



Jefferson Health Plans 2024 Formulary (List of Covered Drugs)

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

Jefferson Health Plans

2024 Formulary

(List of Covered Drugs)

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

Formulary ID 24481, Version 21

This formulary was updated on 11/01/2024. For more recent information or other questions, please contact Jefferson Health Plans Member Relations at 1-866-901-8000 (TTY users should call 1-877-454-8477) or visit JeffersonHealthPlans.com/medicare. From October 1 to March 31, we're available 8 a.m. to 8 p.m., 7 days a week. And from April 1 to September 30, we're available 8 a.m. to 8 p.m., Monday to Friday.

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

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

This document includes list of the drugs (formulary) for our plan which is current as of 11/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Jefferson Health Plans Formulary?

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

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

Can the Formulary (drug list) change?

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

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

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

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

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

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

The enclosed formulary is current as of 11/01/2024. To get updated information about the drugs covered by Jefferson Health Plans please contact us. Our contact information appears on the front and back cover pages.

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

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 112. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Jefferson Health Plans Formulary

The formulary that begins on the page 2 provides coverage information about the drugs covered by Jefferson Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 112.

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

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

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

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

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

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

Category Listing

ANALGESICS.....	2
ANESTHETICS.....	5
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS.....	6
ANTIBACTERIALS.....	7
ANTICONVULSANTS.....	13
ANTIDEMENTIA AGENTS.....	17
ANTIDEPRESSANTS.....	18
ANTIEMETICS.....	21
ANTIFUNGALS.....	22
ANTIGOUT AGENTS.....	24
ANTIMIGRAINE AGENTS.....	24
ANTIMYASTHENIC AGENTS.....	25
ANTIMYCOBACTERIALS.....	25
ANTINEOPLASTICS.....	26
ANTIPARASITICS.....	37
ANTIPARKINSON AGENTS.....	38
ANTIPSYCHOTICS.....	39
ANTISPASTICITY AGENTS.....	43
ANTIVIRALS.....	43
ANXIOLYTICS.....	48
BIPOLAR AGENTS.....	49
BLOOD GLUCOSE REGULATORS.....	49
BLOOD PRODUCTS AND MODIFIERS.....	56
CARDIOVASCULAR AGENTS.....	58
CENTRAL NERVOUS SYSTEM AGENTS.....	66
DENTAL AND ORAL AGENTS.....	68
DERMATOLOGICAL AGENTS.....	69
ELECTROLYTES/MINERALS/METALS/VITAMINS.....	73
GASTROINTESTINAL AGENTS.....	77
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT.....	79
GENITOURINARY AGENTS.....	80
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL).....	81
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY).....	82
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS).....	83
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID).....	90
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY).....	91
HORMONAL AGENTS, SUPPRESSANT (ADRENAL).....	91

HORMONAL AGENTS, SUPPRESSANT (PITUITARY).....	91
HORMONAL AGENTS, SUPPRESSANT (THYROID).....	92
IMMUNOLOGICAL AGENTS.....	92
INFLAMMATORY BOWEL DISEASE AGENTS.....	99
METABOLIC BONE DISEASE AGENTS.....	99
MISCELLANEOUS THERAPEUTIC AGENTS.....	100
OPHTHALMIC AGENTS.....	101
OTIC AGENTS.....	105
RESPIRATORY TRACT/PULMONARY AGENTS.....	105
SKELETAL MUSCLE RELAXANTS.....	110
SLEEP DISORDER AGENTS.....	111

LEGEND

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

SYMBOL	NAME	DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA2	Prior Authorization (New Starts Only)	Prior authorization applies to new starts only. You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA3	Prior Authorization (Part B vs. Part D)	This prescription may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
\$0 CS	\$0 Cost Share	This prescription drug is available at a \$0 Cost Share.
CG	Coverage Gap	We provide additional coverage of the prescription drugs in this tier in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1-Preferred Generics	
<i>nabumetone</i>	2-Generics	
<i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	1-Preferred Generics	
<i>naproxen (375 mg tab dr, 500 mg tab dr)</i>	2-Generics	
<i>naproxen dr</i>	2-Generics	
<i>naproxen sodium</i>	2-Generics	
<i>oxaprozin</i>	4-Non-Preferred Drugs	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	2-Generics	
<i>relafen</i>	2-Generics	
<i>sulindac</i>	2-Generics	

OPIOID ANALGESICS, LONG-ACTING

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)</i>	2-Generics	QL (2700 PER 30 DAYS)
<i>acetaminophen-codeine 300-15 mg tab</i>	2-Generics	QL (390 PER 30 DAYS)
<i>acetaminophen-codeine 300-30 mg tab</i>	2-Generics	QL (360 PER 30 DAYS)
<i>acetaminophen-codeine 300-60 mg tab</i>	2-Generics	QL (180 PER 30 DAYS)
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	4-Non-Preferred Drugs	PA, QL (180 PER 30 DAYS)
<i>butorphanol tartrate 10 mg/ml solution</i>	4-Non-Preferred Drugs	QL (5 PER 30 DAYS)
<i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>	3-Preferred Brands	QL (360 PER 30 DAYS)
<i>endocet 10-325 mg tab</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>endocet 7.5-325 mg tab</i>	3-Preferred Brands	QL (240 PER 30 DAYS)
FENTANYL CITRATE (400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE)	5-Specialty	PA, QL (120 PER 30 DAYS)
<i>fentanyl citrate 200 mcg loz handle</i>	4-Non-Preferred Drugs	PA, QL (120 PER 30 DAYS)
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i>	4-Non-Preferred Drugs	QL (2700 PER 30 DAYS)
<i>hydrocodone-acetaminophen 10-325 mg tab</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	3-Preferred Brands	QL (360 PER 30 DAYS)
<i>hydrocodone-acetaminophen 7.5-325 mg tab</i>	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>hydrocodone-ibuprofen</i>	3-Preferred Brands	QL (150 PER 30 DAYS)

You 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>hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>morphine sulfate (10 mg/5ml solution, 20 mg/5ml solution)</i>	3-Preferred Brands	QL (900 PER 30 DAYS)
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>morphine sulfate (concentrate)</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>oxycodone hcl (5 mg cap, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>oxycodone hcl 100 mg/5ml conc</i>	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
<i>oxycodone hcl 5 mg/5ml solution</i>	3-Preferred Brands	QL (900 PER 30 DAYS)
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	3-Preferred Brands	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen 10-325 mg tab</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>oxymorphone hcl</i>	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
<i>tramadol hcl 50 mg tab</i>	2-Generics	QL (240 PER 30 DAYS)
<i>tramadol-acetaminophen</i>	2-Generics	QL (240 PER 30 DAYS)

ANESTHETICS

LOCAL ANESTHETICS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium</i>	2-Generics	
<i>disulfiram</i>	2-Generics	
<i>naltrexone hcl 50 mg tab</i>	2-Generics	
VIVITROL	5-Specialty	
OPIOID DEPENDENCE		
<i>buprenorphine hcl 2 mg sl tab</i>	2-Generics	QL (90 PER 30 DAYS)
<i>buprenorphine hcl 8 mg sl tab</i>	2-Generics	QL (60 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab)</i>	2-Generics	QL (90 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	2-Generics	QL (60 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	2-Generics	QL (120 PER 30 DAYS)
LUCEMYRA	5-Specialty	PA, QL (16 PER 1 DAYS)
OPIOID REVERSAL AGENTS		
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)</i>	1-Preferred Generics	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	2-Generics	
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det)</i>	2-Generics	QL (60 PER 30 DAYS)
NICOTROL	4-Non-Preferred Drugs	
NICOTROL NS	4-Non-Preferred Drugs	
<i>varenicline tartrate</i>	3-Preferred Brands	
<i>varenicline tartrate (starter)</i>	3-Preferred Brands	
<i>varenicline tartrate(continue)</i>	3-Preferred Brands	

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

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

BETA-LACTAM, CEPHALOSPORINS

<i>cefaclor (250 mg cap, 500 mg cap)</i>	2-Generics	
CEFACLOR ER	2-Generics	
<i>cefadroxil (250 mg/5ml recon susp, 500 mg/5ml recon susp)</i>	2-Generics	
<i>cefadroxil 500 mg cap</i>	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefazolin sodium (1 gm recon soln, 10 gm recon soln, 100 gm recon soln, 300 gm recon soln, 500 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	2-Generics	
<i>cefepime hcl (1 gm recon soln, 2 gm recon soln)</i>	4-Non-Preferred Drugs	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp)</i>	4-Non-Preferred Drugs	
<i>cefixime 400 mg cap</i>	3-Preferred Brands	
<i>cefotetan disodium</i>	4-Non-Preferred Drugs	
<i>cefoxitin sodium</i>	4-Non-Preferred Drugs	
<i>cefpodoxime proxetil (100 mg tab, 200 mg tab)</i>	2-Generics	
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg/5ml recon susp)</i>	4-Non-Preferred Drugs	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	2-Generics	
<i>ceftazidime</i>	4-Non-Preferred Drugs	
CEFTRIAXONE SODIUM (1 GM RECON SOLN, 2 GM RECON SOLN, 10 GM RECON SOLN, 100 GM RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN)	4-Non-Preferred Drugs	
<i>ceftriaxone sodium in dextrose</i>	4-Non-Preferred Drugs	
<i>cefuroxime axetil</i>	2-Generics	
<i>cefuroxime sodium</i>	4-Non-Preferred Drugs	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i>	2-Generics	

You 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>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 chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	2-Generics	
<i>amoxicillin-pot clavulanate er</i>	2-Generics	
<i>ampicillin</i>	2-Generics	
<i>ampicillin sodium</i>	2-Generics	
<i>ampicillin-sulbactam sodium</i>	4-Non-Preferred Drugs	
BICILLIN L-A	4-Non-Preferred Drugs	
<i>dicloxacillin sodium</i>	2-Generics	
<i>nafcillin sodium</i>	2-Generics	
<i>oxacillin sodium</i>	2-Generics	
OXACILLIN SODIUM IN DEXTROSE	2-Generics	
PENICILLIN G POT IN DEXTROSE	4-Non-Preferred Drugs	
<i>penicillin g potassium</i>	4-Non-Preferred Drugs	
<i>penicillin g sodium</i>	4-Non-Preferred Drugs	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	1-Preferred Generics	

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QUINOLONES		
BESIVANCE	3-Preferred Brands	
CILOXAN	4-Non-Preferred Drugs	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1-Preferred Generics	
<i>ciprofloxacin hcl 0.3 % solution</i>	2-Generics	
<i>ciprofloxacin in d5w</i>	2-Generics	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	2-Generics	
<i>levofloxacin in d5w</i>	2-Generics	
<i>levofloxacin oral soln 25 mg/ml</i>	2-Generics	
<i>moxifloxacin hcl 400 mg tab</i>	2-Generics	
<i>moxifloxacin hcl in nacl</i>	2-Generics	
<i>ofloxacin (300 mg tab, 400 mg tab)</i>	2-Generics	
SULFONAMIDES		
<i>sulfacetamide sodium (acne)</i>	3-Preferred Brands	QL (118 PER 30 DAYS)
<i>sulfadiazine</i>	4-Non-Preferred Drugs	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 800-160 mg/20ml suspension)</i>	2-Generics	
<i>sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)</i>	1-Preferred Generics	
TETRACYCLINES		
<i>demeclocycline hcl</i>	4-Non-Preferred Drugs	
<i>doxy 100</i>	4-Non-Preferred Drugs	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	2-Generics	
<i>doxycycline hyclate 100 mg recon soln</i>	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	2-Generics	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	2-Generics	
<i>mondoxylene nl</i>	2-Generics	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	2-Generics	

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1-Preferred Generics	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	2-Generics	
<i>levetiracetam er</i>	2-Generics	
<i>levetiracetam in nacl</i>	4-Non-Preferred Drugs	
<i>roweepra</i>	2-Generics	
<i>roweepra xr</i>	2-Generics	
SPRITAM	4-Non-Preferred Drugs	
<i>subvenite</i>	1-Preferred Generics	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2-Generics	
<i>valproate sodium</i>	2-Generics	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	2-Generics	
XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	5-Specialty	QL (28 PER 28 DAYS)
XCOPRI (150 MG TAB, 200 MG TAB)	5-Specialty	QL (60 PER 30 DAYS)
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
XCOPRI (250 MG DAILY DOSE)	5-Specialty	QL (56 PER 28 DAYS)
XCOPRI (350 MG DAILY DOSE)	5-Specialty	QL (56 PER 28 DAYS)
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	4-Non-Preferred Drugs	QL (28 PER 28 DAYS)
ZTALMY	5-Specialty	PA2, QL (1100 PER 30 DAYS)

CALCIUM CHANNEL MODIFYING AGENTS

<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	2-Generics
---	------------

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

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

GAMMA-AMINOBTYRIC ACID (GABA) AUGMENTING AGENTS

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

GAMMA-AMINOBTYRIC ACID (GABA) MODULATING AGENTS

LIBERVANT	5-Specialty	PA2, QL (10 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
VIGAFYDE	5-Specialty	QL (900 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, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension)</i>	2-Generics	
<i>carbamazepine er</i>	2-Generics	
DILANTIN 30 MG CAP	3-Preferred Brands	
<i>epitol</i>	2-Generics	
<i>fosphenytoin sodium</i>	4-Non-Preferred Drugs	
<i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	4-Non-Preferred Drugs	QL (1200 PER 30 DAYS)
<i>lacosamide (100 mg tab, 150 mg tab, 200 mg tab)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>lacosamide 200 mg/20ml solution</i>	4-Non-Preferred Drugs	
<i>lacosamide 50 mg tab</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	2-Generics	
<i>phenytek</i>	2-Generics	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	2-Generics	
<i>phenytoin infatabs</i>	2-Generics	
<i>phenytoin sodium 50 mg/ml solution</i>	1-Preferred Generics	
<i>phenytoin sodium extended</i>	2-Generics	
<i>rufinamide 200 mg tab</i>	4-Non-Preferred Drugs	PA2, QL (480 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rufinamide 40 mg/ml suspension</i>	5-Specialty	PA2, QL (2760 PER 30 DAYS)
<i>rufinamide 400 mg tab</i>	5-Specialty	PA2, QL (240 PER 30 DAYS)
ZONISADE	4-Non-Preferred Drugs	
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	2-Generics	

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

<i>ergoloid mesylates</i>	2-Generics	PA
NAMZARIC	4-Non-Preferred Drugs	

CHOLINESTERASE INHIBITORS

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

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

<i>memantine hcl (2 mg/ml solution, 28 x 5 mg & 21 x 10 mg tab)</i>	2-Generics	
<i>memantine hcl (5 mg tab, 10 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>memantine hcl er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
AUVELITY	5-Specialty	QL (60 PER 30 DAYS)
<i>bupropion hcl (75 mg tab, 100 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>bupropion hcl er (sr)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	2-Generics	QL (90 PER 30 DAYS)
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	2-Generics	QL (30 PER 30 DAYS)
<i>chlordiazepoxide-amitriptyline</i>	4-Non-Preferred Drugs	
LYBALVI	5-Specialty	QL (30 PER 30 DAYS)
<i>mirtazapine (15 mg tab, 15 mg tab disp)</i>	2-Generics	QL (90 PER 30 DAYS)
<i>mirtazapine (30 mg tab, 30 mg tab disp)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>mirtazapine (7.5 mg tab, 45 mg tab, 45 mg tab disp)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>olanzapine-fluoxetine hcl</i>	4-Non-Preferred Drugs	
<i>perphenazine-amitriptyline</i>	4-Non-Preferred Drugs	
ZURZUVAE (20 MG CAP, 25 MG CAP)	5-Specialty	PA2, QL (60 PER 30 DAYS)
ZURZUVAE 30 MG CAP	5-Specialty	PA2, QL (30 PER 30 DAYS)
MONOAMINE OXIDASE INHIBITORS		
EMSAM	5-Specialty	QL (30 PER 30 DAYS)
MARPLAN	4-Non-Preferred Drugs	
<i>phenelzine sulfate</i>	2-Generics	
<i>tranylcypromine sulfate</i>	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide (20 mg tab, 40 mg tab)</i>	1-Preferred Generics	QL (45 PER 30 DAYS)
<i>citalopram hydrobromide 10 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>citalopram hydrobromide 10 mg/5ml solution</i>	2-Generics	QL (600 PER 30 DAYS)
<i>desvenlafaxine succinate er</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>escitalopram oxalate 10 mg tab</i>	1-Preferred Generics	QL (45 PER 30 DAYS)
<i>escitalopram oxalate 20 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>escitalopram oxalate 5 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>escitalopram oxalate 5 mg/5ml solution</i>	2-Generics	QL (600 PER 30 DAYS)
FETZIMA	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
FETZIMA TITRATION	4-Non-Preferred Drugs	
<i>fluoxetine hcl 10 mg cap</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 10 mg tab</i>	2-Generics	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 20 mg cap</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg tab</i>	2-Generics	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg/5ml solution</i>	2-Generics	
<i>fluoxetine hcl 40 mg cap</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>fluoxetine hcl 90 mg cap dr</i>	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
<i>fluvoxamine maleate</i>	2-Generics	QL (90 PER 30 DAYS)
<i>fluvoxamine maleate er</i>	2-Generics	QL (60 PER 30 DAYS)
<i>nefazodone hcl</i>	2-Generics	

You 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>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	2-Generics	
<i>paroxetine hcl 10 mg/5ml suspension</i>	4-Non-Preferred Drugs	
<i>paroxetine hcl er</i>	4-Non-Preferred Drugs	
<i>sertraline hcl (25 mg tab, 50 mg tab)</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>sertraline hcl 100 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>sertraline hcl 20 mg/ml conc</i>	2-Generics	QL (300 PER 30 DAYS)
<i>trazodone hcl</i>	1-Preferred Generics	
TRINTELLIX	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
VENLAFAXINE BESYLATE ER	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>venlafaxine hcl</i>	2-Generics	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h)</i>	2-Generics	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap er 24h</i>	2-Generics	QL (60 PER 30 DAYS)
<i>vilazodone hcl</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

TRICYCLICS

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

You 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>imipramine pamoate</i>	4-Non-Preferred Drugs	
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	2-Generics	
<i>nortriptyline hcl 10 mg/5ml solution</i>	3-Preferred Brands	
<i>protriptyline hcl</i>	4-Non-Preferred Drugs	
<i>trimipramine maleate</i>	4-Non-Preferred Drugs	

ANTIEMETICS

ANTIEMETICS, OTHER

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant</i>	4-Non-Preferred Drugs	PA3
<i>dronabinol</i>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
EMEND 125 MG/5ML RECON SUSP	4-Non-Preferred Drugs	PA3
<i>granisetron hcl 1 mg tab</i>	3-Preferred Brands	PA3, QL (60 PER 30 DAYS)
<i>ondansetron 4 mg tab disp</i>	2-Generics	PA3, QL (180 PER 30 DAYS)
<i>ondansetron 8 mg tab disp</i>	2-Generics	PA3, QL (90 PER 30 DAYS)
<i>ondansetron hcl (4 mg/2ml soln prsy, 4 mg/2ml solution, 40 mg/20ml solution)</i>	2-Generics	
<i>ondansetron hcl 4 mg tab</i>	2-Generics	PA3, QL (180 PER 30 DAYS)
<i>ondansetron hcl 8 mg tab</i>	2-Generics	PA3, QL (90 PER 30 DAYS)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	2-Generics	PA3
SANCUSO	5-Specialty	ST, QL (4 PER 28 DAYS)

ANTIFUNGALS

ABELCET	4-Non-Preferred Drugs	PA3
<i>amphotericin b</i>	4-Non-Preferred Drugs	PA3
<i>amphotericin b liposome</i>	5-Specialty	PA3
<i>caspofungin acetate 50 mg recon soln</i>	5-Specialty	
<i>caspofungin acetate 70 mg recon soln</i>	4-Non-Preferred Drugs	
<i>ciclopirox olamine 0.77 % cream</i>	2-Generics	QL (90 PER 30 DAYS)
<i>ciclopirox olamine 0.77 % suspension</i>	2-Generics	QL (60 PER 30 DAYS)
<i>clotrimazole 1 % cream</i>	2-Generics	QL (90 PER 30 DAYS)
<i>clotrimazole 1 % solution</i>	2-Generics	QL (30 PER 30 DAYS)
<i>clotrimazole 10 mg troche</i>	2-Generics	

You 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>econazole nitrate</i>	4-Non-Preferred Drugs	QL (85 PER 30 DAYS)
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2-Generics	
<i>fluconazole in sodium chloride (200- 0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i>	2-Generics	
<i>flucytosine</i>	5-Specialty	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	4-Non-Preferred Drugs	
<i>griseofulvin ultramicrosize</i>	4-Non-Preferred Drugs	
<i>itraconazole (10 mg/ml solution, 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>	5-Specialty	
<i>naftifine hcl 1 % cream</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>naftifine hcl 2 % cream</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>nyamyc</i>	2-Generics	QL (60 PER 30 DAYS)
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>nystatin (100000 unit/ml suspension, 500000 unit tab)</i>	2-Generics	
<i>nystop</i>	2-Generics	QL (60 PER 30 DAYS)
<i>posaconazole 100 mg tab dr</i>	5-Specialty	PA, QL (93 PER 30 DAYS)
<i>posaconazole 40 mg/ml suspension</i>	5-Specialty	PA, QL (630 PER 30 DAYS)
<i>terbinafine hcl 250 mg tab</i>	2-Generics	
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	2-Generics	

You 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>voriconazole (50 mg tab, 200 mg tab)</i>	4-Non-Preferred Drugs	
<i>voriconazole 200 mg recon soln</i>	5-Specialty	PA
<i>voriconazole 40 mg/ml recon susp</i>	5-Specialty	

ANTIGOUT AGENTS

<i>allopurinol (100 mg tab, 300 mg tab)</i>	1-Preferred Generics	
<i>colchicine 0.6 mg tab</i>	3-Preferred Brands	
<i>colchicine-probenecid</i>	2-Generics	
<i>febuxostat</i>	3-Preferred Brands	ST
MITIGARE	3-Preferred Brands	
<i>probenecid</i>	2-Generics	

ANTIMIGRAINE AGENTS

ANTIMIGRAINE AGENTS, OTHER

AIMOVIG	3-Preferred Brands	PA, QL (1 PER 28 DAYS)
AJOVY	4-Non-Preferred Drugs	PA, QL (1.5 PER 28 DAYS)
EMGALITY	4-Non-Preferred Drugs	PA, QL (2 PER 28 DAYS)
EMGALITY (300 MG DOSE)	4-Non-Preferred Drugs	PA, QL (3 PER 28 DAYS)
NURTEC	5-Specialty	ST, QL (16 PER 30 DAYS)

CALCITONIN GENE-RELATED PEPTIDE (CRGP) RECEPTOR

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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>naratriptan hcl</i>	2-Generics	QL (9 PER 30 DAYS)
<i>rizatriptan benzoate</i>	2-Generics	QL (12 PER 30 DAYS)
<i>sumatriptan (5 mg/act solution, 20 mg/act solution)</i>	4-Non-Preferred Drugs	QL (12 PER 28 DAYS)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2-Generics	QL (9 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	4-Non-Preferred Drugs	QL (6 PER 30 DAYS)
<i>sumatriptan succinate refill</i>	4-Non-Preferred Drugs	QL (6 PER 30 DAYS)
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	2-Generics	QL (9 PER 30 DAYS)
<i>zomig 2.5 mg tab (ndc: 60846-0130-30 and 60846-2383-03)</i>	2-Generics	QL (9 PER 30 DAYS)
<i>zomig 5 mg tab (ndc: 60846-0133-60 and 60846-2384-04)</i>	2-Generics	QL (9 PER 30 DAYS)

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

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

ANTIMYCOBACTERIALS

ANTIMYCOBACTERIALS, OTHER

<i>dapsone (25 mg tab, 100 mg tab)</i>	2-Generics
<i>rifabutin</i>	4-Non-Preferred Drugs

ANTITUBERCULARS

<i>ethambutol hcl</i>	2-Generics
<i>isoniazid (100 mg tab, 300 mg tab)</i>	1-Preferred Generics

You 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>isoniazid 50 mg/5ml syrup</i>	2-Generics	
PRETOMANID	3-Preferred Brands	QL (30 PER 30 DAYS)
PRIFTIN	4-Non-Preferred Drugs	
<i>pyrazinamide</i>	4-Non-Preferred Drugs	
<i>rifampin (150 mg cap, 300 mg cap)</i>	2-Generics	
<i>rifampin 600 mg recon soln</i>	4-Non-Preferred Drugs	
SIRTURO	5-Specialty	
TRECTOR	4-Non-Preferred Drugs	

ANTINEOPLASTICS

ALKYLATING AGENTS

<i>bendamustine hcl (25 mg recon soln, 100 mg recon soln)</i>	5-Specialty	PA3
<i>busulfan</i>	5-Specialty	
<i>carboplatin</i>	4-Non-Preferred Drugs	PA3
<i>cisplatin</i>	4-Non-Preferred Drugs	PA3
CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	3-Preferred Brands	PA3
GLEOSTINE (10 MG CAP, 40 MG CAP)	4-Non-Preferred Drugs	
GLEOSTINE 100 MG CAP	5-Specialty	
<i>ifosfamide (1 gm recon soln, 1 gm/20ml solution, 3 gm/60ml solution)</i>	4-Non-Preferred Drugs	
LEUKERAN	4-Non-Preferred Drugs	
MATULANE	5-Specialty	
<i>melphalan hcl</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>oxaliplatin (50 mg recon soln, 50 mg/10ml solution, 100 mg recon soln, 100 mg/20ml solution)</i>	4-Non-Preferred Drugs	PA3
<i>paraplatin</i>	4-Non-Preferred Drugs	PA3
VALCHLOR	5-Specialty	PA2, QL (60 PER 30 DAYS)
YONDELIS	5-Specialty	
ZANOSAR	4-Non-Preferred Drugs	PA3

ANTIANDROGENS

<i>abiraterone acetate 250 mg tab</i>	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>abiraterone acetate 500 mg tab</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>bicalutamide</i>	2-Generics	
ERLEADA 240 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
ERLEADA 60 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>flutamide</i>	2-Generics	
<i>nilutamide</i>	5-Specialty	
NUBEQA	5-Specialty	PA2, QL (120 PER 30 DAYS)
ORSERDU 345 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
ORSERDU 86 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
XTANDI (40 MG CAP, 40 MG TAB)	5-Specialty	PA2, QL (120 PER 30 DAYS)
XTANDI 80 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
YONSA	5-Specialty	PA2, QL (120 PER 30 DAYS)

ANTIANGIOGENIC AGENTS

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VYXEOS	5-Specialty	PA3
ANTINEOPLASTICS, OTHER		
AKEEGA	5-Specialty	PA2
<i>arsenic trioxide 10 mg/10ml solution</i>	5-Specialty	PA3
AUGTYRO	5-Specialty	PA2
AYVAKIT	5-Specialty	PA2
BESREMI	5-Specialty	PA
<i>bleomycin sulfate</i>	4-Non-Preferred Drugs	PA3
BRUKINSA	5-Specialty	PA2
<i>dacarbazine 200 mg recon soln</i>	4-Non-Preferred Drugs	
<i>dactinomycin</i>	5-Specialty	PA3
DOCETAXEL	5-Specialty	PA3
EXKIVITY	5-Specialty	PA2
<i>fludarabine phosphate 50 mg recon soln</i>	4-Non-Preferred Drugs	
FOTIVDA	5-Specialty	PA2
HALAVEN	5-Specialty	
IDHIFA	5-Specialty	PA2
IWILFIN	5-Specialty	PA2
JAYPIRCA 100 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
KISQALI FEMARA (200 MG DOSE)	5-Specialty	PA2
KISQALI FEMARA (400 MG DOSE)	5-Specialty	PA2
KISQALI FEMARA (600 MG DOSE)	5-Specialty	PA2
KRAZATI	5-Specialty	PA2
<i>leucovorin calcium (50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>levoleucovorin calcium</i>	5-Specialty	

You 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>levoleucovorin calcium pf (175 mg/17.5ml solution, 250 mg/25ml solution)</i>	5-Specialty	
LONSURF	5-Specialty	PA2
LUMAKRAS 120 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
LUMAKRAS 320 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
<i>mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>mitoxantrone hcl</i>	4-Non-Preferred Drugs	
<i>mutamycin</i>	4-Non-Preferred Drugs	
NINLARO	5-Specialty	PA2
ONUREG	5-Specialty	PA2
QINLOCK	5-Specialty	PA2
RETEVMO (40 MG CAP, 80 MG CAP)	5-Specialty	PA2
TABRECTA	5-Specialty	PA2
TAZVERIK	5-Specialty	PA2
VANFLYTA	5-Specialty	PA2
<i>vinblastine sulfate</i>	4-Non-Preferred Drugs	PA3
<i>vincristine sulfate</i>	4-Non-Preferred Drugs	PA3
<i>vinorelbine tartrate 50 mg/5ml solution</i>	4-Non-Preferred Drugs	
WELIREG	5-Specialty	PA2
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	5-Specialty	PA2
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	5-Specialty	PA2
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	5-Specialty	PA2
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	5-Specialty	PA2

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XPOVIO (60 MG TWICE WEEKLY)	5-Specialty	PA2
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	5-Specialty	PA2
XPOVIO (80 MG TWICE WEEKLY)	5-Specialty	PA2
ZALTRAP 100 MG/4ML SOLUTION	5-Specialty	
ZOLINZA	5-Specialty	PA2

AROMATASE INHIBITORS, 3RD GENERATION

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

ENZYME INHIBITORS

<i>adriamycin 2 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>daunorubicin hcl</i>	4-Non-Preferred Drugs	PA3
<i>doxorubicin hcl 2 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>doxorubicin hcl liposomal</i>	4-Non-Preferred Drugs	PA3
<i>epirubicin hcl</i>	4-Non-Preferred Drugs	PA3
<i>etoposide</i>	2-Generics	
<i>idarubicin hcl</i>	5-Specialty	PA3
<i>irinotecan hcl</i>	4-Non-Preferred Drugs	PA3
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)
OJJAARA	5-Specialty	PA2
<i>romidepsin 10 mg recon soln</i>	5-Specialty	
<i>topotecan hcl 4 mg recon soln</i>	5-Specialty	PA3
TRUQAP (160 MG TAB, 200 MG TAB)	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
MOLECULAR TARGET INHIBITORS		
ALECENSA	5-Specialty	PA2
ALIQOPA	5-Specialty	PA3
ALUNBRIG	5-Specialty	PA2
BALVERSA	5-Specialty	PA2
<i>bortezomib 3.5 mg recon soln</i>	5-Specialty	PA3
BOSULIF	5-Specialty	PA2
BRAFTOVI	5-Specialty	PA2
CABOMETYX	5-Specialty	PA2
CALQUENCE	5-Specialty	PA2
CAPRELSA	5-Specialty	PA2
COMETRIQ (100 MG DAILY DOSE)	5-Specialty	PA2
COMETRIQ (140 MG DAILY DOSE)	5-Specialty	PA2
COMETRIQ (60 MG DAILY DOSE)	5-Specialty	PA2
COPIKTRA	5-Specialty	PA2
COTELLIC	5-Specialty	PA2
<i>dasatinib</i>	5-Specialty	PA2
DAURISMO	5-Specialty	PA2
ERIVEDGE	5-Specialty	PA2
<i>erlotinib hcl</i>	5-Specialty	PA2
<i>everolimus (2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)</i>	5-Specialty	PA2
FRUZAQLA	5-Specialty	PA2
GAVRETO	5-Specialty	PA2
<i>gefitinib</i>	5-Specialty	PA2
GILOTRIF	5-Specialty	PA2
IBRANCE	5-Specialty	PA2
ICLUSIG	5-Specialty	PA2
<i>imatinib mesylate</i>	5-Specialty	PA2
IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	5-Specialty	PA2

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INLYTA	5-Specialty	PA2
INREBIC	5-Specialty	PA2
JAKAFI	5-Specialty	PA2
JEVTANA	5-Specialty	
KISQALI (200 MG DOSE)	5-Specialty	PA2
KISQALI (400 MG DOSE)	5-Specialty	PA2
KISQALI (600 MG DOSE)	5-Specialty	PA2
KOSELUGO	5-Specialty	PA2
KYPROLIS	5-Specialty	PA3
<i>lapatinib ditosylate</i>	5-Specialty	PA2
LAZCLUZE 240 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
LENVIMA (10 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (12 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (14 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (18 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (20 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (24 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (4 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (8 MG DAILY DOSE)	5-Specialty	PA2
LORBRENA	5-Specialty	PA2
LYNPARZA	5-Specialty	PA2
LYTGOBI (12 MG DAILY DOSE)	5-Specialty	PA2
LYTGOBI (16 MG DAILY DOSE)	5-Specialty	PA2
LYTGOBI (20 MG DAILY DOSE)	5-Specialty	PA2
MEKINIST (0.05 MG/ML RECON SOLN, 0.5 MG TAB, 2 MG TAB)	5-Specialty	PA2
MEKTOVI	5-Specialty	PA2
NERLYNX	5-Specialty	PA2
ODOMZO	5-Specialty	PA2
OGSIVEO	5-Specialty	PA2

You 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>paclitaxel</i>	4-Non-Preferred Drugs	PA3
<i>paclitaxel protein-bound part</i>	5-Specialty	PA3
<i>pazopanib hcl</i>	5-Specialty	PA2
PEMAZYRE	5-Specialty	PA2
PIQRAY (200 MG DAILY DOSE)	5-Specialty	PA2
PIQRAY (250 MG DAILY DOSE)	5-Specialty	PA2
PIQRAY (300 MG DAILY DOSE)	5-Specialty	PA2
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
RETEVMO 40 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
REZLIDHIA	5-Specialty	PA2
ROZLYTREK	5-Specialty	PA2
RUBRACA	5-Specialty	PA2
RYDAPT	5-Specialty	PA2
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
<i>sorafenib tosylate</i>	5-Specialty	PA2
SPRYCEL	5-Specialty	PA2
STIVARGA	5-Specialty	PA2
<i>sunitinib malate</i>	5-Specialty	PA2
SYNRIBO	5-Specialty	PA3
TAFINLAR	5-Specialty	PA2
TAGRISSE	5-Specialty	PA2
TALZENNA	5-Specialty	PA2
TASIGNA	5-Specialty	PA2
<i>temsirolimus</i>	5-Specialty	
TEPMETKO	5-Specialty	PA2
TIBSOVO	5-Specialty	PA2
TRUSELTIQ (100MG DAILY DOSE)	5-Specialty	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRUSELTIQ (125MG DAILY DOSE)	5-Specialty	
TRUSELTIQ (50MG DAILY DOSE)	5-Specialty	
TRUSELTIQ (75MG DAILY DOSE)	5-Specialty	
TUKYSA	5-Specialty	PA2
TURALIO	5-Specialty	PA2
VENCLEXTA (50 MG TAB, 100 MG TAB)	5-Specialty	PA2
VENCLEXTA 10 MG TAB	4-Non-Preferred Drugs	PA2
VENCLEXTA STARTING PACK	5-Specialty	PA2
VERZENIO	5-Specialty	PA2
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	5-Specialty	PA2
VIZIMPRO	5-Specialty	PA2
VONJO	5-Specialty	PA2, QL (120 PER 30 DAYS)
VORANIGO 10 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
VORANIGO 40 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
VOTRIENT	5-Specialty	PA2
XALKORI	5-Specialty	PA2
XOSPATA	5-Specialty	PA2
ZEJULA	5-Specialty	PA2
ZELBORAF	5-Specialty	PA2
ZYDELIG	5-Specialty	PA2
ZYKADIA	5-Specialty	PA2

MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE

ALYMSYS	5-Specialty	PA3
AVASTIN	5-Specialty	PA3
BAVENCIO	5-Specialty	PA3
CYRAMZA	5-Specialty	PA3
DARZALEX	5-Specialty	PA3
EMPLICITI	5-Specialty	PA3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ERBITUX 100 MG/50ML SOLUTION	5-Specialty	
HERCEPTIN HYLECTA	5-Specialty	PA3
HERZUMA	5-Specialty	PA3
IMFINZI	5-Specialty	PA3
KADCYLA	5-Specialty	PA3
KANJINTI	5-Specialty	PA3
KEYTRUDA	5-Specialty	PA3
MVASI	5-Specialty	PA3
MYLOTARG	5-Specialty	PA3
OGIVRI	5-Specialty	PA3
ONTRUZANT	5-Specialty	PA3
OPDIVO	5-Specialty	PA3
PERJETA	5-Specialty	
RIABNI	5-Specialty	PA3
RITUXAN HYCELA	5-Specialty	PA3
RUXIENCE	5-Specialty	PA3
TECENTRIQ	5-Specialty	PA3
TRAZIMERA	5-Specialty	PA3
TRUXIMA	5-Specialty	PA3
VECTIBIX 100 MG/5ML SOLUTION	5-Specialty	PA3
YERVOY 50 MG/10ML SOLUTION	5-Specialty	
ZIRABEV	5-Specialty	PA3

RETINOIDS

<i>bexarotene 1 % gel</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>bexarotene 75 mg cap</i>	5-Specialty	PA2
PANRETIN	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>tretinoin 10 mg cap</i>	5-Specialty	

TREATMENT ADJUNCTS

<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	2-Generics	
---	------------	--

You 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>mesna</i>	4-Non-Preferred Drugs	
MESNEX 400 MG TAB	5-Specialty	

ANTIPARASITICS

ANTHELMINTHICS

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

ANTIPROTOZOALS

<i>atovaquone</i>	4-Non-Preferred Drugs	
<i>atovaquone-proguanil hcl</i>	2-Generics	
BENZNIDAZOLE	4-Non-Preferred Drugs	
<i>chloroquine phosphate</i>	2-Generics	
COARTEM	4-Non-Preferred Drugs	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2-Generics	
<i>mefloquine hcl</i>	2-Generics	
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	
<i>pyrimethamine</i>	5-Specialty	
<i>quinine sulfate</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
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1-Preferred Generics	
<i>trihexyphenidyl hcl (2 mg tab, 5 mg tab)</i>	1-Preferred Generics	
<i>trihexyphenidyl hcl 0.4 mg/ml solution</i>	2-Generics	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	2-Generics	
<i>carbidopa-levodopa-entacapone</i>	2-Generics	
<i>entacapone</i>	2-Generics	
<i>tolcapone</i>	5-Specialty	
DOPAMINE AGONISTS		
<i>apomorphine hcl</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>bromocriptine mesylate</i>	4-Non-Preferred Drugs	
NEUPRO	4-Non-Preferred Drugs	
<i>pramipexole dihydrochloride</i>	1-Preferred Generics	
<i>pramipexole dihydrochloride er</i>	2-Generics	
<i>ropinirole hcl</i>	2-Generics	
<i>ropinirole hcl er</i>	4-Non-Preferred Drugs	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa</i>	4-Non-Preferred Drugs	
<i>carbidopa-levodopa</i>	2-Generics	
<i>carbidopa-levodopa er</i>	2-Generics	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ABILIFY MAINTENA	5-Specialty	QL (1 PER 28 DAYS)
<i>aripiprazole (1 mg/ml solution, 10 mg tab disp, 15 mg tab disp)</i>	4-Non-Preferred Drugs	
<i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	2-Generics	
ARISTADA 1064 MG/3.9ML PRSYR	5-Specialty	QL (3.9 PER 56 DAYS)
ARISTADA 441 MG/1.6ML PRSYR	5-Specialty	QL (1.6 PER 28 DAYS)
ARISTADA 662 MG/2.4ML PRSYR	5-Specialty	QL (2.4 PER 28 DAYS)
ARISTADA 882 MG/3.2ML PRSYR	5-Specialty	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	5-Specialty	
<i>asenapine maleate</i>	4-Non-Preferred Drugs	
CAPLYTA	5-Specialty	QL (30 PER 30 DAYS)
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
FANAPT (6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	5-Specialty	QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	4-Non-Preferred Drugs	
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5-Specialty	QL (3.5 PER 180 DAYS)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5-Specialty	QL (5 PER 180 DAYS)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5-Specialty	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5-Specialty	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5-Specialty	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3-Preferred Brands	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5-Specialty	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5-Specialty	QL (0.88 PER 84 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5-Specialty	QL (1.32 PER 84 DAYS)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5-Specialty	QL (1.75 PER 84 DAYS)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5-Specialty	QL (2.63 PER 84 DAYS)
LATUDA (20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
LATUDA 80 MG TAB	5-Specialty	QL (60 PER 30 DAYS)
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tab</i>	5-Specialty	QL (60 PER 30 DAYS)
NUPLAZID	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i>	1-Preferred Generics	
<i>olanzapine (5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	4-Non-Preferred Drugs	
<i>paliperidone er 1.5 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (240 PER 30 DAYS)
<i>paliperidone er 3 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>paliperidone er 6 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>paliperidone er 9 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
PERSERIS	5-Specialty	QL (1 PER 28 DAYS)
<i>quetiapine fumarate</i>	2-Generics	
<i>quetiapine fumarate er</i>	2-Generics	
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB)	5-Specialty	QL (60 PER 30 DAYS)
REXULTI (2 MG TAB, 3 MG TAB, 4 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
RISPERDAL CONSTA (12.5 MG, 25 MG)	3-Preferred Brands	QL (2 PER 28 DAYS)
RISPERDAL CONSTA (37.5 MG, 50 MG)	5-Specialty	QL (2 PER 28 DAYS)

You 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>risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	2-Generics	
SECUADO	5-Specialty	QL (30 PER 30 DAYS)
UZEDY 100 MG/0.28ML SUSP PRSYR	5-Specialty	QL (0.28 PER 28 DAYS)
UZEDY 125 MG/0.35ML SUSP PRSYR	5-Specialty	QL (0.35 PER 28 DAYS)
UZEDY 150 MG/0.42ML SUSP PRSYR	5-Specialty	QL (0.42 PER 56 DAYS)
UZEDY 200 MG/0.56ML SUSP PRSYR	5-Specialty	QL (0.56 PER 56 DAYS)
UZEDY 250 MG/0.7ML SUSP PRSYR	5-Specialty	QL (0.7 PER 56 DAYS)
UZEDY 50 MG/0.14ML SUSP PRSYR	5-Specialty	QL (0.14 PER 28 DAYS)
UZEDY 75 MG/0.21ML SUSP PRSYR	5-Specialty	QL (0.21 PER 28 DAYS)
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	5-Specialty	QL (30 PER 30 DAYS)
VRAYLAR 1.5 & 3 MG CAP THPK	4-Non-Preferred Drugs	
<i>ziprasidone hcl</i>	2-Generics	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	4-Non-Preferred Drugs	
ZYPREXA RELPREVV	4-Non-Preferred Drugs	

TREATMENT-RESISTANT

<i>clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)</i>	4-Non-Preferred Drugs	
<i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2-Generics	

You 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	
ANTISPASTICITY AGENTS		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	2-Generics	
<i>dantrolene sodium</i>	4-Non-Preferred Drugs	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	2-Generics	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
PREVYMIS (240 MG TAB, 480 MG TAB)	5-Specialty	QL (28 PER 28 DAYS)
<i>valganciclovir hcl 450 mg tab</i>	3-Preferred Brands	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	5-Specialty	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	4-Non-Preferred Drugs	
BARACLUDGE 0.05 MG/ML SOLUTION	5-Specialty	
<i>entecavir</i>	4-Non-Preferred Drugs	
EPIVIR HBV 5 MG/ML SOLUTION	4-Non-Preferred Drugs	
<i>lamivudine 100 mg tab</i>	2-Generics	
VEMLIDY	5-Specialty	
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA (150-37.5 MG PACKET, 400-100 MG TAB)	5-Specialty	PA, QL (28 PER 28 DAYS)
EPCLUSA (200-50 MG PACKET, 200-50 MG TAB)	5-Specialty	PA, QL (56 PER 28 DAYS)
HARVONI (33.75-150 MG PACKET, 90-400 MG TAB)	5-Specialty	PA, QL (28 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HARVONI (45-200 MG PACKET, 45-200 MG TAB)	5-Specialty	PA, QL (56 PER 28 DAYS)
MAVYRET 100-40 MG TAB	5-Specialty	PA, QL (84 PER 28 DAYS)
MAVYRET 50-20 MG PACKET	5-Specialty	PA, QL (140 PER 28 DAYS)
<i>ribavirin</i>	2-Generics	
SOFOSBUVIR-VELPATASVIR	5-Specialty	PA, QL (28 PER 28 DAYS)

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

APRETUDE	5-Specialty	
BIKTARVY	5-Specialty	QL (30 PER 30 DAYS)
DOVATO	5-Specialty	QL (30 PER 30 DAYS)
GENVOYA	5-Specialty	QL (30 PER 30 DAYS)
ISENTRESS (100 MG CHEW TAB, 100 MG PACKET)	5-Specialty	QL (180 PER 30 DAYS)
ISENTRESS 25 MG CHEW TAB	3-Preferred Brands	QL (180 PER 30 DAYS)
ISENTRESS 400 MG TAB	5-Specialty	QL (60 PER 30 DAYS)
ISENTRESS HD	5-Specialty	QL (60 PER 30 DAYS)
JULUCA	5-Specialty	QL (30 PER 30 DAYS)
STRIBILD	5-Specialty	QL (30 PER 30 DAYS)
TIVICAY (25 MG TAB, 50 MG TAB)	5-Specialty	QL (60 PER 30 DAYS)
TIVICAY 10 MG TAB	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
TIVICAY PD	5-Specialty	QL (180 PER 30 DAYS)

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

COMPLERA	5-Specialty	QL (30 PER 30 DAYS)
DELSTRIGO	5-Specialty	QL (30 PER 30 DAYS)
EDURANT	5-Specialty	QL (30 PER 30 DAYS)
<i>efavirenz 200 mg cap</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>efavirenz 50 mg cap</i>	4-Non-Preferred Drugs	QL (240 PER 30 DAYS)
<i>efavirenz 600 mg tab</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>efavirenz-emtricitab-tenofo df</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>etravirine</i>	5-Specialty	
INTELENCE 25 MG TAB	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>nevirapine 200 mg tab</i>	2-Generics	QL (60 PER 30 DAYS)
<i>nevirapine 50 mg/5ml suspension</i>	4-Non-Preferred Drugs	
<i>nevirapine er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
ODEFSEY	5-Specialty	QL (30 PER 30 DAYS)
PIFELTRO	5-Specialty	QL (60 PER 30 DAYS)

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

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

You 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 300 mg tab</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
TRIUMEQ	5-Specialty	QL (30 PER 30 DAYS)
TRIUMEQ PD	5-Specialty	QL (180 PER 30 DAYS)
TRIZIVIR	5-Specialty	QL (60 PER 30 DAYS)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
VIREAD 40 MG/GM POWDER	5-Specialty	
<i>zidovudine 100 mg cap</i>	2-Generics	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tab</i>	2-Generics	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	2-Generics	

ANTI-HIV AGENTS, OTHER

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

ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

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

You 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>atazanavir sulfate 300 mg cap</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>darunavir</i>	5-Specialty	
EVOTAZ	5-Specialty	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	5-Specialty	
LEXIVA 50 MG/ML SUSPENSION	4-Non-Preferred Drugs	
<i>lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab, 400-100 mg/5ml solution)</i>	4-Non-Preferred Drugs	
NORVIR 100 MG PACKET	4-Non-Preferred Drugs	
PREZCOBIX	5-Specialty	
PREZISTA (75 MG TAB, 150 MG TAB)	4-Non-Preferred Drugs	
PREZISTA 100 MG/ML SUSPENSION	5-Specialty	
REYATAZ 50 MG PACKET	4-Non-Preferred Drugs	
<i>ritonavir</i>	3-Preferred Brands	
SYMTUZA	5-Specialty	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TAB	5-Specialty	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TAB	5-Specialty	QL (120 PER 30 DAYS)

ANTI-INFLUENZA AGENTS

<i>oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)</i>	2-Generics	
RELENZA DISKHALER	3-Preferred Brands	
<i>rimantadine hcl</i>	2-Generics	

ANTIHERPETIC AGENTS

<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab)</i>	2-Generics	
--	------------	--

You 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>acyclovir sodium</i>	2-Generics	PA3
<i>famciclovir</i>	2-Generics	QL (90 PER 30 DAYS)
<i>trifluridine</i>	2-Generics	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)

ANTIVIRAL, CORONAVIRUS AGENTS

PAXLOVID (150/100)	3-Preferred Brands	QL (40 PER 30 DAYS), \$0 CS (\$0 Cost Share)
PAXLOVID (300/100)	3-Preferred Brands	QL (60 PER 30 DAYS), \$0 CS (\$0 Cost Share)

ANXIOLYTICS

ANXIOLYTICS, OTHER

<i>bupirone hcl</i>	2-Generics	
<i>hydroxyzine pamoate</i>	2-Generics	

BENZODIAZEPINES

<i>alprazolam (0.25 mg tab, 0.5 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>alprazolam (1 mg tab, 2 mg tab)</i>	2-Generics	QL (150 PER 30 DAYS)
<i>chlordiazepoxide hcl 10 mg cap</i>	4-Non-Preferred Drugs	QL (300 PER 30 DAYS)
<i>chlordiazepoxide hcl 25 mg cap</i>	4-Non-Preferred Drugs	QL (360 PER 30 DAYS)
<i>chlordiazepoxide hcl 5 mg cap</i>	4-Non-Preferred Drugs	QL (240 PER 30 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>clonazepam (2 mg tab, 2 mg tab disp)</i>	2-Generics	QL (300 PER 30 DAYS)
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)</i>	2-Generics	QL (90 PER 30 DAYS)
<i>clorazepate dipotassium 15 mg tab</i>	2-Generics	QL (180 PER 30 DAYS)
<i>diazepam (2 mg tab, 5 mg tab, 10 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diazepam 5 mg/5ml solution</i>	2-Generics	QL (1200 PER 30 DAYS)
<i>diazepam 5 mg/ml conc</i>	2-Generics	QL (240 PER 30 DAYS)
<i>diazepam intensol</i>	2-Generics	QL (240 PER 30 DAYS)
<i>lorazepam (2 mg tab, 2 mg/ml conc)</i>	2-Generics	QL (150 PER 30 DAYS)
<i>lorazepam 0.5 mg tab</i>	2-Generics	QL (600 PER 30 DAYS)
<i>lorazepam 1 mg tab</i>	2-Generics	QL (300 PER 30 DAYS)
<i>lorazepam intensol</i>	2-Generics	QL (150 PER 30 DAYS)
<i>oxazepam</i>	2-Generics	QL (120 PER 30 DAYS)

BIPOLAR AGENTS

MOOD STABILIZERS

<i>lamotrigine (25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)</i>	2-Generics	
<i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i>	1-Preferred Generics	
<i>lamotrigine er</i>	4-Non-Preferred Drugs	
<i>lithium</i>	2-Generics	
<i>lithium carbonate (150 mg cap, 300 mg cap, 600 mg cap)</i>	1-Preferred Generics	
<i>lithium carbonate 300 mg tab</i>	2-Generics	
<i>lithium carbonate er</i>	2-Generics	

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

<i>acarbose</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>alogliptin benzoate</i>	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)
<i>alogliptin-metformin hcl</i>	6-Select Care	QL (60 PER 30 DAYS), CG (Coverage Gap)
<i>alogliptin-pioglitazone (12.5-30 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>alogliptin-pioglitazone 12.5-45 mg tab</i>	6-Select Care	
BYDUREON BCISE	3-Preferred Brands	QL (3.4 PER 28 DAYS)
BYETTA 10 MCG PEN	4-Non-Preferred Drugs	QL (2.4 PER 30 DAYS)
BYETTA 5 MCG PEN	4-Non-Preferred Drugs	QL (1.2 PER 30 DAYS)
CYCLOSET	4-Non-Preferred Drugs	
FARXIGA	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>glimepiride (1 mg tab, 2 mg tab)</i>	6-Select Care	QL (120 PER 30 DAYS), CG (Coverage Gap)
<i>glimepiride 4 mg tab</i>	6-Select Care	QL (60 PER 30 DAYS), CG (Coverage Gap)
<i>glipizide (5 mg tab, 10 mg tab)</i>	6-Select Care	QL (120 PER 30 DAYS), CG (Coverage Gap)
<i>glipizide er 10 mg tab er 24h</i>	6-Select Care	QL (60 PER 30 DAYS), CG (Coverage Gap)
<i>glipizide er 2.5 mg tab er 24h</i>	6-Select Care	QL (120 PER 30 DAYS), CG (Coverage Gap)
<i>glipizide er 5 mg tab er 24h</i>	6-Select Care	QL (90 PER 30 DAYS), CG (Coverage Gap)
<i>glipizide xl 10 mg tab er 24h</i>	6-Select Care	QL (60 PER 30 DAYS), CG (Coverage Gap)
<i>glipizide xl 2.5 mg tab er 24h</i>	6-Select Care	QL (120 PER 30 DAYS), CG (Coverage Gap)
<i>glipizide xl 5 mg tab er 24h</i>	6-Select Care	QL (90 PER 30 DAYS), CG (Coverage Gap)
<i>glipizide-metformin hcl</i>	6-Select Care	QL (120 PER 30 DAYS), CG (Coverage Gap)
<i>glyburide</i>	6-Select Care	QL (120 PER 30 DAYS), CG (Coverage Gap)
GLYBURIDE MICRONIZED	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>glyburide-metformin</i>	6-Select Care	QL (120 PER 30 DAYS), CG (Coverage Gap)

You 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	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)
JARDIANCE	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB)	3-Preferred Brands	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3-Preferred Brands	QL (60 PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	3-Preferred Brands	QL (30 PER 30 DAYS)
KERENDIA	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>metformin hcl 1000 mg tab</i>	6-Select Care	QL (75 PER 30 DAYS), CG (Coverage Gap)
<i>metformin hcl 500 mg tab</i>	6-Select Care	QL (150 PER 30 DAYS), CG (Coverage Gap)
<i>metformin hcl 850 mg tab</i>	6-Select Care	QL (90 PER 30 DAYS), CG (Coverage Gap)
<i>metformin hcl er 500 mg tab er 24h</i>	6-Select Care	QL (120 PER 30 DAYS), CG (Coverage Gap)
<i>metformin hcl er 750 mg tab er 24h</i>	6-Select Care	QL (60 PER 30 DAYS), CG (Coverage Gap)
<i>miglitol</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
MOUNJARO	3-Preferred Brands	QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tab</i>	6-Select Care	QL (90 PER 30 DAYS), CG (Coverage Gap)
<i>nateglinide 60 mg tab</i>	6-Select Care	QL (180 PER 30 DAYS), CG (Coverage Gap)

You 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 (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	3-Preferred Brands	QL (1.5 PER 28 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	3-Preferred Brands	QL (3 PER 28 DAYS)
OZEMPIC (1 MG/DOSE)	3-Preferred Brands	QL (3 PER 28 DAYS)
OZEMPIC (2 MG/DOSE)	3-Preferred Brands	QL (3 PER 28 DAYS)
<i>pioglitazone hcl</i>	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)
<i>pioglitazone hcl-glimepiride</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>pioglitazone hcl-metformin hcl</i>	6-Select Care	QL (90 PER 30 DAYS), CG (Coverage Gap)
<i>repaglinide (0.5 mg tab, 1 mg tab)</i>	6-Select Care	QL (120 PER 30 DAYS), CG (Coverage Gap)
<i>repaglinide 2 mg tab</i>	6-Select Care	QL (240 PER 30 DAYS), CG (Coverage Gap)
RYBELSUS	3-Preferred Brands	QL (30 PER 30 DAYS)
SOLIQUA	3-Preferred Brands	QL (18 PER 30 DAYS)
SYMLINPEN 120	5-Specialty	QL (10.8 PER 30 DAYS)
SYMLINPEN 60	5-Specialty	QL (6 PER 30 DAYS)
SYNJARDY (5-1000 MG TAB, 12.5- 1000 MG TAB, 12.5-500 MG TAB)	3-Preferred Brands	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TAB	3-Preferred Brands	QL (120 PER 30 DAYS)
SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	3-Preferred Brands	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	3-Preferred Brands	QL (30 PER 30 DAYS)
TRADJENTA	3-Preferred Brands	QL (30 PER 30 DAYS)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	3-Preferred Brands	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	3-Preferred Brands	QL (60 PER 30 DAYS)
TRULICITY	6-Select Care	QL (2 PER 28 DAYS), CG (Coverage Gap)
XIGDUO XR (10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	3-Preferred Brands	QL (30 PER 30 DAYS)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H)	3-Preferred Brands	QL (60 PER 30 DAYS)

GLYCEMIC AGENTS

BAQSIMI ONE PACK	3-Preferred Brands	
BAQSIMI TWO PACK	3-Preferred Brands	
<i>diazoxide</i>	4-Non-Preferred Drugs	
GLUCAGEN HYPOKIT	3-Preferred Brands	
GLUCAGON EMERGENCY 1 MG KIT (GENERIC)	3-Preferred Brands	
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	3-Preferred Brands	
GVOKE HYPOPEN 1-PACK	3-Preferred Brands	
GVOKE HYPOPEN 2-PACK	3-Preferred Brands	
GVOKE KIT	3-Preferred Brands	
GVOKE PFS	3-Preferred Brands	

INSULINS

ADMELOG	3-Preferred Brands	
ADMELOG SOLOSTAR	3-Preferred Brands	
BASAGLAR KWIKPEN	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FIASP	3-Preferred Brands	
FIASP FLEXTOUCH	3-Preferred Brands	
FIASP PENFILL	3-Preferred Brands	
FIASP PUMPCART	3-Preferred Brands	
HUMALOG	3-Preferred Brands	
HUMALOG JUNIOR KWIKPEN	3-Preferred Brands	
HUMALOG KWIKPEN	3-Preferred Brands	
HUMALOG MIX 50/50	3-Preferred Brands	
HUMALOG MIX 50/50 KWIKPEN	3-Preferred Brands	
HUMALOG MIX 75/25	3-Preferred Brands	
HUMALOG MIX 75/25 KWIKPEN	3-Preferred Brands	
HUMULIN 70/30	3-Preferred Brands	
HUMULIN 70/30 KWIKPEN	3-Preferred Brands	
HUMULIN N	3-Preferred Brands	
HUMULIN N KWIKPEN	3-Preferred Brands	
HUMULIN R	3-Preferred Brands	
HUMULIN R U-500 (CONCENTRATED)	3-Preferred Brands	
HUMULIN R U-500 KWIKPEN	3-Preferred Brands	
INSULIN LISPRO	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INSULIN LISPRO (1 UNIT DIAL)	3-Preferred Brands	
INSULIN LISPRO JUNIOR KWIKPEN	3-Preferred Brands	
INSULIN LISPRO PROT & LISPRO	3-Preferred Brands	
LANTUS	3-Preferred Brands	
LANTUS SOLOSTAR	3-Preferred Brands	
LEVEMIR	3-Preferred Brands	
LEVEMIR FLEXPEN	3-Preferred Brands	
LEVEMIR FLEXTOUCH	3-Preferred Brands	
LYUMJEV	3-Preferred Brands	
LYUMJEV KWIKPEN	3-Preferred Brands	
NOVOLIN 70/30	3-Preferred Brands	
NOVOLIN 70/30 FLEXPEN	3-Preferred Brands	
NOVOLIN N	3-Preferred Brands	
NOVOLIN N FLEXPEN	3-Preferred Brands	
NOVOLIN R	3-Preferred Brands	
NOVOLIN R FLEXPEN	3-Preferred Brands	
NOVOLOG	3-Preferred Brands	
NOVOLOG FLEXPEN	3-Preferred Brands	
NOVOLOG MIX 70/30	3-Preferred Brands	

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

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

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

ELIQUIS	3-Preferred Brands
ELIQUIS DVT/PE STARTER PACK	3-Preferred Brands
<i>enoxaparin sodium (30 mg/0.3ml soln prsy, 40 mg/0.4ml soln prsy, 60 mg/0.6ml soln prsy, 80 mg/0.8ml soln prsy, 100 mg/ml soln prsy, 120 mg/0.8ml soln prsy, 150 mg/ml soln prsy)</i>	2-Generics
<i>fondaparinux sodium (5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)</i>	5-Specialty
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	4-Non-Preferred Drugs
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>	2-Generics
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	2-Generics
<i>jantoven</i>	1-Preferred Generics
<i>warfarin sodium</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
XARELTO (1 MG/ML RECON SUSP, 2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	3-Preferred Brands	
XARELTO STARTER PACK	3-Preferred Brands	
ZONTIVITY	4-Non-Preferred Drugs	

BLOOD PRODUCTS AND MODIFIERS, OTHER

<i>anagrelide hcl</i>	2-Generics	
LEUKINE	5-Specialty	
NYVEPRIA	5-Specialty	PA
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION)	3-Preferred Brands	PA3
PROCRIT (20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	5-Specialty	PA3
PROMACTA (12.5 MG TAB, 25 MG TAB)	5-Specialty	PA, QL (30 PER 30 DAYS)
PROMACTA (50 MG TAB, 75 MG TAB)	5-Specialty	PA, QL (60 PER 30 DAYS)
PROMACTA 12.5 MG PACKET	5-Specialty	PA, QL (360 PER 30 DAYS)
PROMACTA 25 MG PACKET	5-Specialty	PA, QL (180 PER 30 DAYS)
RETACRIT	3-Preferred Brands	PA3
ZARXIO	5-Specialty	PA
ZIEXTENZO	5-Specialty	PA

HEMOSTASIS AGENTS

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

PLATELET MODIFYING AGENTS

<i>aspirin-dipyridamole er</i>	2-Generics	
BRILINTA	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cilostazol</i>	2-Generics	
<i>clopidogrel bisulfate 300 mg tab</i>	2-Generics	
<i>clopidogrel bisulfate 75 mg tab</i>	1-Preferred Generics	
<i>dipyridamole</i>	2-Generics	PA
<i>prasugrel hcl</i>	2-Generics	

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

<i>clonidine</i>	3-Preferred Brands	QL (4 PER 28 DAYS)
<i>clonidine hcl</i>	1-Preferred Generics	
<i>droxidopa (200 mg cap, 300 mg cap)</i>	5-Specialty	QL (180 PER 30 DAYS)
<i>droxidopa 100 mg cap</i>	5-Specialty	QL (90 PER 30 DAYS)
<i>guanfacine hcl</i>	2-Generics	PA
<i>midodrine hcl</i>	2-Generics	

ALPHA-ADRENERGIC BLOCKING AGENTS

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

ANGIOTENSIN II RECEPTOR ANTAGONISTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl</i>	6-Select Care	CG (Coverage Gap)
<i>captopril</i>	6-Select Care	CG (Coverage Gap)
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	6-Select Care	CG (Coverage Gap)
<i>fosinopril sodium</i>	6-Select Care	CG (Coverage Gap)
<i>lisinopril</i>	6-Select Care	CG (Coverage Gap)
<i>moexipril hcl</i>	6-Select Care	CG (Coverage Gap)
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	6-Select Care	CG (Coverage Gap)
<i>quinapril hcl</i>	6-Select Care	CG (Coverage Gap)
<i>ramipril</i>	6-Select Care	CG (Coverage Gap)
<i>trandolapril</i>	6-Select Care	CG (Coverage Gap)

ANTIARRHYTHMICS

<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	2-Generics	
<i>disopyramide phosphate</i>	2-Generics	PA
<i>dofetilide</i>	3-Preferred Brands	
<i>flecainide acetate</i>	2-Generics	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	2-Generics	
MULTAQ	3-Preferred Brands	
<i>pacерone</i>	2-Generics	
<i>propafenone hcl</i>	2-Generics	
<i>propafenone hcl er</i>	4-Non-Preferred Drugs	
<i>quinidine sulfate</i>	2-Generics	
<i>sorine</i>	2-Generics	
<i>sotalol hcl</i>	2-Generics	
<i>sotalol hcl (af)</i>	2-Generics	

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

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

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

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

You 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>nifedipine er</i>	2-Generics	
<i>nifedipine er osmotic release</i>	2-Generics	
<i>nimodipine</i>	2-Generics	

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

<i>cartia xt</i>	2-Generics	
<i>dilt-xr</i>	2-Generics	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	2-Generics	
<i>diltiazem hcl er</i>	2-Generics	
<i>diltiazem hcl er beads</i>	2-Generics	
<i>diltiazem hcl er coated beads</i>	2-Generics	
<i>matzim la</i>	2-Generics	
<i>taztia xt</i>	2-Generics	
<i>tiadylt er</i>	2-Generics	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1-Preferred Generics	
<i>verapamil hcl er</i>	2-Generics	

CARDIOVASCULAR AGENTS, OTHER

<i>acetazolamide</i>	2-Generics	
<i>aliskiren fumarate</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide</i>	2-Generics	
<i>amlodipine besy-benazepril hcl</i>	6-Select Care	CG (Coverage Gap)
<i>amlodipine besylate-valsartan</i>	6-Select Care	CG (Coverage Gap)
<i>amlodipine-atorvastatin</i>	6-Select Care	CG (Coverage Gap)
<i>amlodipine-olmesartan</i>	6-Select Care	CG (Coverage Gap)
<i>amlodipine-valsartan-hctz</i>	6-Select Care	CG (Coverage Gap)
<i>atenolol-chlorthalidone</i>	1-Preferred Generics	
<i>benazepril-hydrochlorothiazide</i>	6-Select Care	CG (Coverage Gap)
<i>bisoprolol-hydrochlorothiazide</i>	1-Preferred Generics	

You 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>candesartan cilexetil-hctz</i>	6-Select Care	CG (Coverage Gap)
CORLANOR (5 MG TAB, 7.5 MG TAB)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
CORLANOR 5 MG/5ML SOLUTION	4-Non-Preferred Drugs	QL (450 PER 30 DAYS)
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	3-Preferred Brands	
<i>enalapril-hydrochlorothiazide</i>	6-Select Care	CG (Coverage Gap)
ENTRESTO (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>	6-Select Care	CG (Coverage Gap)
<i>irbesartan-hydrochlorothiazide</i>	6-Select Care	CG (Coverage Gap)
<i>lisinopril-hydrochlorothiazide</i>	6-Select Care	CG (Coverage Gap)
<i>losartan potassium-hctz</i>	6-Select Care	CG (Coverage Gap)
<i>metoprolol-hydrochlorothiazide</i>	2-Generics	
<i>metyrosine</i>	5-Specialty	
NEXLETOL	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>olmesartan medoxomil-hctz</i>	6-Select Care	CG (Coverage Gap)
<i>olmesartan-amlodipine-hctz</i>	6-Select Care	CG (Coverage Gap)
<i>pentoxifylline er</i>	2-Generics	
<i>ranolazine er</i>	2-Generics	
<i>spironolactone-hctz</i>	2-Generics	
<i>telmisartan-amlodipine</i>	1-Preferred Generics	
<i>telmisartan-hctz</i>	6-Select Care	CG (Coverage Gap)
<i>trandolapril-verapamil hcl er</i>	1-Preferred Generics	
<i>triamterene-hctz</i>	1-Preferred Generics	
<i>valsartan-hydrochlorothiazide</i>	6-Select Care	CG (Coverage Gap)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VERQUVO	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
DIURETICS, LOOP		
<i>bumetanide (0.25 mg/ml solution, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2-Generics	
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1-Preferred Generics	
<i>torseamide</i>	1-Preferred Generics	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl 5 mg tab</i>	2-Generics	
<i>eplerenone</i>	2-Generics	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	
DIURETICS, THIAZIDE		
<i>chlorthalidone</i>	2-Generics	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1-Preferred Generics	
<i>indapamide</i>	1-Preferred Generics	
<i>metolazone</i>	2-Generics	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	2-Generics	
<i>fenofibrate micronized (67 mg cap, 134 mg cap, 200 mg cap)</i>	2-Generics	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	2-Generics	
<i>gemfibrozil</i>	1-Preferred Generics	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tab, 40 mg tab)</i>	6-Select Care	QL (60 PER 30 DAYS), CG (Coverage Gap)

You 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>atorvastatin calcium 20 mg tab</i>	6-Select Care	QL (90 PER 30 DAYS), CG (Coverage Gap)
<i>atorvastatin calcium 80 mg tab</i>	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)
LIVALO	3-Preferred Brands	ST, QL (30 PER 30 DAYS)
<i>lovastatin (10 mg tab, 20 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)
<i>lovastatin 40 mg tab</i>	6-Select Care	QL (60 PER 30 DAYS), CG (Coverage Gap)
<i>pitavastatin calcium</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>pravastatin sodium</i>	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i>	6-Select Care	QL (60 PER 30 DAYS), CG (Coverage Gap)
<i>rosuvastatin calcium 40 mg tab</i>	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)
<i>simvastatin</i>	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)

DYSLIPIDEMICS, OTHER

<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	2-Generics	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	2-Generics	
<i>colesevelam hcl 3.75 gm packet</i>	4-Non-Preferred Drugs	
<i>colesevelam hcl 625 mg tab</i>	2-Generics	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	2-Generics	
<i>ezetimibe</i>	2-Generics	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)
NEXLIZET	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>niacin er (antihyperlipidemic)</i>	3-Preferred Brands	

You 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>omega-3-acid ethyl esters</i>	3-Preferred Brands	
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	2-Generics	
REPATHA	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
REPATHA PUSHTRONEX SYSTEM	3-Preferred Brands	PA, QL (3.5 PER 28 DAYS)
REPATHA SURECLICK	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
VASCEPA	3-Preferred Brands	

VASODILATORS, DIRECT-ACTING ARTERIAL

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

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	2-Generics	
<i>isosorbide mononitrate</i>	1-Preferred Generics	
<i>isosorbide mononitrate er</i>	2-Generics	
NITRO-BID	3-Preferred Brands	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	2-Generics	
<i>nitroglycerin 0.4 % ointment</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>nitroglycerin 0.4 mg/spray solution</i>	4-Non-Preferred Drugs	
RECTIV	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
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>	2-Generics	QL (30 PER 30 DAYS)
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 10 mg chew tab)</i>	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
<i>methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>methylphenidate hcl 10 mg/5ml solution</i>	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)
<i>methylphenidate hcl 5 mg/5ml solution</i>	4-Non-Preferred Drugs	QL (1800 PER 30 DAYS)
<i>methylphenidate hcl er (10 mg tab er, 20 mg tab er)</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)

You 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, OTHER		
AUSTEDO (9 MG TAB, 12 MG TAB)	5-Specialty	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TAB	5-Specialty	PA, QL (60 PER 30 DAYS)
AUSTEDO XR (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, 12 MG TAB ER 24H, 24 MG TAB ER 24H)	5-Specialty	PA, QL (60 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)
<i>bac</i>	2-Generics	PA, QL (180 PER 30 DAYS)
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	2-Generics	PA, QL (180 PER 30 DAYS)
INGREZZA (40 MG CAP, 40 MG CAP SPRINK, 60 MG CAP, 60 MG CAP SPRINK, 80 MG CAP, 80 MG CAP SPRINK)	5-Specialty	PA, QL (30 PER 30 DAYS)
INGREZZA 40 & 80 MG CAP THPK	5-Specialty	PA, QL (28 PER 28 DAYS)
NUDEXTA	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	2-Generics	
<i>tetrabenazine 12.5 mg tab</i>	5-Specialty	PA, QL (90 PER 30 DAYS)
<i>tetrabenazine 25 mg tab</i>	5-Specialty	PA, QL (120 PER 30 DAYS)
FIBROMYALGIA AGENTS		
DRIZALMA SPRINKLE	4-Non-Preferred Drugs	
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>pregabalin (225 mg cap, 300 mg cap)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap)</i>	3-Preferred Brands	QL (90 PER 30 DAYS)

You 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>pregabalin 20 mg/ml solution</i>	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)
<i>pregabalin er (82.5 mg tab er 24h, 165 mg tab er 24h)</i>	3-Preferred Brands	PA, QL (90 PER 30 DAYS)
<i>pregabalin er 330 mg tab er 24h</i>	3-Preferred Brands	PA, QL (60 PER 30 DAYS)
SAVELLA	4-Non-Preferred Drugs	
SAVELLA TITRATION PACK	4-Non-Preferred Drugs	

MULTIPLE SCLEROSIS AGENTS

AUBAGIO	5-Specialty	QL (30 PER 30 DAYS)
AVONEX PEN	5-Specialty	QL (1 PER 28 DAYS)
AVONEX PREFILLED	5-Specialty	QL (1 PER 28 DAYS)
BETASERON	5-Specialty	QL (14 PER 28 DAYS)
COPAXONE 20 MG/ML SOLN PRSYR	5-Specialty	QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SOLN PRSYR	5-Specialty	QL (12 PER 28 DAYS)
<i>dalfampridine er</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>fingolimod hcl</i>	5-Specialty	QL (30 PER 30 DAYS)
KESIMPTA	5-Specialty	PA
PLEGRIDY	5-Specialty	QL (1 PER 28 DAYS)
PLEGRIDY STARTER PACK	5-Specialty	
TECFIDERA (120 MG CAP DR, 240 MG CAP DR)	5-Specialty	QL (60 PER 30 DAYS)
TECFIDERA 120 & 240 MG CPDR THPK	5-Specialty	
VUMERITY	5-Specialty	QL (120 PER 30 DAYS)

DENTAL AND ORAL AGENTS

<i>cevimeline hcl</i>	3-Preferred Brands	
<i>chlorhexidine gluconate</i>	1-Preferred Generics	

You 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>kourzeq</i>	2-Generics	
<i>oralone</i>	2-Generics	
<i>paroex</i>	1-Preferred Generics	
<i>perio gard</i>	1-Preferred Generics	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	2-Generics	
<i>triamcinolone acetonide 0.1 % paste</i>	2-Generics	

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

<i>accutane</i>	4-Non-Preferred Drugs	
<i>acitretin</i>	4-Non-Preferred Drugs	PA2
<i>amnesteam</i>	4-Non-Preferred Drugs	
<i>benzoyl peroxide-erythromycin</i>	4-Non-Preferred Drugs	QL (46.6 PER 30 DAYS)
<i>claravis</i>	4-Non-Preferred Drugs	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	2-Generics	QL (50 PER 30 DAYS)
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	2-Generics	QL (45 PER 30 DAYS)
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4-Non-Preferred Drugs	
<i>myorisan</i>	4-Non-Preferred Drugs	
<i>tazarotene 0.1 % cream</i>	2-Generics	QL (60 PER 30 DAYS)
TAZORAC 0.05 % CREAM	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)</i>	4-Non-Preferred Drugs	PA, QL (45 PER 30 DAYS)

You 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>zenatane</i>	4-Non-Preferred Drugs	
DERMATITIS AND PRURITUS AGENTS		
<i>ala-cort</i>	1-Preferred Generics	
<i>alclometasone dipropionate</i>	2-Generics	
<i>ammonium lactate</i>	2-Generics	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	2-Generics	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	2-Generics	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i>	2-Generics	
<i>clobetasol prop emollient base</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>clobetasol propionate (0.05 % lotion, 0.05 % shampoo)</i>	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
<i>clobetasol propionate 0.05 % foam</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>clobetasol propionate 0.05 % liquid</i>	4-Non-Preferred Drugs	QL (125 PER 30 DAYS)
<i>clobetasol propionate 0.05 % solution</i>	2-Generics	QL (100 PER 30 DAYS)
<i>clobetasol propionate e</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>clobetasol propionate emulsion</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>clodan</i>	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	2-Generics	
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	2-Generics	
<i>fluocinolone acetonide body</i>	2-Generics	
<i>fluocinolone acetonide scalp</i>	2-Generics	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>fluocinonide 0.05 % solution</i>	2-Generics	QL (60 PER 30 DAYS)
<i>fluocinonide emulsified base</i>	2-Generics	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	2-Generics	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	4-Non-Preferred Drugs	QL (50 PER 30 DAYS)
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % ointment)</i>	1-Preferred Generics	
<i>hydrocortisone (perianal)</i>	1-Preferred Generics	
HYDROCORTISONE 2.5 % LOTION	2-Generics	
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT	2-Generics	QL (45 PER 30 DAYS)
<i>hydrocortisone butyrate 0.1 % solution</i>	2-Generics	QL (60 PER 30 DAYS)
<i>hydrocortisone valerate</i>	2-Generics	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	2-Generics	
<i>procto-med hc</i>	1-Preferred Generics	
<i>proctosol hc</i>	1-Preferred Generics	
<i>proctozone-hc</i>	1-Preferred Generics	
<i>selenium sulfide 2.5 % lotion</i>	2-Generics	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>tovet</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)

You 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>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	2-Generics	
<i>triderm</i>	2-Generics	

DERMATOLOGICAL AGENTS, OTHER

<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>calcipotriene 0.005 % solution</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>calcitrene</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	2-Generics	QL (45 PER 30 DAYS)
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION	2-Generics	QL (60 PER 30 DAYS)
<i>fluorouracil (2 % solution, 5 % solution)</i>	2-Generics	QL (20 PER 30 DAYS)
<i>fluorouracil 0.5 % cream</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>fluorouracil 5 % cream</i>	3-Preferred Brands	QL (80 PER 30 DAYS)
<i>imiquimod 5 % cream</i>	2-Generics	QL (24 PER 30 DAYS)
<i>methoxsalen rapid</i>	5-Specialty	
<i>nystatin-triamcinolone</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>podofilox 0.5 % solution</i>	2-Generics	
REGRANEX	5-Specialty	PA, QL (30 PER 30 DAYS)
SANTYL	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>silver sulfadiazine</i>	2-Generics	
<i>ssd</i>	2-Generics	

PEDICULICIDES/SCABICIDES

<i>lindane</i>	2-Generics	
----------------	------------	--

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

TOPICAL ANTI-INFECTIVES

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

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

<i>carglumic acid</i>	5-Specialty	PA
CLINIMIX E/DEXTROSE (2.75/5)	4-Non-Preferred Drugs	PA3
CLINIMIX E/DEXTROSE (4.25/10)	4-Non-Preferred Drugs	PA3
CLINIMIX E/DEXTROSE (4.25/5)	4-Non-Preferred Drugs	PA3
CLINIMIX E/DEXTROSE (5/15)	4-Non-Preferred Drugs	PA3
CLINIMIX E/DEXTROSE (5/20)	4-Non-Preferred Drugs	PA3
CLINIMIX/DEXTROSE (4.25/10)	4-Non-Preferred Drugs	PA3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLINIMIX/DEXTROSE (4.25/5)	4-Non-Preferred Drugs	PA3
CLINIMIX/DEXTROSE (5/15)	4-Non-Preferred Drugs	PA3
CLINIMIX/DEXTROSE (5/20)	4-Non-Preferred Drugs	PA3
<i>clinisol sf</i>	4-Non-Preferred Drugs	PA3
<i>dextrose</i>	2-Generics	
<i>dextrose-sodium chloride (2.5-0.45 % solution, 5-0.2 % solution, 5-0.225 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.2 % solution, 10-0.45 % solution)</i>	2-Generics	
FREAMINE III	4-Non-Preferred Drugs	PA3
INTRALIPID	4-Non-Preferred Drugs	PA3
ISOLYTE-P IN D5W	4-Non-Preferred Drugs	
ISOLYTE-S	4-Non-Preferred Drugs	
ISOLYTE-S PH 7.4	4-Non-Preferred Drugs	
KCL (0.149%) IN NACL	4-Non-Preferred Drugs	
<i>kcl in dextrose-nacl (, 40-5-0.9 meq/l-%-% solution)</i>	2-Generics	
KCL-LACTATED RINGERS-D5W	2-Generics	
<i>klor-con</i>	2-Generics	
<i>klor-con 10</i>	2-Generics	
<i>klor-con m10</i>	2-Generics	
<i>klor-con m15</i>	2-Generics	
<i>klor-con m20</i>	2-Generics	
<i>klor-con sprinkle</i>	2-Generics	
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	2-Generics	

You 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>levocarnitine sf</i>	2-Generics	
<i>magnesium sulfate 50 % solution</i>	2-Generics	
MULTIPLE ELECTRO TYPE 1 PH 5.5	4-Non-Preferred Drugs	
<i>multiple electro type 1 ph 7.4</i>	4-Non-Preferred Drugs	
NUTRILIPID	4-Non-Preferred Drugs	PA3
PLASMA-LYTE A	4-Non-Preferred Drugs	
<i>plenamine</i>	4-Non-Preferred Drugs	PA3
POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/100ML SOLUTION, 10 MEQ/50ML SOLUTION, 20 MEQ PACKET, 20 MEQ/100ML SOLUTION, 20 MEQ/15ML (10%) SOLUTION, 20 MEQ/50ML SOLUTION, 40 MEQ/100ML SOLUTION, 40 MEQ/15ML (20%) SOLUTION)	2-Generics	
<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>	2-Generics	
<i>potassium chloride in nacl (, 20-0.45 meq/l-% solution, 40-0.9 meq/l-% solution)</i>	4-Non-Preferred Drugs	
<i>potassium citrate er</i>	2-Generics	
PREMASOL	4-Non-Preferred Drugs	PA3
PROSOL	4-Non-Preferred Drugs	PA3
<i>sodium chloride (0.45 % solution, 0.9 % solution, 3 % solution, 5 % solution)</i>	2-Generics	

You 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 (pf)</i>	2-Generics	
SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 1.1 (0.5 F) MG/ML SOLUTION, 2.2 (1 F) MG CHEW TAB)	1-Preferred Generics	
TPN ELECTROLYTES	4-Non-Preferred Drugs	PA3
TRAVASOL	4-Non-Preferred Drugs	PA3
TROPHAMINE	4-Non-Preferred Drugs	PA3

ELECTROLYTE/MINERAL/METAL MODIFIERS

CHEMET	4-Non-Preferred Drugs	
<i>deferasirox (90 mg packet, 180 mg packet, 180 mg tab, 250 mg tab sol, 360 mg packet, 360 mg tab, 500 mg tab sol)</i>	5-Specialty	PA
<i>deferasirox (90 mg tab, 125 mg tab sol)</i>	4-Non-Preferred Drugs	PA
<i>deferasirox granules</i>	5-Specialty	PA
<i>deferiprone</i>	5-Specialty	PA
FERRIPROX 100 MG/ML SOLUTION	5-Specialty	PA
<i>trientine hcl 250 mg cap</i>	5-Specialty	QL (240 PER 30 DAYS)
<i>trientine hcl 500 mg cap</i>	5-Specialty	QL (120 PER 30 DAYS)

PHOSPHATE BINDERS

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

POTASSIUM BINDERS

<i>kionex</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
LOKELMA	3-Preferred Brands	
<i>sodium polystyrene sulfonate</i>	3-Preferred Brands	
<i>sps (sodium polystyrene sulf)</i>	3-Preferred Brands	
VELTASSA (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	3-Preferred Brands	

VITAMINS

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

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

CLENPIQ	4-Non-Preferred Drugs	
<i>constulose</i>	2-Generics	
<i>enulose</i>	2-Generics	
<i>gavilyte-n with flavor pack</i>	1-Preferred Generics	
<i>generlac</i>	2-Generics	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	2-Generics	
<i>lactulose encephalopathy</i>	2-Generics	
LINZESS	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>lubiprostone</i>	2-Generics	QL (60 PER 30 DAYS)
MOVANTIK	3-Preferred Brands	QL (30 PER 30 DAYS)
RELISTOR (8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION, 150 MG TAB)	5-Specialty	
TRULANCE	3-Preferred Brands	QL (30 PER 30 DAYS)

You 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-DIARRHEAL AGENTS		
<i>alosetron hcl</i>	5-Specialty	QL (60 PER 30 DAYS)
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	2-Generics	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liquid</i>	3-Preferred Brands	
<i>loperamide hcl 2 mg cap</i>	2-Generics	
VIBERZI	5-Specialty	QL (60 PER 30 DAYS)
XERMELO	5-Specialty	PA, QL (84 PER 28 DAYS)
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	2-Generics	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	2-Generics	
<i>methscopolamine bromide</i>	2-Generics	
GASTROINTESTINAL AGENTS, OTHER		
GATTEX	5-Specialty	PA
<i>gavilyte-c</i>	1-Preferred Generics	
<i>gavilyte-g</i>	1-Preferred Generics	
MYALEPT	5-Specialty	PA
<i>na sulfate-k sulfate-mg sulf</i>	4-Non-Preferred Drugs	
OICALIVA	5-Specialty	PA
<i>peg 3350-kcl-na bicarb-nacl</i>	1-Preferred Generics	
<i>peg-3350/electrolytes</i>	1-Preferred Generics	
<i>peg-3350/electrolytes/ascorbat</i>	2-Generics	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	2-Generics	
SKYRIZI 180 MG/1.2ML SOLN CART	5-Specialty	PA
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine</i>	2-Generics	
CIMETIDINE HCL 300 MG/5ML SOLUTION	2-Generics	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	2-Generics	
<i>nizatidine (150 mg cap, 300 mg cap)</i>	3-Preferred Brands	
PROTECTANTS		
<i>misoprostol</i>	2-Generics	
<i>sucralfate 1 gm tab</i>	2-Generics	
<i>sucralfate 1 gm/10ml suspension</i>	4-Non-Preferred Drugs	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>lansoprazole (15 mg cap dr, 30 mg cap dr)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>rabeprazole sodium</i>	2-Generics	QL (30 PER 30 DAYS)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ARALAST NP	5-Specialty	PA
<i>betaine</i>	5-Specialty	
CREON	3-Preferred Brands	
<i>cromolyn sodium 100 mg/5ml conc</i>	4-Non-Preferred Drugs	
CYSTAGON	4-Non-Preferred Drugs	
CYSTARAN	5-Specialty	PA, QL (60 PER 28 DAYS)

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

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

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

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

You 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>tolterodine tartrate</i>	2-Generics	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>tropium chloride</i>	2-Generics	QL (60 PER 30 DAYS)
<i>tropium chloride er</i>	2-Generics	QL (30 PER 30 DAYS)

BENIGN PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl er</i>	2-Generics	QL (30 PER 30 DAYS)
<i>dutasteride</i>	2-Generics	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin hcl</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>finasteride</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>silodosin</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	2-Generics	QL (60 PER 30 DAYS)

GENITOURINARY AGENTS, OTHER

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

ACTHAR	5-Specialty	PA
<i>betamethasone dipropionate aug 0.05 % lotion</i>	2-Generics	
CORTROPHIN	5-Specialty	PA
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dexamethasone 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	
KORLYM	5-Specialty	PA
<i>methylprednisolone</i>	2-Generics	
<i>methylprednisolone acetate</i>	2-Generics	
<i>methylprednisolone sodium succ</i>	4-Non-Preferred Drugs	
<i>prednisolone 15 mg/5ml solution</i>	2-Generics	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 15 mg/5ml solution, 25 mg/5ml solution)</i>	2-Generics	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)</i>	1-Preferred Generics	
<i>prednisone (5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg/5ml solution, 10 mg (21) tab thpk, 10 mg (48) tab thpk)</i>	2-Generics	
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>	2-Generics	
<i>desmopressin acetate 4 mcg/ml solution</i>	4-Non-Preferred Drugs	
<i>desmopressin acetate pf</i>	4-Non-Preferred Drugs	
<i>desmopressin acetate spray</i>	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INCRELEX	5-Specialty	
NORDITROPIN FLEXPRO	5-Specialty	PA

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

ANDROGENS

<i>danazol</i>	4-Non-Preferred Drugs	
<i>depo-testosterone</i>	2-Generics	PA2
<i>testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)</i>	4-Non-Preferred Drugs	PA, QL (300 PER 30 DAYS)
<i>testosterone cypionate</i>	2-Generics	PA2
<i>testosterone enanthate</i>	2-Generics	PA2
<i>testosterone td gel pump 20.25 mg/act (1.62%)</i>	4-Non-Preferred Drugs	PA, QL (150 PER 30 DAYS)

ESTROGENS

<i>afirmelle</i>	2-Generics	
<i>altavera</i>	2-Generics	
<i>alyacen 1/35</i>	2-Generics	
<i>alyacen 7/7/7</i>	2-Generics	
<i>amabelz</i>	2-Generics	
<i>amethyst</i>	2-Generics	
<i>apri</i>	2-Generics	
<i>aranelle</i>	2-Generics	
<i>aubra eq</i>	2-Generics	
<i>aurovela 1.5/30</i>	2-Generics	
<i>aurovela 1/20</i>	2-Generics	
<i>aurovela 24 fe</i>	2-Generics	
<i>aurovela fe 1.5/30</i>	2-Generics	
<i>aurovela fe 1/20</i>	2-Generics	
<i>aviane</i>	2-Generics	

You 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>ayuna</i>	2-Generics	
<i>azurette</i>	2-Generics	
<i>balziva</i>	2-Generics	
<i>bekyree</i>	2-Generics	
<i>blisovi 24 fe</i>	2-Generics	
<i>blisovi fe 1.5/30</i>	2-Generics	
<i>blisovi fe 1/20</i>	2-Generics	
<i>briellyn</i>	2-Generics	
<i>camrese lo</i>	2-Generics	
<i>chateal eq</i>	2-Generics	
<i>cryselle-28</i>	2-Generics	
<i>cyred eq</i>	2-Generics	
<i>dasetta 1/35</i>	2-Generics	
<i>dasetta 7/7/7</i>	2-Generics	
<i>delyla</i>	2-Generics	
<i>desogestrel-ethinyl estradiol</i>	2-Generics	
<i>dolishale</i>	2-Generics	
<i>dotti</i>	2-Generics	
<i>drospirenone-ethinyl estradiol</i>	2-Generics	
<i>elinest</i>	2-Generics	
<i>eluryng</i>	2-Generics	
<i>emoquette</i>	2-Generics	
<i>enilloring</i>	2-Generics	
<i>enpresse-28</i>	2-Generics	
<i>enskyce</i>	2-Generics	
<i>estarylla</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.1 mg/gm cream, 0.5 mg tab, 1 mg tab, 2 mg tab, 10 mcg tab)</i>	2-Generics	
<i>estradiol valerate</i>	4-Non-Preferred Drugs	
<i>estradiol-norethindrone acet</i>	2-Generics	
ESTRING	4-Non-Preferred Drugs	
<i>ethynodiol diac-eth estradiol</i>	2-Generics	
<i>etonogestrel-ethinyl estradiol</i>	2-Generics	
<i>falmina</i>	2-Generics	
<i>femynor</i>	2-Generics	
<i>hailey 1.5/30</i>	2-Generics	
<i>hailey 24 fe</i>	2-Generics	
<i>hailey fe 1.5/30</i>	2-Generics	
<i>hailey fe 1/20</i>	2-Generics	
<i>haloette</i>	2-Generics	
<i>iclevia</i>	2-Generics	
<i>introvale</i>	2-Generics	
<i>isibloom</i>	2-Generics	
<i>jasmiel</i>	2-Generics	
<i>jolessa</i>	2-Generics	
<i>juleber</i>	2-Generics	
<i>junel 1.5/30</i>	2-Generics	
<i>junel 1/20</i>	2-Generics	
<i>junel fe 1.5/30</i>	2-Generics	
<i>junel fe 1/20</i>	2-Generics	
<i>junel fe 24</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>kalliga</i>	2-Generics	
<i>kariva</i>	2-Generics	
<i>kelnor 1/35</i>	2-Generics	
<i>kelnor 1/50</i>	2-Generics	
<i>kurvelo</i>	2-Generics	
<i>larin 1.5/30</i>	2-Generics	
<i>larin 1/20</i>	2-Generics	
<i>larin 24 fe</i>	2-Generics	
<i>larin fe 1.5/30</i>	2-Generics	
<i>larin fe 1/20</i>	2-Generics	
<i>leena</i>	2-Generics	
<i>lessina</i>	2-Generics	
<i>levonest</i>	2-Generics	
<i>levonorg-eth estrad triphasic</i>	2-Generics	
<i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)</i>	2-Generics	
<i>levonorgestrel-ethinyl estrad</i>	2-Generics	
<i>levora 0.15/30 (28)</i>	2-Generics	
<i>lo-zumandimine</i>	2-Generics	
<i>loestrin 1.5/30 (21)</i>	2-Generics	
<i>loestrin 1/20 (21)</i>	2-Generics	
<i>loestrin fe 1.5/30</i>	2-Generics	
<i>loestrin fe 1/20</i>	2-Generics	
<i>lojaimiess</i>	2-Generics	
<i>loryna</i>	2-Generics	
<i>low-ogestrel</i>	2-Generics	
<i>lutra</i>	2-Generics	
<i>lyllana</i>	2-Generics	
<i>marlissa</i>	2-Generics	
<i>microgestin 1.5/30</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>microgestin 1/20</i>	2-Generics	
<i>microgestin 24 fe</i>	2-Generics	
<i>microgestin fe 1.5/30</i>	2-Generics	
<i>microgestin fe 1/20</i>	2-Generics	
<i>mili</i>	2-Generics	
<i>mimvey</i>	2-Generics	
<i>mono-lynyah</i>	2-Generics	
<i>necon 0.5/35 (28)</i>	2-Generics	
<i>nikki</i>	2-Generics	
<i>norelgestromin-eth estradiol</i>	2-Generics	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)</i>	2-Generics	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	2-Generics	
<i>norethindron-ethinyl estrad-fe</i>	2-Generics	
<i>norethindrone acet-ethinyl est</i>	2-Generics	
<i>norgestim-eth estrad triphasic</i>	2-Generics	
<i>norgestimate-eth estradiol</i>	2-Generics	
<i>nortrel 0.5/35 (28)</i>	2-Generics	
<i>nortrel 1/35 (21)</i>	2-Generics	
<i>nortrel 1/35 (28)</i>	2-Generics	
<i>nortrel 7/7/7</i>	2-Generics	
<i>nylia 1/35</i>	2-Generics	
<i>nylia 7/7/7</i>	2-Generics	
<i>nymyo</i>	2-Generics	
<i>ocella</i>	2-Generics	
<i>philith</i>	2-Generics	
<i>pimtrea</i>	2-Generics	
<i>pirmella 1/35</i>	2-Generics	
<i>portia-28</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
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB)	3-Preferred Brands	
PREMPHASE	3-Preferred Brands	
PREMPRO	3-Preferred Brands	
<i>previfem</i>	2-Generics	
<i>reclipsen</i>	2-Generics	
<i>setlakin</i>	2-Generics	
<i>simliya</i>	2-Generics	
<i>sprintec 28</i>	2-Generics	
<i>sronyx</i>	2-Generics	
<i>syeda</i>	2-Generics	
<i>tarina 24 fe</i>	2-Generics	
<i>tarina fe 1/20 eq</i>	2-Generics	
<i>tilia fe</i>	2-Generics	
<i>tri femynor</i>	2-Generics	
<i>tri-estarylla</i>	2-Generics	
<i>tri-legest fe</i>	2-Generics	
<i>tri-linyah</i>	2-Generics	
<i>tri-lo-estarylla</i>	2-Generics	
<i>tri-lo-marzia</i>	2-Generics	
<i>tri-lo-mili</i>	2-Generics	
<i>tri-lo-sprintec</i>	2-Generics	
<i>tri-mili</i>	2-Generics	
<i>tri-nymyo</i>	2-Generics	
<i>tri-sprintec</i>	2-Generics	
<i>tri-vylibra</i>	2-Generics	
<i>tri-vylibra lo</i>	2-Generics	
<i>trivora (28)</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>turqoz</i>	2-Generics	
<i>velivet</i>	2-Generics	
<i>vestura</i>	2-Generics	
<i>vienva</i>	2-Generics	
<i>viorele</i>	2-Generics	
<i>volnea</i>	2-Generics	
<i>vyfemla</i>	2-Generics	
<i>vylibra</i>	2-Generics	
<i>wera</i>	2-Generics	
<i>wymzya fe</i>	2-Generics	
<i>xulane</i>	2-Generics	
<i>yuvafem</i>	2-Generics	
<i>zafemy</i>	2-Generics	
<i>zarah</i>	2-Generics	
<i>zovia 1/35 (28)</i>	2-Generics	
<i>zumandimine</i>	2-Generics	

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

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

PROGESTINS

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

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

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

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

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

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

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

HORMONAL AGENTS, SUPPRESSANT (ADRENAL)

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

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

<i>cabergoline</i>	2-Generics	
ELIGARD	4-Non-Preferred Drugs	PA3
FIRMAGON	4-Non-Preferred Drugs	PA3
FIRMAGON (240 MG DOSE)	5-Specialty	PA3
<i>leuprolide acetate</i>	4-Non-Preferred Drugs	PA3
LEUPROLIDE ACETATE (3 MONTH)	5-Specialty	PA3
LUPRON DEPOT (1-MONTH)	5-Specialty	PA3
LUPRON DEPOT (3-MONTH)	5-Specialty	PA3
LUPRON DEPOT (4-MONTH)	5-Specialty	PA3

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

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

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

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

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

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

IMMUNOGLOBULINS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAMMAGARD	5-Specialty	PA
GAMMAGARD S/D LESS IGA	5-Specialty	PA
GAMMAKED	5-Specialty	PA
GAMMAPLEX	5-Specialty	PA
GAMUNEX-C	5-Specialty	PA
OCTAGAM	5-Specialty	PA
PANZYGA	5-Specialty	PA
PRIVIGEN	5-Specialty	PA
THYMOGLOBULIN	5-Specialty	PA3

IMMUNOLOGICAL AGENTS, OTHER

ARCALYST	5-Specialty	PA
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	5-Specialty	PA
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	5-Specialty	PA, QL (8 PER 28 DAYS)
DUPIXENT	5-Specialty	PA
OTEZLA	5-Specialty	PA
RIDAURA	5-Specialty	
SKYRIZI (150 MG/ML SOLN PRSYR, 360 MG/2.4ML SOLN CART, 600 MG/10ML SOLUTION)	5-Specialty	PA
SKYRIZI PEN	5-Specialty	PA
STELARA	5-Specialty	PA
TALTZ	5-Specialty	PA
XELJANZ (1 MG/ML SOLUTION, 5 MG TAB, 10 MG TAB)	5-Specialty	PA
XELJANZ XR	5-Specialty	PA
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5-Specialty	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMMUNOSTIMULANTS		
ACTIMMUNE	5-Specialty	PA
PEGASYS	5-Specialty	
IMMUNOSUPPRESSANTS		
ADALIMUMAB-AACF (2 PEN)	5-Specialty	PA
ADALIMUMAB-AACF (2 SYRINGE)	5-Specialty	PA
ADALIMUMAB-AACF(CD/UC/HS STRT)	5-Specialty	PA
ADALIMUMAB-AACF(PS/UV STARTER)	5-Specialty	PA
AVSOLA	5-Specialty	PA3
<i>azathioprine 50 mg tab</i>	2-Generics	PA3
AZATHIOPRINE SODIUM	4-Non-Preferred Drugs	PA3
<i>cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)</i>	2-Generics	PA3
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	2-Generics	PA3
ENBREL	5-Specialty	PA
ENBREL MINI	5-Specialty	PA
ENBREL SURECLICK	5-Specialty	PA
ENVARBUS XR	4-Non-Preferred Drugs	PA3
<i>everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	5-Specialty	PA3
<i>everolimus 0.25 mg tab</i>	4-Non-Preferred Drugs	PA3
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	2-Generics	PA3
HUMIRA	5-Specialty	PA
HUMIRA (2 PEN)	5-Specialty	PA
HUMIRA (2 SYRINGE)	5-Specialty	PA
HUMIRA-CD/UC/HS STARTER	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-PED<40KG CROHNS STARTER	5-Specialty	PA
HUMIRA-PED>/=40KG CROHNS START	5-Specialty	PA
HUMIRA-PED>/=40KG UC STARTER	5-Specialty	PA
HUMIRA-PS/UV/ADOL HS 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>	2-Generics	QL (30 PER 30 DAYS)
<i>leflunomide 20 mg tab</i>	2-Generics	QL (150 PER 30 DAYS)
<i>methotrexate sodium (2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	2-Generics	
<i>methotrexate sodium (pf)</i>	2-Generics	
<i>methotrexate sodium 1 gm recon soln</i>	4-Non-Preferred Drugs	
<i>mycophenolate mofetil (250 mg cap, 500 mg recon soln, 500 mg tab)</i>	2-Generics	PA3
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	5-Specialty	PA3
<i>mycophenolate mofetil hcl</i>	2-Generics	PA3
<i>mycophenolate sodium</i>	2-Generics	PA3
<i>mycophenolic acid</i>	2-Generics	PA3
NULOJIX	5-Specialty	PA3
OTREXUP	4-Non-Preferred Drugs	
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	4-Non-Preferred Drugs	PA3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RASUVO	4-Non-Preferred Drugs	
RENFLEXIS	5-Specialty	PA3
REZUROCK	5-Specialty	PA, QL (30 PER 30 DAYS)
RINVOQ	5-Specialty	PA
RINVOQ LQ	5-Specialty	PA, QL (360 PER 30 DAYS)
SANDIMMUNE 100 MG/ML SOLUTION	4-Non-Preferred Drugs	PA3
SIMULECT 20 MG RECON SOLN	5-Specialty	PA3
<i>sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	4-Non-Preferred Drugs	PA3
<i>sirolimus 1 mg/ml solution</i>	5-Specialty	PA3
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	2-Generics	PA3
TREXALL	4-Non-Preferred Drugs	
XATMEP	4-Non-Preferred Drugs	

VACCINES

ABRYSVO	1-Preferred Generics	
ACTHIB	3-Preferred Brands	
ADACEL	1-Preferred Generics	
AREXVY	1-Preferred Generics	
BCG VACCINE	3-Preferred Brands	
BEXSERO	3-Preferred Brands	
BOOSTRIX	1-Preferred Generics	
DAPTACEL	1-Preferred Generics	
DIPHTHERIA-TETANUS TOXOIDS DT	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENGERIX-B	3-Preferred Brands	PA3
GARDASIL 9	1-Preferred Generics	
HAVRIX	1-Preferred Generics	
HEPLISAV-B	3-Preferred Brands	PA3
HIBERIX	3-Preferred Brands	
IMOVAX RABIES	3-Preferred Brands	
INFANRIX	1-Preferred Generics	
IPOL	3-Preferred Brands	
IXCHIQ	3-Preferred Brands	
IXIARO	3-Preferred Brands	
JYNNEOS	3-Preferred Brands	PA3
KINRIX	1-Preferred Generics	
M-M-R II	1-Preferred Generics	
MENACTRA	3-Preferred Brands	
MENQUADFI	3-Preferred Brands	
MENVEO (RECON SOLN, SOLUTION)	3-Preferred Brands	
MRESVIA	3-Preferred Brands	
PEDIARIX	3-Preferred Brands	
PEDVAX HIB	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
PENTACEL	1-Preferred Generics	
PREHEVBRIO	3-Preferred Brands	PA3
PRIORIX	1-Preferred Generics	
PROQUAD	1-Preferred Generics	
QUADRACEL	1-Preferred Generics	
RABAVERT	3-Preferred Brands	
RECOMBIVAX HB	3-Preferred Brands	PA3
ROTARIX	3-Preferred Brands	
ROTATEQ	3-Preferred Brands	
SHINGRIX	1-Preferred Generics	
TDVAX	1-Preferred Generics	
TENIVAC	1-Preferred Generics	
TICOVAC	3-Preferred Brands	
TRUMENBA	3-Preferred Brands	
TWINRIX	1-Preferred Generics	
TYPHIM VI	3-Preferred Brands	
VAQTA	1-Preferred Generics	
VARIVAX	3-Preferred Brands	
YF-VAX	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
<i>balsalazide disodium</i>	2-Generics	
<i>mesalamine (1.2 gm tab dr, 400 mg cap dr, 800 mg tab dr)</i>	3-Preferred Brands	
<i>mesalamine (4 gm enema, 1000 mg suppos)</i>	4-Non-Preferred Drugs	
<i>mesalamine er 0.375 gm cap er 24h</i>	3-Preferred Brands	
<i>mesalamine-cleanser</i>	4-Non-Preferred Drugs	
<i>sulfasalazine</i>	2-Generics	
GLUCOCORTICOIDS		
<i>budesonide 3 mg cp dr part</i>	4-Non-Preferred Drugs	
<i>budesonide er</i>	5-Specialty	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema)</i>	2-Generics	
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1-Preferred Generics	QL (4 PER 28 DAYS)
<i>alendronate sodium 10 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>alendronate sodium 70 mg/75ml solution</i>	1-Preferred Generics	
<i>calcitonin (salmon) 200 unit/act solution</i>	2-Generics	
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	2-Generics	
<i>calcitriol oral soln 1 mcg/ml</i>	2-Generics	
<i>cinacalcet hcl (30 mg tab, 60 mg tab)</i>	4-Non-Preferred Drugs	PA3, QL (60 PER 30 DAYS)

You 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>cinacalcet hcl 90 mg tab</i>	5-Specialty	PA3, QL (120 PER 30 DAYS)
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	4-Non-Preferred Drugs	
FORTEO	5-Specialty	PA, QL (2.4 PER 28 DAYS)
<i>ibandronate sodium 150 mg tab</i>	2-Generics	QL (1 PER 30 DAYS)
NATPARA	5-Specialty	PA
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	4-Non-Preferred Drugs	
PROLIA	4-Non-Preferred Drugs	QL (1 PER 180 DAYS)
RAYALDEE	5-Specialty	
<i>risedronate sodium (35 mg tab, 35 mg tab dr)</i>	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
<i>risedronate sodium (5 mg tab, 30 mg tab)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>risedronate sodium 150 mg tab</i>	4-Non-Preferred Drugs	QL (1 PER 28 DAYS)
<i>teriparatide</i>	5-Specialty	PA, QL (2.4 PER 28 DAYS)
<i>teriparatide (recombinant) 600 mcg/2.4ml soln pen</i>	5-Specialty	PA, QL (2.4 PER 28 DAYS)
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	5-Specialty	PA, QL (2.48 PER 28 DAYS)
XGEVA	5-Specialty	PA
<i>zoledronic acid (4 mg/5ml conc, 5 mg/100ml solution)</i>	4-Non-Preferred Drugs	PA3

MISCELLANEOUS THERAPEUTIC AGENTS

BD ALCOHOL PADS	2-Generics	
CLINOLIPID	4-Non-Preferred Drugs	PA3
GAUZE PADS & DRESSINGS - PADS 2 X 2	2-Generics	
INSULIN PEN NEEDLE (NOVO/BD/ULTIMED/OWEN/TRIVIDIA)	2-Generics	
INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC)	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INSULIN SYRINGE (DISP) U-100 1 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC)	2-Generics	
INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC)	2-Generics	
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD	2-Generics	
NEEDLES, INSULIN DISP., SAFETY	2-Generics	
PENBRAYA	3-Preferred Brands	
<i>sterile water for irrigation</i>	4-Non-Preferred Drugs	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

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

You 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>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	2-Generics	
OXERVATE	5-Specialty	PA
<i>polycin</i>	2-Generics	
<i>proparacaine hcl</i>	2-Generics	
RESTASIS	3-Preferred Brands	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	3-Preferred Brands	QL (5.5 PER 28 DAYS)
ROCKLATAN	3-Preferred Brands	
<i>sulfacetamide-prednisolone</i>	2-Generics	
TOBRADEX 0.3-0.1 % OINTMENT	3-Preferred Brands	
<i>tobramycin-dexamethasone</i>	4-Non-Preferred Drugs	
XIIDRA	3-Preferred Brands	QL (60 PER 30 DAYS)
ZYLET	4-Non-Preferred Drugs	

OPHTHALMIC ANTI-ALLERGY AGENTS

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

OPHTHALMIC ANTI-INFECTIVES

AZASITE	3-Preferred Brands	
<i>bacitracin 500 unit/gm ointment</i>	2-Generics	
<i>erythromycin 5 mg/gm ointment</i>	2-Generics	

You 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>gatifloxacin</i>	2-Generics	
<i>gentak</i>	2-Generics	
<i>gentamicin sulfate 0.3 % solution</i>	2-Generics	
<i>levofloxacin 0.5 % solution</i>	2-Generics	
<i>moxifloxacin hcl (2x day)</i>	4-Non-Preferred Drugs	
<i>moxifloxacin hcl 0.5 % solution</i>	2-Generics	
NATACYN	4-Non-Preferred Drugs	
<i>ofloxacin 0.3 % solution</i>	2-Generics	
<i>polymyxin b-trimethoprim</i>	1-Preferred Generics	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	2-Generics	
<i>tobramycin 0.3 % solution</i>	1-Preferred Generics	
ZIRGAN	4-Non-Preferred Drugs	

OPHTHALMIC ANTI-INFLAMMATORIES

<i>bromfenac sodium (once-daily)</i>	4-Non-Preferred Drugs	
<i>dexamethasone sodium phosphate 0.1 % solution</i>	2-Generics	
<i>diclofenac sodium 0.1 % solution</i>	2-Generics	
<i>difluprednate</i>	3-Preferred Brands	
FLAREX	3-Preferred Brands	
<i>fluorometholone</i>	2-Generics	
<i>flurbiprofen sodium</i>	2-Generics	
ILEVRO	3-Preferred Brands	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	2-Generics	
LOTEMAX 0.5 % OINTMENT	4-Non-Preferred Drugs	

You 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>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	4-Non-Preferred Drugs	
<i>prednisolone acetate</i>	2-Generics	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2-Generics	
PROLENSA	4-Non-Preferred Drugs	

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

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

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RHOPRESSA	3-Preferred Brands	
SIMBRINZA	3-Preferred Brands	

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

<i>bimatoprost</i>	2-Generics	
<i>latanoprost</i>	1-Preferred Generics	
LUMIGAN	3-Preferred Brands	
<i>travoprost (bak free)</i>	2-Generics	

OTIC AGENTS

CIPRODEX	3-Preferred Brands	
<i>ciprofloxacin hcl 0.2 % solution</i>	2-Generics	
<i>ciprofloxacin-dexamethasone</i>	3-Preferred Brands	
<i>flac</i>	2-Generics	
<i>fluocinolone acetonide 0.01 % oil</i>	2-Generics	
<i>hydrocortisone-acetic acid</i>	2-Generics	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution)</i>	2-Generics	

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ARNUITY ELLIPTA	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	4-Non-Preferred Drugs	PA3
<i>flunisolide</i>	2-Generics	QL (50 PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	1-Preferred Generics	QL (16 PER 30 DAYS)
<i>fluticasone propionate diskus (50 mcg/act aer pow ba, 100 mcg/act aer pow ba)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluticasone propionate diskus 250 mcg/act aer pow ba</i>	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>fluticasone propionate hfa (110 mcg/act aerosol, 220 mcg/act aerosol)</i>	3-Preferred Brands	QL (24 PER 30 DAYS)
<i>fluticasone propionate hfa 44 mcg/act aerosol</i>	3-Preferred Brands	QL (22 PER 30 DAYS)
<i>mometasone furoate 50 mcg/act suspension</i>	4-Non-Preferred Drugs	QL (34 PER 30 DAYS)
PULMICORT FLEXHALER	3-Preferred Brands	QL (2 PER 30 DAYS)

ANTIHISTAMINES

<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	2-Generics	
<i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i>	2-Generics	
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	2-Generics	
<i>desloratadine 5 mg tab</i>	2-Generics	QL (30 PER 30 DAYS)
<i>diphenhydramine hcl 50 mg/ml solution</i>	2-Generics	
<i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	2-Generics	
<i>hydroxyzine hcl 10 mg/5ml syrup</i>	3-Preferred Brands	
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	2-Generics	
<i>levocetirizine dihydrochloride 5 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>olopatadine hcl 0.6 % solution</i>	2-Generics	
<i>promethazine hcl 6.25 mg/5ml solution</i>	1-Preferred Generics	PA

ANTILEUKOTRIENES

<i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>montelukast sodium 10 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)

You 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>zafirlukast 10 mg tab</i>	2-Generics	QL (120 PER 30 DAYS)
<i>zafirlukast 20 mg tab</i>	2-Generics	QL (60 PER 30 DAYS)

BRONCHODILATORS, ANTICHOLINERGIC

ATROVENT HFA	4-Non-Preferred Drugs	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	2-Generics	
<i>ipratropium bromide 0.02 % solution</i>	2-Generics	PA3
SPIRIVA HANDIHALER	3-Preferred Brands	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	3-Preferred Brands	QL (4 PER 30 DAYS)
<i>tiotropium bromide monohydrate</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
YUPELRI	5-Specialty	PA3

BRONCHODILATORS, SYMPATHOMIMETIC

<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln)</i>	2-Generics	PA3
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab)</i>	2-Generics	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proair)</i>	1-Preferred Generics	QL (17 PER 30 DAYS)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proventil)</i>	1-Preferred Generics	QL (17 PER 30 DAYS)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic ventolin)</i>	1-Preferred Generics	QL (36 PER 30 DAYS)
<i>arformoterol tartrate</i>	4-Non-Preferred Drugs	PA3
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	2-Generics	
<i>formoterol fumarate</i>	4-Non-Preferred Drugs	PA3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	4-Non-Preferred Drugs	PA3
<i>levalbuterol tartrate</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
SEREVENT DISKUS	3-Preferred Brands	QL (60 PER 30 DAYS)
STRIVERDI RESPIMAT	3-Preferred Brands	QL (4 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	4-Non-Preferred Drugs	

CYSTIC FIBROSIS AGENTS

BRONCHITOL	5-Specialty	PA
CAYSTON	5-Specialty	PA
KALYDECO	5-Specialty	PA, QL (56 PER 28 DAYS)
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	5-Specialty	PA, QL (56 PER 28 DAYS)
ORKAMBI 100-125 MG TAB	5-Specialty	PA, QL (112 PER 28 DAYS)
ORKAMBI 200-125 MG TAB	5-Specialty	PA, QL (120 PER 30 DAYS)
PULMOZYME	5-Specialty	PA3
<i>tobramycin 300 mg/5ml nebu soln</i>	5-Specialty	PA3, QL (300 PER 30 DAYS)
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	5-Specialty	PA, QL (84 PER 28 DAYS)
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	5-Specialty	PA, QL (56 PER 28 DAYS)

MAST CELL STABILIZERS

<i>cromolyn sodium 20 mg/2ml nebu soln</i>	2-Generics	PA3
--	------------	-----

PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

DALIRESP	4-Non-Preferred Drugs	
<i>elixophyllin</i>	2-Generics	

You 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>roflumilast</i>	4-Non-Preferred Drugs	
<i>theophylline</i>	2-Generics	
<i>theophylline er</i>	2-Generics	

PULMONARY ANTIHYPERTENSIVES

ADEMPAS	5-Specialty	PA, QL (90 PER 30 DAYS)
<i>alyq</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>ambrisentan</i>	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>bosentan</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
OPSUMIT	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>sildenafil citrate 20 mg tab</i>	2-Generics	PA, QL (90 PER 30 DAYS)
<i>tadalafil (pah)</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TAB SOL	5-Specialty	PA, QL (120 PER 30 DAYS)
UPTRAVI (200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	5-Specialty	PA
VENTAVIS	5-Specialty	PA

PULMONARY FIBROSIS AGENTS

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

RESPIRATORY TRACT AGENTS, OTHER

<i>acetylcysteine (10 % solution, 20 % solution)</i>	2-Generics	PA3
ADVAIR HFA	3-Preferred Brands	QL (12 PER 30 DAYS)
ANORO ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
BEVESPI AEROSPHERE	3-Preferred Brands	QL (10.7 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BREO ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>brey-na</i>	3-Preferred Brands	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE	3-Preferred Brands	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	3-Preferred Brands	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT	3-Preferred Brands	QL (4 PER 30 DAYS)
DULERA	4-Non-Preferred Drugs	QL (13 PER 30 DAYS)
FASENRA	5-Specialty	PA
FASENRA PEN	5-Specialty	PA
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>ipratropium-albuterol</i>	2-Generics	PA3
NUCALA (40 MG/0.4ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	5-Specialty	PA
TRELEGY ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>wixela inhub</i>	3-Preferred Brands	QL (60 PER 30 DAYS)

SKELETAL MUSCLE RELAXANTS

BOTOX	4-Non-Preferred Drugs	PA
<i>carisoprodol 350 mg tab</i>	2-Generics	PA, QL (120 PER 30 DAYS)
<i>cyclobenzaprine hcl 10 mg tab</i>	2-Generics	PA, QL (90 PER 30 DAYS)
<i>cyclobenzaprine hcl 5 mg tab</i>	2-Generics	PA, QL (180 PER 30 DAYS)
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	2-Generics	PA
XEOMIN	4-Non-Preferred Drugs	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>eszopiclone</i>	2-Generics	PA, QL (30 PER 30 DAYS)
HETLIOZ	5-Specialty	PA, QL (30 PER 30 DAYS)
HETLIOZ LQ	5-Specialty	PA, QL (158 PER 30 DAYS)
<i>ramelteon</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>tasimelteon</i>	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>temazepam (15 mg cap, 30 mg cap)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>zaleplon</i>	2-Generics	PA, QL (30 PER 30 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	2-Generics	PA, QL (30 PER 30 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	2-Generics	QL (30 PER 30 DAYS)
<i>zolpidem tartrate er</i>	2-Generics	PA, QL (30 PER 30 DAYS)
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil</i>	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
<i>modafinil 100 mg tab</i>	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>modafinil 200 mg tab</i>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
XYREM	5-Specialty	PA, QL (540 PER 30 DAYS)
XYWAV	5-Specialty	PA, QL (540 PER 30 DAYS)

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

Index of Drugs

A

abacavir sulfate	45	ala-cort	70
abacavir sulfate-lamivudine	45	albendazole	37
ABELCET	22	albuterol sulfate	107
ABILIFY ASIMTUFII	39	albuterol sulfate hfa 108 (90 base) mcg/act	
ABILIFY MAINTENA	40	aero soln (generic proair)	107
abiraterone acetate	27	albuterol sulfate hfa 108 (90 base) mcg/act	
ABRYSCO	96	aero soln (generic proventil)	107
acamprosate calcium	6	albuterol sulfate hfa 108 (90 base) mcg/act	
acarbose	49	aero soln (generic ventolin)	107
accutane	69	alclometasone dipropionate	70
acebutolol hcl	60	ALECENSA	32
acetaminophen-codeine	4	alendronate sodium	99
acetazolamide	61	alfuzosin hcl er	81
acetazolamide er	104	ALIQOPA	32
acetic acid	7	aliskiren fumarate	61
acetylcysteine	109	allopurinol	24
acitretin	69	alogliptin benzoate	49
ACTHAR	81	alogliptin-metformin hcl	49
ACTHIB	96	alogliptin-pioglitazone	49,50
ACTIMMUNE	94	ALOMIDE	102
acyclovir	47,73	alosectron hcl	78
acyclovir sodium	48	ALPHAGAN P	104
ADACEL	96	alprazolam	48
ADALIMUMAB-AACF (2 PEN)	94	altavera	83
ADALIMUMAB-AACF (2 SYRINGE)	94	ALUNBRIG	32
ADALIMUMAB-AACF(CD/UC/HS STRT)	94	alyacen 1/35	83
ADALIMUMAB-AACF(PS/UV STARTER)	94	alyacen 7/7/7	83
adefovir dipivoxil	43	ALYMSYS	35
ADEMPAS	109	alyq	109
ADMELOG	53	amabelz	83
ADMELOG SOLOSTAR	53	amantadine hcl	38
adriamycin	31	ambrisentan	109
adrucil	28	amethyst	83
ADVAIR HFA	109	amikacin sulfate	7
afirmelle	83	amiloride hcl	63
AIMOVIG	24	amiloride-hydrochlorothiazide	61
AJOVY	24	amiodarone hcl	59
ak-poly-bac	101	amitriptyline hcl	20
AKEEGA	29	amlodipine besy-benazepril hcl	61
		amlodipine besylate	60
		amlodipine besylate-valsartan	61

amlodipine-atorvastatin.....	61	atenolol-chlorthalidone.....	61
amlodipine-olmesartan.....	61	ATGAM.....	92
amlodipine-valsartan-hctz.....	61	atomoxetine hcl.....	66
ammonium lactate.....	70	atorvastatin calcium.....	63,64
amnesteem.....	69	atovaquone.....	37
amoxapine.....	20	atovaquone-proguanil hcl.....	37
amoxicillin.....	10	atropine sulfate.....	101
amoxicillin-pot clavulanate.....	10	ATROVENT HFA.....	107
amoxicillin-pot clavulanate er.....	10	AUBAGIO.....	68
amphetamine-dextroamphet er.....	66	aubra eq.....	83
amphetamine-dextroamphetamine.....	66	AUGTYRO.....	29
amphotericin b.....	22	aurovela 1.5/30.....	83
amphotericin b liposome.....	22	aurovela 1/20.....	83
ampicillin.....	10	aurovela 24 fe.....	83
ampicillin sodium.....	10	aurovela fe 1.5/30.....	83
ampicillin-sulbactam sodium.....	10	aurovela fe 1/20.....	83
anagrelide hcl.....	57	AUSTEDO.....	67
anastrozole.....	31	AUSTEDO XR.....	67
ANORO ELLIPTA.....	109	AUSTEDO XR PATIENT TITRATION.....	67
apomorphine hcl.....	38	AUVELITY.....	18
apraclonidine hcl.....	104	AVASTIN.....	35
aprepitant.....	22	aviane.....	83
APRETUDE.....	44	AVONEX PEN.....	68
apri.....	83	AVONEX PREFILLED.....	68
APTIOM.....	16	AVSOLA.....	94
APTIVUS.....	46	ayuna.....	84
ARALAST NP.....	79	AYVAKIT.....	29
aranelle.....	83	azacitidine.....	28
ARCALYST.....	93	AZASITE.....	102
AREXVY.....	96	azathioprine.....	94
arformoterol tartrate.....	107	AZATHIOPRINE SODIUM.....	94
aripiprazole.....	40	azelastine hcl.....	102,106
ARISTADA.....	40	azithromycin.....	11
ARISTADA INITIO.....	40	aztreonam.....	7
armodafinil.....	111	azurette.....	84
ARNUIITY ELLIPTA.....	105		
arsenic trioxide.....	29	B	
asenapine maleate.....	40	bac.....	67
aspirin-dipyridamole er.....	57	bacitra-neomycin-polymyxin-hc.....	101
atazanavir sulfate.....	46,47	bacitracin.....	102
atenolol.....	60	bacitracin-polymyxin b.....	101

baclofen.....	43	blisovi fe 1.5/30.....	84
balsalazide disodium.....	99	blisovi fe 1/20.....	84
BALVERSA.....	32	BOOSTRIX.....	96
balziva.....	84	bortezomib.....	32
BAQSIMI ONE PACK.....	53	bosentan.....	109
BAQSIMI TWO PACK.....	53	BOSULIF.....	32
BARACLUDE.....	43	BOTOX.....	110
BASAGLAR KWIKPEN.....	53	BRAFTOVI.....	32
BAVENCIO.....	35	BREO ELLIPTA.....	110
BCG VACCINE.....	96	breynga.....	110
BD ALCOHOL PADS.....	100	BREZTRI AEROSPHERE.....	110
bekyree.....	84	briellyn.....	84
benazepril hcl.....	59	BRILINTA.....	57
benazepril-hydrochlorothiazide.....	61	brimonidine tartrate.....	104
bendamustine hcl.....	26	brinzolamide.....	104
BENLYSTA.....	93	BRIVIACT.....	13
BENZNIDAZOLE.....	37	bromfenac sodium (once-daily).....	103
benzoyl peroxide-erythromycin.....	69	bromocriptine mesylate.....	38
benztropine mesylate.....	38	BRONCHITOL.....	108
bepotastine besilate.....	102	BRUKINSA.....	29
BESIVANCE.....	12	budesonide.....	99,105
BESREMI.....	29	budesonide er.....	99
betaine.....	79	budesonide-formoterol fumarate.....	110
betamethasone dipropionate.....	70	bumetanide.....	63
betamethasone dipropionate aug.....	70,81	buprenorphine.....	3
betamethasone valerate.....	70	buprenorphine hcl.....	6
BETASERON.....	68	buprenorphine hcl-naloxone hcl.....	6
betaxolol hcl.....	60,104	bupropion hcl.....	18
bethanechol chloride.....	81	bupropion hcl er (smoking det).....	6
BEVESPI AEROSPHERE.....	109	bupropion hcl er (sr).....	18
bexarotene.....	36	bupropion hcl er (xl).....	18
BEXSERO.....	96	bupirone hcl.....	48
bicalutamide.....	27	busulfan.....	26
BICILLIN L-A.....	10	butalbital-apap-caff-cod.....	4
BIKTARVY.....	44	butalbital-apap-caffeine.....	67
bimatoprost.....	105	butalbital-aspirin-caffeine.....	2
bisoprolol fumarate.....	60	butorphanol tartrate.....	4
bisoprolol-hydrochlorothiazide.....	61	BYDUREON BCISE.....	50
BIVIGAM.....	92	BYETTA 10 MCG PEN.....	50
bleomycin sulfate.....	29	BYETTA 5 MCG PEN.....	50
blisovi 24 fe.....	84		

C

CABENUVA	46	cefepime hcl	9
cabergoline	91	cefixime	9
CABOMETYX	32	cefotetan disodium	9
calcipotriene	72	cefoxitin sodium	9
calcitonin (salmon)	99	cefpodoxime proxetil	9
calcitrene	72	cefprozil	9
calcitriol	99	ceftazidime	9
calcitriol oral soln 1 mcg/ml	99	CEFTRIAXONE SODIUM	9
calcium acetate	76	ceftriaxone sodium in dextrose	9
calcium acetate (phos binder)	76	cefuroxime axetil	9
CALQUENCE	32	cefuroxime sodium	9
camila	89	celecoxib	2
camrese lo	84	cephalexin	9
candesartan cilexetil	58	cetirizine hcl	106
candesartan cilexetil-hctz	62	cevimeline hcl	68
CAPLYTA	40	chateal eq	84
CAPRELSA	32	CHEMET	76
captopril	59	chlordiazepoxide hcl	48
carbamazepine	16	chlordiazepoxide-amitriptyline	18
carbamazepine er	16	chlorhexidine gluconate	68
carbidopa	38	chloroquine phosphate	37
carbidopa-levodopa	38	chlorpromazine hcl	39
carbidopa-levodopa er	38	chlorthalidone	63
carbidopa-levodopa-entacapone	38	cholestyramine	64
carboplatin	26	cholestyramine light	64
carglumic acid	73	ciclodan	73
carisoprodol	110	ciclopirox	73
carteolol hcl	104	ciclopirox olamine	22
cartia xt	61	cilostazol	58
carvedilol	60	CILOXAN	12
carvedilol phosphate er	60	CIMDUO	45
caspofungin acetate	22	cimetidine	79
cataflam	2	CIMETIDINE HCL	79
CAYSTON	108	cinacalcet hcl	99,100
cefaclor	8	CINRYZE	92
CEFACLOR ER	8	CIPRODEX	105
cefadroxil	8	ciprofloxacin hcl	12,105
cefazolin sodium	9	ciprofloxacin in d5w	12
cefdinir	9	ciprofloxacin-dexamethasone	105
		cisplatin	26
		citalopram hydrobromide	19

cladribine.....	28	colesevelam hcl.....	64
claravis.....	69	colestipol hcl.....	64
clarithromycin.....	11	colistimethate sodium (cba).....	7
clarithromycin er.....	11	COMBIGAN.....	101
CLENPIQ.....	77	COMBIVENT RESPIMAT.....	110
clindamycin hcl.....	7	COMETRIQ (100 MG DAILY DOSE).....	32
clindamycin palmitate hcl.....	7	COMETRIQ (140 MG DAILY DOSE).....	32
clindamycin phos-benzoyl perox.....	69	COMETRIQ (60 MG DAILY DOSE).....	32
clindamycin phosphate.....	7,73	COMPLERA.....	44
clindamycin phosphate in d5w.....	7	compro.....	21
CLINIMIX E/DEXTROSE (2.75/5).....	73	constulose.....	77
CLINIMIX E/DEXTROSE (4.25/10).....	73	COPAXONE.....	68
CLINIMIX E/DEXTROSE (4.25/5).....	73	COPIKTRA.....	32
CLINIMIX E/DEXTROSE (5/15).....	73	CORLANOR.....	62
CLINIMIX E/DEXTROSE (5/20).....	73	CORTROPHIN.....	81
CLINIMIX/DEXTROSE (4.25/10).....	73	COTELLIC.....	32
CLINIMIX/DEXTROSE (4.25/5).....	74	CREON.....	79
CLINIMIX/DEXTROSE (5/15).....	74	cromolyn sodium.....	79,102,108
CLINIMIX/DEXTROSE (5/20).....	74	cryselle-28.....	84
clinisol sf.....	74	cyclobenzaprine hcl.....	110
CLINOLIPID.....	100	cyclopentolate hcl.....	101
clobazam.....	15	CYCLOPHOSPHAMIDE.....	26
clobetasol prop emollient base.....	70	CYCLOSET.....	50
clobetasol propionate.....	70	cyclosporine.....	94
clobetasol propionate e.....	70	cyclosporine modified.....	94
clobetasol propionate emulsion.....	70	cyproheptadine hcl.....	106
clodan.....	70	CYRAMZA.....	35
clofarabine.....	28	cyred eq.....	84
clomipramine hcl.....	20	CYSTAGON.....	79
clonazepam.....	48	CYSTARAN.....	79
clonidine.....	58	cytarabine.....	28
clonidine hcl.....	58	cytarabine (pf).....	28
clopidogrel bisulfate.....	58		
clorazepate dipotassium.....	48	D	
clotrimazole.....	22	dacarbazine.....	29
clotrimazole-betamethasone.....	72	dactinomycin.....	29
CLOTRIMAZOLE-BETAMETHASONE.....	72	dalfampridine er.....	68
clozapine.....	42	DALIRESP.....	108
COARTEM.....	37	danazol.....	83
colchicine.....	24	dantrolene sodium.....	43
colchicine-probenecid.....	24	dapsone.....	25

DAPTACEL.....	96	diazepam.....	15,48,49
DAPTOMYCIN.....	7	diazepam intensol.....	49
darifenacin hydrobromide er.....	80	diazoxide.....	53
darunavir.....	47	diclofenac potassium.....	2
DARZALEX.....	35	diclofenac sodium.....	2,103
dasatinib.....	32	diclofenac sodium er.....	2
dasetta 1/35.....	84	diclofenac-misoprostol.....	2
dasetta 7/7/7.....	84	dicloxacillin sodium.....	10
daunorubicin hcl.....	31	dicyclomine hcl.....	78
DAURISMO.....	32	DIFICID.....	11
deblitane.....	89	diflunisal.....	2
decitabine.....	28	difluprednate.....	103
deferasirox.....	76	digoxin.....	62
deferasirox granules.....	76	dihydroergotamine mesylate.....	24
deferiprone.....	76	DILANTIN.....	16
DELSTRIGO.....	44	dilt-xr.....	61
delyla.....	84	diltiazem hcl.....	61
demeclocycline hcl.....	12	diltiazem hcl er.....	61
DEPO-SUBQ PROVERA 104.....	89	diltiazem hcl er beads.....	61
depo-testosterone.....	83	diltiazem hcl er coated beads.....	61
DESCOVY.....	45	diphenhydramine hcl.....	106
desipramine hcl.....	20	diphenoxylate-atropine.....	78
desloratadine.....	106	DIPHTHERIA-TETANUS TOXOIDS DT.....	96
desmopressin ace spray refrig.....	82	dipyridamole.....	58
desmopressin acetate.....	82	disopyramide phosphate.....	59
desmopressin acetate pf.....	82	disulfiram.....	6
desmopressin acetate spray.....	82	divalproex sodium.....	13
desogestrel-ethinyl estradiol.....	84	divalproex sodium er.....	13
desonide.....	70	DOCETAXEL.....	29
desoximetasone.....	70	dofetilide.....	59
desvenlafaxine succinate er.....	19	dolishale.....	84
dexamethasone.....	81	donepezil hcl.....	17
dexamethasone sod phos +rfid.....	81	dorzolamide hcl.....	104
dexamethasone sod phosphate pf.....	81	dorzolamide hcl-timolol mal.....	101
dexamethasone sodium phosphate.....	82,103	dorzolamide hcl-timolol mal pf.....	101
dexmethylphenidate hcl.....	66	dotti.....	84
dextroamphetamine sulfate.....	66	DOVATO.....	44
dextroamphetamine sulfate er.....	66	doxazosin mesylate.....	58
dextrose.....	74	doxepin hcl.....	20,111
dextrose-sodium chloride.....	74	doxercalciferol.....	100
DIACOMIT.....	13	doxorubicin hcl.....	31

doxorubicin hcl liposomal	31	enalapril maleate	59
doxy 100	12	enalapril-hydrochlorothiazide	62
doxycycline hyclate	12	ENBREL	94
doxycycline monohydrate	13	ENBREL MINI	94
DRIZALMA SPRINKLE	67	ENBREL SURECLICK	94
dronabinol	22	ENDARI	80
drospirenone-ethinyl estradiol	84	endocet	4
DROXIA	28	ENGERIX-B	97
droxidopa	58	enilloring	84
DUAVEE	90	enoxaparin sodium	56
DULERA	110	enpresse-28	84
duloxetine hcl	67	enskyce	84
DUPIXENT	93	entacapone	38
dutasteride	81	entecavir	43
dutasteride-tamsulosin hcl	81	ENTRESTO	62
E		enulose	77
ec-naproxen	2	ENVARUSUS XR	94
econazole nitrate	23	EPCLUSA	43
EDURANT	44	EPIDIOLEX	13
efavirenz	44	epinastine hcl	102
efavirenz-emtricitab-tenofo df	45	epinephrine	107
efavirenz-lamivudine-tenofovir	45	epirubicin hcl	31
ELIGARD	91	epitol	16
elinest	84	EPIVIR HBV	43
ELIQUIS	56	eplerenone	63
ELIQUIS DVT/PE STARTER PACK	56	EPRONTIA	13
elixophyllin	108	ERBITUX	36
ELMIRON	81	ergoloid mesylates	17
eluryng	84	ERGOTAMINE-CAFFEINE	24
EMCYT	28	ERIVEDGE	32
EMEND	22	ERLEADA	27
EMGALITY	24	erlotinib hcl	32
EMGALITY (300 MG DOSE)	24	errin	89
emoquette	84	ertapenem sodium	11
EMPLICITI	35	ery	73
EMSAM	18	ERYTHROCIN LACTOBIONATE	11
emtricitabine	45	erythromycin	11,73,102
emtricitabine-tenofovir df	45	erythromycin base	11
EMTRIVA	45	erythromycin ethylsuccinate	11
emzahn	89	escitalopram oxalate	19
		esomeprazole magnesium	79

estarylla	84	FERRIPROX	76
estradiol	85	fesoterodine fumarate er	80
estradiol valerate	85	FETZIMA	19
estradiol-norethindrone acet	85	FETZIMA TITRATION	19
ESTRING	85	FIASP	54
eszopiclone	111	FIASP FLEXTOUCH	54
ethambutol hcl	25	FIASP PENFILL	54
ethosuximide	14	FIASP PUMPCART	54
ethynodiol diac-eth estradiol	85	finasteride	81
etodolac	2	fingolimod hcl	68
etodolac er	2	FINTEPLA	13
etonogestrel-ethinyl estradiol	85	FIRMAGON	91
etoposide	31	FIRMAGON (240 MG DOSE)	91
etravirine	45	flac	105
euthyrox	90	FLAREX	103
everolimus	32,94	flavoxate hcl	80
EVOTAZ	47	FLEBOGAMMA DIF	92
exemestane	31	flecainide acetate	59
EXKIVITY	29	fluconazole	23
ezetimibe	64	fluconazole in sodium chloride	23
ezetimibe-simvastatin	64	flucytosine	23
		fludarabine phosphate	29
F		fludrocortisone acetate	82
falmina	85	flunisolide	105
famciclovir	48	fluocinolone acetonide	71,105
famotidine	79	fluocinolone acetonide body	71
FANAPT	40	fluocinolone acetonide scalp	71
FANAPT TITRATION PACK	40	fluocinonide	71
FARXIGA	50	fluocinonide emulsified base	71
FASENRA	110	fluorometholone	103
FASENRA PEN	110	fluorouracil	28,72
febuxostat	24	fluoxetine hcl	19
felbamate	13	fluphenazine decanoate	39
felodipine er	60	fluphenazine hcl	39
femynor	85	flurbiprofen	2
fenofibrate	63	flurbiprofen sodium	103
fenofibrate micronized	63	flutamide	27
fenofibric acid	63	fluticasone propionate	71,105
fentanyl	3	fluticasone propionate diskus	105,106
FENTANYL CITRATE	4	fluticasone propionate hfa	106
fentanyl citrate	4	fluticasone-salmeterol	110

fluvoxamine maleate	19	generlac	77
fluvoxamine maleate er	19	gengraf	94
fondaparinux sodium	56	gentak	103
formoterol fumarate	107	gentamicin in saline	7
FORTEO	100	gentamicin sulfate	7,103
fosamprenavir calcium	47	GENVOYA	44
fosfomycin tromethamine	7	GILOTRIF	32
fosinopril sodium	59	GLASSIA	80
fosinopril sodium-hctz	62	GLEOSTINE	26
fosphenytoin sodium	16	glimepiride	50
FOTIVDA	29	glipizide	50
FREAMINE III	74	glipizide er	50
FRUZAQLA	32	glipizide xl	50
fulvestrant	28	glipizide-metformin hcl	50
furosemide	63	GLUCAGEN HYPOKIT	53
FUZEON	46	GLUCAGON EMERGENCY	53
FYCOMPA	13	GLUCAGON EMERGENCY 1 MG KIT (GENERIC)	53
G		glyburide	50
gabapentin	15	GLYBURIDE MICRONIZED	50
galantamine hydrobromide	17	glyburide-metformin	50
galantamine hydrobromide er	17	glycopyrrolate	78
gallifrey	89	GLYXAMBI	51
GAMMAGARD	93	granisetron hcl	22
GAMMAGARD S/D LESS IGA	93	griseofulvin microsize	23
GAMMAKED	93	griseofulvin ultramicrosize	23
GAMMAPLEX	93	guanfacine hcl	58
GAMUNEX-C	93	guanfacine hcl er	66
GARDASIL 9	97	GVOKE HYPOPEN 1-PACK	53
gatifloxacin	103	GVOKE HYPOPEN 2-PACK	53
GATTEX	78	GVOKE KIT	53
GAUZE PADS & DRESSINGS - PADS 2 X 2	100	GVOKE PFS	53
gavilyte-c	78	H	
gavilyte-g	78	HAEGARDA	92
gavilyte-n with flavor pack	77	hailey 1.5/30	85
GAVRETO	32	hailey 24 fe	85
gefitinib	32	hailey fe 1.5/30	85
gemcitabine hcl	28	hailey fe 1/20	85
gemfibrozil	63	HALAVEN	29
GEMTESA	80	halobetasol propionate	71

haloette	85	hydrocodone-ibuprofen	4
haloperidol	39	hydrocortisone	71,99
haloperidol decanoate	39	HYDROCORTISONE	71
haloperidol lactate	39	hydrocortisone (perianal)	71
HARVONI	43,44	HYDROCORTISONE BUTYRATE	71
HAVRIX	97	hydrocortisone butyrate	71
heather	89	hydrocortisone valerate	71
heparin sodium (porcine)	56	hydrocortisone-acetic acid	105
heparin sodium (porcine) pf	56	hydromorphone hcl	5
HEPLISAV-B	97	hydroxychloroquine sulfate	37
HERCEPTIN HYLECTA	36	hydroxyurea	28
HERZUMA	36	hydroxyzine hcl	106
HETLIOZ	111	hydroxyzine pamoate	48
HETLIOZ LQ	111		
HIBERIX	97		
HUMALOG	54	ibandronate sodium	100
HUMALOG JUNIOR KWIKPEN	54	IBRANCE	32
HUMALOG KWIKPEN	54	ibu	2
HUMALOG MIX 50/50	54	ibuprofen	2
HUMALOG MIX 50/50 KWIKPEN	54	icatibant acetate	92
HUMALOG MIX 75/25	54	iclevia	85
HUMALOG MIX 75/25 KWIKPEN	54	ICLUSIG	32
HUMIRA	94	IDACIO	95
HUMIRA (2 PEN)	94	IDACIO FOR CROHNS DISEASE/UC	95
HUMIRA (2 SYRINGE)	94	IDACIO FOR PLAQUE PSORIASIS	95
HUMIRA-CD/UC/HS STARTER	94	idarubicin hcl	31
HUMIRA-PED<40KG CROHNS STARTER	95	IDHIFA	29
HUMIRA-PED>=40KG CROHNS START	95	ifosfamide	26
HUMIRA-PED>=40KG UC STARTER	95	ILEVRO	103
HUMIRA-PS/UV/ADOL HS STARTER	95	imatinib mesylate	32
HUMIRA-PSORIASIS/UEVIT STARTER	95	IMBRUVICA	32
HUMULIN 70/30	54	IMFINZI	36
HUMULIN 70/30 KWIKPEN	54	imipenem-cilastatin	11
HUMULIN N	54	imipramine hcl	20
HUMULIN N KWIKPEN	54	imipramine pamoate	21
HUMULIN R	54	imiquimod	72
HUMULIN R U-500 (CONCENTRATED)	54	IMOVAX RABIES	97
HUMULIN R U-500 KWIKPEN	54	incassia	89
hydralazine hcl	65	INCRELEX	83
hydrochlorothiazide	63	INCRUSE ELLIPTA	107
hydrocodone-acetaminophen	4	indapamide	63

indomethacin	2	isosorbide dinitrate	65
indomethacin er	2	isosorbide mononitrate	65
INFANRIX	97	isosorbide mononitrate er	65
INFLECTRA	95	isotretinoin	69
INGREZZA	67	isradipine	60
INLYTA	33	itraconazole	23
INQOVI	28	ivermectin	37
INREBIC	33	IWILFIN	29
INSULIN LISPRO	54	IXCHIQ	97
INSULIN LISPRO (1 UNIT DIAL)	55	IXIARO	97
INSULIN LISPRO JUNIOR KWIKPEN	55		
INSULIN LISPRO PROT & LISPRO	55	J	
INSULIN PEN NEEDLE (NOVO/BD/ULTIMED/OWEN/TRIVIDIA)	100	JAKAFI	33
INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC)	100	jantoven	56
INSULIN SYRINGE (DISP) U-100 1 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC)	101	JANUMET	51
INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC)	101	JANUMET XR	51
INTELENCE	45	JANUVIA	51
INTRALIPID	74	JARDIANCE	51
introvale	85	jasmiel	85
INVEGA HAFYERA	40	javygtor	80
INVEGA SUSTENNA	40	JAYPIRCA	29
INVEGA TRINZA	40,41	jencycla	89
IPOL	97	JENTADUETO	51
ipratropium bromide	107	JENTADUETO XR	51
ipratropium-albuterol	110	JEVTANA	33
irbesartan	58	jolessa	85
irbesartan-hydrochlorothiazide	62	juleber	85
irinotecan hcl	31	JULUCA	44
ISENTRESS	44	junel 1.5/30	85
ISENTRESS HD	44	junel 1/20	85
isibloom	85	junel fe 1.5/30	85
ISOLYTE-P IN D5W	74	junel fe 1/20	85
ISOLYTE-S	74	junel fe 24	85
ISOLYTE-S PH 7.4	74	JYNNEOS	97
isoniazid	25,26		
ISOPROPYL ALCOHOL 0.7 ML/ML		K	
MEDICATED PAD	101	KADCYLA	36
		kalliga	86
		KALYDECO	108
		KANJINTI	36
		kariva	86

KCL (0.149%) IN NACL.....	74	lamotrigine er.....	49
kcl in dextrose-nacl.....	74	lanreotide acetate.....	91
KCL-LACTATED RINGERS-D5W.....	74	lansoprazole.....	79
kelnor 1/35.....	86	LANTUS.....	55
kelnor 1/50.....	86	LANTUS SOLOSTAR.....	55
KERENDIA.....	51	lapatinib ditosylate.....	33
KESIMPTA.....	68	larin 1.5/30.....	86
ketoconazole.....	23	larin 1/20.....	86
ketorolac tromethamine.....	103	larin 24 fe.....	86
KEYTRUDA.....	36	larin fe 1.5/30.....	86
KINRIX.....	97	larin fe 1/20.....	86
kionex.....	76	latanoprost.....	105
KISQALI (200 MG DOSE).....	33	LATUDA.....	41
KISQALI (400 MG DOSE).....	33	LAZCLUZE.....	33
KISQALI (600 MG DOSE).....	33	leena.....	86
KISQALI FEMARA (200 MG DOSE).....	29	leflunomide.....	95
KISQALI FEMARA (400 MG DOSE).....	29	lenalidomide.....	27
KISQALI FEMARA (600 MG DOSE).....	29	LENVIMA (10 MG DAILY DOSE).....	33
klayesta.....	23	LENVIMA (12 MG DAILY DOSE).....	33
klor-con.....	74	LENVIMA (14 MG DAILY DOSE).....	33
klor-con 10.....	74	LENVIMA (18 MG DAILY DOSE).....	33
klor-con m10.....	74	LENVIMA (20 MG DAILY DOSE).....	33
klor-con m15.....	74	LENVIMA (24 MG DAILY DOSE).....	33
klor-con m20.....	74	LENVIMA (4 MG DAILY DOSE).....	33
klor-con sprinkle.....	74	LENVIMA (8 MG DAILY DOSE).....	33
KORLYM.....	82	lessina.....	86
KOSELUGO.....	33	letrozole.....	31
kourzeq.....	69	leucovorin calcium.....	29,36
KRAZATI.....	29	LEUKERAN.....	26
kurvelo.....	86	LEUKINE.....	57
KYPROLIS.....	33	leuprolide acetate.....	91
L		LEUPROLIDE ACETATE (3 MONTH).....	91
l-glutamine.....	80	levalbuterol hcl.....	108
labetalol hcl.....	60	levalbuterol tartrate.....	108
lacosamide.....	16	LEVEMIR.....	55
lactulose.....	77	LEVEMIR FLEXPEN.....	55
lactulose encephalopathy.....	77	LEVEMIR FLEXTOUCH.....	55
lamivudine.....	43,45,46	levetiracetam.....	14
lamivudine-zidovudine.....	46	levetiracetam er.....	14
lamotrigine.....	14,49	levetiracetam in nacl.....	14
		levobunolol hcl.....	104

levocarnitine	74	lopreeza	89
levocarnitine sf	75	lorazepam	49
levocetirizine dihydrochloride	106	lorazepam intensol	49
levofloxacin	12,103	LORBRENA	33
levofloxacin in d5w	12	loryna	86
levofloxacin oral soln 25 mg/ml	12	losartan potassium	58
levoleucovorin calcium	29	losartan potassium-hctz	62
levoleucovorin calcium pf	30	LOTEMAX	103
levonest	86	loteprednol etabonate	104
levonorg-eth estrad triphasic	86	lovastatin	64
levonorgest-eth estrad 91-day	86	low-ogestrel	86
levonorgestrel-ethinyl estrad	86	loxapine succinate	39
levora 0.15/30 (28)	86	lubiprostone	77
levothyroxine sodium	90	LUCEMYRA	6
levoxyl	90	LUMAKRAS	30
LEXIVA	47	LUMIGAN	105
LIBERVANT	15	LUPRON DEPOT (1-MONTH)	91
lidocaine	5	LUPRON DEPOT (3-MONTH)	91
lidocaine viscous hcl	5	LUPRON DEPOT (4-MONTH)	91
lidocaine-prilocaine	5	LUPRON DEPOT (6-MONTH)	92
lidocan	5	LUPRON DEPOT-PED (1-MONTH)	91,92
lindane	72	LUPRON DEPOT-PED (3-MONTH)	91,92
linezolid	7,8	LUPRON DEPOT-PED (6-MONTH)	92
LINZESS	77	lurasidone hcl	41
liothyronine sodium	90	lutera	86
lisinopril	59	LYBALVI	18
lisinopril-hydrochlorothiazide	62	lyleq	89
lithium	49	lyllana	86
lithium carbonate	49	LYNPARZA	33
lithium carbonate er	49	LYSODREN	91
LIVALO	64	LYTGOBI (12 MG DAILY DOSE)	33
lo-zumandimine	86	LYTGOBI (16 MG DAILY DOSE)	33
loestrin 1.5/30 (21)	86	LYTGOBI (20 MG DAILY DOSE)	33
loestrin 1/20 (21)	86	LYUMJEV	55
loestrin fe 1.5/30	86	LYUMJEV KWIKPEN	55
loestrin fe 1/20	86	lyza	90
lojaimiess	86		
LOKELMA	77	M	
LONSURF	30	M-M-R II	97
loperamide hcl	78	magnesium sulfate	75
lopinavir-ritonavir	47	malathion	73

maraviroc.....	46	methylprednisolone.....	82
marlissa.....	86	methylprednisolone acetate.....	82
MARPLAN.....	18	methylprednisolone sodium succ.....	82
MATULANE.....	26	metoclopramide hcl.....	21
matzim la.....	61	metolazone.....	63
MAVYRET.....	44	metoprolol succinate er.....	60
meclizine hcl.....	21	metoprolol tartrate.....	60
medroxyprogesterone acetate.....	90	metoprolol-hydrochlorothiazide.....	62
mefloquine hcl.....	37	metronidazole.....	8
megestrol acetate.....	90	metyrosine.....	62
MEGESTROL ACETATE.....	90	mexiletine hcl.....	59
MEKINIST.....	33	micafungin sodium.....	23
MEKTOVI.....	33	microgestin 1.5/30.....	86
meloxicam.....	3	microgestin 1/20.....	87
melphalan hcl.....	26	microgestin 24 fe.....	87
memantine hcl.....	17	microgestin fe 1.5/30.....	87
memantine hcl er.....	17	microgestin fe 1/20.....	87
MENACTRA.....	97	midodrine hcl.....	58
MENQUADFI.....	97	mifepristone.....	91
MENVEO.....	97	miglitol.....	51
mercaptopurine.....	28	miglustat.....	80
meropenem.....	11	mili.....	87
mesalamine.....	99	mimvey.....	87
mesalamine er.....	99	minocycline hcl.....	13
mesalamine-cleanser.....	99	minoxidil.....	65
mesna.....	37	mirtazapine.....	18
MESNEX.....	37	misoprostol.....	79
metformin hcl.....	51	MITIGARE.....	24
metformin hcl er.....	51	mitomycin.....	30
methadone hcl.....	3	mitoxantrone hcl.....	30
methazolamide.....	104	modafinil.....	111
methenamine hippurate.....	8	moexipril hcl.....	59
methimazole.....	92	molindone hcl.....	39
methocarbamol.....	110	mometasone furoate.....	71,106
methotrexate sodium.....	95	mondoxyne nl.....	13
methotrexate sodium (pf).....	95	mono-lynyah.....	87
methoxsalen rapid.....	72	montelukast sodium.....	106
methscopolamine bromide.....	78	morphine sulfate.....	5
methsuximide.....	15	morphine sulfate (concentrate).....	5
methylphenidate hcl.....	66	morphine sulfate er.....	3
methylphenidate hcl er.....	66	MOUNJARO.....	51

MOVANTIK.....	77	neo-polycin.....	101
moxifloxacin hcl.....	12,103	neo-polycin hc.....	101
moxifloxacin hcl (2x day).....	103	neomycin sulfate.....	7
moxifloxacin hcl in nacl.....	12	neomycin-bacitracin zn-polymyx.....	101
MRESVIA.....	97	neomycin-polymyxin-dexameth.....	101
MULTAQ.....	59	neomycin-polymyxin-gramicidin.....	101
MULTIPLE ELECTRO TYPE 1 PH 5.5.....	75	neomycin-polymyxin-hc.....	102,105
multiple electro type 1 ph 7.4.....	75	NERLYNX.....	33
mupirocin.....	73	NEUPRO.....	38
mutamycin.....	30	nevirapine.....	45
MVASI.....	36	nevirapine er.....	45
MYALEPT.....	78	NEXLETOL.....	62
mycophenolate mofetil.....	95	NEXLIZET.....	64
mycophenolate mofetil hcl.....	95	niacin er (antihyperlipidemic).....	64
mycophenolate sodium.....	95	nicardipine hcl.....	60
mycophenolic acid.....	95	NICOTROL.....	6
MYLOTARG.....	36	NICOTROL NS.....	6
myorisan.....	69	nifedipine er.....	61
MYRBETRIQ.....	80	nifedipine er osmotic release.....	61
N		nikki.....	87
na sulfate-k sulfate-mg sulf.....	78	nilutamide.....	27
nabumetone.....	3	nimodipine.....	61
nadolol.....	60	NINLARO.....	30
nafcillin sodium.....	10	NIPENT.....	28
naftifine hcl.....	23	NITAZOXANIDE.....	37
naloxone hcl.....	6	nitisinone.....	80
naltrexone hcl.....	6	NITRO-BID.....	65
NAMZARIC.....	17	nitrofurantoin macrocrystal.....	8
naproxen.....	3	nitrofurantoin monohyd macro.....	8
naproxen dr.....	3	nitroglycerin.....	65
naproxen sodium.....	3	NITYR.....	80
naratriptan hcl.....	25	nizatidine.....	79
NATACYN.....	103	nora-be.....	90
nateglinide.....	51	NORDITROPIN FLEXPRO.....	83
NATPARA.....	100	norelgestromin-eth estradiol.....	87
NAYZILAM.....	15	norethin ace-eth estrad-fe.....	87
neбиволол hcl.....	60	norethin-eth estradiol-fe.....	87
necon 0.5/35 (28).....	87	norethindron-ethinyl estrad-fe.....	87
NEEDLES, INSULIN DISP., SAFETY.....	101	norethindrone.....	90
nefazodone hcl.....	19	norethindrone acet-ethinyl est.....	87
		norethindrone acetate.....	90

norgestim-eth estrad triphasic	87	octreotide acetate	91,92
norgestimate-eth estradiol	87	ODEFSEY	45
norlyda	90	ODOMZO	33
norlyroc	90	OFEV	109
nortrel 0.5/35 (28)	87	ofloxacin	12,103
nortrel 1/35 (21)	87	OGIVRI	36
nortrel 1/35 (28)	87	OGSIVEO	33
nortrel 7/7/7	87	OJEMDA	31
nortriptyline hcl	21	OJJAARA	31
NORVIR	47	olanzapine	41
NOVOLIN 70/30	55	olanzapine-fluoxetine hcl	18
NOVOLIN 70/30 FLEXPEN	55	olmesartan medoxomil	58
NOVOLIN N	55	olmesartan medoxomil-hctz	62
NOVOLIN N FLEXPEN	55	olmesartan-amlodipine-hctz	62
NOVOLIN R	55	olopatadine hcl	102,106
NOVOLIN R FLEXPEN	55	omega-3-acid ethyl esters	65
NOVOLOG	55	omeprazole	79
NOVOLOG FLEXPEN	55	ondansetron	22
NOVOLOG MIX 70/30	55	ondansetron hcl	22
NOVOLOG MIX 70/30 FLEXPEN	56	ondansetron hcl oral soln 4 mg/5ml	22
NOVOLOG PENFILL	56	ONTRUZANT	36
NUBEQA	27	ONUREG	30
NUCALA	110	OPDIVO	36
NUEDEXTA	67	OPSUMIT	109
NULOJIX	95	oralone	69
NUPLAZID	41	ORGOVYX	92
NURTEC	24	ORKAMBI	108
NUTRILIPID	75	ORSERDU	27
nyamyc	23	oseltamivir phosphate	47
nylia 1/35	87	OTEZLA	93
nylia 7/7/7	87	OTREXUP	95
nymyo	87	oxacillin sodium	10
nystatin	23	OXACILLIN SODIUM IN DEXTROSE	10
nystatin-triamcinolone	72	oxaliplatin	27
nystop	23	oxaprozin	3
NYVEPRIA	57	oxazepam	49
		oxcarbazepine	16
O		OXERVATE	102
OCALIVA	78	oxybutynin chloride	80
ocella	87	oxybutynin chloride er	80
OCTAGAM	93	oxycodone hcl	5

oxycodone-acetaminophen.....	5	pentoxifylline er.....	62
oxymorphone hcl.....	5	PERINDOPRIL ERBUMINE.....	59
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	52	periogard.....	69
OZEMPIC (1 MG/DOSE).....	52	PERJETA.....	36
OZEMPIC (2 MG/DOSE).....	52	permethrin.....	73
P		perphenazine.....	21
pacerone.....	59	perphenazine-amitriptyline.....	18
paclitaxel.....	34	PERSERIS.....	41
paclitaxel protein-bound part.....	34	pfizerpen.....	11
paliperidone er.....	41	phenelzine sulfate.....	18
PANRETIN.....	36	phenobarbital.....	15
pantoprazole sodium.....	79	phenoxybenzamine hcl.....	58
PANZYGA.....	93	phenytek.....	16
paraplatin.....	27	phenytoin.....	16
paricalcitol.....	100	phenytoin infatabs.....	16
paroex.....	69	phenytoin sodium.....	16
paroxetine hcl.....	20	phenytoin sodium extended.....	16
paroxetine hcl er.....	20	philith.....	87
PAXLOVID (150/100).....	48	PIFELTRO.....	45
PAXLOVID (300/100).....	48	pilocarpine hcl.....	69,104
pazopanib hcl.....	34	pimozide.....	39
PEDIARIX.....	97	pimtreea.....	87
PEDVAX HIB.....	97	pindolol.....	60
peg 3350-kcl-na bicarb-nacl.....	78	pioglitazone hcl.....	52
peg-3350/electrolytes.....	78	pioglitazone hcl-glimepiride.....	52
peg-3350/electrolytes/ascorbat.....	78	pioglitazone hcl-metformin hcl.....	52
peg-kcl-nacl-nasulf-na asc-c.....	78	piperacillin sod-tazobactam so.....	11
PEGASYS.....	94	PIQRAY (200 MG DAILY DOSE).....	34
PEMAZYRE.....	34	PIQRAY (250 MG DAILY DOSE).....	34
pemetrexed disodium.....	28	PIQRAY (300 MG DAILY DOSE).....	34
PENBRAYA.....	101	pirfenidone.....	109
penicillamine.....	81	pirmella 1/35.....	87
PENICILLIN G POT IN DEXTROSE.....	10	piroxicam.....	3
penicillin g potassium.....	10	pitavastatin calcium.....	64
penicillin g sodium.....	10	PLASMA-LYTE A.....	75
penicillin v potassium.....	10	PLEGRIDY.....	68
PENTACEL.....	98	PLEGRIDY STARTER PACK.....	68
pentamidine isethionate for nebulization soln 300 mg.....	37	plenamine.....	75
pentamidine isethionate for soln 300 mg.....	37	podofilox.....	72
		polycin.....	102
		polymyxin b sulfate.....	8

polymyxin b-trimethoprim	103	probenecid	24
POMALYST	27	prochlorperazine	21
portia-28	87	prochlorperazine edisylate	21
posaconazole	23	prochlorperazine maleate	21
POTASSIUM CHLORIDE	75	PROCRIT	57
potassium chloride crys er	75	procto-med hc	71
potassium chloride er	75	proctosol hc	71
potassium chloride in dextrose	75	proctozone-hc	71
potassium chloride in nacl	75	progesterone	90
potassium citrate er	75	PROGRAF	95
pramipexole dihydrochloride	38	PROLASTIN-C	80
pramipexole dihydrochloride er	38	PROLENSA	104
prasugrel hcl	58	PROLIA	100
pravastatin sodium	64	PROMACTA	57
praziquantel	37	promethazine hcl	21,106
prazosin hcl	58	promethegan	21
prednisolone	82	propafenone hcl	59
prednisolone acetate	104	propafenone hcl er	59
prednisolone sodium phosphate	82	proparacaine hcl	102
PREDNISOLONE SODIUM PHOSPHATE	104	propranolol hcl	60
prednisone	82	propranolol hcl er	60
PREDNISONE INTENSOL	82	propylthiouracil	92
pregabalin	67,68	PROQUAD	98
pregabalin er	68	PROSOL	75
PREHEVBRIO	98	protriptyline hcl	21
PREMARIN	88	PULMICORT FLEXHALER	106
PREMASOL	75	PULMOZYME	108
PREMPHASE	88	PURIXAN	28
PREMPRO	88	pyrazinamide	26
PRENATAL VITAMIN ORAL TABLET	77	pyridostigmine bromide	25
PRETOMANID	26	pyridostigmine bromide er	25
prevalite	65	pyrimethamine	37
previfem	88		
PREVYMIS	43	Q	
PREZCOBIX	47	QINLOCK	30
PREZISTA	47	QUADRACEL	98
PRIFTIN	26	quetiapine fumarate	41
primaquine phosphate	37	quetiapine fumarate er	41
primidone	15	quinapril hcl	59
PRIORIX	98	quinidine sulfate	59
PRIVIGEN	93	quinine sulfate	37

R

RABAVERT	98	rimantadine hcl	47
rabeprazole sodium	79	RINVOQ	96
raloxifene hcl	90	RINVOQ LQ	96
ramelteon	111	risedronate sodium	100
ramipril	59	RISPERDAL CONSTA	41
ranolazine er	62	risperidone	42
rasagiline mesylate	39	ritonavir	47
RASUVO	96	RITUXAN HYCELA	36
RAVICTI	80	rivastigmine	17
RAYALDEE	100	rivastigmine tartrate	17
reclipsen	88	rizatriptan benzoate	25
RECOMBIVAX HB	98	ROCKLATAN	102
RECORLEV	91	roflumilast	109
RECTIV	65	romidepsin	31
REGRANEX	72	ropinirole hcl	38
relafen	3	ropinirole hcl er	38
RELENZA DISKHALER	47	rosuvastatin calcium	64
RELISTOR	77	ROTARIX	98
RENFLEXIS	96	ROTATEQ	98
repaglinide	52	roweepra	14
REPATHA	65	roweepra xr	14
REPATHA PUSHTRONEX SYSTEM	65	ROZLYTREK	34
REPATHA SURECLICK	65	RUBRACA	34
RESTASIS	102	rufinamide	16,17
RESTASIS MULTIDOSE	102	RUKOBIA	46
RETACRIT	57	RUXIENCE	36
RETEVMO	30,34	RYBELSUS	52
REVLIMID	27	RYDAPT	34
REXULTI	41		
REYATAZ	47	S	
REZLIDHIA	34	sajazir	92
REZUROCK	96	SANCUSO	22
RHOPRESSA	105	SANDIMMUNE	96
RIABNI	36	SANTYL	72
ribavirin	44	sapropterin dihydrochloride	80
RIDAURA	93	SAVELLA	68
rifabutin	25	SAVELLA TITRATION PACK	68
rifampin	26	SCSEMBLIX	34
riluzole	67	scopolamine	21
		SECUADO	42
		selegiline hcl	39

selenium sulfide	71	SPRITAM	14
SELZENTRY	46	SPRYCEL	34
SEREVENT DISKUS	108	sps (sodium polystyrene sulf)	77
sertraline hcl	20	sronyx	88
setlakin	88	ssd	72
sevelamer carbonate	76	STELARA	93
sharobel	90	sterile water for irrigation	101
SHINGRIX	98	STIVARGA	34
SIGNIFOR	92	streptomycin sulfate	7
sildenafil citrate	109	STRIBILD	44
silodosin	81	STRIVERDI RESPIMAT	108
silver sulfadiazine	72	subvenite	14
SIMBRINZA	105	sucrafate	79
simliya	88	sulfacetamide sodium	103
SIMULECT	96	sulfacetamide sodium (acne)	12
simvastatin	64	sulfacetamide-prednisolone	102
sirolimus	96	sulfadiazine	12
SIRTURO	26	sulfamethoxazole-trimethoprim	12
SKYRIZI	78,93	sulfasalazine	99
SKYRIZI PEN	93	sulindac	3
sodium chloride	75	sumatriptan	25
sodium chloride (pf)	76	sumatriptan succinate	25
SODIUM FLUORIDE	76	sumatriptan succinate refill	25
sodium phenylbutyrate	80	sunitinib malate	34
sodium polystyrene sulfonate	77	SUNLENCA	46
SOFOSBUVIR-VELPATASVIR	44	syeda	88
solifenacin succinate	80	SYMLINPEN 120	52
SOLQUA	52	SYMLINPEN 60	52
SOLTAMOX	28	SYMPAZAN	15
SOLU-MEDROL	82	SYMTUZA	47
SOMATULINE DEPOT	91	SYNAREL	92
SOMAVERT	92	SYNJARDY	52
sorafenib tosylate	34	SYNJARDY XR	52
sorine	59	SYNRIBO	34
sotalol hcl	59	SYNTHROID	91
sotalol hcl (af)	59		
SPIRIVA HANDIHALER	107	T	
SPIRIVA RESPIMAT	107	TABLOID	28
spironolactone	63	TABRECTA	30
spironolactone-hctz	62	tacrolimus	71,96
sprintec 28	88	tadalafil (pah)	109

TAFINLAR.....	34	THALOMID.....	27
TAGRISSE.....	34	theophylline.....	109
TALTZ.....	93	theophylline er.....	109
TALZENNA.....	34	thioridazine hcl.....	39
tamoxifen citrate.....	28	thiothixene.....	39
tamsulosin hcl.....	81	THYMOGLOBULIN.....	93
tarina 24 fe.....	88	tiadylt er.....	61
tarina fe 1/20 eq.....	88	tiagabine hcl.....	15
TASIGNA.....	34	TIBSOVO.....	34
tasimelteon.....	111	TICOVAC.....	98
tazarotene.....	69	TIGECYCLINE.....	8
tazicef.....	10	tilia fe.....	88
TAZORAC.....	69	timolol maleate.....	60,104
taztia xt.....	61	timolol maleate (once-daily).....	104
TAZVERIK.....	30	tiotropium bromide monohydrate.....	107
TDVAX.....	98	TIVICAY.....	44
TECENTRIQ.....	36	TIVICAY PD.....	44
TECFIDERA.....	68	tizanidine hcl.....	43
TEFLARO.....	10	TOBRADEX.....	102
telmisartan.....	58	tobramycin.....	103,108
telmisartan-amlodipine.....	62	tobramycin sulfate.....	7
telmisartan-hctz.....	62	tobramycin-dexamethasone.....	102
temazepam.....	111	tolcapone.....	38
temsirolimus.....	34	tolterodine tartrate.....	81
TENIVAC.....	98	tolterodine tartrate er.....	81
tenofovir disoproxil fumarate.....	46	topiramate.....	14
TEPMETKO.....	34	topotecan hcl.....	31
terazosin hcl.....	58	toremifene citrate.....	28
terbinafine hcl.....	23	toremide.....	63
terbutaline sulfate.....	108	TOUJEO MAX SOLOSTAR.....	56
terconazole.....	23	TOUJEO SOLOSTAR.....	56
teriparatide.....	100	tovet.....	71
teriparatide (recombinant).....	100	TPN ELECTROLYTES.....	76
TERIPARATIDE (RECOMBINANT).....	100	TRACLEER.....	109
testosterone.....	83	TRADJENTA.....	52
testosterone cypionate.....	83	tramadol hcl.....	5
testosterone enanthate.....	83	tramadol hcl (er biphasic).....	3
testosterone td gel pump 20.25 mg/act (1.62%).....	83	tramadol hcl er.....	3
tetrabenazine.....	67	tramadol-acetaminophen.....	5
tetracycline hcl.....	13	trandolapril.....	59
		trandolapril-verapamil hcl er.....	62

tranexamic acid.....	57	TRIZIVIR.....	46
tranylcypromine sulfate.....	18	TROGARZO.....	46
TRAVASOL.....	76	TROPHAMINE.....	76
travoprost (bak free).....	105	tropium chloride.....	81
TRAZIMERA.....	36	tropium chloride er.....	81
trazodone hcl.....	20	TRULANCE.....	77
TRECATOR.....	26	TRULICITY.....	53
TRELEGY ELLIPTA.....	110	TRUMENBA.....	98
TRELSTAR MIXJECT.....	92	TRUQAP.....	31
TRESIBA.....	56	TRUSELTIQ (100MG DAILY DOSE).....	34
TRESIBA FLEXTOUCH.....	56	TRUSELTIQ (125MG DAILY DOSE).....	35
tretinoin.....	36,69	TRUSELTIQ (50MG DAILY DOSE).....	35
TREXALL.....	96	TRUSELTIQ (75MG DAILY DOSE).....	35
tri femynor.....	88	TRUXIMA.....	36
tri-estarylla.....	88	TUKYSA.....	35
tri-legest fe.....	88	TURALIO.....	35
tri-linyah.....	88	turqoz.....	89
tri-lo-estarylla.....	88	TWINRIX.....	98
tri-lo-marzia.....	88	TYBOST.....	46
tri-lo-mili.....	88	TYPHIM VI.....	98
tri-lo-sprintec.....	88		
tri-mili.....	88	U	
tri-nymyo.....	88	UBRELVY.....	24
tri-sprintec.....	88	unithroid.....	91
tri-vylibra.....	88	UPTRAVI.....	109
tri-vylibra lo.....	88	ursodiol.....	78
triamcinolone acetonide.....	69,72	UZEDY.....	42
triamterene-hctz.....	62		
triderm.....	72	V	
trientine hcl.....	76	valacyclovir hcl.....	48
trifluoperazine hcl.....	39	VALCHLOR.....	27
trifluridine.....	48	valganciclovir hcl.....	43
trihexyphenidyl hcl.....	38	valproate sodium.....	14
TRIJARDY XR.....	52,53	valproic acid.....	14
TRIKAFTA.....	108	valsartan.....	58
trimethoprim.....	8	valsartan-hydrochlorothiazide.....	62
trimipramine maleate.....	21	VALTOCO 10 MG DOSE.....	15
TRINTELLIX.....	20	VALTOCO 15 MG DOSE.....	15
TRIUMEQ.....	46	VALTOCO 20 MG DOSE.....	15
TRIUMEQ PD.....	46	VALTOCO 5 MG DOSE.....	15
trivora (28).....	88	vancomycin hcl.....	8

VANFLYTA.....	30	VORANIGO.....	35
VAQTA.....	98	voriconazole.....	24
varenicline tartrate.....	6	VOTRIENT.....	35
varenicline tartrate (starter).....	6	VRAYLAR.....	42
varenicline tartrate(continue).....	6	VUMERITY.....	68
VARIVAX.....	98	vyfemla.....	89
VASCEPA.....	65	vylibra.....	89
VECTIBIX.....	36	VYXEOS.....	29
velivet.....	89		
VELTASSA.....	77	W	
VEMLIDY.....	43	warfarin sodium.....	56
VENCLEXTA.....	35	WELIREG.....	30
VENCLEXTA STARTING PACK.....	35	wera.....	89
VENLAFAXINE BESYLATE ER.....	20	wixela inhub.....	110
venlafaxine hcl.....	20	wymzya fe.....	89
venlafaxine hcl er.....	20		
VENTAVIS.....	109	X	
verapamil hcl.....	61	XALKORI.....	35
verapamil hcl er.....	61	XARELTO.....	57
VERQUVO.....	63	XARELTO STARTER PACK.....	57
VERSACLOZ.....	43	XATMEP.....	96
VERZENIO.....	35	XCOPRI.....	14
vestura.....	89	XCOPRI (250 MG DAILY DOSE).....	14
VIBERZI.....	78	XCOPRI (350 MG DAILY DOSE).....	14
vienna.....	89	XELJANZ.....	93
vigabatrin.....	15	XELJANZ XR.....	93
vigadrone.....	15	XEOMIN.....	110
VIGAFYDE.....	16	XERMELO.....	78
vigpoder.....	15	XGEVA.....	100
vilazodone hcl.....	20	XIFAXAN.....	8
vinblastine sulfate.....	30	XIGDUO XR.....	53
vincristine sulfate.....	30	XIIDRA.....	102
vinorelbine tartrate.....	30	XOLAIR.....	93
viorele.....	89	XOSPATA.....	35
VIRACEPT.....	47	XPOVIO (100 MG ONCE WEEKLY).....	30
VIREAD.....	46	XPOVIO (40 MG ONCE WEEKLY).....	30
VITRAKVI.....	35	XPOVIO (40 MG TWICE WEEKLY).....	30
VIVITROL.....	6	XPOVIO (60 MG ONCE WEEKLY).....	30
VIZIMPRO.....	35	XPOVIO (60 MG TWICE WEEKLY).....	31
volnea.....	89	XPOVIO (80 MG ONCE WEEKLY).....	31
VONJO.....	35	XPOVIO (80 MG TWICE WEEKLY).....	31

XTAMPZA ER.....	3	zomig 5 mg tab (ndc: 60846-0133-60 and 60846-2384-04).....	25
XTANDI.....	27	ZONISADE.....	17
xulane.....	89	zonisamide.....	17
XYREM.....	111	ZONTIVITY.....	57
XYWAV.....	111	zovia 1/35 (28).....	89
Y			
yargesa.....	80	ZTALMY.....	14
YERVOY.....	36	zumandimine.....	89
YF-VAX.....	98	ZURZUVAE.....	18
YONDELIS.....	27	ZYDELIG.....	35
YONSA.....	27	ZYKADIA.....	35
YUPELRI.....	107	ZYLET.....	102
yuvafem.....	89	ZYPREXA RELPREVV.....	42
Z			
zafemy.....	89		
zafirlukast.....	107		
zaleplon.....	111		
ZALTRAP.....	31		
ZANOSAR.....	27		
zarah.....	89		
ZARXIO.....	57		
ZEJULA.....	35		
ZELBORAF.....	35		
ZEMAIRA.....	80		
zenatane.....	70		
ZENPEP.....	80		
zidovudine.....	46		
ZIEXTENZO.....	57		
ziprasidone hcl.....	42		
ziprasidone mesylate.....	42		
ZIRABEV.....	36		
ZIRGAN.....	103		
zoledronic acid.....	100		
ZOLINZA.....	31		
zolmitriptan.....	25		
zolpidem tartrate.....	111		
zolpidem tartrate er.....	111		
zomig 2.5 mg tab (ndc: 60846-0130-30 and 60846-2383-03).....	25		

This formulary was updated on 11/01/2024. For more recent information or other questions, please contact Jefferson Health Plans at 1-866-901-8000 (TTY 1-877-454-8477), or visit www.JeffersonHealthPlans.com/Medicare. From October 1 to March 31, we're available 8 a.m. to 8 p.m., 7 days a week. And from April 1 to September 30, we're available 8 a.m. to 8 p.m., Monday to Friday.

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

Y0170_MCE-540RX-6219.B_C

11/01/2024

Jefferson Health Plans

1101 Market Street, Suite 3000

Philadelphia, PA 19107

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

www.JeffersonHealthPlans.com/Medicare

