

# **Cooperative Advantage (HMO-ISNP)**

## **2022 Formulary**

### **(List of Covered Drugs)**

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

Formulary File Submission ID 00022556, Version Number 18

This formulary was updated on 12/1/2022. For more recent information or other questions, please contact Cooperative Advantage Member Service at 1-888-203-7770 or, or, for TTY/TDD: 711, 7 days per week from October 1 - March 31 and 8:00 a.m. - 8:00 p.m. Monday - Friday from April 1 - September 30, or visit [www.group-health.com/cooperative-advantage](http://www.group-health.com/cooperative-advantage).

**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 Cooperative Advantage. When it refers to “plan” or “our plan,” it means Cooperative Advantage.

This document includes a partial list of the drugs (formulary) for our plan which is current as of 12/1/2022. For a complete, 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, 2022, and from time to time during the year.

## What is the Cooperative Advantage Formulary?

A formulary is a list of covered drugs selected by Cooperative Advantage 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. Cooperative Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Cooperative Advantage network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Cooperative Advantage 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 Cooperative Advantage’s 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 make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug 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 Cooperative Advantage’s Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 12/1/2022. To get updated information about the drugs covered by Cooperative Advantage please contact us. Our contact information appears on the front and back cover pages.

## **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 2. 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 79. 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?**

Cooperative Advantage 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:** Cooperative Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Cooperative Advantage before you fill your prescriptions. If you don't get approval, Cooperative Advantage may not cover the drug.

- **Quantity Limits:** For certain drugs, Cooperative Advantage limits the amount of the drug that Cooperative Advantage will cover. For example, Cooperative Advantage provides 30 capsules per 30-day prescription for Fluoxetine. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Cooperative Advantage 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, Cooperative Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cooperative Advantage 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 Web site. 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 Cooperative Advantage 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 Cooperative Advantage’s formulary?” on page V 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 Services and ask if your drug is covered.

If you learn that Cooperative Advantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Cooperative Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Cooperative Advantage.
- You can ask Cooperative Advantage 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 Cooperative Advantage’s Formulary?**

You can ask Cooperative Advantage 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.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Cooperative Advantage 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, Cooperative Advantage will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You 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 experience a level of care change (such as being admitted to a long-term care facility), Cooperative Advantage will provide at least a 31-day supply (unless the prescription is written for less) with refills provided.

## **For more information**

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

If you have questions about Cooperative Advantage, 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>.

## **Cooperative Advantage's Formulary**

The comprehensive formulary below provides coverage information about some of the drugs covered by Cooperative Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 79.

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

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

The formulary may change at any time. You will receive notice when necessary.

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## LEGEND

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

  

SYMBOL	NAME	DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
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.
LA	Limited Access	This prescription drug is limited to certain pharmacies.

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## 2022 ISNP COOPERATIVE ADVANTAGE PREMIUM (List of Covered Drugs)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
AMBISOME	5-Specialty	PA - TO CONFIRM PART D COVERAGE
AMPHOTERICIN B	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
<i>casprofungin acetate (50 mg recon soln, for iv soln 50 mg)</i>	5-Specialty	
<i>casprofungin acetate (70 mg recon soln, for iv soln 70 mg)</i>	4-Non-Preferred Brands	
<i>clotrimazole</i>	2-Generics	
CRESEMBA 186 MG CAP	5-Specialty	PA
<i>fluconazole (for susp 10 mg/ml, for susp 40 mg/ml, tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg)</i>	2-Generics	
<i>fluconazole in nacl</i>	4-Non-Preferred Brands	PA
<i>flucytosine</i>	5-Specialty	
<i>griseofulvin microsize (susp 125 mg/5ml, tab 500 mg)</i>	4-Non-Preferred Brands	
<i>griseofulvin ultramicrosize</i>	4-Non-Preferred Brands	
<i>itraconazole cap 100 mg</i>	4-Non-Preferred Brands	QL (120 PER 30 DAYS)
<i>itraconazole oral soln 10 mg/ml</i>	4-Non-Preferred Brands	
<i>ketoconazole</i>	2-Generics	
<i>micafungin sodium (soln 50 mg, soln 100 mg)</i>	5-Specialty	
NOXAFIL 40 MG/ML SUSPENSION	5-Specialty	PA, QL (630 PER 30 DAYS)
<i>nystatin (mouth-throat)</i>	2-Generics	
<i>nystatin tab 500000 unit</i>	2-Generics	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>posaconazole</i>	5-Specialty	PA, QL (96 PER 30 DAYS)
<i>terbinafine hcl</i>	2-Generics	
<i>voriconazole (tab 50 mg, tab 200 mg)</i>	4-Non-Preferred Brands	PA
<i>voriconazole for inj 200 mg</i>	5-Specialty	PA
<i>voriconazole for susp 40 mg/ml</i>	5-Specialty	PA

## ANTIVIRALS

<i>abacavir sulfate (soln 20 mg/ml (base equiv), tab 300 mg (base equiv))</i>	2-Generics	
<i>abacavir sulfate-lamivudine</i>	3-Preferred Brands	
<i>acyclovir (cap 200 mg, susp 200 mg/5ml, tab 400 mg, tab 800 mg)</i>	2-Generics	
<i>acyclovir sodium iv soln 50 mg/ml</i>	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
<i>adefovir dipivoxil</i>	4-Non-Preferred Brands	
<i>amantadine hcl (cap 100 mg, soln 50 mg/5ml, tab 100 mg)</i>	2-Generics	
APTIVUS	5-Specialty	
<i>atazanavir sulfate</i>	4-Non-Preferred Brands	
BARACLUDGE 0.05 MG/ML SOLUTION	5-Specialty	
BIKTARVY	5-Specialty	
CIMDUO	5-Specialty	
COMPLERA	5-Specialty	
DELSTRIGO	5-Specialty	
DESCOVY 200-25 MG TAB	5-Specialty	
DOVATO	5-Specialty	
EDURANT	5-Specialty	
<i>efavirenz (cap 200 mg, tab 600 mg)</i>	4-Non-Preferred Brands	
<i>efavirenz cap 50 mg</i>	2-Generics	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	5-Specialty	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	5-Specialty	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>emtricitabine</i>	2-Generics	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	5-Specialty	
EMTRIVA 10 MG/ML SOLUTION	3-Preferred Brands	
<i>entecavir</i>	4-Non-Preferred Brands	
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)
EPIVIR HBV 5 MG/ML SOLUTION	4-Non-Preferred Brands	
<i>etravirine</i>	5-Specialty	
EVOTAZ	5-Specialty	
<i>famciclovir</i>	2-Generics	
<i>fosamprenavir calcium</i>	5-Specialty	
FUZEON	5-Specialty	
GENVOYA	5-Specialty	
HARVONI (33.75-150 MG PACKET, 90-400 MG TAB)	5-Specialty	PA, QL (28 PER 28 DAYS)
HARVONI 45-200 MG PACKET	5-Specialty	PA, QL (56 PER 28 DAYS)
INTELENCE 25 MG TAB	4-Non-Preferred Brands	
ISENTRESS (100 MG CHEW TAB, 100 MG PACKET, 400 MG TAB)	5-Specialty	
ISENTRESS 25 MG CHEW TAB	3-Preferred Brands	
ISENTRESS HD	5-Specialty	
JULUCA	5-Specialty	
<i>lamivudine (hbv)</i>	3-Preferred Brands	
<i>lamivudine (oral soln 10 mg/ml, tab 150 mg, tab 300 mg)</i>	3-Preferred Brands	
<i>lamivudine-zidovudine</i>	3-Preferred Brands	
LEXIVA 50 MG/ML SUSPENSION	4-Non-Preferred Brands	
<i>lopinavir-ritonavir (tab 100-25 mg, tab 200-50 mg)</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	TIER	REQUIREMENTS/LIMITS
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4-Non-Preferred Brands	
<i>maraviroc</i>	5-Specialty	
<i>nevirapine (tab er 24hr 100 mg, tab er 24hr 400 mg, 50 mg/5ml suspension)</i>	4-Non-Preferred Brands	
NEVIRAPINE ER	4-Non-Preferred Brands	
<i>nevirapine tab 200 mg</i>	3-Preferred Brands	
NORVIR (80 MG/ML SOLUTION, 100 MG PACKET)	4-Non-Preferred Brands	
ODEFSEY	5-Specialty	
<i>oseltamivir phosphate (cap 30 mg (base equiv), cap 45 mg (base equiv), cap 75 mg (base equiv), for susp 6 mg/ml (base equiv))</i>	3-Preferred Brands	
PIFELTRO	5-Specialty	
PREVYMIS (240 MG TAB, 480 MG TAB)	5-Specialty	QL (30 PER 30 DAYS)
PREZCOBIX	5-Specialty	
PREZISTA (100 MG/ML SUSPENSION, 600 MG TAB, 800 MG TAB)	5-Specialty	
PREZISTA (75 MG TAB, 150 MG TAB)	4-Non-Preferred Brands	
RELENZA DISKHALER	4-Non-Preferred Brands	
REYATAZ 50 MG PACKET	5-Specialty	
<i>ribavirin (hepatitis c)</i>	3-Preferred Brands	
RIMANTADINE HCL	2-Generics	
<i>ritonavir</i>	3-Preferred Brands	
RUKOBIA	5-Specialty	
SELZENTRY (150 MG TAB, 300 MG TAB)	5-Specialty	
SELZENTRY (20 MG/ML SOLUTION, 25 MG TAB, 75 MG TAB)	3-Preferred Brands	
STRIBILD	5-Specialty	
SYMTUZA	5-Specialty	
<i>tenofovir disoproxil fumarate</i>	4-Non-Preferred Brands	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
TIVICAY (25 MG TAB, 50 MG TAB)	5-Specialty	
TIVICAY 10 MG TAB	3-Preferred Brands	
TIVICAY PD	5-Specialty	
TRIUMEQ	5-Specialty	
TRIUMEQ PD	5-Specialty	
TRIZIVIR	5-Specialty	
<i>valacyclovir hcl tab 1 gm</i>	2-Generics	QL (120 PER 30 DAYS)
<i>valacyclovir hcl tab 500 mg</i>	2-Generics	QL (60 PER 30 DAYS)
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	5-Specialty	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	3-Preferred Brands	
VEMLIDY	5-Specialty	
VIRACEPT	5-Specialty	
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)	5-Specialty	
VOSEVI	5-Specialty	PA, QL (28 PER 28 DAYS)
XOFLUZA (40 MG DOSE)	3-Preferred Brands	
XOFLUZA (80 MG DOSE)	3-Preferred Brands	
<i>zidovudine (cap 100 mg, syrup 10 mg/ml, tab 300 mg)</i>	2-Generics	

## CEPHALOSPORINS

<i>cefaclor (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, cap 250 mg, 375 mg/5ml recon susp, 500 mg cap, cap 500 mg)</i>	2-Generics	
CEFACLOR ER	4-Non-Preferred Brands	
<i>cefadroxil (1 gm tab, cap 500 mg, for susp 250 mg/5ml, for susp 500 mg/5ml, tab 1 gm)</i>	2-Generics	
<i>cefazolin sodium (1 gm recon soln, for inj 1 gm, for inj 10 gm, for inj 500 mg)</i>	4-Non-Preferred Brands	
<i>cefdinir (cap 300 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)</i>	2-Generics	
<i>cefepime hcl (1 gm, 2 gm)</i>	4-Non-Preferred Brands	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>cefixime (cap 400 mg, for susp 100 mg/5ml, for susp 200 mg/5ml)</i>	4-Non-Preferred Brands	
<i>cefoxitin sodium</i>	4-Non-Preferred Brands	PA
<i>cefpodoxime proxetil (for susp 50 mg/5ml, for susp 100 mg/5ml, tab 100 mg, tab 200 mg)</i>	2-Generics	
<i>cefprozil (for susp 125 mg/5ml, for susp 250 mg/5ml, tab 250 mg, tab 500 mg)</i>	2-Generics	
<i>ceftazidime</i>	4-Non-Preferred Brands	PA
<i>ceftriaxone sodium (inj 1 gm, inj 2 gm, inj 10 gm, inj 250 mg, inj 500 mg, iv soln 1 gm, iv soln 2 gm)</i>	4-Non-Preferred Brands	
<i>cefuroxime axetil</i>	2-Generics	
<i>cefuroxime sodium</i>	4-Non-Preferred Brands	PA
<i>cephalexin (cap 250 mg, cap 500 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)</i>	2-Generics	
SUPRAX (100 MG CHEW TAB, 200 MG CHEW TAB, 500 MG/5ML RECON SUSP)	4-Non-Preferred Brands	
TAZICEF (1 GM SOLN, 6 GM SOLN)	4-Non-Preferred Brands	PA
TEFLARO	5-Specialty	PA

#### ERYTHROMYCINS / OTHER MACROLIDES

<i>azithromycin (1 gm packet, for susp 100 mg/5ml, for susp 200 mg/5ml, tab 250 mg, tab 500 mg, tab 600 mg)</i>	2-Generics	
<i>azithromycin iv for soln 500 mg</i>	4-Non-Preferred Brands	PA
<i>clarithromycin (125 mg/5ml recon susp, tab 250 mg, tab 500 mg, tab er 24hr 500 mg, 250 mg/5ml recon susp)</i>	2-Generics	
E.E.S. 400	4-Non-Preferred Brands	
ERYTHROCIN LACTOBIONATE	4-Non-Preferred Brands	PA
ERYTHROCIN STEARATE	4-Non-Preferred Brands	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>erythromycin base (250 mg cp dr part, tab 250 mg, tab 500 mg, tab delayed release 250 mg, tab delayed release 333 mg, tab delayed release 500 mg, w/ delayed release particles cap 250 mg)</i>	4-Non-Preferred Brands	
ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB	4-Non-Preferred Brands	
<i>erythromycin lactobionate</i>	4-Non-Preferred Brands	PA

#### MISCELLANEOUS ANTIINFECTIVES

<i>albendazole</i>	5-Specialty	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	4-Non-Preferred Brands	PA
ARIKAYCE	5-Specialty	PA, LA
<i>atovaquone</i>	5-Specialty	
<i>atovaquone-proguanil hcl</i>	2-Generics	
<i>aztreonam (1 gm, 2 gm)</i>	4-Non-Preferred Brands	PA
BENZNIDAZOLE	3-Preferred Brands	
CAYSTON	5-Specialty	PA, LA, QL (84 PER 28 DAYS)
<i>chloroquine phosphate</i>	2-Generics	
<i>clindamycin hcl</i>	2-Generics	
<i>clindamycin palmitate hydrochloride</i>	2-Generics	
<i>clindamycin phosphate (inj 300 mg/2ml, inj 600 mg/4ml, inj 900 mg/6ml, iv soln 300 mg/2ml, iv soln 600 mg/4ml, iv soln 900 mg/6ml)</i>	4-Non-Preferred Brands	PA
<i>clindamycin phosphate in d5w</i>	4-Non-Preferred Brands	PA
COARTEM	4-Non-Preferred Brands	
<i>colistimethate sodium</i>	4-Non-Preferred Brands	PA
<i>dapsone</i>	3-Preferred Brands	
<i>daptomycin (350 mg recon soln, for iv soln 350 mg, 500 mg recon soln, for iv soln 500 mg)</i>	5-Specialty	
EMVERM	5-Specialty	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>ertapenem sodium</i>	4-Non-Preferred Brands	PA, QL (14 PER 14 DAYS)
<i>ethambutol hcl</i>	2-Generics	
<i>gentamicin in saline (0.8-0.9 mg/ml-% solution, 1-0.9 mg/ml-% solution, inj 1.2 mg/ml, 1.6-0.9 mg/ml-% solution)</i>	4-Non-Preferred Brands	PA
<i>gentamicin sulfate inj 40 mg/ml</i>	4-Non-Preferred Brands	PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	2-Generics	
<i>imipenem-cilastatin (250 mg recon soln, intravenous for soln 250 mg, intravenous for soln 500 mg)</i>	4-Non-Preferred Brands	PA
IMPAVIDO	5-Specialty	PA
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, tab 100 mg, tab 300 mg)</i>	2-Generics	
<i>ivermectin tab 3 mg</i>	2-Generics	
<i>linezolid for susp 100 mg/5ml</i>	5-Specialty	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	4-Non-Preferred Brands	PA
<i>linezolid tab 600 mg</i>	4-Non-Preferred Brands	
<i>mefloquine hcl</i>	2-Generics	
<i>meropenem iv for soln 1 gm</i>	4-Non-Preferred Brands	PA, QL (30 PER 10 DAYS)
<i>meropenem iv for soln 500 mg</i>	4-Non-Preferred Brands	PA, QL (10 PER 10 DAYS)
<i>metronidazole (tab 250 mg, tab 500 mg)</i>	2-Generics	
<i>metronidazole iv soln 500 mg/100ml</i>	4-Non-Preferred Brands	PA
<i>neomycin sulfate</i>	2-Generics	
<i>nitazoxanide</i>	5-Specialty	
<i>paromomycin sulfate</i>	4-Non-Preferred Brands	
PASER	3-Preferred Brands	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE, QL (1 PER 28 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>pentamidine isethionate for soln 300 mg</i>	4-Non-Preferred Brands	
<i>praziquantel</i>	4-Non-Preferred Brands	
PRIFTIN	3-Preferred Brands	
<i>primaquine phosphate (26.3 (15 base) mg tab, tab 26.3 mg (15 mg base))</i>	3-Preferred Brands	
<i>pyrazinamide</i>	4-Non-Preferred Brands	
<i>pyrimethamine</i>	5-Specialty	PA
<i>quinine sulfate</i>	4-Non-Preferred Brands	
<i>rifabutin</i>	4-Non-Preferred Brands	
<i>rifampin (cap 150 mg, cap 300 mg)</i>	3-Preferred Brands	
<i>rifampin for inj 600 mg</i>	4-Non-Preferred Brands	
SIRTURO	5-Specialty	PA, LA
STREPTOMYCIN SULFATE	3-Preferred Brands	PA
<i>tigecycline (50 mg recon soln, for iv soln 50 mg)</i>	5-Specialty	PA
<i>tinidazole</i>	2-Generics	
TOBI PODHALER	5-Specialty	QL (224 PER 28 DAYS)
<i>tobramycin nebu soln 300 mg/4ml</i>	5-Specialty	PA - TO CONFIRM PART D COVERAGE, QL (224 PER 28 DAYS)
<i>tobramycin nebu soln 300 mg/5ml</i>	5-Specialty	PA - TO CONFIRM PART D COVERAGE, QL (280 PER 28 DAYS)
<i>tobramycin sulfate (for inj 1.2 gm, inj 1.2 gm/30ml (40 mg/ml) (base equiv), 10 mg/ml solution, inj 80 mg/2ml (40 mg/ml) (base equiv))</i>	4-Non-Preferred Brands	PA
TRECTOR	4-Non-Preferred Brands	
<i>vancomycin hcl (for iv soln 1 gm (base equivalent), 750 mg recon soln, for iv soln 750 mg (base equivalent))</i>	4-Non-Preferred Brands	PA, QL (20 PER 10 DAYS)
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	4-Non-Preferred Brands	PA, QL (40 PER 10 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	4-Non-Preferred Brands	PA, QL (80 PER 10 DAYS)
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	4-Non-Preferred Brands	PA, QL (2 PER 10 DAYS)
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	4-Non-Preferred Brands	PA, QL (10 PER 10 DAYS)
XIFAXAN 200 MG TAB	5-Specialty	QL (9 PER 30 DAYS)
XIFAXAN 550 MG TAB	5-Specialty	QL (90 PER 30 DAYS)

## PENICILLINS

<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	4-Non-Preferred Brands	
<i>amoxicillin &amp; pot clavulanate (k for susp 200-28.5 mg/5ml, k for susp 250-62.5 mg/5ml, k for susp 400-57 mg/5ml, k for susp 600-42.9 mg/5ml, k tab 250-125 mg, k tab 500-125 mg, k tab 875-125 mg)</i>	2-Generics	
<i>amoxicillin (125 mg chew tab, (trihydrate) cap 250 mg, (trihydrate) cap 500 mg, (trihydrate) for susp 125 mg/5ml, (trihydrate) for susp 200 mg/5ml, (trihydrate) for susp 250 mg/5ml, 250 mg chew tab, (trihydrate) for susp 400 mg/5ml, (trihydrate) tab 500 mg, (trihydrate) tab 875 mg)</i>	2-Generics	
AMOXICILLIN-POT CLAVULANATE	2-Generics	
AMOXICILLIN-POT CLAVULANATE ER	4-Non-Preferred Brands	
AMPICILLIN	2-Generics	
<i>ampicillin &amp; sulbactam sodium</i>	4-Non-Preferred Brands	PA
<i>ampicillin sodium (1 gm recon soln, for inj 1 gm, for iv soln 10 gm, 125 mg recon soln)</i>	4-Non-Preferred Brands	PA
AMPICILLIN-SULBACTAM SODIUM	4-Non-Preferred Brands	PA
BICILLIN C-R	3-Preferred Brands	PA
BICILLIN C-R 900/300	3-Preferred Brands	PA
BICILLIN L-A	4-Non-Preferred Brands	PA

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>dicloxacillin sodium</i>	2-Generics	
<i>nafcillin sodium (1 gm recon soln, for inj 1 gm, 2 gm recon soln, for inj 2 gm)</i>	4-Non-Preferred Brands	PA
<i>nafcillin sodium for iv soln 10 gm</i>	5-Specialty	PA
<i>oxacillin sodium</i>	4-Non-Preferred Brands	PA
OXACILLIN SODIUM IN DEXTROSE	4-Non-Preferred Brands	PA
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	4-Non-Preferred Brands	PA
<i>penicillin g potassium</i>	4-Non-Preferred Brands	PA
PENICILLIN G PROCAINE	4-Non-Preferred Brands	PA
PENICILLIN G SODIUM	4-Non-Preferred Brands	PA
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg/5ml recon soln, tab 250 mg, tab 500 mg)</i>	2-Generics	
<i>piperacillin sodium-tazobactam sodium</i>	4-Non-Preferred Brands	
<b>QUINOLONES</b>		
CIPRO (250 MG/5ML (5%) SUSP, 500 MG/5ML (10%) SUSP)	4-Non-Preferred Brands	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	4-Non-Preferred Brands	PA
<i>ciprofloxacin hcl (100 mg tab, tab 750 mg (base equiv))</i>	2-Generics	
<i>ciprofloxacin hcl (tab 250 mg (base equiv), tab 500 mg (base equiv))</i>	1-Preferred Generics	
<i>levofloxacin (oral soln 25 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg)</i>	2-Generics	
<i>levofloxacin in d5w (soln 500 mg/100ml, soln 750 mg/150ml)</i>	4-Non-Preferred Brands	PA
<i>levofloxacin iv soln 25 mg/ml</i>	4-Non-Preferred Brands	PA
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	4-Non-Preferred Brands	PA

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
MOXIFLOXACIN HCL IN NAACL	4-Non-Preferred Brands	PA
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	2-Generics	
<i>ofloxacin (300 mg tab, tab 400 mg)</i>	4-Non-Preferred Brands	
<b>SULFA'S / RELATED AGENTS</b>		
<i>sulfadiazine (500 mg tab, tab 500 mg)</i>	4-Non-Preferred Brands	
<i>sulfamethoxazole-trimethoprim (tab 400-80 mg, tab 800-160 mg)</i>	1-Preferred Generics	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2-Generics	
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl</i>	4-Non-Preferred Brands	
<i>doxycycline (monohydrate) (cap 50 mg, cap 100 mg, tab 50 mg, tab 75 mg, tab 100 mg)</i>	2-Generics	
<i>doxycycline hyclate (cap 50 mg, cap 100 mg, tab 20 mg, tab 50 mg)</i>	2-Generics	
<i>doxycycline hyclate for inj 100 mg</i>	4-Non-Preferred Brands	PA
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	4-Non-Preferred Brands	
<i>minocycline hcl (cap 50 mg, cap 75 mg, cap 100 mg)</i>	2-Generics	
<i>minocycline hcl (tab 50 mg, tab 75 mg, tab 100 mg)</i>	4-Non-Preferred Brands	
<i>tetracycline hcl</i>	4-Non-Preferred Brands	
VIBRAMYCIN 50 MG/5ML SYRUP	3-Preferred Brands	
<b>URINARY TRACT AGENTS</b>		
<i>methenamine hippurate</i>	2-Generics	
<i>nitrofurantoin</i>	4-Non-Preferred Brands	
<i>nitrofurantoin macrocrystal (line cap 50 mg, line cap 100 mg)</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	TIER	REQUIREMENTS/LIMITS
<i>nitrofurantoin monohyd macro</i>	3-Preferred Brands	
<i>trimethoprim (100 mg tab, tab 100 mg)</i>	2-Generics	

## ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

### ADJUNCTIVE AGENTS

<i>leucovorin calcium (tab 5 mg, tab 10 mg, tab 15 mg, tab 25 mg)</i>	3-Preferred Brands	
MESNEX 400 MG TAB	5-Specialty	
XGEVA	5-Specialty	PA - TO CONFIRM PART D COVERAGE
<i>abiraterone acetate tab 250 mg</i>	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
<i>abiraterone acetate tab 500 mg</i>	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
AFINITOR 10 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
AFINITOR DISPERZ	5-Specialty	PA - FOR NEW STARTS ONLY
ALECENSA	5-Specialty	PA - FOR NEW STARTS ONLY, QL (240 PER 30 DAYS)
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
<i>anastrozole</i>	2-Generics	
AYVAKIT	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (30 PER 30 DAYS)
<i>azathioprine tab 50 mg</i>	2-Generics	PA - TO CONFIRM PART D COVERAGE
BALVERSA	5-Specialty	PA - FOR NEW STARTS ONLY, LA
<i>bexarotene</i>	5-Specialty	PA - FOR NEW STARTS ONLY
<i>bexarotene (topical)</i>	5-Specialty	PA - FOR NEW STARTS ONLY
<i>bicalutamide</i>	2-Generics	
BOSULIF (400 MG TAB, 500 MG TAB)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
BOSULIF 100 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
BRAFTOVI 75 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, LA, 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	TIER	REQUIREMENTS/LIMITS
BRUKINSA	5-Specialty	PA - FOR NEW STARTS ONLY, LA
CABOMETYX	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (30 PER 30 DAYS)
CALQUENCE (100 MG CAP, 100 MG TAB)	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (30 PER 30 DAYS)
COMETRIQ (100 MG DAILY DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (56 PER 28 DAYS)
COMETRIQ (140 MG DAILY DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (112 PER 28 DAYS)
COMETRIQ (60 MG DAILY DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (84 PER 28 DAYS)
COPIKTRA	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (60 PER 30 DAYS)
COTELLIC	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (63 PER 28 DAYS)
<i>cyclophosphamide (25 mg cap, 25 mg tab, cap 25 mg, 50 mg cap, 50 mg tab, cap 50 mg)</i>	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
<i>cyclosporine (cap 25 mg, cap 100 mg)</i>	2-Generics	PA - TO CONFIRM PART D COVERAGE
<i>cyclosporine modified (for microemulsion) (cap 25 mg, cap 50 mg, cap 100 mg, oral soln 100 mg/ml)</i>	2-Generics	PA - TO CONFIRM PART D COVERAGE
DAURISMO 100 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
DAURISMO 25 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
DROXIA	3-Preferred Brands	
EMCYT	5-Specialty	
ENVARBUS XR	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
ERIVEDGE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
ERLEADA	5-Specialty	PA - FOR NEW STARTS ONLY, 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	TIER	REQUIREMENTS/LIMITS
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
<i>everolimus (immunosuppressant)</i>	5-Specialty	PA - TO CONFIRM PART D COVERAGE
<i>everolimus (tab 2.5 mg, tab 5 mg, tab 7.5 mg, tab 10 mg)</i>	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
<i>everolimus (tab susp 2 mg, tab susp 3 mg, tab susp 5 mg)</i>	5-Specialty	PA - FOR NEW STARTS ONLY
<i>exemestane</i>	4-Non-Preferred Brands	
EXKIVITY	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (120 PER 30 DAYS)
FIRMAGON	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
FIRMAGON (240 MG DOSE)	5-Specialty	PA - TO CONFIRM PART D COVERAGE
FOTIVDA	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (21 PER 28 DAYS)
GAVRETO	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (120 PER 30 DAYS)
GILOTRIF	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
<i>hydroxyurea</i>	2-Generics	
IBRANCE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (21 PER 28 DAYS)
ICLUSIG	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
IDHIFA	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (30 PER 30 DAYS)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5-Specialty	PA - FOR NEW STARTS ONLY, QL (180 PER 30 DAYS)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	5-Specialty	PA - FOR NEW STARTS ONLY, QL (324 PER 30 DAYS)
INLYTA 1 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, 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	TIER	REQUIREMENTS/LIMITS
INLYTA 5 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
INQOVI	5-Specialty	PA - FOR NEW STARTS ONLY, QL (5 PER 28 DAYS)
INREBIC	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (120 PER 30 DAYS)
IRESSA	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
JAKAFI	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
KISQALI (200 MG DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (21 PER 28 DAYS)
KISQALI (400 MG DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (42 PER 28 DAYS)
KISQALI (600 MG DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (63 PER 28 DAYS)
KISQALI FEMARA (400 MG DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (70 PER 28 DAYS)
KISQALI FEMARA (600 MG DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (91 PER 28 DAYS)
KISQALI FEMARA(200 MG DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (49 PER 28 DAYS)
<i>lapatinib ditosylate</i>	5-Specialty	PA - FOR NEW STARTS ONLY, QL (180 PER 30 DAYS)
<i>lenalidomide</i>	5-Specialty	PA - FOR NEW STARTS ONLY, QL (28 PER 28 DAYS)
LENVIMA (10 MG DAILY DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY
LENVIMA (12 MG DAILY DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY
LENVIMA (14 MG DAILY DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY
LENVIMA (18 MG DAILY DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY
LENVIMA (20 MG DAILY DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY
LENVIMA (24 MG DAILY DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY
LENVIMA (4 MG DAILY DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY
LENVIMA (8 MG DAILY DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY
<i>letrozole</i>	2-Generics	
LEUKERAN	5-Specialty	
<i>leuprolide acetate inj kit 5 mg/ml</i>	5-Specialty	PA - FOR NEW STARTS ONLY

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
LONSURF	5-Specialty	PA - FOR NEW STARTS ONLY
LORBRENA 100 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
LORBRENA 25 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
LUMAKRAS	5-Specialty	PA - FOR NEW STARTS ONLY
LUPRON DEPOT (1-MONTH)	5-Specialty	PA - FOR NEW STARTS ONLY
LUPRON DEPOT (3-MONTH)	5-Specialty	PA - FOR NEW STARTS ONLY
LUPRON DEPOT (4-MONTH)	5-Specialty	PA - FOR NEW STARTS ONLY
LUPRON DEPOT (6-MONTH)	5-Specialty	PA - FOR NEW STARTS ONLY
LYNPARZA	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
LYSODREN	3-Preferred Brands	
MATULANE	5-Specialty	
<i>megestrol acetate (appetite)</i>	4-Non-Preferred Brands	PA
<i>megestrol acetate (tab 20 mg, tab 40 mg)</i>	3-Preferred Brands	PA - FOR NEW STARTS ONLY
<i>megestrol acetate susp 40 mg/ml</i>	3-Preferred Brands	PA
MEKINIST 0.5 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
MEKINIST 2 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
MEKTOVI	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (180 PER 30 DAYS)
<i>mercaptopurine</i>	2-Generics	
<i>methotrexate sodium (inj 50 mg/2ml (25 mg/ml), inj pf 50 mg/2ml (25 mg/ml), tab 2.5 mg (base equiv))</i>	2-Generics	PA - TO CONFIRM PART D COVERAGE
<i>mycophenolate mofetil (cap 250 mg, tab 500 mg)</i>	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5-Specialty	PA - TO CONFIRM PART D COVERAGE
<i>mycophenolate sodium</i>	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
NERLYNX	5-Specialty	PA - FOR NEW STARTS ONLY, LA
NEXAVAR	5-Specialty	PA - FOR NEW STARTS ONLY, LA, 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	TIER	REQUIREMENTS/LIMITS
<i>nilutamide</i>	5-Specialty	PA - FOR NEW STARTS ONLY
NINLARO	5-Specialty	PA - FOR NEW STARTS ONLY, QL (3 PER 28 DAYS)
NUBEQA	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (120 PER 30 DAYS)
<i>octreotide acetate (50 mcg/ml soln prsy, inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml soln prsy, inj 100 mcg/ml (0.1 mg/ml), 200 mcg/ml solution, inj 200 mcg/ml (0.2 mg/ml))</i>	4-Non-Preferred Brands	PA
<i>octreotide acetate (500 mcg/ml soln prsy, inj 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml solution, inj 1000 mcg/ml (1 mg/ml))</i>	5-Specialty	PA
ODOMZO	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (30 PER 30 DAYS)
ONUREG	5-Specialty	PA - FOR NEW STARTS ONLY, QL (14 PER 14 DAYS)
ORGOVYX	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (32 PER 30 DAYS)
PEMAZYRE	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (14 PER 21 DAYS)
PIQRAY (200 MG DAILY DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY
PIQRAY (250 MG DAILY DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY
PIQRAY (300 MG DAILY DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY
POMALYST	5-Specialty	PA - FOR NEW STARTS ONLY, LA
PROGRAF (0.2 MG, 1 MG)	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
PURIXAN	5-Specialty	
QINLOCK	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (90 PER 30 DAYS)
RETEVMO 40 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (180 PER 30 DAYS)
RETEVMO 80 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (120 PER 30 DAYS)
REVLIMID	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (28 PER 28 DAYS)
ROZLYTREK 100 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, QL (150 PER 30 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ROZLYTREK 200 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
RUBRACA	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (120 PER 30 DAYS)
RYDAPT	5-Specialty	PA - FOR NEW STARTS ONLY
SANDIMMUNE 100 MG/ML SOLUTION	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
SCEMBLIX 20 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (600 PER 30 DAYS)
SCEMBLIX 40 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (300 PER 30 DAYS)
SIGNIFOR	5-Specialty	PA
<i>sirolimus (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
<i>sirolimus oral soln 1 mg/ml</i>	5-Specialty	PA - TO CONFIRM PART D COVERAGE
SOLTAMOX	5-Specialty	
<i>sorafenib tosylate</i>	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
SPRYCEL (20 MG TAB, 70 MG TAB)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
SPRYCEL (50 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
STIVARGA	5-Specialty	PA - FOR NEW STARTS ONLY, QL (84 PER 28 DAYS)
<i>sunitinib malate</i>	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
SYNRIBO	5-Specialty	PA - TO CONFIRM PART D COVERAGE
TABLOID	4-Non-Preferred Brands	
TABRECTA	5-Specialty	PA - FOR NEW STARTS ONLY
<i>tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)</i>	2-Generics	PA - TO CONFIRM PART D COVERAGE
TAFINLAR	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
TAGRISSO	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (30 PER 30 DAYS)
TALZENNA (0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	5-Specialty	PA - FOR NEW STARTS ONLY, 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	TIER	REQUIREMENTS/LIMITS
TALZENNA 0.25 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
<i>tamoxifen citrate</i>	2-Generics	
TARGRETIN 1 % GEL	5-Specialty	PA - FOR NEW STARTS ONLY
TASIGNA (150 MG CAP, 200 MG CAP)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (112 PER 28 DAYS)
TASIGNA 50 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
TAZVERIK	5-Specialty	PA - FOR NEW STARTS ONLY, LA
TEPMETKO	5-Specialty	PA - FOR NEW STARTS ONLY, LA
THALOMID	5-Specialty	PA - FOR NEW STARTS ONLY
TIBSOVO	5-Specialty	PA - FOR NEW STARTS ONLY
<i>toremifene citrate</i>	5-Specialty	
TRELSTAR MIXJECT	5-Specialty	PA - TO CONFIRM PART D COVERAGE
<i>tretinoin (chemotherapy)</i>	5-Specialty	
TRUSELTIQ (100MG DAILY DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (21 PER 21 DAYS)
TRUSELTIQ (125MG DAILY DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (42 PER 21 DAYS)
TRUSELTIQ (50MG DAILY DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (42 PER 21 DAYS)
TRUSELTIQ (75MG DAILY DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (63 PER 21 DAYS)
TUKYSA 150 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (120 PER 30 DAYS)
TUKYSA 50 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (300 PER 30 DAYS)
TURALIO	5-Specialty	PA, LA, QL (120 PER 30 DAYS)
VENCLEXTA 10 MG TAB	3-Preferred Brands	PA - FOR NEW STARTS ONLY, LA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (120 PER 30 DAYS)
VENCLEXTA 50 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (42 PER 30 DAYS)
VERZENIO	5-Specialty	PA - FOR NEW STARTS ONLY, LA, 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	TIER	REQUIREMENTS/LIMITS
VITRAKVI 100 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (180 PER 30 DAYS)
VIZIMPRO	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
VONJO	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
VOTRIENT	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
WELIREG	5-Specialty	PA - FOR NEW STARTS ONLY, LA
XALKORI	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
XATMEP	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
XERMELO	5-Specialty	PA, LA, QL (90 PER 30 DAYS)
XOSPATA	5-Specialty	PA - FOR NEW STARTS ONLY, LA
XPOVIO (100 MG ONCE WEEKLY)	5-Specialty	PA - FOR NEW STARTS ONLY, LA
XPOVIO (40 MG ONCE WEEKLY)	5-Specialty	PA - FOR NEW STARTS ONLY, LA
XPOVIO (40 MG TWICE WEEKLY)	5-Specialty	PA - FOR NEW STARTS ONLY, LA
XPOVIO (60 MG ONCE WEEKLY)	5-Specialty	PA - FOR NEW STARTS ONLY, LA
XPOVIO (60 MG TWICE WEEKLY)	5-Specialty	PA - FOR NEW STARTS ONLY, LA
XPOVIO (80 MG ONCE WEEKLY)	5-Specialty	PA - FOR NEW STARTS ONLY, LA
XPOVIO (80 MG TWICE WEEKLY)	5-Specialty	PA - FOR NEW STARTS ONLY, LA
XTANDI (40 MG CAP, 40 MG TAB)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
XTANDI 80 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
YONSA	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
ZEJULA	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (90 PER 30 DAYS)
ZELBORAF	5-Specialty	PA - FOR NEW STARTS ONLY, QL (240 PER 30 DAYS)
ZOLINZA	5-Specialty	PA - FOR NEW STARTS ONLY

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ZORTRESS 1 MG TAB	5-Specialty	PA - TO CONFIRM PART D COVERAGE
ZYDELIG	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)

## AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

### ANTICONVULSANTS

APTIOM (600 MG TAB, 800 MG TAB)	5-Specialty	QL (60 PER 30 DAYS)
APTIOM 200 MG TAB	5-Specialty	QL (180 PER 30 DAYS)
APTIOM 400 MG TAB	5-Specialty	QL (90 PER 30 DAYS)
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)
<i>carbamazepine (cap er 12hr 100 mg, cap er 12hr 200 mg, cap er 12hr 300 mg, chew tab 100 mg, susp 100 mg/5ml, tab 200 mg, tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 400 mg)</i>	2-Generics	
CELONTIN	4-Non-Preferred Brands	
<i>clobazam (tab 10 mg, tab 20 mg)</i>	4-Non-Preferred Brands	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
<i>clobazam suspension 2.5 mg/ml</i>	4-Non-Preferred Brands	PA - FOR NEW STARTS ONLY, QL (480 PER 30 DAYS)
<i>clonazepam (orally disintegrating tab 0.125 mg, orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, tab 0.5 mg, tab 1 mg)</i>	2-Generics	QL (90 PER 30 DAYS)
<i>clonazepam (orally disintegrating tab 2 mg, tab 2 mg)</i>	2-Generics	QL (300 PER 30 DAYS)
DIACOMIT	5-Specialty	PA - FOR NEW STARTS ONLY, LA
DIAZEPAM (2.5 MG GEL, 10 MG GEL, 20 MG GEL)	4-Non-Preferred Brands	
DILANTIN 30 MG CAP	3-Preferred Brands	
<i>divalproex sodium</i>	2-Generics	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
EPIDIOLEX	5-Specialty	PA - FOR NEW STARTS ONLY, LA
EPRONTIA	4-Non-Preferred Brands	PA - FOR NEW STARTS ONLY
<i>ethosuximide (cap 250 mg, soln 250 mg/5ml)</i>	2-Generics	
<i>felbamate (tab 400 mg, tab 600 mg)</i>	4-Non-Preferred Brands	
<i>felbamate susp 600 mg/5ml</i>	5-Specialty	
FINTEPLA	5-Specialty	PA - FOR NEW STARTS ONLY, LA, QL (360 PER 30 DAYS)
FYCOMPA (4 MG TAB, 6 MG TAB)	5-Specialty	QL (60 PER 30 DAYS)
FYCOMPA (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 Brands	QL (60 PER 30 DAYS)
<i>gabapentin (cap 100 mg, cap 400 mg)</i>	1-Preferred Generics	QL (270 PER 30 DAYS)
<i>gabapentin cap 300 mg</i>	1-Preferred Generics	QL (360 PER 30 DAYS)
<i>gabapentin oral soln 250 mg/5ml</i>	2-Generics	QL (2160 PER 30 DAYS)
<i>gabapentin tab 600 mg</i>	1-Preferred Generics	QL (180 PER 30 DAYS)
<i>gabapentin tab 800 mg</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
GRALISE 300 MG TAB	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
GRALISE 600 MG TAB	3-Preferred Brands	PA, QL (90 PER 30 DAYS)
<i>lacosamide (tab 100 mg, tab 150 mg, tab 200 mg)</i>	4-Non-Preferred Brands	QL (60 PER 30 DAYS)
<i>lacosamide oral solution 10 mg/ml</i>	5-Specialty	QL (1200 PER 30 DAYS)
<i>lacosamide tab 50 mg</i>	3-Preferred Brands	QL (120 PER 30 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>lamotrigine (orally disintegrating tab 25 mg, orally disintegrating tab 50 mg, orally disintegrating tab 100 mg, orally disintegrating tab 200 mg, tab 25 mg (42) &amp; 100 mg (7) starter kit, tab 35 x 25 mg starter kit, tab 84 x 25 mg &amp; 14 x 100 mg starter kit, tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit, tab er 24hr 100 mg, tab er 24hr 200 mg, tab er 24hr 25 mg, tab er 24hr 250 mg, tab er 24hr 300 mg, tab er 24hr 50 mg)</i>	4-Non-Preferred Brands	
<i>lamotrigine (tab 25 mg, tab 100 mg, tab 150 mg, tab 200 mg)</i>	1-Preferred Generics	
<i>lamotrigine (tab 5 mg, tab 25 mg)</i>	2-Generics	
<i>levetiracetam (oral soln 100 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg, tab 1000 mg, tab er 24hr 500 mg, tab er 24hr 750 mg)</i>	2-Generics	
NAYZILAM	5-Specialty	PA - FOR NEW STARTS ONLY, QL (10 PER 30 DAYS)
<i>oxcarbazepine (tab 150 mg, tab 300 mg, tab 600 mg)</i>	3-Preferred Brands	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	4-Non-Preferred Brands	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>phenobarbital (elixir 20 mg/5ml, tab 15 mg, tab 16.2 mg, tab 30 mg, tab 32.4 mg, tab 60 mg, tab 64.8 mg, tab 97.2 mg, tab 100 mg)</i>	2-Generics	PA - FOR NEW STARTS ONLY
<i>phenytoin (chew tab 50 mg, susp 125 mg/5ml)</i>	2-Generics	
<i>phenytoin sodium extended</i>	2-Generics	
<i>pregabalin (cap 225 mg, cap 300 mg)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>pregabalin (cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, cap 200 mg)</i>	3-Preferred Brands	QL (90 PER 30 DAYS)
<i>pregabalin soln 20 mg/ml</i>	3-Preferred Brands	QL (900 PER 30 DAYS)
<i>primidone</i>	2-Generics	
<i>rufinamide (susp 40 mg/ml, tab 200 mg, tab 400 mg)</i>	5-Specialty	PA - FOR NEW STARTS ONLY

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
SPRITAM	4-Non-Preferred Brands	
SYMPAZAN (10 MG, 20 MG)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	4-Non-Preferred Brands	PA - FOR NEW STARTS ONLY, QL (60 PER 30 DAYS)
<i>tiagabine hcl</i>	4-Non-Preferred Brands	
<i>topiramate (cap 15 mg, cap 25 mg)</i>	2-Generics	PA - FOR NEW STARTS ONLY
<i>topiramate (tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)</i>	1-Preferred Generics	PA - FOR NEW STARTS ONLY
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2-Generics	
<i>valproic acid</i>	2-Generics	
VALTOCO 10 MG DOSE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (10 PER 30 DAYS)
VALTOCO 15 MG DOSE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (10 PER 30 DAYS)
VALTOCO 20 MG DOSE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (10 PER 30 DAYS)
VALTOCO 5 MG DOSE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (10 PER 30 DAYS)
<i>vigabatrin</i>	5-Specialty	LA
VIMPAT (100 MG TAB, 150 MG TAB, 200 MG TAB)	5-Specialty	QL (60 PER 30 DAYS)
VIMPAT 10 MG/ML SOLUTION	5-Specialty	QL (1200 PER 30 DAYS)
VIMPAT 50 MG TAB	3-Preferred Brands	QL (120 PER 30 DAYS)
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB, 14 X 150 MG & 14 X 200 MG TAB, 14 X 50 MG & 14 X 100 MG TAB)	4-Non-Preferred Brands	QL (56 PER 28 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 100 MG TAB	4-Non-Preferred Brands	QL (120 PER 30 DAYS)
XCOPRI 150 MG TAB	4-Non-Preferred Brands	QL (60 PER 30 DAYS)
XCOPRI 200 MG TAB	5-Specialty	QL (60 PER 30 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
XCOPRI 50 MG TAB	4-Non-Preferred Brands	QL (240 PER 30 DAYS)
<i>zonisamide</i>	2-Generics	PA - FOR NEW STARTS ONLY
<b>ANTIPARKINSONISM AGENTS</b>		
<i>benztropine mesylate (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	1-Preferred Generics	PA
<i>bromocriptine mesylate</i>	4-Non-Preferred Brands	
<i>carbidopa</i>	2-Generics	
<i>carbidopa-levodopa (carbidopa &amp; levodopa orally disintegrating tab 10-100 mg, carbidopa &amp; levodopa orally disintegrating tab 25-100 mg, carbidopa &amp; levodopa orally disintegrating tab 25-250 mg, carbidopa &amp; levodopa tab 10-100 mg, carbidopa &amp; levodopa tab 25-100 mg, carbidopa &amp; levodopa tab 25-250 mg, carbidopa &amp; levodopa tab er 25-100 mg, carbidopa &amp; levodopa tab er 50-200 mg, carbidopa-levodopa 10-100 mg tab disp, carbidopa-levodopa 25-100 mg tab disp, carbidopa-levodopa 25-250 mg tab disp)</i>	2-Generics	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, tabs 12.5-50-200 mg, 18.75-75-200 mg tab, tabs 18.75-75-200 mg, tabs 25-100-200 mg, tabs 31.25-125-200 mg, 37.5-150-200 mg tab, tabs 37.5-150-200 mg, tabs 50-200-200 mg)</i>	4-Non-Preferred Brands	
<i>entacapone</i>	4-Non-Preferred Brands	
KYNMOBI	5-Specialty	PA, QL (150 PER 30 DAYS)
NEUPRO	4-Non-Preferred Brands	
<i>pramipexole dihydrochloride (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg)</i>	2-Generics	
<i>rasagiline mesylate</i>	4-Non-Preferred Brands	
<i>ropinirole hydrochloride (tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg, tab 5 mg)</i>	2-Generics	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>ropinirole hydrochloride (tab er 2 mg (base equivalent), tab er 4 mg (base equivalent), tab er 6 mg (base equivalent), tab er 8 mg (base equivalent), tab er 12 mg (base equivalent))</i>	4-Non-Preferred Brands	
<i>selegiline hcl</i>	2-Generics	
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
AIMOVIG	3-Preferred Brands	PA, QL (1 PER 30 DAYS)
AJOVY	3-Preferred Brands	PA, QL (1.5 PER 30 DAYS)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5-Specialty	QL (8 PER 28 DAYS)
<i>eletriptan hydrobromide</i>	4-Non-Preferred Brands	QL (18 PER 28 DAYS)
EMGALITY	3-Preferred Brands	PA, QL (2 PER 30 DAYS)
<i>ergotamine w/ caffeine</i>	3-Preferred Brands	
<i>naratriptan hcl</i>	3-Preferred Brands	QL (18 PER 28 DAYS)
NURTEC	3-Preferred Brands	PA, QL (16 PER 30 DAYS)
<i>rizatriptan benzoate (tab 5 mg (base eq), tab 10 mg (base eq))</i>	3-Preferred Brands	QL (36 PER 28 DAYS)
<i>rizatriptan benzoate (tab 5 mg (base equivalent), tab 10 mg (base equivalent))</i>	2-Generics	QL (36 PER 28 DAYS)
<i>sumatriptan nasal spray 20 mg/act</i>	4-Non-Preferred Brands	QL (18 PER 28 DAYS)
<i>sumatriptan nasal spray 5 mg/act</i>	4-Non-Preferred Brands	QL (36 PER 28 DAYS)
<i>sumatriptan succinate (inj 6 mg/0.5ml, solution auto-injector 4 mg/0.5ml, solution auto-injector 6 mg/0.5ml, solution cartridge 4 mg/0.5ml, solution cartridge 6 mg/0.5ml)</i>	4-Non-Preferred Brands	QL (8 PER 28 DAYS)
<i>sumatriptan succinate (tab 25 mg, tab 50 mg, tab 100 mg)</i>	2-Generics	QL (18 PER 28 DAYS)
SUMATRIPTAN SUCCINATE REFILL	4-Non-Preferred Brands	QL (8 PER 28 DAYS)
TRUDHESA	5-Specialty	ST, QL (8 PER 28 DAYS)
UBRELVY	3-Preferred Brands	PA, QL (20 PER 30 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>zolmitriptan (orally disintegrating tab 2.5 mg, orally disintegrating tab 5 mg, tab 2.5 mg, tab 5 mg)</i>	4-Non-Preferred Brands	QL (18 PER 28 DAYS)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AUBAGIO	5-Specialty	PA, QL (30 PER 30 DAYS)
BAFIERTAM	5-Specialty	PA, QL (120 PER 30 DAYS)
<i>dalfampridine</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	5-Specialty	PA, QL (14 PER 30 DAYS)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	5-Specialty	PA, QL (120 PER 180 DAYS)
<i>donepezil hydrochloride (orally disintegrating tab 5 mg, orally disintegrating tab 10 mg, tab 5 mg, tab 10 mg)</i>	1-Preferred Generics	
<i>donepezil hydrochloride tab 23 mg</i>	4-Non-Preferred Brands	
FIRDAPSE	5-Specialty	PA, LA
<i>galantamine hydrobromide (cap er 24hr 16 mg, cap er 24hr 24 mg, cap er 24hr 8 mg, tab 4 mg, tab 8 mg, tab 12 mg)</i>	3-Preferred Brands	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	4-Non-Preferred Brands	
GILENYA 0.5 MG CAP	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5-Specialty	PA, QL (12 PER 28 DAYS)
INGREZZA (40 MG CAP, 60 MG CAP, 80 MG CAP)	5-Specialty	PA, LA, QL (30 PER 30 DAYS)
INGREZZA 40 & 80 MG CAP THPK	5-Specialty	PA, LA, QL (28 PER 28 DAYS)
<i>memantine hcl (cap er 7 mg, cap er 14 mg, cap er 21 mg, cap er 28 mg)</i>	4-Non-Preferred Brands	PA
<i>memantine hcl (tab 5 mg, tab 10 mg)</i>	2-Generics	PA
<i>memantine hcl oral solution 2 mg/ml</i>	3-Preferred Brands	PA
NAMZARIC	3-Preferred Brands	PA

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
NUEDEXTA	5-Specialty	PA
<i>rivastigmine</i>	4-Non-Preferred Brands	
<i>rivastigmine tartrate</i>	3-Preferred Brands	
<i>tetrabenazine tab 12.5 mg</i>	5-Specialty	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine tab 25 mg</i>	5-Specialty	PA, QL (120 PER 30 DAYS)
VUMERITY	5-Specialty	PA, QL (120 PER 30 DAYS)
VUMERITY (STARTER)	5-Specialty	PA, QL (120 PER 30 DAYS)
ZEPOSIA	5-Specialty	PA, QL (30 PER 30 DAYS)
ZEPOSIA 7-DAY STARTER PACK	5-Specialty	PA, QL (7 PER 30 DAYS)
ZEPOSIA STARTER KIT	5-Specialty	PA, QL (37 PER 30 DAYS)

#### MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

<i>baclofen (tab 5 mg, tab 10 mg, tab 20 mg)</i>	2-Generics	
<i>cyclobenzaprine hcl (tab 5 mg, tab 10 mg)</i>	4-Non-Preferred Brands	PA
<i>dantrolene sodium (cap 25 mg, cap 50 mg, cap 100 mg)</i>	2-Generics	
<i>pyridostigmine bromide (tab 60 mg, tab er 180 mg)</i>	3-Preferred Brands	
<i>tizanidine hcl (tab 2 mg (base equivalent), tab 4 mg (base equivalent))</i>	2-Generics	

#### NARCOTIC ANALGESICS

<i>acetaminophen w/ codeine (tab 300-15 mg, tab 300-30 mg)</i>	2-Generics	QL (360 PER 30 OVER TIME)
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2-Generics	QL (4500 PER 30 OVER TIME)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2-Generics	QL (180 PER 30 OVER TIME)
APAP-CAFF-DIHYDROCODEINE	2-Generics	QL (300 PER 30 OVER TIME)
BELBUCA	3-Preferred Brands	PA, QL (60 PER 30 OVER TIME)
<i>buprenorphine</i>	4-Non-Preferred Brands	PA, QL (4 PER 28 OVER TIME)
<i>buprenorphine hcl (tab 2 mg (base equiv), tab 8 mg (base equiv))</i>	2-Generics	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>fentanyl (patch 12 mcg/hr, patch 25 mcg/hr, patch 50 mcg/hr, patch 75 mcg/hr, patch 100 mcg/hr)</i>	4-Non-Preferred Brands	PA, QL (10 PER 30 OVER TIME)
<i>fentanyl citrate (a 400 mcg, a 600 mcg, a 800 mcg, a 1200 mcg, a 1600 mcg)</i>	5-Specialty	PA, QL (120 PER 30 OVER TIME)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	4-Non-Preferred Brands	PA, QL (120 PER 30 OVER TIME)
<i>hydrocodone-acetaminophen (tab 5-300 mg, tab 7.5-300 mg, tab 10-300 mg)</i>	3-Preferred Brands	QL (390 PER 30 OVER TIME)
<i>hydrocodone-acetaminophen (tab 5-325 mg, tab 7.5-325 mg, tab 10-325 mg)</i>	3-Preferred Brands	QL (360 PER 30 OVER TIME)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	3-Preferred Brands	QL (5550 PER 30 OVER TIME)
HYDROCODONE-IBUPROFEN (5-200 MG TAB, TAB 5-200 MG, TAB 7.5-200 MG, 10-200 MG TAB, TAB 10-200 MG)	3-Preferred Brands	QL (50 PER 30 OVER TIME)
<i>hydromorphone hcl (tab 2 mg, tab 4 mg, tab 8 mg)</i>	3-Preferred Brands	QL (180 PER 30 OVER TIME)
<i>hydromorphone hcl (tab er 8 mg, tab er 12 mg, tab er 16 mg, tab er 32 mg)</i>	4-Non-Preferred Brands	PA, QL (60 PER 30 OVER TIME)
<i>hydromorphone hcl liqd 1 mg/ml</i>	4-Non-Preferred Brands	QL (2400 PER 30 OVER TIME)
HYDROMORPHONE HCL PF 10 MG/ML SOLUTION	4-Non-Preferred Brands	QL (240 PER 30 OVER TIME)
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	4-Non-Preferred Brands	QL (240 PER 30 OVER TIME)
<i>methadone hcl (10 mg/5ml solution, soln 10 mg/5ml)</i>	3-Preferred Brands	PA, QL (600 PER 30 OVER TIME)
METHADONE HCL (5 MG/5ML SOLUTION, SOLN 5 MG/5ML)	3-Preferred Brands	PA, QL (1200 PER 30 OVER TIME)
<i>methadone hcl tab 10 mg</i>	3-Preferred Brands	PA, QL (120 PER 30 OVER TIME)
<i>methadone hcl tab 5 mg</i>	3-Preferred Brands	PA, QL (240 PER 30 OVER TIME)
<i>morphine sulfate (15 mg tab, tab 15 mg, 30 mg tab, tab 30 mg)</i>	3-Preferred Brands	QL (180 PER 30 OVER TIME)
<i>morphine sulfate (oral soln 10 mg/5ml, 20 mg/5ml solution, oral soln 20 mg/5ml, oral soln 100 mg/5ml (20 mg/ml))</i>	3-Preferred Brands	QL (900 PER 30 OVER TIME)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>morphine sulfate (tab er 15 mg, tab er 30 mg, tab er 60 mg, tab er 100 mg, tab er 200 mg)</i>	3-Preferred Brands	PA, QL (120 PER 30 OVER TIME)
<i>oxycodone hcl (cap 5 mg, tab 5 mg)</i>	3-Preferred Brands	QL (360 PER 30 OVER TIME)
<i>oxycodone hcl (tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	3-Preferred Brands	QL (180 PER 30 OVER TIME)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	4-Non-Preferred Brands	QL (180 PER 30 OVER TIME)
<i>oxycodone hcl soln 5 mg/5ml</i>	3-Preferred Brands	QL (1200 PER 30 OVER TIME)
<i>oxycodone w/ acetaminophen</i>	3-Preferred Brands	QL (360 PER 30 OVER TIME)
OXYCONTIN (10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG)	3-Preferred Brands	PA, QL (90 PER 30 OVER TIME)
OXYCONTIN 80 MG TB12 DETER	5-Specialty	PA, QL (60 PER 30 OVER TIME)

## NON-NARCOTIC ANALGESICS

<i>buprenorphine hcl-naloxone hcl dihydrate (-naloxone 4-1 mg (base equiv), -naloxone 8-2 mg (base equiv))</i>	3-Preferred Brands	QL (90 PER 30 OVER TIME)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	3-Preferred Brands	QL (60 PER 30 OVER TIME)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	3-Preferred Brands	QL (360 PER 30 OVER TIME)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2-Generics	QL (360 PER 30 OVER TIME)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2-Generics	QL (90 PER 30 OVER TIME)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	2-Generics	QL (10 PER 28 OVER TIME)
<i>celecoxib</i>	2-Generics	
<i>diclofenac potassium tab 50 mg</i>	2-Generics	
<i>diclofenac sodium</i>	2-Generics	
<i>diclofenac sodium gel 1%</i>	3-Preferred Brands	QL (1000 PER 28 OVER TIME)
<i>diclofenac w/ misoprostol</i>	4-Non-Preferred Brands	
<i>diflunisal</i>	2-Generics	
<i>etodolac</i>	2-Generics	
<i>flurbiprofen tab 100 mg</i>	2-Generics	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>ibuprofen (tab 400 mg, tab 600 mg, tab 800 mg)</i>	1-Preferred Generics	
<i>ibuprofen susp 100 mg/5ml</i>	2-Generics	
KLOXXADO	3-Preferred Brands	
<i>meloxicam tab 15 mg</i>	1-Preferred Generics	
<i>meloxicam tab 7.5 mg</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>nabumetone</i>	2-Generics	
<i>naloxone hcl (0.4 mg/ml soln cart, inj 0.4 mg/ml, nasal spray 4 mg/0.1ml, soln prefilled syringe 2 mg/2ml)</i>	2-Generics	
<i>naltrexone hcl</i>	2-Generics	
<i>naproxen (susp 125 mg/5ml, tab ec 375 mg, tab ec 500 mg)</i>	2-Generics	
<i>naproxen (tab 250 mg, tab 375 mg, tab 500 mg)</i>	1-Preferred Generics	
<i>naproxen sodium (tab 275 mg, tab 550 mg)</i>	2-Generics	
NARCAN	3-Preferred Brands	
<i>oxaprozin</i>	4-Non-Preferred Brands	
<i>piroxicam</i>	3-Preferred Brands	
<i>sulindac</i>	2-Generics	
<i>tramadol hcl tab 50 mg</i>	2-Generics	QL (240 PER 30 OVER TIME)
<i>tramadol-acetaminophen</i>	2-Generics	QL (240 PER 30 OVER TIME)
VIVITROL	5-Specialty	
ZUBSOLV (0.7-0.18 MG TAB, 1.4-0.36 MG TAB, 2.9-0.71 MG TAB, 5.7-1.4 MG TAB, 11.4-2.9 MG TAB)	3-Preferred Brands	QL (30 PER 30 OVER TIME)
ZUBSOLV 8.6-2.1 MG SL TAB	3-Preferred Brands	QL (60 PER 30 OVER TIME)
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY MAINTENA	5-Specialty	QL (1 PER 28 DAYS)
<i>amitriptyline hcl</i>	2-Generics	
AMOXAPINE	3-Preferred Brands	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>amphetamine-dextroamphetamine (cap er 5 mg, cap er 10 mg, cap er 15 mg, cap er 20 mg, cap er 25 mg, cap er 30 mg)</i>	4-Non-Preferred Brands	
<i>amphetamine-dextroamphetamine (tab 5 mg, tab 7.5 mg, tab 10 mg, tab 12.5 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	3-Preferred Brands	
<i>aripiprazole (tab 10 mg, tab 15 mg)</i>	5-Specialty	QL (60 PER 30 DAYS)
<i>aripiprazole (tab 2 mg, tab 5 mg, tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>aripiprazole oral solution 1 mg/ml</i>	4-Non-Preferred Brands	
ARISTADA 1064 MG/3.9ML PRSYR	5-Specialty	QL (3.9 PER 56 OVER TIME)
ARISTADA 441 MG/1.6ML PRSYR	5-Specialty	QL (1.6 PER 28 DAYS)
ARISTADA 662 MG/2.4ML PRSYR	5-Specialty	QL (2.4 PER 28 DAYS)
ARISTADA 882 MG/3.2ML PRSYR	5-Specialty	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	5-Specialty	QL (4.8 PER 365 OVER TIME)
<i>armodafinil</i>	4-Non-Preferred Brands	PA
<i>asenapine maleate</i>	4-Non-Preferred Brands	QL (60 PER 30 DAYS)
<i>atomoxetine hcl (cap 10 mg (base equiv), cap 18 mg (base equiv), cap 25 mg (base equiv), cap 40 mg (base equiv))</i>	4-Non-Preferred Brands	QL (60 PER 30 DAYS)
<i>atomoxetine hcl (cap 60 mg (base equiv), cap 80 mg (base equiv), cap 100 mg (base equiv))</i>	4-Non-Preferred Brands	QL (30 PER 30 DAYS)
<i>bupropion hcl (tab 75 mg, tab 100 mg)</i>	1-Preferred Generics	
<i>bupropion hcl (tab er 100 mg, tab er 150 mg, tab er 200 mg)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>bupropion hcl tab er 24hr 150 mg</i>	2-Generics	QL (90 PER 30 DAYS)
<i>bupropion hcl tab er 24hr 300 mg</i>	2-Generics	QL (30 PER 30 DAYS)
<i>bupirone hcl</i>	2-Generics	
CAPLYTA	5-Specialty	QL (30 PER 30 DAYS)
<i>chlorpromazine hcl (30 mg/ml, 100 mg/ml)</i>	5-Specialty	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>chlorpromazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)</i>	4-Non-Preferred Brands	
<i>citalopram hydrobromide (tab 10 mg (base equiv), tab 20 mg (base equiv), tab 40 mg (base equiv))</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	3-Preferred Brands	
<i>clomipramine hcl</i>	4-Non-Preferred Brands	
<i>clonidine hcl (adhd)</i>	4-Non-Preferred Brands	
<i>clorazepate dipotassium tab 15 mg</i>	2-Generics	PA - FOR NEW STARTS ONLY, QL (180 PER 30 DAYS)
<i>clorazepate dipotassium tab 3.75 mg</i>	2-Generics	PA - FOR NEW STARTS ONLY, QL (90 PER 30 DAYS)
<i>clorazepate dipotassium tab 7.5 mg</i>	2-Generics	PA - FOR NEW STARTS ONLY, QL (360 PER 30 DAYS)
<i>clozapine (12.5 mg tab disp, orally disintegrating tab 25 mg, orally disintegrating tab 100 mg, 150 mg tab disp, 200 mg tab disp)</i>	4-Non-Preferred Brands	
<i>clozapine (tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)</i>	3-Preferred Brands	
<i>desipramine hcl</i>	2-Generics	
<i>desvenlafaxine succinate</i>	2-Generics	QL (30 PER 30 DAYS)
<i>diazepam (tab 2 mg, tab 5 mg, tab 10 mg)</i>	2-Generics	PA - FOR NEW STARTS ONLY, QL (120 PER 30 DAYS)
<i>diazepam conc 5 mg/ml</i>	2-Generics	PA - FOR NEW STARTS ONLY, QL (240 PER 30 DAYS)
<i>diazepam oral soln 1 mg/ml</i>	2-Generics	PA - FOR NEW STARTS ONLY, QL (1200 PER 30 DAYS)
<i>doxepin hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg, conc 10 mg/ml)</i>	4-Non-Preferred Brands	
<i>doxepin hcl (sleep)</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR, 60 MG CAP DR)	4-Non-Preferred Brands	QL (60 PER 30 DAYS)
DRIZALMA SPRINKLE 40 MG CAP DR	4-Non-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	TIER	REQUIREMENTS/LIMITS
<i>duloxetine hcl (cap 20 mg (base eq), cap 30 mg (base eq), cap 60 mg (base eq))</i>	2-Generics	QL (60 PER 30 DAYS)
EMSAM	5-Specialty	
<i>escitalopram oxalate (tab 5 mg (base equiv), tab 10 mg (base equiv), tab 20 mg (base equiv))</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2-Generics	
<i>eszopiclone</i>	4-Non-Preferred Brands	QL (30 PER 30 DAYS)
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB)	4-Non-Preferred Brands	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 Brands	QL (8 PER 28 DAYS)
FETZIMA	3-Preferred Brands	QL (30 PER 30 DAYS)
FETZIMA TITRATION	3-Preferred Brands	QL (28 PER 28 DAYS)
FLUOXETINE HCL (PMDD) 10 MG TAB	2-Generics	QL (240 PER 30 DAYS)
FLUOXETINE HCL (PMDD) 20 MG TAB	2-Generics	QL (120 PER 30 DAYS)
FLUOXETINE HCL 90 MG CAP DR	2-Generics	QL (4 PER 28 DAYS)
<i>fluoxetine hcl cap 10 mg</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>fluoxetine hcl cap 20 mg</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>fluoxetine hcl cap 40 mg</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>fluoxetine hcl solution 20 mg/5ml</i>	2-Generics	
<i>fluoxetine hcl tab 10 mg</i>	2-Generics	QL (240 PER 30 DAYS)
<i>fluoxetine hcl tab 20 mg</i>	2-Generics	QL (120 PER 30 DAYS)
<i>fluphenazine decanoate</i>	4-Non-Preferred Brands	
<i>fluphenazine hcl (tab 1 mg, 2.5 mg/5ml elixir, 2.5 mg/ml solution, tab 2.5 mg, 5 mg/ml conc, tab 5 mg, tab 10 mg)</i>	4-Non-Preferred Brands	
<i>fluvoxamine maleate (cap er 100 mg, cap er 150 mg)</i>	4-Non-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	TIER	REQUIREMENTS/LIMITS
<i>fluvoxamine maleate tab 100 mg</i>	2-Generics	QL (90 PER 30 DAYS)
<i>fluvoxamine maleate tab 25 mg</i>	2-Generics	QL (30 PER 30 DAYS)
<i>fluvoxamine maleate tab 50 mg</i>	2-Generics	QL (60 PER 30 DAYS)
FORFIVO XL	4-Non-Preferred Brands	QL (30 PER 30 DAYS)
<i>haloperidol</i>	1-Preferred Generics	
<i>haloperidol decanoate</i>	2-Generics	
<i>haloperidol lactate</i>	2-Generics	
HETLIOZ	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>imipramine hcl</i>	4-Non-Preferred Brands	
<i>imipramine pamoate</i>	4-Non-Preferred Brands	
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5-Specialty	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5-Specialty	QL (5 PER 180 OVER TIME)
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)
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 90 OVER TIME)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5-Specialty	QL (1.32 PER 90 OVER TIME)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5-Specialty	QL (1.75 PER 90 OVER TIME)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5-Specialty	QL (2.63 PER 90 OVER TIME)
LATUDA (20 MG TAB, 40 MG TAB, 60 MG TAB, 120 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	TIER	REQUIREMENTS/LIMITS
LATUDA 80 MG TAB	5-Specialty	QL (60 PER 30 DAYS)
<i>lithium carbonate (150 mg cap, cap 150 mg, 300 mg cap, cap 300 mg, cap 600 mg, tab 300 mg, tab er 300 mg, tab er 450 mg, 600 mg cap)</i>	1-Preferred Generics	
<i>lorazepam (conc 2 mg/ml, tab 2 mg)</i>	2-Generics	PA, QL (150 PER 30 DAYS)
<i>lorazepam (tab 0.5 mg, tab 1 mg)</i>	2-Generics	PA, QL (90 PER 30 DAYS)
<i>loxapine succinate</i>	2-Generics	
MARPLAN	4-Non-Preferred Brands	
<i>methylphenidate hcl (cap er 24hr 10 mg (la), cap er 24hr 20 mg (la), cap er 24hr 30 mg (la), cap er 24hr 40 mg (la), cap er 24hr 60 mg (la), chew tab 2.5 mg, chew tab 5 mg, chew tab 10 mg, soln 5 mg/5ml, soln 10 mg/5ml, tab er 10 mg, tab er 20 mg)</i>	4-Non-Preferred Brands	
<i>methylphenidate hcl (tab 5 mg, tab 10 mg, tab 20 mg)</i>	3-Preferred Brands	
<i>mirtazapine (tab 15 mg, tab 30 mg, tab 45 mg)</i>	2-Generics	
<i>mirtazapine (tab 7.5 mg, tab 15 mg, tab 30 mg, tab 45 mg)</i>	1-Preferred Generics	
<i>modafinil</i>	2-Generics	PA
MOLINDONE HCL	2-Generics	
NEFAZODONE HCL	2-Generics	
<i>nortriptyline hcl (10 mg/5ml solution, cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg)</i>	2-Generics	
NUPLAZID (10 MG TAB, 34 MG CAP)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 DAYS)
<i>olanzapine (orally disintegrating tab 5 mg, orally disintegrating tab 10 mg, orally disintegrating tab 15 mg, orally disintegrating tab 20 mg, tab 2.5 mg, tab 5 mg, tab 7.5 mg, tab 10 mg, tab 15 mg, tab 20 mg)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>olanzapine for im inj 10 mg</i>	4-Non-Preferred Brands	
<i>olanzapine-fluoxetine hcl</i>	4-Non-Preferred Brands	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>paliperidone (tab er 1.5 mg, tab er 3 mg, tab er 9 mg)</i>	4-Non-Preferred Brands	QL (30 PER 30 DAYS)
<i>paliperidone tab er 24hr 6 mg</i>	4-Non-Preferred Brands	QL (60 PER 30 DAYS)
<i>paroxetine hcl (tab 10 mg, tab 20 mg, tab 40 mg)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>paroxetine hcl (tab er 12.5 mg, tab er 25 mg, tab er 37.5 mg)</i>	4-Non-Preferred Brands	QL (60 PER 30 DAYS)
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	4-Non-Preferred Brands	
<i>paroxetine hcl tab 30 mg</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
PAXIL 10 MG/5ML SUSPENSION	4-Non-Preferred Brands	
<i>perphenazine</i>	2-Generics	
PERSERIS	5-Specialty	QL (1 PER 30 DAYS)
<i>phenelzine sulfate (15 mg tab, tab 15 mg)</i>	3-Preferred Brands	
PIMOZIDE	4-Non-Preferred Brands	
<i>protriptyline hcl</i>	4-Non-Preferred Brands	
<i>quetiapine fumarate (tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)</i>	2-Generics	QL (90 PER 30 DAYS)
<i>quetiapine fumarate (tab 300 mg, tab 400 mg, tab er 24hr 300 mg, tab er 24hr 400 mg, tab er 24hr 50 mg)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>quetiapine fumarate (tab er 150 mg, tab er 200 mg)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>ramelteon</i>	3-Preferred Brands	QL (30 PER 30 DAYS)
REXULTI	5-Specialty	QL (30 PER 30 DAYS)
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, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, orally disintegrating tab 3 mg)</i>	4-Non-Preferred Brands	QL (60 PER 30 DAYS)
<i>risperidone (tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>risperidone orally disintegrating tab 4 mg</i>	4-Non-Preferred Brands	QL (120 PER 30 DAYS)
<i>risperidone soln 1 mg/ml</i>	2-Generics	
<i>risperidone tab 4 mg</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
SECUADO	5-Specialty	QL (30 PER 30 DAYS)
<i>sertraline hcl (tab 50 mg, tab 100 mg)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2-Generics	
<i>sertraline hcl tab 25 mg</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>thioridazine hcl</i>	3-Preferred Brands	
<i>thiothixene</i>	2-Generics	
<i>tranylcypromine sulfate</i>	4-Non-Preferred Brands	
<i>trazodone hcl</i>	1-Preferred Generics	
<i>trifluoperazine hcl</i>	2-Generics	
<i>trimipramine maleate</i>	4-Non-Preferred Brands	
TRINTELLIX	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>venlafaxine hcl (cap er 24hr 75 mg (base equivalent), tab 25 mg (base equivalent), tab 37.5 mg (base equivalent), tab 50 mg (base equivalent), tab 75 mg (base equivalent), tab 100 mg (base equivalent))</i>	2-Generics	QL (90 PER 30 DAYS)
<i>venlafaxine hcl (cap er 37.5 mg (base equivalent), cap er 150 mg (base equivalent), tab er 37.5 mg (base equivalent), tab er 75 mg (base equivalent), tab er 150 mg (base equivalent), tab er 225 mg (base equivalent))</i>	2-Generics	QL (30 PER 30 DAYS)
VERSACLOZ	5-Specialty	
VIIBRYD	3-Preferred Brands	QL (30 PER 30 DAYS)
VIIBRYD STARTER PACK	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	TIER	REQUIREMENTS/LIMITS
<i>vilazodone hcl</i>	3-Preferred Brands	QL (30 PER 30 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 Brands	QL (7 PER 30 DAYS)
XYREM	5-Specialty	PA, LA, QL (540 PER 30 DAYS)
<i>zaleplon cap 10 mg</i>	4-Non-Preferred Brands	QL (60 PER 30 DAYS)
<i>zaleplon cap 5 mg</i>	4-Non-Preferred Brands	QL (30 PER 30 DAYS)
<i>ziprasidone hcl</i>	2-Generics	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	4-Non-Preferred Brands	
<i>zolpidem tartrate (tab 5 mg, tab 10 mg)</i>	2-Generics	QL (30 PER 30 DAYS)
ZYPREXA RELPREVV 210 MG RECON SUSP	3-Preferred Brands	QL (2 PER 28 DAYS)

## CARDIOVASCULAR, HYPERTENSION / LIPIDS

### ANTIARRHYTHMIC AGENTS

<i>amiodarone hcl (tab 100 mg, tab 200 mg, tab 400 mg)</i>	2-Generics	
<i>dofetilide</i>	4-Non-Preferred Brands	
<i>flecainide acetate</i>	2-Generics	
<i>mexiletine hcl</i>	2-Generics	
<i>propafenone hcl (cap er 225 mg, cap er 325 mg, cap er 425 mg)</i>	4-Non-Preferred Brands	
<i>propafenone hcl (tab 150 mg, tab 225 mg, tab 300 mg)</i>	2-Generics	
<i>quinidine sulfate (200 mg tab, tab 200 mg, 300 mg tab, tab 300 mg)</i>	2-Generics	
<i>sotalol hcl (afib/afib)</i>	2-Generics	
<i>sotalol hcl (tab 80 mg, tab 120 mg, tab 160 mg, tab 240 mg)</i>	2-Generics	

### ANTIHYPERTENSIVE THERAPY

<i>acebutolol hcl</i>	2-Generics	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>aliskiren fumarate</i>	4-Non-Preferred Brands	
<i>amiloride &amp; hydrochlorothiazide</i>	2-Generics	
<i>amiloride hcl</i>	2-Generics	
<i>amlodipine besylate</i>	1-Preferred Generics	
<i>amlodipine besylate-benazepril hcl</i>	1-Preferred Generics	
<i>amlodipine besylate-olmesartan medoxomil</i>	2-Generics	
<i>amlodipine besylate-valsartan</i>	1-Preferred Generics	
<i>atenolol</i>	1-Preferred Generics	
<i>atenolol &amp; chlorthalidone</i>	2-Generics	
<i>benazepril &amp; hydrochlorothiazide</i>	1-Preferred Generics	
<i>benazepril hcl</i>	1-Preferred Generics	
<i>betaxolol hcl</i>	3-Preferred Brands	
BIDIL	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>bisoprolol &amp; hydrochlorothiazide</i>	1-Preferred Generics	
<i>bisoprolol fumarate</i>	2-Generics	
<i>bumetanide (inj 0.25 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	2-Generics	
BYSTOLIC	3-Preferred Brands	
<i>candesartan cilexetil</i>	2-Generics	
<i>candesartan cilexetil-hydrochlorothiazide</i>	2-Generics	
<i>captopril</i>	2-Generics	
<i>carvedilol</i>	1-Preferred Generics	
<i>chlorthalidone</i>	2-Generics	
<i>clonidine</i>	4-Non-Preferred Brands	QL (4 PER 28 DAYS)
<i>clonidine hcl</i>	1-Preferred Generics	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>diltiazem hcl (cap er 12hr 120 mg, cap er 12hr 60 mg, cap er 12hr 90 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 30 mg, tab 60 mg, tab 90 mg, tab 120 mg)</i>	2-Generics	
<i>diltiazem hcl coated beads</i>	2-Generics	
<i>diltiazem hcl extended release beads</i>	2-Generics	
<i>doxazosin mesylate (tab 1 mg, tab 2 mg, tab 4 mg)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>doxazosin mesylate tab 8 mg</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
EDARBI	3-Preferred Brands	
EDARBYCLOR	3-Preferred Brands	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	1-Preferred Generics	
<i>enalapril maleate (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i>	1-Preferred Generics	
<i>eplerenone</i>	2-Generics	
<i>ethacrynic acid</i>	4-Non-Preferred Brands	
<i>felodipine</i>	2-Generics	
<i>fosinopril sodium</i>	1-Preferred Generics	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	2-Generics	
<i>furosemide (8 mg/ml solution, inj 10 mg/ml, oral soln 10 mg/ml)</i>	2-Generics	
<i>furosemide (tab 20 mg, tab 40 mg, tab 80 mg)</i>	1-Preferred Generics	
<i>hydralazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	2-Generics	
<i>hydrochlorothiazide</i>	1-Preferred Generics	
<i>indapamide</i>	1-Preferred Generics	
<i>irbesartan</i>	1-Preferred Generics	
<i>irbesartan-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	TIER	REQUIREMENTS/LIMITS
<i>isosorbide dinitrate-hydralazine hcl</i>	3-Preferred Brands	QL (180 PER 30 DAYS)
<i>isradipine</i>	2-Generics	
KERENDIA	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
<i>labetalol hcl (tab 100 mg, tab 200 mg, tab 300 mg)</i>	2-Generics	
<i>lisinopril</i>	1-Preferred Generics	
<i>lisinopril &amp; hydrochlorothiazide</i>	1-Preferred Generics	
<i>losartan potassium</i>	1-Preferred Generics	
<i>losartan potassium &amp; hydrochlorothiazide</i>	1-Preferred Generics	
<i>metolazone</i>	2-Generics	
<i>metoprolol &amp; hydrochlorothiazide</i>	2-Generics	
<i>metoprolol succinate</i>	1-Preferred Generics	
<i>metoprolol tartrate (tab 25 mg, tab 37.5 mg, tab 50 mg, tab 75 mg, tab 100 mg)</i>	1-Preferred Generics	
<i>metyrosine</i>	5-Specialty	PA
<i>minoxidil</i>	2-Generics	
<i>moexipril hcl</i>	1-Preferred Generics	
<i>nadolol</i>	2-Generics	
<i>nebivolol hcl</i>	2-Generics	
<i>nicardipine hcl (cap 20 mg, cap 30 mg)</i>	4-Non-Preferred Brands	
<i>nifedipine (tab er 30 mg, tab er 60 mg, tab er 90 mg, tab er osmotic release 30 mg, tab er osmotic release 60 mg, tab er osmotic release 90 mg)</i>	2-Generics	
<i>nimodipine</i>	4-Non-Preferred Brands	
<i>nisoldipine</i>	4-Non-Preferred Brands	
NISOLDIPINE ER	4-Non-Preferred Brands	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>olmesartan medoxomil</i>	1-Preferred Generics	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	2-Generics	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1-Preferred Generics	
<i>perindopril erbumine</i>	1-Preferred Generics	
<i>pindolol</i>	3-Preferred Brands	
<i>prazosin hcl</i>	2-Generics	
<i>propranolol hcl (cap er 24hr 120 mg, cap er 24hr 160 mg, cap er 24hr 60 mg, cap er 24hr 80 mg, oral soln 20 mg/5ml, 40 mg/5ml solution)</i>	2-Generics	
<i>propranolol hcl (tab 10 mg, tab 20 mg, tab 40 mg, tab 60 mg, tab 80 mg)</i>	1-Preferred Generics	
<i>quinapril hcl</i>	1-Preferred Generics	
<i>quinapril-hydrochlorothiazide</i>	1-Preferred Generics	
<i>ramipril</i>	1-Preferred Generics	
<i>spironolactone</i>	1-Preferred Generics	
<i>spironolactone &amp; hydrochlorothiazide</i>	2-Generics	
<i>telmisartan</i>	2-Generics	
<i>telmisartan-amlodipine</i>	2-Generics	
<i>telmisartan-hydrochlorothiazide</i>	2-Generics	
<i>terazosin hcl (cap 1 mg (base equivalent), cap 2 mg (base equivalent), cap 5 mg (base equivalent))</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>timolol maleate (tab 5 mg, tab 10 mg, tab 20 mg)</i>	2-Generics	
<i>torseamide</i>	2-Generics	
<i>trandolapril</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	TIER	REQUIREMENTS/LIMITS
<i>trandolapril-verapamil hcl</i>	2-Generics	
TRANDOLAPRIL-VERAPAMIL HCL ER	2-Generics	
<i>triamterene &amp; hydrochlorothiazide</i>	1-Preferred Generics	
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, LA
<i>valsartan (tab 40 mg, tab 80 mg, tab 160 mg, tab 320 mg)</i>	1-Preferred Generics	
<i>valsartan-hydrochlorothiazide</i>	1-Preferred Generics	
<i>verapamil hcl (cap er 24hr 100 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 200 mg, cap er 24hr 240 mg, cap er 24hr 300 mg, tab er 120 mg, tab er 180 mg, tab er 240 mg)</i>	2-Generics	
<i>verapamil hcl (tab 40 mg, tab 80 mg, tab 120 mg)</i>	1-Preferred Generics	
VERAPAMIL HCL ER	2-Generics	

## COAGULATION THERAPY

<i>aspirin-dipyridamole</i>	4-Non-Preferred Brands	
BRILINTA	3-Preferred Brands	
CABLIVI	5-Specialty	PA, LA
<i>cilostazol</i>	2-Generics	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>dabigatran etexilate mesylate</i>	4-Non-Preferred Brands	
<i>dipyridamole (tab 25 mg, tab 50 mg, tab 75 mg)</i>	4-Non-Preferred Brands	
DOPTELET	5-Specialty	PA, LA
ELIQUIS	3-Preferred Brands	
ELIQUIS DVT/PE STARTER PACK	3-Preferred Brands	
<i>enoxaparin sodium (soln syr 100 mg/ml, soln syr 150 mg/ml)</i>	4-Non-Preferred Brands	QL (28 PER 28 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>enoxaparin sodium (soln syr 30 mg/0.3ml, soln syr 60 mg/0.6ml)</i>	4-Non-Preferred Brands	QL (16.8 PER 28 DAYS)
<i>enoxaparin sodium (soln syr 80 mg/0.8ml, soln syr 120 mg/0.8ml)</i>	4-Non-Preferred Brands	QL (22.4 PER 28 DAYS)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	4-Non-Preferred Brands	QL (11.2 PER 28 DAYS)
<i>fondaparinux sodium (5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml)</i>	5-Specialty	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4-Non-Preferred Brands	
<i>heparin sodium (porcine) (1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml)</i>	3-Preferred Brands	
MULPLETA	5-Specialty	PA
<i>pentoxifylline</i>	2-Generics	
<i>prasugrel hcl</i>	2-Generics	
PROMACTA	5-Specialty	PA, LA
<i>warfarin sodium</i>	1-Preferred Generics	
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	

#### LIPID/CHOLESTEROL LOWERING AGENTS

<i>amlodipine besylate-atorvastatin calcium</i>	2-Generics	QL (30 PER 30 DAYS)
<i>atorvastatin calcium</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>cholestyramine (powder 4 gm/dose, powder packets 4 gm)</i>	2-Generics	
<i>cholestyramine light (powder 4 gm/dose, powder packets 4 gm)</i>	2-Generics	
<i>choline fenofibrate</i>	4-Non-Preferred Brands	
<i>colesevelam hcl</i>	4-Non-Preferred Brands	
<i>colestipol hcl (granule packets 5 gm, granules 5 gm, tab 1 gm)</i>	4-Non-Preferred Brands	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>ezetimibe</i>	2-Generics	
<i>ezetimibe-simvastatin</i>	2-Generics	QL (30 PER 30 DAYS)
<i>fenofibrate (tab 48 mg, tab 54 mg, tab 145 mg, tab 160 mg)</i>	2-Generics	
<i>fenofibrate micronized (cap 43 mg, cap 67 mg, cap 134 mg, cap 200 mg)</i>	2-Generics	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>gemfibrozil</i>	1-Preferred Generics	
<i>icosapent ethyl</i>	2-Generics	
JUXTAPID (5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP)	5-Specialty	PA, LA
LIVALO	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>lovastatin (tab 20 mg, tab 40 mg)</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>lovastatin tab 10 mg</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
NEXLETOL	3-Preferred Brands	PA
NEXLIZET	3-Preferred Brands	PA
<i>niacin (antihyperlipidemic) (tab er 500 mg (antihyperlipidemic), tab er 750 mg (antihyperlipidemic), tab er 1000 mg (antihyperlipidemic))</i>	4-Non-Preferred Brands	
NIACIN (ANTHYPERLIPIDEMIC) 500 MG TAB	2-Generics	
<i>omega-3-acid ethyl esters</i>	2-Generics	
<i>pravastatin sodium</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
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)
<i>rosuvastatin calcium</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>simvastatin (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg)</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	TIER	REQUIREMENTS/LIMITS
VASCEPA	3-Preferred Brands	

#### MISCELLANEOUS CARDIOVASCULAR AGENTS

CORLANOR (5 MG TAB, 7.5 MG TAB)	3-Preferred Brands	QL (60 PER 30 DAYS)
CORLANOR 5 MG/5ML SOLUTION	3-Preferred Brands	QL (450 PER 30 DAYS)
<i>digoxin (0.05 mg/ml solution, oral soln 0.05 mg/ml)</i>	3-Preferred Brands	
<i>digoxin (tab 62.5 mcg (0.0625 mg), tab 125 mcg (0.125 mg), tab 250 mcg (0.25 mg))</i>	2-Generics	
ENTRESTO	3-Preferred Brands	QL (60 PER 30 DAYS)
LANOXIN 62.5 MCG TAB	3-Preferred Brands	
<i>ranolazine</i>	2-Generics	
VECAMYL	5-Specialty	
VERQUVO	3-Preferred Brands	QL (30 PER 30 DAYS)
VYNDAMAX	5-Specialty	PA
VYNDAQEL	5-Specialty	PA

#### NITRATES

<i>isosorbide dinitrate (tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg)</i>	2-Generics	
<i>isosorbide mononitrate (10 mg tab, tab 10 mg, 20 mg tab, tab 20 mg, tab er 24hr 120 mg, tab er 24hr 30 mg, tab er 24hr 60 mg)</i>	1-Preferred Generics	
NITRO-BID	2-Generics	
<i>nitroglycerin (sl tab 0.3 mg, sl tab 0.4 mg, sl tab 0.6 mg, td patch 24hr 0.1 mg/hr, td patch 24hr 0.2 mg/hr, td patch 24hr 0.4 mg/hr, td patch 24hr 0.6 mg/hr)</i>	2-Generics	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	4-Non-Preferred Brands	

#### DERMATOLOGICALS/TOPICAL THERAPY

##### ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin</i>	4-Non-Preferred Brands	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>calcipotriene (cream, oint)</i>	4-Non-Preferred Brands	QL (120 PER 30 OVER TIME)
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	3-Preferred Brands	QL (120 PER 30 OVER TIME)
<i>calcipotriene-betamethasone dipropionate</i>	4-Non-Preferred Brands	QL (400 PER 30 OVER TIME)
CALCITRIOL 3 MCG/GM OINTMENT	4-Non-Preferred Brands	
<i>selenium sulfide lotion 2.5%</i>	2-Generics	
SKYRIZI (150 MG DOSE)	5-Specialty	PA, QL (2 PER 28 DAYS)
SKYRIZI 150 MG/ML SOLN PRSYR	5-Specialty	PA, QL (2 PER 28 DAYS)
SKYRIZI PEN	5-Specialty	PA, QL (2 PER 28 DAYS)
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	5-Specialty	PA, QL (0.5 PER 28 DAYS)
STELARA 90 MG/ML SOLN PRSYR	5-Specialty	PA, QL (1 PER 28 DAYS)
TALTZ	5-Specialty	PA, QL (1 PER 28 DAYS)

#### MISCELLANEOUS DERMATOLOGICALS

ADBRY	5-Specialty	PA, QL (6 PER 28 DAYS)
CIBINQO	5-Specialty	PA, QL (30 PER 30 DAYS)
<i>diclofenac sodium (actinic keratoses)</i>	4-Non-Preferred Brands	PA, QL (100 PER 28 OVER TIME)
DUPIXENT (200 MG/1.14ML SOLN PEN, 200 MG/1.14ML SOLN PRSYR)	5-Specialty	PA, QL (4.56 PER 28 DAYS)
DUPIXENT (300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR)	5-Specialty	PA, QL (8 PER 28 DAYS)
DUPIXENT 100 MG/0.67ML SOLN PRSYR	5-Specialty	PA, QL (1.34 PER 28 DAYS)
FLUOROURACIL (2 % SOLUTION, 5 % SOLUTION)	3-Preferred Brands	
<i>fluorouracil (topical)</i>	3-Preferred Brands	
<i>imiquimod cream 5%</i>	2-Generics	
<i>lactic acid (ammonium lactate) (cream, lotion)</i>	2-Generics	
<i>lidocaine hcl (mouth-throat)</i>	2-Generics	
<i>lidocaine hcl soln 4%</i>	2-Generics	
<i>lidocaine oint 5%</i>	4-Non-Preferred Brands	QL (36 PER 30 OVER TIME)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>lidocaine patch 5%</i>	2-Generics	PA
<i>lidocaine-prilocaine (cream 2.5-2.5%, cream kit 2.5-2.5%)</i>	2-Generics	QL (30 PER 30 OVER TIME)
<i>methoxsalen rapid (10 mg cap, cap 10 mg)</i>	5-Specialty	
PANRETIN	5-Specialty	PA - FOR NEW STARTS ONLY
<i>pimecrolimus</i>	4-Non-Preferred Brands	PA, QL (100 PER 30 OVER TIME)
<i>podofilox</i>	2-Generics	
REGRANEX	5-Specialty	
SANTYL	3-Preferred Brands	
<i>silver sulfadiazine</i>	2-Generics	
<i>tacrolimus (topical)</i>	4-Non-Preferred Brands	PA, QL (100 PER 30 OVER TIME)
VALCHLOR	5-Specialty	PA - FOR NEW STARTS ONLY

#### THERAPY FOR ACNE

<i>azelaic acid</i>	4-Non-Preferred Brands	
<i>clindamycin phosphate (topical) (gel, lotion, soln)</i>	3-Preferred Brands	QL (120 PER 30 OVER TIME)
ERY	2-Generics	
<i>erythromycin soln 2%</i>	2-Generics	
<i>isotretinoin</i>	4-Non-Preferred Brands	
<i>ivermectin (rosacea)</i>	2-Generics	
IVERMECTIN 1 % CREAM	2-Generics	
<i>metronidazole (topical) (cream 0.75%, gel 0.75%, gel 1%, lotion 0.75%)</i>	4-Non-Preferred Brands	
<i>tazarotene cream 0.1%</i>	4-Non-Preferred Brands	PA
TAZORAC (0.05 % CREAM, 0.05 % GEL, 0.1 % GEL)	4-Non-Preferred Brands	PA
<i>tretinoin (cream 0.025%, cream 0.05%, cream 0.1%)</i>	4-Non-Preferred Brands	PA
<i>tretinoin (gel 0.01%, gel 0.025%, gel 0.05%)</i>	3-Preferred Brands	PA

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>TOPICAL ANTIBACTERIALS</b>		
<i>gentamicin sulfate (topical)</i>	2-Generics	QL (60 PER 30 DAYS)
<i>mafenide acetate</i>	2-Generics	
<i>mupirocin</i>	2-Generics	QL (44 PER 30 DAYS)
<i>sulfacetamide sodium (acne)</i>	2-Generics	
SULFAMYLON	3-Preferred Brands	
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclopirox gel 0.77%</i>	2-Generics	QL (45 PER 28 OVER TIME)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2-Generics	QL (90 PER 28 OVER TIME)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	2-Generics	QL (60 PER 28 OVER TIME)
<i>ciclopirox shampoo 1%</i>	2-Generics	QL (120 PER 28 OVER TIME)
<i>ciclopirox solution 8%</i>	2-Generics	
<i>clotrimazole cream 1%</i>	2-Generics	QL (45 PER 28 OVER TIME)
<i>clotrimazole soln 1%</i>	2-Generics	QL (30 PER 28 OVER TIME)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2-Generics	QL (45 PER 28 OVER TIME)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	2-Generics	QL (60 PER 28 OVER TIME)
<i>econazole nitrate</i>	4-Non-Preferred Brands	QL (85 PER 28 OVER TIME)
<i>ketoconazole cream 2%</i>	2-Generics	QL (60 PER 28 OVER TIME)
<i>ketoconazole shampoo 2%</i>	2-Generics	QL (120 PER 28 OVER TIME)
<i>naftifine hcl (1 % cream, cream 1%, cream 2%)</i>	4-Non-Preferred Brands	QL (60 PER 28 OVER TIME)
NAFTIN 2 % GEL	4-Non-Preferred Brands	QL (60 PER 28 OVER TIME)
<i>nystatin (topical) (cream 100000 unit/gm, oint 100000 unit/gm)</i>	2-Generics	QL (30 PER 28 OVER TIME)
<i>nystatin topical powder 100000 unit/gm</i>	2-Generics	QL (180 PER 30 DAYS)
<i>nystatin-triamcinolone</i>	3-Preferred Brands	QL (60 PER 28 OVER TIME)
<i>tavaborole</i>	4-Non-Preferred Brands	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir oint 5%</i>	4-Non-Preferred Brands	PA, QL (30 PER 30 DAYS)
DENAVIR	4-Non-Preferred Brands	QL (5 PER 30 DAYS)
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>alclometasone dipropionate</i>	2-Generics	
<i>betamethasone dipropionate (topical) (cream, lotion, oint)</i>	2-Generics	
BETAMETHASONE DIPROPIONATE AUG	2-Generics	
<i>betamethasone dipropionate augmented (cream, lotion, oint)</i>	2-Generics	
<i>betamethasone valerate (cream (base equivalent), lotion (base equivalent), oint (base equivalent))</i>	2-Generics	
<i>clobetasol propionate (cream, gel, oint)</i>	4-Non-Preferred Brands	QL (120 PER 28 OVER TIME)
<i>clobetasol propionate (foam, soln)</i>	4-Non-Preferred Brands	QL (100 PER 28 OVER TIME)
<i>clobetasol propionate emollient base</i>	4-Non-Preferred Brands	QL (120 PER 28 OVER TIME)
<i>clobetasol propionate lotion 0.05%</i>	4-Non-Preferred Brands	QL (118 PER 28 OVER TIME)
<i>clobetasol propionate shampoo 0.05%</i>	4-Non-Preferred Brands	QL (236 PER 28 OVER TIME)
<i>desonide (cream, gel, lotion, oint)</i>	4-Non-Preferred Brands	
<i>fluocinolone acetonide (cream 0.01%, cream 0.025%, oil 0.01% (body oil), oil 0.01% (scalp oil), oint 0.025%, soln 0.01%)</i>	4-Non-Preferred Brands	
<i>fluocinonide (cream, gel, oint, soln)</i>	4-Non-Preferred Brands	QL (120 PER 30 OVER TIME)
<i>halobetasol propionate (cream, oint)</i>	4-Non-Preferred Brands	
<i>hydrocortisone (topical) (cream 1%, cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%)</i>	2-Generics	
<i>mometasone furoate (cream, oint, solution (lotion))</i>	2-Generics	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
PREDNICARBATE	4-Non-Preferred Brands	
<i>triamcinolone acetonide (topical) (cream 0.025%, cream 0.1%, cream 0.5%, lotion 0.025%, lotion 0.1%, oint 0.025%, oint 0.1%, oint 0.5%)</i>	2-Generics	
TOPICAL SCABICIDES / PEDICULICIDES		
CROTAN	2-Generics	
<i>malathion</i>	2-Generics	
<i>permethrin</i>	2-Generics	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>*sodium polystyrene sulfonate powder**</i>	3-Preferred Brands	
<i>acamprosate calcium</i>	4-Non-Preferred Brands	
<i>anagrelide hcl</i>	2-Generics	
CARBAGLU	5-Specialty	PA, LA
<i>carglumic acid</i>	5-Specialty	PA
<i>cevimeline hcl</i>	4-Non-Preferred Brands	
CHEMET	3-Preferred Brands	PA
CLINIMIX/DEXTROSE (4.25/5)	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
<i>deferasirox</i>	5-Specialty	PA
<i>deferiprone (tab 500 mg, tab 1000 mg)</i>	5-Specialty	PA
<i>dextrose (5%, 10%)</i>	2-Generics	
<i>dextrose w/ sodium chloride (w/ 0.2%, w/ 0.4, w/ 0.9%)</i>	2-Generics	
DEXTROSE-NACL (2.5-0.45 % SOLUTION, 10-0.2 % SOLUTION, 10-0.45 % SOLUTION)	2-Generics	
<i>disulfiram</i>	2-Generics	
<i>droxidopa</i>	5-Specialty	PA
FERRIPROX (100 MG/ML SOLUTION, 500 MG TAB, 1000 MG TAB)	5-Specialty	PA

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
FERRIPROX TWICE-A-DAY	5-Specialty	PA
INCRELEX	5-Specialty	LA
<i>levocarnitine (metabolic modifiers) (oral soln 1 gm/10ml (10%), tab 330 mg)</i>	2-Generics	
LOKELMA	3-Preferred Brands	
<i>midodrine hcl</i>	2-Generics	
<i>nitisinone</i>	5-Specialty	PA
<i>pilocarpine hcl (oral)</i>	2-Generics	
PROLASTIN-C	5-Specialty	PA, LA
RAVICTI	5-Specialty	PA
REVCOVI	5-Specialty	PA, LA
<i>riluzole</i>	3-Preferred Brands	PA
<i>risedronate sodium tab 30 mg</i>	2-Generics	QL (30 PER 30 DAYS)
<i>sevelamer carbonate tab 800 mg</i>	4-Non-Preferred Brands	QL (270 PER 30 DAYS)
<i>sodium chloride (gu irrigant)</i>	2-Generics	
<i>sodium chloride (iv soln, preservative free (pf) inj)</i>	2-Generics	
<i>sodium phenylbutyrate (oral powder 3 gm/teaspoonful, tab 500 mg)</i>	5-Specialty	PA
SPS	3-Preferred Brands	
<i>trientine hcl</i>	5-Specialty	PA
VELTASSA	3-Preferred Brands	
XURIDEN	5-Specialty	PA

## SMOKING DETERRENTS

APO-VARENICLINE	4-Non-Preferred Brands	
<i>bupropion hcl (smoking deterrent)</i>	2-Generics	
NICOTROL	4-Non-Preferred Brands	
NICOTROL NS	4-Non-Preferred Brands	
VARENICLINE TARTRATE	4-Non-Preferred Brands	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>azelastine hcl</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>chlorhexidine gluconate (mouth-throat)</i>	1-Preferred Generics	
<i>ipratropium bromide (nasal)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>triamcinolone acetonide (mouth)</i>	2-Generics	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid (otic)</i>	2-Generics	
CIPROFLOXACIN HCL 0.2 % SOLUTION	4-Non-Preferred Brands	
<i>fluocinolone acetonide (otic)</i>	4-Non-Preferred Brands	
<i>hydrocortisone w/acetic acid</i>	2-Generics	
<i>ofloxacin (otic)</i>	2-Generics	
<b>OTIC STEROID / ANTIBIOTIC</b>		
<i>ciprofloxacin-dexamethasone</i>	2-Generics	
<i>neomycin-polymyxin-hc (otic)</i>	2-Generics	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
<i>dexamethasone (0.5 mg tab, tab 0.5 mg, 0.75 mg tab, tab 0.75 mg, 1 mg tab, tab 1.5 mg, tab 2 mg, tab 4 mg, tab 6 mg)</i>	1-Preferred Generics	
<i>dexamethasone elixir 0.5 mg/5ml</i>	2-Generics	
<i>fludrocortisone acetate</i>	1-Preferred Generics	
<i>hydrocortisone</i>	2-Generics	
<i>methylprednisolone (tab 4 mg, tab 8 mg, tab 16 mg, tab 32 mg)</i>	2-Generics	PA - TO CONFIRM PART D COVERAGE
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2-Generics	
<i>prednisolone</i>	2-Generics	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>prednisolone sodium phosphate (sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base), 25 mg/5ml solution)</i>	2-Generics	
<i>prednisone (tab 1 mg, tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg, tab 50 mg, tab therapy pack 5 mg (21), tab therapy pack 5 mg (48), tab therapy pack 10 mg (21), tab therapy pack 10 mg (48))</i>	1-Preferred Generics	
PREDNISONE 5 MG/5ML SOLUTION	2-Generics	
PREDNISONE INTENSOL	2-Generics	

## ANTITHYROID AGENTS

<i>methimazole</i>	1-Preferred Generics	
<i>propylthiouracil</i>	2-Generics	

## DIABETES THERAPY

<i>acarbose tab 100 mg</i>	2-Generics	QL (90 PER 30 DAYS)
<i>acarbose tab 25 mg</i>	2-Generics	QL (360 PER 30 DAYS)
<i>acarbose tab 50 mg</i>	2-Generics	QL (180 PER 30 DAYS)
ALCOH-GLOVE CONTOURED WIPE	3-Preferred Brands	
ASSURE ID INSULIN SAFETY SYR	3-Preferred Brands	
BAQSIMI ONE PACK	3-Preferred Brands	
BAQSIMI TWO PACK	3-Preferred Brands	
BD INSULIN SYRINGE U-500	3-Preferred Brands	
BD PEN NEEDLE NANO U/F	3-Preferred Brands	
BD SAFETYGLIDE INSULIN SYRINGE	3-Preferred Brands	
BYDUREON BCISE	3-Preferred Brands	PA, QL (4 PER 28 DAYS)
BYETTA 10 MCG PEN	3-Preferred Brands	PA, QL (2.4 PER 30 DAYS)
BYETTA 5 MCG PEN	3-Preferred Brands	PA, QL (1.2 PER 30 DAYS)
<i>diazoxide</i>	4-Non-Preferred Brands	
FARXIGA 10 MG TAB	3-Preferred Brands	QL (30 PER 30 DAYS)
FARXIGA 5 MG TAB	3-Preferred Brands	QL (60 PER 30 DAYS)
<i>glimepiride tab 1 mg</i>	1-Preferred Generics	QL (240 PER 30 DAYS)
<i>glimepiride tab 2 mg</i>	1-Preferred Generics	QL (120 PER 30 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>glimepiride tab 4 mg</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>glipizide (tab 10 mg, tab er 24hr 5 mg)</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>glipizide (tab 5 mg, tab er 24hr 2.5 mg)</i>	1-Preferred Generics	QL (240 PER 30 DAYS)
<i>glipizide tab er 24hr 10 mg</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
<i>glipizide-metformin hcl (tab 2.5-500 mg, tab 5-500 mg)</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1-Preferred Generics	QL (240 PER 30 DAYS)
GLYXAMBI	3-Preferred Brands	QL (30 PER 30 DAYS)
GVOKE HYPOPEN 1-PACK	3-Preferred Brands	
GVOKE HYPOPEN 2-PACK	3-Preferred Brands	
GVOKE KIT	3-Preferred Brands	
GVOKE PFS	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 R U-500 (CONCENTRATED)	3-Preferred Brands	
HUMULIN R U-500 KWIKPEN	3-Preferred Brands	
JANUMET	3-Preferred Brands	QL (60 PER 30 DAYS)
JANUMET XR (50-1000 MG TAB ER, 50-500 MG TAB ER)	3-Preferred Brands	QL (60 PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	3-Preferred Brands	QL (30 PER 30 DAYS)
JANUVIA	3-Preferred Brands	QL (30 PER 30 DAYS)
JARDIANCE	3-Preferred Brands	QL (30 PER 30 DAYS)
KOMBIGLYZE XR (5-1000 MG TAB ER, 5-500 MG TAB ER)	3-Preferred Brands	QL (30 PER 30 DAYS)
KOMBIGLYZE XR 2.5-1000 MG TAB ER 24H	3-Preferred Brands	QL (60 PER 30 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
LANTUS	3-Preferred Brands	
LANTUS SOLOSTAR	3-Preferred Brands	
LYUMJEV	3-Preferred Brands	
LYUMJEV KWIKPEN	3-Preferred Brands	
MAGELLAN INSULIN SAFETY SYR	3-Preferred Brands	
MARATHON MEDICAL PENTIPS	3-Preferred Brands	
<i>metformin hcl tab 1000 mg</i>	1-Preferred Generics	QL (75 PER 30 DAYS)
<i>metformin hcl tab 500 mg</i>	1-Preferred Generics	QL (150 PER 30 DAYS)
<i>metformin hcl tab 850 mg</i>	1-Preferred Generics	QL (90 PER 30 DAYS)
<i>metformin hcl tab er 24hr 500 mg</i>	1-Preferred Generics	QL (120 PER 30 DAYS)
<i>metformin hcl tab er 24hr 750 mg</i>	1-Preferred Generics	QL (60 PER 30 DAYS)
MONOJECT INSULIN SYRINGE	3-Preferred Brands	
MONOJECT ULTRA COMFORT SYRINGE	3-Preferred Brands	
MOUNJARO	3-Preferred Brands	PA, QL (2 PER 28 DAYS)
<i>nateglinide tab 120 mg</i>	2-Generics	QL (90 PER 30 DAYS)
<i>nateglinide tab 60 mg</i>	2-Generics	QL (180 PER 30 DAYS)
ONGLYZA	3-Preferred Brands	QL (30 PER 30 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	3-Preferred Brands	PA, QL (1.5 PER 28 DAYS)
OZEMPIC (1 MG/DOSE)	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
OZEMPIC (2 MG/DOSE)	3-Preferred Brands	PA, QL (3 PER 28 DAYS)
PENTIPS	3-Preferred Brands	
<i>pioglitazone hcl</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
PRO COMFORT PEN NEEDLES	3-Preferred Brands	
QTERN	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>repaglinide tab 0.5 mg</i>	2-Generics	QL (960 PER 30 DAYS)
<i>repaglinide tab 1 mg</i>	2-Generics	QL (480 PER 30 DAYS)
<i>repaglinide tab 2 mg</i>	2-Generics	QL (240 PER 30 DAYS)
RYBELSUS	3-Preferred Brands	PA, QL (30 PER 30 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
SEGLUROMET (2.5-1000 MG TAB, 7.5-1000 MG TAB, 7.5-500 MG TAB)	3-Preferred Brands	QL (60 PER 30 DAYS)
SEGLUROMET 2.5-500 MG TAB	3-Preferred Brands	QL (120 PER 30 DAYS)
SOLIQUA	3-Preferred Brands	QL (90 PER 30 DAYS)
STEGLATRO	3-Preferred Brands	QL (30 PER 30 DAYS)
SYMLINPEN 120	5-Specialty	PA, QL (10.8 PER 30 DAYS)
SYMLINPEN 60	5-Specialty	PA, QL (6 PER 30 DAYS)
SYNJARDY	3-Preferred Brands	QL (60 PER 30 DAYS)
SYNJARDY XR (5-1000 MG TAB ER, 10-1000 MG TAB ER, 12.5-1000 MG TAB ER)	3-Preferred Brands	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	3-Preferred Brands	QL (30 PER 30 DAYS)
TOUJEO MAX SOLOSTAR	3-Preferred Brands	
TOUJEO SOLOSTAR	3-Preferred Brands	
TRIJARDY XR (10-5-1000 MG TAB ER, 25-5-1000 MG TAB ER)	3-Preferred Brands	QL (30 PER 30 DAYS)
TRIJARDY XR (5-2.5-1000 MG TAB ER, 12.5-2.5-1000 MG TAB ER)	3-Preferred Brands	QL (60 PER 30 DAYS)
TRULICITY	3-Preferred Brands	PA, QL (2 PER 28 DAYS)
ULTICARE INSULIN SAFETY SYR	3-Preferred Brands	
VICTOZA	3-Preferred Brands	PA, QL (9 PER 30 DAYS)
XIGDUO XR (10-1000 MG TAB ER, 10-500 MG TAB ER)	3-Preferred Brands	QL (30 PER 30 DAYS)
XIGDUO XR (2.5-1000 MG TAB ER, 5-1000 MG TAB ER, 5-500 MG TAB ER)	3-Preferred Brands	QL (60 PER 30 DAYS)
XULTOPHY	3-Preferred Brands	QL (15 PER 30 DAYS)
ZEGALOGUE	3-Preferred Brands	

#### MISCELLANEOUS HORMONES

ANDRODERM	3-Preferred Brands	PA, QL (30 PER 30 DAYS)
<i>cabergoline</i>	3-Preferred Brands	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2-Generics	
<i>calcitriol (cap 0.25 mcg, cap 0.5 mcg, oral soln 1 mcg/ml)</i>	2-Generics	
CERDELGA	5-Specialty	PA

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>cinacalcet hcl (tab 60 mg (base equiv), tab 90 mg (base equiv))</i>	5-Specialty	PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	4-Non-Preferred Brands	PA
<i>danazol</i>	4-Non-Preferred Brands	
<i>desmopressin acetate (tab 0.1 mg, tab 0.2 mg)</i>	3-Preferred Brands	
<i>desmopressin acetate spray</i>	3-Preferred Brands	
<i>desmopressin acetate spray refrigerated</i>	3-Preferred Brands	
<i>doxercalciferol (cap 0.5 mcg, cap 1 mcg, cap 2.5 mcg)</i>	4-Non-Preferred Brands	
KORLYM	5-Specialty	PA
<i>miglustat</i>	5-Specialty	PA, LA
MYALEPT	5-Specialty	PA, LA
NATPARA	5-Specialty	PA, LA
<i>oxandrolone tab 10 mg</i>	4-Non-Preferred Brands	PA
<i>oxandrolone tab 2.5 mg</i>	3-Preferred Brands	PA
PALYNZIQ 10 MG/0.5ML SOLN PRSYR	5-Specialty	PA, LA, QL (15 PER 30 DAYS)
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	5-Specialty	PA, LA, QL (4 PER 30 DAYS)
PALYNZIQ 20 MG/ML SOLN PRSYR	5-Specialty	PA, LA, QL (60 PER 30 DAYS)
<i>paricalcitol (cap 1 mcg, cap 2 mcg, cap 4 mcg)</i>	4-Non-Preferred Brands	
SAMSCA 15 MG TAB	5-Specialty	PA
<i>sapropterin dihydrochloride</i>	5-Specialty	PA
SOMAVERT	5-Specialty	PA
SYNAREL	5-Specialty	PA
<i>testosterone (25 mg/2.5gm (1%) gel, td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) gel, td gel 50 mg/5gm (1%))</i>	3-Preferred Brands	PA, QL (300 PER 30 DAYS)
<i>testosterone (gel 20.25 mg/act (1.62%), gel 40.5 mg/2.5gm (1.62%))</i>	3-Preferred Brands	PA, QL (150 PER 30 DAYS)
<i>testosterone cypionate (im inj in oil 100 mg/ml, 200 mg/ml solution, im inj in oil 200 mg/ml)</i>	3-Preferred Brands	PA

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>testosterone enanthate (200 mg/ml solution, im inj in oil 200 mg/ml)</i>	3-Preferred Brands	PA - FOR NEW STARTS ONLY
<i>testosterone td gel 10mg/act (2%)</i>	3-Preferred Brands	PA, QL (120 PER 30 DAYS)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	3-Preferred Brands	PA, QL (37.5 PER 30 DAYS)
<i>testosterone td soln 30 mg/act</i>	3-Preferred Brands	PA, QL (180 PER 30 DAYS)
<i>tolvaptan (15 mg tab, tab 15 mg, tab 30 mg)</i>	5-Specialty	PA

## THYROID HORMONES

<i>levothyroxine sodium (tab 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)</i>	1-Preferred Generics
<i>liothyronine sodium (tab 5 mcg, tab 25 mcg, tab 50 mcg)</i>	2-Generics

## GASTROENTEROLOGY

### ANTIDIARRHEALS / ANTISPASMODICS

<i>dicyclomine hcl (cap 10 mg, oral soln 10 mg/5ml, tab 20 mg)</i>	2-Generics
<i>diphenoxylate w/ atropine</i>	2-Generics
DIPHENOXYLATE-ATROPINE	2-Generics
<i>glycopyrrolate (tab 1 mg, 1.5 mg tab, tab 2 mg)</i>	3-Preferred Brands
<i>loperamide hcl</i>	2-Generics

### MISCELLANEOUS GASTROINTESTINAL AGENTS

<i>alosetron hcl</i>	5-Specialty	PA
<i>aprepitant</i>	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
<i>balsalazide disodium</i>	2-Generics	
<i>betaine</i>	5-Specialty	
<i>budesonide delayed release particles cap 3 mg</i>	4-Non-Preferred Brands	
<i>budesonide tab er 24hr 9 mg</i>	5-Specialty	
CHENODAL	5-Specialty	PA, LA

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
CHOLBAM 250 MG CAP	5-Specialty	PA
CHOLBAM 50 MG CAP	5-Specialty	PA, QL (120 PER 30 DAYS)
CIMZIA	5-Specialty	PA, QL (2 PER 28 DAYS)
CIMZIA PREFILLED	5-Specialty	PA, QL (2 PER 28 DAYS)
CIMZIA STARTER KIT	5-Specialty	PA, QL (2 PER 28 DAYS)
CREON	3-Preferred Brands	
<i>cromolyn sodium (mastocytosis)</i>	4-Non-Preferred Brands	
CYSTADANE	5-Specialty	
DIPENTUM	5-Specialty	
<i>dronabinol</i>	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
EMEND 125 MG/5ML RECON SUSP	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
GATTEX	5-Specialty	PA
GAVILYTE-C	2-Generics	
<i>granisetron hcl tab 1 mg</i>	2-Generics	PA - TO CONFIRM PART D COVERAGE
<i>hydrocortisone (intrarectal)</i>	4-Non-Preferred Brands	
<i>hydrocortisone (rectal)</i>	2-Generics	
<i>lactulose (encephalopathy)</i>	2-Generics	
<i>lactulose solution 10 gm/15ml</i>	2-Generics	
LINZESS	3-Preferred Brands	QL (30 PER 30 DAYS)
<i>meclizine hcl (tab 12.5 mg, tab 25 mg)</i>	2-Generics	
<i>mesalamine (cap dr 400 mg, cap er 24hr 0.375 gm, enema 4 gm, suppos 1000 mg, tab delayed release 1.2 gm, tab delayed release 800 mg)</i>	4-Non-Preferred Brands	
<i>mesalamine cap er 500 mg</i>	5-Specialty	
<i>mesalamine w/ cleanser</i>	4-Non-Preferred Brands	
<i>metoclopramide hcl (tab 5 mg (base equivalent), tab 10 mg (base equivalent))</i>	1-Preferred Generics	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2-Generics	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
MOTEGRITY	4-Non-Preferred Brands	ST, QL (30 PER 30 DAYS)
MOVANTIK	3-Preferred Brands	QL (30 PER 30 DAYS)
OICALIVA	5-Specialty	PA, LA, QL (30 PER 30 DAYS)
<i>ondansetron</i>	2-Generics	PA - TO CONFIRM PART D COVERAGE
<i>ondansetron hcl (oral soln 4 mg/5ml, tab 4 mg, tab 8 mg)</i>	2-Generics	PA - TO CONFIRM PART D COVERAGE
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2-Generics	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	4-Non-Preferred Brands	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2-Generics	
PENTASA 250 MG CAP ER	3-Preferred Brands	
PENTASA 500 MG CAP ER	5-Specialty	
<i>prochlorperazine</i>	2-Generics	
<i>prochlorperazine maleate</i>	2-Generics	
RECTIV	3-Preferred Brands	
RELISTOR 12 MG/0.6ML SOLUTION	5-Specialty	QL (18 PER 30 DAYS)
RELISTOR 8 MG/0.4ML SOLUTION	5-Specialty	QL (12 PER 30 DAYS)
SANCUSO	5-Specialty	
<i>scopolamine</i>	4-Non-Preferred Brands	
SKYRIZI 360 MG/2.4ML SOLN CART	5-Specialty	PA, QL (2.4 PER 56 OVER TIME)
SUCRAID	5-Specialty	PA
<i>sulfasalazine</i>	2-Generics	
TRULANCE	3-Preferred Brands	
<i>ursodiol (cap 300 mg, tab 250 mg, tab 500 mg)</i>	3-Preferred Brands	
VARUBI (180 MG DOSE)	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
VIBERZI	5-Specialty	QL (60 PER 30 DAYS)
VIOKACE	3-Preferred Brands	
ZENPEP	3-Preferred Brands	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>ULCER THERAPY</b>		
<i>cimetidine</i>	2-Generics	
<i>cimetidine hcl (300 mg/5ml solution, soln 300 mg/5ml)</i>	2-Generics	
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	2-Generics	QL (30 PER 30 DAYS)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	2-Generics	
<i>famotidine (tab 20 mg, tab 40 mg)</i>	1-Preferred Generics	
<i>famotidine for susp 40 mg/5ml</i>	2-Generics	
<i>lansoprazole cap delayed release 15 mg</i>	2-Generics	QL (30 PER 30 DAYS)
<i>lansoprazole cap delayed release 30 mg</i>	2-Generics	
<i>misoprostol</i>	3-Preferred Brands	
NIZATIDINE (150 MG CAP, CAP 150 MG, 300 MG CAP, CAP 300 MG)	2-Generics	
<i>omeprazole (cap 10 mg, cap 20 mg)</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
<i>omeprazole cap delayed release 40 mg</i>	1-Preferred Generics	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1-Preferred Generics	
<i>sucralfate susp 1 gm/10ml</i>	4-Non-Preferred Brands	
<i>sucralfate tab 1 gm</i>	2-Generics	

## IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS

ACTIMMUNE	5-Specialty	PA - TO CONFIRM PART D COVERAGE
ARCALYST	5-Specialty	PA
AVONEX PEN	5-Specialty	PA, QL (1 PER 28 DAYS)
AVONEX PREFILLED	5-Specialty	PA, QL (1 PER 28 DAYS)
BESREMI	5-Specialty	PA - FOR NEW STARTS ONLY, LA
BETASERON	5-Specialty	PA, QL (14 PER 28 DAYS)
INTRON A	5-Specialty	PA - TO CONFIRM PART D COVERAGE

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
LEUKINE	5-Specialty	PA
NIVESTYM	5-Specialty	PA
NYVEPRIA	5-Specialty	PA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	5-Specialty	PA
PEGASYS 180 MCG/0.5ML SOLN PRSYR	5-Specialty	QL (2 PER 28 DAYS)
PEGASYS 180 MCG/ML SOLUTION	5-Specialty	QL (4 PER 28 DAYS)
PLEGRIDY	5-Specialty	PA, QL (1 PER 28 DAYS)
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION)	3-Preferred Brands	PA
PROCRIT (20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	5-Specialty	PA
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION)	3-Preferred Brands	PA
RETACRIT (20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	5-Specialty	PA
ZARXIO	5-Specialty	PA
ZIEXTENZO	5-Specialty	PA

#### VACCINES / MISCELLANEOUS IMMUNOLOGICALS

ACTHIB	3-Preferred Brands	
ADACEL	3-Preferred Brands	
BCG VACCINE	3-Preferred Brands	
BEXSERO	3-Preferred Brands	
BOOSTRIX	3-Preferred Brands	
DAPTACEL	3-Preferred Brands	
DIPHTHERIA-TETANUS TOXOIDS DT	3-Preferred Brands	
ENGERIX-B	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
GARDASIL 9	3-Preferred Brands	
HAVRIX	3-Preferred Brands	
HIBERIX	3-Preferred Brands	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
IMOVAX RABIES	3-Preferred Brands	
INFANRIX	3-Preferred Brands	
IPOL	3-Preferred Brands	
IXIARO	3-Preferred Brands	
KINRIX	3-Preferred Brands	
M-M-R II	3-Preferred Brands	
MENACTRA	3-Preferred Brands	
MENQUADFI	3-Preferred Brands	
MENVEO RECON SOLN	3-Preferred Brands	
PEDIARIX	3-Preferred Brands	
PEDVAX HIB	3-Preferred Brands	
PENTACEL	3-Preferred Brands	
PREHEVBRIO	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
PRIORIX	3-Preferred Brands	
PRIVIGEN 20 GM/200ML SOLUTION	5-Specialty	PA
PROQUAD	3-Preferred Brands	
QUADRACEL	3-Preferred Brands	
RABAVERT	3-Preferred Brands	
RECOMBIVAX HB	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
ROTARIX	3-Preferred Brands	
ROTATEQ	3-Preferred Brands	
SHINGRIX	3-Preferred Brands	
TDVAX	3-Preferred Brands	
TENIVAC	3-Preferred Brands	
TICOVAC	3-Preferred Brands	
TRUMENBA	3-Preferred Brands	
TWINRIX	3-Preferred Brands	
TYPHIM VI	3-Preferred Brands	
VAQTA	3-Preferred Brands	
VARIVAX	3-Preferred Brands	
YF-VAX	3-Preferred Brands	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
<i>allopurinol (tab 100 mg, tab 300 mg)</i>	1-Preferred Generics	
<i>colchicine tab 0.6 mg</i>	2-Generics	
<i>colchicine w/ probenecid</i>	2-Generics	
<i>febuxostat</i>	3-Preferred Brands	
<i>probenecid</i>	2-Generics	
<b>OSTEOPOROSIS THERAPY</b>		
<i>alendronate sodium (70 mg/75ml solution, oral soln 70 mg/75ml)</i>	2-Generics	QL (300 PER 28 DAYS)
<i>alendronate sodium (tab 35 mg, tab 70 mg)</i>	1-Preferred Generics	QL (4 PER 28 DAYS)
<i>alendronate sodium tab 10 mg</i>	1-Preferred Generics	QL (30 PER 30 DAYS)
FOSAMAX PLUS D	4-Non-Preferred Brands	ST, QL (4 PER 28 DAYS)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	2-Generics	QL (1 PER 30 DAYS)
PROLIA	3-Preferred Brands	PA, QL (1 PER 180 OVER TIME)
<i>raloxifene hcl</i>	2-Generics	
<i>risedronate sodium tab 150 mg</i>	2-Generics	QL (1 PER 30 DAYS)
<i>risedronate sodium tab 35 mg</i>	2-Generics	QL (4 PER 28 DAYS)
<i>risedronate sodium tab 5 mg</i>	2-Generics	QL (30 PER 30 DAYS)
<i>risedronate sodium tab delayed release 35 mg</i>	4-Non-Preferred Brands	QL (4 PER 28 DAYS)
TERIPARATIDE (RECOMBINANT)	5-Specialty	PA, QL (2.48 PER 28 DAYS)
<b>OTHER RHEUMATOLOGICALS</b>		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	5-Specialty	PA, QL (3.6 PER 28 DAYS)
ACTEMRA ACTPEN	5-Specialty	PA, QL (3.6 PER 28 DAYS)
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	5-Specialty	PA
ENBREL	5-Specialty	PA, QL (8 PER 28 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ENBREL MINI	5-Specialty	PA, QL (8 PER 28 DAYS)
ENBREL SURECLICK	5-Specialty	PA, QL (8 PER 28 DAYS)
HUMIRA (10 MG/0.1ML, 20 MG/0.2ML)	5-Specialty	PA, QL (2 PER 28 DAYS)
HUMIRA (40 MG/0.4ML, 40 MG/0.8ML)	5-Specialty	PA, QL (4 PER 28 DAYS)
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PEF SY KT	5-Specialty	PA, QL (2 PER 180 DAYS)
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PEF SY KT	5-Specialty	PA, QL (3 PER 180 DAYS)
HUMIRA PEN (40 MG/0.4ML PEN KIT, 40 MG/0.8ML PEN KIT)	5-Specialty	PA, QL (4 PER 28 DAYS)
HUMIRA PEN 80 MG/0.8ML PEN KIT	5-Specialty	PA, QL (2 PER 28 DAYS)
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	5-Specialty	PA, QL (6 PER 180 DAYS)
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	5-Specialty	PA, QL (3 PER 180 DAYS)
HUMIRA PEN-PEDIATRIC UC START	5-Specialty	PA, QL (4 PER 28 DAYS)
HUMIRA PEN-PS/UV/ADOL HS START	5-Specialty	PA, QL (4 PER 180 DAYS)
HUMIRA PEN-PSOR/UEIT STARTER	5-Specialty	PA, QL (3 PER 180 DAYS)
<i>leflunomide</i>	2-Generics	QL (30 PER 30 DAYS)
ORENCIA 125 MG/ML SOLN PRSYR	5-Specialty	PA, QL (4 PER 28 DAYS)
ORENCIA 50 MG/0.4ML SOLN PRSYR	5-Specialty	PA, QL (1.6 PER 28 DAYS)
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	5-Specialty	PA, QL (2.8 PER 28 DAYS)
ORENCIA CLICKJECT	5-Specialty	PA, QL (4 PER 28 DAYS)
OTEZLA 10 & 20 & 30 MG TAB THPK	5-Specialty	PA, QL (55 PER 28 DAYS)
OTEZLA 30 MG TAB	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>penicillamine tab 250 mg</i>	5-Specialty	PA
RIDAURA	5-Specialty	
RINVOO (15 MG TAB ER, 30 MG TAB ER)	5-Specialty	PA, QL (30 PER 30 DAYS)
RINVOO 45 MG TAB ER 24H	5-Specialty	PA, QL (56 PER 180 OVER TIME)
SAVELLA	3-Preferred Brands	QL (60 PER 30 DAYS)
SAVELLA TITRATION PACK	3-Preferred Brands	QL (55 PER 30 DAYS)
XELJANZ (5 MG TAB, 10 MG TAB)	5-Specialty	PA, QL (60 PER 30 DAYS)
XELJANZ 1 MG/ML SOLUTION	5-Specialty	PA, QL (300 PER 30 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
XELJANZ XR	5-Specialty	PA, QL (30 PER 30 DAYS)

## OBSTETRICS / GYNECOLOGY

### ESTROGENS / PROGESTINS

CRINONE 4 % GEL	4-Non-Preferred Brands	
CRINONE 8 % GEL	4-Non-Preferred Brands	PA
DEPO-SUBQ PROVERA 104	4-Non-Preferred Brands	
DUAVEE	3-Preferred Brands	
<i>estradiol &amp; norethindrone acetate</i>	3-Preferred Brands	PA
<i>estradiol (patch 0.025 mg/24hr, patch 0.0375 mg/24hr (37.5 mcg/24hr), patch 0.05 mg/24hr, patch 0.06 mg/24hr, patch 0.075 mg/24hr, patch 0.1 mg/24hr)</i>	3-Preferred Brands	PA, QL (4 PER 28 DAYS)
<i>estradiol (patch 0.025 mg/24hr, patch 0.0375 mg/24hr, patch 0.05 mg/24hr, patch 0.075 mg/24hr, patch 0.1 mg/24hr)</i>	3-Preferred Brands	PA, QL (8 PER 28 DAYS)
<i>estradiol (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	4-Non-Preferred Brands	PA
<i>estradiol vaginal (cream 0.1 mg/gm, tab 10 mcg)</i>	4-Non-Preferred Brands	
<i>estradiol valerate</i>	4-Non-Preferred Brands	
ESTRING	3-Preferred Brands	
<i>medroxyprogesterone acetate</i>	2-Generics	
<i>medroxyprogesterone acetate (contraceptive)</i>	2-Generics	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB)	3-Preferred Brands	PA
<i>norethindrone (contraceptive)</i>	2-Generics	
<i>norethindrone acetate</i>	2-Generics	
<i>norethindrone acetate-ethinyl estradiol</i>	4-Non-Preferred Brands	PA
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	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
PREMPHASE	3-Preferred Brands	
PREMPRO	3-Preferred Brands	
<i>progesterone (cap 100 mg, cap 200 mg)</i>	2-Generics	

#### MISCELLANEOUS OB/GYN

CLEOCIN 100 MG SUPPOS	4-Non-Preferred Brands	
<i>clindamycin phosphate vaginal</i>	2-Generics	
<i>etonogestrel-ethinyl estradiol</i>	4-Non-Preferred Brands	
<i>metronidazole vaginal</i>	3-Preferred Brands	
<i>norelgestromin-ethinyl estradiol</i>	4-Non-Preferred Brands	
<i>terconazole vaginal (cream 0.4%, cream 0.8%, suppos 80 mg)</i>	3-Preferred Brands	
<i>tranexamic acid tab 650 mg</i>	3-Preferred Brands	
VANDAZOLE	3-Preferred Brands	

#### ORAL CONTRACEPTIVES / RELATED AGENTS

<i>desogestrel &amp; ethinyl estradiol</i>	2-Generics	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	2-Generics	
<i>drospirenone-ethinyl estradiol</i>	2-Generics	
<i>ethynodiol diacet &amp; eth estrad</i>	2-Generics	
<i>levonorgestrel &amp; eth estradiol</i>	2-Generics	
<i>levonorgestrel-eth estradiol (triphasic)</i>	2-Generics	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	2-Generics	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	2-Generics	
<i>norethin acet &amp; estrad-fe (ace-ethinyl tab 1 mg-20 mcg (24), aceethinyl tab 1 mg-20 mcg, aceethinyl tab 1.5 mg-30 mcg)</i>	2-Generics	
<i>norethindrone &amp; eth estradiol (tab 0.5 mcg, tab 1 mcg)</i>	2-Generics	
<i>norethindrone acet &amp; eth estra</i>	2-Generics	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	2-Generics	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>norethindrone-eth estradiol (triphasic)</i>	2-Generics	
<i>norgestimate-ethinyl estradiol</i>	2-Generics	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	2-Generics	
<i>norgestrel &amp; ethinyl estradiol</i>	2-Generics	
VELIVET	2-Generics	

## OPHTHALMOLOGY

### ANTIBIOTICS

AZASITE	3-Preferred Brands	
BACITRACIN 500 UNIT/GM OINTMENT	2-Generics	
<i>bacitracin-polymyxin b (ophth)</i>	2-Generics	
BESIVANCE	3-Preferred Brands	
<i>ciprofloxacin hcl (ophth)</i>	2-Generics	
<i>erythromycin (ophth)</i>	2-Generics	QL (3.5 PER 14 DAYS)
<i>gatifloxacin (ophth)</i>	2-Generics	
GENTAK	2-Generics	QL (3.5 PER 30 DAYS)
<i>gentamicin sulfate (ophth)</i>	2-Generics	QL (70 PER 30 DAYS)
<i>levofloxacin (ophth)</i>	3-Preferred Brands	
MOXIFLOXACIN HCL (2X DAY)	3-Preferred Brands	
<i>moxifloxacin hcl (ophth)</i>	3-Preferred Brands	
NATACYN	4-Non-Preferred Brands	
<i>neomycin-bacitracin zn-polymyxin</i>	2-Generics	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2-Generics	
NEOSPORIN	2-Generics	
<i>ofloxacin (ophth)</i>	2-Generics	
<i>polymyxin b-trimethoprim</i>	2-Generics	
<i>tobramycin (ophth)</i>	2-Generics	QL (10 PER 14 DAYS)

### ANTIVIRALS

TRIFLURIDINE	3-Preferred Brands	
ZIRGAN	4-Non-Preferred Brands	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>BETA-BLOCKERS</b>		
<i>betaxolol hcl (ophth)</i>	3-Preferred Brands	
CARTEOLOL HCL	2-Generics	
<i>levobunolol hcl (0.5 % solution, ophth soln 0.5%)</i>	2-Generics	
TIMOLOL MALEATE (0.25 % GEL F SOLN, 0.5 % GEL F SOLN)	4-Non-Preferred Brands	
<i>timolol maleate (ophth) (gel soln 0.25%, gel soln 0.5%)</i>	4-Non-Preferred Brands	
<i>timolol maleate (ophth) (soln 0.25%, soln 0.5%)</i>	1-Preferred Generics	
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
ATROPINE SULFATE 1 % SOLUTION	2-Generics	
<i>atropine sulfate ophth soln 1%</i>	2-Generics	
<i>azelastine hcl (ophth)</i>	2-Generics	
<i>bepotastine besilate</i>	3-Preferred Brands	
BLEPHAMIDE S.O.P.	4-Non-Preferred Brands	
<i>cromolyn sodium (ophth)</i>	2-Generics	
<i>cyclosporine (ophth)</i>	3-Preferred Brands	QL (60 PER 30 DAYS)
CYSTARAN	5-Specialty	PA
<i>epinastine hcl (ophth)</i>	3-Preferred Brands	
<i>olopatadine hcl</i>	2-Generics	
OXERVATE	5-Specialty	PA
<i>pilocarpine hcl</i>	2-Generics	
RESTASIS	3-Preferred Brands	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	3-Preferred Brands	QL (5.5 PER 30 DAYS)
<i>sulfacetamide sod-prednisolone</i>	2-Generics	
<i>sulfacetamide sodium (ophth)</i>	2-Generics	
SULFACETAMIDE SODIUM 10 % OINTMENT	2-Generics	
SULFACETAMIDE-PREDNISOLONE	2-Generics	
XIIDRA	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	TIER	REQUIREMENTS/LIMITS
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>bromfenac sodium (ophth)</i>	3-Preferred Brands	
BROMSITE	3-Preferred Brands	
<i>diclofenac sodium (ophth)</i>	2-Generics	
<i>flurbiprofen sodium (0.03 % solution, ophth soln 0.03%)</i>	2-Generics	
<i>ketorolac tromethamine (ophth)</i>	2-Generics	
PROLENSA	3-Preferred Brands	
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	3-Preferred Brands	
<i>methazolamide</i>	4-Non-Preferred Brands	
<b>OTHER GLAUCOMA DRUGS</b>		
<i>brimonidine tartrate-timolol maleate</i>	3-Preferred Brands	
COMBIGAN	3-Preferred Brands	
<i>dorzolamide hcl ophth soln 2%</i>	2-Generics	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	2-Generics	
<i>latanoprost ophth soln 0.005%</i>	1-Preferred Generics	
LUMIGAN	3-Preferred Brands	
RHOPRESSA	3-Preferred Brands	
ROCKLATAN	3-Preferred Brands	
SIMBRINZA	4-Non-Preferred Brands	
<i>travoprost</i>	3-Preferred Brands	
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<i>bacitracin-poly-neomycin-hc</i>	2-Generics	
<i>neomycin-polymyx-dexameth (oint, susp)</i>	2-Generics	
NEOMYCIN-POLYMYXIN-HC	2-Generics	
TOBRADEX 0.3-0.1 % OINTMENT	3-Preferred Brands	QL (3.5 PER 14 DAYS)
<i>tobramycin-dexamethasone</i>	2-Generics	QL (10 PER 14 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>STEROIDS</b>		
ALREX	3-Preferred Brands	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2-Generics	
EYSUVIS	3-Preferred Brands	PA, QL (8.3 PER 14 DAYS)
<i>fluorometholone (ophth)</i>	3-Preferred Brands	
INVELTYS	3-Preferred Brands	
<i>loteprednol etabonate (gel, susp)</i>	3-Preferred Brands	
PREDNISOLONE ACETATE	2-Generics	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2-Generics	
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P 0.1 % SOLUTION	3-Preferred Brands	
<i>apraclonidine hcl</i>	3-Preferred Brands	
<i>brimonidine tartrate</i>	2-Generics	
IOPIDINE 1 % SOLUTION	4-Non-Preferred Brands	
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS</b>		
<i>cetirizine hcl</i>	2-Generics	
<i>epinephrine (anaphylaxis) (solution 0.15 mg/0.3ml (1:2000), solution 0.3 mg/0.3ml (1:1000))</i>	3-Preferred Brands	QL (2 PER 30 DAYS)
<i>hydroxyzine hcl (tab 10 mg, tab 25 mg, tab 50 mg)</i>	2-Generics	PA
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	2-Generics	
<i>levocetirizine dihydrochloride tab 5 mg</i>	2-Generics	QL (30 PER 30 DAYS)
<i>promethazine hcl (syrup 6.25 mg/5ml, tab 12.5 mg, tab 25 mg, tab 50 mg)</i>	4-Non-Preferred Brands	PA
SYMJEPI	4-Non-Preferred Brands	QL (2 PER 30 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine</i>	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
ADEMPAS	5-Specialty	PA, LA
ADVAIR DISKUS	3-Preferred Brands	QL (60 PER 30 DAYS)
ADVAIR HFA	3-Preferred Brands	QL (12 PER 30 DAYS)
<i>albuterol sulfate (soln 0.083% (2.5 mg/3ml), soln 0.5% (5 mg/ml), soln 0.63 mg/3ml (base equiv), soln 1.25 mg/3ml (base equiv))</i>	2-Generics	PA - TO CONFIRM PART D COVERAGE
<i>albuterol sulfate (tab 2 mg, tab 4 mg)</i>	4-Non-Preferred Brands	
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	2-Generics	QL (17 PER 30 DAYS)
<i>albuterol sulfate syrup 2 mg/5ml</i>	2-Generics	
ALVESCO 160 MCG/ACT AERO SOLN	3-Preferred Brands	QL (12.2 PER 30 DAYS)
ALVESCO 80 MCG/ACT AERO SOLN	3-Preferred Brands	QL (6.1 PER 30 DAYS)
<i>ambrisentan</i>	5-Specialty	PA, LA
<i>arformoterol tartrate</i>	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
ARNUITY ELLIPTA	3-Preferred Brands	QL (30 PER 30 DAYS)
ASMANEX (120 METERED DOSES)	3-Preferred Brands	QL (2 PER 30 DAYS)
ASMANEX (30 METERED DOSES)	3-Preferred Brands	QL (1 PER 30 DAYS)
ASMANEX (60 METERED DOSES)	3-Preferred Brands	QL (1 PER 30 DAYS)
ASMANEX HFA	3-Preferred Brands	QL (13 PER 30 DAYS)
ATROVENT HFA	3-Preferred Brands	QL (25.8 PER 30 DAYS)
<i>bosentan</i>	5-Specialty	PA, LA
BREO ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
BREZTRI AEROSPHERE	3-Preferred Brands	QL (10.7 PER 30 DAYS)
<i>budesonide (inhalation) (susp 0.25 mg/2ml, susp 0.5 mg/2ml)</i>	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE, QL (120 PER 30 DAYS)
<i>budesonide inhalation susp 1 mg/2ml</i>	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE, QL (60 PER 30 DAYS)
CINRYZE	5-Specialty	PA
COMBIVENT RESPIMAT	3-Preferred Brands	QL (8 PER 30 DAYS)
<i>cromolyn sodium</i>	5-Specialty	PA - TO CONFIRM PART D COVERAGE

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
DALIRESP	4-Non-Preferred Brands	PA, QL (30 PER 30 DAYS)
DULERA	3-Preferred Brands	QL (13 PER 30 DAYS)
ESBRIET (267 MG CAP, 267 MG TAB)	5-Specialty	PA, QL (270 PER 30 DAYS)
ESBRIET 801 MG TAB	5-Specialty	PA, QL (90 PER 30 DAYS)
FASENRA	5-Specialty	PA, QL (1 PER 28 DAYS)
FASENRA PEN	5-Specialty	PA, QL (1 PER 28 DAYS)
FLOVENT DISKUS (50 MCG/ACT, 100 MCG/ACT)	3-Preferred Brands	QL (60 PER 30 DAYS)
FLOVENT DISKUS 250 MCG/ACT AER POW BA	3-Preferred Brands	QL (240 PER 30 DAYS)
FLOVENT HFA 110 MCG/ACT AEROSOL	3-Preferred Brands	QL (12 PER 30 DAYS)
FLOVENT HFA 220 MCG/ACT AEROSOL	3-Preferred Brands	QL (24 PER 30 DAYS)
FLOVENT HFA 44 MCG/ACT AEROSOL	3-Preferred Brands	QL (10.6 PER 30 DAYS)
<i>flunisolide (nasal)</i>	2-Generics	QL (50 PER 30 DAYS)
<i>fluticasone propionate (nasal)</i>	2-Generics	QL (16 PER 30 DAYS)
<i>formoterol fumarate</i>	3-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
<i>icatibant acetate</i>	5-Specialty	PA
<i>ipratropium bromide</i>	2-Generics	PA - TO CONFIRM PART D COVERAGE
<i>ipratropium-albuterol</i>	2-Generics	PA - TO CONFIRM PART D COVERAGE
KALYDECO (25 MG, 50 MG, 75 MG)	5-Specialty	PA, QL (56 PER 28 DAYS)
KALYDECO 150 MG TAB	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>levalbuterol hcl (soln 0.31 mg/3ml (base equiv), soln 0.63 mg/3ml (base equiv), soln 1.25 mg/3ml (base equiv), soln conc 1.25 mg/0.5ml (base equiv))</i>	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
<i>mometasone furoate (nasal)</i>	2-Generics	QL (34 PER 30 DAYS)
<i>montelukast sodium</i>	2-Generics	
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	5-Specialty	PA, LA, QL (3 PER 28 DAYS)
NUCALA 40 MG/0.4ML SOLN PRSYR	5-Specialty	PA, LA, QL (0.4 PER 28 DAYS)
OFEV	5-Specialty	PA, QL (60 PER 30 DAYS)
OPSUMIT	5-Specialty	PA, LA
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	5-Specialty	PA, QL (112 PER 28 DAYS)

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ORKAMBI (100-125 MG, 150-188 MG)	5-Specialty	PA, QL (56 PER 28 DAYS)
ORLADEYO	5-Specialty	PA, LA
<i>pirfenidone tab 267 mg</i>	5-Specialty	PA, QL (270 PER 30 DAYS)
<i>pirfenidone tab 801 mg</i>	5-Specialty	PA, QL (90 PER 30 DAYS)
PULMICORT FLEXHALER 180 MCG/ACT AER POW BA	3-Preferred Brands	QL (2 PER 30 DAYS)
PULMICORT FLEXHALER 90 MCG/ACT AER POW BA	3-Preferred Brands	QL (1 PER 30 DAYS)
PULMOZYME	5-Specialty	PA - TO CONFIRM PART D COVERAGE
QVAR REDIHALER 40 MCG/ACT AERO BA	3-Preferred Brands	QL (10.6 PER 30 DAYS)
QVAR REDIHALER 80 MCG/ACT AERO BA	3-Preferred Brands	QL (21.2 PER 30 DAYS)
<i>sildenafil citrate tab 20 mg</i>	3-Preferred Brands	PA, QL (90 PER 30 DAYS)
SPIRIVA HANDIHALER	3-Preferred Brands	QL (90 PER 90 DAYS)
SPIRIVA RESPIMAT	3-Preferred Brands	QL (4 PER 30 DAYS)
STIOLTO RESPIMAT	3-Preferred Brands	QL (4 PER 30 DAYS)
STRIVERDI RESPIMAT	3-Preferred Brands	QL (4 PER 30 DAYS)
SYMBICORT	3-Preferred Brands	QL (10.2 PER 30 DAYS)
SYMDEKO	5-Specialty	PA, QL (56 PER 28 DAYS)
<i>tadalafil (pulmonary hypertension)</i>	5-Specialty	PA, QL (60 PER 30 DAYS)
<i>terbutaline sulfate (tab 2.5 mg, tab 5 mg)</i>	4-Non-Preferred Brands	
THEO-24	3-Preferred Brands	
<i>theophylline (elixir 80 mg/15ml, soln 80 mg/15ml, tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg)</i>	2-Generics	
TRELEGY ELLIPTA	3-Preferred Brands	QL (60 PER 30 DAYS)
TRIKAFTA	5-Specialty	PA, QL (84 PER 28 DAYS)
XOLAIR (150 MG RECON SOLN, 150 MG/ML SOLN PRSYR)	5-Specialty	PA, LA, QL (8 PER 28 DAYS)
XOLAIR 75 MG/0.5ML SOLN PRSYR	5-Specialty	PA, LA, QL (1 PER 28 DAYS)
<i>zafirlukast</i>	2-Generics	
ZYFLO	5-Specialty	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>		
<i>fesoterodine fumarate</i>	3-Preferred Brands	
<i>flavoxate hcl</i>	2-Generics	
MYRBETRIQ (8 MG/ML SRER, 25 MG TAB ER 24H, 50 MG TAB ER 24H)	3-Preferred Brands	
<i>oxybutynin chloride (syrup 5 mg/5ml, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 15 mg, tab er 24hr 5 mg)</i>	2-Generics	
<i>tolterodine tartrate</i>	3-Preferred Brands	
TOVIAZ	3-Preferred Brands	
<i>tropium chloride tab 20 mg</i>	2-Generics	
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
<i>alfuzosin hcl</i>	2-Generics	
<i>dutasteride</i>	2-Generics	
<i>dutasteride-tamsulosin hcl</i>	4-Non-Preferred Brands	
<i>finasteride</i>	2-Generics	
<i>silodosin</i>	2-Generics	
<i>tamsulosin hcl</i>	1-Preferred Generics	
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>bethanechol chloride</i>	2-Generics	
CYSTAGON	4-Non-Preferred Brands	PA, LA
ELMIRON	3-Preferred Brands	
<i>potassium citrate (alkalinizer)</i>	2-Generics	
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<i>calcium acetate (phosphate binder)</i>	2-Generics	QL (360 PER 30 DAYS)
KCL IN DEXTROSE-NACL 40-5-0.9 MEQ/L-%-% SOLUTION	2-Generics	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
KCL-LACTATED RINGERS-D5W	2-Generics	
<i>magnesium sulfate inj 50%</i>	2-Generics	
<i>potassium chloride (cap er 8 meq, 10 meq/100ml solution, cap er 10 meq, inj 2 meq/ml, inj 10 meq/100ml, inj 20 meq/100ml, inj 40 meq/100ml, tab er 8 meq (600 mg), tab er 10 meq, 20 meq/100ml solution, tab er 20 meq (1500 mg), 40 meq/100ml solution)</i>	2-Generics	
<i>potassium chloride (oral soln 10% (20 meq/15ml), oral soln 20% (40 meq/15ml), powder packet 20 meq)</i>	4-Non-Preferred Brands	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2-Generics	
POTASSIUM CHLORIDE ER	2-Generics	
<i>potassium chloride in dextrose &amp; sodium chloride</i>	2-Generics	
POTASSIUM CHLORIDE IN NACL (20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, KCL 20 MEQ/L (0.15%)0.45% INJ, KCL 20 MEQ/L (0.15%)0.9% INJ, 40-0.9 MEQ/L-% SOLUTION, KCL 40 MEQ/L (0.3%)0.9% INJ)	2-Generics	
<i>potassium chloride microencapsulated crystals er</i>	2-Generics	
<i>sodium chloride (soln 0.45%, soln 3%, soln 5%)</i>	2-Generics	

#### MISCELLANEOUS NUTRITION PRODUCTS

<i>amino acid infusion</i>	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
CLINIMIX/DEXTROSE (4.25/10)	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
CLINIMIX/DEXTROSE (5/15)	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
CLINIMIX/DEXTROSE (5/20)	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
INTRALIPID 20 % EMULSION	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
ISOLYTE-P IN D5W	4-Non-Preferred Brands	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ISOLYTE-S	4-Non-Preferred Brands	
ISOLYTE-S PH 7.4	4-Non-Preferred Brands	
PLASMA-LYTE 148	3-Preferred Brands	
PLASMA-LYTE A	3-Preferred Brands	
PREMASOL	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
TRAVASOL	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE
TROPHAMINE 10 % SOLUTION	4-Non-Preferred Brands	PA - TO CONFIRM PART D COVERAGE

#### VITAMINS / HEMATINICS

ATABEX EC	2-Generics	
AZESCHEW PRENATAL/POSTNATAL	2-Generics	
AZESCO	2-Generics	
BAL-CARE DHA	2-Generics	
C-NATE DHA	2-Generics	
CITRANATAL 90 DHA	2-Generics	
CITRANATAL ASSURE	2-Generics	
CITRANATAL B-CALM	2-Generics	
CITRANATAL BLOOM	2-Generics	
CITRANATAL DHA	2-Generics	
CITRANATAL HARMONY	2-Generics	
CITRANATAL RX	2-Generics	
CO-NATAL FA	2-Generics	
COMPLETE NATAL DHA	2-Generics	
COMPLETENATE	2-Generics	
CONCEPT DHA	2-Generics	
CONCEPT OB	2-Generics	
DERMACINRX PRETRATE	2-Generics	
DOTHELLE DHA	2-Generics	
DUET DHA 400	2-Generics	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
DUET DHA BALANCED	2-Generics	
ELITE-OB	2-Generics	
ENBRACE HR	2-Generics	
FOLET DHA	2-Generics	
FOLET ONE	2-Generics	
FOLIVANE-OB	2-Generics	
HEMENATAL OB	2-Generics	
HEMENATAL OB + DHA	2-Generics	
INATAL GT	2-Generics	
KOSHER PRENATAL PLUS IRON	2-Generics	
M-NATAL PLUS	2-Generics	
MARNATAL-F	2-Generics	
MULTI-MAC	2-Generics	
MYNATAL	2-Generics	
MYNATAL ADVANCE	2-Generics	
MYNATAL PLUS	2-Generics	
MYNATAL-Z	2-Generics	
MYNATE 90 PLUS	2-Generics	
NATACHEW	2-Generics	
NATALVIT	2-Generics	
NATELLE ONE	2-Generics	
NEEVO DHA	2-Generics	
NEONATAL + DHA	2-Generics	
NEONATAL COMPLETE 29-1 MG TAB	2-Generics	
NEONATAL FE	2-Generics	
NEONATAL PLUS	2-Generics	
NESTABS	2-Generics	
NESTABS ABC	2-Generics	
NESTABS DHA	2-Generics	
NESTABS ONE	2-Generics	
NEXA PLUS	2-Generics	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
NIVA-PLUS	2-Generics	
O-CAL FA	2-Generics	
O-CAL PRENATAL	2-Generics	
OB COMPLETE	2-Generics	
OB COMPLETE ONE	2-Generics	
OB COMPLETE PETITE	2-Generics	
OB COMPLETE PREMIER	2-Generics	
OB COMPLETE/DHA	2-Generics	
OBSTETRIX DHA	2-Generics	
OBSTETRIX EC	2-Generics	
OBSTETRIX ONE	2-Generics	
PNV OB+DHA	2-Generics	
PNV TABS 20-1	2-Generics	
PNV TABS 29-1	2-Generics	
PNV-DHA	2-Generics	
PNV-DHA+DOCUSATE	2-Generics	
PNV-OMEGA	2-Generics	
PNV-SELECT	2-Generics	
PR NATAL 400	2-Generics	
PR NATAL 400 EC	2-Generics	
PR NATAL 430	2-Generics	
PR NATAL 430 EC	2-Generics	
PREGEN DHA	2-Generics	
PREGENNA	2-Generics	
PRENA 1 TRUE	2-Generics	
PRENA1	2-Generics	
PRENA1 PEARL	2-Generics	
PRENAISSANCE	2-Generics	
PRENAISSANCE PLUS	2-Generics	
PRENATABS RX	2-Generics	
PRENATAL	2-Generics	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
PRENATAL 19	2-Generics	
PRENATAL PLUS	2-Generics	
PRENATAL PLUS IRON	2-Generics	
PRENATAL PLUS VITAMIN/MINERAL	2-Generics	
PRENATAL VITAMIN PLUS LOW IRON	2-Generics	
PRENATAL-U	2-Generics	
PRENATE	2-Generics	
PRENATE AM	2-Generics	
PRENATE DHA	2-Generics	
PRENATE ELITE	2-Generics	
PRENATE ENHANCE	2-Generics	
PRENATE ESSENTIAL	2-Generics	
PRENATE MINI	2-Generics	
PRENATE PIXIE	2-Generics	
PRENATE RESTORE	2-Generics	
PRENATRIX	2-Generics	
PRENATRYL	2-Generics	
PREPLUS	2-Generics	
PRETAB	2-Generics	
PRIMACARE	2-Generics	
PROVIDA DHA	2-Generics	
PROVIDA OB	2-Generics	
PUREFE OB PLUS	2-Generics	
R-NATAL OB	2-Generics	
SE-NATAL 19	2-Generics	
SELECT-OB	2-Generics	
SELECT-OB+DHA	2-Generics	
<i>sodium fluoride (chew tab 0.25 mg f (from 0.55 mg naf), chew tab 0.5 mg f (from 1.1 mg naf), chew tab 1 mg f (from 2.2 mg naf), 2.2 (1 f) mg tab)</i>	2-Generics	
TARON-BC	2-Generics	
TARON-C DHA	2-Generics	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
TARON-PREX	2-Generics	
THRIVITE RX	2-Generics	
TL FOLATE	2-Generics	
TL-CARE DHA	2-Generics	
TL-SELECT	2-Generics	
TRI-TABS DHA	2-Generics	
TRICARE	2-Generics	
TRICARE PRENATAL DHA ONE 0.8 MG CAP	2-Generics	
TRINATAL RX 1	2-Generics	
TRINATE	2-Generics	
TRINAZ	2-Generics	
TRISTART DHA	2-Generics	
TRIVEEN-DUO DHA	2-Generics	
ULTIMATECARE ONE	2-Generics	
VENA-BAL DHA	2-Generics	
VINATE DHA RF	2-Generics	
VINATE II	2-Generics	
VINATE M	2-Generics	
VINATE ONE	2-Generics	
VIRT-C DHA	2-Generics	
VIRT-NATE DHA	2-Generics	
VIRT-PN	2-Generics	
VIRT-PN DHA	2-Generics	
VIRT-PN PLUS	2-Generics	
VITAFOL FE+	2-Generics	
VITAFOL GUMMIES	2-Generics	
VITAFOL ULTRA	2-Generics	
VITAFOL-NANO	2-Generics	
VITAFOL-OB	2-Generics	
VITAFOL-OB+DHA	2-Generics	
VITAFOL-ONE	2-Generics	

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

DRUG NAME	TIER	REQUIREMENTS/LIMITS
VITAMEDMD ONE RX/QUATREFOLIC	2-Generics	
VITAMEDMD REDICHEW RX	2-Generics	
VITAPEARL	2-Generics	
VITATRUE	2-Generics	
VIVA DHA	2-Generics	
VOL-NATE	2-Generics	
VOL-PLUS	2-Generics	
VOL-TAB RX	2-Generics	
VP-HEME OB + DHA	2-Generics	
VP-PNV-DHA	2-Generics	
WESCAP-C DHA	2-Generics	
WESCAP-PN DHA	2-Generics	
WESNATE DHA	2-Generics	
WESTAB PLUS	2-Generics	
WESTGEL DHA	2-Generics	
ZALVIT	2-Generics	
ZATEAN-PN DHA	2-Generics	
ZATEAN-PN PLUS	2-Generics	

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dantrolene sodium.....	30	diflunisal.....	32
dapsone.....	8	digoxin.....	49
DAPTACEL.....	66	dihydroergotamine mesylate.....	28
daptomycin.....	8	DILANTIN.....	23
DAURISMO.....	15	diltiazem hcl.....	43
deferasirox.....	54	diltiazem hcl coated beads.....	43
deferiprone.....	54	diltiazem hcl extended release beads.....	43
DELSTRIGO.....	3	dimethyl fumarate.....	29
demeclocycline hcl.....	13	DIPENTUM.....	63
DENAVIR.....	53	diphenoxylate w/ atropine.....	62
DEPO-SUBQ PROVERA 104.....	70	DIPHENOXYLATE-ATROPINE.....	62
DERMACINRX PRETRATE.....	81	DIPHThERIA-TETANUS TOXOIDS DT.....	66
DESCOVY.....	3	dipyridamole.....	46
desipramine hcl.....	35	disulfiram.....	54
desmopressin acetate.....	61	divalproex sodium.....	23
desmopressin acetate spray.....	61	dofetilide.....	41
desmopressin acetate spray refrigerated.....	61	donepezil hydrochloride.....	29
desogestrel & ethinyl estradiol.....	71	DOPTELET.....	46
desogestrel-ethinyl estradiol (biphasic).....	71	dorzolamide hcl.....	74
desonide.....	53	dorzolamide hcl-timolol maleate.....	74
desvenlafaxine succinate.....	35	DOTHELLE DHA.....	81
DEXAMETHASONE.....	56	DOVATO.....	3
		doxazosin mesylate.....	43
		doxepin hcl.....	35

doxepin hcl (sleep)	35	EMVERM	8
doxercalciferol	61	enalapril maleate	43
doxycycline (monohydrate)	13	enalapril maleate & hydrochlorothiazide	43
doxycycline hyclate	13	ENBRACE HR	82
DRIZALMA SPRINKLE	35	ENBREL	68
dronabinol	63	ENBREL MINI	69
drospirenone-ethinyl estradiol	71	ENBREL SURECLICK	69
DROXIA	15	ENGERIX-B	66
droxidopa	54	enoxaparin sodium	46
DUAVEE	70	entacapone	27
DUET DHA 400	81	entecavir	4
DUET DHA BALANCED	82	ENTRESTO	49
DULERA	77	ENVARUSUS XR	15
duloxetine hcl	36	EPCLUSA	4
DUPIXENT	50	EPIDIOLEX	24
dutasteride	79	epinastine hcl (ophth)	73
dutasteride-tamsulosin hcl	79	epinephrine (anaphylaxis)	75
<b>E</b>		EPIVIR HBV	4
E.E.S. 400	7	epplerenone	43
econazole nitrate	52	EPRONTIA	24
EDARBI	43	ergotamine w/ caffeine	28
EDARBYCLOR	43	ERIVEDGE	15
EDURANT	3	ERLEADA	15
efavirenz	3	erlotinib hcl	15
efavirenz-emtricitabine-tenofovir disoproxil fumarate	3	ertapenem sodium	9
efavirenz-lamivudine-tenofovir disoproxil fumarate	3	ERY	51
eletriptan hydrobromide	28	ERYTHROCIN LACTOBIONATE	7
ELIQUIS	46	ERYTHROCIN STEARATE	7
ELIQUIS DVT/PE STARTER PACK	46	erythromycin (acne aid)	51
ELITE-OB	82	erythromycin (ophth)	72
ELMIRON	79	erythromycin base	8
EMCYT	15	ERYTHROMYCIN ETHYLSUCCINATE	8
EMEND	63	erythromycin lactobionate	8
EMGALITY	28	ESBRIET	77
EMSAM	36	escitalopram oxalate	36
emtricitabine	4	esomeprazole magnesium	65
emtricitabine-tenofovir disoproxil fumarate	4	estradiol	70
EMTRIVA	4	estradiol & norethindrone acetate	70
		estradiol vaginal	70
		estradiol valerate	70
		ESTRING	70

eszopiclone	36	FIRMAGON (240 MG DOSE)	16
ethacrynic acid	43	flavoxate hcl	79
ethambutol hcl	9	flecainide acetate	41
ethosuximide	24	FLOVENT DISKUS	77
ethynodiol diacet & eth estrad	71	FLOVENT HFA	77
etodolac	32	fluconazole	2
etonogestrel-ethinyl estradiol	71	fluconazole in nacl	2
etravirine	4	flucytosine	2
everolimus	16	fludrocortisone acetate	56
everolimus (immunosuppressant)	16	flunisolide (nasal)	77
EVOTAZ	4	fluocinolone acetonide	53
exemestane	16	fluocinolone acetonide (otic)	56
EXKIVITY	16	fluocinonide	53
EYSUVIS	75	fluorometholone (ophth)	75
ezetimibe	48	FLUOROURACIL	50
ezetimibe-simvastatin	48	fluorouracil (topical)	50
<b>F</b>		FLUOXETINE HCL	36
famciclovir	4	fluoxetine hcl	36
famotidine	65	FLUOXETINE HCL (PMDD)	36
FANAPT	36	fluphenazine decanoate	36
FANAPT TITRATION PACK	36	fluphenazine hcl	36
FARXIGA	57	flurbiprofen	32
FASENRA	77	flurbiprofen sodium	74
FASENRA PEN	77	fluticasone propionate (nasal)	77
febuxostat	68	fluvastatin sodium	48
felbamate	24	fluvoxamine maleate	36
felodipine	43	FOLET DHA	82
fenofibrate	48	FOLET ONE	82
fenofibrate micronized	48	FOLIVANE-OB	82
fentanyl	31	fondaparinux sodium	47
fentanyl citrate	31	FORFIVO XL	37
FERRIPROX	54	formoterol fumarate	77
FERRIPROX TWICE-A-DAY	55	FOSAMAX PLUS D	68
fesoterodine fumarate	79	fosamprenavir calcium	4
FETZIMA	36	fosinopril sodium	43
FETZIMA TITRATION	36	fosinopril sodium & hydrochlorothiazide	43
finasteride	79	FOTIVDA	16
FINTEPLA	24	furosemide	43
FIRDAPSE	29	FUZEON	4
FIRMAGON	16	FYCOMPA	24

## G

gabapentin	24
galantamine hydrobromide	29
GALANTAMINE HYDROBROMIDE	29
GARDASIL 9	66
gatifloxacin (ophth)	72
GATTEX	63
GAVILYTE-C	63
GAVRETO	16
gemfibrozil	48
GENTAK	72
gentamicin in saline	9
gentamicin sulfate	9
gentamicin sulfate (ophth)	72
gentamicin sulfate (topical)	52
GENVOYA	4
GILENYA	29
GILOTRIF	16
glatiramer acetate	29
glimepiride	57
glipizide	58
glipizide-metformin hcl	58
glycopyrrolate	62
GLYXAMBI	58
GRALISE	24
granisetron hcl	63
griseofulvin microsize	2
griseofulvin ultramicrosize	2
GVOKE HYPOPEN 1-PACK	58
GVOKE HYPOPEN 2-PACK	58
GVOKE KIT	58
GVOKE PFS	58

## H

halobetasol propionate	53
haloperidol	37
haloperidol decanoate	37
haloperidol lactate	37
HARVONI	4
HAVRIX	66

HEMENATAL OB	82
HEMENATAL OB + DHA	82
heparin sodium (porcine)	47
HETLIOZ	37
HIBERIX	66
HUMALOG	58
HUMALOG JUNIOR KWIKPEN	58
HUMALOG KWIKPEN	58
HUMALOG MIX 50/50	58
HUMALOG MIX 50/50 KWIKPEN	58
HUMALOG MIX 75/25	58
HUMALOG MIX 75/25 KWIKPEN	58
HUMIRA	69
HUMIRA PEDIATRIC CROHNS START	69
HUMIRA PEN	69
HUMIRA PEN-CD/UC/HS STARTER	69
HUMIRA PEN-PEDIATRIC UC START	69
HUMIRA PEN-PS/UV/ADOL HS START	69
HUMIRA PEN-PSOR/UEIT STARTER	69
HUMULIN R U-500 (CONCENTRATED)	58
HUMULIN R U-500 KWIKPEN	58
hydralazine hcl	43
hydrochlorothiazide	43
hydrocodone-acetaminophen	31
HYDROCODONE-IBUPROFEN	31
hydrocortisone	56
hydrocortisone (intrarectal)	63
hydrocortisone (rectal)	63
hydrocortisone (topical)	53
hydrocortisone w/acetic acid	56
hydromorphone hcl	31
HYDROMORPHONE HCL PF	31
hydroxychloroquine sulfate	9
hydroxyurea	16
hydroxyzine hcl	75

## I

ibandronate sodium	68
IBRANCE	16
ibuprofen	33
icatibant acetate	77

ICLUSIG	16	isosorbide dinitrate-hydralazine hcl	44
icosapent ethyl	48	isosorbide mononitrate	49
IDHIFA	16	isotretinoin	51
imatinib mesylate	16	isradipine	44
IMBRUVICA	16	itraconazole	2
imipenem-cilastatin	9	ivermectin	9
imipramine hcl	37	IVERMECTIN	51
imipramine pamoate	37	ivermectin (rosacea)	51
imiquimod	50	IXIARO	67
IMOVAX RABIES	67		
IMPAVIDO	9	<b>J</b>	
INATAL GT	82	JAKAFI	17
INCRELEX	55	JANUMET	58
indapamide	43	JANUMET XR	58
INFANRIX	67	JANUVIA	58
INGREZZA	29	JARDIANCE	58
INLYTA	16	JULUCA	4
INQOVI	17	JUXTAPID	48
INREBIC	17		
INTELENCE	4	<b>K</b>	
INTRALIPID	80	KALYDECO	77
INTRON A	65	KCL IN DEXTROSE-NACL	79
INVEGA HAFYERA	37	KCL-LACTATED RINGERS-D5W	80
INVEGA SUSTENNA	37	KERENDIA	44
INVEGA TRINZA	37	ketoconazole	2
INVELTYS	75	ketoconazole (topical)	52
IOPIDINE	75	ketorolac tromethamine (ophth)	74
IPOL	67	KINRIX	67
ipratropium bromide	77	KISQALI (200 MG DOSE)	17
ipratropium bromide (nasal)	56	KISQALI (400 MG DOSE)	17
ipratropium-albuterol	77	KISQALI (600 MG DOSE)	17
irbesartan	43	KISQALI FEMARA (400 MG DOSE)	17
irbesartan-hydrochlorothiazide	43	KISQALI FEMARA (600 MG DOSE)	17
IRESSA	17	KISQALI FEMARA(200 MG DOSE)	17
ISENTRESS	4	KLOXXADO	33
ISENTRESS HD	4	KOMBIGLYZE XR	58
ISOLYTE-P IN D5W	80	KORLYM	61
ISOLYTE-S	81	KOSHER PRENATAL PLUS IRON	82
ISOLYTE-S PH 7.4	81	KYNMOBI	27
ISONIAZID	9		
isosorbide dinitrate	49		

<b>L</b>	
labetalol hcl . . . . .	44
lacosamide . . . . .	24
lactic acid (ammonium lactate) . . . . .	50
lactulose . . . . .	63
lactulose (encephalopathy) . . . . .	63
lamivudine . . . . .	4
lamivudine (hbv) . . . . .	4
lamivudine-zidovudine . . . . .	4
lamotrigine . . . . .	25
LANOXIN . . . . .	49
lansoprazole . . . . .	65
LANTUS . . . . .	59
LANTUS SOLOSTAR . . . . .	59
lapatinib ditosylate . . . . .	17
latanoprost . . . . .	74
LATUDA . . . . .	37
leflunomide . . . . .	69
lenalidomide . . . . .	17
LENVIMA (10 MG DAILY DOSE) . . . . .	17
LENVIMA (12 MG DAILY DOSE) . . . . .	17
LENVIMA (14 MG DAILY DOSE) . . . . .	17
LENVIMA (18 MG DAILY DOSE) . . . . .	17
LENVIMA (20 MG DAILY DOSE) . . . . .	17
LENVIMA (24 MG DAILY DOSE) . . . . .	17
LENVIMA (4 MG DAILY DOSE) . . . . .	17
LENVIMA (8 MG DAILY DOSE) . . . . .	17
letrozole . . . . .	17
leucovorin calcium . . . . .	14
LEUKERAN . . . . .	17
LEUKINE . . . . .	66
leuprolide acetate . . . . .	17
levabuterol hcl . . . . .	77
levetiracetam . . . . .	25
levobunolol hcl . . . . .	73
levocarnitine (metabolic modifiers) . . . . .	55
levocetirizine dihydrochloride . . . . .	75
levofloxacin . . . . .	12
levofloxacin (ophth) . . . . .	72
levofloxacin in d5w . . . . .	12
levonorgestrel & eth estradiol . . . . .	71
levonorgestrel-eth estradiol (triphasic) . . . . .	71
levonorgestrel-ethinyl estradiol (91-day) . . . . .	71
levonorgestrel-ethinyl estradiol (continuous) . . . . .	71
levothyroxine sodium . . . . .	62
LEXIVA . . . . .	4
lidocaine . . . . .	50
lidocaine hcl . . . . .	50
lidocaine hcl (mouth-throat) . . . . .	50
lidocaine-prilocaine . . . . .	51
linezolid . . . . .	9
LINZESS . . . . .	63
liothyronine sodium . . . . .	62
lisinopril . . . . .	44
lisinopril & hydrochlorothiazide . . . . .	44
lithium carbonate . . . . .	38
LIVALO . . . . .	48
LOKELMA . . . . .	55
LONSURF . . . . .	18
loperamide hcl . . . . .	62
lopinavir-ritonavir . . . . .	4
lorazepam . . . . .	38
LORBRENA . . . . .	18
losartan potassium . . . . .	44
losartan potassium & hydrochlorothiazide . . . . .	44
loteprednol etabonate . . . . .	75
lovastatin . . . . .	48
loxapine succinate . . . . .	38
LUMAKRAS . . . . .	18
LUMIGAN . . . . .	74
LUPRON DEPOT (1-MONTH) . . . . .	18
LUPRON DEPOT (3-MONTH) . . . . .	18
LUPRON DEPOT (4-MONTH) . . . . .	18
LUPRON DEPOT (6-MONTH) . . . . .	18
LYNPARZA . . . . .	18
LYSODREN . . . . .	18
LYUMJEV . . . . .	59
LYUMJEV KWIKPEN . . . . .	59
<b>M</b>	
M-M-R II . . . . .	67

M-NATAL PLUS . . . . .	82	metoprolol & hydrochlorothiazide . . . . .	44
mafenide acetate . . . . .	52	metoprolol succinate . . . . .	44
MAGELLAN INSULIN SAFETY SYR . . . . .	59	metoprolol tartrate . . . . .	44
magnesium sulfate . . . . .	80	metronidazole . . . . .	9
malathion . . . . .	54	metronidazole (topical) . . . . .	51
MARATHON MEDICAL PENTIPS . . . . .	59	metronidazole vaginal . . . . .	71
maraviroc . . . . .	5	metyrosine . . . . .	44
MARNATAL-F . . . . .	82	mexiletine hcl . . . . .	41
MARPLAN . . . . .	38	micafungin sodium . . . . .	2
MATULANE . . . . .	18	midodrine hcl . . . . .	55
meclizine hcl . . . . .	63	miglustat . . . . .	61
medroxyprogesterone acetate . . . . .	70	minocycline hcl . . . . .	13
medroxyprogesterone acetate (contraceptive) . . . . .	70	minoxidil . . . . .	44
mefloquine hcl . . . . .	9	mirtazapine . . . . .	38
megestrol acetate . . . . .	18	misoprostol . . . . .	65
megestrol acetate (appetite) . . . . .	18	modafinil . . . . .	38
MEKINIST . . . . .	18	moexipril hcl . . . . .	44
MEKTOVI . . . . .	18	MOLINDONE HCL . . . . .	38
meloxicam . . . . .	33	mometasone furoate . . . . .	53
memantine hcl . . . . .	29	mometasone furoate (nasal) . . . . .	77
MENACTRA . . . . .	67	MONOJECT INSULIN SYRINGE . . . . .	59
MENEST . . . . .	70	MONOJECT ULTRA COMFORT SYRINGE . . . . .	59
MENQUADFI . . . . .	67	montelukast sodium . . . . .	77
MENVEO . . . . .	67	morphine sulfate . . . . .	31
mercaptopurine . . . . .	18	MOTEGRITY . . . . .	64
meropenem . . . . .	9	MOUNJARO . . . . .	59
mesalamine . . . . .	63	MOVANTIK . . . . .	64
mesalamine w/ cleanser . . . . .	63	MOXIFLOXACIN HCL . . . . .	12
MESNEX . . . . .	14	moxifloxacin hcl . . . . .	13
metformin hcl . . . . .	59	MOXIFLOXACIN HCL (2X DAY) . . . . .	72
methadone hcl . . . . .	31	moxifloxacin hcl (ophth) . . . . .	72
METHADONE HCL . . . . .	31	MOXIFLOXACIN HCL IN NACL . . . . .	13
methazolamide . . . . .	74	MULPLETA . . . . .	47
methenamine hippurate . . . . .	13	MULTI-MAC . . . . .	82
methimazole . . . . .	57	mupirocin . . . . .	52
methotrexate sodium . . . . .	18	MYALEPT . . . . .	61
METHOXSALEN RAPID . . . . .	51	mycophenolate mofetil . . . . .	18
methylphenidate hcl . . . . .	38	mycophenolate sodium . . . . .	18
methylprednisolone . . . . .	56	MYNATAL . . . . .	82
metoclopramide hcl . . . . .	63	MYNATAL ADVANCE . . . . .	82
metolazone . . . . .	44	MYNATAL PLUS . . . . .	82

MYNATAL-Z.....	82	NESTABS ABC.....	82
MYNATE 90 PLUS.....	82	NESTABS DHA.....	82
MYRBETRIQ.....	79	NESTABS ONE.....	82
<b>N</b>		NEUPRO.....	27
nabumetone.....	33	nevirapine.....	5
nadolol.....	44	NEVIRAPINE ER.....	5
NAFCILLIN SODIUM.....	12	NEXA PLUS.....	82
nafcillin sodium.....	12	NEXAVAR.....	18
naftifine hcl.....	52	NEXLETOL.....	48
NAFTIN.....	52	NEXLIZET.....	48
NALOXONE HCL.....	33	niacin (antihyperlipidemic).....	48
naltrexone hcl.....	33	NIACIN (ANTHYPERLIPIDEMIC).....	48
NAMZARIC.....	29	nicardipine hcl.....	44
naproxen.....	33	NICOTROL.....	55
naproxen sodium.....	33	NICOTROL NS.....	55
naratriptan hcl.....	28	nifedipine.....	44
NARCAN.....	33	nilutamide.....	19
NATACHEW.....	82	nimodipine.....	44
NATACYN.....	72	NINLARO.....	19
NATALVIT.....	82	nisoldipine.....	44
nateglinide.....	59	NISOLDIPINE ER.....	44
NATELLE ONE.....	82	nitazoxanide.....	9
NATPARA.....	61	nitisinone.....	55
NAYZILAM.....	25	NITRO-BID.....	49
nebivolol hcl.....	44	nitrofurantoin.....	13
NEEVO DHA.....	82	nitrofurantoin macrocrystal.....	13
NEFAZODONE HCL.....	38	nitrofurantoin monohyd macro.....	14
neomycin sulfate.....	9	nitroglycerin.....	49
neomycin-bacitracin zn-polymyxin.....	72	NIVA-PLUS.....	83
neomycin-polymy-dexameth.....	74	NIVESTYM.....	66
NEOMYCIN-POLYMYXIN-GRAMICIDIN.....	72	NIZATIDINE.....	65
NEOMYCIN-POLYMYXIN-HC.....	74	norelgestromin-ethinyl estradiol.....	71
neomycin-polymyxin-hc (otic).....	56	norethin acet & estrad-fe.....	71
NEONATAL + DHA.....	82	norethindrone & eth estradiol.....	71
NEONATAL COMPLETE.....	82	norethindrone (contraceptive).....	70
NEONATAL FE.....	82	norethindrone acet & eth estra.....	71
NEONATAL PLUS.....	82	norethindrone acetate.....	70
NEOSPORIN.....	72	norethindrone acetate-ethinyl estradiol.....	70
NERLYNX.....	18	norethindrone acetate-ethinyl estradiol-fe.....	71
NESTABS.....	82	norethindrone-eth estradiol (triphasic).....	72
		norgestimate-ethinyl estradiol.....	72

norgestimate-ethinyl estradiol (triphasic) . . . . .	72	olmesartan medoxomil-hydrochlorothiazide . . . . .	45
norgestrel & ethinyl estradiol . . . . .	72	olopatadine hcl . . . . .	73
nortriptyline hcl . . . . .	38	omega-3-acid ethyl esters . . . . .	48
NORVIR . . . . .	5	omeprazole . . . . .	65
NOXAFIL . . . . .	2	OMNITROPE . . . . .	66
NUBEQA . . . . .	19	ondansetron . . . . .	64
NUCALA . . . . .	77	ondansetron hcl . . . . .	64
NUDEXTA . . . . .	30	ONGLYZA . . . . .	59
NUPLAZID . . . . .	38	ONUREG . . . . .	19
NURTEC . . . . .	28	OPSUMIT . . . . .	77
nystatin . . . . .	2	ORENCIA . . . . .	69
nystatin (mouth-throat) . . . . .	2	ORENCIA CLICKJECT . . . . .	69
nystatin (topical) . . . . .	52	ORGOVYX . . . . .	19
nystatin-triamcinolone . . . . .	52	ORKAMBI . . . . .	77
NYVEPRIA . . . . .	66	ORLADEYO . . . . .	78
<b>O</b>		oseltamivir phosphate . . . . .	5
O-CAL FA . . . . .	83	OTEZLA . . . . .	69
O-CAL PRENATAL . . . . .	83	oxacillin sodium . . . . .	12
OB COMPLETE . . . . .	83	OXACILLIN SODIUM IN DEXTROSE . . . . .	12
OB COMPLETE ONE . . . . .	83	oxandrolone . . . . .	61
OB COMPLETE PETITE . . . . .	83	oxaprozin . . . . .	33
OB COMPLETE PREMIER . . . . .	83	oxcarbazepine . . . . .	25
OB COMPLETE/DHA . . . . .	83	OXERVATE . . . . .	73
OBSTETRIX DHA . . . . .	83	oxybutynin chloride . . . . .	79
OBSTETRIX EC . . . . .	83	oxycodone hcl . . . . .	32
OBSTETRIX ONE . . . . .	83	oxycodone w/ acetaminophen . . . . .	32
OICALIVA . . . . .	64	OXYCONTIN . . . . .	32
octreotide acetate . . . . .	19	OZEMPIC (0.25 OR 0.5 MG/DOSE) . . . . .	59
OCTREOTIDE ACETATE . . . . .	19	OZEMPIC (1 MG/DOSE) . . . . .	59
ODEFSEY . . . . .	5	OZEMPIC (2 MG/DOSE) . . . . .	59
ODOMZO . . . . .	19	<b>P</b>	
OFEV . . . . .	77	paliperidone . . . . .	39
OFLOXACIN . . . . .	13	PALYNZIQ . . . . .	61
ofloxacin (ophth) . . . . .	72	PANRETIN . . . . .	51
ofloxacin (otic) . . . . .	56	pantoprazole sodium . . . . .	25
olanzapine . . . . .	38	paricalcitol . . . . .	61
olanzapine-fluoxetine hcl . . . . .	38	paromomycin sulfate . . . . .	9
olmesartan medoxomil . . . . .	45	paroxetine hcl . . . . .	39
olmesartan medoxomil-amlodipine- hydrochlorothiazide . . . . .	45	PASER . . . . .	9
		PAXIL . . . . .	39

PEDIARIX.....	67	piroxicam.....	33
PEDVAX HIB.....	67	PLASMA-LYTE 148.....	81
peg 3350-kcl-nacl-na sulfate-na ascorbate- ascorbic acid.....	64	PLASMA-LYTE A.....	81
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	64	PLEGRIDY.....	66
peg 3350-potassium chloride-sod bicarbonate-sod chloride.....	64	PNV OB+DHA.....	83
PEGASYS.....	66	PNV TABS 20-1.....	83
PEMAZYRE.....	19	PNV TABS 29-1.....	83
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PENICILLIN G PROCAINE.....	12	PNV-SELECT.....	83
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PENTIPS.....	59	POTASSIUM CHLORIDE ER.....	80
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perindopril erbumine.....	45	potassium chloride in dextrose & sodium chloride.....	80
permethrin.....	54	POTASSIUM CHLORIDE IN NACL.....	80
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PERSERIS.....	39	potassium citrate (alkalinizer).....	79
PHENELZINE SULFATE.....	39	PR NATAL 400.....	83
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PIMOZIDE.....	39	prazosin hcl.....	45
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PREVYMIS.....	5	quinapril hcl.....	45
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PREZISTA.....	5	quinidine sulfate.....	41
PRIFTIN.....	10	quinine sulfate.....	10
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PRIORIX.....	67	R-NATAL OB.....	84

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rifabutin.....	10	SELZENTRY.....	5
rifampin.....	10	sertraline hcl.....	40
riluzole.....	55	sevelamer carbonate.....	55
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ropinirole hydrochloride.....	27	SKYRIZI (150 MG DOSE).....	50

SKYRIZI PEN	50	sunitinib malate	20
sodium chloride	55	SUPRAX	7
sodium chloride (gu irrigant)	55	SYMBICORT	78
SODIUM FLUORIDE	84	SYMDEKO	78
sodium phenylbutyrate	55	SYMJEPI	75
sodium polystyrene sulfonate	54	SYMLINPEN 120	60
SOLIQUA	60	SYMLINPEN 60	60
SOLTAMOX	20	SYMPAZAN	26
SOMAVERT	61	SYMTUZA	5
sorafenib tosylate	20	SYNAREL	61
sotalol hcl	41	SYNJARDY	60
sotalol hcl (afib/afI)	41	SYNJARDY XR	60
SPIRIVA HANDIHALER	78	SYNRIBO	20
SPIRIVA RESPIMAT	78		
spironolactone	45	<b>T</b>	
spironolactone & hydrochlorothiazide	45	TABLOID	20
SPRITAM	26	TABRECTA	20
SPRYCEL	20	tacrolimus	20
SPS	55	tacrolimus (topical)	51
STEGLATRO	60	tadalafil (pulmonary hypertension)	78
STELARA	50	TAFINLAR	20
STIOLTO RESPIMAT	78	TAGRISSO	20
STIVARGA	20	TALTZ	50
STREPTOMYCIN SULFATE	10	TALZENNA	20
STRIBILD	5	tamoxifen citrate	21
STRIVERDI RESPIMAT	78	tamsulosin hcl	79
SUCRAID	64	TARGRETIN	21
sucrafate	65	TARON-BC	84
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sulfacetamide sodium (acne)	52	TASIGNA	21
sulfacetamide sodium (ophth)	73	tavaborole	52
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SULFADIAZINE	13	TAZICEF	7
sulfamethoxazole-trimethoprim	13	TAZORAC	51
SULFAMYLON	52	TAZVERIK	21
sulfasalazine	64	TDVAX	67
sulindac	33	TEFLARO	7
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sumatriptan succinate	28	telmisartan-amlodipine	45
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terazosin hcl . . . . .	45	toremide . . . . .	45
terbinafine hcl . . . . .	3	TOUJEO MAX SOLOSTAR . . . . .	60
terbutaline sulfate . . . . .	78	TOUJEO SOLOSTAR . . . . .	60
terconazole vaginal . . . . .	71	TOVIAZ . . . . .	79
TERIPARATIDE (RECOMBINANT) . . . . .	68	tramadol hcl . . . . .	33
TESTOSTERONE . . . . .	61	tramadol-acetaminophen . . . . .	33
testosterone . . . . .	61	trandolapril . . . . .	45
TESTOSTERONE CYPIONATE . . . . .	61	trandolapril-verapamil hcl . . . . .	46
testosterone enanthate . . . . .	62	TRANDOLAPRIL-VERAPAMIL HCL ER . . . . .	46
tetrabenazine . . . . .	30	tranexamic acid . . . . .	71
tetracycline hcl . . . . .	13	tranylcypromine sulfate . . . . .	40
THALOMID . . . . .	21	TRAVASOL . . . . .	81
THEO-24 . . . . .	78	travoprost . . . . .	74
theophylline . . . . .	78	trazodone hcl . . . . .	40
thioridazine hcl . . . . .	40	TRECTOR . . . . .	10
thiothixene . . . . .	40	TRELEGY ELLIPTA . . . . .	78
THRIVITE RX . . . . .	85	TRELSTAR MIXJECT . . . . .	21
tiagabine hcl . . . . .	26	tretinoin . . . . .	51
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timolol maleate . . . . .	45	triamcinolone acetonide (topical) . . . . .	54
TIMOLOL MALEATE . . . . .	73	triamterene & hydrochlorothiazide . . . . .	46
timolol maleate (ophth) . . . . .	73	TRICARE . . . . .	85
tinidazole . . . . .	10	TRICARE PRENATAL DHA ONE . . . . .	85
TIVICAY . . . . .	6	trientine hcl . . . . .	55
TIVICAY PD . . . . .	6	trifluoperazine hcl . . . . .	40
tizanidine hcl . . . . .	30	TRIFLURIDINE . . . . .	72
TL FOLATE . . . . .	85	TRIJARDY XR . . . . .	60
TL-CARE DHA . . . . .	85	TRIKAFTA . . . . .	78
TL-SELECT . . . . .	85	TRIMETHOPRIM . . . . .	14
TOBI PODHALER . . . . .	10	trimipramine maleate . . . . .	40
TOBRADEX . . . . .	74	TRINATAL RX 1 . . . . .	85
tobramycin . . . . .	10	TRINATE . . . . .	85
tobramycin (ophth) . . . . .	72	TRINAZ . . . . .	85
tobramycin sulfate . . . . .	10	TRINTELLIX . . . . .	40
tobramycin-dexamethasone . . . . .	74	TRISTART DHA . . . . .	85
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VITAMEDMD ONE RX/QUATREFOLIC	86	XELJANZ XR	70
VITAMEDMD REDICHEW RX	86	XERMELO	22
VITAPEARL	86	XGEVA	14
VITATRUE	86	XIFAXAN	11
VITRAKVI	22	XIGDUO XR	60
VIVA DHA	86	XIIDRA	73
VIVITROL	33	XOFLUZA (40 MG DOSE)	6
VIZIMPRO	22	XOFLUZA (80 MG DOSE)	6
VOL-NATE	86	XOLAIR	78
VOL-PLUS	86	XOSPATA	22
VOL-TAB RX	86	XPOVIO (100 MG ONCE WEEKLY)	22
VONJO	22	XPOVIO (40 MG ONCE WEEKLY)	22
voriconazole	3	XPOVIO (40 MG TWICE WEEKLY)	22
VOSEVI	6	XPOVIO (60 MG ONCE WEEKLY)	22
VOTRIENT	22	XPOVIO (60 MG TWICE WEEKLY)	22
VP-HEME OB + DHA	86	XPOVIO (80 MG ONCE WEEKLY)	22
VP-PNV-DHA	86	XPOVIO (80 MG TWICE WEEKLY)	22
VRAYLAR	41	XTANDI	22
VUMERITY	30	XULTOPHY	60
VUMERITY (STARTER)	30	XURIDEN	55
VYNDAMAX	49	XYREM	41
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		YF-VAX	67
		YONSA	22
		<b>Z</b>	
		zafirlukast	78
		zaleplon	41
		ZALVIT	86
		ZARXIO	66
		ZATEAN-PN DHA	86
		ZATEAN-PN PLUS	86
		ZEGALOGUE	60
		ZEJULA	22
		ZELBORAF	22
		ZENPEP	64
		ZEPOSIA	30
		ZEPOSIA 7-DAY STARTER PACK	30
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WESCAP-PN DHA	86		
WESNATE DHA	86		
WESTAB PLUS	86		
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This formulary was updated on 12/1/2022. For more recent information or other questions, please contact Cooperative Advantage Member Service at 1-888-203-7770 or, or, for TTY/TDD: 711, 7 days per week from October 1 - March 31 and 8:00 a.m. - 8:00 p.m. Monday - Friday from April 1 - September 30, or visit [www.group-health.com/cooperative-advantage](http://www.group-health.com/cooperative-advantage).