



Jefferson Health Plans 2024 Formulary (List of Covered Drugs)

Prime (HMO-POS) | Complete (HMO-POS)
Giveback (HMO-POS) | Silver (HMO-POS)
Platinum (HMO-POS) | Flex (PPO) | Flex Plus (PPO)

Jefferson Health Plans

2024 Formulary

(List of Covered Drugs)

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

Formulary ID 24481, Version 14

This formulary was updated on 04/01/2024. For more recent information or other questions, please contact Jefferson Health Plans Member Relations at 1-866-901-8000 (TTY users should call 1-877-454-8477) or visit JeffersonHealthPlans.com/medicare. From October 1 to March 31, we're available 8 a.m. to 8 p.m., 7 days a week. And from April 1 to September 30, we're available 8 a.m. to 8 p.m., Monday to Friday.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Jefferson Health Plans. When it refers to “plan” or “our plan,” it means Jefferson Health Plans Complete (HMO-POS), Prime (HMO-POS), Giveback (HMO-POS), Silver (HMO-POS), Platinum (HMO-POS), Flex (PPO) and Flex Plus (PPO)

This document includes list of the drugs (formulary) for our plan which is current as of 04/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the Jefferson Health Plans Formulary?

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

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Jefferson Health Plans may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Jefferson Health Plans’ Formulary?”

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Jefferson Health Plans’ Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 04/01/2024. To get updated information about the drugs covered by Jefferson Health Plans please contact us. Our contact information appears on the front and back cover pages.

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

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on A-7. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 110. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Jefferson Health Plans covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

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

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

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

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Relations at 1-866-901-8000 (TTY 1-877-454-8477) and ask if your drug is covered.

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

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

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

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72

hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

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

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

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

For more information

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

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

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

Jefferson Health Plans Formulary

The formulary that begins on the page 2 provides coverage information about the drugs covered by Jefferson Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 110.

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

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

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

Drug Tier	Retail Cost-Sharing (30-day supply)	Mail-order Cost-Sharing (100-day supply)
1 – Preferred Generics	\$0	\$0
2 – Generic	\$10	\$20
3 – Preferred Brand[†]	\$47	\$94
4 – Non-Preferred Drugs[†]	\$100	\$200
5 – Specialty[†]		
Prime, Complete, Silver, Platinum, Flex and Flex Plus plans	33%	Not offered
Giveback plan	30%	Not offered
6 – Select Care	\$0	\$0

* You won't pay more than \$10 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

[†] Members of the Giveback (HMO-POS) plan will pay a yearly deductible of \$200 on Tier 3, 4, & 5 drugs. The Deductible Stage is the first payment stage for your drug coverage. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines. You must pay the full cost of your Tier 3, 4, & 5 drugs until you reach the plan's deductible amount. For all other drugs, you will not have to pay any deductible.

Category Listing

ANALGESICS.....	2
ANESTHETICS.....	5
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS.....	6
ANTIBACTERIALS.....	7
ANTICONVULSANTS.....	13
ANTIDEMENTIA AGENTS.....	17
ANTIDEPRESSANTS.....	17
ANTIEMETICS.....	21
ANTIFUNGALS.....	22
ANTIGOUT AGENTS.....	23
ANTIMIGRAINE AGENTS.....	24
ANTIMYASTHENIC AGENTS.....	25
ANTIMYCOBACTERIALS.....	25
ANTINEOPLASTICS.....	26
ANTIPARASITICS.....	36
ANTIPARKINSON AGENTS.....	37
ANTIPSYCHOTICS.....	38
ANTISPASTICITY AGENTS.....	42
ANTIVIRALS.....	42
ANXIOLYTICS.....	47
BIPOLAR AGENTS.....	48
BLOOD GLUCOSE REGULATORS.....	49
BLOOD PRODUCTS AND MODIFIERS.....	55
CARDIOVASCULAR AGENTS.....	56
CENTRAL NERVOUS SYSTEM AGENTS.....	64
DENTAL AND ORAL AGENTS.....	67
DERMATOLOGICAL AGENTS.....	67
ELECTROLYTES/MINERALS/METALS/VITAMINS.....	71
GASTROINTESTINAL AGENTS.....	75
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT.....	77
GENITOURINARY AGENTS.....	78
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL).....	79
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY).....	80
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS).....	81
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID).....	88
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY).....	89
HORMONAL AGENTS, SUPPRESSANT (ADRENAL).....	89

HORMONAL AGENTS, SUPPRESSANT (PITUITARY).....89
HORMONAL AGENTS, SUPPRESSANT (THYROID).....90
IMMUNOLOGICAL AGENTS.....90
INFLAMMATORY BOWEL DISEASE AGENTS.....96
METABOLIC BONE DISEASE AGENTS.....97
MISCELLANEOUS THERAPEUTIC AGENTS.....98
OPHTHALMIC AGENTS.....99
OTIC AGENTS.....103
RESPIRATORY TRACT/PULMONARY AGENTS.....103
SKELETAL MUSCLE RELAXANTS.....108
SLEEP DISORDER AGENTS.....109

LEGEND

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

SYMBOL	NAME	DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA2	Prior Authorization (New Starts Only)	Prior authorization applies to new starts only. You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
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.
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.
\$0 CS	\$0 Cost Share	This prescription drug is available at a \$0 Cost Share.
CG	Coverage Gap	We provide additional coverage of the prescription drugs in this tier in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

JEFFERSON HEALTH PLANS 6 TIER FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	2-Generics	PA, QL (180 PER 30 DAYS)
<i>cataflam</i>	2-Generics	
<i>celecoxib</i>	2-Generics	QL (60 PER 30 DAYS)
<i>diclofenac potassium 50 mg tab</i>	2-Generics	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	2-Generics	
<i>diclofenac sodium 1 % gel</i>	3-Preferred Brands	QL (1000 PER 30 DAYS)
<i>diclofenac sodium 1.5 % solution</i>	4-Non-Preferred Drugs	QL (300 PER 28 DAYS)
<i>diclofenac sodium er</i>	2-Generics	
<i>diclofenac-misoprostol</i>	4-Non-Preferred Drugs	
<i>diflunisal</i>	2-Generics	
<i>ec-naproxen</i>	2-Generics	
<i>etodolac</i>	2-Generics	
<i>etodolac er</i>	4-Non-Preferred Drugs	
<i>flurbiprofen</i>	2-Generics	
<i>ibu</i>	1-Preferred Generics	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	1-Preferred Generics	
<i>ibuprofen 100 mg/5ml suspension</i>	2-Generics	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	2-Generics	PA
<i>indomethacin er</i>	2-Generics	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1-Preferred Generics	
<i>nabumetone</i>	2-Generics	
<i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	1-Preferred Generics	
<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, 20 mg cap)</i>	2-Generics	
<i>relafen</i>	2-Generics	
<i>sulindac</i>	2-Generics	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i>	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
<i>fentanyl</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</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>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	4-Non-Preferred Drugs	PA, 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>fentanyl citrate (400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)</i>	5-Specialty	PA, QL (120 PER 30 DAYS)
<i>fentanyl citrate 200 mcg loz handle</i>	4-Non-Preferred Drugs	PA, QL (120 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>hydrocodone-ibuprofen</i>	3-Preferred Brands	QL (150 PER 30 DAYS)
<i>hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)</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
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)
<i>oxycodone hcl (5 mg cap, 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>	3-Preferred Brands	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>oxymorphone hcl</i>	4-Non-Preferred Drugs	QL (180 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>	2-Generics	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>	2-Generics	PA, QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium</i>	2-Generics	
<i>disulfiram</i>	2-Generics	
<i>naltrexone hcl 50 mg tab</i>	2-Generics	
VIVITROL	5-Specialty	
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)
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>	1-Preferred Generics	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	2-Generics	
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>	3-Preferred Brands	
<i>varenicline tartrate (starter)</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
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate</i>	4-Non-Preferred Drugs	
<i>gentamicin in saline</i>	2-Generics	
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>gentamicin sulfate (10 mg/ml solution, 40 mg/ml solution)</i>	2-Generics	
<i>neomycin sulfate</i>	2-Generics	
<i>paromomycin sulfate</i>	2-Generics	
<i>streptomycin sulfate</i>	5-Specialty	
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i>	4-Non-Preferred Drugs	
ANTIBACTERIALS, OTHER		
<i>acetic acid 2 % solution</i>	2-Generics	
<i>aztreonam</i>	4-Non-Preferred Drugs	
<i>clindamycin hcl</i>	2-Generics	
<i>clindamycin palmitate hcl</i>	2-Generics	
<i>clindamycin phosphate (1 % swab, 2 % cream)</i>	2-Generics	
<i>clindamycin phosphate (9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i>	4-Non-Preferred Drugs	
<i>clindamycin phosphate in d5w</i>	4-Non-Preferred Drugs	
<i>colistimethate sodium (cba)</i>	5-Specialty	
DAPTOMYCIN (, 350 MG RECON SOLN)	5-Specialty	
<i>fosfomycin tromethamine</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>linezolid 100 mg/5ml recon susp</i>	5-Specialty	QL (1800 PER 30 DAYS)
<i>linezolid 600 mg tab</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>linezolid 600 mg/300ml solution</i>	4-Non-Preferred Drugs	
<i>methenamine hippurate</i>	2-Generics	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel, 250 mg tab, 500 mg tab)</i>	2-Generics	
<i>metronidazole 500 mg/100ml solution</i>	4-Non-Preferred Drugs	
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	3-Preferred Brands	
<i>nitrofurantoin monohyd macro</i>	3-Preferred Brands	
<i>polymyxin b sulfate</i>	2-Generics	
TIGECYCLINE	5-Specialty	
<i>trimethoprim</i>	2-Generics	
<i>vancomycin hcl (1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 100 gm recon soln, 500 mg recon soln, 750 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>vancomycin hcl 125 mg cap</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg cap</i>	4-Non-Preferred Drugs	QL (240 PER 30 DAYS)
XIFAXAN 200 MG TAB	4-Non-Preferred Drugs	PA
XIFAXAN 550 MG TAB	5-Specialty	PA

BETA-LACTAM, CEPHALOSPORINS

<i>cefaclor (250 mg cap, 500 mg cap)</i>	2-Generics	
CEFACLOR ER	2-Generics	
<i>cefadroxil (250 mg/5ml recon susp, 500 mg/5ml recon susp)</i>	2-Generics	
<i>cefadroxil 500 mg cap</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>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	
<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)</i>	4-Non-Preferred Drugs	
<i>cefixime 400 mg cap</i>	3-Preferred Brands	
<i>cefotetan disodium</i>	4-Non-Preferred Drugs	
<i>cefoxitin sodium</i>	4-Non-Preferred Drugs	
<i>cefpodoxime proxetil (100 mg tab, 200 mg tab)</i>	2-Generics	
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg/5ml recon susp)</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, 100 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>ceftriaxone sodium in dextrose</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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TEFLARO	5-Specialty	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1-Preferred Generics	
<i>amoxicillin-pot clavulanate (200-28.5 mg chew tab, 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>	2-Generics	
<i>ampicillin</i>	2-Generics	
<i>ampicillin sodium</i>	2-Generics	
<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</i>	2-Generics	
<i>oxacillin sodium</i>	2-Generics	
OXACILLIN SODIUM IN DEXTROSE	2-Generics	
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	

You 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>piperacillin sod-tazobactam so</i>	4-Non-Preferred Drugs	
CARBAPENEMS		
<i>ertapenem sodium</i>	4-Non-Preferred Drugs	
<i>imipenem-cilastatin</i>	4-Non-Preferred Drugs	
<i>meropenem</i>	4-Non-Preferred Drugs	
MACROLIDES		
<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp)</i>	2-Generics	
<i>azithromycin (250 mg tab, 500 mg tab, 600 mg tab)</i>	1-Preferred Generics	
<i>azithromycin 500 mg recon soln</i>	4-Non-Preferred Drugs	
<i>clarithromycin (125 mg/5ml recon susp, 250 mg/5ml recon susp)</i>	4-Non-Preferred Drugs	
<i>clarithromycin (250 mg tab, 500 mg tab)</i>	2-Generics	
<i>clarithromycin er</i>	4-Non-Preferred Drugs	
DIFICID (40 MG/ML RECON SUSP, 200 MG TAB)	5-Specialty	
ERYTHROCIN LACTOBIONATE	4-Non-Preferred Drugs	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	3-Preferred Brands	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 500 mg tab)</i>	4-Non-Preferred Drugs	
<i>erythromycin base (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	3-Preferred Brands	
<i>erythromycin ethylsuccinate 400 mg tab</i>	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QUINOLONES		
BESIVANCE	3-Preferred Brands	
CILOXAN	4-Non-Preferred Drugs	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1-Preferred Generics	
<i>ciprofloxacin hcl 0.3 % solution</i>	2-Generics	
<i>ciprofloxacin in d5w</i>	2-Generics	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	2-Generics	
<i>levofloxacin in d5w</i>	2-Generics	
<i>levofloxacin oral soln 25 mg/ml</i>	2-Generics	
<i>moxifloxacin hcl 400 mg tab</i>	2-Generics	
<i>moxifloxacin hcl in nacl</i>	2-Generics	
<i>ofloxacin (300 mg tab, 400 mg tab)</i>	2-Generics	
SULFONAMIDES		
<i>sulfacetamide sodium (acne)</i>	3-Preferred Brands	QL (118 PER 30 DAYS)
<i>sulfadiazine</i>	4-Non-Preferred Drugs	
<i>sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)</i>	1-Preferred Generics	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension</i>	2-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	

You 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 (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	2-Generics	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	2-Generics	
<i>mondoxylene nl</i>	2-Generics	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	2-Generics	

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	5-Specialty	QL (60 PER 30 DAYS)
BRIVIACT 10 MG/ML SOLUTION	5-Specialty	QL (600 PER 30 DAYS)
BRIVIACT 50 MG/5ML SOLUTION	5-Specialty	
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	
<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	QL (30 PER 30 DAYS)
FYCOMPA 0.5 MG/ML SUSPENSION	5-Specialty	QL (720 PER 30 DAYS)
FYCOMPA 2 MG TAB	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>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1-Preferred Generics	
<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	
<i>roweepra xr</i>	2-Generics	
SPRITAM	4-Non-Preferred Drugs	
<i>subvenite</i>	1-Preferred Generics	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2-Generics	
<i>valproate sodium</i>	2-Generics	
<i>valproic acid (250 mg cap, 250 mg/5ml solution)</i>	2-Generics	
XCOPRI (14 X 150 MG & 14 X 200 MG TAB THPK, 14 X 50 MG & 14 X 100 MG TAB THPK)	5-Specialty	QL (28 PER 28 DAYS)
XCOPRI (150 MG TAB, 200 MG TAB)	5-Specialty	QL (60 PER 30 DAYS)
XCOPRI (250 MG DAILY DOSE)	5-Specialty	QL (56 PER 28 DAYS)
XCOPRI (350 MG DAILY DOSE)	5-Specialty	QL (56 PER 28 DAYS)
XCOPRI (50 MG TAB, 100 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	4-Non-Preferred Drugs	QL (28 PER 28 DAYS)
ZTALMY	5-Specialty	PA2, QL (1100 PER 30 DAYS)

CALCIUM CHANNEL MODIFYING AGENTS

<i>ethosuximide (250 mg cap, 250 mg/5ml 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>methsuximide</i>	3-Preferred Brands	
GAMMA-AMINOBTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clobazam (10 mg tab, 20 mg tab)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	4-Non-Preferred Drugs	
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	2-Generics	
NAYZILAM	5-Specialty	PA2, QL (10 PER 30 DAYS)
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 20 mg/5ml solution, 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>primidone</i>	2-Generics	
SYMPAZAN (10 MG FILM, 20 MG FILM)	5-Specialty	PA2, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	4-Non-Preferred Drugs	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	QL (180 PER 30 DAYS)
<i>vigadrone</i>	5-Specialty	QL (180 PER 30 DAYS)
<i>vigpoder</i>	5-Specialty	QL (180 PER 30 DAYS)
SODIUM CHANNEL AGENTS		
APTIOM (200 MG TAB, 400 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
APTIOM (600 MG TAB, 800 MG TAB)	5-Specialty	QL (60 PER 30 DAYS)
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab)</i>	2-Generics	
<i>carbamazepine er</i>	2-Generics	
DILANTIN 30 MG CAP	3-Preferred Brands	
<i>epitol</i>	2-Generics	
<i>fosphenytoin sodium</i>	4-Non-Preferred Drugs	
<i>lacosamide (100 mg tab, 150 mg tab, 200 mg tab)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>lacosamide 10 mg/ml solution</i>	4-Non-Preferred Drugs	QL (1200 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, 300 mg/5ml suspension, 600 mg tab)</i>	2-Generics	
<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 50 mg/ml solution</i>	1-Preferred Generics	
<i>phenytoin sodium extended</i>	2-Generics	
<i>rufinamide 200 mg tab</i>	4-Non-Preferred Drugs	PA2, QL (480 PER 30 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	5-Specialty	PA2, QL (2760 PER 30 DAYS)
<i>rufinamide 400 mg tab</i>	5-Specialty	PA2, QL (240 PER 30 DAYS)
ZONISADE	4-Non-Preferred Drugs	
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
<i>ergoloid mesylates</i>	2-Generics	PA
NAMZARIC	4-Non-Preferred Drugs	
CHOLINESTERASE INHIBITORS		
<i>donepezil hcl (5 mg tab disp, 10 mg tab disp)</i>	2-Generics	QL (60 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>	2-Generics	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>	2-Generics	QL (60 PER 30 DAYS)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl (2 mg/ml solution, 28 x 5 mg & 21 x 10 mg tab)</i>	2-Generics	
<i>memantine hcl (5 mg tab, 10 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>memantine hcl er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
AUVELITY	5-Specialty	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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	2-Generics	QL (30 PER 30 DAYS)
<i>chlordiazepoxide-amitriptyline</i>	4-Non-Preferred Drugs	
LYBALVI	5-Specialty	QL (30 PER 30 DAYS)
<i>mirtazapine (15 mg tab, 15 mg tab disp)</i>	2-Generics	QL (90 PER 30 DAYS)
<i>mirtazapine (30 mg tab, 30 mg tab disp)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>mirtazapine (7.5 mg tab, 45 mg tab, 45 mg tab disp)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>olanzapine-fluoxetine hcl</i>	4-Non-Preferred Drugs	
<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)

MONOAMINE OXIDASE INHIBITORS

EMSAM	5-Specialty	QL (30 PER 30 DAYS)
MARPLAN	4-Non-Preferred Drugs	
<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 (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>citalopram hydrobromide 10 mg/5ml solution</i>	2-Generics	QL (600 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)

You 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>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>	2-Generics	QL (600 PER 30 DAYS)
FETZIMA	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
FETZIMA TITRATION	4-Non-Preferred Drugs	
<i>fluoxetine hcl 10 mg cap</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 10 mg tab</i>	2-Generics	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 20 mg cap</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg tab</i>	2-Generics	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg/5ml solution</i>	2-Generics	
<i>fluoxetine hcl 40 mg cap</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>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>	2-Generics	QL (60 PER 30 DAYS)
<i>nefazodone hcl</i>	2-Generics	
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	2-Generics	
<i>paroxetine hcl 10 mg/5ml suspension</i>	4-Non-Preferred Drugs	
<i>paroxetine hcl er</i>	4-Non-Preferred Drugs	
<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>	2-Generics	QL (300 PER 30 DAYS)
<i>trazodone hcl</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
TRINTELLIX	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
VENLAFAXINE BESYLATE ER	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>venlafaxine hcl</i>	2-Generics	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h)</i>	2-Generics	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap er 24h</i>	2-Generics	QL (60 PER 30 DAYS)
<i>vilazodone hcl</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

TRICYCLICS

<i>amitriptyline hcl</i>	2-Generics	
<i>amoxapine</i>	3-Preferred Brands	
<i>clomipramine hcl</i>	4-Non-Preferred Drugs	
<i>desipramine hcl</i>	3-Preferred Brands	
<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>imipramine pamoate</i>	4-Non-Preferred Drugs	
<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>	3-Preferred Brands	
<i>protriptyline hcl</i>	4-Non-Preferred Drugs	
<i>trimipramine maleate</i>	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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, 10 mg tab)</i>	1-Preferred Generics	
<i>metoclopramide hcl (5 mg/5ml solution, 10 mg/10ml solution)</i>	2-Generics	
<i>perphenazine</i>	2-Generics	
<i>prochlorperazine</i>	4-Non-Preferred Drugs	
<i>prochlorperazine edisylate</i>	4-Non-Preferred Drugs	
<i>prochlorperazine maleate</i>	2-Generics	
<i>promethazine hcl (12.5 mg suppos, 25 mg suppos)</i>	4-Non-Preferred Drugs	
<i>promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1-Preferred Generics	PA
<i>promethegan</i>	4-Non-Preferred Drugs	
<i>scopolamine</i>	4-Non-Preferred Drugs	QL (10 PER 30 DAYS)

EMETOGENIC THERAPY ADJUNCTS

<i>aprepitant</i>	4-Non-Preferred Drugs	PA3
<i>dronabinol</i>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
EMEND 125 MG/5ML RECON SUSP	4-Non-Preferred Drugs	PA3
<i>granisetron hcl 1 mg tab</i>	3-Preferred Brands	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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ondansetron hcl (4 mg/2ml soln prsyr, 4 mg/2ml solution, 40 mg/20ml solution)</i>	2-Generics	
<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>	2-Generics	PA3
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 50 mg recon soln</i>	5-Specialty	
<i>caspofungin acetate 70 mg recon soln</i>	4-Non-Preferred Drugs	
<i>ciclopirox olamine 0.77 % cream</i>	2-Generics	QL (90 PER 30 DAYS)
<i>ciclopirox olamine 0.77 % suspension</i>	2-Generics	QL (60 PER 30 DAYS)
<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>	2-Generics	
<i>flucytosine</i>	5-Specialty	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>griseofulvin ultramicrosize</i>	4-Non-Preferred Drugs	
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	4-Non-Preferred Drugs	
<i>ketconazole 2 % cream</i>	2-Generics	QL (60 PER 30 DAYS)
<i>ketconazole 2 % shampoo</i>	2-Generics	QL (120 PER 30 DAYS)
<i>ketconazole 200 mg tab</i>	2-Generics	
<i>klayesta</i>	2-Generics	QL (60 PER 30 DAYS)
<i>micafungin sodium</i>	5-Specialty	
<i>naftifine hcl 1 % cream</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>naftifine hcl 2 % cream</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>nyamyc</i>	2-Generics	QL (60 PER 30 DAYS)
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>nystatin (100000 unit/ml suspension, 500000 unit tab)</i>	2-Generics	
<i>nystop</i>	2-Generics	QL (60 PER 30 DAYS)
<i>posaconazole 100 mg tab dr</i>	5-Specialty	PA, QL (93 PER 30 DAYS)
<i>posaconazole 40 mg/ml suspension</i>	5-Specialty	PA, QL (630 PER 30 DAYS)
<i>terbinafine hcl 250 mg tab</i>	2-Generics	
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	2-Generics	
<i>voriconazole (50 mg tab, 200 mg tab)</i>	4-Non-Preferred Drugs	
<i>voriconazole 200 mg recon soln</i>	5-Specialty	PA
<i>voriconazole 40 mg/ml recon susp</i>	5-Specialty	

ANTIGOUT AGENTS

<i>allopurinol (100 mg tab, 300 mg tab)</i>	1-Preferred Generics
<i>colchicine 0.6 mg tab</i>	3-Preferred Brands

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>colchicine-probenecid</i>	2-Generics	
<i>febuxostat</i>	3-Preferred Brands	ST
MITIGARE	3-Preferred Brands	
<i>probenecid</i>	2-Generics	

ANTIMIGRAINE AGENTS

ANTIMIGRAINE AGENTS, OTHER

AIMOVIG	3-Preferred Brands	PA, QL (1 PER 28 DAYS)
AJOVY	4-Non-Preferred Drugs	PA, QL (1.5 PER 28 DAYS)
EMGALITY	4-Non-Preferred Drugs	PA, QL (2 PER 28 DAYS)
EMGALITY (300 MG DOSE)	4-Non-Preferred Drugs	PA, QL (3 PER 28 DAYS)
NURTEC	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 (5 mg/act solution, 20 mg/act solution)</i>	4-Non-Preferred Drugs	QL (12 PER 28 DAYS)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2-Generics	QL (9 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	4-Non-Preferred Drugs	QL (6 PER 30 DAYS)
<i>sumatriptan succinate refill</i>	4-Non-Preferred Drugs	QL (6 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	2-Generics	QL (9 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>	2-Generics
<i>rifabutin</i>	4-Non-Preferred Drugs

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>	2-Generics	
PRETOMANID	3-Preferred Brands	QL (30 PER 30 DAYS)
PRIFTIN	4-Non-Preferred Drugs	
<i>pyrazinamide</i>	4-Non-Preferred Drugs	
<i>rifampin (150 mg cap, 300 mg cap)</i>	2-Generics	
<i>rifampin 600 mg recon soln</i>	4-Non-Preferred Drugs	
SIRTURO	5-Specialty	
TRECTOR	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>bendamustine hcl (25 mg recon soln, 100 mg recon soln)</i>	5-Specialty	PA3
<i>busulfan</i>	5-Specialty	
<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	
GLEOSTINE 100 MG CAP	5-Specialty	
<i>ifosfamide (1 gm recon soln, 1 gm/20ml solution, 3 gm/60ml solution)</i>	4-Non-Preferred Drugs	
LEUKERAN	4-Non-Preferred Drugs	
MATULANE	5-Specialty	
<i>melphalan</i>	5-Specialty	PA3
<i>melphalan hcl</i>	5-Specialty	PA3
<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
VALCHLOR	5-Specialty	PA2, QL (60 PER 30 DAYS)
YONDELIS	5-Specialty	
ZANOSAR	4-Non-Preferred Drugs	PA3
ANTIANDROGENS		
<i>abiraterone acetate 250 mg tab</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
<i>abiraterone acetate 500 mg tab</i>	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>flutamide</i>	2-Generics	
<i>nilutamide</i>	5-Specialty	
NUBEQA	5-Specialty	PA2, QL (120 PER 30 DAYS)
ORSERDU 345 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
ORSERDU 86 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
XTANDI (40 MG CAP, 40 MG TAB)	5-Specialty	PA2, QL (120 PER 30 DAYS)
XTANDI 80 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
YONSA	5-Specialty	PA2, QL (120 PER 30 DAYS)

ANTIANGIOGENIC AGENTS

<i>lenalidomide</i>	5-Specialty	PA2, QL (28 PER 28 DAYS)
POMALYST	5-Specialty	PA2, QL (21 PER 28 DAYS)
REVLIMID	5-Specialty	PA2, QL (28 PER 28 DAYS)
THALOMID (150 MG CAP, 200 MG CAP)	5-Specialty	PA2, QL (60 PER 30 DAYS)
THALOMID (50 MG CAP, 100 MG CAP)	5-Specialty	PA2, QL (30 PER 30 DAYS)

ANTIESTROGENS/MODIFIERS

EMCYT	5-Specialty	
<i>fulvestrant</i>	5-Specialty	PA3
SOLTAMOX	5-Specialty	
<i>tamoxifen citrate</i>	2-Generics	
<i>toremifene citrate</i>	5-Specialty	

ANTIMETABOLITES

<i>adrucil</i>	2-Generics	PA3
<i>azacitidine</i>	5-Specialty	PA3
<i>cladribine</i>	5-Specialty	PA3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clofarabine</i>	5-Specialty	PA3
<i>cytarabine</i>	4-Non-Preferred Drugs	PA3
<i>cytarabine (pf)</i>	4-Non-Preferred Drugs	PA3
<i>decitabine</i>	5-Specialty	PA3
DROXIA	3-Preferred Brands	
<i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	2-Generics	PA3
<i>gemcitabine hcl 1 gm recon soln</i>	4-Non-Preferred Drugs	PA3
<i>hydroxyurea</i>	2-Generics	
INQOVI	5-Specialty	PA2
<i>mercaptopurine</i>	2-Generics	
NIPENT	5-Specialty	PA3
<i>pemetrexed disodium (100 mg recon soln, 500 mg recon soln, 750 mg recon soln, 1000 mg recon soln)</i>	5-Specialty	PA3
PURIXAN	5-Specialty	
TABLOID	4-Non-Preferred Drugs	
VYXEOS	5-Specialty	PA3

ANTINEOPLASTICS, OTHER

AKEEGA	5-Specialty	PA2
<i>arsenic trioxide 10 mg/10ml solution</i>	5-Specialty	PA3
AUGTYRO	5-Specialty	PA2
AYVAKIT	5-Specialty	PA2
BESREMI	5-Specialty	PA
<i>bleomycin sulfate</i>	4-Non-Preferred Drugs	PA3
BRUKINSA	5-Specialty	PA2
<i>dacarbazine 200 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>dactinomycin</i>	5-Specialty	PA3
DOCETAXEL	5-Specialty	PA3
EXKIVITY	5-Specialty	PA2
<i>fludarabine phosphate 50 mg recon soln</i>	4-Non-Preferred Drugs	
FOTIVDA	5-Specialty	PA2
HALAVEN	5-Specialty	
IDHIFA	5-Specialty	PA2
IWILFIN	5-Specialty	PA2
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 FEMARA (400 MG DOSE)	5-Specialty	PA2
KISQALI FEMARA (600 MG DOSE)	5-Specialty	PA2
KISQALI FEMARA(200 MG DOSE)	5-Specialty	PA2
KRAZATI	5-Specialty	PA2
<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	
<i>levoleucovorin calcium</i>	5-Specialty	
<i>levoleucovorin calcium pf</i>	5-Specialty	
LONSURF	5-Specialty	PA2
LUMAKRAS 120 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
LUMAKRAS 320 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
<i>mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>mitoxantrone hcl</i>	4-Non-Preferred Drugs	
<i>mutamycin</i>	4-Non-Preferred Drugs	
NINLARO	5-Specialty	PA2
ONUREG	5-Specialty	PA2
QINLOCK	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
RETEVMO	5-Specialty	PA2
TABRECTA	5-Specialty	PA2
TAZVERIK	5-Specialty	PA2
VANFLYTA	5-Specialty	PA2
<i>vinblastine sulfate</i>	4-Non-Preferred Drugs	PA3
<i>vincristine sulfate</i>	4-Non-Preferred Drugs	PA3
<i>vinorelbine tartrate 50 mg/5ml solution</i>	4-Non-Preferred Drugs	
WELIREG	5-Specialty	PA2
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	5-Specialty	PA2
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	5-Specialty	PA2
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	5-Specialty	PA2
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	5-Specialty	PA2
XPOVIO (60 MG TWICE WEEKLY)	5-Specialty	PA2
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	5-Specialty	PA2
XPOVIO (80 MG TWICE WEEKLY)	5-Specialty	PA2
ZALTRAP 100 MG/4ML SOLUTION	5-Specialty	
ZOLINZA	5-Specialty	PA2

AROMATASE INHIBITORS, 3RD GENERATION

<i>anastrozole</i>	2-Generics	
<i>exemestane</i>	2-Generics	
<i>letrozole</i>	2-Generics	

ENZYME INHIBITORS

<i>adriamycin 2 mg/ml solution</i>	4-Non-Preferred Drugs	PA3
<i>daunorubicin hcl (, 20 mg/4ml 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>doxorubicin hcl 2 mg/ml solution</i>	4-Non-Preferred Drugs	PA3
<i>doxorubicin hcl liposomal</i>	4-Non-Preferred Drugs	PA3
<i>epirubicin hcl</i>	4-Non-Preferred Drugs	PA3
<i>etoposide</i>	2-Generics	
<i>idarubicin hcl</i>	5-Specialty	PA3
<i>irinotecan hcl</i>	4-Non-Preferred Drugs	PA3
OJJAARA	5-Specialty	PA2
<i>romidepsin 10 mg recon soln</i>	5-Specialty	
<i>topotecan hcl 4 mg recon soln</i>	5-Specialty	PA3
TRUQAP	5-Specialty	PA2

MOLECULAR TARGET INHIBITORS

ALECENSA	5-Specialty	PA2
ALIQOPA	5-Specialty	PA3
ALUNBRIG	5-Specialty	PA2
BALVERSA	5-Specialty	PA2
BORTEZOMIB 3.5 MG RECON SOLN	5-Specialty	PA3
BOSULIF	5-Specialty	PA2
BRAFTOVI	5-Specialty	PA2
CABOMETYX	5-Specialty	PA2
CALQUENCE	5-Specialty	PA2
CAPRELSA	5-Specialty	PA2
COMETRIQ (100 MG DAILY DOSE)	5-Specialty	PA2
COMETRIQ (140 MG DAILY DOSE)	5-Specialty	PA2
COMETRIQ (60 MG DAILY DOSE)	5-Specialty	PA2
COPIKTRA	5-Specialty	PA2
COTELLIC	5-Specialty	PA2
DAURISMO	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
ERIVEDGE	5-Specialty	PA2
<i>erlotinib hcl</i>	5-Specialty	PA2
<i>everolimus (2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)</i>	5-Specialty	PA2
FRUZAQLA	5-Specialty	PA2
GAVRETO	5-Specialty	PA2
<i>gefitinib</i>	5-Specialty	PA2
GILOTRIF	5-Specialty	PA2
IBRANCE	5-Specialty	PA2
ICLUSIG	5-Specialty	PA2
<i>imatinib mesylate</i>	5-Specialty	PA2
IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	5-Specialty	PA2
INLYTA	5-Specialty	PA2
INREBIC	5-Specialty	PA2
JAKAFI	5-Specialty	PA2
JEVTANA	5-Specialty	
KISQALI (200 MG DOSE)	5-Specialty	PA2
KISQALI (400 MG DOSE)	5-Specialty	PA2
KISQALI (600 MG DOSE)	5-Specialty	PA2
KOSELUGO	5-Specialty	PA2
KYPROLIS	5-Specialty	PA3
<i>lapatinib ditosylate</i>	5-Specialty	PA2
LENVIMA (10 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (12 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (14 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (18 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (20 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (24 MG DAILY DOSE)	5-Specialty	PA2

You 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 (4 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (8 MG DAILY DOSE)	5-Specialty	PA2
LORBRENA	5-Specialty	PA2
LYNPARZA	5-Specialty	PA2
LYTGOBI (12 MG DAILY DOSE)	5-Specialty	PA2
LYTGOBI (16 MG DAILY DOSE)	5-Specialty	PA2
LYTGOBI (20 MG DAILY DOSE)	5-Specialty	PA2
MEKINIST (0.05 MG/ML RECON SOLN, 0.5 MG TAB, 2 MG TAB)	5-Specialty	PA2
MEKTOVI	5-Specialty	PA2
NERLYNX	5-Specialty	PA2
ODOMZO	5-Specialty	PA2
OGSIVEO	5-Specialty	PA2
<i>paclitaxel</i>	4-Non-Preferred Drugs	PA3
<i>paclitaxel protein-bound part</i>	5-Specialty	PA3
<i>pazopanib hcl</i>	5-Specialty	PA2
PEMAZYRE	5-Specialty	PA2
PIQRAY (200 MG DAILY DOSE)	5-Specialty	PA2
PIQRAY (250 MG DAILY DOSE)	5-Specialty	PA2
PIQRAY (300 MG DAILY DOSE)	5-Specialty	PA2
REZLIDHIA	5-Specialty	PA2
ROZLYTREK	5-Specialty	PA2
RUBRACA	5-Specialty	PA2
RYDAPT	5-Specialty	PA2
SCEMBLIX 20 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TAB	5-Specialty	PA2
<i>sorafenib tosylate</i>	5-Specialty	PA2
SPRYCEL	5-Specialty	PA2
STIVARGA	5-Specialty	PA2
<i>sunitinib malate</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
SYNRIBO	5-Specialty	PA3
TAFINLAR	5-Specialty	PA2
TAGRISSO	5-Specialty	PA2
TALZENNA	5-Specialty	PA2
TASIGNA	5-Specialty	PA2
<i>temsirolimus</i>	5-Specialty	
TEPMETKO	5-Specialty	PA2
TIBSOVO	5-Specialty	PA2
TRUSELTIQ (100MG DAILY DOSE)	5-Specialty	
TRUSELTIQ (125MG DAILY DOSE)	5-Specialty	
TRUSELTIQ (50MG DAILY DOSE)	5-Specialty	
TRUSELTIQ (75MG DAILY DOSE)	5-Specialty	
TUKYSA	5-Specialty	PA2
TURALIO	5-Specialty	PA2
VENCLEXTA (50 MG TAB, 100 MG TAB)	5-Specialty	PA2
VENCLEXTA 10 MG TAB	4-Non-Preferred Drugs	PA2
VENCLEXTA STARTING PACK	5-Specialty	PA2
VERZENIO	5-Specialty	PA2
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	5-Specialty	PA2
VIZIMPRO	5-Specialty	PA2
VONJO	5-Specialty	PA2, QL (120 PER 30 DAYS)
VOTRIENT	5-Specialty	PA2
XALKORI	5-Specialty	PA2
XOSPATA	5-Specialty	PA2
ZEJULA	5-Specialty	PA2
ZELBORAF	5-Specialty	PA2
ZYDELIG	5-Specialty	PA2
ZYKADIA	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
MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE		
ALYMSYS	5-Specialty	PA3
AVASTIN	5-Specialty	PA3
BAVENCIO	5-Specialty	PA3
CYRAMZA	5-Specialty	PA3
DARZALEX	5-Specialty	PA3
EMPLICITI	5-Specialty	PA3
ERBITUX 100 MG/50ML SOLUTION	5-Specialty	
HERCEPTIN HYLECTA	5-Specialty	PA3
HERZUMA	5-Specialty	PA3
IMFINZI	5-Specialty	PA3
KADCYLA	5-Specialty	PA3
KANJINTI	5-Specialty	PA3
KEYTRUDA	5-Specialty	PA3
MVASI	5-Specialty	PA3
MYLOTARG	5-Specialty	PA3
OGIVRI	5-Specialty	PA3
ONTRUZANT	5-Specialty	PA3
OPDIVO	5-Specialty	PA3
PERJETA	5-Specialty	
RIABNI	5-Specialty	PA3
RITUXAN HYCELA	5-Specialty	PA3
RUXIENCE	5-Specialty	PA3
TECENTRIQ	5-Specialty	PA3
TRAZIMERA	5-Specialty	PA3
TRUXIMA	5-Specialty	PA3
VECTIBIX 100 MG/5ML SOLUTION	5-Specialty	PA3
YERVOY 50 MG/10ML SOLUTION	5-Specialty	
ZIRABEV	5-Specialty	PA3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RETINOIDS		
<i>bexarotene 1 % gel</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>bexarotene 75 mg cap</i>	5-Specialty	PA2
PANRETIN	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>tretinoin 10 mg cap</i>	5-Specialty	
TREATMENT ADJUNCTS		
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	2-Generics	
<i>mesna</i>	4-Non-Preferred Drugs	
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	
<i>atovaquone-proguanil hcl</i>	2-Generics	
BENZNIDAZOLE	4-Non-Preferred Drugs	
<i>chloroquine phosphate</i>	2-Generics	
COARTEM	4-Non-Preferred Drugs	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2-Generics	
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pentamidine isethionate for soln 300 mg</i>	4-Non-Preferred Drugs	
<i>primaquine phosphate</i>	3-Preferred Brands	
<i>pyrimethamine</i>	5-Specialty	
<i>quinine sulfate</i>	4-Non-Preferred Drugs	

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1-Preferred Generics	
<i>trihexyphenidyl hcl (2 mg tab, 5 mg tab)</i>	1-Preferred Generics	
<i>trihexyphenidyl hcl 0.4 mg/ml solution</i>	2-Generics	

ANTIPARKINSON AGENTS, OTHER

<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	2-Generics	
<i>carbidopa-levodopa-entacapone</i>	2-Generics	
<i>entacapone</i>	2-Generics	
<i>tolcapone</i>	5-Specialty	

DOPAMINE AGONISTS

<i>apomorphine hcl</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>bromocriptine mesylate</i>	4-Non-Preferred Drugs	
NEUPRO	4-Non-Preferred Drugs	
<i>pramipexole dihydrochloride</i>	1-Preferred Generics	
<i>pramipexole dihydrochloride er</i>	2-Generics	
<i>ropinirole hcl</i>	2-Generics	
<i>ropinirole hcl er</i>	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa</i>	4-Non-Preferred Drugs	
<i>carbidopa-levodopa</i>	2-Generics	
<i>carbidopa-levodopa er</i>	2-Generics	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate</i>	4-Non-Preferred Drugs	
<i>selegiline hcl</i>	2-Generics	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	4-Non-Preferred Drugs	
<i>fluphenazine decanoate</i>	4-Non-Preferred Drugs	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	2-Generics	
<i>fluphenazine hcl 2.5 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	2-Generics	
<i>haloperidol decanoate</i>	2-Generics	
<i>haloperidol lactate</i>	2-Generics	
<i>loxapine succinate</i>	2-Generics	
<i>molindone hcl</i>	4-Non-Preferred Drugs	
<i>pimozide</i>	2-Generics	
<i>thioridazine hcl</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>thiothixene</i>	2-Generics	
<i>trifluoperazine hcl</i>	2-Generics	
2ND GENERATION/ATYPICAL		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5-Specialty	QL (2.4 PER 56 DAYS)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5-Specialty	QL (3.2 PER 56 DAYS)
ABILIFY MAINTENA	5-Specialty	QL (1 PER 28 DAYS)
<i>aripiprazole (1 mg/ml solution, 10 mg tab disp, 15 mg tab disp)</i>	4-Non-Preferred Drugs	
<i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	2-Generics	
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	
<i>asenapine maleate</i>	4-Non-Preferred Drugs	
CAPLYTA	5-Specialty	QL (30 PER 30 DAYS)
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
FANAPT (6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	5-Specialty	QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	4-Non-Preferred Drugs	
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)

You 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 234 MG/1.5ML SUSP PRSYR	5-Specialty	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3-Preferred Brands	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5-Specialty	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5-Specialty	QL (0.88 PER 84 DAYS)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5-Specialty	QL (1.32 PER 84 DAYS)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5-Specialty	QL (1.75 PER 84 DAYS)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5-Specialty	QL (2.63 PER 84 DAYS)
LATUDA (20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
LATUDA 80 MG TAB	5-Specialty	QL (60 PER 30 DAYS)
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tab</i>	5-Specialty	QL (60 PER 30 DAYS)
NUPLAZID	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i>	1-Preferred Generics	
<i>olanzapine (5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	4-Non-Preferred Drugs	
<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)
PERSERIS	5-Specialty	QL (1 PER 28 DAYS)
<i>quetiapine fumarate</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>quetiapine fumarate er</i>	2-Generics	
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB)	5-Specialty	QL (60 PER 30 DAYS)
REXULTI (2 MG TAB, 3 MG TAB, 4 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
RISPERDAL CONSTA (12.5 MG, 25 MG)	3-Preferred Brands	QL (2 PER 28 DAYS)
RISPERDAL CONSTA (37.5 MG, 50 MG)	5-Specialty	QL (2 PER 28 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	
SECUADO	5-Specialty	QL (30 PER 30 DAYS)
UZEDY 100 MG/0.28ML SUSP PRSYR	5-Specialty	QL (0.28 PER 28 DAYS)
UZEDY 125 MG/0.35ML SUSP PRSYR	5-Specialty	QL (0.35 PER 28 DAYS)
UZEDY 150 MG/0.42ML SUSP PRSYR	5-Specialty	QL (0.42 PER 56 DAYS)
UZEDY 200 MG/0.56ML SUSP PRSYR	5-Specialty	QL (0.56 PER 56 DAYS)
UZEDY 250 MG/0.7ML SUSP PRSYR	5-Specialty	QL (0.7 PER 56 DAYS)
UZEDY 50 MG/0.14ML SUSP PRSYR	5-Specialty	QL (0.14 PER 28 DAYS)
UZEDY 75 MG/0.21ML SUSP PRSYR	5-Specialty	QL (0.21 PER 28 DAYS)
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	5-Specialty	QL (30 PER 30 DAYS)
VRAYLAR 1.5 & 3 MG CAP THPK	4-Non-Preferred Drugs	
<i>ziprasidone hcl</i>	2-Generics	QL (60 PER 30 DAYS)
<i>ziprasidone 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
ZYPREXA RELPREVV	4-Non-Preferred Drugs	
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>	2-Generics	
VERSACLOZ	5-Specialty	
ANTISPASTICITY AGENTS		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	2-Generics	
<i>dantrolene sodium</i>	4-Non-Preferred Drugs	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	2-Generics	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
PREVYMIS (240 MG TAB, 480 MG TAB)	5-Specialty	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	
BARACLUDGE 0.05 MG/ML SOLUTION	5-Specialty	
<i>entecavir</i>	4-Non-Preferred Drugs	
EPIVIR HBV 5 MG/ML SOLUTION	4-Non-Preferred Drugs	
<i>lamivudine 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
VEMLIDY	5-Specialty	
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>	2-Generics	
SOFOSBUVIR-VELPATASVIR	5-Specialty	PA, QL (28 PER 28 DAYS)
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
APRETUDE	5-Specialty	
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	3-Preferred Brands	QL (180 PER 30 DAYS)
ISENTRESS 400 MG TAB	5-Specialty	QL (60 PER 30 DAYS)
ISENTRESS HD	5-Specialty	QL (60 PER 30 DAYS)
JULUCA	5-Specialty	QL (30 PER 30 DAYS)
STRIBILD	5-Specialty	QL (30 PER 30 DAYS)
TIVICAY (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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI-HIV AGENTS, 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 200 mg cap</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>efavirenz 50 mg cap</i>	4-Non-Preferred Drugs	QL (240 PER 30 DAYS)
<i>efavirenz 600 mg tab</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</i>	5-Specialty	
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	
<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>	3-Preferred Brands	
<i>abacavir sulfate 300 mg tab</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>abacavir sulfate-lamivudine</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
CIMDUO	5-Specialty	QL (30 PER 30 DAYS)
DESCOVY	5-Specialty	QL (30 PER 30 DAYS)
<i>emtricitabine</i>	3-Preferred Brands	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>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>	3-Preferred Brands	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	4-Non-Preferred Drugs	
<i>lamivudine 10 mg/ml solution</i>	3-Preferred Brands	
<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)
TEMIXYS	5-Specialty	
<i>tenofovir disoproxil fumarate</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
TRIUMEQ	5-Specialty	QL (30 PER 30 DAYS)
TRIUMEQ PD	5-Specialty	QL (180 PER 30 DAYS)
TRIZIVIR	5-Specialty	QL (60 PER 30 DAYS)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
VIREAD 40 MG/GM POWDER	5-Specialty	
<i>zidovudine 100 mg cap</i>	2-Generics	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>	2-Generics	

ANTI-HIV AGENTS, OTHER

CABENUVA	5-Specialty	
FUZEON	5-Specialty	QL (60 PER 30 DAYS)
<i>maraviroc</i>	5-Specialty	
RUKOBIA	5-Specialty	QL (60 PER 30 DAYS)
SELZENTRY (20 MG/ML SOLUTION, 75 MG TAB)	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
SELZENTRY 25 MG TAB	3-Preferred Brands	
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK, 463.5 MG/1.5ML SOLUTION)	5-Specialty	
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</i>	5-Specialty	
EVOTAZ	5-Specialty	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	5-Specialty	
LEXIVA 50 MG/ML SUSPENSION	4-Non-Preferred Drugs	
<i>lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab, 400-100 mg/5ml solution)</i>	4-Non-Preferred Drugs	
NORVIR 100 MG PACKET	4-Non-Preferred Drugs	
PREZCOBIX	5-Specialty	
PREZISTA (75 MG TAB, 150 MG TAB)	4-Non-Preferred Drugs	
PREZISTA 100 MG/ML SUSPENSION	5-Specialty	
REYATAZ 50 MG PACKET	4-Non-Preferred Drugs	
<i>ritonavir</i>	3-Preferred Brands	
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)</i>	2-Generics	
RELENZA DISKHALER	3-Preferred Brands	
<i>rimantadine hcl</i>	2-Generics	
ANTIHERPETIC AGENTS		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab)</i>	2-Generics	
<i>acyclovir sodium</i>	2-Generics	PA3
<i>famciclovir</i>	2-Generics	QL (90 PER 30 DAYS)
<i>trifluridine</i>	2-Generics	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)
ANTIVIRAL, CORONAVIRUS AGENTS		
PAXLOVID (150/100)	3-Preferred Brands	QL (40 PER 30 DAYS), \$0 CS (\$0 Cost Share)
PAXLOVID (300/100)	3-Preferred Brands	QL (60 PER 30 DAYS), \$0 CS (\$0 Cost Share)
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>bupirone hcl</i>	2-Generics	
<i>hydroxyzine pamoate</i>	2-Generics	
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>chlordiazepoxide hcl 10 mg cap</i>	4-Non-Preferred Drugs	QL (300 PER 30 DAYS)
<i>chlordiazepoxide hcl 25 mg cap</i>	4-Non-Preferred Drugs	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
<i>chlordiazepoxide hcl 5 mg cap</i>	4-Non-Preferred Drugs	QL (240 PER 30 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>clonazepam (2 mg tab, 2 mg tab disp)</i>	2-Generics	QL (300 PER 30 DAYS)
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)</i>	2-Generics	QL (90 PER 30 DAYS)
<i>clorazepate dipotassium 15 mg tab</i>	2-Generics	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>	2-Generics	QL (120 PER 30 DAYS)

BIPOLAR AGENTS

MOOD STABILIZERS

<i>lamotrigine (25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)</i>	2-Generics
<i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i>	1-Preferred Generics
<i>lamotrigine er</i>	4-Non-Preferred Drugs
LITHIUM 8 MEQ/5ML SOLUTION	2-Generics
<i>lithium carbonate (150 mg cap, 300 mg cap, 600 mg cap)</i>	1-Preferred Generics
<i>lithium carbonate 300 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>lithium carbonate er</i>	2-Generics	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>alogliptin benzoate</i>	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)
<i>alogliptin-metformin hcl</i>	6-Select Care	QL (60 PER 30 DAYS), CG (Coverage Gap)
<i>alogliptin-pioglitazone (12.5-30 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)
<i>alogliptin-pioglitazone 12.5-45 mg tab</i>	6-Select Care	
BYDUREON BCISE	3-Preferred Brands	QL (3.4 PER 28 DAYS)
BYETTA 10 MCG PEN	4-Non-Preferred Drugs	QL (2.4 PER 30 DAYS)
BYETTA 5 MCG PEN	4-Non-Preferred Drugs	QL (1.2 PER 30 DAYS)
CYCLOSET	4-Non-Preferred Drugs	
FARXIGA	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>glimepiride (1 mg tab, 2 mg tab)</i>	6-Select Care	QL (120 PER 30 DAYS), CG (Coverage Gap)
<i>glimepiride 4 mg tab</i>	6-Select Care	QL (60 PER 30 DAYS), CG (Coverage Gap)
<i>glipizide (5 mg tab, 10 mg tab)</i>	6-Select Care	QL (120 PER 30 DAYS), CG (Coverage Gap)
<i>glipizide er 10 mg tab er 24h</i>	6-Select Care	QL (60 PER 30 DAYS), CG (Coverage Gap)
<i>glipizide er 2.5 mg tab er 24h</i>	6-Select Care	QL (120 PER 30 DAYS), CG (Coverage Gap)
<i>glipizide er 5 mg tab er 24h</i>	6-Select Care	QL (90 PER 30 DAYS), CG (Coverage Gap)

You 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>glipizide xl 10 mg tab er 24h</i>	6-Select Care	QL (60 PER 30 DAYS), CG (Coverage Gap)
<i>glipizide xl 2.5 mg tab er 24h</i>	6-Select Care	QL (120 PER 30 DAYS), CG (Coverage Gap)
<i>glipizide xl 5 mg tab er 24h</i>	6-Select Care	QL (90 PER 30 DAYS), CG (Coverage Gap)
<i>glipizide-metformin hcl</i>	6-Select Care	QL (120 PER 30 DAYS), CG (Coverage Gap)
<i>glyburide</i>	6-Select Care	QL (120 PER 30 DAYS), CG (Coverage Gap)
GLYBURIDE MICRONIZED	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>glyburide-metformin</i>	6-Select Care	QL (120 PER 30 DAYS), CG (Coverage Gap)
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	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)
JARDIANCE	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB)	3-Preferred Brands	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3-Preferred Brands	QL (60 PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	3-Preferred Brands	QL (30 PER 30 DAYS)
KERENDIA	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>metformin hcl 1000 mg tab</i>	6-Select Care	QL (75 PER 30 DAYS), CG (Coverage Gap)
<i>metformin hcl 500 mg tab</i>	6-Select Care	QL (150 PER 30 DAYS), CG (Coverage Gap)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metformin hcl 850 mg tab</i>	6-Select Care	QL (90 PER 30 DAYS), CG (Coverage Gap)
<i>metformin hcl er 500 mg tab er 24h</i>	6-Select Care	QL (120 PER 30 DAYS), CG (Coverage Gap)
<i>metformin hcl er 750 mg tab er 24h</i>	6-Select Care	QL (60 PER 30 DAYS), CG (Coverage Gap)
<i>miglitol</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
MOUNJARO	3-Preferred Brands	QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tab</i>	6-Select Care	QL (90 PER 30 DAYS), CG (Coverage Gap)
<i>nateglinide 60 mg tab</i>	6-Select Care	QL (180 PER 30 DAYS), CG (Coverage Gap)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	3-Preferred Brands	QL (1.5 PER 28 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	3-Preferred Brands	QL (3 PER 28 DAYS)
OZEMPIC (1 MG/DOSE)	3-Preferred Brands	QL (3 PER 28 DAYS)
OZEMPIC (2 MG/DOSE)	3-Preferred Brands	QL (3 PER 28 DAYS)
<i>pioglitazone hcl</i>	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)
<i>pioglitazone hcl-glimepiride</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>pioglitazone hcl-metformin hcl</i>	6-Select Care	QL (90 PER 30 DAYS), CG (Coverage Gap)
<i>repaglinide (0.5 mg tab, 1 mg tab)</i>	6-Select Care	QL (120 PER 30 DAYS), CG (Coverage Gap)
<i>repaglinide 2 mg tab</i>	6-Select Care	QL (240 PER 30 DAYS), CG (Coverage Gap)
RYBELSUS	3-Preferred Brands	QL (30 PER 30 DAYS)
SOLIQUA	3-Preferred Brands	QL (18 PER 30 DAYS)
SYMLINPEN 120	5-Specialty	QL (10.8 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
SYMLINPEN 60	5-Specialty	QL (6 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	6-Select Care	QL (2 PER 28 DAYS), CG (Coverage Gap)
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>	4-Non-Preferred Drugs	
GLUCAGEN HYPOKIT	3-Preferred Brands	
GLUCAGON EMERGENCY 1 MG KIT (GENERIC)	3-Preferred Brands	
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	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
GVOKE HYPOPEN 1-PACK	3-Preferred Brands	
GVOKE HYPOPEN 2-PACK	3-Preferred Brands	
GVOKE KIT	3-Preferred Brands	
GVOKE PFS	3-Preferred Brands	

INSULINS

ADMELOG	3-Preferred Brands	
ADMELOG SOLOSTAR	3-Preferred Brands	
BASAGLAR KWIKPEN	3-Preferred Brands	
HUMALOG	3-Preferred Brands	
HUMALOG JUNIOR KWIKPEN	3-Preferred Brands	
HUMALOG KWIKPEN	3-Preferred Brands	
HUMALOG MIX 50/50	3-Preferred Brands	
HUMALOG MIX 50/50 KWIKPEN	3-Preferred Brands	
HUMALOG MIX 75/25	3-Preferred Brands	
HUMALOG MIX 75/25 KWIKPEN	3-Preferred Brands	
HUMULIN 70/30	3-Preferred Brands	
HUMULIN 70/30 KWIKPEN	3-Preferred Brands	
HUMULIN N	3-Preferred Brands	
HUMULIN N KWIKPEN	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMULIN R	3-Preferred Brands	
HUMULIN R U-500 (CONCENTRATED)	3-Preferred Brands	
HUMULIN R U-500 KWIKPEN	3-Preferred Brands	
INSULIN LISPRO	3-Preferred Brands	
INSULIN LISPRO (1 UNIT DIAL)	3-Preferred Brands	
INSULIN LISPRO JUNIOR KWIKPEN	3-Preferred Brands	
INSULIN LISPRO PROT & LISPRO	3-Preferred Brands	
LANTUS	3-Preferred Brands	
LANTUS SOLOSTAR	3-Preferred Brands	
LEVEMIR	3-Preferred Brands	
LEVEMIR FLEXPEN	3-Preferred Brands	
LEVEMIR FLEXTOUCH	3-Preferred Brands	
LYUMJEV	3-Preferred Brands	
LYUMJEV KWIKPEN	3-Preferred Brands	
TOUJEO MAX SOLOSTAR	3-Preferred Brands	
TOUJEO SOLOSTAR	3-Preferred Brands	
TRESIBA	3-Preferred Brands	
TRESIBA FLEXTOUCH	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
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
ELIQUIS	3-Preferred Brands	
ELIQUIS DVT/PE STARTER PACK	3-Preferred Brands	
<i>enoxaparin sodium (30 mg/0.3ml soln prsy, 40 mg/0.4ml soln prsy, 60 mg/0.6ml soln prsy, 80 mg/0.8ml soln prsy, 100 mg/ml soln prsy, 120 mg/0.8ml soln prsy, 150 mg/ml soln prsy)</i>	2-Generics	
<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>	2-Generics	
<i>jantoven</i>	1-Preferred Generics	
<i>warfarin sodium</i>	1-Preferred Generics	
XARELTO (1 MG/ML RECON SUSP, 2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	3-Preferred Brands	
XARELTO STARTER PACK	3-Preferred Brands	
ZONTIVITY	4-Non-Preferred Drugs	
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide hcl</i>	2-Generics	
LEUKINE	5-Specialty	
NYVEPRIA	5-Specialty	PA
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION)	3-Preferred Brands	PA3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROCRIT (20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	5-Specialty	PA3
PROMACTA (12.5 MG TAB, 25 MG TAB)	5-Specialty	PA, QL (30 PER 30 DAYS)
PROMACTA (50 MG TAB, 75 MG TAB)	5-Specialty	PA, QL (60 PER 30 DAYS)
PROMACTA 12.5 MG PACKET	5-Specialty	PA, QL (360 PER 30 DAYS)
PROMACTA 25 MG PACKET	5-Specialty	PA, QL (180 PER 30 DAYS)
RETACRIT	3-Preferred Brands	PA3
ZARXIO	5-Specialty	PA
ZIEXTENZO	5-Specialty	PA

HEMOSTASIS AGENTS

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

PLATELET MODIFYING AGENTS

<i>aspirin-dipyridamole er</i>	2-Generics	
BRILINTA	3-Preferred Brands	
<i>cilostazol</i>	2-Generics	
<i>clopidogrel bisulfate 300 mg tab</i>	2-Generics	
<i>clopidogrel bisulfate 75 mg tab</i>	1-Preferred Generics	
<i>dipyridamole</i>	2-Generics	PA
<i>prasugrel hcl</i>	2-Generics	

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

<i>clonidine</i>	3-Preferred Brands	QL (4 PER 28 DAYS)
<i>clonidine hcl</i>	1-Preferred Generics	
<i>droxidopa (200 mg cap, 300 mg cap)</i>	5-Specialty	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>droxidopa 100 mg cap</i>	5-Specialty	QL (90 PER 30 DAYS)
<i>guanfacine hcl</i>	2-Generics	PA
<i>midodrine hcl</i>	2-Generics	

ALPHA-ADRENERGIC BLOCKING AGENTS

<i>doxazosin mesylate</i>	2-Generics	
<i>phenoxybenzamine hcl</i>	5-Specialty	
<i>prazosin hcl</i>	2-Generics	
<i>terazosin hcl</i>	1-Preferred Generics	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil</i>	6-Select Care	CG (Coverage Gap)
<i>irbesartan</i>	6-Select Care	CG (Coverage Gap)
<i>losartan potassium</i>	6-Select Care	CG (Coverage Gap)
<i>olmesartan medoxomil</i>	6-Select Care	CG (Coverage Gap)
<i>telmisartan</i>	6-Select Care	CG (Coverage Gap)
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	6-Select Care	CG (Coverage Gap)

ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

<i>benazepril hcl</i>	6-Select Care	CG (Coverage Gap)
<i>captopril</i>	6-Select Care	CG (Coverage Gap)
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	6-Select Care	CG (Coverage Gap)
<i>fosinopril sodium</i>	6-Select Care	CG (Coverage Gap)
<i>lisinopril</i>	6-Select Care	CG (Coverage Gap)
<i>moexipril hcl</i>	6-Select Care	CG (Coverage Gap)
<i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i>	6-Select Care	CG (Coverage Gap)
<i>quinapril hcl</i>	6-Select Care	CG (Coverage Gap)
<i>ramipril</i>	6-Select Care	CG (Coverage Gap)
<i>trandolapril</i>	6-Select Care	CG (Coverage Gap)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	2-Generics	
<i>disopyramide phosphate</i>	2-Generics	PA
<i>dofetilide</i>	3-Preferred Brands	
<i>flecainide acetate</i>	2-Generics	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	2-Generics	
MULTAQ	3-Preferred Brands	
<i>pacerone</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>sorine</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</i>	2-Generics	
<i>carvedilol</i>	1-Preferred Generics	
<i>carvedilol phosphate er</i>	3-Preferred Brands	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>	2-Generics	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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>	2-Generics	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	4-Non-Preferred Drugs	
<i>nifedipine er</i>	2-Generics	
<i>nifedipine er osmotic release</i>	2-Generics	
<i>nimodipine</i>	2-Generics	

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

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

CARDIOVASCULAR AGENTS, OTHER

<i>acetazolamide</i>	2-Generics	
<i>aliskiren fumarate</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide</i>	2-Generics	
<i>amlodipine besy-benazepril hcl</i>	6-Select Care	CG (Coverage Gap)
<i>amlodipine besylate-valsartan</i>	6-Select Care	CG (Coverage Gap)
<i>amlodipine-atorvastatin</i>	6-Select Care	CG (Coverage Gap)
<i>amlodipine-olmesartan</i>	6-Select Care	CG (Coverage Gap)
<i>amlodipine-valsartan-hctz</i>	6-Select Care	CG (Coverage Gap)
<i>atenolol-chlorthalidone</i>	1-Preferred Generics	
<i>benazepril-hydrochlorothiazide</i>	6-Select Care	CG (Coverage Gap)
<i>bisoprolol-hydrochlorothiazide</i>	1-Preferred Generics	
<i>candesartan cilexetil-hctz</i>	6-Select Care	CG (Coverage Gap)
CORLANOR (5 MG TAB, 7.5 MG TAB)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
CORLANOR 5 MG/5ML SOLUTION	4-Non-Preferred Drugs	QL (450 PER 30 DAYS)
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	3-Preferred Brands	
<i>enalapril-hydrochlorothiazide</i>	6-Select Care	CG (Coverage Gap)
ENTRESTO	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>fosinopril sodium-hctz</i>	6-Select Care	CG (Coverage Gap)
<i>irbesartan-hydrochlorothiazide</i>	6-Select Care	CG (Coverage Gap)
<i>lisinopril-hydrochlorothiazide</i>	6-Select Care	CG (Coverage Gap)

You 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>losartan potassium-hctz</i>	6-Select Care	CG (Coverage Gap)
<i>metoprolol-hydrochlorothiazide</i>	2-Generics	
<i>metyrosine</i>	5-Specialty	
NEXLETOL	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>olmesartan medoxomil-hctz</i>	6-Select Care	CG (Coverage Gap)
<i>olmesartan-amlodipine-hctz</i>	6-Select Care	CG (Coverage Gap)
<i>pentoxifylline er</i>	2-Generics	
<i>ranolazine er</i>	2-Generics	
<i>spironolactone-hctz</i>	2-Generics	
<i>telmisartan-amlodipine</i>	1-Preferred Generics	
<i>telmisartan-hctz</i>	6-Select Care	CG (Coverage Gap)
<i>trandolapril-verapamil hcl er</i>	1-Preferred Generics	
<i>triamterene-hctz</i>	1-Preferred Generics	
<i>valsartan-hydrochlorothiazide</i>	6-Select Care	CG (Coverage Gap)
VERQUVO	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

DIURETICS, LOOP

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

DIURETICS, POTASSIUM-SPARING

<i>amiloride hcl</i>	2-Generics	
<i>eplerenone</i>	2-Generics	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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>	2-Generics	
<i>gemfibrozil</i>	1-Preferred Generics	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tab, 40 mg tab)</i>	6-Select Care	QL (60 PER 30 DAYS), CG (Coverage Gap)
<i>atorvastatin calcium 20 mg tab</i>	6-Select Care	QL (90 PER 30 DAYS), CG (Coverage Gap)
<i>atorvastatin calcium 80 mg tab</i>	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)
LIVALO	3-Preferred Brands	ST, QL (30 PER 30 DAYS)
<i>lovastatin (10 mg tab, 20 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)
<i>lovastatin 40 mg tab</i>	6-Select Care	QL (60 PER 30 DAYS), CG (Coverage Gap)
<i>pitavastatin calcium</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>pravastatin sodium</i>	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i>	6-Select Care	QL (60 PER 30 DAYS), CG (Coverage Gap)

You 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 40 mg tab</i>	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)
<i>simvastatin</i>	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)

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>	2-Generics	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	2-Generics	
<i>ezetimibe</i>	2-Generics	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)
NEXLIZET	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>niacin er (antihyperlipidemic)</i>	3-Preferred Brands	
<i>omega-3-acid ethyl esters</i>	3-Preferred Brands	
<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	

VASODILATORS, DIRECT-ACTING ARTERIAL

<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 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>minoxidil (2.5 mg tab, 10 mg tab)</i>	2-Generics	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	2-Generics	
<i>isosorbide mononitrate</i>	1-Preferred Generics	
<i>isosorbide mononitrate er</i>	2-Generics	
NITRO-BID	3-Preferred Brands	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	2-Generics	
<i>nitroglycerin 0.4 mg/spray solution</i>	4-Non-Preferred Drugs	
RECTIV	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

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

You 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>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 (2.5 mg chew tab, 5 mg chew tab, 10 mg chew tab)</i>	4-Non-Preferred Drugs	QL (180 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 10 mg/5ml solution</i>	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)
<i>methylphenidate hcl 5 mg/5ml solution</i>	4-Non-Preferred Drugs	QL (1800 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	5-Specialty	PA, QL (60 PER 30 DAYS)
AUSTEDO XR PATIENT TITRATION	5-Specialty	PA, QL (42 PER 28 DAYS)
<i>bac</i>	2-Generics	PA, QL (180 PER 30 DAYS)
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	2-Generics	PA, QL (180 PER 30 DAYS)
INGREZZA (40 MG CAP, 60 MG CAP, 80 MG CAP)	5-Specialty	PA, QL (30 PER 30 DAYS)
INGREZZA 40 & 80 MG CAP THPK	5-Specialty	PA, QL (28 PER 28 DAYS)
NUEDEXTA	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	2-Generics	
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FIBROMYALGIA AGENTS		
DRIZALMA SPRINKLE	4-Non-Preferred Drugs	
<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>	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)
<i>pregabalin er (82.5 mg tab er 24h, 165 mg tab er 24h)</i>	3-Preferred Brands	PA, QL (90 PER 30 DAYS)
<i>pregabalin er 330 mg tab er 24h</i>	3-Preferred Brands	PA, QL (60 PER 30 DAYS)
SAVELLA	4-Non-Preferred Drugs	
SAVELLA TITRATION PACK	4-Non-Preferred Drugs	

MULTIPLE SCLEROSIS AGENTS

AUBAGIO	5-Specialty	QL (30 PER 30 DAYS)
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)
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> fingolimod hcl</i>	5-Specialty	QL (30 PER 30 DAYS)
KESIMPTA	5-Specialty	PA
PLEGRIDY	5-Specialty	QL (1 PER 28 DAYS)
PLEGRIDY STARTER PACK	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
TECFIDERA (120 MG CAP DR, 240 MG CAP DR)	5-Specialty	QL (60 PER 30 DAYS)
TECFIDERA 120 & 240 MG CPDR THPK	5-Specialty	
VUMERITY	5-Specialty	QL (120 PER 30 DAYS)

DENTAL AND ORAL AGENTS

<i>cevimeline hcl</i>	3-Preferred Brands
<i>chlorhexidine gluconate</i>	1-Preferred Generics
<i>kourzeq</i>	2-Generics
<i>oralone</i>	2-Generics
<i>paroex</i>	1-Preferred Generics
<i>periogard</i>	1-Preferred Generics
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	2-Generics
<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</i>	4-Non-Preferred Drugs	
<i>benzoyl peroxide-erythromycin</i>	4-Non-Preferred Drugs	QL (46.6 PER 30 DAYS)
<i>claravis</i>	4-Non-Preferred Drugs	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	2-Generics	QL (50 PER 30 DAYS)
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	2-Generics	QL (45 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4-Non-Preferred Drugs	
<i>myorisan</i>	4-Non-Preferred Drugs	
<i>tazarotene 0.1 % cream</i>	2-Generics	QL (60 PER 30 DAYS)
TAZORAC 0.05 % CREAM	4-Non-Preferred Drugs	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>	1-Preferred Generics	
<i>alclometasone dipropionate</i>	2-Generics	
<i>ammonium lactate</i>	2-Generics	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	2-Generics	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	2-Generics	
<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)
<i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>clobetasol propionate (0.05 % lotion, 0.05 % shampoo)</i>	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
<i>clobetasol propionate 0.05 % foam</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>clobetasol propionate 0.05 % liquid</i>	4-Non-Preferred Drugs	QL (125 PER 30 DAYS)
<i>clobetasol propionate 0.05 % solution</i>	2-Generics	QL (100 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>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 % lotion, 0.05 % ointment)</i>	2-Generics	
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	2-Generics	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	2-Generics	
<i>fluocinolone acetonide body</i>	2-Generics	
<i>fluocinolone acetonide scalp</i>	2-Generics	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>fluocinonide 0.05 % solution</i>	2-Generics	QL (60 PER 30 DAYS)
<i>fluocinonide emulsified base</i>	2-Generics	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	2-Generics	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	4-Non-Preferred Drugs	QL (50 PER 30 DAYS)
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % ointment)</i>	1-Preferred Generics	
<i>hydrocortisone (perianal)</i>	1-Preferred Generics	
<i>hydrocortisone 2.5 % lotion</i>	2-Generics	
<i>hydrocortisone butyrate 0.1 % ointment</i>	2-Generics	QL (45 PER 30 DAYS)
<i>hydrocortisone butyrate 0.1 % solution</i>	2-Generics	QL (60 PER 30 DAYS)
<i>hydrocortisone valerate</i>	2-Generics	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % 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>procto-med hc</i>	1-Preferred Generics	
<i>proctosol hc</i>	1-Preferred Generics	
<i>proctozone-hc</i>	1-Preferred 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	QL (100 PER 30 DAYS)
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	2-Generics	
<i>triderm</i>	2-Generics	

DERMATOLOGICAL AGENTS, OTHER

<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>calcipotriene 0.005 % solution</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>calcitrene</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	2-Generics	QL (45 PER 30 DAYS)
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	2-Generics	QL (60 PER 30 DAYS)
<i>fluorouracil (2 % solution, 5 % solution)</i>	2-Generics	QL (20 PER 30 DAYS)
<i>fluorouracil 0.5 % cream</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>fluorouracil 5 % cream</i>	3-Preferred Brands	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)

You 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>podofilox 0.5 % solution</i>	2-Generics	
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>lindane</i>	2-Generics	
<i>malathion</i>	4-Non-Preferred Drugs	
<i>permethrin</i>	2-Generics	

TOPICAL ANTI-INFECTIVES

<i>acyclovir 5 % ointment</i>	2-Generics	QL (30 PER 30 DAYS)
<i>ciclodan</i>	2-Generics	QL (13.2 PER 30 DAYS)
<i>ciclopirox 0.77 % gel</i>	2-Generics	QL (100 PER 30 DAYS)
<i>ciclopirox 1 % shampoo</i>	2-Generics	QL (120 PER 30 DAYS)
<i>ciclopirox 8 % solution</i>	2-Generics	QL (13.2 PER 30 DAYS)
<i>clindamycin phosphate 1 % gel</i>	3-Preferred Brands	QL (75 PER 30 DAYS)
<i>clindamycin phosphate 1 % lotion</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>clindamycin phosphate 1 % solution</i>	2-Generics	QL (60 PER 30 DAYS)
<i>ery</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 2 % ointment</i>	2-Generics	QL (66 PER 30 DAYS)

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

<i>carglumic acid</i>	5-Specialty	PA
CLINIMIX E/DEXTROSE (2.75/5)	4-Non-Preferred Drugs	PA3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLINIMIX E/DEXTROSE (4.25/10)	4-Non-Preferred Drugs	PA3
CLINIMIX E/DEXTROSE (4.25/5)	4-Non-Preferred Drugs	PA3
CLINIMIX E/DEXTROSE (5/15)	4-Non-Preferred Drugs	PA3
CLINIMIX E/DEXTROSE (5/20)	4-Non-Preferred Drugs	PA3
CLINIMIX/DEXTROSE (4.25/10)	4-Non-Preferred Drugs	PA3
CLINIMIX/DEXTROSE (4.25/5)	4-Non-Preferred Drugs	PA3
CLINIMIX/DEXTROSE (5/15)	4-Non-Preferred Drugs	PA3
CLINIMIX/DEXTROSE (5/20)	4-Non-Preferred Drugs	PA3
<i>clinisol sf</i>	4-Non-Preferred Drugs	PA3
<i>dextrose</i>	2-Generics	
<i>dextrose-nacl (2.5-0.45 % solution, 5-0.2 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.2 % solution, 10-0.45 % solution)</i>	2-Generics	
<i>dextrose-sodium chloride (2.5-0.45 % solution, 5-0.225 % solution, 5- 0.45 % solution, 5-0.9 % solution)</i>	2-Generics	
FREAMINE III	4-Non-Preferred Drugs	PA3
INTRALIPID	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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>kcl in dextrose-nacl (10-5-0.45 meq/l-%-% solution, 20-5-0.2 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 30-5-0.45 meq/l-%-% solution, 40-5-0.45 meq/l-%-% solution, 40-5-0.9 meq/l-%-% solution)</i>	2-Generics	
KCL-LACTATED RINGERS-D5W	2-Generics	
<i>klor-con</i>	2-Generics	
<i>klor-con 10</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>klor-con sprinkle</i>	2-Generics	
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	2-Generics	
<i>levocarnitine sf</i>	2-Generics	
<i>magnesium sulfate 50 % solution</i>	2-Generics	
<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	
NUTRILIPID	4-Non-Preferred Drugs	PA3
PLASMA-LYTE A	4-Non-Preferred Drugs	
<i>plenamine</i>	4-Non-Preferred Drugs	PA3
POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/100ML SOLUTION, 10 MEQ/50ML SOLUTION, 20 MEQ PACKET, 20 MEQ/100ML SOLUTION, 20 MEQ/15ML (10%) SOLUTION, 20 MEQ/50ML SOLUTION, 40 MEQ/100ML SOLUTION, 40 MEQ/15ML (20%) SOLUTION)	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>potassium chloride crys er</i>	2-Generics	
<i>potassium chloride er</i>	2-Generics	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	2-Generics	
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>	2-Generics	
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>	2-Generics	
<i>sodium chloride (pf)</i>	2-Generics	
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)</i>	1-Preferred Generics	
TPN ELECTROLYTES	4-Non-Preferred Drugs	PA3
TRAVASOL	4-Non-Preferred Drugs	PA3
TROPHAMINE	4-Non-Preferred Drugs	PA3

ELECTROLYTE/MINERAL/METAL MODIFIERS

CHEMET	4-Non-Preferred Drugs	
<i>deferasirox (90 mg packet, 180 mg packet, 180 mg tab, 250 mg tab sol, 360 mg packet, 360 mg tab, 500 mg tab sol)</i>	5-Specialty	PA
<i>deferasirox (90 mg tab, 125 mg tab sol)</i>	4-Non-Preferred Drugs	PA
<i>deferasirox granules</i>	5-Specialty	PA
<i>deferiprone</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
FERRIPROX 100 MG/ML SOLUTION	5-Specialty	PA
<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)

PHOSPHATE BINDERS

<i>calcium acetate</i>	2-Generics	
<i>calcium acetate (phos binder)</i>	2-Generics	
<i>sevelamer carbonate (0.8 gm packet, 2.4 gm packet)</i>	4-Non-Preferred Drugs	
<i>sevelamer carbonate 800 mg tab</i>	2-Generics	

POTASSIUM BINDERS

LOKELMA	3-Preferred Brands	
<i>sodium polystyrene sulfonate</i>	3-Preferred Brands	
<i>sps</i>	3-Preferred Brands	
VELTASSA	3-Preferred Brands	

VITAMINS

PRENATAL VITAMIN ORAL TABLET	3-Preferred Brands	
------------------------------	--------------------	--

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

CLENPIQ	4-Non-Preferred Drugs	
<i>constulose</i>	2-Generics	
<i>enulose</i>	2-Generics	
<i>gavilyte-n with flavor pack</i>	1-Preferred Generics	
<i>generlac</i>	2-Generics	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml 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>lactulose encephalopathy</i>	2-Generics	
LINZESS	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>lubiprostone</i>	2-Generics	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	3-Preferred Brands	QL (30 PER 30 DAYS)

ANTI-DIARRHEAL AGENTS

<i>alosetron hcl</i>	5-Specialty	QL (60 PER 30 DAYS)
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	2-Generics	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liquid</i>	3-Preferred Brands	
<i>loperamide hcl 2 mg cap</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, 10 mg/5ml solution, 20 mg tab)</i>	2-Generics	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	2-Generics	
<i>methscopolamine bromide</i>	2-Generics	

GASTROINTESTINAL AGENTS, OTHER

GATTEX	5-Specialty	PA
<i>gavilyte-c</i>	1-Preferred Generics	
<i>gavilyte-g</i>	1-Preferred Generics	
MYALEPT	5-Specialty	PA
<i>na sulfate-k sulfate-mg sulf</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
OCALIVA	5-Specialty	PA
<i>peg 3350-kcl-na bicarb-nacl</i>	1-Preferred Generics	
<i>peg-3350/electrolytes</i>	1-Preferred Generics	
<i>peg-3350/electrolytes/ascorbat</i>	2-Generics	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	2-Generics	
SKYRIZI 180 MG/1.2ML SOLN CART	5-Specialty	PA
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	3-Preferred Brands	

HISTAMINE2 (H2) RECEPTOR ANTAGONISTS

<i>cimetidine</i>	2-Generics	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	2-Generics	
<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	

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>lansoprazole (15 mg cap dr, 30 mg cap dr)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>rabeprazole sodium</i>	2-Generics	QL (30 PER 30 DAYS)

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

ARALAST NP	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>betaine</i>	5-Specialty	
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)
ENDARI	5-Specialty	PA, QL (180 PER 30 DAYS)
GLASSIA	5-Specialty	PA
<i>javygtor</i>	5-Specialty	
<i>miglustat</i>	5-Specialty	QL (90 PER 30 DAYS)
<i>nitisinone</i>	5-Specialty	
NITYR	5-Specialty	
PROLASTIN-C	5-Specialty	PA
RAVICTI	5-Specialty	PA, QL (525 PER 30 DAYS)
<i>sapropterin dihydrochloride</i>	5-Specialty	
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	5-Specialty	PA
<i>yargesa</i>	5-Specialty	QL (90 PER 30 DAYS)
ZEMAIRA	5-Specialty	PA
ZENPEP	3-Preferred Brands	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide er</i>	2-Generics	QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>flavoxate hcl</i>	2-Generics	
GEMTESA	3-Preferred Brands	QL (30 PER 30 DAYS)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	3-Preferred Brands	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MYRBETRIQ 8 MG/ML SRER	3-Preferred Brands	QL (300 PER 30 DAYS)
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	2-Generics	
<i>oxybutynin chloride er</i>	2-Generics	QL (60 PER 30 DAYS)
<i>solifenacin succinate</i>	2-Generics	QL (30 PER 30 DAYS)
<i>tolterodine tartrate</i>	2-Generics	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>trospium chloride</i>	2-Generics	QL (60 PER 30 DAYS)
<i>trospium chloride er</i>	2-Generics	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>tamsulosin hcl</i>	2-Generics	QL (60 PER 30 DAYS)

GENITOURINARY AGENTS, OTHER

<i>bethanechol chloride</i>	2-Generics	
ELMIRON	4-Non-Preferred Drugs	
<i>penicillamine 250 mg tab</i>	5-Specialty	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

ACTHAR	5-Specialty	PA
<i>betamethasone dipropionate aug 0.05 % lotion</i>	2-Generics	
CORTROPHIN	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>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 phosphate pf 10 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>dexamethasone sodium phosphate (4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)</i>	4-Non-Preferred Drugs	
<i>fludrocortisone acetate</i>	2-Generics	
KORLYM	5-Specialty	PA
<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	
PREDNISONO INTENSOL	4-Non-Preferred Drugs	
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>desmopressin acetate 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	
NORDITROPIN FLEXPRO	5-Specialty	PA

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

ANDROGENS

<i>danazol</i>	4-Non-Preferred Drugs	
<i>depo-testosterone</i>	2-Generics	PA2
<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>amabelz</i>	2-Generics	
<i>amethyst</i>	2-Generics	
<i>apri</i>	2-Generics	
<i>aranelle</i>	2-Generics	
<i>aubra eq</i>	2-Generics	
<i>aurovela 1.5/30</i>	2-Generics	

You 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>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>bekyree</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	
<i>desogestrel-ethinyl estradiol</i>	2-Generics	
<i>dolishale</i>	2-Generics	
<i>dotti</i>	2-Generics	
<i>drospirenone-ethinyl estradiol</i>	2-Generics	
<i>elinest</i>	2-Generics	
<i>eluryng</i>	2-Generics	
<i>emoquette</i>	2-Generics	
<i>enilloring</i>	2-Generics	
<i>enpresse-28</i>	2-Generics	
<i>enskyce</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>estarylla</i>	2-Generics	
<i>estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.1 mg/gm cream, 0.5 mg tab, 1 mg tab, 2 mg tab, 10 mcg tab)</i>	2-Generics	
<i>estradiol valerate</i>	4-Non-Preferred Drugs	
<i>estradiol-norethindrone acet</i>	2-Generics	
ESTRING	4-Non-Preferred Drugs	
<i>ethynodiol diac-eth estradiol</i>	2-Generics	
<i>etonogestrel-ethinyl estradiol</i>	2-Generics	
<i>falmina</i>	2-Generics	
<i>femynor</i>	2-Generics	
<i>hailey 1.5/30</i>	2-Generics	
<i>hailey 24 fe</i>	2-Generics	
<i>hailey fe 1.5/30</i>	2-Generics	
<i>hailey fe 1/20</i>	2-Generics	
<i>haloette</i>	2-Generics	
<i>iclevia</i>	2-Generics	
<i>introvale</i>	2-Generics	
<i>isibloom</i>	2-Generics	
<i>jasmiel</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	

You 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>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	
<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>	2-Generics	
<i>marlissa</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>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>mimvey</i>	2-Generics	
<i>mono-linyah</i>	2-Generics	
<i>necon 0.5/35 (28)</i>	2-Generics	
<i>nikki</i>	2-Generics	
<i>norelgestromin-eth estradiol</i>	2-Generics	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg 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	
<i>norethindrone acet-ethinyl est</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	

You 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>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	
PREMPHASE	3-Preferred Brands	
PREMPRO	3-Preferred Brands	
<i>previfem</i>	2-Generics	
<i>reclipsen</i>	2-Generics	
<i>setlakin</i>	2-Generics	
<i>simliya</i>	2-Generics	
<i>sprintec 28</i>	2-Generics	
<i>sronyx</i>	2-Generics	
<i>syeda</i>	2-Generics	
<i>tarina 24 fe</i>	2-Generics	
<i>tarina fe 1/20 eq</i>	2-Generics	
<i>tilia fe</i>	2-Generics	
<i>tri femynor</i>	2-Generics	
<i>tri-estarylla</i>	2-Generics	
<i>tri-legest fe</i>	2-Generics	
<i>tri-linyah</i>	2-Generics	
<i>tri-lo-estarylla</i>	2-Generics	
<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	

You 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>trivora (28)</i>	2-Generics	
<i>turqoz</i>	2-Generics	
<i>velivet</i>	2-Generics	
<i>vestura</i>	2-Generics	
<i>vienva</i>	2-Generics	
<i>viorele</i>	2-Generics	
<i>volnea</i>	2-Generics	
<i>vyfemla</i>	2-Generics	
<i>vylibra</i>	2-Generics	
<i>wera</i>	2-Generics	
<i>wymzya fe</i>	2-Generics	
<i>xulane</i>	2-Generics	
<i>yuvafem</i>	2-Generics	
<i>zafemy</i>	2-Generics	
<i>zarah</i>	2-Generics	
<i>zovia 1/35 (28)</i>	2-Generics	
<i>zumandimine</i>	2-Generics	

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

<i>lopreeza</i>	2-Generics	
-----------------	------------	--

PROGESTINS

<i>camila</i>	2-Generics	
<i>deblitane</i>	2-Generics	
DEPO-SUBQ PROVERA 104	4-Non-Preferred Drugs	
<i>errin</i>	2-Generics	
<i>heather</i>	2-Generics	
<i>incassia</i>	2-Generics	
<i>jencycla</i>	2-Generics	
<i>lyleq</i>	2-Generics	
<i>lyza</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>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	2-Generics	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	2-Generics	
<i>megestrol acetate 625 mg/5ml suspension</i>	4-Non-Preferred Drugs	
<i>nora-be</i>	2-Generics	
<i>norethindrone</i>	2-Generics	
<i>norethindrone acetate</i>	2-Generics	
<i>norlyda</i>	2-Generics	
<i>norlyroc</i>	2-Generics	
<i>progesterone (100 mg cap, 200 mg cap)</i>	2-Generics	
<i>sharobel</i>	2-Generics	

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

<i>DUAVEE</i>	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	

You 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>unithroid</i>	3-Preferred Brands	

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

LANREOTIDE ACETATE	5-Specialty	
LUPRON DEPOT-PED (1-MONTH) (11.25 MG KIT, 15 MG KIT)	5-Specialty	PA3
LUPRON DEPOT-PED (3-MONTH) 30 MG KIT	5-Specialty	PA3
<i>mifepristone</i>	5-Specialty	PA
<i>octreotide acetate (50 mcg/ml soln prsy, 100 mcg/ml soln prsy, 500 mcg/ml soln prsy)</i>	4-Non-Preferred Drugs	
SOMATULINE DEPOT	5-Specialty	

HORMONAL AGENTS, SUPPRESSANT (ADRENAL)

LYSODREN	5-Specialty	
RECORLEV	5-Specialty	PA, QL (240 PER 30 DAYS)

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

<i>cabergoline</i>	2-Generics	
ELIGARD	4-Non-Preferred Drugs	PA3
FIRMAGON	4-Non-Preferred Drugs	PA3
FIRMAGON (240 MG DOSE)	5-Specialty	PA3
<i>leuprolide acetate</i>	4-Non-Preferred Drugs	PA3
LEUPROLIDE ACETATE (3 MONTH)	5-Specialty	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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	5-Specialty	PA3
LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT	5-Specialty	PA3
LUPRON DEPOT-PED (6-MONTH)	5-Specialty	PA3
<i>octreotide acetate (50 mcg/ml solution, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	4-Non-Preferred Drugs	
ORGOVYX	5-Specialty	PA2
SIGNIFOR	5-Specialty	
SOMAVERT	5-Specialty	
SYNAREL	5-Specialty	
TRELSTAR MIXJECT	4-Non-Preferred Drugs	PA3

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

<i>methimazole (5 mg tab, 10 mg tab)</i>	1-Preferred Generics
<i>propylthiouracil</i>	2-Generics

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

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

ATGAM	5-Specialty	PA3
BIVIGAM	5-Specialty	PA
FLEBOGAMMA DIF	5-Specialty	PA
GAMMAGARD	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
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
THYMOGLOBULIN	5-Specialty	PA3

IMMUNOLOGICAL AGENTS, OTHER

ARCALYST	5-Specialty	PA
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	5-Specialty	PA
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	5-Specialty	PA, QL (8 PER 28 DAYS)
DUPIXENT	5-Specialty	PA
OTEZLA	5-Specialty	PA
RIDAURA	5-Specialty	
SKYRIZI (150 MG/ML SOLN PRSYR, 360 MG/2.4ML SOLN CART, 600 MG/10ML SOLUTION)	5-Specialty	PA
SKYRIZI PEN	5-Specialty	PA
STELARA	5-Specialty	PA
TALTZ	5-Specialty	PA
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
-----------	-------------	----

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PEGASYS	5-Specialty	
IMMUNOSUPPRESSANTS		
AVSOLA	5-Specialty	PA3
<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>	2-Generics	PA3
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	2-Generics	PA3
ENBREL (25 MG RECON SOLN, 25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	5-Specialty	PA
ENBREL MINI	5-Specialty	PA
ENBREL SURECLICK	5-Specialty	PA
ENVARUSUS XR	4-Non-Preferred Drugs	PA3
<i>everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	5-Specialty	PA3
<i>everolimus 0.25 mg tab</i>	4-Non-Preferred Drugs	PA3
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	2-Generics	PA3
HUMIRA	5-Specialty	PA
HUMIRA (2 PEN) (40 MG/0.4ML PEN KIT, 40 MG/0.8ML PEN KIT)	5-Specialty	PA
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	5-Specialty	PA
HUMIRA PEDIATRIC CROHNS START	5-Specialty	PA
HUMIRA PEN	5-Specialty	PA
HUMIRA PEN-CD/UC/HS STARTER	5-Specialty	PA
HUMIRA PEN-PEDIATRIC UC START	5-Specialty	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA PEN-PSOR/UEVIT STARTER	5-Specialty	PA
HUMIRA-PS/UV/ADOL HS 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, 1000 mg/40ml solution)</i>	2-Generics	
<i>methotrexate sodium (pf)</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>	2-Generics	PA3
<i>mycophenolic acid</i>	2-Generics	PA3
NULOJIX	5-Specialty	PA3
OTREXUP	4-Non-Preferred Drugs	
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	4-Non-Preferred Drugs	PA3
RASUVO	4-Non-Preferred Drugs	
RENFLEXIS	5-Specialty	PA3
REZUROCK	5-Specialty	PA, QL (30 PER 30 DAYS)
RINVOQ	5-Specialty	PA
SANDIMMUNE 100 MG/ML SOLUTION	4-Non-Preferred Drugs	PA3
SIMULECT 20 MG RECON SOLN	5-Specialty	PA3
<i>sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)</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>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
TREXALL	4-Non-Preferred Drugs	
XATMEP	4-Non-Preferred Drugs	

VACCINES

ABRYSVO	1-Preferred Generics	
ACTHIB	3-Preferred Brands	
ADACEL	1-Preferred Generics	
AREXVY	1-Preferred Generics	
BCG VACCINE	3-Preferred Brands	
BEXSERO	3-Preferred Brands	
BOOSTRIX	1-Preferred Generics	
DAPTACEL	1-Preferred Generics	
DIPHThERIA-TETANUS TOXOIDS DT	1-Preferred Generics	
ENGERIX-B	3-Preferred Brands	PA3
GARDASIL 9	1-Preferred Generics	
HAVRIX	1-Preferred Generics	
HEPLISAV-B	3-Preferred Brands	PA3
HIBERIX	3-Preferred Brands	
IMOVAX RABIES	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
INFANRIX	1-Preferred Generics	
IPOL	3-Preferred Brands	
IXIARO	3-Preferred Brands	
JYNNEOS	3-Preferred Brands	PA3
KINRIX	1-Preferred Generics	
M-M-R II	1-Preferred Generics	
MENACTRA	3-Preferred Brands	
MENQUADFI	3-Preferred Brands	
MENVEO (RECON SOLN, SOLUTION)	3-Preferred Brands	
PEDIARIX	3-Preferred Brands	
PEDVAX HIB	3-Preferred Brands	
PENTACEL	1-Preferred Generics	
PREHEVBRIO	3-Preferred Brands	PA3
PRIORIX	1-Preferred Generics	
PROQUAD	1-Preferred Generics	
QUADRACEL	1-Preferred Generics	
RABAVERT	3-Preferred Brands	
RECOMBIVAX HB	3-Preferred Brands	PA3
ROTARIX	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
ROTATEQ	3-Preferred Brands	
SHINGRIX	1-Preferred Generics	
TDVAX	1-Preferred Generics	
TENIVAC	1-Preferred Generics	
TICOVAC	3-Preferred Brands	
TRUMENBA	3-Preferred Brands	
TWINRIX	1-Preferred Generics	
TYPHIM VI	3-Preferred Brands	
VAQTA	1-Preferred Generics	
VARIVAX	3-Preferred Brands	
YF-VAX	3-Preferred Brands	

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium</i>	2-Generics
<i>mesalamine (1.2 gm tab dr, 400 mg cap dr, 800 mg tab dr)</i>	3-Preferred Brands
<i>mesalamine (4 gm enema, 1000 mg suppos)</i>	4-Non-Preferred Drugs
<i>mesalamine er 0.375 gm cap er 24h</i>	3-Preferred Brands
<i>mesalamine-cleanser</i>	4-Non-Preferred Drugs
<i>sulfasalazine</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
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, 100 mg/60ml enema)</i>	2-Generics	

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>	2-Generics	
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	2-Generics	
<i>calcitriol oral soln 1 mcg/ml</i>	2-Generics	
<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)
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	4-Non-Preferred Drugs	
FORTEO	5-Specialty	PA, QL (2.4 PER 28 DAYS)
<i>ibandronate sodium 150 mg tab</i>	2-Generics	QL (1 PER 30 DAYS)
NATPARA	5-Specialty	PA
<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)
RAYALDEE	5-Specialty	
<i>risedronate sodium (35 mg tab, 35 mg tab dr)</i>	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>risedronate sodium (5 mg tab, 30 mg tab)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>risedronate sodium 150 mg tab</i>	4-Non-Preferred Drugs	QL (1 PER 28 DAYS)
<i>teriparatide</i>	5-Specialty	PA, QL (2.4 PER 28 DAYS)
<i>teriparatide (recombinant) 600 mcg/2.4ml soln pen</i>	5-Specialty	PA, QL (2.4 PER 28 DAYS)
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	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

MISCELLANEOUS THERAPEUTIC AGENTS

BD ALCOHOL PADS	2-Generics	
CLINOLIPID	4-Non-Preferred Drugs	PA3
GAUZE PADS & DRESSINGS - PADS 2 X 2	2-Generics	
INSULIN PEN NEEDLE (NOVO/BD/ULTIMED/OWEN/TRIVIDIA)	2-Generics	
INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC)	2-Generics	
INSULIN SYRINGE (DISP) U-100 1 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC)	2-Generics	
INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC)	2-Generics	
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD	2-Generics	
NEEDLES, INSULIN DISP., SAFETY	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
PENBRAYA	3-Preferred Brands	
<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>	2-Generics	
<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>	2-Generics	
<i>dorzolamide hcl-timolol mal pf</i>	2-Generics	
<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 (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>	2-Generics	
OXERVATE	5-Specialty	PA
<i>polycin</i>	2-Generics	
<i>proparacaine hcl</i>	2-Generics	
RESTASIS	3-Preferred Brands	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	3-Preferred Brands	QL (5.5 PER 28 DAYS)
ROCKLATAN	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>sulfacetamide-prednisolone</i>	2-Generics	
TOBRADEX 0.3-0.1 % OINTMENT	3-Preferred Brands	
<i>tobramycin-dexamethasone</i>	4-Non-Preferred Drugs	
XIIDRA	3-Preferred Brands	QL (60 PER 30 DAYS)
ZYLET	4-Non-Preferred Drugs	

OPHTHALMIC ANTI-ALLERGY AGENTS

ALOMIDE	3-Preferred Brands	
<i>azelastine hcl 0.05 % solution</i>	2-Generics	
<i>bepotastine besilate</i>	4-Non-Preferred Drugs	
<i>cromolyn sodium 4 % solution</i>	1-Preferred Generics	
<i>epinastine hcl</i>	2-Generics	
<i>olopatadine hcl 0.1 % solution</i>	2-Generics	

OPHTHALMIC ANTI-INFECTIVES

AZASITE	3-Preferred Brands	
<i>bacitracin 500 unit/gm ointment</i>	2-Generics	
<i>erythromycin 5 mg/gm ointment</i>	2-Generics	
<i>gatifloxacin</i>	2-Generics	
<i>gentak</i>	2-Generics	
<i>gentamicin sulfate 0.3 % solution</i>	2-Generics	
<i>levofloxacin 0.5 % solution</i>	2-Generics	
<i>moxifloxacin hcl (2x day)</i>	4-Non-Preferred Drugs	
<i>moxifloxacin hcl 0.5 % solution</i>	2-Generics	
NATACYN	4-Non-Preferred Drugs	
<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>	1-Preferred Generics	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	2-Generics	
<i>tobramycin 0.3 % solution</i>	1-Preferred 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	
<i>difluprednate</i>	3-Preferred Brands	
FLAREX	3-Preferred Brands	
<i>fluorometholone</i>	2-Generics	
<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>	2-Generics	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2-Generics	
PROLENSA	4-Non-Preferred Drugs	

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

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

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

<i>acetazolamide er</i>	2-Generics	
ALPHAGAN P 0.1 % SOLUTION	3-Preferred Brands	
<i>apraclonidine hcl</i>	2-Generics	
<i>brimonidine tartrate (0.15 % solution, 0.2 % solution)</i>	2-Generics	
<i>brimonidine tartrate 0.1 % solution</i>	3-Preferred Brands	
<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>	2-Generics	
RHOPRESSA	3-Preferred Brands	
SIMBRINZA	3-Preferred Brands	

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		
CIPRODEX	3-Preferred Brands	
<i>ciprofloxacin hcl 0.2 % solution</i>	2-Generics	
<i>ciprofloxacin-dexamethasone</i>	3-Preferred Brands	
<i>flac</i>	2-Generics	
<i>fluocinolone acetonide 0.01 % oil</i>	2-Generics	
<i>hydrocortisone-acetic acid</i>	2-Generics	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution)</i>	2-Generics	
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>	1-Preferred Generics	QL (16 PER 30 DAYS)
<i>fluticasone propionate diskus (50 mcg/act aer pow ba, 100 mcg/act aer pow ba)</i>	3-Preferred Brands	QL (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 hfa (110 mcg/act aerosol, 220 mcg/act aerosol)</i>	3-Preferred Brands	QL (24 PER 30 DAYS)
<i>fluticasone propionate hfa 44 mcg/act aerosol</i>	3-Preferred Brands	QL (22 PER 30 DAYS)
<i>mometasone furoate 50 mcg/act suspension</i>	4-Non-Preferred Drugs	QL (34 PER 30 DAYS)

You 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	3-Preferred Brands	QL (2 PER 30 DAYS)
ANTIHISTAMINES		
<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	2-Generics	
<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>	2-Generics	
<i>desloratadine 5 mg tab</i>	2-Generics	QL (30 PER 30 DAYS)
<i>diphenhydramine hcl 50 mg/ml solution</i>	2-Generics	
<i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	2-Generics	
<i>hydroxyzine hcl 10 mg/5ml syrup</i>	3-Preferred Brands	
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	2-Generics	
<i>levocetirizine dihydrochloride 5 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>olopatadine hcl 0.6 % solution</i>	2-Generics	
<i>promethazine hcl (6.25 mg/5ml solution, 6.25 mg/5ml syrup)</i>	1-Preferred Generics	PA
ANTILEUKOTRIENES		
<i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>montelukast sodium 10 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>zafirlukast 10 mg tab</i>	2-Generics	QL (120 PER 30 DAYS)
<i>zafirlukast 20 mg tab</i>	2-Generics	QL (60 PER 30 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	4-Non-Preferred Drugs	QL (25.8 PER 30 DAYS)
<i>ipratropium bromide (0.03 % solution, 0.06 % 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>ipratropium bromide 0.02 % solution</i>	2-Generics	PA3
SPIRIVA HANDIHALER	3-Preferred Brands	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	3-Preferred Brands	QL (4 PER 30 DAYS)
<i>tiotropium bromide monohydrate</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
YUPELRI	5-Specialty	PA3

BRONCHODILATORS, SYMPATHOMIMETIC

<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln)</i>	2-Generics	PA3
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab)</i>	2-Generics	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proair)</i>	1-Preferred Generics	QL (17 PER 30 DAYS)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proventil)</i>	1-Preferred Generics	QL (17 PER 30 DAYS)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic ventolin)</i>	1-Preferred 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>	2-Generics	
<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>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
SEREVENT DISKUS	3-Preferred Brands	QL (60 PER 30 DAYS)
STRIVERDI 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
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	4-Non-Preferred Drugs	

CYSTIC FIBROSIS AGENTS

BRONCHITOL	5-Specialty	PA
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

DALIRESP	4-Non-Preferred Drugs	
<i>elixophyllin</i>	2-Generics	
<i>roflumilast</i>	4-Non-Preferred Drugs	
<i>theophylline (80 mg/15ml elixir, 80 mg/15ml solution)</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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS	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)
OPSUMIT	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>sildenafil citrate 20 mg tab</i>	2-Generics	PA, QL (90 PER 30 DAYS)
<i>tadalafil (pah)</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TAB SOL	5-Specialty	PA, QL (120 PER 30 DAYS)
UPTRAVI (200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	5-Specialty	PA
VENTAVIS	5-Specialty	PA
PULMONARY FIBROSIS AGENTS		
OFEV	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	5-Specialty	PA, QL (270 PER 30 DAYS)
<i>pirfenidone (534 mg tab, 801 mg tab)</i>	5-Specialty	PA, QL (90 PER 30 DAYS)
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	2-Generics	PA3
ADVAIR HFA	3-Preferred Brands	QL (12 PER 30 DAYS)
ANORO ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
BEVESPI AEROSPHERE	3-Preferred Brands	QL (10.7 PER 30 DAYS)
BREO ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>brey-na</i>	3-Preferred Brands	QL (10.3 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
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)
DULERA	4-Non-Preferred Drugs	QL (13 PER 30 DAYS)
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
NUCALA (40 MG/0.4ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	5-Specialty	PA
TRELEGY ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)

SKELETAL MUSCLE RELAXANTS

BOTOX	4-Non-Preferred Drugs	PA
<i>carisoprodol 350 mg tab</i>	2-Generics	PA, QL (120 PER 30 DAYS)
<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	PA
<i>vanadom</i>	2-Generics	PA, QL (120 PER 30 DAYS)
XEOMIN	4-Non-Preferred Drugs	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
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>	2-Generics	PA, QL (30 PER 30 DAYS)
HETLIOZ	5-Specialty	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</i>	2-Generics	PA, QL (30 PER 30 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	2-Generics	PA, QL (30 PER 30 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	2-Generics	QL (30 PER 30 DAYS)
<i>zolpidem tartrate er</i>	2-Generics	PA, QL (30 PER 30 DAYS)
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil</i>	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
<i>modafinil 100 mg tab</i>	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>modafinil 200 mg tab</i>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
XYREM	5-Specialty	PA, QL (540 PER 30 DAYS)
XYWAV	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 proair)	105
ABELCET	22	albuterol sulfate hfa 108 (90 base) mcg/act	
ABILIFY ASIMTUFII	39	aero soln (generic proventil)	105
ABILIFY MAINTENA	39	albuterol sulfate hfa 108 (90 base) mcg/act	
abiraterone acetate	26,27	aero soln (generic ventolin)	105
ABRYSVO	94	alclometasone dipropionate	68
acamprosate calcium	6	ALECENSA	31
acarbose	49	alendronate sodium	97
accutane	67	alfuzosin hcl er	79
acebutolol hcl	58	ALIQOPA	31
acetaminophen-codeine	4	aliskiren fumarate	60
acetazolamide	60	allopurinol	23
acetazolamide er	102	alogliptin benzoate	49
acetic acid	7	alogliptin-metformin hcl	49
acetylcysteine	107	alogliptin-pioglitazone	49
acitretin	67	ALOMIDE	100
ACTHAR	79	alose tron hcl	76
ACTHIB	94	ALPHAGAN P	102
ACTIMMUNE	91	alprazolam	47
acyclovir	47,71	altavera	81
acyclovir sodium	47	ALUNBRIG	31
ADACEL	94	alyacen 1/35	81
adefovir dipivoxil	42	alyacen 7/7/7	81
ADEMPAS	107	ALYMSYS	35
ADMELOG	53	alyq	107
ADMELOG SOLOSTAR	53	amabelz	81
adriamycin	30	amantadine hcl	37
adrucil	27	ambrisentan	107
ADVAIR HFA	107	amethyst	81
afirmelle	81	amikacin sulfate	7
AIMOVIG	24	amiloride hcl	61
AJOVY	24	amiloride-hydrochlorothiazide	60
ak-poly-bac	99	amiodarone hcl	58
AKEEGA	28	amitriptyline hcl	20
ala-cort	68	amlodipine besy-benazepril hcl	60
albendazole	36	amlodipine besylate	59
albuterol sulfate	105	amlodipine besylate-valsartan	60
		amlodipine-atorvastatin	60
		amlodipine-olmesartan	60
		amlodipine-valsartan-hctz	60

ammonium lactate	68	atorvastatin calcium	62
amnesteem	67	atovaquone	36
amoxapine	20	atovaquone-proguanil hcl	36
amoxicillin	10	atropine sulfate	99
amoxicillin-pot clavulanate	10	ATROVENT HFA	104
amoxicillin-pot clavulanate er	10	AUBAGIO	66
amphetamine-dextroamphet er	64	aubra eq	81
amphetamine-dextroamphetamine	64	AUGTYRO	28
amphotericin b	22	aurovela 1.5/30	81
amphotericin b liposome	22	aurovela 1/20	82
ampicillin	10	aurovela 24 fe	82
ampicillin sodium	10	aurovela fe 1.5/30	82
ampicillin-sulbactam sodium	10	aurovela fe 1/20	82
anagrelide hcl	55	AUSTEDO	65
anastrozole	30	AUSTEDO XR	65
ANORO ELLIPTA	107	AUSTEDO XR PATIENT TITRATION	65
apomorphine hcl	37	AUVELITY	17
apraclonidine hcl	102	AVASTIN	35
aprepitant	21	aviane	82
APRETUDE	43	AVONEX PEN	66
apri	81	AVONEX PREFILLED	66
APTIOM	15,16	AVSOLA	92
APTIVUS	46	ayuna	82
ARALAST NP	77	AYVAKIT	28
aranelle	81	azacitidine	27
ARCALYST	91	AZASITE	100
AREXVY	94	azathioprine	92
arformoterol tartrate	105	AZATHIOPRINE SODIUM	92
aripiprazole	39	azelastine hcl	100,104
ARISTADA	39	azithromycin	11
ARISTADA INITIO	39	aztreonam	7
armodafinil	109	azurette	82
ARNUIITY ELLIPTA	103		
arsenic trioxide	28	B	
asenapine maleate	39	bac	65
aspirin-dipyridamole er	56	bacitra-neomycin-polymyxin-hc	99
atazanavir sulfate	46	bacitracin	100
atenolol	58	bacitracin-polymyxin b	99
atenolol-chlorthalidone	60	baclofen	42
ATGAM	90	balsalazide disodium	96
atomoxetine hcl	64,65	BALVERSA	31

balziva	82	BORTEZOMIB	31
BAQSIMI ONE PACK	52	bosentan	107
BAQSIMI TWO PACK	52	BOSULIF	31
BARACLUDE	42	BOTOX	108
BASAGLAR KWIKPEN	53	BRAFTOVI	31
BAVENCIO	35	BREO ELLIPTA	107
BCG VACCINE	94	brey-na	107
BD ALCOHOL PADS	98	BREZTRI AEROSPHERE	108
bekyree	82	briellyn	82
benazepril hcl	57	BRILINTA	56
benazepril-hydrochlorothiazide	60	brimonidine tartrate	102
bendamustine hcl	26	brinzolamide	102
BENLYSTA	91	BRIVIACT	13
BENZNIDAZOLE	36	bromfenac sodium (once-daily)	101
benzoyl peroxide-erythromycin	67	bromocriptine mesylate	37
benztropine mesylate	37	BRONCHITOL	106
bepotastine besilate	100	BRUKINSA	28
BESIVANCE	12	budesonide	97,103
BESREMI	28	budesonide er	97
betaine	78	budesonide-formoterol fumarate	108
betamethasone dipropionate	68	bumetanide	61
betamethasone dipropionate aug	68,79	buprenorphine	3
betamethasone valerate	68	buprenorphine hcl	6
BETASERON	66	buprenorphine hcl-naloxone hcl	6
betaxolol hcl	58,101	bupropion hcl	17
bethanechol chloride	79	bupropion hcl er (smoking det)	6
BEVESPI AEROSPHERE	107	bupropion hcl er (sr)	17
bexarotene	36	bupropion hcl er (xl)	17,18
BEXSERO	94	bupirone hcl	47
bicalutamide	27	busulfan	26
BICILLIN L-A	10	butalbital-apap-caff-cod	4
BIKTARVY	43	butalbital-apap-caffeine	65
bimatoprost	102	butalbital-aspirin-caffeine	2
bisoprolol fumarate	58	butorphanol tartrate	4
bisoprolol-hydrochlorothiazide	60	BYDUREON BCISE	49
BIVIGAM	90	BYETTA 10 MCG PEN	49
bleomycin sulfate	28	BYETTA 5 MCG PEN	49
blisovi 24 fe	82		
blisovi fe 1.5/30	82	C	
blisovi fe 1/20	82	CABENUVA	45
BOOSTRIX	94	cabergoline	89

CABOMETYX.....	31	cefpodoxime proxetil.....	9
calcipotriene.....	70	cefprozil.....	9
calcitonin (salmon).....	97	ceftazidime.....	9
calcitrene.....	70	ceftriaxone sodium.....	9
calcitriol.....	97	ceftriaxone sodium in dextrose.....	9
calcitriol oral soln 1 mcg/ml.....	97	cefuroxime axetil.....	9
calcium acetate.....	75	cefuroxime sodium.....	9
calcium acetate (phos binder).....	75	celecoxib.....	2
CALQUENCE.....	31	cephalexin.....	9
camila.....	87	cetirizine hcl.....	104
camrese lo.....	82	cevimeline hcl.....	67
candesartan cilexetil.....	57	chateal eq.....	82
candesartan cilexetil-hctz.....	60	CHEMET.....	74
CAPLYTA.....	39	chlordiazepoxide hcl.....	47,48
CAPRELSA.....	31	chlordiazepoxide-amitriptyline.....	18
captopril.....	57	chlorhexidine gluconate.....	67
carbamazepine.....	16	chloroquine phosphate.....	36
carbamazepine er.....	16	chlorpromazine hcl.....	38
carbidopa.....	38	chlorthalidone.....	62
carbidopa-levodopa.....	38	cholestyramine.....	63
carbidopa-levodopa er.....	38	cholestyramine light.....	63
carbidopa-levodopa-entacapone.....	37	ciclodan.....	71
carboplatin.....	26	ciclopirox.....	71
carglumic acid.....	71	ciclopirox olamine.....	22
carisoprodol.....	108	cilostazol.....	56
carteolol hcl.....	102	CILOXAN.....	12
cartia xt.....	59	CIMDUO.....	44
carvedilol.....	58	cimetidine.....	77
carvedilol phosphate er.....	58	cinacalcet hcl.....	97
caspofungin acetate.....	22	CINRYZE.....	90
cataflam.....	2	CIPRODEX.....	103
CAYSTON.....	106	ciprofloxacin hcl.....	12,103
cefaclor.....	8	ciprofloxacin in d5w.....	12
CEFACLOR ER.....	8	ciprofloxacin-dexamethasone.....	103
cefadroxil.....	8	cisplatin.....	26
cefazolin sodium.....	9	citalopram hydrobromide.....	18
cefdinir.....	9	cladribine.....	27
cefepime hcl.....	9	claravis.....	67
cefixime.....	9	clarithromycin.....	11
cefotetan disodium.....	9	clarithromycin er.....	11
cefoxitin sodium.....	9	CLENPIQ.....	75

clindamycin hcl.....	7	COMETRIQ (140 MG DAILY DOSE).....	31
clindamycin palmitate hcl.....	7	COMETRIQ (60 MG DAILY DOSE).....	31
clindamycin phos-benzoyl perox.....	67	COMPLERA.....	44
clindamycin phosphate.....	7,71	compro.....	21
clindamycin phosphate in d5w.....	7	constulose.....	75
CLINIMIX E/DEXTROSE (2.75/5).....	71	COPAXONE.....	66
CLINIMIX E/DEXTROSE (4.25/10).....	72	COPIKTRA.....	31
CLINIMIX E/DEXTROSE (4.25/5).....	72	CORLANOR.....	60
CLINIMIX E/DEXTROSE (5/15).....	72	CORTROPHIN.....	79
CLINIMIX E/DEXTROSE (5/20).....	72	COTELLIC.....	31
CLINIMIX/DEXTROSE (4.25/10).....	72	CREON.....	78
CLINIMIX/DEXTROSE (4.25/5).....	72	cromolyn sodium.....	78,100,106
CLINIMIX/DEXTROSE (5/15).....	72	cryselle-28.....	82
CLINIMIX/DEXTROSE (5/20).....	72	cyclobenzaprine hcl.....	108
clinisol sf.....	72	cyclopentolate hcl.....	99
CLINOLIPID.....	98	CYCLOPHOSPHAMIDE.....	26
clobazam.....	15	CYCLOSET.....	49
clobetasol prop emollient base.....	68	cyclosporine.....	92
clobetasol propionate.....	68	cyclosporine modified.....	92
clobetasol propionate e.....	69	cyproheptadine hcl.....	104
clobetasol propionate emulsion.....	69	CYRAMZA.....	35
clodan.....	69	cyred eq.....	82
clofarabine.....	28	CYSTAGON.....	78
clomipramine hcl.....	20	CYSTARAN.....	78
clonazepam.....	48	cytarabine.....	28
clonidine.....	56	cytarabine (pf).....	28
clonidine hcl.....	56		
clopidogrel bisulfate.....	56	D	
clorazepate dipotassium.....	48	dacarbazine.....	28
clotrimazole.....	22	dactinomycin.....	29
clotrimazole-betamethasone.....	70	dalfampridine er.....	66
clozapine.....	42	DALIRESP.....	106
COARTEM.....	36	danazol.....	81
colchicine.....	23	dantrolene sodium.....	42
colchicine-probenecid.....	24	dapsone.....	25
colesevelam hcl.....	63	DAPTACEL.....	94
colestipol hcl.....	63	DAPTOMYCIN.....	7
colistimethate sodium (cba).....	7	darifenacin hydrobromide er.....	78
COMBIGAN.....	99	darunavir.....	46
COMBIVENT RESPIMAT.....	108	DARZALEX.....	35
COMETRIQ (100 MG DAILY DOSE).....	31	dasetta 1/35.....	82

dasetta 7/7/7	82	dicloxacillin sodium	10
daunorubicin hcl	30	dicyclomine hcl	76
DAURISMO	31	DIFICID	11
deblitane	87	diflunisal	2
decitabine	28	difluprednate	101
deferasirox	74	digoxin	60
deferasirox granules	74	dihydroergotamine mesylate	24
deferiprone	74	DILANTIN	16
DELSTRIGO	44	dilt-xr	59
delyla	82	diltiazem hcl	59
demeclocycline hcl	12	diltiazem hcl er	59
DEPO-SUBQ PROVERA 104	87	diltiazem hcl er beads	59
depo-testosterone	81	diltiazem hcl er coated beads	59
DESCOVY	44	diphenhydramine hcl	104
desipramine hcl	20	diphenoxylate-atropine	76
desloratadine	104	DIPHThERIA-TETANUS TOXOIDS DT	94
desmopressin ace spray refrig	80	dipyridamole	56
desmopressin acetate	80,81	disopyramide phosphate	58
desmopressin acetate pf	81	disulfiram	6
desmopressin acetate spray	81	divalproex sodium	13
desogestrel-ethinyl estradiol	82	divalproex sodium er	13
desonide	69	DOCETAXEL	29
desoximetasone	69	dofetilide	58
desvenlafaxine succinate er	18	dolishale	82
dexamethasone	80	donepezil hcl	17
dexamethasone sod phosphate pf	80	dorzolamide hcl	102
dexamethasone sodium phosphate	80,101	dorzolamide hcl-timolol mal	99
dexmethylphenidate hcl	65	dorzolamide hcl-timolol mal pf	99
dextroamphetamine sulfate	64	dotti	82
dextroamphetamine sulfate er	64	DOVATO	43
dextrose	72	doxazosin mesylate	57
dextrose-nacl	72	doxepin hcl	20,109
dextrose-sodium chloride	72	doxercalciferol	97
DIACOMIT	13	doxorubicin hcl	31
diazepam	15,48	doxorubicin hcl liposomal	31
diazepam intensol	48	doxy 100	12
diazoxide	52	doxycycline hyclate	12
diclofenac potassium	2	doxycycline monohydrate	13
diclofenac sodium	2,101	DRIZALMA SPRINKLE	66
diclofenac sodium er	2	dronabinol	21
diclofenac-misoprostol	2	drospirenone-ethinyl estradiol	82

DROXIA.....	28	enilloring.....	82
droxidopa.....	56,57	enoxaparin sodium.....	55
DUAVEE.....	88	enpresse-28.....	82
DULERA.....	108	enskyce.....	82
duloxetine hcl.....	66	entacapone.....	37
DUPIXENT.....	91	entecavir.....	42
dutasteride.....	79	ENTRESTO.....	60
dutasteride-tamsulosin hcl.....	79	enulose.....	75
E		ENVARBUS XR.....	92
ec-naproxen.....	2	EPCLUSA.....	43
econazole nitrate.....	22	EPIDIOLEX.....	13
EDURANT.....	44	epinastine hcl.....	100
efavirenz.....	44	epinephrine.....	105
efavirenz-emtricitab-tenofo df.....	44	epirubicin hcl.....	31
efavirenz-lamivudine-tenofovir.....	44	epitol.....	16
ELIGARD.....	89	EPIVIR HBV.....	42
elinest.....	82	eplerenone.....	61
ELIQUIS.....	55	EPRONTIA.....	13
ELIQUIS DVT/PE STARTER PACK.....	55	ERBITUX.....	35
elixophyllin.....	106	ergoloid mesylates.....	17
ELMIRON.....	79	ergotamine-caffeine.....	24
eluryng.....	82	ERIVEDGE.....	32
EMCYT.....	27	ERLEADA.....	27
EMEND.....	21	erlotinib hcl.....	32
EMGALITY.....	24	errin.....	87
EMGALITY (300 MG DOSE).....	24	ertapenem sodium.....	11
emoquette.....	82	ery.....	71
EMPLICITI.....	35	ERYTHROCIN LACTOBIONATE.....	11
EMSAM.....	18	erythromycin.....	11,71,100
emtricitabine.....	44	erythromycin base.....	11
emtricitabine-tenofovir df.....	45	erythromycin ethylsuccinate.....	11
EMTRIVA.....	45	escitalopram oxalate.....	18,19
enalapril maleate.....	57	esomeprazole magnesium.....	77
enalapril-hydrochlorothiazide.....	60	estarylla.....	83
ENBREL.....	92	estradiol.....	83
ENBREL MINI.....	92	estradiol valerate.....	83
ENBREL SURECLICK.....	92	estradiol-norethindrone acet.....	83
ENDARI.....	78	ESTRING.....	83
endocet.....	4	eszopiclone.....	109
ENGERIX-B.....	94	ethambutol hcl.....	25
		ethosuximide.....	14

ethynodiol diac-eth estradiol	83	flac	103
etodolac	2	FLAREX	101
etodolac er	2	flavoxate hcl	78
etonogestrel-ethinyl estradiol	83	FLEBOGAMMA DIF	90
etoposide	31	flecainide acetate	58
etravirine	44	fluconazole	22
euthyrox	88	fluconazole in sodium chloride	22
everolimus	32,92	flucytosine	22
EVOTAZ	46	fludarabine phosphate	29
exemestane	30	fludrocortisone acetate	80
EXKIVITY	29	flunisolide	103
ezetimibe	63	fluocinolone acetonide	69,103
ezetimibe-simvastatin	63	fluocinolone acetonide body	69
		fluocinolone acetonide scalp	69
F		fluocinonide	69
falmina	83	fluocinonide emulsified base	69
famciclovir	47	fluorometholone	101
famotidine	77	fluorouracil	28,70
FANAPT	39	fluoxetine hcl	19
FANAPT TITRATION PACK	39	fluphenazine decanoate	38
FARXIGA	49	fluphenazine hcl	38
FASENRA	108	flurbiprofen	2
FASENRA PEN	108	flurbiprofen sodium	101
febuxostat	24	flutamide	27
felbamate	13	fluticasone propionate	69,103
felodipine er	59	fluticasone propionate diskus	103
femynor	83	fluticasone propionate hfa	103
fenofibrate	62	fluticasone-salmeterol	108
fenofibrate micronized	62	fluvoxamine maleate	19
fenofibric acid	62	fluvoxamine maleate er	19
fentanyl	3	fondaparinux sodium	55
fentanyl citrate	4	formoterol fumarate	105
FERRIPROX	75	FORTEO	97
fesoterodine fumarate er	78	fosamprenavir calcium	46
FETZIMA	19	fosfomycin tromethamine	7
FETZIMA TITRATION	19	fosinopril sodium	57
finasteride	79	fosinopril sodium-hctz	60
fingolimod hcl	66	fosphenytoin sodium	16
FINTEPLA	13	FOTIVDA	29
FIRMAGON	89	FREAMINE III	72
FIRMAGON (240 MG DOSE)	89	FRUZAQLA	32

fulvestrant	27
furosemide	61
FUZEON	45
FYCOMPA	13

G

gabapentin	15
galantamine hydrobromide	17
galantamine hydrobromide er	17
GAMMAGARD	90
GAMMAGARD S/D LESS IGA	91
GAMMAKED	91
GAMMAPLEX	91
GAMUNEX-C	91
GARDASIL 9	94
gatifloxacin	100
GATTEX	76
GAUZE PADS & DRESSINGS - PADS 2 X 2	98
gavilyte-c	76
gavilyte-g	76
gavilyte-n with flavor pack	75
GAVRETO	32
gefitinib	32
gemcitabine hcl	28
gemfibrozil	62
GEMTESA	78
generlac	75
gengraf	92
gentak	100
gentamicin in saline	7
gentamicin sulfate	7,100
GENVOYA	43
GILOTRIF	32
GLASSIA	78
GLEOSTINE	26
glimepiride	49
glipizide	49
glipizide er	49
glipizide xl	50
glipizide-metformin hcl	50

GLUCAGEN HYPOKIT	52
GLUCAGON EMERGENCY	52
GLUCAGON EMERGENCY 1 MG KIT (GENERIC)	52
glyburide	50
GLYBURIDE MICRONIZED	50
glyburide-metformin	50
glycopyrrolate	76
GLYXAMBI	50
granisetron hcl	21
griseofulvin microsize	22
griseofulvin ultramicrosize	23
guanfacine hcl	57
guanfacine hcl er	65
GVOKE HYPOPEN 1-PACK	53
GVOKE HYPOPEN 2-PACK	53
GVOKE KIT	53
GVOKE PFS	53

H

HAEGARDA	90
hailey 1.5/30	83
hailey 24 fe	83
hailey fe 1.5/30	83
hailey fe 1/20	83
HALAVEN	29
halobetasol propionate	69
haloette	83
haloperidol	38
haloperidol decanoate	38
haloperidol lactate	38
HARVONI	43
HAVRIX	94
heather	87
heparin sodium (porcine)	55
HEPLISAV-B	94
HERCEPTIN HYLECTA	35
HERZUMA	35
HETLIOZ	109
HETLIOZ LQ	109
HIBERIX	94

HUMALOG	53	ibu	2
HUMALOG JUNIOR KWIKPEN	53	ibuprofen	2
HUMALOG KWIKPEN	53	icatibant acetate	90
HUMALOG MIX 50/50	53	iclevia	83
HUMALOG MIX 50/50 KWIKPEN	53	ICLUSIG	32
HUMALOG MIX 75/25	53	idarubicin hcl	31
HUMALOG MIX 75/25 KWIKPEN	53	IDHIFA	29
HUMIRA	92	ifosfamide	26
HUMIRA (2 PEN)	92	ILEVRO	101
HUMIRA (2 SYRINGE)	92	imatinib mesylate	32
HUMIRA PEDIATRIC CROHNS START	92	IMBRUVICA	32
HUMIRA PEN	92	IMFINZI	35
HUMIRA PEN-CD/UC/HS STARTER	92	imipenem-cilastatin	11
HUMIRA PEN-PEDIATRIC UC START	92	imipramine hcl	20
HUMIRA PEN-PSOR/UEVIT STARTER	93	imipramine pamoate	20
HUMIRA-PS/UV/ADOL HS STARTER	93	imiquimod	70
HUMULIN 70/30	53	IMOVAX RABIES	94
HUMULIN 70/30 KWIKPEN	53	incassia	87
HUMULIN N	53	INCRELEX	81
HUMULIN N KWIKPEN	53	indapamide	62
HUMULIN R	54	indomethacin	2
HUMULIN R U-500 (CONCENTRATED)	54	indomethacin er	2
HUMULIN R U-500 KWIKPEN	54	INFANRIX	95
hydralazine hcl	63	INFLECTRA	93
hydrochlorothiazide	62	INGREZZA	65
hydrocodone-acetaminophen	4	INLYTA	32
hydrocodone-ibuprofen	4	INQOVI	28
hydrocortisone	69,97	INREBIC	32
hydrocortisone (perianal)	69	INSULIN LISPRO	54
hydrocortisone butyrate	69	INSULIN LISPRO (1 UNIT DIAL)	54
hydrocortisone valerate	69	INSULIN LISPRO JUNIOR KWIKPEN	54
hydrocortisone-acetic acid	103	INSULIN LISPRO PROT & LISPRO	54
hydromorphone hcl	4	INSULIN PEN NEEDLE (NOVO/BD/ULTIMED/OWEN/TRIVIDIA)	98
hydroxychloroquine sulfate	36	INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC)	98
hydroxyurea	28	INSULIN SYRINGE (DISP) U-100 1 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC)	98
hydroxyzine hcl	104	INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC)	98
hydroxyzine pamoate	47	INTELENCE	44
I			
ibandronate sodium	97		
IBRANCE	32		

INTRALIPID.....	72	JENTADUETO.....	50
introvale.....	83	JENTADUETO XR.....	50
INVEGA HAFYERA.....	39	JEVTANA.....	32
INVEGA SUSTENNA.....	39,40	jolessa.....	83
INVEGA TRINZA.....	40	juleber.....	83
IPOL.....	95	JULUCA.....	43
ipratropium bromide.....	104,105	junel 1.5/30.....	83
ipratropium-albuterol.....	108	junel 1/20.....	83
irbesartan.....	57	junel fe 1.5/30.....	83
irbesartan-hydrochlorothiazide.....	60	junel fe 1/20.....	83
irinotecan hcl.....	31	junel fe 24.....	84
ISENTRESS.....	43	JYNNEOS.....	95
ISENTRESS HD.....	43		
isibloom.....	83	K	
ISOLYTE-P IN D5W.....	72	KADCYLA.....	35
ISOLYTE-S.....	72	kalliga.....	84
ISOLYTE-S PH 7.4.....	72	KALYDECO.....	106
isoniazid.....	25	KANJINTI.....	35
ISOPROPYL ALCOHOL 0.7 ML/ML		kariva.....	84
MEDICATED PAD.....	98	KCL (0.149%) IN NAACL.....	72
isosorbide dinitrate.....	64	kcl in dextrose-nacl.....	73
isosorbide mononitrate.....	64	KCL-LACTATED RINGERS-D5W.....	73
isosorbide mononitrate er.....	64	kelnor 1/35.....	84
isotretinoin.....	68	kelnor 1/50.....	84
isradipine.....	59	KERENDIA.....	50
itraconazole.....	23	KESIMPTA.....	66
ivermectin.....	36	ketoconazole.....	23
IWILFIN.....	29	ketorolac tromethamine.....	101
IXIARO.....	95	KEYTRUDA.....	35
		KINRIX.....	95
J		KISQALI (200 MG DOSE).....	32
JAKAFI.....	32	KISQALI (400 MG DOSE).....	32
jantoven.....	55	KISQALI (600 MG DOSE).....	32
JANUMET.....	50	KISQALI FEMARA (400 MG DOSE).....	29
JANUMET XR.....	50	KISQALI FEMARA (600 MG DOSE).....	29
JANUVIA.....	50	KISQALI FEMARA(200 MG DOSE).....	29
JARDIANCE.....	50	klayesta.....	23
jasmiel.....	83	klor-con.....	73
javygtor.....	78	klor-con 10.....	73
JAYPIRCA.....	29	klor-con m10.....	73
jencycla.....	87	klor-con m15.....	73

klor-con m20.....	73	lessina.....	84
klor-con sprinkle.....	73	letrozole.....	30
KORLYM.....	80	leucovorin calcium.....	29,36
KOSELUGO.....	32	LEUKERAN.....	26
kourzeq.....	67	LEUKINE.....	55
KRAZATI.....	29	leuprolide acetate.....	89
kurvelo.....	84	LEUPROLIDE ACETATE (3 MONTH).....	89
KYPROLIS.....	32	levabuterol hcl.....	105
		levabuterol tartrate.....	105
L		LEVEMIR.....	54
labetalol hcl.....	58	LEVEMIR FLEXPEN.....	54
lacosamide.....	16	LEVEMIR FLEXTOUCH.....	54
lactulose.....	75	levetiracetam.....	14
lactulose encephalopathy.....	76	levetiracetam er.....	14
lamivudine.....	42,45	LEVETIRACETAM IN NACL.....	14
lamivudine-zidovudine.....	45	levobunolol hcl.....	102
lamotrigine.....	14,48	levocarnitine.....	73
lamotrigine er.....	48	levocarnitine sf.....	73
LANREOTIDE ACETATE.....	89	levocetirizine dihydrochloride.....	104
lansoprazole.....	77	levofloxacin.....	12,100
LANTUS.....	54	levofloxacin in d5w.....	12
LANTUS SOLOSTAR.....	54	levofloxacin oral soln 25 mg/ml.....	12
lapatinib ditosylate.....	32	levoleucovorin calcium.....	29
larin 1.5/30.....	84	levoleucovorin calcium pf.....	29
larin 1/20.....	84	levonest.....	84
larin 24 fe.....	84	levonorg-eth estrad triphasic.....	84
larin fe 1.5/30.....	84	levonorgest-eth estrad 91-day.....	84
larin fe 1/20.....	84	levonorgestrel-ethinyl estrad.....	84
latanoprost.....	102	levora 0.15/30 (28).....	84
LATUDA.....	40	levothyroxine sodium.....	88
leena.....	84	levoxyl.....	88
leflunomide.....	93	LEXIVA.....	46
lenalidomide.....	27	lidocaine.....	5
LENVIMA (10 MG DAILY DOSE).....	32	lidocaine viscous hcl.....	5
LENVIMA (12 MG DAILY DOSE).....	32	lidocaine-prilocaine.....	5
LENVIMA (14 MG DAILY DOSE).....	32	lidocan.....	5
LENVIMA (18 MG DAILY DOSE).....	32	lindane.....	71
LENVIMA (20 MG DAILY DOSE).....	32	linezolid.....	8
LENVIMA (24 MG DAILY DOSE).....	32	LINZESS.....	76
LENVIMA (4 MG DAILY DOSE).....	33	liothyronine sodium.....	88
LENVIMA (8 MG DAILY DOSE).....	33	lisinopril.....	57

lisinopril-hydrochlorothiazide	60	lyleq	87
LITHIUM 8 MEQ/5ML SOLUTION	48	lyllana	84
lithium carbonate	48	LYNPARZA	33
lithium carbonate er	49	LYSODREN	89
LIVALO	62	LYTGOBI (12 MG DAILY DOSE)	33
lo-zumandimine	84	LYTGOBI (16 MG DAILY DOSE)	33
loestrin 1.5/30 (21)	84	LYTGOBI (20 MG DAILY DOSE)	33
loestrin 1/20 (21)	84	LYUMJEV	54
loestrin fe 1.5/30	84	LYUMJEV KWIKPEN	54
loestrin fe 1/20	84	lyza	87
lojaimiess	84		
LOKELMA	75	M	
LONSURF	29	M-M-R II	95
loperamide hcl	76	magnesium sulfate	73
lopinavir-ritonavir	46	malathion	71
lopreeza	87	maraviroc	45
lorazepam	48	marlissa	84
lorazepam intensol	48	MARPLAN	18
LORBRENA	33	MATULANE	26
loryna	84	matzim la	59
losartan potassium	57	MAVYRET	43
losartan potassium-hctz	61	meclizine hcl	21
LOTEMAX	101	medroxyprogesterone acetate	88
loteprednol etabonate	101	mefloquine hcl	36
lovastatin	62	megestrol acetate	88
low-ogestrel	84	MEKINIST	33
loxapine succinate	38	MEKTOVI	33
lubiprostone	76	meloxicam	3
LUCEMYRA	6	melphalan	26
LUMAKRAS	29	melphalan hcl	26
LUMIGAN	102	memantine hcl	17
LUPRON DEPOT (1-MONTH)	89	memantine hcl er	17
LUPRON DEPOT (3-MONTH)	89	MENACTRA	95
LUPRON DEPOT (4-MONTH)	89	MENQUADFI	95
LUPRON DEPOT (6-MONTH)	89	MENVEO	95
LUPRON DEPOT-PED (1-MONTH)	89,90	mercaptopurine	28
LUPRON DEPOT-PED (3-MONTH)	89,90	meropenem	11
LUPRON DEPOT-PED (6-MONTH)	90	mesalamine	96
lurasidone hcl	40	mesalamine er	96
lutra	84	mesalamine-cleanser	96
LYBALVI	18	mesna	36

MESNEX.....	36	misoprostol.....	77
metformin hcl.....	50,51	MITIGARE.....	24
metformin hcl er.....	51	mitomycin.....	29
methadone hcl.....	3	mitoxantrone hcl.....	29
methazolamide.....	102	modafinil.....	109
methenamine hippurate.....	8	moexipril hcl.....	57
methimazole.....	90	molindone hcl.....	38
methocarbamol.....	108	mometasone furoate.....	69,103
methotrexate sodium.....	93	mondoxyne nl.....	13
methotrexate sodium (pf).....	93	mono-lynyah.....	85
methoxsalen rapid.....	70	montelukast sodium.....	104
methscopolamine bromide.....	76	MORPHINE SULFATE.....	5
methsuximide.....	15	morphine sulfate.....	5
methylphenidate hcl.....	65	morphine sulfate (concentrate).....	5
methylphenidate hcl er.....	65	morphine sulfate er.....	3
methylprednisolone.....	80	MOUNJARO.....	51
methylprednisolone acetate.....	80	MOVANTIK.....	76
methylprednisolone sodium succ.....	80	moxifloxacin hcl.....	12,100
metoclopramide hcl.....	21	moxifloxacin hcl (2x day).....	100
metolazone.....	62	moxifloxacin hcl in nacl.....	12
metoprolol succinate er.....	58	MULTAQ.....	58
metoprolol tartrate.....	58	multiple electro type 1 ph 5.5.....	73
metoprolol-hydrochlorothiazide.....	61	multiple electro type 1 ph 7.4.....	73
metronidazole.....	8	mupirocin.....	71
metyrosine.....	61	mutamycin.....	29
mexiletine hcl.....	58	MVASI.....	35
micafungin sodium.....	23	MYALEPT.....	76
microgestin 1.5/30.....	85	mycophenolate mofetil.....	93
microgestin 1/20.....	85	mycophenolate mofetil hcl.....	93
microgestin 24 fe.....	85	mycophenolate sodium.....	93
microgestin fe 1.5/30.....	85	mycophenolic acid.....	93
microgestin fe 1/20.....	85	MYLOTARG.....	35
midodrine hcl.....	57	myorisan.....	68
mifepristone.....	89	MYRBETRIQ.....	78,79
miglitol.....	51		
miglustat.....	78	N	
mili.....	85	na sulfate-k sulfate-mg sulf.....	76
mimvey.....	85	nabumetone.....	3
minocycline hcl.....	13	nadolol.....	59
minoxidil.....	64	nafcillin sodium.....	10
mirtazapine.....	18	naftifine hcl.....	23

naloxone hcl	6	NITRO-BID	64
naltrexone hcl	6	nitrofurantoin macrocrystal	8
NAMZARIC	17	nitrofurantoin monohyd macro	8
naproxen	3	nitroglycerin	64
naproxen dr	3	NITYR	78
naproxen sodium	3	nizatidine	77
naratriptan hcl	24	nora-be	88
NATACYN	100	NORDITROPIN FLEXPRO	81
nateglinide	51	norelgestromin-eth estradiol	85
NATPARA	97	norethin ace-eth estrad-fe	85
NAYZILAM	15	norethin-eth estradiol-fe	85
nebivolol hcl	59	norethindron-ethinyl estrad-fe	85
necon 0.5/35 (28)	85	norethindrone	88
NEEDLES, INSULIN DISP., SAFETY	98	norethindrone acet-ethinyl est	85
nefazodone hcl	19	norethindrone acetate	88
neo-polycin	99	norgestim-eth estrad triphasic	85
neo-polycin hc	99	norgestimate-eth estradiol	85
neomycin sulfate	7	norlyda	88
neomycin-bacitracin zn-polymyx	99	norlyroc	88
neomycin-polymyxin-dexameth	99	nortrel 0.5/35 (28)	85
neomycin-polymyxin-gramicidin	99	nortrel 1/35 (21)	85
neomycin-polymyxin-hc	99,103	nortrel 1/35 (28)	85
NERLYNX	33	nortrel 7/7/7	85
NEUPRO	37	nortriptyline hcl	20
nevirapine	44	NORVIR	46
nevirapine er	44	NUBEQA	27
NEXLETOL	61	NUCALA	108
NEXLIZET	63	NUDEXTA	65
niacin er (antihyperlipidemic)	63	NULOJIX	93
nicardipine hcl	59	NUPLAZID	40
NICOTROL	6	NURTEC	24
NICOTROL NS	6	NUTRILIPID	73
nifedipine er	59	nyamyc	23
nifedipine er osmotic release	59	nylia 1/35	85
nikki	85	nylia 7/7/7	85
nilutamide	27	nymyo	85
nimodipine	59	nystatin	23
NINLARO	29	nystatin-triamcinolone	70
NIPENT	28	nystop	23
nitazoxanide	36	NYVEPRIA	55
nitisinone	78		

O

OCALIVA	77
ocella	85
OCTAGAM	91
octreotide acetate	89,90
ODEFSEY	44
ODOMZO	33
OFEV	107
ofloxacin	12,100
OGIVRI	35
OGSIVEO	33
OJJAARA	31
olanzapine	40
olanzapine-fluoxetine hcl	18
olmesartan medoxomil	57
olmesartan medoxomil-hctz	61
olmesartan-amlodipine-hctz	61
olopatadine hcl	100,104
omega-3-acid ethyl esters	63
omeprazole	77
ondansetron	21
ondansetron hcl	22
ondansetron hcl oral soln 4 mg/5ml	22
ONTRUZANT	35
ONUREG	29
OPDIVO	35
OPSUMIT	107
oralone	67
ORGOVYX	90
ORKAMBI	106
ORSERDU	27
oseltamivir phosphate	47
OTEZLA	91
OTREXUP	93
oxacillin sodium	10
OXACILLIN SODIUM IN DEXTROSE	10
oxaliplatin	26
oxaprozin	3
oxazepam	48
oxcarbazepine	16

OXERVATE	99
oxybutynin chloride	79
oxybutynin chloride er	79
oxycodone hcl	5
oxycodone-acetaminophen	5
oxymorphone hcl	5
OZEMPIC (0.25 OR 0.5 MG/DOSE)	51
OZEMPIC (1 MG/DOSE)	51
OZEMPIC (2 MG/DOSE)	51

P

pacerone	58
paclitaxel	33
paclitaxel protein-bound part	33
paliperidone er	40
PANRETIN	36
pantoprazole sodium	77
PANZYGA	91
paraplatin	26
paricalcitol	97
paroex	67
paromomycin sulfate	7
paroxetine hcl	19
paroxetine hcl er	19
PAXLOVID (150/100)	47
PAXLOVID (300/100)	47
pazopanib hcl	33
PEDIARIX	95
PEDVAX HIB	95
peg 3350-kcl-na bicarb-nacl	77
peg-3350/electrolytes	77
peg-3350/electrolytes/ascorbat	77
peg-kcl-nacl-nasulf-na asc-c	77
PEGASYS	92
PEMAZYRE	33
pemetrexed disodium	28
PENBRAYA	99
penicillamine	79
PENICILLIN G POT IN DEXTROSE	10
penicillin g potassium	10
penicillin g sodium	10

penicillin v potassium.....	10	PLEGRIDY STARTER PACK.....	66
PENTACEL.....	95	plenamine.....	73
pentamidine isethionate for nebulization soln 300 mg.....	36	podofilox.....	71
pentamidine isethionate for soln 300 mg.....	37	polycin.....	99
pentoxifylline er.....	61	polymyxin b sulfate.....	8
perindopril erbumine.....	57	polymyxin b-trimethoprim.....	101
perlogard.....	67	POMALYST.....	27
PERJETA.....	35	portia-28.....	86
permethrin.....	71	posaconazole.....	23
perphenazine.....	21	POTASSIUM CHLORIDE.....	73
perphenazine-amitriptyline.....	18	potassium chloride crys er.....	74
PERSERIS.....	40	potassium chloride er.....	74
pfizerpen.....	10	potassium chloride in dextrose.....	74
phenelzine sulfate.....	18	POTASSIUM CHLORIDE IN NACL.....	74
phenobarbital.....	15	potassium citrate er.....	74
phenoxybenzamine hcl.....	57	pramipexole dihydrochloride.....	37
phenytek.....	16	pramipexole dihydrochloride er.....	37
phenytoin.....	16	prasugrel hcl.....	56
phenytoin infatabs.....	16	pravastatin sodium.....	62
phenytoin sodium.....	16	praziquantel.....	36
phenytoin sodium extended.....	16	prazosin hcl.....	57
philith.....	85	prednisolone.....	80
PIFELTRO.....	44	prednisolone acetate.....	101
pilocarpine hcl.....	67,102	prednisolone sodium phosphate.....	80
pimozide.....	38	PREDNISOLONE SODIUM PHOSPHATE.....	101
pimtrea.....	85	prednisone.....	80
pindolol.....	59	PREDNISONE INTENSOL.....	80
pioglitazone hcl.....	51	pregabalin.....	66
pioglitazone hcl-glimepiride.....	51	pregabalin er.....	66
pioglitazone hcl-metformin hcl.....	51	PREHEVBRIO.....	95
piperacillin sod-tazobactam so.....	11	PREMARIN.....	86
PIQRAY (200 MG DAILY DOSE).....	33	PREMASOL.....	74
PIQRAY (250 MG DAILY DOSE).....	33	PREMPHASE.....	86
PIQRAY (300 MG DAILY DOSE).....	33	PREMPRO.....	86
pirfenidone.....	107	PRENATAL VITAMIN ORAL TABLET.....	75
pirmella 1/35.....	85	PRETOMANID.....	25
piroxicam.....	3	prevalite.....	63
pitavastatin calcium.....	62	previfem.....	86
PLASMA-LYTE A.....	73	PREVYMIS.....	42
PLEGRIDY.....	66	PREZCOBIX.....	46
		PREZISTA.....	46

PRIFTIN.....	25	quetiapine fumarate.....	40
primaquine phosphate.....	37	quetiapine fumarate er.....	41
primidone.....	15	quinapril hcl.....	57
PRIORIX.....	95	quinidine sulfate.....	58
PRIVIGEN.....	91	quinine sulfate.....	37
probenecid.....	24		
prochlorperazine.....	21	R	
prochlorperazine edisylate.....	21	RABAVERT.....	95
prochlorperazine maleate.....	21	rabeprazole sodium.....	77
PROCRIPT.....	55,56	raloxifene hcl.....	88
procto-med hc.....	70	ramelteon.....	109
proctosol hc.....	70	ramipril.....	57
proctozone-hc.....	70	ranolazine er.....	61
progesterone.....	88	rasagiline mesylate.....	38
PROGRAF.....	93	RASUVO.....	93
PROLASTIN-C.....	78	RAVICTI.....	78
PROLENSA.....	101	RAYALDEE.....	97
PROLIA.....	97	reclipsen.....	86
PROMACTA.....	56	RECOMBIVAX HB.....	95
promethazine hcl.....	21,104	RECORLEV.....	89
promethegan.....	21	RECTIV.....	64
propafenone hcl.....	58	REGANEX.....	71
propafenone hcl er.....	58	relafen.....	3
proparacaine hcl.....	99	RELENZA DISKHALER.....	47
propranolol hcl.....	59	RELISTOR.....	76
propranolol hcl er.....	59	RENFLEXIS.....	93
propylthiouracil.....	90	repaglinide.....	51
PROQUAD.....	95	REPATHA.....	63
PROSOL.....	74	REPATHA PUSHTRONEX SYSTEM.....	63
protriptyline hcl.....	20	REPATHA SURECLICK.....	63
PULMICORT FLEXHALER.....	104	RESTASIS.....	99
PULMOZYME.....	106	RESTASIS MULTIDOSE.....	99
PURIXAN.....	28	RETACRIT.....	56
pyrazinamide.....	25	RETEVMO.....	30
pyridostigmine bromide.....	25	REVLIMID.....	27
pyridostigmine bromide er.....	25	REXULTI.....	41
pyrimethamine.....	37	REYATAZ.....	46
		REZLIDHIA.....	33
Q		REZUROCK.....	93
QINLOCK.....	29	RHOPRESSA.....	102
QUADRACEL.....	95	RIABNI.....	35

ribavirin	43	SCEMBLIX	33
RIDAURA	91	scopolamine	21
rifabutin	25	SECUADO	41
rifampin	25	selegiline hcl	38
riluzole	65	selenium sulfide	70
rimantadine hcl	47	SELZENTRY	45,46
RINVOQ	93	SEREVENT DISKUS	105
risedronate sodium	97,98	sertraline hcl	19
RISPERDAL CONSTA	41	setlakin	86
risperidone	41	sevelamer carbonate	75
ritonavir	46	sharobel	88
RITUXAN HYCELA	35	SHINGRIX	96
rivastigmine	17	SIGNIFOR	90
rivastigmine tartrate	17	sildenafil citrate	107
rizatriptan benzoate	24	silodosin	79
ROCKLATAN	99	silver sulfadiazine	71
roflumilast	106	SIMBRINZA	102
romidepsin	31	simliya	86
ropinirole hcl	37	SIMULECT	93
ropinirole hcl er	37	simvastatin	63
rosuvastatin calcium	62,63	sirolimus	93,94
ROTARIX	95	SIRTURO	25
ROTATEQ	96	SKYRIZI	77,91
roweepra	14	SKYRIZI PEN	91
roweepra xr	14	sodium chloride	74
ROZLYTREK	33	sodium chloride (pf)	74
RUBRACA	33	sodium fluoride	74
rufinamide	16	sodium phenylbutyrate	78
RUKOBIA	45	sodium polystyrene sulfonate	75
RUXIENCE	35	SOFOSBUVIR-VELPATASVIR	43
RYBELSUS	51	solifenacin succinate	79
RYDAPT	33	SOLIQUA	51
		SOLTAMOX	27
S		SOLU-MEDROL	80
sajazir	90	SOMATULINE DEPOT	89
SANCUSO	22	SOMAVERT	90
SANDIMMUNE	93	sorafenib tosylate	33
SANTYL	71	sorine	58
sapropterin dihydrochloride	78	sotalol hcl	58
SAVELLA	66	sotalol hcl (af)	58
SAVELLA TITRATION PACK	66	SPIRIVA HANDIHALER	105

SPIRIVA RESPIMAT	105
spironolactone	61
spironolactone-hctz	61
sprintec 28	86
SPRITAM	14
SPRYCEL	33
sps	75
sronyx	86
ssd	71
STELARA	91
sterile water for irrigation	99
STIVARGA	33
streptomycin sulfate	7
STRIBILD	43
STRIVERDI RESPIMAT	105
subvenite	14
sucralfate	77
sulfacetamide sodium	101
sulfacetamide sodium (acne)	12
sulfacetamide-prednisolone	100
sulfadiazine	12
sulfamethoxazole-trimethoprim	12
sulfasalazine	96
sulindac	3
sumatriptan	24
sumatriptan succinate	24
sumatriptan succinate refill	24
sunitinib malate	33
SUNLENCA	46
syeda	86
SYMLINPEN 120	51
SYMLINPEN 60	52
SYMPAZAN	15
SYMTUZA	46
SYNAREL	90
SYNJARDY	52
SYNJARDY XR	52
SYNRIBO	34
SYNTHROID	88

T

TABLOID	28
TABRECTA	30
tacrolimus	70,94
tadalafil (pah)	107
TAFINLAR	34
TAGRISSE	34
TALTZ	91
TALZENNA	34
tamoxifen citrate	27
tamsulosin hcl	79
tarina 24 fe	86
tarina fe 1/20 eq	86
TASIGNA	34
tasimelteon	109
tazarotene	68
tazicef	9
TAZORAC	68
taztia xt	59
TAZVERIK	30
TDVAX	96
TECENTRIQ	35
TECFIDERA	67
TEFLARO	10
telmisartan	57
telmisartan-amlodipine	61
telmisartan-hctz	61
temazepam	109
TEMIXYS	45
temsirolimus	34
TENIVAC	96
tenofovir disoproxil fumarate	45
TEPMETKO	34
terazosin hcl	57
terbinafine hcl	23
terbutaline sulfate	106
terconazole	23
teriparatide	98
teriparatide (recombinant)	98
TERIPARATIDE (RECOMBINANT)	98

testosterone.....	81	tramadol hcl.....	5
testosterone cypionate.....	81	tramadol hcl (er biphasic).....	3
testosterone enanthate.....	81	tramadol hcl er.....	3
testosterone td gel pump 20.25 mg/act (1.62%).....	81	tramadol-acetaminophen.....	5
tetrabenazine.....	65	trandolapril.....	57
tetracycline hcl.....	13	trandolapril-verapamil hcl er.....	61
THALOMID.....	27	tranexamic acid.....	56
theophylline.....	106	tranylcypromine sulfate.....	18
theophylline er.....	106	TRAVASOL.....	74
thioridazine hcl.....	38	travoprost (bak free).....	103
thiothixene.....	39	TRAZIMERA.....	35
THYMOGLOBULIN.....	91	trazodone hcl.....	19
tiadylt er.....	60	TRECATOR.....	25
tiagabine hcl.....	15	TRELEGY ELLIPTA.....	108
TIBSOVO.....	34	TRELSTAR MIXJECT.....	90
TICOVAC.....	96	TRESIBA.....	54
TIGECYCLINE.....	8	TRESIBA FLEXTOUCH.....	54
tilia fe.....	86	tretinoin.....	36,68
timolol maleate.....	59,102	TREXALL.....	94
tiotropium bromide monohydrate.....	105	tri femynor.....	86
TIVICAY.....	43	tri-estarylla.....	86
TIVICAY PD.....	43	tri-legest fe.....	86
tizanidine hcl.....	42	tri-linyah.....	86
TOBRADEX.....	100	tri-lo-estarylla.....	86
tobramycin.....	101,106	tri-lo-marzia.....	86
tobramycin sulfate.....	7	tri-lo-mili.....	86
tobramycin-dexamethasone.....	100	tri-lo-sprintec.....	86
tolcapone.....	37	tri-mili.....	86
tolterodine tartrate.....	79	tri-nymyo.....	86
tolterodine tartrate er.....	79	tri-sprintec.....	86
topiramate.....	14	tri-vylibra.....	86
topotecan hcl.....	31	tri-vylibra lo.....	86
toremifene citrate.....	27	triamcinolone acetonide.....	67,70
torseamide.....	61	triamterene-hctz.....	61
TOUJEO MAX SOLOSTAR.....	54	triderm.....	70
TOUJEO SOLOSTAR.....	54	trientine hcl.....	75
tovet.....	70	trifluoperazine hcl.....	39
TPN ELECTROLYTES.....	74	trifluridine.....	47
TRACLEER.....	107	trihexyphenidyl hcl.....	37
TRADJENTA.....	52	TRIJARDY XR.....	52
		TRIKAFTA.....	106

trimethoprim	8	VALTOCO 10 MG DOSE	15
trimipramine maleate	20	VALTOCO 15 MG DOSE	15
TRINTELLIX	20	VALTOCO 20 MG DOSE	15
TRIUMEQ	45	VALTOCO 5 MG DOSE	15
TRIUMEQ PD	45	vanadom	108
trivora (28)	87	vancomycin hcl	8
TRIZIVIR	45	VANFLYTA	30
TROGARZO	46	VAQTA	96
TROPHAMINE	74	varenicline tartrate	6
tropium chloride	79	varenicline tartrate (starter)	6
tropium chloride er	79	VARIVAX	96
TRULANCE	76	VASCEPA	63
TRULICITY	52	VECTIBIX	35
TRUMENBA	96	velivet	87
TRUQAP	31	VELTASSA	75
TRUSELTIQ (100MG DAILY DOSE)	34	VEMLIDY	43
TRUSELTIQ (125MG DAILY DOSE)	34	VENCLEXTA	34
TRUSELTIQ (50MG DAILY DOSE)	34	VENCLEXTA STARTING PACK	34
TRUSELTIQ (75MG DAILY DOSE)	34	VENLAFAXINE BESYLATE ER	20
TRUXIMA	35	venlafaxine hcl	20
TUKYSA	34	venlafaxine hcl er	20
TURALIO	34	VENTAVIS	107
turqoz	87	verapamil hcl	60
TWINRIX	96	verapamil hcl er	60
TYBOST	46	VERQUVO	61
TYPHIM VI	96	VERSACLOZ	42
		VERZENIO	34
		vestura	87
U		VIBERZI	76
unithroid	89	vienva	87
UPTRAVI	107	vigabatrin	15
ursodiol	77	vigadrone	15
UZEDY	41	vigpoder	15
		vilazodone hcl	20
V		vinblastine sulfate	30
valacyclovir hcl	47	vincristine sulfate	30
VALCHLOR	26	vinorelbine tartrate	30
valganciclovir hcl	42	viorele	87
valproate sodium	14	VIRACEPT	46
valproic acid	14	VIREAD	45
valsartan	57	VITRAKVI	34
valsartan-hydrochlorothiazide	61		

VIVITROL	6
VIZIMPRO	34
volnea	87
VONJO	34
voriconazole	23
VOTRIENT	34
VRAYLAR	41
VUMERITY	67
vyfemla	87
vylibra	87
VYXEOS	28

W

warfarin sodium	55
WELIREG	30
wera	87
wymzya fe	87

X

XALKORI	34
XARELTO	55
XARELTO STARTER PACK	55
XATMEP	94
XCOPRI	14
XCOPRI (250 MG DAILY DOSE)	14
XCOPRI (350 MG DAILY DOSE)	14
XELJANZ	91
XELJANZ XR	91
XEOMIN	108
XERMELO	76
XGEVA	98
XIFAXAN	8
XIGDUO XR	52
XIIDRA	100
XOLAIR	91
XOSPATA	34
XPOVIO (100 MG ONCE WEEKLY)	30
XPOVIO (40 MG ONCE WEEKLY)	30
XPOVIO (40 MG TWICE WEEKLY)	30
XPOVIO (60 MG ONCE WEEKLY)	30
XPOVIO (60 MG TWICE WEEKLY)	30

XPOVIO (80 MG ONCE WEEKLY)	30
XPOVIO (80 MG TWICE WEEKLY)	30
XTAMPZA ER	3
XTANDI	27
xulane	87
XYREM	109
XYWAV	109

Y

yargesa	78
YERVOY	35
YF-VAX	96
YONDELIS	26
YONSA	27
YUPELRI	105
yuvafem	87

Z

zafemy	87
zafirlukast	104
zaleplon	109
ZALTRAP	30
ZANOSAR	26
zarah	87
ZARXIO	56
ZEJULA	34
ZELBORAF	34
ZEMAIRA	78
zenatane	68
ZENPEP	78
zidovudine	45
ZIEXTENZO	56
ziprasidone hcl	41
ziprasidone mesylate	41
ZIRABEV	35
ZIRGAN	101
zoledronic acid	98
ZOLINZA	30
zolmitriptan	25
zolpidem tartrate	109
zolpidem tartrate er	109

ZONISADE	16
zonisamide	16
ZONTIVITY	55
zovia 1/35 (28)	87
ZTALMY	14
zumandimine	87
ZURZUVAE	18
ZYDELIG	34
ZYKADIA	34
ZYLET	100
ZYPREXA RELPREVV	42

This formulary was updated on 04/01/2024. For more recent information or other questions, please contact Jefferson Health Plans at 1-866-901-8000 (TTY 1-877-454-8477), or visit www.JeffersonHealthPlans.com/Medicare. From October 1 to March 31, we're available 8 a.m. to 8 p.m., 7 days a week. And from April 1 to September 30, we're available 8 a.m. to 8 p.m., Monday to Friday.

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

Y0170_MCE-540RX-5614.B_C

04/01/2024

Jefferson Health Plans

1101 Market Street, Suite 3000

Philadelphia, PA 19107

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

www.JeffersonHealthPlans.com/Medicare

