



Jefferson Health Plans 2024 Formulary (List of Covered Drugs)

Prime (HMO-POS) | Complete (HMO-POS)
Giveback (HMO-POS) | Silver (HMO-POS)
Platinum (HMO-POS) | Flex (PPO) | Flex Plus (PPO)

Jefferson Health Plans

2024 Formulary

(List of Covered Drugs)

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

Formulary ID 24481, Version 22

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

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Jefferson Health Plans. When it refers to “plan” or “our plan,” it means Jefferson Health Plans Complete (HMO-POS), Prime (HMO-POS), Giveback (HMO-POS), Silver (HMO-POS), Platinum (HMO-POS), Flex (PPO) and Flex Plus (PPO)

This document includes list of the drugs (formulary) for our plan which is current as of 12/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the 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 Formulary?

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 (drug list) 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.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that 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 the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Jefferson Health Plans’ Formulary?”

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and 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 add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or 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, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception 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’ Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2024. To get updated information about the drugs covered by Jefferson Health Plans please contact us. Our contact information appears on the front and back cover pages.

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

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on A-7. 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 112. 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 cost less than brand-name drugs.

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’ 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’ 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 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.
- You can ask us to waive coverage restrictions or limits 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.

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 should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** 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 your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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 your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to 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 if your ability to get your drugs is limited, 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. 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 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 112.

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

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

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

| Drug Tier | Retail Cost-Sharing (30-day supply) | Mail-order Cost-Sharing (100-day supply) |
|---|---|--|
| 1 – Preferred Generics | \$0 | \$0 |
| 2 – Generic | \$10 | \$20 |
| 3 – Preferred Brand[†] | \$47 | \$94 |
| 4 – Non-Preferred Drugs[†] | \$100 | \$200 |
| 5 – Specialty[†] | | |
| Prime, Complete, Silver, Platinum, Flex and Flex Plus plans | 33% | Not offered |
| Giveback plan | 30% | Not offered |
| 6 – Select Care | \$0 | \$0 |

* You won't pay more than \$10 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

[†] Members of the Giveback (HMO-POS) plan will pay a yearly deductible of \$200 on Tier 3, 4, & 5 drugs. The Deductible Stage is the first payment stage for your drug coverage. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines. You must pay the full cost of your Tier 3, 4, & 5 drugs until you reach the plan's deductible amount. For all other drugs, you will not have to pay any deductible.

Category Listing

| | |
|---|----|
| ANALGESICS..... | 2 |
| ANESTHETICS..... | 5 |
| ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS..... | 5 |
| ANTIBACTERIALS..... | 7 |
| ANTICONVULSANTS..... | 13 |
| ANTIDEMENTIA AGENTS..... | 17 |
| ANTIDEPRESSANTS..... | 18 |
| ANTIEMETICS..... | 21 |
| ANTIFUNGALS..... | 22 |
| ANTIGOUT AGENTS..... | 24 |
| ANTIMIGRAINE AGENTS..... | 24 |
| ANTIMYASTHENIC AGENTS..... | 25 |
| ANTIMYCOBACTERIALS..... | 25 |
| ANTINEOPLASTICS..... | 26 |
| ANTIPARASITICS..... | 37 |
| ANTIPARKINSON AGENTS..... | 38 |
| ANTIPSYCHOTICS..... | 39 |
| ANTISPASTICITY AGENTS..... | 43 |
| ANTIVIRALS..... | 43 |
| ANXIOLYTICS..... | 48 |
| BIPOLAR AGENTS..... | 49 |
| BLOOD GLUCOSE REGULATORS..... | 49 |
| BLOOD PRODUCTS AND MODIFIERS..... | 56 |
| CARDIOVASCULAR AGENTS..... | 58 |
| CENTRAL NERVOUS SYSTEM AGENTS..... | 66 |
| DENTAL AND ORAL AGENTS..... | 68 |
| DERMATOLOGICAL AGENTS..... | 69 |
| ELECTROLYTES/MINERALS/METALS/VITAMINS..... | 73 |
| GASTROINTESTINAL AGENTS..... | 77 |
| GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT..... | 79 |
| GENITOURINARY AGENTS..... | 80 |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)..... | 81 |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)..... | 82 |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)..... | 83 |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)..... | 90 |
| HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)..... | 91 |
| HORMONAL AGENTS, SUPPRESSANT (ADRENAL)..... | 91 |

| | |
|---|-----|
| HORMONAL AGENTS, SUPPRESSANT (PITUITARY)..... | 91 |
| HORMONAL AGENTS, SUPPRESSANT (THYROID)..... | 92 |
| IMMUNOLOGICAL AGENTS..... | 92 |
| INFLAMMATORY BOWEL DISEASE AGENTS..... | 99 |
| METABOLIC BONE DISEASE AGENTS..... | 99 |
| MISCELLANEOUS THERAPEUTIC AGENTS..... | 100 |
| OPHTHALMIC AGENTS..... | 101 |
| OTIC AGENTS..... | 105 |
| RESPIRATORY TRACT/PULMONARY AGENTS..... | 105 |
| SKELETAL MUSCLE RELAXANTS..... | 110 |
| SLEEP DISORDER AGENTS..... | 111 |

LEGEND

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

| SYMBOL | NAME | DESCRIPTION |
|--------|---|--|
| QL | Quantity Limit | There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame. |
| PA2 | Prior Authorization (New Starts Only) | Prior authorization applies to new starts only. You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug. |
| PA | Prior Authorization | You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug. |
| PA3 | Prior Authorization (Part B vs. Part D) | This prescription may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. |
| 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. |
| \$0 CS | \$0 Cost Share | This prescription drug is available at a \$0 Cost Share. |
| CG | Coverage Gap | We provide additional coverage of the prescription drugs in this tier in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. |

JEFFERSON HEALTH PLANS 6 TIER FORMULARY (List of Covered Drugs)

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------------------|--------------------------|
| ANALGESICS | | |
| NONSTEROIDAL ANTI-INFLAMMATORY DRUGS | | |
| <i>butalbital-aspirin-caffeine 50-325-40 mg cap</i> | 2-Generics | PA, QL (180 PER 30 DAYS) |
| <i>cataflam</i> | 2-Generics | |
| <i>celecoxib</i> | 2-Generics | QL (60 PER 30 DAYS) |
| <i>diclofenac potassium 50 mg tab</i> | 2-Generics | |
| <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 | |
| <i>diclofenac-misoprostol</i> | 4-Non-Preferred Drugs | |
| <i>diflunisal</i> | 2-Generics | |
| <i>ec-naproxen</i> | 2-Generics | |
| <i>etodolac</i> | 2-Generics | |
| <i>etodolac er</i> | 4-Non-Preferred Drugs | |
| <i>flurbiprofen</i> | 2-Generics | |
| <i>ibu</i> | 1-Preferred Generics | |
| <i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i> | 1-Preferred Generics | |
| <i>ibuprofen 100 mg/5ml suspension</i> | 2-Generics | |
| <i>indomethacin (25 mg cap, 50 mg cap)</i> | 2-Generics | PA |
| <i>indomethacin er</i> | 2-Generics | PA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------------------|----------------------------|
| <i>meloxicam (7.5 mg tab, 15 mg tab)</i> | 1-Preferred Generics | |
| <i>nabumetone</i> | 2-Generics | |
| <i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i> | 1-Preferred Generics | |
| <i>naproxen (375 mg tab dr, 500 mg tab dr)</i> | 2-Generics | |
| <i>naproxen dr</i> | 2-Generics | |
| <i>naproxen sodium (275 mg tab, 550 mg tab)</i> | 2-Generics | |
| <i>oxaprozin</i> | 4-Non-Preferred Drugs | |
| <i>piroxicam (10 mg cap, 20 mg cap)</i> | 2-Generics | |
| <i>relafen</i> | 2-Generics | |
| <i>sulindac</i> | 2-Generics | |

OPIOID ANALGESICS, LONG-ACTING

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

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------------------|----------------------------|
| XTAMPZA ER | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| OPIOID ANALGESICS, SHORT-ACTING | | |
| <i>acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)</i> | 2-Generics | QL (2700 PER 30 DAYS) |
| <i>acetaminophen-codeine 300-15 mg tab</i> | 2-Generics | QL (390 PER 30 DAYS) |
| <i>acetaminophen-codeine 300-30 mg tab</i> | 2-Generics | QL (360 PER 30 DAYS) |
| <i>acetaminophen-codeine 300-60 mg tab</i> | 2-Generics | QL (180 PER 30 DAYS) |
| <i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i> | 4-Non-Preferred Drugs | PA, 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>hydrocodone-ibuprofen</i> | 3-Preferred Brands | QL (150 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>morphine sulfate (10 mg/5ml solution, 20 mg/5ml solution)</i> | 3-Preferred Brands | QL (900 PER 30 DAYS) |
| <i>morphine sulfate (15 mg tab, 30 mg tab)</i> | 3-Preferred Brands | QL (180 PER 30 DAYS) |

You 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>morphine sulfate (concentrate)</i> | 3-Preferred Brands | QL (180 PER 30 DAYS) |
| <i>oxycodone hcl (5 mg cap, 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> | 3-Preferred Brands | 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>oxymorphone hcl</i> | 4-Non-Preferred Drugs | QL (180 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> | 2-Generics | 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> | 2-Generics | PA, QL (90 PER 30 DAYS) |

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

| | | |
|---------------------------------|------------|--|
| <i>acamprosate calcium</i> | 2-Generics | |
| <i>disulfiram</i> | 2-Generics | |
| <i>naltrexone hcl 50 mg tab</i> | 2-Generics | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------------------|----------------------------|
| VIVITROL | 5-Specialty | |
| OPIOID DEPENDENCE | | |
| <i>buprenorphine hcl 2 mg sl tab</i> | 2-Generics | QL (90 PER 30 DAYS) |
| <i>buprenorphine hcl 8 mg sl tab</i> | 2-Generics | QL (60 PER 30 DAYS) |
| <i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab)</i> | 2-Generics | QL (90 PER 30 DAYS) |
| <i>buprenorphine hcl-naloxone hcl 12-3 mg film</i> | 2-Generics | QL (60 PER 30 DAYS) |
| <i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i> | 2-Generics | QL (120 PER 30 DAYS) |
| <i>lofexidine hcl</i> | 5-Specialty | PA, QL (16 PER 1 DAYS) |
| LUCEMYRA | 5-Specialty | PA, QL (16 PER 1 DAYS) |
| OPIOID REVERSAL AGENTS | | |
| <i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)</i> | 1-Preferred Generics | |
| <i>naloxone hcl 4 mg/0.1ml liquid</i> | 2-Generics | |
| OPVEE | 3-Preferred Brands | |
| SMOKING CESSATION AGENTS | | |
| <i>bupropion hcl er (smoking det)</i> | 2-Generics | QL (60 PER 30 DAYS) |
| NICOTROL | 4-Non-Preferred Drugs | |
| NICOTROL NS | 4-Non-Preferred Drugs | |
| <i>varenicline tartrate</i> | 3-Preferred Brands | |
| <i>varenicline tartrate (starter)</i> | 3-Preferred Brands | |
| <i>varenicline tartrate(continue)</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 |
|--|--------------------------|-----------------------|
| ANTIBACTERIALS | | |
| AMINOGLYCOSIDES | | |
| <i>amikacin sulfate</i> | 4-Non-Preferred Drugs | |
| <i>gentamicin in saline</i> | 2-Generics | |
| <i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i> | 2-Generics | QL (60 PER 30 DAYS) |
| <i>gentamicin sulfate (10 mg/ml solution, 40 mg/ml solution)</i> | 2-Generics | |
| <i>neomycin sulfate</i> | 2-Generics | |
| <i>streptomycin sulfate</i> | 5-Specialty | |
| <i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i> | 4-Non-Preferred Drugs | |
| ANTIBACTERIALS, OTHER | | |
| <i>acetic acid 2 % solution</i> | 2-Generics | |
| <i>aztreonam</i> | 4-Non-Preferred Drugs | |
| <i>clindamycin hcl</i> | 2-Generics | |
| <i>clindamycin palmitate hcl</i> | 2-Generics | |
| <i>clindamycin phosphate (1 % swab, 2 % cream)</i> | 2-Generics | |
| <i>clindamycin phosphate (300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i> | 4-Non-Preferred Drugs | |
| <i>clindamycin phosphate in d5w</i> | 4-Non-Preferred Drugs | |
| <i>colistimethate sodium (cba)</i> | 5-Specialty | |
| DAPTOMYCIN (, 350 MG RECON SOLN) | 5-Specialty | |
| <i>fosfomicin tromethamine</i> | 4-Non-Preferred Drugs | |
| <i>linezolid 100 mg/5ml recon susp</i> | 5-Specialty | QL (1800 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------------------|----------------------------|
| <i>linezolid 600 mg tab</i> | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS) |
| <i>linezolid 600 mg/300ml solution</i> | 4-Non-Preferred Drugs | |
| <i>methenamine hippurate</i> | 2-Generics | |
| <i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel, 250 mg tab, 500 mg tab)</i> | 2-Generics | |
| <i>metronidazole 500 mg/100ml solution</i> | 4-Non-Preferred Drugs | |
| <i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i> | 3-Preferred Brands | |
| <i>nitrofurantoin monohyd macro</i> | 3-Preferred Brands | |
| <i>polymyxin b sulfate</i> | 2-Generics | |
| TIGECYCLINE | 5-Specialty | |
| <i>trimethoprim</i> | 2-Generics | |
| <i>vancomycin hcl (1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 100 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 | |
| CEFACLOR ER | 2-Generics | |
| <i>cefadroxil (250 mg/5ml recon susp, 500 mg/5ml recon susp)</i> | 2-Generics | |
| <i>cefadroxil 500 mg cap</i> | 1-Preferred Generics | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------------------|----------------------------|
| <i>cefazolin sodium (1 gm recon soln, 10 gm recon soln, 100 gm recon soln, 300 gm recon soln, 500 mg recon soln)</i> | 4-Non-Preferred Drugs | |
| <i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i> | 2-Generics | |
| <i>cefepime hcl (1 gm recon soln, 2 gm recon soln)</i> | 4-Non-Preferred Drugs | |
| <i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp)</i> | 4-Non-Preferred Drugs | |
| <i>cefixime 400 mg cap</i> | 3-Preferred Brands | |
| <i>cefotetan disodium</i> | 4-Non-Preferred Drugs | |
| <i>cefoxitin sodium</i> | 4-Non-Preferred Drugs | |
| <i>cefpodoxime proxetil (100 mg tab, 200 mg tab)</i> | 2-Generics | |
| <i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg/5ml recon susp)</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 | |
| CEFTRIAXONE SODIUM (1 GM RECON SOLN, 2 GM RECON SOLN, 10 GM RECON SOLN, 100 GM RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN) | 4-Non-Preferred Drugs | |
| <i>ceftriaxone sodium in dextrose</i> | 4-Non-Preferred Drugs | |
| <i>cefuroxime axetil</i> | 2-Generics | |
| <i>cefuroxime sodium</i> | 4-Non-Preferred Drugs | |
| <i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i> | 2-Generics | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------------------|----------------------------|
| <i>tazicef</i> | 4-Non-Preferred Drugs | |
| TEFLARO | 5-Specialty | |
| BETA-LACTAM, PENICILLINS | | |
| <i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i> | 1-Preferred Generics | |
| <i>amoxicillin-pot clavulanate (200-28.5 mg chew tab, 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> | 2-Generics | |
| <i>ampicillin</i> | 2-Generics | |
| <i>ampicillin sodium</i> | 2-Generics | |
| <i>ampicillin-sulbactam sodium</i> | 4-Non-Preferred Drugs | |
| BICILLIN L-A | 4-Non-Preferred Drugs | |
| <i>dicloxacillin sodium</i> | 2-Generics | |
| <i>nafcillin sodium</i> | 2-Generics | |
| <i>oxacillin sodium</i> | 2-Generics | |
| OXACILLIN SODIUM IN DEXTROSE | 2-Generics | |
| PENICILLIN G POT IN DEXTROSE | 4-Non-Preferred Drugs | |
| <i>penicillin g potassium</i> | 4-Non-Preferred Drugs | |
| <i>penicillin g sodium</i> | 4-Non-Preferred Drugs | |
| <i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i> | 1-Preferred Generics | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------------------|----------------------------|
| <i>pfizerpen</i> | 4-Non-Preferred Drugs | |
| <i>piperacillin sod-tazobactam so</i> | 4-Non-Preferred Drugs | |
| CARBAPENEMS | | |
| <i>ertapenem sodium</i> | 4-Non-Preferred Drugs | |
| <i>imipenem-cilastatin</i> | 4-Non-Preferred Drugs | |
| <i>meropenem</i> | 4-Non-Preferred Drugs | |
| MACROLIDES | | |
| <i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp)</i> | 2-Generics | |
| <i>azithromycin (250 mg tab, 500 mg tab, 600 mg tab)</i> | 1-Preferred Generics | |
| <i>azithromycin 500 mg recon soln</i> | 4-Non-Preferred Drugs | |
| <i>clarithromycin (125 mg/5ml recon susp, 250 mg/5ml recon susp)</i> | 4-Non-Preferred Drugs | |
| <i>clarithromycin (250 mg tab, 500 mg tab)</i> | 2-Generics | |
| <i>clarithromycin er</i> | 4-Non-Preferred Drugs | |
| DIFICID (40 MG/ML RECON SUSP, 200 MG TAB) | 5-Specialty | |
| ERYTHROCIN LACTOBIONATE | 4-Non-Preferred Drugs | |
| <i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i> | 3-Preferred Brands | |
| <i>erythromycin base (250 mg cp dr part, 250 mg tab, 500 mg tab)</i> | 4-Non-Preferred Drugs | |
| <i>erythromycin base (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i> | 3-Preferred Brands | |
| <i>erythromycin ethylsuccinate 400 mg tab</i> | 3-Preferred Brands | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------------------|----------------------------|
| QUINOLONES | | |
| BESIVANCE | 3-Preferred Brands | |
| CILOXAN | 4-Non-Preferred Drugs | |
| <i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i> | 1-Preferred Generics | |
| <i>ciprofloxacin hcl 0.3 % solution</i> | 2-Generics | |
| <i>ciprofloxacin in d5w</i> | 2-Generics | |
| <i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i> | 2-Generics | |
| <i>levofloxacin in d5w</i> | 2-Generics | |
| <i>levofloxacin oral soln 25 mg/ml</i> | 2-Generics | |
| <i>moxifloxacin hcl 400 mg tab</i> | 2-Generics | |
| <i>moxifloxacin hcl in nacl</i> | 2-Generics | |
| <i>ofloxacin (300 mg tab, 400 mg tab)</i> | 2-Generics | |
| SULFONAMIDES | | |
| <i>sulfacetamide sodium (acne)</i> | 3-Preferred Brands | QL (118 PER 30 DAYS) |
| <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 | |

You 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 (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i> | 2-Generics | |
| <i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i> | 2-Generics | |
| <i>mondoxylene nl</i> | 2-Generics | |
| <i>tetracycline hcl (250 mg cap, 500 mg cap)</i> | 2-Generics | |

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

| | | |
|---|-----------------------|---------------------------|
| BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB) | 5-Specialty | QL (60 PER 30 DAYS) |
| BRIVIACT 10 MG/ML SOLUTION | 5-Specialty | QL (600 PER 30 DAYS) |
| BRIVIACT 50 MG/5ML SOLUTION | 5-Specialty | |
| 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 | |
| <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 | QL (30 PER 30 DAYS) |
| FYCOMPA 0.5 MG/ML SUSPENSION | 5-Specialty | QL (720 PER 30 DAYS) |
| FYCOMPA 2 MG TAB | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------------------|----------------------------|
| <i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i> | 1-Preferred Generics | |
| <i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i> | 2-Generics | |
| <i>levetiracetam er</i> | 2-Generics | |
| <i>levetiracetam in nacl</i> | 4-Non-Preferred Drugs | |
| <i>roweepra</i> | 2-Generics | |
| <i>roweepra xr</i> | 2-Generics | |
| SPRITAM | 4-Non-Preferred Drugs | |
| <i>subvenite</i> | 1-Preferred Generics | |
| <i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i> | 2-Generics | |
| <i>valproate sodium</i> | 2-Generics | |
| <i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i> | 2-Generics | |
| XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK) | 5-Specialty | QL (28 PER 28 DAYS) |
| XCOPRI (150 MG TAB, 200 MG TAB) | 5-Specialty | QL (60 PER 30 DAYS) |
| XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB) | 5-Specialty | QL (30 PER 30 DAYS) |
| XCOPRI (250 MG DAILY DOSE) | 5-Specialty | QL (56 PER 28 DAYS) |
| XCOPRI (350 MG DAILY DOSE) | 5-Specialty | QL (56 PER 28 DAYS) |
| XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK | 4-Non-Preferred Drugs | QL (28 PER 28 DAYS) |
| ZTALMY | 5-Specialty | PA2, QL (1100 PER 30 DAYS) |

CALCIUM CHANNEL MODIFYING AGENTS

| | |
|---|------------|
| <i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i> | 2-Generics |
|---|------------|

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------------------|----------------------------|
| <i>methsuximide</i> | 3-Preferred Brands | |
| GAMMA-AMINOBTYRIC ACID (GABA) AUGMENTING AGENTS | | |
| <i>clobazam (10 mg tab, 20 mg tab)</i> | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS) |
| <i>clobazam 2.5 mg/ml suspension</i> | 4-Non-Preferred Drugs | QL (480 PER 30 DAYS) |
| <i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i> | 4-Non-Preferred Drugs | |
| <i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i> | 2-Generics | |
| NAYZILAM | 5-Specialty | PA2, QL (10 PER 30 DAYS) |
| <i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 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>primidone</i> | 2-Generics | |
| SYMPAZAN (10 MG FILM, 20 MG FILM) | 5-Specialty | PA2, QL (60 PER 30 DAYS) |
| SYMPAZAN 5 MG FILM | 4-Non-Preferred Drugs | 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 | QL (180 PER 30 DAYS) |
| <i>vigadrone</i> | 5-Specialty | QL (180 PER 30 DAYS) |
| <i>vigpoder</i> | 5-Specialty | QL (180 PER 30 DAYS) |
| GAMMA-AMINOBTYRIC ACID (GABA) MODULATING AGENTS | | |
| LIBERVANT | 5-Specialty | PA2, QL (10 PER 30 DAYS) |
| VIGAFYDE | 5-Specialty | QL (900 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------------------|----------------------------|
| SODIUM CHANNEL AGENTS | | |
| APTIOM (200 MG TAB, 400 MG TAB) | 5-Specialty | QL (30 PER 30 DAYS) |
| APTIOM (600 MG TAB, 800 MG TAB) | 5-Specialty | QL (60 PER 30 DAYS) |
| <i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension)</i> | 2-Generics | |
| <i>carbamazepine er</i> | 2-Generics | |
| DILANTIN 30 MG CAP | 3-Preferred Brands | |
| <i>epitol</i> | 2-Generics | |
| <i>fosphenytoin sodium</i> | 4-Non-Preferred Drugs | |
| <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, 300 mg/5ml suspension, 600 mg tab)</i> | 2-Generics | |
| <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 50 mg/ml solution</i> | 1-Preferred Generics | |
| <i>phenytoin sodium extended</i> | 2-Generics | |
| <i>rufinamide 200 mg tab</i> | 4-Non-Preferred Drugs | PA2, QL (480 PER 30 DAYS) |
| <i>rufinamide 40 mg/ml suspension</i> | 5-Specialty | PA2, QL (2760 PER 30 DAYS) |

You 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>rufinamide 400 mg tab</i> | 5-Specialty | PA2, QL (240 PER 30 DAYS) |
| ZONISADE | 4-Non-Preferred Drugs | |
| <i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i> | 2-Generics | |

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

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

CHOLINESTERASE INHIBITORS

| | | |
|---|--------------------------|----------------------|
| <i>donepezil hcl (5 mg tab disp, 10 mg tab disp)</i> | 2-Generics | QL (60 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> | 2-Generics | 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> | 2-Generics | QL (60 PER 30 DAYS) |

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

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

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------------------|--------------------------|
| ANTIDEPRESSANTS | | |
| ANTIDEPRESSANTS, OTHER | | |
| AUVELITY | 5-Specialty | QL (60 PER 30 DAYS) |
| <i>bupropion hcl (75 mg tab, 100 mg tab)</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>chlordiazepoxide-amitriptyline</i> | 4-Non-Preferred Drugs | |
| LYBALVI | 5-Specialty | QL (30 PER 30 DAYS) |
| <i>mirtazapine (15 mg tab, 15 mg tab disp)</i> | 2-Generics | QL (90 PER 30 DAYS) |
| <i>mirtazapine (30 mg tab, 30 mg tab disp)</i> | 2-Generics | QL (60 PER 30 DAYS) |
| <i>mirtazapine (7.5 mg tab, 45 mg tab, 45 mg tab disp)</i> | 2-Generics | QL (30 PER 30 DAYS) |
| <i>olanzapine-fluoxetine hcl</i> | 4-Non-Preferred Drugs | |
| <i>perphenazine-amitriptyline</i> | 4-Non-Preferred Drugs | |
| ZURZUVAE (20 MG CAP, 25 MG CAP) | 5-Specialty | PA2, QL (60 PER 30 DAYS) |
| ZURZUVAE 30 MG CAP | 5-Specialty | PA2, QL (30 PER 30 DAYS) |
| MONOAMINE OXIDASE INHIBITORS | | |
| EMSAM | 5-Specialty | QL (30 PER 30 DAYS) |
| MARPLAN | 4-Non-Preferred Drugs | |
| <i>phenelzine sulfate</i> | 2-Generics | |
| <i>tranylcypromine sulfate</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 |
|---|-----------------------|----------------------|
| SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR) | | |
| <i>citalopram hydrobromide (20 mg tab, 40 mg tab)</i> | 1-Preferred Generics | QL (45 PER 30 DAYS) |
| <i>citalopram hydrobromide 10 mg tab</i> | 1-Preferred Generics | QL (90 PER 30 DAYS) |
| <i>citalopram hydrobromide 10 mg/5ml solution</i> | 2-Generics | QL (600 PER 30 DAYS) |
| <i>desvenlafaxine succinate er</i> | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| <i>escitalopram oxalate 10 mg tab</i> | 1-Preferred Generics | QL (45 PER 30 DAYS) |
| <i>escitalopram oxalate 20 mg tab</i> | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| <i>escitalopram oxalate 5 mg tab</i> | 1-Preferred Generics | QL (90 PER 30 DAYS) |
| <i>escitalopram oxalate 5 mg/5ml solution</i> | 2-Generics | QL (600 PER 30 DAYS) |
| FETZIMA | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS) |
| FETZIMA TITRATION | 4-Non-Preferred Drugs | |
| <i>fluoxetine hcl 10 mg cap</i> | 1-Preferred Generics | QL (90 PER 30 DAYS) |
| <i>fluoxetine hcl 10 mg tab</i> | 2-Generics | QL (90 PER 30 DAYS) |
| <i>fluoxetine hcl 20 mg cap</i> | 1-Preferred Generics | QL (120 PER 30 DAYS) |
| <i>fluoxetine hcl 20 mg tab</i> | 2-Generics | QL (120 PER 30 DAYS) |
| <i>fluoxetine hcl 20 mg/5ml solution</i> | 2-Generics | |
| <i>fluoxetine hcl 40 mg cap</i> | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>fluoxetine hcl 90 mg cap dr</i> | 4-Non-Preferred Drugs | QL (4 PER 28 DAYS) |
| <i>fluvoxamine maleate</i> | 2-Generics | QL (90 PER 30 DAYS) |
| <i>fluvoxamine maleate er</i> | 2-Generics | QL (60 PER 30 DAYS) |
| <i>nefazodone hcl</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>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i> | 2-Generics | |
| <i>paroxetine hcl 10 mg/5ml suspension</i> | 4-Non-Preferred Drugs | |
| <i>paroxetine hcl er</i> | 4-Non-Preferred Drugs | |
| <i>sertraline hcl (25 mg tab, 50 mg tab)</i> | 1-Preferred Generics | QL (90 PER 30 DAYS) |
| <i>sertraline hcl 100 mg tab</i> | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>sertraline hcl 20 mg/ml conc</i> | 2-Generics | QL (300 PER 30 DAYS) |
| <i>trazodone hcl</i> | 1-Preferred Generics | |
| TRINTELLIX | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS) |
| VENLAFAXINE BESYLATE ER | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS) |
| <i>venlafaxine hcl</i> | 2-Generics | |
| <i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h)</i> | 2-Generics | QL (90 PER 30 DAYS) |
| <i>venlafaxine hcl er 150 mg cap er 24h</i> | 2-Generics | QL (60 PER 30 DAYS) |
| <i>vilazodone hcl</i> | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS) |

TRICYCLICS

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

You 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>imipramine pamoate</i> | 4-Non-Preferred Drugs | |
| <i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i> | 2-Generics | |
| <i>nortriptyline hcl 10 mg/5ml solution</i> | 3-Preferred Brands | |
| <i>protriptyline hcl</i> | 4-Non-Preferred Drugs | |
| <i>trimipramine maleate</i> | 4-Non-Preferred Drugs | |

ANTIEMETICS

ANTIEMETICS, OTHER

| | | |
|--|--------------------------|---------------------|
| <i>compro</i> | 4-Non-Preferred Drugs | |
| <i>meclizine hcl (12.5 mg tab, 25 mg tab)</i> | 2-Generics | |
| <i>metoclopramide hcl (5 mg tab, 10 mg tab)</i> | 1-Preferred Generics | |
| <i>metoclopramide hcl (5 mg/5ml solution, 10 mg/10ml solution)</i> | 2-Generics | |
| <i>perphenazine</i> | 2-Generics | |
| <i>prochlorperazine</i> | 4-Non-Preferred Drugs | |
| <i>prochlorperazine edisylate</i> | 4-Non-Preferred Drugs | |
| <i>prochlorperazine maleate</i> | 2-Generics | |
| <i>promethazine hcl (12.5 mg suppos, 25 mg suppos)</i> | 4-Non-Preferred Drugs | |
| <i>promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)</i> | 1-Preferred Generics | PA |
| <i>promethegan</i> | 4-Non-Preferred Drugs | |
| <i>scopolamine</i> | 4-Non-Preferred Drugs | QL (10 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------------------|---------------------------|
| EMETOGENIC THERAPY ADJUNCTS | | |
| <i>aprepitant</i> | 4-Non-Preferred Drugs | PA3 |
| <i>dronabinol</i> | 4-Non-Preferred Drugs | PA, QL (60 PER 30 DAYS) |
| EMEND 125 MG/5ML RECON SUSP | 4-Non-Preferred Drugs | PA3 |
| <i>granisetron hcl 1 mg tab</i> | 3-Preferred Brands | 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 prsy, 4 mg/2ml solution, 40 mg/20ml solution)</i> | 2-Generics | |
| <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> | 2-Generics | PA3 |
| SANCUSO | 5-Specialty | ST, QL (4 PER 28 DAYS) |

ANTIFUNGALS

| | | |
|---|--------------------------|---------------------|
| ABELCET | 4-Non-Preferred Drugs | PA3 |
| <i>amphotericin b</i> | 4-Non-Preferred Drugs | PA3 |
| <i>amphotericin b liposome</i> | 5-Specialty | PA3 |
| <i>caspofungin acetate 50 mg recon soln</i> | 5-Specialty | |
| <i>caspofungin acetate 70 mg recon soln</i> | 4-Non-Preferred Drugs | |
| <i>ciclopirox olamine 0.77 % cream</i> | 2-Generics | QL (90 PER 30 DAYS) |
| <i>ciclopirox olamine 0.77 % suspension</i> | 2-Generics | QL (60 PER 30 DAYS) |
| <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 | |

You 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>econazole nitrate</i> | 4-Non-Preferred Drugs | QL (85 PER 30 DAYS) |
| <i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i> | 2-Generics | |
| <i>fluconazole in sodium chloride (200- 0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i> | 2-Generics | |
| <i>flucytosine</i> | 5-Specialty | |
| <i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i> | 4-Non-Preferred Drugs | |
| <i>griseofulvin ultramicrosize</i> | 4-Non-Preferred Drugs | |
| <i>itraconazole (10 mg/ml solution, 100 mg cap)</i> | 4-Non-Preferred Drugs | |
| <i>ketoconazole 2 % cream</i> | 2-Generics | QL (60 PER 30 DAYS) |
| <i>ketoconazole 2 % shampoo</i> | 2-Generics | QL (120 PER 30 DAYS) |
| <i>ketoconazole 200 mg tab</i> | 2-Generics | |
| <i>klayesta</i> | 2-Generics | QL (60 PER 30 DAYS) |
| <i>micafungin sodium</i> | 5-Specialty | |
| <i>naftifine hcl 1 % cream</i> | 4-Non-Preferred Drugs | QL (90 PER 30 DAYS) |
| <i>naftifine hcl 2 % cream</i> | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS) |
| <i>nyamyc</i> | 2-Generics | QL (60 PER 30 DAYS) |
| <i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i> | 2-Generics | QL (60 PER 30 DAYS) |
| <i>nystatin (100000 unit/ml suspension, 500000 unit tab)</i> | 2-Generics | |
| <i>nystop</i> | 2-Generics | QL (60 PER 30 DAYS) |
| <i>posaconazole 100 mg tab dr</i> | 5-Specialty | PA, QL (93 PER 30 DAYS) |
| <i>posaconazole 40 mg/ml suspension</i> | 5-Specialty | PA, QL (630 PER 30 DAYS) |
| <i>terbinafine hcl 250 mg tab</i> | 2-Generics | |
| <i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</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>voriconazole (50 mg tab, 200 mg tab)</i> | 4-Non-Preferred Drugs | |
| <i>voriconazole 200 mg recon soln</i> | 5-Specialty | PA |
| <i>voriconazole 40 mg/ml recon susp</i> | 5-Specialty | |

ANTIGOUT AGENTS

| | | |
|---|----------------------|----|
| <i>allopurinol (100 mg tab, 300 mg tab)</i> | 1-Preferred Generics | |
| <i>colchicine 0.6 mg tab</i> | 3-Preferred Brands | |
| <i>colchicine-probenecid</i> | 2-Generics | |
| <i>febuxostat</i> | 3-Preferred Brands | ST |
| MITIGARE | 3-Preferred Brands | |
| <i>probenecid</i> | 2-Generics | |

ANTIMIGRAINE AGENTS

ANTIMIGRAINE AGENTS, OTHER

| | | |
|------------------------|-----------------------|--------------------------|
| AIMOVIG | 3-Preferred Brands | PA, QL (1 PER 28 DAYS) |
| AJOVY | 4-Non-Preferred Drugs | PA, QL (1.5 PER 28 DAYS) |
| EMGALITY | 4-Non-Preferred Drugs | PA, QL (2 PER 28 DAYS) |
| EMGALITY (300 MG DOSE) | 4-Non-Preferred Drugs | PA, QL (3 PER 28 DAYS) |
| NURTEC | 5-Specialty | ST, QL (16 PER 30 DAYS) |

CALCITONIN GENE-RELATED PEPTIDE (CRGP) RECEPTOR

| | | |
|---------|-------------|-------------------------|
| 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 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------------------|---------------------|
| SEROTONIN (5-HT) RECEPTOR AGONIST | | |
| <i>naratriptan hcl</i> | 2-Generics | QL (9 PER 30 DAYS) |
| <i>rizatriptan benzoate</i> | 2-Generics | QL (12 PER 30 DAYS) |
| <i>sumatriptan (5 mg/act solution, 20 mg/act solution)</i> | 4-Non-Preferred Drugs | QL (12 PER 28 DAYS) |
| <i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i> | 2-Generics | QL (9 PER 30 DAYS) |
| <i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i> | 4-Non-Preferred Drugs | QL (6 PER 30 DAYS) |
| <i>sumatriptan succinate refill</i> | 4-Non-Preferred Drugs | QL (6 PER 30 DAYS) |
| <i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i> | 2-Generics | QL (9 PER 30 DAYS) |
| <i>zomig 2.5 mg tab (ndc: 60846-0130-30 and 60846-2383-03)</i> | 2-Generics | QL (9 PER 30 DAYS) |
| <i>zomig 5 mg tab (ndc: 60846-0133-60 and 60846-2384-04)</i> | 2-Generics | QL (9 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> | 2-Generics |
| <i>rifabutin</i> | 4-Non-Preferred Drugs |

ANTITUBERCULARS

| | |
|---|----------------------|
| <i>ethambutol hcl</i> | 2-Generics |
| <i>isoniazid (100 mg tab, 300 mg tab)</i> | 1-Preferred Generics |

You 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>isoniazid 50 mg/5ml syrup</i> | 2-Generics | |
| PRETOMANID | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| PRIFTIN | 4-Non-Preferred Drugs | |
| <i>pyrazinamide</i> | 4-Non-Preferred Drugs | |
| <i>rifampin (150 mg cap, 300 mg cap)</i> | 2-Generics | |
| <i>rifampin 600 mg recon soln</i> | 4-Non-Preferred Drugs | |
| SIRTURO | 5-Specialty | |
| TRECTOR | 4-Non-Preferred Drugs | |

ANTINEOPLASTICS

ALKYLATING AGENTS

| | | |
|---|-----------------------|-----|
| <i>bendamustine hcl (25 mg recon soln, 100 mg recon soln)</i> | 5-Specialty | PA3 |
| <i>busulfan</i> | 5-Specialty | |
| <i>carboplatin</i> | 4-Non-Preferred Drugs | PA3 |
| <i>cisplatin</i> | 4-Non-Preferred Drugs | PA3 |
| CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB) | 3-Preferred Brands | PA3 |
| GLEOSTINE (10 MG CAP, 40 MG CAP) | 4-Non-Preferred Drugs | |
| GLEOSTINE 100 MG CAP | 5-Specialty | |
| <i>ifosfamide (1 gm recon soln, 1 gm/20ml solution, 3 gm/60ml solution)</i> | 4-Non-Preferred Drugs | |
| LEUKERAN | 4-Non-Preferred Drugs | |
| MATULANE | 5-Specialty | |
| <i>melphalan hcl</i> | 5-Specialty | PA3 |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------------------|----------------------------|
| <i>oxaliplatin (50 mg recon soln, 50 mg/10ml solution, 100 mg recon soln, 100 mg/20ml solution)</i> | 4-Non-Preferred Drugs | PA3 |
| <i>paraplatin</i> | 4-Non-Preferred Drugs | PA3 |
| VALCHLOR | 5-Specialty | PA2, QL (60 PER 30 DAYS) |
| YONDELIS | 5-Specialty | |
| ZANOSAR | 4-Non-Preferred Drugs | PA3 |

ANTIANDROGENS

| | | |
|---------------------------------------|-------------|---------------------------|
| <i>abiraterone acetate 250 mg tab</i> | 5-Specialty | PA2, QL (120 PER 30 DAYS) |
| <i>abiraterone acetate 500 mg tab</i> | 5-Specialty | PA2, QL (60 PER 30 DAYS) |
| <i>bicalutamide</i> | 2-Generics | |
| ERLEADA 240 MG TAB | 5-Specialty | PA2, QL (30 PER 30 DAYS) |
| ERLEADA 60 MG TAB | 5-Specialty | PA2, QL (120 PER 30 DAYS) |
| <i>flutamide</i> | 2-Generics | |
| <i>nilutamide</i> | 5-Specialty | |
| NUBEQA | 5-Specialty | PA2, QL (120 PER 30 DAYS) |
| ORSERDU 345 MG TAB | 5-Specialty | PA2, QL (30 PER 30 DAYS) |
| ORSERDU 86 MG TAB | 5-Specialty | PA2, QL (90 PER 30 DAYS) |
| XTANDI (40 MG CAP, 40 MG TAB) | 5-Specialty | PA2, QL (120 PER 30 DAYS) |
| XTANDI 80 MG TAB | 5-Specialty | PA2, QL (60 PER 30 DAYS) |
| YONSA | 5-Specialty | PA2, QL (120 PER 30 DAYS) |

ANTIANGIOGENIC AGENTS

| | | |
|-----------------------------------|-------------|--------------------------|
| <i>lenalidomide</i> | 5-Specialty | PA2, QL (28 PER 28 DAYS) |
| POMALYST | 5-Specialty | PA2, QL (21 PER 28 DAYS) |
| REVLIMID | 5-Specialty | PA2, QL (28 PER 28 DAYS) |
| THALOMID (150 MG CAP, 200 MG CAP) | 5-Specialty | PA2, QL (60 PER 30 DAYS) |
| THALOMID (50 MG CAP, 100 MG CAP) | 5-Specialty | PA2, QL (30 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------------------|---------------------|
| ANTIESTROGENS/MODIFIERS | | |
| EMCYT | 5-Specialty | |
| <i>fulvestrant</i> | 5-Specialty | PA3 |
| SOLTAMOX | 5-Specialty | |
| <i>tamoxifen citrate</i> | 2-Generics | |
| <i>toremifene citrate</i> | 5-Specialty | |
| ANTIMETABOLITES | | |
| <i>adrucil</i> | 2-Generics | PA3 |
| <i>azacitidine</i> | 5-Specialty | PA3 |
| <i>cladribine</i> | 5-Specialty | PA3 |
| <i>clofarabine</i> | 5-Specialty | PA3 |
| <i>cytarabine</i> | 4-Non-Preferred Drugs | PA3 |
| <i>cytarabine (pf)</i> | 4-Non-Preferred Drugs | PA3 |
| <i>decitabine</i> | 5-Specialty | PA3 |
| DROXIA | 3-Preferred Brands | |
| <i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i> | 2-Generics | PA3 |
| <i>gemcitabine hcl 1 gm recon soln</i> | 4-Non-Preferred Drugs | PA3 |
| <i>hydroxyurea</i> | 2-Generics | |
| INQOVI | 5-Specialty | PA2 |
| <i>mercaptopurine</i> | 2-Generics | |
| NIPENT | 5-Specialty | PA3 |
| <i>pemetrexed disodium (100 mg recon soln, 500 mg recon soln, 750 mg recon soln, 1000 mg recon soln)</i> | 5-Specialty | PA3 |
| PURIXAN | 5-Specialty | |
| TABLOID | 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 |
|--|--------------------------|--------------------------|
| VYXEOS | 5-Specialty | PA3 |
| ANTINEOPLASTICS, OTHER | | |
| AKEEGA | 5-Specialty | PA2 |
| <i>arsenic trioxide 10 mg/10ml solution</i> | 5-Specialty | PA3 |
| AUGTYRO 40 MG CAP | 5-Specialty | PA2 |
| AYVAKIT | 5-Specialty | PA2 |
| BESREMI | 5-Specialty | PA |
| <i>bleomycin sulfate</i> | 4-Non-Preferred Drugs | PA3 |
| BRUKINSA | 5-Specialty | PA2 |
| <i>dacarbazine 200 mg recon soln</i> | 4-Non-Preferred Drugs | |
| <i>dactinomycin</i> | 5-Specialty | PA3 |
| DOCETAXEL | 5-Specialty | PA3 |
| EXKIVITY | 5-Specialty | PA2 |
| <i>fludarabine phosphate 50 mg recon soln</i> | 4-Non-Preferred Drugs | |
| FOTIVDA | 5-Specialty | PA2 |
| HALAVEN | 5-Specialty | |
| IDHIFA | 5-Specialty | PA2 |
| IWILFIN | 5-Specialty | PA2 |
| 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 FEMARA (200 MG DOSE) | 5-Specialty | PA2 |
| KISQALI FEMARA (400 MG DOSE) | 5-Specialty | PA2 |
| KISQALI FEMARA (600 MG DOSE) | 5-Specialty | PA2 |
| KRAZATI | 5-Specialty | PA2 |
| <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 | |
| <i>levoleucovorin calcium</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 |
|---|-----------------------|----------------------------|
| <i>levoleucovorin calcium pf (175 mg/17.5ml solution, 250 mg/25ml solution)</i> | 5-Specialty | |
| LONSURF | 5-Specialty | PA2 |
| LUMAKRAS 120 MG TAB | 5-Specialty | PA2, QL (120 PER 30 DAYS) |
| LUMAKRAS 320 MG TAB | 5-Specialty | PA2, QL (90 PER 30 DAYS) |
| <i>mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i> | 4-Non-Preferred Drugs | |
| <i>mitoxantrone hcl</i> | 4-Non-Preferred Drugs | |
| <i>mutamycin</i> | 4-Non-Preferred Drugs | |
| NINLARO | 5-Specialty | PA2 |
| ONUREG | 5-Specialty | PA2 |
| QINLOCK | 5-Specialty | PA2 |
| RETEVMO (40 MG CAP, 80 MG CAP) | 5-Specialty | PA2 |
| TABRECTA | 5-Specialty | PA2 |
| TAZVERIK | 5-Specialty | PA2 |
| VANFLYTA | 5-Specialty | PA2 |
| <i>vinblastine sulfate</i> | 4-Non-Preferred Drugs | PA3 |
| <i>vincristine sulfate</i> | 4-Non-Preferred Drugs | PA3 |
| <i>vinorelbine tartrate 50 mg/5ml solution</i> | 4-Non-Preferred Drugs | |
| WELIREG | 5-Specialty | PA2 |
| XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK | 5-Specialty | PA2 |
| XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK | 5-Specialty | PA2 |
| XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK | 5-Specialty | PA2 |
| XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK | 5-Specialty | PA2 |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|------------------|----------------------------|
| XPOVIO (60 MG TWICE WEEKLY) | 5-Specialty | PA2 |
| XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK | 5-Specialty | PA2 |
| XPOVIO (80 MG TWICE WEEKLY) | 5-Specialty | PA2 |
| ZALTRAP 100 MG/4ML SOLUTION | 5-Specialty | |
| ZOLINZA | 5-Specialty | PA2 |

AROMATASE INHIBITORS, 3RD GENERATION

| | | |
|--------------------|------------|--|
| <i>anastrozole</i> | 2-Generics | |
| <i>exemestane</i> | 2-Generics | |
| <i>letrozole</i> | 2-Generics | |

ENZYME INHIBITORS

| | | |
|---|--------------------------|--------------------------|
| <i>adriamycin 2 mg/ml solution</i> | 4-Non-Preferred Drugs | |
| <i>daunorubicin hcl</i> | 4-Non-Preferred Drugs | PA3 |
| <i>doxorubicin hcl 2 mg/ml solution</i> | 4-Non-Preferred Drugs | |
| <i>doxorubicin hcl liposomal</i> | 4-Non-Preferred Drugs | PA3 |
| <i>epirubicin hcl</i> | 4-Non-Preferred Drugs | PA3 |
| <i>etoposide</i> | 2-Generics | |
| <i>idarubicin hcl</i> | 5-Specialty | PA3 |
| <i>irinotecan hcl</i> | 4-Non-Preferred Drugs | PA3 |
| 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) |
| OJJAARA | 5-Specialty | PA2 |
| <i>romidepsin 10 mg recon soln</i> | 5-Specialty | |
| <i>topotecan hcl 4 mg recon soln</i> | 5-Specialty | PA3 |
| TRUQAP | 5-Specialty | PA2 |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-------------|---------------------|
| MOLECULAR TARGET INHIBITORS | | |
| ALECENSA | 5-Specialty | PA2 |
| ALIQOPA | 5-Specialty | PA3 |
| ALUNBRIG | 5-Specialty | PA2 |
| BALVERSA | 5-Specialty | PA2 |
| <i>bortezomib 3.5 mg recon soln</i> | 5-Specialty | PA3 |
| BOSULIF | 5-Specialty | PA2 |
| BRAFTOVI | 5-Specialty | PA2 |
| CABOMETYX | 5-Specialty | PA2 |
| CALQUENCE | 5-Specialty | PA2 |
| CAPRELSA | 5-Specialty | PA2 |
| COMETRIQ (100 MG DAILY DOSE) | 5-Specialty | PA2 |
| COMETRIQ (140 MG DAILY DOSE) | 5-Specialty | PA2 |
| COMETRIQ (60 MG DAILY DOSE) | 5-Specialty | PA2 |
| COPIKTRA | 5-Specialty | PA2 |
| COTELLIC | 5-Specialty | PA2 |
| <i>dasatinib</i> | 5-Specialty | PA2 |
| DAURISMO | 5-Specialty | PA2 |
| ERIVEDGE | 5-Specialty | PA2 |
| <i>erlotinib hcl</i> | 5-Specialty | PA2 |
| <i>everolimus (2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)</i> | 5-Specialty | PA2 |
| FRUZAQLA | 5-Specialty | PA2 |
| GAVRETO | 5-Specialty | PA2 |
| <i>gefitinib</i> | 5-Specialty | PA2 |
| GILOTRIF | 5-Specialty | PA2 |
| IBRANCE | 5-Specialty | PA2 |
| ICLUSIG | 5-Specialty | PA2 |
| <i>imatinib mesylate</i> | 5-Specialty | PA2 |
| IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB) | 5-Specialty | PA2 |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|------------------|----------------------------|
| INLYTA | 5-Specialty | PA2 |
| INREBIC | 5-Specialty | PA2 |
| 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 |
| JEVTANA | 5-Specialty | |
| KISQALI (200 MG DOSE) | 5-Specialty | PA2 |
| KISQALI (400 MG DOSE) | 5-Specialty | PA2 |
| KISQALI (600 MG DOSE) | 5-Specialty | PA2 |
| KOSELUGO | 5-Specialty | PA2 |
| KYPROLIS | 5-Specialty | PA3 |
| <i>lapatinib ditosylate</i> | 5-Specialty | PA2 |
| LAZCLUZE 240 MG TAB | 5-Specialty | PA2, QL (30 PER 30 DAYS) |
| LAZCLUZE 80 MG TAB | 5-Specialty | PA2, QL (60 PER 30 DAYS) |
| LENVIMA (10 MG DAILY DOSE) | 5-Specialty | PA2 |
| LENVIMA (12 MG DAILY DOSE) | 5-Specialty | PA2 |
| LENVIMA (14 MG DAILY DOSE) | 5-Specialty | PA2 |
| LENVIMA (18 MG DAILY DOSE) | 5-Specialty | PA2 |
| LENVIMA (20 MG DAILY DOSE) | 5-Specialty | PA2 |
| LENVIMA (24 MG DAILY DOSE) | 5-Specialty | PA2 |
| LENVIMA (4 MG DAILY DOSE) | 5-Specialty | PA2 |
| LENVIMA (8 MG DAILY DOSE) | 5-Specialty | PA2 |
| LORBRENA | 5-Specialty | PA2 |
| LYNPARZA | 5-Specialty | PA2 |
| LYTGOBI (12 MG DAILY DOSE) | 5-Specialty | PA2 |
| LYTGOBI (16 MG DAILY DOSE) | 5-Specialty | PA2 |
| LYTGOBI (20 MG DAILY DOSE) | 5-Specialty | PA2 |
| MEKINIST (0.05 MG/ML RECON SOLN, 0.5 MG TAB, 2 MG TAB) | 5-Specialty | PA2 |
| MEKTOVI | 5-Specialty | PA2 |
| NERLYNX | 5-Specialty | PA2 |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------------------|----------------------------|
| ODOMZO | 5-Specialty | PA2 |
| OGSIVEO | 5-Specialty | PA2 |
| <i>paclitaxel</i> | 4-Non-Preferred Drugs | PA3 |
| <i>paclitaxel protein-bound part</i> | 5-Specialty | PA3 |
| <i>pazopanib hcl</i> | 5-Specialty | PA2 |
| PEMAZYRE | 5-Specialty | PA2 |
| PIQRAY (200 MG DAILY DOSE) | 5-Specialty | PA2 |
| PIQRAY (250 MG DAILY DOSE) | 5-Specialty | PA2 |
| PIQRAY (300 MG DAILY DOSE) | 5-Specialty | PA2 |
| RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB) | 5-Specialty | PA2, QL (60 PER 30 DAYS) |
| RETEVMO 40 MG TAB | 5-Specialty | PA2, QL (90 PER 30 DAYS) |
| REZLIDHIA | 5-Specialty | PA2 |
| ROZLYTREK | 5-Specialty | PA2 |
| RUBRACA | 5-Specialty | PA2 |
| RYDAPT | 5-Specialty | PA2 |
| SCEMBLIX 100 MG TAB | 5-Specialty | PA2, QL (120 PER 30 DAYS) |
| SCEMBLIX 20 MG TAB | 5-Specialty | PA2, QL (60 PER 30 DAYS) |
| SCEMBLIX 40 MG TAB | 5-Specialty | PA2 |
| <i>sorafenib tosylate</i> | 5-Specialty | PA2 |
| SPRYCEL | 5-Specialty | PA2 |
| STIVARGA | 5-Specialty | PA2 |
| <i>sunitinib malate</i> | 5-Specialty | PA2 |
| SYNRIBO | 5-Specialty | PA3 |
| TAFINLAR | 5-Specialty | PA2 |
| TAGRISSO | 5-Specialty | PA2 |
| TALZENNA | 5-Specialty | PA2 |
| TASIGNA | 5-Specialty | PA2 |
| <i>temsirolimus</i> | 5-Specialty | |
| TEPMETKO | 5-Specialty | PA2 |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------------------|----------------------------|
| TIBSOVO | 5-Specialty | PA2 |
| TRUSELTIQ (100MG DAILY DOSE) | 5-Specialty | |
| TRUSELTIQ (125MG DAILY DOSE) | 5-Specialty | |
| TRUSELTIQ (50MG DAILY DOSE) | 5-Specialty | |
| TRUSELTIQ (75MG DAILY DOSE) | 5-Specialty | |
| TUKYSA | 5-Specialty | PA2 |
| TURALIO | 5-Specialty | PA2 |
| VENCLEXTA (50 MG TAB, 100 MG TAB) | 5-Specialty | PA2 |
| VENCLEXTA 10 MG TAB | 4-Non-Preferred Drugs | PA2 |
| VENCLEXTA STARTING PACK | 5-Specialty | PA2 |
| VERZENIO | 5-Specialty | PA2 |
| VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP) | 5-Specialty | PA2 |
| VIZIMPRO | 5-Specialty | PA2 |
| 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) |
| VOTRIENT | 5-Specialty | PA2 |
| XALKORI | 5-Specialty | PA2 |
| XOSPATA | 5-Specialty | PA2 |
| ZEJULA | 5-Specialty | PA2 |
| ZELBORAF | 5-Specialty | PA2 |
| ZYDELIG | 5-Specialty | PA2 |
| ZYKADIA | 5-Specialty | PA2 |

MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE

| | | |
|----------|-------------|-----|
| ALYMSYS | 5-Specialty | PA3 |
| AVASTIN | 5-Specialty | PA3 |
| BAVENCIO | 5-Specialty | PA3 |
| CYRAMZA | 5-Specialty | PA3 |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------|------------------|----------------------------|
| DARZALEX | 5-Specialty | PA3 |
| EMPLICITI | 5-Specialty | PA3 |
| ERBITUX 100 MG/50ML SOLUTION | 5-Specialty | |
| HERCEPTIN HYLECTA | 5-Specialty | PA3 |
| HERZUMA | 5-Specialty | PA3 |
| IMFINZI | 5-Specialty | PA3 |
| KADCYLA | 5-Specialty | PA3 |
| KANJINTI | 5-Specialty | PA3 |
| KEYTRUDA | 5-Specialty | PA3 |
| MVASI | 5-Specialty | PA3 |
| MYLOTARG | 5-Specialty | PA3 |
| OGIVRI | 5-Specialty | PA3 |
| ONTRUZANT | 5-Specialty | PA3 |
| OPDIVO | 5-Specialty | PA3 |
| PERJETA | 5-Specialty | |
| RIABNI | 5-Specialty | PA3 |
| RITUXAN HYCELA | 5-Specialty | PA3 |
| RUXIENCE | 5-Specialty | PA3 |
| TECENTRIQ | 5-Specialty | PA3 |
| TRAZIMERA | 5-Specialty | PA3 |
| TRUXIMA | 5-Specialty | PA3 |
| VECTIBIX 100 MG/5ML SOLUTION | 5-Specialty | PA3 |
| YERVOY 50 MG/10ML SOLUTION | 5-Specialty | |
| 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 |
|---|--------------------------|---------------------|
| TREATMENT ADJUNCTS | | |
| <i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i> | 2-Generics | |
| <i>mesna</i> | 4-Non-Preferred Drugs | |
| MESNEX 400 MG TAB | 5-Specialty | |
| ANTIPARASITICS | | |
| ANTHELMINTHICS | | |
| <i>albendazole</i> | 5-Specialty | |
| <i>ivermectin 3 mg tab</i> | 3-Preferred Brands | |
| <i>praziquantel</i> | 4-Non-Preferred Drugs | |
| ANTIPROTOZOALS | | |
| <i>atovaquone</i> | 4-Non-Preferred Drugs | |
| <i>atovaquone-proguanil hcl</i> | 2-Generics | |
| BENZNIDAZOLE | 4-Non-Preferred Drugs | |
| <i>chloroquine phosphate</i> | 2-Generics | |
| COARTEM | 4-Non-Preferred Drugs | |
| <i>hydroxychloroquine sulfate 200 mg tab</i> | 2-Generics | |
| <i>mefloquine hcl</i> | 2-Generics | |
| NITAZOXANIDE | 5-Specialty | QL (6 PER 30 DAYS) |
| <i>pentamidine isethionate for nebulization soln 300 mg</i> | 4-Non-Preferred Drugs | PA3 |
| <i>pentamidine isethionate for soln 300 mg</i> | 4-Non-Preferred Drugs | |
| <i>primaquine phosphate</i> | 3-Preferred Brands | |
| <i>pyrimethamine</i> | 5-Specialty | |

You 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>quinine sulfate</i> | 4-Non-Preferred Drugs | |
| ANTIPARKINSON AGENTS | | |
| ANTICHOLINERGICS | | |
| <i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i> | 1-Preferred Generics | |
| <i>trihexyphenidyl hcl (2 mg tab, 5 mg tab)</i> | 1-Preferred Generics | |
| <i>trihexyphenidyl hcl 0.4 mg/ml solution</i> | 2-Generics | |
| ANTIPARKINSON AGENTS, OTHER | | |
| <i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i> | 2-Generics | |
| <i>carbidopa-levodopa-entacapone</i> | 2-Generics | |
| <i>entacapone</i> | 2-Generics | |
| <i>tolcapone</i> | 5-Specialty | |
| DOPAMINE AGONISTS | | |
| <i>apomorphine hcl</i> | 5-Specialty | PA, QL (60 PER 30 DAYS) |
| <i>bromocriptine mesylate</i> | 4-Non-Preferred Drugs | |
| NEUPRO | 4-Non-Preferred Drugs | |
| <i>pramipexole dihydrochloride</i> | 1-Preferred Generics | |
| <i>pramipexole dihydrochloride er</i> | 2-Generics | |
| <i>ropinirole hcl</i> | 2-Generics | |
| <i>ropinirole hcl er</i> | 4-Non-Preferred Drugs | |
| DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS | | |
| <i>carbidopa</i> | 4-Non-Preferred Drugs | |
| <i>carbidopa-levodopa</i> | 2-Generics | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------------------|----------------------------|
| <i>carbidopa-levodopa er</i> | 2-Generics | |
| MONOAMINE OXIDASE B (MAO-B) INHIBITORS | | |
| <i>rasagiline mesylate</i> | 4-Non-Preferred Drugs | |
| <i>selegiline hcl</i> | 2-Generics | |
| ANTIPSYCHOTICS | | |
| 1ST GENERATION/TYPICAL | | |
| <i>chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i> | 4-Non-Preferred Drugs | |
| <i>fluphenazine decanoate</i> | 4-Non-Preferred Drugs | |
| <i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i> | 2-Generics | |
| <i>fluphenazine hcl 2.5 mg/ml solution</i> | 4-Non-Preferred Drugs | |
| <i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i> | 2-Generics | |
| <i>haloperidol decanoate</i> | 2-Generics | |
| <i>haloperidol lactate</i> | 2-Generics | |
| <i>loxapine succinate</i> | 2-Generics | |
| <i>molindone hcl</i> | 4-Non-Preferred Drugs | |
| <i>pimozide</i> | 2-Generics | |
| <i>thioridazine hcl</i> | 2-Generics | |
| <i>thiothixene</i> | 2-Generics | |
| <i>trifluoperazine hcl</i> | 2-Generics | |
| 2ND GENERATION/ATYPICAL | | |
| ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR | 5-Specialty | QL (2.4 PER 56 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------------------|----------------------------|
| ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR | 5-Specialty | QL (3.2 PER 56 DAYS) |
| ABILIFY MAINTENA | 5-Specialty | QL (1 PER 28 DAYS) |
| <i>aripiprazole (1 mg/ml solution, 10 mg tab disp, 15 mg tab disp)</i> | 4-Non-Preferred Drugs | |
| <i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i> | 2-Generics | |
| 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 | |
| <i>asenapine maleate</i> | 4-Non-Preferred Drugs | |
| CAPLYTA | 5-Specialty | QL (30 PER 30 DAYS) |
| COBENFY | 5-Specialty | QL (60 PER 30 DAYS) |
| COBENFY STARTER PACK | 5-Specialty | QL (56 PER 28 DAYS) |
| FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB) | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS) |
| FANAPT (6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB) | 5-Specialty | QL (60 PER 30 DAYS) |
| FANAPT TITRATION PACK | 4-Non-Preferred Drugs | |
| 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 | 3-Preferred Brands | QL (0.25 PER 28 DAYS) |

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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------------------|----------------------------|
| INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR | 5-Specialty | QL (0.5 PER 28 DAYS) |
| INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR | 5-Specialty | QL (0.88 PER 84 DAYS) |
| INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR | 5-Specialty | QL (1.32 PER 84 DAYS) |
| INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR | 5-Specialty | QL (1.75 PER 84 DAYS) |
| INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR | 5-Specialty | QL (2.63 PER 84 DAYS) |
| LATUDA (20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB) | 5-Specialty | QL (30 PER 30 DAYS) |
| LATUDA 80 MG TAB | 5-Specialty | QL (60 PER 30 DAYS) |
| <i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i> | 5-Specialty | QL (30 PER 30 DAYS) |
| <i>lurasidone hcl 80 mg tab</i> | 5-Specialty | QL (60 PER 30 DAYS) |
| NUPLAZID | 5-Specialty | PA2, QL (30 PER 30 DAYS) |
| <i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i> | 1-Preferred Generics | |
| <i>olanzapine (5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i> | 4-Non-Preferred Drugs | |
| <i>paliperidone er 1.5 mg tab er 24h</i> | 4-Non-Preferred Drugs | QL (240 PER 30 DAYS) |
| <i>paliperidone er 3 mg tab er 24h</i> | 4-Non-Preferred Drugs | QL (120 PER 30 DAYS) |
| <i>paliperidone er 6 mg tab er 24h</i> | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS) |
| <i>paliperidone er 9 mg tab er 24h</i> | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS) |
| PERSERIS | 5-Specialty | QL (1 PER 28 DAYS) |
| <i>quetiapine fumarate</i> | 2-Generics | |
| <i>quetiapine fumarate er</i> | 2-Generics | |
| REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB) | 5-Specialty | QL (60 PER 30 DAYS) |
| REXULTI (2 MG TAB, 3 MG TAB, 4 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.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------------------|----------------------------|
| RISPERDAL CONSTA (12.5 MG, 25 MG) | 3-Preferred Brands | QL (2 PER 28 DAYS) |
| RISPERDAL CONSTA (37.5 MG, 50 MG) | 5-Specialty | QL (2 PER 28 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 | |
| SECUADO | 5-Specialty | QL (30 PER 30 DAYS) |
| UZEDY 100 MG/0.28ML SUSP PRSYR | 5-Specialty | QL (0.28 PER 28 DAYS) |
| UZEDY 125 MG/0.35ML SUSP PRSYR | 5-Specialty | QL (0.35 PER 28 DAYS) |
| UZEDY 150 MG/0.42ML SUSP PRSYR | 5-Specialty | QL (0.42 PER 56 DAYS) |
| UZEDY 200 MG/0.56ML SUSP PRSYR | 5-Specialty | QL (0.56 PER 56 DAYS) |
| UZEDY 250 MG/0.7ML SUSP PRSYR | 5-Specialty | QL (0.7 PER 56 DAYS) |
| UZEDY 50 MG/0.14ML SUSP PRSYR | 5-Specialty | QL (0.14 PER 28 DAYS) |
| UZEDY 75 MG/0.21ML SUSP PRSYR | 5-Specialty | QL (0.21 PER 28 DAYS) |
| VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP) | 5-Specialty | QL (30 PER 30 DAYS) |
| VRAYLAR 1.5 & 3 MG CAP THPK | 4-Non-Preferred Drugs | |
| <i>ziprasidone hcl</i> | 2-Generics | QL (60 PER 30 DAYS) |
| <i>ziprasidone mesylate</i> | 4-Non-Preferred Drugs | |
| ZYPREXA RELPREVV | 4-Non-Preferred Drugs | |

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 |
|--|-----------------------|

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-------------|---------------------|
| <i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i> | 2-Generics | |
| VERSACLOZ | 5-Specialty | |

ANTISPASTICITY AGENTS

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

ANTIVIRALS

ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

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

ANTI-HEPATITIS B (HBV) AGENTS

| | | |
|-------------------------------|-----------------------|--|
| <i>adefovir dipivoxil</i> | 4-Non-Preferred Drugs | |
| BARACLUDE 0.05 MG/ML SOLUTION | 5-Specialty | |
| <i>entecavir</i> | 4-Non-Preferred Drugs | |
| EPIVIR HBV 5 MG/ML SOLUTION | 4-Non-Preferred Drugs | |
| <i>lamivudine 100 mg tab</i> | 2-Generics | |
| VEMLIDY | 5-Specialty | |

ANTI-HEPATITIS C (HCV) AGENTS

| | | |
|--|-------------|-------------------------|
| EPCLUSA (150-37.5 MG PACKET, 400-100 MG TAB) | 5-Specialty | PA, QL (28 PER 28 DAYS) |
| EPCLUSA (200-50 MG PACKET, 200-50 MG TAB) | 5-Specialty | PA, QL (56 PER 28 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|------------------|----------------------------|
| HARVONI (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> | 2-Generics | |
| SOFOSBUVIR-VELPATASVIR | 5-Specialty | PA, QL (28 PER 28 DAYS) |

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

| | | |
|--|-----------------------|----------------------|
| 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 | 3-Preferred Brands | QL (180 PER 30 DAYS) |
| ISENTRESS 400 MG TAB | 5-Specialty | QL (60 PER 30 DAYS) |
| ISENTRESS HD | 5-Specialty | QL (60 PER 30 DAYS) |
| JULUCA | 5-Specialty | QL (30 PER 30 DAYS) |
| STRIBILD | 5-Specialty | QL (30 PER 30 DAYS) |
| TIVICAY (25 MG TAB, 50 MG TAB) | 5-Specialty | QL (60 PER 30 DAYS) |
| TIVICAY 10 MG TAB | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS) |
| TIVICAY PD | 5-Specialty | QL (180 PER 30 DAYS) |

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

| | | |
|-----------------------------|-----------------------|----------------------|
| COMPLERA | 5-Specialty | QL (30 PER 30 DAYS) |
| DELSTRIGO | 5-Specialty | QL (30 PER 30 DAYS) |
| EDURANT | 5-Specialty | QL (30 PER 30 DAYS) |
| <i>efavirenz 200 mg cap</i> | 4-Non-Preferred Drugs | QL (90 PER 30 DAYS) |
| <i>efavirenz 50 mg cap</i> | 4-Non-Preferred Drugs | QL (240 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------------------|----------------------------|
| <i>efavirenz 600 mg tab</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</i> | 5-Specialty | |
| INTELENCE 25 MG TAB | 4-Non-Preferred Drugs | QL (120 PER 30 DAYS) |
| <i>nevirapine 200 mg tab</i> | 2-Generics | QL (60 PER 30 DAYS) |
| <i>nevirapine 50 mg/5ml suspension</i> | 4-Non-Preferred Drugs | |
| <i>nevirapine er</i> | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS) |
| ODEFSEY | 5-Specialty | QL (30 PER 30 DAYS) |
| PIFELTRO | 5-Specialty | QL (60 PER 30 DAYS) |

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

| | | |
|--|-----------------------|---------------------|
| <i>abacavir sulfate 20 mg/ml solution</i> | 3-Preferred Brands | |
| <i>abacavir sulfate 300 mg tab</i> | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| <i>abacavir sulfate-lamivudine</i> | 3-Preferred Brands | 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> | 3-Preferred Brands | 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> | 3-Preferred Brands | |
| EMTRIVA 10 MG/ML SOLUTION | 4-Non-Preferred Drugs | |
| <i>lamivudine 10 mg/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.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------------------|----------------------------|
| <i>lamivudine 150 mg tab</i> | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| <i>lamivudine 300 mg tab</i> | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| <i>lamivudine-zidovudine</i> | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS) |
| <i>tenofovir disoproxil fumarate</i> | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS) |
| TRIUMEQ | 5-Specialty | QL (30 PER 30 DAYS) |
| TRIUMEQ PD | 5-Specialty | QL (180 PER 30 DAYS) |
| TRIZIVIR | 5-Specialty | QL (60 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 | |
| <i>zidovudine 100 mg cap</i> | 2-Generics | 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> | 2-Generics | |

ANTI-HIV AGENTS, OTHER

| | | |
|--|--------------------|---------------------|
| CABENUVA | 5-Specialty | |
| FUZEON | 5-Specialty | QL (60 PER 30 DAYS) |
| <i>maraviroc</i> | 5-Specialty | |
| RUKOBIA | 5-Specialty | QL (60 PER 30 DAYS) |
| SELZENTRY (20 MG/ML SOLUTION, 75 MG TAB) | 5-Specialty | |
| SELZENTRY 25 MG TAB | 3-Preferred Brands | |
| SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK, 463.5 MG/1.5ML SOLUTION) | 5-Specialty | |
| 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) |
|---------|-------------|----------------------|

You 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>atazanavir sulfate (150 mg cap, 200 mg cap)</i> | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS) |
| <i>atazanavir sulfate 300 mg cap</i> | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS) |
| <i>darunavir</i> | 5-Specialty | |
| EVOTAZ | 5-Specialty | QL (30 PER 30 DAYS) |
| <i>fosamprenavir calcium</i> | 5-Specialty | |
| LEXIVA 50 MG/ML SUSPENSION | 4-Non-Preferred Drugs | |
| <i>lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab, 400-100 mg/5ml solution)</i> | 4-Non-Preferred Drugs | |
| NORVIR 100 MG PACKET | 4-Non-Preferred Drugs | |
| PREZCOBIX | 5-Specialty | |
| PREZISTA (75 MG TAB, 150 MG TAB) | 4-Non-Preferred Drugs | |
| PREZISTA 100 MG/ML SUSPENSION | 5-Specialty | |
| REYATAZ 50 MG PACKET | 4-Non-Preferred Drugs | |
| <i>ritonavir</i> | 3-Preferred Brands | |
| 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 (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)</i> | 2-Generics | |
| RELENZA DISKHALER | 3-Preferred Brands | |
| <i>rimantadine hcl</i> | 2-Generics | |

ANTIHERPETIC AGENTS

| | | |
|--|------------|--|
| <i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 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>acyclovir sodium</i> | 2-Generics | PA3 |
| <i>famciclovir</i> | 2-Generics | QL (90 PER 30 DAYS) |
| <i>trifluridine</i> | 2-Generics | |
| <i>valacyclovir hcl (1 gm tab, 500 mg tab)</i> | 2-Generics | QL (120 PER 30 DAYS) |

ANTIVIRAL, CORONAVIRUS AGENTS

| | | |
|--------------------|--------------------|--|
| PAXLOVID (150/100) | 3-Preferred Brands | QL (40 PER 30 DAYS), \$0 CS (\$0 Cost Share) |
| PAXLOVID (300/100) | 3-Preferred Brands | QL (60 PER 30 DAYS), \$0 CS (\$0 Cost Share) |

ANXIOLYTICS

ANXIOLYTICS, OTHER

| | | |
|----------------------------|------------|--|
| <i>bupirone hcl</i> | 2-Generics | |
| <i>hydroxyzine pamoate</i> | 2-Generics | |

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>chlordiazepoxide hcl 10 mg cap</i> | 4-Non-Preferred Drugs | QL (300 PER 30 DAYS) |
| <i>chlordiazepoxide hcl 25 mg cap</i> | 4-Non-Preferred Drugs | QL (360 PER 30 DAYS) |
| <i>chlordiazepoxide hcl 5 mg cap</i> | 4-Non-Preferred Drugs | QL (240 PER 30 DAYS) |
| <i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp)</i> | 2-Generics | QL (120 PER 30 DAYS) |
| <i>clonazepam (2 mg tab, 2 mg tab disp)</i> | 2-Generics | QL (300 PER 30 DAYS) |
| <i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)</i> | 2-Generics | QL (90 PER 30 DAYS) |
| <i>clorazepate dipotassium 15 mg tab</i> | 2-Generics | QL (180 PER 30 DAYS) |
| <i>diazepam (2 mg tab, 5 mg tab, 10 mg tab)</i> | 2-Generics | QL (120 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|------------------|----------------------------|
| <i>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> | 2-Generics | QL (120 PER 30 DAYS) |

BIPOLAR AGENTS

MOOD STABILIZERS

| | | |
|---|-----------------------|--|
| <i>lamotrigine (25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)</i> | 2-Generics | |
| <i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i> | 1-Preferred Generics | |
| <i>lamotrigine er</i> | 4-Non-Preferred Drugs | |
| <i>lithium</i> | 2-Generics | |
| <i>lithium carbonate (150 mg cap, 300 mg cap, 600 mg cap)</i> | 1-Preferred Generics | |
| <i>lithium carbonate 300 mg tab</i> | 2-Generics | |
| <i>lithium carbonate er</i> | 2-Generics | |

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

| | | |
|---|----------------------|--|
| <i>acarbose</i> | 1-Preferred Generics | QL (90 PER 30 DAYS) |
| <i>alogliptin benzoate</i> | 6-Select Care | QL (30 PER 30 DAYS), CG (Coverage Gap) |
| <i>alogliptin-metformin hcl</i> | 6-Select Care | QL (60 PER 30 DAYS), CG (Coverage Gap) |
| <i>alogliptin-pioglitazone (12.5-30 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab)</i> | 6-Select Care | QL (30 PER 30 DAYS), CG (Coverage Gap) |

You 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>alogliptin-pioglitazone 12.5-45 mg tab</i> | 6-Select Care | |
| BYDUREON BCISE | 3-Preferred Brands | QL (3.4 PER 28 DAYS) |
| BYETTA 10 MCG PEN | 4-Non-Preferred Drugs | QL (2.4 PER 30 DAYS) |
| BYETTA 5 MCG PEN | 4-Non-Preferred Drugs | QL (1.2 PER 30 DAYS) |
| CYCLOSET | 4-Non-Preferred Drugs | |
| FARXIGA | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| <i>glimepiride (1 mg tab, 2 mg tab)</i> | 6-Select Care | QL (120 PER 30 DAYS), CG (Coverage Gap) |
| <i>glimepiride 4 mg tab</i> | 6-Select Care | QL (60 PER 30 DAYS), CG (Coverage Gap) |
| <i>glipizide (5 mg tab, 10 mg tab)</i> | 6-Select Care | QL (120 PER 30 DAYS), CG (Coverage Gap) |
| <i>glipizide er 10 mg tab er 24h</i> | 6-Select Care | QL (60 PER 30 DAYS), CG (Coverage Gap) |
| <i>glipizide er 2.5 mg tab er 24h</i> | 6-Select Care | QL (120 PER 30 DAYS), CG (Coverage Gap) |
| <i>glipizide er 5 mg tab er 24h</i> | 6-Select Care | QL (90 PER 30 DAYS), CG (Coverage Gap) |
| <i>glipizide xl 10 mg tab er 24h</i> | 6-Select Care | QL (60 PER 30 DAYS), CG (Coverage Gap) |
| <i>glipizide xl 2.5 mg tab er 24h</i> | 6-Select Care | QL (120 PER 30 DAYS), CG (Coverage Gap) |
| <i>glipizide xl 5 mg tab er 24h</i> | 6-Select Care | QL (90 PER 30 DAYS), CG (Coverage Gap) |
| <i>glipizide-metformin hcl</i> | 6-Select Care | QL (120 PER 30 DAYS), CG (Coverage Gap) |
| <i>glyburide</i> | 6-Select Care | QL (120 PER 30 DAYS), CG (Coverage Gap) |
| GLYBURIDE MICRONIZED | 1-Preferred Generics | QL (60 PER 30 DAYS) |
| <i>glyburide-metformin</i> | 6-Select Care | QL (120 PER 30 DAYS), CG (Coverage Gap) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------------------|---|
| GLYXAMBI | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| JANUMET | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H) | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| JANUMET XR 100-1000 MG TAB ER 24H | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| JANUVIA | 6-Select Care | QL (30 PER 30 DAYS), CG (Coverage Gap) |
| JARDIANCE | 6-Select Care | QL (30 PER 30 DAYS), CG (Coverage Gap) |
| JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB) | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| JENTADUETO XR 2.5-1000 MG TAB ER 24H | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| JENTADUETO XR 5-1000 MG TAB ER 24H | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| KERENDIA | 4-Non-Preferred Drugs | PA, QL (30 PER 30 DAYS) |
| <i>metformin hcl 1000 mg tab</i> | 6-Select Care | QL (75 PER 30 DAYS), CG (Coverage Gap) |
| <i>metformin hcl 500 mg tab</i> | 6-Select Care | QL (150 PER 30 DAYS), CG (Coverage Gap) |
| <i>metformin hcl 850 mg tab</i> | 6-Select Care | QL (90 PER 30 DAYS), CG (Coverage Gap) |
| <i>metformin hcl er 500 mg tab er 24h</i> | 6-Select Care | QL (120 PER 30 DAYS), CG (Coverage Gap) |
| <i>metformin hcl er 750 mg tab er 24h</i> | 6-Select Care | QL (60 PER 30 DAYS), CG (Coverage Gap) |
| <i>miglitol</i> | 1-Preferred Generics | QL (90 PER 30 DAYS) |
| MOUNJARO | 3-Preferred Brands | QL (2 PER 28 DAYS) |
| <i>nateglinide 120 mg tab</i> | 6-Select Care | QL (90 PER 30 DAYS), CG (Coverage Gap) |
| <i>nateglinide 60 mg tab</i> | 6-Select Care | QL (180 PER 30 DAYS), CG (Coverage Gap) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-------------------------|--|
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN | 3-Preferred Brands | QL (1.5 PER 28 DAYS) |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN | 3-Preferred Brands | QL (3 PER 28 DAYS) |
| OZEMPIC (1 MG/DOSE) | 3-Preferred Brands | QL (3 PER 28 DAYS) |
| OZEMPIC (2 MG/DOSE) | 3-Preferred Brands | QL (3 PER 28 DAYS) |
| <i>pioglitazone hcl</i> | 6-Select Care | QL (30 PER 30 DAYS), CG (Coverage Gap) |
| <i>pioglitazone hcl-glimepiride</i> | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| <i>pioglitazone hcl-metformin hcl</i> | 6-Select Care | QL (90 PER 30 DAYS), CG (Coverage Gap) |
| <i>repaglinide (0.5 mg tab, 1 mg tab)</i> | 6-Select Care | QL (120 PER 30 DAYS), CG (Coverage Gap) |
| <i>repaglinide 2 mg tab</i> | 6-Select Care | QL (240 PER 30 DAYS), CG (Coverage Gap) |
| RYBELSUS | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| SOLIQUA | 3-Preferred Brands | QL (18 PER 30 DAYS) |
| SYMLINPEN 120 | 5-Specialty | QL (10.8 PER 30 DAYS) |
| SYMLINPEN 60 | 5-Specialty | QL (6 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) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------------|---------------------------------------|
| 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 | 6-Select Care | QL (2 PER 28 DAYS), CG (Coverage Gap) |
| XIGDUO XR (10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H) | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H) | 3-Preferred Brands | QL (60 PER 30 DAYS) |

GLYCEMIC AGENTS

| | | |
|---------------------------------------|-----------------------|--|
| BAQSIMI ONE PACK | 3-Preferred Brands | |
| BAQSIMI TWO PACK | 3-Preferred Brands | |
| <i>diazoxide</i> | 4-Non-Preferred Drugs | |
| GLUCAGEN HYPOKIT | 3-Preferred Brands | |
| GLUCAGON EMERGENCY 1 MG KIT (GENERIC) | 3-Preferred Brands | |
| GLUCAGON EMERGENCY 1 MG/ML RECON SOLN | 3-Preferred Brands | |
| GVOKE HYPOPEN 1-PACK | 3-Preferred Brands | |
| GVOKE HYPOPEN 2-PACK | 3-Preferred Brands | |
| GVOKE KIT | 3-Preferred Brands | |
| GVOKE PFS | 3-Preferred Brands | |

INSULINS

| | | |
|------------------|--------------------|--|
| ADMELOG | 3-Preferred Brands | |
| ADMELOG SOLOSTAR | 3-Preferred Brands | |
| BASAGLAR KWIKPEN | 3-Preferred Brands | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------|--------------------|----------------------------|
| FIASP | 3-Preferred Brands | |
| FIASP FLEXTOUCH | 3-Preferred Brands | |
| FIASP PENFILL | 3-Preferred Brands | |
| FIASP PUMPCART | 3-Preferred Brands | |
| HUMALOG | 3-Preferred Brands | |
| HUMALOG JUNIOR KWIKPEN | 3-Preferred Brands | |
| HUMALOG KWIKPEN | 3-Preferred Brands | |
| HUMALOG MIX 50/50 | 3-Preferred Brands | |
| HUMALOG MIX 50/50 KWIKPEN | 3-Preferred Brands | |
| HUMALOG MIX 75/25 | 3-Preferred Brands | |
| HUMALOG MIX 75/25 KWIKPEN | 3-Preferred Brands | |
| HUMULIN 70/30 | 3-Preferred Brands | |
| HUMULIN 70/30 KWIKPEN | 3-Preferred Brands | |
| HUMULIN N | 3-Preferred Brands | |
| HUMULIN N KWIKPEN | 3-Preferred Brands | |
| HUMULIN R | 3-Preferred Brands | |
| HUMULIN R U-500 (CONCENTRATED) | 3-Preferred Brands | |
| HUMULIN R U-500 KWIKPEN | 3-Preferred Brands | |
| INSULIN LISPRO | 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 |
|-------------------------------|--------------------|----------------------------|
| INSULIN LISPRO (1 UNIT DIAL) | 3-Preferred Brands | |
| INSULIN LISPRO JUNIOR KWIKPEN | 3-Preferred Brands | |
| INSULIN LISPRO PROT & LISPRO | 3-Preferred Brands | |
| LANTUS | 3-Preferred Brands | |
| LANTUS SOLOSTAR | 3-Preferred Brands | |
| LEVEMIR | 3-Preferred Brands | |
| LEVEMIR FLEXPEN | 3-Preferred Brands | |
| LEVEMIR FLEXTOUCH | 3-Preferred Brands | |
| LYUMJEV | 3-Preferred Brands | |
| LYUMJEV KWIKPEN | 3-Preferred Brands | |
| NOVOLIN 70/30 | 3-Preferred Brands | |
| NOVOLIN 70/30 FLEXPEN | 3-Preferred Brands | |
| NOVOLIN N | 3-Preferred Brands | |
| NOVOLIN N FLEXPEN | 3-Preferred Brands | |
| NOVOLIN R | 3-Preferred Brands | |
| NOVOLIN R FLEXPEN | 3-Preferred Brands | |
| NOVOLOG | 3-Preferred Brands | |
| NOVOLOG FLEXPEN | 3-Preferred Brands | |
| NOVOLOG MIX 70/30 | 3-Preferred Brands | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------------|--------------------|----------------------------|
| 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

| | |
|--|-----------------------|
| ELIQUIS | 3-Preferred Brands |
| ELIQUIS DVT/PE STARTER PACK | 3-Preferred Brands |
| <i>enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr)</i> | 2-Generics |
| <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> | 2-Generics |
| <i>heparin sodium (porcine) pf 1000 unit/ml solution</i> | 2-Generics |
| <i>jantoven</i> | 1-Preferred Generics |
| <i>warfarin sodium</i> | 1-Preferred Generics |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------------------|----------------------------|
| XARELTO (1 MG/ML RECON SUSP, 2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB) | 3-Preferred Brands | |
| XARELTO STARTER PACK | 3-Preferred Brands | |
| ZONTIVITY | 4-Non-Preferred Drugs | |

BLOOD PRODUCTS AND MODIFIERS, OTHER

| | | |
|---|--------------------|--------------------------|
| <i>anagrelide hcl</i> | 2-Generics | |
| LEUKINE | 5-Specialty | |
| NYVEPRIA | 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 |
| PROMACTA (12.5 MG TAB, 25 MG TAB) | 5-Specialty | PA, QL (30 PER 30 DAYS) |
| PROMACTA (50 MG TAB, 75 MG TAB) | 5-Specialty | PA, QL (60 PER 30 DAYS) |
| PROMACTA 12.5 MG PACKET | 5-Specialty | PA, QL (360 PER 30 DAYS) |
| PROMACTA 25 MG PACKET | 5-Specialty | PA, QL (180 PER 30 DAYS) |
| RETACRIT | 3-Preferred Brands | PA3 |
| ZARXIO | 5-Specialty | PA |
| ZIEXTENZO | 5-Specialty | PA |

HEMOSTASIS AGENTS

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

PLATELET MODIFYING AGENTS

| | | |
|--------------------------------|--------------------|--|
| <i>aspirin-dipyridamole er</i> | 2-Generics | |
| BRILINTA | 3-Preferred Brands | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|----------------------|----------------------------|
| <i>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> | 2-Generics | PA |
| <i>prasugrel hcl</i> | 2-Generics | |

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

| | | |
|---|----------------------|----------------------|
| <i>clonidine</i> | 3-Preferred Brands | QL (4 PER 28 DAYS) |
| <i>clonidine hcl</i> | 1-Preferred Generics | |
| <i>droxidopa (200 mg cap, 300 mg cap)</i> | 5-Specialty | QL (180 PER 30 DAYS) |
| <i>droxidopa 100 mg cap</i> | 5-Specialty | QL (90 PER 30 DAYS) |
| <i>guanfacine hcl</i> | 2-Generics | PA |
| <i>midodrine hcl</i> | 2-Generics | |

ALPHA-ADRENERGIC BLOCKING AGENTS

| | | |
|-----------------------------|----------------------|--|
| <i>doxazosin mesylate</i> | 2-Generics | |
| <i>phenoxybenzamine hcl</i> | 5-Specialty | |
| <i>prazosin hcl</i> | 2-Generics | |
| <i>terazosin hcl</i> | 1-Preferred Generics | |

ANGIOTENSIN II RECEPTOR ANTAGONISTS

| | | |
|---|---------------|-------------------|
| <i>candesartan cilexetil</i> | 6-Select Care | CG (Coverage Gap) |
| <i>irbesartan</i> | 6-Select Care | CG (Coverage Gap) |
| <i>losartan potassium</i> | 6-Select Care | CG (Coverage Gap) |
| <i>olmesartan medoxomil</i> | 6-Select Care | CG (Coverage Gap) |
| <i>telmisartan</i> | 6-Select Care | CG (Coverage Gap) |
| <i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i> | 6-Select Care | CG (Coverage Gap) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---------------|---------------------|
| ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS | | |
| <i>benazepril hcl</i> | 6-Select Care | CG (Coverage Gap) |
| <i>captopril</i> | 6-Select Care | CG (Coverage Gap) |
| <i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i> | 6-Select Care | CG (Coverage Gap) |
| <i>fosinopril sodium</i> | 6-Select Care | CG (Coverage Gap) |
| <i>lisinopril</i> | 6-Select Care | CG (Coverage Gap) |
| <i>moexipril hcl</i> | 6-Select Care | CG (Coverage Gap) |
| PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB) | 6-Select Care | CG (Coverage Gap) |
| <i>quinapril hcl</i> | 6-Select Care | CG (Coverage Gap) |
| <i>ramipril</i> | 6-Select Care | CG (Coverage Gap) |
| <i>trandolapril</i> | 6-Select Care | CG (Coverage Gap) |

ANTIARRHYTHMICS

| | | |
|--|-----------------------|----|
| <i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i> | 2-Generics | |
| <i>disopyramide phosphate</i> | 2-Generics | PA |
| <i>dofetilide</i> | 3-Preferred Brands | |
| <i>flecainide acetate</i> | 2-Generics | |
| <i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i> | 2-Generics | |
| MULTAQ | 3-Preferred Brands | |
| <i>pacерone</i> | 2-Generics | |
| <i>propafenone hcl</i> | 2-Generics | |
| <i>propafenone hcl er</i> | 4-Non-Preferred Drugs | |
| <i>quinidine sulfate</i> | 2-Generics | |
| <i>sorine</i> | 2-Generics | |
| <i>sotalol hcl</i> | 2-Generics | |
| <i>sotalol hcl (af)</i> | 2-Generics | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------------------|----------------------------|
| BETA-ADRENERGIC BLOCKING AGENTS | | |
| <i>acebutolol hcl</i> | 2-Generics | |
| <i>atenolol</i> | 1-Preferred Generics | |
| <i>betaxolol hcl (10 mg tab, 20 mg tab)</i> | 2-Generics | |
| <i>bisoprolol fumarate</i> | 2-Generics | |
| <i>carvedilol</i> | 1-Preferred Generics | |
| <i>carvedilol phosphate er</i> | 3-Preferred Brands | 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> | 2-Generics | |
| <i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i> | 1-Preferred Generics | |
| <i>nadolol</i> | 2-Generics | |
| <i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i> | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| <i>nebivolol hcl 20 mg tab</i> | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| <i>pindolol</i> | 2-Generics | |
| <i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)</i> | 2-Generics | |
| <i>propranolol hcl er</i> | 2-Generics | |
| <i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i> | 2-Generics | |
| CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES | | |
| <i>amlodipine besylate</i> | 1-Preferred Generics | |
| <i>felodipine er</i> | 2-Generics | |
| <i>isradipine</i> | 2-Generics | |
| <i>nicardipine hcl (20 mg cap, 30 mg cap)</i> | 4-Non-Preferred Drugs | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------------|------------------|----------------------------|
| <i>nifedipine er</i> | 2-Generics | |
| <i>nifedipine er osmotic release</i> | 2-Generics | |
| <i>nimodipine</i> | 2-Generics | |

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

| | | |
|--|----------------------|--|
| <i>cartia xt</i> | 2-Generics | |
| <i>dilt-xr</i> | 2-Generics | |
| <i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i> | 2-Generics | |
| <i>diltiazem hcl er</i> | 2-Generics | |
| <i>diltiazem hcl er beads</i> | 2-Generics | |
| <i>diltiazem hcl er coated beads</i> | 2-Generics | |
| <i>matzim la</i> | 2-Generics | |
| <i>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</i> | 2-Generics | |

CARDIOVASCULAR AGENTS, OTHER

| | | |
|---------------------------------------|-----------------------|---------------------|
| <i>acetazolamide</i> | 2-Generics | |
| <i>aliskiren fumarate</i> | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS) |
| <i>amiloride-hydrochlorothiazide</i> | 2-Generics | |
| <i>amlodipine besy-benazepril hcl</i> | 6-Select Care | CG (Coverage Gap) |
| <i>amlodipine besylate-valsartan</i> | 6-Select Care | CG (Coverage Gap) |
| <i>amlodipine-atorvastatin</i> | 6-Select Care | CG (Coverage Gap) |
| <i>amlodipine-olmesartan</i> | 6-Select Care | CG (Coverage Gap) |
| <i>amlodipine-valsartan-hctz</i> | 6-Select Care | CG (Coverage Gap) |
| <i>atenolol-chlorthalidone</i> | 1-Preferred Generics | |
| <i>benazepril-hydrochlorothiazide</i> | 6-Select Care | CG (Coverage Gap) |
| <i>bisoprolol-hydrochlorothiazide</i> | 1-Preferred Generics | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------------------|----------------------------|
| <i>candesartan cilexetil-hctz</i> | 6-Select Care | CG (Coverage Gap) |
| CORLANOR (5 MG TAB, 7.5 MG TAB) | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS) |
| CORLANOR 5 MG/5ML SOLUTION | 4-Non-Preferred Drugs | QL (450 PER 30 DAYS) |
| <i>digoxin (125 mcg tab, 250 mcg tab)</i> | 2-Generics | QL (30 PER 30 DAYS) |
| <i>digoxin 0.05 mg/ml solution</i> | 3-Preferred Brands | |
| <i>enalapril-hydrochlorothiazide</i> | 6-Select Care | CG (Coverage Gap) |
| ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB) | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK) | 3-Preferred Brands | QL (240 PER 30 DAYS) |
| <i>fosinopril sodium-hctz</i> | 6-Select Care | CG (Coverage Gap) |
| <i>irbesartan-hydrochlorothiazide</i> | 6-Select Care | CG (Coverage Gap) |
| <i>lisinopril-hydrochlorothiazide</i> | 6-Select Care | CG (Coverage Gap) |
| <i>losartan potassium-hctz</i> | 6-Select Care | CG (Coverage Gap) |
| <i>metoprolol-hydrochlorothiazide</i> | 2-Generics | |
| <i>metyrosine</i> | 5-Specialty | |
| NEXLETOL | 4-Non-Preferred Drugs | PA, QL (30 PER 30 DAYS) |
| <i>olmesartan medoxomil-hctz</i> | 6-Select Care | CG (Coverage Gap) |
| <i>olmesartan-amlodipine-hctz</i> | 6-Select Care | CG (Coverage Gap) |
| <i>pentoxifylline er</i> | 2-Generics | |
| <i>ranolazine er</i> | 2-Generics | |
| <i>spironolactone-hctz</i> | 2-Generics | |
| <i>telmisartan-amlodipine</i> | 1-Preferred Generics | |
| <i>telmisartan-hctz</i> | 6-Select Care | CG (Coverage Gap) |
| <i>trandolapril-verapamil hcl er</i> | 1-Preferred Generics | |
| <i>triamterene-hctz</i> | 1-Preferred Generics | |
| <i>valsartan-hydrochlorothiazide</i> | 6-Select Care | CG (Coverage Gap) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------------------|---|
| VERQUVO | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS) |
| DIURETICS, LOOP | | |
| <i>bumetanide (0.25 mg/ml solution, 0.5 mg tab, 1 mg tab, 2 mg tab)</i> | 2-Generics | |
| <i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i> | 1-Preferred Generics | |
| <i>torseamide</i> | 1-Preferred Generics | |
| DIURETICS, POTASSIUM-SPARING | | |
| <i>amiloride hcl 5 mg tab</i> | 2-Generics | |
| <i>eplerenone</i> | 2-Generics | |
| <i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i> | 1-Preferred Generics | |
| DIURETICS, THIAZIDE | | |
| <i>chlorthalidone</i> | 2-Generics | |
| <i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i> | 1-Preferred Generics | |
| <i>indapamide</i> | 1-Preferred Generics | |
| <i>metolazone</i> | 2-Generics | |
| DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES | | |
| <i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i> | 2-Generics | |
| <i>fenofibrate micronized (67 mg cap, 134 mg cap, 200 mg cap)</i> | 2-Generics | |
| <i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i> | 2-Generics | |
| <i>gemfibrozil</i> | 1-Preferred Generics | |
| DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS | | |
| <i>atorvastatin calcium (10 mg tab, 40 mg tab)</i> | 6-Select Care | QL (60 PER 30 DAYS), CG (Coverage Gap) |

You 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>atorvastatin calcium 20 mg tab</i> | 6-Select Care | QL (90 PER 30 DAYS), CG (Coverage Gap) |
| <i>atorvastatin calcium 80 mg tab</i> | 6-Select Care | QL (30 PER 30 DAYS), CG (Coverage Gap) |
| LIVALO | 3-Preferred Brands | ST, QL (30 PER 30 DAYS) |
| <i>lovastatin (10 mg tab, 20 mg tab)</i> | 6-Select Care | QL (30 PER 30 DAYS), CG (Coverage Gap) |
| <i>lovastatin 40 mg tab</i> | 6-Select Care | QL (60 PER 30 DAYS), CG (Coverage Gap) |
| <i>pitavastatin calcium</i> | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| <i>pravastatin sodium</i> | 6-Select Care | QL (30 PER 30 DAYS), CG (Coverage Gap) |
| <i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i> | 6-Select Care | QL (60 PER 30 DAYS), CG (Coverage Gap) |
| <i>rosuvastatin calcium 40 mg tab</i> | 6-Select Care | QL (30 PER 30 DAYS), CG (Coverage Gap) |
| <i>simvastatin</i> | 6-Select Care | QL (30 PER 30 DAYS), CG (Coverage Gap) |

DYSLIPIDEMICS, OTHER

| | | |
|--|-----------------------|--|
| <i>cholestyramine (4 gm packet, 4 gm/dose powder)</i> | 2-Generics | |
| <i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i> | 2-Generics | |
| <i>colesevelam hcl 3.75 gm packet</i> | 4-Non-Preferred Drugs | |
| <i>colesevelam hcl 625 mg tab</i> | 2-Generics | |
| <i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i> | 2-Generics | |
| <i>ezetimibe</i> | 2-Generics | QL (30 PER 30 DAYS) |
| <i>ezetimibe-simvastatin</i> | 6-Select Care | QL (30 PER 30 DAYS), CG (Coverage Gap) |
| NEXLIZET | 4-Non-Preferred Drugs | PA, QL (30 PER 30 DAYS) |
| <i>niacin er (antihyperlipidemic)</i> | 3-Preferred Brands | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------------|----------------------------|
| <i>omega-3-acid ethyl esters</i> | 3-Preferred Brands | |
| <i>prevalite (4 gm packet, 4 gm/dose powder)</i> | 2-Generics | |
| REPATHA | 3-Preferred Brands | PA, QL (3 PER 28 DAYS) |
| REPATHA PUSHTRONEX SYSTEM | 3-Preferred Brands | PA, QL (3.5 PER 28 DAYS) |
| REPATHA SURECLICK | 3-Preferred Brands | PA, QL (3 PER 28 DAYS) |
| VASCEPA | 3-Preferred Brands | |

VASODILATORS, DIRECT-ACTING ARTERIAL

| | | |
|--|------------|--|
| <i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i> | 2-Generics | |
| <i>minoxidil (2.5 mg tab, 10 mg tab)</i> | 2-Generics | |

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

| | | |
|--|-----------------------|---------------------|
| <i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i> | 2-Generics | |
| <i>isosorbide mononitrate</i> | 1-Preferred Generics | |
| <i>isosorbide mononitrate er</i> | 2-Generics | |
| NITRO-BID | 3-Preferred Brands | |
| <i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i> | 2-Generics | |
| <i>nitroglycerin 0.4 % ointment</i> | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS) |
| <i>nitroglycerin 0.4 mg/spray solution</i> | 4-Non-Preferred Drugs | |
| RECTIV | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------------------|-----------------------|
| CENTRAL NERVOUS SYSTEM AGENTS | | |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES | | |
| <i>amphetamine-dextroamphetamine er</i> | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS) |
| <i>amphetamine-dextroamphetamine (10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab)</i> | 3-Preferred Brands | QL (90 PER 30 DAYS) |
| <i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab)</i> | 3-Preferred Brands | QL (120 PER 30 DAYS) |
| <i>amphetamine-dextroamphetamine 30 mg tab</i> | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| <i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i> | 4-Non-Preferred Drugs | QL (180 PER 30 DAYS) |
| <i>dextroamphetamine sulfate er</i> | 4-Non-Preferred Drugs | QL (120 PER 30 DAYS) |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES | | |
| <i>atomoxetine hcl (10 mg cap, 25 mg cap, 40 mg cap)</i> | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS) |
| <i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i> | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS) |
| <i>atomoxetine hcl 18 mg cap</i> | 4-Non-Preferred Drugs | QL (120 PER 30 DAYS) |
| <i>dexmethylphenidate hcl</i> | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| <i>guanfacine hcl er</i> | 2-Generics | QL (30 PER 30 DAYS) |
| <i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 10 mg chew tab)</i> | 4-Non-Preferred Drugs | QL (180 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 10 mg/5ml solution</i> | 4-Non-Preferred Drugs | QL (900 PER 30 DAYS) |
| <i>methylphenidate hcl 5 mg/5ml solution</i> | 4-Non-Preferred Drugs | QL (1800 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) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------------------|--------------------------|
| 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 (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, 12 MG TAB ER 24H, 24 MG TAB ER 24H) | 5-Specialty | PA, QL (60 PER 30 DAYS) |
| AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK | 5-Specialty | PA, QL (28 PER 28 DAYS) |
| AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK | 5-Specialty | PA, QL (42 PER 28 DAYS) |
| <i>bac</i> | 2-Generics | PA, QL (180 PER 30 DAYS) |
| <i>butalbital-apap-caffeine 50-325-40 mg tab</i> | 2-Generics | PA, QL (180 PER 30 DAYS) |
| INGREZZA (40 MG CAP, 40 MG CAP SPRINK, 60 MG CAP, 60 MG CAP SPRINK, 80 MG CAP, 80 MG CAP SPRINK) | 5-Specialty | PA, QL (30 PER 30 DAYS) |
| INGREZZA 40 & 80 MG CAP THPK | 5-Specialty | PA, QL (28 PER 28 DAYS) |
| NUDEXTA | 5-Specialty | PA, QL (60 PER 30 DAYS) |
| <i>riluzole</i> | 2-Generics | |
| <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 | 4-Non-Preferred Drugs | |
| <i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i> | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| <i>pregabalin (225 mg cap, 300 mg cap)</i> | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| <i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap)</i> | 3-Preferred Brands | QL (90 PER 30 DAYS) |

You 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>pregabalin 20 mg/ml solution</i> | 4-Non-Preferred Drugs | QL (900 PER 30 DAYS) |
| <i>pregabalin er (82.5 mg tab er 24h, 165 mg tab er 24h)</i> | 3-Preferred Brands | PA, QL (90 PER 30 DAYS) |
| <i>pregabalin er 330 mg tab er 24h</i> | 3-Preferred Brands | PA, QL (60 PER 30 DAYS) |
| SAVELLA | 4-Non-Preferred Drugs | |
| SAVELLA TITRATION PACK | 4-Non-Preferred Drugs | |

MULTIPLE SCLEROSIS AGENTS

| | | |
|---|-----------------------|----------------------|
| AUBAGIO | 5-Specialty | QL (30 PER 30 DAYS) |
| AVONEX PEN | 5-Specialty | QL (1 PER 28 DAYS) |
| AVONEX PREFILLED | 5-Specialty | QL (1 PER 28 DAYS) |
| BETASERON | 5-Specialty | QL (14 PER 28 DAYS) |
| COPAXONE 20 MG/ML SOLN PRSYR | 5-Specialty | QL (30 PER 30 DAYS) |
| COPAXONE 40 MG/ML SOLN PRSYR | 5-Specialty | QL (12 PER 28 DAYS) |
| <i>dalfampridine er</i> | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| <i>fingolimod hcl</i> | 5-Specialty | QL (30 PER 30 DAYS) |
| KESIMPTA | 5-Specialty | PA |
| PLEGRIDY | 5-Specialty | QL (1 PER 28 DAYS) |
| PLEGRIDY STARTER PACK | 5-Specialty | |
| TECFIDERA (120 MG CAP DR, 240 MG CAP DR) | 5-Specialty | QL (60 PER 30 DAYS) |
| TECFIDERA 120 & 240 MG CPDR THPK | 5-Specialty | |
| VUMERITY | 5-Specialty | QL (120 PER 30 DAYS) |

DENTAL AND ORAL AGENTS

| | | |
|--------------------------------|-------------------------|--|
| <i>cevimeline hcl</i> | 3-Preferred Brands | |
| <i>chlorhexidine gluconate</i> | 1-Preferred Generics | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-------------------------|----------------------------|
| <i>kourzeq</i> | 2-Generics | |
| <i>oralone</i> | 2-Generics | |
| <i>paroex</i> | 1-Preferred Generics | |
| <i>perio gard</i> | 1-Preferred Generics | |
| <i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i> | 2-Generics | |
| <i>triamcinolone acetonide 0.1 % paste</i> | 2-Generics | |

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

| | | |
|--|--------------------------|-------------------------|
| <i>accutane</i> | 4-Non-Preferred Drugs | |
| <i>acitretin</i> | 4-Non-Preferred Drugs | PA2 |
| <i>amnesteem</i> | 4-Non-Preferred Drugs | |
| <i>benzoyl peroxide-erythromycin</i> | 4-Non-Preferred Drugs | QL (46.6 PER 30 DAYS) |
| <i>claravis</i> | 4-Non-Preferred Drugs | |
| <i>clindamycin phos-benzoyl perox 1-5 % gel</i> | 2-Generics | QL (50 PER 30 DAYS) |
| <i>clindamycin phos-benzoyl perox 1.2-5 % gel</i> | 2-Generics | QL (45 PER 30 DAYS) |
| <i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i> | 4-Non-Preferred Drugs | |
| <i>myorisan</i> | 4-Non-Preferred Drugs | |
| <i>tazarotene 0.1 % cream</i> | 2-Generics | QL (60 PER 30 DAYS) |
| TAZORAC 0.05 % CREAM | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS) |
| <i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)</i> | 4-Non-Preferred Drugs | PA, QL (45 PER 30 DAYS) |

You 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>zenatane</i> | 4-Non-Preferred Drugs | |
| DERMATITIS AND PRURITUS AGENTS | | |
| <i>ala-cort</i> | 1-Preferred Generics | |
| <i>alclometasone dipropionate</i> | 2-Generics | |
| <i>ammonium lactate</i> | 2-Generics | |
| <i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i> | 2-Generics | |
| <i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i> | 2-Generics | |
| <i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i> | 2-Generics | |
| <i>clobetasol prop emollient base</i> | 4-Non-Preferred Drugs | QL (120 PER 30 DAYS) |
| <i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i> | 2-Generics | QL (120 PER 30 DAYS) |
| <i>clobetasol propionate (0.05 % lotion, 0.05 % shampoo)</i> | 4-Non-Preferred Drugs | QL (118 PER 30 DAYS) |
| <i>clobetasol propionate 0.05 % foam</i> | 4-Non-Preferred Drugs | QL (100 PER 30 DAYS) |
| <i>clobetasol propionate 0.05 % liquid</i> | 4-Non-Preferred Drugs | QL (125 PER 30 DAYS) |
| <i>clobetasol propionate 0.05 % solution</i> | 2-Generics | QL (100 PER 30 DAYS) |
| <i>clobetasol propionate e</i> | 4-Non-Preferred Drugs | QL (120 PER 30 DAYS) |
| <i>clobetasol propionate emulsion</i> | 4-Non-Preferred Drugs | QL (100 PER 30 DAYS) |
| <i>clodan</i> | 4-Non-Preferred Drugs | QL (118 PER 30 DAYS) |
| <i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i> | 2-Generics | |
| <i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</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>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i> | 2-Generics | |
| <i>fluocinolone acetonide body</i> | 2-Generics | |
| <i>fluocinolone acetonide scalp</i> | 2-Generics | |
| <i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i> | 2-Generics | QL (120 PER 30 DAYS) |
| <i>fluocinonide 0.05 % solution</i> | 2-Generics | QL (60 PER 30 DAYS) |
| <i>fluocinonide emulsified base</i> | 2-Generics | QL (120 PER 30 DAYS) |
| <i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i> | 2-Generics | |
| <i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i> | 4-Non-Preferred Drugs | QL (50 PER 30 DAYS) |
| <i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % ointment)</i> | 1-Preferred Generics | |
| <i>hydrocortisone (perianal)</i> | 1-Preferred Generics | |
| HYDROCORTISONE 2.5 % LOTION | 2-Generics | |
| HYDROCORTISONE BUTYRATE 0.1 % OINTMENT | 2-Generics | QL (45 PER 30 DAYS) |
| <i>hydrocortisone butyrate 0.1 % solution</i> | 2-Generics | QL (60 PER 30 DAYS) |
| <i>hydrocortisone valerate</i> | 2-Generics | |
| <i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i> | 2-Generics | |
| <i>procto-med hc</i> | 1-Preferred Generics | |
| <i>proctosol hc</i> | 1-Preferred Generics | |
| <i>proctozone-hc</i> | 1-Preferred 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 | QL (100 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|------------------|----------------------------|
| <i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i> | 2-Generics | |
| <i>triderm</i> | 2-Generics | |

DERMATOLOGICAL AGENTS, OTHER

| | | |
|--|-----------------------|-------------------------|
| <i>calcipotriene (0.005 % cream, 0.005 % ointment)</i> | 4-Non-Preferred Drugs | QL (120 PER 30 DAYS) |
| <i>calcipotriene 0.005 % solution</i> | 4-Non-Preferred Drugs | 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 (20 PER 30 DAYS) |
| <i>fluorouracil 0.5 % cream</i> | 5-Specialty | QL (30 PER 30 DAYS) |
| <i>fluorouracil 5 % cream</i> | 3-Preferred Brands | QL (80 PER 30 DAYS) |
| <i>imiquimod 5 % cream</i> | 2-Generics | QL (24 PER 30 DAYS) |
| <i>methoxsalen rapid</i> | 5-Specialty | |
| <i>nystatin-triamcinolone</i> | 4-Non-Preferred Drugs | QL (60 PER 30 DAYS) |
| <i>podofilox 0.5 % solution</i> | 2-Generics | |
| REGRANEX | 5-Specialty | PA, QL (30 PER 30 DAYS) |
| SANTYL | 4-Non-Preferred Drugs | QL (90 PER 30 DAYS) |
| <i>silver sulfadiazine</i> | 2-Generics | |
| <i>ssd</i> | 2-Generics | |

PEDICULICIDES/SCABICIDES

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

TOPICAL ANTI-INFECTIVES

| | | |
|---|-----------------------|-----------------------|
| <i>acyclovir 5 % ointment</i> | 2-Generics | QL (30 PER 30 DAYS) |
| <i>ciclodan</i> | 2-Generics | QL (13.2 PER 30 DAYS) |
| <i>ciclopirox 0.77 % gel</i> | 2-Generics | QL (100 PER 30 DAYS) |
| <i>ciclopirox 1 % shampoo</i> | 2-Generics | QL (120 PER 30 DAYS) |
| <i>ciclopirox 8 % solution</i> | 2-Generics | QL (13.2 PER 30 DAYS) |
| <i>clindamycin phosphate 1 % gel</i> | 3-Preferred Brands | QL (75 PER 30 DAYS) |
| <i>clindamycin phosphate 1 % lotion</i> | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| <i>clindamycin phosphate 1 % solution</i> | 2-Generics | QL (60 PER 30 DAYS) |
| <i>ery</i> | 2-Generics | QL (60 PER 30 DAYS) |
| <i>erythromycin 2 % gel</i> | 2-Generics | QL (60 PER 30 DAYS) |
| <i>erythromycin 2 % solution</i> | 2-Generics | QL (120 PER 30 DAYS) |
| <i>mupirocin 2 % ointment</i> | 2-Generics | QL (66 PER 30 DAYS) |

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

| | | |
|-------------------------------|--------------------------|-----|
| <i>carglumic acid</i> | 5-Specialty | PA |
| CLINIMIX E/DEXTROSE (2.75/5) | 4-Non-Preferred Drugs | PA3 |
| CLINIMIX E/DEXTROSE (4.25/10) | 4-Non-Preferred Drugs | PA3 |
| CLINIMIX E/DEXTROSE (4.25/5) | 4-Non-Preferred Drugs | PA3 |
| CLINIMIX E/DEXTROSE (5/15) | 4-Non-Preferred Drugs | PA3 |
| CLINIMIX E/DEXTROSE (5/20) | 4-Non-Preferred Drugs | PA3 |
| CLINIMIX/DEXTROSE (4.25/10) | 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 |
|--|--------------------------|----------------------------|
| CLINIMIX/DEXTROSE (4.25/5) | 4-Non-Preferred Drugs | PA3 |
| CLINIMIX/DEXTROSE (5/15) | 4-Non-Preferred Drugs | PA3 |
| CLINIMIX/DEXTROSE (5/20) | 4-Non-Preferred Drugs | PA3 |
| <i>clinisol sf</i> | 4-Non-Preferred Drugs | PA3 |
| <i>dextrose</i> | 2-Generics | |
| <i>dextrose-sodium chloride (2.5-0.45 % solution, 5-0.2 % solution, 5-0.225 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.2 % solution, 10-0.45 % solution)</i> | 2-Generics | |
| FREAMINE III | 4-Non-Preferred Drugs | PA3 |
| INTRALIPID | 4-Non-Preferred Drugs | PA3 |
| ISOLYTE-P IN D5W | 4-Non-Preferred Drugs | |
| ISOLYTE-S | 4-Non-Preferred Drugs | |
| ISOLYTE-S PH 7.4 | 4-Non-Preferred Drugs | |
| KCL (0.149%) IN NACL | 4-Non-Preferred Drugs | |
| <i>kcl in dextrose-nacl (, 40-5-0.9 meq/l-%-% solution)</i> | 2-Generics | |
| KCL-LACTATED RINGERS-D5W | 2-Generics | |
| <i>klor-con</i> | 2-Generics | |
| <i>klor-con 10</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>klor-con sprinkle</i> | 2-Generics | |
| <i>levocarnitine (1 gm/10ml solution, 330 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>levocarnitine sf</i> | 2-Generics | |
| <i>magnesium sulfate 50 % solution</i> | 2-Generics | |
| MULTIPLE ELECTRO TYPE 1 PH 5.5 | 4-Non-Preferred Drugs | |
| <i>multiple electro type 1 ph 7.4</i> | 4-Non-Preferred Drugs | |
| NUTRILIPID | 4-Non-Preferred Drugs | PA3 |
| PLASMA-LYTE A | 4-Non-Preferred Drugs | |
| <i>plenamine</i> | 4-Non-Preferred Drugs | PA3 |
| POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/100ML SOLUTION, 10 MEQ/50ML SOLUTION, 20 MEQ PACKET, 20 MEQ/100ML SOLUTION, 20 MEQ/15ML (10%) SOLUTION, 20 MEQ/50ML SOLUTION, 40 MEQ/100ML SOLUTION, 40 MEQ/15ML (20%) SOLUTION) | 2-Generics | |
| <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> | 2-Generics | |
| <i>potassium chloride in nacl (, 20-0.45 meq/l-% solution, 40-0.9 meq/l-% solution)</i> | 4-Non-Preferred Drugs | |
| <i>potassium citrate er</i> | 2-Generics | |
| 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> | 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>sodium chloride (pf)</i> | 2-Generics | |
| SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 1.1 (0.5 F) MG/ML SOLUTION, 2.2 (1 F) MG CHEW TAB) | 1-Preferred Generics | |
| TPN ELECTROLYTES | 4-Non-Preferred Drugs | PA3 |
| TRAVASOL | 4-Non-Preferred Drugs | PA3 |
| TROPHAMINE | 4-Non-Preferred Drugs | PA3 |

ELECTROLYTE/MINERAL/METAL MODIFIERS

| | | |
|---|-----------------------|----------------------|
| CHEMET | 4-Non-Preferred Drugs | |
| <i>deferasirox (90 mg packet, 180 mg packet, 180 mg tab, 250 mg tab sol, 360 mg packet, 360 mg tab, 500 mg tab sol)</i> | 5-Specialty | PA |
| <i>deferasirox (90 mg tab, 125 mg tab sol)</i> | 4-Non-Preferred Drugs | PA |
| <i>deferasirox granules</i> | 5-Specialty | PA |
| <i>deferiprone</i> | 5-Specialty | PA |
| FERRIPROX 100 MG/ML SOLUTION | 5-Specialty | PA |
| <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) |

PHOSPHATE BINDERS

| | | |
|---|-----------------------|--|
| <i>calcium acetate</i> | 2-Generics | |
| <i>calcium acetate (phos binder)</i> | 2-Generics | |
| <i>sevelamer carbonate (0.8 gm packet, 2.4 gm packet)</i> | 4-Non-Preferred Drugs | |
| <i>sevelamer carbonate 800 mg tab</i> | 2-Generics | |

POTASSIUM BINDERS

| | | |
|---------------|--------------------|--|
| <i>kionex</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 |
|--|--------------------|----------------------------|
| LOKELMA | 3-Preferred Brands | |
| <i>sodium polystyrene sulfonate</i> | 3-Preferred Brands | |
| <i>sps (sodium polystyrene sulf)</i> | 3-Preferred Brands | |
| VELTASSA (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET) | 3-Preferred Brands | |

VITAMINS

| | | |
|------------------------------|--------------------|--|
| PRENATAL VITAMIN ORAL TABLET | 3-Preferred Brands | |
|------------------------------|--------------------|--|

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

| | | |
|--|-----------------------|---------------------|
| CLENPIQ | 4-Non-Preferred Drugs | |
| <i>constulose</i> | 2-Generics | |
| <i>enulose</i> | 2-Generics | |
| <i>gavilyte-n with flavor pack</i> | 1-Preferred 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 | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS) |
| <i>lubiprostone</i> | 2-Generics | 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 | 3-Preferred Brands | QL (30 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------------------|-------------------------|
| ANTI-DIARRHEAL AGENTS | | |
| <i>alosetron hcl</i> | 5-Specialty | QL (60 PER 30 DAYS) |
| <i>diphenoxylate-atropine 2.5-0.025 mg tab</i> | 2-Generics | |
| <i>diphenoxylate-atropine 2.5-0.025 mg/5ml liquid</i> | 3-Preferred Brands | |
| <i>loperamide hcl 2 mg cap</i> | 2-Generics | |
| VIBERZI | 5-Specialty | QL (60 PER 30 DAYS) |
| XERMELO | 5-Specialty | PA, QL (84 PER 28 DAYS) |
| ANTISPASMODICS, GASTROINTESTINAL | | |
| <i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i> | 2-Generics | |
| <i>glycopyrrolate (1 mg tab, 2 mg tab)</i> | 2-Generics | |
| <i>methscopolamine bromide</i> | 2-Generics | |
| GASTROINTESTINAL AGENTS, OTHER | | |
| GATTEX | 5-Specialty | PA |
| <i>gavilyte-c</i> | 1-Preferred Generics | |
| <i>gavilyte-g</i> | 1-Preferred Generics | |
| MYALEPT | 5-Specialty | PA |
| <i>na sulfate-k sulfate-mg sulf</i> | 4-Non-Preferred Drugs | |
| OICALIVA | 5-Specialty | PA |
| <i>peg 3350-kcl-na bicarb-nacl</i> | 1-Preferred Generics | |
| <i>peg-3350/electrolytes</i> | 1-Preferred Generics | |
| <i>peg-3350/electrolytes/ascorbat</i> | 2-Generics | |
| <i>peg-kcl-nacl-nasulf-na asc-c</i> | 2-Generics | |
| SKYRIZI 180 MG/1.2ML SOLN CART | 5-Specialty | PA |
| <i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i> | 3-Preferred Brands | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------------------|--------------------------|
| HISTAMINE2 (H2) RECEPTOR ANTAGONISTS | | |
| <i>cimetidine</i> | 2-Generics | |
| <i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i> | 2-Generics | |
| <i>nizatidine (150 mg cap, 300 mg cap)</i> | 3-Preferred Brands | |
| PROTECTANTS | | |
| <i>misoprostol</i> | 2-Generics | |
| <i>sucralfate 1 gm tab</i> | 2-Generics | |
| <i>sucralfate 1 gm/10ml suspension</i> | 4-Non-Preferred Drugs | |
| PROTON PUMP INHIBITORS | | |
| <i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i> | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| <i>lansoprazole (15 mg cap dr, 30 mg cap dr)</i> | 3-Preferred Brands | 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 | | |
| ARALAST NP | 5-Specialty | PA |
| <i>betaine</i> | 5-Specialty | |
| 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) |
| ENDARI | 5-Specialty | PA, QL (180 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------------|--------------------------|
| GLASSIA | 5-Specialty | PA |
| <i>javygtor</i> | 5-Specialty | |
| <i>l-glutamine</i> | 5-Specialty | PA, QL (180 PER 30 DAYS) |
| <i>miglustat</i> | 5-Specialty | QL (90 PER 30 DAYS) |
| <i>nitisinone</i> | 5-Specialty | |
| NITYR | 5-Specialty | |
| PROLASTIN-C | 5-Specialty | PA |
| RAVICTI | 5-Specialty | PA, QL (525 PER 30 DAYS) |
| <i>sapropterin dihydrochloride</i> | 5-Specialty | |
| <i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i> | 5-Specialty | PA |
| <i>yargesa</i> | 5-Specialty | QL (90 PER 30 DAYS) |
| ZEMAIRA | 5-Specialty | PA |
| ZENPEP | 3-Preferred Brands | |

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

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

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--------------------------------|--------------------------|----------------------------|
| <i>tolterodine tartrate er</i> | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS) |
| <i>trospium chloride</i> | 2-Generics | QL (60 PER 30 DAYS) |
| <i>trospium chloride er</i> | 2-Generics | QL (30 PER 30 DAYS) |

BENIGN PROSTATIC HYPERTROPHY AGENTS

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

GENITOURINARY AGENTS, OTHER

| | | |
|---------------------------------|--------------------------|--|
| <i>bethanechol chloride</i> | 2-Generics | |
| ELMIRON | 4-Non-Preferred Drugs | |
| <i>penicillamine 250 mg tab</i> | 5-Specialty | |

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

| | | |
|--|--------------------------|----|
| ACTHAR | 5-Specialty | PA |
| <i>betamethasone dipropionate aug 0.05 % lotion</i> | 2-Generics | |
| CORTROPHIN | 5-Specialty | PA |
| <i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i> | 2-Generics | |
| <i>dexamethasone sod phos +rfid</i> | 4-Non-Preferred Drugs | |
| <i>dexamethasone sod phosphate pf 10 mg/ml solution</i> | 4-Non-Preferred Drugs | |

You 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>dexamethasone sodium phosphate (4 mg/ml soln prsyr, 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)</i> | 4-Non-Preferred Drugs | |
| <i>fludrocortisone acetate</i> | 2-Generics | |
| KORLYM | 5-Specialty | PA |
| <i>methylprednisolone</i> | 2-Generics | |
| <i>methylprednisolone acetate</i> | 2-Generics | |
| <i>methylprednisolone sodium succ</i> | 4-Non-Preferred Drugs | |
| <i>prednisolone 15 mg/5ml solution</i> | 2-Generics | |
| <i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 15 mg/5ml solution, 25 mg/5ml solution)</i> | 2-Generics | |
| <i>prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)</i> | 1-Preferred Generics | |
| <i>prednisone (5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg/5ml solution, 10 mg (21) tab thpk, 10 mg (48) tab thpk)</i> | 2-Generics | |
| PREDNISON INTENSOL | 4-Non-Preferred Drugs | |
| SOLU-MEDROL 2 GM RECON SOLN | 4-Non-Preferred Drugs | |

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

| | | |
|--|--------------------------|--|
| <i>desmopressin ace spray refrig</i> | 4-Non-Preferred Drugs | |
| <i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i> | 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 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---------------------|-------------|---------------------|
| INCRELEX | 5-Specialty | |
| NORDITROPIN FLEXPRO | 5-Specialty | PA |

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

ANDROGENS

| | | |
|--|-----------------------|--------------------------|
| <i>danazol</i> | 4-Non-Preferred Drugs | |
| <i>depo-testosterone</i> | 2-Generics | PA2 |
| <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>amabelz</i> | 2-Generics | |
| <i>amethyst</i> | 2-Generics | |
| <i>apri</i> | 2-Generics | |
| <i>aranelle</i> | 2-Generics | |
| <i>aubra eq</i> | 2-Generics | |
| <i>aurovela 1.5/30</i> | 2-Generics | |
| <i>aurovela 1/20</i> | 2-Generics | |
| <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 | |

You 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>ayuna</i> | 2-Generics | |
| <i>azurette</i> | 2-Generics | |
| <i>balziva</i> | 2-Generics | |
| <i>bekyree</i> | 2-Generics | |
| <i>blisovi 24 fe</i> | 2-Generics | |
| <i>blisovi fe 1.5/30</i> | 2-Generics | |
| <i>blisovi fe 1/20</i> | 2-Generics | |
| <i>briellyn</i> | 2-Generics | |
| <i>camrese lo</i> | 2-Generics | |
| <i>chateal eq</i> | 2-Generics | |
| <i>cryselle-28</i> | 2-Generics | |
| <i>cyred eq</i> | 2-Generics | |
| <i>dasetta 1/35</i> | 2-Generics | |
| <i>dasetta 7/7/7</i> | 2-Generics | |
| <i>delyla</i> | 2-Generics | |
| <i>desogestrel-ethinyl estradiol</i> | 2-Generics | |
| <i>dolishale</i> | 2-Generics | |
| <i>dotti</i> | 2-Generics | |
| <i>drospirenone-ethinyl estradiol</i> | 2-Generics | |
| <i>elinest</i> | 2-Generics | |
| <i>eluryng</i> | 2-Generics | |
| <i>emoquette</i> | 2-Generics | |
| <i>enilloring</i> | 2-Generics | |
| <i>enpresse-28</i> | 2-Generics | |
| <i>enskyce</i> | 2-Generics | |
| <i>estarylla</i> | 2-Generics | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------------------|----------------------------|
| <i>estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.1 mg/gm cream, 0.5 mg tab, 1 mg tab, 2 mg tab, 10 mcg tab)</i> | 2-Generics | |
| <i>estradiol valerate</i> | 4-Non-Preferred Drugs | |
| <i>estradiol-norethindrone acet</i> | 2-Generics | |
| ESTRING | 4-Non-Preferred Drugs | |
| <i>ethynodiol diac-eth estradiol</i> | 2-Generics | |
| <i>etonogestrel-ethinyl estradiol</i> | 2-Generics | |
| <i>falmina</i> | 2-Generics | |
| <i>femynor</i> | 2-Generics | |
| <i>hailey 1.5/30</i> | 2-Generics | |
| <i>hailey 24 fe</i> | 2-Generics | |
| <i>hailey fe 1.5/30</i> | 2-Generics | |
| <i>hailey fe 1/20</i> | 2-Generics | |
| <i>haloette</i> | 2-Generics | |
| <i>iclevia</i> | 2-Generics | |
| <i>introvale</i> | 2-Generics | |
| <i>isibloom</i> | 2-Generics | |
| <i>jasmiel</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 | |

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

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|------------------|----------------------------|
| <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>mimvey</i> | 2-Generics | |
| <i>mono-lynyah</i> | 2-Generics | |
| <i>necon 0.5/35 (28)</i> | 2-Generics | |
| <i>nikki</i> | 2-Generics | |
| <i>norelgestromin-eth estradiol</i> | 2-Generics | |
| <i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)</i> | 2-Generics | |
| <i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i> | 2-Generics | |
| <i>norethindron-ethinyl estrad-fe</i> | 2-Generics | |
| <i>norethindrone acet-ethinyl est</i> | 2-Generics | |
| <i>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 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------------|----------------------------|
| 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 | |
| PREMPHASE | 3-Preferred Brands | |
| PREMPRO | 3-Preferred Brands | |
| <i>previfem</i> | 2-Generics | |
| <i>reclipsen</i> | 2-Generics | |
| <i>setlakin</i> | 2-Generics | |
| <i>simliya</i> | 2-Generics | |
| <i>sprintec 28</i> | 2-Generics | |
| <i>sronyx</i> | 2-Generics | |
| <i>syeda</i> | 2-Generics | |
| <i>tarina 24 fe</i> | 2-Generics | |
| <i>tarina fe 1/20 eq</i> | 2-Generics | |
| <i>tilia fe</i> | 2-Generics | |
| <i>tri femynor</i> | 2-Generics | |
| <i>tri-estarylla</i> | 2-Generics | |
| <i>tri-legest fe</i> | 2-Generics | |
| <i>tri-linyah</i> | 2-Generics | |
| <i>tri-lo-estarylla</i> | 2-Generics | |
| <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 | |

You 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>turqoz</i> | 2-Generics | |
| <i>velivet</i> | 2-Generics | |
| <i>vestura</i> | 2-Generics | |
| <i>vienva</i> | 2-Generics | |
| <i>viorele</i> | 2-Generics | |
| <i>volnea</i> | 2-Generics | |
| <i>vyfemla</i> | 2-Generics | |
| <i>vylibra</i> | 2-Generics | |
| <i>wera</i> | 2-Generics | |
| <i>wymzya fe</i> | 2-Generics | |
| <i>xulane</i> | 2-Generics | |
| <i>yuvafem</i> | 2-Generics | |
| <i>zafemy</i> | 2-Generics | |
| <i>zarah</i> | 2-Generics | |
| <i>zovia 1/35 (28)</i> | 2-Generics | |
| <i>zumandimine</i> | 2-Generics | |

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

| | | |
|-----------------|------------|--|
| <i>lopreeza</i> | 2-Generics | |
|-----------------|------------|--|

PROGESTINS

| | | |
|-----------------------|--------------------------|--|
| <i>camila</i> | 2-Generics | |
| <i>deblitane</i> | 2-Generics | |
| DEPO-SUBQ PROVERA 104 | 4-Non-Preferred Drugs | |
| <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 | |
| <i>lyleq</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>lyza</i> | 2-Generics | |
| <i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml susp prsyr, 150 mg/ml suspension)</i> | 2-Generics | |
| <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 | |
| <i>nora-be</i> | 2-Generics | |
| <i>norethindrone</i> | 2-Generics | |
| <i>norethindrone acetate</i> | 2-Generics | |
| <i>norlyda</i> | 2-Generics | |
| <i>norlyroc</i> | 2-Generics | |
| <i>progesterone (100 mg cap, 200 mg cap)</i> | 2-Generics | |
| <i>sharobel</i> | 2-Generics | |

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

| | | |
|--|----------------------|--|
| <i>euthyrox</i> | 1-Preferred Generics | |
| <i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i> | 1-Preferred Generics | |
| <i>levoxyl</i> | 3-Preferred Brands | |
| <i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i> | 2-Generics | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------|--------------------|---------------------|
| SYNTHROID | 3-Preferred Brands | |
| <i>unithroid</i> | 3-Preferred Brands | |

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

| | | |
|--|-----------------------|-----|
| <i>lanreotide acetate</i> | 5-Specialty | |
| LUPRON DEPOT-PED (1-MONTH) (11.25 MG KIT, 15 MG KIT) | 5-Specialty | PA3 |
| LUPRON DEPOT-PED (3-MONTH) 30 MG KIT | 5-Specialty | PA3 |
| <i>mifepristone</i> | 5-Specialty | PA |
| <i>octreotide acetate (50 mcg/ml soln prsyr, 100 mcg/ml soln prsyr, 500 mcg/ml soln prsyr)</i> | 4-Non-Preferred Drugs | |
| SOMATULINE DEPOT | 5-Specialty | |

HORMONAL AGENTS, SUPPRESSANT (ADRENAL)

| | | |
|----------|-------------|--------------------------|
| LYSODREN | 5-Specialty | |
| RECORLEV | 5-Specialty | PA, QL (240 PER 30 DAYS) |

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

| | | |
|------------------------------|-----------------------|-----|
| <i>cabergoline</i> | 2-Generics | |
| ELIGARD | 4-Non-Preferred Drugs | PA3 |
| FIRMAGON | 4-Non-Preferred Drugs | PA3 |
| FIRMAGON (240 MG DOSE) | 5-Specialty | PA3 |
| <i>leuprolide acetate</i> | 4-Non-Preferred Drugs | PA3 |
| LEUPROLIDE ACETATE (3 MONTH) | 5-Specialty | PA3 |
| LUPRON DEPOT (1-MONTH) | 5-Specialty | PA3 |
| LUPRON DEPOT (3-MONTH) | 5-Specialty | PA3 |
| LUPRON DEPOT (4-MONTH) | 5-Specialty | PA3 |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------------------|----------------------------|
| LUPRON DEPOT (6-MONTH) | 5-Specialty | PA3 |
| LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT | 5-Specialty | PA3 |
| LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT | 5-Specialty | PA3 |
| LUPRON DEPOT-PED (6-MONTH) | 5-Specialty | PA3 |
| <i>octreotide acetate (50 mcg/ml solution, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml solution, 1000 mcg/ml solution)</i> | 4-Non-Preferred Drugs | |
| ORGOVYX | 5-Specialty | PA2 |
| SIGNIFOR | 5-Specialty | |
| SOMAVERT | 5-Specialty | |
| SYNAREL | 5-Specialty | |
| TRELSTAR MIXJECT | 4-Non-Preferred Drugs | PA3 |

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

| | | |
|--|-------------------------|--|
| <i>methimazole (5 mg tab, 10 mg tab)</i> | 1-Preferred Generics | |
| <i>propylthiouracil</i> | 2-Generics | |

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

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

IMMUNOGLOBULINS

| | | |
|----------------|-------------|-----|
| ATGAM | 5-Specialty | PA3 |
| BIVIGAM | 5-Specialty | PA |
| FLEBOGAMMA DIF | 5-Specialty | PA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------|------------------|----------------------------|
| 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 |
| THYMOGLOBULIN | 5-Specialty | PA3 |

IMMUNOLOGICAL AGENTS, OTHER

| | | |
|--|-------------|------------------------|
| ARCALYST | 5-Specialty | PA |
| BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN) | 5-Specialty | PA |
| BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR) | 5-Specialty | PA, QL (8 PER 28 DAYS) |
| DUPIXENT | 5-Specialty | PA |
| OTEZLA | 5-Specialty | PA |
| RIDAURA | 5-Specialty | |
| SKYRIZI (150 MG/ML SOLN PRSYR, 360 MG/2.4ML SOLN CART, 600 MG/10ML SOLUTION) | 5-Specialty | PA |
| SKYRIZI PEN | 5-Specialty | PA |
| STELARA | 5-Specialty | PA |
| TALTZ | 5-Specialty | PA |
| 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 |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------------------|----------------------------|
| IMMUNOSTIMULANTS | | |
| ACTIMMUNE | 5-Specialty | PA |
| 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 |
| AVSOLA | 5-Specialty | PA3 |
| <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> | 2-Generics | PA3 |
| <i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i> | 2-Generics | PA3 |
| ENBREL | 5-Specialty | PA |
| ENBREL MINI | 5-Specialty | PA |
| ENBREL SURECLICK | 5-Specialty | PA |
| ENVARBUS XR | 4-Non-Preferred Drugs | PA3 |
| <i>everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)</i> | 5-Specialty | PA3 |
| <i>everolimus 0.25 mg tab</i> | 4-Non-Preferred Drugs | PA3 |
| <i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i> | 2-Generics | PA3 |
| HUMIRA | 5-Specialty | PA |
| HUMIRA (2 PEN) | 5-Specialty | PA |
| HUMIRA (2 SYRINGE) | 5-Specialty | PA |
| HUMIRA-CD/UC/HS STARTER | 5-Specialty | PA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------------------|----------------------------|
| HUMIRA-PED<40KG CROHNS STARTER | 5-Specialty | PA |
| HUMIRA-PED>/=40KG CROHNS START | 5-Specialty | PA |
| HUMIRA-PED>/=40KG UC STARTER | 5-Specialty | PA |
| HUMIRA-PS/UV/ADOL HS 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, 1000 mg/40ml solution)</i> | 2-Generics | |
| <i>methotrexate sodium (pf)</i> | 2-Generics | |
| <i>methotrexate sodium 1 gm recon soln</i> | 4-Non-Preferred Drugs | |
| <i>mycophenolate mofetil (250 mg cap, 500 mg recon soln, 500 mg tab)</i> | 2-Generics | PA3 |
| <i>mycophenolate mofetil 200 mg/ml recon susp</i> | 5-Specialty | PA3 |
| <i>mycophenolate mofetil hcl</i> | 2-Generics | PA3 |
| <i>mycophenolate sodium</i> | 2-Generics | PA3 |
| <i>mycophenolic acid</i> | 2-Generics | PA3 |
| NULOJIX | 5-Specialty | PA3 |
| OTREXUP | 4-Non-Preferred Drugs | |
| PROGRAF (0.2 MG PACKET, 1 MG PACKET) | 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 |
|--|--------------------------|----------------------------|
| RASUVO | 4-Non-Preferred Drugs | |
| RENFLEXIS | 5-Specialty | PA3 |
| REZUROCK | 5-Specialty | PA, QL (30 PER 30 DAYS) |
| RINVOQ | 5-Specialty | PA |
| RINVOQ LQ | 5-Specialty | PA, QL (360 PER 30 DAYS) |
| SANDIMMUNE 100 MG/ML SOLUTION | 4-Non-Preferred Drugs | PA3 |
| SIMULECT 20 MG RECON SOLN | 5-Specialty | PA3 |
| <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 |
| TREXALL | 4-Non-Preferred Drugs | |
| XATMEP | 4-Non-Preferred Drugs | |

VACCINES

| | | |
|----------------------------------|-------------------------|--|
| ABRYSVO | 1-Preferred Generics | |
| ACTHIB | 3-Preferred Brands | |
| ADACEL | 1-Preferred Generics | |
| AREXVY | 1-Preferred Generics | |
| BCG VACCINE | 3-Preferred Brands | |
| BEXSERO | 3-Preferred Brands | |
| BOOSTRIX | 1-Preferred Generics | |
| DAPTACEL | 1-Preferred Generics | |
| DIPHTHERIA-TETANUS TOXOIDS DT | 1-Preferred Generics | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|-------------------------------|----------------------|----------------------------|
| ENGERIX-B | 3-Preferred Brands | PA3 |
| GARDASIL 9 | 1-Preferred Generics | |
| HAVRIX | 1-Preferred Generics | |
| HEPLISAV-B | 3-Preferred Brands | PA3 |
| HIBERIX | 3-Preferred Brands | |
| IMOVAX RABIES | 3-Preferred Brands | |
| INFANRIX | 1-Preferred Generics | |
| IPOL | 3-Preferred Brands | |
| IXCHIQ | 3-Preferred Brands | |
| IXIARO | 3-Preferred Brands | |
| JYNNEOS | 3-Preferred Brands | PA3 |
| KINRIX | 1-Preferred Generics | |
| M-M-R II | 1-Preferred Generics | |
| MENACTRA | 3-Preferred Brands | |
| MENQUADFI | 3-Preferred Brands | |
| MENVEO (RECON SOLN, SOLUTION) | 3-Preferred Brands | |
| MRESVIA | 3-Preferred Brands | |
| PEDIARIX | 3-Preferred Brands | |
| PEDVAX HIB | 3-Preferred Brands | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------|-------------------------|----------------------------|
| PENTACEL | 1-Preferred Generics | |
| PREHEVBRIO | 3-Preferred Brands | PA3 |
| PRIORIX | 1-Preferred Generics | |
| PROQUAD | 1-Preferred Generics | |
| QUADRACEL | 1-Preferred Generics | |
| RABAVERT | 3-Preferred Brands | |
| RECOMBIVAX HB | 3-Preferred Brands | PA3 |
| ROTARIX | 3-Preferred Brands | |
| ROTATEQ | 3-Preferred Brands | |
| SHINGRIX | 1-Preferred Generics | |
| TDVAX | 1-Preferred Generics | |
| TENIVAC | 1-Preferred Generics | |
| TICOVAC | 3-Preferred Brands | |
| TRUMENBA | 3-Preferred Brands | |
| TWINRIX | 1-Preferred Generics | |
| TYPHIM VI | 3-Preferred Brands | |
| VAQTA | 1-Preferred Generics | |
| VARIVAX | 3-Preferred Brands | |
| YF-VAX | 3-Preferred Brands | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------------------|--------------------------|
| INFLAMMATORY BOWEL DISEASE AGENTS | | |
| AMINOSALICYLATES | | |
| <i>balsalazide disodium</i> | 2-Generics | |
| <i>mesalamine (1.2 gm tab dr, 400 mg cap dr, 800 mg tab dr)</i> | 3-Preferred Brands | |
| <i>mesalamine (4 gm enema, 1000 mg suppos)</i> | 4-Non-Preferred Drugs | |
| <i>mesalamine er 0.375 gm cap er 24h</i> | 3-Preferred Brands | |
| <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, 100 mg/60ml enema)</i> | 2-Generics | |
| 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> | 2-Generics | |
| <i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i> | 2-Generics | |
| <i>calcitriol oral soln 1 mcg/ml</i> | 2-Generics | |
| <i>cinacalcet hcl (30 mg tab, 60 mg tab)</i> | 4-Non-Preferred Drugs | PA3, QL (60 PER 30 DAYS) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|-----------------------|----------------------------|
| <i>cinacalcet hcl 90 mg tab</i> | 5-Specialty | PA3, QL (120 PER 30 DAYS) |
| <i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i> | 4-Non-Preferred Drugs | |
| FORTEO | 5-Specialty | PA, QL (2.4 PER 28 DAYS) |
| <i>ibandronate sodium 150 mg tab</i> | 2-Generics | QL (1 PER 30 DAYS) |
| NATPARA | 5-Specialty | PA |
| <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) |
| RAYALDEE | 5-Specialty | |
| <i>risedronate sodium (35 mg tab, 35 mg tab dr)</i> | 4-Non-Preferred Drugs | QL (4 PER 28 DAYS) |
| <i>risedronate sodium (5 mg tab, 30 mg tab)</i> | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS) |
| <i>risedronate sodium 150 mg tab</i> | 4-Non-Preferred Drugs | QL (1 PER 28 DAYS) |
| <i>teriparatide</i> | 5-Specialty | PA, QL (2.4 PER 28 DAYS) |
| <i>teriparatide (recombinant) 600 mcg/2.4ml soln pen</i> | 5-Specialty | PA, QL (2.4 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 | |
| CLINOLIPID | 4-Non-Preferred Drugs | PA3 |
| GAUZE PADS & DRESSINGS - PADS 2 X 2 | 2-Generics | |
| INSULIN PEN NEEDLE (NOVO/BD/ULTIMED/OWEN/TRIVIDIA) | 2-Generics | |
| INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC) | 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 |
|--|-----------------------|----------------------------|
| INSULIN SYRINGE (DISP) U-100 1 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC) | 2-Generics | |
| INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC) | 2-Generics | |
| ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD | 2-Generics | |
| NEEDLES, INSULIN DISP., SAFETY | 2-Generics | |
| 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> | 2-Generics | |
| <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> | 2-Generics | |
| <i>dorzolamide hcl-timolol mal pf</i> | 2-Generics | |
| <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 | |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------------------|----------------------------|
| <i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i> | 2-Generics | |
| OXERVATE | 5-Specialty | PA |
| <i>polycin</i> | 2-Generics | |
| <i>proparacaine hcl</i> | 2-Generics | |
| RESTASIS | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| RESTASIS MULTIDOSE | 3-Preferred Brands | QL (5.5 PER 28 DAYS) |
| ROCKLATAN | 3-Preferred Brands | |
| <i>sulfacetamide-prednisolone</i> | 2-Generics | |
| TOBRADEX 0.3-0.1 % OINTMENT | 3-Preferred Brands | |
| <i>tobramycin-dexamethasone</i> | 4-Non-Preferred Drugs | |
| XIIDRA | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| ZYLET | 4-Non-Preferred Drugs | |

OPHTHALMIC ANTI-ALLERGY AGENTS

| | | |
|---------------------------------------|-----------------------|--|
| ALOMIDE | 3-Preferred Brands | |
| <i>azelastine hcl 0.05 % solution</i> | 2-Generics | |
| <i>bepotastine besilate</i> | 4-Non-Preferred Drugs | |
| <i>cromolyn sodium 4 % solution</i> | 1-Preferred Generics | |
| <i>epinastine hcl</i> | 2-Generics | |
| <i>olopatadine hcl 0.1 % solution</i> | 2-Generics | |

OPHTHALMIC ANTI-INFECTIVES

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

You 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>gatifloxacin</i> | 2-Generics | |
| <i>gentak</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> | 4-Non-Preferred Drugs | |
| <i>moxifloxacin hcl 0.5 % solution</i> | 2-Generics | |
| NATACYN | 4-Non-Preferred Drugs | |
| <i>ofloxacin 0.3 % solution</i> | 2-Generics | |
| <i>polymyxin b-trimethoprim</i> | 1-Preferred Generics | |
| <i>sulfacetamide sodium (10 % ointment, 10 % solution)</i> | 2-Generics | |
| <i>tobramycin 0.3 % solution</i> | 1-Preferred 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 | |
| <i>difluprednate</i> | 3-Preferred Brands | |
| FLAREX | 3-Preferred Brands | |
| <i>fluorometholone</i> | 2-Generics | |
| <i>flurbiprofen sodium</i> | 2-Generics | |
| ILEVRO | 3-Preferred Brands | |
| <i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i> | 2-Generics | |
| LOTEMAX 0.5 % OINTMENT | 4-Non-Preferred Drugs | |

You 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>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i> | 4-Non-Preferred Drugs | |
| <i>prednisolone acetate</i> | 2-Generics | |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION | 2-Generics | |
| PROLENSA | 4-Non-Preferred Drugs | |

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

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

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

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

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

| | | |
|------------------------------|----------------------|--|
| <i>bimatoprost</i> | 2-Generics | |
| <i>latanoprost</i> | 1-Preferred Generics | |
| LUMIGAN | 3-Preferred Brands | |
| <i>travoprost (bak free)</i> | 2-Generics | |

OTIC AGENTS

| | | |
|---|--------------------|--|
| CIPRODEX | 3-Preferred Brands | |
| <i>ciprofloxacin hcl 0.2 % solution</i> | 2-Generics | |
| <i>ciprofloxacin-dexamethasone</i> | 3-Preferred Brands | |
| <i>flac</i> | 2-Generics | |
| <i>fluocinolone acetonide 0.01 % oil</i> | 2-Generics | |
| <i>hydrocortisone-acetic acid</i> | 2-Generics | |
| <i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution)</i> | 2-Generics | |

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

| | | |
|--|-----------------------|---------------------|
| ARNUITY ELLIPTA | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| <i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i> | 4-Non-Preferred Drugs | PA3 |
| <i>flunisolide</i> | 2-Generics | QL (50 PER 30 DAYS) |
| <i>fluticasone propionate 50 mcg/act suspension</i> | 1-Preferred Generics | QL (16 PER 30 DAYS) |
| <i>fluticasone propionate diskus (50 mcg/act aer pow ba, 100 mcg/act aer pow ba)</i> | 3-Preferred Brands | QL (60 PER 30 DAYS) |

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

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

ANTIHISTAMINES

| | | |
|---|----------------------|---------------------|
| <i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i> | 2-Generics | |
| <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> | 2-Generics | |
| <i>desloratadine 5 mg tab</i> | 2-Generics | QL (30 PER 30 DAYS) |
| <i>diphenhydramine hcl 50 mg/ml solution</i> | 2-Generics | |
| <i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i> | 2-Generics | |
| <i>hydroxyzine hcl 10 mg/5ml syrup</i> | 3-Preferred Brands | |
| <i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i> | 2-Generics | |
| <i>levocetirizine dihydrochloride 5 mg tab</i> | 1-Preferred Generics | QL (30 PER 30 DAYS) |
| <i>olopatadine hcl 0.6 % solution</i> | 2-Generics | |
| <i>promethazine hcl 6.25 mg/5ml solution</i> | 1-Preferred Generics | PA |

ANTILEUKOTRIENES

| | | |
|---|----------------------|---------------------|
| <i>montelukast sodium (4 mg chew tab, 4 mg packet, 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) |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|------------------------------|------------------|----------------------------|
| <i>zafirlukast 10 mg tab</i> | 2-Generics | QL (120 PER 30 DAYS) |
| <i>zafirlukast 20 mg tab</i> | 2-Generics | QL (60 PER 30 DAYS) |

BRONCHODILATORS, ANTICHOLINERGIC

| | | |
|---|--------------------------|-----------------------|
| ATROVENT HFA | 4-Non-Preferred Drugs | QL (25.8 PER 30 DAYS) |
| INCRUSE ELLIPTA | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| <i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i> | 2-Generics | |
| <i>ipratropium bromide 0.02 % solution</i> | 2-Generics | PA3 |
| SPIRIVA HANDIHALER | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| SPIRIVA RESPIMAT | 3-Preferred Brands | QL (4 PER 30 DAYS) |
| <i>tiotropium bromide monohydrate</i> | 3-Preferred Brands | QL (30 PER 30 DAYS) |
| YUPELRI | 5-Specialty | PA3 |

BRONCHODILATORS, SYMPATHOMIMETIC

| | | |
|--|--------------------------|---------------------|
| <i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln)</i> | 2-Generics | PA3 |
| <i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab)</i> | 2-Generics | |
| <i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proair)</i> | 1-Preferred Generics | QL (17 PER 30 DAYS) |
| <i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic proventil)</i> | 1-Preferred Generics | QL (17 PER 30 DAYS) |
| <i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic ventolin)</i> | 1-Preferred 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> | 2-Generics | |
| <i>formoterol fumarate</i> | 4-Non-Preferred Drugs | PA3 |

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

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

CYSTIC FIBROSIS AGENTS

| | | |
|--|-------------|---------------------------|
| BRONCHITOL | 5-Specialty | PA |
| 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

| | | |
|---------------------|-----------------------|--|
| DALIRESP | 4-Non-Preferred Drugs | |
| <i>elixophyllin</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>roflumilast</i> | 4-Non-Preferred Drugs | |
| <i>theophylline</i> | 2-Generics | |
| <i>theophylline er</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> | 2-Generics | PA, QL (90 PER 30 DAYS) |
| <i>tadalafil (pah)</i> | 5-Specialty | PA, QL (60 PER 30 DAYS) |
| TRACLEER 32 MG TAB SOL | 5-Specialty | PA, QL (120 PER 30 DAYS) |
| UPTRAVI (200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB) | 5-Specialty | PA |
| VENTAVIS | 5-Specialty | PA |

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.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|-----------------------|----------------------------|
| BREO ELLIPTA | 3-Preferred Brands | QL (60 PER 30 DAYS) |
| <i>breynd</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) |
| DULERA | 4-Non-Preferred Drugs | QL (13 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 |
| NUCALA (40 MG/0.4ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR) | 5-Specialty | PA |
| 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>carisoprodol 350 mg tab</i> | 2-Generics | PA, QL (120 PER 30 DAYS) |
| <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 | PA |
| XEOMIN | 4-Non-Preferred Drugs | PA |

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

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------------------|--------------------------|
| SLEEP DISORDER AGENTS | | |
| SLEEP PROMOTING AGENTS | | |
| <i>doxepin hcl (3 mg tab, 6 mg tab)</i> | 2-Generics | QL (30 PER 30 DAYS) |
| <i>eszopiclone</i> | 2-Generics | PA, QL (30 PER 30 DAYS) |
| HETLIOZ | 5-Specialty | PA, QL (30 PER 30 DAYS) |
| HETLIOZ LQ | 5-Specialty | PA, QL (158 PER 30 DAYS) |
| <i>ramelteon</i> | 4-Non-Preferred Drugs | QL (30 PER 30 DAYS) |
| <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</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) |
| <i>zolpidem tartrate er</i> | 2-Generics | PA, QL (30 PER 30 DAYS) |
| WAKEFULNESS PROMOTING AGENTS | | |
| <i>armodafinil</i> | 3-Preferred Brands | PA, QL (30 PER 30 DAYS) |
| <i>modafinil 100 mg tab</i> | 4-Non-Preferred Drugs | PA, QL (30 PER 30 DAYS) |
| <i>modafinil 200 mg tab</i> | 4-Non-Preferred Drugs | PA, QL (60 PER 30 DAYS) |
| XYREM | 5-Specialty | PA, QL (540 PER 30 DAYS) |
| XYWAV | 5-Specialty | PA, QL (540 PER 30 DAYS) |

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

Index of Drugs

A

| | | | |
|--------------------------------|-------|---|-------|
| abacavir sulfate | 45 | ala-cort | 70 |
| abacavir sulfate-lamivudine | 45 | albendazole | 37 |
| ABELCET | 22 | albuterol sulfate | 107 |
| ABILIFY ASIMTUFII | 39,40 | albuterol sulfate hfa 108 (90 base) mcg/act | 107 |
| ABILIFY MAINTENA | 40 | aero soln (generic proair) | 107 |
| abiraterone acetate | 27 | albuterol sulfate hfa 108 (90 base) mcg/act | 107 |
| ABRYSCO | 96 | aero soln (generic proventil) | 107 |
| acamprosate calcium | 5 | albuterol sulfate hfa 108 (90 base) mcg/act | 107 |
| acarbose | 49 | aero soln (generic ventolin) | 107 |
| accutane | 69 | alclometasone dipropionate | 70 |
| acebutolol hcl | 60 | ALECENSA | 32 |
| acetaminophen-codeine | 4 | alendronate sodium | 99 |
| acetazolamide | 61 | alfuzosin hcl er | 81 |
| acetazolamide er | 104 | ALIQOPA | 32 |
| acetic acid | 7 | aliskiren fumarate | 61 |
| acetylcysteine | 109 | allopurinol | 24 |
| acitretin | 69 | alogliptin benzoate | 49 |
| ACTHAR | 81 | alogliptin-metformin hcl | 49 |
| ACTHIB | 96 | alogliptin-pioglitazone | 49,50 |
| ACTIMMUNE | 94 | ALOMIDE | 102 |
| acyclovir | 47,73 | alosectron hcl | 78 |
| acyclovir sodium | 48 | ALPHAGAN P | 104 |
| ADACEL | 96 | alprazolam | 48 |
| ADALIMUMAB-AACF (2 PEN) | 94 | altavera | 83 |
| ADALIMUMAB-AACF (2 SYRINGE) | 94 | ALUNBRIG | 32 |
| ADALIMUMAB-AACF(CD/UC/HS STRT) | 94 | alyacen 1/35 | 83 |
| ADALIMUMAB-AACF(PS/UV STARTER) | 94 | alyacen 7/7/7 | 83 |
| adefovir dipivoxil | 43 | ALYMSYS | 35 |
| ADEMPAS | 109 | alyq | 109 |
| ADMELOG | 53 | amabelz | 83 |
| ADMELOG SOLOSTAR | 53 | amantadine hcl | 38 |
| adriamycin | 31 | ambrisentan | 109 |
| adrucil | 28 | amethyst | 83 |
| ADVAIR HFA | 109 | amikacin sulfate | 7 |
| afirmelle | 83 | amiloride hcl | 63 |
| AIMOVIG | 24 | amiloride-hydrochlorothiazide | 61 |
| AJOVY | 24 | amiodarone hcl | 59 |
| ak-poly-bac | 101 | amitriptyline hcl | 20 |
| AKEEGA | 29 | amlodipine besy-benazepril hcl | 61 |
| | | amlodipine besylate | 60 |
| | | amlodipine besylate-valsartan | 61 |

| | | | |
|-------------------------------------|-----|------------------------------------|---------|
| amlodipine-atorvastatin..... | 61 | atenolol-chlorthalidone..... | 61 |
| amlodipine-olmesartan..... | 61 | ATGAM..... | 92 |
| amlodipine-valsartan-hctz..... | 61 | atomoxetine hcl..... | 66 |
| ammonium lactate..... | 70 | atorvastatin calcium..... | 63,64 |
| amnesteem..... | 69 | atovaquone..... | 37 |
| amoxapine..... | 20 | atovaquone-proguanil hcl..... | 37 |
| amoxicillin..... | 10 | atropine sulfate..... | 101 |
| amoxicillin-pot clavulanate..... | 10 | ATROVENT HFA..... | 107 |
| amoxicillin-pot clavulanate er..... | 10 | AUBAGIO..... | 68 |
| amphetamine-dextroamphet er..... | 66 | aubra eq..... | 83 |
| amphetamine-dextroamphetamine..... | 66 | AUGTYRO..... | 29 |
| amphotericin b..... | 22 | aurovela 1.5/30..... | 83 |
| amphotericin b liposome..... | 22 | aurovela 1/20..... | 83 |
| ampicillin..... | 10 | aurovela 24 fe..... | 83 |
| ampicillin sodium..... | 10 | aurovela fe 1.5/30..... | 83 |
| ampicillin-sulbactam sodium..... | 10 | aurovela fe 1/20..... | 83 |
| anagrelide hcl..... | 57 | AUSTEDO..... | 67 |
| anastrozole..... | 31 | AUSTEDO XR..... | 67 |
| ANORO ELLIPTA..... | 109 | AUSTEDO XR PATIENT TITRATION..... | 67 |
| apomorphine hcl..... | 38 | AUVELITY..... | 18 |
| apraclonidine hcl..... | 104 | AVASTIN..... | 35 |
| aprepitant..... | 22 | aviane..... | 83 |
| APRETUDE..... | 44 | AVONEX PEN..... | 68 |
| apri..... | 83 | AVONEX PREFILLED..... | 68 |
| APTIOM..... | 16 | AVSOLA..... | 94 |
| APTIVUS..... | 46 | ayuna..... | 84 |
| ARALAST NP..... | 79 | AYVAKIT..... | 29 |
| aranelle..... | 83 | azacitidine..... | 28 |
| ARCALYST..... | 93 | AZASITE..... | 102 |
| AREXVY..... | 96 | azathioprine..... | 94 |
| arformoterol tartrate..... | 107 | AZATHIOPRINE SODIUM..... | 94 |
| aripiprazole..... | 40 | azelastine hcl..... | 102,106 |
| ARISTADA..... | 40 | azithromycin..... | 11 |
| ARISTADA INITIO..... | 40 | aztreonam..... | 7 |
| armodafinil..... | 111 | azurette..... | 84 |
| ARNUIITY ELLIPTA..... | 105 | | |
| arsenic trioxide..... | 29 | B | |
| asenapine maleate..... | 40 | bac..... | 67 |
| aspirin-dipyridamole er..... | 57 | bacitra-neomycin-polymyxin-hc..... | 101 |
| atazanavir sulfate..... | 47 | bacitracin..... | 102 |
| atenolol..... | 60 | bacitracin-polymyxin b..... | 101 |

| | | | |
|-------------------------------------|--------|-------------------------------------|--------|
| baclofen..... | 43 | blisovi fe 1.5/30..... | 84 |
| balsalazide disodium..... | 99 | blisovi fe 1/20..... | 84 |
| BALVERSA..... | 32 | BOOSTRIX..... | 96 |
| balziva..... | 84 | bortezomib..... | 32 |
| BAQSIMI ONE PACK..... | 53 | bosentan..... | 109 |
| BAQSIMI TWO PACK..... | 53 | BOSULIF..... | 32 |
| BARACLUDE..... | 43 | BOTOX..... | 110 |
| BASAGLAR KWIKPEN..... | 53 | BRAFTOVI..... | 32 |
| BAVENCIO..... | 35 | BREO ELLIPTA..... | 110 |
| BCG VACCINE..... | 96 | breyna..... | 110 |
| BD ALCOHOL PADS..... | 100 | BREZTRI AEROSPHERE..... | 110 |
| bekyree..... | 84 | briellyn..... | 84 |
| benazepril hcl..... | 59 | BRILINTA..... | 57 |
| benazepril-hydrochlorothiazide..... | 61 | brimonidine tartrate..... | 104 |
| bendamustine hcl..... | 26 | brinzolamide..... | 104 |
| BENLYSTA..... | 93 | BRIVIACT..... | 13 |
| BENZNIDAZOLE..... | 37 | bromfenac sodium (once-daily)..... | 103 |
| benzoyl peroxide-erythromycin..... | 69 | bromocriptine mesylate..... | 38 |
| benztropine mesylate..... | 38 | BRONCHITOL..... | 108 |
| bepotastine besilate..... | 102 | BRUKINSA..... | 29 |
| BESIVANCE..... | 12 | budesonide..... | 99,105 |
| BESREMI..... | 29 | budesonide er..... | 99 |
| betaine..... | 79 | budesonide-formoterol fumarate..... | 110 |
| betamethasone dipropionate..... | 70 | bumetanide..... | 63 |
| betamethasone dipropionate aug..... | 70,81 | buprenorphine..... | 3 |
| betamethasone valerate..... | 70 | buprenorphine hcl..... | 6 |
| BETASERON..... | 68 | buprenorphine hcl-naloxone hcl..... | 6 |
| betaxolol hcl..... | 60,104 | bupropion hcl..... | 18 |
| bethanechol chloride..... | 81 | bupropion hcl er (smoking det)..... | 6 |
| BEVESPI AEROSPHERE..... | 109 | bupropion hcl er (sr)..... | 18 |
| bexarotene..... | 36 | bupropion hcl er (xl)..... | 18 |
| BEXSERO..... | 96 | bupirone hcl..... | 48 |
| bicalutamide..... | 27 | busulfan..... | 26 |
| BICILLIN L-A..... | 10 | butalbital-apap-caff-cod..... | 4 |
| BIKTARVY..... | 44 | butalbital-apap-caffeine..... | 67 |
| bimatoprost..... | 105 | butalbital-aspirin-caffeine..... | 2 |
| bisoprolol fumarate..... | 60 | butorphanol tartrate..... | 4 |
| bisoprolol-hydrochlorothiazide..... | 61 | BYDUREON BCISE..... | 50 |
| BIVIGAM..... | 92 | BYETTA 10 MCG PEN..... | 50 |
| bleomycin sulfate..... | 29 | BYETTA 5 MCG PEN..... | 50 |
| blisovi 24 fe..... | 84 | | |

C

| | | | |
|-------------------------------|-----|--------------------------------|--------|
| CABENUVA | 46 | cefepime hcl | 9 |
| cabergoline | 91 | cefixime | 9 |
| CABOMETYX | 32 | cefotetan disodium | 9 |
| calcipotriene | 72 | cefoxitin sodium | 9 |
| calcitonin (salmon) | 99 | cefpodoxime proxetil | 9 |
| calcitrene | 72 | cefprozil | 9 |
| calcitriol | 99 | ceftazidime | 9 |
| calcitriol oral soln 1 mcg/ml | 99 | CEFTRIAXONE SODIUM | 9 |
| calcium acetate | 76 | ceftriaxone sodium in dextrose | 9 |
| calcium acetate (phos binder) | 76 | cefuroxime axetil | 9 |
| CALQUENCE | 32 | cefuroxime sodium | 9 |
| camila | 89 | celecoxib | 2 |
| camrese lo | 84 | cephalexin | 9 |
| candesartan cilexetil | 58 | cetirizine hcl | 106 |
| candesartan cilexetil-hctz | 62 | cevimeline hcl | 68 |
| CAPLYTA | 40 | chateal eq | 84 |
| CAPRELSA | 32 | CHEMET | 76 |
| captopril | 59 | chlordiazepoxide hcl | 48 |
| carbamazepine | 16 | chlordiazepoxide-amitriptyline | 18 |
| carbamazepine er | 16 | chlorhexidine gluconate | 68 |
| carbidopa | 38 | chloroquine phosphate | 37 |
| carbidopa-levodopa | 38 | chlorpromazine hcl | 39 |
| carbidopa-levodopa er | 39 | chlorthalidone | 63 |
| carbidopa-levodopa-entacapone | 38 | cholestyramine | 64 |
| carboplatin | 26 | cholestyramine light | 64 |
| carglumic acid | 73 | ciclodan | 73 |
| carisoprodol | 110 | ciclopirox | 73 |
| carteolol hcl | 104 | ciclopirox olamine | 22 |
| cartia xt | 61 | cilostazol | 58 |
| carvedilol | 60 | CILOXAN | 12 |
| carvedilol phosphate er | 60 | CIMDUO | 45 |
| caspofungin acetate | 22 | cimetidine | 79 |
| cataflam | 2 | cinacalcet hcl | 99,100 |
| CAYSTON | 108 | CINRYZE | 92 |
| cefaclor | 8 | CIPRODEX | 105 |
| CEFACLOR ER | 8 | ciprofloxacin hcl | 12,105 |
| cefadroxil | 8 | ciprofloxacin in d5w | 12 |
| cefazolin sodium | 9 | ciprofloxacin-dexamethasone | 105 |
| cefdinir | 9 | cisplatin | 26 |
| | | citalopram hydrobromide | 19 |
| | | cladribine | 28 |

| | | | |
|--------------------------------|-------|------------------------------|------------|
| claravis | 69 | colchicine-probenecid | 24 |
| clarithromycin | 11 | colesevelam hcl | 64 |
| clarithromycin er | 11 | colestipol hcl | 64 |
| CLENPIQ | 77 | colistimethate sodium (cba) | 7 |
| clindamycin hcl | 7 | COMBIGAN | 101 |
| clindamycin palmitate hcl | 7 | COMBIVENT RESPIMAT | 110 |
| clindamycin phos-benzoyl perox | 69 | COMETRIQ (100 MG DAILY DOSE) | 32 |
| clindamycin phosphate | 7,73 | COMETRIQ (140 MG DAILY DOSE) | 32 |
| clindamycin phosphate in d5w | 7 | COMETRIQ (60 MG DAILY DOSE) | 32 |
| CLINIMIX E/DEXTROSE (2.75/5) | 73 | COMPLERA | 44 |
| CLINIMIX E/DEXTROSE (4.25/10) | 73 | compro | 21 |
| CLINIMIX E/DEXTROSE (4.25/5) | 73 | constulose | 77 |
| CLINIMIX E/DEXTROSE (5/15) | 73 | COPAXONE | 68 |
| CLINIMIX E/DEXTROSE (5/20) | 73 | COPIKTRA | 32 |
| CLINIMIX/DEXTROSE (4.25/10) | 73 | CORLANOR | 62 |
| CLINIMIX/DEXTROSE (4.25/5) | 74 | CORTROPHIN | 81 |
| CLINIMIX/DEXTROSE (5/15) | 74 | COTELLIC | 32 |
| CLINIMIX/DEXTROSE (5/20) | 74 | CREON | 79 |
| clinisol sf | 74 | cromolyn sodium | 79,102,108 |
| CLINOLIPID | 100 | cryselle-28 | 84 |
| clobazam | 15 | cyclobenzaprine hcl | 110 |
| clobetasol prop emollient base | 70 | cyclopentolate hcl | 101 |
| clobetasol propionate | 70 | CYCLOPHOSPHAMIDE | 26 |
| clobetasol propionate e | 70 | CYCLOSET | 50 |
| clobetasol propionate emulsion | 70 | cyclosporine | 94 |
| clodan | 70 | cyclosporine modified | 94 |
| clofarabine | 28 | cyproheptadine hcl | 106 |
| clomipramine hcl | 20 | CYRAMZA | 35 |
| clonazepam | 48 | cyred eq | 84 |
| clonidine | 58 | CYSTAGON | 79 |
| clonidine hcl | 58 | CYSTARAN | 79 |
| clopidogrel bisulfate | 58 | cytarabine | 28 |
| clorazepate dipotassium | 48 | cytarabine (pf) | 28 |
| clotrimazole | 22 | | |
| clotrimazole-betamethasone | 72 | D | |
| CLOTRIMAZOLE-BETAMETHASONE | 72 | dacarbazine | 29 |
| clozapine | 42,43 | dactinomycin | 29 |
| COARTEM | 37 | dalfampridine er | 68 |
| COBENFY | 40 | DALIRESP | 108 |
| COBENFY STARTER PACK | 40 | danazol | 83 |
| colchicine | 24 | dantrolene sodium | 43 |

| | | | |
|-------------------------------------|--------|-------------------------------------|----------|
| dapsone..... | 25 | DIACOMIT..... | 13 |
| DAPTACEL..... | 96 | diazepam..... | 15,48,49 |
| DAPTOMYCIN..... | 7 | diazepam intensol..... | 49 |
| darifenacin hydrobromide er..... | 80 | diazoxide..... | 53 |
| darunavir..... | 47 | diclofenac potassium..... | 2 |
| DARZALEX..... | 36 | diclofenac sodium..... | 2,103 |
| dasatinib..... | 32 | diclofenac sodium er..... | 2 |
| dasetta 1/35..... | 84 | diclofenac-misoprostol..... | 2 |
| dasetta 7/7/7..... | 84 | dicloxacillin sodium..... | 10 |
| daunorubicin hcl..... | 31 | dicyclomine hcl..... | 78 |
| DAURISMO..... | 32 | DIFICID..... | 11 |
| deblitane..... | 89 | diflunisal..... | 2 |
| decitabine..... | 28 | difluprednate..... | 103 |
| deferasirox..... | 76 | digoxin..... | 62 |
| deferasirox granules..... | 76 | dihydroergotamine mesylate..... | 24 |
| deferiprone..... | 76 | DILANTIN..... | 16 |
| DELSTRIGO..... | 44 | dilt-xr..... | 61 |
| delyla..... | 84 | diltiazem hcl..... | 61 |
| demeclocycline hcl..... | 12 | diltiazem hcl er..... | 61 |
| DEPO-SUBQ PROVERA 104..... | 89 | diltiazem hcl er beads..... | 61 |
| depo-testosterone..... | 83 | diltiazem hcl er coated beads..... | 61 |
| DESCOVY..... | 45 | diphenhydramine hcl..... | 106 |
| desipramine hcl..... | 20 | diphenoxylate-atropine..... | 78 |
| desloratadine..... | 106 | DIPHThERIA-TETANUS TOXOIDS DT..... | 96 |
| desmopressin ace spray refrig..... | 82 | dipyridamole..... | 58 |
| desmopressin acetate..... | 82 | disopyramide phosphate..... | 59 |
| desmopressin acetate pf..... | 82 | disulfiram..... | 5 |
| desmopressin acetate spray..... | 82 | divalproex sodium..... | 13 |
| desogestrel-ethinyl estradiol..... | 84 | divalproex sodium er..... | 13 |
| desonide..... | 70 | DOCETAXEL..... | 29 |
| desoximetasone..... | 70 | dofetilide..... | 59 |
| desvenlafaxine succinate er..... | 19 | dolishale..... | 84 |
| dexamethasone..... | 81 | donepezil hcl..... | 17 |
| dexamethasone sod phos +rfid..... | 81 | dorzolamide hcl..... | 104 |
| dexamethasone sod phosphate pf..... | 81 | dorzolamide hcl-timolol mal..... | 101 |
| dexamethasone sodium phosphate..... | 82,103 | dorzolamide hcl-timolol mal pf..... | 101 |
| dexmethylphenidate hcl..... | 66 | dotti..... | 84 |
| dextroamphetamine sulfate..... | 66 | DOVATO..... | 44 |
| dextroamphetamine sulfate er..... | 66 | doxazosin mesylate..... | 58 |
| dextrose..... | 74 | doxepin hcl..... | 20,111 |
| dextrose-sodium chloride..... | 74 | doxercalciferol..... | 100 |

| | | | |
|--------------------------------|-------|-------------------------------|-----------|
| doxorubicin hcl | 31 | emzahn | 89 |
| doxorubicin hcl liposomal | 31 | enalapril maleate | 59 |
| doxy 100 | 12 | enalapril-hydrochlorothiazide | 62 |
| doxycycline hyclate | 12 | ENBREL | 94 |
| doxycycline monohydrate | 13 | ENBREL MINI | 94 |
| DRIZALMA SPRINKLE | 67 | ENBREL SURECLICK | 94 |
| dronabinol | 22 | ENDARI | 79 |
| drospirenone-ethinyl estradiol | 84 | endocet | 4 |
| DROXIA | 28 | ENGERIX-B | 97 |
| droxidopa | 58 | enilloring | 84 |
| DUAVEE | 90 | enoxaparin sodium | 56 |
| DULERA | 110 | enpresse-28 | 84 |
| duloxetine hcl | 67 | enskyce | 84 |
| DUPIXENT | 93 | entacapone | 38 |
| dutasteride | 81 | entecavir | 43 |
| dutasteride-tamsulosin hcl | 81 | ENTRESTO | 62 |
| E | | enulose | 77 |
| ec-naproxen | 2 | ENVARUSUS XR | 94 |
| econazole nitrate | 23 | EPCLUSA | 43 |
| EDURANT | 44 | EPIDIOLEX | 13 |
| efavirenz | 44,45 | epinastine hcl | 102 |
| efavirenz-emtricitab-tenofo df | 45 | epinephrine | 107 |
| efavirenz-lamivudine-tenofovir | 45 | epirubicin hcl | 31 |
| ELIGARD | 91 | epitol | 16 |
| elinest | 84 | EPIVIR HBV | 43 |
| ELIQUIS | 56 | eplerenone | 63 |
| ELIQUIS DVT/PE STARTER PACK | 56 | EPRONTIA | 13 |
| elixophyllin | 108 | ERBITUX | 36 |
| ELMIRON | 81 | ergoloid mesylates | 17 |
| eluryng | 84 | ERGOTAMINE-CAFFEINE | 24 |
| EMCYT | 28 | ERIVEDGE | 32 |
| EMEND | 22 | ERLEADA | 27 |
| EMGALITY | 24 | erlotinib hcl | 32 |
| EMGALITY (300 MG DOSE) | 24 | errin | 89 |
| emoquette | 84 | ertapenem sodium | 11 |
| EMPLICITI | 36 | ery | 73 |
| EMSAM | 18 | ERYTHROCIN LACTOBIONATE | 11 |
| emtricitabine | 45 | erythromycin | 11,73,102 |
| emtricitabine-tenofovir df | 45 | erythromycin base | 11 |
| EMTRIVA | 45 | erythromycin ethylsuccinate | 11 |
| | | escitalopram oxalate | 19 |

| | | | |
|--------------------------------|-------|--------------------------------|---------|
| esomeprazole magnesium | 79 | fesoterodine fumarate er | 80 |
| estarylla | 84 | FETZIMA | 19 |
| estradiol | 85 | FETZIMA TITRATION | 19 |
| estradiol valerate | 85 | FIASP | 54 |
| estradiol-norethindrone acet | 85 | FIASP FLEXTOUCH | 54 |
| ESTRING | 85 | FIASP PENFILL | 54 |
| eszopiclone | 111 | FIASP PUMPCART | 54 |
| ethambutol hcl | 25 | finasteride | 81 |
| ethosuximide | 14 | finolimid hcl | 68 |
| ethynodiol diac-eth estradiol | 85 | FINTEPLA | 13 |
| etodolac | 2 | FIRMAGON | 91 |
| etodolac er | 2 | FIRMAGON (240 MG DOSE) | 91 |
| etonogestrel-ethinyl estradiol | 85 | flac | 105 |
| etoposide | 31 | FLAREX | 103 |
| etravirine | 45 | flavoxate hcl | 80 |
| euthyrox | 90 | FLEBOGAMMA DIF | 92 |
| everolimus | 32,94 | flecainide acetate | 59 |
| EVOTAZ | 47 | fluconazole | 23 |
| exemestane | 31 | fluconazole in sodium chloride | 23 |
| EXKIVITY | 29 | flucytosine | 23 |
| ezetimibe | 64 | fludarabine phosphate | 29 |
| ezetimibe-simvastatin | 64 | fludrocortisone acetate | 82 |
| F | | flunisolide | 105 |
| falmina | 85 | fluocinolone acetonide | 71,105 |
| famciclovir | 48 | fluocinolone acetonide body | 71 |
| famotidine | 79 | fluocinolone acetonide scalp | 71 |
| FANAPT | 40 | fluocinonide | 71 |
| FANAPT TITRATION PACK | 40 | fluocinonide emulsified base | 71 |
| FARXIGA | 50 | fluorometholone | 103 |
| FASENRA | 110 | fluorouracil | 28,72 |
| FASENRA PEN | 110 | fluoxetine hcl | 19 |
| febuxostat | 24 | fluphenazine decanoate | 39 |
| felbamate | 13 | fluphenazine hcl | 39 |
| felodipine er | 60 | flurbiprofen | 2 |
| femynor | 85 | flurbiprofen sodium | 103 |
| fenofibrate | 63 | flutamide | 27 |
| fenofibrate micronized | 63 | fluticasone propionate | 71,105 |
| fenofibric acid | 63 | fluticasone propionate diskus | 105,106 |
| fentanyl | 3 | fluticasone propionate hfa | 106 |
| FERRIPROX | 76 | fluticasone-salmeterol | 110 |
| | | fluvoxamine maleate | 19 |

| | | | |
|---|-----|---|-------|
| fluvoxamine maleate er..... | 19 | gengraf..... | 94 |
| fondaparinux sodium..... | 56 | gentak..... | 103 |
| formoterol fumarate..... | 107 | gentamicin in saline..... | 7 |
| FORTEO..... | 100 | gentamicin sulfate..... | 7,103 |
| fosamprenavir calcium..... | 47 | GENVOYA..... | 44 |
| fosfomycin tromethamine..... | 7 | GILOTRIF..... | 32 |
| fosinopril sodium..... | 59 | GLASSIA..... | 80 |
| fosinopril sodium-hctz..... | 62 | GLEOSTINE..... | 26 |
| fosphenytoin sodium..... | 16 | glimepiride..... | 50 |
| FOTIVDA..... | 29 | glipizide..... | 50 |
| FREAMINE III..... | 74 | glipizide er..... | 50 |
| FRUZAQLA..... | 32 | glipizide xl..... | 50 |
| fulvestrant..... | 28 | glipizide-metformin hcl..... | 50 |
| furosemide..... | 63 | GLUCAGEN HYPOKIT..... | 53 |
| FUZEON..... | 46 | GLUCAGON EMERGENCY..... | 53 |
| FYCOMPA..... | 13 | GLUCAGON EMERGENCY 1 MG KIT (GENERIC)..... | 53 |
| G | | glyburide..... | 50 |
| gabapentin..... | 15 | GLYBURIDE MICRONIZED..... | 50 |
| galantamine hydrobromide..... | 17 | glyburide-metformin..... | 50 |
| galantamine hydrobromide er..... | 17 | glycopyrrolate..... | 78 |
| gallifrey..... | 89 | GLYXAMBI..... | 51 |
| GAMMAGARD..... | 93 | granisetron hcl..... | 22 |
| GAMMAGARD S/D LESS IGA..... | 93 | griseofulvin microsize..... | 23 |
| GAMMAKED..... | 93 | griseofulvin ultramicrosize..... | 23 |
| GAMMAPLEX..... | 93 | guanfacine hcl..... | 58 |
| GAMUNEX-C..... | 93 | guanfacine hcl er..... | 66 |
| GARDASIL 9..... | 97 | GVOKE HYPOPEN 1-PACK..... | 53 |
| gatifloxacin..... | 103 | GVOKE HYPOPEN 2-PACK..... | 53 |
| GATTEX..... | 78 | GVOKE KIT..... | 53 |
| GAUZE PADS & DRESSINGS - PADS 2 X 2..... | 100 | GVOKE PFS..... | 53 |
| gavilyte-c..... | 78 | H | |
| gavilyte-g..... | 78 | HAEGARDA..... | 92 |
| gavilyte-n with flavor pack..... | 77 | hailey 1.5/30..... | 85 |
| GAVRETO..... | 32 | hailey 24 fe..... | 85 |
| gefitinib..... | 32 | hailey fe 1.5/30..... | 85 |
| gemcitabine hcl..... | 28 | hailey fe 1/20..... | 85 |
| gemfibrozil..... | 63 | HALAVEN..... | 29 |
| GEMTESA..... | 80 | halobetasol propionate..... | 71 |
| generlac..... | 77 | haloette..... | 85 |

| | | | |
|-------------------------------------|-----|-----------------------------------|-------|
| haloperidol..... | 39 | hydrocortisone..... | 71,99 |
| haloperidol decanoate..... | 39 | HYDROCORTISONE..... | 71 |
| haloperidol lactate..... | 39 | hydrocortisone (perianal)..... | 71 |
| HARVONI..... | 44 | HYDROCORTISONE BUTYRATE..... | 71 |
| HAVRIX..... | 97 | hydrocortisone butyrate..... | 71 |
| heather..... | 89 | hydrocortisone valerate..... | 71 |
| heparin sodium (porcine)..... | 56 | hydrocortisone-acetic acid..... | 105 |
| heparin sodium (porcine) pf..... | 56 | hydromorphone hcl..... | 4 |
| HEPLISAV-B..... | 97 | hydroxychloroquine sulfate..... | 37 |
| HERCEPTIN HYLECTA..... | 36 | hydroxyurea..... | 28 |
| HERZUMA..... | 36 | hydroxyzine hcl..... | 106 |
| HETLIOZ..... | 111 | hydroxyzine pamoate..... | 48 |
| HETLIOZ LQ..... | 111 | | |
| HIBERIX..... | 97 | | |
| HUMALOG..... | 54 | ibandronate sodium..... | 100 |
| HUMALOG JUNIOR KWIKPEN..... | 54 | IBRANCE..... | 32 |
| HUMALOG KWIKPEN..... | 54 | ibu..... | 2 |
| HUMALOG MIX 50/50..... | 54 | ibuprofen..... | 2 |
| HUMALOG MIX 50/50 KWIKPEN..... | 54 | icatibant acetate..... | 92 |
| HUMALOG MIX 75/25..... | 54 | iclevia..... | 85 |
| HUMALOG MIX 75/25 KWIKPEN..... | 54 | ICLUSIG..... | 32 |
| HUMIRA..... | 94 | IDACIO..... | 95 |
| HUMIRA (2 PEN)..... | 94 | IDACIO FOR CROHNS DISEASE/UC..... | 95 |
| HUMIRA (2 SYRINGE)..... | 94 | IDACIO FOR PLAQUE PSORIASIS..... | 95 |
| HUMIRA-CD/UC/HS STARTER..... | 94 | idarubicin hcl..... | 31 |
| HUMIRA-PED<40KG CROHNS STARTER..... | 95 | IDHIFA..... | 29 |
| HUMIRA-PED>/=40KG CROHNS START..... | 95 | ifosfamide..... | 26 |
| HUMIRA-PED>/=40KG UC STARTER..... | 95 | ILEVRO..... | 103 |
| HUMIRA-PS/UV/ADOL HS STARTER..... | 95 | imatinib mesylate..... | 32 |
| HUMIRA-PSORIASIS/UEIT STARTER..... | 95 | IMBRUVICA..... | 32 |
| HUMULIN 70/30..... | 54 | IMFINZI..... | 36 |
| HUMULIN 70/30 KWIKPEN..... | 54 | imipenem-cilastatin..... | 11 |
| HUMULIN N..... | 54 | imipramine hcl..... | 20 |
| HUMULIN N KWIKPEN..... | 54 | imipramine pamoate..... | 21 |
| HUMULIN R..... | 54 | imiquimod..... | 72 |
| HUMULIN R U-500 (CONCENTRATED)..... | 54 | IMOVAX RABIES..... | 97 |
| HUMULIN R U-500 KWIKPEN..... | 54 | incassia..... | 89 |
| hydralazine hcl..... | 65 | INCRELEX..... | 83 |
| hydrochlorothiazide..... | 63 | INCRUSE ELLIPTA..... | 107 |
| hydrocodone-acetaminophen..... | 4 | indapamide..... | 63 |
| hydrocodone-ibuprofen..... | 4 | indomethacin..... | 2 |

| | | | |
|---|-------|--------------------------------|-----|
| indomethacin er..... | 2 | isosorbide mononitrate..... | 65 |
| INFANRIX..... | 97 | isosorbide mononitrate er..... | 65 |
| INFLECTRA..... | 95 | isotretinoin..... | 69 |
| INGREZZA..... | 67 | isradipine..... | 60 |
| INLYTA..... | 33 | ITOVEBI..... | 33 |
| INQOVI..... | 28 | itraconazole..... | 23 |
| INREBIC..... | 33 | ivermectin..... | 37 |
| INSULIN LISPRO..... | 54 | IWILFIN..... | 29 |
| INSULIN LISPRO (1 UNIT DIAL)..... | 55 | IXCHIQ..... | 97 |
| INSULIN LISPRO JUNIOR KWIKPEN..... | 55 | IXIARO..... | 97 |
| INSULIN LISPRO PROT & LISPRO..... | 55 | | |
| INSULIN PEN NEEDLE (NOVO/BD/ULTIMED/OWEN/TRIVIDIA)..... | 100 | J | |
| INSULIN SYRINGE (DISP) U-100 0.3 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC)..... | 100 | JAKAFI..... | 33 |
| INSULIN SYRINGE (DISP) U-100 1 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC)..... | 101 | jantoven..... | 56 |
| INSULIN SYRINGE (DISP) U-100 1/2 ML (BD/ULTIMED/ALLISON/TRIVIDIA/MHC)..... | 101 | JANUMET..... | 51 |
| INTELENCE..... | 45 | JANUMET XR..... | 51 |
| INTRALIPID..... | 74 | JANUVIA..... | 51 |
| introvale..... | 85 | JARDIANCE..... | 51 |
| INVEGA HAFYERA..... | 40 | jasmiel..... | 85 |
| INVEGA SUSTENNA..... | 40,41 | javygtor..... | 80 |
| INVEGA TRINZA..... | 41 | JAYPIRCA..... | 29 |
| IPOL..... | 97 | jencycla..... | 89 |
| ipratropium bromide..... | 107 | JENTADUETO..... | 51 |
| ipratropium-albuterol..... | 110 | JENTADUETO XR..... | 51 |
| irbesartan..... | 58 | JEVTANA..... | 33 |
| irbesartan-hydrochlorothiazide..... | 62 | jolessa..... | 85 |
| irinotecan hcl..... | 31 | juleber..... | 85 |
| ISENTRESS..... | 44 | JULUCA..... | 44 |
| ISENTRESS HD..... | 44 | junel 1.5/30..... | 85 |
| isibloom..... | 85 | junel 1/20..... | 85 |
| ISOLYTE-P IN D5W..... | 74 | junel fe 1.5/30..... | 85 |
| ISOLYTE-S..... | 74 | junel fe 1/20..... | 85 |
| ISOLYTE-S PH 7.4..... | 74 | junel fe 24..... | 85 |
| isoniazid..... | 25,26 | JYNNEOS..... | 97 |
| ISOPROPYL ALCOHOL 0.7 ML/ML | | | |
| MEDICATED PAD..... | 101 | K | |
| isosorbide dinitrate..... | 65 | KADCYLA..... | 36 |
| | | kalliga..... | 86 |
| | | KALYDECO..... | 108 |
| | | KANJINTI..... | 36 |
| | | kariva..... | 86 |

| | | | |
|-----------------------------------|----------|-----------------------------------|-------|
| KCL (0.149%) IN NAACL..... | 74 | lamotrigine er..... | 49 |
| kcl in dextrose-nacl..... | 74 | lanreotide acetate..... | 91 |
| KCL-LACTATED RINGERS-D5W..... | 74 | lansoprazole..... | 79 |
| kelnor 1/35..... | 86 | LANTUS..... | 55 |
| kelnor 1/50..... | 86 | LANTUS SOLOSTAR..... | 55 |
| KERENDIA..... | 51 | lapatinib ditosylate..... | 33 |
| KESIMPTA..... | 68 | larin 1.5/30..... | 86 |
| ketoconazole..... | 23 | larin 1/20..... | 86 |
| ketorolac tromethamine..... | 103 | larin 24 fe..... | 86 |
| KEYTRUDA..... | 36 | larin fe 1.5/30..... | 86 |
| KINRIX..... | 97 | larin fe 1/20..... | 86 |
| kionex..... | 76 | latanoprost..... | 105 |
| KISQALI (200 MG DOSE)..... | 33 | LATUDA..... | 41 |
| KISQALI (400 MG DOSE)..... | 33 | LAZCLUZE..... | 33 |
| KISQALI (600 MG DOSE)..... | 33 | leena..... | 86 |
| KISQALI FEMARA (200 MG DOSE)..... | 29 | leflunomide..... | 95 |
| KISQALI FEMARA (400 MG DOSE)..... | 29 | lenalidomide..... | 27 |
| KISQALI FEMARA (600 MG DOSE)..... | 29 | LENVIMA (10 MG DAILY DOSE)..... | 33 |
| klayesta..... | 23 | LENVIMA (12 MG DAILY DOSE)..... | 33 |
| klor-con..... | 74 | LENVIMA (14 MG DAILY DOSE)..... | 33 |
| klor-con 10..... | 74 | LENVIMA (18 MG DAILY DOSE)..... | 33 |
| klor-con m10..... | 74 | LENVIMA (20 MG DAILY DOSE)..... | 33 |
| klor-con m15..... | 74 | LENVIMA (24 MG DAILY DOSE)..... | 33 |
| klor-con m20..... | 74 | LENVIMA (4 MG DAILY DOSE)..... | 33 |
| klor-con sprinkle..... | 74 | LENVIMA (8 MG DAILY DOSE)..... | 33 |
| KORLYM..... | 82 | lessina..... | 86 |
| KOSELUGO..... | 33 | letrozole..... | 31 |
| kourzeq..... | 69 | leucovorin calcium..... | 29,37 |
| KRAZATI..... | 29 | LEUKERAN..... | 26 |
| kurvelo..... | 86 | LEUKINE..... | 57 |
| KYPROLIS..... | 33 | leuprolide acetate..... | 91 |
| L | | LEUPROLIDE ACETATE (3 MONTH)..... | 91 |
| l-glutamine..... | 80 | levalbuterol hcl..... | 108 |
| labetalol hcl..... | 60 | levalbuterol tartrate..... | 108 |
| lacosamide..... | 16 | LEVEMIR..... | 55 |
| lactulose..... | 77 | LEVEMIR FLEXPEN..... | 55 |
| lactulose encephalopathy..... | 77 | LEVEMIR FLEXTOUCH..... | 55 |
| lamivudine..... | 43,45,46 | levetiracetam..... | 14 |
| lamivudine-zidovudine..... | 46 | levetiracetam er..... | 14 |
| lamotrigine..... | 14,49 | levetiracetam in nacl..... | 14 |
| | | levobunolol hcl..... | 104 |

| | | | |
|---------------------------------|--------|----------------------------|-------|
| levocarnitine | 74 | lopinavir-ritonavir | 47 |
| levocarnitine sf | 75 | lopreeza | 89 |
| levocetirizine dihydrochloride | 106 | lorazepam | 49 |
| levofloxacin | 12,103 | lorazepam intensol | 49 |
| levofloxacin in d5w | 12 | LORBRENA | 33 |
| levofloxacin oral soln 25 mg/ml | 12 | loryna | 86 |
| levoleucovorin calcium | 29 | losartan potassium | 58 |
| levoleucovorin calcium pf | 30 | losartan potassium-hctz | 62 |
| levonest | 86 | LOTEMAX | 103 |
| levonorg-eth estrad triphasic | 86 | loteprednol etabonate | 104 |
| levonorgest-eth estrad 91-day | 86 | lovastatin | 64 |
| levonorgestrel-ethinyl estrad | 86 | low-ogestrel | 86 |
| levora 0.15/30 (28) | 86 | loxapine succinate | 39 |
| levothyroxine sodium | 90 | lubiprostone | 77 |
| levoxyl | 90 | LUCEMYRA | 6 |
| LEXIVA | 47 | LUMAKRAS | 30 |
| LIBERVANT | 15 | LUMIGAN | 105 |
| lidocaine | 5 | LUPRON DEPOT (1-MONTH) | 91 |
| lidocaine viscous hcl | 5 | LUPRON DEPOT (3-MONTH) | 91 |
| lidocaine-prilocaine | 5 | LUPRON DEPOT (4-MONTH) | 91 |
| lidocan | 5 | LUPRON DEPOT (6-MONTH) | 92 |
| lindane | 72 | LUPRON DEPOT-PED (1-MONTH) | 91,92 |
| linezolid | 7,8 | LUPRON DEPOT-PED (3-MONTH) | 91,92 |
| LINZESS | 77 | LUPRON DEPOT-PED (6-MONTH) | 92 |
| liothyronine sodium | 90 | lurasidone hcl | 41 |
| lisinopril | 59 | lutura | 86 |
| lisinopril-hydrochlorothiazide | 62 | LYBALVI | 18 |
| lithium | 49 | lyleq | 89 |
| lithium carbonate | 49 | lyllana | 86 |
| lithium carbonate er | 49 | LYNPARZA | 33 |
| LIVALO | 64 | LYSODREN | 91 |
| lo-zumandimine | 86 | LYTGOBI (12 MG DAILY DOSE) | 33 |
| loestrin 1.5/30 (21) | 86 | LYTGOBI (16 MG DAILY DOSE) | 33 |
| loestrin 1/20 (21) | 86 | LYTGOBI (20 MG DAILY DOSE) | 33 |
| loestrin fe 1.5/30 | 86 | LYUMJEV | 55 |
| loestrin fe 1/20 | 86 | LYUMJEV KWIKPEN | 55 |
| lofexidine hcl | 6 | lyza | 90 |
| lojaimiess | 86 | | |
| LOKELMA | 77 | M | |
| LONSURF | 30 | M-M-R II | 97 |
| loperamide hcl | 78 | magnesium sulfate | 75 |

| | | | |
|----------------------------------|-----|-------------------------------------|--------|
| malathion..... | 73 | methylphenidate hcl er..... | 66 |
| maraviroc..... | 46 | methylprednisolone..... | 82 |
| marlissa..... | 86 | methylprednisolone acetate..... | 82 |
| MARPLAN..... | 18 | methylprednisolone sodium succ..... | 82 |
| MATULANE..... | 26 | metoclopramide hcl..... | 21 |
| matzim la..... | 61 | metolazone..... | 63 |
| MAVYRET..... | 44 | metoprolol succinate er..... | 60 |
| meclizine hcl..... | 21 | metoprolol tartrate..... | 60 |
| medroxyprogesterone acetate..... | 90 | metoprolol-hydrochlorothiazide..... | 62 |
| mefloquine hcl..... | 37 | metronidazole..... | 8 |
| megestrol acetate..... | 90 | metyrosine..... | 62 |
| MEGESTROL ACETATE..... | 90 | mexiletine hcl..... | 59 |
| MEKINIST..... | 33 | micalofungin sodium..... | 23 |
| MEKTOVI..... | 33 | microgestin 1.5/30..... | 86 |
| meloxicam..... | 3 | microgestin 1/20..... | 87 |
| melphalan hcl..... | 26 | microgestin 24 fe..... | 87 |
| memantine hcl..... | 17 | microgestin fe 1.5/30..... | 87 |
| memantine hcl er..... | 17 | microgestin fe 1/20..... | 87 |
| MENACTRA..... | 97 | midodrine hcl..... | 58 |
| MENQUADFI..... | 97 | mifepristone..... | 91 |
| MENVEO..... | 97 | miglitol..... | 51 |
| mercaptapurine..... | 28 | miglustat..... | 80 |
| meropenem..... | 11 | mili..... | 87 |
| mesalamine..... | 99 | mimvey..... | 87 |
| mesalamine er..... | 99 | minocycline hcl..... | 13 |
| mesalamine-cleanser..... | 99 | minoxidil..... | 65 |
| mesna..... | 37 | mirtazapine..... | 18 |
| MESNEX..... | 37 | misoprostol..... | 79 |
| metformin hcl..... | 51 | MITIGARE..... | 24 |
| metformin hcl er..... | 51 | mitomycin..... | 30 |
| methadone hcl..... | 3 | mitoxantrone hcl..... | 30 |
| methazolamide..... | 104 | modafinil..... | 111 |
| methenamine hippurate..... | 8 | moexipril hcl..... | 59 |
| methimazole..... | 92 | molindone hcl..... | 39 |
| methocarbamol..... | 110 | mometasone furoate..... | 71,106 |
| methotrexate sodium..... | 95 | mondoxyne nl..... | 13 |
| methotrexate sodium (pf)..... | 95 | mono-lynyah..... | 87 |
| methoxsalen rapid..... | 72 | montelukast sodium..... | 106 |
| methscopolamine bromide..... | 78 | morphine sulfate..... | 4 |
| methsuximide..... | 15 | morphine sulfate (concentrate)..... | 5 |
| methylphenidate hcl..... | 66 | morphine sulfate er..... | 3 |

| | | | |
|-------------------------------------|--------|-------------------------------------|---------|
| MOUNJARO..... | 51 | nefazodone hcl..... | 19 |
| MOVANTIK..... | 77 | neo-polycin..... | 101 |
| moxifloxacin hcl..... | 12,103 | neo-polycin hc..... | 101 |
| moxifloxacin hcl (2x day)..... | 103 | neomycin sulfate..... | 7 |
| moxifloxacin hcl in nacl..... | 12 | neomycin-bacitracin zn-polymyx..... | 101 |
| MRESVIA..... | 97 | neomycin-polymyxin-dexameth..... | 101 |
| MULTAQ..... | 59 | neomycin-polymyxin-gramicidin..... | 101 |
| MULTIPLE ELECTRO TYPE 1 PH 5.5..... | 75 | neomycin-polymyxin-hc..... | 102,105 |
| multiple electro type 1 ph 7.4..... | 75 | NERLYNX..... | 33 |
| mupirocin..... | 73 | NEUPRO..... | 38 |
| mutamycin..... | 30 | nevirapine..... | 45 |
| MVASI..... | 36 | nevirapine er..... | 45 |
| MYALEPT..... | 78 | NEXLETOL..... | 62 |
| mycophenolate mofetil..... | 95 | NEXLIZET..... | 64 |
| mycophenolate mofetil hcl..... | 95 | niacin er (antihyperlipidemic)..... | 64 |
| mycophenolate sodium..... | 95 | nicardipine hcl..... | 60 |
| mycophenolic acid..... | 95 | NICOTROL..... | 6 |
| MYLOTARG..... | 36 | NICOTROL NS..... | 6 |
| myorisan..... | 69 | nifedipine er..... | 61 |
| MYRBETRIQ..... | 80 | nifedipine er osmotic release..... | 61 |
| N | | nikki..... | 87 |
| na sulfate-k sulfate-mg sulf..... | 78 | nilutamide..... | 27 |
| nabumetone..... | 3 | nimodipine..... | 61 |
| nadolol..... | 60 | NINLARO..... | 30 |
| nafcillin sodium..... | 10 | NIPENT..... | 28 |
| naftifine hcl..... | 23 | NITAZOXANIDE..... | 37 |
| naloxone hcl..... | 6 | nitisinone..... | 80 |
| naltrexone hcl..... | 5 | NITRO-BID..... | 65 |
| NAMZARIC..... | 17 | nitrofurantoin macrocrystal..... | 8 |
| naproxen..... | 3 | nitrofurantoin monohyd macro..... | 8 |
| naproxen dr..... | 3 | nitroglycerin..... | 65 |
| naproxen sodium..... | 3 | NITYR..... | 80 |
| naratriptan hcl..... | 25 | nizatidine..... | 79 |
| NATACYN..... | 103 | nora-be..... | 90 |
| nateglinide..... | 51 | NORDITROPIN FLEXPRO..... | 83 |
| NATPARA..... | 100 | norelgestromin-eth estradiol..... | 87 |
| NAYZILAM..... | 15 | norethin ace-eth estrad-fe..... | 87 |
| nebivolol hcl..... | 60 | norethin-eth estradiol-fe..... | 87 |
| necon 0.5/35 (28)..... | 87 | norethindron-ethinyl estrad-fe..... | 87 |
| NEEDLES, INSULIN DISP., SAFETY..... | 101 | norethindrone..... | 90 |
| | | norethindrone acet-ethinyl est..... | 87 |

| | | | |
|-------------------------------------|-----|---|---------|
| norethindrone acetate..... | 90 | OCTAGAM..... | 93 |
| norgestim-eth estrad triphasic..... | 87 | octreotide acetate..... | 91,92 |
| norgestimate-eth estradiol..... | 87 | ODEFSEY..... | 45 |
| norlyda..... | 90 | ODOMZO..... | 34 |
| norlyroc..... | 90 | OFEV..... | 109 |
| nortrel 0.5/35 (28)..... | 87 | ofloxacin..... | 12,103 |
| nortrel 1/35 (21)..... | 87 | OGIVRI..... | 36 |
| nortrel 1/35 (28)..... | 87 | OGSIVEO..... | 34 |
| nortrel 7/7/7..... | 87 | OJEMDA..... | 31 |
| nortriptyline hcl..... | 21 | OJJAARA..... | 31 |
| NORVIR..... | 47 | olanzapine..... | 41 |
| NOVOLIN 70/30..... | 55 | olanzapine-fluoxetine hcl..... | 18 |
| NOVOLIN 70/30 FLEXPEN..... | 55 | olmesartan medoxomil..... | 58 |
| NOVOLIN N..... | 55 | olmesartan medoxomil-hctz..... | 62 |
| NOVOLIN N FLEXPEN..... | 55 | olmesartan-amlodipine-hctz..... | 62 |
| NOVOLIN R..... | 55 | olopatadine hcl..... | 102,106 |
| NOVOLIN R FLEXPEN..... | 55 | omega-3-acid ethyl esters..... | 65 |
| NOVOLOG..... | 55 | omeprazole..... | 79 |
| NOVOLOG FLEXPEN..... | 55 | ondansetron..... | 22 |
| NOVOLOG MIX 70/30..... | 55 | ondansetron hcl..... | 22 |
| NOVOLOG MIX 70/30 FLEXPEN..... | 56 | ondansetron hcl oral soln 4 mg/5ml..... | 22 |
| NOVOLOG PENFILL..... | 56 | ONTRUZANT..... | 36 |
| NUBEQA..... | 27 | ONUREG..... | 30 |
| NUCALA..... | 110 | OPDIVO..... | 36 |
| NUDEXTA..... | 67 | OPSUMIT..... | 109 |
| NULOJIX..... | 95 | OPVEE..... | 6 |
| NUPLAZID..... | 41 | oralone..... | 69 |
| NURTEC..... | 24 | ORGOVYX..... | 92 |
| NUTRILIPID..... | 75 | ORKAMBI..... | 108 |
| nyamyc..... | 23 | ORSERDU..... | 27 |
| nylia 1/35..... | 87 | oseltamivir phosphate..... | 47 |
| nylia 7/7/7..... | 87 | OTEZLA..... | 93 |
| nymyo..... | 87 | OTREXUP..... | 95 |
| nystatin..... | 23 | oxacillin sodium..... | 10 |
| nystatin-triamcinolone..... | 72 | OXACILLIN SODIUM IN DEXTROSE..... | 10 |
| nystop..... | 23 | oxaliplatin..... | 27 |
| NYVEPRIA..... | 57 | oxaprozin..... | 3 |
| | | oxazepam..... | 49 |
| O | | oxcarbazepine..... | 16 |
| OCALIVA..... | 78 | OXERVATE..... | 102 |
| ocella..... | 87 | oxybutynin chloride..... | 80 |

| | | | |
|-------------------------------------|-----|--|--------|
| oxybutynin chloride er..... | 80 | pentamidine isethionate for nebulization soln 300 mg..... | 37 |
| oxycodone hcl..... | 5 | pentamidine isethionate for soln 300 mg.... | 37 |
| oxycodone-acetaminophen..... | 5 | pentoxifylline er..... | 62 |
| oxymorphone hcl..... | 5 | PERINDOPRIL ERBUMINE..... | 59 |
| OZEMPIC (0.25 OR 0.5 MG/DOSE)..... | 52 | periogard..... | 69 |
| OZEMPIC (1 MG/DOSE)..... | 52 | PERJETA..... | 36 |
| OZEMPIC (2 MG/DOSE)..... | 52 | permethrin..... | 73 |
| P | | perphenazine..... | 21 |
| pacerone..... | 59 | perphenazine-amitriptyline..... | 18 |
| paclitaxel..... | 34 | PERSERIS..... | 41 |
| paclitaxel protein-bound part..... | 34 | pfizerpen..... | 11 |
| paliperidone er..... | 41 | phenelzine sulfate..... | 18 |
| PANRETIN..... | 36 | phenobarbital..... | 15 |
| pantoprazole sodium..... | 79 | phenoxybenzamine hcl..... | 58 |
| PANZYGA..... | 93 | phenytek..... | 16 |
| paraplatin..... | 27 | phenytoin..... | 16 |
| paricalcitol..... | 100 | phenytoin infatabs..... | 16 |
| paroex..... | 69 | phenytoin sodium..... | 16 |
| paroxetine hcl..... | 20 | phenytoin sodium extended..... | 16 |
| paroxetine hcl er..... | 20 | philith..... | 87 |
| PAXLOVID (150/100)..... | 48 | PIFELTRO..... | 45 |
| PAXLOVID (300/100)..... | 48 | pilocarpine hcl..... | 69,104 |
| pazopanib hcl..... | 34 | pimozide..... | 39 |
| PEDIARIX..... | 97 | pimtrea..... | 87 |
| PEDVAX HIB..... | 97 | pindolol..... | 60 |
| peg 3350-kcl-na bicarb-nacl..... | 78 | pioglitazone hcl..... | 52 |
| peg-3350/electrolytes..... | 78 | pioglitazone hcl-glimepiride..... | 52 |
| peg-3350/electrolytes/ascorbat..... | 78 | pioglitazone hcl-metformin hcl..... | 52 |
| peg-kcl-nacl-nasulf-na asc-c..... | 78 | piperacillin sod-tazobactam so..... | 11 |
| PEGASYS..... | 94 | PIQRAY (200 MG DAILY DOSE)..... | 34 |
| PEMAZYRE..... | 34 | PIQRAY (250 MG DAILY DOSE)..... | 34 |
| pemetrexed disodium..... | 28 | PIQRAY (300 MG DAILY DOSE)..... | 34 |
| PENBRAYA..... | 101 | pirfenidone..... | 109 |
| penicillamine..... | 81 | pirmella 1/35..... | 87 |
| PENICILLIN G POT IN DEXTROSE..... | 10 | piroxicam..... | 3 |
| penicillin g potassium..... | 10 | pitavastatin calcium..... | 64 |
| penicillin g sodium..... | 10 | PLASMA-LYTE A..... | 75 |
| penicillin v potassium..... | 10 | PLEGRIDY..... | 68 |
| PENTACEL..... | 98 | PLEGRIDY STARTER PACK..... | 68 |
| | | plenamine..... | 75 |

| | | | |
|-------------------------------------|-------|---------------------------------|--------|
| podofilox..... | 72 | primidone..... | 15 |
| polycin..... | 102 | PRIORIX..... | 98 |
| polymyxin b sulfate..... | 8 | PRIVIGEN..... | 93 |
| polymyxin b-trimethoprim..... | 103 | probenecid..... | 24 |
| POMALYST..... | 27 | prochlorperazine..... | 21 |
| portia-28..... | 87 | prochlorperazine edisylate..... | 21 |
| posaconazole..... | 23 | prochlorperazine maleate..... | 21 |
| POTASSIUM CHLORIDE..... | 75 | PROCRIT..... | 57 |
| potassium chloride crys er..... | 75 | procto-med hc..... | 71 |
| potassium chloride er..... | 75 | proctosol hc..... | 71 |
| potassium chloride in dextrose..... | 75 | proctozone-hc..... | 71 |
| potassium chloride in nacl..... | 75 | progesterone..... | 90 |
| potassium citrate er..... | 75 | PROGRAF..... | 95 |
| pramipexole dihydrochloride..... | 38 | PROLASTIN-C..... | 80 |
| pramipexole dihydrochloride er..... | 38 | PROLENSA..... | 104 |
| prasugrel hcl..... | 58 | PROLIA..... | 100 |
| pravastatin sodium..... | 64 | PROMACTA..... | 57 |
| praziquantel..... | 37 | promethazine hcl..... | 21,106 |
| prazosin hcl..... | 58 | promethegan..... | 21 |
| prednisolone..... | 82 | propafenone hcl..... | 59 |
| prednisolone acetate..... | 104 | propafenone hcl er..... | 59 |
| prednisolone sodium phosphate..... | 82 | proparacaine hcl..... | 102 |
| PREDNISOLONE SODIUM PHOSPHATE..... | 104 | propranolol hcl..... | 60 |
| prednisone..... | 82 | propranolol hcl er..... | 60 |
| PREDNISONE INTENSOL..... | 82 | propylthiouracil..... | 92 |
| pregabalin..... | 67,68 | PROQUAD..... | 98 |
| pregabalin er..... | 68 | PROSOL..... | 75 |
| PREHEVBRIO..... | 98 | protriptyline hcl..... | 21 |
| PREMARIN..... | 88 | PULMICORT FLEXHALER..... | 106 |
| PREMASOL..... | 75 | PULMOZYME..... | 108 |
| PREMPHASE..... | 88 | PURIXAN..... | 28 |
| PREMPRO..... | 88 | pyrazinamide..... | 26 |
| PRENATAL VITAMIN ORAL TABLET..... | 77 | pyridostigmine bromide..... | 25 |
| PRETOMANID..... | 26 | pyridostigmine bromide er..... | 25 |
| prevalite..... | 65 | pyrimethamine..... | 37 |
| previfem..... | 88 | | |
| PREVYMIS..... | 43 | Q | |
| PREZCOBIX..... | 47 | QINLOCK..... | 30 |
| PREZISTA..... | 47 | QUADRACEL..... | 98 |
| PRIFTIN..... | 26 | quetiapine fumarate..... | 41 |
| primaquine phosphate..... | 37 | quetiapine fumarate er..... | 41 |

| | |
|------------------------|----|
| quinapril hcl..... | 59 |
| quinidine sulfate..... | 59 |
| quinine sulfate..... | 38 |

R

| | |
|--------------------------------|-------|
| RABAVERT..... | 98 |
| rabeprazole sodium..... | 79 |
| raloxifene hcl..... | 90 |
| ramelteon..... | 111 |
| ramipril..... | 59 |
| ranolazine er..... | 62 |
| rasagiline mesylate..... | 39 |
| RASUVO..... | 96 |
| RAVICTI..... | 80 |
| RAYALDEE..... | 100 |
| reclipsen..... | 88 |
| RECOMBIVAX HB..... | 98 |
| RECORLEV..... | 91 |
| RECTIV..... | 65 |
| REGRANEX..... | 72 |
| relafen..... | 3 |
| RELENZA DISKHALER..... | 47 |
| RELISTOR..... | 77 |
| RENFLEXIS..... | 96 |
| repaglinide..... | 52 |
| REPATHA..... | 65 |
| REPATHA PUSHTRONEX SYSTEM..... | 65 |
| REPATHA SURECLICK..... | 65 |
| RESTASIS..... | 102 |
| RESTASIS MULTIDOSE..... | 102 |
| RETACRIT..... | 57 |
| RETEVMO..... | 30,34 |
| REVLIMID..... | 27 |
| REXULTI..... | 41 |
| REYATAZ..... | 47 |
| REZLIDHIA..... | 34 |
| REZUROCK..... | 96 |
| RHOPRESSA..... | 105 |
| RIABNI..... | 36 |
| ribavirin..... | 44 |
| RIDAURA..... | 93 |

| | |
|----------------------------|-------|
| rifabutin..... | 25 |
| rifampin..... | 26 |
| riluzole..... | 67 |
| rimantadine hcl..... | 47 |
| RINVOQ..... | 96 |
| RINVOQ LQ..... | 96 |
| risedronate sodium..... | 100 |
| RISPERDAL CONSTA..... | 42 |
| risperidone..... | 42 |
| ritonavir..... | 47 |
| RITUXAN HYCELA..... | 36 |
| rivastigmine..... | 17 |
| rivastigmine tartrate..... | 17 |
| rizatriptan benzoate..... | 25 |
| ROCKLATAN..... | 102 |
| roflumilast..... | 109 |
| romidepsin..... | 31 |
| ropinirole hcl..... | 38 |
| ropinirole hcl er..... | 38 |
| rosuvastatin calcium..... | 64 |
| ROTARIX..... | 98 |
| ROTATEQ..... | 98 |
| roweepra..... | 14 |
| roweepra xr..... | 14 |
| ROZLYTREK..... | 34 |
| RUBRACA..... | 34 |
| rufinamide..... | 16,17 |
| RUKOBIA..... | 46 |
| RUXIENCE..... | 36 |
| RYBELSUS..... | 52 |
| RYDAPT..... | 34 |

S

| | |
|----------------------------------|----|
| sajazir..... | 92 |
| SANCUSO..... | 22 |
| SANDIMMUNE..... | 96 |
| SANTYL..... | 72 |
| sapropterin dihydrochloride..... | 80 |
| SAVELLA..... | 68 |
| SAVELLA TITRATION PACK..... | 68 |
| SCSEMBLIX..... | 34 |

| | | | |
|------------------------------|-------|-------------------------------|-----|
| scopolamine | 21 | spironolactone | 63 |
| SECUADO | 42 | spironolactone-hctz | 62 |
| selegiline hcl | 39 | sprintec 28 | 88 |
| selenium sulfide | 71 | SPRITAM | 14 |
| SELZENTRY | 46 | SPRYCEL | 34 |
| SEREVENT DISKUS | 108 | sps (sodium polystyrene sulf) | 77 |
| sertraline hcl | 20 | sronyx | 88 |
| setlakin | 88 | ssd | 72 |
| sevelamer carbonate | 76 | STELARA | 93 |
| sharobel | 90 | sterile water for irrigation | 101 |
| SHINGRIX | 98 | STIVARGA | 34 |
| SIGNIFOR | 92 | streptomycin sulfate | 7 |
| sildenafil citrate | 109 | STRIBILD | 44 |
| silodosin | 81 | STRIVERDI RESPIMAT | 108 |
| silver sulfadiazine | 72 | subvenite | 14 |
| SIMBRINZA | 105 | sucrafate | 79 |
| simliya | 88 | sulfacetamide sodium | 103 |
| SIMULECT | 96 | sulfacetamide sodium (acne) | 12 |
| simvastatin | 64 | sulfacetamide-prednisolone | 102 |
| sirolimus | 96 | sulfadiazine | 12 |
| SIRTURO | 26 | sulfamethoxazole-trimethoprim | 12 |
| SKYRIZI | 78,93 | sulfasalazine | 99 |
| SKYRIZI PEN | 93 | sulindac | 3 |
| sodium chloride | 75 | sumatriptan | 25 |
| sodium chloride (pf) | 76 | sumatriptan succinate | 25 |
| SODIUM FLUORIDE | 76 | sumatriptan succinate refill | 25 |
| sodium phenylbutyrate | 80 | sunitinib malate | 34 |
| sodium polystyrene sulfonate | 77 | SUNLENCA | 46 |
| SOFOSBUVIR-VELPATASVIR | 44 | syeda | 88 |
| solifenacin succinate | 80 | SYMLINPEN 120 | 52 |
| SOLIQUA | 52 | SYMLINPEN 60 | 52 |
| SOLTAMOX | 28 | SYMPAZAN | 15 |
| SOLU-MEDROL | 82 | SYMTUZA | 47 |
| SOMATULINE DEPOT | 91 | SYNAREL | 92 |
| SOMAVERT | 92 | SYNJARDY | 52 |
| sorafenib tosylate | 34 | SYNJARDY XR | 52 |
| sorine | 59 | SYNRIBO | 34 |
| sotalol hcl | 59 | SYNTHROID | 91 |
| sotalol hcl (af) | 59 | | |
| SPIRIVA HANDIHALER | 107 | T | |
| SPIRIVA RESPIMAT | 107 | TABLOID | 28 |

| | | | |
|------------------------------------|-------|---|---------|
| TABRECTA..... | 30 | testosterone td gel pump 20.25 mg/act (1.62%)..... | 83 |
| tacrolimus..... | 71,96 | tetrabenazine..... | 67 |
| tadalafil (pah)..... | 109 | tetracycline hcl..... | 13 |
| TAFINLAR..... | 34 | THALOMID..... | 27 |
| TAGRISSE..... | 34 | theophylline..... | 109 |
| TALTZ..... | 93 | theophylline er..... | 109 |
| TALZENNA..... | 34 | thioridazine hcl..... | 39 |
| tamoxifen citrate..... | 28 | thiothixene..... | 39 |
| tamsulosin hcl..... | 81 | THYMOGLOBULIN..... | 93 |
| tarina 24 fe..... | 88 | tiadylt er..... | 61 |
| tarina fe 1/20 eq..... | 88 | tiagabine hcl..... | 15 |
| TASIGNA..... | 34 | TIBSOVO..... | 35 |
| tasimelteon..... | 111 | TICOVAC..... | 98 |
| tazarotene..... | 69 | TIGECYCLINE..... | 8 |
| tazicef..... | 10 | tilia fe..... | 88 |
| TAZORAC..... | 69 | timolol maleate..... | 60,104 |
| taztia xt..... | 61 | timolol maleate (once-daily)..... | 104 |
| TAZVERIK..... | 30 | tiotropium bromide monohydrate..... | 107 |
| TDVAX..... | 98 | TIVICAY..... | 44 |
| TECENTRIQ..... | 36 | TIVICAY PD..... | 44 |
| TECFIDERA..... | 68 | tizanidine hcl..... | 43 |
| TEFLARO..... | 10 | TOBRADEX..... | 102 |
| telmisartan..... | 58 | tobramycin..... | 103,108 |
| telmisartan-amlodipine..... | 62 | tobramycin sulfate..... | 7 |
| telmisartan-hctz..... | 62 | tobramycin-dexamethasone..... | 102 |
| temazepam..... | 111 | tolcapone..... | 38 |
| temsirolimus..... | 34 | tolterodine tartrate..... | 80 |
| TENIVAC..... | 98 | tolterodine tartrate er..... | 81 |
| tenofovir disoproxil fumarate..... | 46 | topiramate..... | 14 |
| TEPMETKO..... | 34 | topotecan hcl..... | 31 |
| terazosin hcl..... | 58 | toremifene citrate..... | 28 |
| terbinafine hcl..... | 23 | torsemide..... | 63 |
| terbutaline sulfate..... | 108 | TOUJEO MAX SOLOSTAR..... | 56 |
| terconazole..... | 23 | TOUJEO SOLOSTAR..... | 56 |
| teriparatide..... | 100 | tovet..... | 71 |
| teriparatide (recombinant)..... | 100 | TPN ELECTROLYTES..... | 76 |
| TERIPARATIDE (RECOMBINANT)..... | 100 | TRACLEER..... | 109 |
| testosterone..... | 83 | TRADJENTA..... | 52 |
| testosterone cypionate..... | 83 | tramadol hcl..... | 5 |
| testosterone enanthate..... | 83 | tramadol hcl (er biphasic)..... | 3 |

| | | | |
|-------------------------------|-------|-------------------------------|-----|
| tramadol hcl er | 3 | TRINTELLIX | 20 |
| tramadol-acetaminophen | 5 | TRIUMEQ | 46 |
| trandolapril | 59 | TRIUMEQ PD | 46 |
| trandolapril-verapamil hcl er | 62 | trivora (28) | 88 |
| tranexamic acid | 57 | TRIZIVIR | 46 |
| tranlycypromine sulfate | 18 | TROGARZO | 46 |
| TRAVASOL | 76 | TROPHAMINE | 76 |
| travoprost (bak free) | 105 | tropium chloride | 81 |
| TRAZIMERA | 36 | tropium chloride er | 81 |
| trazodone hcl | 20 | TRULANCE | 77 |
| TRECATOR | 26 | TRULICITY | 53 |
| TRELEGY ELLIPTA | 110 | TRUMENBA | 98 |
| TRELSTAR MIXJECT | 92 | TRUQAP | 31 |
| TRESIBA | 56 | TRUSELTIQ (100MG DAILY DOSE) | 35 |
| TRESIBA FLEXTOUCH | 56 | TRUSELTIQ (125MG DAILY DOSE) | 35 |
| tretinoin | 36,69 | TRUSELTIQ (50MG DAILY DOSE) | 35 |
| TREXALL | 96 | TRUSELTIQ (75MG DAILY DOSE) | 35 |
| tri femynor | 88 | TRUXIMA | 36 |
| tri-estarylla | 88 | TUKYSA | 35 |
| tri-legest fe | 88 | TURALIO | 35 |
| tri-linyah | 88 | turqoz | 89 |
| tri-lo-estarylla | 88 | TWINRIX | 98 |
| tri-lo-marzia | 88 | TYBOST | 46 |
| tri-lo-mili | 88 | TYPHIM VI | 98 |
| tri-lo-sprintec | 88 | | |
| tri-mili | 88 | U | |
| tri-nymyo | 88 | UBRELVY | 24 |
| tri-sprintec | 88 | unithroid | 91 |
| tri-vylibra | 88 | UPTRAVI | 109 |
| tri-vylibra lo | 88 | ursodiol | 78 |
| triamcinolone acetonide | 69,72 | UZEDY | 42 |
| triamterene-hctz | 62 | | |
| triderm | 72 | V | |
| trientine hcl | 76 | valacyclovir hcl | 48 |
| trifluoperazine hcl | 39 | VALCHLOR | 27 |
| trifluridine | 48 | valganciclovir hcl | 43 |
| trihexyphenidyl hcl | 38 | valproate sodium | 14 |
| TRIJARDY XR | 52,53 | valproic acid | 14 |
| TRIKAFTA | 108 | valsartan | 58 |
| trimethoprim | 8 | valsartan-hydrochlorothiazide | 62 |
| trimipramine maleate | 21 | VALTOCO 10 MG DOSE | 15 |

| | | | |
|--------------------------------|-----|-----------------------------|-----|
| VALTOCO 15 MG DOSE | 15 | VIVITROL | 6 |
| VALTOCO 20 MG DOSE | 15 | VIZIMPRO | 35 |
| VALTOCO 5 MG DOSE | 15 | volnea | 89 |
| vancomycin hcl | 8 | VONJO | 35 |
| VANFLYTA | 30 | VORANIGO | 35 |
| VAQTA | 98 | voriconazole | 24 |
| varenicline tartrate | 6 | VOTRIENT | 35 |
| varenicline tartrate (starter) | 6 | VRAYLAR | 42 |
| varenicline tartrate(continue) | 6 | VUMERITY | 68 |
| VARIVAX | 98 | vyfemla | 89 |
| VASCEPA | 65 | vylibra | 89 |
| VECTIBIX | 36 | VYXEOS | 29 |
| velivet | 89 | | |
| VELTASSA | 77 | W | |
| VEMLIDY | 43 | warfarin sodium | 56 |
| VENCLEXTA | 35 | WELIREG | 30 |
| VENCLEXTA STARTING PACK | 35 | wera | 89 |
| VENLAFAXINE BESYLATE ER | 20 | wixela inhub | 110 |
| venlafaxine hcl | 20 | wymzya fe | 89 |
| venlafaxine hcl er | 20 | | |
| VENTAVIS | 109 | X | |
| verapamil hcl | 61 | XALKORI | 35 |
| verapamil hcl er | 61 | XARELTO | 57 |
| VERQUVO | 63 | XARELTO STARTER PACK | 57 |
| VERSACLOZ | 43 | XATMEP | 96 |
| VERZENIO | 35 | XCOPRI | 14 |
| vestura | 89 | XCOPRI (250 MG DAILY DOSE) | 14 |
| VIBERZI | 78 | XCOPRI (350 MG DAILY DOSE) | 14 |
| vienna | 89 | XELJANZ | 93 |
| vigabatrin | 15 | XELJANZ XR | 93 |
| vigadrone | 15 | XEOMIN | 110 |
| VIGAFYDE | 15 | XERMELO | 78 |
| vigpoder | 15 | XGEVA | 100 |
| vilazodone hcl | 20 | XIFAXAN | 8 |
| vinblastine sulfate | 30 | XIGDUO XR | 53 |
| vincristine sulfate | 30 | XIIDRA | 102 |
| vinorelbine tartrate | 30 | XOLAIR | 93 |
| viorele | 89 | XOSPATA | 35 |
| VIRACEPT | 47 | XPOVIO (100 MG ONCE WEEKLY) | 30 |
| VIREAD | 46 | XPOVIO (40 MG ONCE WEEKLY) | 30 |
| VITRAKVI | 35 | XPOVIO (40 MG TWICE WEEKLY) | 30 |

| | | | |
|-----------------------------|-----|--|-----|
| XPOVIO (60 MG ONCE WEEKLY) | 30 | zolpidem tartrate | 111 |
| XPOVIO (60 MG TWICE WEEKLY) | 31 | zolpidem tartrate er | 111 |
| XPOVIO (80 MG ONCE WEEKLY) | 31 | zomig 2.5 mg tab (ndc: 60846-0130-30 and 60846-2383-03) | 25 |
| XPOVIO (80 MG TWICE WEEKLY) | 31 | zomig 5 mg tab (ndc: 60846-0133-60 and 60846-2384-04) | 25 |
| XTAMPZA ER | 4 | ZONISADE | 17 |
| XTANDI | 27 | zonisamide | 17 |
| xulane | 89 | ZONTIVITY | 57 |
| XYREM | 111 | zovia 1/35 (28) | 89 |
| XYWAV | 111 | ZTALMY | 14 |
| Y | | zumandimine | 89 |
| yargesa | 80 | ZURZUVAE | 18 |
| YERVOY | 36 | ZYDELIG | 35 |
| YF-VAX | 98 | ZYKADIA | 35 |
| YONDELIS | 27 | ZYLET | 102 |
| YONSA | 27 | ZYPREXA RELPREVV | 42 |
| YUPELRI | 107 | | |
| yuvafem | 89 | | |
| Z | | | |
| zafemy | 89 | | |
| zafirlukast | 107 | | |
| zaleplon | 111 | | |
| ZALTRAP | 31 | | |
| ZANOSAR | 27 | | |
| zarah | 89 | | |
| ZARXIO | 57 | | |
| ZEJULA | 35 | | |
| ZELBORAF | 35 | | |
| ZEMAIRA | 80 | | |
| zenatane | 70 | | |
| ZENPEP | 80 | | |
| zidovudine | 46 | | |
| ZIEXTENZO | 57 | | |
| ziprasidone hcl | 42 | | |
| ziprasidone mesylate | 42 | | |
| ZIRABEV | 36 | | |
| ZIRGAN | 103 | | |
| zoledronic acid | 100 | | |
| ZOLINZA | 31 | | |
| zolmitriptan | 25 | | |

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

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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