Jefferson Health Plans
2026 Premium Formulary
(List of Covered Drugs)

Special (HMO SNP) | Dual Pearl (HMO SNP)
Select (HMO SNP)

Jefferson
Health Plans

Jefferson Health Plans

2026 Premium Formulary

(List of Covered Drugs or "Drug List")

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

Formulary ID 26352, Version 8

This formulary was updated on 12/19/2025. For more recent information or other questions, please contact Jefferson Health Plans Member Relations at 1-866-901-8000 (TTY users should call 1-877-454-8477) or visit JeffersonHealthPlans.com/Medicare. From October 1 to March 31, we're available 8 a.m. to 8 p.m., 7 days a week. And from April 1 to September 30, we're available 8 a.m. to 8 p.m., Monday to Friday.

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

When this Drug List (Formulary) refers to "we," "us", or "our," it means Jefferson Health Plans. When it refers to "plan" or "our plan," it means Jefferson Health Plans Special (HMO-SNP), Dual Pearl (HMO-SNP), and Select (HMO-SNP).

This document includes a Drug List (formulary) for our plan which is current as of 12/19/2025. 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 Premium 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.

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' Premium 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' Premium 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 12/19/2025. 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' Premium 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' Premium 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 Premium 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.

Drug Tier	**Standard Retail Cost-Sharing (in-network)** One-month supply (up to a 30-day supply)
1 – Preferred Generics Special, Dual Pearl Select✧	 $0 25%
2 – Generic✧ Special, Dual Pearl Select	 20% 25%
3 – Preferred Brand✧ Special, Dual Pearl Select	 24% 25%
4 – Non-Preferred Drugs✧ Special, Dual Pearl Select	 28% 25%
5 – Specialty✧	25%
6 – Select Care	$0

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

✧ Members of the Special (HMO-SNP) and Dual Pearl (HMO-SNP) plans will pay a yearly deductible of $615 on Tier 2, 3, 4, & 5 drugs. Members of the Special (HMO-SNP) and Dual Pearl (HMO-SNP) plans must pay the full cost of Tier 2, 3, 4, & 5 drugs until you reach the plan's deductible amount. For all other drugs, you will not have to pay any deductible. The Deductible Stage is the first payment stage for your drug coverage. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines. Because most of our members get Extra Help with their prescription drug costs, the Deductible Stage doesn't apply to most members. If you get Extra Help, this payment stage doesn't apply to you. Look at the separate insert (the LIS Rider) for information about your deductible amount.

✧ Members of the Select (HMO-SNP) plan will pay a yearly deductible of $615 on Tier 1, 2, 3, 4, & 5 drugs. Members of the Select (HMO-SNP) plan must pay the full cost of Tier 1, 2, 3, 4, & 5 drugs until you reach the plan's deductible amount. For all other drugs, you will not have to pay any deductible. The Deductible Stage is the first payment stage for your drug coverage. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines. Because most of our members get Extra Help with their prescription drug costs, the Deductible Stage doesn't apply to most members. If you get Extra Help, this payment stage doesn't apply to you. Look at the separate insert (the LIS Rider) for information about your deductible amount.

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LEGEND

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

SYMBOL	NAME	DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA2	Prior Authorization (New Starts Only)	Prior authorization applies to new starts only. You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
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.
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.
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 PREMIUM FORMULARY (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
celecoxib (50 mg cap, 100 mg cap, 200 mg cap)	3-Preferred Brands	QL (60 PER 30 DAYS)
celecoxib 400 mg cap	3-Preferred Brands	QL (30 PER 30 DAYS)
diclofenac potassium 50 mg tab	2-Generics	QL (120 PER 30 DAYS)
diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)	2-Generics	
diclofenac sodium 1.5 % solution	3-Preferred Brands	QL (300 PER 28 DAYS)
diclofenac sodium er	2-Generics	QL (60 PER 30 DAYS)
diflunisal	3-Preferred Brands	QL (90 PER 30 DAYS)
etodolac (200 mg cap, 300 mg cap)	3-Preferred Brands	QL (120 PER 30 DAYS)
etodolac (400 mg tab, 500 mg tab)	3-Preferred Brands	
etodolac er	4-Non-Preferred Drugs	
flurbiprofen	2-Generics	
ibu	1-Preferred Generics	
ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension)	2-Generics	
ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)	1-Preferred Generics	
meloxicam (7.5 mg tab, 15 mg tab)	1-Preferred Generics	
nabumetone	2-Generics	
naproxen (250 mg tab, 375 mg tab, 500 mg tab)	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
naproxen 375 mg tab dr	2-Generics	
naproxen sodium	3-Preferred Brands	
piroxicam 10 mg cap	3-Preferred Brands	QL (60 PER 30 DAYS)
piroxicam 20 mg cap	3-Preferred Brands	QL (30 PER 30 DAYS)
relafen	2-Generics	
sulindac	2-Generics	QL (60 PER 30 DAYS)
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
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)	4-Non-Preferred Drugs	QL (10 PER 30 DAYS)
methadone hcl 10 mg tab	3-Preferred Brands	QL (240 PER 30 DAYS)
methadone hcl 10 mg/5ml solution	3-Preferred Brands	QL (1800 PER 30 DAYS)
methadone hcl 5 mg tab	3-Preferred Brands	QL (480 PER 30 DAYS)
methadone hcl 5 mg/5ml solution	3-Preferred Brands	QL (3600 PER 30 DAYS)
morphine sulfate er (15 mg tab er, 30 mg tab er, 60 mg tab er, 100 mg tab er, 200 mg tab er)	3-Preferred Brands	QL (90 PER 30 DAYS)
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)	2-Generics	QL (2700 PER 30 DAYS)
acetaminophen-codeine 300-15 mg tab	2-Generics	QL (390 PER 30 DAYS)
acetaminophen-codeine 300-30 mg tab	2-Generics	QL (360 PER 30 DAYS)
acetaminophen-codeine 300-60 mg tab	2-Generics	QL (180 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
endocet (2.5-325 mg tab, 5-325 mg tab)	3-Preferred Brands	QL (360 PER 30 DAYS)
endocet 10-325 mg tab	3-Preferred Brands	QL (180 PER 30 DAYS)
endocet 7.5-325 mg tab	3-Preferred Brands	QL (240 PER 30 DAYS)
hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)	4-Non-Preferred Drugs	QL (2700 PER 30 DAYS)
hydrocodone-acetaminophen 10-325 mg tab	3-Preferred Brands	QL (180 PER 30 DAYS)
hydrocodone-acetaminophen 5-325 mg tab	3-Preferred Brands	QL (360 PER 30 DAYS)
hydrocodone-acetaminophen 7.5-325 mg tab	3-Preferred Brands	QL (240 PER 30 DAYS)
hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)	3-Preferred Brands	QL (180 PER 30 DAYS)
hydromorphone hcl 1 mg/ml liquid	4-Non-Preferred Drugs	QL (1500 PER 30 DAYS)
morphine sulfate (10 mg/5ml solution, 20 mg/5ml solution)	3-Preferred Brands	QL (900 PER 30 DAYS)
morphine sulfate (15 mg tab, 30 mg tab)	3-Preferred Brands	QL (180 PER 30 DAYS)
morphine sulfate (concentrate)	3-Preferred Brands	QL (180 PER 30 DAYS)
oxycodone hcl (5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	3-Preferred Brands	QL (180 PER 30 DAYS)
oxycodone hcl 100 mg/5ml conc	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
oxycodone hcl 5 mg/5ml solution	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)
oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)	3-Preferred Brands	QL (360 PER 30 DAYS)
oxycodone-acetaminophen 10-325 mg tab	3-Preferred Brands	QL (180 PER 30 DAYS)
oxycodone-acetaminophen 7.5-325 mg tab	3-Preferred Brands	QL (240 PER 30 DAYS)
tramadol hcl 50 mg tab	2-Generics	QL (240 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
tramadol-acetaminophen	2-Generics	QL (240 PER 30 DAYS)
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine 5 % ointment	4-Non-Preferred Drugs	QL (50 PER 30 DAYS)
lidocaine 5 % patch	4-Non-Preferred Drugs	PA, QL (90 PER 30 DAYS)
lidocaine viscous hcl	2-Generics	
lidocaine-prilocaine	2-Generics	QL (30 PER 30 DAYS)
lidocan	4-Non-Preferred Drugs	PA, QL (90 PER 30 DAYS)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
acamprosate calcium	4-Non-Preferred Drugs	
disulfiram	3-Preferred Brands	
naltrexone hcl	2-Generics	
VIVITROL	5-Specialty	
OPIOID DEPENDENCE		
buprenorphine hcl 2 mg sl tab	3-Preferred Brands	QL (180 PER 30 DAYS)
buprenorphine hcl 8 mg sl tab	3-Preferred Brands	QL (120 PER 30 DAYS)
buprenorphine hcl-naloxone hcl (4-1 mg film, 12-3 mg film)	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
buprenorphine hcl-naloxone hcl 2-0.5 mg film	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab	2-Generics	QL (180 PER 30 DAYS)
buprenorphine hcl-naloxone hcl 8-2 mg film	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
buprenorphine hcl-naloxone hcl 8-2 mg sl tab	2-Generics	QL (120 PER 30 DAYS)
OPIOID REVERSAL AGENTS		
KLOXXADO	3-Preferred Brands	
naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)	2-Generics	
OPVEE	3-Preferred Brands	
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det)	2-Generics	QL (60 PER 30 DAYS)
NICOTROL NS	4-Non-Preferred Drugs	
varenicline tartrate	4-Non-Preferred Drugs	
varenicline tartrate (starter)	4-Non-Preferred Drugs	
varenicline tartrate(continue)	4-Non-Preferred Drugs	
ANTIBACTERIALS		
AMINOGLYCOSIDES		
amikacin sulfate	4-Non-Preferred Drugs	
ARIKAYCE	5-Specialty	PA
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)	4-Non-Preferred Drugs	
gentamicin sulfate (0.1 % cream, 0.1 % ointment)	3-Preferred Brands	QL (30 PER 30 DAYS)
gentamicin sulfate (10 mg/ml solution, 40 mg/ml solution)	4-Non-Preferred Drugs	
neomycin sulfate	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
streptomycin sulfate	5-Specialty	
tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)	4-Non-Preferred Drugs	
ANTIBACTERIALS, OTHER		
aztreonam	4-Non-Preferred Drugs	
clindamycin hcl	2-Generics	
clindamycin palmitate hcl	4-Non-Preferred Drugs	
clindamycin phosphate (300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution)	4-Non-Preferred Drugs	
clindamycin phosphate 2 % cream	3-Preferred Brands	
clindamycin phosphate in d5w	4-Non-Preferred Drugs	
colistimethate sodium (cba)	5-Specialty	
daptomycin 350 mg recon soln	5-Specialty	
daptomycin 500 mg recon soln	5-Specialty	
fosfomycin tromethamine	4-Non-Preferred Drugs	
linezolid 100 mg/5ml recon susp	5-Specialty	QL (1800 PER 30 DAYS)
linezolid 600 mg tab	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
linezolid 600 mg/300ml solution	4-Non-Preferred Drugs	
methenamine hippurate	4-Non-Preferred Drugs	
metronidazole (250 mg tab, 500 mg tab)	2-Generics	
metronidazole 0.75 % gel	3-Preferred Brands	
metronidazole 500 mg/100ml solution	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)	3-Preferred Brands	
nitrofurantoin monohyd macro	3-Preferred Brands	
TIGECYCLINE	3-Preferred Brands	
tinidazole	3-Preferred Brands	
trimethoprim	3-Preferred Brands	
vancomycin hcl (1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 500 mg recon soln, 750 mg recon soln)	4-Non-Preferred Drugs	
vancomycin hcl 125 mg cap	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
vancomycin hcl 250 mg cap	4-Non-Preferred Drugs	QL (240 PER 30 DAYS)
XIFAXAN 550 MG TAB	5-Specialty	PA
BETA-LACTAM, CEPHALOSPORINS		
cefaclor (250 mg cap, 500 mg cap)	3-Preferred Brands	
cefadroxil (250 mg/5ml recon susp, 500 mg/5ml recon susp)	3-Preferred Brands	
cefadroxil 500 mg cap	2-Generics	
cefazolin sodium (1 gm recon soln, 2 gm recon soln, 3 gm recon soln, 10 gm recon soln, 500 mg recon soln)	4-Non-Preferred Drugs	
cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp)	3-Preferred Brands	
cefdinir 300 mg cap	2-Generics	
cefepime hcl (1 gm recon soln, 2 gm recon soln)	4-Non-Preferred Drugs	
cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)	4-Non-Preferred Drugs	
cefotetan disodium	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cefoxitin sodium	4-Non-Preferred Drugs	
cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)	4-Non-Preferred Drugs	
cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	2-Generics	
ceftazidime	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	
cefuroxime axetil	2-Generics	
cefuroxime sodium	4-Non-Preferred Drugs	
cephalexin (125 mg/5ml recon susp, 250 mg/5ml recon susp)	3-Preferred Brands	
cephalexin (250 mg cap, 500 mg cap)	2-Generics	
tazicef	4-Non-Preferred Drugs	
TEFLARO	5-Specialty	
BETA-LACTAM, PENICILLINS		
amoxicillin (125 mg chew tab, 250 mg chew tab)	2-Generics	
amoxicillin (125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)	1-Preferred Generics	
amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-62.5 mg/5ml recon susp, 400-57 mg/5ml recon susp, 600-42.9 mg/5ml recon susp)	3-Preferred Brands	
amoxicillin-pot clavulanate (250-125 mg tab, 500-125 mg tab, 875-125 mg tab)	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ampicillin	2-Generics	
ampicillin sodium	4-Non-Preferred Drugs	
ampicillin-sulbactam sodium	4-Non-Preferred Drugs	
BICILLIN L-A	4-Non-Preferred Drugs	
dicloxacillin sodium	3-Preferred Brands	
nafcillin sodium (1 gm recon soln, 2 gm recon soln)	4-Non-Preferred Drugs	
nafcillin sodium 10 gm recon soln	5-Specialty	
oxacillin sodium	4-Non-Preferred Drugs	
penicillin g potassium	4-Non-Preferred Drugs	
penicillin g sodium	4-Non-Preferred Drugs	
penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)	2-Generics	
pfizerpen	4-Non-Preferred Drugs	
piperacillin sod-tazobactam so	4-Non-Preferred Drugs	
CARBAPENEMS		
ertapenem sodium	3-Preferred Brands	
imipenem-cilastatin	3-Preferred Brands	
meropenem (1 gm recon soln, 500 mg recon soln)	4-Non-Preferred Drugs	
MACROLIDES		
azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp)	3-Preferred Brands	
azithromycin (250 mg tab, 500 mg tab, 600 mg tab)	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
azithromycin 500 mg recon soln	4-Non-Preferred Drugs	
clarithromycin (125 mg/5ml recon susp, 250 mg/5ml recon susp)	4-Non-Preferred Drugs	
clarithromycin (250 mg tab, 500 mg tab)	3-Preferred Brands	
clarithromycin er	4-Non-Preferred Drugs	
DIFICID 200 MG TAB	5-Specialty	QL (60 PER 30 DAYS)
DIFICID 40 MG/ML RECON SUSP	5-Specialty	QL (408 PER 30 DAYS)
erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	4-Non-Preferred Drugs	
erythromycin base	4-Non-Preferred Drugs	
erythromycin ethylsuccinate 400 mg tab	4-Non-Preferred Drugs	
QUINOLONES		
ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)	2-Generics	
ciprofloxacin in d5w 200 mg/100ml solution	4-Non-Preferred Drugs	
ciprofloxacin in d5w 400 mg/200ml solution	4-Non-Preferred Drugs	
levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)	2-Generics	
levofloxacin in d5w	4-Non-Preferred Drugs	
levofloxacin oral soln 25 mg/ml	4-Non-Preferred Drugs	
moxifloxacin hcl 400 mg tab	3-Preferred Brands	
moxifloxacin hcl in nacl	4-Non-Preferred Drugs	
SULFONAMIDES		
sulfadiazine	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 800-160 mg/20ml suspension)	3-Preferred Brands	
sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)	1-Preferred Generics	
TETRACYCLINES		
doxy 100	4-Non-Preferred Drugs	
doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)	3-Preferred Brands	
doxycycline hyclate 100 mg recon soln	4-Non-Preferred Drugs	
doxycycline monohydrate (50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)	2-Generics	
doxycycline monohydrate 25 mg/5ml recon susp	4-Non-Preferred Drugs	
minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)	2-Generics	
mondoxyne nl	2-Generics	
tetracycline hcl (250 mg cap, 500 mg cap)	4-Non-Preferred Drugs	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
BRIVIACT 10 MG/ML SOLUTION	5-Specialty	PA2, QL (600 PER 30 DAYS)
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)
divalproex sodium (125 mg tab dr, 250 mg tab dr, 500 mg tab dr)	2-Generics	
divalproex sodium 125 mg cap dr	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
divalproex sodium er	3-Preferred Brands	
EPIDIOLEX	5-Specialty	PA2, QL (600 PER 30 DAYS)
felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)	4-Non-Preferred Drugs	
FINTEPLA	5-Specialty	PA2, QL (360 PER 30 DAYS)
FYCOMPA 0.5 MG/ML SUSPENSION	5-Specialty	PA2, QL (720 PER 30 DAYS)
lamotrigine (5 mg chew tab, 25 mg chew tab)	2-Generics	
lamotrigine er	4-Non-Preferred Drugs	
levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)	2-Generics	
levetiracetam er	3-Preferred Brands	
LEVETIRACETAM IN NACL	4-Non-Preferred Drugs	
perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)	5-Specialty	PA2, QL (30 PER 30 DAYS)
perampanel 2 mg tab	4-Non-Preferred Drugs	PA2, QL (30 PER 30 DAYS)
roweepra	2-Generics	
SPRITAM (250 MG TAB, 500 MG TAB)	4-Non-Preferred Drugs	ST
topiramate (15 mg cap sprink, 25 mg cap sprink, 50 mg cap sprink)	3-Preferred Brands	
topiramate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	2-Generics	
topiramate 25 mg/ml solution	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)
valproate sodium	4-Non-Preferred Drugs	
valproic acid (250 mg/5ml solution, 500 mg/10ml solution)	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
valproic acid 250 mg cap	2-Generics	
CALCIUM CHANNEL MODIFYING AGENTS		
ethosuximide 250 mg cap	3-Preferred Brands	
ethosuximide 250 mg/5ml solution	4-Non-Preferred Drugs	
methsuximide	4-Non-Preferred Drugs	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS		
clobazam (10 mg tab, 20 mg tab)	4-Non-Preferred Drugs	PA2, QL (60 PER 30 DAYS)
clobazam 2.5 mg/ml suspension	4-Non-Preferred Drugs	PA2, QL (480 PER 30 DAYS)
diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)	4-Non-Preferred Drugs	
gabapentin (100 mg cap, 600 mg tab)	2-Generics	QL (180 PER 30 DAYS)
gabapentin (250 mg/5ml solution, 300 mg/6ml solution)	4-Non-Preferred Drugs	QL (2160 PER 30 DAYS)
gabapentin 300 mg cap	2-Generics	QL (360 PER 30 DAYS)
gabapentin 400 mg cap	2-Generics	QL (270 PER 30 DAYS)
gabapentin 800 mg tab	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)	3-Preferred Brands	QL (120 PER 30 DAYS)
phenobarbital (20 mg/5ml elixir, 30 mg/7.5ml elixir, 60 mg/15ml elixir)	4-Non-Preferred Drugs	QL (1500 PER 30 DAYS)
primidone	2-Generics	
SYMPAZAN	5-Specialty	PA2, QL (60 PER 30 DAYS)
tiagabine hcl	4-Non-Preferred Drugs	
VALTOCO 10 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
vigabatrin	5-Specialty	PA2, QL (180 PER 30 DAYS)
vigadrone	5-Specialty	PA2, QL (180 PER 30 DAYS)
VIGAFYDE	5-Specialty	PA2, QL (900 PER 30 DAYS)
vigpoder	5-Specialty	PA2, QL (180 PER 30 DAYS)
ZTALMY	5-Specialty	PA2, QL (1100 PER 30 DAYS)
SODIUM CHANNEL AGENTS		
carbamazepine (100 mg chew tab, 200 mg chew tab, 200 mg tab)	3-Preferred Brands	
carbamazepine (100 mg/5ml suspension, 200 mg/10ml suspension)	4-Non-Preferred Drugs	
carbamazepine er	4-Non-Preferred Drugs	
DILANTIN	4-Non-Preferred Drugs	
DILANTIN INFATABS	4-Non-Preferred Drugs	
epitol	3-Preferred Brands	
eslicarbazepine acetate (200 mg tab, 400 mg tab)	3-Preferred Brands	QL (30 PER 30 DAYS)
eslicarbazepine acetate (600 mg tab, 800 mg tab)	3-Preferred Brands	QL (60 PER 30 DAYS)
lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)	4-Non-Preferred Drugs	QL (1200 PER 30 DAYS)
lacosamide (100 mg tab, 150 mg tab, 200 mg tab)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
lacosamide 200 mg/20ml solution	4-Non-Preferred Drugs	
lacosamide 50 mg tab	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
oxcarbazepine 300 mg/5ml suspension	4-Non-Preferred Drugs	
phenytek	2-Generics	
phenytoin (100 mg/4ml suspension, 125 mg/5ml suspension)	2-Generics	
phenytoin 50 mg chew tab	3-Preferred Brands	
phenytoin infatabs	3-Preferred Brands	
phenytoin sodium	4-Non-Preferred Drugs	
phenytoin sodium extended	2-Generics	
rufinamide 200 mg tab	4-Non-Preferred Drugs	PA2, QL (480 PER 30 DAYS)
rufinamide 40 mg/ml suspension	5-Specialty	PA2, QL (2760 PER 30 DAYS)
rufinamide 400 mg tab	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)
zonisamide	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	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CHOLINESTERASE INHIBITORS		
donepezil hcl (5 mg tab disp, 10 mg tab disp)	2-Generics	QL (30 PER 30 DAYS)
donepezil hcl (5 mg tab, 10 mg tab)	2-Generics	QL (60 PER 30 DAYS)
galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
galantamine hydrobromide 4 mg/ml solution	4-Non-Preferred Drugs	QL (360 PER 30 DAYS)
galantamine hydrobromide er	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
rivastigmine	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
rivastigmine tartrate	3-Preferred Brands	QL (60 PER 30 DAYS)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
memantine hcl (2 mg/ml solution, 10 mg/5ml solution)	4-Non-Preferred Drugs	QL (360 PER 30 DAYS)
memantine hcl (5 mg tab, 10 mg tab)	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)
memantine hcl er	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
AUVELITY	5-Specialty	PA2, QL (60 PER 30 DAYS)
bupropion hcl	2-Generics	QL (120 PER 30 DAYS)
bupropion hcl er (sr)	2-Generics	QL (60 PER 30 DAYS)
bupropion hcl er (xl) 150 mg tab er 24h	2-Generics	QL (90 PER 30 DAYS)
bupropion hcl er (xl) 300 mg tab er 24h	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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
mirtazapine (7.5 mg tab, 45 mg tab)	2-Generics	QL (30 PER 30 DAYS)
mirtazapine 15 mg tab	2-Generics	QL (90 PER 30 DAYS)
mirtazapine 15 mg tab disp	3-Preferred Brands	QL (90 PER 30 DAYS)
mirtazapine 30 mg tab	2-Generics	QL (60 PER 30 DAYS)
mirtazapine 30 mg tab disp	3-Preferred Brands	QL (60 PER 30 DAYS)
mirtazapine 45 mg tab disp	3-Preferred Brands	QL (30 PER 30 DAYS)
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)
phenelzine sulfate	3-Preferred Brands	
tranylcypromine sulfate	4-Non-Preferred Drugs	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
citalopram hydrobromide (10 mg/5ml solution, 20 mg/10ml solution)	3-Preferred Brands	QL (600 PER 30 DAYS)
citalopram hydrobromide (20 mg tab, 40 mg tab)	1-Preferred Generics	QL (45 PER 30 DAYS)
citalopram hydrobromide 10 mg tab	1-Preferred Generics	QL (90 PER 30 DAYS)
desvenlafaxine succinate er	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
escitalopram oxalate (5 mg/5ml solution, 10 mg/10ml solution)	4-Non-Preferred Drugs	QL (600 PER 30 DAYS)
escitalopram oxalate 10 mg tab	1-Preferred Generics	QL (45 PER 30 DAYS)
escitalopram oxalate 20 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)

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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
venlafaxine hcl	2-Generics	
venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h)	2-Generics	QL (90 PER 30 DAYS)
venlafaxine hcl er 150 mg cap er 24h	2-Generics	QL (60 PER 30 DAYS)
vilazodone hcl	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
TRICYCLICS		
amitriptyline hcl	3-Preferred Brands	PA2
amoxapine	3-Preferred Brands	PA2
clomipramine hcl	4-Non-Preferred Drugs	PA2
desipramine hcl	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)	3-Preferred Brands	PA2
imipramine hcl	2-Generics	PA2
nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)	2-Generics	
nortriptyline hcl 10 mg/5ml solution	4-Non-Preferred Drugs	
protriptyline hcl	4-Non-Preferred Drugs	
trimipramine maleate	4-Non-Preferred Drugs	
ANTIEMETICS		
ANTIEMETICS, OTHER		
compro	4-Non-Preferred Drugs	
meclizine hcl (12.5 mg tab, 25 mg tab)	2-Generics	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)	2-Generics	
perphenazine	4-Non-Preferred Drugs	
prochlorperazine	4-Non-Preferred Drugs	
prochlorperazine edisylate	4-Non-Preferred Drugs	
prochlorperazine maleate	2-Generics	
promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)	2-Generics	PA
scopolamine	4-Non-Preferred Drugs	QL (10 PER 30 DAYS)
EMETOGENIC THERAPY ADJUNCTS		
aprepitant	4-Non-Preferred Drugs	PA3
dronabinol	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
granisetron hcl 1 mg tab	4-Non-Preferred Drugs	PA3, QL (60 PER 30 DAYS)
ondansetron 4 mg tab disp	3-Preferred Brands	PA3, QL (180 PER 30 DAYS)
ondansetron 8 mg tab disp	3-Preferred Brands	PA3, QL (90 PER 30 DAYS)
ondansetron hcl (4 mg/2ml soln prsyr, 4 mg/2ml solution, 40 mg/20ml solution)	4-Non-Preferred Drugs	
ondansetron hcl +rfid	4-Non-Preferred Drugs	
ondansetron hcl 4 mg tab	2-Generics	PA3, QL (180 PER 30 DAYS)
ondansetron hcl 8 mg tab	2-Generics	PA3, QL (90 PER 30 DAYS)
ondansetron hcl oral soln 4 mg/5ml	4-Non-Preferred Drugs	PA3, QL (900 PER 30 DAYS)
ANTIFUNGALS		
amphotericin b	4-Non-Preferred Drugs	PA3

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
amphotericin b liposome	5-Specialty	PA3
caspofungin acetate	4-Non-Preferred Drugs	
clotrimazole 1 % cream	2-Generics	QL (90 PER 30 DAYS)
clotrimazole 1 % solution	2-Generics	QL (30 PER 30 DAYS)
clotrimazole 10 mg troche	2-Generics	
CRESEMBA (74.5 MG CAP, 186 MG CAP)	5-Specialty	PA
econazole nitrate 1 % cream	4-Non-Preferred Drugs	QL (85 PER 30 DAYS)
fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp)	3-Preferred Brands	
fluconazole (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	2-Generics	
fluconazole in sodium chloride	4-Non-Preferred Drugs	
flucytosine	5-Specialty	
griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)	4-Non-Preferred Drugs	
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	4-Non-Preferred Drugs	
itraconazole 100 mg cap	4-Non-Preferred Drugs	
ketoconazole 2 % cream	2-Generics	QL (60 PER 30 DAYS)
ketoconazole 2 % shampoo	2-Generics	QL (120 PER 30 DAYS)
ketoconazole 200 mg tab	2-Generics	
klayesta	3-Preferred Brands	QL (60 PER 30 DAYS)
micafungin sodium	4-Non-Preferred Drugs	
nyamyc	3-Preferred Brands	QL (60 PER 30 DAYS)
nystatin (100000 unit/gm cream, 100000 unit/gm ointment)	2-Generics	QL (60 PER 30 DAYS)
nystatin 100000 unit/gm powder	3-Preferred Brands	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nystatin 100000 unit/ml suspension	2-Generics	
nystatin 500000 unit tab	3-Preferred Brands	
nystop	3-Preferred Brands	QL (60 PER 30 DAYS)
posaconazole 100 mg tab dr	5-Specialty	PA, QL (93 PER 30 DAYS)
posaconazole 40 mg/ml suspension	5-Specialty	PA, QL (630 PER 30 DAYS)
terbinafine hcl	2-Generics	QL (120 PER 30 DAYS)
terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)	3-Preferred Brands	
voriconazole 200 mg recon soln	5-Specialty	PA
voriconazole 200 mg tab	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
voriconazole 40 mg/ml recon susp	5-Specialty	QL (600 PER 30 DAYS)
voriconazole 50 mg tab	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)
ANTIGOUT AGENTS		
allopurinol (100 mg tab, 300 mg tab)	1-Preferred Generics	
colchicine 0.6 mg tab	3-Preferred Brands	QL (120 PER 30 DAYS)
colchicine-probenecid	3-Preferred Brands	
febuxostat	4-Non-Preferred Drugs	ST
probenecid	3-Preferred Brands	
ANTIMIGRAINE AGENTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS		
AIMOVIG	3-Preferred Brands	PA, QL (1 PER 28 DAYS)
EMGALITY	3-Preferred Brands	PA, QL (2 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
ERGOT ALKALOIDS		
dihydroergotamine mesylate 4 mg/ml solution	5-Specialty	PA, QL (8 PER 30 DAYS)
ergotamine-caffeine	3-Preferred Brands	
SEROTONIN (5-HT) RECEPTOR AGONIST		
naratriptan hcl	3-Preferred Brands	QL (9 PER 30 DAYS)
rizatriptan benzoate	3-Preferred Brands	QL (12 PER 30 DAYS)
sumatriptan	4-Non-Preferred Drugs	QL (12 PER 28 DAYS)
sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)	2-Generics	QL (9 PER 30 DAYS)
sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)	4-Non-Preferred Drugs	QL (6 PER 30 DAYS)
sumatriptan succinate refill	4-Non-Preferred Drugs	QL (6 PER 30 DAYS)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
pyridostigmine bromide 60 mg tab	3-Preferred Brands	
pyridostigmine bromide er	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
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
dapsone (25 mg tab, 100 mg tab)	3-Preferred Brands	
rifabutin	4-Non-Preferred Drugs	
ANTITUBERCULARS		
ethambutol hcl	3-Preferred Brands	
isoniazid (100 mg tab, 300 mg tab)	2-Generics	
isoniazid 50 mg/5ml syrup	4-Non-Preferred Drugs	
PRIFTIN	4-Non-Preferred Drugs	
pyrazinamide	4-Non-Preferred Drugs	
rifampin	4-Non-Preferred Drugs	
SIRTURO	5-Specialty	PA
ANTINEOPLASTICS		
ALKYLATING AGENTS		
cisplatin	4-Non-Preferred Drugs	PA3
cyclophosphamide (25 mg cap, 50 mg cap)	3-Preferred Brands	PA3
CYCLOPHOSPHAMIDE (25 MG TAB, 50 MG TAB)	4-Non-Preferred Drugs	PA3
GLEOSTINE (10 MG CAP, 40 MG CAP)	4-Non-Preferred Drugs	PA2
GLEOSTINE 100 MG CAP	5-Specialty	PA2
LEUKERAN	5-Specialty	
MATULANE	5-Specialty	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VALCHLOR	5-Specialty	PA2, QL (60 PER 30 DAYS)
ANTIANDROGENS		
abiraterone acetate 500 mg tab	5-Specialty	PA2, QL (60 PER 30 DAYS)
abirtega 250 mg tab	5-Specialty	PA2, QL (120 PER 30 DAYS)
bicalutamide	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
nilutamide	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		
lenalidomide	5-Specialty	PA2, QL (28 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		
fulvestrant	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	
tamoxifen citrate	2-Generics	
toremifene citrate	5-Specialty	
ANTIMETABOLITES		
azacitidine	5-Specialty	PA3
fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)	4-Non-Preferred Drugs	PA3

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
mercaptopurine 2000 mg/100ml suspension	5-Specialty	
mercaptopurine 50 mg tab	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)
hydroxyurea	2-Generics	
INQOVI	5-Specialty	PA2, QL (5 PER 28 DAYS)
IWILFIN	5-Specialty	PA2, QL (240 PER 30 DAYS)
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)	3-Preferred Brands	
leucovorin calcium (50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln)	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)
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)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole	2-Generics	
exemestane	4-Non-Preferred Drugs	
letrozole	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)
bortezomib 3.5 mg recon soln	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 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)
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)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab)	5-Specialty	PA2, QL (60 PER 30 DAYS)
dasatinib 140 mg tab	5-Specialty	PA2, QL (30 PER 30 DAYS)
dasatinib 20 mg tab	5-Specialty	PA2, QL (90 PER 30 DAYS)
DAURISMO 100 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
DAURISMO 25 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
ERIVEDGE	5-Specialty	PA2, QL (30 PER 30 DAYS)
erlotinib hcl (100 mg tab, 150 mg tab)	5-Specialty	PA2, QL (30 PER 30 DAYS)
erlotinib hcl 25 mg tab	5-Specialty	PA2, QL (60 PER 30 DAYS)
everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	5-Specialty	PA2, QL (30 PER 30 DAYS)
everolimus (3 mg tab sol, 5 mg tab sol)	5-Specialty	PA2, QL (90 PER 30 DAYS)
everolimus 2 mg tab sol	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)
gefitinib	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)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
imatinib mesylate 100 mg tab	3-Preferred Brands	PA2, QL (90 PER 30 DAYS)
imatinib mesylate 400 mg tab	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)
KRAZATI	5-Specialty	PA2, QL (180 PER 30 DAYS)
lapatinib ditosylate	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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 hcl	5-Specialty	PA2, QL (120 PER 30 DAYS)
NINLARO	5-Specialty	PA2, QL (3 PER 28 DAYS)
ODOMZO	5-Specialty	PA2, QL (30 PER 30 DAYS)
OGSIVEO (100 MG TAB, 150 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
OGSIVEO 50 MG TAB	5-Specialty	PA2, QL (180 PER 30 DAYS)
OJEMDA 100 MG TAB	5-Specialty	PA2, QL (24 PER 28 DAYS)
OJEMDA 25 MG/ML RECON SUSP	5-Specialty	PA2, QL (96 PER 28 DAYS)
pazopanib hcl 200 mg tab	5-Specialty	PA2, QL (120 PER 30 DAYS)
PEMAZYRE	5-Specialty	PA2, QL (30 PER 30 DAYS)
PIQRAY (200 MG DAILY DOSE)	5-Specialty	PA2, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
sorafenib tosylate	5-Specialty	PA2, QL (120 PER 30 DAYS)
STIVARGA	5-Specialty	PA2, QL (84 PER 28 DAYS)
sunitinib malate	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)
TAGRISSO	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)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TIBSOVO	5-Specialty	PA2, QL (60 PER 30 DAYS)
torpenz	5-Specialty	PA2, QL (30 PER 30 DAYS)
TRUQAP	5-Specialty	PA2, QL (64 PER 28 DAYS)
TUKYSA 150 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
TUKYSA 50 MG TAB	5-Specialty	PA2, QL (300 PER 30 DAYS)
TURALIO	5-Specialty	PA2, QL (120 PER 30 DAYS)
VANFLYTA	5-Specialty	PA2, QL (56 PER 28 DAYS)
VENCLEXTA 10 MG TAB	3-Preferred Brands	PA2, QL (120 PER 30 DAYS)
VENCLEXTA 100 MG TAB	5-Specialty	PA2, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
VENCLEXTA STARTING PACK	5-Specialty	PA2, QL (42 PER 28 DAYS)
VERZENIO	5-Specialty	PA2, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAP	5-Specialty	PA2, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	5-Specialty	PA2, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAP	5-Specialty	PA2, QL (180 PER 30 DAYS)
VIZIMPRO	5-Specialty	PA2, QL (30 PER 30 DAYS)
VONJO	5-Specialty	PA2, QL (120 PER 30 DAYS)
VORANIGO 10 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
VORANIGO 40 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	5-Specialty	PA2, QL (120 PER 30 DAYS)
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)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XPOVIO (60 MG TWICE WEEKLY)	5-Specialty	PA2, QL (24 PER 28 DAYS)
XPOVIO (80 MG ONCE WEEKLY)	5-Specialty	PA2, QL (8 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
TRAZIMERA	5-Specialty	PA3
TRUXIMA	5-Specialty	PA3
ZIRABEV	5-Specialty	PA3
RETINOIDS		
bexarotene 1 % gel	5-Specialty	PA2, QL (60 PER 30 DAYS)
bexarotene 75 mg cap	5-Specialty	PA2, QL (300 PER 30 DAYS)
PANRETIN	5-Specialty	PA2, QL (60 PER 30 DAYS)
tretinoin 10 mg cap	5-Specialty	
TREATMENT ADJUNCTS		
mesna 400 mg tab	5-Specialty	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIPARASITICS		
ANTHELMINTHICS		
albendazole	3-Preferred Brands	
ivermectin 3 mg tab	3-Preferred Brands	
praziquantel	4-Non-Preferred Drugs	
ANTIPROTOZOALS		
atovaquone	4-Non-Preferred Drugs	QL (600 PER 30 DAYS)
atovaquone-proguanil hcl	4-Non-Preferred Drugs	
chloroquine phosphate	4-Non-Preferred Drugs	
COARTEM	4-Non-Preferred Drugs	
hydroxychloroquine sulfate 200 mg tab	2-Generics	
IMPAVIDO	5-Specialty	QL (84 PER 28 DAYS)
mefloquine hcl	3-Preferred Brands	
nitazoxanide	5-Specialty	QL (6 PER 30 DAYS)
pentamidine isethionate for nebulization soln 300 mg	4-Non-Preferred Drugs	PA3
pentamidine isethionate for soln 300 mg	4-Non-Preferred Drugs	
primaquine phosphate	3-Preferred Brands	
pyrimethamine	5-Specialty	PA
quinine sulfate	4-Non-Preferred Drugs	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)	2-Generics	
trihexyphenidyl hcl (2 mg tab, 5 mg tab)	2-Generics	PA
trihexyphenidyl hcl 0.4 mg/ml solution	3-Preferred Brands	PA
ANTIPARKINSON AGENTS, OTHER		
amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)	3-Preferred Brands	
carbidopa-levodopa-entacapone	4-Non-Preferred Drugs	
entacapone	4-Non-Preferred Drugs	
DOPAMINE AGONISTS		
bromocriptine mesylate	4-Non-Preferred Drugs	
pramipexole dihydrochloride	2-Generics	
ropinirole hcl	2-Generics	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)	4-Non-Preferred Drugs	
carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)	2-Generics	
carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)	3-Preferred Brands	
INBRIJA	5-Specialty	PA, QL (300 PER 30 DAYS)
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline mesylate	4-Non-Preferred Drugs	
selegiline hcl	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
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)	4-Non-Preferred Drugs	
fluphenazine decanoate	4-Non-Preferred Drugs	
fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg tab, 5 mg/ml conc, 10 mg tab)	4-Non-Preferred Drugs	
haloperidol	2-Generics	
haloperidol decanoate	4-Non-Preferred Drugs	
haloperidol lactate 2 mg/ml conc	3-Preferred Brands	
haloperidol lactate 5 mg/ml solution	4-Non-Preferred Drugs	
loxapine succinate	3-Preferred Brands	
molindone hcl	4-Non-Preferred Drugs	
pimozide	4-Non-Preferred Drugs	
thioridazine hcl	3-Preferred Brands	
thiothixene	4-Non-Preferred Drugs	
trifluoperazine hcl	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)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ABILIFY MAINTENA	5-Specialty	QL (1 PER 28 DAYS)
aripiprazole (10 mg tab disp, 15 mg tab disp)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab)	3-Preferred Brands	QL (60 PER 30 DAYS)
aripiprazole (20 mg tab, 30 mg tab)	3-Preferred Brands	QL (30 PER 30 DAYS)
aripiprazole 1 mg/ml solution	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)
asenapine maleate	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)
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5-Specialty	QL (3.5 PER 180 DAYS)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5-Specialty	QL (5 PER 180 DAYS)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5-Specialty	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5-Specialty	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5-Specialty	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVEGA TRINZA 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)
lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
lurasidone hcl 80 mg tab	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
NUPLAZID	5-Specialty	PA2, QL (30 PER 30 DAYS)
olanzapine (15 mg tab, 20 mg tab)	2-Generics	QL (30 PER 30 DAYS)
olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	2-Generics	QL (60 PER 30 DAYS)
olanzapine (5 mg tab disp, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
olanzapine 10 mg recon soln	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)
paliperidone er 1.5 mg tab er 24h	4-Non-Preferred Drugs	QL (240 PER 30 DAYS)
paliperidone er 3 mg tab er 24h	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
paliperidone er 6 mg tab er 24h	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
paliperidone er 9 mg tab er 24h	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
quetiapine fumarate (300 mg tab, 400 mg tab)	2-Generics	QL (60 PER 30 DAYS)
quetiapine fumarate (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	2-Generics	QL (120 PER 30 DAYS)
quetiapine fumarate 25 mg tab	2-Generics	QL (180 PER 30 DAYS)
quetiapine fumarate er	3-Preferred Brands	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
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)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)	2-Generics	QL (60 PER 30 DAYS)
risperidone 1 mg/ml solution	3-Preferred Brands	QL (480 PER 30 DAYS)
risperidone microspheres er	4-Non-Preferred Drugs	QL (2 PER 28 DAYS)
SECUADO	5-Specialty	ST, QL (30 PER 30 DAYS)
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	5-Specialty	ST, QL (30 PER 30 DAYS)
ziprasidone hcl	3-Preferred Brands	QL (60 PER 30 DAYS)
ziprasidone mesylate	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
TREATMENT-RESISTANT		
clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)	4-Non-Preferred Drugs	
clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	3-Preferred Brands	
VERSACLOZ	5-Specialty	QL (600 PER 30 DAYS)
ANTISPASTICITY AGENTS		
baclofen (5 mg tab, 10 mg tab, 20 mg tab)	2-Generics	
dantrolene sodium	4-Non-Preferred Drugs	
tizanidine hcl (2 mg tab, 4 mg tab)	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
valganciclovir hcl 450 mg tab	3-Preferred Brands	
valganciclovir hcl 50 mg/ml recon soln	5-Specialty	
ANTI-HEPATITIS B (HBV) AGENTS		
adefovir dipivoxil	4-Non-Preferred Drugs	
BARACLUDE 0.05 MG/ML SOLUTION	5-Specialty	
entecavir	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
lamivudine 100 mg tab	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)
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)
ribavirin	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)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
efavirenz	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
efavirenz-emtricitab-tenofo df	3-Preferred Brands	QL (30 PER 30 DAYS)
efavirenz-lamivudine-tenofovir	5-Specialty	QL (30 PER 30 DAYS)
emtricitab-rilpivir-tenofov df	5-Specialty	QL (30 PER 30 DAYS)
etravirine 100 mg tab	5-Specialty	QL (120 PER 30 DAYS)
etravirine 200 mg tab	5-Specialty	QL (60 PER 30 DAYS)
INTELENCE 25 MG TAB	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
nevirapine 200 mg tab	2-Generics	QL (60 PER 30 DAYS)
nevirapine 50 mg/5ml suspension	4-Non-Preferred Drugs	QL (1200 PER 30 DAYS)
nevirapine er	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
ODEFSEY	5-Specialty	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PIFELTRO	5-Specialty	QL (60 PER 30 DAYS)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir sulfate 20 mg/ml solution	4-Non-Preferred Drugs	QL (960 PER 30 DAYS)
abacavir sulfate 300 mg tab	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
abacavir sulfate-lamivudine	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	
emtricitabine	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
emtricitabine-tenofovir df (100-150 mg tab, 167-250 mg tab)	3-Preferred Brands	QL (30 PER 30 DAYS)
emtricitabine-tenofovir df 133-200 mg tab	5-Specialty	QL (30 PER 30 DAYS)
emtricitabine-tenofovir df 200-300 mg tab	4-Non-Preferred Drugs	
EMTRIVA 10 MG/ML SOLUTION	4-Non-Preferred Drugs	QL (850 PER 30 DAYS)
lamivudine (10 mg/ml solution, 300 mg/30ml solution)	3-Preferred Brands	QL (960 PER 30 DAYS)
lamivudine 150 mg tab	3-Preferred Brands	QL (60 PER 30 DAYS)
lamivudine 300 mg tab	3-Preferred Brands	QL (30 PER 30 DAYS)
lamivudine-zidovudine	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
tenofovir disoproxil fumarate	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)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIREAD 40 MG/GM POWDER	5-Specialty	QL (240 PER 30 DAYS)
zidovudine 100 mg cap	3-Preferred Brands	QL (180 PER 30 DAYS)
zidovudine 300 mg tab	3-Preferred Brands	QL (60 PER 30 DAYS)
zidovudine 50 mg/5ml syrup	3-Preferred Brands	QL (1920 PER 30 DAYS)
ANTI-HIV AGENTS, OTHER		
CABENUVA	5-Specialty	
maraviroc 150 mg tab	5-Specialty	QL (60 PER 30 DAYS)
maraviroc 300 mg tab	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)
atazanavir sulfate (150 mg cap, 200 mg cap)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
atazanavir sulfate 300 mg cap	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
darunavir 600 mg tab	3-Preferred Brands	QL (60 PER 30 DAYS)
darunavir 800 mg tab	5-Specialty	QL (30 PER 30 DAYS)
EVOTAZ	5-Specialty	QL (30 PER 30 DAYS)
fosamprenavir calcium	5-Specialty	QL (120 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KALETRA 400-100 MG/5ML SOLUTION	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)
lopinavir-ritonavir 100-25 mg tab	4-Non-Preferred Drugs	QL (300 PER 30 DAYS)
lopinavir-ritonavir 200-50 mg tab	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
NORVIR 100 MG PACKET	4-Non-Preferred Drugs	QL (360 PER 30 DAYS)
PREZCOBIX 800-150 MG TAB	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)
ritonavir	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		
oseltamivir phosphate (45 mg cap, 75 mg cap)	3-Preferred Brands	QL (84 PER 365 DAYS)
oseltamivir phosphate 30 mg cap	3-Preferred Brands	QL (168 PER 365 DAYS)
oseltamivir phosphate 6 mg/ml recon susp	3-Preferred Brands	QL (1080 PER 365 DAYS)
RELENZA DISKHALER	3-Preferred Brands	QL (120 PER 365 DAYS)
rimantadine hcl	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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIHERPETIC AGENTS		
acyclovir (200 mg cap, 400 mg tab, 800 mg tab)	2-Generics	
acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)	4-Non-Preferred Drugs	
acyclovir sodium	4-Non-Preferred Drugs	PA3
famciclovir	3-Preferred Brands	QL (90 PER 30 DAYS)
valacyclovir hcl	3-Preferred Brands	QL (120 PER 30 DAYS)
ANTIVIRAL, CORONAVIRUS AGENTS		
LAGEVRIO	3-Preferred Brands	
PAXLOVID	2-Generics	QL (22 PER 30 DAYS)
PAXLOVID (150/100)	2-Generics	QL (40 PER 30 DAYS)
PAXLOVID (300/100)	2-Generics	QL (60 PER 30 DAYS)
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
buspirone hcl	2-Generics	
hydroxyzine pamoate	3-Preferred Brands	PA
BENZODIAZEPINES		
alprazolam (0.25 mg tab, 0.5 mg tab)	2-Generics	QL (120 PER 30 DAYS)
alprazolam (1 mg tab, 2 mg tab)	2-Generics	QL (150 PER 30 DAYS)
clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp)	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
clonazepam (0.5 mg tab, 1 mg tab)	2-Generics	QL (120 PER 30 DAYS)
clonazepam 2 mg tab	2-Generics	QL (300 PER 30 DAYS)
clonazepam 2 mg tab disp	4-Non-Preferred Drugs	QL (300 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
clorazepate dipotassium 15 mg tab	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
diazepam (2 mg tab, 5 mg tab, 10 mg tab)	2-Generics	PA2, QL (120 PER 30 DAYS)
diazepam 5 mg/5ml solution	4-Non-Preferred Drugs	PA2, QL (1200 PER 30 DAYS)
diazepam 5 mg/ml conc	4-Non-Preferred Drugs	PA2, QL (240 PER 30 DAYS)
diazepam intensol	4-Non-Preferred Drugs	PA2, QL (240 PER 30 DAYS)
lorazepam 0.5 mg tab	2-Generics	PA2, QL (600 PER 30 DAYS)
lorazepam 1 mg tab	2-Generics	PA2, QL (300 PER 30 DAYS)
lorazepam 2 mg tab	2-Generics	PA2, QL (150 PER 30 DAYS)
lorazepam 2 mg/ml conc	3-Preferred Brands	PA2, QL (150 PER 30 DAYS)
lorazepam intensol	3-Preferred Brands	PA2, QL (150 PER 30 DAYS)
BIPOLAR AGENTS		
MOOD STABILIZERS		
lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	2-Generics	
lithium	4-Non-Preferred Drugs	
lithium carbonate	1-Preferred Generics	
lithium carbonate er	2-Generics	
subvenite	2-Generics	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
acarbose	6-Select Care	QL (90 PER 30 DAYS)
glimepiride (1 mg tab, 2 mg tab)	6-Select Care	QL (120 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
glimepiride 4 mg tab	6-Select Care	QL (60 PER 30 DAYS)
glipizide (5 mg tab, 10 mg tab)	6-Select Care	QL (120 PER 30 DAYS)
glipizide er 10 mg tab er 24h	6-Select Care	QL (60 PER 30 DAYS)
glipizide er 2.5 mg tab er 24h	6-Select Care	QL (120 PER 30 DAYS)
glipizide er 5 mg tab er 24h	6-Select Care	QL (90 PER 30 DAYS)
glipizide-metformin hcl	6-Select Care	QL (120 PER 30 DAYS)
glyburide	6-Select Care	QL (120 PER 30 DAYS)
glyburide-metformin	6-Select Care	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)
metformin hcl 1000 mg tab	6-Select Care	QL (75 PER 30 DAYS)
metformin hcl 500 mg tab	6-Select Care	QL (150 PER 30 DAYS)
metformin hcl 850 mg tab	6-Select Care	QL (90 PER 30 DAYS)
metformin hcl er 500 mg tab er 24h	6-Select Care	QL (120 PER 30 DAYS)
metformin hcl er 750 mg tab er 24h	6-Select Care	QL (60 PER 30 DAYS)
MOUNJARO	3-Preferred Brands	PA, QL (2 PER 28 DAYS)
nateglinide 120 mg tab	6-Select Care	QL (90 PER 30 DAYS)
nateglinide 60 mg tab	6-Select Care	QL (180 PER 30 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	3-Preferred Brands	PA, QL (3 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OZEMPIC (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)
pioglitazone hcl	6-Select Care	QL (30 PER 30 DAYS)
pioglitazone hcl-metformin hcl	6-Select Care	QL (90 PER 30 DAYS)
repaglinide (0.5 mg tab, 1 mg tab)	6-Select Care	QL (120 PER 30 DAYS)
repaglinide 2 mg tab	6-Select Care	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)
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	
diazoxide	5-Specialty	
glucagon emergency 1 mg kit (generic)	3-Preferred Brands	
glucagon emergency 1 mg recon soln	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZEGALOGUE	3-Preferred Brands	
INSULINS		
BASAGLAR KWIKPEN	3-Preferred Brands	
FIASP	3-Preferred Brands	
FIASP FLEXTOUCH	3-Preferred Brands	
FIASP PENFILL	3-Preferred Brands	
FIASP PUMPCART	3-Preferred Brands	
HUMULIN R U-500 (CONCENTRATED)	5-Specialty	
HUMULIN R U-500 KWIKPEN	5-Specialty	
LANTUS	3-Preferred Brands	
LANTUS SOLOSTAR	3-Preferred Brands	
NOVOLIN 70/30	3-Preferred Brands	
NOVOLIN 70/30 FLEXPEN	3-Preferred Brands	
NOVOLIN N	3-Preferred Brands	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

dabigatran etexilate mesylate (75 mg cap, 150 mg cap)	3-Preferred Brands	QL (60 PER 30 DAYS)
dabigatran etexilate mesylate 110 mg cap	3-Preferred Brands	QL (120 PER 30 DAYS)
ELIQUIS 2.5 MG TAB	3-Preferred Brands	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TAB	3-Preferred Brands	QL (74 PER 30 DAYS)
ELIQUIS DVT/PE STARTER PACK	3-Preferred Brands	QL (74 PER 30 DAYS)
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)	4-Non-Preferred Drugs	
fondaparinux sodium (5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)	5-Specialty	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fondaparinux sodium 2.5 mg/0.5ml solution	4-Non-Preferred Drugs	
heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)	3-Preferred Brands	
heparin sodium (porcine) +rfid	3-Preferred Brands	
heparin sodium (porcine) pf 1000 unit/ml solution	3-Preferred Brands	
jantoven	1-Preferred Generics	
rivaroxaban 1 mg/ml recon susp	3-Preferred Brands	QL (620 PER 30 DAYS)
rivaroxaban 2.5 mg tab	3-Preferred Brands	QL (60 PER 30 DAYS)
warfarin sodium	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)
anagrelide hcl	4-Non-Preferred Drugs	
FULPHILA	5-Specialty	PA
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION)	3-Preferred Brands	PA3
PROCRIT (20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	5-Specialty	PA3

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RETACRIT	3-Preferred Brands	PA3
ZARXIO	5-Specialty	PA
HEMOSTASIS AGENTS		
tranexamic acid 650 mg tab	3-Preferred Brands	
PLATELET MODIFYING AGENTS		
aspirin-dipyridamole er	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
BRILINTA 90 MG TAB	3-Preferred Brands	
cilostazol	2-Generics	
clopidogrel bisulfate 300 mg tab	2-Generics	
clopidogrel bisulfate 75 mg tab	1-Preferred Generics	
dipyridamole	3-Preferred Brands	
DOPTELET	5-Specialty	PA
DOPTELET SPRINKLE	5-Specialty	PA
prasugrel hcl	3-Preferred Brands	
ticagrelor	3-Preferred Brands	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
clonidine 0.1 mg/24hr patch wk	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
clonidine 0.2 mg/24hr patch wk	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
clonidine 0.3 mg/24hr patch wk	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
clonidine hcl	1-Preferred Generics	
droxidopa (200 mg cap, 300 mg cap)	5-Specialty	PA, QL (180 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
droxidopa 100 mg cap	3-Preferred Brands	PA, QL (90 PER 30 DAYS)
midodrine hcl	3-Preferred Brands	
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate	2-Generics	
prazosin hcl	2-Generics	
terazosin hcl	1-Preferred Generics	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab)	6-Select Care	QL (60 PER 30 DAYS)
candesartan cilexetil 32 mg tab	6-Select Care	QL (30 PER 30 DAYS)
irbesartan (75 mg tab, 300 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
irbesartan 150 mg tab	6-Select Care	QL (60 PER 30 DAYS)
losartan potassium (25 mg tab, 50 mg tab)	6-Select Care	QL (60 PER 30 DAYS)
losartan potassium 100 mg tab	6-Select Care	QL (30 PER 30 DAYS)
olmesartan medoxomil (20 mg tab, 40 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
olmesartan medoxomil 5 mg tab	6-Select Care	QL (60 PER 30 DAYS)
telmisartan	6-Select Care	QL (30 PER 30 DAYS)
valsartan (40 mg tab, 80 mg tab, 160 mg tab)	6-Select Care	QL (60 PER 30 DAYS)
valsartan 320 mg tab	6-Select Care	QL (30 PER 30 DAYS)
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril hcl	6-Select Care	
captopril	6-Select Care	
enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	6-Select Care	
fosinopril sodium	6-Select Care	
lisinopril	6-Select Care	
moexipril hcl	6-Select Care	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)	6-Select Care	
quinapril hcl	6-Select Care	
ramipril	6-Select Care	
trandolapril	6-Select Care	
ANTIARRHYTHMICS		
amiodarone hcl (100 mg tab, 400 mg tab)	4-Non-Preferred Drugs	
amiodarone hcl 200 mg tab	2-Generics	
digoxin (125 mcg tab, 250 mcg tab)	2-Generics	QL (30 PER 30 DAYS)
digoxin 0.05 mg/ml solution	4-Non-Preferred Drugs	
dofetilide	4-Non-Preferred Drugs	
flecainide acetate	3-Preferred Brands	
MULTAQ	4-Non-Preferred Drugs	
pacerone (100 mg tab, 400 mg tab)	4-Non-Preferred Drugs	
pacerone 200 mg tab	2-Generics	
propafenone hcl	2-Generics	
propafenone hcl er	4-Non-Preferred Drugs	
quinidine sulfate	4-Non-Preferred Drugs	
sotalol hcl	2-Generics	
sotalol hcl (af)	2-Generics	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl	2-Generics	
atenolol	1-Preferred Generics	
bisoprolol fumarate (5 mg tab, 10 mg tab)	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
carvedilol	1-Preferred Generics	
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	2-Generics	
metoprolol succinate er	1-Preferred Generics	
metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)	1-Preferred Generics	
metoprolol tartrate (37.5 mg tab, 75 mg tab)	2-Generics	
nadolol	4-Non-Preferred Drugs	
nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	3-Preferred Brands	QL (30 PER 30 DAYS)
nebivolol hcl 20 mg tab	3-Preferred Brands	QL (60 PER 30 DAYS)
pindolol	4-Non-Preferred Drugs	
propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)	2-Generics	
propranolol hcl er	3-Preferred Brands	
timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)	4-Non-Preferred Drugs	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
amlodipine besylate	1-Preferred Generics	
felodipine er	2-Generics	
isradipine	4-Non-Preferred Drugs	
nicardipine hcl (20 mg cap, 30 mg cap)	4-Non-Preferred Drugs	
nifedipine er	3-Preferred Brands	
nifedipine er osmotic release	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
nimodipine 30 mg cap	4-Non-Preferred Drugs	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
cartia xt	2-Generics	
dilt-xr	2-Generics	
diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)	2-Generics	
diltiazem hcl er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)	2-Generics	
diltiazem hcl er (120 mg tab er 24h, 180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)	3-Preferred Brands	
diltiazem hcl er (60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h)	4-Non-Preferred Drugs	
diltiazem hcl er beads	2-Generics	
diltiazem hcl er coated beads	2-Generics	
matzim la	3-Preferred Brands	
tiadylt er	2-Generics	
verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)	1-Preferred Generics	
verapamil hcl er (100 mg cap er 24h, 200 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)	4-Non-Preferred Drugs	
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)	2-Generics	
CARDIOVASCULAR AGENTS, OTHER		
acetazolamide	3-Preferred Brands	
aliskiren fumarate	6-Select Care	QL (30 PER 30 DAYS)
amiloride-hydrochlorothiazide	2-Generics	
amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 10-20 mg cap)	6-Select Care	QL (60 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
amlodipine besy-benazepril hcl (5-40 mg cap, 10-40 mg cap)	6-Select Care	QL (30 PER 30 DAYS)
amlodipine besylate-valsartan	6-Select Care	QL (30 PER 30 DAYS)
amlodipine-atorvastatin	6-Select Care	QL (30 PER 30 DAYS)
amlodipine-olmesartan	6-Select Care	QL (30 PER 30 DAYS)
amlodipine-valsartan-hctz	1-Preferred Generics	QL (30 PER 30 DAYS)
atenolol-chlorthalidone	2-Generics	
benazepril-hydrochlorothiazide	6-Select Care	
bisoprolol-hydrochlorothiazide	2-Generics	
candesartan cilexetil-hctz (32-12.5 mg tab, 32-25 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
candesartan cilexetil-hctz 16-12.5 mg tab	6-Select Care	QL (60 PER 30 DAYS)
enalapril-hydrochlorothiazide	6-Select Care	
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	3-Preferred Brands	QL (240 PER 30 DAYS)
fosinopril sodium-hctz	6-Select Care	
irbesartan-hydrochlorothiazide 150-12.5 mg tab	6-Select Care	QL (60 PER 30 DAYS)
irbesartan-hydrochlorothiazide 300-12.5 mg tab	6-Select Care	QL (30 PER 30 DAYS)
ivabradine hcl	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
lisinopril-hydrochlorothiazide	6-Select Care	
losartan potassium-hctz (100-12.5 mg tab, 100-25 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
losartan potassium-hctz 50-12.5 mg tab	6-Select Care	QL (60 PER 30 DAYS)
metoprolol-hydrochlorothiazide	2-Generics	
metyrosine	5-Specialty	PA
NEXLETOL	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
olmesartan medoxomil-hctz	6-Select Care	QL (30 PER 30 DAYS)
olmesartan-amlodipine-hctz	6-Select Care	QL (30 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pentoxifylline er	2-Generics	
ranolazine er	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
sacubitril-valsartan	3-Preferred Brands	QL (60 PER 30 DAYS)
spironolactone-hctz	2-Generics	
telmisartan-amlodipine	6-Select Care	QL (30 PER 30 DAYS)
telmisartan-hctz (40-12.5 mg tab, 80-25 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
telmisartan-hctz 80-12.5 mg tab	6-Select Care	QL (60 PER 30 DAYS)
triamterene-hctz	1-Preferred Generics	
valsartan-hydrochlorothiazide	6-Select Care	QL (30 PER 30 DAYS)
VERQUVO	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
DIURETICS, LOOP		
bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)	3-Preferred Brands	
bumetanide 0.25 mg/ml solution	4-Non-Preferred Drugs	
furosemide (20 mg tab, 40 mg tab, 80 mg tab)	1-Preferred Generics	
FUROSEMIDE (8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	2-Generics	
torsemide	2-Generics	
DIURETICS, POTASSIUM-SPARING		
amiloride hcl	2-Generics	
eplerenone	3-Preferred Brands	
DIURETICS, THIAZIDE		
chlorthalidone	2-Generics	
hydrochlorothiazide	1-Preferred Generics	
indapamide	1-Preferred Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
metolazone	2-Generics	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
fenofibrate (48 mg tab, 54 mg tab, 145 mg tab, 160 mg tab)	2-Generics	
fenofibrate (67 mg cap, 134 mg cap, 200 mg cap)	3-Preferred Brands	
fenofibrate micronized (67 mg cap, 134 mg cap, 200 mg cap)	3-Preferred Brands	
gemfibrozil	2-Generics	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium (10 mg tab, 40 mg tab)	6-Select Care	QL (60 PER 30 DAYS)
atorvastatin calcium 20 mg tab	6-Select Care	QL (90 PER 30 DAYS)
atorvastatin calcium 80 mg tab	6-Select Care	QL (30 PER 30 DAYS)
fluvastatin sodium	6-Select Care	QL (60 PER 30 DAYS)
fluvastatin sodium er	6-Select Care	QL (30 PER 30 DAYS)
lovastatin (10 mg tab, 20 mg tab)	6-Select Care	QL (30 PER 30 DAYS)
lovastatin 40 mg tab	6-Select Care	QL (60 PER 30 DAYS)
pitavastatin calcium	6-Select Care	QL (30 PER 30 DAYS)
pravastatin sodium	6-Select Care	QL (30 PER 30 DAYS)
rosuvastatin calcium	6-Select Care	QL (30 PER 30 DAYS)
simvastatin	6-Select Care	QL (30 PER 30 DAYS)
DYSLIPIDEMICS, OTHER		
cholestyramine (4 gm packet, 4 gm/dose powder)	3-Preferred Brands	
cholestyramine light (4 gm packet, 4 gm/dose powder)	3-Preferred Brands	
colesevelam hcl	4-Non-Preferred Drugs	
colestipol hcl (5 gm granules, 5 gm packet)	4-Non-Preferred Drugs	
colestipol hcl 1 gm tab	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
ezetimibe	1-Preferred Generics	QL (30 PER 30 DAYS)
ezetimibe-simvastatin	6-Select Care	QL (30 PER 30 DAYS)
NEXLIZET	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
niacin er (antihyperlipidemic)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
omega-3-acid ethyl esters	3-Preferred Brands	QL (120 PER 30 DAYS)
prevalite (4 gm packet, 4 gm/dose powder)	3-Preferred Brands	
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)
spironolactone (25 mg tab, 50 mg tab, 100 mg tab)	1-Preferred Generics	
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
dapagliflozin propanediol	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		
hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1-Preferred Generics	
minoxidil	2-Generics	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
isosorbide mononitrate	2-Generics	
isosorbide mononitrate er	2-Generics	
NITRO-BID	3-Preferred Brands	
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)	2-Generics	
nitroglycerin 0.4 % ointment	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
nitroglycerin 0.4 mg/spray solution	4-Non-Preferred Drugs	

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

atomoxetine hcl (10 mg cap, 25 mg cap, 40 mg cap)	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
atomoxetine hcl 18 mg cap	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
dexmethylphenidate hcl	3-Preferred Brands	QL (60 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
guanfacine hcl er	2-Generics	QL (30 PER 30 DAYS)
methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)	3-Preferred Brands	QL (90 PER 30 DAYS)
methylphenidate hcl er (10 mg tab er, 20 mg tab er)	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO (9 MG TAB, 12 MG TAB)	5-Specialty	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TAB	5-Specialty	PA, QL (60 PER 30 DAYS)
AUSTEDO XR (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)
NUEDEXTA	5-Specialty	PA, QL (60 PER 30 DAYS)
riluzole	4-Non-Preferred Drugs	
tetrabenazine 12.5 mg tab	3-Preferred Brands	PA, QL (90 PER 30 DAYS)
tetrabenazine 25 mg tab	5-Specialty	PA, QL (120 PER 30 DAYS)
FIBROMYALGIA AGENTS		
DRIZALMA SPRINKLE	4-Non-Preferred Drugs	PA2, QL (60 PER 30 DAYS)
duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)	3-Preferred Brands	QL (60 PER 30 DAYS)
pregabalin (225 mg cap, 300 mg cap)	3-Preferred Brands	QL (60 PER 30 DAYS)
pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap)	3-Preferred Brands	QL (90 PER 30 DAYS)
pregabalin 20 mg/ml solution	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MULTIPLE SCLEROSIS AGENTS		
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)
dalfampridine er	3-Preferred Brands	QL (60 PER 30 DAYS)
dimethyl fumarate 120 mg cap dr	3-Preferred Brands	QL (60 PER 30 DAYS)
dimethyl fumarate 240 mg cap dr	5-Specialty	QL (60 PER 30 DAYS)
dimethyl fumarate starter pack	3-Preferred Brands	QL (120 PER 365 DAYS)
fingolimod hcl	5-Specialty	QL (30 PER 30 DAYS)
glatiramer acetate 20 mg/ml soln prsyr	5-Specialty	QL (30 PER 30 DAYS)
glatiramer acetate 40 mg/ml soln prsyr	5-Specialty	QL (12 PER 28 DAYS)
glatopa 20 mg/ml soln prsyr	5-Specialty	QL (30 PER 30 DAYS)
glatopa 40 mg/ml soln prsyr	5-Specialty	QL (12 PER 28 DAYS)
KESIMPTA	5-Specialty	PA, QL (1.2 PER 28 DAYS)
teriflunomide	5-Specialty	QL (30 PER 30 DAYS)
DENTAL AND ORAL AGENTS		
cevimeline hcl	4-Non-Preferred Drugs	
chlorhexidine gluconate	1-Preferred Generics	
kourzeq	3-Preferred Brands	
oralone	3-Preferred Brands	
periogard	1-Preferred Generics	
pilocarpine hcl (5 mg tab, 7.5 mg tab)	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
triamcinolone acetonide 0.1 % paste	3-Preferred Brands	

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

accutane	4-Non-Preferred Drugs	
acitretin	4-Non-Preferred Drugs	PA
amnesteem	4-Non-Preferred Drugs	
benzoyl peroxide-erythromycin	4-Non-Preferred Drugs	QL (46.6 PER 30 DAYS)
claravis	4-Non-Preferred Drugs	
isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	4-Non-Preferred Drugs	
metronidazole (0.75 % lotion, 1 % gel)	4-Non-Preferred Drugs	
sulfacetamide sodium (acne)	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
tazarotene 0.1 % cream	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)	4-Non-Preferred Drugs	PA, QL (45 PER 30 DAYS)
zenatane	4-Non-Preferred Drugs	

DERMATITIS AND PRURITUS AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fluocinolone acetonide scalp	4-Non-Preferred Drugs	QL (118.28 PER 30 DAYS)
fluocinonide (0.05 % gel, 0.05 % ointment)	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
fluocinonide 0.05 % cream	3-Preferred Brands	QL (120 PER 30 DAYS)
fluocinonide 0.05 % solution	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
fluocinonide emulsified base	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
fluticasone propionate (0.005 % ointment, 0.05 % cream)	2-Generics	
halobetasol propionate (0.05 % cream, 0.05 % ointment)	4-Non-Preferred Drugs	QL (50 PER 30 DAYS)
hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)	2-Generics	
hydrocortisone (perianal)	2-Generics	
hydrocortisone valerate 0.2 % cream	4-Non-Preferred Drugs	
hydrocortisone valerate 0.2 % ointment	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)	2-Generics	
pimecrolimus	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
procto-med hc	2-Generics	
proctosol hc	2-Generics	
proctozone-hc	2-Generics	
selenium sulfide 2.5 % lotion	2-Generics	
tacrolimus (0.03 % ointment, 0.1 % ointment)	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
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)	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
triderm	2-Generics	
DERMATOLOGICAL AGENTS, OTHER		
calcipotriene (0.005 % cream, 0.005 % ointment)	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
calcipotriene 0.005 % solution	3-Preferred Brands	QL (60 PER 30 DAYS)
calcitrene	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
clotrimazole-betamethasone 1-0.05 % cream	3-Preferred Brands	QL (45 PER 30 DAYS)
clotrimazole-betamethasone 1-0.05 % lotion	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
fluorouracil (2 % solution, 5 % solution)	3-Preferred Brands	QL (10 PER 30 DAYS)
fluorouracil 5 % cream	4-Non-Preferred Drugs	QL (80 PER 30 DAYS)
imiquimod 5 % cream	3-Preferred Brands	QL (24 PER 30 DAYS)
nystatin-triamcinolone	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
podofilox 0.5 % solution	4-Non-Preferred Drugs	
SANTYL	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
silver sulfadiazine	2-Generics	
ssd	2-Generics	
PEDICULICIDES/SCABICIDES		
malathion	4-Non-Preferred Drugs	
permethrin	3-Preferred Brands	
TOPICAL ANTI-INFECTIVES		
acyclovir 5 % ointment	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
ciclodan	3-Preferred Brands	QL (13.2 PER 30 DAYS)

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

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

carglumic acid	5-Specialty	PA
CLINIMIX/DEXTROSE (4.25/10)	4-Non-Preferred Drugs	PA3
CLINIMIX/DEXTROSE (4.25/5)	4-Non-Preferred Drugs	PA3
CLINIMIX/DEXTROSE (5/15)	4-Non-Preferred Drugs	PA3
CLINIMIX/DEXTROSE (5/20)	4-Non-Preferred Drugs	PA3
clinisol sf	4-Non-Preferred Drugs	PA3

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dextrose (5 % solution, 10 % solution, 50 % solution, 70 % solution)	4-Non-Preferred Drugs	
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)	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	
kcl (0.149%) in nacl	4-Non-Preferred Drugs	
kcl in dextrose-nacl (, 10-5-0.45 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)	4-Non-Preferred Drugs	
KCL-LACTATED RINGERS-D5W	4-Non-Preferred Drugs	
klor-con 10	2-Generics	
klor-con 20 meq packet	4-Non-Preferred Drugs	
klor-con 8 meq tab er	2-Generics	
klor-con m10	2-Generics	
klor-con m15	2-Generics	
klor-con m20	2-Generics	
MAGNESIUM SULFATE 50 % SOLUTION	3-Preferred Brands	
multiple electro type 1 ph 5.5	4-Non-Preferred Drugs	
multiple electro type 1 ph 7.4	4-Non-Preferred Drugs	
plenamine	4-Non-Preferred Drugs	PA3

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/100ML SOLUTION, 20 MEQ PACKET, 20 MEQ/100ML SOLUTION, 20 MEQ/15ML (10%) SOLUTION, 40 MEQ/100ML SOLUTION, 40 MEQ/15ML (20%) SOLUTION)	4-Non-Preferred Drugs	
potassium chloride crys er	2-Generics	
potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)	2-Generics	
potassium chloride in dextrose 20-5 meq/l-% solution	4-Non-Preferred Drugs	
potassium chloride in nacl	4-Non-Preferred Drugs	
potassium citrate er	3-Preferred Brands	
POTASSIUM CL IN DEXTROSE 5%	4-Non-Preferred Drugs	
PREMASOL	4-Non-Preferred Drugs	PA3
PROSOL	4-Non-Preferred Drugs	PA3
sodium chloride (0.45 % solution, 0.9 % solution, 3 % solution, 5 % solution)	4-Non-Preferred Drugs	
sodium chloride (pf)	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	
TPN ELECTROLYTES	4-Non-Preferred Drugs	PA3
TRAVASOL	4-Non-Preferred Drugs	PA3
TROPHAMINE	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
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET	5-Specialty	
deferasirox (125 mg tab sol, 180 mg tab, 360 mg tab)	4-Non-Preferred Drugs	PA
deferasirox (250 mg tab sol, 500 mg tab sol)	5-Specialty	PA
deferasirox 90 mg tab	3-Preferred Brands	PA
penicillamine 250 mg tab	5-Specialty	
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)	5-Specialty	PA
tolvaptan 15 mg tab (generic jynarque)	5-Specialty	PA
tolvaptan 30 mg tab (generic jynarque)	5-Specialty	PA
trientine hcl 250 mg cap	5-Specialty	QL (240 PER 30 DAYS)
POTASSIUM BINDERS		
kionex	3-Preferred Brands	
LOKELMA	3-Preferred Brands	QL (90 PER 30 DAYS)
sodium polystyrene sulfonate	3-Preferred Brands	
sps (sodium polystyrene sulf)	3-Preferred Brands	
VITAMINS		
levocarnitine (1 gm/10ml solution, 330 mg tab)	4-Non-Preferred Drugs	
levocarnitine sf	4-Non-Preferred Drugs	
PRENATAL VITAMIN ORAL TABLET	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
constulose	2-Generics	
enulose	2-Generics	
generlac	2-Generics	
lactulose (10 gm/15ml solution, 20 gm/30ml solution)	2-Generics	
lactulose encephalopathy	2-Generics	
LINZESS	3-Preferred Brands	QL (30 PER 30 DAYS)
lubiprostone	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		
alosetron hcl 0.5 mg tab	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
alosetron hcl 1 mg tab	5-Specialty	PA, QL (60 PER 30 DAYS)
diphenoxylate-atropine 2.5-0.025 mg tab	3-Preferred Brands	PA
loperamide hcl	2-Generics	
XERMELO	5-Specialty	PA, QL (84 PER 28 DAYS)
ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine hcl (10 mg cap, 20 mg tab)	2-Generics	PA
dicyclomine hcl 10 mg/5ml solution	4-Non-Preferred Drugs	PA
glycopyrrolate (1 mg tab, 2 mg tab)	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GASTROINTESTINAL AGENTS, OTHER		
CLENPIQ	4-Non-Preferred Drugs	
GATTEX	5-Specialty	PA
gavilyte-c	2-Generics	
gavilyte-g	2-Generics	
gavilyte-n with flavor pack	2-Generics	
na sulfate-k sulfate-mg sulf	4-Non-Preferred Drugs	
peg 3350-kcl-na bicarb-nacl	2-Generics	
peg-3350/electrolytes	2-Generics	
ursodiol (250 mg tab, 500 mg tab)	4-Non-Preferred Drugs	
ursodiol 300 mg cap	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)
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
famotidine (20 mg tab, 40 mg tab)	1-Preferred Generics	
famotidine 40 mg/5ml recon susp	4-Non-Preferred Drugs	
nizatidine 150 mg cap	4-Non-Preferred Drugs	
PROTECTANTS		
misoprostol	3-Preferred Brands	
sucralfate 1 gm tab	2-Generics	
sucralfate 1 gm/10ml suspension	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROTON PUMP INHIBITORS		
esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)	3-Preferred Brands	QL (60 PER 30 DAYS)
lansoprazole (15 mg cap dr, 30 mg cap dr)	3-Preferred Brands	QL (60 PER 30 DAYS)
omeprazole	1-Preferred Generics	QL (60 PER 30 DAYS)
pantoprazole sodium (20 mg tab dr, 40 mg tab dr)	1-Preferred Generics	QL (60 PER 30 DAYS)
rabeprazole sodium	3-Preferred Brands	QL (30 PER 30 DAYS)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
betaine	5-Specialty	
CERDELGA	5-Specialty	PA, QL (60 PER 30 DAYS)
CREON	3-Preferred Brands	
cromolyn sodium 100 mg/5ml conc	4-Non-Preferred Drugs	
CYSTAGON	4-Non-Preferred Drugs	
CYSTARAN	5-Specialty	PA, QL (60 PER 28 DAYS)
javygtor	5-Specialty	PA
l-glutamine	5-Specialty	PA, QL (180 PER 30 DAYS)
nitisinone	5-Specialty	
PROLASTIN-C	5-Specialty	PA
REVCOVI	5-Specialty	PA
sapropterin dihydrochloride	5-Specialty	PA
sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)	5-Specialty	PA
zelvysia	5-Specialty	PA
ZENPEP	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
fesoterodine fumarate er	3-Preferred Brands	QL (30 PER 30 DAYS)
GEMTESA	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
mirabegron er	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)
oxybutynin chloride (5 mg tab, 5 mg/5ml solution)	2-Generics	
oxybutynin chloride er	2-Generics	QL (60 PER 30 DAYS)
solifenacin succinate	2-Generics	QL (30 PER 30 DAYS)
tolterodine tartrate	3-Preferred Brands	QL (60 PER 30 DAYS)
tolterodine tartrate er	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
trospium chloride	2-Generics	QL (60 PER 30 DAYS)
trospium chloride er	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er	2-Generics	QL (30 PER 30 DAYS)
dutasteride	2-Generics	QL (30 PER 30 DAYS)
dutasteride-tamsulosin hcl	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
finasteride	1-Preferred Generics	QL (30 PER 30 DAYS)
silodosin	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
tadalafil	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
tamsulosin hcl	1-Preferred Generics	QL (60 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GENITOURINARY AGENTS, OTHER		
bethanechol chloride	3-Preferred Brands	
ELMIRON	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
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)	2-Generics	
dexamethasone sod phos +rfid	4-Non-Preferred Drugs	
dexamethasone sod phosphate pf	4-Non-Preferred Drugs	
dexamethasone sodium phosphate (4 mg/ml soln prsyr, 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)	4-Non-Preferred Drugs	
fludrocortisone acetate	2-Generics	
methylprednisolone (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)	3-Preferred Brands	
methylprednisolone 4 mg tab thpk	2-Generics	
methylprednisolone acetate	4-Non-Preferred Drugs	
methylprednisolone sodium succ	4-Non-Preferred Drugs	
prednisolone 15 mg/5ml solution	2-Generics	
prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 25 mg/5ml solution)	4-Non-Preferred Drugs	
prednisolone sodium phosphate 15 mg/5ml solution	2-Generics	
prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)	1-Preferred Generics	
prednisone (5 mg (21) tab thpk, 5 mg (48) tab thpk, 10 mg (21) tab thpk, 10 mg (48) tab thpk)	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
prednisone 5 mg/5ml solution	4-Non-Preferred Drugs	
PREDNISONE INTENSOL	4-Non-Preferred Drugs	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

desmopressin ace spray refrig	4-Non-Preferred Drugs	
desmopressin acetate (0.1 mg tab, 0.2 mg tab)	3-Preferred Brands	
desmopressin acetate 4 mcg/ml solution	4-Non-Preferred Drugs	
desmopressin acetate pf	4-Non-Preferred Drugs	
desmopressin acetate spray	4-Non-Preferred Drugs	
INCRELEX	5-Specialty	PA
NORDITROPIN FLEXPRO	5-Specialty	PA

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

ANDROGENS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dasetta 1/35	3-Preferred Brands	
dasetta 7/7/7	3-Preferred Brands	
delyla	2-Generics	
desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab	3-Preferred Brands	
desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab	2-Generics	
dolishale	2-Generics	
drospirenone-ethinyl estradiol	3-Preferred Brands	
elinest	2-Generics	
eluryng	3-Preferred Brands	
enilloring	3-Preferred Brands	
enskyce	2-Generics	
estarylla	3-Preferred Brands	
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)	3-Preferred Brands	QL (4 PER 28 DAYS)
estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)	2-Generics	
estradiol 0.01 % cream	3-Preferred Brands	
estradiol 10 mcg tab	4-Non-Preferred Drugs	
estradiol valerate	4-Non-Preferred Drugs	
ethynodiol diac-eth estradiol	2-Generics	
etonogestrel-ethinyl estradiol	3-Preferred Brands	
falmina	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
feirza 1.5/30	2-Generics	
feirza 1/20	2-Generics	
femynor	3-Preferred Brands	
fyavolv	3-Preferred Brands	
hailey 1.5/30	3-Preferred Brands	
hailey fe 1.5/30	2-Generics	
hailey fe 1/20	2-Generics	
haloette	3-Preferred Brands	
iclevia	3-Preferred Brands	
introvale	3-Preferred Brands	
isibloom	2-Generics	
jasmiel	3-Preferred Brands	
jinteli	3-Preferred Brands	
jolessa	3-Preferred Brands	
juleber	2-Generics	
junel 1.5/30	3-Preferred Brands	
junel 1/20	3-Preferred Brands	
junel fe 1.5/30	2-Generics	
junel fe 1/20	2-Generics	
kalliga	2-Generics	
kariva	3-Preferred Brands	
kelnor 1/35	2-Generics	
kelnor 1/50	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
kurvelo	3-Preferred Brands	
larin 1.5/30	3-Preferred Brands	
larin 1/20	3-Preferred Brands	
larin fe 1.5/30	2-Generics	
larin fe 1/20	2-Generics	
leena	3-Preferred Brands	
lessina	2-Generics	
levonest	2-Generics	
levonorg-eth estrad triphasic	2-Generics	
levonorgest-eth estrad 91-day 0.15-0.03 mg tab	3-Preferred Brands	
levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 90-20 mcg tab)	2-Generics	
levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab	3-Preferred Brands	
levora 0.15/30 (28)	3-Preferred Brands	
lo-zumandimine	3-Preferred Brands	
loestrin 1.5/30 (21)	3-Preferred Brands	
loestrin 1/20 (21)	3-Preferred Brands	
loestrin fe 1.5/30	2-Generics	
loestrin fe 1/20	2-Generics	
loryna	3-Preferred Brands	
low-ogestrel	2-Generics	
luizza 1.5/30	3-Preferred Brands	
luizza 1/20	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lutera	2-Generics	
marlissa	3-Preferred Brands	
microgestin 1.5/30	3-Preferred Brands	
microgestin 1/20	3-Preferred Brands	
microgestin fe 1.5/30	2-Generics	
microgestin fe 1/20	2-Generics	
mili	3-Preferred Brands	
mono-linyah	3-Preferred Brands	
necon 0.5/35 (28)	3-Preferred Brands	
nikki	3-Preferred Brands	
norelgestromin-eth estradiol	3-Preferred Brands	
norethin ace-eth estrad-fe (1-20 tab, 1.5-30 tab)	2-Generics	
norethindron-ethinyl estrad-fe	2-Generics	
norethindrone acet-ethinyl est	3-Preferred Brands	
norethindrone-eth estradiol	3-Preferred Brands	
norgestim-eth estrad triphasic	3-Preferred Brands	
norgestimate-eth estradiol	3-Preferred Brands	
nortrel 0.5/35 (28)	3-Preferred Brands	
nortrel 1/35 (21)	3-Preferred Brands	
nortrel 1/35 (28)	3-Preferred Brands	
nortrel 7/7/7	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
nylia 1/35	3-Preferred Brands	
nylia 7/7/7	3-Preferred Brands	
nymyo	3-Preferred Brands	
ocella	3-Preferred Brands	
philith	3-Preferred Brands	
pimtrea	3-Preferred Brands	
pirmella 1/35	3-Preferred Brands	
portia-28	3-Preferred Brands	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	4-Non-Preferred Drugs	
PREMARIN 0.625 MG/GM CREAM	3-Preferred Brands	
previfem	3-Preferred Brands	
reclipsen	2-Generics	
setlakin	3-Preferred Brands	
simliya	3-Preferred Brands	
sprintec 28	3-Preferred Brands	
sronyx	2-Generics	
syeda	3-Preferred Brands	
tarina fe 1/20 eq	2-Generics	
tilia fe	2-Generics	
tri femynor	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
tri-estarylla	3-Preferred Brands	
tri-legest fe	2-Generics	
tri-linyah	3-Preferred Brands	
tri-lo-estarylla	3-Preferred Brands	
tri-lo-marzia	3-Preferred Brands	
tri-lo-mili	3-Preferred Brands	
tri-lo-sprintec	3-Preferred Brands	
tri-mili	3-Preferred Brands	
tri-nymyo	3-Preferred Brands	
tri-sprintec	3-Preferred Brands	
tri-vylibra	3-Preferred Brands	
tri-vylibra lo	3-Preferred Brands	
turqoz	2-Generics	
valtya 1/35	2-Generics	
valtya 1/50	2-Generics	
velivet	2-Generics	
vestura	3-Preferred Brands	
vienva	2-Generics	
viorele	3-Preferred Brands	
volnea	3-Preferred Brands	
vyfemla	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
vylibra	3-Preferred Brands	
wera	3-Preferred Brands	
xarah fe	2-Generics	
xulane	3-Preferred Brands	
yuvafem	4-Non-Preferred Drugs	
zafemy	3-Preferred Brands	
zovia 1/35 (28)	2-Generics	
zumandimine	3-Preferred Brands	
PROGESTINS		
camila	3-Preferred Brands	
deblitane	3-Preferred Brands	
DEPO-SUBQ PROVERA 104	3-Preferred Brands	
emzahh	3-Preferred Brands	
errin	3-Preferred Brands	
gallifrey	3-Preferred Brands	
heather	3-Preferred Brands	
incassia	3-Preferred Brands	
jencycla	3-Preferred Brands	
LILETTA (52 MG)	3-Preferred Brands	
lyleq	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
lyza	3-Preferred Brands	
medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)	3-Preferred Brands	
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	2-Generics	
megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)	3-Preferred Brands	
megestrol acetate 625 mg/5ml suspension	4-Non-Preferred Drugs	
meleya	3-Preferred Brands	
NEXPLANON	3-Preferred Brands	
nora-be	3-Preferred Brands	
norethindrone	3-Preferred Brands	
norethindrone acetate	3-Preferred Brands	
norlyda	3-Preferred Brands	
norlyroc	3-Preferred Brands	
orquidea	3-Preferred Brands	
progesterone (100 mg cap, 200 mg cap)	3-Preferred Brands	
sharobel	3-Preferred Brands	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE	4-Non-Preferred Drugs	
raloxifene hcl	3-Preferred Brands	QL (30 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
levo-t	1-Preferred Generics	
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)	1-Preferred Generics	
levoxyl	3-Preferred Brands	
liomny	3-Preferred Brands	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	3-Preferred Brands	
REZDIFFRA	5-Specialty	PA, QL (30 PER 30 DAYS)
SYNTHROID	3-Preferred Brands	
unithroid	3-Preferred Brands	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline	3-Preferred Brands	
ELIGARD	4-Non-Preferred Drugs	PA3
FIRMAGON	4-Non-Preferred Drugs	PA3
FIRMAGON (240 MG DOSE)	5-Specialty	PA3
lanreotide acetate	5-Specialty	PA
leuprolide acetate	4-Non-Preferred Drugs	PA3
LUPRON DEPOT (1-MONTH)	5-Specialty	PA3
LUPRON DEPOT (3-MONTH)	5-Specialty	PA3
LUPRON DEPOT-PED (1-MONTH)	5-Specialty	PA3
LUPRON DEPOT-PED (3-MONTH)	5-Specialty	PA3

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUPRON DEPOT-PED (6-MONTH)	5-Specialty	PA3
mifepristone	5-Specialty	PA
octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution)	4-Non-Preferred Drugs	PA
octreotide acetate (500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)	5-Specialty	PA
SIGNIFOR	5-Specialty	PA
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	5-Specialty	PA
SOMAVERT	5-Specialty	PA
SYNAREL	5-Specialty	
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
methimazole	2-Generics	
propylthiouracil	3-Preferred Brands	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
HAEGARDA	5-Specialty	PA
icatibant acetate	5-Specialty	PA, QL (27 PER 30 DAYS)
sajazir	5-Specialty	PA, QL (27 PER 30 DAYS)
IMMUNOGLOBULINS		
BIVIGAM	5-Specialty	PA
FLEBOGAMMA DIF	5-Specialty	PA
GAMMAGARD	5-Specialty	PA
GAMMAGARD S/D LESS IGA	5-Specialty	PA
GAMMAKED	5-Specialty	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAMMAPLEX	5-Specialty	PA
GAMUNEX-C	5-Specialty	PA
OCTAGAM	5-Specialty	PA
PANZYGA	5-Specialty	PA
PRIVIGEN	5-Specialty	PA
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST	5-Specialty	PA
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	5-Specialty	PA
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	5-Specialty	PA, QL (8 PER 28 DAYS)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
IMMUNOSUPPRESSANTS		
azathioprine 50 mg tab	3-Preferred Brands	PA3
cyclosporine (25 mg cap, 100 mg cap)	4-Non-Preferred Drugs	PA3
cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)	4-Non-Preferred Drugs	PA3
ENBREL	5-Specialty	PA
ENBREL MINI	5-Specialty	PA
ENBREL SURECLICK	5-Specialty	PA
ENVARSUS XR	4-Non-Preferred Drugs	PA3
everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)	5-Specialty	PA3
everolimus 0.25 mg tab	3-Preferred Brands	PA3
gengraf (25 mg cap, 100 mg cap)	4-Non-Preferred Drugs	PA3
HADLIMA	5-Specialty	PA
HADLIMA PUSHTOUCH	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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 PREF SY KT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA 20 MG/0.2ML PREF SY KT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA 40 MG/0.4ML PREF SY KT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA-PSORIASIS/UVEIT STARTER	5-Specialty	PA
INFLECTRA	5-Specialty	PA3
leflunomide 10 mg tab	3-Preferred Brands	QL (30 PER 30 DAYS)
leflunomide 20 mg tab	3-Preferred Brands	QL (150 PER 30 DAYS)
methotrexate sodium (1 gm recon soln, 50 mg/2ml solution, 250 mg/10ml solution)	2-Generics	
methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)	2-Generics	
methotrexate sodium 2.5 mg tab	3-Preferred Brands	
mycophenolate mofetil (250 mg cap, 500 mg tab)	3-Preferred Brands	PA3
mycophenolate mofetil 200 mg/ml recon susp	5-Specialty	PA3
mycophenolate sodium	4-Non-Preferred Drugs	PA3
mycophenolic acid	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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REZUROCK	5-Specialty	PA, QL (30 PER 30 DAYS)
sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)	4-Non-Preferred Drugs	PA3
sirolimus 1 mg/ml solution	3-Preferred Brands	PA3
tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)	4-Non-Preferred Drugs	PA3
XATMEP	4-Non-Preferred Drugs	
VACCINES		
ABRYSVO	1-Preferred Generics	
ACTHIB	1-Preferred Generics	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ROTARIX	1-Preferred Generics	
ROTATEQ	1-Preferred Generics	
SHINGRIX	1-Preferred Generics	
TENIVAC	1-Preferred Generics	
TICOVAC	1-Preferred Generics	
TRUMENBA	1-Preferred Generics	
TWINRIX	1-Preferred Generics	
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		
balsalazide disodium	4-Non-Preferred Drugs	
mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 1000 mg suppos)	4-Non-Preferred Drugs	
mesalamine er 0.375 gm cap er 24h	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
mesalamine-cleanser	4-Non-Preferred Drugs	
sulfasalazine	2-Generics	
GLUCOCORTICOIDS		
budesonide 3 mg cp dr part	4-Non-Preferred Drugs	
budesonide er	5-Specialty	
hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)	3-Preferred Brands	
hydrocortisone 100 mg/60ml enema	4-Non-Preferred Drugs	
METABOLIC BONE DISEASE AGENTS		
alendronate sodium (35 mg tab, 70 mg tab)	1-Preferred Generics	QL (4 PER 28 DAYS)
alendronate sodium 10 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)
alendronate sodium 70 mg/75ml solution	4-Non-Preferred Drugs	
calcitonin (salmon) 200 unit/act solution	3-Preferred Brands	
calcitriol (0.25 mcg cap, 0.5 mcg cap)	2-Generics	
calcitriol oral soln 1 mcg/ml	4-Non-Preferred Drugs	
cinacalcet hcl (30 mg tab, 60 mg tab)	4-Non-Preferred Drugs	PA3, QL (60 PER 30 DAYS)
cinacalcet hcl 90 mg tab	3-Preferred Brands	PA3, QL (120 PER 30 DAYS)
ibandronate sodium 150 mg tab	2-Generics	QL (1 PER 30 DAYS)
paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)	4-Non-Preferred Drugs	
PROLIA	4-Non-Preferred Drugs	QL (1 PER 180 DAYS)
risedronate sodium (5 mg tab, 30 mg tab)	3-Preferred Brands	QL (30 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
risedronate sodium 150 mg tab	3-Preferred Brands	QL (1 PER 28 DAYS)
risedronate sodium 35 mg tab	3-Preferred Brands	QL (4 PER 28 DAYS)
risedronate sodium 35 mg tab dr	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
TERIPARATIDE 560 MCG/2.24ML SOLN PEN (ALVOGEN, NDC 47781065289)	5-Specialty	PA, QL (2.48 PER 28 DAYS)
WYOST	5-Specialty	PA
zoledronic acid (4 mg/5ml conc, 5 mg/100ml solution)	4-Non-Preferred Drugs	PA3
MISCELLANEOUS THERAPEUTIC AGENTS		
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/OWEN/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	
INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/EMBECTA/ULTIMED/ALLISON/TRIVIDIA/MHC)	2-Generics	
INTRALIPID	4-Non-Preferred Drugs	PA3
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD	2-Generics	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEEDLES, INSULIN DISP., SAFETY	2-Generics	PA
NUTRILIPID	4-Non-Preferred Drugs	PA3
sterile water for irrigation	4-Non-Preferred Drugs	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

ak-poly-bac	2-Generics	
atropine sulfate 1 % solution	3-Preferred Brands	
bacitra-neomycin-polymyxin-hc	3-Preferred Brands	
bacitracin-polymyxin b	2-Generics	
COMBIGAN	3-Preferred Brands	
dorzolamide hcl-timolol mal	2-Generics	
MIEBO	3-Preferred Brands	QL (3 PER 30 DAYS)
neo-polycin	3-Preferred Brands	
neo-polycin hc	3-Preferred Brands	
neomycin-bacitracin zn-polymyx	3-Preferred Brands	
neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)	2-Generics	
neomycin-polymyxin-gramicidin	3-Preferred Brands	
neomycin-polymyxin-hc 3.5-10000-1 suspension	4-Non-Preferred Drugs	
polycin	2-Generics	
RESTASIS	3-Preferred Brands	QL (60 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RESTASIS MULTIDOSE	3-Preferred Brands	QL (5.5 PER 28 DAYS)
ROCKLATAN	4-Non-Preferred Drugs	
sulfacetamide-prednisolone	2-Generics	
TOBRADEX 0.3-0.1 % OINTMENT	3-Preferred Brands	
tobramycin-dexamethasone	3-Preferred Brands	
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		
azelastine hcl 0.05 % solution	2-Generics	
cromolyn sodium 4 % solution	2-Generics	
OPHTHALMIC ANTI-INFECTIVES		
bacitracin	3-Preferred Brands	
erythromycin 5 mg/gm ointment	2-Generics	
gatifloxacin	3-Preferred Brands	
gentamicin sulfate 0.3 % solution	2-Generics	
moxifloxacin hcl 0.5 % solution	3-Preferred Brands	
ofloxacin 0.3 % solution	2-Generics	
polymyxin b-trimethoprim	2-Generics	
sulfacetamide sodium (10 % ointment, 10 % solution)	3-Preferred Brands	
tobramycin 0.3 % solution	2-Generics	
trifluridine	4-Non-Preferred Drugs	
ZIRGAN	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
OPHTHALMIC ANTI-INFLAMMATORIES		
bromfenac sodium 0.07 % solution	4-Non-Preferred Drugs	
dexamethasone sodium phosphate 0.1 % solution	3-Preferred Brands	
diclofenac sodium 0.1 % solution	2-Generics	QL (90 PER 30 DAYS)
difluprednate	4-Non-Preferred Drugs	
EYSUVIS	4-Non-Preferred Drugs	
fluorometholone	3-Preferred Brands	
flurbiprofen sodium	3-Preferred Brands	
ketorolac tromethamine 0.4 % solution	3-Preferred Brands	
ketorolac tromethamine 0.5 % solution	2-Generics	
LOTEMAX 0.5 % OINTMENT	3-Preferred Brands	
loteprednol etabonate (0.5 % gel, 0.5 % suspension)	4-Non-Preferred Drugs	
prednisolone acetate	3-Preferred Brands	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	3-Preferred Brands	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
betaxolol hcl 0.5 % solution	3-Preferred Brands	
carteolol hcl	2-Generics	
levobunolol hcl	2-Generics	
timolol maleate (0.25 % gel f soln, 0.5 % gel f soln)	4-Non-Preferred Drugs	
timolol maleate (0.25 % solution, 0.5 % solution)	1-Preferred Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
acetazolamide er	3-Preferred Brands	
brimonidine tartrate 0.1 % solution	3-Preferred Brands	
brimonidine tartrate 0.15 % solution	4-Non-Preferred Drugs	
brimonidine tartrate 0.2 % solution	2-Generics	
brinzolamide	4-Non-Preferred Drugs	
dorzolamide hcl	2-Generics	
methazolamide	4-Non-Preferred Drugs	
pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)	3-Preferred Brands	
RHOPRESSA	4-Non-Preferred Drugs	
SIMBRINZA	4-Non-Preferred Drugs	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
latanoprost	1-Preferred Generics	
LUMIGAN	3-Preferred Brands	
travoprost (bak free)	4-Non-Preferred Drugs	
VYZULTA	4-Non-Preferred Drugs	
OTIC AGENTS		
acetic acid 2 % solution	2-Generics	
ciprofloxacin-dexamethasone	4-Non-Preferred Drugs	
flac	4-Non-Preferred Drugs	
fluocinolone acetonide 0.01 % oil	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
hydrocortisone-acetic acid	4-Non-Preferred Drugs	
neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution)	3-Preferred Brands	

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ARNUITY ELLIPTA	3-Preferred Brands	QL (30 PER 30 DAYS)
budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)	4-Non-Preferred Drugs	PA3
flunisolide	3-Preferred Brands	QL (50 PER 30 DAYS)
fluticasone propionate 50 mcg/act suspension	2-Generics	QL (16 PER 30 DAYS)
fluticasone propionate diskus (50 mcg/act aer pow ba, 100 mcg/act aer pow ba)	3-Preferred Brands	QL (120 PER 30 DAYS)
fluticasone propionate diskus 250 mcg/act aer pow ba	3-Preferred Brands	QL (240 PER 30 DAYS)
fluticasone propionate hfa (110 mcg/act aerosol, 220 mcg/act aerosol)	3-Preferred Brands	QL (24 PER 30 DAYS)
fluticasone propionate hfa 44 mcg/act aerosol	3-Preferred Brands	QL (22 PER 30 DAYS)
mometasone furoate 50 mcg/act suspension	4-Non-Preferred Drugs	QL (34 PER 30 DAYS)
PULMICORT FLEXHALER	4-Non-Preferred Drugs	QL (2 PER 30 DAYS)

ANTIHISTAMINES

azelastine hcl (0.1 % solution, 137 mcg/spray solution)	2-Generics	QL (30 PER 25 DAYS)
cetirizine hcl	2-Generics	
cyproheptadine hcl 4 mg tab	4-Non-Preferred Drugs	PA
desloratadine 5 mg tab	3-Preferred Brands	QL (30 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
diphenhydramine hcl 50 mg/ml solution	4-Non-Preferred Drugs	
hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)	3-Preferred Brands	PA
hydroxyzine hcl 10 mg/5ml syrup	4-Non-Preferred Drugs	PA
levocetirizine dihydrochloride 5 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)
promethazine hcl (6.25 mg/5ml solution, 12.5 mg/10ml solution)	4-Non-Preferred Drugs	PA
ANTILEUKOTRIENES		
montelukast sodium (4 mg chew tab, 5 mg chew tab)	2-Generics	QL (30 PER 30 DAYS)
montelukast sodium 10 mg tab	1-Preferred Generics	QL (30 PER 30 DAYS)
montelukast sodium 4 mg packet	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
zafirlukast	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	4-Non-Preferred Drugs	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	3-Preferred Brands	QL (30 PER 30 DAYS)
ipratropium bromide 0.02 % solution	2-Generics	PA3
ipratropium bromide 0.03 % solution	2-Generics	QL (30 PER 28 DAYS)
ipratropium bromide 0.06 % solution	2-Generics	QL (45 PER 30 DAYS)
SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN	4-Non-Preferred Drugs	QL (4 PER 30 DAYS)
tiotropium bromide 18 mcg cap (generic spiriva handihaler)	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
YUPELRI	5-Specialty	PA3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BRONCHODILATORS, SYMPATHOMIMETIC		
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)	2-Generics	PA3
albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)	4-Non-Preferred Drugs	
albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proair)	3-Preferred Brands	QL (17 PER 30 DAYS)
albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proventil)	3-Preferred Brands	QL (13.4 PER 30 DAYS)
albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic ventolin)	3-Preferred Brands	QL (36 PER 30 DAYS)
arformoterol tartrate	4-Non-Preferred Drugs	PA3
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)	3-Preferred Brands	QL (4 PER 30 DAYS)
formoterol fumarate	4-Non-Preferred Drugs	PA3
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)	4-Non-Preferred Drugs	PA3
levalbuterol tartrate	3-Preferred Brands	QL (30 PER 30 DAYS)
SEREVENT DISKUS	3-Preferred Brands	QL (60 PER 30 DAYS)
terbutaline sulfate (2.5 mg tab, 5 mg tab)	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)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
tobramycin 300 mg/5ml nebu soln	5-Specialty	PA3, QL (300 PER 30 DAYS)
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	5-Specialty	PA, QL (84 PER 28 DAYS)
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	5-Specialty	PA, QL (56 PER 28 DAYS)
MAST CELL STABILIZERS		
cromolyn sodium 20 mg/2ml nebu soln	3-Preferred Brands	PA3
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
roflumilast	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
theophylline er (300 mg tab er 12h, 450 mg tab er 12h)	4-Non-Preferred Drugs	
theophylline er (400 mg tab er 24h, 600 mg tab er 24h)	3-Preferred Brands	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS	5-Specialty	PA, QL (90 PER 30 DAYS)
alyq	5-Specialty	PA, QL (60 PER 30 DAYS)
ambrisentan	5-Specialty	PA, QL (30 PER 30 DAYS)
bosentan (62.5 mg tab, 125 mg tab)	5-Specialty	PA, QL (60 PER 30 DAYS)
OPSUMIT	5-Specialty	PA, QL (30 PER 30 DAYS)
sildenafil citrate 20 mg tab	3-Preferred Brands	PA, QL (90 PER 30 DAYS)
tadalafil (pah)	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)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UPTRAVI 200 MCG TAB	5-Specialty	PA, QL (150 PER 30 DAYS)
WINREVAIR	5-Specialty	PA
PULMONARY FIBROSIS AGENTS		
OFEV	5-Specialty	PA, QL (60 PER 30 DAYS)
pirfenidone (267 mg cap, 267 mg tab)	5-Specialty	PA, QL (270 PER 30 DAYS)
pirfenidone (534 mg tab, 801 mg tab)	5-Specialty	PA, QL (90 PER 30 DAYS)
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine (10 % solution, 20 % solution)	3-Preferred Brands	PA3
ADVAIR HFA	3-Preferred Brands	QL (12 PER 30 DAYS)
ANORO ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
BEVESPI AEROSPHERE	3-Preferred Brands	QL (10.7 PER 30 DAYS)
BREO ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
breyna	3-Preferred Brands	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE	3-Preferred Brands	QL (10.7 PER 30 DAYS)
budesonide-formoterol fumarate	3-Preferred Brands	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT	4-Non-Preferred Drugs	QL (4 PER 30 DAYS)
FASENRA	5-Specialty	PA
FASENRA PEN	5-Specialty	PA
fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	3-Preferred Brands	QL (60 PER 30 DAYS)
ipratropium-albuterol	2-Generics	PA3
TRELEGY ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
wixela inhub	3-Preferred Brands	QL (60 PER 30 DAYS)
SKELETAL MUSCLE RELAXANTS		
BOTOX	4-Non-Preferred Drugs	PA
cyclobenzaprine hcl (5 mg tab, 10 mg tab)	2-Generics	PA, QL (90 PER 30 DAYS)
methocarbamol (500 mg tab, 750 mg tab)	2-Generics	
XEOMIN	4-Non-Preferred Drugs	PA
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
doxepin hcl (3 mg tab, 6 mg tab)	3-Preferred Brands	QL (30 PER 30 DAYS)
eszopiclone	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
ramelteon	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
tasimelteon	5-Specialty	PA, QL (30 PER 30 DAYS)
temazepam (15 mg cap, 30 mg cap)	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
zaleplon 10 mg cap	3-Preferred Brands	PA, QL (60 PER 30 DAYS)
zaleplon 5 mg cap	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
zolpidem tartrate 10 mg tab	2-Generics	PA, QL (30 PER 30 DAYS)
zolpidem tartrate 5 mg tab	2-Generics	QL (30 PER 30 DAYS)
WAKEFULNESS PROMOTING AGENTS		
armodafinil	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
modafinil 100 mg tab	3-Preferred Brands	PA, QL (30 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
modafinil 200 mg tab	3-Preferred Brands	PA, QL (60 PER 30 DAYS)
SODIUM OXYBATE	5-Specialty	PA, QL (540 PER 30 DAYS)

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