



## 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 16

This formulary was updated on 04/01/2025. For more recent information or other questions, please contact Jefferson Health Plans Member Relations at 1-866-901-8000 (TTY users should call 1-877-454-8477) or visit [JeffersonHealthPlans.com/medicare](https://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 04/01/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

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

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

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

## Can the Formulary change?

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

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

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

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

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

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

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, 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 04/01/2025. To get updated information about the drugs covered by Jefferson Health Plans please contact us. Our contact information appears on the front and back cover pages.

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

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on A-8. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 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.

| <b>Drug Tier</b>                          | <b>Retail Cost-Sharing</b><br>(30-day supply) |
|---|---|
| <b>1 – Preferred Generics</b>             | \$0   |
| <b>2 – Generic</b><br>Flex Plus, Flex Pro | \$5   |
| Complete, Prime, Silver, Platinum         | \$10  |
| <b>3 – Preferred Brand</b>                | 25%   |
| <b>4 – Non-Preferred Drugs</b>            | 35%   |
| <b>5 – Specialty</b>                      | 33%   |

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



# Category Listing

|   |    |
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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      |
|---|-----------------------|--------------------------|
| <b>ANALGESICS</b>   |                       |                          |
| <b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>                         |                       |                          |
| <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>etodolac (200 mg cap, 300 mg cap)</i>                            | 3-Preferred Brands    | QL (120 PER 30 DAYS)     |
| <i>etodolac (400 mg tab, 500 mg tab)</i>                            | 2-Generics            |                          |
| <i>etodolac er</i>  | 4-Non-Preferred Drugs |                          |
| <i>flurbiprofen</i>   | 2-Generics            |                          |
| <i>ibu</i>  | 1-Preferred Generics  |                          |
| <i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension)</i>    | 2-Generics            |                          |
| <i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>               | 1-Preferred Generics  |                          |
| <i>meloxicam (7.5 mg tab, 15 mg tab)</i>                            | 1-Preferred Generics  |                          |

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

| <b>DRUG NAME</b>                                     | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|--|-----------------------|----------------------------|
| <i>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.

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|--|-----------------------|----------------------------|
| XTAMPZA ER   | 3-Preferred Brands    | QL (60 PER 30 DAYS)        |
| <b>OPIOID ANALGESICS, SHORT-ACTING</b>   |                       |                            |
| <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>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i> | 4-Non-Preferred Drugs | QL (2700 PER 30 DAYS)      |
| <i>hydrocodone-acetaminophen 10-325 mg tab</i>   | 3-Preferred Brands    | QL (180 PER 30 DAYS)       |
| <i>hydrocodone-acetaminophen 5-325 mg tab</i>  | 3-Preferred Brands    | QL (360 PER 30 DAYS)       |
| <i>hydrocodone-acetaminophen 7.5-325 mg tab</i>  | 3-Preferred Brands    | QL (240 PER 30 DAYS)       |
| <i>hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)</i>  | 3-Preferred Brands    | QL (180 PER 30 DAYS)       |
| <i>hydromorphone hcl 1 mg/ml liquid</i>  | 4-Non-Preferred Drugs | QL (1500 PER 30 DAYS)      |
| 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)       |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|---|-----------------------|----------------------------|
| <i>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)     |
| <i>lidocan</i>                | 4-Non-Preferred Drugs | PA, QL (90 PER 30 DAYS) |

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

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

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

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|--|-----------------------|----------------------------|
| VIVITROL   | 5-Specialty           |                            |
| <b>OPIOID DEPENDENCE</b>   |                       |                            |
| <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)       |
| <i>lofexidine hcl</i>  | 5-Specialty           | PA, QL (16 PER 1 DAYS)     |
| LUCEMYRA   | 5-Specialty           | PA, QL (16 PER 1 DAYS)     |
| <b>OPIOID REVERSAL AGENTS</b>  |                       |                            |
| <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    |                            |
| <b>SMOKING CESSATION AGENTS</b>  |                       |                            |
| <i>bupropion hcl er (smoking det)</i>  | 2-Generics            | QL (60 PER 30 DAYS)        |
| NICOTROL   | 4-Non-Preferred Drugs |                            |
| NICOTROL NS  | 4-Non-Preferred Drugs |                            |
| <i>varenicline tartrate</i>  | 4-Non-Preferred Drugs |                            |
| <i>varenicline tartrate (starter)</i>  | 4-Non-Preferred Drugs |                            |
| <i>varenicline tartrate(continue)</i>  | 4-Non-Preferred Drugs |                            |

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



| DRUG NAME   | DRUG TIER                | REQUIREMENTS/LIMITS   |
|---|--------------------------|-----------------------|
| <b>ANTIBACTERIALS</b>   |                          |                       |
| <b>AMINOGLYCOSIDES</b>  |                          |                       |
| <i>amikacin sulfate</i>   | 4-Non-Preferred<br>Drugs |                       |
| ARIKAYCE  | 5-Specialty              | PA                    |
| <i>gentamicin in saline</i>   | 4-Non-Preferred<br>Drugs |                       |
| <i>gentamicin sulfate (0.1 % cream,<br/>0.1 % ointment)</i>                 | 2-Generics               | QL (30 PER 30 DAYS)   |
| <i>gentamicin sulfate (10 mg/ml<br/>solution, 40 mg/ml solution)</i>        | 4-Non-Preferred<br>Drugs |                       |
| <i>neomycin sulfate</i>   | 2-Generics               |                       |
| <i>streptomycin sulfate</i>   | 5-Specialty              |                       |
| <i>tobramycin sulfate (10 mg/ml<br/>solution, 80 mg/2ml solution)</i>       | 4-Non-Preferred<br>Drugs |                       |
| <b>ANTIBACTERIALS, OTHER</b>  |                          |                       |
| <i>aztreonam</i>  | 4-Non-Preferred<br>Drugs |                       |
| <i>clindamycin hcl</i>  | 2-Generics               |                       |
| <i>clindamycin palmitate hcl</i>  | 4-Non-Preferred<br>Drugs |                       |
| <i>clindamycin phosphate (300 mg/2ml<br/>solution, 900 mg/6ml solution)</i> | 4-Non-Preferred<br>Drugs |                       |
| <i>clindamycin phosphate 2 % cream</i>                                      | 2-Generics               |                       |
| <i>clindamycin phosphate in d5w</i>   | 4-Non-Preferred<br>Drugs |                       |
| <i>colistimethate sodium (cba)</i>  | 5-Specialty              |                       |
| <i>daptomycin 350 mg recon soln</i>   | 5-Specialty              |                       |
| <i>daptomycin 500 mg recon soln</i>   | 5-Specialty              |                       |
| <i>linezolid 100 mg/5ml recon susp</i>                                      | 5-Specialty              | QL (1800 PER 30 DAYS) |
| <i>linezolid 600 mg tab</i>   | 4-Non-Preferred<br>Drugs | QL (60 PER 30 DAYS)   |
| <i>linezolid 600 mg/300ml solution</i>                                      | 4-Non-Preferred<br>Drugs |                       |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|--|-----------------------|----------------------------|
| <i>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                         |

## **BETA-LACTAM, CEPHALOSPORINS**

|  |                       |  |
|--|-----------------------|--|
| <i>cefaclor (250 mg cap, 500 mg cap)</i>   | 2-Generics            |  |
| <i>cefadroxil (250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>   | 2-Generics            |  |
| <i>cefazolin sodium (1 gm recon soln, 10 gm recon soln, 100 gm recon soln, 300 gm recon soln, 500 mg recon soln)</i> | 4-Non-Preferred Drugs |  |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|--|-----------------------|----------------------------|
| <i>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            |                            |
| <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 |
|---|----------------------|

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|---|--------------------------|----------------------------|
| <i>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<br>Drugs |                            |
| <i>ampicillin</i>   | 2-Generics               |                            |
| <i>ampicillin sodium</i>  | 4-Non-Preferred<br>Drugs |                            |
| <i>ampicillin-sulbactam sodium</i>  | 4-Non-Preferred<br>Drugs |                            |
| BICILLIN L-A  | 4-Non-Preferred<br>Drugs |                            |
| <i>dicloxacillin sodium</i>   | 2-Generics               |                            |
| <i>nafcillin sodium (1 gm recon soln, 2 gm recon soln)</i>  | 4-Non-Preferred<br>Drugs |                            |
| <i>nafcillin sodium 10 gm recon soln</i>  | 5-Specialty              |                            |
| <i>oxacillin sodium</i>   | 4-Non-Preferred<br>Drugs |                            |
| PENICILLIN G POT IN DEXTROSE  | 4-Non-Preferred<br>Drugs |                            |
| <i>penicillin g potassium</i>   | 4-Non-Preferred<br>Drugs |                            |
| <i>penicillin g sodium</i>  | 4-Non-Preferred<br>Drugs |                            |
| <i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>  | 1-Preferred<br>Generics  |                            |
| <i>pfizerpen</i>  | 4-Non-Preferred<br>Drugs |                            |
| <i>piperacillin sod-tazobactam so</i>   | 4-Non-Preferred<br>Drugs |                            |
| <b>CARBAPENEMS</b>  |                          |                            |
| <i>ertapenem sodium</i>   | 3-Preferred<br>Brands    |                            |

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

| <b>DRUG NAME</b>           | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|----------------------------|-----------------------|----------------------------|
| <i>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 |                      |
| <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  |  |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|--|-----------------------|----------------------------|
| <i>ciprofloxacin hcl 0.3 % solution</i>                  | 2-Generics            |                            |
| <i>ciprofloxacin in d5w 200 mg/100ml solution</i>        | 4-Non-Preferred Drugs |                            |
| <i>ciprofloxacin in d5w 400 mg/200ml solution</i>        | 4-Non-Preferred Drugs |                            |
| <i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i> | 2-Generics            |                            |
| <i>levofloxacin in d5w</i>                               | 4-Non-Preferred Drugs |                            |
| <i>levofloxacin oral soln 25 mg/ml</i>                   | 4-Non-Preferred Drugs |                            |
| <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 |  |
| <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            |  |

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

| DRUG NAME   | DRUG TIER             | REQUIREMENTS/LIMITS |
|---|-----------------------|---------------------|
| <i>doxycycline monohydrate 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) |
| <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) |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|--|--------------------------|----------------------------|
| FYCOMPA 2 MG TAB   | 4-Non-Preferred<br>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<br>Drugs |                            |
| <i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i>   | 2-Generics               |                            |
| <i>lamotrigine er</i>  | 4-Non-Preferred<br>Drugs |                            |
| <i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab, 1000 mg tab)</i> | 2-Generics               |                            |
| <i>levetiracetam 500 mg/5ml solution</i>   | 4-Non-Preferred<br>Drugs |                            |
| <i>levetiracetam er</i>  | 2-Generics               |                            |
| LEVETIRACETAM IN NACL  | 4-Non-Preferred<br>Drugs |                            |
| <i>roweepira</i>   | 2-Generics               |                            |
| SPRITAM  | 4-Non-Preferred<br>Drugs | ST                         |
| <i>topiramate</i>  | 2-Generics               |                            |
| <i>valproate sodium</i>  | 4-Non-Preferred<br>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<br>Brands    |  |
| <i>ethosuximide 250 mg/5ml solution</i> | 4-Non-Preferred<br>Drugs |  |
| <i>methsuximide</i>                     | 4-Non-Preferred<br>Drugs |  |

### **GAMMA-AMINO BUTYRIC ACID (GABA) MODULATING AGENTS**

|  |                          |                           |
|--|--------------------------|---------------------------|
| <i>clobazam (10 mg tab, 20 mg tab)</i> | 4-Non-Preferred<br>Drugs | PA2, QL (60 PER 30 DAYS)  |
| <i>clobazam 2.5 mg/ml suspension</i>   | 4-Non-Preferred<br>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.



| <b>DRUG NAME</b>   | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|--|-----------------------|----------------------------|
| <i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>   | 4-Non-Preferred Drugs |                            |
| <i>gabapentin (100 mg cap, 600 mg tab)</i>   | 2-Generics            | QL (180 PER 30 DAYS)       |
| <i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>   | 4-Non-Preferred Drugs | QL (2160 PER 30 DAYS)      |
| <i>gabapentin 300 mg cap</i>   | 2-Generics            | QL (360 PER 30 DAYS)       |
| <i>gabapentin 400 mg cap</i>   | 2-Generics            | QL (270 PER 30 DAYS)       |
| <i>gabapentin 800 mg tab</i>   | 2-Generics            | QL (120 PER 30 DAYS)       |
| 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)   |
| <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) |
|---------------------------------|-------------|---------------------|

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|---|-----------------------|----------------------------|
| APTIOM (600 MG TAB, 800 MG TAB)   | 5-Specialty           | QL (60 PER 30 DAYS)        |
| CARBAMAZEPINE (100 MG CHEW TAB, 200 MG CHEW TAB, 200 MG TAB)                    | 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            |                            |
| <i>phenytoin infatabs</i>   | 2-Generics            |                            |
| <i>phenytoin sodium</i>   | 4-Non-Preferred Drugs |                            |
| <i>phenytoin sodium extended</i>  | 2-Generics            |                            |
| <i>rufinamide 200 mg tab</i>  | 4-Non-Preferred Drugs | PA2, QL (480 PER 30 DAYS)  |

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

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

## **ANTIDEMENTIA AGENTS**

### **ANTIDEMENTIA AGENTS, OTHER**

|          |                       |
|----------|-----------------------|
| NAMZARIC | 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)  |
| <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)  |

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

| DRUG NAME  | DRUG TIER             | REQUIREMENTS/LIMITS  |
|--|-----------------------|----------------------|
| <b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b> |                       |                      |
| <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 &amp; 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

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

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

| DRUG NAME   | DRUG TIER                | REQUIREMENTS/LIMITS      |
|---|--------------------------|--------------------------|
| <b>MONOAMINE OXIDASE INHIBITORS</b>   |                          |                          |
| EMSAM   | 5-Specialty              | PA2, QL (30 PER 30 DAYS) |
| MARPLAN   | 4-Non-Preferred<br>Drugs | QL (180 PER 30 DAYS)     |
| <i>phenelzine sulfate</i>   | 2-Generics               |                          |
| <i>tranylcypromine sulfate</i>  | 4-Non-Preferred<br>Drugs |                          |
| <b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)</b> |                          |                          |
| <i>citalopram hydrobromide (20 mg tab, 40 mg tab)</i>   | 1-Preferred<br>Generics  | QL (45 PER 30 DAYS)      |
| <i>citalopram hydrobromide 10 mg tab</i>  | 1-Preferred<br>Generics  | QL (90 PER 30 DAYS)      |
| <i>citalopram hydrobromide 10 mg/5ml solution</i>   | 3-Preferred<br>Brands    | QL (600 PER 30 DAYS)     |
| <i>desvenlafaxine succinate er</i>  | 3-Preferred<br>Brands    | QL (30 PER 30 DAYS)      |
| <i>escitalopram oxalate 10 mg tab</i>   | 1-Preferred<br>Generics  | QL (45 PER 30 DAYS)      |
| <i>escitalopram oxalate 20 mg tab</i>   | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS)      |
| <i>escitalopram oxalate 5 mg tab</i>  | 1-Preferred<br>Generics  | QL (90 PER 30 DAYS)      |
| <i>escitalopram oxalate 5 mg/5ml solution</i>   | 4-Non-Preferred<br>Drugs | QL (600 PER 30 DAYS)     |
| FETZIMA   | 4-Non-Preferred<br>Drugs | PA2, QL (30 PER 30 DAYS) |
| FETZIMA TITRATION   | 4-Non-Preferred<br>Drugs | PA2, QL (28 PER 28 DAYS) |
| <i>fluoxetine hcl 10 mg cap</i>   | 1-Preferred<br>Generics  | QL (90 PER 30 DAYS)      |
| <i>fluoxetine hcl 10 mg tab</i>   | 2-Generics               | QL (90 PER 30 DAYS)      |
| <i>fluoxetine hcl 20 mg cap</i>   | 1-Preferred<br>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               |                          |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|--|--------------------------|----------------------------|
| <i>fluoxetine hcl 40 mg cap</i>                                  | 1-Preferred<br>Generics  | QL (60 PER 30 DAYS)        |
| <i>fluoxetine hcl 90 mg cap dr</i>                               | 4-Non-Preferred<br>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<br>Drugs | QL (60 PER 30 DAYS)        |
| <i>nefazodone hcl</i>  | 4-Non-Preferred<br>Drugs |                            |
| <i>paroxetine hcl (10 mg tab, 20 mg tab)</i>                     | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS)        |
| <i>paroxetine hcl (30 mg tab, 40 mg tab)</i>                     | 1-Preferred<br>Generics  | QL (60 PER 30 DAYS)        |
| <i>paroxetine hcl 10 mg/5ml suspension</i>                       | 4-Non-Preferred<br>Drugs | QL (900 PER 30 DAYS)       |
| <i>paroxetine hcl er 12.5 mg tab er 24h</i>                      | 4-Non-Preferred<br>Drugs | QL (90 PER 30 DAYS)        |
| <i>paroxetine hcl er 25 mg tab er 24h</i>                        | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS)        |
| <i>paroxetine hcl er 37.5 mg tab er 24h</i>                      | 4-Non-Preferred<br>Drugs | QL (60 PER 30 DAYS)        |
| <i>sertraline hcl (25 mg tab, 50 mg tab)</i>                     | 1-Preferred<br>Generics  | QL (90 PER 30 DAYS)        |
| <i>sertraline hcl 100 mg tab</i>                                 | 1-Preferred<br>Generics  | QL (60 PER 30 DAYS)        |
| <i>sertraline hcl 20 mg/ml conc</i>                              | 4-Non-Preferred<br>Drugs | QL (300 PER 30 DAYS)       |
| <i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>         | 1-Preferred<br>Generics  |                            |
| <i>trazodone hcl 300 mg tab</i>                                  | 2-Generics               |                            |
| TRINTELLIX   | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS)        |
| <i>venlafaxine hcl</i>   | 2-Generics               |                            |
| <i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h)</i> | 2-Generics               | QL (90 PER 30 DAYS)        |
| <i>venlafaxine hcl er 150 mg cap er 24h</i>                      | 2-Generics               | QL (60 PER 30 DAYS)        |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|--|--------------------------|----------------------------|
| <i>vilazodone hcl</i>  | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS)        |
| <b>TRICYCLICS</b>  |                          |                            |
| <i>amitriptyline hcl</i>   | 2-Generics               |                            |
| <i>amoxapine</i>   | 3-Preferred<br>Brands    |                            |
| <i>clomipramine hcl</i>  | 4-Non-Preferred<br>Drugs |                            |
| <i>desipramine hcl</i>   | 4-Non-Preferred<br>Drugs |                            |
| <i>doxepin hcl (10 mg cap, 10 mg/ml<br/>conc, 25 mg cap, 50 mg cap, 75 mg<br/>cap, 100 mg cap, 150 mg cap)</i> | 2-Generics               |                            |
| <i>imipramine hcl</i>  | 2-Generics               |                            |
| <i>nortriptyline hcl (10 mg cap, 25 mg<br/>cap, 50 mg cap, 75 mg cap)</i>                                      | 2-Generics               |                            |
| <i>nortriptyline hcl 10 mg/5ml solution</i>  | 4-Non-Preferred<br>Drugs |                            |
| <i>protriptyline hcl</i>   | 4-Non-Preferred<br>Drugs |                            |
| <i>trimipramine maleate</i>  | 4-Non-Preferred<br>Drugs |                            |

## **ANTIEMETICS**

### **ANTIEMETICS, OTHER**

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

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|---|--------------------------|----------------------------|
| <i>prochlorperazine edisylate</i>                           | 4-Non-Preferred<br>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<br>Drugs | PA, QL (10 PER 30 DAYS)    |

## **EMETOGENIC THERAPY ADJUNCTS**

|  |                          |                           |
|--|--------------------------|---------------------------|
| <i>aprepitant</i>  | 4-Non-Preferred<br>Drugs | PA3                       |
| <i>dronabinol</i>  | 4-Non-Preferred<br>Drugs | PA, QL (60 PER 30 DAYS)   |
| <i>granisetron hcl 1 mg tab</i>  | 4-Non-Preferred<br>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<br>Drugs |                           |
| <i>ondansetron hcl +rfid</i>   | 4-Non-Preferred<br>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<br>Drugs | PA3, QL (900 PER 30 DAYS) |
| SANCUSO  | 5-Specialty              | ST, QL (4 PER 28 DAYS)    |

## **ANTIFUNGALS**

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

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



| <b>DRUG NAME</b>   | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|--|--------------------------|----------------------------|
| <i>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<br>Drugs | QL (85 PER 30 DAYS)        |
| <i>fluconazole (10 mg/ml recon susp,<br/>40 mg/ml recon susp, 50 mg tab,<br/>100 mg tab, 150 mg tab, 200 mg<br/>tab)</i> | 2-Generics               |                            |
| <i>fluconazole in sodium chloride (200-<br/>0.9 mg/100ml-% solution, 400-0.9<br/>mg/200ml-% solution)</i>                | 4-Non-Preferred<br>Drugs |                            |
| <i>flucytosine</i>   | 5-Specialty              |                            |
| <i>griseofulvin microsize (125 mg/5ml<br/>suspension, 500 mg tab)</i>  | 4-Non-Preferred<br>Drugs |                            |
| <i>griseofulvin ultramicrosize (125 mg<br/>tab, 250 mg tab)</i>  | 4-Non-Preferred<br>Drugs |                            |
| <i>itraconazole 100 mg cap</i>   | 4-Non-Preferred<br>Drugs |                            |
| <i>ketoconazole 2 % cream</i>  | 2-Generics               | QL (60 PER 30 DAYS)        |
| <i>ketoconazole 2 % shampoo</i>  | 2-Generics               | QL (120 PER 30 DAYS)       |
| <i>ketoconazole 200 mg tab</i>   | 2-Generics               |                            |
| <i>klayesta</i>  | 2-Generics               | QL (60 PER 30 DAYS)        |
| <i>micafungin sodium</i>   | 4-Non-Preferred<br>Drugs |                            |
| <i>miconazole 3</i>  | 2-Generics               |                            |
| <i>naftifine hcl 1 % cream</i>   | 4-Non-Preferred<br>Drugs | QL (90 PER 30 DAYS)        |
| <i>naftifine hcl 2 % cream</i>   | 4-Non-Preferred<br>Drugs | QL (60 PER 30 DAYS)        |
| <i>nyamyc</i>  | 2-Generics               | QL (60 PER 30 DAYS)        |
| <i>nystatin (100000 unit/gm cream,<br/>100000 unit/gm ointment, 100000<br/>unit/gm powder)</i>                           | 2-Generics               | QL (60 PER 30 DAYS)        |
| <i>nystatin (100000 unit/ml<br/>suspension, 500000 unit tab)</i>   | 2-Generics               |                            |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|---|-----------------------|----------------------------|
| <i>nystop</i>   | 2-Generics            | QL (60 PER 30 DAYS)        |
| <i>posaconazole 100 mg tab dr</i>                           | 5-Specialty           | PA, QL (93 PER 30 DAYS)    |
| <i>posaconazole 40 mg/ml suspension</i>                     | 5-Specialty           | PA, QL (630 PER 30 DAYS)   |
| <i>terbinafine hcl</i>                                      | 2-Generics            | QL (120 PER 30 DAYS)       |
| <i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i> | 2-Generics            |                            |
| <i>voriconazole 200 mg recon soln</i>                       | 5-Specialty           | PA                         |
| <i>voriconazole 200 mg tab</i>                              | 4-Non-Preferred Drugs | QL (120 PER 30 DAYS)       |
| <i>voriconazole 40 mg/ml recon susp</i>                     | 5-Specialty           | QL (600 PER 30 DAYS)       |
| <i>voriconazole 50 mg tab</i>                               | 4-Non-Preferred Drugs | QL (480 PER 30 DAYS)       |

## **ANTIGOUT AGENTS**

|   |                      |                      |
|---|----------------------|----------------------|
| <i>allopurinol (100 mg tab, 300 mg tab)</i> | 1-Preferred Generics |                      |
| <i>colchicine 0.6 mg tab</i>                | 3-Preferred Brands   | QL (120 PER 30 DAYS) |
| <i>colchicine-probenecid</i>                | 3-Preferred Brands   |                      |
| <i>febuxostat</i>                           | 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) |
| EMGALITY (300 MG DOSE) | 3-Preferred Brands | PA, QL (3 PER 28 DAYS) |

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

| <b>DRUG NAME</b> | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|------------------|------------------|----------------------------|
| NURTEC           | 5-Specialty      | 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</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 |  |

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

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

## ANTINEOPLASTICS

### ALKYLATING AGENTS

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

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|---|-----------------------|----------------------------|
| VALCHLOR  | 5-Specialty           | PA2, QL (60 PER 30 DAYS)   |
| <b>ANTIANDROGENS</b>  |                       |                            |
| <i>abiraterone acetate 250 mg tab</i>   | 5-Specialty           | PA2, QL (120 PER 30 DAYS)  |
| <i>abiraterone acetate 500 mg tab</i>   | 5-Specialty           | PA2, QL (60 PER 30 DAYS)   |
| <i>abirtega</i>   | 5-Specialty           | PA2, QL (120 PER 30 DAYS)  |
| <i>bicalutamide</i>   | 2-Generics            |                            |
| ERLEADA 240 MG TAB  | 5-Specialty           | PA2, QL (30 PER 30 DAYS)   |
| ERLEADA 60 MG TAB   | 5-Specialty           | PA2, QL (120 PER 30 DAYS)  |
| <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)   |
| <b>ANTIANGIOGENIC AGENTS</b>  |                       |                            |
| <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 100 MG CAP   | 5-Specialty           | PA2, QL (120 PER 30 DAYS)  |
| THALOMID 50 MG CAP  | 5-Specialty           | PA2, QL (30 PER 30 DAYS)   |
| <b>ANTIESTROGENS/MODIFIERS</b>  |                       |                            |
| <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           |                            |
| <b>ANTIMETABOLITES</b>  |                       |                            |
| <i>azacitidine</i>  | 5-Specialty           | PA3                        |
| <i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i> | 4-Non-Preferred Drugs | PA3                        |

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

| <b>DRUG NAME</b>                | <b>DRUG TIER</b>   | <b>REQUIREMENTS/LIMITS</b> |
|---------------------------------|--------------------|----------------------------|
| <i>mercaptopurine 50 mg tab</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 160 MG CAP   | 5-Specialty           | PA2, QL (60 PER 30 DAYS)  |
| AUGTYRO 40 MG CAP  | 5-Specialty           | PA2, QL (240 PER 30 DAYS) |
| DOCETAXEL  | 5-Specialty           | PA3                       |
| DROXIA   | 4-Non-Preferred Drugs |                           |
| FRUZAQLA 1 MG CAP  | 5-Specialty           | PA2, QL (84 PER 28 DAYS)  |
| FRUZAQLA 5 MG CAP  | 5-Specialty           | PA2, QL (21 PER 28 DAYS)  |
| <i>hydroxyurea</i>   | 2-Generics            |                           |
| 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 |  |
|--------------------|----------------------|--|

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|-------------------|--------------------------|----------------------------|
| <i>exemestane</i> | 4-Non-Preferred<br>Drugs |                            |
| <i>letrozole</i>  | 2-Generics               |                            |

## **ENZYME INHIBITORS**

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

## **MOLECULAR TARGET INHIBITORS**

|   |             |                           |
|---|-------------|---------------------------|
| ALECENSA  | 5-Specialty | PA2, QL (240 PER 30 DAYS) |
| ALUNBRIG (90 & 180 MG TAB<br>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<br>TAB)                       | 5-Specialty | PA2, QL (180 PER 30 DAYS) |
| BOSULIF (400 MG TAB, 500 MG<br>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<br>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) |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| COMETRIQ (60 MG DAILY DOSE)                                     | 5-Specialty      | PA2, QL (90 PER 30 DAYS)   |
| COPIKTRA  | 5-Specialty      | PA2, QL (60 PER 30 DAYS)   |
| COTELLIC  | 5-Specialty      | PA2, QL (63 PER 28 DAYS)   |
| DANZITEN  | 5-Specialty      | PA2, QL (120 PER 30 DAYS)  |
| <i>dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab)</i>  | 5-Specialty      | PA2, QL (60 PER 30 DAYS)   |
| <i>dasatinib 140 mg tab</i>                                     | 5-Specialty      | PA2, QL (30 PER 30 DAYS)   |
| <i>dasatinib 20 mg tab</i>                                      | 5-Specialty      | PA2, QL (90 PER 30 DAYS)   |
| DAURISMO 100 MG TAB   | 5-Specialty      | PA2, QL (30 PER 30 DAYS)   |
| DAURISMO 25 MG TAB  | 5-Specialty      | PA2, QL (60 PER 30 DAYS)   |
| ERIVEDGE  | 5-Specialty      | PA2, QL (30 PER 30 DAYS)   |
| <i>erlotinib hcl (100 mg tab, 150 mg tab)</i>                   | 5-Specialty      | PA2, QL (30 PER 30 DAYS)   |
| <i>erlotinib hcl 25 mg tab</i>                                  | 5-Specialty      | PA2, QL (60 PER 30 DAYS)   |
| <i>everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i> | 5-Specialty      | PA2, QL (30 PER 30 DAYS)   |
| <i>everolimus (3 mg tab sol, 5 mg tab sol)</i>                  | 5-Specialty      | PA2, QL (90 PER 30 DAYS)   |
| <i>everolimus 2 mg tab sol</i>                                  | 5-Specialty      | PA2, QL (150 PER 30 DAYS)  |
| FOTIVDA   | 5-Specialty      | PA2, QL (21 PER 28 DAYS)   |
| GAVRETO   | 5-Specialty      | PA2, QL (120 PER 30 DAYS)  |
| <i>gefitinib</i>  | 5-Specialty      | PA2, QL (60 PER 30 DAYS)   |
| GILOTRIF  | 5-Specialty      | PA2, QL (30 PER 30 DAYS)   |
| GOMEKLI (1 MG TAB SOL, 2 MG CAP)                                | 5-Specialty      | PA2, QL (84 PER 28 DAYS)   |
| GOMEKLI 1 MG CAP  | 5-Specialty      | PA2, QL (42 PER 28 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)   |

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



| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB) | 5-Specialty      | PA2, QL (30 PER 30 DAYS)   |
| IMBRUVICA 140 MG CAP                                      | 5-Specialty      | PA2, QL (120 PER 30 DAYS)  |
| IMBRUVICA 70 MG/ML SUSPENSION                             | 5-Specialty      | PA2, QL (324 PER 30 DAYS)  |
| IMKELDI   | 5-Specialty      | PA2, QL (280 PER 28 DAYS)  |
| INLYTA 1 MG TAB   | 5-Specialty      | PA2, QL (180 PER 30 DAYS)  |
| INLYTA 5 MG TAB   | 5-Specialty      | PA2, QL (120 PER 30 DAYS)  |
| INREBIC   | 5-Specialty      | PA2, QL (120 PER 30 DAYS)  |
| ITOVEBI 3 MG TAB  | 5-Specialty      | PA2, QL (60 PER 30 DAYS)   |
| ITOVEBI 9 MG TAB  | 5-Specialty      | PA2, QL (30 PER 30 DAYS)   |
| JAKAFI  | 5-Specialty      | PA2, QL (60 PER 30 DAYS)   |
| JAYPIRCA 100 MG TAB                                       | 5-Specialty      | PA2, QL (60 PER 30 DAYS)   |
| JAYPIRCA 50 MG TAB  | 5-Specialty      | PA2, QL (30 PER 30 DAYS)   |
| KISQALI (200 MG DOSE)                                     | 5-Specialty      | PA2, QL (21 PER 28 DAYS)   |
| KISQALI (400 MG DOSE)                                     | 5-Specialty      | PA2, QL (42 PER 28 DAYS)   |
| KISQALI (600 MG DOSE)                                     | 5-Specialty      | PA2, QL (63 PER 28 DAYS)   |
| KISQALI FEMARA (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                        |

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

| <b>DRUG NAME</b>                     | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|--------------------------------------|-----------------------|----------------------------|
| LENVIMA (24 MG DAILY DOSE)           | 5-Specialty           | PA2                        |
| LENVIMA (4 MG DAILY DOSE)            | 5-Specialty           | PA2                        |
| LENVIMA (8 MG DAILY DOSE)            | 5-Specialty           | PA2                        |
| LORBRENA 100 MG TAB                  | 5-Specialty           | PA2, QL (30 PER 30 DAYS)   |
| LORBRENA 25 MG TAB                   | 5-Specialty           | PA2, QL (90 PER 30 DAYS)   |
| LUMAKRAS (120 MG TAB, 240 MG TAB)    | 5-Specialty           | PA2, QL (120 PER 30 DAYS)  |
| LUMAKRAS 320 MG TAB                  | 5-Specialty           | PA2, QL (90 PER 30 DAYS)   |
| LYNPARZA                             | 5-Specialty           | PA2, QL (120 PER 30 DAYS)  |
| LYTGOBI (12 MG DAILY DOSE)           | 5-Specialty           | PA2, QL (84 PER 28 DAYS)   |
| LYTGOBI (16 MG DAILY DOSE)           | 5-Specialty           | PA2, QL (112 PER 28 DAYS)  |
| LYTGOBI (20 MG DAILY DOSE)           | 5-Specialty           | PA2, QL (140 PER 28 DAYS)  |
| MEKINIST 0.05 MG/ML RECON SOLN       | 5-Specialty           | PA2, QL (1350 PER 30 DAYS) |
| MEKINIST 0.5 MG TAB                  | 5-Specialty           | PA2, QL (120 PER 30 DAYS)  |
| MEKINIST 2 MG TAB                    | 5-Specialty           | PA2, QL (30 PER 30 DAYS)   |
| MEKTOVI                              | 5-Specialty           | PA2, QL (180 PER 30 DAYS)  |
| NERLYNX                              | 5-Specialty           | PA2, QL (180 PER 30 DAYS)  |
| 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)   |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| 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)  |
| REVUFORJ 110 MG TAB   | 5-Specialty      | PA2, QL (120 PER 30 DAYS)  |
| REVUFORJ 160 MG TAB   | 5-Specialty      | PA2, QL (60 PER 30 DAYS)   |
| REZLIDHIA   | 5-Specialty      | PA2, QL (60 PER 30 DAYS)   |
| ROZLYTREK 100 MG CAP  | 5-Specialty      | PA2, QL (180 PER 30 DAYS)  |
| ROZLYTREK 200 MG CAP  | 5-Specialty      | PA2, QL (90 PER 30 DAYS)   |
| ROZLYTREK 50 MG PACKET  | 5-Specialty      | PA2, QL (360 PER 30 DAYS)  |
| RUBRACA   | 5-Specialty      | PA2, QL (120 PER 30 DAYS)  |
| RYDAPT  | 5-Specialty      | PA2, QL (240 PER 30 DAYS)  |
| 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)  |
| TAGRISO   | 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)   |

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| <b>DRUG NAME</b>   | <b>DRUG TIER</b>   | <b>REQUIREMENTS/LIMITS</b> |
|--|--------------------|----------------------------|
| 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)  |
| 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)    |

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

| <b>DRUG NAME</b>                               | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| XPOVIO (40 MG TWICE WEEKLY)<br>40 MG TAB THPK  | 5-Specialty      | PA2, QL (8 PER 28 DAYS)    |
| XPOVIO (60 MG ONCE WEEKLY)<br>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)<br>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<br>TAB, 300 MG TAB) | 5-Specialty      | PA2, QL (30 PER 30 DAYS)   |
| ZELBORAF                                       | 5-Specialty      | PA2, QL (240 PER 30 DAYS)  |
| ZYDELIG  | 5-Specialty      | PA2, QL (60 PER 30 DAYS)   |
| ZYKADIA  | 5-Specialty      | PA2, QL (90 PER 30 DAYS)   |

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

|                   |             |     |
|-------------------|-------------|-----|
| AVASTIN           | 5-Specialty | PA3 |
| HERCEPTIN HYLECTA | 5-Specialty | PA3 |
| KADCYLA           | 5-Specialty | PA3 |
| KANJINTI          | 5-Specialty | PA3 |
| KEYTRUDA          | 5-Specialty | PA3 |
| MVASI             | 5-Specialty | PA3 |
| OGIVRI            | 5-Specialty | PA3 |
| RUXIENCE          | 5-Specialty | PA3 |
| TRAZIMERA         | 5-Specialty | PA3 |
| TRUXIMA           | 5-Specialty | PA3 |
| ZIRABEV           | 5-Specialty | PA3 |

### **RETINOIDS**

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

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

| DRUG NAME   | DRUG TIER             | REQUIREMENTS/LIMITS  |
|---|-----------------------|----------------------|
| <b>TREATMENT ADJUNCTS</b>                                   |                       |                      |
| <i>mesna 400 mg tab</i>                                     | 5-Specialty           |                      |
| MESNEX 400 MG TAB   | 5-Specialty           |                      |
| <b>ANTIPARASITICS</b>                                       |                       |                      |
| <b>ANTHELMINTHICS</b>                                       |                       |                      |
| <i>albendazole</i>  | 5-Specialty           |                      |
| <i>ivermectin 3 mg tab</i>                                  | 3-Preferred Brands    |                      |
| <i>praziquantel</i>   | 4-Non-Preferred Drugs |                      |
| <b>ANTIPROTOZOALS</b>                                       |                       |                      |
| <i>atovaquone</i>   | 4-Non-Preferred Drugs | QL (600 PER 30 DAYS) |
| <i>atovaquone-proguanil hcl</i>                             | 4-Non-Preferred Drugs |                      |
| <i>chloroquine phosphate</i>                                | 2-Generics            |                      |
| COARTEM   | 4-Non-Preferred Drugs |                      |
| <i>hydroxychloroquine sulfate 200 mg tab</i>                | 2-Generics            |                      |
| IMPAVIDO  | 5-Specialty           | QL (84 PER 28 DAYS)  |
| <i>mefloquine hcl</i>                                       | 2-Generics            |                      |
| <i>nitazoxanide</i>   | 5-Specialty           | QL (6 PER 30 DAYS)   |
| <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                   |

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

| DRUG NAME   | DRUG TIER             | REQUIREMENTS/LIMITS      |
|---|-----------------------|--------------------------|
| <b>ANTIPARKINSON AGENTS</b>   |                       |                          |
| <b>ANTICHOLINERGICS</b>   |                       |                          |
| <i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>            | 2-Generics            |                          |
| <i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>     | 2-Generics            | PA                       |
| <b>ANTIPARKINSON AGENTS, OTHER</b>                                      |                       |                          |
| <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 |                          |
| <b>DOPAMINE AGONISTS</b>  |                       |                          |
| <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 |                          |
| <b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b> |                       |                          |
| <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) |
| <b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>                           |                       |                          |
| <i>rasagiline mesylate</i>  | 4-Non-Preferred Drugs |                          |
| <i>selegiline hcl</i>   | 3-Preferred Brands    |                          |

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

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

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



| <b>DRUG NAME</b>   | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|--|-----------------------|----------------------------|
| <i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab)</i> | 3-Preferred Brands    | QL (60 PER 30 DAYS)        |
| <i>aripiprazole (20 mg tab, 30 mg tab)</i>                     | 3-Preferred Brands    | QL (30 PER 30 DAYS)        |
| <i>aripiprazole 1 mg/ml solution</i>                           | 4-Non-Preferred Drugs | QL (900 PER 30 DAYS)       |
| <i>aripiprazole 10 mg tab disp</i>                             | 5-Specialty           | QL (60 PER 30 DAYS)        |
| <i>aripiprazole 15 mg tab disp</i>                             | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)        |
| ARISTADA 1064 MG/3.9ML PRSYR                                   | 5-Specialty           | QL (3.9 PER 56 DAYS)       |
| ARISTADA 441 MG/1.6ML PRSYR                                    | 5-Specialty           | QL (1.6 PER 28 DAYS)       |
| ARISTADA 662 MG/2.4ML PRSYR                                    | 5-Specialty           | QL (2.4 PER 28 DAYS)       |
| ARISTADA 882 MG/3.2ML PRSYR                                    | 5-Specialty           | QL (3.2 PER 28 DAYS)       |
| ARISTADA INITIO  | 5-Specialty           | QL (4.8 PER 365 DAYS)      |
| <i>asenapine maleate</i>                                       | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)        |
| CAPLYTA  | 5-Specialty           | ST, QL (30 PER 30 DAYS)    |
| COBENFY  | 5-Specialty           | QL (60 PER 30 DAYS)        |
| COBENFY STARTER PACK   | 5-Specialty           | QL (56 PER 28 DAYS)        |
| FANAPT   | 5-Specialty           | ST, QL (60 PER 30 DAYS)    |
| FANAPT TITRATION PACK  | 4-Non-Preferred Drugs | ST, QL (16 PER 365 DAYS)   |
| INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR                        | 5-Specialty           | QL (3.5 PER 180 DAYS)      |
| INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR                          | 5-Specialty           | QL (5 PER 180 DAYS)        |
| INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR                       | 5-Specialty           | QL (0.75 PER 28 DAYS)      |
| INVEGA SUSTENNA 156 MG/ML SUSP PRSYR                           | 5-Specialty           | QL (1 PER 28 DAYS)         |
| INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR                        | 5-Specialty           | QL (1.5 PER 28 DAYS)       |
| INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR                        | 4-Non-Preferred Drugs | QL (0.25 PER 28 DAYS)      |
| INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR                         | 5-Specialty           | QL (0.5 PER 28 DAYS)       |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|---|--------------------------|----------------------------|
| INVEGA TRINZA 273 MG/0.88ML<br>SUSP PRSYR   | 5-Specialty              | QL (0.88 PER 84 DAYS)      |
| INVEGA TRINZA 410 MG/1.32ML<br>SUSP PRSYR   | 5-Specialty              | QL (1.32 PER 84 DAYS)      |
| INVEGA TRINZA 546 MG/1.75ML<br>SUSP PRSYR   | 5-Specialty              | QL (1.75 PER 84 DAYS)      |
| INVEGA TRINZA 819 MG/2.63ML<br>SUSP PRSYR   | 5-Specialty              | QL (2.63 PER 84 DAYS)      |
| <i>lurasidone hcl (20 mg tab, 40 mg<br/>tab, 60 mg tab, 120 mg tab)</i>                   | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS)        |
| <i>lurasidone hcl 80 mg tab</i>   | 4-Non-Preferred<br>Drugs | QL (60 PER 30 DAYS)        |
| NUPLAZID  | 5-Specialty              | PA2, QL (30 PER 30 DAYS)   |
| <i>olanzapine (15 mg tab, 20 mg tab)</i>  | 2-Generics               | QL (30 PER 30 DAYS)        |
| <i>olanzapine (2.5 mg tab, 5 mg tab,<br/>7.5 mg tab, 10 mg tab)</i>                       | 2-Generics               | QL (60 PER 30 DAYS)        |
| <i>olanzapine (5 mg tab disp, 10 mg<br/>tab disp, 15 mg tab disp, 20 mg tab<br/>disp)</i> | 4-Non-Preferred<br>Drugs | QL (60 PER 30 DAYS)        |
| <i>olanzapine 10 mg recon soln</i>  | 4-Non-Preferred<br>Drugs | QL (90 PER 30 DAYS)        |
| <i>paliperidone er 1.5 mg tab er 24h</i>  | 4-Non-Preferred<br>Drugs | QL (240 PER 30 DAYS)       |
| <i>paliperidone er 3 mg tab er 24h</i>  | 4-Non-Preferred<br>Drugs | QL (120 PER 30 DAYS)       |
| <i>paliperidone er 6 mg tab er 24h</i>  | 4-Non-Preferred<br>Drugs | QL (60 PER 30 DAYS)        |
| <i>paliperidone er 9 mg tab er 24h</i>  | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS)        |
| <i>quetiapine fumarate (300 mg tab,<br/>400 mg tab)</i>                                   | 2-Generics               | QL (60 PER 30 DAYS)        |
| <i>quetiapine fumarate (50 mg tab, 100<br/>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<br>Brands    | QL (60 PER 30 DAYS)        |
| REXULTI (0.25 MG TAB, 0.5 MG<br>TAB, 1 MG TAB)  | 5-Specialty              | ST, QL (60 PER 30 DAYS)    |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|--|-----------------------|----------------------------|
| 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)    |
| <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            |  |

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

| DRUG NAME                                     | DRUG TIER             | REQUIREMENTS/LIMITS      |
|---|-----------------------|--------------------------|
| <b>ANTIVIRALS</b>                             |                       |                          |
| <b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>      |                       |                          |
| LIVTENCITY                                    | 5-Specialty           | PA                       |
| PREVYMIS (20 MG PACKET, 120 MG PACKET)        | 5-Specialty           | PA, QL (120 PER 30 DAYS) |
| PREVYMIS (240 MG TAB, 480 MG TAB)             | 5-Specialty           | PA, QL (28 PER 28 DAYS)  |
| <i>valganciclovir hcl 450 mg tab</i>          | 3-Preferred Brands    |                          |
| <i>valganciclovir hcl 50 mg/ml recon soln</i> | 5-Specialty           |                          |
| <b>ANTI-HEPATITIS B (HBV) AGENTS</b>          |                       |                          |
| <i>adefovir dipivoxil</i>                     | 4-Non-Preferred Drugs |                          |
| BARACLUDE 0.05 MG/ML SOLUTION                 | 5-Specialty           |                          |
| <i>entecavir</i>                              | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS)      |
| <i>lamivudine 100 mg tab</i>                  | 3-Preferred Brands    |                          |
| VEMLIDY                                       | 5-Specialty           | QL (30 PER 30 DAYS)      |
| <b>ANTI-HEPATITIS C (HCV) AGENTS</b>          |                       |                          |
| 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    |                          |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|---|-----------------------|----------------------------|
| SOFOSBUVIR-VELPATASVIR  | 5-Specialty           | PA, QL (28 PER 28 DAYS)    |
| <b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>                            |                       |                            |
| APRETUDE  | 5-Specialty           |                            |
| BIKTARVY  | 5-Specialty           | QL (30 PER 30 DAYS)        |
| DOVATO  | 5-Specialty           | QL (30 PER 30 DAYS)        |
| GENVOYA   | 5-Specialty           | QL (30 PER 30 DAYS)        |
| ISENTRESS (100 MG CHEW TAB, 100 MG PACKET)                                      | 5-Specialty           | QL (180 PER 30 DAYS)       |
| ISENTRESS 25 MG CHEW TAB  | 4-Non-Preferred Drugs | QL (180 PER 30 DAYS)       |
| ISENTRESS 400 MG TAB  | 5-Specialty           | QL (60 PER 30 DAYS)        |
| ISENTRESS HD  | 5-Specialty           | QL (60 PER 30 DAYS)        |
| JULUCA  | 5-Specialty           | QL (30 PER 30 DAYS)        |
| STRIBILD  | 5-Specialty           | QL (30 PER 30 DAYS)        |
| TIVICAY (25 MG TAB, 50 MG TAB)  | 5-Specialty           | QL (60 PER 30 DAYS)        |
| TIVICAY 10 MG TAB   | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)        |
| TIVICAY PD  | 5-Specialty           | QL (180 PER 30 DAYS)       |
| <b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)</b> |                       |                            |
| 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)        |

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

| <b>DRUG NAME</b>                       | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|--|--------------------------|----------------------------|
| <i>nevirapine 50 mg/5ml suspension</i> | 4-Non-Preferred<br>Drugs | QL (1200 PER 30 DAYS)      |
| <i>nevirapine er</i>                   | 4-Non-Preferred<br>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<br>Drugs | QL (960 PER 30 DAYS) |
| <i>abacavir sulfate 300 mg tab</i>   | 4-Non-Preferred<br>Drugs | QL (60 PER 30 DAYS)  |
| <i>abacavir sulfate-lamivudine</i>   | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS)  |
| CIMDUO   | 5-Specialty              | QL (30 PER 30 DAYS)  |
| DESCOVY 120-15 MG TAB  | 5-Specialty              | QL (30 PER 30 DAYS)  |
| DESCOVY 200-25 MG TAB  | 5-Specialty              |                      |
| <i>emtricitabine</i>   | 4-Non-Preferred<br>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<br>Drugs |                      |
| EMTRIVA 10 MG/ML SOLUTION  | 4-Non-Preferred<br>Drugs | QL (850 PER 30 DAYS) |
| <i>lamivudine 10 mg/ml solution</i>  | 3-Preferred<br>Brands    | QL (960 PER 30 DAYS) |
| <i>lamivudine 150 mg tab</i>   | 3-Preferred<br>Brands    | QL (60 PER 30 DAYS)  |
| <i>lamivudine 300 mg tab</i>   | 3-Preferred<br>Brands    | QL (30 PER 30 DAYS)  |
| <i>lamivudine-zidovudine</i>   | 4-Non-Preferred<br>Drugs | QL (60 PER 30 DAYS)  |
| <i>tenofovir disoproxil fumarate</i>   | 4-Non-Preferred<br>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.

| <b>DRUG NAME</b>                            | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|---|-----------------------|----------------------------|
| 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)  |
| 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)  |

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

| <b>DRUG NAME</b>                                       | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|--|--------------------------|----------------------------|
| <i>atazanavir sulfate 300 mg cap</i>                   | 4-Non-Preferred<br>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<br>Drugs | QL (300 PER 30 DAYS)       |
| <i>lopinavir-ritonavir 200-50 mg tab</i>               | 4-Non-Preferred<br>Drugs | QL (120 PER 30 DAYS)       |
| <i>lopinavir-ritonavir 400-100 mg/5ml<br/>solution</i> | 4-Non-Preferred<br>Drugs | QL (480 PER 30 DAYS)       |
| NORVIR 100 MG PACKET                                   | 4-Non-Preferred<br>Drugs | QL (360 PER 30 DAYS)       |
| PREZCOBIX  | 5-Specialty              | QL (30 PER 30 DAYS)        |
| PREZISTA 100 MG/ML<br>SUSPENSION                       | 5-Specialty              | QL (400 PER 30 DAYS)       |
| PREZISTA 150 MG TAB                                    | 5-Specialty              | QL (240 PER 30 DAYS)       |
| PREZISTA 75 MG TAB                                     | 4-Non-Preferred<br>Drugs | QL (480 PER 30 DAYS)       |
| REYATAZ 50 MG PACKET                                   | 5-Specialty              | QL (240 PER 30 DAYS)       |
| <i>ritonavir</i>                                       | 3-Preferred<br>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,<br/>75 mg cap)</i> | 3-Preferred<br>Brands | QL (84 PER 365 DAYS)   |
| <i>oseltamivir phosphate 30 mg cap</i>                  | 3-Preferred<br>Brands | QL (168 PER 365 DAYS)  |
| <i>oseltamivir phosphate 6 mg/ml<br/>recon susp</i>     | 3-Preferred<br>Brands | QL (1080 PER 365 DAYS) |
| RELENZA DISKHALER                                       | 3-Preferred<br>Brands | QL (120 PER 365 DAYS)  |

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



| <b>DRUG NAME</b>       | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|------------------------|--------------------------|----------------------------|
| <i>rimantadine hcl</i> | 4-Non-Preferred<br>Drugs |                            |
| XOFLUZA (40 MG DOSE)   | 4-Non-Preferred<br>Drugs | QL (6 PER 365 DAYS)        |
| XOFLUZA (80 MG DOSE)   | 4-Non-Preferred<br>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<br>Drugs |                      |
| <i>acyclovir sodium</i>                               | 4-Non-Preferred<br>Drugs | PA3                  |
| <i>famciclovir</i>                                    | 3-Preferred<br>Brands    | QL (90 PER 30 DAYS)  |
| <i>valacyclovir hcl</i>                               | 2-Generics               | QL (120 PER 30 DAYS) |

## **ANTIVIRAL, CORONAVIRUS AGENTS**

|                    |                       |                     |
|--------------------|-----------------------|---------------------|
| LAGEVRIO           | 3-Preferred<br>Brands |                     |
| PAXLOVID (150/100) | 3-Preferred<br>Brands | QL (40 PER 30 DAYS) |
| PAXLOVID (300/100) | 3-Preferred<br>Brands | QL (60 PER 30 DAYS) |

## **ANXIOLYTICS**

### **ANXIOLYTICS, OTHER**

|                            |                         |  |
|----------------------------|-------------------------|--|
| <i>bupirone hcl</i>        | 1-Preferred<br>Generics |  |
| <i>hydroxyzine pamoate</i> | 3-Preferred<br>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) |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|--|-----------------------|----------------------------|
| <i>clonazepam (2 mg tab, 2 mg tab disp)</i>              | 2-Generics            | QL (300 PER 30 DAYS)       |
| <i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)</i> | 4-Non-Preferred Drugs | QL (90 PER 30 DAYS)        |
| <i>clorazepate dipotassium 15 mg tab</i>                 | 4-Non-Preferred Drugs | QL (180 PER 30 DAYS)       |
| <i>diazepam (2 mg tab, 5 mg tab, 10 mg tab)</i>          | 2-Generics            | QL (120 PER 30 DAYS)       |
| <i>diazepam 5 mg/5ml solution</i>                        | 2-Generics            | QL (1200 PER 30 DAYS)      |
| <i>diazepam 5 mg/ml conc</i>                             | 2-Generics            | QL (240 PER 30 DAYS)       |
| <i>diazepam intensol</i>                                 | 2-Generics            | QL (240 PER 30 DAYS)       |
| <i>lorazepam (2 mg tab, 2 mg/ml conc)</i>                | 2-Generics            | QL (150 PER 30 DAYS)       |
| <i>lorazepam 0.5 mg tab</i>                              | 2-Generics            | QL (600 PER 30 DAYS)       |
| <i>lorazepam 1 mg tab</i>                                | 2-Generics            | QL (300 PER 30 DAYS)       |
| <i>lorazepam intensol</i>                                | 2-Generics            | QL (150 PER 30 DAYS)       |
| <i>oxazepam</i>  | 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) |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|---|--------------------------|----------------------------|
| <i>alogliptin-metformin hcl</i>   | 1-Preferred<br>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<br>Generics  | QL (30 PER 30 DAYS)        |
| CYCLOSET  | 4-Non-Preferred<br>Drugs | QL (180 PER 30 DAYS)       |
| <i>glimepiride (1 mg tab, 2 mg tab)</i>   | 1-Preferred<br>Generics  | QL (120 PER 30 DAYS)       |
| <i>glimepiride 4 mg tab</i>   | 1-Preferred<br>Generics  | QL (60 PER 30 DAYS)        |
| <i>glipizide (5 mg tab, 10 mg tab)</i>  | 1-Preferred<br>Generics  | QL (120 PER 30 DAYS)       |
| <i>glipizide er 10 mg tab er 24h</i>  | 1-Preferred<br>Generics  | QL (60 PER 30 DAYS)        |
| <i>glipizide er 2.5 mg tab er 24h</i>   | 1-Preferred<br>Generics  | QL (120 PER 30 DAYS)       |
| <i>glipizide er 5 mg tab er 24h</i>   | 1-Preferred<br>Generics  | QL (90 PER 30 DAYS)        |
| <i>glipizide-metformin hcl</i>  | 1-Preferred<br>Generics  | QL (120 PER 30 DAYS)       |
| <i>glyburide</i>  | 1-Preferred<br>Generics  | QL (120 PER 30 DAYS)       |
| GLYBURIDE MICRONIZED  | 1-Preferred<br>Generics  | QL (60 PER 30 DAYS)        |
| <i>glyburide-metformin</i>  | 1-Preferred<br>Generics  | QL (120 PER 30 DAYS)       |
| GLYXAMBI  | 3-Preferred<br>Brands    | QL (30 PER 30 DAYS)        |
| JANUMET   | 3-Preferred<br>Brands    | QL (60 PER 30 DAYS)        |
| JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)                                  | 3-Preferred<br>Brands    | QL (60 PER 30 DAYS)        |
| JANUMET XR 100-1000 MG TAB ER 24H   | 3-Preferred<br>Brands    | QL (30 PER 30 DAYS)        |
| JANUVIA   | 3-Preferred<br>Brands    | QL (30 PER 30 DAYS)        |
| JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB)  | 3-Preferred<br>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.

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

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>     | <b>REQUIREMENTS/LIMITS</b> |
|--|----------------------|----------------------------|
| <i>repaglinide 2 mg tab</i>  | 1-Preferred Generics | QL (240 PER 30 DAYS)       |
| RYBELSUS (3 MG TAB, 7 MG TAB, 14 MG TAB)   | 3-Preferred Brands   | PA, QL (30 PER 30 DAYS)    |
| SOLIQUA  | 3-Preferred Brands   | QL (18 PER 30 DAYS)        |
| SYNJARDY (5-1000 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)                        | 3-Preferred Brands   | QL (60 PER 30 DAYS)        |
| SYNJARDY 5-500 MG TAB  | 3-Preferred Brands   | QL (120 PER 30 DAYS)       |
| SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H) | 3-Preferred Brands   | QL (60 PER 30 DAYS)        |
| SYNJARDY XR 25-1000 MG TAB ER 24H  | 3-Preferred Brands   | QL (30 PER 30 DAYS)        |
| TRADJENTA  | 3-Preferred Brands   | QL (30 PER 30 DAYS)        |
| TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)                     | 3-Preferred Brands   | QL (30 PER 30 DAYS)        |
| TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)                | 3-Preferred Brands   | QL (60 PER 30 DAYS)        |
| TRULICITY  | 3-Preferred Brands   | PA, QL (2 PER 28 DAYS)     |
| XIGDUO XR (10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)                            | 3-Preferred Brands   | QL (30 PER 30 DAYS)        |
| XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H)      | 3-Preferred Brands   | QL (60 PER 30 DAYS)        |
| <b>GLYCEMIC AGENTS</b>   |                      |                            |
| BAQSIMI ONE PACK   | 3-Preferred Brands   |                            |
| BAQSIMI TWO PACK   | 3-Preferred Brands   |                            |
| <i>diazoxide</i>   | 5-Specialty          |                            |
| <i>glucagon emergency (1 mg kit, 1 mg/ml recon soln)</i>                           | 3-Preferred Brands   |                            |

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

| <b>DRUG NAME</b>                             | <b>DRUG TIER</b>   | <b>REQUIREMENTS/LIMITS</b> |
|--|--------------------|----------------------------|
| <i>glucagon emergency 1 mg kit (generic)</i> | 3-Preferred Brands |                            |
| ZEGALOGUE                                    | 3-Preferred Brands |                            |

## **INSULINS**

|                                |                    |  |
|--------------------------------|--------------------|--|
| BASAGLAR KWIKPEN               | 3-Preferred Brands |  |
| FIASP                          | 3-Preferred Brands |  |
| FIASP FLEXTOUCH                | 3-Preferred Brands |  |
| FIASP PENFILL                  | 3-Preferred Brands |  |
| FIASP PUMPCART                 | 3-Preferred Brands |  |
| HUMULIN R U-500 (CONCENTRATED) | 5-Specialty        |  |
| HUMULIN R U-500 KWIKPEN        | 5-Specialty        |  |
| LANTUS                         | 3-Preferred Brands |  |
| LANTUS SOLOSTAR                | 3-Preferred Brands |  |
| NOVOLIN 70/30                  | 3-Preferred Brands |  |
| NOVOLIN 70/30 FLEXPEN          | 3-Preferred Brands |  |
| NOVOLIN N                      | 3-Preferred Brands |  |
| 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 |  |

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

| <b>DRUG NAME</b>          | <b>DRUG TIER</b>   | <b>REQUIREMENTS/LIMITS</b> |
|---------------------------|--------------------|----------------------------|
| NOVOLOG MIX 70/30         | 3-Preferred Brands |                            |
| NOVOLOG MIX 70/30 FLEXPEN | 3-Preferred Brands |                            |
| NOVOLOG PENFILL           | 3-Preferred Brands |                            |
| TOUJEO MAX SOLOSTAR       | 3-Preferred Brands |                            |
| TOUJEO SOLOSTAR           | 3-Preferred Brands |                            |
| TRESIBA                   | 3-Preferred Brands |                            |
| TRESIBA FLEXTOUCH         | 3-Preferred Brands |                            |

## **BLOOD PRODUCTS AND MODIFIERS**

### **ANTICOAGULANTS**

|   |                       |                     |
|---|-----------------------|---------------------|
| <i>dabigatran etexilate mesylate (75 mg cap, 150 mg cap)</i>  | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS) |
| ELIQUIS 2.5 MG TAB  | 3-Preferred Brands    | QL (60 PER 30 DAYS) |
| ELIQUIS 5 MG TAB  | 3-Preferred Brands    | QL (74 PER 30 DAYS) |
| ELIQUIS DVT/PE STARTER PACK   | 3-Preferred Brands    | QL (74 PER 30 DAYS) |
| <i>enoxaparin sodium (30 mg/0.3ml soln prsy, 40 mg/0.4ml soln prsy, 60 mg/0.6ml soln prsy, 80 mg/0.8ml soln prsy, 100 mg/ml soln prsy, 120 mg/0.8ml soln prsy, 150 mg/ml soln prsy)</i> | 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    |                     |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>     | <b>REQUIREMENTS/LIMITS</b> |
|--|----------------------|----------------------------|
| <i>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)        |
| 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 |  |
|-----------------------------------|--------------------|--|

### **PLATELET MODIFYING AGENTS**

|                                |                       |                     |
|--------------------------------|-----------------------|---------------------|
| <i>aspirin-dipyridamole er</i> | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS) |
|--------------------------------|-----------------------|---------------------|

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



| <b>DRUG NAME</b>                        | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|---|-----------------------|----------------------------|
| BRILINTA                                | 3-Preferred Brands    |                            |
| <i>cilostazol</i>                       | 2-Generics            |                            |
| <i>clopidogrel bisulfate 300 mg tab</i> | 2-Generics            |                            |
| <i>clopidogrel bisulfate 75 mg tab</i>  | 1-Preferred Generics  |                            |
| <i>dipyridamole</i>                     | 4-Non-Preferred Drugs |                            |
| DOPTELET                                | 5-Specialty           | PA                         |
| <i>prasugrel hcl</i>                    | 3-Preferred Brands    |                            |

## **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) |
|--|----------------------|---------------------|

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

| <b>DRUG NAME</b>                                    | <b>DRUG TIER</b>        | <b>REQUIREMENTS/LIMITS</b> |
|---|-------------------------|----------------------------|
| <i>candesartan cilexetil 32 mg tab</i>              | 1-Preferred<br>Generics | QL (30 PER 30 DAYS)        |
| <i>irbesartan (75 mg tab, 300 mg tab)</i>           | 1-Preferred<br>Generics | QL (30 PER 30 DAYS)        |
| <i>irbesartan 150 mg tab</i>                        | 1-Preferred<br>Generics | QL (60 PER 30 DAYS)        |
| <i>losartan potassium (25 mg tab, 50 mg tab)</i>    | 1-Preferred<br>Generics | QL (60 PER 30 DAYS)        |
| <i>losartan potassium 100 mg tab</i>                | 1-Preferred<br>Generics | QL (30 PER 30 DAYS)        |
| <i>olmesartan medoxomil (20 mg tab, 40 mg tab)</i>  | 1-Preferred<br>Generics | QL (30 PER 30 DAYS)        |
| <i>olmesartan medoxomil 5 mg tab</i>                | 1-Preferred<br>Generics | QL (60 PER 30 DAYS)        |
| <i>telmisartan</i>                                  | 1-Preferred<br>Generics | QL (30 PER 30 DAYS)        |
| <i>valsartan (40 mg tab, 80 mg tab, 160 mg tab)</i> | 1-Preferred<br>Generics | QL (60 PER 30 DAYS)        |
| <i>valsartan 320 mg tab</i>                         | 1-Preferred<br>Generics | QL (30 PER 30 DAYS)        |

### **ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS**

|   |                         |  |
|---|-------------------------|--|
| <i>benazepril hcl</i>   | 1-Preferred<br>Generics |  |
| <i>captopril</i>  | 1-Preferred<br>Generics |  |
| <i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i> | 1-Preferred<br>Generics |  |
| <i>fosinopril sodium</i>  | 1-Preferred<br>Generics |  |
| <i>lisinopril</i>   | 1-Preferred<br>Generics |  |
| <i>moexipril hcl</i>  | 1-Preferred<br>Generics |  |
| <i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i>            | 1-Preferred<br>Generics |  |
| <i>quinapril hcl</i>  | 1-Preferred<br>Generics |  |

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

| <b>DRUG NAME</b>    | <b>DRUG TIER</b>        | <b>REQUIREMENTS/LIMITS</b> |
|---------------------|-------------------------|----------------------------|
| <i>ramipril</i>     | 1-Preferred<br>Generics |                            |
| <i>trandolapril</i> | 1-Preferred<br>Generics |                            |

## **ANTIARRHYTHMICS**

|  |                          |                     |
|--|--------------------------|---------------------|
| <i>amiodarone hcl (100 mg tab, 400 mg tab)</i> | 4-Non-Preferred<br>Drugs |                     |
| <i>amiodarone hcl 200 mg tab</i>               | 2-Generics               |                     |
| <i>digoxin (125 mcg tab, 250 mcg tab)</i>      | 2-Generics               | QL (30 PER 30 DAYS) |
| <i>digoxin 0.05 mg/ml solution</i>             | 4-Non-Preferred<br>Drugs |                     |
| <i>dofetilide</i>                              | 4-Non-Preferred<br>Drugs |                     |
| <i>flecainide acetate</i>                      | 2-Generics               |                     |
| <i>mexiletine hcl</i>                          | 3-Preferred<br>Brands    |                     |
| MULTAQ   | 4-Non-Preferred<br>Drugs |                     |
| <i>pacerone (100 mg tab, 400 mg tab)</i>       | 4-Non-Preferred<br>Drugs |                     |
| <i>pacerone 200 mg tab</i>                     | 2-Generics               |                     |
| <i>propafenone hcl</i>                         | 2-Generics               |                     |
| <i>propafenone hcl er</i>                      | 4-Non-Preferred<br>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<br>Generics |  |
| <i>betaxolol hcl (10 mg tab, 20 mg tab)</i> | 2-Generics              |  |
| <i>bisoprolol fumarate</i>                  | 2-Generics              |  |
| <i>carvedilol</i>                           | 1-Preferred<br>Generics |  |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|--|--------------------------|----------------------------|
| <i>carvedilol phosphate er</i>   | 4-Non-Preferred<br>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<br>Generics  |                            |
| <i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>                                  | 1-Preferred<br>Generics  |                            |
| <i>nadolol</i>   | 2-Generics               |                            |
| <i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>   | 3-Preferred<br>Brands    | QL (30 PER 30 DAYS)        |
| <i>nebivolol hcl 20 mg tab</i>   | 3-Preferred<br>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<br>Generics  |  |
| <i>felodipine er</i>                          | 2-Generics               |  |
| <i>isradipine</i>                             | 4-Non-Preferred<br>Drugs |  |
| <i>nicardipine hcl (20 mg cap, 30 mg cap)</i> | 4-Non-Preferred<br>Drugs |  |
| <i>nifedipine er</i>                          | 2-Generics               |  |
| <i>nifedipine er osmotic release</i>          | 2-Generics               |  |
| <i>nimodipine 30 mg cap</i>                   | 4-Non-Preferred<br>Drugs |  |

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

|                  |            |  |
|------------------|------------|--|
| <i>cartia xt</i> | 2-Generics |  |
|------------------|------------|--|

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>     | <b>REQUIREMENTS/LIMITS</b> |
|--|----------------------|----------------------------|
| <i>dilt-xr</i>   | 2-Generics           |                            |
| <i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>   | 2-Generics           |                            |
| <i>diltiazem hcl er</i>  | 2-Generics           |                            |
| <i>diltiazem hcl er beads</i>  | 2-Generics           |                            |
| <i>diltiazem hcl er coated beads</i>   | 2-Generics           |                            |
| <i>matzim la</i>   | 2-Generics           |                            |
| <i>taztia xt</i>   | 2-Generics           |                            |
| <i>tiadyt 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) |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|--|--------------------------|----------------------------|
| <i>atenolol-chlorthalidone</i>                                   | 1-Preferred<br>Generics  |                            |
| <i>benazepril-hydrochlorothiazide</i>                            | 1-Preferred<br>Generics  |                            |
| <i>bisoprolol-hydrochlorothiazide</i>                            | 1-Preferred<br>Generics  |                            |
| <i>candesartan cilexetil-hctz (32-12.5 mg tab, 32-25 mg tab)</i> | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS)        |
| <i>candesartan cilexetil-hctz 16-12.5 mg tab</i>                 | 1-Preferred<br>Generics  | QL (60 PER 30 DAYS)        |
| CORLANOR (5 MG TAB, 7.5 MG TAB)                                  | 4-Non-Preferred<br>Drugs | PA, QL (60 PER 30 DAYS)    |
| CORLANOR 5 MG/5ML SOLUTION                                       | 4-Non-Preferred<br>Drugs | PA, QL (450 PER 30 DAYS)   |
| <i>enalapril-hydrochlorothiazide</i>                             | 1-Preferred<br>Generics  |                            |
| ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)             | 3-Preferred<br>Brands    | QL (60 PER 30 DAYS)        |
| ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)                | 3-Preferred<br>Brands    | QL (240 PER 30 DAYS)       |
| <i>fosinopril sodium-hctz</i>                                    | 1-Preferred<br>Generics  |                            |
| <i>irbesartan-hydrochlorothiazide 150-12.5 mg tab</i>            | 1-Preferred<br>Generics  | QL (60 PER 30 DAYS)        |
| <i>irbesartan-hydrochlorothiazide 300-12.5 mg tab</i>            | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS)        |
| <i>isosorb dinitrate-hydralazine</i>                             | 4-Non-Preferred<br>Drugs |                            |
| <i>ivabradine hcl</i>  | 4-Non-Preferred<br>Drugs | PA, QL (60 PER 30 DAYS)    |
| <i>lisinopril-hydrochlorothiazide</i>                            | 1-Preferred<br>Generics  |                            |
| <i>losartan potassium-hctz (100-12.5 mg tab, 100-25 mg tab)</i>  | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS)        |
| <i>losartan potassium-hctz 50-12.5 mg tab</i>                    | 1-Preferred<br>Generics  | QL (60 PER 30 DAYS)        |
| <i>metoprolol-hydrochlorothiazide</i>                            | 2-Generics               |                            |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|--|--------------------------|----------------------------|
| <i>metyrosine</i>  | 5-Specialty              | PA                         |
| NEXLETOL   | 4-Non-Preferred<br>Drugs | PA, QL (30 PER 30 DAYS)    |
| <i>olmesartan medoxomil-hctz</i>                           | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS)        |
| <i>olmesartan-amlodipine-hctz</i>                          | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS)        |
| <i>pentoxifylline er</i>                                   | 2-Generics               |                            |
| <i>ranolazine er</i>                                       | 3-Preferred<br>Brands    | QL (60 PER 30 DAYS)        |
| <i>spironolactone-hctz</i>                                 | 2-Generics               |                            |
| <i>telmisartan-amlodipine</i>                              | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS)        |
| <i>telmisartan-hctz (40-12.5 mg tab,<br/>80-25 mg tab)</i> | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS)        |
| <i>telmisartan-hctz 80-12.5 mg tab</i>                     | 1-Preferred<br>Generics  | QL (60 PER 30 DAYS)        |
| <i>trandolapril-verapamil hcl er</i>                       | 1-Preferred<br>Generics  |                            |
| <i>triamterene-hctz</i>                                    | 1-Preferred<br>Generics  |                            |
| <i>valsartan-hydrochlorothiazide</i>                       | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS)        |
| VERQUVO  | 4-Non-Preferred<br>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<br>Drugs |  |
| <i>furosemide (20 mg tab, 40 mg tab, 80 mg tab)</i> | 1-Preferred<br>Generics  |  |
| <i>furosemide 10 mg/ml solution</i>                 | 4-Non-Preferred<br>Drugs |  |
| <i>furosemide 8 mg/ml solution</i>                  | 2-Generics               |  |
| <i>torseamide</i>                                   | 2-Generics               |  |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>        | <b>REQUIREMENTS/LIMITS</b> |
|--|-------------------------|----------------------------|
| <b>DIURETICS, POTASSIUM-SPARING</b>  |                         |                            |
| <i>amiloride hcl</i>   | 2-Generics              |                            |
| <i>eplerenone</i>  | 2-Generics              |                            |
| <b>DIURETICS, THIAZIDE</b>   |                         |                            |
| <i>chlorthalidone</i>  | 2-Generics              |                            |
| <i>hydrochlorothiazide</i>   | 1-Preferred<br>Generics |                            |
| <i>indapamide</i>  | 1-Preferred<br>Generics |                            |
| <i>metolazone</i>  | 2-Generics              |                            |
| <b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>  |                         |                            |
| <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<br>Brands   |                            |
| <i>gemfibrozil</i>   | 1-Preferred<br>Generics |                            |
| <b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>   |                         |                            |
| <i>atorvastatin calcium (10 mg tab, 40 mg tab)</i>   | 1-Preferred<br>Generics | QL (60 PER 30 DAYS)        |
| <i>atorvastatin calcium 20 mg tab</i>  | 1-Preferred<br>Generics | QL (90 PER 30 DAYS)        |
| <i>atorvastatin calcium 80 mg tab</i>  | 1-Preferred<br>Generics | QL (30 PER 30 DAYS)        |
| <i>lovastatin (10 mg tab, 20 mg tab)</i>   | 1-Preferred<br>Generics | QL (30 PER 30 DAYS)        |
| <i>lovastatin 40 mg tab</i>  | 1-Preferred<br>Generics | QL (60 PER 30 DAYS)        |
| <i>pitavastatin calcium</i>  | 3-Preferred<br>Brands   | QL (30 PER 30 DAYS)        |
| <i>pravastatin sodium</i>  | 1-Preferred<br>Generics | QL (30 PER 30 DAYS)        |

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



| <b>DRUG NAME</b>  | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|---|--------------------------|----------------------------|
| <i>rosuvastatin calcium</i>                                 | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS)        |
| <i>simvastatin</i>  | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS)        |
| <b>DYSLIPIDEMICS, OTHER</b>                                 |                          |                            |
| <i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>       | 2-Generics               |                            |
| <i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i> | 2-Generics               |                            |
| <i>colesevelam hcl 3.75 gm packet</i>                       | 4-Non-Preferred<br>Drugs |                            |
| <i>colesevelam hcl 625 mg tab</i>                           | 3-Preferred<br>Brands    |                            |
| <i>colestipol hcl (5 gm granules, 5 gm packet)</i>          | 4-Non-Preferred<br>Drugs |                            |
| <i>colestipol hcl 1 gm tab</i>                              | 3-Preferred<br>Brands    |                            |
| <i>ezetimibe</i>  | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS)        |
| <i>ezetimibe-simvastatin</i>                                | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS)        |
| NEXLIZET  | 4-Non-Preferred<br>Drugs | PA, QL (30 PER 30 DAYS)    |
| <i>niacin er (antihyperlipidemic)</i>                       | 4-Non-Preferred<br>Drugs | QL (60 PER 30 DAYS)        |
| <i>omega-3-acid ethyl esters</i>                            | 3-Preferred<br>Brands    | QL (120 PER 30 DAYS)       |
| <i>prevalite (4 gm packet, 4 gm/dose powder)</i>            | 2-Generics               |                            |
| REPATHA   | 3-Preferred<br>Brands    | PA, QL (3 PER 28 DAYS)     |
| REPATHA PUSHTRONEX SYSTEM                                   | 3-Preferred<br>Brands    | PA, QL (3.5 PER 28 DAYS)   |
| REPATHA SURECLICK   | 3-Preferred<br>Brands    | PA, QL (3 PER 28 DAYS)     |
| VASCEPA   | 3-Preferred<br>Brands    |                            |

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

| DRUG NAME  | DRUG TIER                | REQUIREMENTS/LIMITS     |
|--|--------------------------|-------------------------|
| <b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>  |                          |                         |
| KERENDIA   | 4-Non-Preferred<br>Drugs | PA, QL (30 PER 30 DAYS) |
| <i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>   | 1-Preferred<br>Generics  |                         |
| <b>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)</b>   |                          |                         |
| FARXIGA  | 3-Preferred<br>Brands    | QL (30 PER 30 DAYS)     |
| JARDIANCE  | 3-Preferred<br>Brands    | QL (30 PER 30 DAYS)     |
| <b>VASODILATORS, DIRECT-ACTING ARTERIAL</b>  |                          |                         |
| <i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>   | 1-Preferred<br>Generics  |                         |
| <i>minoxidil</i>   | 2-Generics               |                         |
| <b>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</b>   |                          |                         |
| <i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>  | 2-Generics               |                         |
| <i>isosorbide mononitrate</i>  | 1-Preferred<br>Generics  |                         |
| <i>isosorbide mononitrate er</i>   | 1-Preferred<br>Generics  |                         |
| NITRO-BID  | 4-Non-Preferred<br>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<br>Drugs | QL (30 PER 30 DAYS)     |
| <i>nitroglycerin 0.4 mg/spray solution</i>   | 4-Non-Preferred<br>Drugs |                         |
| <b>CENTRAL NERVOUS SYSTEM AGENTS</b>   |                          |                         |
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES</b>   |                          |                         |
| <i>amphetamine-dextroamphet er</i>   | 4-Non-Preferred<br>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.

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

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

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

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|---|--------------------------|----------------------------|
| AUSTEDO XR PATIENT<br>TITRATION 12 & 18 & 24 & 30 MG<br>TBER THPK | 5-Specialty              | PA, QL (28 PER 28 DAYS)    |
| AUSTEDO XR PATIENT<br>TITRATION 6 & 12 & 24 MG TBER<br>THPK       | 5-Specialty              | PA, QL (42 PER 28 DAYS)    |
| <i>bac (butalbital-acetamin-caff)</i>                             | 2-Generics               | PA, QL (180 PER 30 DAYS)   |
| <i>butalbital-apap-caffeine 50-325-40<br/>mg tab</i>              | 2-Generics               | PA, QL (180 PER 30 DAYS)   |
| FIRDAPSE  | 5-Specialty              | PA, QL (240 PER 30 DAYS)   |
| NUDEXTA   | 5-Specialty              | PA, QL (60 PER 30 DAYS)    |
| <i>riluzole</i>   | 4-Non-Preferred<br>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<br>CAP DR, 30 MG CAP DR, 60 MG<br>CAP DR)                              | 4-Non-Preferred<br>Drugs | PA2, QL (60 PER 30 DAYS) |
| <i>duloxetine hcl (20 mg cp dr part, 30<br/>mg cp dr part, 60 mg cp dr part)</i>                | 3-Preferred<br>Brands    | QL (60 PER 30 DAYS)      |
| <i>pregabalin (225 mg cap, 300 mg<br/>cap)</i>  | 3-Preferred<br>Brands    | QL (60 PER 30 DAYS)      |
| <i>pregabalin (25 mg cap, 50 mg cap,<br/>75 mg cap, 100 mg cap, 150 mg<br/>cap, 200 mg cap)</i> | 3-Preferred<br>Brands    | QL (90 PER 30 DAYS)      |
| <i>pregabalin 20 mg/ml solution</i>   | 3-Preferred<br>Brands    | QL (900 PER 30 DAYS)     |
| <i>pregabalin er (82.5 mg tab er 24h,<br/>165 mg tab er 24h)</i>                                | 4-Non-Preferred<br>Drugs | PA, QL (90 PER 30 DAYS)  |
| <i>pregabalin er 330 mg tab er 24h</i>  | 4-Non-Preferred<br>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) |

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

| <b>DRUG NAME</b>                      | <b>DRUG TIER</b>   | <b>REQUIREMENTS/LIMITS</b> |
|---------------------------------------|--------------------|----------------------------|
| 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)      |
| <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>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) |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|--|--------------------------|----------------------------|
| <i>claravis</i>  | 4-Non-Preferred<br>Drugs |                            |
| <i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>                     | 4-Non-Preferred<br>Drugs |                            |
| <i>metronidazole (0.75 % cream, 0.75 % lotion, 1 % gel)</i>                          | 4-Non-Preferred<br>Drugs |                            |
| <i>sulfacetamide sodium (acne)</i>   | 4-Non-Preferred<br>Drugs | QL (118 PER 30 DAYS)       |
| <i>tazarotene (0.05 % gel, 0.1 % gel)</i>  | 4-Non-Preferred<br>Drugs | PA, QL (60 PER 30 DAYS)    |
| <i>tazarotene 0.1 % cream</i>  | 3-Preferred<br>Brands    | PA, QL (60 PER 30 DAYS)    |
| TAZORAC 0.05 % CREAM   | 4-Non-Preferred<br>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<br>Drugs | PA, QL (45 PER 30 DAYS)    |
| <i>zenatane</i>  | 4-Non-Preferred<br>Drugs |                            |

## **DERMATITIS AND PRURITUS AGENTS**

|   |                          |                      |
|---|--------------------------|----------------------|
| <i>ala-cort</i>   | 2-Generics               |                      |
| ALCLOMETASONE<br>DIPROPIONATE (, 0.05 %<br>OINTMENT)                      | 2-Generics               |                      |
| <i>ammonium lactate</i>   | 2-Generics               |                      |
| <i>betamethasone dipropionate (0.05 % cream, 0.05 % ointment)</i>         | 3-Preferred<br>Brands    |                      |
| <i>betamethasone dipropionate 0.05 % lotion</i>                           | 2-Generics               |                      |
| <i>betamethasone dipropionate aug (0.05 % gel, 0.05 % ointment)</i>       | 4-Non-Preferred<br>Drugs |                      |
| <i>betamethasone dipropionate aug 0.05 % cream</i>                        | 2-Generics               |                      |
| <i>betamethasone dipropionate aug 0.05 % lotion</i>                       | 4-Non-Preferred<br>Drugs | QL (120 PER 30 DAYS) |
| <i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i> | 2-Generics               |                      |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|--|--------------------------|----------------------------|
| <i>clobetasol prop emollient base</i>  | 4-Non-Preferred<br>Drugs | QL (120 PER 30 DAYS)       |
| <i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>                         | 4-Non-Preferred<br>Drugs | QL (60 PER 30 DAYS)        |
| <i>clobetasol propionate (0.05 % foam, 0.05 % solution)</i>                                      | 4-Non-Preferred<br>Drugs | QL (100 PER 30 DAYS)       |
| <i>clobetasol propionate 0.05 % shampoo</i>  | 4-Non-Preferred<br>Drugs | QL (118 PER 30 DAYS)       |
| <i>clobetasol propionate e</i>   | 4-Non-Preferred<br>Drugs | QL (120 PER 30 DAYS)       |
| <i>clobetasol propionate emulsion</i>  | 4-Non-Preferred<br>Drugs | QL (100 PER 30 DAYS)       |
| <i>clodan</i>  | 4-Non-Preferred<br>Drugs | QL (118 PER 30 DAYS)       |
| <i>desonide (0.05 % cream, 0.05 % ointment)</i>  | 4-Non-Preferred<br>Drugs | QL (60 PER 30 DAYS)        |
| <i>desonide 0.05 % lotion</i>  | 4-Non-Preferred<br>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<br>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<br>Drugs | QL (90 PER 30 DAYS)        |
| <i>fluocinolone acetonide body</i>   | 4-Non-Preferred<br>Drugs | QL (118.28 PER 30 DAYS)    |
| <i>fluocinolone acetonide scalp</i>  | 4-Non-Preferred<br>Drugs | QL (118.28 PER 30 DAYS)    |
| <i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>                                  | 3-Preferred<br>Brands    | QL (120 PER 30 DAYS)       |
| <i>fluocinonide 0.05 % solution</i>  | 3-Preferred<br>Brands    | QL (60 PER 30 DAYS)        |
| <i>fluocinonide emulsified base</i>  | 3-Preferred<br>Brands    | QL (120 PER 30 DAYS)       |
| <i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>                                   | 2-Generics               |                            |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|--|-----------------------|----------------------------|
| <i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>  | 4-Non-Preferred Drugs | QL (50 PER 30 DAYS)        |
| <i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>   | 2-Generics            |                            |
| <i>hydrocortisone (perianal) 1 % cream</i>   | 1-Preferred Generics  |                            |
| <i>hydrocortisone (perianal) 2.5 % cream</i>   | 2-Generics            |                            |
| <b>HYDROCORTISONE BUTYRATE 0.1 % OINTMENT</b>  | 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) |
|--|-----------------------|----------------------|

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



| <b>DRUG NAME</b>   | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|--|-----------------------|----------------------------|
| <i>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)        |
| 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            |                            |
| <b>PEDICULICIDES/SCABICIDES</b>                                |                       |                            |
| <i>malathion</i>   | 4-Non-Preferred Drugs |                            |
| <i>permethrin</i>  | 2-Generics            |                            |
| <b>TOPICAL ANTI-INFECTIVES</b>                                 |                       |                            |
| <i>acyclovir 5 % ointment</i>                                  | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS)        |

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

| <b>DRUG NAME</b>                                      | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|---|-----------------------|----------------------------|
| <i>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)       |
| <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</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 |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|---|--------------------------|----------------------------|
| <i>clinisol sf</i>  | 4-Non-Preferred<br>Drugs | PA3                        |
| <i>dextrose (5 % solution, 10 % solution, 50 % solution, 70 % solution, 250 mg/ml solution)</i>   | 4-Non-Preferred<br>Drugs |                            |
| <i>dextrose-sodium chloride (2.5-0.45 % solution, 5-0.2 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.2 % solution, 10-0.45 % solution)</i> | 4-Non-Preferred<br>Drugs |                            |
| FREAMINE III  | 4-Non-Preferred<br>Drugs | PA3                        |
| ISOLYTE-P IN D5W  | 4-Non-Preferred<br>Drugs |                            |
| ISOLYTE-S   | 4-Non-Preferred<br>Drugs |                            |
| ISOLYTE-S PH 7.4  | 4-Non-Preferred<br>Drugs |                            |
| KCL (0.149%) IN NACL  | 4-Non-Preferred<br>Drugs |                            |
| <i>kcl in dextrose-nacl (, 40-5-0.9 meq/l-%-% solution)</i>   | 4-Non-Preferred<br>Drugs |                            |
| KCL-LACTATED RINGERS-D5W  | 4-Non-Preferred<br>Drugs |                            |
| <i>klor-con 10</i>  | 2-Generics               |                            |
| <i>klor-con 20 meq packet</i>   | 3-Preferred<br>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<br>Drugs |                            |
| <i>multiple electro type 1 ph 5.5</i>   | 4-Non-Preferred<br>Drugs |                            |
| <i>multiple electro type 1 ph 7.4</i>   | 4-Non-Preferred<br>Drugs |                            |
| <i>plenamine</i>  | 4-Non-Preferred<br>Drugs | PA3                        |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|--|-----------------------|----------------------------|
| POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/100ML SOLUTION, 20 MEQ/100ML SOLUTION, 20 MEQ/15ML (10%) SOLUTION, 40 MEQ/100ML SOLUTION, 40 MEQ/15ML (20%) SOLUTION) | 4-Non-Preferred Drugs |                            |
| <i>potassium chloride 20 meq packet</i>  | 3-Preferred Brands    |                            |
| <i>potassium chloride crys er</i>  | 2-Generics            |                            |
| <i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)</i>   | 2-Generics            |                            |
| <i>potassium chloride in dextrose 20-5 meq/l-% solution</i>  | 4-Non-Preferred Drugs |                            |
| 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                        |

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

| DRUG NAME   | DRUG TIER             | REQUIREMENTS/LIMITS  |
|---|-----------------------|----------------------|
| <b>ELECTROLYTE/MINERAL/METAL MODIFIERS</b>  |                       |                      |
| CHEMET  | 5-Specialty           |                      |
| <i>deferasirox (125 mg tab sol, 180 mg tab, 360 mg tab)</i>                                     | 4-Non-Preferred Drugs | PA                   |
| <i>deferasirox (90 mg packet, 180 mg packet, 250 mg tab sol, 360 mg packet, 500 mg tab sol)</i> | 5-Specialty           | PA                   |
| <i>deferasirox 90 mg tab</i>  | 3-Preferred Brands    | PA                   |
| <i>deferasirox granules</i>   | 5-Specialty           | PA                   |
| <i>deferiprone</i>  | 5-Specialty           | PA                   |
| <i>penicillamine 250 mg tab</i>   | 5-Specialty           |                      |
| <i>trientine hcl 250 mg cap</i>   | 5-Specialty           | QL (240 PER 30 DAYS) |
| <i>trientine hcl 500 mg cap</i>   | 5-Specialty           | QL (120 PER 30 DAYS) |
| <b>POTASSIUM BINDERS</b>  |                       |                      |
| <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    |                      |
| <b>VITAMINS</b>   |                       |                      |
| <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    |                      |
| <b>GASTROINTESTINAL AGENTS</b>  |                       |                      |
| <b>ANTI-CONSTIPATION AGENTS</b>   |                       |                      |
| <i>constulose</i>   | 2-Generics            |                      |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|--|-----------------------|----------------------------|
| <i>enulose</i>   | 2-Generics            |                            |
| <i>generlac</i>  | 2-Generics            |                            |
| <i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>      | 2-Generics            |                            |
| <i>lactulose encephalopathy</i>                                  | 2-Generics            |                            |
| LINZESS  | 3-Preferred Brands    | QL (30 PER 30 DAYS)        |
| <i>lubiprostone</i>  | 3-Preferred Brands    | QL (60 PER 30 DAYS)        |
| MOVANTIK   | 3-Preferred Brands    | QL (30 PER 30 DAYS)        |
| RELISTOR (8 MG/0.4ML 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</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 |  |

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

| DRUG NAME                                   | DRUG TIER                | REQUIREMENTS/LIMITS     |
|---|--------------------------|-------------------------|
| <b>GASTROINTESTINAL AGENTS, OTHER</b>       |                          |                         |
| CLENPIQ                                     | 4-Non-Preferred<br>Drugs |                         |
| GATTEX                                      | 5-Specialty              | PA                      |
| <i>gavilyte-c</i>                           | 2-Generics               |                         |
| <i>gavilyte-g</i>                           | 2-Generics               |                         |
| <i>gavilyte-n with flavor pack</i>          | 2-Generics               |                         |
| MYALEPT                                     | 5-Specialty              | PA                      |
| <i>na sulfate-k sulfate-mg sulf</i>         | 4-Non-Preferred<br>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<br>Drugs |                         |
| <i>ursodiol 300 mg cap</i>                  | 3-Preferred<br>Brands    |                         |
| VOWST                                       | 5-Specialty              | PA, QL (12 PER 30 DAYS) |
| <b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b> |                          |                         |
| <i>cimetidine</i>                           | 2-Generics               |                         |
| <i>famotidine (20 mg tab, 40 mg tab)</i>    | 1-Preferred<br>Generics  |                         |
| <i>famotidine 40 mg/5ml recon susp</i>      | 4-Non-Preferred<br>Drugs |                         |
| <i>nizatidine (150 mg cap, 300 mg cap)</i>  | 3-Preferred<br>Brands    |                         |
| <b>PROTECTANTS</b>                          |                          |                         |
| <i>misoprostol</i>                          | 2-Generics               |                         |
| <i>sucralfate 1 gm tab</i>                  | 2-Generics               |                         |
| <i>sucralfate 1 gm/10ml suspension</i>      | 4-Non-Preferred<br>Drugs |                         |

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

| DRUG NAME  | DRUG TIER            | REQUIREMENTS/LIMITS |
|--|----------------------|---------------------|
| <b>PROTON PUMP INHIBITORS</b>                                |                      |                     |
| <i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>   | 3-Preferred Brands   | QL (60 PER 30 DAYS) |
| <i>lansoprazole (15 mg cap dr, 30 mg cap dr)</i>             | 2-Generics           | QL (60 PER 30 DAYS) |
| <i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i> | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>      | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>rabeprazole sodium</i>                                    | 2-Generics           | QL (30 PER 30 DAYS) |

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

|  |                       |                          |
|--|-----------------------|--------------------------|
| <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 |                          |

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



| DRUG NAME  | DRUG TIER                | REQUIREMENTS/LIMITS     |
|--|--------------------------|-------------------------|
| <b>GENITOURINARY AGENTS</b>                                  |                          |                         |
| <b>ANTISPASMODICS, URINARY</b>                               |                          |                         |
| <i>darifenacin hydrobromide er</i>                           | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS)     |
| <i>fesoterodine fumarate er</i>                              | 3-Preferred<br>Brands    | QL (30 PER 30 DAYS)     |
| GEMTESA  | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS)     |
| MYRBETRIQ (25 MG TAB ER 24H,<br>50 MG TAB ER 24H)            | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS)     |
| MYRBETRIQ 8 MG/ML SRER                                       | 4-Non-Preferred<br>Drugs | QL (300 PER 30 DAYS)    |
| <i>oxybutynin chloride (5 mg tab, 5<br/>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<br>Brands    | QL (60 PER 30 DAYS)     |
| <i>tolterodine tartrate er</i>                               | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS)     |
| <i>tropium chloride</i>                                      | 2-Generics               | QL (60 PER 30 DAYS)     |
| <i>tropium chloride er</i>                                   | 3-Preferred<br>Brands    | QL (30 PER 30 DAYS)     |
| <b>BENIGN PROSTATIC HYPERTROPHY AGENTS</b>                   |                          |                         |
| <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<br>Drugs | QL (30 PER 30 DAYS)     |
| <i>finasteride</i>   | 1-Preferred<br>Generics  | QL (30 PER 30 DAYS)     |
| <i>silodosin</i>   | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS)     |
| <i>tadalafil (2.5 mg tab, 5 mg tab)</i>                      | 4-Non-Preferred<br>Drugs | PA, QL (30 PER 30 DAYS) |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|---|--------------------------|----------------------------|
| <i>tamsulosin hcl</i>   | 1-Preferred<br>Generics  | QL (60 PER 30 DAYS)        |
| <b>GENITOURINARY AGENTS, OTHER</b>  |                          |                            |
| <i>bethanechol chloride</i>   | 2-Generics               |                            |
| ELMIRON   | 4-Non-Preferred<br>Drugs | QL (90 PER 30 DAYS)        |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>   |                          |                            |
| <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<br>Drugs |                            |
| <i>dexamethasone sod phosphate pf 10 mg/ml solution</i>   | 4-Non-Preferred<br>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<br>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<br>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<br>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<br>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 |
|---|-----------------------|---------------------|
| SOLU-MEDROL 2 GM RECON SOLN   | 4-Non-Preferred Drugs |                     |
| <b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)</b> |                       |                     |
| <i>desmopressin ace spray refrig</i>                                | 4-Non-Preferred Drugs |                     |
| <i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>                | 2-Generics            |                     |
| <i>desmopressin acetate 4 mcg/ml solution</i>                       | 4-Non-Preferred Drugs |                     |
| <i>desmopressin acetate pf</i>                                      | 4-Non-Preferred Drugs |                     |
| <i>desmopressin acetate spray</i>                                   | 4-Non-Preferred Drugs |                     |
| INCRELEX  | 5-Specialty           | PA                  |
| NORDITROPIN FLEXPRO   | 5-Specialty           | PA                  |

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

### ANDROGENS

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

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

| <b>DRUG NAME</b>                      | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|---------------------------------------|--------------------------|----------------------------|
| <i>apri</i>                           | 2-Generics               |                            |
| <i>aranelle</i>                       | 2-Generics               |                            |
| <i>aubra eq</i>                       | 2-Generics               |                            |
| <i>aurovela 1.5/30</i>                | 2-Generics               |                            |
| <i>aurovela 1/20</i>                  | 2-Generics               |                            |
| <i>aurovela 24 fe</i>                 | 2-Generics               |                            |
| <i>aurovela fe 1.5/30</i>             | 2-Generics               |                            |
| <i>aurovela fe 1/20</i>               | 2-Generics               |                            |
| <i>aviane</i>                         | 2-Generics               |                            |
| <i>ayuna</i>                          | 2-Generics               |                            |
| <i>azurette</i>                       | 2-Generics               |                            |
| <i>balziva</i>                        | 2-Generics               |                            |
| <i>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<br>Drugs |                            |
| <i>desogestrel-ethinyl estradiol</i>  | 2-Generics               |                            |
| <i>dolishale</i>                      | 2-Generics               |                            |
| <i>dotti</i>                          | 4-Non-Preferred<br>Drugs | QL (8 PER 28 DAYS)         |
| <i>drospirenone-ethinyl estradiol</i> | 2-Generics               |                            |
| <i>elinest</i>                        | 2-Generics               |                            |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|--|-----------------------|----------------------------|
| <i>eluryng</i>   | 3-Preferred Brands    |                            |
| <i>enilloring</i>  | 3-Preferred Brands    |                            |
| <i>enpresse-28</i>   | 2-Generics            |                            |
| <i>enskyce</i>   | 2-Generics            |                            |
| <i>estarylla</i>   | 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 |                            |
| <b>ESTRING</b>   | 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>feirza 1.5/30</i>   | 2-Generics            |                            |
| <i>feirza 1/20</i>   | 2-Generics            |                            |
| <i>femynor</i>   | 2-Generics            |                            |
| <i>fyavolv</i>   | 2-Generics            |                            |
| <i>hailey 1.5/30</i>   | 2-Generics            |                            |
| <i>hailey 24 fe</i>  | 2-Generics            |                            |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b>   | <b>REQUIREMENTS/LIMITS</b> |
|---|--------------------|----------------------------|
| <i>hailey fe 1.5/30</i>   | 2-Generics         |                            |
| <i>hailey fe 1/20</i>   | 2-Generics         |                            |
| <i>haloette</i>   | 3-Preferred Brands |                            |
| <i>iclevia</i>  | 2-Generics         |                            |
| <i>introvale</i>  | 2-Generics         |                            |
| <i>isibloom</i>   | 2-Generics         |                            |
| <i>jasmiel</i>  | 2-Generics         |                            |
| <i>jinteli</i>  | 2-Generics         |                            |
| <i>jolessa</i>  | 2-Generics         |                            |
| <i>juleber</i>  | 2-Generics         |                            |
| <i>junel 1.5/30</i>   | 2-Generics         |                            |
| <i>junel 1/20</i>   | 2-Generics         |                            |
| <i>junel fe 1.5/30</i>  | 2-Generics         |                            |
| <i>junel fe 1/20</i>  | 2-Generics         |                            |
| <i>junel fe 24</i>  | 2-Generics         |                            |
| <i>kalliga</i>  | 2-Generics         |                            |
| <i>kariva</i>   | 2-Generics         |                            |
| <i>kelnor 1/35</i>  | 2-Generics         |                            |
| <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 &amp; 0.01 mg tab, 0.15-0.03 mg tab)</i> | 2-Generics         |                            |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|--|--------------------------|----------------------------|
| <i>levonorgestrel-ethinyl estrad</i>                         | 2-Generics               |                            |
| <i>levora 0.15/30 (28)</i>                                   | 2-Generics               |                            |
| <i>lo-zumandimine</i>  | 2-Generics               |                            |
| <i>loestrin 1.5/30 (21)</i>                                  | 2-Generics               |                            |
| <i>loestrin 1/20 (21)</i>                                    | 2-Generics               |                            |
| <i>loestrin fe 1.5/30</i>                                    | 2-Generics               |                            |
| <i>loestrin fe 1/20</i>                                      | 2-Generics               |                            |
| <i>lojaimiess</i>  | 2-Generics               |                            |
| <i>loryna</i>  | 2-Generics               |                            |
| <i>low-ogestrel</i>  | 2-Generics               |                            |
| <i>lutra</i>   | 2-Generics               |                            |
| <i>lyllana</i>   | 4-Non-Preferred<br>Drugs | QL (8 PER 28 DAYS)         |
| <i>marlissa</i>  | 2-Generics               |                            |
| <b>MENEST</b>  | 4-Non-Preferred<br>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<br>Brands    |                            |
| <i>norethin ace-eth estrad-fe (1-20 tab,<br/>1.5-30 tab)</i> | 2-Generics               |                            |
| <i>norethin-eth estradiol-fe 0.4-35 mg-<br/>mcg chew tab</i> | 2-Generics               |                            |
| <i>norethindron-ethinyl estrad-fe</i>                        | 2-Generics               |                            |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>   | <b>REQUIREMENTS/LIMITS</b> |
|--|--------------------|----------------------------|
| <i>norethindrone acet-ethinyl est</i>  | 2-Generics         |                            |
| <i>norethindrone-eth estradiol</i>   | 2-Generics         |                            |
| <i>norgestim-eth estrad triphasic</i>  | 2-Generics         |                            |
| <i>norgestimate-eth estradiol</i>  | 2-Generics         |                            |
| <i>nortrel 0.5/35 (28)</i>   | 2-Generics         |                            |
| <i>nortrel 1/35 (21)</i>   | 2-Generics         |                            |
| <i>nortrel 1/35 (28)</i>   | 2-Generics         |                            |
| <i>nortrel 7/7/7</i>   | 2-Generics         |                            |
| <i>nylia 1/35</i>  | 2-Generics         |                            |
| <i>nylia 7/7/7</i>   | 2-Generics         |                            |
| <i>nymyo</i>   | 2-Generics         |                            |
| <i>ocella</i>  | 2-Generics         |                            |
| <i>philith</i>   | 2-Generics         |                            |
| <i>pimtrea</i>   | 2-Generics         |                            |
| <i>pirmella 1/35</i>   | 2-Generics         |                            |
| <i>portia-28</i>   | 2-Generics         |                            |
| PREMARIN (0.3 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         |                            |

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



| <b>DRUG NAME</b>        | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|-------------------------|-----------------------|----------------------------|
| <i>tri femynor</i>      | 2-Generics            |                            |
| <i>tri-estarylla</i>    | 2-Generics            |                            |
| <i>tri-legest fe</i>    | 2-Generics            |                            |
| <i>tri-linyah</i>       | 2-Generics            |                            |
| <i>tri-lo-estarylla</i> | 2-Generics            |                            |
| <i>tri-lo-marzia</i>    | 2-Generics            |                            |
| <i>tri-lo-mili</i>      | 2-Generics            |                            |
| <i>tri-lo-sprintec</i>  | 2-Generics            |                            |
| <i>tri-mili</i>         | 2-Generics            |                            |
| <i>tri-nymyo</i>        | 2-Generics            |                            |
| <i>tri-sprintec</i>     | 2-Generics            |                            |
| <i>tri-vylibra</i>      | 2-Generics            |                            |
| <i>tri-vylibra lo</i>   | 2-Generics            |                            |
| <i>trivora (28)</i>     | 2-Generics            |                            |
| <i>turqoz</i>           | 2-Generics            |                            |
| <i>valtya 1/50</i>      | 2-Generics            |                            |
| <i>velivet</i>          | 2-Generics            |                            |
| <i>vestura</i>          | 2-Generics            |                            |
| <i>vienva</i>           | 2-Generics            |                            |
| <i>viorele</i>          | 2-Generics            |                            |
| <i>volnea</i>           | 2-Generics            |                            |
| <i>vyfemla</i>          | 2-Generics            |                            |
| <i>vylibra</i>          | 2-Generics            |                            |
| <i>wera</i>             | 2-Generics            |                            |
| <i>wymzya fe</i>        | 2-Generics            |                            |
| <i>xarah fe</i>         | 2-Generics            |                            |
| <i>xulane</i>           | 3-Preferred Brands    |                            |
| <i>yuvaferm</i>         | 4-Non-Preferred Drugs |                            |
| <i>zafemy</i>           | 3-Preferred Brands    |                            |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|--|-----------------------|----------------------------|
| <i>zovia 1/35 (28)</i>   | 2-Generics            |                            |
| <i>zumandimine</i>   | 2-Generics            |                            |
| <b>PROGESTINS</b>  |                       |                            |
| <i>camila</i>  | 2-Generics            |                            |
| <i>deblitane</i>   | 2-Generics            |                            |
| DEPO-SUBQ PROVERA 104  | 3-Preferred Brands    |                            |
| <i>emzahh</i>  | 2-Generics            |                            |
| <i>errin</i>   | 2-Generics            |                            |
| <i>gallifrey</i>   | 2-Generics            |                            |
| <i>heather</i>   | 2-Generics            |                            |
| <i>incassia</i>  | 2-Generics            |                            |
| <i>jencycla</i>  | 2-Generics            |                            |
| LILETTA (52 MG)  | 3-Preferred Brands    |                            |
| <i>lyleq</i>   | 2-Generics            |                            |
| <i>lyza</i>  | 2-Generics            |                            |
| <i>medroxyprogesterone acetate (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            |                            |

You 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>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<br>Drugs |                     |
| <i>raloxifene hcl</i> | 2-Generics               | QL (30 PER 30 DAYS) |

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

|  |                         |  |
|--|-------------------------|--|
| <i>euthyrox</i>  | 1-Preferred<br>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<br>Generics |  |
| <i>levoxyl</i>   | 3-Preferred<br>Brands   |  |
| <i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>   | 2-Generics              |  |
| SYNTHROID  | 3-Preferred<br>Brands   |  |
| <i>unithroid</i>   | 3-Preferred<br>Brands   |  |

### HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

|                        |                          |     |
|------------------------|--------------------------|-----|
| <i>cabergoline</i>     | 3-Preferred<br>Brands    |     |
| ELIGARD                | 4-Non-Preferred<br>Drugs | PA3 |
| FIRMAGON               | 4-Non-Preferred<br>Drugs | PA3 |
| FIRMAGON (240 MG DOSE) | 5-Specialty              | PA3 |

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

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

## **HORMONAL AGENTS, SUPPRESSANT (THYROID)**

### **ANTITHYROID AGENTS**

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

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

| DRUG NAME   | DRUG TIER   | REQUIREMENTS/LIMITS      |
|---|-------------|--------------------------|
| <b>IMMUNOLOGICAL AGENTS</b>                           |             |                          |
| <b>ANGIOEDEMA AGENTS</b>                              |             |                          |
| 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)  |
| <b>IMMUNOGLOBULINS</b>                                |             |                          |
| 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                       |
| <b>IMMUNOLOGICAL AGENTS, OTHER</b>                    |             |                          |
| 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                       |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|--|------------------|----------------------------|
| 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                         |
| XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR) | 5-Specialty      | PA                         |

### **IMMUNOSTIMULANTS**

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

### **IMMUNOSUPPRESSANTS**

|   |                       |     |
|---|-----------------------|-----|
| ADALIMUMAB-AACF (2 PEN)   | 5-Specialty           | PA  |
| ADALIMUMAB-AACF (2 SYRINGE)   | 5-Specialty           | PA  |
| ADALIMUMAB-AACF(CD/UC/HS STRT)  | 5-Specialty           | PA  |
| ADALIMUMAB-AACF(PS/UV STARTER)  | 5-Specialty           | PA  |
| <i>azathioprine 50 mg tab</i>   | 2-Generics            | PA3 |
| AZATHIOPRINE SODIUM   | 4-Non-Preferred Drugs | PA3 |
| <i>cyclosporine (25 mg cap, 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 |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|---|-----------------------|----------------------------|
| <i>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                         |
| 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            |                            |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|--|-----------------------|----------------------------|
| <i>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                        |
| <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 |  |

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



| <b>DRUG NAME</b>              | <b>DRUG TIER</b>   | <b>REQUIREMENTS/LIMITS</b> |
|-------------------------------|--------------------|----------------------------|
| BOOSTRIX                      | 3-Preferred Brands |                            |
| DAPTACEL                      | 3-Preferred Brands |                            |
| DIPHtheria-TETANUS TOXoids DT | 3-Preferred Brands |                            |
| 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 |                            |
| I POL                         | 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 |                            |

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

| <b>DRUG NAME</b> | <b>DRUG TIER</b>   | <b>REQUIREMENTS/LIMITS</b> |
|------------------|--------------------|----------------------------|
| MRESVIA          | 3-Preferred Brands |                            |
| PEDIARIX         | 3-Preferred Brands |                            |
| PEDVAX HIB       | 3-Preferred Brands |                            |
| 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 |                            |

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

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

## INFLAMMATORY BOWEL DISEASE AGENTS

### AMINOSALICYLATES

|   |                       |  |
|---|-----------------------|--|
| <i>balsalazide disodium</i>   | 4-Non-Preferred Drugs |  |
| <i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr, 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   |                     |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|---|-----------------------|----------------------------|
| <i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>               | 2-Generics            |                            |
| <i>calcitriol oral soln 1 mcg/ml</i>                        | 4-Non-Preferred Drugs |                            |
| <i>cinacalcet hcl (30 mg tab, 60 mg tab)</i>                | 4-Non-Preferred Drugs | PA3, QL (60 PER 30 DAYS)   |
| <i>cinacalcet hcl 90 mg tab</i>                             | 5-Specialty           | PA3, QL (120 PER 30 DAYS)  |
| DOXERCALCIFEROL (0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP)       | 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  |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|--|-----------------------|----------------------------|
| INSULIN SYRINGE (DISP) U-100 1 ML<br>(BD/ULTIMED/ALLISON/TRIVIDIA/MHC)   | 2-Generics            | PA                         |
| INSULIN SYRINGE (DISP) U-100 1/2 ML<br>(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) |

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

| <b>DRUG NAME</b>  | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|---|-----------------------|----------------------------|
| <i>neo-polycin</i>  | 2-Generics            |                            |
| <i>neo-polycin hc</i>   | 2-Generics            |                            |
| <i>neomycin-bacitracin zn-polymyx</i>   | 2-Generics            |                            |
| <i>neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i> | 2-Generics            |                            |
| <i>neomycin-polymyxin-gramicidin</i>  | 2-Generics            |                            |
| <i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>                                   | 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    |                            |
| XDEMYVY   | 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 |
|---------|--------------------|

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|--|-----------------------|----------------------------|
| <i>bacitracin 500 unit/gm ointment</i>                     | 2-Generics            |                            |
| <i>erythromycin 5 mg/gm ointment</i>                       | 2-Generics            |                            |
| <i>gatifloxacin</i>  | 2-Generics            |                            |
| <i>gentamicin sulfate 0.3 % solution</i>                   | 2-Generics            |                            |
| <i>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            |                     |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|--|--------------------------|----------------------------|
| LOTEMAX 0.5 % OINTMENT   | 4-Non-Preferred<br>Drugs |                            |
| <i>loteprednol etabonate (0.5 % gel,<br/>0.5 % suspension)</i> | 4-Non-Preferred<br>Drugs |                            |
| <i>prednisolone acetate</i>                                    | 3-Preferred<br>Brands    |                            |
| PREDNISOLONE SODIUM<br>PHOSPHATE 1 % SOLUTION                  | 2-Generics               |                            |
| PROLENSA   | 4-Non-Preferred<br>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,<br/>0.5 % (daily) solution, 0.5 % gel f<br/>soln)</i> | 4-Non-Preferred<br>Drugs |  |
| <i>timolol maleate (0.25 % solution, 0.5<br/>% solution)</i>                                 | 1-Preferred<br>Generics  |  |
| <i>timolol maleate (once-daily)</i>  | 4-Non-Preferred<br>Drugs |  |

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

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

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



| DRUG NAME | DRUG TIER                | REQUIREMENTS/LIMITS |
|-----------|--------------------------|---------------------|
| RHOPRESSA | 4-Non-Preferred<br>Drugs |                     |
| SIMBRINZA | 4-Non-Preferred<br>Drugs |                     |

## OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

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

## RESPIRATORY TRACT/PULMONARY AGENTS

### ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

|  |                          |                     |
|--|--------------------------|---------------------|
| ARNUIITY ELLIPTA   | 3-Preferred<br>Brands    | QL (30 PER 30 DAYS) |
| <i>budesonide (0.25 mg/2ml<br/>suspension, 0.5 mg/2ml suspension,<br/>1 mg/2ml suspension)</i> | 4-Non-Preferred<br>Drugs | PA3                 |
| <i>flunisolide</i>   | 2-Generics               | QL (50 PER 30 DAYS) |
| <i>fluticasone propionate 50 mcg/act<br/>suspension</i>  | 2-Generics               | QL (16 PER 30 DAYS) |
| <i>fluticasone propionate diskus 100<br/>mcg/act aer pow ba</i>                                | 3-Preferred<br>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.

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|--|-----------------------|----------------------------|
| <i>fluticasone propionate diskus 250 mcg/act aer pow ba</i>                  | 3-Preferred Brands    | QL (240 PER 30 DAYS)       |
| <i>fluticasone propionate diskus 50 mcg/act aer pow ba</i>                   | 3-Preferred Brands    | QL (120 PER 30 DAYS)       |
| <i>fluticasone propionate hfa (110 mcg/act aerosol, 220 mcg/act aerosol)</i> | 3-Preferred Brands    | QL (24 PER 30 DAYS)        |
| <i>fluticasone propionate hfa 44 mcg/act aerosol</i>                         | 3-Preferred Brands    | QL (22 PER 30 DAYS)        |
| <i>mometasone furoate 50 mcg/act suspension</i>                              | 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, 12.5 mg/10ml solution)</i> | 4-Non-Preferred Drugs | PA                    |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>      | <b>REQUIREMENTS/LIMITS</b> |
|--|-----------------------|----------------------------|
| <b>ANTILEUKOTRIENES</b>  |                       |                            |
| <i>montelukast sodium (4 mg chew tab, 5 mg chew tab)</i>   | 2-Generics            | QL (30 PER 30 DAYS)        |
| <i>montelukast sodium 10 mg tab</i>  | 1-Preferred Generics  | QL (30 PER 30 DAYS)        |
| <i>montelukast sodium 4 mg packet</i>  | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS)        |
| <i>zafirlukast</i>   | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS)        |
| <b>BRONCHODILATORS, ANTICHOLINERGIC</b>  |                       |                            |
| ATROVENT HFA   | 4-Non-Preferred Drugs | QL (25.8 PER 30 DAYS)      |
| INCRUSE ELLIPTA  | 3-Preferred Brands    | QL (30 PER 30 DAYS)        |
| <i>ipratropium bromide 0.02 % solution</i>   | 2-Generics            | PA3                        |
| <i>ipratropium bromide 0.03 % solution</i>   | 2-Generics            | QL (30 PER 28 DAYS)        |
| <i>ipratropium bromide 0.06 % solution</i>   | 2-Generics            | QL (45 PER 30 DAYS)        |
| YUPELRI  | 5-Specialty           | PA3                        |
| <b>BRONCHODILATORS, SYMPATHOMIMETIC</b>  |                       |                            |
| <i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln)</i> | 2-Generics            | PA3                        |
| <i>albuterol sulfate (2 mg tab, 4 mg tab)</i>  | 4-Non-Preferred Drugs |                            |
| <i>albuterol sulfate 2 mg/5ml syrup</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)         |

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

| <b>DRUG NAME</b>   | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|--|--------------------------|----------------------------|
| <i>formoterol fumarate</i>   | 4-Non-Preferred<br>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<br>Drugs | PA3                        |
| <i>levalbuterol tartrate</i>   | 3-Preferred<br>Brands    | QL (30 PER 30 DAYS)        |
| SEREVENT DISKUS  | 3-Preferred<br>Brands    | QL (60 PER 30 DAYS)        |
| <i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>  | 4-Non-Preferred<br>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 |
|--|------------|-----|

### **PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE**

|                     |                          |                     |
|---------------------|--------------------------|---------------------|
| <i>elixophyllin</i> | 2-Generics               |                     |
| <i>roflumilast</i>  | 4-Non-Preferred<br>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.

| <b>DRUG NAME</b>  | <b>DRUG TIER</b> | <b>REQUIREMENTS/LIMITS</b> |
|---|------------------|----------------------------|
| <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       |                            |

### **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) |

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

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

## **SKELETAL MUSCLE RELAXANTS**

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

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

| <b>DRUG NAME</b>                        | <b>DRUG TIER</b>         | <b>REQUIREMENTS/LIMITS</b> |
|---|--------------------------|----------------------------|
| HETLIOZ LQ                              | 5-Specialty              | PA, QL (158 PER 30 DAYS)   |
| <i>ramelteon</i>                        | 4-Non-Preferred<br>Drugs | QL (30 PER 30 DAYS)        |
| <i>tasimelteon</i>                      | 5-Specialty              | PA, QL (30 PER 30 DAYS)    |
| <i>temazepam (15 mg cap, 30 mg cap)</i> | 2-Generics               | QL (30 PER 30 DAYS)        |
| <i>zaleplon 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<br>Drugs | PA, QL (30 PER 30 DAYS)  |
| <i>modafinil 100 mg tab</i> | 3-Preferred<br>Brands    | PA, QL (30 PER 30 DAYS)  |
| <i>modafinil 200 mg tab</i> | 3-Preferred<br>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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| ABELCET                                     | 22    | albuterol sulfate hfa 108 (90 base) mcg/act |     |
| ABILIFY ASIMTUFII                           | 38    | aero soln (generic ventolin)                | 105 |
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This formulary was updated on 04/01/2025. For more recent information or other questions, please contact Jefferson Health Plans at 1-866-901-8000 (TTY 1-877-454-8477), or visit [www.JeffersonHealthPlans.com/Medicare](http://www.JeffersonHealthPlans.com/Medicare). From October 1 to March 31, we're available 8 a.m. to 8 p.m., 7 days a week. And from April 1 to September 30, we're available 8 a.m. to 8 p.m., Monday to Friday.

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

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