



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 16

This formulary was updated on 06/01/2024. 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 06/01/2024. 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 06/01/2024. To get updated information about the drugs covered by Jefferson Health Plans please contact us. Our contact information appears on the front and back cover pages.

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

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Jefferson Health Plans Formulary

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

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

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

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

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

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

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

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LEGEND

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

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

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

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

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

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

OPIOID ANALGESICS, LONG-ACTING

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen-codeine 120-12 mg/5ml solution</i>	2-Generics	QL (2700 PER 30 DAYS)
<i>acetaminophen-codeine 300-15 mg tab</i>	2-Generics	QL (390 PER 30 DAYS)
<i>acetaminophen-codeine 300-30 mg tab</i>	2-Generics	QL (360 PER 30 DAYS)
<i>acetaminophen-codeine 300-60 mg tab</i>	2-Generics	QL (180 PER 30 DAYS)
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	4-Non-Preferred Drugs	PA, QL (180 PER 30 DAYS)
<i>butorphanol tartrate 10 mg/ml solution</i>	4-Non-Preferred Drugs	QL (5 PER 30 DAYS)
<i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>	3-Preferred Brands	QL (360 PER 30 DAYS)
<i>endocet 10-325 mg tab</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>endocet 7.5-325 mg tab</i>	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>fentanyl citrate (400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)</i>	5-Specialty	PA, QL (120 PER 30 DAYS)
<i>fentanyl citrate 200 mcg loz handle</i>	4-Non-Preferred Drugs	PA, QL (120 PER 30 DAYS)
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i>	4-Non-Preferred Drugs	QL (2700 PER 30 DAYS)
<i>hydrocodone-acetaminophen 10-325 mg tab</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	3-Preferred Brands	QL (360 PER 30 DAYS)
<i>hydrocodone-acetaminophen 7.5-325 mg tab</i>	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>hydrocodone-ibuprofen</i>	3-Preferred Brands	QL (150 PER 30 DAYS)
<i>hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)</i>	3-Preferred Brands	QL (180 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MORPHINE SULFATE (10 MG/5ML SOLUTION, 20 MG/5ML SOLUTION)	3-Preferred Brands	QL (900 PER 30 DAYS)
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
MORPHINE SULFATE (CONCENTRATE) (, 100 MG/5ML SOLUTION)	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	
DISULFIRAM (, 500 MG TAB)	2-Generics	
<i>naltrexone hcl 50 mg tab</i>	2-Generics	
VIVITROL	5-Specialty	
OPIOID DEPENDENCE		
<i>buprenorphine hcl 2 mg sl tab</i>	2-Generics	QL (90 PER 30 DAYS)
<i>buprenorphine hcl 8 mg sl tab</i>	2-Generics	QL (60 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab)</i>	2-Generics	QL (90 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	2-Generics	QL (60 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	2-Generics	QL (120 PER 30 DAYS)
LUCEMYRA	5-Specialty	PA, QL (16 PER 1 DAYS)
OPIOID REVERSAL AGENTS		
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)</i>	1-Preferred Generics	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	2-Generics	
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det)</i>	2-Generics	QL (60 PER 30 DAYS)
NICOTROL	4-Non-Preferred Drugs	
NICOTROL NS	4-Non-Preferred Drugs	
<i>varenicline tartrate</i>	3-Preferred Brands	
<i>varenicline tartrate (starter)</i>	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate</i>	4-Non-Preferred Drugs	
<i>gentamicin in saline</i>	2-Generics	
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>gentamicin sulfate (10 mg/ml solution, 40 mg/ml solution)</i>	2-Generics	
<i>neomycin sulfate</i>	2-Generics	
<i>paromomycin sulfate</i>	2-Generics	
<i>streptomycin sulfate</i>	5-Specialty	
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i>	4-Non-Preferred Drugs	
ANTIBACTERIALS, OTHER		
<i>acetic acid 2 % solution</i>	2-Generics	
<i>aztreonam</i>	4-Non-Preferred Drugs	
<i>clindamycin hcl</i>	2-Generics	
<i>clindamycin palmitate hcl</i>	2-Generics	
<i>clindamycin phosphate (1 % swab, 2 % cream)</i>	2-Generics	
<i>clindamycin phosphate (300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i>	4-Non-Preferred Drugs	
<i>clindamycin phosphate in d5w</i>	4-Non-Preferred Drugs	
<i>colistimethate sodium (cba)</i>	5-Specialty	
DAPTOMYCIN (, 350 MG RECON SOLN)	5-Specialty	
<i>fosfomycin tromethamine</i>	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>linezolid 100 mg/5ml recon susp</i>	5-Specialty	QL (1800 PER 30 DAYS)
<i>linezolid 600 mg tab</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>linezolid 600 mg/300ml solution</i>	4-Non-Preferred Drugs	
<i>methenamine hippurate</i>	2-Generics	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel, 250 mg tab, 500 mg tab)</i>	2-Generics	
<i>metronidazole 500 mg/100ml solution</i>	4-Non-Preferred Drugs	
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	3-Preferred Brands	
<i>nitrofurantoin monohyd macro</i>	3-Preferred Brands	
<i>polymyxin b sulfate</i>	2-Generics	
TIGECYCLINE	5-Specialty	
<i>trimethoprim</i>	2-Generics	
<i>vancomycin hcl (1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 100 gm recon soln, 500 mg recon soln, 750 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>vancomycin hcl 125 mg cap</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg cap</i>	4-Non-Preferred Drugs	QL (240 PER 30 DAYS)
XIFAXAN 200 MG TAB	4-Non-Preferred Drugs	PA
XIFAXAN 550 MG TAB	5-Specialty	PA

BETA-LACTAM, CEPHALOSPORINS

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

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

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

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

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

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

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

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

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

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

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

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1-Preferred Generics	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	2-Generics	
<i>levetiracetam er</i>	2-Generics	
LEVETIRACETAM IN NACL	4-Non-Preferred Drugs	
<i>roweepra</i>	2-Generics	
<i>roweepra xr</i>	2-Generics	
SPRITAM	4-Non-Preferred Drugs	
<i>subvenite</i>	1-Preferred Generics	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2-Generics	
<i>valproate sodium</i>	2-Generics	
<i>valproic acid (250 mg cap, 250 mg/5ml solution)</i>	2-Generics	
XCOPRI (14 X 150 MG & 14 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
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methsuximide</i>	3-Preferred Brands	
GAMMA-AMINOBTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clobazam (10 mg tab, 20 mg tab)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	4-Non-Preferred Drugs	
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	2-Generics	
NAYZILAM	5-Specialty	PA2, QL (10 PER 30 DAYS)
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 20 mg/5ml solution, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	2-Generics	
<i>primidone</i>	2-Generics	
SYMPAZAN (10 MG FILM, 20 MG FILM)	5-Specialty	PA2, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	4-Non-Preferred Drugs	PA2, QL (60 PER 30 DAYS)
<i>tiagabine hcl</i>	4-Non-Preferred Drugs	
VALTOCO 10 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 15 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 20 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 5 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
<i>vigabatrin</i>	5-Specialty	QL (180 PER 30 DAYS)
<i>vigadrone</i>	5-Specialty	QL (180 PER 30 DAYS)
<i>vigpoder</i>	5-Specialty	QL (180 PER 30 DAYS)
SODIUM CHANNEL AGENTS		
APTIOM (200 MG TAB, 400 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
APTIOM (600 MG TAB, 800 MG TAB)	5-Specialty	QL (60 PER 30 DAYS)
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab)</i>	2-Generics	
<i>carbamazepine er</i>	2-Generics	
DILANTIN 30 MG CAP	3-Preferred Brands	
<i>epitol</i>	2-Generics	
<i>fosphenytoin sodium</i>	4-Non-Preferred Drugs	
<i>lacosamide (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)
<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	

You 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>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)
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
AUVELITY	5-Specialty	QL (60 PER 30 DAYS)
<i>bupropion hcl</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>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	

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)

You 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>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	
<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)

You 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>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	
<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	

You 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>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)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ondansetron 4 mg tab disp</i>	2-Generics	PA3, QL (180 PER 30 DAYS)
<i>ondansetron 8 mg tab disp</i>	2-Generics	PA3, QL (90 PER 30 DAYS)
<i>ondansetron hcl (4 mg/2ml soln prsyr, 4 mg/2ml solution, 40 mg/20ml solution)</i>	2-Generics	
<i>ondansetron hcl 4 mg tab</i>	2-Generics	PA3, QL (180 PER 30 DAYS)
<i>ondansetron hcl 8 mg tab</i>	2-Generics	PA3, QL (90 PER 30 DAYS)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	2-Generics	PA3
SANCUSO	5-Specialty	ST, QL (4 PER 28 DAYS)

ANTIFUNGALS

ABELCET	4-Non-Preferred Drugs	PA3
<i>amphotericin b</i>	4-Non-Preferred Drugs	PA3
<i>amphotericin b liposome</i>	5-Specialty	PA3
<i>caspofungin acetate 50 mg recon soln</i>	5-Specialty	
<i>caspofungin acetate 70 mg recon soln</i>	4-Non-Preferred Drugs	
<i>ciclopirox olamine 0.77 % cream</i>	2-Generics	QL (90 PER 30 DAYS)
<i>ciclopirox olamine 0.77 % suspension</i>	2-Generics	QL (60 PER 30 DAYS)
<i>clotrimazole 1 % cream</i>	2-Generics	QL (90 PER 30 DAYS)
<i>clotrimazole 1 % solution</i>	2-Generics	QL (30 PER 30 DAYS)
<i>clotrimazole 10 mg troche</i>	2-Generics	
<i>econazole nitrate</i>	4-Non-Preferred Drugs	QL (85 PER 30 DAYS)
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2-Generics	
<i>fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i>	2-Generics	
<i>flucytosine</i>	5-Specialty	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>griseofulvin 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	
<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
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>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)
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ERGOT ALKALOIDS

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

SEROTONIN (5-HT) RECEPTOR AGONIST

<i>naratriptan hcl</i>	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)

You 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>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)

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

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

ANTIMYCOBACTERIALS

ANTIMYCOBACTERIALS, OTHER

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

ANTITUBERCULARS

<i>ethambutol hcl</i>	2-Generics	
<i>isoniazid (100 mg tab, 300 mg tab)</i>	1-Preferred Generics	
<i>isoniazid 50 mg/5ml syrup</i>	2-Generics	
PRETOMANID	3-Preferred Brands	QL (30 PER 30 DAYS)
PRIFTIN	4-Non-Preferred Drugs	
<i>pyrazinamide</i>	4-Non-Preferred Drugs	
<i>rifampin (150 mg cap, 300 mg cap)</i>	2-Generics	
<i>rifampin 600 mg recon soln</i>	4-Non-Preferred Drugs	
SIRTURO	5-Specialty	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
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

You 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>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	
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 (400 MG DOSE)	5-Specialty	PA2
KISQALI FEMARA (600 MG DOSE)	5-Specialty	PA2
KISQALI FEMARA(200 MG DOSE)	5-Specialty	PA2
KRAZATI	5-Specialty	PA2
<i>leucovorin calcium (50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>levoleucovorin calcium</i>	5-Specialty	
LEVOLEUCOVORIN CALCIUM PF (, 250 MG/25ML SOLUTION)	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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NINLARO	5-Specialty	PA2
ONUREG	5-Specialty	PA2
QINLOCK	5-Specialty	PA2
RETEVMO	5-Specialty	PA2
TABRECTA	5-Specialty	PA2
TAZVERIK	5-Specialty	PA2
VANFLYTA	5-Specialty	PA2
<i>vinblastine sulfate</i>	4-Non-Preferred Drugs	PA3
<i>vincristine sulfate</i>	4-Non-Preferred Drugs	PA3
<i>vinorelbine tartrate 50 mg/5ml solution</i>	4-Non-Preferred Drugs	
WELIREG	5-Specialty	PA2
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	5-Specialty	PA2
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	5-Specialty	PA2
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	5-Specialty	PA2
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	5-Specialty	PA2
XPOVIO (60 MG TWICE WEEKLY)	5-Specialty	PA2
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	5-Specialty	PA2
XPOVIO (80 MG TWICE WEEKLY)	5-Specialty	PA2
ZALTRAP 100 MG/4ML SOLUTION	5-Specialty	
ZOLINZA	5-Specialty	PA2

AROMATASE INHIBITORS, 3RD GENERATION

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

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

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

MOLECULAR TARGET INHIBITORS

ALECENSA	5-Specialty	PA2
ALIQOPA	5-Specialty	PA3
ALUNBRIG	5-Specialty	PA2
BALVERSA	5-Specialty	PA2
BORTEZOMIB 3.5 MG RECON SOLN	5-Specialty	PA3
BOSULIF	5-Specialty	PA2
BRAFTOVI	5-Specialty	PA2
CABOMETYX	5-Specialty	PA2
CALQUENCE	5-Specialty	PA2
CAPRELSA	5-Specialty	PA2
COMETRIQ (100 MG DAILY DOSE)	5-Specialty	PA2
COMETRIQ (140 MG DAILY DOSE)	5-Specialty	PA2

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COMETRIQ (60 MG DAILY DOSE)	5-Specialty	PA2
COPIKTRA	5-Specialty	PA2
COTELLIC	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
INLYTA	5-Specialty	PA2
INREBIC	5-Specialty	PA2
JAKAFI	5-Specialty	PA2
JEVTANA	5-Specialty	
KISQALI (200 MG DOSE)	5-Specialty	PA2
KISQALI (400 MG DOSE)	5-Specialty	PA2
KISQALI (600 MG DOSE)	5-Specialty	PA2
KOSELUGO	5-Specialty	PA2
KYPROLIS	5-Specialty	PA3
<i>lapatinib ditosylate</i>	5-Specialty	PA2
LENVIMA (10 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (12 MG DAILY DOSE)	5-Specialty	PA2

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LENVIMA (14 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (18 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (20 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (24 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (4 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (8 MG DAILY DOSE)	5-Specialty	PA2
LORBRENA	5-Specialty	PA2
LYNPARZA	5-Specialty	PA2
LYTGOBI (12 MG DAILY DOSE)	5-Specialty	PA2
LYTGOBI (16 MG DAILY DOSE)	5-Specialty	PA2
LYTGOBI (20 MG DAILY DOSE)	5-Specialty	PA2
MEKINIST (0.05 MG/ML RECON SOLN, 0.5 MG TAB, 2 MG TAB)	5-Specialty	PA2
MEKTOVI	5-Specialty	PA2
NERLYNX	5-Specialty	PA2
ODOMZO	5-Specialty	PA2
OGSIVEO	5-Specialty	PA2
<i>paclitaxel</i>	4-Non-Preferred Drugs	PA3
<i>paclitaxel protein-bound part</i>	5-Specialty	PA3
<i>pazopanib hcl</i>	5-Specialty	PA2
PEMAZYRE	5-Specialty	PA2
PIQRAY (200 MG DAILY DOSE)	5-Specialty	PA2
PIQRAY (250 MG DAILY DOSE)	5-Specialty	PA2
PIQRAY (300 MG DAILY DOSE)	5-Specialty	PA2
REZLIDHIA	5-Specialty	PA2
ROZLYTREK	5-Specialty	PA2
RUBRACA	5-Specialty	PA2
RYDAPT	5-Specialty	PA2
SCEMBLIX 20 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TAB	5-Specialty	PA2

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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
TAGRISSO	5-Specialty	PA2
TALZENNA	5-Specialty	PA2
TASIGNA	5-Specialty	PA2
<i>temsirolimus</i>	5-Specialty	
TEPMETKO	5-Specialty	PA2
TIBSOVO	5-Specialty	PA2
TRUSELTIQ (100MG DAILY DOSE)	5-Specialty	
TRUSELTIQ (125MG DAILY DOSE)	5-Specialty	
TRUSELTIQ (50MG DAILY DOSE)	5-Specialty	
TRUSELTIQ (75MG DAILY DOSE)	5-Specialty	
TUKYSA	5-Specialty	PA2
TURALIO	5-Specialty	PA2
VENCLEXTA (50 MG TAB, 100 MG TAB)	5-Specialty	PA2
VENCLEXTA 10 MG TAB	4-Non-Preferred Drugs	PA2
VENCLEXTA STARTING PACK	5-Specialty	PA2
VERZENIO	5-Specialty	PA2
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	5-Specialty	PA2
VIZIMPRO	5-Specialty	PA2
VONJO	5-Specialty	PA2, QL (120 PER 30 DAYS)
VOTRIENT	5-Specialty	PA2
XALKORI	5-Specialty	PA2
XOSPATA	5-Specialty	PA2

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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	

You 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>hydroxychloroquine sulfate 200 mg tab</i>	2-Generics	
<i>mefloquine hcl</i>	2-Generics	
<i>nitazoxanide</i>	5-Specialty	QL (6 PER 30 DAYS)
<i>pentamidine isethionate for nebulization soln 300 mg</i>	4-Non-Preferred Drugs	PA3
<i>pentamidine isethionate for soln 300 mg</i>	4-Non-Preferred Drugs	
<i>primaquine phosphate</i>	3-Preferred Brands	
<i>pyrimethamine</i>	5-Specialty	
<i>quinine sulfate</i>	4-Non-Preferred Drugs	

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

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

ANTIPARKINSON AGENTS, OTHER

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

DOPAMINE AGONISTS

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

You 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>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	

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	

You 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>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)
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)

You 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 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)
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)

You 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>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)
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
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	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BARACLUDE 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)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
<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)

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

You 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>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)
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>chlordiazepoxide hcl 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)
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lithium</i>	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)
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glipizide 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)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metformin hcl 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)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
HUMALOG	3-Preferred Brands	
HUMALOG JUNIOR KWIKPEN	3-Preferred Brands	
HUMALOG KWIKPEN	3-Preferred Brands	
HUMALOG MIX 50/50 KWIKPEN	3-Preferred Brands	
HUMALOG MIX 75/25	3-Preferred Brands	
HUMALOG MIX 75/25 KWIKPEN	3-Preferred Brands	
HUMULIN 70/30	3-Preferred Brands	
HUMULIN 70/30 KWIKPEN	3-Preferred Brands	
HUMULIN N	3-Preferred Brands	
HUMULIN N KWIKPEN	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMULIN R	3-Preferred Brands	
HUMULIN R U-500 (CONCENTRATED)	3-Preferred Brands	
HUMULIN R U-500 KWIKPEN	3-Preferred Brands	
INSULIN LISPRO	3-Preferred Brands	
INSULIN LISPRO (1 UNIT DIAL)	3-Preferred Brands	
INSULIN LISPRO JUNIOR KWIKPEN	3-Preferred Brands	
INSULIN LISPRO PROT & LISPRO	3-Preferred Brands	
LANTUS	3-Preferred Brands	
LANTUS SOLOSTAR	3-Preferred Brands	
LEVEMIR	3-Preferred Brands	
LEVEMIR FLEXPEN	3-Preferred Brands	
LEVEMIR FLEXTOUCH	3-Preferred Brands	
LYUMJEV	3-Preferred Brands	
LYUMJEV KWIKPEN	3-Preferred Brands	
TOUJEO MAX SOLOSTAR	3-Preferred Brands	
TOUJEO SOLOSTAR	3-Preferred Brands	
TRESIBA	3-Preferred Brands	
TRESIBA FLEXTOUCH	3-Preferred Brands	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
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PLATELET MODIFYING AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
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)

You 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>lisinopril</i>	6-Select Care	CG (Coverage Gap)
<i>moexipril hcl</i>	6-Select Care	CG (Coverage Gap)
<i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i>	6-Select Care	CG (Coverage Gap)
<i>quinapril hcl</i>	6-Select Care	CG (Coverage Gap)
<i>ramipril</i>	6-Select Care	CG (Coverage Gap)
<i>trandolapril</i>	6-Select Care	CG (Coverage Gap)

ANTIARRHYTHMICS

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

BETA-ADRENERGIC BLOCKING AGENTS

<i>acebutolol hcl</i>	2-Generics	
<i>atenolol</i>	1-Preferred Generics	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	2-Generics	
<i>bisoprolol fumarate</i>	2-Generics	
<i>carvedilol</i>	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carvedilol phosphate er</i>	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	
<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	

You 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>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	
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENTRESTO	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>fosinopril sodium-hctz</i>	6-Select Care	CG (Coverage Gap)
<i>irbesartan-hydrochlorothiazide</i>	6-Select Care	CG (Coverage Gap)
<i>lisinopril-hydrochlorothiazide</i>	6-Select Care	CG (Coverage Gap)
<i>losartan potassium-hctz</i>	6-Select Care	CG (Coverage Gap)
<i>metoprolol-hydrochlorothiazide</i>	2-Generics	
<i>metyrosine</i>	5-Specialty	
NEXLETOL	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>olmesartan medoxomil-hctz</i>	6-Select Care	CG (Coverage Gap)
<i>olmesartan-amlodipine-hctz</i>	6-Select Care	CG (Coverage Gap)
<i>pentoxifylline er</i>	2-Generics	
<i>ranolazine er</i>	2-Generics	
<i>spironolactone-hctz</i>	2-Generics	
<i>telmisartan-amlodipine</i>	1-Preferred Generics	
<i>telmisartan-hctz</i>	6-Select Care	CG (Coverage Gap)
<i>trandolapril-verapamil hcl er</i>	1-Preferred Generics	
<i>triamterene-hctz</i>	1-Preferred Generics	
<i>valsartan-hydrochlorothiazide</i>	6-Select Care	CG (Coverage Gap)
VERQUVO	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

DIURETICS, LOOP

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl</i>	2-Generics	
<i>eplerenone</i>	2-Generics	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	
DIURETICS, THIAZIDE		
<i>chlorthalidone</i>	2-Generics	
<i>hydrochlorothiazide</i>	1-Preferred Generics	
<i>indapamide</i>	1-Preferred Generics	
<i>metolazone</i>	2-Generics	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	2-Generics	
<i>fenofibrate micronized (67 mg cap, 134 mg cap, 200 mg cap)</i>	2-Generics	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	2-Generics	
<i>gemfibrozil</i>	1-Preferred Generics	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tab, 40 mg tab)</i>	6-Select Care	QL (60 PER 30 DAYS), CG (Coverage Gap)
<i>atorvastatin calcium 20 mg tab</i>	6-Select Care	QL (90 PER 30 DAYS), CG (Coverage Gap)
<i>atorvastatin calcium 80 mg tab</i>	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)
LIVALO	3-Preferred Brands	ST, QL (30 PER 30 DAYS)
<i>lovastatin (10 mg tab, 20 mg tab)</i>	6-Select Care	QL (30 PER 30 DAYS), CG (Coverage Gap)
<i>lovastatin 40 mg tab</i>	6-Select Care	QL (60 PER 30 DAYS), CG (Coverage Gap)

You 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>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	
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)

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)

You 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>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)

CENTRAL NERVOUS SYSTEM, OTHER

AUSTEDO (9 MG TAB, 12 MG TAB)	5-Specialty	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TAB	5-Specialty	PA, QL (60 PER 30 DAYS)
AUSTEDO XR	5-Specialty	PA, QL (60 PER 30 DAYS)
AUSTEDO XR PATIENT TITRATION	5-Specialty	PA, QL (42 PER 28 DAYS)
<i>bac</i>	2-Generics	PA, QL (180 PER 30 DAYS)
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	2-Generics	PA, QL (180 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INGREZZA (40 MG CAP, 60 MG CAP, 80 MG CAP)	5-Specialty	PA, QL (30 PER 30 DAYS)
INGREZZA 40 & 80 MG CAP THPK	5-Specialty	PA, QL (28 PER 28 DAYS)
NUEDEXTA	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	2-Generics	
<i>tetrabenazine 12.5 mg tab</i>	5-Specialty	PA, QL (90 PER 30 DAYS)
<i>tetrabenazine 25 mg tab</i>	5-Specialty	PA, QL (120 PER 30 DAYS)

FIBROMYALGIA AGENTS

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

MULTIPLE SCLEROSIS AGENTS

AUBAGIO	5-Specialty	QL (30 PER 30 DAYS)
AVONEX PEN	5-Specialty	QL (1 PER 28 DAYS)
AVONEX PREFILLED	5-Specialty	QL (1 PER 28 DAYS)
BETASERON	5-Specialty	QL (14 PER 28 DAYS)
COPAXONE 20 MG/ML SOLN PRSYR	5-Specialty	QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SOLN PRSYR	5-Specialty	QL (12 PER 28 DAYS)

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

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

<i>acutane</i>	4-Non-Preferred Drugs	
<i>acitretin</i>	4-Non-Preferred Drugs	PA2
<i>amnesteam</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>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)
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clobetasol propionate (0.05 % 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	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocortisone 2.5 % lotion</i>	2-Generics	
<i>hydrocortisone butyrate 0.1 % ointment</i>	2-Generics	QL (45 PER 30 DAYS)
<i>hydrocortisone butyrate 0.1 % solution</i>	2-Generics	QL (60 PER 30 DAYS)
<i>hydrocortisone valerate</i>	2-Generics	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	2-Generics	
<i>procto-med hc</i>	1-Preferred Generics	
<i>proctosol hc</i>	1-Preferred Generics	
<i>proctozone-hc</i>	1-Preferred Generics	
<i>selenium sulfide 2.5 % lotion</i>	2-Generics	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>tovet</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	2-Generics	
<i>triderm</i>	2-Generics	

DERMATOLOGICAL AGENTS, OTHER

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

You 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>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	
<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)

You 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>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
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 (10-5-0.45 meq/l-%-% solution, 20-5-0.2 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 30-5-0.45 meq/l-%-% solution, 40-5-0.45 meq/l-%-% solution, 40-5-0.9 meq/l-%-% solution)</i>	2-Generics	
KCL-LACTATED RINGERS-D5W	2-Generics	
<i>klor-con</i>	2-Generics	
<i>klor-con 10</i>	2-Generics	
<i>klor-con m10</i>	2-Generics	
<i>klor-con m15</i>	2-Generics	
<i>klor-con m20</i>	2-Generics	
<i>klor-con sprinkle</i>	2-Generics	
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	2-Generics	
<i>levocarnitine sf</i>	2-Generics	
<i>magnesium sulfate 50 % solution</i>	2-Generics	
<i>multiple electro type 1 ph 5.5</i>	4-Non-Preferred Drugs	
<i>multiple electro type 1 ph 7.4</i>	4-Non-Preferred Drugs	
NUTRILIPID	4-Non-Preferred Drugs	PA3
PLASMA-LYTE A	4-Non-Preferred Drugs	
<i>plenamine</i>	4-Non-Preferred Drugs	PA3

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

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

You 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>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

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

VITAMINS

PRENATAL VITAMIN ORAL TABLET	3-Preferred Brands	
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GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

CLENPIQ	4-Non-Preferred Drugs	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>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)

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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>lansoprazole (15 mg cap dr, 30 mg cap dr)</i>	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)
ENDARI	5-Specialty	PA, QL (180 PER 30 DAYS)
GLASSIA	5-Specialty	PA
<i>javygtor</i>	5-Specialty	
<i>miglustat</i>	5-Specialty	QL (90 PER 30 DAYS)
<i>nitisinone</i>	5-Specialty	
NITYR	5-Specialty	
PROLASTIN-C	5-Specialty	PA
RAVICTI	5-Specialty	PA, QL (525 PER 30 DAYS)
<i>sapropterin dihydrochloride</i>	5-Specialty	
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	5-Specialty	PA
<i>yargesa</i>	5-Specialty	QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tamsulosin hcl</i>	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 phosphate pf 10 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>dexamethasone sodium phosphate (4 mg/ml soln prsyr, 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)</i>	4-Non-Preferred Drugs	
<i>fludrocortisone acetate</i>	2-Generics	
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisone (5 mg (21) tab thpk, 5 mg (48) tab thpk, 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	
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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	

You 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>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	
<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	

You 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>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	
<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	

You 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>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	
<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	

You 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>nortrel 0.5/35 (28)</i>	2-Generics	
<i>nortrel 1/35 (21)</i>	2-Generics	
<i>nortrel 1/35 (28)</i>	2-Generics	
<i>nortrel 7/7/7</i>	2-Generics	
<i>nylia 1/35</i>	2-Generics	
<i>nylia 7/7/7</i>	2-Generics	
<i>nymyo</i>	2-Generics	
<i>ocella</i>	2-Generics	
<i>philith</i>	2-Generics	
<i>pimtrea</i>	2-Generics	
<i>pirmella 1/35</i>	2-Generics	
<i>portia-28</i>	2-Generics	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB)	3-Preferred Brands	
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tri-legest fe</i>	2-Generics	
<i>tri-linyah</i>	2-Generics	
<i>tri-lo-estarylla</i>	2-Generics	
<i>tri-lo-marzia</i>	2-Generics	
<i>tri-lo-mili</i>	2-Generics	
<i>tri-lo-sprintec</i>	2-Generics	
<i>tri-mili</i>	2-Generics	
<i>tri-nymyo</i>	2-Generics	
<i>tri-sprintec</i>	2-Generics	
<i>tri-vylibra</i>	2-Generics	
<i>tri-vylibra lo</i>	2-Generics	
<i>trivora (28)</i>	2-Generics	
<i>turqoz</i>	2-Generics	
<i>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>yuvaferm</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	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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>heather</i>	2-Generics	
<i>incassia</i>	2-Generics	
<i>jencycla</i>	2-Generics	
<i>lyleq</i>	2-Generics	
<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	
<i>megestrol acetate 625 mg/5ml suspension</i>	4-Non-Preferred Drugs	
<i>nora-be</i>	2-Generics	
<i>norethindrone</i>	2-Generics	
<i>norethindrone acetate</i>	2-Generics	
<i>norlyda</i>	2-Generics	
<i>norlyroc</i>	2-Generics	
<i>progesterone (100 mg cap, 200 mg cap)</i>	2-Generics	
<i>sharobel</i>	2-Generics	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE	4-Non-Preferred Drugs	
<i>raloxifene hcl</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
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
<i>euthyrox</i>	1-Preferred Generics	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1-Preferred Generics	
<i>levoxyl</i>	3-Preferred Brands	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2-Generics	
SYNTHROID	3-Preferred Brands	
<i>unithroid</i>	3-Preferred Brands	

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

LANREOTIDE ACETATE	5-Specialty	
LUPRON DEPOT-PED (1-MONTH) (11.25 MG KIT, 15 MG KIT)	5-Specialty	PA3
LUPRON DEPOT-PED (3-MONTH) 30 MG KIT	5-Specialty	PA3
<i>mifepristone</i>	5-Specialty	PA
<i>octreotide acetate (50 mcg/ml soln 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	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELIGARD	4-Non-Preferred Drugs	PA3
FIRMAGON	4-Non-Preferred Drugs	PA3
FIRMAGON (240 MG DOSE)	5-Specialty	PA3
<i>leuprolide acetate</i>	4-Non-Preferred Drugs	PA3
LEUPROLIDE ACETATE (3 MONTH)	5-Specialty	PA3
LUPRON DEPOT (1-MONTH)	5-Specialty	PA3
LUPRON DEPOT (3-MONTH)	5-Specialty	PA3
LUPRON DEPOT (4-MONTH)	5-Specialty	PA3
LUPRON DEPOT (6-MONTH)	5-Specialty	PA3
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
CINRYZE	5-Specialty	PA
HAEGARDA	5-Specialty	PA
<i>icatibant acetate</i>	5-Specialty	PA, QL (27 PER 30 DAYS)
<i>sajazir</i>	5-Specialty	PA, QL (27 PER 30 DAYS)
IMMUNOGLOBULINS		
ATGAM	5-Specialty	PA3
BIVIGAM	5-Specialty	PA
FLEBOGAMMA DIF	5-Specialty	PA
GAMMAGARD	5-Specialty	PA
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

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

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

IMMUNOSTIMULANTS

ACTIMMUNE	5-Specialty	PA
PEGASYS	5-Specialty	

IMMUNOSUPPRESSANTS

ADALIMUMAB-AACF (2 PEN)	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 (25 MG RECON SOLN, 25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	5-Specialty	PA
ENBREL MINI	5-Specialty	PA
ENBREL SURECLICK	5-Specialty	PA
ENVARUSUS XR	4-Non-Preferred Drugs	PA3
<i>everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	5-Specialty	PA3

You 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>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 PEDIATRIC CROHNS START	5-Specialty	PA
HUMIRA PEN	5-Specialty	PA
HUMIRA PEN-CD/UC/HS STARTER	5-Specialty	PA
HUMIRA PEN-PEDIATRIC UC START	5-Specialty	PA
HUMIRA PEN-PSOR/UEIT STARTER	5-Specialty	PA
HUMIRA-PS/UV/ADOL HS 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

You 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>mycophenolate mofetil hcl</i>	2-Generics	PA3
<i>mycophenolate sodium</i>	2-Generics	PA3
<i>mycophenolic acid</i>	2-Generics	PA3
NULOJIX	5-Specialty	PA3
OTREXUP	4-Non-Preferred Drugs	
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	4-Non-Preferred Drugs	PA3
RASUVO	4-Non-Preferred Drugs	
RENFLEXIS	5-Specialty	PA3
REZUROCK	5-Specialty	PA, QL (30 PER 30 DAYS)
RINVOQ	5-Specialty	PA
SANDIMMUNE 100 MG/ML SOLUTION	4-Non-Preferred Drugs	PA3
SIMULECT 20 MG RECON SOLN	5-Specialty	PA3
<i>sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	4-Non-Preferred Drugs	PA3
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BEXSERO	3-Preferred Brands	
BOOSTRIX	1-Preferred Generics	
DAPTACEL	1-Preferred Generics	
DIPHThERIA-TETANUS TOXOIDS DT	1-Preferred Generics	
ENGERIX-B	3-Preferred Brands	PA3
GARDASIL 9	1-Preferred Generics	
HAVRIX	1-Preferred Generics	
HEPLISAV-B	3-Preferred Brands	PA3
HIBERIX	3-Preferred Brands	
IMOVAX RABIES	3-Preferred Brands	
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MENVEO (RECON SOLN, SOLUTION)	3-Preferred Brands	
PEDIARIX	3-Preferred Brands	
PEDVAX HIB	3-Preferred Brands	
PENTACEL	1-Preferred Generics	
PREHEVBRIO	3-Preferred Brands	PA3
PRIORIX	1-Preferred Generics	
PROQUAD	1-Preferred Generics	
QUADRACEL	1-Preferred Generics	
RABAVERT	3-Preferred Brands	
RECOMBIVAX HB	3-Preferred Brands	PA3
ROTARIX	3-Preferred Brands	
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VAQTA	1-Preferred Generics	
VARIVAX	3-Preferred Brands	
YF-VAX	3-Preferred Brands	

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

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

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	

You 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>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	2-Generics	
<i>calcitriol oral soln 1 mcg/ml</i>	2-Generics	
<i>cinacalcet hcl (30 mg tab, 60 mg tab)</i>	4-Non-Preferred Drugs	PA3, QL (60 PER 30 DAYS)
<i>cinacalcet hcl 90 mg tab</i>	5-Specialty	PA3, QL (120 PER 30 DAYS)
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	4-Non-Preferred Drugs	
FORTEO	5-Specialty	PA, QL (2.4 PER 28 DAYS)
<i>ibandronate sodium 150 mg tab</i>	2-Generics	QL (1 PER 30 DAYS)
NATPARA	5-Specialty	PA
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	4-Non-Preferred Drugs	
PROLIA	4-Non-Preferred Drugs	QL (1 PER 180 DAYS)
RAYALDEE	5-Specialty	
<i>risedronate sodium (35 mg tab, 35 mg tab dr)</i>	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAUZE PADS & DRESSINGS - PADS 2 X 2	2-Generics	
INSULIN PEN NEEDLE (NOVO/BD/ULTIMED/OWEN/TRIVIDIA)	2-Generics	
INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC)	2-Generics	
INSULIN SYRINGE (DISP) U-100 1 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC)	2-Generics	
INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC)	2-Generics	
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD	2-Generics	
NEEDLES, INSULIN DISP., SAFETY	2-Generics	
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	

You 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>neo-polycin</i>	2-Generics	
<i>neo-polycin hc</i>	2-Generics	
<i>neomycin-bacitracin zn-polymyx</i>	2-Generics	
<i>neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	2-Generics	
<i>neomycin-polymyxin-gramicidin</i>	2-Generics	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	2-Generics	
OXERVATE	5-Specialty	PA
<i>polycin</i>	2-Generics	
<i>proparacaine hcl</i>	2-Generics	
RESTASIS	3-Preferred Brands	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	3-Preferred Brands	QL (5.5 PER 28 DAYS)
ROCKLATAN	3-Preferred Brands	
<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	

You 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>epinastine hcl</i>	2-Generics	
<i>olopatadine hcl 0.1 % solution</i>	2-Generics	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE	3-Preferred Brands	
<i>bacitracin 500 unit/gm ointment</i>	2-Generics	
<i>erythromycin 5 mg/gm ointment</i>	2-Generics	
<i>gatifloxacin</i>	2-Generics	
<i>gentak</i>	2-Generics	
<i>gentamicin sulfate 0.3 % solution</i>	2-Generics	
<i>levofloxacin 0.5 % solution</i>	2-Generics	
<i>moxifloxacin hcl (2x day)</i>	4-Non-Preferred Drugs	
<i>moxifloxacin hcl 0.5 % solution</i>	2-Generics	
NATACYN	4-Non-Preferred Drugs	
<i>ofloxacin 0.3 % solution</i>	2-Generics	
<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	

You 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>fluorometholone</i>	2-Generics	
<i>flurbiprofen sodium</i>	2-Generics	
ILEVRO	3-Preferred Brands	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	2-Generics	
LOTEMAX 0.5 % OINTMENT	4-Non-Preferred Drugs	
<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	4-Non-Preferred Drugs	
<i>prednisolone acetate</i>	2-Generics	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2-Generics	
PROLENSA	4-Non-Preferred Drugs	

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

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

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

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

You 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>brinzolamide</i>	4-Non-Preferred Drugs	
<i>dorzolamide hcl</i>	2-Generics	
<i>methazolamide</i>	4-Non-Preferred Drugs	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	2-Generics	
RHOPRESSA	3-Preferred Brands	
SIMBRINZA	3-Preferred Brands	

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

<i>bimatoprost</i>	2-Generics	
<i>latanoprost</i>	1-Preferred Generics	
LUMIGAN	3-Preferred Brands	
<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)
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	4-Non-Preferred Drugs	PA3
<i>flunisolide</i>	2-Generics	QL (50 PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	1-Preferred Generics	QL (16 PER 30 DAYS)
<i>fluticasone propionate diskus (50 mcg/act aer pow ba, 100 mcg/act aer pow ba)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>fluticasone propionate diskus 250 mcg/act aer pow ba</i>	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>fluticasone propionate hfa (110 mcg/act aerosol, 220 mcg/act aerosol)</i>	3-Preferred Brands	QL (24 PER 30 DAYS)
<i>fluticasone propionate hfa 44 mcg/act aerosol</i>	3-Preferred Brands	QL (22 PER 30 DAYS)
<i>mometasone furoate 50 mcg/act suspension</i>	4-Non-Preferred Drugs	QL (34 PER 30 DAYS)
PULMICORT FLEXHALER	3-Preferred Brands	QL (2 PER 30 DAYS)

ANTI-HISTAMINES

<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)

You 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>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)
<i>zafirlukast 10 mg tab</i>	2-Generics	QL (120 PER 30 DAYS)
<i>zafirlukast 20 mg tab</i>	2-Generics	QL (60 PER 30 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	4-Non-Preferred Drugs	QL (25.8 PER 30 DAYS)
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	2-Generics	
<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)

You 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>arformoterol tartrate</i>	4-Non-Preferred Drugs	PA3
<i>epinephrine (0.15 mg/0.15ml soln a- inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	2-Generics	
<i>formoterol fumarate</i>	4-Non-Preferred Drugs	PA3
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	4-Non-Preferred Drugs	PA3
<i>levalbuterol tartrate</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
SEREVENT DISKUS	3-Preferred Brands	QL (60 PER 30 DAYS)
STRIVERDI RESPIMAT	3-Preferred Brands	QL (4 PER 30 DAYS)
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MAST CELL STABILIZERS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	2-Generics	PA3
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
DALIRESP	4-Non-Preferred Drugs	
<i>elixophyllin</i>	2-Generics	
<i>roflumilast</i>	4-Non-Preferred Drugs	
<i>theophylline</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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	2-Generics	PA3
ADVAIR HFA	3-Preferred Brands	QL (12 PER 30 DAYS)
ANORO ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
BEVESPI AEROSPHERE	3-Preferred Brands	QL (10.7 PER 30 DAYS)
BREO ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>brey-na</i>	3-Preferred Brands	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE	3-Preferred Brands	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	3-Preferred Brands	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT	3-Preferred Brands	QL (4 PER 30 DAYS)
DULERA	4-Non-Preferred Drugs	QL (13 PER 30 DAYS)
FASENRA 30 MG/ML SOLN PRSYR	5-Specialty	PA
FASENRA PEN	5-Specialty	PA
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>ipratropium-albuterol</i>	2-Generics	PA3
NUCALA (40 MG/0.4ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	5-Specialty	PA
TRELEGY ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)

SKELETAL MUSCLE RELAXANTS

BOTOX	4-Non-Preferred Drugs	PA
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>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

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.

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ISOLYTE-S PH 7.4	73	K	
isoniazid	25	KADCYLA	35
ISOPROPYL ALCOHOL 0.7 ML/ML		kalliga	84
MEDICATED PAD	99	KALYDECO	106
isosorbide dinitrate	64	KANJINTI	35
isosorbide mononitrate	64	kariva	84
isosorbide mononitrate er	64	KCL (0.149%) IN NAACL	73
isotretinoin	68	kcl in dextrose-nacl	73
isradipine	59	KCL-LACTATED RINGERS-D5W	73
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JANUMET	50	KISQALI (400 MG DOSE)	32
JANUMET XR	50	KISQALI (600 MG DOSE)	32
		KISQALI FEMARA (400 MG DOSE)	29
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lenalidomide.....	27	lidocaine.....	5
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LENVIMA (12 MG DAILY DOSE).....	32	lidocaine-prilocaine.....	5

lidocan	5	LUPRON DEPOT-PED (1-MONTH)	89,90
lindane	71	LUPRON DEPOT-PED (3-MONTH)	89,90
linezolid	8	LUPRON DEPOT-PED (6-MONTH)	90
LINZESS	76	lurasidone hcl	40
liothyronine sodium	89	lutra	85
lisinopril	58	LYBALVI	18
lisinopril-hydrochlorothiazide	61	lyleq	88
lithium	49	lyllana	85
lithium carbonate	49	LYNPARZA	33
lithium carbonate er	49	LYSODREN	89
LIVALO	62	LYTGOBI (12 MG DAILY DOSE)	33
lo-zumandimine	85	LYTGOBI (16 MG DAILY DOSE)	33
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loestrin 1/20 (21)	85	LYUMJEV	54
loestrin fe 1.5/30	85	LYUMJEV KWIKPEN	54
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loperamide hcl	76	magnesium sulfate	73
lopinavir-ritonavir	46	malathion	71
lopreeza	87	maraviroc	46
lorazepam	48	marlissa	85
lorazepam intensol	48	MARPLAN	18
LORBRENA	33	MATULANE	26
loryna	85	matzim la	60
losartan potassium	57	MAVYRET	43
losartan potassium-hctz	61	meclizine hcl	21
LOTEMAX	102	medroxyprogesterone acetate	88
loteprednol etabonate	102	mefloquine hcl	37
lovastatin	62	megestrol acetate	88
low-ogestrel	85	MEKINIST	33
loxapine succinate	39	MEKTOVI	33
lubiprostone	76	meloxicam	3
LUCEMYRA	6	melphalan	26
LUMAKRAS	29	melphalan hcl	26
LUMIGAN	103	memantine hcl	17
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LUPRON DEPOT (3-MONTH)	90	MENACTRA	95
LUPRON DEPOT (4-MONTH)	90	MENQUADFI	95
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methimazole.....	90	molindone hcl.....	39
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methotrexate sodium (pf).....	93	mono-lynyah.....	85
methoxsalen rapid.....	71	montelukast sodium.....	105
methscopolamine bromide.....	76	MORPHINE SULFATE.....	5
methsuximide.....	15	morphine sulfate.....	5
methylphenidate hcl.....	65	MORPHINE SULFATE (CONCENTRATE).....	5
methylphenidate hcl er.....	65	morphine sulfate er.....	3
methylprednisolone.....	80	MOUNJARO.....	51
methylprednisolone acetate.....	80	MOVANTIK.....	76
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metoclopramide hcl.....	21	moxifloxacin hcl (2x day).....	101
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nafcillin sodium	10	NINLARO	30
naftifine hcl	23	NIPENT	28
naloxone hcl	6	nitazoxanide	37
naltrexone hcl	6	nitisinone	78
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naproxen	3	nitrofurantoin macrocrystal	8
naproxen dr	3	nitrofurantoin monohyd macro	8
naproxen sodium	3	nitroglycerin	64
naratriptan hcl	24	NITYR	78
NATACYN	101	nizatidine	77
nateglinide	51	nora-be	88
NATPARA	98	NORDITROPIN FLEXPRO	81
NAYZILAM	15	norelgestromin-eth estradiol	85
nebivolol hcl	59	norethin ace-eth estrad-fe	85
necon 0.5/35 (28)	85	norethin-eth estradiol-fe	85
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nefazodone hcl	19	norethindrone	88
neo-polycin	100	norethindrone acet-ethinyl est	85
neo-polycin hc	100	norethindrone acetate	88
neomycin sulfate	7	norgestim-eth estrad triphasic	85
neomycin-bacitracin zn-polymyx	100	norgestimate-eth estradiol	85
neomycin-polymyxin-dexameth	100	norlyda	88
neomycin-polymyxin-gramicidin	100	norlyroc	88
neomycin-polymyxin-hc	100,103	nortrel 0.5/35 (28)	86
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NEUPRO	37	nortrel 1/35 (28)	86
nevirapine	44	nortrel 7/7/7	86
nevirapine er	44	nortriptyline hcl	20
NEXLETOL	61	NORVIR	46
NEXLIZET	63	NUBEQA	27
niacin er (antihyperlipidemic)	63	NUCALA	108
nicardipine hcl	59	NUDEXTA	66
NICOTROL	6	NULOJIX	94
NICOTROL NS	6	NUPLAZID	40
nifedipine er	59	NURTEC	24
nifedipine er osmotic release	59	NUTRILIPID	73
		nyamyc	23
		nylia 1/35	86

nylia 7/7/7	86	oxacillin sodium	10
nymyo	86	OXACILLIN SODIUM IN DEXTROSE	10
nystatin	23	oxaliplatin	26
nystatin-triamcinolone	71	oxaprozin	3
nystop	23	oxazepam	48
NYVEPRIA	56	oxcarbazepine	16
O		OXERVATE	100
OCALIVA	77	oxybutynin chloride	79
ocella	86	oxybutynin chloride er	79
OCTAGAM	91	oxycodone hcl	5
octreotide acetate	89,90	oxycodone-acetaminophen	5
ODEFSEY	44	oxymorphone hcl	5
ODOMZO	33	OZEMPIC (0.25 OR 0.5 MG/DOSE)	51
OFEV	107	OZEMPIC (1 MG/DOSE)	51
ofloxacin	12,101	OZEMPIC (2 MG/DOSE)	51
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OGSIVEO	33	pacerone	58
OJJAARA	31	paclitaxel	33
olanzapine	40	paclitaxel protein-bound part	33
olanzapine-fluoxetine hcl	18	paliperidone er	40,41
olmesartan medoxomil	57	PANRETIN	36
olmesartan medoxomil-hctz	61	pantoprazole sodium	78
olmesartan-amlodipine-hctz	61	PANZYGA	91
olopatadine hcl	101,105	paraplatin	26
omega-3-acid ethyl esters	63	paricalcitol	98
omeprazole	78	paroex	67
ondansetron	22	paromomycin sulfate	7
ondansetron hcl	22	paroxetine hcl	19
ondansetron hcl oral soln 4 mg/5ml	22	paroxetine hcl er	19
ONTRUZANT	35	PAXLOVID (150/100)	47
ONUREG	30	PAXLOVID (300/100)	47
OPDIVO	35	pazopanib hcl	33
OPSUMIT	107	PEDIARIX	96
oralone	67	PEDVAX HIB	96
ORGOVYX	90	peg 3350-kcl-na bicarb-nacl	77
ORKAMBI	106	peg-3350/electrolytes	77
ORSERDU	27	peg-3350/electrolytes/ascorbat	77
oseltamivir phosphate	47	peg-kcl-nacl-nasulf-na asc-c	77
OTEZLA	91	PEGASYS	92
OTREXUP	94	PEMAZYRE	33

pemetrexed disodium	28	pirfenidone	107
PENBRAYA	99	pirmella 1/35	86
penicillamine	80	piroxicam	3
PENICILLIN G POT IN DEXTROSE	10	pitavastatin calcium	63
penicillin g potassium	10	PLASMA-LYTE A	73
penicillin g sodium	10	PLEGRIDY	67
penicillin v potassium	10	PLEGRIDY STARTER PACK	67
PENTACEL	96	plenamine	73
pentamidine isethionate for nebulization soln 300 mg	37	podofilox	71
pentamidine isethionate for soln 300 mg	37	polycin	100
pentoxifylline er	61	polymyxin b sulfate	8
perindopril erbumine	58	polymyxin b-trimethoprim	101
periogard	67	POMALYST	27
PERJETA	35	portia-28	86
permethrin	71	posaconazole	23
perphenazine	21	POTASSIUM CHLORIDE	74
perphenazine-amitriptyline	18	potassium chloride crys er	74
PERSERIS	41	potassium chloride er	74
pfizerpen	10	potassium chloride in dextrose	74
phenelzine sulfate	18	POTASSIUM CHLORIDE IN NACL	74
phenobarbital	15	potassium citrate er	74
phenoxybenzamine hcl	57	pramipexole dihydrochloride	38
phenytek	16	pramipexole dihydrochloride er	38
phenytoin	16	prasugrel hcl	56
phenytoin infatabs	16	pravastatin sodium	63
phenytoin sodium	16	praziquantel	36
phenytoin sodium extended	16	prazosin hcl	57
philith	86	prednisolone	80
PIFELTRO	44	prednisolone acetate	102
pilocarpine hcl	67,103	prednisolone sodium phosphate	80
pimozide	39	PREDNISOLONE SODIUM PHOSPHATE	102
pimtrea	86	prednisone	80,81
pindolol	59	PREDNISONE INTENSOL	81
pioglitazone hcl	51	pregabalin	66
pioglitazone hcl-glimepiride	51	pregabalin er	66
pioglitazone hcl-metformin hcl	51	PREHEVBRIO	96
piperacillin sod-tazobactam so	11	PREMARIN	86
PIQRAY (200 MG DAILY DOSE)	33	PREMASOL	74
PIQRAY (250 MG DAILY DOSE)	33	PREMPHASE	86
PIQRAY (300 MG DAILY DOSE)	33	PREMPRO	86
		PRENATAL VITAMIN ORAL TABLET	75

PRETOMANID	25	pyridostigmine bromide er	25
prevalite	63	pyrimethamine	37
previfem	86		
PREVYMIS	42	Q	
PREZCOBIX	46	QINLOCK	30
PREZISTA	46	QUADRACEL	96
PRIFTIN	25	quetiapine fumarate	41
primaquine phosphate	37	quetiapine fumarate er	41
primidone	15	quinapril hcl	58
PRIORIX	96	quinidine sulfate	58
PRIVIGEN	91	quinine sulfate	37
probenecid	24		
prochlorperazine	21	R	
prochlorperazine edisylate	21	RABAVERT	96
prochlorperazine maleate	21	rabeprazole sodium	78
PROCRIT	56	raloxifene hcl	88
procto-med hc	70	ramelteon	109
proctosol hc	70	ramipril	58
proctozone-hc	70	ranolazine er	61
progesterone	88	rasagiline mesylate	38
PROGRAF	94	RASUVO	94
PROLASTIN-C	78	RAVICTI	78
PROLENSA	102	RAYALDEE	98
PROLIA	98	reclipsen	86
PROMACTA	56	RECOMBIVAX HB	96
promethazine hcl	21,105	RECORLEV	89
promethegan	21	RECTIV	64
propafenone hcl	58	REGGRANEX	71
propafenone hcl er	58	relafen	3
proparacaine hcl	100	RELENZA DISKHALER	47
propranolol hcl	59	RELISTOR	76
propranolol hcl er	59	RENFLEXIS	94
propylthiouracil	90	repaglinide	51
PROQUAD	96	REPATHA	63
PROSOL	74	REPATHA PUSHTRONEX SYSTEM	63
protriptyline hcl	20	REPATHA SURECLICK	63
PULMICORT FLEXHALER	104	RESTASIS	100
PULMOZYME	106	RESTASIS MULTIDOSE	100
PURIXAN	28	RETACRIT	56
pyrazinamide	25	RETEVMO	30
pyridostigmine bromide	25	REVLIMID	27

REXULTI	41	SANCUSO	22
REYATAZ	46	SANDIMMUNE	94
REZLIDHIA	33	SANTYL	71
REZUROCK	94	sapropterin dihydrochloride	78
RHOPRESSA	103	SAVELLA	66
RIABNI	35	SAVELLA TITRATION PACK	66
ribavirin	43	SCEMBLIX	33
RIDAURA	91	scopolamine	21
rifabutin	25	SECUADO	41
rifampin	25	selegiline hcl	38
riluzole	66	selenium sulfide	70
rimantadine hcl	47	SELZENTRY	46
RINVOQ	94	SEREVENT DISKUS	106
risedronate sodium	98	sertraline hcl	19,20
RISPERDAL CONSTA	41	setlakin	86
risperidone	41	sevelamer carbonate	75
ritonavir	46	sharobel	88
RITUXAN HYCELA	35	SHINGRIX	96
rivastigmine	17	SIGNIFOR	90
rivastigmine tartrate	17	sildenafil citrate	107
rizatriptan benzoate	24	silodosin	79
ROCKLATAN	100	silver sulfadiazine	71
roflumilast	107	SIMBRINZA	103
romidepsin	31	simliya	86
ropinirole hcl	38	SIMULECT	94
ropinirole hcl er	38	simvastatin	63
rosuvastatin calcium	63	sirolimus	94
ROTARIX	96	SIRTURO	25
ROTATEQ	96	SKYRIZI	77,91
roweepra	14	SKYRIZI PEN	92
roweepra xr	14	sodium chloride	74
ROZLYTREK	33	sodium chloride (pf)	74
RUBRACA	33	sodium fluoride	74
rufinamide	16	sodium phenylbutyrate	78
RUKOBIA	46	sodium polystyrene sulfonate	75
RUXIENCE	35	SOFOSBUVIR-VELPATASVIR	43
RYBELSUS	51	solifenacin succinate	79
RYDAPT	33	SOLIQUA	52
		SOLTAMOX	27
		SOLU-MEDROL	81
		SOMATULINE DEPOT	89
S			
sajazir	91		

SOMAVERT	90	SYNJARDY	52
sorafenib tosylate	34	SYNJARDY XR	52
sorine	58	SYNRIBO	34
sotalol hcl	58	SYNTHROID	89
sotalol hcl (af)	58		
SPIRIVA HANDIHALER	105	T	
SPIRIVA RESPIMAT	105	TABLOID	28
spironolactone	62	TABRECTA	30
spironolactone-hctz	61	tacrolimus	70,94
sprintec 28	86	tadalafil (pah)	107
SPRITAM	14	TAFINLAR	34
SPRYCEL	34	TAGRISSO	34
sps	75	TALTZ	92
sronyx	86	TALZENNA	34
ssd	71	tamoxifen citrate	27
STELARA	92	tamsulosin hcl	80
sterile water for irrigation	99	tarina 24 fe	86
STIVARGA	34	tarina fe 1/20 eq	86
streptomycin sulfate	7	TASIGNA	34
STRIBILD	44	tasimelteon	109
STRIVERDI RESPIMAT	106	tazarotene	68
subvenite	14	tazicef	9
sucralfate	77	TAZORAC	68
sulfacetamide sodium	101	taztia xt	60
sulfacetamide sodium (acne)	12	TAZVERIK	30
sulfacetamide-prednisolone	100	TDVAX	96
sulfadiazine	12	TECENTRIQ	35
sulfamethoxazole-trimethoprim	12	TECFIDERA	67
sulfasalazine	97	TEFLARO	10
sulindac	3	telmisartan	57
sumatriptan	24	telmisartan-amlodipine	61
sumatriptan succinate	24,25	telmisartan-hctz	61
sumatriptan succinate refill	25	temazepam	109
sunitinib malate	34	temsirolimus	34
SUNLENCA	46	TENIVAC	96
syeda	86	tenofovir disoproxil fumarate	45
SYMLINPEN 120	52	TEPMETKO	34
SYMLINPEN 60	52	terazosin hcl	57
SYMPAZAN	15	terbinafine hcl	23
SYMTUZA	47	terbutaline sulfate	106
SYNAREL	90	terconazole	23

teriparatide	98	TPN ELECTROLYTES	74
teriparatide (recombinant)	98	TRACLEER	107
TERIPARATIDE (RECOMBINANT)	98	TRADJENTA	52
testosterone	81	tramadol hcl	5
testosterone cypionate	81	tramadol hcl (er biphasic)	3
testosterone enanthate	81	tramadol hcl er	3
testosterone td gel pump 20.25 mg/act (1.62%)	81	tramadol-acetaminophen	5
tetrabenazine	66	trandolapril	58
tetracycline hcl	13	trandolapril-verapamil hcl er	61
THALOMID	27	tranexamic acid	56
theophylline	107	tranylcypromine sulfate	18
theophylline er	107	TRAVASOL	74
thioridazine hcl	39	travoprost (bak free)	103
thiothixene	39	TRAZIMERA	35
THYMOGLOBULIN	91	trazodone hcl	20
tiadylt er	60	TRECATOR	26
tiagabine hcl	15	TRELEGY ELLIPTA	108
TIBSOVO	34	TRELSTAR MIXJECT	90
TICOVAC	96	TRESIBA	54
TIGECYCLINE	8	TRESIBA FLEXTOUCH	54
tilia fe	86	tretinoin	36,68
timolol maleate	59,102	TREXALL	94
tiotropium bromide monohydrate	105	tri femynor	86
TIVICAY	44	tri-estarylla	86
TIVICAY PD	44	tri-legest fe	87
tizanidine hcl	42	tri-linyah	87
TOBRADEX	100	tri-lo-estarylla	87
tobramycin	101,106	tri-lo-marzia	87
tobramycin sulfate	7	tri-lo-mili	87
tobramycin-dexamethasone	100	tri-lo-sprintec	87
tolcapone	37	tri-mili	87
tolterodine tartrate	79	tri-nymyo	87
tolterodine tartrate er	79	tri-sprintec	87
topiramate	14	tri-vylibra	87
topotecan hcl	31	tri-vylibra lo	87
toremifene citrate	27	triamcinolone acetonide	67,70
torseamide	61	triamterene-hctz	61
TOUJEO MAX SOLOSTAR	54	triderm	70
TOUJEO SOLOSTAR	54	trientine hcl	75
tovet	70	trifluoperazine hcl	39
		trifluridine	47

trihexyphenidyl hcl.....	37	valproate sodium.....	14
TRIJARDY XR.....	52	valproic acid.....	14
TRIKAFTA.....	106	valsartan.....	57
trimethoprim.....	8	valsartan-hydrochlorothiazide.....	61
trimipramine maleate.....	21	VALTOCO 10 MG DOSE.....	15
TRINTELLIX.....	20	VALTOCO 15 MG DOSE.....	15
TRIUMEQ.....	45	VALTOCO 20 MG DOSE.....	15
TRIUMEQ PD.....	45	VALTOCO 5 MG DOSE.....	15
trivora (28).....	87	vancomycin hcl.....	8
TRIZIVIR.....	45	VANFLYTA.....	30
TROGARZO.....	46	VAQTA.....	97
TROPHAMINE.....	74	varenicline tartrate.....	6
tropium chloride.....	79	varenicline tartrate (starter).....	6
tropium chloride er.....	79	VARIVAX.....	97
TRULANCE.....	76	VASCEPA.....	64
TRULICITY.....	52	VECTIBIX.....	36
TRUMENBA.....	96	velivet.....	87
TRUQAP.....	31	VELTASSA.....	75
TRUSELTIQ (100MG DAILY DOSE).....	34	VEMLIDY.....	43
TRUSELTIQ (125MG DAILY DOSE).....	34	VENCLEXTA.....	34
TRUSELTIQ (50MG DAILY DOSE).....	34	VENCLEXTA STARTING PACK.....	34
TRUSELTIQ (75MG DAILY DOSE).....	34	VENLAFAXINE BESYLATE ER.....	20
TRUXIMA.....	36	venlafaxine hcl.....	20
TUKYSA.....	34	venlafaxine hcl er.....	20
TURALIO.....	34	VENTAVIS.....	107
turqoz.....	87	verapamil hcl.....	60
TWINRIX.....	96	verapamil hcl er.....	60
TYBOST.....	46	VERQUVO.....	61
TYPHIM VI.....	96	VERSACLOZ.....	42
		VERZENIO.....	34
		vestura.....	87
U		VIBERZI.....	76
UBRELVY.....	24	vienva.....	87
unithroid.....	89	vigabatrin.....	15
UPTRAVI.....	107	vigadrone.....	15
ursodiol.....	77	vigpoder.....	15
UZEDY.....	41	vilazodone hcl.....	20
		vinblastine sulfate.....	30
V		vincristine sulfate.....	30
valacyclovir hcl.....	47	vinorelbine tartrate.....	30
VALCHLOR.....	26	viorele.....	87
valganciclovir hcl.....	42		

VIRACEPT	47	XPOVIO (40 MG TWICE WEEKLY)	30
VIREAD	45	XPOVIO (60 MG ONCE WEEKLY)	30
VITRAKVI	34	XPOVIO (60 MG TWICE WEEKLY)	30
VIVITROL	6	XPOVIO (80 MG ONCE WEEKLY)	30
VIZIMPRO	34	XPOVIO (80 MG TWICE WEEKLY)	30
volnea	87	XTAMPZA ER	3
VONJO	34	XTANDI	27
voriconazole	23	xulane	87
VOTRIENT	34	XYREM	109
VRAYLAR	42	XYWAV	109
VUMERITY	67		
vyfemla	87	Y	
vylibra	87	yargesa	78
VYXEOS	28	YERVOY	36
		YF-VAX	97
W		YONDELIS	26
warfarin sodium	55	YONSA	27
WELIREG	30	YUPELRI	105
wera	87	yuvafem	87
wymzya fe	87		
		Z	
X		zafemy	87
XALKORI	34	zafirlukast	105
XARELTO	55	zaleplon	109
XARELTO STARTER PACK	55	ZALTRAP	30
XATMEP	94	ZANOSAR	26
XCOPRI	14	zarah	87
XCOPRI (250 MG DAILY DOSE)	14	ZARXIO	56
XCOPRI (350 MG DAILY DOSE)	14	ZEJULA	35
XELJANZ	92	ZELBORAF	35
XELJANZ XR	92	ZEMAIRA	79
XEOMIN	109	zenatane	68
XERMELO	76	ZENPEP	79
XGEVA	98	zidovudine	45
XIFAXAN	8	ZIEXTENZO	56
XIGDUO XR	52	ziprasidone hcl	42
XIIDRA	100	ziprasidone mesylate	42
XOLAIR	92	ZIRABEV	36
XOSPATA	34	ZIRGAN	101
XPOVIO (100 MG ONCE WEEKLY)	30	zoledronic acid	98
XPOVIO (40 MG ONCE WEEKLY)	30	ZOLINZA	30

zolmitriptan	25
zolpidem tartrate	109
zolpidem tartrate er	109
ZONISADE	16
zonisamide	17
ZONTIVITY	55
zovia 1/35 (28)	87
ZTALMY	14
zumandimine	87
ZURZUVAE	18
ZYDELIG	35
ZYKADIA	35
ZYLET	100
ZYPREXA RELPREVV	42

This formulary was updated on 06/01/2024. 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.

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