



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

Complete (HMO) | Prime (HMO) | Silver (HMO)
Platinum (HMO) | Flex Plus (PPO) | Flex Pro (PPO)

Jefferson Health Plans

2025 Core Formulary

(List of Covered Drugs or “Drug List”)

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

Formulary ID 25396, Version 12

This formulary was updated on 12/01/2024. For more recent information or other questions, please contact Jefferson Health Plans Member Relations at 1-866-901-8000 (TTY users should call 1-877-454-8477) or visit JeffersonHealthPlans.com/medicare. From October 1 to March 31, we’re available 8 a.m. to 8 p.m., 7 days a week. And from April 1 to September 30, we’re available 8 a.m. to 8 p.m., Monday to Friday.

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

When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means Jefferson Health Plans. When it refers to “plan” or “our plan,” it means Jefferson Health Plans Complete (HMO), Prime (HMO), Silver (HMO), Platinum (HMO), Flex Plus (PPO), and Flex Pro (PPO).

This document includes list of the drugs (formulary) for our plan which is current as of 12/01/2024. 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 Core Formulary?

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

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

Can the Formulary change?

Most changes in drug coverage happen on January 1, but Jefferson Health Plans may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website at JeffersonHealthPlans.com/medicare.

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

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

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

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Jefferson Health Plans’ Core Formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, 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’ Core 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 12/01/2024. To get updated information about the drugs covered by Jefferson Health Plans please contact us. Our contact information appears on the front and back cover pages.

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

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on A-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 110. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Jefferson Health Plans covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs 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’ Core formulary?” below for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Relations 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' Core Formulary?

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

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

Generally, Jefferson Health Plans will only approve your request for an exception if the alternative drugs included on the plan's formulary, 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 Core Formulary

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

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

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

The table on the following page 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 Plus, Flex Pro	\$5
Complete, Prime, Silver, Platinum	\$10
3 – Preferred Brand	25%
4 – Non-Preferred Drugs	35%
5 – Specialty	33%

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	2-Generics	PA, QL (180 PER 30 DAYS)
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>celecoxib 400 mg cap</i>	2-Generics	QL (30 PER 30 DAYS)
<i>diclofenac potassium 50 mg tab</i>	2-Generics	QL (120 PER 30 DAYS)
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	2-Generics	
<i>diclofenac sodium 1 % gel</i>	3-Preferred Brands	QL (1000 PER 30 DAYS)
<i>diclofenac sodium 1.5 % solution</i>	4-Non-Preferred Drugs	QL (300 PER 28 DAYS)
<i>diclofenac sodium er</i>	2-Generics	QL (60 PER 30 DAYS)
<i>diclofenac-misoprostol</i>	4-Non-Preferred Drugs	
<i>diflunisal</i>	2-Generics	QL (90 PER 30 DAYS)
<i>ec-naproxen</i>	2-Generics	
<i>etodolac (200 mg cap, 300 mg cap)</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>etodolac (400 mg tab, 500 mg tab)</i>	2-Generics	
<i>etodolac er</i>	4-Non-Preferred Drugs	
<i>flurbiprofen</i>	2-Generics	
<i>ibu</i>	1-Preferred Generics	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	1-Preferred Generics	
<i>ibuprofen 100 mg/5ml suspension</i>	2-Generics	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nabumetone</i>	2-Generics	
<i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	1-Preferred Generics	
<i>naproxen (375 mg tab dr, 500 mg tab dr)</i>	2-Generics	
<i>naproxen dr</i>	2-Generics	
<i>naproxen sodium</i>	2-Generics	
<i>oxaprozin</i>	4-Non-Preferred Drugs	
<i>piroxicam 10 mg cap</i>	2-Generics	QL (60 PER 30 DAYS)
<i>piroxicam 20 mg cap</i>	2-Generics	QL (30 PER 30 DAYS)
<i>relafen</i>	2-Generics	
<i>sulindac</i>	2-Generics	QL (60 PER 30 DAYS)

OPIOID ANALGESICS, LONG-ACTING

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XTAMPZA ER	3-Preferred Brands	QL (60 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)
<i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>	3-Preferred Brands	QL (360 PER 30 DAYS)
<i>endocet 10-325 mg tab</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>endocet 7.5-325 mg tab</i>	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>fentanyl citrate (400 mcg loz handle, 600 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)</i>	5-Specialty	
FENTANYL CITRATE (400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE)	5-Specialty	PA, QL (120 PER 30 DAYS)
FENTANYL CITRATE 200 MCG LOZ HANDLE	4-Non-Preferred Drugs	PA, QL (120 PER 30 DAYS)
<i>fentanyl citrate 200 mcg loz handle</i>	4-Non-Preferred Drugs	
<i>fentanyl citrate 800 mcg loz handle</i>	5-Specialty	QL (120 PER 30 DAYS)
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i>	4-Non-Preferred Drugs	QL (2700 PER 30 DAYS)
<i>hydrocodone-acetaminophen 10-325 mg tab</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	3-Preferred Brands	QL (360 PER 30 DAYS)

You 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>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)
MORPHINE SULFATE (10 MG/5ML SOLUTION, 20 MG/5ML SOLUTION)	3-Preferred Brands	QL (900 PER 30 DAYS)
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<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)
<i>tramadol-acetaminophen</i>	2-Generics	QL (240 PER 30 DAYS)

ANESTHETICS

LOCAL ANESTHETICS

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

You 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>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 50 mg tab</i>	2-Generics	
VIVITROL	5-Specialty	

OPIOID DEPENDENCE

<i>buprenorphine hcl 2 mg sl tab</i>	2-Generics	QL (90 PER 30 DAYS)
<i>buprenorphine hcl 8 mg sl tab</i>	2-Generics	QL (60 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab)</i>	2-Generics	QL (90 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	2-Generics	QL (60 PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	2-Generics	QL (120 PER 30 DAYS)
LUCEMYRA	5-Specialty	PA, QL (16 PER 1 DAYS)

OPIOID REVERSAL AGENTS

<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)</i>	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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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</i>	4-Non-Preferred Drugs	
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>gentamicin sulfate (10 mg/ml solution, 40 mg/ml solution)</i>	4-Non-Preferred Drugs	
<i>neomycin sulfate</i>	2-Generics	
<i>streptomycin sulfate</i>	5-Specialty	
<i>tobramycin sulfate (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, 9000 mg/60ml solution)</i>	4-Non-Preferred Drugs	
<i>clindamycin phosphate 2 % cream</i>	2-Generics	
<i>clindamycin phosphate in d5w</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>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>	2-Generics	
<i>metronidazole (250 mg tab, 500 mg tab)</i>	2-Generics	
<i>metronidazole 0.75 % gel</i>	3-Preferred Brands	
<i>metronidazole 500 mg/100ml solution</i>	4-Non-Preferred Drugs	
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	2-Generics	
<i>nitrofurantoin monohyd macro</i>	2-Generics	
<i>polymyxin b sulfate</i>	2-Generics	
SIVEXTRO	5-Specialty	PA
TIGECYCLINE	5-Specialty	
<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

You 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>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, 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	
<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>	2-Generics	
<i>cefuroxime sodium</i>	4-Non-Preferred Drugs	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tazicef</i>	4-Non-Preferred Drugs	
TEFLARO	5-Specialty	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1-Preferred Generics	
<i>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	2-Generics	
<i>amoxicillin-pot clavulanate er</i>	4-Non-Preferred Drugs	
<i>ampicillin</i>	2-Generics	
<i>ampicillin sodium</i>	4-Non-Preferred Drugs	
<i>ampicillin-sulbactam sodium</i>	4-Non-Preferred Drugs	
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	

You 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>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	1-Preferred Generics	
<i>pfizerpen</i>	4-Non-Preferred Drugs	
<i>piperacillin sod-tazobactam so</i>	4-Non-Preferred Drugs	

CARBAPENEMS

<i>ertapenem sodium</i>	3-Preferred Brands	
<i>imipenem-cilastatin</i>	3-Preferred Brands	
<i>meropenem</i>	4-Non-Preferred Drugs	

MACROLIDES

<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp)</i>	2-Generics	
<i>azithromycin (250 mg tab, 500 mg tab, 600 mg tab)</i>	1-Preferred Generics	
<i>azithromycin 1 gm packet</i>	3-Preferred Brands	
<i>azithromycin 500 mg recon soln</i>	4-Non-Preferred Drugs	
<i>clarithromycin (125 mg/5ml recon susp, 250 mg/5ml recon susp)</i>	4-Non-Preferred Drugs	
<i>clarithromycin (250 mg tab, 500 mg tab)</i>	2-Generics	
<i>clarithromycin er</i>	4-Non-Preferred Drugs	
DIFICID 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	

You 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 ethylsuccinate (200 mg/5ml recon susp, 400 mg tab)</i>	4-Non-Preferred Drugs	
QUINOLONES		
BESIVANCE	4-Non-Preferred Drugs	
CILOXAN	4-Non-Preferred Drugs	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1-Preferred Generics	
<i>ciprofloxacin hcl 0.3 % solution</i>	2-Generics	
<i>ciprofloxacin in d5w (, 200 mg/100ml solution)</i>	4-Non-Preferred Drugs	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	2-Generics	
<i>levofloxacin in d5w</i>	4-Non-Preferred Drugs	
<i>levofloxacin oral soln 25 mg/ml</i>	4-Non-Preferred Drugs	
<i>moxifloxacin hcl 400 mg tab</i>	3-Preferred Brands	
<i>moxifloxacin hcl in nacl</i>	4-Non-Preferred Drugs	
<i>ofloxacin (300 mg tab, 400 mg tab)</i>	4-Non-Preferred Drugs	
SULFONAMIDES		
<i>sulfadiazine</i>	4-Non-Preferred Drugs	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 800-160 mg/20ml suspension)</i>	2-Generics	
<i>sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)</i>	1-Preferred Generics	
TETRACYCLINES		
<i>demeclocycline hcl</i>	4-Non-Preferred Drugs	
<i>doxy 100</i>	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxycycline 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 150 mg tab</i>	3-Preferred Brands	
<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	
NUZYRA 100 MG RECON SOLN	5-Specialty	PA
NUZYRA 150 MG TAB	5-Specialty	
<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)
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</i>	2-Generics	
<i>divalproex sodium er</i>	2-Generics	
EPIDIOLEX	5-Specialty	PA2, QL (600 PER 30 DAYS)
EPRONTIA	4-Non-Preferred Drugs	PA2, QL (480 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>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 (25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)</i>	4-Non-Preferred Drugs	
<i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i>	2-Generics	
<i>lamotrigine er</i>	4-Non-Preferred Drugs	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	2-Generics	
<i>levetiracetam er</i>	2-Generics	
LEVETIRACETAM IN NACL	4-Non-Preferred Drugs	
<i>roweepira</i>	2-Generics	
SPRITAM	4-Non-Preferred Drugs	ST
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2-Generics	
<i>valproate sodium</i>	4-Non-Preferred Drugs	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	2-Generics	

CALCIUM CHANNEL MODIFYING AGENTS

<i>ethosuximide 250 mg cap</i>	3-Preferred Brands
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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>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>	2-Generics	QL (180 PER 30 DAYS)
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	4-Non-Preferred Drugs	QL (2160 PER 30 DAYS)
<i>gabapentin 300 mg cap</i>	2-Generics	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg cap</i>	2-Generics	QL (270 PER 30 DAYS)
<i>gabapentin 800 mg tab</i>	2-Generics	QL (90 PER 30 DAYS)
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>	2-Generics	
<i>phenobarbital 20 mg/5ml 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)

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

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

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

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

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

CHOLINESTERASE INHIBITORS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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 (5 mg tab, 10 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>memantine hcl 2 mg/ml solution</i>	4-Non-Preferred Drugs	QL (360 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)
<i>memantine hcl er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

<i>AUVELITY</i>	5-Specialty	PA2, QL (60 PER 30 DAYS)
<i>bupropion hcl</i>	2-Generics	QL (120 PER 30 DAYS)
<i>bupropion hcl er (sr)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	2-Generics	QL (90 PER 30 DAYS)
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	2-Generics	QL (30 PER 30 DAYS)
<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)

You 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>perphenazine-amitriptyline</i>	4-Non-Preferred Drugs	
ZURZUVAE (20 MG CAP, 25 MG CAP)	5-Specialty	PA2, QL (60 PER 30 DAYS)
ZURZUVAE 30 MG CAP	5-Specialty	PA2, QL (30 PER 30 DAYS)

MONOAMINE OXIDASE INHIBITORS

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

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

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

You 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>fluoxetine hcl 10 mg tab</i>	2-Generics	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 20 mg cap</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg tab</i>	2-Generics	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg/5ml solution</i>	2-Generics	
<i>fluoxetine hcl 40 mg cap</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>fluoxetine hcl 90 mg cap dr</i>	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
<i>fluvoxamine maleate</i>	2-Generics	QL (90 PER 30 DAYS)
<i>fluvoxamine maleate er</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>nefazodone hcl</i>	4-Non-Preferred Drugs	
<i>paroxetine hcl (10 mg tab, 20 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>paroxetine hcl (30 mg tab, 40 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5ml suspension</i>	4-Non-Preferred Drugs	QL (900 PER 30 DAYS)
<i>paroxetine hcl er 12.5 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>paroxetine hcl er 25 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>paroxetine hcl er 37.5 mg tab er 24h</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<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)

You 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>venlafaxine hcl</i>	2-Generics	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h)</i>	2-Generics	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap er 24h</i>	2-Generics	QL (60 PER 30 DAYS)
<i>vilazodone hcl</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)

TRICYCLICS

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

ANTIEMETICS

ANTIEMETICS, OTHER

<i>compro</i>	4-Non-Preferred Drugs	
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	2-Generics	
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	2-Generics	

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

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

ANTIFUNGALS

ABELCET	4-Non-Preferred Drugs	PA3
<i>amphotericin b</i>	4-Non-Preferred Drugs	PA3
<i>amphotericin b liposome</i>	5-Specialty	PA3

You 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>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</i>	4-Non-Preferred Drugs	QL (85 PER 30 DAYS)
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2-Generics	
<i>fluconazole in sodium chloride (200- 0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i>	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</i>	4-Non-Preferred Drugs	
<i>itraconazole 100 mg cap</i>	4-Non-Preferred Drugs	
<i>ketoconazole 2 % cream</i>	2-Generics	QL (60 PER 30 DAYS)
<i>ketoconazole 2 % shampoo</i>	2-Generics	QL (120 PER 30 DAYS)
<i>ketoconazole 200 mg tab</i>	2-Generics	
<i>klayesta</i>	2-Generics	QL (60 PER 30 DAYS)
<i>miconazole 3</i>	2-Generics	
<i>naftifine hcl 1 % cream</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>naftifine hcl 2 % cream</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>nyamyc</i>	2-Generics	QL (60 PER 30 DAYS)
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	2-Generics	QL (60 PER 30 DAYS)

You 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>nystatin (100000 unit/ml suspension, 500000 unit tab)</i>	2-Generics	
<i>nystop</i>	2-Generics	QL (60 PER 30 DAYS)
<i>posaconazole 100 mg tab dr</i>	5-Specialty	PA, QL (93 PER 30 DAYS)
<i>posaconazole 40 mg/ml suspension</i>	5-Specialty	PA, QL (630 PER 30 DAYS)
<i>terbinafine hcl 250 mg tab</i>	2-Generics	QL (120 PER 30 DAYS)
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	2-Generics	
<i>voriconazole 200 mg recon soln</i>	5-Specialty	PA
<i>voriconazole 200 mg tab</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>voriconazole 40 mg/ml recon susp</i>	5-Specialty	QL (600 PER 30 DAYS)
<i>voriconazole 50 mg tab</i>	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)

ANTIGOUT AGENTS

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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMGALITY (300 MG DOSE)	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
NURTEC	5-Specialty	ST, QL (16 PER 30 DAYS)
UBRELVY	5-Specialty	ST, QL (16 PER 30 DAYS)

ERGOT ALKALOIDS

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

SEROTONIN (5-HT) RECEPTOR AGONIST

<i>naratriptan hcl</i>	2-Generics	QL (9 PER 30 DAYS)
<i>rizatriptan benzoate</i>	2-Generics	QL (12 PER 30 DAYS)
<i>sumatriptan (5 mg/act solution, 20 mg/act solution)</i>	4-Non-Preferred Drugs	QL (12 PER 28 DAYS)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2-Generics	QL (9 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	4-Non-Preferred Drugs	QL (6 PER 30 DAYS)
<i>sumatriptan succinate refill</i>	4-Non-Preferred Drugs	QL (6 PER 30 DAYS)

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

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

ANTIMYCOBACTERIALS

ANTIMYCOBACTERIALS, OTHER

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

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

ANTINEOPLASTICS

ALKYLATING AGENTS

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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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>bicalutamide</i>	2-Generics	
ERLEADA 240 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
ERLEADA 60 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
<i>flutamide</i>	2-Generics	
<i>nilutamide</i>	5-Specialty	
NUBEQA	5-Specialty	PA2, QL (120 PER 30 DAYS)
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)
THALOMID (50 MG CAP, 100 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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mercaptopurine</i>	3-Preferred Brands	
ONUREG	5-Specialty	PA2, QL (14 PER 28 DAYS)
PURIXAN	5-Specialty	

ANTINEOPLASTICS, OTHER

AKEEGA	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	
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>	2-Generics	
<i>leucovorin calcium (50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln)</i>	4-Non-Preferred Drugs	
LONSURF 15-6.14 MG TAB	5-Specialty	PA2, QL (100 PER 28 DAYS)
LONSURF 20-8.19 MG TAB	5-Specialty	PA2, QL (80 PER 28 DAYS)
LYSODREN	5-Specialty	
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>	1-Preferred Generics	
<i>exemestane</i>	4-Non-Preferred Drugs	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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)
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	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	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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COTELLIC	5-Specialty	PA2, QL (63 PER 28 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)
<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)
IBRANCE	5-Specialty	PA2, QL (21 PER 28 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)
INLYTA 1 MG TAB	5-Specialty	PA2, QL (180 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INLYTA 5 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
INREBIC	5-Specialty	PA2, QL (120 PER 30 DAYS)
ITOVEBI 3 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
ITOVEBI 9 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
JAKAFI	5-Specialty	PA2, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
KISQALI (200 MG DOSE)	5-Specialty	PA2, QL (21 PER 28 DAYS)
KISQALI (400 MG DOSE)	5-Specialty	PA2, QL (42 PER 28 DAYS)
KISQALI (600 MG DOSE)	5-Specialty	PA2, QL (63 PER 28 DAYS)
KISQALI FEMARA (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	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
LUMAKRAS 320 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
LYNPARZA	5-Specialty	PA2, QL (120 PER 30 DAYS)
LYTGOBI (12 MG DAILY DOSE)	5-Specialty	PA2, QL (84 PER 28 DAYS)
LYTGOBI (16 MG DAILY DOSE)	5-Specialty	PA2, QL (112 PER 28 DAYS)
LYTGOBI (20 MG DAILY DOSE)	5-Specialty	PA2, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML RECON SOLN	5-Specialty	PA2, QL (1350 PER 30 DAYS)
MEKINIST 0.5 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
MEKINIST 2 MG TAB	5-Specialty	PA2, QL (30 PER 30 DAYS)
MEKTOVI	5-Specialty	PA2, QL (180 PER 30 DAYS)
NERLYNX	5-Specialty	PA2, QL (180 PER 30 DAYS)
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 (80 MG TAB, 120 MG TAB, 160 MG TAB)	5-Specialty	PA2, QL (60 PER 30 DAYS)
RETEVMO 40 MG CAP	5-Specialty	PA2, QL (180 PER 30 DAYS)
RETEVMO 40 MG TAB	5-Specialty	PA2, QL (90 PER 30 DAYS)
RETEVMO 80 MG CAP	5-Specialty	PA2, QL (120 PER 30 DAYS)
REZLIDHIA	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
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)
SCSEMBLIX 100 MG TAB	5-Specialty	PA2, QL (120 PER 30 DAYS)
SCSEMBLIX 20 MG TAB	5-Specialty	PA2, QL (60 PER 30 DAYS)
SCSEMBLIX 40 MG TAB	5-Specialty	PA2, 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)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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) 50 MG TAB THPK	5-Specialty	PA2, QL (8 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) 40 MG TAB THPK	5-Specialty	PA2, QL (8 PER 28 DAYS)
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	5-Specialty	PA2, QL (4 PER 28 DAYS)
XPOVIO (60 MG TWICE WEEKLY)	5-Specialty	PA2, QL (24 PER 28 DAYS)
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	5-Specialty	PA2, QL (8 PER 28 DAYS)
XPOVIO (80 MG 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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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

MESNEX 400 MG TAB	5-Specialty	
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ANTIPARASITICS

ANTHELMINTHICS

<i>albendazole</i>	5-Specialty	
<i>ivermectin 3 mg tab</i>	3-Preferred Brands	
<i>praziquantel</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
ANTIPROTOZOALS		
<i>atovaquone</i>	4-Non-Preferred Drugs	QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	4-Non-Preferred Drugs	
<i>chloroquine phosphate</i>	2-Generics	
COARTEM	4-Non-Preferred Drugs	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2-Generics	
IMPAVIDO	5-Specialty	QL (84 PER 28 DAYS)
<i>mefloquine hcl</i>	2-Generics	
NITAZOXANIDE	5-Specialty	QL (6 PER 30 DAYS)
<i>pentamidine isethionate for nebulization soln 300 mg</i>	4-Non-Preferred Drugs	PA3
<i>pentamidine isethionate for soln 300 mg</i>	4-Non-Preferred Drugs	
<i>primaquine phosphate</i>	3-Preferred Brands	
<i>pyrimethamine</i>	5-Specialty	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	PA
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	2-Generics	PA

ANTIPARKINSON AGENTS, OTHER

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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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	
<i>ropinirole hcl er</i>	4-Non-Preferred Drugs	

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

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

MONOAMINE OXIDASE B (MAO-B) INHIBITORS

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

ANTIPSYCHOTICS

1ST GENERATION/TYPICAL

<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	4-Non-Preferred Drugs	
<i>fluphenazine decanoate</i>	4-Non-Preferred Drugs	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2-Generics	
<i>fluphenazine hcl (2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg/ml conc)</i>	4-Non-Preferred Drugs	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 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>haloperidol decanoate</i>	4-Non-Preferred Drugs	
<i>haloperidol lactate 2 mg/ml conc</i>	2-Generics	
<i>haloperidol lactate 5 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>loxapine succinate</i>	2-Generics	
<i>molindone hcl</i>	4-Non-Preferred Drugs	
<i>pimozide</i>	4-Non-Preferred Drugs	
<i>thioridazine hcl</i>	3-Preferred Brands	
<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)
<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)

You 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>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	4-Non-Preferred Drugs	ST, QL (16 PER 365 DAYS)
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5-Specialty	QL (3.5 PER 180 DAYS)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5-Specialty	QL (5 PER 180 DAYS)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5-Specialty	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5-Specialty	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5-Specialty	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4-Non-Preferred Drugs	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5-Specialty	QL (0.5 PER 28 DAYS)
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)

You 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>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)
<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)
<i>quetiapine fumarate 25 mg tab</i>	2-Generics	QL (180 PER 30 DAYS)
<i>quetiapine fumarate er</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB)	5-Specialty	ST, QL (60 PER 30 DAYS)
REXULTI (2 MG TAB, 3 MG TAB, 4 MG TAB)	5-Specialty	ST, QL (30 PER 30 DAYS)
<i>risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	2-Generics	QL (480 PER 30 DAYS)
<i>risperidone microspheres er</i>	4-Non-Preferred Drugs	QL (2 PER 28 DAYS)
SECUADO	5-Specialty	ST, QL (30 PER 30 DAYS)
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	5-Specialty	ST, 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>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)

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

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

ANTI-HEPATITIS C (HCV) AGENTS

EPCLUSA (150-37.5 MG PACKET, 400-100 MG TAB)	5-Specialty	PA, QL (28 PER 28 DAYS)
EPCLUSA (200-50 MG PACKET, 200-50 MG TAB)	5-Specialty	PA, QL (56 PER 28 DAYS)
HARVONI (33.75-150 MG PACKET, 90-400 MG TAB)	5-Specialty	PA, QL (28 PER 28 DAYS)
HARVONI (45-200 MG PACKET, 45-200 MG TAB)	5-Specialty	PA, QL (56 PER 28 DAYS)
MAVYRET 100-40 MG TAB	5-Specialty	PA, QL (84 PER 28 DAYS)
MAVYRET 50-20 MG PACKET	5-Specialty	PA, QL (140 PER 28 DAYS)
<i>ribavirin</i>	3-Preferred Brands	
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TIVICAY 10 MG TAB	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
TIVICAY PD	5-Specialty	QL (180 PER 30 DAYS)

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

COMPLERA	5-Specialty	QL (30 PER 30 DAYS)
DELSTRIGO	5-Specialty	QL (30 PER 30 DAYS)
EDURANT	5-Specialty	QL (30 PER 30 DAYS)
<i>efavirenz</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitab-tenofo df</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir</i>	5-Specialty	QL (30 PER 30 DAYS)
<i>etravirine 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	

You 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>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</i>	3-Preferred Brands	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tab</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tab</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
TRIUMEQ	5-Specialty	QL (30 PER 30 DAYS)
TRIUMEQ PD	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
VIREAD 40 MG/GM POWDER	5-Specialty	QL (240 PER 30 DAYS)
<i>zidovudine 100 mg cap</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tab</i>	2-Generics	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	3-Preferred Brands	QL (1920 PER 30 DAYS)

ANTI-HIV AGENTS, OTHER

CABENUVA	5-Specialty	
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SELZENTRY (20 MG/ML SOLUTION, 75 MG TAB)	5-Specialty	
SELZENTRY 25 MG TAB	4-Non-Preferred Drugs	
SUNLENCA 4 X 300 MG TAB THPK	5-Specialty	QL (4 PER 28 DAYS)
SUNLENCA 463.5 MG/1.5ML SOLUTION	5-Specialty	
SUNLENCA 5 X 300 MG TAB THPK	5-Specialty	QL (5 PER 28 DAYS)
TROGARZO	5-Specialty	
TYBOST	3-Preferred Brands	QL (30 PER 30 DAYS)

ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREZISTA 75 MG TAB	4-Non-Preferred Drugs	QL (480 PER 30 DAYS)
REYATAZ 50 MG PACKET	5-Specialty	QL (240 PER 30 DAYS)
<i>ritonavir</i>	3-Preferred Brands	QL (360 PER 30 DAYS)
SYMTUZA	5-Specialty	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TAB	5-Specialty	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TAB	5-Specialty	QL (120 PER 30 DAYS)

ANTI-INFLUENZA AGENTS

<i>oseltamivir phosphate (45 mg cap, 75 mg cap)</i>	3-Preferred Brands	QL (84 PER 365 DAYS)
<i>oseltamivir phosphate 30 mg cap</i>	3-Preferred Brands	QL (168 PER 365 DAYS)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	3-Preferred Brands	QL (1080 PER 365 DAYS)
RELENZA DISKHALER	3-Preferred Brands	QL (120 PER 365 DAYS)
<i>rimantadine hcl</i>	4-Non-Preferred Drugs	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	4-Non-Preferred Drugs	QL (6 PER 365 DAYS)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	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</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 (1 gm tab, 500 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
ANTIVIRAL, CORONAVIRUS AGENTS		
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>bupirone hcl</i>	1-Preferred Generics	
<i>hydroxyzine pamoate</i>	3-Preferred Brands	
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tab, 0.5 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>alprazolam (1 mg tab, 2 mg tab)</i>	2-Generics	QL (150 PER 30 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>clonazepam (2 mg tab, 2 mg tab disp)</i>	2-Generics	QL (300 PER 30 DAYS)
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>clorazepate dipotassium 15 mg tab</i>	4-Non-Preferred Drugs	QL (180 PER 30 DAYS)
<i>diazepam (2 mg tab, 5 mg tab, 10 mg tab)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>diazepam 5 mg/5ml solution</i>	2-Generics	QL (1200 PER 30 DAYS)
<i>diazepam 5 mg/ml conc</i>	2-Generics	QL (240 PER 30 DAYS)
<i>diazepam intensol</i>	2-Generics	QL (240 PER 30 DAYS)
<i>lorazepam (2 mg tab, 2 mg/ml conc)</i>	2-Generics	QL (150 PER 30 DAYS)
<i>lorazepam 0.5 mg tab</i>	2-Generics	QL (600 PER 30 DAYS)
<i>lorazepam 1 mg tab</i>	2-Generics	QL (300 PER 30 DAYS)
<i>lorazepam intensol</i>	2-Generics	QL (150 PER 30 DAYS)

You 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>oxazepam</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)

BIPOLAR AGENTS

MOOD STABILIZERS

<i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2-Generics	
<i>lithium</i>	4-Non-Preferred Drugs	
<i>lithium carbonate</i>	1-Preferred Generics	
<i>lithium carbonate er</i>	2-Generics	
<i>subvenite</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)
CYCLOSET	4-Non-Preferred Drugs	QL (180 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)

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metformin hcl er 500 mg tab er 24h</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tab er 24h</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>miglitol</i>	2-Generics	QL (90 PER 30 DAYS)
MOUNJARO	3-Preferred Brands	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tab</i>	1-Preferred Generics	QL (180 PER 30 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 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)
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-glimepiride</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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)

GLYCEMIC AGENTS

BAQSIMI ONE PACK	3-Preferred Brands	
BAQSIMI TWO PACK	3-Preferred Brands	
<i>diazoxide</i>	5-Specialty	
GLUCAGON EMERGENCY 1 MG KIT (GENERIC)	3-Preferred Brands	
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	3-Preferred Brands	
ZEGALOGUE	3-Preferred Brands	

INSULINS

BASAGLAR KWIKPEN	3-Preferred Brands	
FIASP	3-Preferred Brands	

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

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

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

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

BLOOD PRODUCTS AND MODIFIERS, OTHER

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

HEMOSTASIS AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DOPTELET	5-Specialty	PA
<i>prasugrel hcl</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	
<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>	3-Preferred Brands	

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)

You 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>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	
<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	

You 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>digoxin (125 mcg tab, 250 mcg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>dofetilide</i>	4-Non-Preferred Drugs	
<i>flecainide acetate</i>	2-Generics	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	3-Preferred Brands	
MULTAQ	4-Non-Preferred Drugs	
<i>pacerone (100 mg tab, 400 mg tab)</i>	4-Non-Preferred Drugs	
<i>pacerone 200 mg tab</i>	2-Generics	
<i>propafenone hcl</i>	2-Generics	
<i>propafenone hcl er</i>	4-Non-Preferred Drugs	
<i>quinidine sulfate</i>	2-Generics	
<i>sotalol hcl</i>	2-Generics	
<i>sotalol hcl (af)</i>	2-Generics	

BETA-ADRENERGIC BLOCKING AGENTS

<i>acebutolol hcl</i>	2-Generics	
<i>atenolol</i>	1-Preferred Generics	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	2-Generics	
<i>bisoprolol fumarate</i>	2-Generics	
<i>carvedilol</i>	1-Preferred Generics	
<i>carvedilol phosphate er</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	2-Generics	
<i>metoprolol succinate er</i>	1-Preferred Generics	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1-Preferred Generics	

You 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>nadolol</i>	2-Generics	
<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>nebivolol hcl 20 mg tab</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>pindolol</i>	2-Generics	
<i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)</i>	2-Generics	
<i>propranolol hcl er</i>	2-Generics	
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	2-Generics	

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

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

You 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>taztia xt</i>	2-Generics	
<i>tiadylt er</i>	2-Generics	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1-Preferred Generics	
<i>verapamil hcl er (100 mg cap er 24h, 200 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>	3-Preferred Brands	
<i>verapamil hcl er (120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 240 mg cap er 24h, 240 mg tab er)</i>	2-Generics	

CARDIOVASCULAR AGENTS, OTHER

<i>acetazolamide</i>	3-Preferred Brands	
<i>aliskiren fumarate</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide</i>	2-Generics	
<i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 10-20 mg cap)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>amlodipine besy-benazepril hcl (5-40 mg cap, 10-40 mg cap)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine besylate-valsartan</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine-atorvastatin</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine-olmesartan</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan-hctz</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone</i>	1-Preferred Generics	
<i>benazepril-hydrochlorothiazide</i>	1-Preferred Generics	
<i>bisoprolol-hydrochlorothiazide</i>	1-Preferred Generics	
<i>candesartan cilexetil-hctz (32-12.5 mg tab, 32-25 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>candesartan cilexetil-hctz 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 (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	3-Preferred Brands	QL (60 PER 30 DAYS)
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	3-Preferred Brands	QL (240 PER 30 DAYS)
<i>fosinopril sodium-hctz</i>	1-Preferred Generics	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide 300-12.5 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>isosorb dinitrate-hydralazine</i>	4-Non-Preferred Drugs	
<i>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>	3-Preferred Brands	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>spironolactone-hctz</i>	2-Generics	
<i>telmisartan-amlodipine</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>telmisartan-hctz (40-12.5 mg tab, 80-25 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>telmisartan-hctz 80-12.5 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>trandolapril-verapamil hcl er</i>	1-Preferred Generics	
<i>triamterene-hctz</i>	1-Preferred Generics	
<i>valsartan-hydrochlorothiazide</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
VERQUVO	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	
<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>	2-Generics	

DIURETICS, THIAZIDE

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	2-Generics	
<i>fenofibrate micronized (67 mg cap, 134 mg cap, 200 mg cap)</i>	2-Generics	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	3-Preferred Brands	
<i>gemfibrozil</i>	1-Preferred Generics	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tab, 40 mg tab)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>atorvastatin calcium 20 mg tab</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>atorvastatin calcium 80 mg tab</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>lovastatin (10 mg tab, 20 mg tab)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>lovastatin 40 mg tab</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>pitavastatin calcium</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>pravastatin sodium</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>simvastatin</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	2-Generics	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	2-Generics	
<i>colestevlam hcl 3.75 gm packet</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>colesevelam hcl 625 mg tab</i>	3-Preferred Brands	
<i>colestipol hcl (5 gm granules, 5 gm packet)</i>	4-Non-Preferred Drugs	
<i>colestipol hcl 1 gm tab</i>	3-Preferred Brands	
<i>ezetimibe</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
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>	2-Generics	
REPATHA	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
REPATHA PUSHTRONEX SYSTEM	3-Preferred Brands	PA, QL (3.5 PER 28 DAYS)
REPATHA SURECLICK	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
VASCEPA	3-Preferred Brands	

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)

FARXIGA	3-Preferred Brands	QL (30 PER 30 DAYS)
JARDIANCE	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
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1-Preferred Generics	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	2-Generics	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	2-Generics	
<i>isosorbide mononitrate</i>	1-Preferred Generics	
<i>isosorbide mononitrate er</i>	1-Preferred 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)
<i>nitroglycerin 0.4 mg/spray solution</i>	4-Non-Preferred Drugs	
<i>nitrolingual</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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextroamphetamine sulfate er</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl (10 mg cap, 25 mg cap, 40 mg cap)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i>	4-Non-Preferred Drugs	QL (30 PER 30 DAYS)
<i>atomoxetine hcl 18 mg cap</i>	4-Non-Preferred Drugs	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>guanfacine hcl er</i>	2-Generics	QL (30 PER 30 DAYS)
<i>methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>methylphenidate hcl er (10 mg tab er, 20 mg tab er)</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO (9 MG TAB, 12 MG TAB)	5-Specialty	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TAB	5-Specialty	PA, QL (60 PER 30 DAYS)
AUSTEDO XR (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 12 & 18 & 24 & 30 MG TBER THPK	5-Specialty	PA, QL (28 PER 28 DAYS)
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	5-Specialty	PA, QL (42 PER 28 DAYS)
<i>bac</i>	2-Generics	PA, QL (180 PER 30 DAYS)
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	2-Generics	PA, QL (180 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FIRDAPSE	5-Specialty	PA, QL (240 PER 30 DAYS)
NUDEXTA	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	4-Non-Preferred Drugs	
<i>tetrabenazine 12.5 mg tab</i>	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)
<i>pregabalin er (82.5 mg tab er 24h, 165 mg tab er 24h)</i>	4-Non-Preferred Drugs	PA, QL (90 PER 30 DAYS)
<i>pregabalin er 330 mg tab er 24h</i>	4-Non-Preferred Drugs	PA, QL (60 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)
<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)

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

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

<i> accutane</i>	4-Non-Preferred Drugs	
<i> acitretin</i>	4-Non-Preferred Drugs	PA2
<i> amnesteem</i>	4-Non-Preferred Drugs	
<i> benzoyl peroxide-erythromycin</i>	4-Non-Preferred Drugs	QL (46.6 PER 30 DAYS)
<i> claravis</i>	4-Non-Preferred Drugs	
<i> isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4-Non-Preferred Drugs	
<i> metronidazole (0.75 % cream, 0.75 % lotion, 1 % gel)</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>sulfacetamide sodium (acne)</i>	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
<i>tazarotene (0.05 % gel, 0.1 % gel)</i>	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
<i>tazarotene 0.1 % cream</i>	3-Preferred Brands	PA, QL (60 PER 30 DAYS)
TAZORAC 0.05 % CREAM	4-Non-Preferred Drugs	PA, QL (60 PER 30 DAYS)
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)</i>	4-Non-Preferred Drugs	PA, QL (45 PER 30 DAYS)
<i>zenatane</i>	4-Non-Preferred Drugs	

DERMATITIS AND PRURITUS AGENTS

<i>ala-cort</i>	2-Generics	
<i>alclometasone dipropionate</i>	2-Generics	
<i>ammonium lactate</i>	2-Generics	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	3-Preferred Brands	
<i>betamethasone dipropionate 0.05 % lotion</i>	2-Generics	
<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>clobetasol propionate emulsion</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>clodan</i>	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
<i>desonide (0.05 % cream, 0.05 % ointment)</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>desonide 0.05 % lotion</i>	4-Non-Preferred Drugs	QL (118 PER 30 DAYS)
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>fluocinolone acetonide (0.025 % cream, 0.025 % ointment)</i>	2-Generics	QL (120 PER 30 DAYS)
<i>fluocinolone acetonide 0.01 % cream</i>	2-Generics	QL (60 PER 30 DAYS)
<i>fluocinolone acetonide 0.01 % solution</i>	4-Non-Preferred Drugs	QL (90 PER 30 DAYS)
<i>fluocinolone acetonide body</i>	4-Non-Preferred Drugs	QL (118.28 PER 30 DAYS)
<i>fluocinolone acetonide scalp</i>	4-Non-Preferred Drugs	QL (118.28 PER 30 DAYS)
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>fluocinonide 0.05 % solution</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>fluocinonide emulsified base</i>	3-Preferred Brands	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	2-Generics	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	4-Non-Preferred Drugs	QL (50 PER 30 DAYS)
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	2-Generics	
<i>hydrocortisone (perianal) 1 % cream</i>	1-Preferred Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocortisone (perianal) 2.5 % cream</i>	2-Generics	
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT	4-Non-Preferred Drugs	QL (45 PER 30 DAYS)
<i>hydrocortisone butyrate 0.1 % solution</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>hydrocortisone valerate 0.2 % cream</i>	4-Non-Preferred Drugs	
<i>hydrocortisone valerate 0.2 % ointment</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	2-Generics	
<i>pimecrolimus</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>procto-med hc</i>	2-Generics	
<i>proctosol hc</i>	2-Generics	
<i>proctozone-hc</i>	2-Generics	
<i>selenium sulfide 2.5 % lotion</i>	2-Generics	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	4-Non-Preferred Drugs	QL (100 PER 30 DAYS)
<i>tovet</i>	4-Non-Preferred Drugs	
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLOTRIMAZOLE- BETAMETHASONE 1-0.05 % LOTION	2-Generics	QL (60 PER 30 DAYS)
<i>fluorouracil (2 % solution, 5 % solution)</i>	2-Generics	QL (10 PER 30 DAYS)
<i>fluorouracil 5 % cream</i>	4-Non-Preferred Drugs	QL (80 PER 30 DAYS)
<i>imiquimod 5 % cream</i>	2-Generics	QL (24 PER 30 DAYS)
<i>methoxsalen rapid</i>	5-Specialty	
<i>nystatin-triamcinolone</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
OTEZLA (20 MG TAB, 30 MG TAB)	5-Specialty	PA, QL (60 PER 30 DAYS)
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>	2-Generics	
<i>ssd</i>	2-Generics	

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>ciclodan</i>	3-Preferred Brands	QL (13.2 PER 30 DAYS)
<i>ciclopirox 0.77 % gel</i>	3-Preferred Brands	QL (100 PER 30 DAYS)
<i>ciclopirox 1 % shampoo</i>	3-Preferred Brands	QL (120 PER 30 DAYS)

You 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>ciclopirox 8 % solution</i>	3-Preferred Brands	QL (13.2 PER 30 DAYS)
<i>ciclopirox olamine 0.77 % cream</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>ciclopirox olamine 0.77 % suspension</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>clindamycin phosphate (1 % solution, 1 % swab)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>clindamycin phosphate 1 % gel</i>	3-Preferred Brands	QL (75 PER 30 DAYS)
<i>clindamycin phosphate 1 % lotion</i>	4-Non-Preferred Drugs	QL (60 PER 30 DAYS)
<i>ery 2% pad</i>	2-Generics	QL (60 PER 30 DAYS)
<i>erythromycin 2 % gel</i>	2-Generics	QL (60 PER 30 DAYS)
<i>erythromycin 2 % solution</i>	2-Generics	QL (120 PER 30 DAYS)
<i>mupirocin 2 % ointment</i>	2-Generics	QL (66 PER 30 DAYS)
SULFAMYLON	4-Non-Preferred Drugs	

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 (5 % solution, 10 % solution, 50 % solution, 70 % solution, 250 mg/ml solution)</i>	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>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	
FREAMINE III	4-Non-Preferred Drugs	PA3
ISOLYTE-P IN D5W	4-Non-Preferred Drugs	
ISOLYTE-S	4-Non-Preferred Drugs	
ISOLYTE-S PH 7.4	4-Non-Preferred Drugs	
KCL (0.149%) IN NACL	4-Non-Preferred Drugs	
<i>kcl in dextrose-nacl (, 40-5-0.9 meq/l-%-% solution)</i>	4-Non-Preferred Drugs	
KCL-LACTATED RINGERS-D5W	4-Non-Preferred Drugs	
<i>klor-con 10</i>	2-Generics	
<i>klor-con 20 meq packet</i>	3-Preferred Brands	
<i>klor-con 8 meq tab er</i>	2-Generics	
<i>klor-con m10</i>	2-Generics	
<i>klor-con m15</i>	2-Generics	
<i>klor-con m20</i>	2-Generics	
<i>magnesium sulfate 50 % solution</i>	4-Non-Preferred Drugs	
MULTIPLE ELECTRO TYPE 1 PH 5.5	4-Non-Preferred Drugs	
<i>multiple electro type 1 ph 7.4</i>	4-Non-Preferred Drugs	
<i>plenamine</i>	4-Non-Preferred Drugs	PA3
POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/100ML SOLUTION, 20 MEQ/100ML SOLUTION, 20 MEQ/15ML (10%) SOLUTION, 40 MEQ/100ML SOLUTION, 40 MEQ/15ML (20%) SOLUTION)	4-Non-Preferred Drugs	

You 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>potassium chloride 20 meq packet</i>	3-Preferred Brands	
<i>potassium chloride crys er</i>	2-Generics	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)</i>	2-Generics	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	4-Non-Preferred Drugs	
POTASSIUM CHLORIDE IN NACL (, 20-0.45 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION)	4-Non-Preferred Drugs	
<i>potassium citrate er</i>	3-Preferred Brands	
PREMASOL	4-Non-Preferred Drugs	PA3
PROSOL	4-Non-Preferred Drugs	PA3
<i>sodium chloride (0.45 % solution, 0.9 % solution, 3 % solution, 5 % solution)</i>	4-Non-Preferred Drugs	
<i>sodium chloride (pf)</i>	4-Non-Preferred Drugs	
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>deferasirox 90 mg 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	

VITAMINS

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

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

<i>constulose</i>	2-Generics	
<i>enulose</i>	2-Generics	
<i>generlac</i>	2-Generics	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	2-Generics	
<i>lactulose encephalopathy</i>	2-Generics	
LINZESS	3-Preferred Brands	QL (30 PER 30 DAYS)

You 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>lubiprostone</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
MOVANTIK	3-Preferred Brands	QL (30 PER 30 DAYS)
RELISTOR (8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION, 150 MG TAB)	5-Specialty	
TRULANCE	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	
<i>loperamide hcl 2 mg cap</i>	2-Generics	
VIBERZI	5-Specialty	QL (60 PER 30 DAYS)
XERMELO	5-Specialty	PA, QL (84 PER 28 DAYS)

ANTISPASMODICS, GASTROINTESTINAL

<i>dicyclomine hcl (10 mg cap, 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>	2-Generics	
<i>methscopolamine bromide</i>	4-Non-Preferred Drugs	

GASTROINTESTINAL AGENTS, OTHER

CLENPIQ	4-Non-Preferred Drugs	
GATTEX	5-Specialty	PA
<i>gavilyte-c</i>	2-Generics	
<i>gavilyte-g</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>gavilyte-n with flavor pack</i>	2-Generics	
MYALEPT	5-Specialty	PA
<i>na sulfate-k sulfate-mg sulf</i>	4-Non-Preferred Drugs	
OICALIVA	5-Specialty	PA
<i>peg 3350-kcl-na bicarb-nacl</i>	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>cimetidine</i>	2-Generics	
<i>famotidine (20 mg tab, 40 mg tab)</i>	1-Preferred Generics	
<i>famotidine 40 mg/5ml recon susp</i>	4-Non-Preferred Drugs	
<i>nizatidine (150 mg cap, 300 mg cap)</i>	3-Preferred Brands	

PROTECTANTS

<i>misoprostol</i>	2-Generics	
<i>sucralfate 1 gm tab</i>	2-Generics	
<i>sucralfate 1 gm/10ml suspension</i>	4-Non-Preferred Drugs	

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>lansoprazole (15 mg cap dr, 30 mg cap dr)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)

You 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>rabeprazole sodium</i>	2-Generics	QL (30 PER 30 DAYS)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>betaine</i>	5-Specialty	
CERDELGA	5-Specialty	PA, QL (60 PER 30 DAYS)
CREON	3-Preferred Brands	
<i>cromolyn sodium 100 mg/5ml conc</i>	4-Non-Preferred Drugs	
CYSTAGON	4-Non-Preferred Drugs	
CYSTARAN	5-Specialty	PA, QL (60 PER 28 DAYS)
<i>javygtor</i>	5-Specialty	PA
<i>l-glutamine</i>	5-Specialty	PA, QL (180 PER 30 DAYS)
<i>miglustat</i>	5-Specialty	PA, QL (90 PER 30 DAYS)
<i>nitisinone</i>	5-Specialty	
PROLASTIN-C	5-Specialty	PA
RAVICTI	5-Specialty	PA, QL (525 PER 30 DAYS)
<i>sapropterin dihydrochloride</i>	5-Specialty	PA
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	5-Specialty	PA
SUCRAID	5-Specialty	
<i>yargesa</i>	5-Specialty	PA, QL (90 PER 30 DAYS)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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>tropium chloride</i>	2-Generics	QL (60 PER 30 DAYS)
<i>tropium chloride er</i>	3-Preferred Brands	QL (30 PER 30 DAYS)

BENIGN PROSTATIC HYPERTROPHY AGENTS

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

GENITOURINARY AGENTS, OTHER

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (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 10 mg/ml solution</i>	4-Non-Preferred Drugs	
<i>dexamethasone sodium phosphate (4 mg/ml soln prsyr, 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)</i>	4-Non-Preferred Drugs	
<i>fludrocortisone acetate</i>	2-Generics	
<i>methylprednisolone</i>	2-Generics	
<i>methylprednisolone acetate</i>	2-Generics	
<i>methylprednisolone sodium succ</i>	4-Non-Preferred Drugs	
<i>prednisolone 15 mg/5ml solution</i>	2-Generics	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 15 mg/5ml solution, 25 mg/5ml solution)</i>	2-Generics	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)</i>	1-Preferred Generics	
<i>prednisone (5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg/5ml solution, 10 mg (21) tab thpk, 10 mg (48) tab thpk)</i>	2-Generics	
PREDNISONE INTENSOL	4-Non-Preferred Drugs	
SOLU-MEDROL 2 GM RECON SOLN	4-Non-Preferred Drugs	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

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

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

ANDROGENS

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

ESTROGENS

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

You 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>aurovela 24 fe</i>	2-Generics	
<i>aurovela fe 1.5/30</i>	2-Generics	
<i>aurovela fe 1/20</i>	2-Generics	
<i>aviane</i>	2-Generics	
<i>ayuna</i>	2-Generics	
<i>azurette</i>	2-Generics	
<i>balziva</i>	2-Generics	
<i>bekyree</i>	2-Generics	
<i>blisovi 24 fe</i>	2-Generics	
<i>blisovi fe 1.5/30</i>	2-Generics	
<i>blisovi fe 1/20</i>	2-Generics	
<i>briellyn</i>	2-Generics	
<i>camrese lo</i>	2-Generics	
<i>chateal eq</i>	2-Generics	
<i>cryselle-28</i>	2-Generics	
<i>cyred eq</i>	2-Generics	
<i>dasetta 1/35</i>	2-Generics	
<i>dasetta 7/7/7</i>	2-Generics	
<i>delyla</i>	2-Generics	
DEPO-ESTRADIOL	4-Non-Preferred Drugs	
<i>desogestrel-ethinyl estradiol</i>	2-Generics	
<i>dolishale</i>	2-Generics	
<i>dotti</i>	4-Non-Preferred Drugs	QL (8 PER 28 DAYS)
<i>drospirenone-ethinyl estradiol</i>	2-Generics	
<i>elinest</i>	2-Generics	
<i>eluryng</i>	3-Preferred Brands	
<i>enilloring</i>	3-Preferred Brands	
<i>enpresse-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>enskyce</i>	2-Generics	
<i>estarylla</i>	2-Generics	
<i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	3-Preferred Brands	QL (8 PER 28 DAYS)
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i>	3-Preferred Brands	QL (4 PER 28 DAYS)
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2-Generics	
<i>estradiol 0.1 mg/gm cream</i>	3-Preferred Brands	
<i>estradiol 10 mcg tab</i>	4-Non-Preferred Drugs	
<i>estradiol valerate</i>	4-Non-Preferred Drugs	
ESTRING	4-Non-Preferred Drugs	
<i>ethynodiol diac-eth estradiol</i>	2-Generics	
<i>etonogestrel-ethinyl estradiol</i>	3-Preferred Brands	
<i>falmina</i>	2-Generics	
<i>femynor</i>	2-Generics	
<i>fyavolv</i>	2-Generics	
<i>hailey 1.5/30</i>	2-Generics	
<i>hailey 24 fe</i>	2-Generics	
<i>hailey fe 1.5/30</i>	2-Generics	
<i>hailey fe 1/20</i>	2-Generics	
<i>haloette</i>	3-Preferred Brands	
<i>iclevia</i>	2-Generics	
<i>introvale</i>	2-Generics	
<i>isibloom</i>	2-Generics	

You 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>jasmiel</i>	2-Generics	
<i>jinteli</i>	2-Generics	
<i>jolessa</i>	2-Generics	
<i>juleber</i>	2-Generics	
<i>junel 1.5/30</i>	2-Generics	
<i>junel 1/20</i>	2-Generics	
<i>junel fe 1.5/30</i>	2-Generics	
<i>junel fe 1/20</i>	2-Generics	
<i>junel fe 24</i>	2-Generics	
<i>kalliga</i>	2-Generics	
<i>kariva</i>	2-Generics	
<i>kelnor 1/35</i>	2-Generics	
<i>kelnor 1/50</i>	2-Generics	
<i>kurvelo</i>	2-Generics	
<i>larin 1.5/30</i>	2-Generics	
<i>larin 1/20</i>	2-Generics	
<i>larin 24 fe</i>	2-Generics	
<i>larin fe 1.5/30</i>	2-Generics	
<i>larin fe 1/20</i>	2-Generics	
<i>leena</i>	2-Generics	
<i>lessina</i>	2-Generics	
<i>levonest</i>	2-Generics	
<i>levonorg-eth estrad triphasic</i>	2-Generics	
<i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)</i>	2-Generics	
<i>levonorgestrel-ethinyl estrad</i>	2-Generics	
<i>levora 0.15/30 (28)</i>	2-Generics	
<i>lo-zumandimine</i>	2-Generics	
<i>loestrin 1.5/30 (21)</i>	2-Generics	
<i>loestrin 1/20 (21)</i>	2-Generics	

You 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>loestrin fe 1.5/30</i>	2-Generics	
<i>loestrin fe 1/20</i>	2-Generics	
<i>lojaimiess</i>	2-Generics	
<i>loryna</i>	2-Generics	
<i>low-ogestrel</i>	2-Generics	
<i>lutra</i>	2-Generics	
<i>lyllana</i>	4-Non-Preferred Drugs	QL (8 PER 28 DAYS)
<i>marlissa</i>	2-Generics	
MENEST	4-Non-Preferred Drugs	
<i>microgestin 1.5/30</i>	2-Generics	
<i>microgestin 1/20</i>	2-Generics	
<i>microgestin 24 fe</i>	2-Generics	
<i>microgestin fe 1.5/30</i>	2-Generics	
<i>microgestin fe 1/20</i>	2-Generics	
<i>mili</i>	2-Generics	
<i>mono-linyah</i>	2-Generics	
<i>necon 0.5/35 (28)</i>	2-Generics	
<i>nikki</i>	2-Generics	
<i>norelgestromin-eth estradiol</i>	3-Preferred Brands	
<i>norethin ace-eth estrad-fe (1-20 tab, 1.5-30 tab)</i>	2-Generics	
<i>norethin-eth estradiol-fe 0.4-35 mg- mcg chew tab</i>	2-Generics	
<i>norethindron-ethinyl estrad-fe</i>	2-Generics	
<i>norethindrone acet-ethinyl est</i>	2-Generics	
<i>norethindrone-eth estradiol</i>	2-Generics	
<i>norgestim-eth estrad triphasic</i>	2-Generics	
<i>norgestimate-eth estradiol</i>	2-Generics	
<i>nortrel 0.5/35 (28)</i>	2-Generics	

You 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 1/35 (21)</i>	2-Generics	
<i>nortrel 1/35 (28)</i>	2-Generics	
<i>nortrel 7/7/7</i>	2-Generics	
<i>nylia 1/35</i>	2-Generics	
<i>nylia 7/7/7</i>	2-Generics	
<i>nymyo</i>	2-Generics	
<i>ocella</i>	2-Generics	
<i>philith</i>	2-Generics	
<i>pimtrea</i>	2-Generics	
<i>pirmella 1/35</i>	2-Generics	
<i>portia-28</i>	2-Generics	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB)	3-Preferred Brands	
PREMPRO	3-Preferred Brands	
<i>previfem</i>	2-Generics	
<i>reclipsen</i>	2-Generics	
<i>setlakin</i>	2-Generics	
<i>simliya</i>	2-Generics	
<i>sprintec 28</i>	2-Generics	
<i>sronyx</i>	2-Generics	
<i>syeda</i>	2-Generics	
<i>tarina 24 fe</i>	2-Generics	
<i>tarina fe 1/20 eq</i>	2-Generics	
<i>tilia fe</i>	2-Generics	
<i>tri femynor</i>	2-Generics	
<i>tri-estarylla</i>	2-Generics	
<i>tri-legest fe</i>	2-Generics	
<i>tri-linyah</i>	2-Generics	
<i>tri-lo-estarylla</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tri-lo-marzia</i>	2-Generics	
<i>tri-lo-mili</i>	2-Generics	
<i>tri-lo-sprintec</i>	2-Generics	
<i>tri-mili</i>	2-Generics	
<i>tri-nymyo</i>	2-Generics	
<i>tri-sprintec</i>	2-Generics	
<i>tri-vylibra</i>	2-Generics	
<i>tri-vylibra lo</i>	2-Generics	
<i>trivora (28)</i>	2-Generics	
<i>turqoz</i>	2-Generics	
<i>velivet</i>	2-Generics	
<i>vestura</i>	2-Generics	
<i>vienva</i>	2-Generics	
<i>viorele</i>	2-Generics	
<i>volnea</i>	2-Generics	
<i>vyfemla</i>	2-Generics	
<i>vylibra</i>	2-Generics	
<i>wera</i>	2-Generics	
<i>wymzya fe</i>	2-Generics	
<i>xulane</i>	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>	2-Generics	

PROGESTINS

<i>camila</i>	2-Generics	
<i>deblitane</i>	2-Generics	
DEPO-SUBQ PROVERA 104	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>emzahh</i>	2-Generics	
<i>errin</i>	2-Generics	
<i>gallifrey</i>	2-Generics	
<i>heather</i>	2-Generics	
<i>incassia</i>	2-Generics	
<i>jencycla</i>	2-Generics	
LILETTA (52 MG)	3-Preferred Brands	
<i>lyleq</i>	2-Generics	
<i>lyza</i>	2-Generics	
<i>medroxyprogesterone acetate (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>	2-Generics	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	4-Non-Preferred Drugs	
NEXPLANON	3-Preferred Brands	
<i>nora-be</i>	2-Generics	
<i>norethindrone</i>	2-Generics	
<i>norethindrone acetate</i>	2-Generics	
<i>norlyda</i>	2-Generics	
<i>norlyroc</i>	2-Generics	
<i>progesterone (100 mg cap, 200 mg cap)</i>	2-Generics	
<i>sharobel</i>	2-Generics	

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

DUAVEE	4-Non-Preferred Drugs
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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>raloxifene hcl</i>	2-Generics	QL (30 PER 30 DAYS)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
<i>euthyrox</i>	1-Preferred Generics	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1-Preferred Generics	
<i>levoxyl</i>	3-Preferred Brands	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2-Generics	
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
LEUPROLIDE ACETATE (3 MONTH)	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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUPRON DEPOT-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	
TRELSTAR MIXJECT	4-Non-Preferred Drugs	PA3

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

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

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

BERINERT	5-Specialty	PA
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
RIDAURA	5-Specialty	
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
XELJANZ XR	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
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	PA, 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, 50 mg/ml solution, 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
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT (ABBVIE PRODUCT ONLY)	5-Specialty	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA (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 PEF SY KT	5-Specialty	PA
HUMIRA 10 MG/0.1ML PEF SY KT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA 20 MG/0.2ML PEF SY KT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA 40 MG/0.4ML PEF SY KT (ABBVIE PRODUCT ONLY)	5-Specialty	PA
HUMIRA-CD/UC/HS STARTER	5-Specialty	PA
HUMIRA-PED>/=40KG UC STARTER	5-Specialty	PA
HUMIRA-PSORIASIS/UVEIT STARTER	5-Specialty	PA
IDACIO	5-Specialty	PA
IDACIO FOR CROHNS DISEASE/UC	5-Specialty	PA
IDACIO FOR PLAQUE PSORIASIS	5-Specialty	PA
INFLECTRA	5-Specialty	PA3
<i>leflunomide 10 mg tab</i>	2-Generics	QL (30 PER 30 DAYS)
<i>leflunomide 20 mg tab</i>	2-Generics	QL (150 PER 30 DAYS)
<i>methotrexate sodium (2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution)</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	
<i>mycophenolate mofetil (250 mg cap, 500 mg recon soln, 500 mg tab)</i>	2-Generics	PA3
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	5-Specialty	PA3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mycophenolate mofetil hcl</i>	2-Generics	PA3
<i>mycophenolate sodium</i>	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
RENFLIXIS	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>	2-Generics	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	
BOOSTRIX	3-Preferred Brands	
DAPTACEL	3-Preferred Brands	
DIPHTHERIA-TETANUS TOXOIDS DT	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
ENGERIX-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	
IXCHIQ	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	
PEDIARIX	3-Preferred Brands	
PEDVAX HIB	3-Preferred Brands	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PENTACEL	3-Preferred Brands	
PREHEVBRIO	3-Preferred Brands	PA3
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	
TDVAX	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	
YF-VAX	3-Preferred Brands	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cinacalcet hcl 90 mg tab</i>	5-Specialty	PA3, QL (120 PER 30 DAYS)
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	4-Non-Preferred Drugs	
<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>	2-Generics	QL (30 PER 30 DAYS)
<i>risedronate sodium 150 mg tab</i>	2-Generics	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tab</i>	2-Generics	QL (4 PER 28 DAYS)
<i>risedronate sodium 35 mg tab dr</i>	4-Non-Preferred Drugs	QL (4 PER 28 DAYS)
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	5-Specialty	PA, QL (2.48 PER 28 DAYS)
XGEVA	5-Specialty	PA
<i>zoledronic acid (4 mg/5ml conc, 5 mg/100ml solution)</i>	4-Non-Preferred Drugs	PA3

MISCELLANEOUS THERAPEUTIC AGENTS

BD ALCOHOL PADS	2-Generics	PA
CLINOLIPID	4-Non-Preferred Drugs	PA3
GAUZE PADS & DRESSINGS - PADS 2 X 2	2-Generics	PA
INSULIN PEN NEEDLE (NOVO/BD/ULTIMED/OWEN/TRIVIDIA)	2-Generics	PA
INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/ULTIMED/ALLISON/TRIVIDIA/ MHC)	2-Generics	PA
INSULIN SYRINGE (DISP) U-100 1 ML (BD/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 1/2 ML (BD/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>	2-Generics	
<i>bacitracin-polymyxin b</i>	2-Generics	
COMBIGAN	3-Preferred Brands	
<i>cyclopentolate hcl</i>	2-Generics	
<i>dorzolamide hcl-timolol mal</i>	1-Preferred 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>	2-Generics	
<i>neo-polycin hc</i>	2-Generics	
<i>neomycin-bacitracin zn-polymyx</i>	2-Generics	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	2-Generics	
<i>neomycin-polymyxin-gramicidin</i>	2-Generics	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	4-Non-Preferred Drugs	
OXERVATE	5-Specialty	PA, QL (60 PER 30 DAYS)
<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>	3-Preferred Brands	
XDEMVY	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>	2-Generics

OPHTHALMIC ANTI-INFECTIVES

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

You 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>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>	2-Generics	
ZIRGAN	4-Non-Preferred Drugs	

OPHTHALMIC ANTI-INFLAMMATORIES

<i>bromfenac sodium (once-daily)</i>	4-Non-Preferred Drugs	
<i>dexamethasone sodium phosphate 0.1 % solution</i>	2-Generics	
<i>diclofenac sodium 0.1 % solution</i>	2-Generics	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	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	2-Generics	
LOTEMAX 0.5 % OINTMENT	4-Non-Preferred Drugs	
<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	4-Non-Preferred Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisolone 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>	2-Generics	
<i>carteolol hcl</i>	2-Generics	
<i>levobunolol hcl</i>	2-Generics	
<i>timolol maleate (0.25 % gel f soln, 0.5 % (daily) solution, 0.5 % gel f soln)</i>	4-Non-Preferred Drugs	
<i>timolol maleate (0.25 % solution, 0.5 % solution)</i>	1-Preferred Generics	
<i>timolol maleate (once-daily)</i>	4-Non-Preferred Drugs	

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost</i>	2-Generics	
<i>latanoprost</i>	1-Preferred Generics	
LUMIGAN	3-Preferred Brands	
<i>travoprost (bak free)</i>	2-Generics	

OTIC AGENTS

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

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

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

You 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 hfa (110 mcg/act aerosol, 220 mcg/act aerosol)</i>	3-Preferred Brands	QL (24 PER 30 DAYS)
<i>fluticasone propionate hfa 44 mcg/act aerosol</i>	3-Preferred Brands	QL (22 PER 30 DAYS)
<i>mometasone furoate 50 mcg/act suspension</i>	3-Preferred Brands	QL (34 PER 30 DAYS)
PULMICORT FLEXHALER	4-Non-Preferred Drugs	QL (2 PER 30 DAYS)

ANTIHISTAMINES

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

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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zafirlukast</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, 4 mg tab)</i>	4-Non-Preferred Drugs	
<i>albuterol sulfate 2 mg/5ml syrup</i>	2-Generics	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proair)</i>	2-Generics	QL (17 PER 30 DAYS)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proventil)</i>	2-Generics	QL (13.4 PER 30 DAYS)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic ventolin)</i>	2-Generics	QL (36 PER 30 DAYS)
<i>arformoterol tartrate</i>	4-Non-Preferred Drugs	PA3
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	3-Preferred Brands	QL (4 PER 30 DAYS)
<i>formoterol fumarate</i>	4-Non-Preferred Drugs	PA3
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	4-Non-Preferred Drugs	PA3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levalbuterol tartrate</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
SEREVENT DISKUS	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	4-Non-Preferred Drugs	

CYSTIC FIBROSIS AGENTS

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)
<i>theophylline</i>	2-Generics	
<i>theophylline er (300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	2-Generics	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS	5-Specialty	PA, QL (90 PER 30 DAYS)
<i>alyq</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>ambrisentan</i>	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>bosentan</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
OPSUMIT	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>sildenafil citrate 20 mg tab</i>	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>	2-Generics	PA3
ADVAIR HFA	3-Preferred Brands	QL (12 PER 30 DAYS)
ANORO ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
BEVESPI AEROSPHERE	3-Preferred Brands	QL (10.7 PER 30 DAYS)
BREO ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>brey-na</i>	3-Preferred Brands	QL (10.3 PER 30 DAYS)

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

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

SKELETAL MUSCLE RELAXANTS

BOTOX	4-Non-Preferred Drugs	PA
<i>cyclobenzaprine hcl 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

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>eszopiclone</i>	4-Non-Preferred Drugs	PA, QL (30 PER 30 DAYS)
HETLIOZ LQ	5-Specialty	PA, QL (158 PER 30 DAYS)
<i>ramelteon</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>tasimelteon</i>	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>temazepam (15 mg cap, 30 mg cap)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>zaleplon 10 mg cap</i>	2-Generics	PA, QL (60 PER 30 DAYS)
<i>zaleplon 5 mg cap</i>	2-Generics	PA, QL (30 PER 30 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	2-Generics	PA, QL (30 PER 30 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	2-Generics	QL (30 PER 30 DAYS)

WAKEFULNESS PROMOTING AGENTS

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

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nylia 7/7/7	86	oxazepam	48
nymyo	86	oxcarbazepine	16
nystatin	23,24	OXERVATE	100
nystatin-triamcinolone	71	oxybutynin chloride	79
nystop	24	oxybutynin chloride er	79
O		oxycodone hcl	5
OCALIVA	77	oxycodone-acetaminophen	5
ocella	86	OZEMPIC (0.25 OR 0.5 MG/DOSE)	50
OCTAGAM	91	OZEMPIC (1 MG/DOSE)	50
octreotide acetate	90	OZEMPIC (2 MG/DOSE)	50
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OFEV	107	paclitaxel	32
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rosuvastatin calcium	62	sodium chloride (pf)	74
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roweepra	14	sodium phenylbutyrate	78
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simliya	86	sulfadiazine	12
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sumatriptan	25	tenofovir disoproxil fumarate	44
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sumatriptan succinate refill	25	terazosin hcl	55
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syeda	86	terconazole	24
SYMPAZAN	15	teriflunomide	67
SYMTUZA	46	TERIPARATIDE (RECOMBINANT)	98
SYNAREL	90	testosterone	81
SYNJARDY	50	testosterone cypionate	81
SYNJARDY XR	51	testosterone enanthate	81
SYNTHROID	89	testosterone td gel pump 20.25 mg/act (1.62%)	81
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tamoxifen citrate	27	TIBSOVO	33
tamsulosin hcl	79	TICOVAC	96
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taztia xt	59	TOBRADEX	100
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This formulary was updated on 12/01/2024. For more recent information or other questions, please contact Jefferson Health Plans at 1-866-901-8000 (TTY 1-877-454-8477), or visit www.JeffersonHealthPlans.com/Medicare. From October 1 to March 31, we're available 8 a.m. to 8 p.m., 7 days a week. And from April 1 to September 30, we're available 8 a.m. to 8 p.m., Monday to Friday.

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