



## Jefferson Health Plans 2026 Core Formulary (List of Covered Drugs)

Complete (HMO) | Prime (HMO) | Silver (HMO)  
Elite (HMO) | Flex Plus (PPO) | Flex Pro (PPO)  
Choice (PPO)

# Jefferson Health Plans

## 2026 Core Formulary

### (List of Covered Drugs or “Drug List”)

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

Formulary ID 26337, Version 14

This formulary was updated on 05/01/2026. 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](https://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.

**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), Prime (HMO), Silver (HMO), Elite (HMO), Flex Plus (PPO), Flex Pro (PPO), and Choice (PPO).

This document includes a Drug List (formulary) for our plan which is current as of 05/01/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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, 2026, and from time to time during the year.

### **What is the Jefferson Health Plans Core Formulary?**

In this document, we use the terms Drug List and formulary to mean the same thing. 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 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. Updates to the formulary are posted monthly to our website at [JeffersonHealthPlans.com/Medicare](https://JeffersonHealthPlans.com/Medicare).

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Jefferson Health Plans’ Core Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. We may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you 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’ Core Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 05/01/2026. 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-8. 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 109. 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

## What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

## 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 prescriber 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’ Core 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 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' Core 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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit 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.
- 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.

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

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. ***When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.*** 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 we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

## What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will

cover the drug you take. While you and your doctor 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 has a coverage restriction, 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. If coverage is not approved, 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 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 Core 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 109.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., TRULICITY) 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.

<b>Drug Tier</b>	<b>Standard Retail Cost-Sharing (in-network)</b> One-month supply (up to a 30-day supply)
<b>1 – Preferred Generics</b>	\$0
<b>2 – Generic</b> Elite, Flex Plus, Flex Pro Complete, Choice Prime, Silver	\$0 \$5 \$10
<b>3 – Preferred Brand</b>	25%
<b>4 – Non-Preferred Drugs</b> Prime Flex Plus, Choice, Silver Flex Pro, Elite, Complete	28% 32% 34%
<b>5 – Specialty</b>	33%

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

# Category Listing

ANALGESICS.....	2
ANESTHETICS.....	5
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS.....	5
ANTIBACTERIALS.....	6
ANTICONVULSANTS.....	12
ANTIDEMENTIA AGENTS.....	16
ANTIDEPRESSANTS.....	17
ANTIEMETICS.....	20
ANTIFUNGALS.....	22
ANTIGOUT AGENTS.....	23
ANTIMIGRAINE AGENTS.....	24
ANTIMYASTHENIC AGENTS.....	24
ANTIMYCOBACTERIALS.....	25
ANTINEOPLASTICS.....	25
ANTIPARASITICS.....	35
ANTIPARKINSON AGENTS.....	36
ANTIPSYCHOTICS.....	37
ANTISPASTICITY AGENTS.....	41
ANTIVIRALS.....	41
ANXIOLYTICS.....	46
BIPOLAR AGENTS.....	47
BLOOD GLUCOSE REGULATORS.....	47
BLOOD PRODUCTS AND MODIFIERS.....	52
CARDIOVASCULAR AGENTS.....	54
CENTRAL NERVOUS SYSTEM AGENTS.....	64
DENTAL AND ORAL AGENTS.....	66
DERMATOLOGICAL AGENTS.....	67
ELECTROLYTES/MINERALS/METALS/VITAMINS.....	71
GASTROINTESTINAL AGENTS.....	75
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT.....	77
GENITOURINARY AGENTS.....	78
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL).....	79
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY).....	80
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS).....	80
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID).....	88
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY).....	89
HORMONAL AGENTS, SUPPRESSANT (THYROID).....	90

IMMUNOLOGICAL AGENTS.....	90
INFLAMMATORY BOWEL DISEASE AGENTS.....	96
METABOLIC BONE DISEASE AGENTS.....	97
MISCELLANEOUS THERAPEUTIC AGENTS.....	98
OPHTHALMIC AGENTS.....	99
OTIC AGENTS.....	102
RESPIRATORY TRACT/PULMONARY AGENTS.....	102
SKELETAL MUSCLE RELAXANTS.....	107
SLEEP DISORDER AGENTS.....	108

## LEGEND

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

SYMBOL	NAME	DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
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.
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.
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.

## 2026 JEFFERSON HEALTH PLANS CORE FORMULARY (List of Covered Drugs)

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>naproxen (375 mg tab dr, 500 mg tab dr)</i>	2-Generics	
<i>naproxen dr</i>	2-Generics	
<i>naproxen sodium</i>	3-Preferred Brands	
<i>oxaprozin</i>	4-Non-Preferred Drugs	
<i>piroxicam 10 mg cap</i>	2-Generics	QL (60 PER 30 DAYS)
<i>piroxicam 20 mg cap</i>	2-Generics	QL (30 PER 30 DAYS)
<i>relafen</i>	2-Generics	
<i>sulindac</i>	2-Generics	QL (60 PER 30 DAYS)

### **OPIOID ANALGESICS, LONG-ACTING**

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

### **OPIOID ANALGESICS, SHORT-ACTING**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>acetaminophen-codeine 300-30 mg tab</i>	2-Generics	QL (360 PER 30 DAYS)
<i>acetaminophen-codeine 300-60 mg tab</i>	2-Generics	QL (180 PER 30 DAYS)
<i>butorphanol tartrate 10 mg/ml solution</i>	4-Non-Preferred Drugs	QL (5 PER 30 DAYS)
<i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>	3-Preferred Brands	QL (360 PER 30 DAYS)
<i>endocet 10-325 mg tab</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>endocet 7.5-325 mg tab</i>	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i>	4-Non-Preferred Drugs	QL (2700 PER 30 DAYS)
<i>hydrocodone-acetaminophen 10-325 mg tab</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	3-Preferred Brands	QL (360 PER 30 DAYS)
<i>hydrocodone-acetaminophen 7.5-325 mg tab</i>	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>hydromorphone hcl 1 mg/ml liquid</i>	4-Non-Preferred Drugs	QL (1500 PER 30 DAYS)
<i>morphine sulfate (10 mg/5ml solution, 20 mg/5ml solution)</i>	3-Preferred Brands	QL (900 PER 30 DAYS)
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>morphine sulfate (concentrate)</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>oxycodone hcl (5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>oxycodone hcl 100 mg/5ml conc</i>	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
<i>oxycodone hcl 5 mg/5ml solution</i>	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	3-Preferred Brands	QL (360 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>oxycodone-acetaminophen 10-325 mg tab</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>tramadol hcl 50 mg tab</i>	2-Generics	QL (240 PER 30 DAYS)
<i>tramadol-acetaminophen</i>	2-Generics	QL (240 PER 30 DAYS)

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

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

## **ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS**

### **ALCOHOL DETERRENTS/ANTI-CRAVING**

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

### **OPIOID DEPENDENCE**

<i>buprenorphine hcl 2 mg sl tab</i>	2-Generics	QL (180 PER 30 DAYS)
<i>buprenorphine hcl 8 mg sl tab</i>	2-Generics	QL (120 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab)</i>	2-Generics	QL (180 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl (4-1 mg film, 12-3 mg film)</i>	2-Generics	QL (90 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl (8-2 mg film, 8-2 mg sl tab)</i>	2-Generics	QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>OPIOID REVERSAL AGENTS</b>		
KLOXXADO	3-Preferred Brands	
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)</i>	2-Generics	
OPVEE	3-Preferred Brands	
<b>SMOKING CESSATION AGENTS</b>		
<i>bupropion hcl er (smoking det)</i>	2-Generics	QL (60 PER 30 DAYS)
NICOTROL NS	4-Non-Preferred Drugs	
<i>varenicline tartrate</i>	4-Non-Preferred Drugs	
<i>varenicline tartrate (starter)</i>	4-Non-Preferred Drugs	
<i>varenicline tartrate(continue)</i>	4-Non-Preferred Drugs	
<b>ANTIBACTERIALS</b>		
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate</i>	4-Non-Preferred Drugs	
ARIKAYCE	5-Specialty	PA
<i>gentamicin in saline (0.8-0.9 mg/ml-% solution, 1-0.9 mg/ml-% solution, 1.2-0.9 mg/ml-% solution, 1.6-0.9 mg/ml-% solution, 2-0.9 mg/ml-% solution)</i>	4-Non-Preferred Drugs	
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>gentamicin sulfate (10 mg/ml solution, 40 mg/ml solution)</i>	4-Non-Preferred Drugs	
<i>neomycin sulfate</i>	2-Generics	
<i>streptomycin sulfate</i>	5-Specialty	
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i>	4-Non-Preferred Drugs	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTIBACTERIALS, OTHER</b>		
<i>aztreonam</i>	4-Non-Preferred Drugs	
<i>clindamycin hcl</i>	2-Generics	
<i>clindamycin palmitate hcl</i>	4-Non-Preferred Drugs	
<i>clindamycin phosphate (300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution)</i>	4-Non-Preferred Drugs	
<i>clindamycin phosphate 2 % cream</i>	2-Generics	
<i>clindamycin phosphate in d5w</i>	4-Non-Preferred Drugs	
<i>colistimethate sodium (cba)</i>	5-Specialty	
<i>daptomycin 350 mg recon soln</i>	5-Specialty	
<i>daptomycin 500 mg recon soln</i>	5-Specialty	
<i>fosfomycin tromethamine</i>	4-Non-Preferred Drugs	
<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>	3-Preferred Brands	
<i>metronidazole (250 mg tab, 500 mg tab)</i>	2-Generics	
<i>metronidazole 0.75 % gel</i>	3-Preferred Brands	
<i>metronidazole 500 mg/100ml solution</i>	4-Non-Preferred Drugs	
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	2-Generics	
<i>nitrofurantoin monohyd macro</i>	2-Generics	
<i>polymyxin b sulfate</i>	4-Non-Preferred Drugs	
<b>TIGECYCLINE</b>	3-Preferred Brands	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>tinidazole</i>	3-Preferred Brands	
<i>trimethoprim</i>	2-Generics	
<i>vancomycin hcl (1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 500 mg recon soln, 750 mg recon soln)</i>	4-Non-Preferred Drugs	
<i>vancomycin hcl 125 mg cap</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg cap</i>	4-Non-Preferred Drugs	QL (240 PER 30 DAYS)
XIFAXAN 200 MG TAB	4-Non-Preferred Drugs	PA
XIFAXAN 550 MG TAB	5-Specialty	PA

### **BETA-LACTAM, CEPHALOSPORINS**

<i>cefaclor (250 mg cap, 500 mg cap)</i>	2-Generics	
<i>cefadroxil (250 mg/5ml recon susp, 500 mg/5ml recon susp)</i>	3-Preferred Brands	
<i>cefadroxil 500 mg cap</i>	2-Generics	
<i>cefazolin sodium (1 gm recon soln, 2 gm recon soln, 3 gm recon soln, 10 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	
CEFIXIME (100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 400 MG CAP)	4-Non-Preferred Drugs	
<i>cefotetan disodium</i>	4-Non-Preferred Drugs	
<i>cefoxitin sodium</i>	4-Non-Preferred Drugs	
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	4-Non-Preferred Drugs	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	2-Generics	
<i>ceftaroline fosamil</i>	5-Specialty	
<i>ceftazidime</i>	4-Non-Preferred Drugs	
CEFTRIAXONE SODIUM (1 GM RECON SOLN, 2 GM RECON SOLN, 10 GM RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN)	4-Non-Preferred Drugs	
<i>cefuroxime axetil</i>	2-Generics	
<i>cefuroxime sodium</i>	4-Non-Preferred Drugs	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i>	2-Generics	
<i>tazicef</i>	4-Non-Preferred Drugs	
TEFLARO	5-Specialty	

## **BETA-LACTAM, PENICILLINS**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
BICILLIN L-A	4-Non-Preferred Drugs	
<i>dicloxacillin sodium</i>	2-Generics	
<i>nafcillin sodium (1 gm recon soln, 2 gm recon soln)</i>	4-Non-Preferred Drugs	
<i>nafcillin sodium 10 gm recon soln</i>	5-Specialty	
<i>oxacillin sodium</i>	4-Non-Preferred Drugs	
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	4-Non-Preferred Drugs	
<i>penicillin g potassium</i>	4-Non-Preferred Drugs	
<i>penicillin g sodium</i>	4-Non-Preferred Drugs	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	1-Preferred Generics	
<i>pfizerpen</i>	4-Non-Preferred Drugs	
<i>piperacillin sod-tazobactam so</i>	4-Non-Preferred Drugs	

## **CARBAPENEMS**

<i>ertapenem sodium</i>	3-Preferred Brands	
<i>imipenem-cilastatin</i>	3-Preferred Brands	
<i>meropenem (1 gm recon soln, 500 mg recon soln)</i>	4-Non-Preferred Drugs	

## **MACROLIDES**

<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp)</i>	2-Generics	
<i>azithromycin (250 mg tab, 500 mg tab, 600 mg tab)</i>	1-Preferred Generics	
<i>azithromycin 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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	5-Specialty	QL (408 PER 30 DAYS)
<i>e.e.s. 400</i>	4-Non-Preferred Drugs	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	4-Non-Preferred Drugs	
<i>erythromycin base</i>	4-Non-Preferred Drugs	
<i>erythromycin ethylsuccinate 400 mg tab</i>	4-Non-Preferred Drugs	
<i>fidaxomicin</i>	5-Specialty	QL (60 PER 30 DAYS)

## **QUINOLONES**

<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	
CIPROFLOXACIN IN D5W 200 MG/100ML SOLUTION	4-Non-Preferred Drugs	
<i>ciprofloxacin in d5w 400 mg/200ml solution</i>	4-Non-Preferred Drugs	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	2-Generics	
<i>levofloxacin in d5w</i>	4-Non-Preferred Drugs	
<i>levofloxacin oral soln 25 mg/ml</i>	4-Non-Preferred Drugs	
<i>moxifloxacin hcl 400 mg tab</i>	3-Preferred Brands	
<i>moxifloxacin hcl in nacl</i>	4-Non-Preferred Drugs	

## **SULFONAMIDES**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)</i>	1-Preferred Generics	
<b>TETRACYCLINES</b>		
<i>doxy 100</i>	4-Non-Preferred Drugs	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	2-Generics	
<i>doxycycline hyclate 100 mg recon soln</i>	4-Non-Preferred Drugs	
<i>doxycycline monohydrate (50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)</i>	2-Generics	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	4-Non-Preferred Drugs	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	2-Generics	
<i>mondoxyne nl</i>	2-Generics	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	4-Non-Preferred Drugs	

## **ANTICONSULSANTS**

### **ANTICONSULSANTS, OTHER**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
FYCOMPA 0.5 MG/ML SUSPENSION	5-Specialty	PA2, QL (720 PER 30 DAYS)
<i>lamotrigine (25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)</i>	4-Non-Preferred Drugs	
<i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i>	2-Generics	
<i>lamotrigine er</i>	4-Non-Preferred Drugs	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	2-Generics	
<i>levetiracetam er</i>	2-Generics	
LEVETIRACETAM IN NACL	4-Non-Preferred Drugs	
<i>perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>perampanel 2 mg tab</i>	4-Non-Preferred Drugs	PA2, QL (30 PER 30 DAYS)
<i>roweepra</i>	2-Generics	
SPRITAM (250 MG TAB, 500 MG TAB)	4-Non-Preferred Drugs	ST
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg cap sprink, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2-Generics	
<i>topiramate 25 mg/ml solution</i>	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)
<i>valproate sodium</i>	4-Non-Preferred Drugs	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	2-Generics	

### **CALCIUM CHANNEL MODIFYING AGENTS**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>methsuximide</i>	4-Non-Preferred Drugs	
<b>GAMMA-AMINOBTYRIC ACID (GABA) MODULATING AGENTS</b>		
<i>clobazam (10 mg tab, 20 mg tab)</i>	4-Non-Preferred Drugs	PA2, QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	4-Non-Preferred Drugs	PA2, QL (480 PER 30 DAYS)
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	4-Non-Preferred Drugs	
<i>gabapentin (100 mg cap, 600 mg tab)</i>	2-Generics	QL (180 PER 30 DAYS)
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	4-Non-Preferred Drugs	QL (2160 PER 30 DAYS)
<i>gabapentin 300 mg cap</i>	2-Generics	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg cap</i>	2-Generics	QL (270 PER 30 DAYS)
<i>gabapentin 800 mg tab</i>	2-Generics	QL (120 PER 30 DAYS)
NAYZILAM	4-Non-Preferred Drugs	PA2, QL (10 PER 30 DAYS)
PHENOBARBITAL (15 MG TAB, 16.2 MG TAB, 30 MG TAB, 32.4 MG TAB, 60 MG TAB, 64.8 MG TAB, 97.2 MG TAB, 100 MG TAB)	2-Generics	QL (120 PER 30 DAYS)
<i>phenobarbital (20 mg/5ml elixir, 30 mg/7.5ml elixir, 60 mg/15ml elixir)</i>	4-Non-Preferred Drugs	QL (1500 PER 30 DAYS)
<i>primidone</i>	2-Generics	
<i>relgaabi 300 mg cap</i>	2-Generics	QL (360 PER 30 DAYS)
<i>relgaabi 400 mg cap</i>	2-Generics	QL (270 PER 30 DAYS)
SYMPAZAN	5-Specialty	PA2, QL (60 PER 30 DAYS)
TIAGABINE HCL (, 12 MG TAB, 16 MG TAB)	4-Non-Preferred Drugs	
VALTOCO 10 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 15 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 20 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 5 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
<i>vigabatrin</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>vigadrone</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)
VIGAFYDE	5-Specialty	PA2, QL (900 PER 30 DAYS)
<i>vigpoder</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)
ZTALMY	5-Specialty	PA2, QL (1100 PER 30 DAYS)

## **SODIUM CHANNEL AGENTS**

<i>carbamazepine (100 mg chew tab, 200 mg chew tab, 200 mg tab)</i>	2-Generics	
<i>carbamazepine (100 mg/5ml suspension, 200 mg/10ml suspension)</i>	4-Non-Preferred Drugs	
<i>carbamazepine er</i>	2-Generics	
DILANTIN	4-Non-Preferred Drugs	
DILANTIN INFATABS	4-Non-Preferred Drugs	
<i>epitol</i>	2-Generics	
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	4-Non-Preferred Drugs	QL (1200 PER 30 DAYS)
<i>lacosamide (100 mg tab, 150 mg tab, 200 mg tab)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>lacosamide 200 mg/20ml solution</i>	4-Non-Preferred Drugs	
<i>lacosamide 50 mg tab</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>	2-Generics	
<i>oxcarbazepine 300 mg/5ml suspension</i>	4-Non-Preferred Drugs	
<i>phenytek</i>	2-Generics	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	2-Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>phenytoin infatabs</i>	2-Generics	
<i>phenytoin sodium</i>	4-Non-Preferred Drugs	
<i>phenytoin sodium extended</i>	2-Generics	
<i>rufinamide 200 mg tab</i>	4-Non-Preferred Drugs	PA2, QL (480 PER 30 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	5-Specialty	PA2, QL (2760 PER 30 DAYS)
<i>rufinamide 400 mg tab</i>	5-Specialty	PA2, QL (240 PER 30 DAYS)
XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	5-Specialty	PA2, QL (28 PER 28 DAYS)
XCOPRI (150 MG TAB, 200 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
XCOPRI (250 MG DAILY DOSE)	5-Specialty	PA2, QL (56 PER 28 DAYS)
XCOPRI (350 MG DAILY DOSE)	5-Specialty	PA2, QL (56 PER 28 DAYS)
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	4-Non-Preferred Drugs	PA2, QL (28 PER 28 DAYS)
ZONISADE	5-Specialty	QL (900 PER 30 DAYS)
<i>zonisamide</i>	2-Generics	

## **ANTIDEMENTIA AGENTS**

### **ANTIDEMENTIA AGENTS, OTHER**

NAMZARIC (7-10 MG CAP ER 24H, 14-10 MG CAP ER 24H, 21-10 MG CAP ER 24H, 28-10 MG CAP ER 24H)	4-Non-Preferred Drugs	
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### **CHOLINESTERASE INHIBITORS**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>galantamine hydrobromide 4 mg/ml solution</i>	4-Non-Preferred Drugs	QL (360 PER 30 DAYS)
<i>galantamine hydrobromide er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>rivastigmine</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>rivastigmine tartrate</i>	3-Preferred Brands	QL (60 PER 30 DAYS)

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

<i>memantine hcl (2 mg/ml solution, 10 mg/5ml solution)</i>	4-Non-Preferred Drugs	QL (360 PER 30 DAYS)
<i>memantine hcl (5 mg tab, 10 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
MEMANTINE HCL 28 X 5 MG & 21 X 10 MG TAB	4-Non-Preferred Drugs	QL (98 PER 365 DAYS)
<i>memantine hcl er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

### **ANTIDEPRESSANTS**

#### **ANTIDEPRESSANTS, OTHER**

AUVELITY	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>bupropion hcl</i>	2-Generics	QL (120 PER 30 DAYS)
<i>bupropion hcl er (sr)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	2-Generics	QL (90 PER 30 DAYS)
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	2-Generics	QL (30 PER 30 DAYS)
EXXUA	5-Specialty	PA2, QL (30 PER 30 DAYS)
EXXUA TITRATION PACK	5-Specialty	PA2, QL (32 PER 30 DAYS)
<i>mirtazapine (7.5 mg tab, 45 mg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>mirtazapine 15 mg tab</i>	2-Generics	QL (90 PER 30 DAYS)
<i>mirtazapine 15 mg tab disp</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>mirtazapine 30 mg tab</i>	2-Generics	QL (60 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>mirtazapine 30 mg tab disp</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>mirtazapine 45 mg tab disp</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>perphenazine-amitriptyline</i>	4-Non-Preferred Drugs	
ZURZUVAE (20 MG CAP, 25 MG CAP)	5-Specialty	PA2, QL (28 PER 14 DAYS)
ZURZUVAE 30 MG CAP	5-Specialty	PA2, QL (14 PER 14 DAYS)

### **MONOAMINE OXIDASE INHIBITORS**

EMSAM	5-Specialty	PA2, QL (30 PER 30 DAYS)
MARPLAN	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
<i>phenelzine sulfate</i>	2-Generics	
<i>tranylcypromine sulfate</i>	4-Non-Preferred Drugs	

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

<i>citalopram hydrobromide (10 mg/5ml solution, 20 mg/10ml solution)</i>	3-Preferred Brands	QL (600 PER 30 DAYS)
<i>citalopram hydrobromide (20 mg tab, 40 mg tab)</i>	1-Preferred Generics	QL (45 PER 30 DAYS)
<i>citalopram hydrobromide 10 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>desvenlafaxine succinate er</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>escitalopram oxalate (5 mg/5ml solution, 10 mg/10ml solution)</i>	4-Non-Preferred Drugs	QL (600 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)
FETZIMA	4-Non-Preferred Drugs	PA2, QL (30 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
FETZIMA TITRATION	4-Non-Preferred Drugs	PA2, QL (28 PER 28 DAYS)
<i>fluoxetine hcl 10 mg cap</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 10 mg tab</i>	2-Generics	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 20 mg cap</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg tab</i>	2-Generics	QL (120 PER 30 DAYS)
<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>fluvoxamine maleate</i>	2-Generics	QL (90 PER 30 DAYS)
<i>nefazodone hcl</i>	4-Non-Preferred Drugs	
<i>paroxetine hcl (10 mg tab, 20 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>paroxetine hcl (30 mg tab, 40 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5ml suspension</i>	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)
<i>paroxetine hcl er 12.5 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>paroxetine hcl er 25 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>paroxetine hcl er 37.5 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
RALDESY	5-Specialty	PA2, QL (1200 PER 30 DAYS)
<i>sertraline hcl (25 mg tab, 50 mg tab)</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>sertraline hcl 100 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>sertraline hcl 20 mg/ml conc</i>	4-Non-Preferred Drugs	QL (300 PER 30 DAYS)
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>	1-Preferred Generics	
<i>trazodone hcl 300 mg tab</i>	3-Preferred Brands	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TRINTELLIX	4-Non-Preferred Drugs	PA2, QL (30 PER 30 DAYS)
<i>venlafaxine hcl</i>	2-Generics	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h)</i>	2-Generics	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap er 24h</i>	2-Generics	QL (60 PER 30 DAYS)
<i>vilazodone hcl</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

## TRICYCLICS

<i>amitriptyline hcl</i>	2-Generics	PA2
<i>amoxapine</i>	3-Preferred Brands	PA2
<i>clomipramine hcl</i>	4-Non-Preferred Drugs	PA2
<i>desipramine hcl</i>	4-Non-Preferred Drugs	PA2
DOXEPIN HCL (10 MG CAP, 10 MG/ML CONC, 25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP)	2-Generics	PA2
<i>imipramine hcl</i>	2-Generics	PA2
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	2-Generics	
<i>nortriptyline hcl 10 mg/5ml solution</i>	4-Non-Preferred Drugs	
<i>protriptyline hcl</i>	4-Non-Preferred Drugs	
<i>trimipramine maleate</i>	4-Non-Preferred Drugs	

## ANTIEMETICS

### ANTIEMETICS, OTHER

<i>compro</i>	4-Non-Preferred Drugs	
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	2-Generics	PA

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	2-Generics	
<i>perphenazine</i>	4-Non-Preferred Drugs	
<i>prochlorperazine</i>	4-Non-Preferred Drugs	
<i>prochlorperazine edisylate</i>	4-Non-Preferred Drugs	
<i>prochlorperazine maleate</i>	2-Generics	
<i>promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)</i>	2-Generics	PA
<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)
<i>granisetron hcl 1 mg tab</i>	4-Non-Preferred Drugs	PA3, QL (60 PER 30 DAYS)
<i>ondansetron 4 mg tab disp</i>	2-Generics	PA3, QL (180 PER 30 DAYS)
<i>ondansetron 8 mg tab disp</i>	2-Generics	PA3, QL (90 PER 30 DAYS)
<i>ondansetron hcl (4 mg/2ml soln prsyr, 4 mg/2ml solution, 40 mg/20ml solution)</i>	4-Non-Preferred Drugs	
<i>ondansetron hcl +rfid</i>	4-Non-Preferred Drugs	
<i>ondansetron hcl 4 mg tab</i>	2-Generics	PA3, QL (180 PER 30 DAYS)
<i>ondansetron hcl 4 mg/5ml solution</i>	4-Non-Preferred Drugs	PA3, QL (900 PER 30 DAYS)
<i>ondansetron hcl 8 mg tab</i>	2-Generics	PA3, QL (90 PER 30 DAYS)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	4-Non-Preferred Drugs	PA3, QL (900 PER 30 DAYS)
<b>SANCUSO</b>	5-Specialty	ST, QL (4 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANTIFUNGALS</b>		
<i>amphotericin b</i>	4-Non-Preferred Drugs	PA3
<i>amphotericin b liposome</i>	5-Specialty	PA3
<i>casprofungin acetate</i>	4-Non-Preferred Drugs	
<i>clotrimazole 1 % cream</i>	2-Generics	QL (90 PER 30 DAYS)
<i>clotrimazole 1 % solution</i>	2-Generics	QL (30 PER 30 DAYS)
<i>clotrimazole 10 mg troche</i>	2-Generics	
CRESEMBA (74.5 MG CAP, 186 MG CAP)	5-Specialty	PA
<i>econazole nitrate 1 % cream</i>	4-Non-Preferred Drugs	QL (85 PER 30 DAYS)
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp)</i>	3-Preferred Brands	
<i>fluconazole (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2-Generics	
<i>fluconazole in sodium chloride</i>	4-Non-Preferred Drugs	
<i>flucytosine</i>	5-Specialty	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	4-Non-Preferred Drugs	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	4-Non-Preferred Drugs	
<i>itraconazole 100 mg cap</i>	4-Non-Preferred Drugs	
<i>ketoconazole 2 % cream</i>	2-Generics	QL (60 PER 30 DAYS)
<i>ketoconazole 2 % shampoo</i>	2-Generics	QL (120 PER 30 DAYS)
<i>ketoconazole 200 mg tab</i>	2-Generics	
<i>klayesta</i>	2-Generics	QL (60 PER 30 DAYS)
<i>micafungin sodium</i>	4-Non-Preferred Drugs	
<i>naftifine hcl 1 % cream</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)

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

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

## **ANTIGOUT AGENTS**

<i>allopurinol (100 mg tab, 300 mg tab)</i>	1-Preferred Generics	
<i>colchicine 0.6 mg tab</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>colchicine-probenecid</i>	3-Preferred Brands	
<i>febuxostat</i>	4-Non-Preferred Drugs	ST
<i>probenecid</i>	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANTIMIGRAINE AGENTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS</b>		
AIMOVIQ	3-Preferred Brands	PA, QL (1 PER 28 DAYS)
EMGALITY	3-Preferred Brands	PA, QL (2 PER 28 DAYS)
EMGALITY (300 MG DOSE)	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
NURTEC	3-Preferred Brands	PA, QL (16 PER 30 DAYS)
QULIPTA	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
UBRELVY	3-Preferred Brands	PA, QL (16 PER 30 DAYS)
<b>ERGOT ALKALOIDS</b>		
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	5-Specialty	PA, QL (8 PER 30 DAYS)
<i>ergotamine-caffeine</i>	3-Preferred Brands	
<b>SEROTONIN (5-HT) RECEPTOR AGONIST</b>		
<i>naratriptan hcl</i>	2-Generics	QL (9 PER 30 DAYS)
<i>rizatriptan benzoate</i>	2-Generics	QL (12 PER 30 DAYS)
<i>sumatriptan</i>	4-Non-Preferred Drugs	QL (12 PER 28 DAYS)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2-Generics	QL (9 PER 30 DAYS)
<i>sumatriptan succinate (6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	4-Non-Preferred Drugs	QL (6 PER 30 DAYS)
<b>ANTIMYASTHENIC AGENTS</b>		
<b>PARASYMPATHOMIMETICS</b>		
<i>pyridostigmine bromide 60 mg tab</i>	3-Preferred Brands	
<i>pyridostigmine bromide 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
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## ANTIMYCOBACTERIALS

### ANTIMYCOBACTERIALS, OTHER

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

### ANTITUBERCULARS

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

## ANTINEOPLASTICS

### ALKYLATING AGENTS

<i>cisplatin</i>	4-Non-Preferred Drugs	PA3
<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	3-Preferred Brands	PA3
CYCLOPHOSPHAMIDE (25 MG TAB, 50 MG TAB)	3-Preferred Brands	PA3
GLEOSTINE (10 MG CAP, 40 MG CAP)	4-Non-Preferred Drugs	PA2
GLEOSTINE 100 MG CAP	5-Specialty	PA2
LEUKERAN	5-Specialty	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>Iomustine</i>	4-Non-Preferred Drugs	PA2
MATULANE	5-Specialty	
VALCHLOR	5-Specialty	PA2, QL (60 PER 30 DAYS)

## **ANTIANDROGENS**

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

## **ANTIANGIOGENIC AGENTS**

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

## **ANTIESTROGENS/MODIFIERS**

<i>fulvestrant</i>	5-Specialty	PA3
INLURIYO	5-Specialty	PA2, QL (56 PER 28 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)
SOLTAMOX	5-Specialty	
<i>tamoxifen citrate</i>	2-Generics	
<i>toremifene citrate</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
<b>ANTIMETABOLITES</b>		
<i>azacitidine</i>	5-Specialty	PA3
<i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	4-Non-Preferred Drugs	PA3
<i>mercaptopurine 2000 mg/100ml suspension</i>	5-Specialty	
<i>mercaptopurine 50 mg tab</i>	3-Preferred Brands	
ONUREG	5-Specialty	PA2, QL (14 PER 28 DAYS)
TABLOID	4-Non-Preferred Drugs	

### ANTINEOPLASTICS, OTHER

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

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

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

### **AROMATASE INHIBITORS, 3RD GENERATION**

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

### **MOLECULAR TARGET INHIBITORS**

ALECENSA	5-Specialty	PA2, QL (240 PER 30 DAYS)
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
AVMAPKI FAKZYNJA CO-PACK	5-Specialty	PA2, QL (66 PER 28 DAYS)
AYVAKIT	5-Specialty	PA2, QL (30 PER 30 DAYS)
BALVERSA 3 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
BALVERSA 4 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
BALVERSA 5 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>bortezomib 3.5 mg recon soln</i>	5-Specialty	PA3
BOSULIF (100 MG CAP, 100 MG TAB)	5-Specialty	PA2, QL (180 PER 30 DAYS)
BOSULIF (400 MG TAB, 500 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAP	5-Specialty	PA2, QL (360 PER 30 DAYS)
BRAFTOVI	5-Specialty	PA2, QL (180 PER 30 DAYS)
BRUKINSA 160 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
BRUKINSA 80 MG CAP	5-Specialty	PA2, QL (120 PER 30 DAYS)
CABOMETYX (20 MG TAB, 60 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
CABOMETYX 40 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
CALQUENCE 100 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
CAPRELSA 100 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
COMETRIQ (100 MG DAILY DOSE)	5-Specialty	PA2, QL (60 PER 30 DAYS)
COMETRIQ (140 MG DAILY DOSE)	5-Specialty	PA2, QL (120 PER 30 DAYS)
COMETRIQ (60 MG DAILY DOSE)	5-Specialty	PA2, QL (90 PER 30 DAYS)
COPIKTRA	5-Specialty	PA2, QL (60 PER 30 DAYS)
COTELLIC	5-Specialty	PA2, QL (63 PER 28 DAYS)
DANZITEN	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab)</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>dasatinib 140 mg tab</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>dasatinib 20 mg tab</i>	5-Specialty	PA2, QL (90 PER 30 DAYS)
DAURISMO 100 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
DAURISMO 25 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
ENSACOVE	5-Specialty	PA2, QL (60 PER 30 DAYS)
ERIVEDGE	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tab</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>everolimus (3 mg tab sol, 5 mg tab sol)</i>	5-Specialty	PA2, QL (90 PER 30 DAYS)
<i>everolimus 2 mg tab sol</i>	5-Specialty	PA2, QL (150 PER 30 DAYS)
FOTIVDA	5-Specialty	PA2, QL (21 PER 28 DAYS)
GAVRETO	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>gefitinib</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
GILOTRIF	5-Specialty	PA2, QL (30 PER 30 DAYS)
GOMEKLI 1 MG CAP	5-Specialty	PA2, QL (126 PER 28 DAYS)
GOMEKLI 1 MG TAB SOL	5-Specialty	PA2, QL (168 PER 28 DAYS)
GOMEKLI 2 MG CAP	5-Specialty	PA2, QL (84 PER 28 DAYS)
HERNEXEOS	5-Specialty	PA2, QL (90 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
HYRNUO	5-Specialty	PA2, QL (120 PER 30 DAYS)
IBRANCE	5-Specialty	PA2, QL (21 PER 28 DAYS)
IBTROZI	5-Specialty	PA2, QL (90 PER 30 DAYS)
ICLUSIG (10 MG TAB, 30 MG TAB, 45 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
ICLUSIG 15 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
IDHIFA	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	3-Preferred Brands	PA2, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAP	5-Specialty	PA2, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	5-Specialty	PA2, QL (324 PER 30 DAYS)
IMKELDI	5-Specialty	PA2, QL (280 PER 28 DAYS)
INLYTA 1 MG TAB	5-Specialty	PA2, QL (180 PER 30 DAYS)
INLYTA 5 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
INREBIC	5-Specialty	PA2, QL (120 PER 30 DAYS)
ITOVEBI 3 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
ITOVEBI 9 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
JAKAFI	5-Specialty	PA2, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
KISQALI (200 MG DOSE)	5-Specialty	PA2, QL (21 PER 28 DAYS)
KISQALI (400 MG DOSE)	5-Specialty	PA2, QL (42 PER 28 DAYS)
KISQALI (600 MG DOSE)	5-Specialty	PA2, QL (63 PER 28 DAYS)
KISQALI FEMARA (400 MG DOSE)	5-Specialty	PA2, QL (70 PER 28 DAYS)
KISQALI FEMARA (600 MG DOSE)	5-Specialty	PA2, QL (91 PER 28 DAYS)
KOSELUGO 10 MG CAP	5-Specialty	PA2, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAP	5-Specialty	PA2, QL (120 PER 30 DAYS)
KOSELUGO 5 MG CAP SPRINK	5-Specialty	PA2, QL (600 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
KOSELUGO 7.5 MG CAP SPRINK	5-Specialty	PA2, QL (360 PER 30 DAYS)
KRAZATI	5-Specialty	PA2, QL (180 PER 30 DAYS)
<i>lapatinib ditosylate</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
LENVIMA (10 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (12 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (14 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (18 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (20 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (24 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (4 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (8 MG DAILY DOSE)	5-Specialty	PA2
LORBRENA 100 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
LORBRENA 25 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
LUMAKRAS (120 MG TAB, 240 MG TAB)	5-Specialty	PA2, QL (120 PER 30 DAYS)
LUMAKRAS 320 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
LYNPARZA	5-Specialty	PA2, QL (120 PER 30 DAYS)
LYTGOBI (12 MG DAILY DOSE)	5-Specialty	PA2, QL (84 PER 28 DAYS)
LYTGOBI (16 MG DAILY DOSE)	5-Specialty	PA2, QL (112 PER 28 DAYS)
LYTGOBI (20 MG DAILY DOSE)	5-Specialty	PA2, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML RECON SOLN	5-Specialty	PA2, QL (1350 PER 30 DAYS)
MEKINIST 0.5 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
MEKINIST 2 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
MEKTOVI	5-Specialty	PA2, QL (180 PER 30 DAYS)
NERLYNX	5-Specialty	PA2, QL (180 PER 30 DAYS)
NILOTINIB D-TARTRATE	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>nilotinib hcl</i>	5-Specialty	PA2, QL (120 PER 30 DAYS)
NINLARO	5-Specialty	PA2, QL (3 PER 28 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ODOMZO	5-Specialty	PA2, QL (30 PER 30 DAYS)
OGSIVEO	5-Specialty	PA2, QL (60 PER 30 DAYS)
OJEMDA 100 MG TAB	5-Specialty	PA2, QL (24 PER 28 DAYS)
OJEMDA 25 MG/ML RECON SUSP	5-Specialty	PA2, QL (96 PER 28 DAYS)
<i>pazopanib hcl 200 mg tab</i>	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>pazopanib hcl 400 mg tab</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
PEMAZYRE	5-Specialty	PA2, QL (30 PER 30 DAYS)
PHYRAGO (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
PHYRAGO 20 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
PIQRAY (200 MG DAILY DOSE)	5-Specialty	PA2, QL (30 PER 30 DAYS)
PIQRAY (250 MG DAILY DOSE)	5-Specialty	PA2, QL (60 PER 30 DAYS)
PIQRAY (300 MG DAILY DOSE)	5-Specialty	PA2, QL (60 PER 30 DAYS)
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
RETEVMO 40 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
REVUFORJ 110 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
REVUFORJ 160 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
REVUFORJ 25 MG TAB	5-Specialty	PA2, QL (240 PER 30 DAYS)
REZLIDHIA	5-Specialty	PA2, QL (60 PER 30 DAYS)
ROMVIMZA	5-Specialty	PA2, QL (8 PER 28 DAYS)
ROZLYTREK 100 MG CAP	5-Specialty	PA2, QL (180 PER 30 DAYS)
ROZLYTREK 200 MG CAP	5-Specialty	PA2, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PACKET	5-Specialty	PA2, QL (360 PER 30 DAYS)
RUBRACA	5-Specialty	PA2, QL (120 PER 30 DAYS)
RYDAPT	5-Specialty	PA2, QL (240 PER 30 DAYS)
SCEMBLIX 100 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
SCEMBLIX 20 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TAB	5-Specialty	PA2, QL (300 PER 30 DAYS)
<i>sorafenib tosylate</i>	5-Specialty	PA2, QL (120 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
STIVARGA	5-Specialty	PA2, QL (84 PER 28 DAYS)
<i>sunitinib malate</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
TABRECTA	5-Specialty	PA2, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAP, 75 MG CAP)	5-Specialty	PA2, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TAB SOL	5-Specialty	PA2, QL (900 PER 30 DAYS)
TAGRISSE	5-Specialty	PA2, QL (30 PER 30 DAYS)
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	5-Specialty	PA2, QL (30 PER 30 DAYS)
TALZENNA 0.25 MG CAP	5-Specialty	PA2, QL (90 PER 30 DAYS)
TAZVERIK	5-Specialty	PA2, QL (240 PER 30 DAYS)
TEPMETKO	5-Specialty	PA2, QL (60 PER 30 DAYS)
TIBSOVO	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>torpenz</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
TRUQAP	5-Specialty	PA2, QL (64 PER 28 DAYS)
TUKYSA 150 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
TUKYSA 50 MG TAB	5-Specialty	PA2, QL (300 PER 30 DAYS)
TURALIO	5-Specialty	PA2, QL (120 PER 30 DAYS)
VANFLYTA	5-Specialty	PA2, QL (56 PER 28 DAYS)
VENCLEXTA 10 MG TAB	3-Preferred Brands	PA2, QL (120 PER 30 DAYS)
VENCLEXTA 100 MG TAB	5-Specialty	PA2, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
VENCLEXTA STARTING PACK	5-Specialty	PA2, QL (42 PER 28 DAYS)
VERZENIO	5-Specialty	PA2, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAP	5-Specialty	PA2, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	5-Specialty	PA2, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAP	5-Specialty	PA2, QL (180 PER 30 DAYS)
VIZIMPRO	5-Specialty	PA2, QL (30 PER 30 DAYS)
VONJO	5-Specialty	PA2, QL (120 PER 30 DAYS)
VORANIGO 10 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
VORANIGO 40 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	5-Specialty	PA2, QL (120 PER 30 DAYS)
XALKORI 150 MG CAP SPRINK	5-Specialty	PA2, QL (180 PER 30 DAYS)
XOSPATA	5-Specialty	PA2, QL (90 PER 30 DAYS)
XPOVIO (100 MG ONCE WEEKLY)	5-Specialty	PA2, QL (8 PER 28 DAYS)
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK	5-Specialty	PA2, QL (16 PER 28 DAYS)
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	5-Specialty	PA2, QL (4 PER 28 DAYS)
XPOVIO (40 MG TWICE WEEKLY)	5-Specialty	PA2, QL (8 PER 28 DAYS)
XPOVIO (60 MG ONCE WEEKLY)	5-Specialty	PA2, QL (4 PER 28 DAYS)
XPOVIO (60 MG TWICE WEEKLY)	5-Specialty	PA2, QL (24 PER 28 DAYS)
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	5-Specialty	PA2, QL (8 PER 28 DAYS)
XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK	5-Specialty	PA2, QL (4 PER 28 DAYS)
XPOVIO (80 MG TWICE WEEKLY)	5-Specialty	PA2, QL (32 PER 28 DAYS)
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
ZELBORAF	5-Specialty	PA2, QL (240 PER 30 DAYS)
ZYDELIG	5-Specialty	PA2, QL (60 PER 30 DAYS)
ZYKADIA	5-Specialty	PA2, QL (90 PER 30 DAYS)

### **MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TRAZIMERA	5-Specialty	PA3
TRUXIMA	5-Specialty	PA3
ZIRABEV	5-Specialty	PA3

## **RETINOIDS**

<i>bexarotene 1 % gel</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>bexarotene 75 mg cap</i>	5-Specialty	PA2, QL (300 PER 30 DAYS)
PANRETIN	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>tretinoin 10 mg cap</i>	5-Specialty	

## **TREATMENT ADJUNCTS**

<i>mesna 400 mg tab</i>	5-Specialty	
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## **ANTIPARASITICS**

### **ANTHELMINTHICS**

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

### **ANTIPROTOZOALS**

<i>atovaquone</i>	4-Non-Preferred Drugs	QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	4-Non-Preferred Drugs	
<i>chloroquine phosphate</i>	2-Generics	
COARTEM	4-Non-Preferred Drugs	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2-Generics	
IMPAVIDO	5-Specialty	QL (84 PER 28 DAYS)
<i>mefloquine hcl</i>	2-Generics	
<i>nitazoxanide</i>	5-Specialty	QL (6 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>pentamidine isethionate for nebulization soln 300 mg</i>	4-Non-Preferred Drugs	PA3
<i>pentamidine isethionate for soln 300 mg</i>	4-Non-Preferred Drugs	
<i>primaquine phosphate</i>	3-Preferred Brands	
<i>pyrimethamine</i>	5-Specialty	PA
<i>quinine sulfate</i>	4-Non-Preferred Drugs	PA

## **ANTIPARKINSON AGENTS**

### **ANTICHOLINERGICS**

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

### **ANTIPARKINSON AGENTS, OTHER**

<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)</i>	2-Generics	
<i>carbidopa-levodopa-entacapone</i>	4-Non-Preferred Drugs	
<i>entacapone</i>	4-Non-Preferred Drugs	

### **DOPAMINE AGONISTS**

<i>bromocriptine mesylate</i>	4-Non-Preferred Drugs	
<i>pramipexole dihydrochloride</i>	2-Generics	
<i>ropinirole hcl</i>	2-Generics	
<i>ropinirole hcl er</i>	4-Non-Preferred Drugs	

### **DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS**

<i>carbidopa</i>	4-Non-Preferred Drugs	
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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>carbidopa-levodopa</i>	2-Generics	
<i>carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)</i>	2-Generics	
INBRIJA	5-Specialty	PA, QL (300 PER 30 DAYS)

## MONOAMINE OXIDASE B (MAO-B) INHIBITORS

<i>rasagiline mesylate</i>	4-Non-Preferred Drugs
<i>selegiline hcl</i>	3-Preferred Brands

## ANTIPSYCHOTICS

### 1ST GENERATION/TYPICAL

<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	4-Non-Preferred Drugs
<i>fluphenazine decanoate</i>	4-Non-Preferred Drugs
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2-Generics
<i>fluphenazine hcl (2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg/ml conc)</i>	4-Non-Preferred Drugs
<i>haloperidol</i>	2-Generics
<i>haloperidol decanoate</i>	4-Non-Preferred Drugs
<i>haloperidol lactate 2 mg/ml conc</i>	2-Generics
<i>haloperidol lactate 5 mg/ml solution</i>	4-Non-Preferred Drugs
<i>loxapine succinate</i>	2-Generics
<i>molindone hcl</i>	4-Non-Preferred Drugs
<i>pimozide</i>	4-Non-Preferred Drugs
<i>thioridazine hcl</i>	3-Preferred Brands

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>thiothixene</i>	4-Non-Preferred Drugs	
<i>trifluoperazine hcl</i>	3-Preferred Brands	

## **2ND GENERATION/ATYPICAL**

ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5-Specialty	QL (2.4 PER 56 DAYS)
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 (10 mg tab disp, 15 mg tab disp)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>aripiprazole (20 mg tab, 30 mg tab)</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)
ARISTADA 1064 MG/3.9ML PRSYR	5-Specialty	QL (3.9 PER 56 DAYS)
ARISTADA 441 MG/1.6ML PRSYR	5-Specialty	QL (1.6 PER 28 DAYS)
ARISTADA 662 MG/2.4ML PRSYR	5-Specialty	QL (2.4 PER 28 DAYS)
ARISTADA 882 MG/3.2ML PRSYR	5-Specialty	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	5-Specialty	QL (4.8 PER 365 DAYS)
<i>asenapine maleate</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
CAPLYTA	5-Specialty	ST, QL (30 PER 30 DAYS)
COBENFY	5-Specialty	ST, QL (60 PER 30 DAYS)
COBENFY STARTER PACK	5-Specialty	ST, QL (56 PER 28 DAYS)
FANAPT	5-Specialty	ST, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK A	4-Non-Preferred Drugs	ST, QL (16 PER 365 DAYS)
FANAPT TITRATION PACK B	5-Specialty	ST, QL (24 PER 365 DAYS)
FANAPT TITRATION PACK C	5-Specialty	ST, QL (16 PER 365 DAYS)
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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5-Specialty	QL (5 PER 180 DAYS)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5-Specialty	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5-Specialty	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5-Specialty	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4-Non-Preferred Drugs	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5-Specialty	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5-Specialty	QL (0.88 PER 84 DAYS)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5-Specialty	QL (1.32 PER 84 DAYS)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5-Specialty	QL (1.75 PER 84 DAYS)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5-Specialty	QL (2.63 PER 84 DAYS)
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tab</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
NUPLAZID	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>olanzapine (15 mg tab, 20 mg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>olanzapine (5 mg tab disp, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>olanzapine 10 mg recon soln</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
OPIPZA (5 MG FILM, 10 MG FILM)	5-Specialty	PA2, QL (90 PER 30 DAYS)
OPIPZA 2 MG FILM	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>paliperidone er 1.5 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (240 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>paliperidone er 3 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>paliperidone er 6 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>paliperidone er 9 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>quetiapine fumarate (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>quetiapine fumarate 25 mg tab</i>	2-Generics	QL (180 PER 30 DAYS)
<i>quetiapine fumarate er</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB)	5-Specialty	ST, QL (60 PER 30 DAYS)
REXULTI (2 MG TAB, 3 MG TAB, 4 MG TAB)	5-Specialty	ST, QL (30 PER 30 DAYS)
<i>risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	2-Generics	QL (480 PER 30 DAYS)
<i>risperidone microspheres er</i>	4-Non-Preferred Drugs	QL (2 PER 28 DAYS)
SECUADO	5-Specialty	ST, QL (30 PER 30 DAYS)
VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	5-Specialty	ST, QL (30 PER 30 DAYS)
<i>ziprasidone hcl</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)

## **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
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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>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	3-Preferred Brands	
VERSACLOZ	5-Specialty	QL (600 PER 30 DAYS)

## ANTISPASTICITY AGENTS

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

## ANTIVIRALS

### ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

LIVTENCITY	5-Specialty	PA
PREVYMIS (20 MG PACKET, 120 MG PACKET)	5-Specialty	PA, QL (120 PER 30 DAYS)
PREVYMIS (240 MG TAB, 480 MG TAB)	5-Specialty	PA, QL (28 PER 28 DAYS)
<i>valganciclovir hcl 450 mg tab</i>	3-Preferred Brands	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	5-Specialty	

### ANTI-HEPATITIS B (HBV) AGENTS

<i>adefovir dipivoxil</i>	4-Non-Preferred Drugs	
BARACLUDE 0.05 MG/ML SOLUTION	5-Specialty	
<i>entecavir</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>lamivudine 100 mg tab</i>	3-Preferred Brands	
VEMLIDY	5-Specialty	QL (30 PER 30 DAYS)

### ANTI-HEPATITIS C (HCV) AGENTS

EPCLUSA (150-37.5 MG PACKET, 400-100 MG TAB)	5-Specialty	PA, QL (28 PER 28 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
EPCLUSA (200-50 MG PACKET, 200-50 MG TAB)	5-Specialty	PA, QL (56 PER 28 DAYS)
MAVYRET 100-40 MG TAB	5-Specialty	PA, QL (84 PER 28 DAYS)
MAVYRET 50-20 MG PACKET	5-Specialty	PA, QL (140 PER 28 DAYS)
<i>ribavirin</i>	3-Preferred Brands	
VOSEVI	5-Specialty	PA, QL (28 PER 28 DAYS)

### **ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)**

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

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

DELSTRIGO	5-Specialty	QL (30 PER 30 DAYS)
EDURANT	5-Specialty	QL (30 PER 30 DAYS)
EDURANT PED	5-Specialty	QL (180 PER 30 DAYS)
<i>efavirenz</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitab-tenofo df</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>emtricitab-rilpivir-tenofov df</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>etravirine 100 mg tab</i>	5-Specialty	QL (120 PER 30 DAYS)

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

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

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>lamivudine-zidovudine</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
TRIUMEQ	5-Specialty	QL (30 PER 30 DAYS)
TRIUMEQ PD	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
VIREAD 40 MG/GM POWDER	5-Specialty	QL (240 PER 30 DAYS)
<i>zidovudine 100 mg cap</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tab</i>	2-Generics	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	3-Preferred Brands	QL (1920 PER 30 DAYS)

### **ANTI-HIV AGENTS, OTHER**

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

### **ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>atazanavir sulfate 300 mg cap</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>darunavir 600 mg tab</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tab</i>	5-Specialty	QL (30 PER 30 DAYS)
EVOTAZ	5-Specialty	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	5-Specialty	QL (120 PER 30 DAYS)
KALETRA 400-100 MG/5ML SOLUTION	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)
<i>lopinavir-ritonavir 100-25 mg tab</i>	4-Non-Preferred Drugs	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir 200-50 mg tab</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
NORVIR 100 MG PACKET	4-Non-Preferred Drugs	QL (360 PER 30 DAYS)
PREZCOBIX	5-Specialty	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	5-Specialty	QL (400 PER 30 DAYS)
PREZISTA 150 MG TAB	5-Specialty	QL (240 PER 30 DAYS)
PREZISTA 75 MG TAB	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)
REYATAZ 50 MG PACKET	5-Specialty	QL (240 PER 30 DAYS)
<i>ritonavir</i>	3-Preferred Brands	QL (360 PER 30 DAYS)
SYMTUZA	5-Specialty	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TAB	5-Specialty	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TAB	5-Specialty	QL (120 PER 30 DAYS)

## **ANTI-INFLUENZA AGENTS**

<i>oseltamivir phosphate (45 mg cap, 75 mg cap)</i>	3-Preferred Brands	QL (84 PER 365 DAYS)
<i>oseltamivir phosphate 30 mg cap</i>	3-Preferred Brands	QL (168 PER 365 DAYS)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	3-Preferred Brands	QL (1080 PER 365 DAYS)
RELENZA DISKHALER	3-Preferred Brands	QL (120 PER 365 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>rimantadine hcl</i>	4-Non-Preferred Drugs	
XOFLUZA (40 MG DOSE)	4-Non-Preferred Drugs	QL (6 PER 365 DAYS)
XOFLUZA (80 MG DOSE)	4-Non-Preferred Drugs	QL (6 PER 365 DAYS)

### **ANTIHERPETIC AGENTS**

<i>acyclovir (200 mg cap, 400 mg tab, 800 mg tab)</i>	2-Generics	
<i>acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)</i>	4-Non-Preferred Drugs	
<i>acyclovir sodium</i>	4-Non-Preferred Drugs	PA3
<i>famciclovir</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>valacyclovir hcl</i>	2-Generics	QL (120 PER 30 DAYS)

### **ANTIVIRAL, CORONAVIRUS AGENTS**

LAGEVRIO	3-Preferred Brands	
PAXLOVID (150/100)	2-Generics	QL (40 PER 30 DAYS)
PAXLOVID (300/100 & 150/100)	2-Generics	QL (22 PER 30 DAYS)
PAXLOVID (300/100)	2-Generics	QL (60 PER 30 DAYS)

### **ANXIOLYTICS**

#### **ANXIOLYTICS, OTHER**

<i>bupirone hcl</i>	1-Preferred Generics	
<i>hydroxyzine pamoate</i>	3-Preferred Brands	PA

#### **BENZODIAZEPINES**

<i>alprazolam (0.25 mg tab, 0.5 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>alprazolam (1 mg tab, 2 mg tab)</i>	2-Generics	QL (150 PER 30 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp)</i>	2-Generics	QL (120 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>clorazepate dipotassium 15 mg tab</i>	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
<i>diazepam (2 mg tab, 5 mg tab, 10 mg tab)</i>	2-Generics	PA2, QL (120 PER 30 DAYS)
<i>diazepam 5 mg/5ml solution</i>	2-Generics	PA2, QL (1200 PER 30 DAYS)
<i>diazepam 5 mg/ml conc</i>	2-Generics	PA2, QL (240 PER 30 DAYS)
<i>diazepam intensol</i>	2-Generics	PA2, QL (240 PER 30 DAYS)
<i>lorazepam (2 mg tab, 2 mg/ml conc)</i>	2-Generics	PA2, QL (150 PER 30 DAYS)
<i>lorazepam 0.5 mg tab</i>	2-Generics	PA2, QL (600 PER 30 DAYS)
<i>lorazepam 1 mg tab</i>	2-Generics	PA2, QL (300 PER 30 DAYS)
<i>lorazepam intensol</i>	2-Generics	PA2, QL (150 PER 30 DAYS)

## **BIPOLAR AGENTS**

### **MOOD STABILIZERS**

<i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2-Generics	
<i>lithium</i>	4-Non-Preferred Drugs	
<i>lithium carbonate</i>	1-Preferred Generics	
<i>lithium carbonate er</i>	2-Generics	
<i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2-Generics	
SUBVENITE 10 MG/ML SUSPENSION	4-Non-Preferred Drugs	

## **BLOOD GLUCOSE REGULATORS**

### **ANTIDIABETIC AGENTS**

<i>acarbose</i>	1-Preferred Generics	QL (90 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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>glimepiride (1 mg tab, 2 mg tab)</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>glipizide (5 mg tab, 10 mg tab)</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>glipizide er 10 mg tab er 24h</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tab er 24h</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>glipizide er 5 mg tab er 24h</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>glipizide-metformin hcl</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>glyburide</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>glyburide micronized</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>glyburide-metformin</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
GLYXAMBI	3-Preferred Brands	QL (30 PER 30 DAYS)
JANUMET	3-Preferred Brands	QL (60 PER 30 DAYS)
JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)	3-Preferred Brands	QL (60 PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	3-Preferred Brands	QL (30 PER 30 DAYS)
JANUVIA	3-Preferred Brands	QL (30 PER 30 DAYS)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB)	3-Preferred Brands	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3-Preferred Brands	QL (60 PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>metformin hcl 1000 mg tab</i>	1-Preferred Generics	QL (75 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>metformin hcl 500 mg tab</i>	1-Preferred Generics	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tab er 24h</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tab er 24h</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>miglitol</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
MOUNJARO	3-Preferred Brands	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tab</i>	1-Preferred Generics	QL (180 PER 30 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
OZEMPIC (1 MG/DOSE)	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
OZEMPIC (2 MG/DOSE)	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>pioglitazone hcl-metformin hcl</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>repaglinide (0.5 mg tab, 1 mg tab)</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>repaglinide 2 mg tab</i>	1-Preferred Generics	QL (240 PER 30 DAYS)
RYBELSUS	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
SOLIQUA	3-Preferred Brands	QL (18 PER 30 DAYS)
TRADJENTA	3-Preferred Brands	QL (30 PER 30 DAYS)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	3-Preferred Brands	QL (30 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	3-Preferred Brands	QL (60 PER 30 DAYS)
TRULICITY	3-Preferred Brands	PA, QL (2 PER 28 DAYS)
XIGDUO XR (10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	3-Preferred Brands	QL (30 PER 30 DAYS)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H)	3-Preferred Brands	QL (60 PER 30 DAYS)

## **GLYCEMIC AGENTS**

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

## **INSULINS**

BASAGLAR KWIKPEN	3-Preferred Brands	
FIASP	3-Preferred Brands	
FIASP FLEXTOUCH	3-Preferred Brands	
FIASP PENFILL	3-Preferred Brands	
FIASP PUMPCART	3-Preferred Brands	
HUMULIN R U-500 (CONCENTRATED)	5-Specialty	
HUMULIN R U-500 KWIKPEN	5-Specialty	
LANTUS	3-Preferred Brands	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
LANTUS SOLOSTAR	3-Preferred Brands	
NOVOLIN 70/30	3-Preferred Brands	
NOVOLIN 70/30 FLEXPEN	3-Preferred Brands	
NOVOLIN N	3-Preferred Brands	
NOVOLIN N FLEXPEN	3-Preferred Brands	
NOVOLIN R	3-Preferred Brands	
NOVOLIN R FLEXPEN	3-Preferred Brands	
NOVOLOG	3-Preferred Brands	
NOVOLOG FLEXPEN	3-Preferred Brands	
NOVOLOG FLEXPEN RELION	3-Preferred Brands	
NOVOLOG MIX 70/30	3-Preferred Brands	
NOVOLOG MIX 70/30 FLEXPEN	3-Preferred Brands	
NOVOLOG PENFILL	3-Preferred Brands	
NOVOLOG RELION	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
<b>BLOOD PRODUCTS AND MODIFIERS</b>		
<b>ANTICOAGULANTS</b>		
<i>dabigatran etexilate mesylate (75 mg cap, 150 mg cap)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>dabigatran etexilate mesylate 110 mg cap</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
ELIQUIS (1.5 MG PACK)	3-Preferred Brands	QL (560 PER 28 DAYS)
ELIQUIS (2 MG PACK)	3-Preferred Brands	QL (560 PER 28 DAYS)
ELIQUIS 0.15 MG CAP SPRINK	3-Preferred Brands	QL (70 PER 28 DAYS)
ELIQUIS 0.5 MG TAB SOL	3-Preferred Brands	QL (560 PER 28 DAYS)
ELIQUIS 2.5 MG TAB	3-Preferred Brands	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TAB	3-Preferred Brands	QL (74 PER 30 DAYS)
ELIQUIS DVT/PE STARTER PACK	3-Preferred Brands	QL (74 PER 30 DAYS)
<i>enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr)</i>	4-Non-Preferred Drugs	
<i>fondaparinux sodium (5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)</i>	5-Specialty	
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	4-Non-Preferred Drugs	
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>	3-Preferred Brands	
<i>heparin sodium (porcine) +rfid</i>	3-Preferred Brands	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	3-Preferred Brands	

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

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

### **BLOOD PRODUCTS AND MODIFIERS, OTHER**

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

### **HEMOSTASIS AGENTS**

<i>tranexamic acid 650 mg tab</i>	3-Preferred Brands	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>PLATELET MODIFYING AGENTS</b>		
<i>aspirin-dipyridamole er</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
BRILINTA 90 MG TAB	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>	3-Preferred Brands	
DOPTELET	5-Specialty	PA
DOPTELET SPRINKLE	5-Specialty	PA
<i>prasugrel hcl</i>	3-Preferred Brands	
<i>ticagrelor</i>	3-Preferred Brands	

## CARDIOVASCULAR AGENTS

### ALPHA-ADRENERGIC AGONISTS

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>doxazosin mesylate</i>	2-Generics	
<i>prazosin hcl</i>	2-Generics	
<i>terazosin hcl</i>	1-Preferred Generics	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>candesartan cilexetil 32 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>irbesartan (75 mg tab, 300 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>irbesartan 150 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>losartan potassium (25 mg tab, 50 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>losartan potassium 100 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil (20 mg tab, 40 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>telmisartan</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>valsartan 320 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>		
<i>benazepril hcl</i>	1-Preferred Generics	
<i>captopril</i>	1-Preferred Generics	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1-Preferred Generics	
<i>fosinopril sodium</i>	1-Preferred Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>lisinopril</i>	1-Preferred Generics	
<i>moexipril hcl</i>	1-Preferred Generics	
<i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i>	1-Preferred Generics	
<i>quinapril hcl</i>	1-Preferred Generics	
<i>ramipril</i>	1-Preferred Generics	
<i>trandolapril</i>	1-Preferred Generics	

## **ANTIARRHYTHMICS**

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol hcl</i>	2-Generics	
<i>atenolol</i>	1-Preferred Generics	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	2-Generics	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	2-Generics	
<i>carvedilol</i>	1-Preferred Generics	
<i>carvedilol phosphate er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	2-Generics	
<i>metoprolol succinate er</i>	1-Preferred Generics	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1-Preferred Generics	
<i>nadolol</i>	4-Non-Preferred Drugs	
<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>nebivolol hcl 20 mg tab</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>pindolol</i>	4-Non-Preferred Drugs	
<i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i>	2-Generics	
<i>propranolol hcl er</i>	3-Preferred Brands	
TIMOLOL MALEATE (5 MG TAB, 10 MG TAB, 20 MG TAB)	4-Non-Preferred Drugs	
<b>CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES</b>		
<i>amlodipine besylate</i>	1-Preferred Generics	
<i>felodipine er</i>	2-Generics	

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

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

## **CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES**

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

## **CARDIOVASCULAR AGENTS, OTHER**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>amlodipine besy-benazepril hcl (5-40 mg cap, 10-40 mg cap)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine besylate-valsartan</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine-atorvastatin</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine-olmesartan</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan-hctz</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone</i>	1-Preferred Generics	
<i>benazepril-hydrochlorothiazide</i>	1-Preferred Generics	
<i>bisoprolol-hydrochlorothiazide</i>	1-Preferred Generics	
<i>candesartan cilexetil-hctz (32-12.5 mg tab, 32-25 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>candesartan cilexetil-hctz 16-12.5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide</i>	1-Preferred Generics	
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>fosinopril sodium-hctz</i>	1-Preferred Generics	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide 300-12.5 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>isosorb dinitrate-hydralazine</i>	4-Non-Preferred Drugs	
<i>ivabradine hcl</i>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide</i>	1-Preferred Generics	
<i>losartan potassium-hctz (100-12.5 mg tab, 100-25 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>losartan potassium-hctz 50-12.5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>metoprolol-hydrochlorothiazide</i>	2-Generics	
<i>metirosine</i>	5-Specialty	PA
NEXLETOL	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
<i>olmesartan medoxomil-hctz</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>pentoxifylline er</i>	2-Generics	
<i>ranolazine er</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>sacubitril-valsartan</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>spironolactone-hctz</i>	2-Generics	
<i>telmisartan-amlodipine</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>telmisartan-hctz (40-12.5 mg tab, 80-25 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>telmisartan-hctz 80-12.5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>trandolapril-verapamil hcl er</i>	1-Preferred Generics	
<i>triamterene-hctz</i>	1-Preferred Generics	
<i>valsartan-hydrochlorothiazide</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
VERQUVO	3-Preferred Brands	PA, QL (30 PER 30 DAYS)

## **DIURETICS, LOOP**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
FUROSEMIDE (8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	2-Generics	
<i>furosemide 10 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>torseamide</i>	2-Generics	

### **DIURETICS, POTASSIUM-SPARING**

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

### **DIURETICS, THIAZIDE**

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

### **DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES**

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

### **DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>fluvastatin sodium er</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>lovastatin (10 mg tab, 20 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>lovastatin 40 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>pitavastatin calcium</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>pravastatin sodium</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>simvastatin</i>	1-Preferred Generics	QL (30 PER 30 DAYS)

## **DYSLIPIDEMICS, OTHER**

<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	2-Generics	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	2-Generics	
<i>colesevelam hcl 3.75 gm packet</i>	4-Non-Preferred Drugs	
<i>colesevelam hcl 625 mg tab</i>	3-Preferred Brands	
<i>colestipol hcl (5 gm granules, 5 gm packet)</i>	4-Non-Preferred Drugs	
<i>colestipol hcl 1 gm tab</i>	3-Preferred Brands	
<i>ezetimibe</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<b>NEXLIZET</b>	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
<i>niacin er (antihyperlipidemic)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>omega-3-acid ethyl esters</i>	3-Preferred Brands	QL (120 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	2-Generics	
REPATHA	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
REPATHA SURECLICK	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
VASCEPA	3-Preferred Brands	

### **MINERALOCORTICOID RECEPTOR ANTAGONISTS**

KERENDIA	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	

### **SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)**

<i>dapagliflozin</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
FARXIGA	3-Preferred Brands	QL (30 PER 30 DAYS)
JARDIANCE	3-Preferred Brands	QL (30 PER 30 DAYS)

### **VASODILATORS, DIRECT-ACTING ARTERIAL**

<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	
<i>minoxidil</i>	2-Generics	

### **VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS**

<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	2-Generics	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	1-Preferred Generics	
<i>isosorbide mononitrate er</i>	1-Preferred Generics	
NITRO-BID	3-Preferred Brands	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	2-Generics	
<i>nitroglycerin 0.4 % ointment</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>nitroglycerin 0.4 mg/spray solution</i>	4-Non-Preferred Drugs	

## **CENTRAL NERVOUS SYSTEM AGENTS**

### **ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES**

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

### **ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>methylphenidate hcl er (10 mg tab er, 20 mg tab er)</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<b>CENTRAL NERVOUS SYSTEM, OTHER</b>		
AUSTEDO (9 MG TAB, 12 MG TAB)	5-Specialty	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TAB	5-Specialty	PA, QL (60 PER 30 DAYS)
AUSTEDO XR (12 MG TAB ER 24H, 24 MG TAB ER 24H)	5-Specialty	PA, QL (60 PER 30 DAYS)
AUSTEDO XR (18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H)	5-Specialty	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 6 MG TAB ER 24H	5-Specialty	PA, QL (120 PER 30 DAYS)
AUSTEDO XR PATIENT TITRATION	5-Specialty	PA, QL (28 PER 28 DAYS)
<i>bac (butalbital-acetamin-caff)</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)
FIRDAPSE	5-Specialty	PA, QL (240 PER 30 DAYS)
NUDEXTA	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	4-Non-Preferred Drugs	
<i>tetrabenazine 12.5 mg tab</i>	3-Preferred Brands	PA, QL (90 PER 30 DAYS)
<i>tetrabenazine 25 mg tab</i>	5-Specialty	PA, QL (120 PER 30 DAYS)
<b>FIBROMYALGIA AGENTS</b>		
DRIZALMA SPRINKLE	4-Non-Preferred Drugs	PA2, QL (60 PER 30 DAYS)
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>pregabalin (225 mg cap, 300 mg cap)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap)</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	3-Preferred Brands	QL (900 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BETASERON	5-Specialty	QL (14 PER 28 DAYS)
COPAXONE 20 MG/ML SOLN PRSYR	5-Specialty	QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SOLN PRSYR	5-Specialty	QL (12 PER 28 DAYS)
<i>dalfampridine er</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>dimethyl fumarate 120 mg cap dr</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>dimethyl fumarate 240 mg cap dr</i>	5-Specialty	QL (60 PER 30 DAYS)
<i>dimethyl fumarate starter pack</i>	3-Preferred Brands	QL (120 PER 365 DAYS)
<i> fingolimod hcl</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	5-Specialty	QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml soln prsyr</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml soln prsyr</i>	5-Specialty	QL (12 PER 28 DAYS)
KESIMPTA	5-Specialty	PA, QL (1.2 PER 28 DAYS)
<i>teriflunomide</i>	5-Specialty	QL (30 PER 30 DAYS)

## DENTAL AND ORAL AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>DERMATOLOGICAL AGENTS</b>		
<b>ACNE AND ROSACEA AGENTS</b>		
<i>accutane</i>	4-Non-Preferred Drugs	
<i>acitretin</i>	4-Non-Preferred Drugs	PA
<i>amnesteam</i>	4-Non-Preferred Drugs	
<i>benzoyl peroxide-erythromycin</i>	4-Non-Preferred Drugs	QL (46.6 PER 30 DAYS)
<i>claravis</i>	4-Non-Preferred Drugs	
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4-Non-Preferred Drugs	
<i>metronidazole (0.75 % lotion, 1 % gel)</i>	4-Non-Preferred Drugs	
<i>sulfacetamide sodium (acne)</i>	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
<i>tazarotene (0.05 % cream, 0.1 % cream)</i>	3-Preferred Brands	PA, QL (60 PER 30 DAYS)
<i>tazarotene (0.05 % gel, 0.1 % gel)</i>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)</i>	4-Non-Preferred Drugs	PA, QL (45 PER 30 DAYS)
<i>zenatane</i>	4-Non-Preferred Drugs	

### DERMATITIS AND PRURITUS AGENTS

<i>ala-cort</i>	2-Generics	
<i>alclometasone dipropionate</i>	2-Generics	
<i>ammonium lactate</i>	2-Generics	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	3-Preferred Brands	
<i>betamethasone dipropionate 0.05 % lotion</i>	2-Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>betamethasone dipropionate aug (0.05 % gel, 0.05 % ointment)</i>	4-Non-Preferred Drugs	
<i>betamethasone dipropionate aug 0.05 % cream</i>	2-Generics	
<i>betamethasone dipropionate aug 0.05 % lotion</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i>	2-Generics	
<i>clobetasol prop emollient base</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>clobetasol propionate (0.05 % foam, 0.05 % solution)</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>clobetasol propionate 0.05 % shampoo</i>	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
<i>clobetasol propionate e</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>clobetasol propionate emulsion</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>clodan</i>	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
<i>desonide (0.05 % cream, 0.05 % ointment)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>desonide 0.05 % lotion</i>	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<b>EUCRISA</b>	4-Non-Preferred Drugs	PA, QL (100 PER 30 DAYS)
<i>fluocinolone acetonide (0.025 % cream, 0.025 % ointment)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>fluocinolone acetonide 0.01 % cream</i>	2-Generics	QL (60 PER 30 DAYS)
<i>fluocinolone acetonide 0.01 % solution</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>fluocinolone acetonide body</i>	4-Non-Preferred Drugs	QL (118.28 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>fluocinolone acetonide scalp</i>	4-Non-Preferred Drugs	QL (118.28 PER 30 DAYS)
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>fluocinonide 0.05 % solution</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>fluocinonide emulsified base</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	2-Generics	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	4-Non-Preferred Drugs	QL (50 PER 30 DAYS)
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	2-Generics	
<i>hydrocortisone (perianal)</i>	2-Generics	
<i>hydrocortisone valerate 0.2 % cream</i>	4-Non-Preferred Drugs	
<i>hydrocortisone valerate 0.2 % ointment</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	2-Generics	
<i>pimecrolimus</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>procto-med hc</i>	2-Generics	
<i>proctosol hc</i>	2-Generics	
<i>proctozone-hc</i>	2-Generics	
<b>SELENIUM SULFIDE 2.5 % LOTION</b>	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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>triderm</i>	2-Generics	
<b>DERMATOLOGICAL AGENTS, OTHER</b>		
<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>calcipotriene 0.005 % solution</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>calcitrene</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	2-Generics	QL (45 PER 30 DAYS)
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	2-Generics	QL (60 PER 30 DAYS)
<i>fluorouracil (2 % solution, 5 % solution)</i>	3-Preferred Brands	QL (10 PER 30 DAYS)
<i>fluorouracil 5 % cream</i>	4-Non-Preferred Drugs	QL (80 PER 30 DAYS)
<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>	4-Non-Preferred Drugs	
SANTYL	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>silver sulfadiazine</i>	2-Generics	
<i>ssd</i>	2-Generics	
<b>PEDICULICIDES/SCABICIDES</b>		
<i>malathion</i>	4-Non-Preferred Drugs	
<i>permethrin</i>	2-Generics	
<b>TOPICAL ANTI-INFECTIVES</b>		
<i>acyclovir 5 % ointment</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>ciclodan</i>	3-Preferred Brands	QL (13.2 PER 30 DAYS)

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

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

## **ELECTROLYTES/MINERALS/METALS/VITAMINS**

### **ELECTROLYTE/MINERAL REPLACEMENT**

AMINOSYN II (10 % SOLUTION, 15 % SOLUTION)	4-Non-Preferred Drugs	PA3
AMINOSYN-PF	4-Non-Preferred Drugs	PA3
<i>carglumic acid</i>	5-Specialty	PA
CLINIMIX/DEXTROSE (4.25/10)	4-Non-Preferred Drugs	PA3
CLINIMIX/DEXTROSE (4.25/5)	4-Non-Preferred Drugs	PA3
CLINIMIX/DEXTROSE (5/15)	4-Non-Preferred Drugs	PA3

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
CLINIMIX/DEXTROSE (5/20)	4-Non-Preferred Drugs	PA3
<i>clinisol sf</i>	4-Non-Preferred Drugs	PA3
<i>dextrose (5 % solution, 10 % solution, 50 % solution, 70 % solution)</i>	4-Non-Preferred Drugs	
<i>dextrose-sodium chloride (2.5-0.45 % solution, 5-0.2 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.2 % solution, 10-0.45 % solution)</i>	4-Non-Preferred Drugs	
GLUCOSE (DEXTROSE)	4-Non-Preferred Drugs	
ISOLYTE-P IN D5W	4-Non-Preferred Drugs	
ISOLYTE-S	4-Non-Preferred Drugs	
ISOLYTE-S PH 7.4	4-Non-Preferred Drugs	
<i>kcl (0.149%) in nacl 20-0.45 meq/l- % solution</i>	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>	4-Non-Preferred Drugs	
KCL-LACTATED RINGERS-D5W	4-Non-Preferred Drugs	
<i>klor-con 10</i>	2-Generics	
<i>klor-con 20 meq packet</i>	3-Preferred Brands	
<i>klor-con 8 meq tab er</i>	2-Generics	
<i>klor-con m10</i>	2-Generics	
<i>klor-con m15</i>	2-Generics	
<i>klor-con m20</i>	2-Generics	
MAGNESIUM SULFATE 50 % SOLUTION	3-Preferred Brands	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>multiple electro type 1 ph 5.5</i>	4-Non-Preferred Drugs	
<i>multiple electro type 1 ph 7.4</i>	4-Non-Preferred Drugs	
<i>plenamine</i>	4-Non-Preferred Drugs	PA3
POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/100ML SOLUTION, 20 MEQ/100ML SOLUTION, 20 MEQ/15ML (10%) SOLUTION, 40 MEQ/100ML SOLUTION, 40 MEQ/15ML (20%) SOLUTION)	4-Non-Preferred Drugs	
<i>potassium chloride 20 meq packet</i>	3-Preferred Brands	
<i>potassium chloride crys er</i>	2-Generics	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)</i>	2-Generics	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	4-Non-Preferred Drugs	
<i>potassium chloride in nacl</i>	4-Non-Preferred Drugs	
<i>potassium citrate er</i>	3-Preferred Brands	
POTASSIUM CL IN DEXTROSE 5%	4-Non-Preferred Drugs	
PREMASOL	4-Non-Preferred Drugs	PA3
PROSOL	4-Non-Preferred Drugs	PA3
<i>sodium chloride (0.45 % solution, 0.9 % solution, 3 % solution, 5 % solution)</i>	4-Non-Preferred Drugs	
<i>sodium chloride (pf)</i>	4-Non-Preferred Drugs	
SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 2.2 (1 F) MG CHEW TAB)	1-Preferred Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TPN ELECTROLYTES	4-Non-Preferred Drugs	PA3
TRAVASOL	4-Non-Preferred Drugs	PA3
TROPHAMINE	4-Non-Preferred Drugs	PA3

## **ELECTROLYTE/MINERAL/METAL MODIFIERS**

CHEMET	5-Specialty	
<i>deferasirox (125 mg tab sol, 180 mg tab, 360 mg tab)</i>	4-Non-Preferred Drugs	PA
<i>deferasirox (250 mg tab sol, 500 mg tab sol)</i>	5-Specialty	PA
<i>deferasirox 90 mg tab</i>	3-Preferred Brands	PA
<i>penicillamine 250 mg tab</i>	5-Specialty	
<i>tolvaptan (15 mg tab thpk, 30 &amp; 15 mg tab thpk, 45 &amp; 15 mg tab thpk, 60 &amp; 30 mg tab thpk, 90 &amp; 30 mg tab thpk – generic jynarque)</i>	5-Specialty	PA
<i>tolvaptan 15 mg tab (generic jynarque)</i>	5-Specialty	PA
<i>tolvaptan 30 mg tab (generic jynarque)</i>	5-Specialty	PA
<i>trientine hcl 250 mg cap</i>	5-Specialty	QL (240 PER 30 DAYS)

## **POTASSIUM BINDERS**

<i>kionex</i>	3-Preferred Brands	
LOKELMA	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	3-Preferred Brands	
<i>sps (sodium polystyrene sulf)</i>	3-Preferred Brands	

## **VITAMINS**

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

## GASTROINTESTINAL AGENTS

### ANTI-CONSTIPATION AGENTS

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

### ANTI-DIARRHEAL AGENTS

<i>alosetron hcl 0.5 mg tab</i>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
<i>alosetron hcl 1 mg tab</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	3-Preferred Brands	PA
<i>loperamide hcl</i>	2-Generics	
VIBERZI	5-Specialty	QL (60 PER 30 DAYS)
XERMELO	5-Specialty	PA, QL (84 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
<b>ANTISPASMODICS, GASTROINTESTINAL</b>		
<i>dicyclomine hcl (10 mg cap, 20 mg tab)</i>	2-Generics	PA
<i>dicyclomine hcl 10 mg/5ml solution</i>	4-Non-Preferred Drugs	PA
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	2-Generics	
<i>methscopolamine bromide</i>	4-Non-Preferred Drugs	
<b>GASTROINTESTINAL AGENTS, OTHER</b>		
CLENPIQ	4-Non-Preferred Drugs	
GATTEX	5-Specialty	PA
<i>gavilyte-c</i>	2-Generics	
<i>gavilyte-g</i>	2-Generics	
<i>gavilyte-n with flavor pack</i>	2-Generics	
<i>na sulfate-k sulfate-mg sulf</i>	4-Non-Preferred Drugs	
<i>peg 3350-kcl-na bicarb-nacl</i>	2-Generics	
<i>peg-3350/electrolytes</i>	2-Generics	
<i>ursodiol (250 mg tab, 500 mg tab)</i>	4-Non-Preferred Drugs	
<i>ursodiol 300 mg cap</i>	3-Preferred Brands	
VOQUEZNA DUAL PAK	4-Non-Preferred Drugs	QL (224 PER 365 DAYS)
VOQUEZNA TRIPLE PAK	4-Non-Preferred Drugs	QL (224 PER 365 DAYS)
VOWST	5-Specialty	PA, QL (12 PER 30 DAYS)
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>		
<i>cimetidine</i>	3-Preferred Brands	
<i>famotidine (20 mg tab, 40 mg tab)</i>	1-Preferred Generics	
<i>famotidine 40 mg/5ml recon susp</i>	4-Non-Preferred Drugs	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>nizatidine (150 mg cap, 300 mg cap)</i>	4-Non-Preferred Drugs	
<b>PROTECTANTS</b>		
<i>misoprostol</i>	2-Generics	
<i>sucralfate 1 gm tab</i>	2-Generics	
<i>sucralfate 1 gm/10ml suspension</i>	4-Non-Preferred Drugs	
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>lansoprazole (15 mg cap dr, 30 mg cap dr)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>omeprazole</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>rabeprazole sodium</i>	2-Generics	QL (30 PER 30 DAYS)

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

<i>betaine</i>	5-Specialty	
CERDELGA	5-Specialty	PA, QL (60 PER 30 DAYS)
CREON	3-Preferred Brands	
<i>cromolyn sodium 100 mg/5ml conc</i>	4-Non-Preferred Drugs	
CYSTAGON	4-Non-Preferred Drugs	
CYSTARAN	5-Specialty	PA, QL (60 PER 28 DAYS)
<i>javygtor</i>	5-Specialty	PA
<i>l-glutamine</i>	5-Specialty	PA, QL (180 PER 30 DAYS)
<i>nitisinone</i>	5-Specialty	
PROLASTIN-C	5-Specialty	PA
REVCOVI	5-Specialty	PA

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>sapropterin dihydrochloride</i>	5-Specialty	PA
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	5-Specialty	PA
<i>zelvysia</i>	5-Specialty	PA
ZENPEP	4-Non-Preferred Drugs	

## **GENITOURINARY AGENTS**

### **ANTISPASMODICS, URINARY**

<i>darifenacin hydrobromide er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
GEMTESA	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>mirabegron er</i>	2-Generics	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>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>trospium chloride</i>	2-Generics	QL (60 PER 30 DAYS)
<i>trospium chloride er</i>	3-Preferred Brands	QL (30 PER 30 DAYS)

### **BENIGN PROSTATIC HYPERTROPHY AGENTS**

<i>alfuzosin hcl er</i>	2-Generics	QL (30 PER 30 DAYS)
<i>dutasteride</i>	2-Generics	QL (30 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>dutasteride-tamsulosin hcl</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>finasteride</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>silodosin</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>tadalafil (2.5 mg tab, 5 mg tab)</i>	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	1-Preferred Generics	QL (60 PER 30 DAYS)

## **GENITOURINARY AGENTS, OTHER**

<i>bethanechol chloride</i>	2-Generics	
ELMIRON	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)

## **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)**

<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	2-Generics	
<i>dexamethasone sod phos +rfd</i>	4-Non-Preferred Drugs	
<i>dexamethasone sod phosphate pf</i>	4-Non-Preferred Drugs	
<i>dexamethasone sodium phosphate (4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)</i>	4-Non-Preferred Drugs	
<i>fludrocortisone acetate</i>	2-Generics	
<i>methylprednisolone</i>	2-Generics	
<i>methylprednisolone acetate</i>	4-Non-Preferred Drugs	
<i>methylprednisolone sodium succ</i>	4-Non-Preferred Drugs	
<i>prednisolone 15 mg/5ml solution</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisolone sodium phosphate (5 mg/5ml solution, 6.7 (5 base) mg/5ml solution, 15 mg/5ml solution, 25 mg/5ml solution)</i>	2-Generics	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)</i>	1-Preferred Generics	
<i>prednisone (5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg/5ml solution, 10 mg (21) tab thpk, 10 mg (48) tab thpk)</i>	2-Generics	
PREDNISONE INTENSOL	4-Non-Preferred Drugs	

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

<i>desmopressin ace spray refrig</i>	4-Non-Preferred Drugs	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	2-Generics	
<i>desmopressin acetate 4 mcg/ml solution</i>	4-Non-Preferred Drugs	
<i>desmopressin acetate pf</i>	4-Non-Preferred Drugs	
<i>desmopressin acetate spray</i>	4-Non-Preferred Drugs	
INCRELEX	5-Specialty	PA
NORDITROPIN FLEXPRO	5-Specialty	PA

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

### ANDROGENS

<i>danazol</i>	4-Non-Preferred Drugs	
<i>testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)</i>	4-Non-Preferred Drugs	PA, QL (300 PER 30 DAYS)
<i>testosterone 20.25 mg/act (1.62%) gel</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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i>	2-Generics	PA
<i>testosterone enanthate 200 mg/ml solution</i>	2-Generics	PA
<i>testosterone td gel pump 20.25 mg/act (1.62%)</i>	4-Non-Preferred Drugs	PA, QL (150 PER 30 DAYS)

## **ESTROGENS**

<i>afirmelle</i>	2-Generics
<i>altavera</i>	2-Generics
<i>alyacen 1/35</i>	2-Generics
<i>alyacen 7/7/7</i>	2-Generics
<i>amethyst</i>	2-Generics
<i>apri</i>	2-Generics
ARANELLE	2-Generics
<i>aubra eq</i>	2-Generics
<i>aurovela 1.5/30</i>	2-Generics
<i>aurovela 1/20</i>	2-Generics
<i>aurovela 24 fe</i>	2-Generics
<i>aurovela fe 1.5/30</i>	2-Generics
<i>aurovela fe 1/20</i>	2-Generics
<i>aviane</i>	2-Generics
<i>ayuna</i>	2-Generics
<i>azurette</i>	2-Generics
<i>balziva</i>	2-Generics
<i>blisovi 24 fe</i>	2-Generics
<i>blisovi fe 1.5/30</i>	2-Generics
<i>blisovi fe 1/20</i>	2-Generics
<i>briellyn</i>	2-Generics
<i>camrese lo</i>	2-Generics
<i>chateal eq</i>	2-Generics
<i>cryselle</i>	2-Generics

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>cryselle-28</i>	2-Generics	
<i>cyred eq</i>	2-Generics	
<i>dasetta 1/35</i>	2-Generics	
<i>dasetta 7/7/7</i>	2-Generics	
<i>delyla</i>	2-Generics	
<i>desogestrel-ethinyl estradiol</i>	2-Generics	
<i>dolishale</i>	2-Generics	
<i>dotti</i>	3-Preferred Brands	QL (8 PER 28 DAYS)
<i>drospirenone-ethinyl estradiol</i>	2-Generics	
<i>elinest</i>	2-Generics	
<i>eluryng</i>	3-Preferred Brands	
<i>enilloring</i>	3-Preferred Brands	
<i>enskyce</i>	2-Generics	
<i>estarylla</i>	2-Generics	
<i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	3-Preferred Brands	QL (8 PER 28 DAYS)
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i>	3-Preferred Brands	QL (4 PER 28 DAYS)
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2-Generics	
<i>estradiol 0.01 % cream</i>	3-Preferred Brands	
<i>estradiol 10 mcg tab</i>	4-Non-Preferred Drugs	
<i>estradiol valerate</i>	4-Non-Preferred Drugs	
<b>ESTRING</b>	4-Non-Preferred Drugs	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>estrogens conjugated</i>	3-Preferred Brands	
<i>ethynodiol diac-eth estradiol</i>	2-Generics	
<i>etonogestrel-ethinyl estradiol</i>	3-Preferred Brands	
<i>falmina</i>	2-Generics	
<i>feirza 1.5/30</i>	2-Generics	
<i>feirza 1/20</i>	2-Generics	
<i>femynor</i>	2-Generics	
<i>fyavolv</i>	2-Generics	
<i>hailey 1.5/30</i>	2-Generics	
<i>hailey 24 fe</i>	2-Generics	
<i>hailey fe 1.5/30</i>	2-Generics	
<i>hailey fe 1/20</i>	2-Generics	
<i>haloette</i>	3-Preferred Brands	
<i>iclevia</i>	2-Generics	
<i>introvale</i>	2-Generics	
<i>isibloom</i>	2-Generics	
<i>jasmiel</i>	2-Generics	
<i>jinteli</i>	2-Generics	
<i>jolessa</i>	2-Generics	
<i>juleber</i>	2-Generics	
<i>junel 1.5/30</i>	2-Generics	
<i>junel 1/20</i>	2-Generics	
<i>junel fe 1.5/30</i>	2-Generics	
<i>junel fe 1/20</i>	2-Generics	
<i>junel fe 24</i>	2-Generics	
<i>kalliga</i>	2-Generics	
<i>kariva</i>	2-Generics	
<i>kelnor 1/35</i>	2-Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>lessina</i>	2-Generics	
<i>levonest</i>	2-Generics	
<i>levonorg-eth estrad triphasic</i>	2-Generics	
<i>levonorgest-eth estrad 91-day</i>	2-Generics	
<i>levonorgestrel-ethinyl estrad</i>	2-Generics	
<i>levora 0.15/30 (28)</i>	2-Generics	
<i>lo-zumandimine</i>	2-Generics	
<i>loestrin 1.5/30 (21)</i>	2-Generics	
<i>loestrin 1/20 (21)</i>	2-Generics	
<i>loestrin fe 1.5/30</i>	2-Generics	
<i>loestrin fe 1/20</i>	2-Generics	
<i>lojaimiess</i>	2-Generics	
<i>loryna</i>	2-Generics	
<i>low-ogestrel</i>	2-Generics	
<i>luizza 1.5/30</i>	2-Generics	
<i>luizza 1/20</i>	2-Generics	
<i>lutra</i>	2-Generics	
<i>lyllana</i>	3-Preferred Brands	QL (8 PER 28 DAYS)
<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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>microgestin fe 1/20</i>	2-Generics	
<i>mili</i>	2-Generics	
<i>mono-linyah</i>	2-Generics	
<i>necon 0.5/35 (28)</i>	2-Generics	
<i>nikki</i>	2-Generics	
<i>norelgestromin-eth estradiol</i>	3-Preferred Brands	
<i>norethin ace-eth estrad-fe (1-20 tab, 1.5-30 tab)</i>	2-Generics	
<i>norethin-eth estradiol-fe</i>	2-Generics	
<i>norethindron-ethinyl estrad-fe</i>	2-Generics	
<i>norethindrone acet-ethinyl est</i>	2-Generics	
<i>norethindrone-eth estradiol</i>	2-Generics	
<i>norgestim-eth estrad triphasic</i>	2-Generics	
<i>norgestimate-eth estradiol</i>	2-Generics	
<i>nortrel 0.5/35 (28)</i>	2-Generics	
<i>nortrel 1/35 (21)</i>	2-Generics	
<i>nortrel 1/35 (28)</i>	2-Generics	
<i>nortrel 7/7/7</i>	2-Generics	
<i>nylia 1/35</i>	2-Generics	
<i>nylia 7/7/7</i>	2-Generics	
<i>nymyo</i>	2-Generics	
<i>ocella</i>	2-Generics	
<i>philith</i>	2-Generics	
<i>pimtrea</i>	2-Generics	
<i>pirmella 1/35</i>	2-Generics	
<i>portia-28</i>	2-Generics	
PREMARIN 0.625 MG/GM CREAM	3-Preferred Brands	
PREMPRO	3-Preferred Brands	
<i>previfem</i>	2-Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>reclipsen</i>	2-Generics	
<i>setlakin</i>	2-Generics	
<i>simliya</i>	2-Generics	
<i>sprintec 28</i>	2-Generics	
<i>sronyx</i>	2-Generics	
<i>syeda</i>	2-Generics	
<i>tarina 24 fe</i>	2-Generics	
<i>tarina fe 1/20 eq</i>	2-Generics	
<i>tilia fe</i>	2-Generics	
<i>tri femynor</i>	2-Generics	
<i>tri-estarylla</i>	2-Generics	
<i>tri-legest fe</i>	2-Generics	
<i>tri-linyah</i>	2-Generics	
<i>tri-lo-estarylla</i>	2-Generics	
<i>tri-lo-marzia</i>	2-Generics	
<i>tri-lo-mili</i>	2-Generics	
<i>tri-lo-sprintec</i>	2-Generics	
<i>tri-mili</i>	2-Generics	
<i>tri-nymyo</i>	2-Generics	
<i>tri-sprintec</i>	2-Generics	
<i>tri-vylibra</i>	2-Generics	
<i>tri-vylibra lo</i>	2-Generics	
<i>turqoz</i>	2-Generics	
<i>valtya 1/35</i>	2-Generics	
<i>valtya 1/50</i>	2-Generics	
<i>velivet</i>	2-Generics	
<i>vestura</i>	2-Generics	
<i>vienva</i>	2-Generics	
<i>viorele</i>	2-Generics	
<i>volnea</i>	2-Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>vyfemla</i>	2-Generics	
<i>vylibra</i>	2-Generics	
<i>wera</i>	2-Generics	
<i>wymzya fe</i>	2-Generics	
<i>xarah fe</i>	2-Generics	
<i>xelria fe</i>	2-Generics	
<i>xulane</i>	3-Preferred Brands	
<i>yuvafem</i>	4-Non-Preferred Drugs	
<i>zafemy</i>	3-Preferred Brands	
<i>zovia 1/35 (28)</i>	2-Generics	
<i>zumandimine</i>	2-Generics	

## **PROGESTINS**

<i>camila</i>	2-Generics	
<i>deblitane</i>	2-Generics	
DEPO-SUBQ PROVERA 104	3-Preferred Brands	
<i>emzahh</i>	2-Generics	
<i>errin</i>	2-Generics	
<i>gallifrey</i>	2-Generics	
<i>heather</i>	2-Generics	
<i>incassia</i>	2-Generics	
<i>jencycla</i>	2-Generics	
LILETTA (52 MG)	3-Preferred Brands	
<i>lyleq</i>	2-Generics	
<i>lyza</i>	2-Generics	
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	3-Preferred Brands	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2-Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>meleya</i>	2-Generics	
<b>NEXPLANON</b>	3-Preferred Brands	
<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>orquidea</i>	2-Generics	
<i>progesterone (100 mg cap, 200 mg cap)</i>	2-Generics	
<i>sharobel</i>	2-Generics	

### **SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS**

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

### **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)**

<i>levo-t</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>liomny</i>	2-Generics	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REZDIFFRA	5-Specialty	PA, QL (30 PER 30 DAYS)
SYNTHROID	3-Preferred Brands	
<i>unithroid</i>	3-Preferred Brands	

## HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

<i>cabergoline</i>	3-Preferred Brands	
ELIGARD	4-Non-Preferred Drugs	PA3
FIRMAGON	4-Non-Preferred Drugs	PA3
FIRMAGON (240 MG DOSE)	5-Specialty	PA3
<i>lanreotide acetate</i>	5-Specialty	PA
<i>leuprolide acetate</i>	4-Non-Preferred Drugs	PA3
LUPRON DEPOT (1-MONTH)	5-Specialty	PA3
LUPRON DEPOT (3-MONTH)	5-Specialty	PA3
LUPRON DEPOT (4-MONTH)	5-Specialty	PA3
LUPRON DEPOT (6-MONTH)	5-Specialty	PA3
LUPRON DEPOT-PED (1-MONTH)	5-Specialty	PA3
LUPRON DEPOT-PED (3-MONTH)	5-Specialty	PA3
LUPRON DEPOT-PED (6-MONTH)	5-Specialty	PA3
<i>mifepristone</i>	5-Specialty	PA
<i>octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution)</i>	4-Non-Preferred Drugs	PA
<i>octreotide acetate (500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	5-Specialty	PA
SIGNIFOR	5-Specialty	PA
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML 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
SOMAVERT	5-Specialty	PA
SYNAREL	5-Specialty	
TRELSTAR MIXJECT	4-Non-Preferred Drugs	PA3

## HORMONAL AGENTS, SUPPRESSANT (THYROID)

### ANTITHYROID AGENTS

<i>methimazole</i>	2-Generics	
<i>propylthiouracil</i>	2-Generics	

## IMMUNOLOGICAL AGENTS

### ANGIOEDEMA AGENTS

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

### IMMUNOGLOBULINS

BIVIGAM	5-Specialty	PA
FLEBOGAMMA DIF	5-Specialty	PA
GAMMAGARD	5-Specialty	PA
GAMMAGARD ERC	5-Specialty	PA
GAMMAGARD S/D LESS IGA	5-Specialty	PA
GAMMAKED	5-Specialty	PA
GAMMAPLEX	5-Specialty	PA
GAMUNEX-C	5-Specialty	PA
OCTAGAM	5-Specialty	PA
PANZYGA	5-Specialty	PA
PRIVIGEN	5-Specialty	PA

### IMMUNOLOGICAL AGENTS, OTHER

ARCALYST	5-Specialty	PA
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	5-Specialty	PA

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	5-Specialty	PA, QL (8 PER 28 DAYS)
BIMZELX	5-Specialty	PA
DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5-Specialty	PA
RINVOQ	5-Specialty	PA, QL (30 PER 30 DAYS)
RINVOQ LQ	5-Specialty	PA, QL (360 PER 30 DAYS)
SKYRIZI	5-Specialty	PA
SKYRIZI PEN	5-Specialty	PA
SOTYKTU	5-Specialty	PA, QL (30 PER 30 DAYS)
STELARA	5-Specialty	PA
TAVNEOS	5-Specialty	PA, QL (180 PER 30 DAYS)
TREMFYA	5-Specialty	PA
TREMFYA ONE-PRESS	5-Specialty	PA
TREMFYA PEN	5-Specialty	PA
TREMFYA-CD/UC INDUCTION	5-Specialty	PA
TYENNE	5-Specialty	PA
USTEKINUMAB	5-Specialty	PA
VELSIPITY	5-Specialty	PA, QL (30 PER 30 DAYS)
XELJANZ (5 MG TAB, 10 MG TAB)	5-Specialty	PA, QL (60 PER 30 DAYS)
XELJANZ 1 MG/ML SOLUTION	5-Specialty	PA, QL (480 PER 24 DAYS)
XELJANZ XR	5-Specialty	PA, QL (30 PER 30 DAYS)
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5-Specialty	PA

## **IMMUNOSTIMULANTS**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>IMMUNOSUPPRESSANTS</b>		
<i>azathioprine 50 mg tab</i>	2-Generics	PA3
<i>cyclosporine</i>	4-Non-Preferred Drugs	PA3
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	4-Non-Preferred Drugs	PA3
ENBREL	5-Specialty	PA
ENBREL MINI	5-Specialty	PA
ENBREL SURECLICK	5-Specialty	PA
ENVARUSUS XR	4-Non-Preferred Drugs	PA3
<i>everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	5-Specialty	PA3
<i>everolimus 0.25 mg tab</i>	3-Preferred Brands	PA3
<i>gengraf</i>	4-Non-Preferred Drugs	PA3
HADLIMA	5-Specialty	PA
HADLIMA PUSH TOUCH	5-Specialty	PA
HUMIRA (2 PEN)	5-Specialty	PA
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA (2 SYRINGE)	5-Specialty	PA
HUMIRA 10 MG/0.1ML PEF SY KT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA 20 MG/0.2ML PEF SY KT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA 40 MG/0.4ML PEF SY KT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA-PSORIASIS/UVEIT STARTER	5-Specialty	PA

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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 (1 gm recon soln, 2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution)</i>	2-Generics	
<i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	2-Generics	
<i>mycophenolate mofetil (250 mg cap, 500 mg tab)</i>	2-Generics	PA3
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	5-Specialty	PA3
<i>mycophenolate sodium</i>	4-Non-Preferred Drugs	PA3
<i>mycophenolic acid</i>	4-Non-Preferred Drugs	PA3
NULOJIX	5-Specialty	PA3
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	4-Non-Preferred Drugs	PA3
RENFLEXIS	5-Specialty	PA3
REZUROCK	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	4-Non-Preferred Drugs	PA3
<i>sirolimus 1 mg/ml solution</i>	3-Preferred Brands	PA3
<i>tacrolimus (0.5 mg cap, 1 mg cap)</i>	2-Generics	PA3
<i>tacrolimus 5 mg cap</i>	4-Non-Preferred Drugs	PA3
XATMEP	4-Non-Preferred Drugs	

## **VACCINES**

ABRYSVO	1-Preferred Generics
ACTHIB	1-Preferred Generics

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ADACEL	1-Preferred Generics	
AREXVY	1-Preferred Generics	
BCG VACCINE	1-Preferred Generics	
BEXSERO	1-Preferred Generics	
BOOSTRIX	1-Preferred Generics	
DAPTACEL	1-Preferred Generics	
ENGERIX-B	1-Preferred Generics	PA3
GARDASIL 9	1-Preferred Generics	
HAVRIX	1-Preferred Generics	
HEPLISAV-B	1-Preferred Generics	PA3
HIBERIX	1-Preferred Generics	
IMOVAX RABIES	1-Preferred Generics	
INFANRIX	1-Preferred Generics	
IPOL	1-Preferred Generics	
IXIARO	1-Preferred Generics	
JYNNEOS	1-Preferred Generics	PA3
KINRIX	1-Preferred Generics	
M-M-R II	1-Preferred Generics	
MENQUADFI	1-Preferred Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
MENVEO (RECON SOLN, SOLUTION)	1-Preferred Generics	
MRESVIA	1-Preferred Generics	
PEDIARIX	1-Preferred Generics	
PEDVAX HIB	1-Preferred Generics	
PENBRAYA	1-Preferred Generics	
PENMENVY	1-Preferred Generics	
PENTACEL	1-Preferred Generics	
PRIORIX	1-Preferred Generics	
PROQUAD	1-Preferred Generics	
QUADRACEL	1-Preferred Generics	
RABAVERT	1-Preferred Generics	
RECOMBIVAX HB	1-Preferred Generics	PA3
ROTARIX	1-Preferred Generics	
ROTATEQ	1-Preferred Generics	
SHINGRIX (50 MCG/0.5ML RECON SUSP, 50 MCG/0.5ML SUSP PRSYR)	1-Preferred Generics	
TENIVAC	1-Preferred Generics	
TICOVAC	1-Preferred Generics	
TRUMENBA	1-Preferred Generics	
TWINRIX	1-Preferred Generics	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TYPHIM VI	1-Preferred Generics	
VAQTA	1-Preferred Generics	
VARIVAX	1-Preferred Generics	
VAXCHORA	1-Preferred Generics	
VIMKUNYA	1-Preferred Generics	
VIVOTIF	1-Preferred Generics	
YF-VAX	1-Preferred Generics	

## **INFLAMMATORY BOWEL DISEASE AGENTS**

### **AMINOSALICYLATES**

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

### **GLUCOCORTICOIDS**

<i>budesonide 3 mg cp dr part</i>	4-Non-Preferred Drugs
<i>budesonide er</i>	5-Specialty
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	2-Generics
<i>hydrocortisone 100 mg/60ml enema</i>	4-Non-Preferred Drugs

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
BD ALCOHOL PADS	2-Generics	PA
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	2-Generics	PA
CLINOLIPID	4-Non-Preferred Drugs	PA3
GAUZE PADS & DRESSINGS - PADS 2 X 2	2-Generics	PA
INSULIN PEN NEEDLE (NOVO/BD/EMBECTA/ULTIMED/O WEN/TRIVIDIA)	2-Generics	PA
INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/EMBECTA/ULTIMED/ALLISON /TRIVIDIA/MHC)	2-Generics	PA
INSULIN SYRINGE (DISP) U-100 1 ML (BD/EMBECTA/ULTIMED/ALLISON /TRIVIDIA/MHC)	2-Generics	PA2
INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/EMBECTA/ULTIMED/ALLISON /TRIVIDIA/MHC)	2-Generics	PA2
INTRALIPID	4-Non-Preferred Drugs	PA3
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD	2-Generics	PA
NEEDLES, INSULIN DISP., SAFETY	2-Generics	PA
NUTRILIPID	4-Non-Preferred Drugs	PA3
<i>sterile water for irrigation</i>	4-Non-Preferred Drugs	
<i>water for irrigation, sterile</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
<b>OPHTHALMIC AGENTS</b>		
<b>OPHTHALMIC AGENTS, OTHER</b>		
<i>ak-poly-bac</i>	2-Generics	
<i>atropine sulfate 1 % solution</i>	3-Preferred Brands	
BACITRA-NEOMYCIN-POLYMYXIN-HC	2-Generics	
BACITRACIN-POLYMYXIN B	2-Generics	
COMBIGAN	3-Preferred Brands	
<i>cyclopentolate hcl</i>	2-Generics	
<i>dorzolamide hcl-timolol mal</i>	2-Generics	
<i>loteprednol-tobramycin</i>	3-Preferred Brands	
MIEBO	3-Preferred Brands	QL (3 PER 30 DAYS)
NEOMYCIN-BACITRACIN ZN-POLYMYX	2-Generics	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	2-Generics	
<i>neomycin-polymyxin-gramicidin</i>	2-Generics	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	4-Non-Preferred Drugs	
RESTASIS	3-Preferred Brands	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	3-Preferred Brands	QL (5.5 PER 28 DAYS)
ROCKLATAN	4-Non-Preferred Drugs	
<i>sulfacetamide-prednisolone</i>	2-Generics	
TOBRADEX 0.3-0.1 % OINTMENT	3-Preferred Brands	
<i>tobramycin-dexamethasone</i>	3-Preferred Brands	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
XDEMVY	5-Specialty	PA, QL (10 PER 42 DAYS)
XIIDRA	3-Preferred Brands	QL (60 PER 30 DAYS)
ZYLET	3-Preferred Brands	

### **OPHTHALMIC ANTI-ALLERGY AGENTS**

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

### **OPHTHALMIC ANTI-INFECTIVES**

<i>bacitracin</i>	2-Generics
<i>erythromycin 5 mg/gm ointment</i>	2-Generics
<i>gatifloxacin</i>	2-Generics
<i>gentamicin sulfate 0.3 % solution</i>	2-Generics
<i>moxifloxacin hcl 0.5 % solution</i>	3-Preferred Brands
<i>ofloxacin 0.3 % solution</i>	2-Generics
<i>polymyxin b-trimethoprim</i>	2-Generics
SULFACETAMIDE SODIUM	2-Generics
<i>tobramycin 0.3 % solution</i>	2-Generics
<i>trifluridine</i>	2-Generics
ZIRGAN	4-Non-Preferred Drugs

### **OPHTHALMIC ANTI-INFLAMMATORIES**

<i>bromfenac sodium 0.07 % solution</i>	4-Non-Preferred Drugs	
<i>dexamethasone sodium phosphate 0.1 % solution</i>	2-Generics	
<i>diclofenac sodium 0.1 % solution</i>	2-Generics	QL (90 PER 30 DAYS)
<i>difluprednate</i>	4-Non-Preferred Drugs	
EYSUVIS	4-Non-Preferred Drugs	
<i>fluorometholone</i>	3-Preferred Brands	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>flurbiprofen sodium</i>	3-Preferred Brands	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	2-Generics	
LOTEMAX 0.5 % OINTMENT	3-Preferred Brands	
<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	4-Non-Preferred Drugs	
<i>prednisolone acetate</i>	3-Preferred Brands	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2-Generics	

### **OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS**

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

### **OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER**

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RHOPRESSA	4-Non-Preferred Drugs	
SIMBRINZA	4-Non-Preferred Drugs	

## OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

<i>latanoprost</i>	1-Preferred Generics	
LUMIGAN	3-Preferred Brands	
<i>travoprost (bak free)</i>	2-Generics	
VYZULTA	4-Non-Preferred Drugs	

## OTIC AGENTS

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

## RESPIRATORY TRACT/PULMONARY AGENTS

### ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>fluticasone propionate diskus (50 mcg/act aer pow ba, 100 mcg/act aer pow ba)</i>	3-Preferred Brands	QL (120 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>	3-Preferred Brands	QL (34 PER 30 DAYS)
PULMICORT FLEXHALER	4-Non-Preferred Drugs	QL (2 PER 30 DAYS)

## **ANTI-HISTAMINES**

<i>azelastine hcl (0.1 % solution, 137 mcg/spray solution)</i>	2-Generics	QL (30 PER 25 DAYS)
<i>cetirizine hcl</i>	2-Generics	
<i>cyproheptadine hcl 4 mg tab</i>	4-Non-Preferred Drugs	PA
<i>desloratadine 5 mg tab</i>	2-Generics	QL (30 PER 30 DAYS)
<i>diphenhydramine hcl 50 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	2-Generics	PA
<i>hydroxyzine hcl 10 mg/5ml syrup</i>	4-Non-Preferred Drugs	PA
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	4-Non-Preferred Drugs	
<i>levocetirizine dihydrochloride 5 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>olopatadine hcl 0.6 % solution</i>	3-Preferred Brands	QL (30.5 PER 30 DAYS)
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg/10ml solution)</i>	4-Non-Preferred Drugs	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANTILEUKOTRIENES</b>		
<i>montelukast sodium (4 mg chew tab, 5 mg chew tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>montelukast sodium 10 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>montelukast sodium 4 mg packet</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>zafirlukast</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>		
ATROVENT HFA	4-Non-Preferred Drugs	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	2-Generics	PA3
<i>ipratropium bromide 0.03 % solution</i>	2-Generics	QL (30 PER 28 DAYS)
<i>ipratropium bromide 0.06 % solution</i>	2-Generics	QL (45 PER 30 DAYS)
SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN	4-Non-Preferred Drugs	QL (4 PER 30 DAYS)
<i>tiotropium bromide 18 mcg cap (generic spiriva handihaler)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
YUPELRI	5-Specialty	PA3
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>		
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln)</i>	2-Generics	PA3
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	4-Non-Preferred Drugs	
<i>albuterol sulfate (2 mg/5ml syrup, 8 mg/20ml syrup)</i>	2-Generics	
<i>albuterol sulfate hfa</i>	2-Generics	QL (17 PER 30 DAYS)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proair)</i>	2-Generics	QL (17 PER 30 DAYS)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proventil)</i>	2-Generics	QL (13.4 PER 30 DAYS)

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

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

## **CYSTIC FIBROSIS AGENTS**

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
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	3-Preferred Brands	PA3
<b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>		
<i>roflumilast</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>theophylline er (300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	2-Generics	
<b>PULMONARY ANTIHYPERTENSIVES</b>		
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 (62.5 mg tab, 125 mg tab)</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
OPSUMIT	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>sildenafil citrate 20 mg tab</i>	3-Preferred Brands	PA, QL (90 PER 30 DAYS)
<i>tadalafil (pah)</i>	3-Preferred Brands	PA, QL (60 PER 30 DAYS)
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	5-Specialty	PA, QL (60 PER 30 DAYS)
UPTRAVI 200 & 800 MCG TAB THPK	5-Specialty	PA, QL (200 PER 30 DAYS)
UPTRAVI 200 MCG TAB	5-Specialty	PA, QL (150 PER 30 DAYS)
WINREVAIR	5-Specialty	PA
<b>PULMONARY FIBROSIS AGENTS</b>		
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
<b>RESPIRATORY TRACT AGENTS, OTHER</b>		
<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)
FASENRA	5-Specialty	PA
FASENRA PEN	5-Specialty	PA
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>ipratropium-albuterol</i>	2-Generics	PA3
TRELEGY ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>wixela inhub</i>	3-Preferred Brands	QL (60 PER 30 DAYS)

## SKELETAL MUSCLE RELAXANTS

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
XEOMIN	4-Non-Preferred Drugs	PA

## **SLEEP DISORDER AGENTS**

### **SLEEP PROMOTING AGENTS**

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

### **WAKEFULNESS PROMOTING AGENTS**

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

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

# Index of Drugs

## A

abacavir sulfate	43	alclometasone dipropionate	67
abacavir sulfate-lamivudine	43	ALECENSA	28
ABILIFY ASIMTUFI	38	alendronate sodium	97
ABILIFY MAINTENA	38	alfuzosin hcl er	78
abiraterone acetate	26	aliskiren fumarate	58
abirtega 250 mg tab	26	allopurinol	23
ABRYSSVO	93	alosetron hcl	75
acamprosate calcium	5	alprazolam	46
acarbose	47	altavera	81
accutane	67	ALUNBRIG	28
acebutolol hcl	57	ALVAIZ	53
acetaminophen-codeine	3,4	alyacen 1/35	81
acetazolamide	58	alyacen 7/7/7	81
acetazolamide er	101	alyq	106
acetic acid	102	amantadine hcl	36
acetylcysteine	107	ambrisentan	106
acitretin	67	amethyst	81
ACTHIB	93	amikacin sulfate	6
ACTIMMUNE	91	amiloride hcl	61
acyclovir	46,70	amiloride-hydrochlorothiazide	58
acyclovir sodium	46	AMINOSYN II	71
ADACEL	94	AMINOSYN-PF	71
adefovir dipivoxil	41	amiodarone hcl	56
ADEMPAS	106	amitriptyline hcl	20
ADVAIR HFA	107	amlodipine besy-benazepril hcl	58,59
afirmelle	81	amlodipine besylate	57
AIMOVIG	24	amlodipine besylate-valsartan	59
ak-poly-bac	99	amlodipine-atorvastatin	59
AKEEGA	27	amlodipine-olmesartan	59
ala-cort	67	amlodipine-valsartan-hctz	59
albendazole	35	ammonium lactate	67
albuterol sulfate	104	amnesteem	67
albuterol sulfate hfa	104	amoxapine	20
albuterol sulfate hfa 108 (90 base) mcg/act		amoxicillin	9
aero soln (generic proair)	104	amoxicillin-pot clavulanate	9
albuterol sulfate hfa 108 (90 base) mcg/act		amoxicillin-pot clavulanate er	9
aero soln (generic proventil)	104	amphetamine-dextroamphet er	64
albuterol sulfate hfa 108 (90 base) mcg/act		amphetamine-dextroamphetamine	64
aero soln (generic ventolin)	105	amphotericin b	22
		amphotericin b liposome	22
		ampicillin	9

ampicillin sodium	9	aviane	81
ampicillin-sulbactam sodium	9	AVMAPKI FAKZYNJA CO-PACK	28
anagrelide hcl	53	ayuna	81
anastrozole	28	AYVAKIT	28
ANORO ELLIPTA	107	azacitidine	27
aprepitant	21	azathioprine	92
apri	81	azelastine hcl	100,103
APTIVUS	44	azithromycin	10
ARANELLE	81	aztreonam	7
ARCALYST	90	azurette	81
AREXVY	94		
arformoterol tartrate	105	<b>B</b>	
ARIKAYCE	6	bac (butalbital-acetamin-caff)	65
aripiprazole	38	BACITRA-NEOMYCIN-POLYMYXIN-HC	99
ARISTADA	38	bacitracin	100
ARISTADA INITIO	38	BACITRACIN-POLYMYXIN B	99
armodafinil	108	baclofen	41
ARNUIITY ELLIPTA	102	balsalazide disodium	96
asenapine maleate	38	BALVERSA	28
aspirin-dipyridamole er	54	balziva	81
atazanavir sulfate	44,45	BAQSIMI ONE PACK	50
atenolol	57	BAQSIMI TWO PACK	50
atenolol-chlorthalidone	59	BARACLUDGE	41
atomoxetine hcl	64	BASAGLAR KWIKPEN	50
atorvastatin calcium	61	BCG VACCINE	94
atovaquone	35	BD ALCOHOL PADS	98
atovaquone-proguanil hcl	35	BD INSULIN SYRINGE	98
atropine sulfate	99	benazepril hcl	55
ATROVENT HFA	104	benazepril-hydrochlorothiazide	59
abra eq	81	BENLYSTA	90,91
AUGTYRO	27	benzoyl peroxide-erythromycin	67
aurovela 1.5/30	81	benztropine mesylate	36
aurovela 1/20	81	BESREMI	91
aurovela 24 fe	81	betaine	77
aurovela fe 1.5/30	81	betamethasone dipropionate	67
aurovela fe 1/20	81	betamethasone dipropionate aug	68
AUSTEDO	65	betamethasone valerate	68
AUSTEDO XR	65	BETASERON	66
AUSTEDO XR PATIENT TITRATION	65	betaxolol hcl	57,101
AUVELITY	17	bethanechol chloride	79
AVASTIN	34	BEVESPI AEROSPHERE	107

bexarotene	35	buspirone hcl	46
BEXSERO	94	butalbital-apap-caffeine	65
bicalutamide	26	butalbital-aspirin-caffeine	2
BICILLIN L-A	10	butorphanol tartrate	4
BIKTARVY	42		
BIMZELX	91	<b>C</b>	
bisoprolol fumarate	57	CABENUVA	44
bisoprolol-hydrochlorothiazide	59	cabergoline	89
BIVIGAM	90	CABOMETYX	28
blisovi 24 fe	81	calcipotriene	70
blisovi fe 1.5/30	81	calcitonin (salmon)	97
blisovi fe 1/20	81	calcitrene	70
BONSITY	97	calcitriol	97
BOOSTRIX	94	calcitriol oral soln 1 mcg/ml	97
bortezomib	28	CALQUENCE	28
bosentan	106	camila	87
BOSULIF	28	camrese lo	81
BOTOX	107	candesartan cilexetil	55
BRAFTOVI	28	candesartan cilexetil-hctz	59
BREO ELLIPTA	107	CAPLYTA	38
breyna	107	CAPRELSA	29
BREZTRI AEROSPHERE	107	captopril	55
briellyn	81	carbamazepine	15
BRILINTA	54	carbamazepine er	15
brimonidine tartrate	101	carbidopa	36
brinzolamide	101	carbidopa-levodopa	37
BRIVIACT	12	carbidopa-levodopa er	37
bromfenac sodium	100	carbidopa-levodopa-entacapone	36
bromocriptine mesylate	36	carglumic acid	71
BRUKINSA	28	carteolol hcl	101
budesonide	96,102	cartia xt	58
budesonide er	96	carvedilol	57
budesonide-formoterol fumarate	107	carvedilol phosphate er	57
bumetanide	60	caspofungin acetate	22
buprenorphine	3	CAYSTON	105
buprenorphine hcl	5	cefaclor	8
buprenorphine hcl-naloxone hcl	5	cefadroxil	8
bupropion hcl	17	cefazolin sodium	8
bupropion hcl er (smoking det)	6	cefdinir	8
bupropion hcl er (sr)	17	cefepime hcl	8
bupropion hcl er (xl)	17	CEFIXIME	8

cefotetan disodium.....	8	clindamycin phos (twice-daily).....	71
cefoxitin sodium.....	8	clindamycin phosphate.....	7,71
cefpodoxime proxetil.....	8	clindamycin phosphate in d5w.....	7
cefprozil.....	9	CLINIMIX/DEXTROSE (4.25/10).....	71
ceftaroline fosamil.....	9	CLINIMIX/DEXTROSE (4.25/5).....	71
ceftazidime.....	9	CLINIMIX/DEXTROSE (5/15).....	71
CEFTRIAZONE SODIUM.....	9	CLINIMIX/DEXTROSE (5/20).....	72
cefuroxime axetil.....	9	clinisol sf.....	72
cefuroxime sodium.....	9	CLINOLIPID.....	98
celecoxib.....	2	clobazam.....	14
cephalexin.....	9	clobetasol prop emollient base.....	68
CERDELGA.....	77	clobetasol propionate.....	68
cetirizine hcl.....	103	clobetasol propionate e.....	68
cevimeline hcl.....	66	clobetasol propionate emulsion.....	68
chateal eq.....	81	clodan.....	68
CHEMET.....	74	clomipramine hcl.....	20
chlorhexidine gluconate.....	66	clonazepam.....	46,47
chloroquine phosphate.....	35	clonidine 0.1 mg/24hr patch wk.....	54
chlorpromazine hcl.....	37	clonidine 0.2 mg/24hr patch wk.....	54
chlorthalidone.....	61	clonidine 0.3 mg/24hr patch wk.....	54
cholestyramine.....	62	clonidine hcl.....	54
cholestyramine light.....	62	clopidogrel bisulfate.....	54
ciclodan.....	70	clorazepate dipotassium.....	47
ciclopirox.....	71	clotrimazole.....	22
ciclopirox olamine.....	71	clotrimazole-betamethasone.....	70
cilostazol.....	54	clozapine.....	40,41
CIMDUO.....	43	COARTEM.....	35
cimetidine.....	76	COBENFY.....	38
cinacalcet hcl.....	97	COBENFY STARTER PACK.....	38
ciprofloxacin hcl.....	11	colchicine.....	23
CIPROFLOXACIN IN D5W.....	11	colchicine-probenecid.....	23
ciprofloxacin in d5w 400 mg/200ml solution.....	11	colesevelam hcl.....	62
ciprofloxacin-dexamethasone.....	102	colestipol hcl.....	62
cisplatin.....	25	colistimethate sodium (cba).....	7
citalopram hydrobromide.....	18	COMBIGAN.....	99
claravis.....	67	COMBIVENT RESPIMAT.....	107
clarithromycin.....	10,11	COMETRIQ (100 MG DAILY DOSE).....	29
clarithromycin er.....	11	COMETRIQ (140 MG DAILY DOSE).....	29
CLENPIQ.....	76	COMETRIQ (60 MG DAILY DOSE).....	29
clindamycin hcl.....	7	compro.....	20
clindamycin palmitate hcl.....	7	constulose.....	75

COPAXONE	66	DESCOVY	43
COPIKTRA	29	desipramine hcl	20
COTELLIC	29	desloratadine	103
CREON	77	desmopressin ace spray refrig	80
CRESEMBA	22	desmopressin acetate	80
cromolyn sodium	77,100,106	desmopressin acetate pf	80
cryselle	81	desmopressin acetate spray	80
cryselle-28	82	desogestrel-ethinyl estradiol	82
cyclobenzaprine hcl	107	desonide	68
cyclopentolate hcl	99	desoximetasone	68
CYCLOPHOSPHAMIDE	25	desvenlafaxine succinate er	18
cyclophosphamide (25 mg cap, 50 mg cap)	25	dexamethasone	79
cyclosporine	92	dexamethasone sod phos +rfid	79
cyclosporine modified	92	dexamethasone sod phosphate pf	79
cyproheptadine hcl	103	dexamethasone sodium phosphate	79,100
cyred eq	82	dexmethylphenidate hcl	64
CYSTAGON	77	dextroamphetamine sulfate	64
CYSTARAN	77	dextroamphetamine sulfate er	64
		dextrose	72
		dextrose-sodium chloride	72
<b>D</b>		DIACOMIT	12
dabigatran etexilate mesylate	52	diazepam	14,47
dalfampridine er	66	diazepam intensol	47
danazol	80	diazoxide	50
dantrolene sodium	41	diclofenac potassium	2
DANZITEN	29	diclofenac sodium	2,100
dapagliflozin	63	diclofenac sodium er	2
dapsone	25	diclofenac-misoprostol	2
DAPTACEL	94	dicloxacillin sodium	10
daptomycin	7	dicyclomine hcl	76
daptomycin 350 mg recon soln	7	DIFICID	11
darifenacin hydrobromide er	78	diflunisal	2
darunavir	45	difluprednate	100
dasatinib	29	digoxin	56
dasetta 1/35	82	dihydroergotamine mesylate	24
dasetta 7/7/7	82	DILANTIN	15
DAURISMO	29	DILANTIN INFATABS	15
deblitane	87	dilt-xr	58
deferasirox	74	diltiazem hcl	58
DELSTRIGO	42	diltiazem hcl er	58
delyla	82	diltiazem hcl er beads	58
DEPO-SUBQ PROVERA 104	87		

diltiazem hcl er coated beads	58	efavirenz-emtricitab-tenofo df	42
dimethyl fumarate	66	efavirenz-lamivudine-tenofovir	42
dimethyl fumarate starter pack	66	ELIGARD	89
diphenhydramine hcl	103	elinest	82
diphenoxylate-atropine	75	ELIQUIS	52
dipyridamole	54	ELIQUIS (1.5 MG PACK)	52
disulfiram	5	ELIQUIS (2 MG PACK)	52
divalproex sodium	12	ELIQUIS DVT/PE STARTER PACK	52
divalproex sodium er	12	ELMIRON	79
dofetilide	56	eluryng	82
dolishale	82	EMGALITY	24
donepezil hcl	16	EMGALITY (300 MG DOSE)	24
DOPTELET	54	EMSAM	18
DOPTELET SPRINKLE	54	emtricitab-rielpivir-tenofov df	42
dorzolamide hcl	101	emtricitabine	43
dorzolamide hcl-timolol mal	99	emtricitabine-tenofovir df	43
dotti	82	EMTRIVA	43
DOVATO	42	emzahn	87
doxazosin mesylate	55	enalapril maleate	55
DOXEPIN HCL	20	enalapril-hydrochlorothiazide	59
doxepin hcl	108	ENBREL	92
doxercalciferol	97	ENBREL MINI	92
doxy 100	12	ENBREL SURECLICK	92
doxycycline hyclate	12	endocet	4
doxycycline monohydrate	12	ENGERIX-B	94
DRIZALMA SPRINKLE	65	enilloring	82
dronabinol	21	enoxaparin sodium	52
drosiprenone-ethinyl estradiol	82	ENSACOVE	29
droxidopa	54	enskyce	82
DUAVEE	88	entacapone	36
duloxetine hcl	65	entecavir	41
DUPIXENT	91	ENTRESTO	59
dutasteride	78	enulose	75
dutasteride-tamsulosin hcl	79	ENVARUSUS XR	92
<b>E</b>		EPCLUSA	41,42
e.e.s. 400	11	EPIDIOLEX	12
econazole nitrate	22	epinephrine	105
EDURANT	42	epitol	15
EDURANT PED	42	eplerenone	61
efavirenz	42	ergotamine-caffeine	24
		ERIVEDGE	29

ERLEADA.....	26	FANAPT TITRATION PACK A.....	38
erlotinib hcl.....	29	FANAPT TITRATION PACK B.....	38
errin.....	87	FANAPT TITRATION PACK C.....	38
ertapenem sodium.....	10	FARXIGA.....	63
ery 2% pad.....	71	FASENRA.....	107
erythromycin.....	11,71,100	FASENRA PEN.....	107
ERYTHROMYCIN.....	71	febuxostat.....	23
erythromycin base.....	11	feirza 1.5/30.....	83
erythromycin ethylsuccinate.....	11	feirza 1/20.....	83
escitalopram oxalate.....	18	felbamate.....	12
eslicarbazepine acetate.....	15	felodipine er.....	57
esomeprazole magnesium.....	77	femynor.....	83
estarylla.....	82	fenofibrate.....	61
estradiol.....	82	fenofibrate micronized.....	61
estradiol valerate.....	82	fenofibric acid.....	61
ESTRING.....	82	fentanyl.....	3
estrogens conjugated.....	83	fesoterodine fumarate er.....	78
eszopiclone.....	108	FETZIMA.....	18
ethambutol hcl.....	25	FETZIMA TITRATION.....	19
ethosuximide.....	13	FIASP.....	50
ethynodiol diac-eth estradiol.....	83	FIASP FLEXTOUCH.....	50
etodolac.....	2	FIASP PENFILL.....	50
etodolac er.....	2	FIASP PUMPCART.....	50
etonogestrel-ethinyl estradiol.....	83	fidaxomicin.....	11
etravirine.....	42,43	finasteride.....	79
EUCRISA.....	68	fingolimod hcl.....	66
EULEXIN.....	26	FINTEPLA.....	12
everolimus.....	29,92	FIRDAPSE.....	65
EVOTAZ.....	45	FIRMAGON.....	89
exemestane.....	28	FIRMAGON (240 MG DOSE).....	89
EXXUA.....	17	flac.....	102
EXXUA TITRATION PACK.....	17	FLEBOGAMMA DIF.....	90
EYSUVIS.....	100	flecainide acetate.....	56
ezetimibe.....	62	fluconazole.....	22
ezetimibe-simvastatin.....	62	fluconazole in sodium chloride.....	22
		flucytosine.....	22
<b>F</b>		fludrocortisone acetate.....	79
falmina.....	83	flunisolide.....	102
famciclovir.....	46	fluocinolone acetonide.....	68,102
famotidine.....	76	fluocinolone acetonide body.....	68
FANAPT.....	38	fluocinolone acetonide scalp.....	69

fluocinonide.....	69	GAMUNEX-C.....	90
fluocinonide emulsified base.....	69	GARDASIL 9.....	94
fluorometholone.....	100	gatifloxacin.....	100
fluorouracil.....	27,70	GATTEX.....	76
fluoxetine hcl.....	19	GAUZE PADS & DRESSINGS - PADS 2 X	
fluphenazine decanoate.....	37	2.....	98
fluphenazine hcl.....	37	gavilyte-c.....	76
flurbiprofen.....	2	gavilyte-g.....	76
flurbiprofen sodium.....	101	gavilyte-n with flavor pack.....	76
fluticasone propionate.....	69,102	GAVRETO.....	29
fluticasone propionate diskus.....	103	gefitinib.....	29
fluticasone propionate hfa.....	103	gemfibrozil.....	61
fluticasone-salmeterol.....	107	GEMTESA.....	78
fluvastatin sodium.....	61	generlac.....	75
fluvastatin sodium er.....	62	gengraf.....	92
fluvoxamine maleate.....	19	gentamicin in saline.....	6
fondaparinux sodium.....	52	gentamicin sulfate.....	6,100
formoterol fumarate.....	105	GENVOYA.....	42
fosamprenavir calcium.....	45	GILOTRIF.....	29
fosfomycin tromethamine.....	7	glatiramer acetate.....	66
fosinopril sodium.....	55	glatopa.....	66
fosinopril sodium-hctz.....	59	GLEOSTINE.....	25
FOTIVDA.....	29	glimepiride.....	48
FRUZAQLA.....	27	glipizide.....	48
FULPHILA.....	53	glipizide er.....	48
fulvestrant.....	26	glipizide-metformin hcl.....	48
furosemide.....	60,61	glucagon emergency.....	50
FUROSEMIDE.....	61	glucagon emergency 1 mg kit (generic)....	50
fyavolv.....	83	GLUCOSE (DEXTROSE).....	72
FYCOMPA.....	13	glyburide.....	48
		glyburide micronized.....	48
<b>G</b>		glyburide-metformin.....	48
gabapentin.....	14	glycopyrrolate.....	76
galantamine hydrobromide.....	16,17	GLYXAMBI.....	48
galantamine hydrobromide er.....	17	GOMEKLI.....	29
gallifrey.....	87	granisetron hcl.....	21
GAMMAGARD.....	90	griseofulvin microsize.....	22
GAMMAGARD ERC.....	90	griseofulvin ultramicrosize.....	22
GAMMAGARD S/D LESS IGA.....	90	guanfacine hcl er.....	64
GAMMAKED.....	90		
GAMMAPLEX.....	90		

## H

HADLIMA	92	hydrocortisone	69,96
HADLIMA PUSH TOUCH	92	hydrocortisone (perianal)	69
HAEGARDA	90	hydrocortisone valerate	69
hailey 1.5/30	83	hydrocortisone-acetic acid	102
hailey 24 fe	83	hydromorphone hcl	4
hailey fe 1.5/30	83	hydroxychloroquine sulfate	35
hailey fe 1/20	83	hydroxyurea	27
halobetasol propionate	69	hydroxyzine hcl	103
haloette	83	hydroxyzine pamoate	46
haloperidol	37	HYRNUO	30
haloperidol decanoate	37		
haloperidol lactate	37	I	
HAVRIX	94	ibandronate sodium	97
heather	87	IBRANCE	30
heparin sodium (porcine)	52	IBTROZI	30
heparin sodium (porcine) +rfid	52	ibu	2
heparin sodium (porcine) pf	52	ibuprofen	2
HEPLISAV-B	94	icatibant acetate	90
HERCEPTIN HYLECTA	34	iclevia	83
HERNEXEOS	29	ICLUSIG	30
HIBERIX	94	IDHIFA	30
HUMIRA (2 PEN)	92	imatinib mesylate	30
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT (ABBVIE PRODUCT ONLY)	92	IMBRUVICA	30
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT (ABBVIE PRODUCT ONLY)	92	imipenem-cilastatin	10
HUMIRA (2 SYRINGE)	92	imipramine hcl	20
HUMIRA 10 MG/0.1ML PEF SY KT (ABBVIE PRODUCT ONLY)	92	imiquimod	70
HUMIRA 20 MG/0.2ML PEF SY KT (ABBVIE PRODUCT ONLY)	92	IMKELDI	30
HUMIRA 40 MG/0.4ML PEF SY KT (ABBVIE PRODUCT ONLY)	92	IMOVAX RABIES	94
HUMIRA-PSORIASIS/UEVIT STARTER	92	IMPAVIDO	35
HUMULIN R U-500 (CONCENTRATED)	50	INBRIJA	37
HUMULIN R U-500 KWIKPEN	50	incassia	87
hydralazine hcl	63	INCRELEX	80
hydrochlorothiazide	61	INCRUSE ELLIPTA	104
hydrocodone-acetaminophen	4	indapamide	61
		INFANRIX	94
		INFLECTRA	93
		INLURIYO	26
		INLYTA	30
		INQOVI	27
		INREBIC	30

INSULIN PEN NEEDLE (NOVO/BD/EMBECTA/ULTIMED/OWEN/TRI VIDIA).....	98	ivermectin.....	35
INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/EMBECTA/ULTIMED/ALLISON/TRIVIDI A/MHC).....	98	IWILFIN.....	27
INSULIN SYRINGE (DISP) U-100 1 ML (BD/EMBECTA/ULTIMED/ALLISON/TRIVIDI A/MHC).....	98	IXIARO.....	94
INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/EMBECTA/ULTIMED/ALLISON/TRIVIDI A/MHC).....	98	<b>J</b>	
INTELENCE.....	43	JAKAFI.....	30
INTRALIPID.....	98	jantoven.....	53
introvale.....	83	JANUMET.....	48
INVEGA HAFYERA.....	38,39	JANUMET XR.....	48
INVEGA SUSTENNA.....	39	JANUVIA.....	48
INVEGA TRINZA.....	39	JARDIANCE.....	63
IPOL.....	94	jasmiel.....	83
ipratropium bromide.....	104	javygtor.....	77
ipratropium-albuterol.....	107	JAYPIRCA.....	30
irbesartan.....	55	jencycla.....	87
irbesartan-hydrochlorothiazide.....	59	JENTADUETO.....	48
ISENTRESS.....	42	JENTADUETO XR.....	48
ISENTRESS HD.....	42	jinteli.....	83
isibloom.....	83	jolessa.....	83
ISOLYTE-P IN D5W.....	72	juleber.....	83
ISOLYTE-S.....	72	JULUCA.....	42
ISOLYTE-S PH 7.4.....	72	junel 1.5/30.....	83
isoniazid.....	25	junel 1/20.....	83
ISOPROPYL ALCOHOL 0.7 ML/ML		junel fe 1.5/30.....	83
MEDICATED PAD.....	98	junel fe 1/20.....	83
isosorb dinitrate-hydralazine.....	59	junel fe 24.....	83
isosorbide dinitrate.....	63	JYNNEOS.....	94
isosorbide mononitrate.....	63	<b>K</b>	
isosorbide mononitrate er.....	63	KADCYLA.....	34
isotretinoin.....	67	KALETRA.....	45
isradipine.....	58	kalliga.....	83
ITOVEBI.....	30	KALYDECO.....	105
itraconazole.....	22	KANJINTI.....	34
ivabradine hcl.....	59	kariva.....	83
		kcl (0.149%) in nacl.....	72
		kcl in dextrose-nacl.....	72
		KCL-LACTATED RINGERS-D5W.....	72
		kelnor 1/35.....	83
		kelnor 1/50.....	84
		KERENDIA.....	63

KESIMPTA.....	66	larin 24 fe.....	84
ketoconazole.....	22	larin fe 1.5/30.....	84
ketorolac tromethamine.....	101	larin fe 1/20.....	84
KEYTRUDA.....	34	latanoprost.....	102
KINRIX.....	94	LAZCLUZE.....	31
kionex.....	74	lederle leucovorin.....	27
KISQALI (200 MG DOSE).....	30	leflunomide.....	93
KISQALI (400 MG DOSE).....	30	lenalidomide.....	26
KISQALI (600 MG DOSE).....	30	LENVIMA (10 MG DAILY DOSE).....	31
KISQALI FEMARA (400 MG DOSE).....	30	LENVIMA (12 MG DAILY DOSE).....	31
KISQALI FEMARA (600 MG DOSE).....	30	LENVIMA (14 MG DAILY DOSE).....	31
klayesta.....	22	LENVIMA (18 MG DAILY DOSE).....	31
klor-con.....	72	LENVIMA (20 MG DAILY DOSE).....	31
klor-con 10.....	72	LENVIMA (24 MG DAILY DOSE).....	31
klor-con m10.....	72	LENVIMA (4 MG DAILY DOSE).....	31
klor-con m15.....	72	LENVIMA (8 MG DAILY DOSE).....	31
klor-con m20.....	72	lessina.....	84
KLOXXADO.....	6	letrozole.....	28
KOSELUGO.....	30,31	leucovorin calcium.....	27
kourzeq.....	66	LEUKERAN.....	25
KRAZATI.....	31	leuprolide acetate.....	89
kurvelo.....	84	levabuterol hcl.....	105
<b>L</b>		levabuterol tartrate.....	105
l-glutamine.....	77	levetiracetam.....	13
labetalol hcl.....	57	levetiracetam er.....	13
lacosamide.....	15	LEVETIRACETAM IN NACL.....	13
lactulose.....	75	levo-t.....	88
lactulose encephalopathy.....	75	levobunolol hcl.....	101
LAGEVRIO.....	46	levocarnitine.....	74
lamivudine.....	41,43	levocarnitine sf.....	75
lamivudine-zidovudine.....	44	levocetirizine dihydrochloride.....	103
lamotrigine.....	13,47	levofloxacin.....	11
lamotrigine er.....	13	levofloxacin in d5w.....	11
lanreotide acetate.....	89	levofloxacin oral soln 25 mg/ml.....	11
lansoprazole.....	77	levonest.....	84
LANTUS.....	50	levonorg-eth estrad triphasic.....	84
LANTUS SOLOSTAR.....	51	levonorgest-eth estrad 91-day.....	84
lapatinib ditosylate.....	31	levonorgestrel-ethinyl estrad.....	84
larin 1.5/30.....	84	levora 0.15/30 (28).....	84
larin 1/20.....	84	levothyroxine sodium.....	88
		levoxyl.....	88

lidocaine	5	LUMAKRAS	31
lidocaine viscous hcl	5	LUMIGAN	102
lidocaine-prilocaine	5	LUPRON DEPOT (1-MONTH)	89
lidocan	5	LUPRON DEPOT (3-MONTH)	89
LILETTA (52 MG)	87	LUPRON DEPOT (4-MONTH)	89
linezolid	7	LUPRON DEPOT (6-MONTH)	89
LINZESS	75	LUPRON DEPOT-PED (1-MONTH)	89
liomny	88	LUPRON DEPOT-PED (3-MONTH)	89
liothyronine sodium	88	LUPRON DEPOT-PED (6-MONTH)	89
lisinopril	56	lurasidone hcl	39
lisinopril-hydrochlorothiazide	59	lutra	84
lithium	47	lyleq	87
lithium carbonate	47	lyllana	84
lithium carbonate er	47	LYNPARZA	31
LIVTENCITY	41	LYSODREN	27
lo-zumandimine	84	LYTGOBI (12 MG DAILY DOSE)	31
loestrin 1.5/30 (21)	84	LYTGOBI (16 MG DAILY DOSE)	31
loestrin 1/20 (21)	84	LYTGOBI (20 MG DAILY DOSE)	31
loestrin fe 1.5/30	84	lyza	87
loestrin fe 1/20	84		
lojaimiess	84	<b>M</b>	
LOKELMA	74	M-M-R II	94
lomustine	26	MAGNESIUM SULFATE	72
LONSURF	27	malathion	70
loperamide hcl	75	maraviroc	44
lopinavir-ritonavir	45	marlissa	84
lorazepam	47	MARPLAN	18
lorazepam intensol	47	MATULANE	26
LORBRENA	31	matzim la	58
loryna	84	MAVYRET	42
losartan potassium	55	meclizine hcl	20
losartan potassium-hctz	59,60	medroxyprogesterone acetate	87
LOTEMAX	101	mefloquine hcl	35
loteprednol etabonate	101	megestrol acetate	88
loteprednol-tobramycin	99	MEKINIST	31
lovastatin	62	MEKTOVI	31
low-ogestrel	84	meleya	88
loxapine succinate	37	meloxicam	2
lubiprostone	75	memantine hcl	17
luizza 1.5/30	84	MEMANTINE HCL	17
luizza 1/20	84	memantine hcl er	17

MENQUADFI.....	94	mifepristone.....	89
MENVEO.....	95	miglitol.....	49
mercaptapurine.....	27	mili.....	85
meropenem.....	10	minocycline hcl.....	12
mesalamine.....	96	minoxidil.....	63
mesalamine er.....	96	mirabegron er.....	78
mesalamine-cleanser.....	96	mirtazapine.....	17,18
mesna.....	35	misoprostol.....	77
metformin hcl.....	48,49	modafinil.....	108
metformin hcl er.....	49	MODEYSO.....	27
methadone hcl.....	3	moexipril hcl.....	56
methazolamide.....	101	molindone hcl.....	37
methenamine hippurate.....	7	mometasone furoate.....	69,103
methimazole.....	90	mondoxyne nl.....	12
methocarbamol.....	107	mono-lynyah.....	85
methotrexate sodium.....	93	montelukast sodium.....	104
methotrexate sodium (pf).....	93	morphine sulfate.....	4
methoxsalen rapid.....	70	morphine sulfate (concentrate).....	4
methscopolamine bromide.....	76	morphine sulfate er.....	3
methsuximide.....	14	MOUNJARO.....	49
methylphenidate hcl.....	64	MOVANTIK.....	75
methylphenidate hcl er.....	65	moxifloxacin hcl.....	11,100
methylprednisolone.....	79	moxifloxacin hcl in nacl.....	11
methylprednisolone acetate.....	79	MRESVIA.....	95
methylprednisolone sodium succ.....	79	MULTAQ.....	56
metoclopramide hcl.....	21	multiple electro type 1 ph 5.5.....	73
metolazone.....	61	multiple electro type 1 ph 7.4.....	73
metoprolol succinate er.....	57	mupirocin.....	71
metoprolol tartrate.....	57	MVASI.....	34
metoprolol-hydrochlorothiazide.....	60	mycophenolate mofetil.....	93
metronidazole.....	7,67	mycophenolate sodium.....	93
metyrosine.....	60	mycophenolic acid.....	93
mexiletine hcl.....	56	MYRBETRIQ.....	78
micafungin sodium.....	22		
microgestin 1.5/30.....	84	<b>N</b>	
microgestin 1/20.....	84	na sulfate-k sulfate-mg sulf.....	76
microgestin 24 fe.....	84	nabumetone.....	2
microgestin fe 1.5/30.....	84	nadolol.....	57
microgestin fe 1/20.....	85	nafcillin sodium.....	10
midodrine hcl.....	54	naftifine hcl.....	22,23
MIEBO.....	99	naloxone hcl.....	6

naltrexone hcl.....	5	nora-be.....	88
NAMZARIC.....	16	NORDITROPIN FLEXPRO.....	80
naproxen.....	2,3	norelgestromin-eth estradiol.....	85
naproxen dr.....	3	norethin ace-eth estrad-fe.....	85
naproxen sodium.....	3	norethin-eth estradiol-fe.....	85
naratriptan hcl.....	24	norethindron-ethinyl estrad-fe.....	85
nateglinide.....	49	norethindrone.....	88
NAYZILAM.....	14	norethindrone acet-ethinyl est.....	85
nebivolol hcl.....	57	norethindrone acetate.....	88
necon 0.5/35 (28).....	85	norethindrone-eth estradiol.....	85
NEEDLES, INSULIN DISP., SAFETY.....	98	norgestim-eth estrad triphasic.....	85
nefazodone hcl.....	19	norgestimate-eth estradiol.....	85
neomycin sulfate.....	6	norlyda.....	88
NEOMYCIN-BACITRACIN ZN-POLYMYX.....	99	norlyroc.....	88
neomycin-polymyxin-dexameth.....	99	nortrel 0.5/35 (28).....	85
neomycin-polymyxin-gramicidin.....	99	nortrel 1/35 (21).....	85
neomycin-polymyxin-hc.....	99,102	nortrel 1/35 (28).....	85
NERLYNX.....	31	nortrel 7/7/7.....	85
nevirapine.....	43	nortriptyline hcl.....	20
nevirapine er.....	43	NORVIR.....	45
NEXLETOL.....	60	NOVOLIN 70/30.....	51
NEXLIZET.....	62	NOVOLIN 70/30 FLEXPEN.....	51
NEXPLANON.....	88	NOVOLIN N.....	51
niacin er (antihyperlipidemic).....	62	NOVOLIN N FLEXPEN.....	51
nicardipine hcl.....	58	NOVOLIN R.....	51
NICOTROL NS.....	6	NOVOLIN R FLEXPEN.....	51
nifedipine er.....	58	NOVOLOG.....	51
nifedipine er osmotic release.....	58	NOVOLOG FLEXPEN.....	51
nikki.....	85	NOVOLOG FLEXPEN RELION.....	51
NILOTINIB D-TARTRATE.....	31	NOVOLOG MIX 70/30.....	51
nilotinib hcl.....	31	NOVOLOG MIX 70/30 FLEXPEN.....	51
nilutamide.....	26	NOVOLOG PENFILL.....	51
nimodipine.....	58	NOVOLOG RELION.....	51
NINLARO.....	31	NUBEQA.....	26
nitazoxanide.....	35	NUDEXTA.....	65
nitisinone.....	77	NULOJIX.....	93
NITRO-BID.....	63	NUPLAZID.....	39
nitrofurantoin macrocrystal.....	7	NURTEC.....	24
nitrofurantoin monohyd macro.....	7	NUTRILIPID.....	98
nitroglycerin.....	64	nyamyc.....	23
nizatidine.....	77	nylia 1/35.....	85

nylia 7/7/7	85
nymyo	85
nystatin	23
nystatin-triamcinolone	70
nystop	23
<b>O</b>	
ocella	85
OCTAGAM	90
octreotide acetate	89
ODEFSEY	43
ODOMZO	32
OFEV	106
ofloxacin	100
OGIVRI	34
OGSIVEO	32
OJEMDA	32
OJJAARA	27
olanzapine	39
olmesartan medoxomil	55
olmesartan medoxomil-hctz	60
olmesartan-amlodipine-hctz	60
olopatadine hcl	103
omega-3-acid ethyl esters	62
omeprazole	77
ondansetron	21
ondansetron hcl	21
ondansetron hcl +rfid	21
ondansetron hcl oral soln 4 mg/5ml	21
ONUREG	27
OPIPZA	39
OPSUMIT	106
OPVEE	6
oralone	66
ORGOVYX	28
ORKAMBI	105
orquidea	88
ORSERDU	26
oseltamivir phosphate	45
oxacillin sodium	10
oxaprozin	3

oxcarbazepine	15
oxybutynin chloride	78
oxybutynin chloride er	78
oxycodone hcl	4
oxycodone-acetaminophen	4,5
OZEMPIC (0.25 OR 0.5 MG/DOSE)	49
OZEMPIC (1 MG/DOSE)	49
OZEMPIC (2 MG/DOSE)	49

<b>P</b>	
pacerone	56
paliperidone er	39,40
PANRETIN	35
pantoprazole sodium	77
PANZYGA	90
paricalcitol	97
paroxetine hcl	19
paroxetine hcl er	19
PAXLOVID (150/100)	46
PAXLOVID (300/100 & 150/100)	46
PAXLOVID (300/100)	46
pazopanib hcl	32
PEDIARIX	95
PEDVAX HIB	95
peg 3350-kcl-na bicarb-nacl	76
peg-3350/electrolytes	76
PEGASYS	91
PEMAZYRE	32
PENBRAYA	95
penicillamine	74
PENICILLIN G POT IN DEXTROSE	10
penicillin g potassium	10
penicillin g sodium	10
penicillin v potassium	10
PENMENVY	95
PENTACEL	95
pentamidine isethionate for nebulization soln 300 mg	36
pentamidine isethionate for soln 300 mg	36
pentoxifylline er	60
perampanel	13

perindopril erbumine.....	56	potassium chloride.....	73
perio gard.....	66	potassium chloride crys er.....	73
permethrin.....	70	potassium chloride er.....	73
perphenazine.....	21	potassium chloride in dextrose.....	73
perphenazine-amitriptyline.....	18	potassium chloride in nacl.....	73
pfizerpen.....	10	potassium citrate er.....	73
phenelzine sulfate.....	18	POTASSIUM CL IN DEXTROSE 5%.....	73
PHENOBARBITAL.....	14	pramipexole dihydrochloride.....	36
phenobarbital.....	14	prasugrel hcl.....	54
phenytek.....	15	pravastatin sodium.....	62
phenytoin.....	15	praziquantel.....	35
phenytoin infatabs.....	16	prazosin hcl.....	55
phenytoin sodium.....	16	prednisolone.....	79
phenytoin sodium extended.....	16	prednisolone acetate.....	101
philith.....	85	prednisolone sodium phosphate.....	80
PHYRAGO.....	32	PREDNISOLONE SODIUM PHOSPHATE.....	101
PIFELTRO.....	43	prednisone.....	80
pilocarpine hcl.....	66,101	PREDNISONE INTENSOL.....	80
pimecrolimus.....	69	pregabalin.....	65
pimozide.....	37	PREMARIN.....	85
pimtrea.....	85	PREMASOL.....	73
pindolol.....	57	PREMPRO.....	85
pioglitazone hcl.....	49	PRENATAL VITAMIN ORAL TABLET.....	75
pioglitazone hcl-metformin hcl.....	49	prevalite.....	63
piperacillin sod-tazobactam so.....	10	previfem.....	85
PIQRAY (200 MG DAILY DOSE).....	32	PREVYMIS.....	41
PIQRAY (250 MG DAILY DOSE).....	32	PREZCOBIX.....	45
PIQRAY (300 MG DAILY DOSE).....	32	PREZISTA.....	45
pirfenidone.....	106	PRIFTIN.....	25
pirmella 1/35.....	85	primaquine phosphate.....	36
piroxicam.....	3	primidone.....	14
pitavastatin calcium.....	62	PRIORIX.....	95
plenamine.....	73	PRIVIGEN.....	90
podofilox.....	70	probenecid.....	23
polymyxin b sulfate.....	7	prochlorperazine.....	21
polymyxin b-trimethoprim.....	100	prochlorperazine edisylate.....	21
pomalidomide.....	26	prochlorperazine maleate.....	21
POMALYST.....	26	PROCRIT.....	53
portia-28.....	85	procto-med hc.....	69
posaconazole.....	23	proctosol hc.....	69
POTASSIUM CHLORIDE.....	73	proctozone-hc.....	69

progesterone.....	88	relafen.....	3
PROGRAF.....	93	RELENZA DISKHALER.....	45
PROLASTIN-C.....	77	relgaabi.....	14
PROLIA.....	97	RELISTOR.....	75
promethazine hcl.....	21,103	RENFLEXIS.....	93
propafenone hcl.....	56	repaglinide.....	49
propafenone hcl er.....	56	REPATHA.....	63
propranolol hcl.....	57	REPATHA SURECLICK.....	63
propranolol hcl er.....	57	RESTASIS.....	99
propylthiouracil.....	90	RESTASIS MULTIDOSE.....	99
PROQUAD.....	95	RETACRIT.....	53
PROSOL.....	73	RETEVMO.....	32
protriptyline hcl.....	20	REVCOVI.....	77
PULMICORT FLEXHALER.....	103	REVUFORJ.....	32
PULMOZYME.....	105	REXULTI.....	40
pyrazinamide.....	25	REYATAZ.....	45
pyridostigmine bromide.....	24	REZDIFFRA.....	89
pyridostigmine bromide er.....	24	REZLIDHIA.....	32
pyrimethamine.....	36	REZUROCK.....	93
<b>Q</b>		RHOPRESSA.....	102
QINLOCK.....	28	ribavirin.....	42
QUADRACEL.....	95	rifabutin.....	25
quetiapine fumarate.....	40	rifampin.....	25
quetiapine fumarate er.....	40	riluzole.....	65
quinapril hcl.....	56	rimantadine hcl.....	46
quinidine sulfate.....	56	RINVOQ.....	91
quinine sulfate.....	36	RINVOQ LQ.....	91
QULIPTA.....	24	risedronate sodium.....	97
<b>R</b>		risperidone.....	40
RABAVERT.....	95	risperidone microspheres er.....	40
rabeprazole sodium.....	77	ritonavir.....	45
RALDESY.....	19	rivaroxaban.....	53
raloxifene hcl.....	88	rivastigmine.....	17
ramelteon.....	108	rivastigmine tartrate.....	17
ramipril.....	56	rizatriptan benzoate.....	24
ranolazine er.....	60	ROCKLATAN.....	99
rasagiline mesylate.....	37	roflumilast.....	106
reclipsen.....	86	ROMVIMZA.....	32
RECOMBIVAX HB.....	95	ropinirole hcl.....	36
		ropinirole hcl er.....	36
		rosuvastatin calcium.....	62

ROTARIX.....	95	SODIUM FLUORIDE.....	73
ROTATEQ.....	95	sodium oxybate.....	108
roweepra.....	13	sodium phenylbutyrate.....	78
ROZLYTREK.....	32	sodium polystyrene sulfonate.....	74
RUBRACA.....	32	solifenacin succinate.....	78
rufinamide.....	16	SOLQUA.....	49
RUKOBIA.....	44	SOLTAMOX.....	26
RUXIENCE.....	34	SOMATULINE DEPOT.....	89
RYBELSUS.....	49	SOMAVERT.....	90
RYDAPT.....	32	sorafenib tosylate.....	32
<b>S</b>		sotalol hcl.....	56
sacubitril-valsartan.....	60	sotalol hcl (af).....	56
sajazir.....	90	SOTYKTU.....	91
SANCUSO.....	21	SPIRIVA RESPIMAT.....	104
SANTYL.....	70	spironolactone.....	63
sapropterin dihydrochloride.....	78	spironolactone-hctz.....	60
SCEMBLIX.....	32	sprintec 28.....	86
scopolamine.....	21	SPRITAM.....	13
SECUADO.....	40	sps (sodium polystyrene sulf).....	74
selegiline hcl.....	37	sronyx.....	86
SELENIUM SULFIDE.....	69	ssd.....	70
SELZENTRY.....	44	STELARA.....	91
SEREVENT DISKUS.....	105	sterile water for irrigation.....	98
sertraline hcl.....	19	STIVARGA.....	33
setlakin.....	86	streptomycin sulfate.....	6
sharobel.....	88	STRIBILD.....	42
SHINGRIX.....	95	subvenite.....	47
SIGNIFOR.....	89	SUBVENITE.....	47
sildenafil citrate.....	106	sucrafate.....	77
silodosin.....	79	SULFACETAMIDE SODIUM.....	100
silver sulfadiazine.....	70	sulfacetamide sodium (acne).....	67
SIMBRINZA.....	102	sulfacetamide-prednisolone.....	99
simliya.....	86	sulfadiazine.....	11
simvastatin.....	62	sulfamethoxazole-trimethoprim.....	11,12
sirolimus.....	93	SULFAMYLON.....	71
SIRTURO.....	25	sulfasalazine.....	96
SKYRIZI.....	91	sulindac.....	3
SKYRIZI PEN.....	91	sumatriptan.....	24
sodium chloride.....	73	sumatriptan succinate.....	24
sodium chloride (pf).....	73	sunitinib malate.....	33
		SUNLENCA.....	44

syeda	86	testosterone td gel pump 20.25 mg/act (1.62%)	81
SYMPAZAN	14	tetrabenazine	65
SYMTUZA	45	tetracycline hcl	12
SYNAREL	90	THALOMID	26
SYNTHROID	89	theophylline er	106
<b>T</b>			
TABLOID	27	thioridazine hcl	37
TABRECTA	33	thiothixene	38
tacrolimus	69,93	tiadylt er	58
tadalafil	79	TIAGABINE HCL	14
tadalafil (pah)	106	TIBSOVO	33
TAFINLAR	33	ticagrelor	54
TAGRISSE	33	TICOVAC	95
TALZENNA	33	TIGECYCLINE	7
tamoxifen citrate	26	tilia fe	86
tamsulosin hcl	79	TIMOLOL MALEATE	57
tarina 24 fe	86	timolol maleate	101
tarina fe 1/20 eq	86	timolol maleate (once-daily)	101
tasimelteon	108	tinidazole	8
TAVNEOS	91	tiotropium bromide 18 mcg cap (generic Spiriva HandiHaler)	104
tazarotene	67	TIVICAY	42
tazicef	9	TIVICAY PD	42
TAZVERIK	33	tizanidine hcl	41
TEFLARO	9	TOBRADEX	99
telmisartan	55	tobramycin	100,105
telmisartan-amlodipine	60	tobramycin sulfate	6
telmisartan-hctz	60	tobramycin-dexamethasone	99
temazepam	108	tolterodine tartrate	78
TENIVAC	95	tolterodine tartrate er	78
tenofovir disoproxil fumarate	44	tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk – generic Jynarque)	74
TEPMETKO	33	tolvaptan 15 mg tab (generic Jynarque)	74
terazosin hcl	55	tolvaptan 30 mg tab (generic Jynarque)	74
terbinafine hcl	23	topiramate	13
terbutaline sulfate	105	toremifene citrate	26
terconazole	23	torpenz	33
teriflunomide	66	torseamide	61
TERIPARATIDE	97	TOUJEO MAX SOLOSTAR	51
testosterone	80		
testosterone cypionate	81		
testosterone enanthate	81		

TOUJEO SOLOSTAR.....	51	trifluoperazine hcl.....	38
tovet.....	69	trifluridine.....	100
TPN ELECTROLYTES.....	74	trihexyphenidyl hcl.....	36
TRADJENTA.....	49	TRIJARDY XR.....	49,50
tramadol hcl.....	5	TRIKAFTA.....	105
tramadol hcl er.....	3	trimethoprim.....	8
tramadol-acetaminophen.....	5	trimipramine maleate.....	20
trandolapril.....	56	TRINTELLIX.....	20
trandolapril-verapamil hcl er.....	60	TRIUMEQ.....	44
tranexamic acid.....	53	TRIUMEQ PD.....	44
tranylcypromine sulfate.....	18	TROGARZO.....	44
TRAVASOL.....	74	TROPHAMINE.....	74
travoprost (bak free).....	102	tropium chloride.....	78
TRAZIMERA.....	35	tropium chloride er.....	78
trazodone hcl.....	19	TRULANCE.....	75
TRELEGY ELLIPTA.....	107	TRULICITY.....	50
TRELSTAR MIXJECT.....	90	TRUMENBA.....	95
TREMFYA.....	91	TRUQAP.....	33
TREMFYA ONE-PRESS.....	91	TRUXIMA.....	35
TREMFYA PEN.....	91	TUKYSA.....	33
TREMFYA-CD/UC INDUCTION.....	91	TURALIO.....	33
TRESIBA.....	51	turqoz.....	86
TRESIBA FLEXTOUCH.....	51	TWINRIX.....	95
tretinoin.....	35,67	TYBOST.....	44
tri femynor.....	86	TYENNE.....	91
tri-estarylla.....	86	TYPHIM VI.....	96
tri-legest fe.....	86		
tri-linyah.....	86	<b>U</b>	
tri-lo-estarylla.....	86	UBRELVY.....	24
tri-lo-marzia.....	86	unithroid.....	89
tri-lo-mili.....	86	UPTRAVI.....	106
tri-lo-sprintec.....	86	ursodiol.....	76
tri-mili.....	86	USTEKINUMAB.....	91
tri-nymyo.....	86		
tri-sprintec.....	86	<b>V</b>	
tri-vylibra.....	86	valacyclovir hcl.....	46
tri-vylibra lo.....	86	VALCHLOR.....	26
triamcinolone acetonide.....	66,69	valganciclovir hcl.....	41
triamterene-hctz.....	60	valproate sodium.....	13
triderm.....	70	valproic acid.....	13
trientine hcl.....	74	valsartan.....	55

valsartan-hydrochlorothiazide	60	VIVITROL	5
VALTOCO 10 MG DOSE	14	VIVOTIF	96
VALTOCO 15 MG DOSE	14	VIZIMPRO	33
VALTOCO 20 MG DOSE	14	volnea	86
VALTOCO 5 MG DOSE	14	VONJO	33
valtya 1/35	86	VOQUEZNA DUAL PAK	76
valtya 1/50	86	VOQUEZNA TRIPLE PAK	76
vancomycin hcl	8	VORANIGO	33,34
VANFLYTA	33	voriconazole	23
VAQTA	96	VOSEVI	42
varenicline tartrate	6	VOWST	76
varenicline tartrate (starter)	6	VRAYLAR	40
varenicline tartrate(continue)	6	vyfemla	87
VARIVAX	96	vylibra	87
VASCEPA	63	VYZULTA	102
VAXCHORA	96		
velivet	86	<b>W</b>	
VELSIPITY	91	warfarin sodium	53
VEMLIDY	41	water for irrigation, sterile	98
VENCLEXTA	33	WELIREG	28
VENCLEXTA STARTING PACK	33	wera	87
venlafaxine hcl	20	WINREVAIR	106
venlafaxine hcl er	20	wixela inhub	107
verapamil hcl	58	wymzya fe	87
verapamil hcl er	58	WYOST	97
VERQUVO	60		
VERSACLOZ	41	<b>X</b>	
VERZENIO	33	XALKORI	34
vestura	86	xarah fe	87
VIBERZI	75	XARELTO	53
vienna	86	XARELTO STARTER PACK	53
vigabatrin	14	XATMEP	93
vigadrone	15	XCOPRI	16
VIGAFYDE	15	XCOPRI (250 MG DAILY DOSE)	16
vigpoder	15	XCOPRI (350 MG DAILY DOSE)	16
vilazodone hcl	20	XDEMVY	100
VIMKUNYA	96	XELJANZ	91
viorele	86	XELJANZ XR	91
VIRACEPT	45	xelria fe	87
VIREAD	44	XEOMIN	108
VITRAKVI	33	XERMELO	75

XIFAXAN.....	8	zolpidem tartrate.....	108
XIGDUO XR.....	50	ZONISADE.....	16
XIIDRA.....	100	zonisamide.....	16
XOFLUZA (40 MG DOSE).....	46	zovia 1/35 (28).....	87
XOFLUZA (80 MG DOSE).....	46	ZTALMY.....	15
XOLAIR.....	91	zumandimine.....	87
XOSPATA.....	34	ZURZUVAE.....	18
XPOVIO (100 MG ONCE WEEKLY).....	34	ZYDELIG.....	34
XPOVIO (40 MG ONCE WEEKLY).....	34	ZYKADIA.....	34
XPOVIO (40 MG TWICE WEEKLY).....	34	ZYLET.....	100
XPOVIO (60 MG ONCE WEEKLY).....	34		
XPOVIO (60 MG TWICE WEEKLY).....	34		
XPOVIO (80 MG ONCE WEEKLY).....	34		
XPOVIO (80 MG TWICE WEEKLY).....	34		
XTANDI.....	26		
xulane.....	87		

## Y

YF-VAX.....	96
YONSA.....	26
YUPELRI.....	104
yuvafem.....	87

## Z

zafemy.....	87
zafirlukast.....	104
zaleplon.....	108
ZARXIO.....	53
ZEGALOGUE.....	50
ZEJULA.....	34
ZELBORAF.....	34
zelvysia.....	78
zenatane.....	67
ZENPEP.....	78
zidovudine.....	44
ziprasidone hcl.....	40
ziprasidone mesylate.....	40
ZIRABEV.....	35
ZIRGAN.....	100
zoledronic acid.....	97
ZOLINZA.....	28

This formulary was updated on 05/01/2026. 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](http://www.JeffersonHealthPlans.com/Medicare). From October 1 to March 31, we're available 8 a.m. to 8 p.m., 7 days a week. And from April 1 to September 30, we're available 8 a.m. to 8 p.m., Monday to Friday.

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

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