride</i>	5-Specialty	PA
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	5-Specialty	PA
SUCRAID	5-Specialty	
<i>yargesa</i>	5-Specialty	PA, QL (90 PER 30 DAYS)
ZENPEP	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
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>darifenacin hydrobromide er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
GEMTESA	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
MYRBETRIQ 8 MG/ML SRER	4-Non-Preferred Drugs	QL (300 PER 30 DAYS)
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	2-Generics	
<i>oxybutynin chloride er</i>	2-Generics	QL (60 PER 30 DAYS)
<i>solifenacin succinate</i>	2-Generics	QL (30 PER 30 DAYS)
<i>tolterodine tartrate</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>tropium chloride</i>	2-Generics	QL (60 PER 30 DAYS)
<i>tropium chloride er</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	2-Generics	QL (30 PER 30 DAYS)
<i>dutasteride</i>	2-Generics	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin hcl</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>finasteride</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>silodosin</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>tadalafil</i>	4-Non-Preferred Drugs	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
<i>tamsulosin hcl</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride</i>	2-Generics	
ELMIRON	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	2-Generics	
<i>dexamethasone sod phos +rfid</i>	4-Non-Preferred Drugs	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>dexamethasone sodium phosphate (4 mg/ml soln prsyr, 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)</i>	4-Non-Preferred Drugs	
<i>fludrocortisone acetate</i>	2-Generics	
<i>methylprednisolone</i>	2-Generics	
<i>methylprednisolone acetate</i>	2-Generics	
<i>methylprednisolone sodium succ</i>	4-Non-Preferred Drugs	
<i>prednisolone 15 mg/5ml solution</i>	2-Generics	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 15 mg/5ml solution, 25 mg/5ml solution)</i>	2-Generics	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)</i>	1-Preferred Generics	
<i>prednisone (5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg/5ml solution, 10 mg (21) tab thpk, 10 mg (48) tab thpk)</i>	2-Generics	
PREDNISONE INTENSOL	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SOLU-MEDROL 2 GM RECON SOLN	4-Non-Preferred Drugs	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin ace spray refrig</i>	4-Non-Preferred Drugs	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	2-Generics	
<i>desmopressin acetate 4 mcg/ml solution</i>	4-Non-Preferred Drugs	
<i>desmopressin acetate pf</i>	4-Non-Preferred Drugs	
<i>desmopressin acetate spray</i>	4-Non-Preferred Drugs	
INCRELEX	5-Specialty	PA
NORDITROPIN FLEXPRO	5-Specialty	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
<i>danazol</i>	4-Non-Preferred Drugs	
<i>testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)</i>	4-Non-Preferred Drugs	PA, QL (300 PER 30 DAYS)
<i>testosterone cypionate</i>	2-Generics	PA2
<i>testosterone enanthate</i>	2-Generics	PA2
<i>testosterone td gel pump 20.25 mg/act (1.62%)</i>	4-Non-Preferred Drugs	PA, QL (150 PER 30 DAYS)
ESTROGENS		
<i>afirmelle</i>	2-Generics	
<i>altavera</i>	2-Generics	
<i>alyacen 1/35</i>	2-Generics	
<i>alyacen 7/7/7</i>	2-Generics	
<i>amethyst</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>apri</i>	2-Generics	
<i>aranelle</i>	2-Generics	
<i>aubra eq</i>	2-Generics	
<i>aurovela 1.5/30</i>	2-Generics	
<i>aurovela 1/20</i>	2-Generics	
<i>aurovela 24 fe</i>	2-Generics	
<i>aurovela fe 1.5/30</i>	2-Generics	
<i>aurovela fe 1/20</i>	2-Generics	
<i>aviane</i>	2-Generics	
<i>ayuna</i>	2-Generics	
<i>azurette</i>	2-Generics	
<i>balziva</i>	2-Generics	
<i>blisovi 24 fe</i>	2-Generics	
<i>blisovi fe 1.5/30</i>	2-Generics	
<i>blisovi fe 1/20</i>	2-Generics	
<i>briellyn</i>	2-Generics	
<i>camrese lo</i>	2-Generics	
<i>chateal eq</i>	2-Generics	
<i>cryselle-28</i>	2-Generics	
<i>cyred eq</i>	2-Generics	
<i>dasetta 1/35</i>	2-Generics	
<i>dasetta 7/7/7</i>	2-Generics	
<i>delyla</i>	2-Generics	
DEPO-ESTRADIOL	4-Non-Preferred Drugs	
<i>desogestrel-ethinyl estradiol</i>	2-Generics	
<i>dolishale</i>	2-Generics	
<i>dotti</i>	4-Non-Preferred Drugs	QL (8 PER 28 DAYS)
<i>drospirenone-ethinyl estradiol</i>	2-Generics	
<i>elinest</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>eluryng</i>	3-Preferred Brands	
<i>enilloring</i>	3-Preferred Brands	
<i>enpresse-28</i>	2-Generics	
<i>enskyce</i>	2-Generics	
<i>estarylla</i>	2-Generics	
<i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	3-Preferred Brands	QL (8 PER 28 DAYS)
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i>	3-Preferred Brands	QL (4 PER 28 DAYS)
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2-Generics	
<i>estradiol 0.1 mg/gm cream</i>	3-Preferred Brands	
<i>estradiol 10 mcg tab</i>	4-Non-Preferred Drugs	
<i>estradiol valerate</i>	4-Non-Preferred Drugs	
ESTRING	4-Non-Preferred Drugs	
<i>ethynodiol diac-eth estradiol</i>	2-Generics	
<i>etonogestrel-ethinyl estradiol</i>	3-Preferred Brands	
<i>falmina</i>	2-Generics	
<i>feirza 1.5/30</i>	2-Generics	
<i>feirza 1/20</i>	2-Generics	
<i>femynor</i>	2-Generics	
<i>fyavolv</i>	2-Generics	
<i>hailey 1.5/30</i>	2-Generics	
<i>hailey 24 fe</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hailey fe 1.5/30</i>	2-Generics	
<i>hailey fe 1/20</i>	2-Generics	
<i>haloette</i>	3-Preferred Brands	
<i>iclevia</i>	2-Generics	
<i>introvale</i>	2-Generics	
<i>isibloom</i>	2-Generics	
<i>jasmiel</i>	2-Generics	
<i>jinteli</i>	2-Generics	
<i>jolessa</i>	2-Generics	
<i>juleber</i>	2-Generics	
<i>junel 1.5/30</i>	2-Generics	
<i>junel 1/20</i>	2-Generics	
<i>junel fe 1.5/30</i>	2-Generics	
<i>junel fe 1/20</i>	2-Generics	
<i>junel fe 24</i>	2-Generics	
<i>kalliga</i>	2-Generics	
<i>kariva</i>	2-Generics	
<i>kelnor 1/35</i>	2-Generics	
<i>kelnor 1/50</i>	2-Generics	
<i>kurvelo</i>	2-Generics	
<i>larin 1.5/30</i>	2-Generics	
<i>larin 1/20</i>	2-Generics	
<i>larin 24 fe</i>	2-Generics	
<i>larin fe 1.5/30</i>	2-Generics	
<i>larin fe 1/20</i>	2-Generics	
<i>leena</i>	2-Generics	
<i>lessina</i>	2-Generics	
<i>levonest</i>	2-Generics	
<i>levonorg-eth estrad triphasic</i>	2-Generics	
<i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levonorgestrel-ethinyl estrad</i>	2-Generics	
<i>levora 0.15/30 (28)</i>	2-Generics	
<i>lo-zumandimine</i>	2-Generics	
<i>loestrin 1.5/30 (21)</i>	2-Generics	
<i>loestrin 1/20 (21)</i>	2-Generics	
<i>loestrin fe 1.5/30</i>	2-Generics	
<i>loestrin fe 1/20</i>	2-Generics	
<i>lojaimiess</i>	2-Generics	
<i>loryna</i>	2-Generics	
<i>low-ogestrel</i>	2-Generics	
<i>lutra</i>	2-Generics	
<i>lyllana</i>	4-Non-Preferred Drugs	QL (8 PER 28 DAYS)
<i>marlissa</i>	2-Generics	
MENEST	4-Non-Preferred Drugs	
<i>microgestin 1.5/30</i>	2-Generics	
<i>microgestin 1/20</i>	2-Generics	
<i>microgestin 24 fe</i>	2-Generics	
<i>microgestin fe 1.5/30</i>	2-Generics	
<i>microgestin fe 1/20</i>	2-Generics	
<i>mili</i>	2-Generics	
<i>mono-lynyah</i>	2-Generics	
<i>necon 0.5/35 (28)</i>	2-Generics	
<i>nikki</i>	2-Generics	
<i>norelgestromin-eth estradiol</i>	3-Preferred Brands	
<i>norethin ace-eth estrad-fe (1-20 tab, 1.5-30 tab)</i>	2-Generics	
<i>norethin-eth estradiol-fe 0.4-35 mg- mcg chew tab</i>	2-Generics	
<i>norethindron-ethinyl estrad-fe</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>norethindrone acet-ethinyl est</i>	2-Generics	
<i>norethindrone-eth estradiol</i>	2-Generics	
<i>norgestim-eth estrad triphasic</i>	2-Generics	
<i>norgestimate-eth estradiol</i>	2-Generics	
<i>nortrel 0.5/35 (28)</i>	2-Generics	
<i>nortrel 1/35 (21)</i>	2-Generics	
<i>nortrel 1/35 (28)</i>	2-Generics	
<i>nortrel 7/7/7</i>	2-Generics	
<i>nylia 1/35</i>	2-Generics	
<i>nylia 7/7/7</i>	2-Generics	
<i>nymyo</i>	2-Generics	
<i>ocella</i>	2-Generics	
<i>philith</i>	2-Generics	
<i>pimtrea</i>	2-Generics	
<i>pirmella 1/35</i>	2-Generics	
<i>portia-28</i>	2-Generics	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB)	3-Preferred Brands	
PREMPRO	3-Preferred Brands	
<i>previfem</i>	2-Generics	
<i>reclipsen</i>	2-Generics	
<i>setlakin</i>	2-Generics	
<i>simliya</i>	2-Generics	
<i>sprintec 28</i>	2-Generics	
<i>sronyx</i>	2-Generics	
<i>syeda</i>	2-Generics	
<i>tarina 24 fe</i>	2-Generics	
<i>tarina fe 1/20 eq</i>	2-Generics	
<i>tilia fe</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tri femynor</i>	2-Generics	
<i>tri-estarylla</i>	2-Generics	
<i>tri-legest fe</i>	2-Generics	
<i>tri-lynyah</i>	2-Generics	
<i>tri-lo-estarylla</i>	2-Generics	
<i>tri-lo-marzia</i>	2-Generics	
<i>tri-lo-mili</i>	2-Generics	
<i>tri-lo-sprintec</i>	2-Generics	
<i>tri-mili</i>	2-Generics	
<i>tri-nymyo</i>	2-Generics	
<i>tri-sprintec</i>	2-Generics	
<i>tri-vylibra</i>	2-Generics	
<i>tri-vylibra lo</i>	2-Generics	
<i>trivora (28)</i>	2-Generics	
<i>turqoz</i>	2-Generics	
<i>valtya 1/50</i>	2-Generics	
<i>velivet</i>	2-Generics	
<i>vestura</i>	2-Generics	
<i>vienva</i>	2-Generics	
<i>vioarele</i>	2-Generics	
<i>volnea</i>	2-Generics	
<i>vyfemla</i>	2-Generics	
<i>vylibra</i>	2-Generics	
<i>wera</i>	2-Generics	
<i>wymzya fe</i>	2-Generics	
<i>xarah fe</i>	2-Generics	
<i>xelria fe</i>	2-Generics	
<i>xulane</i>	3-Preferred Brands	
<i>yuvaferm</i>	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zafemy</i>	3-Preferred Brands	
<i>zovia 1/35 (28)</i>	2-Generics	
<i>zumandimine</i>	2-Generics	

PROGESTINS

<i>camila</i>	2-Generics	
<i>deblitane</i>	2-Generics	
DEPO-SUBQ PROVERA 104	3-Preferred Brands	
<i>emzahh</i>	2-Generics	
<i>errin</i>	2-Generics	
<i>gallifrey</i>	2-Generics	
<i>heather</i>	2-Generics	
<i>incassia</i>	2-Generics	
<i>jencycla</i>	2-Generics	
LILETTA (52 MG)	3-Preferred Brands	
<i>lyleq</i>	2-Generics	
<i>lyza</i>	2-Generics	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2-Generics	
<i>medroxyprogesterone acetate 150 mg/ml susp prsyr</i>	4-Non-Preferred Drugs	
<i>medroxyprogesterone acetate 150 mg/ml suspension</i>	3-Preferred Brands	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	2-Generics	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	4-Non-Preferred Drugs	
NEXPLANON	3-Preferred Brands	
<i>nora-be</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>norethindrone</i>	2-Generics	
<i>norethindrone acetate</i>	2-Generics	
<i>norlyda</i>	2-Generics	
<i>norlyroc</i>	2-Generics	
<i>progesterone (100 mg cap, 200 mg cap)</i>	2-Generics	
<i>sharobel</i>	2-Generics	

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

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

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

<i>cabergoline</i>	3-Preferred Brands	
ELIGARD	4-Non-Preferred Drugs	PA3
FIRMAGON	4-Non-Preferred Drugs	PA3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FIRMAGON (240 MG DOSE)	5-Specialty	PA3
<i>lanreotide acetate</i>	5-Specialty	PA
<i>leuprolide acetate</i>	4-Non-Preferred Drugs	PA3
LEUPROLIDE ACETATE (3 MONTH)	4-Non-Preferred Drugs	PA3
LUPRON DEPOT (1-MONTH)	5-Specialty	PA3
LUPRON DEPOT (3-MONTH)	5-Specialty	PA3
LUPRON DEPOT (4-MONTH)	5-Specialty	PA3
LUPRON DEPOT (6-MONTH)	5-Specialty	PA3
LUPRON DEPOT-PED (1-MONTH)	5-Specialty	PA3
LUPRON DEPOT-PED (3-MONTH)	5-Specialty	PA3
LUPRON DEPOT-PED (6-MONTH)	5-Specialty	PA3
<i>mifepristone</i>	5-Specialty	PA
<i>octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution)</i>	4-Non-Preferred Drugs	PA
<i>octreotide acetate (500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	5-Specialty	PA
RECORLEV	5-Specialty	PA, QL (240 PER 30 DAYS)
SIGNIFOR	5-Specialty	PA
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	5-Specialty	PA
SOMAVERT	5-Specialty	PA
SYNAREL	5-Specialty	
TRELSTAR MIXJECT	4-Non-Preferred Drugs	PA3

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

<i>methimazole</i>	2-Generics
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>propylthiouracil</i>	2-Generics	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
BERINERT	5-Specialty	PA
CINRYZE	5-Specialty	PA
HAEGARDA	5-Specialty	PA
<i>icatibant acetate</i>	5-Specialty	PA, QL (27 PER 30 DAYS)
<i>sajazir</i>	5-Specialty	PA, QL (27 PER 30 DAYS)
IMMUNOGLOBULINS		
BIVIGAM	5-Specialty	PA
FLEBOGAMMA DIF	5-Specialty	PA
GAMMAGARD	5-Specialty	PA
GAMMAGARD S/D LESS IGA	5-Specialty	PA
GAMMAKED	5-Specialty	PA
GAMMAPLEX	5-Specialty	PA
GAMUNEX-C	5-Specialty	PA
OCTAGAM	5-Specialty	PA
PANZYGA	5-Specialty	PA
PRIVIGEN	5-Specialty	PA
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST	5-Specialty	PA
AURANOFIN	5-Specialty	
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	5-Specialty	PA
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	5-Specialty	PA, QL (8 PER 28 DAYS)
DUPIXENT	5-Specialty	PA
RIDAURA	5-Specialty	
RINVOQ	5-Specialty	PA, QL (30 PER 30 DAYS)
RINVOQ LQ	5-Specialty	PA, QL (360 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SKYRIZI	5-Specialty	PA
SKYRIZI PEN	5-Specialty	PA
STELARA	5-Specialty	PA
TALTZ	5-Specialty	PA
TAVNEOS	5-Specialty	PA, QL (180 PER 30 DAYS)
XELJANZ (1 MG/ML SOLUTION, 5 MG TAB, 10 MG TAB)	5-Specialty	PA
XELJANZ XR	5-Specialty	PA
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5-Specialty	PA

IMMUNOSTIMULANTS

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

IMMUNOSUPPRESSANTS

ADALIMUMAB-AACF (2 PEN)	5-Specialty	PA
ADALIMUMAB-AACF (2 SYRINGE)	5-Specialty	PA
ADALIMUMAB-AACF(CD/UC/HS STRT)	5-Specialty	PA
ADALIMUMAB-AACF(PS/UV STARTER)	5-Specialty	PA
<i>azathioprine 50 mg tab</i>	2-Generics	PA3
AZATHIOPRINE SODIUM	4-Non-Preferred Drugs	PA3
<i>cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)</i>	4-Non-Preferred Drugs	PA3
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	4-Non-Preferred Drugs	PA3
ENBREL	5-Specialty	PA
ENBREL MINI	5-Specialty	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENBREL SURECLICK	5-Specialty	PA
ENVARSUS XR	4-Non-Preferred Drugs	PA3
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	5-Specialty	PA3
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	4-Non-Preferred Drugs	PA3
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
IDACIO (2 PEN)	5-Specialty	PA
IDACIO (2 SYRINGE)	5-Specialty	PA
IDACIO-CROHNS/UC STARTER	5-Specialty	PA
IDACIO-PSORIASIS STARTER	5-Specialty	PA
INFLECTRA	5-Specialty	PA3
<i>leflunomide 10 mg tab</i>	2-Generics	QL (30 PER 30 DAYS)
<i>leflunomide 20 mg tab</i>	2-Generics	QL (150 PER 30 DAYS)
<i>methotrexate sodium (2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution)</i>	2-Generics	

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

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

VACCINES

ABRYSVO	3-Preferred Brands
ACTHIB	3-Preferred Brands
ADACEL	3-Preferred Brands
AREXVY	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
BCG VACCINE	3-Preferred Brands	
BEXSERO	3-Preferred Brands	
BOOSTRIX	3-Preferred Brands	
DAPTACEL	3-Preferred Brands	
DIPHTHERIA-TETANUS TOXOIDS DT	3-Preferred Brands	
ENGERIX-B	3-Preferred Brands	PA3
GARDASIL 9	3-Preferred Brands	
HAVRIX	3-Preferred Brands	
HEPLISAV-B	3-Preferred Brands	PA3
HIBERIX	3-Preferred Brands	
IMOVAX RABIES	3-Preferred Brands	
INFANRIX	3-Preferred Brands	
IPOL	3-Preferred Brands	
IXCHIQ	3-Preferred Brands	
IXIARO	3-Preferred Brands	
JYNNEOS	3-Preferred Brands	PA3
KINRIX	3-Preferred Brands	
M-M-R II	3-Preferred Brands	
MENACTRA	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
MENQUADFI	3-Preferred Brands	
MENVEO (RECON SOLN, SOLUTION)	3-Preferred Brands	
MRESVIA	3-Preferred Brands	
PEDIARIX	3-Preferred Brands	
PEDVAX HIB	3-Preferred Brands	
PENBRAYA	3-Preferred Brands	
PENTACEL	3-Preferred Brands	
PREHEVBRIO	3-Preferred Brands	PA3
PRIORIX	3-Preferred Brands	
PROQUAD	3-Preferred Brands	
QUADRACEL	3-Preferred Brands	
RABAVERT	3-Preferred Brands	
RECOMBIVAX HB	3-Preferred Brands	PA3
ROTARIX	3-Preferred Brands	
ROTATEQ	3-Preferred Brands	
SHINGRIX	3-Preferred Brands	
TDVAX	3-Preferred Brands	
TENIVAC	3-Preferred Brands	
TICOVAC	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
TRUMENBA	3-Preferred Brands	
TWINRIX	3-Preferred Brands	
TYPHIM VI	3-Preferred Brands	
VAQTA	3-Preferred Brands	
VARIVAX	3-Preferred Brands	
VAXCHORA	3-Preferred Brands	
VIMKUNYA	3-Preferred Brands	
VIVOTIF	3-Preferred Brands	
YF-VAX	3-Preferred Brands	

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

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

GLUCOCORTICOIDS

<i>budesonide 3 mg cp dr part</i>	4-Non-Preferred Drugs
<i>budesonide er</i>	5-Specialty
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	2-Generics

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocortisone 100 mg/60ml enema</i>	4-Non-Preferred Drugs	
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1-Preferred Generics	QL (4 PER 28 DAYS)
<i>alendronate sodium 10 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>alendronate sodium 70 mg/75ml solution</i>	1-Preferred Generics	
<i>calcitonin (salmon) 200 unit/act solution</i>	3-Preferred Brands	
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	2-Generics	
<i>calcitriol oral soln 1 mcg/ml</i>	4-Non-Preferred Drugs	
<i>cinacalcet hcl (30 mg tab, 60 mg tab)</i>	4-Non-Preferred Drugs	PA3, QL (60 PER 30 DAYS)
<i>cinacalcet hcl 90 mg tab</i>	5-Specialty	PA3, QL (120 PER 30 DAYS)
DOXERCALCIFEROL (0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP)	4-Non-Preferred Drugs	
<i>ibandronate sodium 150 mg tab</i>	2-Generics	QL (1 PER 30 DAYS)
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	4-Non-Preferred Drugs	
PROLIA	4-Non-Preferred Drugs	QL (1 PER 180 DAYS)
<i>risedronate sodium (5 mg tab, 30 mg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>risedronate sodium 150 mg tab</i>	2-Generics	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tab</i>	2-Generics	QL (4 PER 28 DAYS)
<i>risedronate sodium 35 mg tab dr</i>	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
TERIPARATIDE (RECOMBINANT)	5-Specialty	PA, QL (2.48 PER 28 DAYS)
XGEVA	5-Specialty	PA
<i>zoledronic acid (4 mg/5ml conc, 5 mg/100ml solution)</i>	4-Non-Preferred Drugs	PA3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MISCELLANEOUS THERAPEUTIC AGENTS		
BD ALCOHOL PADS	2-Generics	PA
CLINOLIPID	4-Non-Preferred Drugs	PA3
DROPLET INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2-Generics	PA
DROPLET MICRON	2-Generics	PA
DROPLET PEN NEEDLES (29G X 10MM MISC, 29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC)	2-Generics	PA
GAUZE PADS & DRESSINGS - PADS 2 X 2	2-Generics	PA
INSULIN PEN NEEDLE (NOVO/BD/ULTIMED/OWEN/TRIVIA DIA)	2-Generics	PA
INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC)	2-Generics	PA
INSULIN SYRINGE (DISP) U-100 1 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC)	2-Generics	PA
INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC)	2-Generics	PA
INTRALIPID	4-Non-Preferred Drugs	PA3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD	2-Generics	PA
NEEDLES, INSULIN DISP., SAFETY	2-Generics	PA
NUTRILIPID	4-Non-Preferred Drugs	PA3
<i>sterile water for irrigation</i>	4-Non-Preferred Drugs	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

<i>ak-poly-bac</i>	2-Generics	
<i>atropine sulfate 1 % solution</i>	3-Preferred Brands	
<i>bacitra-neomycin-polymyxin-hc</i>	2-Generics	
<i>bacitracin-polymyxin b</i>	2-Generics	
COMBIGAN	3-Preferred Brands	
<i>cyclopentolate hcl</i>	2-Generics	
<i>dorzolamide hcl-timolol mal</i>	1-Preferred Generics	
<i>dorzolamide hcl-timolol mal pf</i>	4-Non-Preferred Drugs	
MIEBO	3-Preferred Brands	QL (3 PER 30 DAYS)
<i>neo-polycin</i>	2-Generics	
<i>neo-polycin hc</i>	2-Generics	
<i>neomycin-bacitracin zn-polymyx</i>	2-Generics	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	2-Generics	
<i>neomycin-polymyxin-gramicidin</i>	2-Generics	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OXERVATE	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>polycin</i>	2-Generics	
RESTASIS	3-Preferred Brands	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	3-Preferred Brands	QL (5.5 PER 28 DAYS)
ROCKLATAN	4-Non-Preferred Drugs	
<i>sulfacetamide-prednisolone</i>	2-Generics	
TOBRADEX 0.3-0.1 % OINTMENT	3-Preferred Brands	
<i>tobramycin-dexamethasone</i>	3-Preferred Brands	
XDEMY	5-Specialty	PA, QL (10 PER 42 DAYS)
XIIDRA	3-Preferred Brands	QL (60 PER 30 DAYS)
ZYLET	4-Non-Preferred Drugs	

OPHTHALMIC ANTI-ALLERGY AGENTS

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

OPHTHALMIC ANTI-INFECTIVES

AZASITE	3-Preferred Brands
<i>bacitracin</i>	2-Generics
<i>erythromycin 5 mg/gm ointment</i>	2-Generics
<i>gatifloxacin</i>	2-Generics
<i>gentamicin sulfate 0.3 % solution</i>	2-Generics
<i>moxifloxacin hcl (2x day)</i>	3-Preferred Brands
<i>moxifloxacin hcl 0.5 % solution</i>	3-Preferred Brands
<i>ofloxacin 0.3 % solution</i>	2-Generics

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>polymyxin b-trimethoprim</i>	2-Generics	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	2-Generics	
<i>tobramycin 0.3 % solution</i>	2-Generics	
<i>trifluridine</i>	2-Generics	
ZIRGAN	4-Non-Preferred Drugs	

OPHTHALMIC ANTI-INFLAMMATORIES

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl 0.5 % solution</i>	2-Generics	
<i>carteolol hcl</i>	2-Generics	
<i>levobunolol hcl</i>	2-Generics	
<i>timolol maleate (0.25 % gel f soln, 0.5 % (daily) solution, 0.5 % gel f soln)</i>	4-Non-Preferred Drugs	
<i>timolol maleate (0.25 % solution, 0.5 % solution)</i>	1-Preferred Generics	
<i>timolol maleate (once-daily)</i>	4-Non-Preferred Drugs	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide er</i>	3-Preferred Brands	
<i>apraclonidine hcl</i>	3-Preferred Brands	
<i>brimonidine tartrate (0.1 % solution, 0.15 % solution)</i>	3-Preferred Brands	
<i>brimonidine tartrate 0.2 % solution</i>	2-Generics	
<i>brinzolamide</i>	4-Non-Preferred Drugs	
<i>dorzolamide hcl</i>	2-Generics	
<i>methazolamide</i>	4-Non-Preferred Drugs	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	3-Preferred Brands	
RHOPRESSA	4-Non-Preferred Drugs	
SIMBRINZA	4-Non-Preferred Drugs	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost</i>	2-Generics	
<i>latanoprost</i>	1-Preferred Generics	
LUMIGAN	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>travoprost (bak free)</i>	2-Generics	
OTIC AGENTS		
<i>acetic acid 2 % solution</i>	2-Generics	
<i>ciprofloxacin-dexamethasone</i>	4-Non-Preferred Drugs	
<i>flac</i>	4-Non-Preferred Drugs	
<i>fluocinolone acetonide 0.01 % oil</i>	4-Non-Preferred Drugs	
<i>hydrocortisone-acetic acid</i>	2-Generics	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution)</i>	3-Preferred Brands	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	4-Non-Preferred Drugs	PA3
<i>flunisolide</i>	2-Generics	QL (50 PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	2-Generics	QL (16 PER 30 DAYS)
<i>fluticasone propionate diskus 100 mcg/act aer pow ba</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>fluticasone propionate diskus 250 mcg/act aer pow ba</i>	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>fluticasone propionate diskus 50 mcg/act aer pow ba</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>fluticasone propionate hfa (110 mcg/act aerosol, 220 mcg/act aerosol)</i>	3-Preferred Brands	QL (24 PER 30 DAYS)
<i>fluticasone propionate hfa 44 mcg/act aerosol</i>	3-Preferred Brands	QL (22 PER 30 DAYS)
<i>mometasone furoate 50 mcg/act suspension</i>	3-Preferred Brands	QL (34 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PULMICORT FLEXHALER	4-Non-Preferred Drugs	QL (2 PER 30 DAYS)
ANTIHISTAMINES		
<i>azelastine hcl (0.1 % solution, 137 mcg/spray solution)</i>	2-Generics	QL (30 PER 25 DAYS)
<i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i>	2-Generics	
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	4-Non-Preferred Drugs	
<i>desloratadine 5 mg tab</i>	2-Generics	QL (30 PER 30 DAYS)
<i>diphenhydramine hcl 50 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	2-Generics	
<i>hydroxyzine hcl 10 mg/5ml syrup</i>	4-Non-Preferred Drugs	
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	4-Non-Preferred Drugs	
<i>levocetirizine dihydrochloride 5 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>olopatadine hcl 0.6 % solution</i>	3-Preferred Brands	QL (30.5 PER 30 DAYS)
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg/10ml solution)</i>	4-Non-Preferred Drugs	PA
ANTILEUKOTRIENES		
<i>montelukast sodium (4 mg chew tab, 5 mg chew tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>montelukast sodium 10 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>montelukast sodium 4 mg packet</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>zafirlukast</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	4-Non-Preferred Drugs	QL (25.8 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INCRUSE ELLIPTA	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	2-Generics	PA3
<i>ipratropium bromide 0.03 % solution</i>	2-Generics	QL (30 PER 28 DAYS)
<i>ipratropium bromide 0.06 % solution</i>	2-Generics	QL (45 PER 30 DAYS)
YUPELRI	5-Specialty	PA3

BRONCHODILATORS, SYMPATHOMIMETIC

<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln)</i>	2-Generics	PA3
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	4-Non-Preferred Drugs	
<i>albuterol sulfate (2 mg/5ml syrup, 8 mg/20ml syrup)</i>	2-Generics	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proair)</i>	2-Generics	QL (17 PER 30 DAYS)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proventil)</i>	2-Generics	QL (13.4 PER 30 DAYS)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic ventolin)</i>	2-Generics	QL (36 PER 30 DAYS)
<i>arformoterol tartrate</i>	4-Non-Preferred Drugs	PA3
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	3-Preferred Brands	QL (4 PER 30 DAYS)
<i>formoterol fumarate</i>	4-Non-Preferred Drugs	PA3
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	4-Non-Preferred Drugs	PA3
<i>levalbuterol tartrate</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
SEREVENT DISKUS	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CYSTIC FIBROSIS AGENTS		
BRONCHITOL	5-Specialty	PA, QL (600 PER 30 DAYS)
CAYSTON	5-Specialty	PA
KALYDECO	5-Specialty	PA, QL (56 PER 28 DAYS)
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	5-Specialty	PA, QL (56 PER 28 DAYS)
ORKAMBI 100-125 MG TAB	5-Specialty	PA, QL (112 PER 28 DAYS)
ORKAMBI 200-125 MG TAB	5-Specialty	PA, QL (120 PER 30 DAYS)
PULMOZYME	5-Specialty	PA3
<i>tobramycin 300 mg/5ml nebu soln</i>	5-Specialty	PA3, QL (300 PER 30 DAYS)
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	5-Specialty	PA, QL (84 PER 28 DAYS)
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	5-Specialty	PA, QL (56 PER 28 DAYS)
MAST CELL STABILIZERS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	2-Generics	PA3
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>elixophyllin</i>	2-Generics	
<i>roflumilast</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>theophylline</i>	2-Generics	
<i>theophylline er (300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	2-Generics	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS	5-Specialty	PA, QL (90 PER 30 DAYS)
<i>alyq</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>ambrisentan</i>	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>bosentan</i>	5-Specialty	PA, QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPSUMIT	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>sildenafil citrate 20 mg tab</i>	3-Preferred Brands	PA, QL (90 PER 30 DAYS)
<i>tadalafil (pah)</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	5-Specialty	PA, QL (60 PER 30 DAYS)
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)

PULMONARY FIBROSIS AGENTS

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

RESPIRATORY TRACT AGENTS, OTHER

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FASENRA	5-Specialty	PA
FASENRA PEN	5-Specialty	PA
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>ipratropium-albuterol</i>	2-Generics	PA3
TRELEGY ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>wixela inhub</i>	3-Preferred Brands	QL (60 PER 30 DAYS)

SKELETAL MUSCLE RELAXANTS

BOTOX	4-Non-Preferred Drugs	PA
<i>cyclobenzaprine hcl 10 mg tab</i>	2-Generics	PA, QL (90 PER 30 DAYS)
<i>cyclobenzaprine hcl 5 mg tab</i>	2-Generics	PA, QL (180 PER 30 DAYS)
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	2-Generics	
XEOMIN	4-Non-Preferred Drugs	PA

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>eszopiclone</i>	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
HETLIOZ LQ	5-Specialty	PA, QL (158 PER 30 DAYS)
<i>ramelteon</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>tasimelteon</i>	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>temazepam (15 mg cap, 30 mg cap)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>zaleplon 10 mg cap</i>	2-Generics	PA, QL (60 PER 30 DAYS)
<i>zaleplon 5 mg cap</i>	2-Generics	PA, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zolpidem tartrate 10 mg tab</i>	2-Generics	PA, QL (30 PER 30 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	2-Generics	QL (30 PER 30 DAYS)

WAKEFULNESS PROMOTING AGENTS

<i>armodafinil</i>	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>modafinil 100 mg tab</i>	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
<i>modafinil 200 mg tab</i>	3-Preferred Brands	PA, QL (60 PER 30 DAYS)
SODIUM OXYBATE	5-Specialty	PA, QL (540 PER 30 DAYS)

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

Index of Drugs

A

abacavir sulfate.....	44	albuterol sulfate hfa 108 (90 base) mcg/act	
abacavir sulfate-lamivudine.....	44	aero soln (generic proventil).....	106
ABELCET.....	22	albuterol sulfate hfa 108 (90 base) mcg/act	
ABILIFY ASIMTUFI.....	38,39	aero soln (generic ventolin).....	106
abiraterone acetate.....	27	alclometasone dipropionate.....	68
abirtega.....	27	ALECENSA.....	29
ABRYSVO.....	94	alendronate sodium.....	98
acamprosate calcium.....	5	alfuzosin hcl er.....	79
acarbose.....	48	aliskiren fumarate.....	59
accutane.....	67	allopurinol.....	24
acebutolol hcl.....	57	alogliptin benzoate.....	48
acetaminophen-codeine.....	4	alogliptin-metformin hcl.....	48
acetazolamide.....	59	alogliptin-pioglitazone.....	49
acetazolamide er.....	103	alosetron hcl.....	76
acetic acid.....	104	alprazolam.....	47
acetylcysteine.....	108	altavera.....	81
acitretin.....	67	ALUNBRIG.....	29
ACTHIB.....	94	ALVAIZ.....	54
ACTIMMUNE.....	92	alyacen 1/35.....	81
acyclovir.....	47,71	alyacen 7/7/7.....	81
acyclovir sodium.....	47	alyq.....	107
ADACEL.....	94	amantadine hcl.....	37
ADALIMUMAB-AACF (2 PEN).....	92	ambrisentan.....	107
ADALIMUMAB-AACF (2 SYRINGE).....	92	amethyst.....	81
ADALIMUMAB-AACF(CD/UC/HS STRT).....	92	amikacin sulfate.....	7
ADALIMUMAB-AACF(PS/UV STARTER).....	92	amiloride hcl.....	62
adefovir dipivoxil.....	42	amiloride-hydrochlorothiazide.....	59
ADEMPAS.....	107	amiodarone hcl.....	57
ADVAIR HFA.....	108	amitriptyline hcl.....	21
afirmelle.....	81	amlodipine besy-benazepril hcl.....	59
AIMOVIG.....	24	amlodipine besylate.....	58
ak-poly-bac.....	100	amlodipine besylate-valsartan.....	59
AKEEGA.....	27	amlodipine-atorvastatin.....	59
ala-cort.....	68	amlodipine-olmesartan.....	59
albendazole.....	36	amlodipine-valsartan-hctz.....	59
albuterol sulfate.....	106	ammonium lactate.....	68
albuterol sulfate hfa 108 (90 base) mcg/act		amnestem.....	67
aero soln (generic proair).....	106	amoxapine.....	21
		amoxicillin.....	9
		amoxicillin-pot clavulanate.....	10
		amoxicillin-pot clavulanate er.....	10

amphetamine-dextroamphet er	64	aurovela 1/20	82
amphetamine-dextroamphetamine	65	aurovela 24 fe	82
amphotericin b	22	aurovela fe 1.5/30	82
amphotericin b liposome	22	aurovela fe 1/20	82
ampicillin	10	AUSTEDO	65
ampicillin sodium	10	AUSTEDO XR	65
ampicillin-sulbactam sodium	10	AUSTEDO XR PATIENT TITRATION	66
anagrelide hcl	54	AUVELITY	18
anastrozole	29	AVASTIN	35
ANORO ELLIPTA	108	aviane	82
apomorphine hcl	37	AVONEX PEN	66
apraclonidine hcl	103	AVONEX PREFILLED	66
aprepitant	22	ayuna	82
apri	82	AYVAKIT	29
APTIOM	15,16	azacitidine	27
APTIVUS	45	AZASITE	101
aranelle	82	azathioprine	92
ARCALYST	91	AZATHIOPRINE SODIUM	92
AREXVY	94	azelastine hcl	101,105
arformoterol tartrate	106	azithromycin	11
ARIKAYCE	7	aztreonam	7
aripiprazole	39	azurette	82
ARISTADA	39		
ARISTADA INITIO	39	B	
armodafinil	110	bac (butalbital-acetamin-caff)	66
ARNUITY ELLIPTA	104	bacitra-neomycin-polymyxin-hc	100
asenapine maleate	39	bacitracin	101
aspirin-dipyridamole er	54	bacitracin-polymyxin b	100
atazanavir sulfate	45	baclofen	41
atenolol	57	balsalazide disodium	97
atenolol-chlorthalidone	60	BALVERSA	29
atomoxetine hcl	65	balziva	82
atorvastatin calcium	62	BAQSIMI ONE PACK	51
atovaquone	36	BAQSIMI TWO PACK	51
atovaquone-proguanil hcl	36	BARACLUDE	42
atropine sulfate	100	BASAGLAR KWIKPEN	52
ATROVENT HFA	105	BCG VACCINE	95
aubra eq	82	BD ALCOHOL PADS	99
AUGTYRO	28	benazepril hcl	56
AURANOFIN	91	benazepril-hydrochlorothiazide	60
aurovela 1.5/30	82	BENLYSTA	91

benzoyl peroxide-erythromycin.....	67	BRONCHITOL.....	107
benztropine mesylate.....	37	BRUKINSA.....	29
BERINERT.....	91	budesonide.....	97,104
BESIVANCE.....	11	budesonide er.....	97
BESREMI.....	92	budesonide-formoterol fumarate.....	108
betaine.....	78	bumetanide.....	61
betamethasone dipropionate.....	68	buprenorphine.....	3
betamethasone dipropionate aug.....	68	buprenorphine hcl.....	6
betamethasone valerate.....	68	buprenorphine hcl-naloxone hcl.....	6
BETASERON.....	66	bupropion hcl.....	18
betaxolol hcl.....	57,103	bupropion hcl er (smoking det).....	6
bethanechol chloride.....	80	bupropion hcl er (sr).....	18
BEVESPI AEROSPHERE.....	108	bupropion hcl er (xl).....	18
bexarotene.....	35	buspirone hcl.....	47
BEXSERO.....	95	butalbital-apap-caffeine.....	66
bicalutamide.....	27	butalbital-aspirin-caffeine.....	2
BICILLIN L-A.....	10	butorphanol tartrate.....	4
BIKTARVY.....	43		
bimatoprost.....	103	C	
bisoprolol fumarate.....	57	CABENUVA.....	45
bisoprolol-hydrochlorothiazide.....	60	cabergoline.....	89
BIVIGAM.....	91	CABOMETYX.....	29
blisovi 24 fe.....	82	calcipotriene.....	70
blisovi fe 1.5/30.....	82	calcitonin (salmon).....	98
blisovi fe 1/20.....	82	calcitrene.....	71
BOOSTRIX.....	95	calcitriol.....	98
bortezomib.....	29	calcitriol oral soln 1 mcg/ml.....	98
bosentan.....	107	CALQUENCE.....	29
BOSULIF.....	29	camila.....	88
BOTOX.....	109	camrese lo.....	82
BRAFTOVI.....	29	candesartan cilexetil.....	55
BREO ELLIPTA.....	108	candesartan cilexetil-hctz.....	60
brey-na.....	108	CAPLYTA.....	39
BREZTRI AEROSPHERE.....	108	CAPRELSA.....	29,30
briellyn.....	82	captopril.....	56
BRILINTA.....	54	CARBAMAZEPINE.....	16
brimonidine tartrate.....	103	carbamazepine.....	16
brinzolamide.....	103	carbamazepine er.....	16
BRIVIACT.....	13	carbidopa.....	37
bromfenac sodium (once-daily).....	102	carbidopa-levodopa.....	37
bromocriptine mesylate.....	37	carbidopa-levodopa er.....	37

carbidopa-levodopa-entacapone.....	37	CIMDUO.....	44
carboplatin.....	26	cimetidine.....	77
carglumic acid.....	72	cinacalcet hcl.....	98
carteolol hcl.....	103	CINRYZE.....	91
cartia xt.....	58	ciprofloxacin hcl.....	11,12
carvedilol.....	57	ciprofloxacin in d5w.....	12
carvedilol phosphate er.....	58	ciprofloxacin in d5w 400 mg/200ml solution.....	12
caspofungin acetate.....	22	ciprofloxacin-dexamethasone.....	104
CAYSTON.....	107	cisplatin.....	26
cefaclor.....	8	citalopram hydrobromide.....	19
cefadroxil.....	8	claravis.....	68
cefazolin sodium.....	8	clarithromycin.....	11
cefdinir.....	9	clarithromycin er.....	11
cefepime hcl.....	9	CLENPIQ.....	77
cefixime.....	9	clindamycin hcl.....	7
cefotetan disodium.....	9	clindamycin palmitate hcl.....	7
cefoxitin sodium.....	9	clindamycin phos (once-daily).....	72
cefpodoxime proxetil.....	9	clindamycin phos (twice-daily).....	72
cefprozil.....	9	clindamycin phosphate.....	7,72
ceftazidime.....	9	clindamycin phosphate in d5w.....	7
ceftriaxone sodium.....	9	CLINIMIX/DEXTROSE (4.25/10).....	72
cefuroxime axetil.....	9	CLINIMIX/DEXTROSE (4.25/5).....	72
cefuroxime sodium.....	9	CLINIMIX/DEXTROSE (5/15).....	72
celecoxib.....	2	CLINIMIX/DEXTROSE (5/20).....	72
cephalexin.....	9	clinisol sf.....	73
CERDELGA.....	78	CLINOLIPID.....	99
cetirizine hcl.....	105	clobazam.....	14
cevimeline hcl.....	67	clobetasol prop emollient base.....	68
chateal eq.....	82	clobetasol propionate.....	69
CHEMET.....	75	clobetasol propionate e.....	69
chlorhexidine gluconate.....	67	clobetasol propionate emulsion.....	69
chloroquine phosphate.....	36	clodan.....	69
chlorpromazine hcl.....	38	clomipramine hcl.....	21
chlorthalidone.....	62	clonazepam.....	47
cholestyramine.....	63	clonidine 0.1 mg/24hr patch wk.....	55
cholestyramine light.....	63	clonidine 0.2 mg/24hr patch wk.....	55
ciclodan.....	71	clonidine 0.3 mg/24hr patch wk.....	55
ciclopirox.....	72	clonidine hcl.....	55
ciclopirox olamine.....	72	clopidogrel bisulfate.....	55
cilostazol.....	55	clorazepate dipotassium.....	48
CILOXAN.....	11	clotrimazole.....	23

clotrimazole-betamethasone.....	71	dantrolene sodium.....	41
CLOTRIMAZOLE-BETAMETHASONE.....	71	DANZITEN.....	30
clozapine.....	41	dapsone.....	25
COARTEM.....	36	DAPTACEL.....	95
COBENFY.....	39	daptomycin.....	7
COBENFY STARTER PACK.....	39	daptomycin 350 mg recon soln.....	7
colchicine.....	24	darifenacin hydrobromide er.....	79
colchicine-probenecid.....	24	darunavir.....	45,46
colesevelam hcl.....	63	dasatinib.....	30
colestipol hcl.....	63	dasetta 1/35.....	82
colistimethate sodium (cba).....	7	dasetta 7/7/7.....	82
COMBIGAN.....	100	DAURISMO.....	30
COMBIVENT RESPIMAT.....	108	deblitane.....	88
COMETRIQ (100 MG DAILY DOSE).....	30	deferasirox.....	75
COMETRIQ (140 MG DAILY DOSE).....	30	deferasirox granules.....	75
COMETRIQ (60 MG DAILY DOSE).....	30	deferiprone.....	75
COMPLERA.....	43	DELSTRIGO.....	43
compro.....	21	delyla.....	82
constulose.....	75	demeclocycline hcl.....	12
COPAXONE.....	67	DEPO-ESTRADIOL.....	82
COPIKTRA.....	30	DEPO-SUBQ PROVERA 104.....	88
CORLANOR.....	60	DESCOVY.....	44
COTELLIC.....	30	desipramine hcl.....	21
CREON.....	78	desloratadine.....	105
cromolyn sodium.....	78,101,107	desmopressin ace spray refig.....	81
cryselle-28.....	82	desmopressin acetate.....	81
cyclobenzaprine hcl.....	109	desmopressin acetate pf.....	81
cyclopentolate hcl.....	100	desmopressin acetate spray.....	81
CYCLOPHOSPHAMIDE.....	26	desogestrel-ethinyl estradiol.....	82
CYCLOSET.....	49	desonide.....	69
cyclosporine.....	92	desoximetasone.....	69
cyclosporine modified.....	92	desvenlafaxine succinate er.....	19
cyproheptadine hcl.....	105	dexamethasone.....	80
cyred eq.....	82	dexamethasone sod phos +rfid.....	80
CYSTAGON.....	78	dexamethasone sod phosphate pf.....	80
CYSTARAN.....	78	dexamethasone sodium phosphate.....	80,102
D		dexmethylphenidate hcl.....	65
dabigatran etexilate mesylate.....	53	dextroamphetamine sulfate.....	65
dalfampridine er.....	67	dextroamphetamine sulfate er.....	65
danazol.....	81	dextrose.....	73
		dextrose-sodium chloride.....	73

DIACOMIT.....	13	doxazosin mesylate.....	55
diazepam.....	15,48	doxepin hcl.....	21,109
diazepam intensol.....	48	DOXERCALCIFEROL.....	98
diazoxide.....	51	doxy 100.....	12
diclofenac potassium.....	2	doxycycline hyclate.....	12
diclofenac sodium.....	2,102	doxycycline monohydrate.....	12,13
diclofenac sodium er.....	2	DRIZALMA SPRINKLE.....	66
diclofenac-misoprostol.....	2	dronabinol.....	22
dicloxacillin sodium.....	10	DROPLET INSULIN SYRINGE.....	99
dicyclomine hcl.....	76	DROPLET MICRON.....	99
DIFICID.....	11	DROPLET PEN NEEDLES.....	99
diflunisal.....	2	drospirenone-ethinyl estradiol.....	82
difluprednate.....	102	DROXIA.....	28
digoxin.....	57	droxidopa.....	55
dihydroergotamine mesylate.....	25	DUAVEE.....	89
DILANTIN.....	16	duloxetine hcl.....	66
DILANTIN INFATABS.....	16	DUPIXENT.....	91
dilt-xr.....	59	dutasteride.....	79
diltiazem hcl.....	59	dutasteride-tamsulosin hcl.....	79
diltiazem hcl er.....	59		
diltiazem hcl er beads.....	59	E	
diltiazem hcl er coated beads.....	59	econazole nitrate.....	23
dimethyl fumarate.....	67	EDURANT.....	43
dimethyl fumarate starter pack.....	67	efavirenz.....	43
diphenhydramine hcl.....	105	efavirenz-emtricitab-tenofo df.....	43
diphenoxylate-atropine.....	76	efavirenz-lamivudine-tenofovir.....	43
DIPHThERIA-TETANUS TOXOIDS DT.....	95	ELIGARD.....	89
dipyridamole.....	55	elinest.....	82
disulfiram.....	5	ELIQUIS.....	53
divalproex sodium.....	13	ELIQUIS DVT/PE STARTER PACK.....	53
divalproex sodium er.....	13	elixophyllin.....	107
DOCETAXEL.....	28	ELMIRON.....	80
dofetilide.....	57	eluryng.....	83
dolishale.....	82	EMGALITY.....	24
donepezil hcl.....	17	EMGALITY (300 MG DOSE).....	24
DOPTelet.....	55	EMSAM.....	19
dorzolamide hcl.....	103	emtricitabine.....	44
dorzolamide hcl-timolol mal.....	100	emtricitabine-tenofovir df.....	44
dorzolamide hcl-timolol mal pf.....	100	EMTRIVA.....	44
dotti.....	82	emzahn.....	88
DOVATO.....	43	enalapril maleate.....	56

enalapril-hydrochlorothiazide	60	ethosuximide	14
ENBREL	92	ethynodiol diac-eth estradiol	83
ENBREL MINI	92	etodolac	2
ENBREL SURECLICK	93	etodolac er	2
endocet	4	etonogestrel-ethinyl estradiol	83
ENERGIX-B	95	etoposide	29
enilloring	83	etravirine	43
enoxaparin sodium	53	euthyrox	89
enpresse-28	83	everolimus	30,93
enskyce	83	EVOTAZ	46
entacapone	37	exemestane	29
entecavir	42	ezetimibe	63
ENTRESTO	60	ezetimibe-simvastatin	63
enulose	76		
ENVARSUS XR	93	F	
EPCLUSA	42	falmina	83
EPIDIOLEX	13	famciclovir	47
epinastine hcl	101	famotidine	77
epinephrine	106	FANAPT	39
epitol	16	FANAPT TITRATION PACK	39
eplerenone	62	FARXIGA	64
EPRONTIA	13	FASENRA	109
ergotamine-caffeine	25	FASENRA PEN	109
ERIVEDGE	30	febuxostat	24
ERLEADA	27	feirza 1.5/30	83
erlotinib hcl	30	feirza 1/20	83
errin	88	felbamate	13
ertapenem sodium	10	felodipine er	58
ery 2% pad	72	femynor	83
ery-tab	11	fenofibrate	62
erythromycin	11,72,101	fenofibrate micronized	62
erythromycin base	11	fenofibric acid	62
erythromycin ethylsuccinate	11	fentanyl	3
escitalopram oxalate	19	fesoterodine fumarate er	79
esomeprazole magnesium	78	FETZIMA	19
estarylla	83	FETZIMA TITRATION	19
estradiol	83	FIASP	52
estradiol valerate	83	FIASP FLEXTOUCH	52
ESTRING	83	FIASP PENFILL	52
eszopiclone	109	FIASP PUMPCART	52
ethambutol hcl	26	finasteride	79

fingolimod hcl.....	67	fulvestrant.....	27
FINTEPLA.....	13	furosemide.....	61
FIRDAPSE.....	66	FUZEON.....	45
FIRMAGON.....	89	fyavolv.....	83
FIRMAGON (240 MG DOSE).....	90	FYCOMPA.....	13,14
flac.....	104		
FLAREX.....	102	G	
FLEBOGAMMA DIF.....	91	gabapentin.....	15
flecainide acetate.....	57	galantamine hydrobromide.....	17
fluconazole.....	23	galantamine hydrobromide er.....	17
fluconazole in sodium chloride.....	23	gallifrey.....	88
flucytosine.....	23	GAMMAGARD.....	91
fludrocortisone acetate.....	80	GAMMAGARD S/D LESS IGA.....	91
flunisolide.....	104	GAMMAKED.....	91
fluocinolone acetonide.....	69,104	GAMMAPLEX.....	91
fluocinolone acetonide body.....	69	GAMUNEX-C.....	91
fluocinolone acetonide scalp.....	69	GARDASIL 9.....	95
fluocinonide.....	69	gatifloxacin.....	101
fluocinonide emulsified base.....	69	GATTEX.....	77
fluorometholone.....	102	GAUZE PADS & DRESSINGS - PADS 2 X	
fluorouracil.....	27,71	2.....	99
fluoxetine hcl.....	19,20	gavilyte-c.....	77
fluphenazine decanoate.....	38	gavilyte-g.....	77
fluphenazine hcl.....	38	gavilyte-n with flavor pack.....	77
flurbiprofen.....	2	GAVRETO.....	30
flurbiprofen sodium.....	102	gefitinib.....	30
fluticasone propionate.....	69,104	gemfibrozil.....	62
fluticasone propionate diskus.....	104	GEMTESA.....	79
fluticasone propionate hfa.....	104	generlac.....	76
fluticasone-salmeterol.....	109	gengraf.....	93
fluvoxamine maleate.....	20	gentamicin in saline.....	7
fluvoxamine maleate er.....	20	gentamicin sulfate.....	7,101
fondaparinux sodium.....	53	GENVOYA.....	43
formoterol fumarate.....	106	GILOTRIF.....	30
fosamprenavir calcium.....	46	GLEOSTINE.....	26
fosinopril sodium.....	56	glimepiride.....	49
fosinopril sodium-hctz.....	60	glipizide.....	49
FOTIVDA.....	30	glipizide er.....	49
FREAMINE III.....	73	glipizide-metformin hcl.....	49
FRUZAQLA.....	28	glucagon emergency.....	51
FULPHILA.....	54	glucagon emergency 1 mg kit (generic).....	51

glyburide.....	49
GLYBURIDE MICRONIZED.....	49
glyburide-metformin.....	49
glycopyrrolate.....	76
GLYXAMBI.....	49
GOMEKLI.....	30
granisetron hcl.....	22
griseofulvin microsize.....	23
griseofulvin ultramicrosize.....	23
guanfacine hcl er.....	65

H

HAEGARDA.....	91
hailey 1.5/30.....	83
hailey 24 fe.....	83
hailey fe 1.5/30.....	84
hailey fe 1/20.....	84
halobetasol propionate.....	69
haloette.....	84
haloperidol.....	38
haloperidol decanoate.....	38
haloperidol lactate.....	38
HARVONI.....	42
HAVRIX.....	95
heather.....	88
heparin sodium (porcine).....	53
heparin sodium (porcine) pf.....	53
HEPLISAV-B.....	95
HERCEPTIN HYLECTA.....	35
HETLIOZ LQ.....	109
HIBERIX.....	95
HUMIRA (2 PEN).....	93
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT (ABBVIE PRODUCT ONLY).....	93
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT (ABBVIE PRODUCT ONLY).....	93
HUMIRA (2 SYRINGE).....	93
HUMIRA 10 MG/0.1ML PREF SY KT (ABBVIE PRODUCT ONLY).....	93
HUMIRA 20 MG/0.2ML PREF SY KT (ABBVIE PRODUCT ONLY).....	93

HUMIRA 40 MG/0.4ML PREF SY KT (ABBVIE PRODUCT ONLY).....	93
HUMIRA-PSORIASIS/UEVIT STARTER... ..	93
HUMULIN R U-500 (CONCENTRATED)... ..	52
HUMULIN R U-500 KWIKPEN.....	52
hydralazine hcl.....	64
hydrochlorothiazide.....	62
hydrocodone-acetaminophen.....	4
hydrocortisone.....	70,97,98
hydrocortisone (perianal).....	70
HYDROCORTISONE BUTYRATE.....	70
hydrocortisone butyrate.....	70
hydrocortisone valerate.....	70
hydrocortisone-acetic acid.....	104
hydromorphone hcl.....	4
hydroxychloroquine sulfate.....	36
hydroxyurea.....	28
hydroxyzine hcl.....	105
hydroxyzine pamoate.....	47

I

ibandronate sodium.....	98
IBRANCE.....	30
ibu.....	2
ibuprofen.....	2
icatibant acetate.....	91
iclevia.....	84
ICLUSIG.....	30
IDACIO (2 PEN).....	93
IDACIO (2 SYRINGE).....	93
IDACIO-CROHNS/UC STARTER.....	93
IDACIO-PSORIASIS STARTER.....	93
IDHIFA.....	31
ILEVRO.....	102
imatinib mesylate.....	31
IMBRUVICA.....	31
imipenem-cilastatin.....	11
imipramine hcl.....	21
imiquimod.....	71
IMKELDI.....	31
IMOVAX RABIES.....	95

IMPAVIDO.....	36	isosorbide dinitrate.....	64
INBRIJA.....	37	isosorbide mononitrate.....	64
incassia.....	88	isosorbide mononitrate er.....	64
INCRELEX.....	81	isotretinoin.....	68
INCRUSE ELLIPTA.....	106	isradipine.....	58
indapamide.....	62	ITOVEBI.....	31
INFANRIX.....	95	itraconazole.....	23
INFLECTRA.....	93	ivabradine hcl.....	60
INLYTA.....	31	ivermectin.....	36
INQOVI.....	28	IWILFIN.....	28
INREBIC.....	31	IXCHIQ.....	95
INSULIN PEN NEEDLE		IXIARO.....	95
(NOVO/BD/ULTIMED/OWEN/TRIVIDIA)...	99		
INSULIN SYRINGE (DISP) U-100 0.3 ML		J	
(BD/ULTIMED/ALLISON/TRIVIDIA/MHC) ..	99	JAKAFI.....	31
INSULIN SYRINGE (DISP) U-100 1 ML		jantoven.....	54
(BD/ULTIMED/ALLISON/TRIVIDIA/MHC) ..	99	JANUMET.....	49
INSULIN SYRINGE (DISP) U-100 1/2 ML		JANUMET XR.....	49
(BD/ULTIMED/ALLISON/TRIVIDIA/MHC) ..	99	JANUVIA.....	49
INTELENCE.....	43	JARDIANCE.....	64
INTRALIPID.....	99	jasmiel.....	84
introvale.....	84	javygtor.....	78
INVEGA HAFYERA.....	39	JAYPIRCA.....	31
INVEGA SUSTENNA.....	39,40	jencycla.....	88
INVEGA TRINZA.....	40	JENTADUETO.....	49
IPOL.....	95	JENTADUETO XR.....	49,50
ipratropium bromide.....	106	jinteli.....	84
ipratropium-albuterol.....	109	jolessa.....	84
irbesartan.....	56	juleber.....	84
irbesartan-hydrochlorothiazide.....	60	JULUCA.....	43
irinotecan hcl.....	29	junel 1.5/30.....	84
ISENTRESS.....	43	junel 1/20.....	84
ISENTRESS HD.....	43	junel fe 1.5/30.....	84
isibloom.....	84	junel fe 1/20.....	84
ISOLYTE-P IN D5W.....	73	junel fe 24.....	84
ISOLYTE-S.....	73	JYNNEOS.....	95
ISOLYTE-S PH 7.4.....	73		
isoniazid.....	26	K	
ISOPROPYL ALCOHOL 0.7 ML/ML		KADCYLA.....	35
MEDICATED PAD.....	100	kalliga.....	84
isosorb dinitrate-hydralazine.....	60	KALYDECO.....	107

KANJINTI.....	35	lamotrigine er.....	14
kariva.....	84	lanreotide acetate.....	90
KCL (0.149%) IN NACL.....	73	lansoprazole.....	78
kcl in dextrose-nacl.....	73	LANTUS.....	52
KCL-LACTATED RINGERS-D5W.....	73	LANTUS SOLOSTAR.....	52
kelnor 1/35.....	84	lapatinib ditosylate.....	31
kelnor 1/50.....	84	larin 1.5/30.....	84
KERENDIA.....	64	larin 1/20.....	84
KESIMPTA.....	67	larin 24 fe.....	84
ketoconazole.....	23	larin fe 1.5/30.....	84
ketorolac tromethamine.....	102	larin fe 1/20.....	84
KEYTRUDA.....	35	latanoprost.....	103
KINRIX.....	95	LAZCLUZE.....	31
kionex.....	75	leena.....	84
KISQALI (200 MG DOSE).....	31	leflunomide.....	93
KISQALI (400 MG DOSE).....	31	lenalidomide.....	27
KISQALI (600 MG DOSE).....	31	LENVIMA (10 MG DAILY DOSE).....	31
KISQALI FEMARA (200 MG DOSE).....	31	LENVIMA (12 MG DAILY DOSE).....	31
KISQALI FEMARA (400 MG DOSE).....	31	LENVIMA (14 MG DAILY DOSE).....	32
KISQALI FEMARA (600 MG DOSE).....	31	LENVIMA (18 MG DAILY DOSE).....	32
klayesta.....	23	LENVIMA (20 MG DAILY DOSE).....	32
klor-con.....	73	LENVIMA (24 MG DAILY DOSE).....	32
klor-con 10.....	73	LENVIMA (4 MG DAILY DOSE).....	32
klor-con m10.....	73	LENVIMA (8 MG DAILY DOSE).....	32
klor-con m15.....	73	lessina.....	84
klor-con m20.....	73	letrozole.....	29
KOSELUGO.....	31	leucovorin calcium.....	28
kourzeq.....	67	leuprolide acetate.....	90
KRAZATI.....	31	LEUPROLIDE ACETATE (3 MONTH).....	90
kurvelo.....	84	levalbuterol hcl.....	106
L		levalbuterol tartrate.....	106
l-glutamine.....	78	levetiracetam.....	14
labetalol hcl.....	58	levetiracetam er.....	14
lacosamide.....	16	LEVETIRACETAM IN NACL.....	14
lactulose.....	76	levobunolol hcl.....	103
lactulose encephalopathy.....	76	levocarnitine.....	75
LAGEVRIO.....	47	levocarnitine sf.....	75
lamivudine.....	42,44	levocetirizine dihydrochloride.....	105
lamivudine-zidovudine.....	44	levofloxacin.....	12
lamotrigine.....	14,48	levofloxacin in d5w.....	12
		levofloxacin oral soln 25 mg/ml.....	12

MEKINIST.....	32	micafungin sodium.....	23
MEKTOVI.....	32	miconazole 3.....	23
meloxicam.....	2	microgestin 1.5/30.....	85
memantine hcl.....	18	microgestin 1/20.....	85
memantine hcl er.....	18	microgestin 24 fe.....	85
MENACTRA.....	95	microgestin fe 1.5/30.....	85
MENEST.....	85	microgestin fe 1/20.....	85
MENQUADFI.....	96	midodrine hcl.....	55
MENVEO.....	96	MIEBO.....	100
mercaptapurine.....	28	mifepristone.....	90
meropenem.....	11	miglitol.....	50
mesalamine.....	97	miglustat.....	78
mesalamine er.....	97	mili.....	85
mesalamine-cleanser.....	97	minocycline hcl.....	13
mesna.....	36	minoxidil.....	64
MESNEX.....	36	mirtazapine.....	18
metformin hcl.....	50	misoprostol.....	77
metformin hcl er.....	50	MITIGARE.....	24
methadone hcl.....	3	modafinil.....	110
methazolamide.....	103	moexipril hcl.....	56
methenamine hippurate.....	8	molindone hcl.....	38
methimazole.....	90	mometasone furoate.....	70,104
methocarbamol.....	109	mondoxyne nl.....	13
methotrexate sodium.....	93,94	mono-lynyah.....	85
methotrexate sodium (pf).....	94	montelukast sodium.....	105
methoxsalen rapid.....	71	MORPHINE SULFATE.....	4
methscopolamine bromide.....	76	morphine sulfate.....	4
methsuximide.....	14	morphine sulfate (concentrate).....	4
methylphenidate hcl.....	65	morphine sulfate er.....	3
methylphenidate hcl er.....	65	MOUNJARO.....	50
methylprednisolone.....	80	MOVANTIK.....	76
methylprednisolone acetate.....	80	moxifloxacin hcl.....	12,101
methylprednisolone sodium succ.....	80	moxifloxacin hcl (2x day).....	101
metoclopramide hcl.....	21	moxifloxacin hcl in nacl.....	12
metolazone.....	62	MRESVIA.....	96
metoprolol succinate er.....	58	MULTAQ.....	57
metoprolol tartrate.....	58	multiple electro type 1 ph 5.5.....	73
metoprolol-hydrochlorothiazide.....	60	multiple electro type 1 ph 7.4.....	73
metronidazole.....	8,68	mupirocin.....	72
metyrosine.....	61	MVASI.....	35
mexiletine hcl.....	57	MYALEPT.....	77

mycophenolate mofetil.....	94
mycophenolate mofetil hcl.....	94
mycophenolate sodium.....	94
mycophenolic acid.....	94
MYRBETRIQ.....	79

N

na sulfate-k sulfate-mg sulf.....	77	NICOTROL NS.....	6
nabumetone.....	2	nifedipine er.....	58
nadolol.....	58	nifedipine er osmotic release.....	58
nafcillin sodium.....	10	nikki.....	85
naftifine hcl.....	23	nilutamide.....	27
naloxone hcl.....	6	nimodipine.....	58
naltrexone hcl.....	5	NINLARO.....	32
NAMZARIC.....	17	nitazoxanide.....	36
naproxen.....	3	nitisinone.....	78
naproxen dr.....	3	NITRO-BID.....	64
naproxen sodium.....	3	nitrofurantoin macrocrystal.....	8
naratriptan hcl.....	25	nitrofurantoin monohyd macro.....	8
nateglinide.....	50	nitroglycerin.....	64
NAYZILAM.....	15	nizatidine.....	77
nebivolol hcl.....	58	nora-be.....	88
necon 0.5/35 (28).....	85	NORDITROPIN FLEXPRO.....	81
NEEDLES, INSULIN DISP., SAFETY.....	100	norelgestromin-eth estradiol.....	85
nefazodone hcl.....	20	norethin ace-eth estrad-fe.....	85
neo-polycin.....	100	norethin-eth estradiol-fe.....	85
neo-polycin hc.....	100	norethindron-ethinyl estrad-fe.....	85
neomycin sulfate.....	7	norethindrone.....	89
neomycin-bacitracin zn-polymyx.....	100	norethindrone acet-ethinyl est.....	86
neomycin-polymyxin-dexameth.....	100	norethindrone acetate.....	89
neomycin-polymyxin-gramicidin.....	100	norethindrone-eth estradiol.....	86
neomycin-polymyxin-hc.....	100,104	norgestim-eth estrad triphasic.....	86
NERLYNX.....	32	norgestimate-eth estradiol.....	86
nevirapine.....	43	norlyda.....	89
nevirapine er.....	44	norlyroc.....	89
NEXLETOL.....	61	nortrel 0.5/35 (28).....	86
NEXLIZET.....	63	nortrel 1/35 (21).....	86
NEXPLANON.....	88	nortrel 1/35 (28).....	86
niacin er (antihyperlipidemic).....	63	nortrel 7/7/7.....	86
nicardipine hcl.....	58	nortriptyline hcl.....	21
NICOTROL.....	6	NORVIR.....	46
		NOVOLIN 70/30.....	52
		NOVOLIN 70/30 FLEXPEN.....	52
		NOVOLIN N.....	52
		NOVOLIN N FLEXPEN.....	52
		NOVOLIN R.....	52
		NOVOLIN R FLEXPEN.....	52
		NOVOLOG.....	52

NOVOLOG FLEXPEN.....	52
NOVOLOG MIX 70/30.....	52
NOVOLOG MIX 70/30 FLEXPEN.....	53
NOVOLOG PENFILL.....	53
NUBEQA.....	27
NUEDEXTA.....	66
NULOJIX.....	94
NUPLAZID.....	40
NURTEC.....	25
NUTRILIPID.....	100
NUZYRA.....	13
nyamyc.....	23
nylia 1/35.....	86
nylia 7/7/7.....	86
nymyo.....	86
nystatin.....	23
nystatin-triamcinolone.....	71
nystop.....	24

O

OCALIVA.....	77
ocella.....	86
OCTAGAM.....	91
octreotide acetate.....	90
ODEFSEY.....	44
ODOMZO.....	32
OFEV.....	108
ofloxacin.....	12,101
OGIVRI.....	35
OGSIVEO.....	32
OJEMDA.....	32
OJJAARA.....	28
olanzapine.....	40
olmesartan medoxomil.....	56
olmesartan medoxomil-hctz.....	61
olmesartan-amlodipine-hctz.....	61
olopatadine hcl.....	105
omega-3-acid ethyl esters.....	63
omeprazole.....	78
ondansetron.....	22
ondansetron hcl.....	22

ondansetron hcl +rfid.....	22
ondansetron hcl oral soln 4 mg/5ml.....	22
ONUREG.....	28
OPSUMIT.....	108
OPVEE.....	6
oralone.....	67
ORGOVYX.....	28
ORKAMBI.....	107
ORSERDU.....	27
oseltamivir phosphate.....	46
OTEZLA.....	71
oxacillin sodium.....	10
oxaliplatin.....	26
oxaprozin.....	3
oxazepam.....	48
oxcarbazepine.....	16
OXERVATE.....	101
oxybutynin chloride.....	79
oxybutynin chloride er.....	79
oxycodone hcl.....	5
oxycodone-acetaminophen.....	5
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	50
OZEMPIC (1 MG/DOSE).....	50
OZEMPIC (2 MG/DOSE).....	50

P

pacerone.....	57
paclitaxel.....	32
paclitaxel protein-bound part.....	32
paliperidone er.....	40
PANRETIN.....	36
pantoprazole sodium.....	78
PANZYGA.....	91
paraplatin.....	26
paricalcitol.....	98
paroxetine hcl.....	20
paroxetine hcl er.....	20
PAXLOVID (150/100).....	47
PAXLOVID (300/100).....	47
pazopanib hcl.....	32
PEDIARIX.....	96

PEDVAX HIB.....	96	PIQRAY (250 MG DAILY DOSE).....	33
peg 3350-kcl-na bicarb-nacl.....	77	PIQRAY (300 MG DAILY DOSE).....	33
peg-3350/electrolytes.....	77	pirfenidone.....	108
PEGASYS.....	92	pirmella 1/35.....	86
PEMAZYRE.....	33	piroxicam.....	3
PENBRAYA.....	96	pitavastatin calcium.....	62
penicillamine.....	75	plenamine.....	73
PENICILLIN G POT IN DEXTROSE.....	10	podofilox.....	71
penicillin g potassium.....	10	polycin.....	101
penicillin g sodium.....	10	polymyxin b sulfate.....	8
penicillin v potassium.....	10	polymyxin b-trimethoprim.....	102
PENTACEL.....	96	POMALYST.....	27
pentamidine isethionate for nebulization soln		portia-28.....	86
300 mg.....	36	posaconazole.....	24
pentamidine isethionate for soln 300 mg.....	36	POTASSIUM CHLORIDE.....	74
pentoxifylline er.....	61	potassium chloride.....	74
perindopril erbumine.....	56	potassium chloride crys er.....	74
periogard.....	67	potassium chloride er.....	74
permethrin.....	71	potassium chloride in dextrose.....	74
perphenazine.....	21	POTASSIUM CHLORIDE IN NACL.....	74
perphenazine-amitriptyline.....	18	potassium citrate er.....	74
pfizerpen.....	10	pramipexole dihydrochloride.....	37
phenelzine sulfate.....	19	prasugrel hcl.....	55
phenobarbital.....	15	pravastatin sodium.....	62
phenytekt.....	16	praziquantel.....	36
phenytoin.....	16	prazosin hcl.....	55
phenytoin infatabs.....	16	prednisolone.....	80
phenytoin sodium.....	16	prednisolone acetate.....	102
phenytoin sodium extended.....	16	prednisolone sodium phosphate.....	80
philith.....	86	PREDNISOLONE SODIUM PHOSPHATE.....	102
PIFELTRO.....	44	prednisone.....	80
pilocarpine hcl.....	67,103	PREDNISONE INTENSOL.....	80
pimecrolimus.....	70	pregabalin.....	66
pimozide.....	38	pregabalin er.....	66
pimtrea.....	86	PREHEVBRIO.....	96
pindolol.....	58	PREMARIN.....	86
pioglitazone hcl.....	50	PREMASOL.....	74
pioglitazone hcl-glimepiride.....	50	PREMPRO.....	86
pioglitazone hcl-metformin hcl.....	50	PRENATAL VITAMIN ORAL TABLET.....	75
piperacillin sod-tazobactam so.....	10	prevalite.....	63
PIQRAY (200 MG DAILY DOSE).....	33	previfem.....	86

PREVYMIS.....	42
PREZCOBIX.....	46
PREZISTA.....	46
PRIFTIN.....	26
primaquine phosphate.....	36
primidone.....	15
PRIORIX.....	96
PRIVIGEN.....	91
probenecid.....	24
prochlorperazine.....	21
prochlorperazine edisylate.....	22
prochlorperazine maleate.....	22
PROCRIPT.....	54
procto-med hc.....	70
proctosol hc.....	70
proctozone-hc.....	70
progesterone.....	89
PROGRAF.....	94
PROLASTIN-C.....	78
PROLENSA.....	102
PROLIA.....	98
promethazine hcl.....	22,105
propafenone hcl.....	57
propafenone hcl er.....	57
propranolol hcl.....	58
propranolol hcl er.....	58
propylthiouracil.....	91
PROQUAD.....	96
PROSOL.....	74
protriptyline hcl.....	21
PULMICORT FLEXHALER.....	105
PULMOZYME.....	107
PURIXAN.....	28
pyrazinamide.....	26
pyridostigmine bromide.....	25
pyridostigmine bromide er.....	25
pyrimethamine.....	36

Q

QINLOCK.....	28
QUADRACEL.....	96

quetiapine fumarate.....	40
quetiapine fumarate er.....	40
quinapril hcl.....	56
quinidine sulfate.....	57
quinine sulfate.....	37

R

RABAVERT.....	96
rabeprazole sodium.....	78
raloxifene hcl.....	89
ramelteon.....	109
ramipril.....	56
ranolazine er.....	61
rasagiline mesylate.....	37
RAVICTI.....	78
reclipsen.....	86
RECOMBIVAX HB.....	96
RECORLEV.....	90
REGRANEX.....	71
relafen.....	3
RELENZA DISKHALER.....	46
RELISTOR.....	76
RENFLEXIS.....	94
repaglinide.....	50
REPATHA.....	63
REPATHA PUSHTRONEX SYSTEM.....	63
REPATHA SURECLICK.....	63
RESTASIS.....	101
RESTASIS MULTIDOSE.....	101
RETACRIT.....	54
RETEVMO.....	33
REVUFORJ.....	33
REXULTI.....	41
REYATAZ.....	46
REZLIDHIA.....	33
REZUROCK.....	94
RHOPRESSA.....	103
ribavirin.....	42
RIDAURA.....	91
rifabutin.....	25
rifampin.....	26

riluzole	66	sharobel	89
rimantadine hcl	46	SHINGRIX	96
RINVOQ	91	SIGNIFOR	90
RINVOQ LQ	91	sildenafil citrate	108
risedronate sodium	98	silodosin	79
risperidone	41	silver sulfadiazine	71
risperidone microspheres er	41	SIMBRINZA	103
ritonavir	46	simliya	86
rivastigmine	17	simvastatin	63
rivastigmine tartrate	17	sirolimus	94
rizatriptan benzoate	25	SIRTURO	26
ROCKLATAN	101	SIVEXTRO	8
roflumilast	107	SKYRIZI	92
ropinirole hcl	37	SKYRIZI PEN	92
ropinirole hcl er	37	sodium chloride	74
rosuvastatin calcium	63	sodium chloride (pf)	74
ROTARIX	96	sodium fluoride	74
ROTATEQ	96	SODIUM OXYBATE	110
roweepra	14	sodium phenylbutyrate	78
ROZLYTREK	33	sodium polystyrene sulfonate	75
RUBRACA	33	SOFOSBUVIR-VELPATASVIR	43
rufinamide	16,17	solifenacin succinate	79
RUKOBIA	45	SOLIQUEA	51
RUXIENCE	35	SOLTAMOX	27
RYBELSUS	51	SOLU-MEDROL	81
RYDAPT	33	SOMATULINE DEPOT	90
S		SOMAVERT	90
sajazir	91	sorafenib tosylate	33
SANCUSO	22	sotalol hcl	57
SANTYL	71	sotalol hcl (af)	57
sapropterin dihydrochloride	78	spironolactone	64
SCSEMBLIX	33	spironolactone-hctz	61
scopolamine	22	sprintec 28	86
SECUADO	41	SPRITAM	14
selegiline hcl	38	SPRYCEL	33
selenium sulfide	70	sps (sodium polystyrene sulf)	75
SELZENTRY	45	sronyx	86
SEREVENT DISKUS	106	ssd	71
sertraline hcl	20	STELARA	92
setlakin	86	sterile water for irrigation	100
		STIVARGA	33

streptomycin sulfate.....	7	TAVNEOS.....	92
STRIBILD.....	43	tazarotene.....	68
subvenite.....	48	tazicef.....	9
SUCRAID.....	78	TAZORAC.....	68
sucralfate.....	77	taztia xt.....	59
sulfacetamide sodium.....	102	TAZVERIK.....	34
sulfacetamide sodium (acne).....	68	TDVAX.....	96
sulfacetamide-prednisolone.....	101	TEFLARO.....	9
sulfadiazine.....	12	telmisartan.....	56
sulfamethoxazole-trimethoprim.....	12	telmisartan-amlodipine.....	61
SULFAMYLON.....	72	telmisartan-hctz.....	61
sulfasalazine.....	97	temazepam.....	109
sulindac.....	3	TENIVAC.....	96
sumatriptan.....	25	tenofovir disoproxil fumarate.....	44
sumatriptan succinate.....	25	TEPMETKO.....	34
sumatriptan succinate refill.....	25	terazosin hcl.....	55
sunitinib malate.....	33	terbinafine hcl.....	24
SUNLENCA.....	45	terbutaline sulfate.....	106
syeda.....	86	terconazole.....	24
SYMPAZAN.....	15	teriflunomide.....	67
SYMTUZA.....	46	TERIPARATIDE (RECOMBINANT).....	98
SYNAREL.....	90	testosterone.....	81
SYNJARDY.....	51	testosterone cypionate.....	81
SYNJARDY XR.....	51	testosterone enanthate.....	81
SYNTHROID.....	89	testosterone td gel pump 20.25 mg/act (1.62%).....	81
T		tetrabenazine.....	66
TABRECTA.....	33	tetracycline hcl.....	13
tacrolimus.....	70,94	THALOMID.....	27
tadalafil.....	79	theophylline.....	107
tadalafil (pah).....	108	theophylline er.....	107
TAFINLAR.....	33	thioridazine hcl.....	38
TAGRISSO.....	34	thiothixene.....	38
TALTZ.....	92	tiadylt er.....	59
TALZENNA.....	34	tiagabine hcl.....	15
tamoxifen citrate.....	27	TIBSOVO.....	34
tamsulosin hcl.....	80	TICOVAC.....	96
tarina 24 fe.....	86	TIGECYCLINE.....	8
tarina fe 1/20 eq.....	86	tilia fe.....	86
TASIGNA.....	34	timolol maleate.....	58,103
tasimelteon.....	109	timolol maleate (once-daily).....	103

tinidazole	8	tri-lo-estarylla	87
TIVICAY	43	tri-lo-marzia	87
TIVICAY PD	43	tri-lo-mili	87
tizanidine hcl	42	tri-lo-sprintec	87
TOBRADEX	101	tri-mili	87
tobramycin	102,107	tri-nymyo	87
tobramycin sulfate	7	tri-sprintec	87
tobramycin-dexamethasone	101	tri-vylibra	87
tolterodine tartrate	79	tri-vylibra lo	87
tolterodine tartrate er	79	triamcinolone acetonide	67,70
topiramate	14	triamterene-hctz	61
toremifene citrate	27	triderm	70
torpenz	34	trientine hcl	75
torsemide	61	trifluoperazine hcl	38
TOUJEO MAX SOLOSTAR	53	trifluridine	102
TOUJEO SOLOSTAR	53	trihexyphenidyl hcl	37
tovet	70	TRIJARDY XR	51
TPN ELECTROLYTES	74	TRIKAFTA	107
TRADJENTA	51	trimethoprim	8
tramadol hcl	5	trimipramine maleate	21
tramadol hcl (er biphasic)	3	TRINTELLIX	20
tramadol hcl er	3	TRIUMEQ	44
tramadol-acetaminophen	5	TRIUMEQ PD	44
trandolapril	57	trivora (28)	87
trandolapril-verapamil hcl er	61	TROGARZO	45
tranexamic acid	54	TROPHAMINE	74
tranylcypromine sulfate	19	trospium chloride	79
TRAVASOL	74	trospium chloride er	79
travoprost (bak free)	104	TRULANCE	76
TRAZIMERA	35	TRULICITY	51
trazodone hcl	20	TRUMENBA	97
TRECATOR	26	TRUQAP	34
TRELEGY ELLIPTA	109	TRUXIMA	35
TRELSTAR MIXJECT	90	TUKYSA	34
TRESIBA	53	TURALIO	34
TRESIBA FLEXTOUCH	53	turqoz	87
tretinoin	36,68	TWINRIX	97
tri femynor	87	TYBOST	45
tri-estarylla	87	TYPHIM VI	97
tri-legest fe	87		
tri-linyah	87		

U

UBRELVY	25
unithroid	89
UPTRAVI	108
ursodiol	77

V

valacyclovir hcl	47
VALCHLOR	27
valganciclovir hcl	42
valproate sodium	14
valproic acid	14
valsartan	56
valsartan-hydrochlorothiazide	61
VALTOCO 10 MG DOSE	15
VALTOCO 15 MG DOSE	15
VALTOCO 20 MG DOSE	15
VALTOCO 5 MG DOSE	15
valtya 1/50	87
vancomycin hcl	8
VANFLYTA	34
VAQTA	97
varenicline tartrate	6
varenicline tartrate (starter)	6
varenicline tartrate(continue)	6
VARIVAX	97
VASCEPA	63
VAXCHORA	97
velivet	87
VEMLIDY	42
VENCLEXTA	34
VENCLEXTA STARTING PACK	34
venlafaxine hcl	20
venlafaxine hcl er	20
verapamil hcl	59
verapamil hcl er	59
VERQUVO	61
VERSACLOZ	41
VERZENIO	34
vestura	87

VIBERZI	76
vienva	87
vigabatrin	15
vigadrone	15
VIGAFYDE	15
vigpoder	15
vilazodone hcl	21
VIMKUNYA	97
viorele	87
VIRACEPT	46
VIREAD	45
VITRAKVI	34
VIVITROL	5
VIVOTIF	97
VIZIMPRO	34
volnea	87
VONJO	34
VORANIGO	34
voriconazole	24
VOWST	77
VRAYLAR	41
vyfemla	87
vylibra	87

W

warfarin sodium	54
WELIREG	28
wera	87
wixela inhub	109
wymzya fe	87

X

XALKORI	34
xarah fe	87
XARELTO	54
XARELTO STARTER PACK	54
XATMEP	94
XCOPRI	17
XCOPRI (250 MG DAILY DOSE)	17
XCOPRI (350 MG DAILY DOSE)	17
XDEMVI	101

XELJANZ.....	92	ziprasidone hcl.....	41
XELJANZ XR.....	92	ziprasidone mesylate.....	41
xelria fe.....	87	ZIRABEV.....	35
XEOMIN.....	109	ZIRGAN.....	102
XERMELO.....	76	zoledronic acid.....	98
XGEVA.....	98	ZOLINZA.....	28
XIFAXAN.....	8	zolpidem tartrate.....	110
XIGDUO XR.....	51	ZONISADE.....	17
XIIDRA.....	101	zonisamide.....	17
XOFLUZA (40 MG DOSE).....	46	zovia 1/35 (28).....	88
XOFLUZA (80 MG DOSE).....	47	ZTALMY.....	15
XOLAIR.....	92	zumandimine.....	88
XOSPATA.....	35	ZURZUVAE.....	18
XPOVIO (100 MG ONCE WEEKLY).....	35	ZYDELIG.....	35
XPOVIO (40 MG ONCE WEEKLY).....	35	ZYKADIA.....	35
XPOVIO (40 MG TWICE WEEKLY).....	35	ZYLET.....	101
XPOVIO (60 MG ONCE WEEKLY).....	35	ZYPREXA RELPREVV.....	41
XPOVIO (60 MG TWICE WEEKLY).....	35		
XPOVIO (80 MG ONCE WEEKLY).....	35		
XPOVIO (80 MG TWICE WEEKLY).....	35		
XTAMPZA ER.....	3		
XTANDI.....	27		
xulane.....	87		

Y

yargesa.....	78
YF-VAX.....	97
YUPELRI.....	106
yuvaferm.....	87

Z

zafemy.....	88
zafirlukast.....	105
zaleplon.....	109
ZARXIO.....	54
ZEGALOGUE.....	52
ZEJULA.....	35
ZELBORAF.....	35
zenatane.....	68
ZENPEP.....	78
zidovudine.....	45

Este formulario se actualizó el 01/05/2025. Para obtener información más reciente o si tienes otras preguntas, comunícate con Jefferson Health Plans al 1-866-901-8000 (TTY 1-877-454-8477) o visita www.JeffersonHealthPlans.com/Medicare. Del 1.º de octubre al 31 de marzo, estamos disponibles de 8:00 a.m. a 8:00 p.m., los 7 días de la semana. Y del 1.º de abril al 30 de septiembre, estamos disponibles de 8:00 a.m. a 8:00 p.m., de lunes a viernes.

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

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01/05/2025

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