



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

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

Jefferson Health Plans

2025 Value Formulary

(List of Covered Drugs or “Drug List”)

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

Formulary ID 25398, Version 21

This formulary was updated on 11/01/2025. 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 Giveback (HMO), Flex (PPO), Choice Plus (PPO), and Choice (PPO).

This document includes list of the drugs (formulary) for our plan which is current as of 11/01/2025. 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, 2025, and from time to time during the year.

What is the Jefferson Health Plans Value 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’ Value 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, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. 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’ Value Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 11/01/2025. 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 111. 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 physician to get prior authorization for certain drugs. This means that you will need to get approval from Jefferson Health Plans before you fill your prescriptions. If you don’t get approval, Jefferson Health Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, Jefferson Health Plans limits the amount of the drug that Jefferson Health Plans will cover. For example, Jefferson Health Plans provides 60 tablets per prescription for atorvastatin 10 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Jefferson Health Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Jefferson Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Jefferson Health Plans will then cover Drug B.

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

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

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Jefferson Health Plans' Value 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, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You or your prescriber should contact us to ask for a tiering or, 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 back to standard Medicare Part A and B coverage
- Ending a long-term care stay and returning to the community
- Discharges from chronic psychiatric hospitals with highly individualized drug regimens

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

For more information

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

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

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

Jefferson Health Plans Value 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 111.

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

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

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

Drug Tier	Retail Cost-Sharing (30-day supply)
1 – Preferred Generics	\$0
2 – Generic Flex, Choice Plus, Choice Giveback	\$5 \$10
3 – Preferred Brand[†] Giveback Flex, Choice Plus, Choice	20% 25%
4 – Non-Preferred Drugs[†] Giveback, Choice Flex, Choice Plus	35% 40%
5 – Specialty[†] Flex, Choice Plus, Choice Giveback	33% 25%

* 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 Giveback (HMO) plan will pay a yearly deductible of \$590 on Tier 3, 4, & 5 drugs. The Deductible Stage is the first payment stage for your drug coverage. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines. You must pay the full cost of your Tier 3, 4, & 5 drugs until you reach the plan's deductible amount. For all other drugs, you will not have to pay any deductible.

Category Listing

ANALGESICS.....	2
ANESTHETICS.....	5
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS.....	5
ANTIBACTERIALS.....	6
ANTICONVULSANTS.....	12
ANTIDEMENTIA AGENTS.....	17
ANTIDEPRESSANTS.....	18
ANTIEMETICS.....	21
ANTIFUNGALS.....	22
ANTIGOUT AGENTS.....	23
ANTIMIGRAINE AGENTS.....	24
ANTIMYASTHENIC AGENTS.....	25
ANTIMYCOBACTERIALS.....	25
ANTINEOPLASTICS.....	25
ANTIPARASITICS.....	35
ANTIPARKINSON AGENTS.....	36
ANTIPSYCHOTICS.....	38
ANTISPASTICITY AGENTS.....	42
ANTIVIRALS.....	42
ANXIOLYTICS.....	47
BIPOLAR AGENTS.....	48
BLOOD GLUCOSE REGULATORS.....	49
BLOOD PRODUCTS AND MODIFIERS.....	53
CARDIOVASCULAR AGENTS.....	55
CENTRAL NERVOUS SYSTEM AGENTS.....	65
DENTAL AND ORAL AGENTS.....	67
DERMATOLOGICAL AGENTS.....	67
ELECTROLYTES/MINERALS/METALS/VITAMINS.....	72
GASTROINTESTINAL AGENTS.....	75
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT.....	77
GENITOURINARY AGENTS.....	78
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL).....	79
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY).....	80
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS).....	80
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID).....	90
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY).....	90
HORMONAL AGENTS, SUPPRESSANT (THYROID).....	91

IMMUNOLOGICAL AGENTS.....	91
INFLAMMATORY BOWEL DISEASE AGENTS.....	98
METABOLIC BONE DISEASE AGENTS.....	98
MISCELLANEOUS THERAPEUTIC AGENTS.....	99
OPHTHALMIC AGENTS.....	100
OTIC AGENTS.....	104
RESPIRATORY TRACT/PULMONARY AGENTS.....	104
SKELETAL MUSCLE RELAXANTS.....	109
SLEEP DISORDER AGENTS.....	110

LEGEND

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

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

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

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

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

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

OPIOID ANALGESICS, LONG-ACTING

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

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)</i>	2-Generics	QL (2700 PER 30 DAYS)
<i>acetaminophen-codeine 300-15 mg tab</i>	2-Generics	QL (390 PER 30 DAYS)
<i>acetaminophen-codeine 300-30 mg tab</i>	2-Generics	QL (360 PER 30 DAYS)
<i>acetaminophen-codeine 300-60 mg tab</i>	2-Generics	QL (180 PER 30 DAYS)
<i>butorphanol tartrate 10 mg/ml solution</i>	4-Non-Preferred Drugs	QL (5 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>	3-Preferred Brands	QL (360 PER 30 DAYS)
<i>endocet 10-325 mg tab</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>endocet 7.5-325 mg tab</i>	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i>	4-Non-Preferred Drugs	QL (2700 PER 30 DAYS)
<i>hydrocodone-acetaminophen 10-325 mg tab</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	3-Preferred Brands	QL (360 PER 30 DAYS)
<i>hydrocodone-acetaminophen 7.5-325 mg tab</i>	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>hydromorphone hcl 1 mg/ml liquid</i>	4-Non-Preferred Drugs	QL (1500 PER 30 DAYS)
<i>morphine sulfate (10 mg/5ml solution, 20 mg/5ml solution)</i>	3-Preferred Brands	QL (900 PER 30 DAYS)
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>morphine sulfate (concentrate)</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>oxycodone hcl (5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>oxycodone hcl 100 mg/5ml conc</i>	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
<i>oxycodone hcl 5 mg/5ml solution</i>	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	3-Preferred Brands	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen 10-325 mg tab</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>tramadol hcl 50 mg tab</i>	2-Generics	QL (240 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tramadol-acetaminophen</i>	3-Preferred Brands	QL (240 PER 30 DAYS)
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine 5 % ointment</i>	4-Non-Preferred Drugs	QL (50 PER 30 DAYS)
<i>lidocaine 5 % patch</i>	4-Non-Preferred Drugs	PA, QL (90 PER 30 DAYS)
<i>lidocaine viscous hcl</i>	2-Generics	
<i>lidocaine-prilocaine</i>	2-Generics	QL (30 PER 30 DAYS)
<i>lidocan</i>	4-Non-Preferred Drugs	PA, QL (90 PER 30 DAYS)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium</i>	4-Non-Preferred Drugs	
<i>disulfiram</i>	3-Preferred Brands	
<i>naltrexone hcl</i>	2-Generics	
VIVITROL	5-Specialty	
OPIOID DEPENDENCE		
<i>buprenorphine hcl 2 mg sl tab</i>	2-Generics	QL (90 PER 30 DAYS)
<i>buprenorphine hcl 8 mg sl tab</i>	2-Generics	QL (60 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 4-1 mg film, 8-2 mg film)</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	2-Generics	QL (120 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl 8-2 mg sl tab</i>	2-Generics	QL (90 PER 30 DAYS)

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

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

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

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

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

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

BETA-LACTAM, CEPHALOSPORINS

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

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

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

BETA-LACTAM, PENICILLINS

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

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

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

CARBAPENEMS

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

MACROLIDES

<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp)</i>	3-Preferred Brands	
<i>azithromycin (250 mg tab, 500 mg tab, 600 mg tab)</i>	2-Generics	

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

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

QUINOLONES

BESIVANCE	4-Non-Preferred Drugs	
CILOXAN	4-Non-Preferred Drugs	
<i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	2-Generics	
<i>ciprofloxacin in d5w 200 mg/100ml solution</i>	4-Non-Preferred Drugs	
<i>ciprofloxacin in d5w 400 mg/200ml solution</i>	4-Non-Preferred Drugs	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	2-Generics	
<i>levofloxacin in d5w</i>	4-Non-Preferred Drugs	
<i>levofloxacin oral soln 25 mg/ml</i>	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>moxifloxacin hcl 400 mg tab</i>	4-Non-Preferred Drugs	
<i>moxifloxacin hcl in nacl</i>	4-Non-Preferred Drugs	

SULFONAMIDES

<i>sulfadiazine</i>	4-Non-Preferred Drugs	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 800- 160 mg/20ml suspension)</i>	3-Preferred Brands	
<i>sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)</i>	1-Preferred Generics	

TETRACYCLINES

<i>doxy 100</i>	4-Non-Preferred Drugs	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	2-Generics	
<i>doxycycline hyclate 100 mg recon soln</i>	4-Non-Preferred Drugs	
<i>doxycycline monohydrate (50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)</i>	2-Generics	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	4-Non-Preferred Drugs	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	2-Generics	
<i>mondoxyne nl</i>	2-Generics	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	4-Non-Preferred Drugs	

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>perampanel 2 mg tab</i>	4-Non-Preferred Drugs	PA2, QL (30 PER 30 DAYS)
<i>roweepra</i>	2-Generics	
SPRITAM	4-Non-Preferred Drugs	ST
<i>topiramate (15 mg cap sprinkle, 25 mg cap sprinkle, 50 mg cap sprinkle)</i>	3-Preferred Brands	
<i>topiramate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2-Generics	
<i>valproate sodium</i>	4-Non-Preferred Drugs	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	3-Preferred Brands	

CALCIUM CHANNEL MODIFYING AGENTS

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

GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS

<i>clobazam (10 mg tab, 20 mg tab)</i>	4-Non-Preferred Drugs	PA2, QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	4-Non-Preferred Drugs	PA2, QL (480 PER 30 DAYS)
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	4-Non-Preferred Drugs	
<i>gabapentin (100 mg cap, 600 mg tab)</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	4-Non-Preferred Drugs	QL (2160 PER 30 DAYS)
<i>gabapentin 300 mg cap</i>	3-Preferred Brands	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg cap</i>	3-Preferred Brands	QL (270 PER 30 DAYS)
<i>gabapentin 800 mg tab</i>	3-Preferred Brands	QL (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
LIBERVANT	5-Specialty	PA2, QL (10 PER 30 DAYS)
NAYZILAM	4-Non-Preferred Drugs	PA2, QL (10 PER 30 DAYS)
<i>phenobarbital (15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	3-Preferred Brands	
<i>phenobarbital (20 mg/5ml elixir, 30 mg/7.5ml elixir, 60 mg/15ml elixir)</i>	4-Non-Preferred Drugs	
<i>primidone</i>	2-Generics	
SYMPAZAN	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>tiagabine hcl</i>	4-Non-Preferred Drugs	
VALTOCO 10 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 15 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 20 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
VALTOCO 5 MG DOSE	5-Specialty	PA2, QL (10 PER 30 DAYS)
<i>vigabatrin</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)
<i>vigadrone</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)
VIGAFYDE	5-Specialty	QL (900 PER 30 DAYS)
<i>vigpoder</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)
ZTALMY	5-Specialty	PA2, QL (1100 PER 30 DAYS)

SODIUM CHANNEL AGENTS

APTIOM (200 MG TAB, 400 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
APTIOM (600 MG TAB, 800 MG TAB)	5-Specialty	QL (60 PER 30 DAYS)
<i>carbamazepine (100 mg chew tab, 200 mg chew tab, 200 mg tab)</i>	2-Generics	
<i>carbamazepine (100 mg/5ml suspension, 200 mg/10ml suspension)</i>	4-Non-Preferred Drugs	
<i>carbamazepine er</i>	3-Preferred Brands	
DILANTIN	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
DILANTIN INFATABS	4-Non-Preferred Drugs	
<i>epitol</i>	2-Generics	
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	4-Non-Preferred Drugs	QL (1200 PER 30 DAYS)
<i>lacosamide (100 mg tab, 150 mg tab, 200 mg tab)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>lacosamide 200 mg/20ml solution</i>	4-Non-Preferred Drugs	
<i>lacosamide 50 mg tab</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>	3-Preferred Brands	
<i>oxcarbazepine 300 mg/5ml suspension</i>	4-Non-Preferred Drugs	
<i>phenytek</i>	4-Non-Preferred Drugs	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	2-Generics	
<i>phenytoin infatabs</i>	2-Generics	
<i>phenytoin sodium</i>	4-Non-Preferred Drugs	
<i>phenytoin sodium extended</i>	2-Generics	
<i>rufinamide 200 mg tab</i>	4-Non-Preferred Drugs	PA2, QL (480 PER 30 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	5-Specialty	PA2, QL (2760 PER 30 DAYS)
<i>rufinamide 400 mg tab</i>	5-Specialty	PA2, QL (240 PER 30 DAYS)
XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	5-Specialty	PA2, QL (28 PER 28 DAYS)
XCOPRI (150 MG TAB, 200 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
XCOPRI (250 MG DAILY DOSE)	5-Specialty	PA2, QL (56 PER 28 DAYS)
XCOPRI (350 MG DAILY DOSE)	5-Specialty	PA2, QL (56 PER 28 DAYS)
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	4-Non-Preferred Drugs	PA2, QL (28 PER 28 DAYS)
ZONISADE	5-Specialty	QL (900 PER 30 DAYS)
<i>zonisamide</i>	2-Generics	

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

NAMZARIC	4-Non-Preferred Drugs
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CHOLINESTERASE INHIBITORS

<i>donepezil hcl (5 mg tab disp, 10 mg tab disp)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>donepezil hcl (5 mg tab, 10 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>galantamine hydrobromide 4 mg/ml solution</i>	4-Non-Preferred Drugs	QL (360 PER 30 DAYS)
<i>galantamine hydrobromide er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>rivastigmine</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>rivastigmine tartrate</i>	3-Preferred Brands	QL (60 PER 30 DAYS)

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>memantine hcl er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
AUVELITY	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>bupropion hcl</i>	2-Generics	QL (120 PER 30 DAYS)
<i>bupropion hcl er (sr)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>mirtazapine (7.5 mg tab, 45 mg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>mirtazapine 15 mg tab</i>	2-Generics	QL (90 PER 30 DAYS)
<i>mirtazapine 15 mg tab disp</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>mirtazapine 30 mg tab</i>	2-Generics	QL (60 PER 30 DAYS)
<i>mirtazapine 30 mg tab disp</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>mirtazapine 45 mg tab disp</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
ZURZUVAE (20 MG CAP, 25 MG CAP)	5-Specialty	PA2, QL (60 PER 30 DAYS)
ZURZUVAE 30 MG CAP	5-Specialty	PA2, QL (30 PER 30 DAYS)
MONOAMINE OXIDASE INHIBITORS		
EMSAM	5-Specialty	PA2, QL (30 PER 30 DAYS)
MARPLAN	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
<i>phenelzine sulfate</i>	3-Preferred Brands	
<i>tranylcypromine sulfate</i>	4-Non-Preferred Drugs	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide (10 mg/5ml solution, 20 mg/10ml solution)</i>	3-Preferred Brands	QL (600 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>citalopram hydrobromide (20 mg tab, 40 mg tab)</i>	1-Preferred Generics	QL (45 PER 30 DAYS)
<i>citalopram hydrobromide 10 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>desvenlafaxine succinate er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>escitalopram oxalate (5 mg/5ml solution, 10 mg/10ml solution)</i>	4-Non-Preferred Drugs	QL (600 PER 30 DAYS)
<i>escitalopram oxalate 10 mg tab</i>	1-Preferred Generics	QL (45 PER 30 DAYS)
<i>escitalopram oxalate 20 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>escitalopram oxalate 5 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
FETZIMA	4-Non-Preferred Drugs	PA2, QL (30 PER 30 DAYS)
FETZIMA TITRATION	4-Non-Preferred Drugs	PA2, QL (28 PER 28 DAYS)
<i>fluoxetine hcl 10 mg cap</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 20 mg cap</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg/5ml solution</i>	3-Preferred Brands	
<i>fluoxetine hcl 40 mg cap</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>fluoxetine hcl 90 mg cap dr</i>	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
<i>fluvoxamine maleate</i>	2-Generics	QL (90 PER 30 DAYS)
<i>nefazodone hcl</i>	4-Non-Preferred Drugs	
<i>paroxetine hcl (10 mg tab, 20 mg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>paroxetine hcl (30 mg tab, 40 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5ml suspension</i>	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RALDESY	5-Specialty	PA2, QL (1200 PER 30 DAYS)
<i>sertraline hcl (25 mg tab, 50 mg tab)</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>sertraline hcl 100 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>sertraline hcl 20 mg/ml conc</i>	4-Non-Preferred Drugs	QL (300 PER 30 DAYS)
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>	1-Preferred Generics	
<i>trazodone hcl 300 mg tab</i>	2-Generics	
TRINTELLIX	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>venlafaxine hcl</i>	2-Generics	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h)</i>	2-Generics	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap er 24h</i>	2-Generics	QL (60 PER 30 DAYS)
<i>vilazodone hcl</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

TRICYCLICS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nortriptyline hcl 10 mg/5ml solution</i>	4-Non-Preferred Drugs	
<i>protriptyline hcl</i>	4-Non-Preferred Drugs	
<i>trimipramine maleate</i>	4-Non-Preferred Drugs	

ANTIEMETICS

ANTIEMETICS, OTHER

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

EMETOGENIC THERAPY ADJUNCTS

<i>aprepitant</i>	4-Non-Preferred Drugs	PA3
<i>dronabinol</i>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
<i>granisetron hcl 1 mg tab</i>	4-Non-Preferred Drugs	PA3, QL (60 PER 30 DAYS)
<i>ondansetron 4 mg tab disp</i>	3-Preferred Brands	PA3, QL (180 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ondansetron 8 mg tab disp</i>	3-Preferred Brands	PA3, QL (90 PER 30 DAYS)
<i>ondansetron hcl (4 mg/2ml soln prsy, 4 mg/2ml solution, 40 mg/20ml solution)</i>	4-Non-Preferred Drugs	
<i>ondansetron hcl +rfid</i>	4-Non-Preferred Drugs	
<i>ondansetron hcl 4 mg tab</i>	2-Generics	PA3, QL (180 PER 30 DAYS)
<i>ondansetron hcl 8 mg tab</i>	2-Generics	PA3, QL (90 PER 30 DAYS)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	4-Non-Preferred Drugs	PA3, QL (900 PER 30 DAYS)

ANTIFUNGALS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>itraconazole 100 mg cap</i>	4-Non-Preferred Drugs	
<i>ketoconazole 2 % cream</i>	2-Generics	QL (60 PER 30 DAYS)
<i>ketoconazole 2 % shampoo</i>	2-Generics	QL (120 PER 30 DAYS)
<i>ketoconazole 200 mg tab</i>	2-Generics	
<i>klayesta</i>	2-Generics	QL (60 PER 30 DAYS)
<i>micafungin sodium</i>	4-Non-Preferred Drugs	
<i>miconazole 3</i>	3-Preferred Brands	
<i>naftifine hcl 1 % cream</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>nyamyc</i>	2-Generics	QL (60 PER 30 DAYS)
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>nystatin 100000 unit/ml suspension</i>	2-Generics	
<i>nystatin 500000 unit tab</i>	3-Preferred Brands	
<i>nystop</i>	2-Generics	QL (60 PER 30 DAYS)
<i>posaconazole 100 mg tab dr</i>	5-Specialty	PA, QL (93 PER 30 DAYS)
<i>posaconazole 40 mg/ml suspension</i>	5-Specialty	PA, QL (630 PER 30 DAYS)
<i>terbinafine hcl</i>	2-Generics	QL (120 PER 30 DAYS)
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	3-Preferred Brands	
<i>voriconazole 200 mg recon soln</i>	5-Specialty	PA
<i>voriconazole 200 mg tab</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>voriconazole 40 mg/ml recon susp</i>	5-Specialty	QL (600 PER 30 DAYS)
<i>voriconazole 50 mg tab</i>	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)

ANTIGOUT AGENTS

<i>allopurinol (100 mg tab, 300 mg tab)</i>	1-Preferred Generics
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>colchicine 0.6 mg tab</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>colchicine-probenecid</i>	3-Preferred Brands	
MITIGARE	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>probenecid</i>	3-Preferred Brands	

ANTIMIGRAINE AGENTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

AIMOVIG	3-Preferred Brands	PA, QL (1 PER 28 DAYS)
EMGALITY	3-Preferred Brands	PA, QL (2 PER 28 DAYS)
EMGALITY (300 MG DOSE)	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
NURTEC	5-Specialty	QL (16 PER 30 DAYS)
UBRELVI	5-Specialty	QL (16 PER 30 DAYS)

ERGOT ALKALOIDS

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

SEROTONIN (5-HT) RECEPTOR AGONIST

<i>naratriptan hcl</i>	3-Preferred Brands	QL (9 PER 30 DAYS)
<i>rizatriptan benzoate</i>	3-Preferred Brands	QL (12 PER 30 DAYS)
<i>sumatriptan</i>	4-Non-Preferred Drugs	QL (12 PER 28 DAYS)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2-Generics	QL (9 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	4-Non-Preferred Drugs	QL (6 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sumatriptan succinate refill</i>	4-Non-Preferred Drugs	QL (6 PER 30 DAYS)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide 60 mg tab</i>	3-Preferred Brands	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone (25 mg tab, 100 mg tab)</i>	3-Preferred Brands	
<i>rifabutin</i>	4-Non-Preferred Drugs	
ANTITUBERCULARS		
<i>ethambutol hcl</i>	3-Preferred Brands	
<i>isoniazid (100 mg tab, 300 mg tab)</i>	2-Generics	
<i>isoniazid 50 mg/5ml syrup</i>	4-Non-Preferred Drugs	
PRIFTIN	4-Non-Preferred Drugs	
<i>pyrazinamide</i>	4-Non-Preferred Drugs	
<i>rifampin</i>	4-Non-Preferred Drugs	
SIRTURO	5-Specialty	PA
TRECATOR	4-Non-Preferred Drugs	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>carboplatin</i>	4-Non-Preferred Drugs	PA3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cisplatin</i>	4-Non-Preferred Drugs	PA3
<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	3-Preferred Brands	PA3
CYCLOPHOSPHAMIDE (25 MG TAB, 50 MG TAB)	4-Non-Preferred Drugs	PA3
GLEOSTINE (10 MG CAP, 40 MG CAP)	4-Non-Preferred Drugs	PA2
GLEOSTINE 100 MG CAP	5-Specialty	PA2
LEUKERAN	5-Specialty	
MATULANE	5-Specialty	
<i>oxaliplatin (50 mg recon soln, 50 mg/10ml solution, 100 mg recon soln, 100 mg/20ml solution)</i>	4-Non-Preferred Drugs	PA3
VALCHLOR	5-Specialty	PA2, QL (60 PER 30 DAYS)

ANTIANDROGENS

<i>abiraterone acetate 250 mg tab</i>	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>abiraterone acetate 500 mg tab</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>abirtega</i>	3-Preferred Brands	PA2, QL (120 PER 30 DAYS)
<i>bicalutamide</i>	2-Generics	
ERLEADA 240 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
ERLEADA 60 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
EULEXIN	5-Specialty	PA2
<i>nilutamide</i>	5-Specialty	
NUBEQA	5-Specialty	PA2, QL (120 PER 30 DAYS)
XTANDI (40 MG CAP, 40 MG TAB)	5-Specialty	PA2, QL (120 PER 30 DAYS)
XTANDI 80 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)

ANTIANGIOGENIC AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
THALOMID 100 MG CAP	5-Specialty	PA2, QL (120 PER 30 DAYS)
THALOMID 50 MG CAP	5-Specialty	PA2, QL (30 PER 30 DAYS)
ANTIESTROGENS/MODIFIERS		
<i>fulvestrant</i>	5-Specialty	PA3
ORSERDU 345 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
ORSERDU 86 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
SOLTAMOX	5-Specialty	
<i>tamoxifen citrate</i>	2-Generics	
<i>toremifene citrate</i>	5-Specialty	
ANTIMETABOLITES		
<i>azacitidine</i>	5-Specialty	PA3
<i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	4-Non-Preferred Drugs	PA3
<i>mercaptopurine 2000 mg/100ml suspension</i>	5-Specialty	
<i>mercaptopurine 50 mg tab</i>	3-Preferred Brands	
ONUREG	5-Specialty	PA2, QL (14 PER 28 DAYS)
PURIXAN	5-Specialty	
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)
DOCETAXEL	5-Specialty	PA3
DROXIA	4-Non-Preferred Drugs	
FRUZAQLA 1 MG CAP	5-Specialty	PA2, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAP	5-Specialty	PA2, QL (21 PER 28 DAYS)
<i>hydroxyurea</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INQOVI	5-Specialty	PA2, QL (5 PER 28 DAYS)
IWILFIN	5-Specialty	PA2, QL (240 PER 30 DAYS)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	3-Preferred Brands	
<i>leucovorin calcium (50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln)</i>	4-Non-Preferred Drugs	
LONSURF 15-6.14 MG TAB	5-Specialty	PA2, QL (100 PER 28 DAYS)
LONSURF 20-8.19 MG TAB	5-Specialty	PA2, QL (80 PER 28 DAYS)
LYSODREN	5-Specialty	
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)

AROMATASE INHIBITORS, 3RD GENERATION

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

ENZYME INHIBITORS

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

MOLECULAR TARGET INHIBITORS

ALECENSA	5-Specialty	PA2, QL (240 PER 30 DAYS)
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
AVMAPKI FAKZYNJA CO-PACK	5-Specialty	PA2, QL (66 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
AYVAKIT	5-Specialty	PA2, QL (30 PER 30 DAYS)
BALVERSA 3 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
BALVERSA 4 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
BALVERSA 5 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>bortezomib 3.5 mg recon soln</i>	5-Specialty	PA3
BOSULIF (100 MG CAP, 100 MG TAB)	5-Specialty	PA2, QL (180 PER 30 DAYS)
BOSULIF (400 MG TAB, 500 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAP	5-Specialty	PA2, QL (360 PER 30 DAYS)
BRAFTOVI	5-Specialty	PA2, QL (180 PER 30 DAYS)
BRUKINSA 160 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
BRUKINSA 80 MG CAP	5-Specialty	PA2, QL (120 PER 30 DAYS)
CABOMETYX (20 MG TAB, 60 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
CABOMETYX 40 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
CALQUENCE 100 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
COMETRIQ (100 MG DAILY DOSE)	5-Specialty	PA2, QL (60 PER 30 DAYS)
COMETRIQ (140 MG DAILY DOSE)	5-Specialty	PA2, QL (120 PER 30 DAYS)
COMETRIQ (60 MG DAILY DOSE)	5-Specialty	PA2, QL (90 PER 30 DAYS)
COPIKTRA	5-Specialty	PA2, QL (60 PER 30 DAYS)
COTELLIC	5-Specialty	PA2, QL (63 PER 28 DAYS)
DANZITEN	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab)</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>dasatinib 140 mg tab</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>dasatinib 20 mg tab</i>	5-Specialty	PA2, QL (90 PER 30 DAYS)
DAURISMO 100 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
DAURISMO 25 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
ERIVEDGE	5-Specialty	PA2, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tab</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>everolimus (3 mg tab sol, 5 mg tab sol)</i>	5-Specialty	PA2, QL (90 PER 30 DAYS)
<i>everolimus 2 mg tab sol</i>	5-Specialty	PA2, QL (150 PER 30 DAYS)
FOTIVDA	5-Specialty	PA2, QL (21 PER 28 DAYS)
GAVRETO	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>gefitinib</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
GILOTRIF	5-Specialty	PA2, QL (30 PER 30 DAYS)
GOMEKLI 1 MG CAP	5-Specialty	PA2, QL (126 PER 28 DAYS)
GOMEKLI 1 MG TAB SOL	5-Specialty	PA2, QL (168 PER 28 DAYS)
GOMEKLI 2 MG CAP	5-Specialty	PA2, QL (84 PER 28 DAYS)
HERNEXEOS	5-Specialty	PA2, QL (180 PER 30 DAYS)
IBRANCE	5-Specialty	PA2, QL (21 PER 28 DAYS)
IBTROZI	5-Specialty	PA2, QL (90 PER 30 DAYS)
ICLUSIG (10 MG TAB, 30 MG TAB, 45 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
ICLUSIG 15 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
IDHIFA	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	5-Specialty	PA2, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	5-Specialty	PA2, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAP	5-Specialty	PA2, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	5-Specialty	PA2, QL (324 PER 30 DAYS)
IMKELDI	5-Specialty	PA2, QL (280 PER 28 DAYS)
INLYTA 1 MG TAB	5-Specialty	PA2, QL (180 PER 30 DAYS)
INLYTA 5 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
INREBIC	5-Specialty	PA2, QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ITOVEBI 3 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
ITOVEBI 9 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
JAKAFI	5-Specialty	PA2, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
KISQALI (200 MG DOSE)	5-Specialty	PA2, QL (21 PER 28 DAYS)
KISQALI (400 MG DOSE)	5-Specialty	PA2, QL (42 PER 28 DAYS)
KISQALI (600 MG DOSE)	5-Specialty	PA2, QL (63 PER 28 DAYS)
KISQALI FEMARA (200 MG DOSE)	5-Specialty	PA2, QL (49 PER 28 DAYS)
KISQALI FEMARA (400 MG DOSE)	5-Specialty	PA2, QL (70 PER 28 DAYS)
KISQALI FEMARA (600 MG DOSE)	5-Specialty	PA2, QL (91 PER 28 DAYS)
KOSELUGO 10 MG CAP	5-Specialty	PA2, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAP	5-Specialty	PA2, QL (120 PER 30 DAYS)
KRAZATI	5-Specialty	PA2, QL (180 PER 30 DAYS)
<i>lapatinib ditosylate</i>	5-Specialty	PA2, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
LENVIMA (10 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (12 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (14 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (18 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (20 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (24 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (4 MG DAILY DOSE)	5-Specialty	PA2
LENVIMA (8 MG DAILY DOSE)	5-Specialty	PA2
LORBRENA 100 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
LORBRENA 25 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
LUMAKRAS (120 MG TAB, 240 MG TAB)	5-Specialty	PA2, QL (120 PER 30 DAYS)
LUMAKRAS 320 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
LYNPARZA	5-Specialty	PA2, QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
<i>nilotinib hcl</i>	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)
<i>paclitaxel</i>	4-Non-Preferred Drugs	PA3
<i>paclitaxel protein-bound part</i>	5-Specialty	PA3
<i>pazopanib hcl</i>	5-Specialty	PA2, QL (120 PER 30 DAYS)
PEMAZYRE	5-Specialty	PA2, QL (30 PER 30 DAYS)
PIQRAY (200 MG DAILY DOSE)	5-Specialty	PA2, QL (30 PER 30 DAYS)
PIQRAY (250 MG DAILY DOSE)	5-Specialty	PA2, QL (60 PER 30 DAYS)
PIQRAY (300 MG DAILY DOSE)	5-Specialty	PA2, QL (60 PER 30 DAYS)
RETEVMO (120 MG TAB, 160 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
RETEVMO (40 MG CAP, 40 MG TAB)	5-Specialty	PA2, QL (180 PER 30 DAYS)
RETEVMO (80 MG CAP, 80 MG TAB)	5-Specialty	PA2, QL (120 PER 30 DAYS)
REVUFORJ 110 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
REVUFORJ 160 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REVUFORJ 25 MG TAB	5-Specialty	PA2, QL (240 PER 30 DAYS)
REZLIDHIA	5-Specialty	PA2, QL (60 PER 30 DAYS)
ROMVIMZA	5-Specialty	PA2, QL (8 PER 28 DAYS)
ROZLYTREK 100 MG CAP	5-Specialty	PA2, QL (180 PER 30 DAYS)
ROZLYTREK 200 MG CAP	5-Specialty	PA2, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PACKET	5-Specialty	PA2, QL (360 PER 30 DAYS)
RUBRACA	5-Specialty	PA2, QL (120 PER 30 DAYS)
RYDAPT	5-Specialty	PA2, QL (240 PER 30 DAYS)
SCEMBLIX 100 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
SCEMBLIX 20 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TAB	5-Specialty	PA2, QL (300 PER 30 DAYS)
<i>sorafenib tosylate</i>	5-Specialty	PA2, QL (120 PER 30 DAYS)
SPRYCEL (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
SPRYCEL 140 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
SPRYCEL 20 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
STIVARGA	5-Specialty	PA2, QL (84 PER 28 DAYS)
<i>sunitinib malate</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)
TABRECTA	5-Specialty	PA2, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAP, 75 MG CAP)	5-Specialty	PA2, QL (120 PER 30 DAYS)
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)
TASIGNA	5-Specialty	PA2, QL (120 PER 30 DAYS)
TAZVERIK	5-Specialty	PA2, QL (240 PER 30 DAYS)
TEPMETKO	5-Specialty	PA2, QL (60 PER 30 DAYS)
TIBSOVO	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>torpenz</i>	5-Specialty	PA2, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XPOVIO (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

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

TREATMENT ADJUNCTS

<i>mesna 400 mg tab</i>	5-Specialty	
MESNEX 400 MG TAB	5-Specialty	

ANTIPARASITICS

ANTHELMINTHICS

<i>albendazole</i>	5-Specialty	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ivermectin 3 mg tab</i>	3-Preferred Brands	
<i>praziquantel</i>	4-Non-Preferred Drugs	

ANTIPROTOZOALS

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

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	3-Preferred Brands	
<i>carbidopa-levodopa-entacapone</i>	4-Non-Preferred Drugs	
<i>entacapone</i>	4-Non-Preferred Drugs	
DOPAMINE AGONISTS		
<i>apomorphine hcl</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>bromocriptine mesylate</i>	4-Non-Preferred Drugs	
<i>pramipexole dihydrochloride</i>	2-Generics	
<i>ropinirole hcl</i>	2-Generics	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa</i>	4-Non-Preferred Drugs	
<i>carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)</i>	4-Non-Preferred Drugs	
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	2-Generics	
<i>carbidopa-levodopa er</i>	3-Preferred Brands	
INBRIJA	5-Specialty	PA, QL (300 PER 30 DAYS)
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate</i>	4-Non-Preferred Drugs	
<i>selegiline hcl</i>	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	4-Non-Preferred Drugs	
<i>fluphenazine decanoate</i>	4-Non-Preferred Drugs	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	4-Non-Preferred Drugs	
<i>haloperidol</i>	2-Generics	
<i>haloperidol decanoate</i>	4-Non-Preferred Drugs	
<i>haloperidol lactate 2 mg/ml conc</i>	2-Generics	
<i>haloperidol lactate 5 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>loxapine succinate</i>	3-Preferred Brands	
<i>molindone hcl</i>	4-Non-Preferred Drugs	
<i>pimozide</i>	4-Non-Preferred Drugs	
<i>thioridazine hcl</i>	3-Preferred Brands	
<i>thiothixene</i>	4-Non-Preferred Drugs	
<i>trifluoperazine hcl</i>	3-Preferred Brands	
2ND GENERATION/ATYPICAL		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5-Specialty	QL (2.4 PER 56 DAYS)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5-Specialty	QL (3.2 PER 56 DAYS)

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5-Specialty	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5-Specialty	QL (0.88 PER 84 DAYS)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5-Specialty	QL (1.32 PER 84 DAYS)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5-Specialty	QL (1.75 PER 84 DAYS)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5-Specialty	QL (2.63 PER 84 DAYS)
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tab</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
NUPLAZID	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>olanzapine (15 mg tab, 20 mg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>olanzapine (5 mg tab disp, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>olanzapine 10 mg recon soln</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
OPIPZA (5 MG FILM, 10 MG FILM)	5-Specialty	PA2, QL (90 PER 30 DAYS)
OPIPZA 2 MG FILM	5-Specialty	PA2, QL (30 PER 30 DAYS)
<i>paliperidone er 1.5 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (240 PER 30 DAYS)
<i>paliperidone er 3 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>paliperidone er 6 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>paliperidone er 9 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>quetiapine fumarate (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>quetiapine fumarate 25 mg tab</i>	2-Generics	QL (180 PER 30 DAYS)
<i>quetiapine fumarate er</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB)	5-Specialty	ST, QL (60 PER 30 DAYS)
REXULTI (2 MG TAB, 3 MG TAB, 4 MG TAB)	5-Specialty	ST, QL (30 PER 30 DAYS)
<i>risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	3-Preferred Brands	QL (480 PER 30 DAYS)
<i>risperidone microspheres er</i>	4-Non-Preferred Drugs	QL (2 PER 28 DAYS)
SECUADO	5-Specialty	ST, QL (30 PER 30 DAYS)
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	5-Specialty	ST, QL (30 PER 30 DAYS)
<i>ziprasidone hcl</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP)	4-Non-Preferred Drugs	QL (2 PER 28 DAYS)
ZYPREXA RELPREVV 405 MG RECON SUSP	4-Non-Preferred Drugs	QL (1 PER 28 DAYS)

TREATMENT-RESISTANT

<i>clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)</i>	4-Non-Preferred Drugs	
<i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	3-Preferred Brands	
VERSACLOZ	5-Specialty	QL (600 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTISPASTICITY AGENTS		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	2-Generics	
<i>dantrolene sodium</i>	4-Non-Preferred Drugs	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	2-Generics	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY	5-Specialty	PA
PREVYMIS (20 MG PACKET, 120 MG PACKET)	5-Specialty	PA, QL (120 PER 30 DAYS)
PREVYMIS (240 MG TAB, 480 MG TAB)	5-Specialty	PA, QL (28 PER 28 DAYS)
<i>valganciclovir hcl 450 mg tab</i>	3-Preferred Brands	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	5-Specialty	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	4-Non-Preferred Drugs	
BARACLUDE 0.05 MG/ML SOLUTION	5-Specialty	
<i>entecavir</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>lamivudine 100 mg tab</i>	3-Preferred Brands	
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA (150-37.5 MG PACKET, 400-100 MG TAB)	5-Specialty	PA, QL (28 PER 28 DAYS)
EPCLUSA (200-50 MG PACKET, 200-50 MG TAB)	5-Specialty	PA, QL (56 PER 28 DAYS)
HARVONI (33.75-150 MG PACKET, 90-400 MG TAB)	5-Specialty	PA, QL (28 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HARVONI (45-200 MG PACKET, 45-200 MG TAB)	5-Specialty	PA, QL (56 PER 28 DAYS)
MAVYRET 100-40 MG TAB	5-Specialty	PA, QL (84 PER 28 DAYS)
MAVYRET 50-20 MG PACKET	5-Specialty	PA, QL (140 PER 28 DAYS)
<i>ribavirin 200 mg cap</i>	3-Preferred Brands	
<i>ribavirin 200 mg tab</i>	4-Non-Preferred Drugs	
SOFOSBUVIR-VELPATASVIR	5-Specialty	PA, QL (28 PER 28 DAYS)

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

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

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

COMPLERA	5-Specialty	QL (30 PER 30 DAYS)
DELSTRIGO	5-Specialty	QL (30 PER 30 DAYS)
EDURANT	5-Specialty	QL (30 PER 30 DAYS)
EDURANT PED	5-Specialty	QL (180 PER 30 DAYS)
<i>efavirenz</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

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

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

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

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

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

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

ANTI-HIV AGENTS, OTHER

FUZEON	5-Specialty	QL (60 PER 30 DAYS)
<i>maraviroc 150 mg tab</i>	5-Specialty	QL (60 PER 30 DAYS)
<i>maraviroc 300 mg tab</i>	5-Specialty	QL (120 PER 30 DAYS)
RUKOBIA	5-Specialty	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML SOLUTION	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)

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oseltamivir phosphate 30 mg cap</i>	3-Preferred Brands	QL (168 PER 365 DAYS)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	3-Preferred Brands	QL (1080 PER 365 DAYS)
RELENZA DISKHALER	3-Preferred Brands	QL (120 PER 365 DAYS)
<i>rimantadine hcl</i>	4-Non-Preferred Drugs	
XOFLUZA (40 MG DOSE)	4-Non-Preferred Drugs	QL (6 PER 365 DAYS)
XOFLUZA (80 MG DOSE)	4-Non-Preferred Drugs	QL (6 PER 365 DAYS)

ANTIHERPETIC AGENTS

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

ANTIVIRAL, CORONAVIRUS AGENTS

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

ANXIOLYTICS

ANXIOLYTICS, OTHER

<i>buspirone hcl</i>	2-Generics	
<i>hydroxyzine pamoate</i>	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tab, 0.5 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>alprazolam (1 mg tab, 2 mg tab)</i>	2-Generics	QL (150 PER 30 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp)</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>clonazepam (0.5 mg tab, 1 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>clonazepam 2 mg tab</i>	2-Generics	QL (300 PER 30 DAYS)
<i>clonazepam 2 mg tab disp</i>	4-Non-Preferred Drugs	QL (300 PER 30 DAYS)
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>clorazepate dipotassium 15 mg tab</i>	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
<i>diazepam (2 mg tab, 5 mg tab, 10 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>diazepam 5 mg/5ml solution</i>	4-Non-Preferred Drugs	QL (1200 PER 30 DAYS)
<i>diazepam 5 mg/ml conc</i>	4-Non-Preferred Drugs	QL (240 PER 30 DAYS)
<i>diazepam intensol</i>	4-Non-Preferred Drugs	QL (240 PER 30 DAYS)
<i>lorazepam 0.5 mg tab</i>	2-Generics	QL (600 PER 30 DAYS)
<i>lorazepam 1 mg tab</i>	2-Generics	QL (300 PER 30 DAYS)
<i>lorazepam 2 mg tab</i>	2-Generics	QL (150 PER 30 DAYS)
<i>lorazepam 2 mg/ml conc</i>	3-Preferred Brands	QL (150 PER 30 DAYS)
<i>lorazepam intensol</i>	3-Preferred Brands	QL (150 PER 30 DAYS)
BIPOLAR AGENTS		
MOOD STABILIZERS		
<i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lithium</i>	4-Non-Preferred Drugs	
<i>lithium carbonate (150 mg cap, 300 mg cap, 600 mg cap)</i>	1-Preferred Generics	
<i>lithium carbonate 300 mg tab</i>	2-Generics	
<i>lithium carbonate er</i>	2-Generics	
<i>subvenite</i>	2-Generics	

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

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

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

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

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

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

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

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

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

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

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr)</i>	4-Non-Preferred Drugs	
<i>fondaparinux sodium (5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)</i>	5-Specialty	
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	4-Non-Preferred Drugs	
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>	3-Preferred Brands	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	3-Preferred Brands	
<i>jantoven</i>	1-Preferred Generics	
<i>rivaroxaban 1 mg/ml recon susp</i>	3-Preferred Brands	QL (620 PER 30 DAYS)
<i>warfarin sodium</i>	1-Preferred Generics	
XARELTO (10 MG TAB, 20 MG TAB)	3-Preferred Brands	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TAB, 15 MG TAB)	3-Preferred Brands	QL (60 PER 30 DAYS)
XARELTO 1 MG/ML RECON SUSP	3-Preferred Brands	QL (620 PER 30 DAYS)
XARELTO STARTER PACK	3-Preferred Brands	QL (51 PER 30 DAYS)

BLOOD PRODUCTS AND MODIFIERS, OTHER

ALVAIZ	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>anagrelide hcl</i>	4-Non-Preferred Drugs	
FULPHILA	5-Specialty	PA
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION)	3-Preferred Brands	PA3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROCRIT (20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	5-Specialty	PA3
RETACRIT	3-Preferred Brands	PA3
ZARXIO	5-Specialty	PA

HEMOSTASIS AGENTS

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

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

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

<i>clonidine 0.1 mg/24hr patch wk</i>	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
<i>clonidine 0.2 mg/24hr patch wk</i>	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
<i>clonidine 0.3 mg/24hr patch wk</i>	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
<i>clonidine hcl</i>	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>droxidopa (200 mg cap, 300 mg cap)</i>	5-Specialty	PA, QL (180 PER 30 DAYS)
<i>droxidopa 100 mg cap</i>	5-Specialty	PA, QL (90 PER 30 DAYS)
<i>midodrine hcl</i>	4-Non-Preferred Drugs	

ALPHA-ADRENERGIC BLOCKING AGENTS

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

ANGIOTENSIN II RECEPTOR ANTAGONISTS

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

ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

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

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

ANTIARRHYTHMICS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>quinidine sulfate</i>	2-Generics	
<i>sotalol hcl</i>	2-Generics	
<i>sotalol hcl (af)</i>	2-Generics	

BETA-ADRENERGIC BLOCKING AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate</i>	1-Preferred Generics	
<i>felodipine er</i>	2-Generics	
<i>isradipine</i>	4-Non-Preferred Drugs	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	4-Non-Preferred Drugs	
<i>nifedipine er</i>	3-Preferred Brands	
<i>nifedipine er osmotic release</i>	3-Preferred Brands	
<i>nimodipine 30 mg cap</i>	4-Non-Preferred Drugs	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>cartia xt</i>	2-Generics	
<i>dilt-xr</i>	2-Generics	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	2-Generics	
<i>diltiazem hcl er</i>	2-Generics	
<i>diltiazem hcl er beads</i>	2-Generics	
<i>diltiazem hcl er coated beads</i>	2-Generics	
<i>matzim la</i>	2-Generics	
<i>tiadylt er</i>	2-Generics	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1-Preferred Generics	
<i>verapamil hcl er (100 mg cap er 24h, 200 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>	3-Preferred Brands	
<i>verapamil hcl er (120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 240 mg cap er 24h, 240 mg tab er)</i>	2-Generics	
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide</i>	3-Preferred Brands	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ivabradine hcl</i>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide</i>	1-Preferred Generics	
<i>losartan potassium-hctz (100-12.5 mg tab, 100-25 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>losartan potassium-hctz 50-12.5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>metoprolol-hydrochlorothiazide</i>	2-Generics	
<i>metyrosine</i>	5-Specialty	PA
NEXLETOL	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
<i>olmesartan medoxomil-hctz</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>pentoxifylline er</i>	2-Generics	
<i>ranolazine er</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>sacubitril-valsartan</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>spironolactone-hctz</i>	2-Generics	
<i>telmisartan-amlodipine</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>telmisartan-hctz (40-12.5 mg tab, 80-25 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>telmisartan-hctz 80-12.5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>triamterene-hctz</i>	1-Preferred Generics	
<i>valsartan-hydrochlorothiazide</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
VERQUVO	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)

DIURETICS, LOOP

<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2-Generics
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bumetanide 0.25 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>furosemide (20 mg tab, 40 mg tab, 80 mg tab)</i>	1-Preferred Generics	
<i>furosemide (8 mg/ml solution, 10 mg/ml solution)</i>	2-Generics	
<i>torseamide</i>	2-Generics	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl</i>	2-Generics	
<i>eplerenone</i>	3-Preferred Brands	
DIURETICS, THIAZIDE		
<i>chlorthalidone</i>	2-Generics	
<i>hydrochlorothiazide</i>	1-Preferred Generics	
<i>indapamide</i>	1-Preferred Generics	
<i>metolazone</i>	3-Preferred Brands	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (48 mg tab, 54 mg tab, 145 mg tab, 160 mg tab)</i>	2-Generics	
<i>fenofibrate (67 mg cap, 134 mg cap, 200 mg cap)</i>	3-Preferred Brands	
<i>fenofibrate micronized (67 mg cap, 134 mg cap, 200 mg cap)</i>	3-Preferred Brands	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	3-Preferred Brands	
<i>gemfibrozil</i>	1-Preferred Generics	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tab, 40 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>atorvastatin calcium 20 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atorvastatin calcium 80 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>lovastatin (10 mg tab, 20 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>lovastatin 40 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>pitavastatin calcium</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>pravastatin sodium</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>simvastatin</i>	1-Preferred Generics	QL (30 PER 30 DAYS)

DYSLIPIDEMICS, OTHER

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REPATHA PUSHTRONEX SYSTEM	3-Preferred Brands	PA, QL (3.5 PER 28 DAYS)
REPATHA SURECLICK	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
VASCEPA	3-Preferred Brands	

MINERALOCORTICOID RECEPTOR ANTAGONISTS

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

SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)

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

VASODILATORS, DIRECT-ACTING ARTERIAL

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

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	3-Preferred Brands	
<i>isosorbide mononitrate</i>	2-Generics	
<i>isosorbide mononitrate er</i>	2-Generics	
NITRO-BID	4-Non-Preferred Drugs	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	2-Generics	
<i>nitroglycerin 0.4 % ointment</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nitroglycerin 0.4 mg/spray solution</i>	4-Non-Preferred Drugs	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine-dextroamphet er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>amphetamine-dextroamphetamine (10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab)</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab)</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>amphetamine-dextroamphetamine 30 mg tab</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
<i>dextroamphetamine sulfate er</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl (10 mg cap, 25 mg cap, 40 mg cap)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>atomoxetine hcl 18 mg cap</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>guanfacine hcl er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>methylphenidate hcl er (10 mg tab er, 20 mg tab er)</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO (9 MG TAB, 12 MG TAB)	5-Specialty	PA, QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AUSTEDO 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)
NUDEXTA	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	4-Non-Preferred Drugs	
<i>tetrabenazine 12.5 mg tab</i>	5-Specialty	PA, QL (90 PER 30 DAYS)
<i>tetrabenazine 25 mg tab</i>	5-Specialty	PA, QL (120 PER 30 DAYS)

FIBROMYALGIA AGENTS

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

MULTIPLE SCLEROSIS AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dalfampridine er</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>dimethyl fumarate</i>	5-Specialty	QL (60 PER 30 DAYS)
<i>dimethyl fumarate starter pack</i>	5-Specialty	QL (120 PER 365 DAYS)
<i> fingolimod hcl</i>	5-Specialty	QL (30 PER 30 DAYS)
KESIMPTA	5-Specialty	PA, QL (1.2 PER 28 DAYS)
<i>teriflunomide</i>	5-Specialty	QL (30 PER 30 DAYS)

DENTAL AND ORAL AGENTS

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

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

<i>accutane</i>	4-Non-Preferred Drugs	
<i>acitretin</i>	4-Non-Preferred Drugs	PA2
<i>amnesteam</i>	4-Non-Preferred Drugs	
<i>benzoyl peroxide-erythromycin</i>	4-Non-Preferred Drugs	QL (46.6 PER 30 DAYS)
<i>claravis</i>	4-Non-Preferred Drugs	

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

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

DERMATITIS AND PRURITUS AGENTS

<i>ala-cort</i>	2-Generics	
<i>alclometasone dipropionate</i>	3-Preferred Brands	
<i>ammonium lactate</i>	2-Generics	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	3-Preferred Brands	
<i>betamethasone dipropionate 0.05 % lotion</i>	2-Generics	
<i>betamethasone dipropionate aug (0.05 % gel, 0.05 % ointment)</i>	4-Non-Preferred Drugs	
<i>betamethasone dipropionate aug 0.05 % cream</i>	2-Generics	
<i>betamethasone dipropionate aug 0.05 % lotion</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i>	2-Generics	
<i>clobetasol prop emollient base</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>clobetasol propionate (0.05 % foam, 0.05 % solution)</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>clobetasol propionate 0.05 % shampoo</i>	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)

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

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

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

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

DERMATOLOGICAL AGENTS, OTHER

<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>calcipotriene 0.005 % solution</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>calcitrene</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	2-Generics	QL (45 PER 30 DAYS)
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>fluorouracil (2 % solution, 5 % solution)</i>	3-Preferred Brands	QL (10 PER 30 DAYS)
<i>fluorouracil 5 % cream</i>	4-Non-Preferred Drugs	QL (80 PER 30 DAYS)
<i>imiquimod 5 % cream</i>	4-Non-Preferred Drugs	QL (24 PER 30 DAYS)
OTEZLA (20 MG TAB, 30 MG TAB)	5-Specialty	PA, QL (60 PER 30 DAYS)

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

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

PEDICULICIDES/SCABICIDES

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

TOPICAL ANTI-INFECTIVES

<i>acyclovir 5 % ointment</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>ciclopirox 1 % shampoo</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>ciclopirox olamine 0.77 % suspension</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>clindamycin phos (once-daily)</i>	4-Non-Preferred Drugs	QL (75 PER 30 DAYS)
<i>clindamycin phos (twice-daily)</i>	4-Non-Preferred Drugs	QL (75 PER 30 DAYS)
<i>clindamycin phosphate (1 % solution, 1 % swab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>clindamycin phosphate 1 % lotion</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>ery 2% pad</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
ERYTHROMYCIN 2 % GEL	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>erythromycin 2 % solution</i>	2-Generics	QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mupirocin</i>	2-Generics	QL (66 PER 30 DAYS)
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
<i>carglumic acid</i>	5-Specialty	PA
CLINIMIX/DEXTROSE (4.25/10)	4-Non-Preferred Drugs	PA3
CLINIMIX/DEXTROSE (4.25/5)	4-Non-Preferred Drugs	PA3
CLINIMIX/DEXTROSE (5/15)	4-Non-Preferred Drugs	PA3
CLINIMIX/DEXTROSE (5/20)	4-Non-Preferred Drugs	PA3
<i>clinisol sf</i>	4-Non-Preferred Drugs	PA3
<i>dextrose (, 10 % solution)</i>	4-Non-Preferred Drugs	
<i>dextrose-sodium chloride (2.5-0.45 % solution, 5-0.2 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.2 % solution, 10-0.45 % solution)</i>	4-Non-Preferred Drugs	
ISOLYTE-P IN D5W	4-Non-Preferred Drugs	
ISOLYTE-S	4-Non-Preferred Drugs	
ISOLYTE-S PH 7.4	4-Non-Preferred Drugs	
<i>kcl (0.149%) in nacl</i>	4-Non-Preferred Drugs	
<i>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)</i>	4-Non-Preferred Drugs	
KCL-LACTATED RINGERS-D5W	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>klor-con 10</i>	2-Generics	
<i>klor-con 20 meq packet</i>	4-Non-Preferred Drugs	
<i>klor-con 8 meq tab er</i>	2-Generics	
<i>klor-con m10</i>	2-Generics	
<i>klor-con m15</i>	2-Generics	
<i>klor-con m20</i>	2-Generics	
MAGNESIUM SULFATE 50 % SOLUTION	4-Non-Preferred Drugs	
<i>multiple electro type 1 ph 5.5</i>	4-Non-Preferred Drugs	
<i>multiple electro type 1 ph 7.4</i>	4-Non-Preferred Drugs	
<i>plenamine</i>	4-Non-Preferred Drugs	PA3
POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/100ML SOLUTION, 20 MEQ PACKET, 20 MEQ/100ML SOLUTION, 20 MEQ/15ML (10%) SOLUTION, 40 MEQ/100ML SOLUTION, 40 MEQ/15ML (20%) SOLUTION)	4-Non-Preferred Drugs	
<i>potassium chloride crys er</i>	2-Generics	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)</i>	2-Generics	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	4-Non-Preferred Drugs	
<i>potassium chloride in nacl</i>	4-Non-Preferred Drugs	
<i>potassium citrate er</i>	4-Non-Preferred Drugs	
<i>potassium cl in dextrose 5%</i>	4-Non-Preferred Drugs	
PREMASOL	4-Non-Preferred Drugs	PA3
PROSOL	4-Non-Preferred Drugs	PA3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sodium chloride (0.45 % solution, 0.9 % solution, 3 % solution, 5 % solution)</i>	4-Non-Preferred Drugs	
<i>sodium chloride (pf)</i>	4-Non-Preferred Drugs	
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 2.2 (1 f) mg chew tab)</i>	1-Preferred Generics	
TPN ELECTROLYTES	4-Non-Preferred Drugs	PA3
TRAVASOL	4-Non-Preferred Drugs	PA3
TROPHAMINE	4-Non-Preferred Drugs	PA3

ELECTROLYTE/MINERAL/METAL MODIFIERS

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

POTASSIUM BINDERS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VITAMINS		
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	4-Non-Preferred Drugs	
<i>levocarnitine sf</i>	4-Non-Preferred Drugs	
PNV 27-CA/FE/FA	3-Preferred Brands	
PRENATAL VITAMIN ORAL TABLET	3-Preferred Brands	
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
<i>constulose</i>	3-Preferred Brands	
<i>enulose</i>	3-Preferred Brands	
<i>generlac</i>	3-Preferred Brands	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	3-Preferred Brands	
<i>lactulose encephalopathy</i>	3-Preferred Brands	
LINZESS	3-Preferred Brands	QL (30 PER 30 DAYS)
MOVANTIK	3-Preferred Brands	QL (30 PER 30 DAYS)
TRULANCE	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
ANTI-DIARRHEAL AGENTS		
<i>alosetron hcl 0.5 mg tab</i>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
<i>alosetron hcl 1 mg tab</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	3-Preferred Brands	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liquid</i>	4-Non-Preferred Drugs	

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

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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sucralfate 1 gm tab</i>	2-Generics	
<i>sucralfate 1 gm/10ml suspension</i>	4-Non-Preferred Drugs	

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>lansoprazole (15 mg cap dr, 30 mg cap dr)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>omeprazole</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>rabeprazole sodium</i>	3-Preferred Brands	QL (30 PER 30 DAYS)

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zelvysia</i>	5-Specialty	PA
ZENPEP	4-Non-Preferred Drugs	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

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

BENIGN PROSTATIC HYPERTROPHY AGENTS

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

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

GENITOURINARY AGENTS, OTHER

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisone (5 mg (21) tab thpk, 5 mg (48) tab thpk, 10 mg (21) tab thpk, 10 mg (48) tab thpk)</i>	3-Preferred Brands	
<i>prednisone 5 mg/5ml solution</i>	4-Non-Preferred Drugs	
PREDNISONE INTENSOL	4-Non-Preferred Drugs	
SOLU-MEDROL 2 GM RECON SOLN	4-Non-Preferred Drugs	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

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

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

ANDROGENS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>testosterone td gel pump 20.25 mg/act (1.62%)</i>	4-Non-Preferred Drugs	PA, QL (150 PER 30 DAYS)
ESTROGENS		
<i>afirmelle</i>	2-Generics	
<i>altavera</i>	3-Preferred Brands	
<i>alyacen 1/35</i>	3-Preferred Brands	
<i>alyacen 7/7/7</i>	3-Preferred Brands	
<i>amethyst</i>	2-Generics	
<i>apri</i>	2-Generics	
<i>aranelle</i>	3-Preferred Brands	
<i>aubra eq</i>	2-Generics	
<i>aurovela 1.5/30</i>	3-Preferred Brands	
<i>aurovela 1/20</i>	3-Preferred Brands	
<i>aurovela fe 1.5/30</i>	2-Generics	
<i>aurovela fe 1/20</i>	2-Generics	
<i>aviane</i>	2-Generics	
<i>ayuna</i>	3-Preferred Brands	
<i>azurette</i>	3-Preferred Brands	
<i>balziva</i>	3-Preferred Brands	
<i>blisovi fe 1.5/30</i>	2-Generics	
<i>blisovi fe 1/20</i>	2-Generics	
<i>briellyn</i>	3-Preferred Brands	
<i>chateal eq</i>	3-Preferred Brands	
<i>cryselle-28</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cyred eq</i>	2-Generics	
<i>dasetta 1/35</i>	3-Preferred Brands	
<i>dasetta 7/7/7</i>	3-Preferred Brands	
<i>delyla</i>	2-Generics	
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	3-Preferred Brands	
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i>	2-Generics	
<i>dolishale</i>	2-Generics	
<i>drospirenone-ethinyl estradiol</i>	3-Preferred Brands	
<i>elinest</i>	2-Generics	
<i>eluryng</i>	3-Preferred Brands	
<i>enilloring</i>	3-Preferred Brands	
<i>enpresse-28</i>	2-Generics	
<i>enskyce</i>	2-Generics	
<i>estarylla</i>	3-Preferred Brands	
<i>estradiol (0.01 % cream, 10 mcg tab)</i>	4-Non-Preferred Drugs	
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i>	3-Preferred Brands	QL (4 PER 28 DAYS)
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2-Generics	
<i>ethynodiol diac-eth estradiol</i>	2-Generics	
<i>etonogestrel-ethinyl estradiol</i>	3-Preferred Brands	
<i>falmina</i>	2-Generics	
<i>feirza 1.5/30</i>	2-Generics	

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>marlissa</i>	3-Preferred Brands	
<i>microgestin 1.5/30</i>	3-Preferred Brands	
<i>microgestin 1/20</i>	3-Preferred Brands	
<i>microgestin fe 1.5/30</i>	2-Generics	
<i>microgestin fe 1/20</i>	2-Generics	
<i>mili</i>	3-Preferred Brands	
<i>mono-linyah</i>	3-Preferred Brands	
<i>necon 0.5/35 (28)</i>	3-Preferred Brands	
<i>nikki</i>	3-Preferred Brands	
<i>norelgestromin-eth estradiol</i>	3-Preferred Brands	
<i>norethin ace-eth estrad-fe (1-20 tab, 1.5-30 tab)</i>	2-Generics	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	2-Generics	
<i>norethindron-ethinyl estrad-fe</i>	2-Generics	
<i>norethindrone acet-ethinyl est</i>	3-Preferred Brands	
<i>norethindrone-eth estradiol</i>	3-Preferred Brands	
<i>norgestim-eth estrad triphasic</i>	3-Preferred Brands	
<i>norgestimate-eth estradiol</i>	3-Preferred Brands	
<i>nortrel 0.5/35 (28)</i>	3-Preferred Brands	
<i>nortrel 1/35 (21)</i>	3-Preferred Brands	
<i>nortrel 1/35 (28)</i>	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nortrel 7/7/7</i>	3-Preferred Brands	
<i>nylia 1/35</i>	3-Preferred Brands	
<i>nylia 7/7/7</i>	3-Preferred Brands	
<i>nymyo</i>	3-Preferred Brands	
<i>ocella</i>	3-Preferred Brands	
<i>philith</i>	3-Preferred Brands	
<i>pimtrea</i>	3-Preferred Brands	
<i>pirmella 1/35</i>	3-Preferred Brands	
<i>portia-28</i>	3-Preferred Brands	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	4-Non-Preferred Drugs	
PREMARIN 0.625 MG/GM CREAM	3-Preferred Brands	
PREMPRO	4-Non-Preferred Drugs	
<i>previfem</i>	3-Preferred Brands	
<i>reclipsen</i>	2-Generics	
<i>setlakin</i>	3-Preferred Brands	
<i>simliya</i>	3-Preferred Brands	
<i>sprintec 28</i>	3-Preferred Brands	
<i>sronyx</i>	2-Generics	
<i>syeda</i>	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tarina fe 1/20 eq</i>	2-Generics	
<i>tilia fe</i>	2-Generics	
<i>tri femynor</i>	3-Preferred Brands	
<i>tri-estarylla</i>	3-Preferred Brands	
<i>tri-legest fe</i>	2-Generics	
<i>tri-linyah</i>	3-Preferred Brands	
<i>tri-lo-estarylla</i>	3-Preferred Brands	
<i>tri-lo-marzia</i>	3-Preferred Brands	
<i>tri-lo-mili</i>	3-Preferred Brands	
<i>tri-lo-sprintec</i>	3-Preferred Brands	
<i>tri-mili</i>	3-Preferred Brands	
<i>tri-nymyo</i>	3-Preferred Brands	
<i>tri-sprintec</i>	3-Preferred Brands	
<i>tri-vylibra</i>	3-Preferred Brands	
<i>tri-vylibra lo</i>	3-Preferred Brands	
<i>turqoz</i>	2-Generics	
<i>valtya 1/35</i>	2-Generics	
<i>valtya 1/50</i>	2-Generics	
<i>velivet</i>	2-Generics	
<i>vestura</i>	3-Preferred Brands	
<i>vienva</i>	2-Generics	
<i>viorele</i>	3-Preferred Brands	

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

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

PROGESTINS

<i>camila</i>	3-Preferred Brands	
<i>deblitane</i>	3-Preferred Brands	
DEPO-SUBQ PROVERA 104	3-Preferred Brands	
<i>emzahh</i>	3-Preferred Brands	
<i>errin</i>	3-Preferred Brands	
<i>gallifrey</i>	3-Preferred Brands	
<i>heather</i>	3-Preferred Brands	
<i>incassia</i>	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>jencycla</i>	3-Preferred Brands	
LILETTA (52 MG)	3-Preferred Brands	
<i>lyleq</i>	3-Preferred Brands	
<i>lyza</i>	3-Preferred Brands	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2-Generics	
<i>medroxyprogesterone acetate 150 mg/ml susp prsyr</i>	4-Non-Preferred Drugs	
<i>medroxyprogesterone acetate 150 mg/ml suspension</i>	3-Preferred Brands	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	3-Preferred Brands	
<i>megestrol acetate 625 mg/5ml suspension</i>	4-Non-Preferred Drugs	
<i>meleya</i>	3-Preferred Brands	
NEXPLANON	3-Preferred Brands	
<i>nora-be</i>	3-Preferred Brands	
<i>norethindrone</i>	3-Preferred Brands	
<i>norethindrone acetate</i>	3-Preferred Brands	
<i>norlyda</i>	3-Preferred Brands	
<i>norlyroc</i>	3-Preferred Brands	
<i>orquidea</i>	3-Preferred Brands	
<i>progesterone (100 mg cap, 200 mg cap)</i>	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sharobel</i>	3-Preferred Brands	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE	4-Non-Preferred Drugs	
<i>raloxifene hcl</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1-Preferred Generics	
<i>levoxyl</i>	3-Preferred Brands	
<i>liomny</i>	3-Preferred Brands	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	3-Preferred Brands	
SYNTHROID	3-Preferred Brands	
<i>unithroid</i>	3-Preferred Brands	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
<i>cabergoline</i>	3-Preferred Brands	
ELIGARD	4-Non-Preferred Drugs	PA3
FIRMAGON	4-Non-Preferred Drugs	PA3
FIRMAGON (240 MG DOSE)	5-Specialty	PA3
<i>lanreotide acetate</i>	5-Specialty	PA
<i>leuprolide acetate</i>	4-Non-Preferred Drugs	PA3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>leuprolide acetate (3 month)</i>	4-Non-Preferred Drugs	PA3
LUPRON DEPOT (1-MONTH)	5-Specialty	PA3
LUPRON DEPOT (3-MONTH)	5-Specialty	PA3
LUPRON DEPOT (4-MONTH)	5-Specialty	PA3
LUPRON DEPOT (6-MONTH)	5-Specialty	PA3
LUPRON DEPOT-PED (1-MONTH)	5-Specialty	PA3
LUPRON DEPOT-PED (3-MONTH)	5-Specialty	PA3
LUPRON DEPOT-PED (6-MONTH)	5-Specialty	PA3
<i>mifepristone</i>	5-Specialty	PA
<i>octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution)</i>	4-Non-Preferred Drugs	PA
<i>octreotide acetate (500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	5-Specialty	PA
RECORLEV	5-Specialty	PA, QL (240 PER 30 DAYS)
SIGNIFOR	5-Specialty	PA
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	5-Specialty	PA
SOMAVERT	5-Specialty	PA
SYNAREL	5-Specialty	

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

<i>methimazole</i>	2-Generics
<i>propylthiouracil</i>	3-Preferred Brands

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

BERINERT	5-Specialty	PA
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

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

IMMUNOGLOBULINS

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

IMMUNOLOGICAL AGENTS, OTHER

ARCALYST	5-Specialty	PA
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	5-Specialty	PA
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	5-Specialty	PA, QL (8 PER 28 DAYS)
DUPIXENT	5-Specialty	PA
RINVOQ	5-Specialty	PA, QL (30 PER 30 DAYS)
RINVOQ LQ	5-Specialty	PA, QL (360 PER 30 DAYS)
SKYRIZI	5-Specialty	PA
SKYRIZI PEN	5-Specialty	PA
STELARA	5-Specialty	PA
TALTZ	5-Specialty	PA
TAVNEOS	5-Specialty	PA, QL (180 PER 30 DAYS)
XELJANZ (1 MG/ML SOLUTION, 5 MG TAB, 10 MG TAB)	5-Specialty	PA

You 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
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

ADALIMUMAB-AACF (2 PEN)	5-Specialty	PA
ADALIMUMAB-AACF (2 SYRINGE)	5-Specialty	PA
ADALIMUMAB-AACF(CD/UC/HS STRT)	5-Specialty	PA
ADALIMUMAB-AACF(PS/UV STARTER)	5-Specialty	PA
<i>azathioprine 50 mg tab</i>	2-Generics	PA3
AZATHIOPRINE SODIUM	4-Non-Preferred Drugs	PA3
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	4-Non-Preferred Drugs	PA3
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	4-Non-Preferred Drugs	PA3
ENBREL	5-Specialty	PA
ENBREL MINI	5-Specialty	PA
ENBREL SURECLICK	5-Specialty	PA
ENVARUSUS XR	4-Non-Preferred Drugs	PA3
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	5-Specialty	PA3
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	4-Non-Preferred Drugs	PA3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HADLIMA	5-Specialty	PA
HADLIMA PUSHTOUCH	5-Specialty	PA
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT	5-Specialty	PA
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	5-Specialty	PA
HUMIRA 10 MG/0.1ML PREF SY KT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
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
IDACIO (2 PEN)	5-Specialty	PA
IDACIO (2 SYRINGE)	5-Specialty	PA
IDACIO-CROHNS/UC STARTER	5-Specialty	PA
IDACIO-PSORIASIS STARTER	5-Specialty	PA
INFLECTRA	5-Specialty	PA3
<i>leflunomide 10 mg tab</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>leflunomide 20 mg tab</i>	3-Preferred Brands	QL (150 PER 30 DAYS)
<i>methotrexate sodium (2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution)</i>	2-Generics	
<i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	2-Generics	
<i>methotrexate sodium 1 gm recon soln</i>	4-Non-Preferred Drugs	

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

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

VACCINES

ABRYSVO	3-Preferred Brands
ACTHIB	3-Preferred Brands
ADACEL	3-Preferred Brands
AREXVY	3-Preferred Brands
BCG VACCINE	3-Preferred Brands
BEXSERO	3-Preferred Brands

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BOOSTRIX	3-Preferred Brands	
DAPTACEL	3-Preferred Brands	
DIPHTHERIA-TETANUS TOXOIDS DT	3-Preferred Brands	
ENGRIX-B	3-Preferred Brands	PA3
GARDASIL 9	3-Preferred Brands	
HAVRIX	3-Preferred Brands	
HEPLISAV-B	3-Preferred Brands	PA3
HIBERIX	3-Preferred Brands	
IMOVAX RABIES	3-Preferred Brands	
INFANRIX	3-Preferred Brands	
IPOL	3-Preferred Brands	
IXIARO	3-Preferred Brands	
JYNNEOS	3-Preferred Brands	PA3
KINRIX	3-Preferred Brands	
M-M-R II	3-Preferred Brands	
MENACTRA	3-Preferred Brands	
MENQUADFI	3-Preferred Brands	
MENVEO (RECON SOLN, SOLUTION)	3-Preferred Brands	
MRESVIA	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PEDIARIX	3-Preferred Brands	
PEDVAX HIB	3-Preferred Brands	
PENMENVY	3-Preferred Brands	
PENTACEL	3-Preferred Brands	
PRIORIX	3-Preferred Brands	
PROQUAD	3-Preferred Brands	
QUADRACEL	3-Preferred Brands	
RABAVERT	3-Preferred Brands	
RECOMBIVAX HB	3-Preferred Brands	PA3
ROTARIX	3-Preferred Brands	
ROTATEQ	3-Preferred Brands	
SHINGRIX	3-Preferred Brands	
TENIVAC	3-Preferred Brands	
TICOVAC	3-Preferred Brands	
TRUMENBA	3-Preferred Brands	
TWINRIX	3-Preferred Brands	
TYPHIM VI	3-Preferred Brands	
VAQTA	3-Preferred Brands	
VARIVAX	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VAXCHORA	3-Preferred Brands	
VIMKUNYA	3-Preferred Brands	
VIVOTIF	3-Preferred Brands	
YF-VAX	3-Preferred Brands	

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

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

GLUCOCORTICOIDS

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

METABOLIC BONE DISEASE AGENTS

<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1-Preferred Generics	QL (4 PER 28 DAYS)
<i>alendronate sodium 10 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>calcitonin (salmon) 200 unit/act solution</i>	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	2-Generics	
<i>calcitriol oral soln 1 mcg/ml</i>	4-Non-Preferred Drugs	
<i>cinacalcet hcl (30 mg tab, 60 mg tab)</i>	4-Non-Preferred Drugs	PA3, QL (60 PER 30 DAYS)
<i>cinacalcet hcl 90 mg tab</i>	5-Specialty	PA3, QL (120 PER 30 DAYS)
<i>ibandronate sodium 150 mg tab</i>	2-Generics	QL (1 PER 30 DAYS)
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	4-Non-Preferred Drugs	
PROLIA	4-Non-Preferred Drugs	QL (1 PER 180 DAYS)
<i>risedronate sodium (5 mg tab, 30 mg tab)</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>risedronate sodium 150 mg tab</i>	3-Preferred Brands	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tab</i>	3-Preferred Brands	QL (4 PER 28 DAYS)
TERIPARATIDE 560 MCG/2.24ML SOLN PEN (ALVOGEN, NDC 47781065289)	5-Specialty	PA, QL (2.48 PER 28 DAYS)
XGEVA	5-Specialty	PA
<i>zoledronic acid (4 mg/5ml conc, 5 mg/100ml solution)</i>	4-Non-Preferred Drugs	PA3

MISCELLANEOUS THERAPEUTIC AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INSULIN SYRINGE (DISP) U-100 1 ML (BD/EMBECTA/ULTIMED/ALLISON/TRIVIDIA/MHC)	2-Generics	PA
INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/EMBECTA/ULTIMED/ALLISON/TRIVIDIA/MHC)	2-Generics	PA
INTRALIPID	4-Non-Preferred Drugs	PA3
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD	2-Generics	PA
NEEDLES, INSULIN DISP., SAFETY	2-Generics	PA
NUTRILIPID	4-Non-Preferred Drugs	PA3
PENBRAYA	3-Preferred Brands	
<i>sterile water for irrigation</i>	4-Non-Preferred Drugs	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

<i>ak-poly-bac</i>	2-Generics	
<i>atropine sulfate 1 % solution</i>	3-Preferred Brands	
<i>bacitra-neomycin-polymyxin-hc</i>	3-Preferred Brands	
<i>bacitracin-polymyxin b</i>	2-Generics	
COMBIGAN	3-Preferred Brands	
<i>dorzolamide hcl-timolol mal</i>	2-Generics	
<i>dorzolamide hcl-timolol mal pf</i>	4-Non-Preferred Drugs	
MIEBO	3-Preferred Brands	QL (3 PER 30 DAYS)
<i>neo-polycin</i>	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>neo-polycin hc</i>	3-Preferred Brands	
<i>neomycin-bacitracin zn-polymyx</i>	3-Preferred Brands	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	2-Generics	
<i>neomycin-polymyxin-gramicidin</i>	3-Preferred Brands	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	4-Non-Preferred Drugs	
<i>polycin</i>	2-Generics	
RESTASIS	3-Preferred Brands	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	3-Preferred Brands	QL (5.5 PER 28 DAYS)
ROCKLATAN	4-Non-Preferred Drugs	
<i>sulfacetamide-prednisolone</i>	2-Generics	
TOBRADEX 0.3-0.1 % OINTMENT	3-Preferred Brands	
<i>tobramycin-dexamethasone</i>	4-Non-Preferred Drugs	
XDEMZY	5-Specialty	PA, QL (10 PER 42 DAYS)
XIIDRA	3-Preferred Brands	QL (60 PER 30 DAYS)
ZYLET	4-Non-Preferred Drugs	

OPHTHALMIC ANTI-ALLERGY AGENTS

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

OPHTHALMIC ANTI-INFECTIVES

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

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

OPHTHALMIC ANTI-INFLAMMATORIES

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ketorolac tromethamine 0.4 % solution</i>	3-Preferred Brands	
<i>ketorolac tromethamine 0.5 % solution</i>	2-Generics	
<i>prednisolone acetate</i>	3-Preferred Brands	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2-Generics	
PROLENSA	4-Non-Preferred Drugs	

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

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

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	3-Preferred Brands	
RHOPRESSA	4-Non-Preferred Drugs	
SIMBRINZA	4-Non-Preferred Drugs	

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

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

OTIC AGENTS

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

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluticasone propionate 50 mcg/act suspension</i>	2-Generics	QL (16 PER 30 DAYS)
<i>fluticasone propionate diskus 100 mcg/act aer pow ba</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>fluticasone propionate diskus 250 mcg/act aer pow ba</i>	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>fluticasone propionate diskus 50 mcg/act aer pow ba</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>fluticasone propionate hfa (110 mcg/act aerosol, 220 mcg/act aerosol)</i>	3-Preferred Brands	QL (24 PER 30 DAYS)
<i>fluticasone propionate hfa 44 mcg/act aerosol</i>	3-Preferred Brands	QL (22 PER 30 DAYS)
<i>mometasone furoate 50 mcg/act suspension</i>	4-Non-Preferred Drugs	QL (34 PER 30 DAYS)
PULMICORT FLEXHALER	4-Non-Preferred Drugs	QL (2 PER 30 DAYS)

ANTIHISTAMINES

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTILEUKOTRIENES		
<i>montelukast sodium (4 mg chew tab, 5 mg chew tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>montelukast sodium 10 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>montelukast sodium 4 mg packet</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>zafirlukast</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	4-Non-Preferred Drugs	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	2-Generics	PA3
<i>ipratropium bromide 0.03 % solution</i>	2-Generics	QL (30 PER 28 DAYS)
<i>ipratropium bromide 0.06 % solution</i>	2-Generics	QL (45 PER 30 DAYS)
YUPELRI	5-Specialty	PA3
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln)</i>	2-Generics	PA3
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)</i>	4-Non-Preferred Drugs	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proair)</i>	3-Preferred Brands	QL (17 PER 30 DAYS)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proventil)</i>	3-Preferred Brands	QL (13.4 PER 30 DAYS)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic ventolin)</i>	3-Preferred Brands	QL (36 PER 30 DAYS)
<i>arformoterol tartrate</i>	4-Non-Preferred Drugs	PA3
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	3-Preferred Brands	QL (4 PER 30 DAYS)

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

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

CYSTIC FIBROSIS AGENTS

BRONCHITOL	5-Specialty	PA, QL (600 PER 30 DAYS)
CAYSTON	5-Specialty	PA
KALYDECO	5-Specialty	PA, QL (56 PER 28 DAYS)
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	5-Specialty	PA, QL (56 PER 28 DAYS)
ORKAMBI 100-125 MG TAB	5-Specialty	PA, QL (112 PER 28 DAYS)
ORKAMBI 200-125 MG TAB	5-Specialty	PA, QL (120 PER 30 DAYS)
PULMOZYME	5-Specialty	PA3
<i>tobramycin 300 mg/5ml nebu soln</i>	5-Specialty	PA3, QL (300 PER 30 DAYS)
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	5-Specialty	PA, QL (84 PER 28 DAYS)
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	5-Specialty	PA, QL (56 PER 28 DAYS)

MAST CELL STABILIZERS

<i>cromolyn sodium 20 mg/2ml nebu soln</i>	2-Generics	PA3
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PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

<i>elixophyllin</i>	2-Generics	
<i>roflumilast</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>theophylline</i>	2-Generics	
<i>theophylline er (300 mg tab er 12h, 450 mg tab er 12h)</i>	4-Non-Preferred Drugs	
<i>theophylline er (400 mg tab er 24h, 600 mg tab er 24h)</i>	3-Preferred Brands	

PULMONARY ANTIHYPERTENSIVES

ADEMPAS	5-Specialty	PA, QL (90 PER 30 DAYS)
<i>alyq</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>ambrisentan</i>	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
OPSUMIT	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>sildenafil citrate 20 mg tab</i>	3-Preferred Brands	PA, QL (90 PER 30 DAYS)
<i>tadalafil (pah)</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	5-Specialty	PA, QL (60 PER 30 DAYS)
UPTRAVI 200 & 800 MCG TAB THPK	5-Specialty	PA, QL (200 PER 30 DAYS)
UPTRAVI 200 MCG TAB	5-Specialty	PA, QL (150 PER 30 DAYS)

PULMONARY FIBROSIS AGENTS

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

RESPIRATORY TRACT AGENTS, OTHER

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

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

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

SKELETAL MUSCLE RELAXANTS

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

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

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

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

Index of Drugs

A

abacavir sulfate.....	44	albuterol sulfate hfa 108 (90 base) mcg/act	
abacavir sulfate-lamivudine.....	44	aero soln (generic proventil).....	106
ABELCET.....	22	albuterol sulfate hfa 108 (90 base) mcg/act	
ABILIFY ASIMTUFI.....	38	aero soln (generic ventolin).....	106
abiraterone acetate.....	26	alclometasone dipropionate.....	68
abirtega.....	26	ALECENSA.....	28
ABRYSVO.....	95	alendronate sodium.....	98
acamprosate calcium.....	5	alfuzosin hcl er.....	78
acarbose.....	49	aliskiren fumarate.....	60
accutane.....	67	allopurinol.....	23
acebutolol hcl.....	58	alogliptin benzoate.....	49
acetaminophen-codeine.....	3	alogliptin-metformin hcl.....	49
acetazolamide.....	59	alogliptin-pioglitazone.....	49
acetazolamide er.....	103	alosetron hcl.....	75
acetic acid.....	104	alprazolam.....	48
acetylcysteine.....	108	altavera.....	81
acitretin.....	67	ALUNBRIG.....	28
ACTHIB.....	95	ALVAIZ.....	54
ACTIMMUNE.....	93	alyacen 1/35.....	81
acyclovir.....	47,71	alyacen 7/7/7.....	81
acyclovir sodium.....	47	alyq.....	108
ADACEL.....	95	amantadine hcl.....	37
ADALIMUMAB-AACF (2 PEN).....	93	ambrisentan.....	108
ADALIMUMAB-AACF (2 SYRINGE).....	93	amethyst.....	81
ADALIMUMAB-AACF(CD/UC/HS STRT).....	93	amikacin sulfate.....	6
ADALIMUMAB-AACF(PS/UV STARTER).....	93	amiloride hcl.....	62
adefovir dipivoxil.....	42	amiloride-hydrochlorothiazide.....	60
ADEMPAS.....	108	amiodarone hcl.....	57
ADVAIR HFA.....	108	amitriptyline hcl.....	20
afirmelle.....	81	amlodipine besy-benazepril hcl.....	60
AIMOVIG.....	24	amlodipine besylate.....	59
ak-poly-bac.....	100	amlodipine besylate-valsartan.....	60
AKEEGA.....	27	amlodipine-atorvastatin.....	60
ala-cort.....	68	amlodipine-olmesartan.....	60
albendazole.....	35	amlodipine-valsartan-hctz.....	60
albuterol sulfate.....	106	ammonium lactate.....	68
albuterol sulfate hfa 108 (90 base) mcg/act		amnestem.....	67
aero soln (generic proair).....	106	amoxapine.....	20
		amoxicillin.....	9
		amoxicillin-pot clavulanate.....	9
		amoxicillin-pot clavulanate er.....	9

amphetamine-dextroamphet er	65	aurovela fe 1.5/30	81
amphetamine-dextroamphetamine	65	aurovela fe 1/20	81
amphotericin b	22	AUSTEDO	65,66
amphotericin b liposome	22	AUSTEDO XR	66
ampicillin	9	AUSTEDO XR PATIENT TITRATION	66
ampicillin sodium	10	AUVELITY	18
ampicillin-sulbactam sodium	10	AVASTIN	35
anagrelide hcl	54	aviane	81
anastrozole	28	AVMAPKI FAKZYNJA CO-PACK	28
ANORO ELLIPTA	108	AVONEX PEN	66
apomorphine hcl	37	AVONEX PREFILLED	66
apraclonidine hcl	103	ayuna	81
aprepitant	21	AYVAKIT	29
apri	81	azacitidine	27
APTIOM	15	azathioprine	93
APTIVUS	46	AZATHIOPRINE SODIUM	93
aranelle	81	azelastine hcl	101,105
ARCALYST	92	azithromycin	10,11
AREXVY	95	aztreonam	7
arformoterol tartrate	106	azurette	81
ARIKAYCE	6		
aripiprazole	39	B	
ARISTADA	39	bacitra-neomycin-polymyxin-hc	100
ARISTADA INITIO	39	bacitracin	101
armodafinil	110	bacitracin-polymyxin b	100
ARNUITY ELLIPTA	104	baclofen	42
asenapine maleate	39	balsalazide disodium	98
aspirin-dipyridamole er	55	BALVERSA	29
atazanavir sulfate	46	balziva	81
atenolol	58	BAQSIMI ONE PACK	52
atenolol-chlorthalidone	60	BAQSIMI TWO PACK	52
atomoxetine hcl	65	BARACLUDE	42
atorvastatin calcium	62,63	BASAGLAR KWIKPEN	52
atovaquone	36	BCG VACCINE	95
atovaquone-proguanil hcl	36	BD ALCOHOL PADS	99
atropine sulfate	100	benazepril hcl	56
ATROVENT HFA	106	benazepril-hydrochlorothiazide	60
aubra eq	81	BENLYSTA	92
AUGTYRO	27	benzoyl peroxide-erythromycin	67
aurovela 1.5/30	81	benztropine mesylate	36
aurovela 1/20	81	BERINERT	91

BESIVANCE.....	11	budesonide-formoterol fumarate.....	109
BESREMI.....	93	bumetanide.....	61,62
betaine.....	77	buprenorphine.....	3
betamethasone dipropionate.....	68	buprenorphine hcl.....	5
betamethasone dipropionate aug.....	68	buprenorphine hcl-naloxone hcl.....	5
betamethasone valerate.....	68	bupropion hcl.....	18
BETASERON.....	66	bupropion hcl er (smoking det).....	6
betaxolol hcl.....	58,103	bupropion hcl er (sr).....	18
bethanechol chloride.....	79	bupropion hcl er (xl).....	18
BEVESPI AEROSPHERE.....	109	buspirone hcl.....	47
bexarotene.....	35	butorphanol tartrate.....	3
BEXSERO.....	95		
bicalutamide.....	26	C	
BICILLIN L-A.....	10	cabergoline.....	90
BIKTARVY.....	43	CABOMETYX.....	29
bisoprolol fumarate.....	58	calcipotriene.....	70
bisoprolol-hydrochlorothiazide.....	60	calcitonin (salmon).....	98
BIVIGAM.....	92	calcitrene.....	70
blisovi fe 1.5/30.....	81	calcitriol.....	99
blisovi fe 1/20.....	81	calcitriol oral soln 1 mcg/ml.....	99
BOOSTRIX.....	96	CALQUENCE.....	29
bortezomib.....	29	camila.....	88
bosentan.....	108	candesartan cilexetil.....	56
BOSULIF.....	29	candesartan cilexetil-hctz.....	60
BOTOX.....	109	CAPLYTA.....	39
BRAFTOVI.....	29	CAPRELSA.....	29
BREO ELLIPTA.....	109	captopril.....	57
brey-na.....	109	carbamazepine.....	15
BREZTRI AEROSPHERE.....	109	carbamazepine er.....	15
briellyn.....	81	carbidopa.....	37
BRILINTA.....	55	carbidopa-levodopa.....	37
brimonidine tartrate.....	103	carbidopa-levodopa er.....	37
brinzolamide.....	103	carbidopa-levodopa-entacapone.....	37
BRIVIACT.....	12,13	carboplatin.....	25
bromfenac sodium.....	102	carglumic acid.....	72
bromfenac sodium (once-daily).....	102	carteolol hcl.....	103
bromocriptine mesylate.....	37	cartia xt.....	59
BRONCHITOL.....	107	carvedilol.....	58
BRUKINSA.....	29	caspofungin acetate.....	22
budesonide.....	98,104	CAYSTON.....	107
budesonide er.....	98	cefaclor.....	8

cefadroxil.....	8	clarithromycin er.....	11
cefazolin sodium.....	8	CLENPIQ.....	76
cefdinir.....	8	clindamycin hcl.....	7
cefepime hcl.....	8	clindamycin palmitate hcl.....	7
cefixime.....	8	clindamycin phos (once-daily).....	71
cefotetan disodium.....	8	clindamycin phos (twice-daily).....	71
cefoxitin sodium.....	8	clindamycin phosphate.....	7,71
cefpodoxime proxetil.....	8	clindamycin phosphate in d5w.....	7
cefprozil.....	9	CLINIMIX/DEXTROSE (4.25/10).....	72
ceftazidime.....	9	CLINIMIX/DEXTROSE (4.25/5).....	72
ceftriaxone sodium.....	9	CLINIMIX/DEXTROSE (5/15).....	72
cefuroxime axetil.....	9	CLINIMIX/DEXTROSE (5/20).....	72
cefuroxime sodium.....	9	clinisol sf.....	72
celecoxib.....	2	CLINOLIPID.....	99
cephalexin.....	9	clobazam.....	14
CERDELGA.....	77	clobetasol prop emollient base.....	68
cetirizine hcl.....	105	clobetasol propionate.....	68
cevimeline hcl.....	67	clobetasol propionate e.....	69
chateal eq.....	81	clodan.....	69
CHEMET.....	74	clomipramine hcl.....	20
chlorhexidine gluconate.....	67	clonazepam.....	48
chloroquine phosphate.....	36	clonidine 0.1 mg/24hr patch wk.....	55
chlorpromazine hcl.....	38	clonidine 0.2 mg/24hr patch wk.....	55
chlorthalidone.....	62	clonidine 0.3 mg/24hr patch wk.....	55
cholestyramine.....	63	clonidine hcl.....	55
cholestyramine light.....	63	clopidogrel bisulfate.....	55
ciclopirox.....	71	clorazepate dipotassium.....	48
ciclopirox olamine.....	71	clotrimazole.....	22
cilostazol.....	55	clotrimazole-betamethasone.....	70
CILOXAN.....	11	clozapine.....	41
CIMDUO.....	44	COARTEM.....	36
cinacalcet hcl.....	99	COBENFY.....	39
CINRYZE.....	92	COBENFY STARTER PACK.....	39
ciprofloxacin hcl.....	11	colchicine.....	24
ciprofloxacin in d5w.....	11	colchicine-probenecid.....	24
ciprofloxacin in d5w 400 mg/200ml solution.....	11	colesevelam hcl.....	63
ciprofloxacin-dexamethasone.....	104	colestipol hcl.....	63
cisplatin.....	26	colistimethate sodium (cba).....	7
citalopram hydrobromide.....	18,19	COMBIGAN.....	100
claravis.....	67	COMBIVENT RESPIMAT.....	109
clarithromycin.....	11	COMETRIQ (100 MG DAILY DOSE).....	29

COMETRIQ (140 MG DAILY DOSE).....	29	deferasirox granules.....	74
COMETRIQ (60 MG DAILY DOSE).....	29	deferiprone.....	74
COMPLERA.....	43	DELSTRIGO.....	43
compro.....	21	delyla.....	82
constulose.....	75	DEPO-SUBQ PROVERA 104.....	88
COPAXONE.....	66	DESCOVY.....	44
COPIKTRA.....	29	desipramine hcl.....	20
CORLANOR.....	60	desloratadine.....	105
COTELLIC.....	29	desmopressin ace spray refrig.....	80
CREON.....	77	desmopressin acetate.....	80
cromolyn sodium.....	77,101,107	desmopressin acetate pf.....	80
cryselle-28.....	81	desmopressin acetate spray.....	80
cyclobenzaprine hcl.....	109	desogestrel-ethinyl estradiol.....	82
cyclophosphamide.....	26	desonide.....	69
CYCLOPHOSPHAMIDE.....	26	desoximetasone.....	69
cyclosporine.....	93	desvenlafaxine succinate er.....	19
cyclosporine modified.....	93	dexamethasone.....	79
cyproheptadine hcl.....	105	dexamethasone sod phos +rfid.....	79
cyred eq.....	82	dexamethasone sod phosphate pf.....	79
CYSTAGON.....	77	dexamethasone sodium phosphate....	79,102
CYSTARAN.....	77	dexmethylphenidate hcl.....	65
D		dextroamphetamine sulfate.....	65
dabigatran etexilate mesylate.....	53	dextroamphetamine sulfate er.....	65
dalfampridine er.....	67	dextrose.....	72
danazol.....	80	dextrose-sodium chloride.....	72
dantrolene sodium.....	42	DIACOMIT.....	13
DANZITEN.....	29	diazepam.....	14,48
dapagliflozin propanediol.....	64	diazepam intensol.....	48
dapsone.....	25	diazoxide.....	52
DAPTACEL.....	96	diclofenac potassium.....	2
daptomycin.....	7	diclofenac sodium.....	2,102
daptomycin 350 mg recon soln.....	7	diclofenac sodium er.....	2
darifenacin hydrobromide er.....	78	dicloxacillin sodium.....	10
darunavir.....	46	dicyclomine hcl.....	76
dasatinib.....	29	DIFICID.....	11
dasetta 1/35.....	82	diflunisal.....	2
dasetta 7/7/7.....	82	difluprednate.....	102
DAURISMO.....	29	digoxin.....	57
deblitane.....	88	dihydroergotamine mesylate.....	24
deferasirox.....	74	DILANTIN.....	15
		DILANTIN INFATABS.....	16

dilt-xr	59	EDURANT	43
diltiazem hcl	59	EDURANT PED	43
diltiazem hcl er	59	efavirenz	43
diltiazem hcl er beads	59	efavirenz-emtricitab-tenofo df	44
diltiazem hcl er coated beads	59	efavirenz-lamivudine-tenofovir	44
dimethyl fumarate	67	ELIGARD	90
dimethyl fumarate starter pack	67	elinest	82
diphenhydramine hcl	105	ELIQUIS	53
diphenoxylate-atropine	75	ELIQUIS DVT/PE STARTER PACK	53
DIPHThERIA-TETANUS TOXOIDS DT	96	elixophyllin	107
dipyridamole	55	ELMIRON	79
disulfiram	5	eluryng	82
divalproex sodium	13	EMGALITY	24
divalproex sodium er	13	EMGALITY (300 MG DOSE)	24
DOCETAXEL	27	EMSAM	18
dofetilide	57	emtricitab-rilpivir-tenofov df	44
dolishale	82	emtricitabine	44
donepezil hcl	17	emtricitabine-tenofovir df	44
DOPTelet	55	EMTRIVA	44
dorzolamide hcl	103	emzahh	88
dorzolamide hcl-timolol mal	100	enalapril maleate	57
dorzolamide hcl-timolol mal pf	100	enalapril-hydrochlorothiazide	60
DOVATO	43	ENBREL	93
doxazosin mesylate	56	ENBREL MINI	93
doxepin hcl	20,110	ENBREL SURECLICK	93
doxy 100	12	endocet	4
doxycycline hyclate	12	ENGERIX-B	96
doxycycline monohydrate	12	enilloring	82
DRIZALMA SPRINKLE	66	enoxaparin sodium	54
dronabinol	21	enpresse-28	82
drospirenone-ethinyl estradiol	82	enskyce	82
DROXIA	27	entacapone	37
droxidopa	56	entecavir	42
DUAVEE	90	ENTRESTO	60
duloxetine hcl	66	enulose	75
DUPIXENT	92	ENVARsus XR	93
dutasteride	78	EPCLUSA	42
dutasteride-tamsulosin hcl	78	EPIDIOLEX	13
		epinastine hcl	101
		epinephrine	106
		epitol	16
E			
econazole nitrate	22		

eplerenone.....	62	FARXIGA.....	64
EPRONTIA.....	13	FASENRA.....	109
ergotamine-caffeine.....	24	FASENRA PEN.....	109
ERIVEDGE.....	29	feirza 1.5/30.....	82
ERLEADA.....	26	feirza 1/20.....	83
erlotinib hcl.....	30	felbamate.....	13
errin.....	88	felodipine er.....	59
ertapenem sodium.....	10	femynor.....	83
ery 2% pad.....	71	fenofibrate.....	62
ery-tab.....	11	fenofibrate micronized.....	62
erythromycin.....	11,71,102	fenofibric acid.....	62
ERYTHROMYCIN.....	71	fentanyl.....	3
erythromycin base.....	11	fesoterodine fumarate er.....	78
erythromycin ethylsuccinate.....	11	FETZIMA.....	19
escitalopram oxalate.....	19	FETZIMA TITRATION.....	19
eslicarbazepine acetate.....	16	FIASP.....	52
esomeprazole magnesium.....	77	FIASP FLEXTOUCH.....	52
estarylla.....	82	FIASP PENFILL.....	52
estradiol.....	82	FIASP PUMPCART.....	52
ethambutol hcl.....	25	fidaxomicin.....	11
ethosuximide.....	14	finasteride.....	78
ethynodiol diac-eth estradiol.....	82	finbolimod hcl.....	67
etodolac.....	2	FINTEPLA.....	13
etodolac er.....	2	FIRMAGON.....	90
etonogestrel-ethinyl estradiol.....	82	FIRMAGON (240 MG DOSE).....	90
etoposide.....	28	flac.....	104
etravirine.....	44	FLAREX.....	102
EULEXIN.....	26	FLEBOGAMMA DIF.....	92
everolimus.....	30,93	flecainide acetate.....	57
EVOTAZ.....	46	fluconazole.....	22
exemestane.....	28	fluconazole in sodium chloride.....	22
ezetimibe.....	63	flucytosine.....	22
ezetimibe-simvastatin.....	63	fludrocortisone acetate.....	79
F		flunisolide.....	104
falmina.....	82	fluocinolone acetonide.....	69,104
famciclovir.....	47	fluocinolone acetonide body.....	69
famotidine.....	76	fluocinolone acetonide scalp.....	69
FANAPT.....	39	fluocinonide.....	69
FANAPT TITRATION PACK A.....	39	fluocinonide emulsified base.....	69
FANAPT TITRATION PACK C.....	39	fluorometholone.....	102
		fluorouracil.....	27,70

fluoxetine hcl	19
fluphenazine decanoate	38
fluphenazine hcl	38
flurbiprofen	2
flurbiprofen sodium	102
fluticasone propionate	69,105
fluticasone propionate diskus	105
fluticasone propionate hfa	105
fluticasone-salmeterol	109
fluvoxamine maleate	19
fondaparinux sodium	54
formoterol fumarate	107
fosamprenavir calcium	46
fosinopril sodium	57
fosinopril sodium-hctz	60
FOTIVDA	30
FRUZAQLA	27
FULPHILA	54
fulvestrant	27
furosemide	62
FUZEON	45
fyavolv	83
FYCOMPA	13

G

gabapentin	14
galantamine hydrobromide	17
galantamine hydrobromide er	17
gallifrey	88
GAMMAGARD	92
GAMMAGARD S/D LESS IGA	92
GAMMAKED	92
GAMMAPLEX	92
GAMUNEX-C	92
GARDASIL 9	96
gatifloxacin	102
GATTEX	76
GAUZE PADS & DRESSINGS - PADS 2 X 2	99
gavilyte-c	76
gavilyte-g	76

gavilyte-n with flavor pack	76
GAVRETO	30
gefitinib	30
gemfibrozil	62
GEMTESA	78
generlac	75
gengraf	93
gentamicin in saline	6
gentamicin sulfate	6,102
GENVOYA	43
GILOTRIF	30
GLEOSTINE	26
glimepiride	49
glipizide	49
glipizide er	49
glipizide-metformin hcl	49
GLUCAGON EMERGENCY	52
glucagon emergency 1 mg kit (generic)	52
glyburide	49
glyburide-metformin	49
glycopyrrolate	76
GLYXAMBI	50
GOMEKLI	30
granisetron hcl	21
griseofulvin microsize	22
griseofulvin ultramicrosize	22
guanfacine hcl er	65

H

HADLIMA	94
HADLIMA PUSH TOUCH	94
HAEGARDA	92
hailey 1.5/30	83
hailey fe 1.5/30	83
hailey fe 1/20	83
halobetasol propionate	69
haloette	83
haloperidol	38
haloperidol decanoate	38
haloperidol lactate	38
HARVONI	42,43

HAVRIX.....	96	ibu.....	2
heather.....	88	ibuprofen.....	2
heparin sodium (porcine).....	54	icatibant acetate.....	92
heparin sodium (porcine) pf.....	54	iclevia.....	83
HEPLISAV-B.....	96	ICLUSIG.....	30
HERCEPTIN HYLECTA.....	35	IDACIO (2 PEN).....	94
HERNEXEOS.....	30	IDACIO (2 SYRINGE).....	94
HETLIOZ LQ.....	110	IDACIO-CROHNS/UC STARTER.....	94
HIBERIX.....	96	IDACIO-PSORIASIS STARTER.....	94
HUMIRA (2 PEN).....	94	IDHIFA.....	30
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT (ABBVIE PRODUCT ONLY).....	94	ILEVRO.....	102
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT (ABBVIE PRODUCT ONLY).....	94	imatinib mesylate.....	30
HUMIRA (2 SYRINGE).....	94	IMBRUVICA.....	30
HUMIRA 10 MG/0.1ML PREF SY KT (ABBVIE PRODUCT ONLY).....	94	imipenem-cilastatin.....	10
HUMIRA 20 MG/0.2ML PREF SY KT (ABBVIE PRODUCT ONLY).....	94	imipramine hcl.....	20
HUMIRA 40 MG/0.4ML PREF SY KT (ABBVIE PRODUCT ONLY).....	94	imiquimod.....	70
HUMIRA-PSORIASIS/UEIT STARTER... 94		IMKELDI.....	30
HUMULIN R U-500 (CONCENTRATED)... 52		IMOVAX RABIES.....	96
HUMULIN R U-500 KWIKPEN.....	52	IMPAVIDO.....	36
hydralazine hcl.....	64	INBRIJA.....	37
hydrochlorothiazide.....	62	incassia.....	88
hydrocodone-acetaminophen.....	4	INCRELEX.....	80
hydrocortisone.....	69,98	INCRUSE ELLIPTA.....	106
hydrocortisone (perianal).....	69	indapamide.....	62
hydrocortisone valerate.....	70	INFANRIX.....	96
hydrocortisone-acetic acid.....	104	INFLECTRA.....	94
hydromorphone hcl.....	4	INLYTA.....	30
hydroxychloroquine sulfate.....	36	INQOVI.....	28
hydroxyurea.....	27	INREBIC.....	30
hydroxyzine hcl.....	105	INSULIN PEN NEEDLE (NOVO/BD/EMBECTA/ULTIMED/OWEN/TRI VIDIA).....	99
hydroxyzine pamoate.....	47	INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/EMBECTA/ULTIMED/ALLISON/TRIVIDI A/MHC).....	99
		INSULIN SYRINGE (DISP) U-100 1 ML (BD/EMBECTA/ULTIMED/ALLISON/TRIVIDI A/MHC).....	100
		INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/EMBECTA/ULTIMED/ALLISON/TRIVIDI A/MHC).....	100
I			
ibandronate sodium.....	99		
IBRANCE.....	30		
IBTROZI.....	30		

INTELENCE	44
INTRALIPID	100
introvale	83
INVEGA HAFYERA	39
INVEGA SUSTENNA	39,40
INVEGA TRINZA	40
IPOL	96
ipratropium bromide	106
ipratropium-albuterol	109
irbesartan	56
irbesartan-hydrochlorothiazide	60
irinotecan hcl	28
ISENTRESS	43
ISENTRESS HD	43
isibloom	83
ISOLYTE-P IN D5W	72
ISOLYTE-S	72
ISOLYTE-S PH 7.4	72
isoniazid	25
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD	100
isosorbide dinitrate	64
isosorbide mononitrate	64
isosorbide mononitrate er	64
isotretinoin	68
isradipine	59
ITOVEBI	31
itraconazole	23
ivabradine hcl	61
ivermectin	36
IWILFIN	28
IXIARO	96

J

JAKAFI	31
jantoven	54
JANUMET	50
JANUMET XR	50
JANUVIA	50
JARDIANCE	64
jasmiel	83

javygtor	77
JAYPIRCA	31
jencycla	89
JENTADUETO	50
JENTADUETO XR	50
jinteli	83
jolessa	83
juleber	83
JULUCA	43
junel 1.5/30	83
junel 1/20	83
junel fe 1.5/30	83
junel fe 1/20	83
JYNNEOS	96

K

KADCYLA	35
KALETRA	46
kalliga	83
KALYDECO	107
KANJINTI	35
kariva	83
kcl (0.149%) in nacl	72
kcl in dextrose-nacl	72
KCL-LACTATED RINGERS-D5W	72
kelnor 1/35	83
kelnor 1/50	83
KERENDIA	64
KESIMPTA	67
ketoconazole	23
ketorolac tromethamine	103
KEYTRUDA	35
KINRIX	96
kionex	74
KISQALI (200 MG DOSE)	31
KISQALI (400 MG DOSE)	31
KISQALI (600 MG DOSE)	31
KISQALI FEMARA (200 MG DOSE)	31
KISQALI FEMARA (400 MG DOSE)	31
KISQALI FEMARA (600 MG DOSE)	31
klayesta	23

klor-con	73
klor-con 10	73
klor-con m10	73
klor-con m15	73
klor-con m20	73
KOSELUGO	31
kourzeq	67
KRAZATI	31
kurvelo	83

L

l-glutamine	77	LENVIMA (8 MG DAILY DOSE)	31
labetalol hcl	58	lessina	84
lacosamide	16	letrozole	28
lactulose	75	leucovorin calcium	28
lactulose encephalopathy	75	LEUKERAN	26
lamivudine	42,44,45	leuprolide acetate	90
lamivudine-zidovudine	45	leuprolide acetate (3 month)	91
lamotrigine	13,48	levalbuterol hcl	107
lamotrigine er	13	levalbuterol tartrate	107
lanreotide acetate	90	levetiracetam	13
lansoprazole	77	levetiracetam er	13
LANTUS	52	LEVETIRACETAM IN NACL	13
LANTUS SOLOSTAR	52	levobunolol hcl	103
lapatinib ditosylate	31	levocarnitine	75
larin 1.5/30	84	levocarnitine sf	75
larin 1/20	84	levocetirizine dihydrochloride	105
larin fe 1.5/30	84	levofloxacin	11,102
larin fe 1/20	84	levofloxacin in d5w	11
latanoprost	104	levofloxacin oral soln 25 mg/ml	11
LAZCLUZE	31	levonest	84
leena	84	levonorg-eth estrad triphasic	84
leflunomide	94	levonorgest-eth estrad 91-day	84
lenalidomide	26	levonorgestrel-ethinyl estrad	84
LENVIMA (10 MG DAILY DOSE)	31	levora 0.15/30 (28)	84
LENVIMA (12 MG DAILY DOSE)	31	levothyroxine sodium	90
LENVIMA (14 MG DAILY DOSE)	31	levoxyl	90
LENVIMA (18 MG DAILY DOSE)	31	LIBERVANT	15
LENVIMA (20 MG DAILY DOSE)	31	lidocaine	5
LENVIMA (24 MG DAILY DOSE)	31	lidocaine viscous hcl	5
LENVIMA (4 MG DAILY DOSE)	31	lidocaine-prilocaine	5
		lidocan	5
		LILETTA (52 MG)	89
		linezolid	7
		LINZESS	75
		liomny	90
		liothyronine sodium	90
		lisinopril	57
		lisinopril-hydrochlorothiazide	61
		lithium	49
		lithium carbonate	49
		lithium carbonate er	49

LIVTENCITY.....	42
lo-zumandimine.....	84
loestrin 1.5/30 (21).....	84
loestrin 1/20 (21).....	84
loestrin fe 1.5/30.....	84
loestrin fe 1/20.....	84
LOKELMA.....	74
LONSURF.....	28
loperamide hcl.....	76
lopinavir-ritonavir.....	46
lorazepam.....	48
lorazepam intensol.....	48
LORBRENA.....	31
loryna.....	84
losartan potassium.....	56
losartan potassium-hctz.....	61
lovastatin.....	63
low-ogestrel.....	84
loxapine succinate.....	38
luizza 1.5/30.....	84
luizza 1/20.....	84
LUMAKRAS.....	31
LUMIGAN.....	104
LUPRON DEPOT (1-MONTH).....	91
LUPRON DEPOT (3-MONTH).....	91
LUPRON DEPOT (4-MONTH).....	91
LUPRON DEPOT (6-MONTH).....	91
LUPRON DEPOT-PED (1-MONTH).....	91
LUPRON DEPOT-PED (3-MONTH).....	91
LUPRON DEPOT-PED (6-MONTH).....	91
lurasidone hcl.....	40
lutra.....	84
lyleq.....	89
LYNPARZA.....	31
LYSODREN.....	28
LYTGOBI (12 MG DAILY DOSE).....	32
LYTGOBI (16 MG DAILY DOSE).....	32
LYTGOBI (20 MG DAILY DOSE).....	32
lyza.....	89

M

M-M-R II.....	96
MAGNESIUM SULFATE.....	73
malathion.....	71
maraviroc.....	45
marlissa.....	85
MARPLAN.....	18
MATULANE.....	26
matzim la.....	59
MAVYRET.....	43
meclizine hcl.....	21
medroxyprogesterone acetate.....	89
mefloquine hcl.....	36
megestrol acetate.....	89
MEKINIST.....	32
MEKTOVI.....	32
meleya.....	89
meloxicam.....	2
memantine hcl.....	17
memantine hcl er.....	18
MENACTRA.....	96
MENQUADFI.....	96
MENVEO.....	96
mercaptapurine.....	27
meropenem.....	10
mesalamine.....	98
mesalamine er.....	98
mesalamine-cleanser.....	98
mesna.....	35
MESNEX.....	35
metformin hcl.....	50
metformin hcl er.....	50
methadone hcl.....	3
methazolamide.....	103
methenamine hippurate.....	7
methimazole.....	91
methocarbamol.....	109
methotrexate sodium.....	94
methotrexate sodium (pf).....	94
methsuximide.....	14

methylphenidate hcl.....	65	moxifloxacin hcl.....	12,102
methylphenidate hcl er.....	65	moxifloxacin hcl (2x day).....	102
methylprednisolone.....	79	moxifloxacin hcl in nacl.....	12
methylprednisolone acetate.....	79	MRESVIA.....	96
methylprednisolone sodium succ.....	79	MULTAQ.....	57
metoclopramide hcl.....	21	multiple electro type 1 ph 5.5.....	73
metolazone.....	62	multiple electro type 1 ph 7.4.....	73
metoprolol succinate er.....	58	mupirocin.....	72
metoprolol tartrate.....	58	MVASI.....	35
metoprolol-hydrochlorothiazide.....	61	mycophenolate mofetil.....	95
metronidazole.....	7,68	mycophenolate mofetil hcl.....	95
metyrosine.....	61	mycophenolate sodium.....	95
micafungin sodium.....	23	mycophenolic acid.....	95
miconazole 3.....	23	MYRBETRIQ.....	78
microgestin 1.5/30.....	85		
microgestin 1/20.....	85	N	
microgestin fe 1.5/30.....	85	na sulfate-k sulfate-mg sulf.....	76
microgestin fe 1/20.....	85	nabumetone.....	2
midodrine hcl.....	56	nadolol.....	58
MIEBO.....	100	nafcillin sodium.....	10
mifepristone.....	91	naftifine hcl.....	23
miglustat.....	77	naloxone hcl.....	6
mili.....	85	naltrexone hcl.....	5
minocycline hcl.....	12	NAMZARIC.....	17
minoxidil.....	64	naproxen.....	2
mirtazapine.....	18	naproxen dr.....	3
misoprostol.....	76	naratriptan hcl.....	24
MITIGARE.....	24	nateglinide.....	50
modafinil.....	110	NAYZILAM.....	15
MODEYSO.....	28	nebivolol hcl.....	58
moexipril hcl.....	57	necon 0.5/35 (28).....	85
molindone hcl.....	38	NEEDLES, INSULIN DISP., SAFETY.....	100
mometasone furoate.....	70,105	nefazodone hcl.....	19
mondoxyne nl.....	12	neo-polycin.....	100
mono-lynyah.....	85	neo-polycin hc.....	101
montelukast sodium.....	106	neomycin sulfate.....	6
morphine sulfate.....	4	neomycin-bacitracin zn-polymyx.....	101
morphine sulfate (concentrate).....	4	neomycin-polymyxin-dexameth.....	101
morphine sulfate er.....	3	neomycin-polymyxin-gramicidin.....	101
MOUNJARO.....	50	neomycin-polymyxin-hc.....	101,104
MOVANTIK.....	75	NERLYNX.....	32

nevirapine	44	nortriptyline hcl	20,21
nevirapine er	44	NORVIR	46
NEXLETOL	61	NOVOLIN 70/30	52
NEXLIZET	63	NOVOLIN 70/30 FLEXPEN	52
NEXPLANON	89	NOVOLIN N	52
niacin er (antihyperlipidemic)	63	NOVOLIN N FLEXPEN	53
nicardipine hcl	59	NOVOLIN R	53
NICOTROL	6	NOVOLIN R FLEXPEN	53
NICOTROL NS	6	NOVOLOG	53
nifedipine er	59	NOVOLOG FLEXPEN	53
nifedipine er osmotic release	59	NOVOLOG MIX 70/30	53
nikki	85	NOVOLOG MIX 70/30 FLEXPEN	53
nilotinib hcl	32	NOVOLOG PENFILL	53
nilutamide	26	NUBEQA	26
nimodipine	59	NUDEXTA	66
NINLARO	32	NULOJIX	95
nitazoxanide	36	NUPLAZID	40
nitisinone	77	NURTEC	24
NITRO-BID	64	NUTRILIPID	100
nitrofurantoin macrocrystal	7	nyamyc	23
nitrofurantoin monohyd macro	7	nylia 1/35	86
nitroglycerin	64,65	nylia 7/7/7	86
nizatidine	76	nymyo	86
nora-be	89	nystatin	23
NORDITROPIN FLEXPEN	80	nystop	23
norelgestromin-eth estradiol	85		
norethin ace-eth estrad-fe	85	O	
norethin-eth estradiol-fe	85	ocella	86
norethindron-ethinyl estrad-fe	85	OCTAGAM	92
norethindrone	89	octreotide acetate	91
norethindrone acet-ethinyl est	85	ODEFSEY	44
norethindrone acetate	89	ODOMZO	32
norethindrone-eth estradiol	85	OFEV	108
norgestim-eth estrad triphasic	85	ofloxacin	102
norgestimate-eth estradiol	85	OGIVRI	35
norlyda	89	OGSIVEO	32
norlyroc	89	OJEMDA	32
nortrel 0.5/35 (28)	85	OJJAARA	28
nortrel 1/35 (21)	85	olanzapine	40
nortrel 1/35 (28)	85	olmesartan medoxomil	56
nortrel 7/7/7	86	olmesartan medoxomil-hctz	61

olmesartan-amlodipine-hctz	61	PAXLOVID (300/100)	47
omega-3-acid ethyl esters	63	pazopanib hcl	32
omeprazole	77	PEDIARIX	97
ondansetron	21,22	PEDVAX HIB	97
ondansetron hcl	22	peg 3350-kcl-na bicarb-nacl	76
ondansetron hcl +rfd	22	peg-3350/electrolytes	76
ondansetron hcl oral soln 4 mg/5ml	22	PEGASYS	93
ONUREG	27	PEMAZYRE	32
OPIPZA	40	PENBRAYA	100
OPSUMIT	108	penicillamine	74
OPVEE	6	PENICILLIN G POT IN DEXTROSE	10
oralone	67	penicillin g potassium	10
ORGOVYX	28	penicillin g sodium	10
ORKAMBI	107	penicillin v potassium	10
orquidea	89	PENMENVY	97
ORSERDU	27	PENTACEL	97
oseltamivir phosphate	46,47	pentamidine isethionate for nebulization soln	
OTEZLA	70,71	300 mg	36
oxacillin sodium	10	pentamidine isethionate for soln 300 mg	36
oxaliplatin	26	pentoxifylline er	61
oxcarbazepine	16	perampanel	13,14
oxybutynin chloride	78	perindopril erbumine	57
oxybutynin chloride er	78	periogard	67
oxycodone hcl	4	permethrin	71
oxycodone-acetaminophen	4	perphenazine	21
OZEMPIC (0.25 OR 0.5 MG/DOSE)	50	pfizerpen	10
OZEMPIC (1 MG/DOSE)	50	phenelzine sulfate	18
OZEMPIC (2 MG/DOSE)	51	phenobarbital	15
P		phenytek	16
pacerone	57	phenytoin	16
paclitaxel	32	phenytoin infatabs	16
paclitaxel protein-bound part	32	phenytoin sodium	16
paliperidone er	40	phenytoin sodium extended	16
PANRETIN	35	philith	86
pantoprazole sodium	77	PIFELTRO	44
PANZYGA	92	pilocarpine hcl	67,104
paricalcitol	99	pimecrolimus	70
paroxetine hcl	19	pimozide	38
PAXLOVID	47	pimtrea	86
PAXLOVID (150/100)	47	pindolol	58
		pioglitazone hcl	51

quetiapine fumarate	40,41
quetiapine fumarate er	41
quinapril hcl	57
quinidine sulfate	58
quinine sulfate	36

R

RABAVERT	97
rabeprazole sodium	77
RALDESY	20
raloxifene hcl	90
ramelteon	110
ramipril	57
ranolazine er	61
rasagiline mesylate	37
reclipsen	86
RECOMBIVAX HB	97
RECORLEV	91
REGRANEX	71
relafen	3
RELENZA DISKHALER	47
RENFLEXIS	95
repaglinide	51
REPATHA	63
REPATHA PUSHTRONEX SYSTEM	64
REPATHA SURECLICK	64
RESTASIS	101
RESTASIS MULTIDOSE	101
RETACRIT	55
RETEVMO	32
REVUFORJ	32,33
REXULTI	41
REYATAZ	46
REZLIDHIA	33
REZUROCK	95
RHOPRESSA	104
ribavirin	43
rifabutin	25
rifampin	25
riluzole	66
rimantadine hcl	47

RINVOQ	92
RINVOQ LQ	92
risedronate sodium	99
risperidone	41
risperidone microspheres er	41
ritonavir	46
rivaroxaban	54
rivastigmine	17
rivastigmine tartrate	17
rizatriptan benzoate	24
ROCKLATAN	101
roflumilast	107
ROMVIMZA	33
ropinirole hcl	37
rosuvastatin calcium	63
ROTARIX	97
ROTATEQ	97
roweepra	14
ROZLYTREK	33
RUBRACA	33
rufinamide	16
RUKOBIA	45
RUXIENCE	35
RYBELSUS	51
RYDAPT	33

S

sacubitril-valsartan	61
sajazir	92
SANTYL	71
sapropterin dihydrochloride	77
SCSEMBLIX	33
scopolamine	21
SECUADO	41
selegiline hcl	37
selenium sulfide	70
SELZENTRY	45
SEREVENT DISKUS	107
sertraline hcl	20
setlakin	86
sharobel	90

SHINGRIX.....	97	subvenite.....	49
SIGNIFOR.....	91	sucralfate.....	77
sildenafil citrate.....	108	sulfacetamide sodium.....	102
silodosin.....	78	sulfacetamide sodium (acne).....	68
silver sulfadiazine.....	71	sulfacetamide-prednisolone.....	101
SIMBRINZA.....	104	sulfadiazine.....	12
simliya.....	86	sulfamethoxazole-trimethoprim.....	12
simvastatin.....	63	sulfasalazine.....	98
sirolimus.....	95	sulindac.....	3
SIRTURO.....	25	sumatriptan.....	24
SKYRIZI.....	92	sumatriptan succinate.....	24
SKYRIZI PEN.....	92	sumatriptan succinate refill.....	25
sodium chloride.....	74	sunitinib malate.....	33
sodium chloride (pf).....	74	SUNLENCA.....	45
sodium fluoride.....	74	syeda.....	86
SODIUM OXYBATE.....	110	SYMPAZAN.....	15
sodium phenylbutyrate.....	77	SYMTUZA.....	46
sodium polystyrene sulfonate.....	74	SYNAREL.....	91
SOFOSBUVIR-VELPATASVIR.....	43	SYNJARDY.....	51
solifenacin succinate.....	78	SYNJARDY XR.....	51
SOLQUA.....	51	SYNTHROID.....	90
SOLTAMOX.....	27		
SOLU-MEDROL.....	80	T	
SOMATULINE DEPOT.....	91	TABLOID.....	27
SOMAVERT.....	91	TABRECTA.....	33
sorafenib tosylate.....	33	tacrolimus.....	70,95
sotalol hcl.....	58	tadalafil.....	79
sotalol hcl (af).....	58	tadalafil (pah).....	108
spironolactone.....	64	TAFINLAR.....	33
spironolactone-hctz.....	61	TAGRISSO.....	33
sprintec 28.....	86	TALTZ.....	92
SPRITAM.....	14	TALZENNA.....	33
SPRYCEL.....	33	tamoxifen citrate.....	27
sps (sodium polystyrene sulf).....	74	tamsulosin hcl.....	79
sronyx.....	86	tarina fe 1/20 eq.....	87
ssd.....	71	TASIGNA.....	33
STELARA.....	92	tasimelteon.....	110
sterile water for irrigation.....	100	TAVNEOS.....	92
STIVARGA.....	33	tazarotene.....	68
streptomycin sulfate.....	7	tazicef.....	9
STRIBILD.....	43	TAZVERIK.....	33

TEFLARO.....	9	tobramycin.....	102,107
telmisartan.....	56	tobramycin sulfate.....	7
telmisartan-amlodipine.....	61	tobramycin-dexamethasone.....	101
telmisartan-hctz.....	61	tolterodine tartrate.....	78
temazepam.....	110	tolterodine tartrate er.....	78
TENIVAC.....	97	topiramate.....	14
tenofovir disoproxil fumarate.....	45	toremifene citrate.....	27
TEPMETKO.....	33	torpenz.....	33
terazosin hcl.....	56	torsemide.....	62
terbinafine hcl.....	23	TOUJEO MAX SOLOSTAR.....	53
terbutaline sulfate.....	107	TOUJEO SOLOSTAR.....	53
terconazole.....	23	TPN ELECTROLYTES.....	74
teriflunomide.....	67	TRADJENTA.....	51
TERIPARATIDE 560 MCG/2.24ML SOLN PEN (ALVOGEN, NDC 47781065289).....	99	tramadol hcl.....	4
testosterone.....	80	tramadol-acetaminophen.....	5
testosterone cypionate.....	80	trandolapril.....	57
testosterone enanthate.....	80	tranexamic acid.....	55
testosterone td gel pump 20.25 mg/act (1.62%).....	81	tranylcypromine sulfate.....	18
tetrabenazine.....	66	TRAVASOL.....	74
tetracycline hcl.....	12	travoprost (bak free).....	104
THALOMID.....	26,27	TRAZIMERA.....	35
theophylline.....	108	trazodone hcl.....	20
theophylline er.....	108	TRECATOR.....	25
thioridazine hcl.....	38	TRELEGY ELLIPTA.....	109
thiothixene.....	38	TRESIBA.....	53
tiadylt er.....	59	TRESIBA FLEXTOUCH.....	53
tiagabine hcl.....	15	tretinoin.....	35,68
TIBSOVO.....	33	tri femynor.....	87
ticagrelor.....	55	tri-estarylla.....	87
TICOVAC.....	97	tri-legest fe.....	87
TIGECYCLINE.....	7	tri-linyah.....	87
tilia fe.....	87	tri-lo-estarylla.....	87
timolol maleate.....	58,103	tri-lo-marzia.....	87
timolol maleate (once-daily).....	103	tri-lo-mili.....	87
tinidazole.....	8	tri-lo-sprintec.....	87
TIVICAY.....	43	tri-mili.....	87
TIVICAY PD.....	43	tri-nymyo.....	87
tizanidine hcl.....	42	tri-sprintec.....	87
TOBRADEX.....	101	tri-vylibra.....	87
		tri-vylibra lo.....	87
		triamcinolone acetonide.....	67,70

triamterene-hctz	61	valsartan	56
triderm	70	valsartan-hydrochlorothiazide	61
trientine hcl	74	VALTOCO 10 MG DOSE	15
trifluoperazine hcl	38	VALTOCO 15 MG DOSE	15
trifluridine	102	VALTOCO 20 MG DOSE	15
trihexyphenidyl hcl	36	VALTOCO 5 MG DOSE	15
TRIJARDY XR	51	valtya 1/35	87
TRIKAFTA	107	valtya 1/50	87
trimethoprim	8	vancomycin hcl	8
trimipramine maleate	21	VANFLYTA	34
TRINTELLIX	20	VAQTA	97
TRIUMEQ	45	varenicline tartrate	6
TRIUMEQ PD	45	varenicline tartrate (starter)	6
TROGARZO	45	varenicline tartrate(continue)	6
TROPHAMINE	74	VARIVAX	97
tropium chloride	78	VASCEPA	64
tropium chloride er	78	VAXCHORA	98
TRULANCE	75	velivet	87
TRULICITY	51	VENCLEXTA	34
TRUMENBA	97	VENCLEXTA STARTING PACK	34
TRUQAP	34	venlafaxine hcl	20
TRUXIMA	35	venlafaxine hcl er	20
TUKYSA	34	verapamil hcl	59
TURALIO	34	verapamil hcl er	59
turqoz	87	VERQUVO	61
TWINRIX	97	VERSACLOZ	41
TYBOST	45	VERZENIO	34
TYPHIM VI	97	vestura	87
U		vienva	87
UBRELVY	24	vigabatrin	15
unithroid	90	vigadrone	15
UPTRAVI	108	VIGAFYDE	15
ursodiol	76	vigpoder	15
V		vilazodone hcl	20
valacyclovir hcl	47	VIMKUNYA	98
VALCHLOR	26	viorele	87
valganciclovir hcl	42	VIRACEPT	46
valproate sodium	14	VIREAD	45
valproic acid	14	VITRAKVI	34
		VIVITROL	5
		VIVOTIF	98

VIZIMPRO	34
volnea	88
VONJO	34
VORANIGO	34
voriconazole	23
VOWST	76
VRAYLAR	41
vyfemla	88
vylibra	88

W

warfarin sodium	54
WELIREG	28
wera	88
wixela inhub	109
wymzya fe	88

X

XALKORI	34
xarah fe	88
XARELTO	54
XARELTO STARTER PACK	54
XATMEP	95
XCOPRI	16,17
XCOPRI (250 MG DAILY DOSE)	17
XCOPRI (350 MG DAILY DOSE)	17
XDEMZY	101
XELJANZ	92
XELJANZ XR	93
xelria fe	88
XEOMIN	109
XERMELO	76
XGEVA	99
XIFAXAN	8
XIGDUO XR	51
XIIDRA	101
XOFLUZA (40 MG DOSE)	47
XOFLUZA (80 MG DOSE)	47
XOLAIR	93
XOSPATA	34
XPOVIO (100 MG ONCE WEEKLY)	34

XPOVIO (40 MG ONCE WEEKLY)	34
XPOVIO (40 MG TWICE WEEKLY)	34
XPOVIO (60 MG ONCE WEEKLY)	34
XPOVIO (60 MG TWICE WEEKLY)	34
XPOVIO (80 MG ONCE WEEKLY)	34
XPOVIO (80 MG TWICE WEEKLY)	35
XTANDI	26
xulane	88

Y

yargesa	77
YF-VAX	98
YUPELRI	106
yuvafem	88

Z

zafemy	88
zafirlukast	106
zaleplon	110
ZARXIO	55
ZEGALOGUE	52
ZEJULA	35
ZELBORAF	35
zelvysia	78
zenatane	68
ZENPEP	78
zidovudine	45
ziprasidone hcl	41
ziprasidone mesylate	41
ZIRABEV	35
ZIRGAN	102
zoledronic acid	99
ZOLINZA	28
zolpidem tartrate	110
ZONISADE	17
zonisamide	17
zovia 1/35 (28)	88
ZTALMY	15
zumandimine	88
ZURZUVAE	18
ZYDELIG	35

ZYKADIA.....	35
ZYLET.....	101
ZYPREXA RELPREVV.....	41

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Y0170_MCE-540RX-7632.C_C

11/01/2025

Jefferson Health Plans

1101 Market Street, Suite 3000
Philadelphia, PA 19107

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

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