



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

Giveback (HMO) | Flex (PPO)
Choice Plus (PPO) | Choice (PPO)

Jefferson Health Plans

Formulario Value 2025

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

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

Id. del formulario 25398, Versión 12

Este formulario se actualizó el 01/03/2025. Para obtener información más reciente o si tienes otras preguntas, comunícate con Servicios para Miembros de Jefferson Health Plans al 1-866-901-8000 (los usuarios de TTY deben llamar al 1-877-454-8477) o visita JeffersonHealthPlans.com/medicare. Del 1.º de octubre al 31 de marzo, estamos disponibles de 8:00 a.m. a 8:00 p.m., los 7 días de la semana. Y del 1.º de abril al 30 de septiembre, estamos disponibles de 8:00 a.m. a 8:00 p.m., de lunes a viernes.

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

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

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan que entró en vigor el 01/03/2025. Para obtener una lista de medicamentos (formulario) actualizada, comunícate con nosotros. Nuestra información de contacto, junto con la fecha en la que actualizamos la lista de medicamentos (formulario), aparece en las páginas de portada y contraportada.

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

¿Qué es el formulario Value de Jefferson Health Plans?

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

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

¿Puede cambiar el Formulario?

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

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

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

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

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

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

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

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

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

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

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

El formulario adjunto entró en vigor el 01/03/2025. Para obtener información actualizada sobre los medicamentos cubiertos por Jefferson Health Plans, comunícate con nosotros. Nuestra información de contacto aparece en las páginas de portada y contraportada.

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

¿Cómo uso el Formulario?

Hay dos maneras de encontrar tu medicamento en el formulario:

Afección médica

El formulario comienza en la página 2. Los medicamentos de este formulario se agrupan en categorías según el tipo de afecciones médicas que tratan. Por ejemplo, los medicamentos que se usan para tratar una enfermedad cardíaca se enumeran en la categoría “Agentes cardiovasculares”. Si sabes para qué se usa tu medicamento, busca el nombre de la categoría en la lista que comienza en la página A-8. Luego, busca el medicamento debajo del nombre de la categoría.

Listado en orden alfabético

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

¿Qué son los medicamentos genéricos?

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

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

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

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

Hay alguna restricción en mi cobertura?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Alta del hospital a la casa.

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

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

Para más información

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

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

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

Formulario Value de Jefferson Health Plans

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

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

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

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

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

Giveback	\$10
3 – De marca preferidos⁺	
Flex, Choice Plus, Choice	25%
Giveback	20%
4 – Medicamentos no preferidos⁺	
Choice, Giveback	35%
Flex, Choice Plus	40%
5 – De especialidad⁺	
Flex, Choice Plus, Choice	33%
Giveback	25%

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

⁺ Los miembros del plan Giveback (HMO) pagarán un deducible anual de \$590 por los medicamentos de los Niveles 3, 4 y 5. La Etapa del deducible es la primera etapa de pago de tu cobertura de medicamentos. El deducible no se aplica a los productos de insulina cubiertos ni a la mayoría de las vacunas para adultos de la Parte D, incluidas las vacunas contra la culebrilla (herpes zóster), el tétanos y las vacunas para viajes. Debes pagar el costo total de tus medicamentos de los Niveles 3, 4 y 5 hasta que alcances el monto del deducible del plan. Para todos los demás medicamentos, no tendrás que pagar ningún deducible.

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LEGEND

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naproxen (250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	2-Generics	
<i>naproxen dr</i>	2-Generics	
<i>piroxicam 10 mg cap</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>piroxicam 20 mg cap</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>relafen</i>	2-Generics	
<i>sulindac</i>	2-Generics	QL (60 PER 30 DAYS)

OPIOID ANALGESICS, LONG-ACTING

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

OPIOID ANALGESICS, SHORT-ACTING

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

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

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

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

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

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

<i>acamprosate calcium</i>	4-Non-Preferred Drugs	
<i>disulfiram</i>	3-Preferred Brands	
<i>naltrexone hcl 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)</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	2-Generics	QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>buprenorphine hcl-naloxone hcl 8-2 mg sl tab</i>	2-Generics	QL (90 PER 30 DAYS)
OPIOID REVERSAL AGENTS		
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)</i>	2-Generics	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	3-Preferred Brands	
OPVEE	3-Preferred Brands	
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det)</i>	2-Generics	QL (60 PER 30 DAYS)
NICOTROL	4-Non-Preferred Drugs	
NICOTROL NS	4-Non-Preferred Drugs	
<i>varenicline tartrate</i>	4-Non-Preferred Drugs	
<i>varenicline tartrate (starter)</i>	4-Non-Preferred Drugs	
<i>varenicline tartrate(continue)</i>	4-Non-Preferred Drugs	
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate</i>	4-Non-Preferred Drugs	
ARIKAYCE	5-Specialty	PA
<i>gentamicin in saline</i>	4-Non-Preferred Drugs	
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>gentamicin sulfate (10 mg/ml solution, 40 mg/ml solution)</i>	4-Non-Preferred Drugs	
<i>neomycin sulfate</i>	2-Generics	

You 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>streptomycin sulfate</i>	5-Specialty	
<i>tobramycin sulfate (10 mg/ml solution, 80 mg/2ml solution)</i>	4-Non-Preferred Drugs	
ANTIBACTERIALS, OTHER		
<i>aztreonam</i>	4-Non-Preferred Drugs	
<i>clindamycin hcl</i>	2-Generics	
<i>clindamycin palmitate hcl</i>	4-Non-Preferred Drugs	
<i>clindamycin phosphate (300 mg/2ml solution, 900 mg/6ml solution)</i>	4-Non-Preferred Drugs	
<i>clindamycin phosphate 2 % cream</i>	3-Preferred Brands	
<i>clindamycin phosphate in d5w</i>	4-Non-Preferred Drugs	
<i>colistimethate sodium (cba)</i>	5-Specialty	
<i>daptomycin 350 mg recon soln</i>	5-Specialty	
<i>daptomycin 500 mg recon soln</i>	5-Specialty	
<i>linezolid 100 mg/5ml recon susp</i>	5-Specialty	QL (1800 PER 30 DAYS)
<i>linezolid 600 mg tab</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>linezolid 600 mg/300ml solution</i>	4-Non-Preferred Drugs	
<i>methenamine hippurate</i>	4-Non-Preferred Drugs	
<i>metronidazole (250 mg tab, 500 mg tab)</i>	2-Generics	
<i>metronidazole 0.75 % gel</i>	3-Preferred Brands	
<i>metronidazole 500 mg/100ml solution</i>	4-Non-Preferred Drugs	
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	3-Preferred Brands	
<i>nitrofurantoin monohyd macro</i>	3-Preferred Brands	
TIGECYCLINE	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
<i>tinidazole</i>	3-Preferred Brands	
<i>trimethoprim</i>	2-Generics	
<i>vancomycin hcl (1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 500 mg recon soln, 750 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>vancomycin hcl 125 mg cap</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg cap</i>	4-Non-Preferred Drugs	QL (240 PER 30 DAYS)
XIFAXAN 200 MG TAB	4-Non-Preferred Drugs	PA
XIFAXAN 550 MG TAB	5-Specialty	PA

BETA-LACTAM, CEPHALOSPORINS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	2-Generics	
<i>ceftazidime</i>	4-Non-Preferred Drugs	
<i>ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>cefuroxime axetil</i>	3-Preferred Brands	
<i>cefuroxime sodium</i>	4-Non-Preferred Drugs	
<i>cephalexin (125 mg/5ml recon susp, 250 mg/5ml recon susp)</i>	3-Preferred Brands	
<i>cephalexin (250 mg cap, 500 mg cap)</i>	2-Generics	
<i>tazicef</i>	4-Non-Preferred Drugs	
TEFLARO	5-Specialty	

BETA-LACTAM, PENICILLINS

<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1-Preferred Generics	
<i>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 400-57 mg/5ml recon susp, 600-42.9 mg/5ml recon susp)</i>	3-Preferred Brands	
<i>amoxicillin-pot clavulanate (250-125 mg tab, 500-125 mg tab, 875-125 mg tab)</i>	2-Generics	
<i>amoxicillin-pot clavulanate (250-62.5 mg/5ml recon susp, 400-57 mg chew tab)</i>	4-Non-Preferred Drugs	
<i>amoxicillin-pot clavulanate er</i>	4-Non-Preferred Drugs	
<i>ampicillin</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ampicillin sodium</i>	4-Non-Preferred Drugs	
<i>ampicillin-sulbactam sodium</i>	4-Non-Preferred Drugs	
BICILLIN L-A	4-Non-Preferred Drugs	
<i>dicloxacillin sodium</i>	2-Generics	
<i>nafcillin sodium (1 gm recon soln, 2 gm recon soln)</i>	4-Non-Preferred Drugs	
<i>nafcillin sodium 10 gm recon soln</i>	5-Specialty	
<i>oxacillin sodium</i>	4-Non-Preferred Drugs	
PENICILLIN G POT IN DEXTROSE	4-Non-Preferred Drugs	
<i>penicillin g potassium</i>	4-Non-Preferred Drugs	
<i>penicillin g sodium</i>	4-Non-Preferred Drugs	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	2-Generics	
<i>pfizerpen</i>	4-Non-Preferred Drugs	
<i>piperacillin sod-tazobactam so</i>	4-Non-Preferred Drugs	
CARBAPENEMS		
<i>ertapenem sodium</i>	3-Preferred Brands	
<i>imipenem-cilastatin</i>	3-Preferred Brands	
<i>meropenem</i>	4-Non-Preferred Drugs	
MACROLIDES		
<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp)</i>	3-Preferred Brands	
<i>azithromycin (250 mg tab, 500 mg tab, 600 mg tab)</i>	2-Generics	

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

QUINOLONES

BESIVANCE	4-Non-Preferred Drugs	
CILOXAN	4-Non-Preferred Drugs	
<i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	2-Generics	
<i>ciprofloxacin in d5w 200 mg/100ml solution</i>	4-Non-Preferred Drugs	
<i>ciprofloxacin in d5w 400 mg/200ml solution</i>	4-Non-Preferred Drugs	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	2-Generics	
<i>levofloxacin in d5w</i>	4-Non-Preferred Drugs	
<i>levofloxacin oral soln 25 mg/ml</i>	4-Non-Preferred Drugs	
<i>moxifloxacin hcl 400 mg tab</i>	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>moxifloxacin hcl in nacl</i>	4-Non-Preferred Drugs	
SULFONAMIDES		
<i>sulfadiazine</i>	4-Non-Preferred Drugs	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 800- 160 mg/20ml suspension)</i>	3-Preferred Brands	
<i>sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)</i>	1-Preferred Generics	
TETRACYCLINES		
<i>doxy 100</i>	4-Non-Preferred Drugs	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	2-Generics	
<i>doxycycline hyclate 100 mg recon soln</i>	4-Non-Preferred Drugs	
<i>doxycycline monohydrate (50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)</i>	2-Generics	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	4-Non-Preferred Drugs	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	2-Generics	
<i>mondoxyne nl</i>	2-Generics	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	4-Non-Preferred Drugs	

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
BRIVIACT 10 MG/ML SOLUTION	5-Specialty	PA2, QL (600 PER 30 DAYS)
BRIVIACT 50 MG/5ML SOLUTION	5-Specialty	PA2
DIACOMIT (250 MG CAP, 250 MG PACKET)	5-Specialty	PA2, QL (360 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIACOMIT (500 MG CAP, 500 MG PACKET)	5-Specialty	PA2, QL (180 PER 30 DAYS)
<i>divalproex sodium (125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	2-Generics	
<i>divalproex sodium 125 mg cap dr</i>	3-Preferred Brands	
<i>divalproex sodium er</i>	3-Preferred Brands	
EPIDIOLEX	5-Specialty	PA2, QL (600 PER 30 DAYS)
EPRONTIA	4-Non-Preferred Drugs	PA2, QL (480 PER 30 DAYS)
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	4-Non-Preferred Drugs	
FINTEPLA	5-Specialty	PA2, QL (360 PER 30 DAYS)
FYCOMPA (4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
FYCOMPA 0.5 MG/ML SUSPENSION	5-Specialty	PA2, QL (720 PER 30 DAYS)
FYCOMPA 2 MG TAB	4-Non-Preferred Drugs	PA2, QL (30 PER 30 DAYS)
<i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i>	2-Generics	
<i>lamotrigine er</i>	4-Non-Preferred Drugs	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	2-Generics	
<i>levetiracetam er</i>	3-Preferred Brands	
LEVETIRACETAM IN NACL	4-Non-Preferred Drugs	
<i>roweepira</i>	2-Generics	
SPRITAM	4-Non-Preferred Drugs	ST
<i>topiramate (15 mg cap sprink, 25 mg cap sprink)</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>topiramate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2-Generics	
<i>valproate sodium</i>	4-Non-Preferred Drugs	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	3-Preferred Brands	

CALCIUM CHANNEL MODIFYING AGENTS

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

GAMMA-AMINO BUTYRIC ACID (GABA) MODULATING AGENTS

<i>clobazam (10 mg tab, 20 mg tab)</i>	4-Non-Preferred Drugs	PA2, QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	4-Non-Preferred Drugs	PA2, QL (480 PER 30 DAYS)
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	4-Non-Preferred Drugs	
<i>gabapentin (100 mg cap, 600 mg tab)</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	4-Non-Preferred Drugs	QL (2160 PER 30 DAYS)
<i>gabapentin 300 mg cap</i>	3-Preferred Brands	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg cap</i>	3-Preferred Brands	QL (270 PER 30 DAYS)
<i>gabapentin 800 mg tab</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
LIBERVANT	5-Specialty	PA2, QL (10 PER 30 DAYS)
NAYZILAM	4-Non-Preferred Drugs	PA2, QL (10 PER 30 DAYS)
<i>phenobarbital (15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	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>phenobarbital 20 mg/5ml elixir</i>	4-Non-Preferred Drugs	
<i>primidone</i>	2-Generics	
SYMPAZAN	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>tiagabine hcl</i>	4-Non-Preferred Drugs	
VALTOCO 10 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 15 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 20 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 5 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
<i>vigabatrin</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)
<i>vigadrone</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)
VIGAFYDE	5-Specialty	QL (900 PER 30 DAYS)
<i>vigpoder</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)
ZTALMY	5-Specialty	PA2, QL (1100 PER 30 DAYS)

SODIUM CHANNEL AGENTS

APTIOM (200 MG TAB, 400 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
APTIOM (600 MG TAB, 800 MG TAB)	5-Specialty	QL (60 PER 30 DAYS)
<i>carbamazepine (100 mg chew tab, 200 mg tab)</i>	2-Generics	
<i>carbamazepine (100 mg/5ml suspension, 200 mg/10ml suspension)</i>	4-Non-Preferred Drugs	
<i>carbamazepine er</i>	3-Preferred Brands	
DILANTIN (30 MG CAP, 100 MG CAP)	4-Non-Preferred Drugs	
DILANTIN INFATABS	4-Non-Preferred Drugs	
<i>epitol</i>	2-Generics	
<i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	4-Non-Preferred Drugs	QL (1200 PER 30 DAYS)

You 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>lacosamide (100 mg tab, 150 mg tab, 200 mg tab)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>lacosamide 200 mg/20ml solution</i>	4-Non-Preferred Drugs	
<i>lacosamide 50 mg tab</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>	3-Preferred Brands	
<i>oxcarbazepine 300 mg/5ml suspension</i>	4-Non-Preferred Drugs	
<i>phenytek</i>	4-Non-Preferred Drugs	
<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>	4-Non-Preferred Drugs	
<i>phenytoin sodium extended</i>	2-Generics	
<i>rufinamide 200 mg tab</i>	4-Non-Preferred Drugs	PA2, QL (480 PER 30 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	5-Specialty	PA2, QL (2760 PER 30 DAYS)
<i>rufinamide 400 mg tab</i>	5-Specialty	PA2, QL (240 PER 30 DAYS)
XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	5-Specialty	PA2, QL (28 PER 28 DAYS)
XCOPRI (150 MG TAB, 200 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
XCOPRI (250 MG DAILY DOSE)	5-Specialty	PA2, QL (56 PER 28 DAYS)
XCOPRI (350 MG DAILY DOSE)	5-Specialty	PA2, QL (56 PER 28 DAYS)
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	4-Non-Preferred Drugs	PA2, QL (28 PER 28 DAYS)
ZONISADE	5-Specialty	QL (900 PER 30 DAYS)
<i>zonisamide (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		
NAMZARIC	4-Non-Preferred Drugs	
CHOLINESTERASE INHIBITORS		
<i>donepezil hcl (5 mg tab disp, 10 mg tab disp)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>donepezil hcl (5 mg tab, 10 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>galantamine hydrobromide 4 mg/ml solution</i>	4-Non-Preferred Drugs	QL (360 PER 30 DAYS)
<i>galantamine hydrobromide er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>rivastigmine</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>rivastigmine tartrate</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl (5 mg tab, 10 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>memantine hcl 2 mg/ml solution</i>	4-Non-Preferred Drugs	QL (360 PER 30 DAYS)
<i>memantine hcl 28 x 5 mg & 21 x 10 mg tab</i>	4-Non-Preferred Drugs	QL (98 PER 365 DAYS)
<i>memantine hcl er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
AUVELITY	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>bupropion hcl</i>	2-Generics	QL (120 PER 30 DAYS)
<i>bupropion hcl er (sr)</i>	2-Generics	QL (60 PER 30 DAYS)

You 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) 150 mg tab er 24h</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>mirtazapine (7.5 mg tab, 45 mg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>mirtazapine 15 mg tab</i>	2-Generics	QL (90 PER 30 DAYS)
<i>mirtazapine 15 mg tab disp</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>mirtazapine 30 mg tab</i>	2-Generics	QL (60 PER 30 DAYS)
<i>mirtazapine 30 mg tab disp</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>mirtazapine 45 mg tab disp</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
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	PA2, QL (30 PER 30 DAYS)
MARPLAN	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
<i>phenelzine sulfate</i>	3-Preferred Brands	
<i>tranylcypromine sulfate</i>	4-Non-Preferred Drugs	

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

<i>citalopram hydrobromide (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>	3-Preferred Brands	QL (600 PER 30 DAYS)
<i>desvenlafaxine succinate er</i>	4-Non-Preferred Drugs	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>	4-Non-Preferred Drugs	QL (600 PER 30 DAYS)
FETZIMA	4-Non-Preferred Drugs	PA2, QL (30 PER 30 DAYS)
FETZIMA TITRATION	4-Non-Preferred Drugs	PA2, QL (28 PER 28 DAYS)
<i>fluoxetine hcl 10 mg cap</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 20 mg cap</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg/5ml solution</i>	3-Preferred Brands	
<i>fluoxetine hcl 40 mg cap</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>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>nefazodone hcl</i>	4-Non-Preferred Drugs	
<i>paroxetine hcl (10 mg tab, 20 mg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>paroxetine hcl (30 mg tab, 40 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5ml suspension</i>	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)
<i>sertraline hcl (25 mg tab, 50 mg tab)</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>sertraline hcl 100 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>sertraline hcl 20 mg/ml conc</i>	4-Non-Preferred Drugs	QL (300 PER 30 DAYS)
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>	1-Preferred Generics	

You 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>trazodone hcl 300 mg tab</i>	2-Generics	
TRINTELLIX	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>venlafaxine hcl</i>	2-Generics	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h)</i>	2-Generics	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap er 24h</i>	2-Generics	QL (60 PER 30 DAYS)
<i>vilazodone hcl</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

TRICYCLICS

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

You 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, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	2-Generics	
<i>perphenazine</i>	4-Non-Preferred Drugs	
<i>prochlorperazine</i>	4-Non-Preferred Drugs	
<i>prochlorperazine edisylate</i>	4-Non-Preferred Drugs	
<i>prochlorperazine maleate</i>	2-Generics	
<i>promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)</i>	3-Preferred Brands	PA
<i>scopolamine</i>	4-Non-Preferred Drugs	PA, QL (10 PER 30 DAYS)

EMETOGENIC THERAPY ADJUNCTS

<i>aprepitant</i>	4-Non-Preferred Drugs	PA3
<i>dronabinol</i>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
<i>granisetron hcl 1 mg tab</i>	4-Non-Preferred Drugs	PA3, QL (60 PER 30 DAYS)
<i>ondansetron 4 mg tab disp</i>	3-Preferred Brands	PA3, QL (180 PER 30 DAYS)
<i>ondansetron 8 mg tab disp</i>	3-Preferred Brands	PA3, QL (90 PER 30 DAYS)
<i>ondansetron hcl (4 mg/2ml soln prsyr, 4 mg/2ml solution, 40 mg/20ml solution)</i>	4-Non-Preferred Drugs	
<i>ondansetron hcl 4 mg tab</i>	2-Generics	PA3, QL (180 PER 30 DAYS)

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

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

ANTIFUNGALS

<i>ABELCET</i>	4-Non-Preferred Drugs	PA3
<i>amphotericin b</i>	4-Non-Preferred Drugs	PA3
<i>amphotericin b liposome</i>	5-Specialty	PA3
<i>caspofungin acetate</i>	4-Non-Preferred Drugs	
<i>clotrimazole 1 % cream</i>	2-Generics	QL (90 PER 30 DAYS)
<i>clotrimazole 1 % solution</i>	2-Generics	QL (30 PER 30 DAYS)
<i>clotrimazole 10 mg troche</i>	2-Generics	
<i>econazole nitrate</i>	4-Non-Preferred Drugs	QL (85 PER 30 DAYS)
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2-Generics	
<i>fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i>	4-Non-Preferred Drugs	
<i>flucytosine</i>	5-Specialty	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	4-Non-Preferred Drugs	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	4-Non-Preferred Drugs	
<i>itraconazole 100 mg cap</i>	4-Non-Preferred Drugs	
<i>ketoconazole 2 % cream</i>	2-Generics	QL (60 PER 30 DAYS)
<i>ketoconazole 2 % shampoo</i>	2-Generics	QL (120 PER 30 DAYS)
<i>ketoconazole 200 mg tab</i>	2-Generics	
<i>klayesta</i>	2-Generics	QL (60 PER 30 DAYS)
<i>micafungin sodium</i>	4-Non-Preferred Drugs	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>miconazole 3</i>	3-Preferred Brands	
<i>naftifine hcl 1 % cream</i>	4-Non-Preferred Drugs	QL (90 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</i>	2-Generics	
<i>nystatin 500000 unit tab</i>	3-Preferred Brands	
<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	QL (120 PER 30 DAYS)
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	3-Preferred Brands	
<i>voriconazole 200 mg recon soln</i>	5-Specialty	PA
<i>voriconazole 200 mg tab</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>voriconazole 40 mg/ml recon susp</i>	5-Specialty	QL (600 PER 30 DAYS)
<i>voriconazole 50 mg tab</i>	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)

ANTIGOUT AGENTS

<i>allopurinol (100 mg tab, 300 mg tab)</i>	1-Preferred Generics	
<i>colchicine 0.6 mg tab</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>colchicine-probenecid</i>	3-Preferred Brands	
MITIGARE	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>probenecid</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
ANTIMIGRAINE AGENTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS		
AIMOVIG	3-Preferred Brands	PA, QL (1 PER 28 DAYS)
EMGALITY	3-Preferred Brands	PA, QL (2 PER 28 DAYS)
EMGALITY (300 MG DOSE)	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
NURTEC	5-Specialty	ST, QL (16 PER 30 DAYS)
UBRELVY	5-Specialty	ST, QL (16 PER 30 DAYS)
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	5-Specialty	PA, QL (8 PER 30 DAYS)
ERGOTAMINE-CAFFEINE	3-Preferred Brands	
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>naratriptan hcl</i>	3-Preferred Brands	QL (9 PER 30 DAYS)
<i>rizatriptan benzoate</i>	3-Preferred Brands	QL (12 PER 30 DAYS)
<i>sumatriptan</i>	4-Non-Preferred Drugs	QL (12 PER 28 DAYS)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2-Generics	QL (9 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	4-Non-Preferred Drugs	QL (6 PER 30 DAYS)
<i>sumatriptan succinate refill</i>	4-Non-Preferred Drugs	QL (6 PER 30 DAYS)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide 60 mg tab</i>	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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ANTIMYCOBACTERIALS

ANTIMYCOBACTERIALS, OTHER

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

ANTITUBERCULARS

<i>ethambutol hcl</i>	3-Preferred Brands	
<i>isoniazid (100 mg tab, 300 mg tab)</i>	2-Generics	
<i>isoniazid 50 mg/5ml syrup</i>	4-Non-Preferred Drugs	
PRIFTIN	4-Non-Preferred Drugs	
<i>pyrazinamide</i>	4-Non-Preferred Drugs	
<i>rifampin</i>	4-Non-Preferred Drugs	
SIRTURO	5-Specialty	PA
TRECTOR	4-Non-Preferred Drugs	

ANTINEOPLASTICS

ALKYLATING AGENTS

<i>carboplatin</i>	4-Non-Preferred Drugs	PA3
<i>cisplatin</i>	4-Non-Preferred Drugs	PA3
<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	3-Preferred Brands	PA3
CYCLOPHOSPHAMIDE (25 MG TAB, 50 MG TAB)	4-Non-Preferred Drugs	PA3
GLEOSTINE (10 MG CAP, 40 MG CAP)	4-Non-Preferred Drugs	PA2

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLEOSTINE 100 MG CAP	5-Specialty	PA2
MATULANE	5-Specialty	
<i>oxaliplatin (50 mg recon soln, 50 mg/10ml solution, 100 mg recon soln, 100 mg/20ml solution)</i>	4-Non-Preferred Drugs	PA3
<i>paraplatin</i>	4-Non-Preferred Drugs	PA3
VALCHLOR	5-Specialty	PA2, QL (60 PER 30 DAYS)

ANTIANDROGENS

<i>abiraterone acetate 250 mg tab</i>	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>abiraterone acetate 500 mg tab</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>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)
XTANDI (40 MG CAP, 40 MG TAB)	5-Specialty	PA2, QL (120 PER 30 DAYS)
XTANDI 80 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)

ANTIANGIOGENIC AGENTS

<i>lenalidomide</i>	5-Specialty	PA2, QL (28 PER 28 DAYS)
POMALYST	5-Specialty	PA2, QL (21 PER 28 DAYS)
THALOMID (150 MG CAP, 200 MG CAP)	5-Specialty	PA2, QL (60 PER 30 DAYS)
THALOMID 100 MG CAP	5-Specialty	PA2, QL (120 PER 30 DAYS)
THALOMID 50 MG CAP	5-Specialty	PA2, QL (30 PER 30 DAYS)

ANTIESTROGENS/MODIFIERS

<i>fulvestrant</i>	5-Specialty	PA3
ORSERDU 345 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
ORSERDU 86 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
SOLTAMOX	5-Specialty	

You 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>tamoxifen citrate</i>	2-Generics	
<i>toremifene citrate</i>	5-Specialty	
ANTIMETABOLITES		
<i>azacitidine</i>	5-Specialty	PA3
<i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	4-Non-Preferred Drugs	PA3
<i>mercaptopurine</i>	3-Preferred Brands	
ONUREG	5-Specialty	PA2, QL (14 PER 28 DAYS)
PURIXAN	5-Specialty	
ANTINEOPLASTICS, OTHER		
AKEEGA	5-Specialty	PA2, QL (60 PER 30 DAYS)
AUGTYRO 160 MG CAP	5-Specialty	PA2, QL (60 PER 30 DAYS)
AUGTYRO 40 MG CAP	5-Specialty	PA2, QL (240 PER 30 DAYS)
DOCETAXEL	5-Specialty	PA3
DROXIA	4-Non-Preferred Drugs	
FRUZAQLA 1 MG CAP	5-Specialty	PA2, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAP	5-Specialty	PA2, QL (21 PER 28 DAYS)
<i>hydroxyurea</i>	2-Generics	
INQOVI	5-Specialty	PA2, QL (5 PER 28 DAYS)
IWILFIN	5-Specialty	PA2, QL (240 PER 30 DAYS)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	3-Preferred Brands	
<i>leucovorin calcium (50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln)</i>	4-Non-Preferred Drugs	
LONSURF 15-6.14 MG TAB	5-Specialty	PA2, QL (100 PER 28 DAYS)
LONSURF 20-8.19 MG TAB	5-Specialty	PA2, QL (80 PER 28 DAYS)
LYSODREN	5-Specialty	
OJJAARA	5-Specialty	PA2, QL (30 PER 30 DAYS)

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

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

AROMATASE INHIBITORS, 3RD GENERATION

<i>anastrozole</i>	2-Generics	
<i>exemestane</i>	4-Non-Preferred Drugs	
<i>letrozole</i>	2-Generics	

ENZYME INHIBITORS

<i>etoposide</i>	2-Generics	
<i>irinotecan hcl</i>	4-Non-Preferred Drugs	PA3

MOLECULAR TARGET INHIBITORS

ALECENSA	5-Specialty	PA2, QL (240 PER 30 DAYS)
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
AYVAKIT	5-Specialty	PA2, QL (30 PER 30 DAYS)
BALVERSA 3 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
BALVERSA 4 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
BALVERSA 5 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>bortezomib 3.5 mg recon soln</i>	5-Specialty	PA3
BOSULIF (100 MG CAP, 100 MG TAB)	5-Specialty	PA2, QL (180 PER 30 DAYS)
BOSULIF (400 MG TAB, 500 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAP	5-Specialty	PA2, QL (360 PER 30 DAYS)
BRAFTOVI	5-Specialty	PA2, QL (180 PER 30 DAYS)
BRUKINSA	5-Specialty	PA2, QL (120 PER 30 DAYS)
CABOMETYX (20 MG TAB, 60 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CABOMETYX 40 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
CALQUENCE	5-Specialty	PA2, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
COMETRIQ (100 MG DAILY DOSE)	5-Specialty	PA2, QL (60 PER 30 DAYS)
COMETRIQ (140 MG DAILY DOSE)	5-Specialty	PA2, QL (120 PER 30 DAYS)
COMETRIQ (60 MG DAILY DOSE)	5-Specialty	PA2, QL (90 PER 30 DAYS)
COPIKTRA	5-Specialty	PA2, QL (60 PER 30 DAYS)
COTELLIC	5-Specialty	PA2, QL (63 PER 28 DAYS)
DANZITEN	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab)</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>dasatinib 140 mg tab</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>dasatinib 20 mg tab</i>	5-Specialty	PA2, QL (90 PER 30 DAYS)
DAURISMO 100 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
DAURISMO 25 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
ERIVEDGE	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tab</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>everolimus (3 mg tab sol, 5 mg tab sol)</i>	5-Specialty	PA2, QL (90 PER 30 DAYS)
<i>everolimus 2 mg tab sol</i>	5-Specialty	PA2, QL (150 PER 30 DAYS)
FOTIVDA	5-Specialty	PA2, QL (21 PER 28 DAYS)
GAVRETO	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>gefitinib</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
GILOTRIF	5-Specialty	PA2, QL (30 PER 30 DAYS)
IBRANCE	5-Specialty	PA2, QL (21 PER 28 DAYS)
ICLUSIG (10 MG TAB, 30 MG TAB, 45 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ICLUSIG 15 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
IDHIFA	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	5-Specialty	PA2, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAP	5-Specialty	PA2, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	5-Specialty	PA2, QL (324 PER 30 DAYS)
IMKELDI	5-Specialty	PA2, QL (280 PER 28 DAYS)
INLYTA 1 MG TAB	5-Specialty	PA2, QL (180 PER 30 DAYS)
INLYTA 5 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
INREBIC	5-Specialty	PA2, QL (120 PER 30 DAYS)
ITOVEBI 3 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
ITOVEBI 9 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
JAKAFI	5-Specialty	PA2, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
KISQALI (200 MG DOSE)	5-Specialty	PA2, QL (21 PER 28 DAYS)
KISQALI (400 MG DOSE)	5-Specialty	PA2, QL (42 PER 28 DAYS)
KISQALI (600 MG DOSE)	5-Specialty	PA2, QL (63 PER 28 DAYS)
KISQALI FEMARA (200 MG DOSE)	5-Specialty	PA2, QL (49 PER 28 DAYS)
KISQALI FEMARA (400 MG DOSE)	5-Specialty	PA2, QL (70 PER 28 DAYS)
KISQALI FEMARA (600 MG DOSE)	5-Specialty	PA2, QL (91 PER 28 DAYS)
KOSELUGO 10 MG CAP	5-Specialty	PA2, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAP	5-Specialty	PA2, QL (120 PER 30 DAYS)
KRAZATI	5-Specialty	PA2, QL (180 PER 30 DAYS)
<i>lapatinib ditosylate</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
LENVIMA (10 MG DAILY DOSE)	5-Specialty	PA2

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TAFINLAR 10 MG TAB SOL	5-Specialty	PA2, QL (900 PER 30 DAYS)
TAGRISSE	5-Specialty	PA2, QL (30 PER 30 DAYS)
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	5-Specialty	PA2, QL (30 PER 30 DAYS)
TALZENNA 0.25 MG CAP	5-Specialty	PA2, QL (90 PER 30 DAYS)
TASIGNA	5-Specialty	PA2, QL (120 PER 30 DAYS)
TAZVERIK	5-Specialty	PA2, QL (240 PER 30 DAYS)
TEPMETKO	5-Specialty	PA2, QL (60 PER 30 DAYS)
TIBSOVO	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>torpenz</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
TRUQAP	5-Specialty	PA2, QL (64 PER 28 DAYS)
TUKYSA 150 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
TUKYSA 50 MG TAB	5-Specialty	PA2, QL (300 PER 30 DAYS)
TURALIO	5-Specialty	PA2, QL (120 PER 30 DAYS)
VANFLYTA	5-Specialty	PA2, QL (56 PER 28 DAYS)
VENCLEXTA 10 MG TAB	3-Preferred Brands	PA2, QL (120 PER 30 DAYS)
VENCLEXTA 100 MG TAB	5-Specialty	PA2, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
VENCLEXTA STARTING PACK	5-Specialty	PA2, QL (42 PER 28 DAYS)
VERZENIO	5-Specialty	PA2, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAP	5-Specialty	PA2, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	5-Specialty	PA2, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAP	5-Specialty	PA2, QL (180 PER 30 DAYS)
VIZIMPRO	5-Specialty	PA2, QL (30 PER 30 DAYS)
VONJO	5-Specialty	PA2, QL (120 PER 30 DAYS)
VORANIGO 10 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
VORANIGO 40 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	5-Specialty	PA2, QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XALKORI 150 MG CAP SPRINK	5-Specialty	PA2, QL (180 PER 30 DAYS)
XOSPATA	5-Specialty	PA2, QL (90 PER 30 DAYS)
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	5-Specialty	PA2, QL (8 PER 28 DAYS)
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	5-Specialty	PA2, QL (4 PER 28 DAYS)
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	5-Specialty	PA2, QL (8 PER 28 DAYS)
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	5-Specialty	PA2, QL (4 PER 28 DAYS)
XPOVIO (60 MG TWICE WEEKLY)	5-Specialty	PA2, QL (24 PER 28 DAYS)
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	5-Specialty	PA2, QL (8 PER 28 DAYS)
XPOVIO (80 MG TWICE WEEKLY)	5-Specialty	PA2, QL (32 PER 28 DAYS)
ZEJULA	5-Specialty	PA2, QL (30 PER 30 DAYS)
ZELBORAF	5-Specialty	PA2, QL (240 PER 30 DAYS)
ZYDELIG	5-Specialty	PA2, QL (60 PER 30 DAYS)
ZYKADIA	5-Specialty	PA2, QL (90 PER 30 DAYS)

MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE

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

RETINOIDS

<i>bexarotene 1 % gel</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>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>mesna 400 mg tab</i>	5-Specialty	
MESNEX 400 MG TAB	5-Specialty	

ANTIPARASITICS

ANTHELMINTHICS

<i>albendazole</i>	5-Specialty	
<i>ivermectin 3 mg tab</i>	3-Preferred Brands	
<i>praziquantel</i>	4-Non-Preferred Drugs	

ANTIPROTOZOALS

<i>atovaquone</i>	4-Non-Preferred Drugs	QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	4-Non-Preferred Drugs	
<i>chloroquine phosphate</i>	4-Non-Preferred Drugs	
COARTEM	4-Non-Preferred Drugs	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2-Generics	
IMPAVIDO	5-Specialty	QL (84 PER 28 DAYS)
<i>mefloquine hcl</i>	3-Preferred Brands	
NITAZOXANIDE	5-Specialty	QL (6 PER 30 DAYS)
<i>pentamidine isethionate for nebulization soln 300 mg</i>	4-Non-Preferred Drugs	PA3
<i>pentamidine isethionate for soln 300 mg</i>	4-Non-Preferred Drugs	
<i>primaquine phosphate</i>	3-Preferred Brands	

You 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>pyrimethamine</i>	5-Specialty	PA
<i>quinine sulfate</i>	4-Non-Preferred Drugs	PA

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2-Generics	
<i>trihexyphenidyl hcl (2 mg tab, 5 mg tab)</i>	2-Generics	PA
<i>trihexyphenidyl hcl 0.4 mg/ml solution</i>	3-Preferred Brands	PA

ANTIPARKINSON AGENTS, OTHER

<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	3-Preferred Brands	
<i>carbidopa-levodopa-entacapone</i>	4-Non-Preferred Drugs	
<i>entacapone</i>	4-Non-Preferred Drugs	

DOPAMINE AGONISTS

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

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

<i>carbidopa</i>	4-Non-Preferred Drugs	
<i>carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)</i>	4-Non-Preferred Drugs	
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	2-Generics	
<i>carbidopa-levodopa er</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
INBRIJA	5-Specialty	PA, QL (300 PER 30 DAYS)
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate</i>	4-Non-Preferred Drugs	
<i>selegiline hcl</i>	3-Preferred Brands	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	4-Non-Preferred Drugs	
<i>fluphenazine decanoate</i>	4-Non-Preferred Drugs	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	4-Non-Preferred Drugs	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	2-Generics	
<i>haloperidol decanoate</i>	4-Non-Preferred Drugs	
<i>haloperidol lactate 2 mg/ml conc</i>	2-Generics	
<i>haloperidol lactate 5 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>loxapine succinate</i>	3-Preferred Brands	
<i>molindone hcl</i>	4-Non-Preferred Drugs	
<i>pimozide</i>	4-Non-Preferred Drugs	
<i>thioridazine hcl</i>	3-Preferred Brands	
<i>thiothixene</i>	4-Non-Preferred Drugs	

You 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>trifluoperazine hcl</i>	3-Preferred Brands	
2ND GENERATION/ATYPICAL		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5-Specialty	QL (2.4 PER 56 DAYS)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5-Specialty	QL (3.2 PER 56 DAYS)
<i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>aripiprazole (20 mg tab, 30 mg tab)</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)
<i>aripiprazole 10 mg tab disp</i>	5-Specialty	QL (60 PER 30 DAYS)
<i>aripiprazole 15 mg tab disp</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
ARISTADA 1064 MG/3.9ML PRSYR	5-Specialty	QL (3.9 PER 56 DAYS)
ARISTADA 441 MG/1.6ML PRSYR	5-Specialty	QL (1.6 PER 28 DAYS)
ARISTADA 662 MG/2.4ML PRSYR	5-Specialty	QL (2.4 PER 28 DAYS)
ARISTADA 882 MG/3.2ML PRSYR	5-Specialty	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	5-Specialty	QL (4.8 PER 365 DAYS)
<i>asenapine maleate</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
CAPLYTA	5-Specialty	ST, QL (30 PER 30 DAYS)
COBENFY	5-Specialty	QL (60 PER 30 DAYS)
COBENFY STARTER PACK	5-Specialty	QL (56 PER 28 DAYS)
FANAPT	5-Specialty	ST, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	4-Non-Preferred Drugs	ST, QL (16 PER 365 DAYS)
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5-Specialty	QL (3.5 PER 180 DAYS)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5-Specialty	QL (5 PER 180 DAYS)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5-Specialty	QL (0.75 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5-Specialty	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5-Specialty	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4-Non-Preferred Drugs	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5-Specialty	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5-Specialty	QL (0.88 PER 84 DAYS)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5-Specialty	QL (1.32 PER 84 DAYS)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5-Specialty	QL (1.75 PER 84 DAYS)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5-Specialty	QL (2.63 PER 84 DAYS)
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tab</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
NUPLAZID	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>olanzapine (15 mg tab, 20 mg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>olanzapine (5 mg tab disp, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>olanzapine 10 mg recon soln</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>paliperidone er 1.5 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (240 PER 30 DAYS)
<i>paliperidone er 3 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>paliperidone er 6 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>paliperidone er 9 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

You 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 (300 mg tab, 400 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>quetiapine fumarate (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>quetiapine fumarate 25 mg tab</i>	2-Generics	QL (180 PER 30 DAYS)
<i>quetiapine fumarate er</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB)	5-Specialty	ST, QL (60 PER 30 DAYS)
REXULTI (2 MG TAB, 3 MG TAB, 4 MG TAB)	5-Specialty	ST, QL (30 PER 30 DAYS)
<i>risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	3-Preferred Brands	QL (480 PER 30 DAYS)
<i>risperidone microspheres er</i>	4-Non-Preferred Drugs	QL (2 PER 28 DAYS)
SECUADO	5-Specialty	ST, QL (30 PER 30 DAYS)
VRAYLAR	5-Specialty	ST, QL (30 PER 30 DAYS)
<i>ziprasidone hcl</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP)	4-Non-Preferred Drugs	QL (2 PER 28 DAYS)
ZYPREXA RELPREVV 405 MG RECON SUSP	4-Non-Preferred Drugs	QL (1 PER 28 DAYS)

TREATMENT-RESISTANT

<i>clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)</i>	4-Non-Preferred Drugs
<i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	3-Preferred Brands

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VERSACLOZ	5-Specialty	QL (600 PER 30 DAYS)
ANTISPASTICITY AGENTS		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	2-Generics	
<i>dantrolene sodium</i>	4-Non-Preferred Drugs	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	2-Generics	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY	5-Specialty	PA
PREVYMIS (240 MG TAB, 480 MG TAB)	5-Specialty	PA, QL (28 PER 28 DAYS)
<i>valganciclovir hcl 450 mg tab</i>	3-Preferred Brands	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	5-Specialty	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	4-Non-Preferred Drugs	
BARACLUDE 0.05 MG/ML SOLUTION	5-Specialty	
<i>entecavir</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>lamivudine 100 mg tab</i>	3-Preferred Brands	
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MAVYRET 100-40 MG TAB	5-Specialty	PA, QL (84 PER 28 DAYS)
MAVYRET 50-20 MG PACKET	5-Specialty	PA, QL (140 PER 28 DAYS)
<i>ribavirin 200 mg cap</i>	3-Preferred Brands	
<i>ribavirin 200 mg tab</i>	4-Non-Preferred Drugs	
SOFOSBUVIR-VELPATASVIR	5-Specialty	PA, QL (28 PER 28 DAYS)

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

BIKTARVY	5-Specialty	QL (30 PER 30 DAYS)
DOVATO	5-Specialty	QL (30 PER 30 DAYS)
GENVOYA	5-Specialty	QL (30 PER 30 DAYS)
ISENTRESS (100 MG CHEW TAB, 100 MG PACKET)	5-Specialty	QL (180 PER 30 DAYS)
ISENTRESS 25 MG CHEW TAB	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
ISENTRESS 400 MG TAB	5-Specialty	QL (60 PER 30 DAYS)
ISENTRESS HD	5-Specialty	QL (60 PER 30 DAYS)
JULUCA	5-Specialty	QL (30 PER 30 DAYS)
STRIBILD	5-Specialty	QL (30 PER 30 DAYS)
TIVICAY (25 MG TAB, 50 MG TAB)	5-Specialty	QL (60 PER 30 DAYS)
TIVICAY 10 MG TAB	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
TIVICAY PD	5-Specialty	QL (180 PER 30 DAYS)

ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)

COMPLERA	5-Specialty	QL (30 PER 30 DAYS)
DELSTRIGO	5-Specialty	QL (30 PER 30 DAYS)
EDURANT	5-Specialty	QL (30 PER 30 DAYS)
<i>efavirenz</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitab-tenofo df</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>etravirine 100 mg tab</i>	5-Specialty	QL (120 PER 30 DAYS)

You 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>etravirine 200 mg tab</i>	5-Specialty	QL (60 PER 30 DAYS)
INTELENCE 25 MG TAB	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>nevirapine 200 mg tab</i>	2-Generics	QL (60 PER 30 DAYS)
<i>nevirapine 50 mg/5ml suspension</i>	4-Non-Preferred Drugs	QL (1200 PER 30 DAYS)
<i>nevirapine er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
ODEFSEY	5-Specialty	QL (30 PER 30 DAYS)
PIFELTRO	5-Specialty	QL (60 PER 30 DAYS)

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamivudine-zidovudine</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
TRIUMEQ	5-Specialty	QL (30 PER 30 DAYS)
TRIUMEQ PD	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
VIREAD 40 MG/GM POWDER	5-Specialty	QL (240 PER 30 DAYS)
<i>zidovudine 100 mg cap</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tab</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	3-Preferred Brands	QL (1920 PER 30 DAYS)

ANTI-HIV AGENTS, OTHER

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

You 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, PROTEASE INHIBITORS (PI)		
APTIVUS	5-Specialty	QL (120 PER 30 DAYS)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>atazanavir sulfate 300 mg cap</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>darunavir 600 mg tab</i>	5-Specialty	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tab</i>	5-Specialty	QL (30 PER 30 DAYS)
EVOTAZ	5-Specialty	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	5-Specialty	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir 100-25 mg tab</i>	4-Non-Preferred Drugs	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir 200-50 mg tab</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)
NORVIR 100 MG PACKET	4-Non-Preferred Drugs	QL (360 PER 30 DAYS)
PREZCOBIX	5-Specialty	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	5-Specialty	QL (400 PER 30 DAYS)
PREZISTA 150 MG TAB	5-Specialty	QL (240 PER 30 DAYS)
PREZISTA 75 MG TAB	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)
REYATAZ 50 MG PACKET	5-Specialty	QL (240 PER 30 DAYS)
<i>ritonavir</i>	3-Preferred Brands	QL (360 PER 30 DAYS)
SYMTUZA	5-Specialty	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TAB	5-Specialty	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TAB	5-Specialty	QL (120 PER 30 DAYS)
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate (45 mg cap, 75 mg cap)</i>	3-Preferred Brands	QL (84 PER 365 DAYS)
<i>oseltamivir phosphate 30 mg cap</i>	3-Preferred Brands	QL (168 PER 365 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	3-Preferred Brands	QL (1080 PER 365 DAYS)
RELENZA DISKHALER	3-Preferred Brands	QL (120 PER 365 DAYS)
<i>rimantadine hcl</i>	4-Non-Preferred Drugs	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	4-Non-Preferred Drugs	QL (6 PER 365 DAYS)
XOFLUZA (80 MG DOSE)	4-Non-Preferred Drugs	QL (6 PER 365 DAYS)

ANTIHERPETIC AGENTS

<i>acyclovir (200 mg cap, 400 mg tab, 800 mg tab)</i>	2-Generics	
<i>acyclovir 200 mg/5ml suspension</i>	4-Non-Preferred Drugs	
<i>acyclovir sodium</i>	4-Non-Preferred Drugs	PA3
<i>famciclovir</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	3-Preferred Brands	QL (120 PER 30 DAYS)

ANTIVIRAL, CORONAVIRUS AGENTS

LAGEVRIO	3-Preferred Brands	
PAXLOVID (150/100)	3-Preferred Brands	QL (40 PER 30 DAYS)
PAXLOVID (300/100)	3-Preferred Brands	QL (60 PER 30 DAYS)

ANXIOLYTICS

ANXIOLYTICS, OTHER

<i>bupirone hcl</i>	2-Generics	
<i>hydroxyzine pamoate</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
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tab, 0.5 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>alprazolam (1 mg tab, 2 mg tab)</i>	2-Generics	QL (150 PER 30 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp)</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>clonazepam (0.5 mg tab, 1 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>clonazepam 2 mg tab</i>	2-Generics	QL (300 PER 30 DAYS)
<i>clonazepam 2 mg tab disp</i>	4-Non-Preferred Drugs	QL (300 PER 30 DAYS)
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>clorazepate dipotassium 15 mg tab</i>	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
<i>diazepam (2 mg tab, 5 mg tab, 10 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>diazepam 5 mg/5ml solution</i>	4-Non-Preferred Drugs	QL (1200 PER 30 DAYS)
<i>diazepam 5 mg/ml conc</i>	4-Non-Preferred Drugs	QL (240 PER 30 DAYS)
<i>diazepam intensol</i>	4-Non-Preferred Drugs	QL (240 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 2 mg tab</i>	2-Generics	QL (150 PER 30 DAYS)
<i>lorazepam 2 mg/ml conc</i>	3-Preferred Brands	QL (150 PER 30 DAYS)
<i>lorazepam intensol</i>	3-Preferred Brands	QL (150 PER 30 DAYS)

BIPOLAR AGENTS

MOOD STABILIZERS

<i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2-Generics
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

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

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

<i>acarbose</i>	2-Generics	QL (90 PER 30 DAYS)
<i>alogliptin benzoate</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>alogliptin-metformin hcl</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>alogliptin-pioglitazone (12.5-30 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>glimepiride (1 mg tab, 2 mg tab)</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>glipizide (5 mg tab, 10 mg tab)</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>glipizide er 10 mg tab er 24h</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tab er 24h</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>glipizide er 5 mg tab er 24h</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>glipizide-metformin hcl</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>glyburide</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>glyburide-metformin</i>	1-Preferred Generics	QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLYXAMBI	3-Preferred Brands	QL (30 PER 30 DAYS)
JANUMET	3-Preferred Brands	QL (60 PER 30 DAYS)
JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)	3-Preferred Brands	QL (60 PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	3-Preferred Brands	QL (30 PER 30 DAYS)
JANUVIA	3-Preferred Brands	QL (30 PER 30 DAYS)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB)	3-Preferred Brands	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3-Preferred Brands	QL (60 PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>metformin hcl 1000 mg tab</i>	1-Preferred Generics	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tab</i>	1-Preferred Generics	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tab er 24h</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tab er 24h</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
MOUNJARO	3-Preferred Brands	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tab</i>	1-Preferred Generics	QL (180 PER 30 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	3-Preferred Brands	PA, QL (1.5 PER 28 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
OZEMPIC (1 MG/DOSE)	3-Preferred Brands	PA, QL (3 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OZEMPIC (2 MG/DOSE)	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>pioglitazone hcl-metformin hcl</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>repaglinide (0.5 mg tab, 1 mg tab)</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>repaglinide 2 mg tab</i>	1-Preferred Generics	QL (240 PER 30 DAYS)
RYBELSUS	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
SOLIQUA	3-Preferred Brands	QL (18 PER 30 DAYS)
SYNJARDY (5-1000 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	3-Preferred Brands	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TAB	3-Preferred Brands	QL (120 PER 30 DAYS)
SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	3-Preferred Brands	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	3-Preferred Brands	QL (30 PER 30 DAYS)
TRADJENTA	3-Preferred Brands	QL (30 PER 30 DAYS)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	3-Preferred Brands	QL (30 PER 30 DAYS)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	3-Preferred Brands	QL (60 PER 30 DAYS)
TRULICITY	3-Preferred Brands	PA, QL (2 PER 28 DAYS)
XIGDUO XR (10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	3-Preferred Brands	QL (30 PER 30 DAYS)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H)	3-Preferred Brands	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLYCEMIC AGENTS		
BAQSIMI ONE PACK	3-Preferred Brands	
BAQSIMI TWO PACK	3-Preferred Brands	
<i>diazoxide</i>	5-Specialty	
GLUCAGON EMERGENCY 1 MG KIT (GENERIC)	3-Preferred Brands	
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	3-Preferred Brands	
ZEGALOGUE	3-Preferred Brands	
INSULINS		
BASAGLAR KWIKPEN	3-Preferred Brands	
FIASP	3-Preferred Brands	
FIASP FLEXTOUCH	3-Preferred Brands	
FIASP PENFILL	3-Preferred Brands	
FIASP PUMPCART	3-Preferred Brands	
HUMULIN R U-500 (CONCENTRATED)	5-Specialty	
HUMULIN R U-500 KWIKPEN	5-Specialty	
LANTUS	3-Preferred Brands	
LANTUS SOLOSTAR	3-Preferred Brands	
NOVOLIN 70/30	3-Preferred Brands	
NOVOLIN 70/30 FLEXPEN	3-Preferred Brands	
NOVOLIN N	3-Preferred Brands	

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

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

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

<i>dabigatran etexilate mesylate (75 mg cap, 150 mg cap)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
ELIQUIS 2.5 MG TAB	3-Preferred Brands	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TAB	3-Preferred Brands	QL (74 PER 30 DAYS)
ELIQUIS DVT/PE STARTER PACK	3-Preferred Brands	QL (74 PER 30 DAYS)

You 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>enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr)</i>	4-Non-Preferred Drugs	
<i>fondaparinux sodium (5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)</i>	5-Specialty	
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	4-Non-Preferred Drugs	
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>	3-Preferred Brands	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	3-Preferred Brands	
<i>jantoven</i>	1-Preferred Generics	
<i>warfarin sodium</i>	1-Preferred Generics	
XARELTO (10 MG TAB, 20 MG TAB)	3-Preferred Brands	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TAB, 15 MG TAB)	3-Preferred Brands	QL (60 PER 30 DAYS)
XARELTO 1 MG/ML RECON SUSP	3-Preferred Brands	QL (620 PER 30 DAYS)
XARELTO STARTER PACK	3-Preferred Brands	QL (51 PER 30 DAYS)
BLOOD PRODUCTS AND MODIFIERS, OTHER		
ALVAIZ	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>anagrelide hcl</i>	4-Non-Preferred Drugs	
FULPHILA	5-Specialty	PA
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION)	3-Preferred Brands	PA3

You 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
RETACRIT	3-Preferred Brands	PA3
ZARXIO	5-Specialty	PA

HEMOSTASIS AGENTS

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

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

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

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

You 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	PA, QL (90 PER 30 DAYS)
<i>midodrine hcl</i>	4-Non-Preferred Drugs	

ALPHA-ADRENERGIC BLOCKING AGENTS

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

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>candesartan cilexetil 32 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>irbesartan (75 mg tab, 300 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>irbesartan 150 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>losartan potassium (25 mg tab, 50 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>losartan potassium 100 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil (20 mg tab, 40 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>telmisartan</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>valsartan 320 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)

ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

<i>benazepril hcl</i>	1-Preferred Generics	
<i>captopril</i>	1-Preferred Generics	

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

ANTIARRHYTHMICS

<i>amiodarone hcl (100 mg tab, 400 mg tab)</i>	4-Non-Preferred Drugs	
<i>amiodarone hcl 200 mg tab</i>	2-Generics	
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>dofetilide</i>	4-Non-Preferred Drugs	
<i>flecainide acetate</i>	3-Preferred Brands	
MULTAQ	4-Non-Preferred Drugs	
<i>pacerone (100 mg tab, 400 mg tab)</i>	4-Non-Preferred Drugs	
<i>pacerone 200 mg tab</i>	2-Generics	
<i>propafenone hcl</i>	2-Generics	
<i>propafenone hcl er</i>	4-Non-Preferred Drugs	
<i>quinidine sulfate</i>	2-Generics	

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

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>felodipine er</i>	2-Generics	
<i>isradipine</i>	4-Non-Preferred Drugs	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	4-Non-Preferred Drugs	
<i>nifedipine er</i>	3-Preferred Brands	
<i>nifedipine er osmotic release</i>	3-Preferred Brands	
<i>nimodipine 30 mg cap</i>	4-Non-Preferred Drugs	

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

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

CARDIOVASCULAR AGENTS, OTHER

<i>acetazolamide</i>	3-Preferred Brands	
<i>aliskiren fumarate</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

You 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>amiloride-hydrochlorothiazide</i>	2-Generics	
<i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 10-20 mg cap)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>amlodipine besy-benazepril hcl (5-40 mg cap, 10-40 mg cap)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine besylate-valsartan</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine-atorvastatin</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine-olmesartan</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan-hctz</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone</i>	2-Generics	
<i>benazepril-hydrochlorothiazide</i>	1-Preferred Generics	
<i>bisoprolol-hydrochlorothiazide</i>	2-Generics	
<i>candesartan cilexetil-hctz (32-12.5 mg tab, 32-25 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>candesartan cilexetil-hctz 16-12.5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
CORLANOR (5 MG TAB, 7.5 MG TAB)	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5ML SOLUTION	4-Non-Preferred Drugs	PA, QL (450 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide</i>	1-Preferred Generics	
ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	3-Preferred Brands	QL (60 PER 30 DAYS)
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>fosinopril sodium-hctz</i>	1-Preferred Generics	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide 300-12.5 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)

You 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>ivabradine hcl</i>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide</i>	1-Preferred Generics	
<i>losartan potassium-hctz (100-12.5 mg tab, 100-25 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>losartan potassium-hctz 50-12.5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>metoprolol-hydrochlorothiazide</i>	2-Generics	
<i>metyrosine</i>	5-Specialty	PA
NEXLETOL	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>olmesartan medoxomil-hctz</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>pentoxifylline er</i>	2-Generics	
<i>ranolazine er</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>spironolactone-hctz</i>	2-Generics	
<i>telmisartan-amlodipine</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>telmisartan-hctz (40-12.5 mg tab, 80-25 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>telmisartan-hctz 80-12.5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>triamterene-hctz</i>	1-Preferred Generics	
<i>valsartan-hydrochlorothiazide</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
VERQUVO	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)

DIURETICS, LOOP

<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2-Generics	
<i>bumetanide 0.25 mg/ml solution</i>	4-Non-Preferred Drugs	

You 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>furosemide (20 mg tab, 40 mg tab, 80 mg tab)</i>	1-Preferred Generics	
<i>furosemide (8 mg/ml solution, 10 mg/ml solution)</i>	2-Generics	
<i>torseamide</i>	2-Generics	

DIURETICS, POTASSIUM-SPARING

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

DIURETICS, THIAZIDE

<i>chlorthalidone</i>	2-Generics	
<i>hydrochlorothiazide</i>	1-Preferred Generics	
<i>indapamide</i>	1-Preferred Generics	
<i>metolazone</i>	3-Preferred Brands	

DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES

<i>fenofibrate (48 mg tab, 54 mg tab, 145 mg tab, 160 mg tab)</i>	2-Generics	
<i>fenofibrate (67 mg cap, 134 mg cap, 200 mg cap)</i>	3-Preferred Brands	
<i>fenofibrate micronized (67 mg cap, 134 mg cap, 200 mg cap)</i>	3-Preferred Brands	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	3-Preferred Brands	
<i>gemfibrozil</i>	1-Preferred Generics	

DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium (10 mg tab, 40 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>atorvastatin calcium 20 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>atorvastatin calcium 80 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)

You 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>lovastatin (10 mg tab, 20 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>lovastatin 40 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>pitavastatin calcium</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>pravastatin sodium</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>simvastatin</i>	1-Preferred Generics	QL (30 PER 30 DAYS)

DYSLIPIDEMICS, OTHER

<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	4-Non-Preferred Drugs	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	4-Non-Preferred Drugs	
<i>colesevelam hcl</i>	4-Non-Preferred Drugs	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	4-Non-Preferred Drugs	
<i>ezetimibe</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
NEXLIZET	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>niacin er (antihyperlipidemic)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>omega-3-acid ethyl esters</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	4-Non-Preferred Drugs	
REPATHA	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
REPATHA PUSHTRONEX SYSTEM	3-Preferred Brands	PA, QL (3.5 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REPATHA SURECLICK	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
VASCEPA	3-Preferred Brands	

MINERALOCORTICOID RECEPTOR ANTAGONISTS

KERENDIA	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	

SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)

FARXIGA	3-Preferred Brands	QL (30 PER 30 DAYS)
JARDIANCE	3-Preferred Brands	QL (30 PER 30 DAYS)

VASODILATORS, DIRECT-ACTING ARTERIAL

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

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	3-Preferred Brands	
<i>isosorbide mononitrate</i>	2-Generics	
<i>isosorbide mononitrate er</i>	2-Generics	
NITRO-BID	4-Non-Preferred Drugs	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	2-Generics	
<i>nitroglycerin 0.4 % ointment</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>nitroglycerin 0.4 mg/spray solution</i>	4-Non-Preferred Drugs	
<i>nitrolingual</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
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine-dextroamphetamine er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>amphetamine-dextroamphetamine (10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab)</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab)</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>amphetamine-dextroamphetamine 30 mg tab</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
<i>dextroamphetamine sulfate er</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl (10 mg cap, 25 mg cap, 40 mg cap)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>atomoxetine hcl 18 mg cap</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>guanfacine hcl er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>methylphenidate hcl er (10 mg tab er, 20 mg tab er)</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO (9 MG TAB, 12 MG TAB)	5-Specialty	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TAB	5-Specialty	PA, QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AUSTEDO XR (12 MG TAB ER 24H, 24 MG TAB ER 24H)	5-Specialty	PA, QL (60 PER 30 DAYS)
AUSTEDO XR (18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H)	5-Specialty	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 6 MG TAB ER 24H	5-Specialty	PA, QL (120 PER 30 DAYS)
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	5-Specialty	PA, QL (28 PER 28 DAYS)
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	5-Specialty	PA, QL (42 PER 28 DAYS)
NUDEXTA	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	4-Non-Preferred Drugs	
<i>tetrabenazine 12.5 mg tab</i>	5-Specialty	PA, QL (90 PER 30 DAYS)
<i>tetrabenazine 25 mg tab</i>	5-Specialty	PA, QL (120 PER 30 DAYS)

FIBROMYALGIA AGENTS

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

MULTIPLE SCLEROSIS AGENTS

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

DENTAL AND ORAL AGENTS

<i>cevimeline hcl</i>	4-Non-Preferred Drugs
<i>chlorhexidine gluconate</i>	1-Preferred Generics
<i>kourzeq</i>	3-Preferred Brands
<i>oralone</i>	3-Preferred Brands
<i>periogard</i>	1-Preferred Generics
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	4-Non-Preferred Drugs
<i>triamcinolone acetonide 0.1 % paste</i>	3-Preferred Brands

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)

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

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

DERMATITIS AND PRURITUS AGENTS

<i>ala-cort</i>	2-Generics	
ALCLOMETASONE DIPROPIONATE (, 0.05 % OINTMENT)	3-Preferred Brands	
<i>ammonium lactate</i>	2-Generics	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	3-Preferred Brands	
<i>betamethasone dipropionate 0.05 % lotion</i>	2-Generics	
<i>betamethasone dipropionate aug (0.05 % gel, 0.05 % ointment)</i>	4-Non-Preferred Drugs	
<i>betamethasone dipropionate aug 0.05 % cream</i>	2-Generics	
<i>betamethasone dipropionate aug 0.05 % lotion</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i>	2-Generics	
<i>clobetasol prop emollient base</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clobetasol propionate (0.05 % foam, 0.05 % solution)</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>clobetasol propionate 0.05 % shampoo</i>	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
<i>clobetasol propionate e</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>clodan</i>	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
<i>desonide (0.05 % cream, 0.05 % ointment)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>desonide 0.05 % lotion</i>	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>fluocinolone acetonide (0.025 % cream, 0.025 % ointment)</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>fluocinolone acetonide 0.01 % cream</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>fluocinolone acetonide 0.01 % solution</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>fluocinolone acetonide body</i>	4-Non-Preferred Drugs	QL (118.28 PER 30 DAYS)
<i>fluocinolone acetonide scalp</i>	4-Non-Preferred Drugs	QL (118.28 PER 30 DAYS)
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>fluocinonide 0.05 % solution</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>fluocinonide emulsified base</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	2-Generics	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	4-Non-Preferred Drugs	QL (50 PER 30 DAYS)
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocortisone (perianal) 1 % cream</i>	1-Preferred Generics	
<i>hydrocortisone (perianal) 2.5 % cream</i>	2-Generics	
<i>hydrocortisone valerate 0.2 % ointment</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	2-Generics	
<i>pimecrolimus</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>procto-med hc</i>	2-Generics	
<i>proctosol hc</i>	2-Generics	
<i>proctozone-hc</i>	2-Generics	
<i>selenium sulfide 2.5 % lotion</i>	2-Generics	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	2-Generics	
<i>triderm</i>	2-Generics	

DERMATOLOGICAL AGENTS, OTHER

<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>calcipotriene 0.005 % solution</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>calcitrene</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	2-Generics	QL (45 PER 30 DAYS)
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>fluorouracil (2 % solution, 5 % solution)</i>	3-Preferred Brands	QL (10 PER 30 DAYS)
<i>fluorouracil 5 % cream</i>	4-Non-Preferred Drugs	QL (80 PER 30 DAYS)

You 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>imiquimod 5 % cream</i>	4-Non-Preferred Drugs	QL (24 PER 30 DAYS)
OTEZLA (20 MG TAB, 30 MG TAB)	5-Specialty	PA, QL (60 PER 30 DAYS)
OTEZLA (4 X 10 & 51 X20 MG TAB THPK, 10 & 20 & 30 MG TAB THPK)	5-Specialty	PA, QL (110 PER 365 DAYS)
<i>podofilox 0.5 % solution</i>	4-Non-Preferred Drugs	
REGRANEX	5-Specialty	PA, QL (30 PER 30 DAYS)
SANTYL	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>silver sulfadiazine</i>	3-Preferred Brands	
<i>ssd</i>	3-Preferred Brands	

PEDICULICIDES/SCABICIDES

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

TOPICAL ANTI-INFECTIVES

<i>acyclovir 5 % ointment</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>ciclopirox 1 % shampoo</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>ciclopirox olamine 0.77 % suspension</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>clindamycin phosphate (1 % solution, 1 % swab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>clindamycin phosphate 1 % gel</i>	4-Non-Preferred Drugs	QL (75 PER 30 DAYS)
<i>clindamycin phosphate 1 % lotion</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>ery 2% pad</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>erythromycin 2 % gel</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>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/DEXTROSE (4.25/10)	4-Non-Preferred Drugs	PA3
CLINIMIX/DEXTROSE (4.25/5)	4-Non-Preferred Drugs	PA3
CLINIMIX/DEXTROSE (5/15)	4-Non-Preferred Drugs	PA3
CLINIMIX/DEXTROSE (5/20)	4-Non-Preferred Drugs	PA3
<i>clinisol sf</i>	4-Non-Preferred Drugs	PA3
<i>dextrose (5 % solution, 10 % solution, 50 % solution, 70 % solution, 250 mg/ml solution)</i>	4-Non-Preferred Drugs	
<i>dextrose-sodium chloride (2.5-0.45 % solution, 5-0.2 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.2 % solution, 10-0.45 % solution)</i>	4-Non-Preferred Drugs	
FREAMINE III	4-Non-Preferred Drugs	PA3
ISOLYTE-P IN D5W	4-Non-Preferred Drugs	
ISOLYTE-S	4-Non-Preferred Drugs	
ISOLYTE-S PH 7.4	4-Non-Preferred Drugs	
KCL (0.149%) IN NACL	4-Non-Preferred Drugs	
<i>kcl in dextrose-nacl (, 40-5-0.9 meq/l-%-% solution)</i>	4-Non-Preferred Drugs	
KCL-LACTATED RINGERS-D5W	4-Non-Preferred Drugs	

You 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>klor-con 10</i>	2-Generics	
<i>klor-con 20 meq packet</i>	4-Non-Preferred Drugs	
<i>klor-con 8 meq tab er</i>	2-Generics	
<i>klor-con m10</i>	2-Generics	
<i>klor-con m15</i>	2-Generics	
<i>klor-con m20</i>	2-Generics	
<i>magnesium sulfate 50 % solution</i>	4-Non-Preferred Drugs	
MULTIPLE ELECTRO TYPE 1 PH 5.5	4-Non-Preferred Drugs	
<i>multiple electro type 1 ph 7.4</i>	4-Non-Preferred Drugs	
<i>plenamine</i>	4-Non-Preferred Drugs	PA3
POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/100ML SOLUTION, 20 MEQ PACKET, 20 MEQ/100ML SOLUTION, 20 MEQ/15ML (10%) SOLUTION, 40 MEQ/100ML SOLUTION, 40 MEQ/15ML (20%) SOLUTION)	4-Non-Preferred Drugs	
<i>potassium chloride crys er</i>	2-Generics	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)</i>	2-Generics	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	4-Non-Preferred Drugs	
POTASSIUM CHLORIDE IN NACL (, 20-0.45 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION)	4-Non-Preferred Drugs	
<i>potassium citrate er</i>	4-Non-Preferred Drugs	
PREMASOL	4-Non-Preferred Drugs	PA3
PROSOL	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>sodium chloride (0.45 % solution, 0.9 % solution, 3 % solution, 5 % solution)</i>	4-Non-Preferred Drugs	
<i>sodium chloride (pf)</i>	4-Non-Preferred Drugs	
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 2.2 (1 f) mg chew tab)</i>	1-Preferred Generics	
TPN ELECTROLYTES	4-Non-Preferred Drugs	PA3
TRAVASOL	4-Non-Preferred Drugs	PA3
TROPHAMINE	4-Non-Preferred Drugs	PA3

ELECTROLYTE/MINERAL/METAL MODIFIERS

CHEMET	5-Specialty	
<i>deferasirox (125 mg tab sol, 180 mg tab, 360 mg tab)</i>	4-Non-Preferred Drugs	PA
<i>deferasirox (90 mg packet, 180 mg packet, 250 mg tab sol, 360 mg packet, 500 mg tab sol)</i>	5-Specialty	PA
<i>deferasirox 90 mg tab</i>	3-Preferred Brands	PA
<i>deferasirox granules</i>	5-Specialty	PA
<i>deferiprone</i>	5-Specialty	PA
<i>penicillamine 250 mg tab</i>	5-Specialty	
<i>trientine hcl 250 mg cap</i>	5-Specialty	QL (240 PER 30 DAYS)
<i>trientine hcl 500 mg cap</i>	5-Specialty	QL (120 PER 30 DAYS)

POTASSIUM BINDERS

<i>kionex</i>	3-Preferred Brands	
LOKELMA	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>sodium polystyrene sulfonate</i>	3-Preferred Brands	
<i>sps (sodium polystyrene sulf)</i>	3-Preferred Brands	

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

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

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

<i>constulose</i>	3-Preferred Brands	
<i>enulose</i>	3-Preferred Brands	
<i>generlac</i>	3-Preferred Brands	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	3-Preferred Brands	
<i>lactulose encephalopathy</i>	3-Preferred Brands	
LINZESS	3-Preferred Brands	QL (30 PER 30 DAYS)
MOVANTIK	3-Preferred Brands	QL (30 PER 30 DAYS)
TRULANCE	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

ANTI-DIARRHEAL AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XERMELO	5-Specialty	PA, QL (84 PER 28 DAYS)
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl (10 mg cap, 20 mg tab)</i>	2-Generics	
<i>dicyclomine hcl 10 mg/5ml solution</i>	4-Non-Preferred Drugs	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	3-Preferred Brands	
GASTROINTESTINAL AGENTS, OTHER		
CLENPIQ	4-Non-Preferred Drugs	
GATTEX	5-Specialty	PA
<i>gavilyte-c</i>	2-Generics	
<i>gavilyte-g</i>	2-Generics	
<i>gavilyte-n with flavor pack</i>	2-Generics	
<i>na sulfate-k sulfate-mg sulf</i>	4-Non-Preferred Drugs	
<i>peg 3350-kcl-na bicarb-nacl</i>	2-Generics	
<i>peg-3350/electrolytes</i>	2-Generics	
<i>ursodiol (250 mg tab, 500 mg tab)</i>	4-Non-Preferred Drugs	
<i>ursodiol 300 mg cap</i>	3-Preferred Brands	
VOWST	5-Specialty	PA, QL (12 PER 30 DAYS)
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>famotidine (20 mg tab, 40 mg tab)</i>	2-Generics	
<i>famotidine 40 mg/5ml recon susp</i>	4-Non-Preferred Drugs	
<i>nizatidine (150 mg cap, 300 mg cap)</i>	4-Non-Preferred Drugs	
PROTECTANTS		
<i>misoprostol</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>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>	4-Non-Preferred Drugs	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>	3-Preferred Brands	QL (30 PER 30 DAYS)

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

<i>betaine</i>	5-Specialty	
CERDELGA	5-Specialty	PA, QL (60 PER 30 DAYS)
CREON	3-Preferred Brands	
<i>cromolyn sodium 100 mg/5ml conc</i>	4-Non-Preferred Drugs	
CYSTAGON	4-Non-Preferred Drugs	
CYSTARAN	5-Specialty	PA, QL (60 PER 28 DAYS)
<i>javygtor</i>	5-Specialty	PA
<i>l-glutamine</i>	5-Specialty	PA, QL (180 PER 30 DAYS)
<i>miglustat</i>	5-Specialty	PA, QL (90 PER 30 DAYS)
<i>nitisinone</i>	5-Specialty	
PROLASTIN-C	5-Specialty	PA
<i>sapropterin dihydrochloride</i>	5-Specialty	PA
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	5-Specialty	PA
<i>yargesa</i>	5-Specialty	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
ZENPEP	4-Non-Preferred Drugs	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
GEMTESA	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
MYRBETRIQ 8 MG/ML SRER	4-Non-Preferred Drugs	QL (300 PER 30 DAYS)
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	2-Generics	
<i>oxybutynin chloride er</i>	2-Generics	QL (60 PER 30 DAYS)
<i>solifenacin succinate</i>	2-Generics	QL (30 PER 30 DAYS)
<i>tolterodine tartrate</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>tropium chloride</i>	2-Generics	QL (60 PER 30 DAYS)
<i>tropium chloride er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

BENIGN PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl er</i>	2-Generics	QL (30 PER 30 DAYS)
<i>dutasteride</i>	2-Generics	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin hcl</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>finasteride</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>silodosin</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tadalafil</i>	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	2-Generics	QL (60 PER 30 DAYS)

GENITOURINARY AGENTS, OTHER

<i>bethanechol chloride</i>	3-Preferred Brands	
ELMIRON	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	2-Generics	
<i>dexamethasone sod phos +rfid</i>	4-Non-Preferred Drugs	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>dexamethasone sodium phosphate (4 mg/ml soln prsyr, 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)</i>	4-Non-Preferred Drugs	
<i>fludrocortisone acetate</i>	2-Generics	
<i>methylprednisolone</i>	3-Preferred Brands	
<i>methylprednisolone acetate</i>	4-Non-Preferred Drugs	
<i>methylprednisolone sodium succ</i>	4-Non-Preferred Drugs	
<i>prednisolone 15 mg/5ml solution</i>	2-Generics	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 25 mg/5ml solution)</i>	4-Non-Preferred Drugs	
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	2-Generics	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)</i>	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>prednisone (5 mg (21) tab thpk, 5 mg (48) tab thpk, 10 mg (21) tab thpk, 10 mg (48) tab thpk)</i>	3-Preferred Brands	
<i>prednisone 5 mg/5ml solution</i>	4-Non-Preferred Drugs	
PREDNISONE 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>	3-Preferred Brands	
<i>desmopressin acetate 4 mcg/ml solution</i>	4-Non-Preferred Drugs	
<i>desmopressin acetate pf</i>	4-Non-Preferred Drugs	
<i>desmopressin acetate spray</i>	4-Non-Preferred Drugs	
INCRELEX	5-Specialty	PA
NORDITROPIN FLEXPRO	5-Specialty	PA

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

ANDROGENS

<i>danazol</i>	4-Non-Preferred Drugs	
<i>testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)</i>	4-Non-Preferred Drugs	PA, QL (300 PER 30 DAYS)
<i>testosterone cypionate</i>	3-Preferred Brands	PA2
<i>testosterone enanthate</i>	3-Preferred Brands	PA2
<i>testosterone td gel pump 20.25 mg/act (1.62%)</i>	4-Non-Preferred Drugs	PA, QL (150 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ESTROGENS		
<i>afirmelle</i>	2-Generics	
<i>altavera</i>	3-Preferred Brands	
<i>alyacen 1/35</i>	3-Preferred Brands	
<i>alyacen 7/7/7</i>	3-Preferred Brands	
<i>amethyst</i>	2-Generics	
<i>apri</i>	2-Generics	
<i>aranelle</i>	3-Preferred Brands	
<i>aubra eq</i>	2-Generics	
<i>aurovela 1.5/30</i>	3-Preferred Brands	
<i>aurovela 1/20</i>	3-Preferred Brands	
<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>	3-Preferred Brands	
<i>azurette</i>	3-Preferred Brands	
<i>balziva</i>	3-Preferred Brands	
<i>blisovi fe 1.5/30</i>	2-Generics	
<i>blisovi fe 1/20</i>	2-Generics	
<i>briellyn</i>	3-Preferred Brands	
<i>chateal eq</i>	3-Preferred Brands	
<i>cryselle-28</i>	2-Generics	
<i>cyred eq</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dasetta 1/35</i>	3-Preferred Brands	
<i>dasetta 7/7/7</i>	3-Preferred Brands	
<i>delyla</i>	2-Generics	
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	3-Preferred Brands	
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i>	2-Generics	
<i>dolishale</i>	2-Generics	
<i>drospirenone-ethinyl estradiol</i>	3-Preferred Brands	
<i>elinest</i>	2-Generics	
<i>eluryng</i>	3-Preferred Brands	
<i>enilloring</i>	3-Preferred Brands	
<i>enpresse-28</i>	2-Generics	
<i>enskyce</i>	2-Generics	
<i>estarylla</i>	3-Preferred Brands	
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i>	3-Preferred Brands	QL (4 PER 28 DAYS)
<i>estradiol (0.1 mg/gm cream, 10 mcg tab)</i>	4-Non-Preferred Drugs	
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2-Generics	
<i>ethynodiol diac-eth estradiol</i>	2-Generics	
<i>etonogestrel-ethinyl estradiol</i>	3-Preferred Brands	
<i>falmina</i>	2-Generics	
<i>feirza 1.5/30</i>	2-Generics	
<i>femynor</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>fyavolv</i>	3-Preferred Brands	
<i>hailey 1.5/30</i>	3-Preferred Brands	
<i>hailey fe 1.5/30</i>	2-Generics	
<i>hailey fe 1/20</i>	2-Generics	
<i>haloette</i>	3-Preferred Brands	
<i>iclevia</i>	3-Preferred Brands	
<i>introvale</i>	3-Preferred Brands	
<i>isibloom</i>	2-Generics	
<i>jasmiel</i>	3-Preferred Brands	
<i>jinteli</i>	3-Preferred Brands	
<i>jolessa</i>	3-Preferred Brands	
<i>juleber</i>	2-Generics	
<i>junel 1.5/30</i>	3-Preferred Brands	
<i>junel 1/20</i>	3-Preferred Brands	
<i>junel fe 1.5/30</i>	2-Generics	
<i>junel fe 1/20</i>	2-Generics	
<i>kalliga</i>	2-Generics	
<i>kariva</i>	3-Preferred Brands	
<i>kelnor 1/35</i>	2-Generics	
<i>kelnor 1/50</i>	2-Generics	
<i>kurvelo</i>	3-Preferred Brands	
<i>larin 1.5/30</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>larin 1/20</i>	3-Preferred Brands	
<i>larin fe 1.5/30</i>	2-Generics	
<i>larin fe 1/20</i>	2-Generics	
<i>leena</i>	3-Preferred Brands	
<i>lessina</i>	2-Generics	
<i>levonest</i>	2-Generics	
<i>levonorg-eth estrad triphasic</i>	2-Generics	
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	3-Preferred Brands	
<i>levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 90-20 mcg tab)</i>	2-Generics	
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab</i>	3-Preferred Brands	
<i>levora 0.15/30 (28)</i>	3-Preferred Brands	
<i>lo-zumandimine</i>	3-Preferred Brands	
<i>loestrin 1.5/30 (21)</i>	3-Preferred Brands	
<i>loestrin 1/20 (21)</i>	3-Preferred Brands	
<i>loestrin fe 1.5/30</i>	2-Generics	
<i>loestrin fe 1/20</i>	2-Generics	
<i>loryna</i>	3-Preferred Brands	
<i>low-ogestrel</i>	2-Generics	
<i>lutra</i>	2-Generics	
<i>marlissa</i>	3-Preferred Brands	
<i>microgestin 1.5/30</i>	3-Preferred Brands	
<i>microgestin 1/20</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>microgestin fe 1.5/30</i>	2-Generics	
<i>microgestin fe 1/20</i>	2-Generics	
<i>mili</i>	3-Preferred Brands	
<i>mono-lynyah</i>	3-Preferred Brands	
<i>necon 0.5/35 (28)</i>	3-Preferred Brands	
<i>nikki</i>	3-Preferred Brands	
<i>norelgestromin-eth estradiol</i>	3-Preferred Brands	
<i>norethin ace-eth estrad-fe (1-20 tab, 1.5-30 tab)</i>	2-Generics	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	2-Generics	
<i>norethindron-ethinyl estrad-fe</i>	2-Generics	
<i>norethindrone acet-ethinyl est</i>	3-Preferred Brands	
<i>norethindrone-eth estradiol</i>	3-Preferred Brands	
<i>norgestim-eth estrad triphasic</i>	3-Preferred Brands	
<i>norgestimate-eth estradiol</i>	3-Preferred Brands	
<i>nortrel 0.5/35 (28)</i>	3-Preferred Brands	
<i>nortrel 1/35 (21)</i>	3-Preferred Brands	
<i>nortrel 1/35 (28)</i>	3-Preferred Brands	
<i>nortrel 7/7/7</i>	3-Preferred Brands	
<i>nylia 1/35</i>	3-Preferred Brands	
<i>nylia 7/7/7</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>nymyo</i>	3-Preferred Brands	
<i>ocella</i>	3-Preferred Brands	
<i>philith</i>	3-Preferred Brands	
<i>pimtrea</i>	3-Preferred Brands	
<i>pirmella 1/35</i>	3-Preferred Brands	
<i>portia-28</i>	3-Preferred Brands	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	4-Non-Preferred Drugs	
PREMARIN 0.625 MG/GM CREAM	3-Preferred Brands	
PREMPRO	4-Non-Preferred Drugs	
<i>previfem</i>	3-Preferred Brands	
<i>reclipsen</i>	2-Generics	
<i>setlakin</i>	3-Preferred Brands	
<i>simliya</i>	3-Preferred Brands	
<i>sprintec 28</i>	3-Preferred Brands	
<i>sronyx</i>	2-Generics	
<i>syeda</i>	3-Preferred Brands	
<i>tarina fe 1/20 eq</i>	2-Generics	
<i>tilia fe</i>	2-Generics	
<i>tri femynor</i>	3-Preferred Brands	
<i>tri-estarylla</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>tri-legest fe</i>	2-Generics	
<i>tri-linyah</i>	3-Preferred Brands	
<i>tri-lo-estarylla</i>	3-Preferred Brands	
<i>tri-lo-marzia</i>	3-Preferred Brands	
<i>tri-lo-mili</i>	3-Preferred Brands	
<i>tri-lo-sprintec</i>	3-Preferred Brands	
<i>tri-mili</i>	3-Preferred Brands	
<i>tri-nymyo</i>	3-Preferred Brands	
<i>tri-sprintec</i>	3-Preferred Brands	
<i>tri-vylibra</i>	3-Preferred Brands	
<i>tri-vylibra lo</i>	3-Preferred Brands	
<i>trivora (28)</i>	2-Generics	
<i>turqoz</i>	2-Generics	
<i>valtya 1/50</i>	2-Generics	
<i>velivet</i>	2-Generics	
<i>vestura</i>	3-Preferred Brands	
<i>vienva</i>	2-Generics	
<i>viorele</i>	3-Preferred Brands	
<i>volnea</i>	3-Preferred Brands	
<i>vyfemla</i>	3-Preferred Brands	
<i>vylibra</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>wera</i>	3-Preferred Brands	
<i>wymzya fe</i>	2-Generics	
<i>xulane</i>	3-Preferred Brands	
<i>yuvafem</i>	4-Non-Preferred Drugs	
<i>zafemy</i>	3-Preferred Brands	
<i>zovia 1/35 (28)</i>	2-Generics	
<i>zumandimine</i>	3-Preferred Brands	

PROGESTINS

<i>camila</i>	3-Preferred Brands	
<i>deblitane</i>	3-Preferred Brands	
DEPO-SUBQ PROVERA 104	3-Preferred Brands	
<i>emzahh</i>	3-Preferred Brands	
<i>errin</i>	3-Preferred Brands	
<i>gallifrey</i>	3-Preferred Brands	
<i>heather</i>	3-Preferred Brands	
<i>incassia</i>	3-Preferred Brands	
<i>jencycla</i>	3-Preferred Brands	
LILETTA (52 MG)	3-Preferred Brands	
<i>lyleq</i>	3-Preferred Brands	
<i>lyza</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>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2-Generics	
<i>medroxyprogesterone acetate 150 mg/ml susp prsy</i>	4-Non-Preferred Drugs	
<i>medroxyprogesterone acetate 150 mg/ml suspension</i>	3-Preferred Brands	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	3-Preferred Brands	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	4-Non-Preferred Drugs	
NEXPLANON	3-Preferred Brands	
<i>nora-be</i>	3-Preferred Brands	
<i>norethindrone</i>	3-Preferred Brands	
<i>norethindrone acetate</i>	3-Preferred Brands	
<i>norlyda</i>	3-Preferred Brands	
<i>norlyroc</i>	3-Preferred Brands	
<i>progesterone (100 mg cap, 200 mg cap)</i>	3-Preferred Brands	
<i>sharobel</i>	3-Preferred Brands	

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

DUAVEE	4-Non-Preferred Drugs	
<i>raloxifene hcl</i>	3-Preferred Brands	QL (30 PER 30 DAYS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>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>	3-Preferred Brands	
SYNTHROID	3-Preferred Brands	
<i>unithroid</i>	3-Preferred Brands	

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

<i>cabergoline</i>	3-Preferred Brands	
ELIGARD	4-Non-Preferred Drugs	PA3
FIRMAGON	4-Non-Preferred Drugs	PA3
FIRMAGON (240 MG DOSE)	5-Specialty	PA3
<i>lanreotide acetate</i>	5-Specialty	PA
<i>leuprolide acetate</i>	4-Non-Preferred Drugs	PA3
LEUPROLIDE ACETATE (3 MONTH)	4-Non-Preferred Drugs	PA3
LUPRON DEPOT (1-MONTH)	5-Specialty	PA3
LUPRON DEPOT (3-MONTH)	5-Specialty	PA3
LUPRON DEPOT (4-MONTH)	5-Specialty	PA3
LUPRON DEPOT (6-MONTH)	5-Specialty	PA3
LUPRON DEPOT-PED (1-MONTH)	5-Specialty	PA3
LUPRON DEPOT-PED (3-MONTH)	5-Specialty	PA3
LUPRON DEPOT-PED (6-MONTH)	5-Specialty	PA3
<i>mifepristone</i>	5-Specialty	PA

You 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>octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution)</i>	4-Non-Preferred Drugs	PA
<i>octreotide acetate (500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	5-Specialty	PA
RECORLEV	5-Specialty	PA, QL (240 PER 30 DAYS)
SIGNIFOR	5-Specialty	PA
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	5-Specialty	PA
SOMAVERT	5-Specialty	PA
SYNAREL	5-Specialty	

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

<i>methimazole (5 mg tab, 10 mg tab)</i>	2-Generics	
<i>propylthiouracil</i>	3-Preferred Brands	

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

BERINERT	5-Specialty	PA
CINRYZE	5-Specialty	PA
HAEGARDA	5-Specialty	PA
<i>icatibant acetate</i>	5-Specialty	PA, QL (27 PER 30 DAYS)
<i>sajazir</i>	5-Specialty	PA, QL (27 PER 30 DAYS)

IMMUNOGLOBULINS

BIVIGAM	5-Specialty	PA
FLEBOGAMMA DIF	5-Specialty	PA
GAMMAGARD	5-Specialty	PA
GAMMAGARD S/D LESS IGA	5-Specialty	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAMMAKED	5-Specialty	PA
GAMMAPLEX	5-Specialty	PA
GAMUNEX-C	5-Specialty	PA
OCTAGAM	5-Specialty	PA
PANZYGA	5-Specialty	PA
PRIVIGEN	5-Specialty	PA

IMMUNOLOGICAL AGENTS, OTHER

ARCALYST	5-Specialty	PA
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
RINVOQ	5-Specialty	PA, QL (30 PER 30 DAYS)
RINVOQ LQ	5-Specialty	PA, QL (360 PER 30 DAYS)
SKYRIZI	5-Specialty	PA
SKYRIZI PEN	5-Specialty	PA
STELARA	5-Specialty	PA
TALTZ	5-Specialty	PA
TAVNEOS	5-Specialty	PA, QL (180 PER 30 DAYS)
XELJANZ (1 MG/ML SOLUTION, 5 MG TAB, 10 MG TAB)	5-Specialty	PA
XELJANZ XR	5-Specialty	PA
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5-Specialty	PA

IMMUNOSTIMULANTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMMUNOSUPPRESSANTS		
ADALIMUMAB-AACF (2 PEN)	5-Specialty	PA
ADALIMUMAB-AACF (2 SYRINGE)	5-Specialty	PA
ADALIMUMAB-AACF(CD/UC/HS STRT)	5-Specialty	PA
ADALIMUMAB-AACF(PS/UV STARTER)	5-Specialty	PA
<i>azathioprine 50 mg tab</i>	2-Generics	PA3
AZATHIOPRINE SODIUM	4-Non-Preferred Drugs	PA3
<i>cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)</i>	4-Non-Preferred Drugs	PA3
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	4-Non-Preferred Drugs	PA3
ENBREL	5-Specialty	PA
ENBREL MINI	5-Specialty	PA
ENBREL SURECLICK	5-Specialty	PA
ENVARBUS XR	4-Non-Preferred Drugs	PA3
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	5-Specialty	PA3
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	4-Non-Preferred Drugs	PA3
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT	5-Specialty	PA
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	5-Specialty	PA
HUMIRA 10 MG/0.1ML PREF SY KT (ABBVIE PRODUCT ONLY)	5-Specialty	PA

You 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 20 MG/0.2ML PREF SY KT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA 40 MG/0.4ML PREF SY KT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA-CD/UC/HS STARTER	5-Specialty	PA
HUMIRA-PED \geq 40KG UC STARTER	5-Specialty	PA
HUMIRA-PSORIASIS/UVEIT STARTER	5-Specialty	PA
IDACIO	5-Specialty	PA
IDACIO FOR CROHNS DISEASE/UC	5-Specialty	PA
IDACIO FOR PLAQUE PSORIASIS	5-Specialty	PA
INFLECTRA	5-Specialty	PA3
<i>leflunomide 10 mg tab</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>leflunomide 20 mg tab</i>	3-Preferred Brands	QL (150 PER 30 DAYS)
<i>methotrexate sodium (2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution)</i>	2-Generics	
<i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	2-Generics	
<i>methotrexate sodium 1 gm recon soln</i>	4-Non-Preferred Drugs	
<i>mycophenolate mofetil (250 mg cap, 500 mg tab)</i>	3-Preferred Brands	PA3
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	5-Specialty	PA3
<i>mycophenolate mofetil 500 mg recon soln</i>	2-Generics	PA3
<i>mycophenolate mofetil hcl</i>	2-Generics	PA3
<i>mycophenolate sodium</i>	4-Non-Preferred Drugs	PA3
<i>mycophenolic acid</i>	4-Non-Preferred Drugs	PA3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NULOJIX	5-Specialty	PA3
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	4-Non-Preferred Drugs	PA3
RENFLIXIS	5-Specialty	PA3
REZUROCK	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	4-Non-Preferred Drugs	PA3
<i>sirolimus 1 mg/ml solution</i>	5-Specialty	PA3
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	4-Non-Preferred Drugs	PA3
XATMEP	4-Non-Preferred Drugs	

VACCINES

ABRYSVO	3-Preferred Brands	
ACTHIB	3-Preferred Brands	
ADACEL	3-Preferred Brands	
AREXVY	3-Preferred Brands	
BCG VACCINE	3-Preferred Brands	
BEXSERO	3-Preferred Brands	
BOOSTRIX	3-Preferred Brands	
DAPTACEL	3-Preferred Brands	
DIPHTHERIA-TETANUS TOXOIDS DT	3-Preferred Brands	
ENGERIX-B	3-Preferred Brands	PA3
GARDASIL 9	3-Preferred Brands	
HAVRIX	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HEPLISAV-B	3-Preferred Brands	PA3
HIBERIX	3-Preferred Brands	
IMOVAX RABIES	3-Preferred Brands	
INFANRIX	3-Preferred Brands	
IPOL	3-Preferred Brands	
IXCHIQ	3-Preferred Brands	
IXIARO	3-Preferred Brands	
JYNNEOS	3-Preferred Brands	PA3
KINRIX	3-Preferred Brands	
M-M-R II	3-Preferred Brands	
MENACTRA	3-Preferred Brands	
MENQUADFI	3-Preferred Brands	
MENVEO (RECON SOLN, SOLUTION)	3-Preferred Brands	
MRESVIA	3-Preferred Brands	
PEDIARIX	3-Preferred Brands	
PEDVAX HIB	3-Preferred Brands	
PENTACEL	3-Preferred Brands	
PREHEVBRIO	3-Preferred Brands	PA3
PRIORIX	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
PROQUAD	3-Preferred Brands	
QUADRACEL	3-Preferred Brands	
RABAVERT	3-Preferred Brands	
RECOMBIVAX HB	3-Preferred Brands	PA3
ROTARIX	3-Preferred Brands	
ROTATEQ	3-Preferred Brands	
SHINGRIX	3-Preferred Brands	
TDVAX	3-Preferred Brands	
TENIVAC	3-Preferred Brands	
TICOVAC	3-Preferred Brands	
TRUMENBA	3-Preferred Brands	
TWINRIX	3-Preferred Brands	
TYPHIM VI	3-Preferred Brands	
VAQTA	3-Preferred Brands	
VARIVAX	3-Preferred Brands	
YF-VAX	3-Preferred Brands	

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium</i>	4-Non-Preferred Drugs
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr)</i>	4-Non-Preferred Drugs	
<i>mesalamine er 0.375 gm cap er 24h</i>	4-Non-Preferred Drugs	
<i>mesalamine-cleanser</i>	4-Non-Preferred Drugs	
<i>sulfasalazine</i>	2-Generics	

GLUCOCORTICOIDS

<i>budesonide 3 mg cp dr part</i>	4-Non-Preferred Drugs	
<i>budesonide er</i>	5-Specialty	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	3-Preferred Brands	
<i>hydrocortisone 100 mg/60ml enema</i>	4-Non-Preferred Drugs	

METABOLIC BONE DISEASE AGENTS

<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1-Preferred Generics	QL (4 PER 28 DAYS)
<i>alendronate sodium 10 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>calcitonin (salmon) 200 unit/act solution</i>	3-Preferred Brands	
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	2-Generics	
<i>calcitriol oral soln 1 mcg/ml</i>	4-Non-Preferred Drugs	
<i>cinacalcet hcl (30 mg tab, 60 mg tab)</i>	4-Non-Preferred Drugs	PA3, QL (60 PER 30 DAYS)
<i>cinacalcet hcl 90 mg tab</i>	5-Specialty	PA3, QL (120 PER 30 DAYS)
<i>ibandronate sodium 150 mg tab</i>	2-Generics	QL (1 PER 30 DAYS)
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	4-Non-Preferred Drugs	
PROLIA	4-Non-Preferred Drugs	QL (1 PER 180 DAYS)

You 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>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>risedronate sodium 150 mg tab</i>	3-Preferred Brands	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tab</i>	3-Preferred Brands	QL (4 PER 28 DAYS)
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	PA
CLINOLIPID	4-Non-Preferred Drugs	PA3
GAUZE PADS & DRESSINGS - PADS 2 X 2	2-Generics	PA
INSULIN PEN NEEDLE (NOVO/BD/ULTIMED/OWEN/TRIVI DIA)	2-Generics	PA
INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/ULTIMED/ALLISON/TRIVIDIA/ MHC)	2-Generics	PA
INSULIN SYRINGE (DISP) U-100 1 ML (BD/ULTIMED/ALLISON/TRIVIDIA/ MHC)	2-Generics	PA
INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/ULTIMED/ALLISON/TRIVIDIA/ MHC)	2-Generics	PA
INTRALIPID	4-Non-Preferred Drugs	PA3
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD	2-Generics	PA
NEEDLES, INSULIN DISP., SAFETY	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
NUTRILIPID	4-Non-Preferred Drugs	PA3
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>	3-Preferred Brands	
<i>bacitra-neomycin-polymyxin-hc</i>	3-Preferred Brands	
<i>bacitracin-polymyxin b</i>	2-Generics	
COMBIGAN	3-Preferred Brands	
<i>dorzolamide hcl-timolol mal</i>	2-Generics	
<i>dorzolamide hcl-timolol mal pf</i>	4-Non-Preferred Drugs	
MIEBO	3-Preferred Brands	QL (3 PER 30 DAYS)
<i>neo-polycin</i>	3-Preferred Brands	
<i>neo-polycin hc</i>	3-Preferred Brands	
<i>neomycin-bacitracin zn-polymyx</i>	3-Preferred Brands	
<i>neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	2-Generics	
<i>neomycin-polymyxin-gramicidin</i>	3-Preferred Brands	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	4-Non-Preferred Drugs	
<i>polycin</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
RESTASIS	3-Preferred Brands	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	3-Preferred Brands	QL (5.5 PER 28 DAYS)
ROCKLATAN	4-Non-Preferred Drugs	
<i>sulfacetamide-prednisolone</i>	2-Generics	
TOBRADEX 0.3-0.1 % OINTMENT	3-Preferred Brands	
<i>tobramycin-dexamethasone</i>	4-Non-Preferred Drugs	
XDEMVY	5-Specialty	PA, QL (10 PER 42 DAYS)
XIIDRA	3-Preferred Brands	QL (60 PER 30 DAYS)
ZYLET	4-Non-Preferred Drugs	

OPHTHALMIC ANTI-ALLERGY AGENTS

<i>azelastine hcl 0.05 % solution</i>	2-Generics	
<i>cromolyn sodium 4 % solution</i>	2-Generics	
<i>epinastine hcl</i>	3-Preferred Brands	

OPHTHALMIC ANTI-INFECTIVES

<i>bacitracin 500 unit/gm ointment</i>	3-Preferred Brands	
<i>erythromycin 5 mg/gm ointment</i>	2-Generics	
<i>gatifloxacin</i>	3-Preferred Brands	
<i>gentamicin sulfate 0.3 % solution</i>	2-Generics	
<i>levofloxacin 0.5 % solution</i>	2-Generics	
<i>moxifloxacin hcl (2x day)</i>	3-Preferred Brands	
<i>moxifloxacin hcl 0.5 % solution</i>	3-Preferred Brands	
<i>ofloxacin 0.3 % solution</i>	2-Generics	
<i>polymyxin b-trimethoprim</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>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	2-Generics	
<i>tobramycin 0.3 % solution</i>	2-Generics	
<i>trifluridine</i>	4-Non-Preferred Drugs	
ZIRGAN	4-Non-Preferred Drugs	

OPHTHALMIC ANTI-INFLAMMATORIES

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

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levobunolol hcl</i>	2-Generics	
<i>timolol maleate (0.25 % gel f soln, 0.5 % (daily) solution, 0.5 % gel f soln)</i>	4-Non-Preferred Drugs	
<i>timolol maleate (0.25 % solution, 0.5 % solution)</i>	1-Preferred Generics	
<i>timolol maleate (once-daily)</i>	4-Non-Preferred Drugs	

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

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

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

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

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ARNUITY ELLIPTA	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	4-Non-Preferred Drugs	PA3
<i>flunisolide</i>	3-Preferred Brands	QL (50 PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	2-Generics	QL (16 PER 30 DAYS)
<i>fluticasone propionate diskus 100 mcg/act aer pow ba</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>fluticasone propionate diskus 250 mcg/act aer pow ba</i>	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>fluticasone propionate diskus 50 mcg/act aer pow ba</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>fluticasone propionate hfa (110 mcg/act aerosol, 220 mcg/act aerosol)</i>	3-Preferred Brands	QL (24 PER 30 DAYS)
<i>fluticasone propionate hfa 44 mcg/act aerosol</i>	3-Preferred Brands	QL (22 PER 30 DAYS)
<i>mometasone furoate 50 mcg/act suspension</i>	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	4-Non-Preferred Drugs	QL (2 PER 30 DAYS)
ANTIHISTAMINES		
<i>azelastine hcl (0.1 % solution, 137 mcg/spray solution)</i>	3-Preferred Brands	QL (30 PER 25 DAYS)
<i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i>	2-Generics	
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	4-Non-Preferred Drugs	
<i>desloratadine 5 mg tab</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>diphenhydramine hcl 50 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	3-Preferred Brands	
<i>hydroxyzine hcl 10 mg/5ml syrup</i>	4-Non-Preferred Drugs	
<i>levocetirizine dihydrochloride 5 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>promethazine hcl 6.25 mg/5ml solution</i>	4-Non-Preferred Drugs	PA
ANTILEUKOTRIENES		
<i>montelukast sodium (4 mg chew tab, 5 mg chew tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>montelukast sodium 10 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>montelukast sodium 4 mg packet</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>zafirlukast</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	4-Non-Preferred Drugs	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	2-Generics	PA3

You 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 0.03 % solution</i>	2-Generics	QL (30 PER 28 DAYS)
<i>ipratropium bromide 0.06 % solution</i>	2-Generics	QL (45 PER 30 DAYS)
YUPELRI	5-Specialty	PA3

BRONCHODILATORS, SYMPATHOMIMETIC

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

CYSTIC FIBROSIS AGENTS

BRONCHITOL	5-Specialty	PA, QL (600 PER 30 DAYS)
CAYSTON	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
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
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PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

<i>elixophyllin</i>	2-Generics	
<i>roflumilast</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>theophylline</i>	2-Generics	
<i>theophylline er (300 mg tab er 12h, 450 mg tab er 12h)</i>	4-Non-Preferred Drugs	
<i>theophylline er (400 mg tab er 24h, 600 mg tab er 24h)</i>	3-Preferred Brands	

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>	3-Preferred Brands	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
<i>tadalafil (pah)</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	5-Specialty	PA, QL (60 PER 30 DAYS)
UPTRAVI 200 & 800 MCG TAB THPK	5-Specialty	PA, QL (200 PER 30 DAYS)
UPTRAVI 200 MCG TAB	5-Specialty	PA, QL (150 PER 30 DAYS)

PULMONARY FIBROSIS AGENTS

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

RESPIRATORY TRACT AGENTS, OTHER

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

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

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

SKELETAL MUSCLE RELAXANTS

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

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil</i>	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>modafinil 100 mg tab</i>	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
<i>modafinil 200 mg tab</i>	3-Preferred Brands	PA, QL (60 PER 30 DAYS)
SODIUM OXYBATE	5-Specialty	PA, QL (540 PER 30 DAYS)

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

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ABILIFY ASIMTUFII	38	ALECENSA	28
abiraterone acetate	26	alendronate sodium	97
ABRYSVO	94	alfuzosin hcl er	77
acamprosate calcium	5	aliskiren fumarate	58
acarbose	48	allopurinol	23
accutane	66	alogliptin benzoate	48
acebutolol hcl	57	alogliptin-metformin hcl	48
acetaminophen-codeine	3	alogliptin-pioglitazone	48
acetazolamide	58	alose tron hcl	74
acetazolamide er	102	alprazolam	47
acetic acid	103	altavera	80
acetylcysteine	107	ALUNBRIG	28
acitretin	66	ALVAIZ	53
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acyclovir	46,70	alyq	106
acyclovir sodium	46	amantadine hcl	36
ADACEL	94	ambrisentan	106
ADALIMUMAB-AACF (2 PEN)	92	amethyst	80
ADALIMUMAB-AACF (2 SYRINGE)	92	amikacin sulfate	6
ADALIMUMAB-AACF(CD/UC/HS STRT)	92	amiloride hcl	61
ADALIMUMAB-AACF(PS/UV STARTER)	92	amiloride-hydrochlorothiazide	59
adefovir dipivoxil	41	amiodarone hcl	56
ADEMPAS	106	amitriptyline hcl	20
ADVAIR HFA	107	amlodipine besy-benazepril hcl	59
afirmelle	80	amlodipine besylate	57
AIMOVIG	24	amlodipine besylate-valsartan	59
ak-poly-bac	99	amlodipine-atorvastatin	59
AKEEGA	27	amlodipine-olmesartan	59
ala-cort	67	amlodipine-valsartan-hctz	59
albendazole	35	ammonium lactate	67
albuterol sulfate	105	amnesteem	66
albuterol sulfate hfa 108 (90 base) mcg/act	105	amoxapine	20
aero soln (generic proair)	105	amoxicillin	9
albuterol sulfate hfa 108 (90 base) mcg/act	105	amoxicillin-pot clavulanate	9
aero soln (generic proventil)	105	amoxicillin-pot clavulanate er	9
		amphetamine-dextroamphet er	64
		amphetamine-dextroamphetamine	64

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amphotericin b liposome	22	AUSTEDO XR	65
ampicillin	9	AUSTEDO XR PATIENT TITRATION	65
ampicillin sodium	10	AUVELITY	17
ampicillin-sulbactam sodium	10	AVASTIN	34
anagrelide hcl	53	aviane	80
anastrozole	28	AVONEX PEN	65
ANORO ELLIPTA	107	AVONEX PREFILLED	65
apomorphine hcl	36	ayuna	80
apraclonidine hcl	102	AYVAKIT	28
aprepitant	21	azacitidine	27
apri	80	azathioprine	92
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AREXVY	94	azurette	80
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ARIKAYCE	6	B	
aripiprazole	38	bacitra-neomycin-polymyxin-hc	99
ARISTADA	38	bacitracin	100
ARISTADA INITIO	38	bacitracin-polymyxin b	99
armodafinil	109	baclofen	41
ARNUIITY ELLIPTA	103	balsalazide disodium	96
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aspirin-dipyridamole er	54	balziva	80
atazanavir sulfate	45	BAQSIMI ONE PACK	51
atenolol	57	BAQSIMI TWO PACK	51
atenolol-chlorthalidone	59	BARACLUDGE	41
atomoxetine hcl	64	BASAGLAR KWIKPEN	51
atorvastatin calcium	61	BCG VACCINE	94
atovaquone	35	BD ALCOHOL PADS	98
atovaquone-proguanil hcl	35	benazepril hcl	55
atropine sulfate	99	benazepril-hydrochlorothiazide	59
ATROVENT HFA	104	BENLYSTA	91
abra eq	80	benzoyl peroxide-erythromycin	66
AUGTYRO	27	benztropine mesylate	36
aurovela 1.5/30	80	BERINERT	90
aurovela 1/20	80	BESIVANCE	11
aurovela fe 1.5/30	80	BESREMI	91
aurovela fe 1/20	80	betaine	76

betamethasone dipropionate	67	buprenorphine hcl-naloxone hcl	5,6
betamethasone dipropionate aug	67	bupropion hcl	17
betamethasone valerate	67	bupropion hcl er (smoking det)	6
BETASERON	65	bupropion hcl er (sr)	17
betaxolol hcl	57,101	bupropion hcl er (xl)	18
bethanechol chloride	78	buspirone hcl	46
BEVESPI AEROSPHERE	107	butorphanol tartrate	4
bexarotene	34,35		
BEXSERO	94	C	
bicalutamide	26	cabergoline	89
BICILLIN L-A	10	CABOMETYX	28,29
BIKTARVY	42	calcipotriene	69
bisoprolol fumarate	57	calcitonin (salmon)	97
bisoprolol-hydrochlorothiazide	59	calcitrene	69
BIVIGAM	90	calcitriol	97
blisovi fe 1.5/30	80	calcitriol oral soln 1 mcg/ml	97
blisovi fe 1/20	80	CALQUENCE	29
BOOSTRIX	94	camila	87
bortezomib	28	candesartan cilexetil	55
bosentan	106	candesartan cilexetil-hctz	59
BOSULIF	28	CAPLYTA	38
BOTOX	108	CAPRELSA	29
BRAFTOVI	28	captopril	55
BREO ELLIPTA	107	carbamazepine	15
breyna	107	carbamazepine er	15
BREZTRI AEROSPHERE	107	carbidopa	36
briellyn	80	carbidopa-levodopa	36
BRILINTA	54	carbidopa-levodopa er	36
brimonidine tartrate	102	carbidopa-levodopa-entacapone	36
brinzolamide	102	carboplatin	25
BRIVIACT	12	carglumic acid	71
bromfenac sodium (once-daily)	101	carteolol hcl	101
bromocriptine mesylate	36	cartia xt	58
BRONCHITOL	105	carvedilol	57
BRUKINSA	28	caspofungin acetate	22
budesonide	97,103	CAYSTON	105
budesonide er	97	cefaclor	8
budesonide-formoterol fumarate	107	cefadroxil	8
bumetanide	60	cefazolin sodium	8
buprenorphine	3	cefdinir	8
buprenorphine hcl	5	cefepime hcl	8

cefixime	8	clindamycin phosphate	7,70
cefotetan disodium	8	clindamycin phosphate in d5w	7
cefoxitin sodium	8	CLINIMIX/DEXTROSE (4.25/10)	71
cefpodoxime proxetil	8	CLINIMIX/DEXTROSE (4.25/5)	71
cefprozil	9	CLINIMIX/DEXTROSE (5/15)	71
ceftazidime	9	CLINIMIX/DEXTROSE (5/20)	71
ceftriaxone sodium	9	clinisol sf	71
cefuroxime axetil	9	CLINOLIPID	98
cefuroxime sodium	9	clobazam	14
celecoxib	2	clobetasol prop emollient base	67
cephalexin	9	clobetasol propionate	67,68
CERDELGA	76	clobetasol propionate e	68
cetirizine hcl	104	clodan	68
cevimeline hcl	66	clomipramine hcl	20
chateal eq	80	clonazepam	47
CHEMET	73	clonidine 0.1 mg/24hr patch wk	54
chlorhexidine gluconate	66	clonidine 0.2 mg/24hr patch wk	54
chloroquine phosphate	35	clonidine 0.3 mg/24hr patch wk	54
chlorpromazine hcl	37	clonidine hcl	54
chlorthalidone	61	clopidogrel bisulfate	54
cholestyramine	62	clorazepate dipotassium	47
cholestyramine light	62	clotrimazole	22
ciclopirox	70	clotrimazole-betamethasone	69
ciclopirox olamine	70	CLOTTRIMAZOLE-BETAMETHASONE	69
cilostazol	54	clozapine	40
CILOXAN	11	COARTEM	35
CIMDUO	43	COBENFY	38
cinacalcet hcl	97	COBENFY STARTER PACK	38
CINRYZE	90	colchicine	23
ciprofloxacin hcl	11	colchicine-probenecid	23
ciprofloxacin in d5w	11	colesevelam hcl	62
ciprofloxacin in d5w 400 mg/200ml solution	11	colestipol hcl	62
ciprofloxacin-dexamethasone	103	colistimethate sodium (cba)	7
cisplatin	25	COMBIGAN	99
citalopram hydrobromide	18	COMBIVENT RESPIMAT	107
claravis	67	COMETRIQ (100 MG DAILY DOSE)	29
clarithromycin	11	COMETRIQ (140 MG DAILY DOSE)	29
clarithromycin er	11	COMETRIQ (60 MG DAILY DOSE)	29
CLENPIQ	75	COMPLERA	42
clindamycin hcl	7	compro	21
clindamycin palmitate hcl	7	constulose	74

COPAXONE	65,66	desipramine hcl	20
COPIKTRA	29	desloratadine	104
CORLANOR	59	desmopressin ace spray refrig	79
COTELLIC	29	desmopressin acetate	79
CREON	76	desmopressin acetate pf	79
cromolyn sodium	76,100,106	desmopressin acetate spray	79
cryselle-28	80	desogestrel-ethinyl estradiol	81
cyclobenzaprine hcl	108	desonide	68
cyclophosphamide	25	desoximetasone	68
CYCLOPHOSPHAMIDE	25	desvenlafaxine succinate er	18
cyclosporine	92	dexamethasone	78
cyclosporine modified	92	dexamethasone sod phos +rfid	78
cyproheptadine hcl	104	dexamethasone sod phosphate pf	78
cyred eq	80	dexamethasone sodium phosphate	78,101
CYSTAGON	76	dexmethylphenidate hcl	64
CYSTARAN	76	dextroamphetamine sulfate	64
		dextroamphetamine sulfate er	64
		dextrose	71
D		dextrose-sodium chloride	71
dabigatran etexilate mesylate	52	DIACOMIT	12,13
dalfampridine er	66	diazepam	14,47
danazol	79	diazepam intensol	47
dantrolene sodium	41	diazoxide	51
DANZITEN	29	diclofenac potassium	2
dapsone	25	diclofenac sodium	2,101
DAPTACEL	94	diclofenac sodium er	2
daptomycin	7	dicloxacillin sodium	10
daptomycin 350 mg recon soln	7	dicyclomine hcl	75
darifenacin hydrobromide er	77	DIFICID	11
darunavir	45	diflunisal	2
dasatinib	29	difluprednate	101
dasetta 1/35	81	digoxin	56
dasetta 7/7/7	81	dihydroergotamine mesylate	24
DAURISMO	29	DILANTIN	15
deblitane	87	DILANTIN INFATABS	15
deferasirox	73	dilt-xr	58
deferasirox granules	73	diltiazem hcl	58
deferiprone	73	diltiazem hcl er	58
DELSTRIGO	42	diltiazem hcl er beads	58
delyla	81	diltiazem hcl er coated beads	58
DEPO-SUBQ PROVERA 104	87	dimethyl fumarate	66
DESCOVY	43		

dimethyl fumarate starter pack	66	ELIQUIS	52
diphenhydramine hcl	104	ELIQUIS DVT/PE STARTER PACK	52
diphenoxylate-atropine	74	elixophyllin	106
DIPHTHERIA-TETANUS TOXOIDS DT	94	ELMIRON	78
dipyridamole	54	eluryng	81
disulfiram	5	EMGALITY	24
divalproex sodium	13	EMGALITY (300 MG DOSE)	24
divalproex sodium er	13	EMSAM	18
DOCETAXEL	27	emtricitabine	43
dofetilide	56	emtricitabine-tenofovir df	43
dolishale	81	EMTRIVA	43
donepezil hcl	17	emzahn	87
DOPTELET	54	enalapril maleate	56
dorzolamide hcl	102	enalapril-hydrochlorothiazide	59
dorzolamide hcl-timolol mal	99	ENBREL	92
dorzolamide hcl-timolol mal pf	99	ENBREL MINI	92
DOVATO	42	ENBREL SURECLICK	92
doxazosin mesylate	55	endocet	4
doxepin hcl	20,108	ENGERIX-B	94
doxy 100	12	enilloring	81
doxycycline hyclate	12	enoxaparin sodium	53
doxycycline monohydrate	12	enpresse-28	81
DRIZALMA SPRINKLE	65	enskyce	81
dronabinol	21	entacapone	36
drospirenone-ethinyl estradiol	81	entecavir	41
DROXIA	27	ENTRESTO	59
droxidopa	54,55	enulose	74
DUAVEE	88	ENVARSUS XR	92
duloxetine hcl	65	EPCLUSA	41
DUPIXENT	91	EPIDIOLEX	13
dutasteride	77	epinastine hcl	100
dutasteride-tamsulosin hcl	77	epinephrine	105
E		epitol	15
econazole nitrate	22	eplerenone	61
EDURANT	42	EPRONTIA	13
efavirenz	42	ERGOTAMINE-CAFFEINE	24
efavirenz-emtricitab-tenofo df	42	ERIVEDGE	29
efavirenz-lamivudine-tenofovir	42	ERLEADA	26
ELIGARD	89	erlotinib hcl	29
elinest	81	errin	87
		ertapenem sodium	10

ery 2% pad.....	70	fesoterodine fumarate er.....	77
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erythromycin ethylsuccinate.....	11	FIASP FLEXTOUCH.....	51
escitalopram oxalate.....	18,19	FIASP PENFILL.....	51
esomeprazole magnesium.....	76	FIASP PUMPCART.....	51
estarylla.....	81	finasteride.....	77
estradiol.....	81	fingolimod hcl.....	66
ethambutol hcl.....	25	FINTEPLA.....	13
ethosuximide.....	14	FIRMAGON.....	89
ethynodiol diac-eth estradiol.....	81	FIRMAGON (240 MG DOSE).....	89
etodolac.....	2	flac.....	103
etodolac er.....	2	FLAREX.....	101
etonogestrel-ethinyl estradiol.....	81	FLEBOGAMMA DIF.....	90
etoposide.....	28	flecainide acetate.....	56
etravirine.....	42,43	fluconazole.....	22
euthyrox.....	88	fluconazole in sodium chloride.....	22
everolimus.....	29,92	flucytosine.....	22
EVOTAZ.....	45	fludrocortisone acetate.....	78
exemestane.....	28	flunisolide.....	103
ezetimibe.....	62	fluocinolone acetonide.....	68,103
ezetimibe-simvastatin.....	62	fluocinolone acetonide body.....	68
		fluocinolone acetonide scalp.....	68
F		fluocinonide.....	68
falmina.....	81	fluocinonide emulsified base.....	68
famciclovir.....	46	fluorometholone.....	101
famotidine.....	75	fluorouracil.....	27,69
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FANAPT TITRATION PACK.....	38	fluphenazine decanoate.....	37
FARXIGA.....	63	fluphenazine hcl.....	37
FASENRA.....	107	flurbiprofen.....	2
FASENRA PEN.....	107	flurbiprofen sodium.....	101
feirza 1.5/30.....	81	flutamide.....	26
felbamate.....	13	fluticasone propionate.....	68,103
felodipine er.....	58	fluticasone propionate diskus.....	103
femynor.....	81	fluticasone propionate hfa.....	103
fenofibrate.....	61	fluticasone-salmeterol.....	108
fenofibrate micronized.....	61	fluvoxamine maleate.....	19
fenofibric acid.....	61	fondaparinux sodium.....	53
fentanyl.....	3	formoterol fumarate.....	105

fosamprenavir calcium.....	45	GLEOSTINE.....	25,26
fosinopril sodium.....	56	glimepiride.....	48
fosinopril sodium-hctz.....	59	glipizide.....	48
FOTIVDA.....	29	glipizide er.....	48
FREAMINE III.....	71	glipizide-metformin hcl.....	48
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FYCOMPA.....	13	granisetron hcl.....	21
G		griseofulvin microsize.....	22
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galantamine hydrobromide.....	17	guanfacine hcl er.....	64
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gallifrey.....	87	HAEGARDA.....	90
GAMMAGARD.....	90	hailey 1.5/30.....	82
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GAMMAKED.....	91	hailey fe 1/20.....	82
GAMMAPLEX.....	91	halobetasol propionate.....	68
GAMUNEX-C.....	91	haloette.....	82
GARDASIL 9.....	94	haloperidol.....	37
gatifloxacin.....	100	haloperidol decanoate.....	37
GATTEX.....	75	haloperidol lactate.....	37
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gavilyte-c.....	75	HAVRIX.....	94
gavilyte-g.....	75	heather.....	87
gavilyte-n with flavor pack.....	75	heparin sodium (porcine).....	53
GAVRETO.....	29	heparin sodium (porcine) pf.....	53
gefitinib.....	29	HEPLISAV-B.....	95
gemfibrozil.....	61	HERCEPTIN HYLECTA.....	34
GEMTESA.....	77	HETLIOZ LQ.....	108
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gengraf.....	92	HUMIRA (2 PEN).....	92
gentamicin in saline.....	6	HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT (ABBVIE PRODUCT ONLY).....	92
gentamicin sulfate.....	6,100	HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT (ABBVIE PRODUCT ONLY).....	92
GENVOYA.....	42		
GILOTRIF.....	29		

HUMIRA (2 SYRINGE).....	92	imipramine hcl.....	20
HUMIRA 10 MG/0.1ML PEF SY KT (ABBVIE PRODUCT ONLY).....	92	imiquimod.....	70
HUMIRA 20 MG/0.2ML PEF SY KT (ABBVIE PRODUCT ONLY).....	93	IMKELDI.....	30
HUMIRA 40 MG/0.4ML PEF SY KT (ABBVIE PRODUCT ONLY).....	93	IMOVAX RABIES.....	95
HUMIRA-CD/UC/HS STARTER.....	93	IMPAVIDO.....	35
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hydrochlorothiazide.....	61	INFANRIX.....	95
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hydrocortisone.....	68,97	INLYTA.....	30
hydrocortisone (perianal).....	69	INQOVI.....	27
hydrocortisone valerate.....	69	INREBIC.....	30
hydrocortisone-acetic acid.....	103	INSULIN PEN NEEDLE (NOVO/BD/ULTIMED/OWEN/TRIVIDIA).....	98
hydromorphone hcl.....	4	INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC).....	98
hydroxychloroquine sulfate.....	35	INSULIN SYRINGE (DISP) U-100 1 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC).....	98
hydroxyurea.....	27	INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC).....	98
hydroxyzine hcl.....	104	INTELENCE.....	43
hydroxyzine pamoate.....	46	INTRALIPID.....	98
		introvale.....	82
I		INVEGA HAFYERA.....	38
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iclevia.....	82	irbesartan.....	55
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ITOVEBI.....	30	kelnor 1/50.....	82
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ivabradine hcl.....	60	KESIMPTA.....	66
ivermectin.....	35	ketoconazole.....	22
IWILFIN.....	27	ketorolac tromethamine.....	101
IXCHIQ.....	95	KEYTRUDA.....	34
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		kionex.....	73
J		KISQALI (200 MG DOSE).....	30
JAKAFI.....	30	KISQALI (400 MG DOSE).....	30
jantoven.....	53	KISQALI (600 MG DOSE).....	30
JANUMET.....	49	KISQALI FEMARA (200 MG DOSE).....	30
JANUMET XR.....	49	KISQALI FEMARA (400 MG DOSE).....	30
JANUVIA.....	49	KISQALI FEMARA (600 MG DOSE).....	30
JARDIANCE.....	63	klayesta.....	22
jasmiel.....	82	klor-con.....	72
javygtor.....	76	klor-con 10.....	72
JAYPIRCA.....	30	klor-con m10.....	72
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JENTADUETO.....	49	klor-con m20.....	72
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lamotrigine	13,47	levonest	83
lamotrigine er	13	levonorg-eth estrad triphasic	83
lanreotide acetate	89	levonorgest-eth estrad 91-day	83
lansoprazole	76	levonorgestrel-ethinyl estrad	83
LANTUS	51	levora 0.15/30 (28)	83
LANTUS SOLOSTAR	51	levothyroxine sodium	89
lapatinib ditosylate	30	levoxyl	89
larin 1.5/30	82	LIBERVANT	14
larin 1/20	83	lidocaine	5
larin fe 1.5/30	83	lidocaine viscous hcl	5
larin fe 1/20	83	lidocaine-prilocaine	5
latanoprost	102	lidocan	5
LAZCLUZE	30	LILETTA (52 MG)	87
leena	83	linezolid	7
leflunomide	93	LINZESS	74
lenalidomide	26	liothyronine sodium	89
LENVIMA (10 MG DAILY DOSE)	30	lisinopril	56
LENVIMA (12 MG DAILY DOSE)	31	lisinopril-hydrochlorothiazide	60
LENVIMA (14 MG DAILY DOSE)	31	lithium	48
LENVIMA (18 MG DAILY DOSE)	31	lithium carbonate	48
LENVIMA (20 MG DAILY DOSE)	31	lithium carbonate er	48
LENVIMA (24 MG DAILY DOSE)	31	LIVTENCITY	41
LENVIMA (4 MG DAILY DOSE)	31	lo-zumandimine	83
LENVIMA (8 MG DAILY DOSE)	31	loestrin 1.5/30 (21)	83
lessina	83	loestrin 1/20 (21)	83
letrozole	28	loestrin fe 1.5/30	83
leucovorin calcium	27	loestrin fe 1/20	83
leuprolide acetate	89	LOKELMA	73
LEUPROLIDE ACETATE (3 MONTH)	89	LONSURF	27
levabuterol hcl	105	loperamide hcl	74
levabuterol tartrate	105	lopinavir-ritonavir	45
levetiracetam	13	lorazepam	47
levetiracetam er	13	lorazepam intensol	47
LEVETIRACETAM IN NAACL	13	LORBRENA	31
levobunolol hcl	102	loryna	83
levocarnitine	74	losartan potassium	55
levocarnitine sf	74	losartan potassium-hctz	60
levocetirizine dihydrochloride	104	lovastatin	62
levofloxacin	11,100	low-ogestrel	83
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LUPRON DEPOT (6-MONTH).....	89	mesalamine-cleanser.....	97
LUPRON DEPOT-PED (1-MONTH).....	89	mesna.....	35
LUPRON DEPOT-PED (3-MONTH).....	89	MESNEX.....	35
LUPRON DEPOT-PED (6-MONTH).....	89	metformin hcl.....	49
lurasidone hcl.....	39	metformin hcl er.....	49
lutera.....	83	methadone hcl.....	3
lyleq.....	87	methazolamide.....	102
LYNPARZA.....	31	methenamine hippurate.....	7
LYSODREN.....	27	methimazole.....	90
LYTGOBI (12 MG DAILY DOSE).....	31	methocarbamol.....	108
LYTGOBI (16 MG DAILY DOSE).....	31	methotrexate sodium.....	93
LYTGOBI (20 MG DAILY DOSE).....	31	methotrexate sodium (pf).....	93
lyza.....	87	methsuximide.....	14
M		methyphenidate hcl.....	64
M-M-R II.....	95	methyphenidate hcl er.....	64
magnesium sulfate.....	72	methylprednisolone.....	78
malathion.....	70	methylprednisolone acetate.....	78
maraviroc.....	44	methylprednisolone sodium succ.....	78
marlissa.....	83	metoclopramide hcl.....	21
MARPLAN.....	18	metolazone.....	61
MATULANE.....	26	metoprolol succinate er.....	57
matzim la.....	58	metoprolol tartrate.....	57
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minoxidil.....	63	naproxen.....	3
mirtazapine.....	18	naproxen dr.....	3
misoprostol.....	75	naratriptan hcl.....	24
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01/03/2025

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