Cooperative Advantage (HMO I-SNP)

2021 Formulary

(List of Covered Drugs)

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

[Formulary ID Number: 00021444, Version 19]

This formulary was updated on 08/31/2020. For more recent information or other questions, please contact Cooperative Advantage Member Services at 1-888-203-7770 or, for TTY users, 1-800-947-3529, Monday through Friday 7 AM – 6 PM, or visit www.group-health.com/cooperative-advantage.

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 list of the drugs (formulary) for our plan which is current as of September 14, 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 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 also find information in the section below entitled "How do I request an exception to the Cooperative Advantage Formulary?"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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 31-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 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 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 September 14, 2020. 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. Cooperative Advantage will update print formularies in the event of mid-year non-maintenance formulary changes and make available on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. 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 page 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 113. 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 60 capsules per
  30-day prescriptions of Celecoxib. 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 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization restriction *or* step therapy restriction *or* 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 4 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 a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.]

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, 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, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary 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 30-day emergency supply of that drug while you pursue a formulary exception.

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 formulary below provides coverage information about the drugs covered by Cooperative Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 114.

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.

This formulary may change at any time. You will receive notice of changes, as necessary.

LEGEND

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Analgesics		
acetaminophen-codeine #2	2-Generics	
acetaminophen-codeine #3	2-Generics	
acetaminophen-codeine #4	2-Generics	
acetaminophen-codeine (120-12 mg/5ml solution, 300-15 mg tab, 300-60 mg tab, 300-30 mg tab)	2-Generics	
ascomp-codeine	4-Non-Preferred Drugs	QL (360 PER 30 OVER TIME)
butalbital-acetaminophen 50-325 mg tab	4-Non-Preferred Drugs	QL (180 PER 30 OVER TIME)
butalbital-apap	4-Non-Preferred Drugs	QL (180 PER 30 OVER TIME)
butalbital-apap-caff-cod 50-300-40-30 mg cap	4-Non-Preferred Drugs	QL (360 PER 30 OVER TIME)
butalbital-apap-caff-cod 50-325-40-30 mg cap	4-Non-Preferred Drugs	
butalbital-apap-caffeine (50-325-40 mg cap, 50-325-40 mg tab)	4-Non-Preferred Drugs	
butalbital-apap-caffeine 50-300-40 mg cap	4-Non-Preferred Drugs	QL (180 PER 30 OVER TIME)
butalbital-asa-caff-codeine	4-Non-Preferred Drugs	QL (360 PER 30 OVER TIME)
butalbital-asa-caffeine	4-Non-Preferred Drugs	
butalbital-aspirin-caffeine 50-325-40 mg cap	4-Non-Preferred Drugs	
endocet (5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	3-Preferred Brands	
hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-325 mg tab, 5-300 mg tab, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution, 7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-325 mg tab)	3-Preferred Brands	
hydrocodone-ibuprofen	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lorcet	3-Preferred Brands	
lorcet hd	3-Preferred Brands	
oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	3-Preferred Brands	
OXYCODONE-ASPIRIN	3-Preferred Brands	
TENCON	4-Non-Preferred Drugs	QL (180 PER 30 OVER TIME)
tramadol-acetaminophen	2-Generics	QL (240 PER 30 OVER TIME)
zebutal	4-Non-Preferred Drugs	

Nonsteroidal Anti-inflammatory Drugs

celecoxib	2-Generics	QL (60 PER 30 OVER TIME)
DICLOFENAC EPOLAMINE	4-Non-Preferred Drugs	PA, QL (60 PER 30 OVER TIME)
diclofenac potassium	2-Generics	
diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)	2-Generics	
diclofenac sodium 3 % gel	4-Non-Preferred Drugs	PA
diclofenac sodium er	2-Generics	
diclofenac-misoprostol	4-Non-Preferred Drugs	
diflunisal	4-Non-Preferred Drugs	
ec-naproxen	2-Generics	
etodolac	2-Generics	
etodolac er	2-Generics	
flurbiprofen 100 mg tab	2-Generics	
ibu (600 mg tab, 800 mg tab)	2-Generics	
ibuprofen (100 mg/5ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)	2-Generics	
indomethacin (25 mg cap, 50 mg cap)	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
indomethacin er	4-Non-Preferred Drugs	
KETOPROFEN (, 50 MG CAP, 75 MG CAP)	2-Generics	
ketorolac tromethamine 10 mg tab	3-Preferred Brands	QL (120 PER 30 OVER TIME)
meloxicam 15 mg tab	2-Generics	QL (30 PER 30 OVER TIME)
meloxicam 7.5 mg tab	2-Generics	QL (60 PER 30 OVER TIME)
nabumetone	2-Generics	
naproxen (250 mg tab, 375 mg tab, 500 mg tab)	2-Generics	
naproxen 125 mg/5ml suspension	3-Preferred Brands	
naproxen dr	2-Generics	
naproxen sodium	4-Non-Preferred Drugs	
oxaprozin	4-Non-Preferred Drugs	
piroxicam	2-Generics	
sulindac	2-Generics	
Opioid Analgesics, Long-acting		
BUPRENORPHINE (, 5 MCG/HR PATCH WK, 10 MCG/HR PATCH WK, 15 MCG/HR PATCH WK, 20 MCG/HR PATCH WK)	4-Non-Preferred Drugs	
buprenorphine hcl 2 mg sl tab	2-Generics	QL (240 PER 30 OVER TIME)
buprenorphine hcl 8 mg sl tab	2-Generics	QL (90 PER 30 OVER TIME)
fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 37.5 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 62.5 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)	3-Preferred Brands	QL (15 PER 30 OVER TIME)
hydromorphone hcl er	4-Non-Preferred Drugs	
hydromorphone hcl pf (10 mg/ml solution, 50 mg/5ml solution, 500 mg/50ml solution)	4-Non-Preferred Drugs	
methadone hcl (5 mg tab, 10 mg tab)	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
methadone hcl 10 mg/5ml solution	3-Preferred Brands	
methadone hcl 5 mg/5ml solution	3-Preferred Brands	QL (900 PER 30 OVER TIME)
morphine sulfate er (er 15 mg tab er, er 30 mg tab er, er 100 mg tab er, er 200 mg tab er)	3-Preferred Brands	
morphine sulfate er 60 mg tab er	3-Preferred Brands	QL (120 PER 30 OVER TIME)
OXYCODONE HCL ER (ER 10 MG TB12 DETER, ER 15 MG TB12 DETER, ER 20 MG TB12 DETER, ER 30 MG TB12 DETER, ER 40 MG TB12 DETER, ER 60 MG TB12 DETER)	3-Preferred Brands	QL (90 PER 30 OVER TIME)
OXYCODONE HCL ER 80 MG TB12 DETER	3-Preferred Brands	QL (120 PER 30 OVER TIME)
OXYCONTIN	4-Non-Preferred Drugs	
OXYMORPHONE HCL ER	4-Non-Preferred Drugs	
tramadol hcl er 100 mg tab er 24h	2-Generics	QL (90 PER 30 OVER TIME)
tramadol hcl er 200 mg tab er 24h	2-Generics	QL (60 PER 30 OVER TIME)
tramadol hcl er 300 mg tab er 24h	2-Generics	QL (30 PER 30 OVER TIME)
Opioid Analgesics, Short-acting		
butorphanol tartrate 10 mg/ml solution	4-Non-Preferred Drugs	QL (5 PER 28 OVER TIME)
CODEINE SULFATE	3-Preferred Brands	
fentanyl citrate (200 mcg loz handle, 400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)	5-Specialty	PA, QL (120 PER 30 OVER TIME)
hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)	2-Generics	
hydromorphone hcl 1 mg/ml liquid	4-Non-Preferred Drugs	
morphine sulfate (10 mg/5ml solution, 15 mg tab, 20 mg/5ml solution, 30 mg tab)	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
morphine sulfate (concentrate)	3-Preferred Brands	
oxycodone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)	3-Preferred Brands	
oxymorphone hcl	4-Non-Preferred Drugs	
tramadol hcl 50 mg tab	2-Generics	QL (240 PER 30 OVER TIME)

Anesthetics

Local Anesthetics

agoneaze	3-Preferred Brands	
lidocaine 5 % ointment	3-Preferred Brands	
lidocaine 5 % patch	3-Preferred Brands	PA, QL (90 PER 30 OVER TIME)
lidocaine hcl 4 % solution	2-Generics	
lidocaine hcl urethral/mucosal 2 % gel	2-Generics	
lidocaine pak	3-Preferred Brands	
lidocaine viscous hcl	2-Generics	
lidocaine-prilocaine (2.5-2.5 % cream, 2.5-2.5 % kit)	3-Preferred Brands	
LIDOTREX	2-Generics	
liprozonepak	3-Preferred Brands	
livixil pak	3-Preferred Brands	
lp lite pak	3-Preferred Brands	
medolor pak	3-Preferred Brands	
prilovix	3-Preferred Brands	
prilovix lite	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
prilovix lite plus	3-Preferred Brands	
prilovix plus	3-Preferred Brands	
prilovix ultralite	3-Preferred Brands	
prilovix ultralite plus	3-Preferred Brands	
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium	4-Non-Preferred Drugs	
disulfiram	4-Non-Preferred Drugs	
Opioid Dependence		
buprenorphine hcl-naloxone hcl (-naloxone 2-0.5 mg film, -naloxone 4-1 mg film, -naloxone 8-2 mg film)	2-Generics	QL (90 PER 30 OVER TIME)
buprenorphine hcl-naloxone hcl (-naloxone 2-0.5 mg sl tab, -naloxone 8-2 mg sl tab)	2-Generics	
buprenorphine hcl-naloxone hcl 12-3 mg film	2-Generics	QL (60 PER 30 OVER TIME)
LUCEMYRA	4-Non-Preferred Drugs	QL (224 PER 14 OVER TIME)
naltrexone hcl	2-Generics	
Opioid Reversal Agents		
NALOXONE HCL (0.4 MG/ML SOLUTION, 0.4 MG/ML SOLN CART, 2 MG/2ML SOLN PRSYR)	2-Generics	
NARCAN	3-Preferred Brands	
Smoking Cessation Agents		
bupropion hcl er (smoking det)	2-Generics	QL (60 PER 30 OVER TIME)
CHANTIX	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
CHANTIX CONTINUING MONTH PAK	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CHANTIX STARTING MONTH PAK	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
NICOTROL	4-Non-Preferred Drugs	
NICOTROL NS	4-Non-Preferred Drugs	

Antibacterials

Aminoglycosides

amikacin sulfate 500 mg/2ml solution	4-Non-Preferred Drugs	
BETHKIS	5-Specialty	PA, QL (224 PER 28 OVER TIME)
GENTAK	2-Generics	
gentamicin in saline (0.8-0.9 mg/ml-% solution, 1-0.9 mg/ml-% solution, 1.2-0.9 mg/ml-% solution, 1.6-0.9 mg/ml-% solution)	4-Non-Preferred Drugs	
gentamicin sulfate (0.1 % cream, 0.1 % ointment, 0.3 % solution)	2-Generics	
gentamicin sulfate 40 mg/ml solution	4-Non-Preferred Drugs	
neomycin sulfate	2-Generics	
PAROMOMYCIN SULFATE	4-Non-Preferred Drugs	
STREPTOMYCIN SULFATE	4-Non-Preferred Drugs	
TOBI PODHALER	5-Specialty	PA, QL (224 PER 28 OVER TIME)
TOBRADEX 0.3-0.1 % OINTMENT	4-Non-Preferred Drugs	
tobramycin 0.3 % solution	1-Preferred Generics	
tobramycin 300 mg/5ml nebu soln	5-Specialty	PA - Part B vs D Determination, QL (280 PER 28 OVER TIME)
TOBRAMYCIN SULFATE (1.2 GM/30ML SOLUTION, 1.2 GM RECON SOLN, 10 MG/ML SOLUTION, 80 MG/2ML SOLUTION)	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antibacterials, Other		
acetic acid 2 % solution	2-Generics	
BACITRACIN 500 UNIT/GM OINTMENT	2-Generics	
clindamycin hcl	2-Generics	
clindamycin palmitate hcl	4-Non-Preferred Drugs	
clindamycin phosphate (1 % foam, 2 % cream, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution)	4-Non-Preferred Drugs	
clindamycin phosphate (1 % solution, 1 % lotion, 1 % gel, 1 % swab)	2-Generics	
clindamycin phosphate in d5w	4-Non-Preferred Drugs	
colistimethate sodium (cba)	4-Non-Preferred Drugs	
DAPTOMYCIN (, 350 MG RECON SOLN)	4-Non-Preferred Drugs	
FIRVANQ	3-Preferred Brands	
linezolid 100 mg/5ml recon susp	4-Non-Preferred Drugs	QL (1800 PER 30 OVER TIME)
linezolid 600 mg tab	2-Generics	QL (60 PER 30 OVER TIME)
linezolid 600 mg/300ml solution	4-Non-Preferred Drugs	
methenamine hippurate	2-Generics	
metronidazole (0.75 % gel, 0.75 % cream, 1 % gel, 250 mg tab, 500 mg tab)	2-Generics	
metronidazole 0.75 % lotion	4-Non-Preferred Drugs	
metronidazole in nacl	4-Non-Preferred Drugs	
MONUROL	4-Non-Preferred Drugs	
mupirocin	2-Generics	
nitrofurantoin	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)	3-Preferred Brands	
nitrofurantoin monohyd macro	3-Preferred Brands	
SIVEXTRO 200 MG RECON SOLN	5-Specialty	QL (6 PER 28 OVER TIME)
SIVEXTRO 200 MG TAB	5-Specialty	PA, QL (6 PER 28 OVER TIME)
SULFAMYLON (5 % PACKET, 85 MG/GM CREAM)	4-Non-Preferred Drugs	
TIGECYCLINE	5-Specialty	
tinidazole	3-Preferred Brands	
trimethoprim	2-Generics	
VANCOMYCIN HCL (1 GM RECON SOLN, 10 GM RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 750 MG RECON SOLN)	4-Non-Preferred Drugs	PA - Part B vs D Determination
vancomycin hcl (125 mg cap, 250 mg cap)	2-Generics	QL (80 PER 10 OVER TIME)
vandazole	4-Non-Preferred Drugs	
XIFAXAN 200 MG TAB	4-Non-Preferred Drugs	PA, QL (9 PER 30 OVER TIME)
XIFAXAN 550 MG TAB	4-Non-Preferred Drugs	PA, QL (84 PER 28 OVER TIME)
Beta-lactam, Cephalosporins		
cefaclor (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 375 mg/5ml recon susp, 500 mg cap)	2-Generics	
cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg/5ml recon susp, 500 mg cap)	2-Generics	
cefazolin sodium (1 gm recon soln, 10 gm recon soln, 500 mg recon soln)	4-Non-Preferred Drugs	
cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)	2-Generics	
cefepime hcl (1 gm recon soln, 2 gm recon soln)	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp)	4-Non-Preferred Drugs	
cefotetan disodium (1 gm recon soln, 2 gm recon soln)	4-Non-Preferred Drugs	
cefoxitin sodium	4-Non-Preferred Drugs	
cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg/5ml recon susp, 100 mg tab, 200 mg tab)	4-Non-Preferred Drugs	
cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	4-Non-Preferred Drugs	
ceftazidime	4-Non-Preferred Drugs	
ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln)	4-Non-Preferred Drugs	
cefuroxime axetil	2-Generics	
cefuroxime sodium	4-Non-Preferred Drugs	
cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)	1-Preferred Generics	
TAZICEF (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	4-Non-Preferred Drugs	
TEFLARO	4-Non-Preferred Drugs	
Beta-lactam, Penicillins		
AMOXICILLIN (125 MG CHEW TAB, 125 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP, 250 MG CHEW TAB, 250 MG CAP, 400 MG/5ML RECON SUSP, 500 MG CAP, 500 MG TAB, 875 MG TAB)	1-Preferred Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AMOXICILLIN-POT CLAVULANATE (200-28.5 MG/5ML RECON SUSP, 200-28.5 MG CHEW TAB, 250-125 MG TAB, 250-62.5 MG/5ML RECON SUSP, 400-57 MG CHEW TAB, 400-57 MG/5ML RECON SUSP, 500-125 MG TAB, 600-42.9 MG/5ML RECON SUSP, 875-125 MG TAB)	2-Generics	
AMPICILLIN 500 MG CAP	2-Generics	
AMPICILLIN SODIUM (1 GM RECON SOLN, 10 GM RECON SOLN, 125 MG RECON SOLN)	4-Non-Preferred Drugs	
AMPICILLIN-SULBACTAM SODIUM (, 1.5 (1-0.5) GM RECON SOLN, 3 (2-1) GM RECON SOLN)	4-Non-Preferred Drugs	
BICILLIN L-A	4-Non-Preferred Drugs	
dicloxacillin sodium	2-Generics	
nafcillin sodium	4-Non-Preferred Drugs	
oxacillin sodium	4-Non-Preferred Drugs	
OXACILLIN SODIUM IN DEXTROSE	4-Non-Preferred Drugs	
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	4-Non-Preferred Drugs	
penicillin g potassium	4-Non-Preferred Drugs	
PENICILLIN G PROCAINE	4-Non-Preferred Drugs	
PENICILLIN G SODIUM	4-Non-Preferred Drugs	
penicillin v potassium (125 mg/5ml recon soln, 250 mg/5ml recon soln, 250 mg tab, 500 mg tab)	2-Generics	
piperacillin sod-tazobactam so	4-Non-Preferred Drugs	
ZOSYN 3-0.375 GM/50ML SOLUTION	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Carbapenems		
aztreonam 1 gm recon soln	4-Non-Preferred Drugs	
ertapenem sodium	4-Non-Preferred Drugs	
imipenem-cilastatin (, 250 mg recon soln)	4-Non-Preferred Drugs	
meropenem	4-Non-Preferred Drugs	
VABOMERE	4-Non-Preferred Drugs	
Macrolides		
AZASITE	4-Non-Preferred Drugs	
azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)	1-Preferred Generics	
azithromycin 500 mg recon soln	4-Non-Preferred Drugs	
clarithromycin (125 mg/5ml recon susp, 250 mg/5ml recon susp)	4-Non-Preferred Drugs	
clarithromycin (250 mg tab, 500 mg tab)	3-Preferred Brands	
clarithromycin er	3-Preferred Brands	
DIFICID	5-Specialty	PA, QL (20 PER 10 OVER TIME)
E.E.S. 400	4-Non-Preferred Drugs	
ERY	2-Generics	
ery-tab	4-Non-Preferred Drugs	
ERYTHROCIN LACTOBIONATE	4-Non-Preferred Drugs	
erythromycin (2 % gel, 2 % solution, 5 mg/gm ointment)	2-Generics	
erythromycin base (250 mg tab, 500 mg tab)	4-Non-Preferred Drugs	
erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Quinolones		
CILOXAN 0.3 % OINTMENT	3-Preferred Brands	
ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)	1-Preferred Generics	
ciprofloxacin in d5w 200 mg/100ml solution	4-Non-Preferred Drugs	
levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)	2-Generics	
levofloxacin 25 mg/ml solution	4-Non-Preferred Drugs	
levofloxacin in d5w (500 mg/100ml solution, 750 mg/150ml solution)	4-Non-Preferred Drugs	
MOXIFLOXACIN HCL (400 MG TAB, 400 MG/250ML SOLUTION)	4-Non-Preferred Drugs	
MOXIFLOXACIN HCL IN NACL	4-Non-Preferred Drugs	
OFLOXACIN (0.3 % SOLUTION, 300 MG TAB, 400 MG TAB)	3-Preferred Brands	
Sulfonamides		
sulfacetamide sodium (acne)	3-Preferred Brands	
SULFADIAZINE	4-Non-Preferred Drugs	
sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)	1-Preferred Generics	
sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension	2-Generics	
sulfasalazine	1-Preferred Generics	
Tetracyclines		
doxy 100	3-Preferred Brands	
doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg tab, 100 mg cap)	2-Generics	
doxycycline monohydrate (50 mg tab, 50 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)	2-Generics	
minocycline hcl (50 mg tab, 75 mg tab, 100 mg tab)	3-Preferred Brands	
mondoxyne nl 100 mg cap	2-Generics	
tetracycline hcl	4-Non-Preferred Drugs	

Anticonvulsants

Anticonvulsants, Other

BRIVIACT (25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
BRIVIACT 10 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (540 PER 30 OVER TIME)
BRIVIACT 10 MG/ML SOLUTION	5-Specialty	PA - FOR NEW STARTS ONLY, QL (600 PER 30 OVER TIME)
felbamate (400 mg tab, 600 mg tab)	4-Non-Preferred Drugs	
felbamate 600 mg/5ml suspension	5-Specialty	
FINTEPLA	5-Specialty	PA - FOR NEW STARTS ONLY
FYCOMPA (2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
FYCOMPA 0.5 MG/ML SUSPENSION	4-Non-Preferred Drugs	QL (680 PER 28 OVER TIME)
lamotrigine (25 mg tab, 25 & 50 & 100 mg kit, 100 mg tab, 150 mg tab, 200 mg tab)	2-Generics	
lamotrigine (5 mg chew tab, 25 mg chew tab)	3-Preferred Brands	
lamotrigine er	4-Non-Preferred Drugs	
lamotrigine starter kit-blue	2-Generics	
lamotrigine starter kit-green	2-Generics	
lamotrigine starter kit-orange	2-Generics	
levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab, 1000 mg tab)	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
levetiracetam er	3-Preferred Brands	
SPRITAM 1000 MG TAB	4-Non-Preferred Drugs	QL (90 PER 30 OVER TIME)
SPRITAM 250 MG TAB	4-Non-Preferred Drugs	QL (360 PER 30 OVER TIME)
SPRITAM 500 MG TAB	4-Non-Preferred Drugs	QL (180 PER 30 OVER TIME)
SPRITAM 750 MG TAB	4-Non-Preferred Drugs	QL (120 PER 30 OVER TIME)
topiramate (15 mg cap sprink, 25 mg cap sprink)	2-Generics	
topiramate (50 mg tab, 100 mg tab)	2-Generics	QL (120 PER 30 OVER TIME)
topiramate 200 mg tab	2-Generics	QL (60 PER 30 OVER TIME)
topiramate 25 mg tab	2-Generics	QL (90 PER 30 OVER TIME)
valproate sodium 250 mg/5ml solution	2-Generics	
valproic acid (250 mg cap, 250 mg/5ml solution)	2-Generics	
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 50 MG TAB, 100 MG TAB)	4-Non-Preferred Drugs	QL (28 PER 28 OVER TIME)
XCOPRI (250 MG DAILY DOSE)	4-Non-Preferred Drugs	
XCOPRI (350 MG DAILY DOSE)	4-Non-Preferred Drugs	
XCOPRI 150 MG TAB	4-Non-Preferred Drugs	
XCOPRI 200 MG TAB	4-Non-Preferred Drugs	QL (56 PER 28 OVER TIME)

Calcium Channel Modifying Agents

CELONTIN	4-Non-Preferred Drugs	
zonisamide	2-Generics	

Gamma-aminobutyric Acid (GABA) Augmenting Agents

clobazam (10 mg tab, 20 mg tab)	2-Generics	QL (60 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clobazam 2.5 mg/ml suspension	2-Generics	QL (480 PER 30 OVER TIME)
clonazepam (0.125 mg tab disp, 1 mg tab disp)	4-Non-Preferred Drugs	
clonazepam (0.5 mg tab, 1 mg tab)	2-Generics	
clorazepate dipotassium 7.5 mg tab	3-Preferred Brands	
DIASTAT ACUDIAL	4-Non-Preferred Drugs	
DIASTAT PEDIATRIC	4-Non-Preferred Drugs	
DIAZEPAM 5 MG/5ML SOLUTION	3-Preferred Brands	QL (1200 PER 30 OVER TIME)
diazepam 5 mg/ml conc	3-Preferred Brands	QL (240 PER 30 OVER TIME)
diazepam intensol	3-Preferred Brands	QL (240 PER 30 OVER TIME)
EPIDIOLEX	4-Non-Preferred Drugs	PA - FOR NEW STARTS ONLY
gabapentin (100 mg cap, 300 mg cap, 400 mg cap)	2-Generics	QL (270 PER 30 OVER TIME)
gabapentin (250 mg/5ml solution, 300 mg/6ml solution)	4-Non-Preferred Drugs	
gabapentin 600 mg tab	2-Generics	QL (180 PER 30 OVER TIME)
gabapentin 800 mg tab	2-Generics	QL (120 PER 30 OVER TIME)
NAYZILAM	3-Preferred Brands	QL (10 PER 30 OVER TIME)
phenobarbital (15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab)	4-Non-Preferred Drugs	QL (300 PER 30 OVER TIME)
phenobarbital (20 mg/5ml solution, 20 mg/5ml elixir)	4-Non-Preferred Drugs	QL (1500 PER 30 OVER TIME)
phenobarbital (60 mg tab, 64.8 mg tab)	4-Non-Preferred Drugs	QL (150 PER 30 OVER TIME)
phenobarbital (97.2 mg tab, 100 mg tab)	4-Non-Preferred Drugs	QL (90 PER 30 OVER TIME)
primidone	4-Non-Preferred Drugs	
SABRIL 500 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (180 PER 30 OVER TIME)
SYMPAZAN (10 MG FILM, 20 MG FILM)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYMPAZAN 5 MG FILM	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
tiagabine hcl	4-Non-Preferred Drugs	
VALTOCO 10 MG DOSE	4-Non-Preferred Drugs	
VALTOCO 15 MG DOSE	4-Non-Preferred Drugs	
VALTOCO 20 MG DOSE	4-Non-Preferred Drugs	
VALTOCO 5 MG DOSE	4-Non-Preferred Drugs	
vigabatrin 500 mg packet	5-Specialty	PA - FOR NEW STARTS ONLY
vigabatrin 500 mg tab	5-Specialty	PA - FOR NEW STARTS ONLY, QL (180 PER 30 OVER TIME)
vigadrone	5-Specialty	PA - FOR NEW STARTS ONLY
Sodium Channel Agents		
APTIOM (200 MG TAB, 400 MG TAB, 800 MG TAB)	4-Non-Preferred Drugs	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
APTIOM 600 MG TAB	4-Non-Preferred Drugs	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
BANZEL 200 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (480 PER 30 OVER TIME)
BANZEL 40 MG/ML SUSPENSION	5-Specialty	PA - FOR NEW STARTS ONLY, QL (2400 PER 30 OVER TIME)
BANZEL 400 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (240 PER 30 OVER TIME)
carbamazepine (100 mg chew tab, 200 mg tab)	2-Generics	
carbamazepine 100 mg/5ml suspension	3-Preferred Brands	
carbamazepine er (er 100 mg tab er 12h, er 200 mg tab er 12h, er 400 mg tab er 12h)	3-Preferred Brands	
DILANTIN (30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION)	3-Preferred Brands	
DILANTIN INFATABS	3-Preferred Brands	
epitol	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EQUETRO	4-Non-Preferred Drugs	
oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)	3-Preferred Brands	
oxcarbazepine 300 mg/5ml suspension	4-Non-Preferred Drugs	
PEGANONE	4-Non-Preferred Drugs	
phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)	2-Generics	
phenytoin infatabs	2-Generics	
phenytoin sodium extended	2-Generics	
VIMPAT 10 MG/ML SOLUTION	4-Non-Preferred Drugs	QL (1200 PER 30 OVER TIME)
VIMPAT 100 MG TAB	4-Non-Preferred Drugs	QL (90 PER 30 OVER TIME)
VIMPAT 150 MG TAB	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
VIMPAT 200 MG TAB	4-Non-Preferred Drugs	QL (120 PER 30 OVER TIME)
VIMPAT 50 MG TAB	4-Non-Preferred Drugs	QL (210 PER 30 OVER TIME)
Antidementia Agents		
Antidementia Agents, Other		
NAMZARIC (14-10 MG CAP ER 24H, 28-10 MG CAP ER 24H)	4-Non-Preferred Drugs	
Cholinesterase Inhibitors		
donepezil hcl (5 mg tab disp, 5 mg tab, 10 mg tab disp, 23 mg tab)	2-Generics	QL (30 PER 30 OVER TIME)
donepezil hcl 10 mg tab	2-Generics	QL (60 PER 30 OVER TIME)
galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)	3-Preferred Brands	QL (60 PER 30 OVER TIME)
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	4-Non-Preferred Drugs	QL (180 PER 30 OVER TIME)
galantamine hydrobromide er	3-Preferred Brands	QL (30 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
rivastigmine	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
rivastigmine tartrate	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl (2 mg/ml solution, 10 mg/5ml solution)	4-Non-Preferred Drugs	QL (300 PER 30 OVER TIME)
memantine hcl 10 mg tab	2-Generics	QL (60 PER 30 OVER TIME)
memantine hcl 5 (28)-10 (21) mg tab	2-Generics	QL (98 PER 30 OVER TIME)
memantine hcl 5 mg tab	2-Generics	QL (90 PER 30 OVER TIME)
memantine hcl er	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
Antidepressants		
Antidepressants, Other		
ABILIFY MAINTENA (300 MG PRSYR, 400 MG PRSYR)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)
ABILIFY MAINTENA 400 MG SRER	5-Specialty	PA - FOR NEW STARTS ONLY
bupropion hcl 100 mg tab	2-Generics	QL (120 PER 30 OVER TIME)
bupropion hcl 75 mg tab	2-Generics	QL (180 PER 30 OVER TIME)
bupropion hcl er (sr) (er (sr) 100 mg tab er 12h, er (sr) 150 mg tab er 12h)	2-Generics	QL (90 PER 30 OVER TIME)
bupropion hcl er (sr) 200 mg tab er 12h	2-Generics	QL (60 PER 30 OVER TIME)
bupropion hcl er (xl) 150 mg tab er 24h	2-Generics	QL (90 PER 30 OVER TIME)
bupropion hcl er (xl) 300 mg tab er 24h	2-Generics	QL (30 PER 30 OVER TIME)
MAPROTILINE HCL	4-Non-Preferred Drugs	
mirtazapine (30 mg tab disp, 45 mg tab disp)	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
mirtazapine (7.5 mg tab, 30 mg tab, 45 mg tab)	2-Generics	QL (30 PER 30 OVER TIME)
mirtazapine 15 mg tab	2-Generics	QL (45 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
mirtazapine 15 mg tab disp	4-Non-Preferred Drugs	QL (45 PER 30 OVER TIME)
nefazodone hcl (, 50 mg tab, 250 mg tab)	4-Non-Preferred Drugs	
PERPHENAZINE-AMITRIPTYLINE	4-Non-Preferred Drugs	
quetiapine fumarate er 150 mg tab er 24h	3-Preferred Brands	QL (90 PER 30 OVER TIME)
quetiapine fumarate er 200 mg tab er 24h	3-Preferred Brands	QL (30 PER 30 OVER TIME)
quetiapine fumarate er 400 mg tab er 24h	3-Preferred Brands	QL (60 PER 30 OVER TIME)
quetiapine fumarate er 50 mg tab er 24h	3-Preferred Brands	QL (120 PER 30 OVER TIME)
trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)	1-Preferred Generics	
trazodone hcl 300 mg tab	4-Non-Preferred Drugs	
Monoamine Oxidase Inhibitors		
EMSAM	5-Specialty	QL (30 PER 30 OVER TIME)
MARPLAN	4-Non-Preferred Drugs	
phenelzine sulfate	3-Preferred Brands	
tranylcypromine sulfate	4-Non-Preferred Drugs	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibito		
citalopram hydrobromide (10 mg tab, 20 mg tab)	1-Preferred Generics	QL (60 PER 30 OVER TIME)
citalopram hydrobromide 10 mg/5ml solution	2-Generics	
citalopram hydrobromide 40 mg tab	1-Preferred Generics	QL (30 PER 30 OVER TIME)
desvenlafaxine succinate er	3-Preferred Brands	ST
duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)	2-Generics	QL (60 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
duloxetine hcl 40 mg cp dr part	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
escitalopram oxalate (5 mg tab, 10 mg tab)	1-Preferred Generics	QL (45 PER 30 OVER TIME)
escitalopram oxalate 20 mg tab	1-Preferred Generics	QL (90 PER 30 OVER TIME)
escitalopram oxalate 5 mg/5ml solution	4-Non-Preferred Drugs	QL (600 PER 30 OVER TIME)
FETZIMA	4-Non-Preferred Drugs	ST, QL (30 PER 30 OVER TIME)
FETZIMA TITRATION	4-Non-Preferred Drugs	ST, QL (30 PER 30 OVER TIME)
fluoxetine hcl 10 mg cap	1-Preferred Generics	QL (150 PER 30 OVER TIME)
fluoxetine hcl 20 mg cap	1-Preferred Generics	QL (120 PER 30 OVER TIME)
fluoxetine hcl 20 mg/5ml solution	2-Generics	
fluoxetine hcl 40 mg cap	1-Preferred Generics	QL (60 PER 30 OVER TIME)
fluvoxamine maleate	2-Generics	QL (90 PER 30 OVER TIME)
paroxetine hcl (10 mg tab, 20 mg tab)	1-Preferred Generics	QL (90 PER 30 OVER TIME)
paroxetine hcl (30 mg tab, 40 mg tab)	1-Preferred Generics	QL (60 PER 30 OVER TIME)
sertraline hcl 100 mg tab	1-Preferred Generics	QL (60 PER 30 OVER TIME)
sertraline hcl 20 mg/ml conc	4-Non-Preferred Drugs	QL (300 PER 30 OVER TIME)
sertraline hcl 25 mg tab	1-Preferred Generics	QL (240 PER 30 OVER TIME)
sertraline hcl 50 mg tab	1-Preferred Generics	QL (120 PER 30 OVER TIME)
TRINTELLIX 10 MG TAB	4-Non-Preferred Drugs	ST, QL (45 PER 30 OVER TIME)
TRINTELLIX 20 MG TAB	4-Non-Preferred Drugs	ST, QL (30 PER 30 OVER TIME)
TRINTELLIX 5 MG TAB	4-Non-Preferred Drugs	ST, QL (90 PER 30 OVER TIME)
venlafaxine hcl	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
venlafaxine hcl er (er 37.5 mg cap er 24h, er 75 mg cap er 24h)	2-Generics	QL (90 PER 30 OVER TIME)
venlafaxine hcl er 150 mg cap er 24h	2-Generics	QL (60 PER 30 OVER TIME)
VIIBRYD (10 MG TAB, 20 MG TAB)	4-Non-Preferred Drugs	ST, QL (45 PER 30 OVER TIME)
VIIBRYD 40 MG TAB	4-Non-Preferred Drugs	ST, QL (30 PER 30 OVER TIME)
VIIBRYD STARTER PACK	4-Non-Preferred Drugs	ST, QL (30 PER 30 OVER TIME)
Tricyclics		
amitriptyline hcl	4-Non-Preferred Drugs	
AMOXAPINE	2-Generics	
clomipramine hcl	4-Non-Preferred Drugs	
desipramine hcl	2-Generics	
doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)	4-Non-Preferred Drugs	
imipramine hcl	4-Non-Preferred Drugs	
imipramine pamoate	4-Non-Preferred Drugs	
nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)	1-Preferred Generics	
NORTRIPTYLINE HCL 10 MG/5ML SOLUTION	4-Non-Preferred Drugs	
protriptyline hcl	4-Non-Preferred Drugs	
trimipramine maleate	4-Non-Preferred Drugs	
Antiemetics		
Antiemetics, Other		
chlorpromazine hcl (10 mg tab, 25 mg tab, 200 mg tab)	4-Non-Preferred Drugs	
compro	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
hydroxyzine hcl 25 mg tab	3-Preferred Brands	
meclizine hcl	2-Generics	
prochlorperazine	4-Non-Preferred Drugs	
prochlorperazine maleate	2-Generics	
promethazine hcl (12.5 mg suppos, 25 mg suppos)	4-Non-Preferred Drugs	
promethazine hcl (6.25 mg/5ml solution, 6.25 mg/5ml syrup, 12.5 mg tab, 25 mg tab, 50 mg tab)	2-Generics	
promethegan (25 mg suppos, 50 mg suppos)	4-Non-Preferred Drugs	
scopolamine	3-Preferred Brands	
TRANSDERM SCOP (1.5 MG)	3-Preferred Brands	
TRANSDERM-SCOP (1.5 MG)	3-Preferred Brands	
Emetogenic Therapy Adjuncts		
dronabinol	4-Non-Preferred Drugs	PA, QL (120 PER 30 OVER TIME)
granisetron hcl 1 mg tab	3-Preferred Brands	PA, QL (28 PER 28 OVER TIME)
ondansetron	2-Generics	PA - Part B vs D Determination, QL (90 PER 30 OVER TIME)
ondansetron hcl (4 mg tab, 8 mg tab)	2-Generics	PA - Part B vs D Determination, QL (90 PER 30 OVER TIME)
ondansetron hcl 24 mg tab	4-Non-Preferred Drugs	PA - Part B vs D Determination, QL (30 PER 30 OVER TIME)
ondansetron hcl 4 mg/5ml solution	4-Non-Preferred Drugs	PA - Part B vs D Determination, QL (450 PER 30 OVER TIME)
Antifungals		
AMPHOTERICIN B	4-Non-Preferred Drugs	PA - Part B vs D Determination
caspofungin acetate	5-Specialty	
ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ciclopirox olamine (0.77 % cream, 0.77 % suspension)	2-Generics	
clotrimazole (1 % solution, 1 % cream, 10 mg troche)	2-Generics	
econazole nitrate	3-Preferred Brands	
ERAXIS	4-Non-Preferred Drugs	
fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	2-Generics	
fluconazole in dextrose	4-Non-Preferred Drugs	
fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)	4-Non-Preferred Drugs	
flucytosine	5-Specialty	
griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)	4-Non-Preferred Drugs	
griseofulvin ultramicrosize	4-Non-Preferred Drugs	
itraconazole 10 mg/ml solution	4-Non-Preferred Drugs	
itraconazole 100 mg cap	4-Non-Preferred Drugs	QL (120 PER 30 OVER TIME)
ketoconazole (2 % cream, 2 % shampoo, 200 mg tab)	2-Generics	
MICONAZOLE 3	2-Generics	
MYCAMINE	4-Non-Preferred Drugs	
NATACYN	4-Non-Preferred Drugs	
NOXAFIL 100 MG TAB DR	5-Specialty	PA, QL (93 PER 30 OVER TIME)
NOXAFIL 40 MG/ML SUSPENSION	5-Specialty	PA, QL (840 PER 28 OVER TIME)
nyamyc	2-Generics	
nystatin (100000 unit/gm powder, 100000 unit/ml suspension, 100000 unit/gm ointment, 100000 unit/gm cream, 500000 unit tab)	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nystop	2-Generics	
terbinafine hcl	1-Preferred Generics	QL (180 PER 365 OVER TIME)
terconazole (0.4 % cream, 0.8 % cream)	2-Generics	
terconazole 80 mg suppos	3-Preferred Brands	
voriconazole 200 mg recon soln	4-Non-Preferred Drugs	
voriconazole 200 mg tab	5-Specialty	PA, QL (120 PER 30 OVER TIME)
voriconazole 40 mg/ml recon susp	5-Specialty	PA, QL (400 PER 30 OVER TIME)
voriconazole 50 mg tab	4-Non-Preferred Drugs	PA, QL (120 PER 30 OVER TIME)
ZOLINZA	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 OVER TIME)
Antigout Agents		
allopurinol	1-Preferred Generics	
colchicine (0.6 mg tab, 0.6 mg cap)	3-Preferred Brands	
colchicine-probenecid	2-Generics	
febuxostat	4-Non-Preferred Drugs	ST, QL (30 PER 30 OVER TIME)
probenecid	2-Generics	
Antimigraine Agents		
Ergot Alkaloids		
dihydroergotamine mesylate 4 mg/ml solution	5-Specialty	
Prophylactic		
AIMOVIG 140 MG/ML SOLN A-INJ	4-Non-Preferred Drugs	PA, QL (1 PER 28 OVER TIME)
AIMOVIG 70 MG/ML SOLN A-INJ	4-Non-Preferred Drugs	PA, QL (2 PER 28 OVER TIME)
divalproex sodium	2-Generics	
divalproex sodium er	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)	4-Non-Preferred Drugs	

Serotonin (5-HT) Receptor Agonist

eletriptan hydrobromide	4-Non-Preferred Drugs	QL (12 PER 30 OVER TIME)
frovatriptan succinate	4-Non-Preferred Drugs	QL (12 PER 30 OVER TIME)
naratriptan hcl	3-Preferred Brands	QL (18 PER 30 OVER TIME)
rizatriptan benzoate	2-Generics	QL (18 PER 30 OVER TIME)
sumatriptan 20 mg/act solution	4-Non-Preferred Drugs	QL (12 PER 30 OVER TIME)
sumatriptan 5 mg/act solution	4-Non-Preferred Drugs	QL (6 PER 30 OVER TIME)
sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)	2-Generics	QL (18 PER 30 OVER TIME)
SUMATRIPTAN SUCCINATE (4 MG/0.5ML SOLN A-INJ, 6 MG/0.5ML SOLN A-INJ, 6 MG/0.5ML SOLN PRSYR, 6 MG/0.5ML SOLUTION)	4-Non-Preferred Drugs	QL (8 PER 30 OVER TIME)
sumatriptan succinate refill 4 mg/0.5ml soln cart	4-Non-Preferred Drugs	QL (8 PER 30 OVER TIME)
zolmitriptan	3-Preferred Brands	QL (12 PER 30 OVER TIME)

Antimyasthenic Agents

Parasympathomimetics

GUANIDINE HCL	2-Generics	
pyridostigmine bromide (30 mg tab, 60 mg tab)	3-Preferred Brands	
pyridostigmine bromide er	4-Non-Preferred Drugs	

Antimycobacterials

Antimycobacterials, Other

dapsone (25 mg tab, 100 mg tab)	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PRIFTIN	4-Non-Preferred Drugs	
rifabutin	4-Non-Preferred Drugs	
Antituberculars		
ethambutol hcl	4-Non-Preferred Drugs	
ISONIAZID (100 MG TAB, 300 MG TAB)	1-Preferred Generics	
ISONIAZID 50 MG/5ML SYRUP	4-Non-Preferred Drugs	
PASER	4-Non-Preferred Drugs	
pyrazinamide	4-Non-Preferred Drugs	
rifampin (150 mg cap, 300 mg cap)	3-Preferred Brands	
rifampin 600 mg recon soln	4-Non-Preferred Drugs	
SIRTURO 100 MG TAB	5-Specialty	PA, QL (68 PER 28 OVER TIME)
SIRTURO 20 MG TAB	5-Specialty	PA
TRECATOR	4-Non-Preferred Drugs	
Antineoplastics		
Alkylating Agents		
CYCLOPHOSPHAMIDE (25 MG CAP, 50 MG CAP)	3-Preferred Brands	PA - Part B vs D Determination
LEUKERAN	4-Non-Preferred Drugs	
MATULANE	5-Specialty	
VALCHLOR	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 28 OVER TIME)
Antiandrogens		
abiraterone acetate	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 OVER TIME)
bicalutamide	1-Preferred Generics	QL (30 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ERLEADA	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 OVER TIME)
flutamide	2-Generics	
nilutamide	5-Specialty	QL (60 PER 30 OVER TIME)
NUBEQA	5-Specialty	PA - FOR NEW STARTS ONLY
XTANDI	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 OVER TIME)
YONSA	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 OVER TIME)
Antiangiogenic Agents		
POMALYST	5-Specialty	PA - FOR NEW STARTS ONLY, QL (21 PER 28 OVER TIME)
REVLIMID (15 MG CAP, 25 MG CAP)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (21 PER 28 OVER TIME)
REVLIMID (5 MG CAP, 10 MG CAP)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (28 PER 28 OVER TIME)
THALOMID (150 MG CAP, 200 MG CAP)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
THALOMID 100 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, QL (90 PER 30 OVER TIME)
THALOMID 50 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
Antiestrogens/Modifiers		
EMCYT	4-Non-Preferred Drugs	
SOLTAMOX	4-Non-Preferred Drugs	
tamoxifen citrate	1-Preferred Generics	
toremifene citrate	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
Antimetabolites		
DROXIA	4-Non-Preferred Drugs	
hydroxyurea	2-Generics	
LONSURF 15-6.14 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (100 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LONSURF 20-8.19 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (80 PER 30 OVER TIME)
mercaptopurine	3-Preferred Brands	
TABLOID	4-Non-Preferred Drugs	
LYNPARZA 100 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (240 PER 30 OVER TIME)
LYNPARZA 150 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 OVER TIME)
NINLARO	5-Specialty	PA - FOR NEW STARTS ONLY, QL (3 PER 28 OVER TIME)
RUBRACA	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 OVER TIME)
TALZENNA 0.25 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, QL (90 PER 30 OVER TIME)
TALZENNA 1 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
VENCLEXTA 100 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 OVER TIME)
VENCLEXTA 50 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
VENCLEXTA STARTING PACK	5-Specialty	PA - FOR NEW STARTS ONLY, QL (42 PER 28 OVER TIME)
ZEJULA	5-Specialty	PA - FOR NEW STARTS ONLY
Antineoplastics, Other		
BRUKINSA	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 OVER TIME)
INQOVI	5-Specialty	PA - FOR NEW STARTS ONLY
leucovorin calcium (5 mg tab, 10 mg tab, 25 mg tab)	2-Generics	
REVLIMID 2.5 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
REVLIMID 20 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, QL (21 PER 28 OVER TIME)
TAZVERIK	5-Specialty	PA - FOR NEW STARTS ONLY, QL (240 PER 30 OVER TIME)
XPOVIO (40 MG ONCE WEEKLY)	5-Specialty	PA - FOR NEW STARTS ONLY

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XPOVIO (40 MG TWICE WEEKLY)	5-Specialty	PA - FOR NEW STARTS ONLY
XPOVIO (60 MG ONCE WEEKLY)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (12 PER 30 OVER TIME)
XPOVIO (60 MG TWICE WEEKLY)	5-Specialty	PA - FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (16 PER 30 OVER TIME)
XPOVIO (80 MG TWICE WEEKLY)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (32 PER 30 OVER TIME)
Aromatase Inhibitors, 3rd Generation		
anastrozole	1-Preferred Generics	QL (30 PER 30 OVER TIME)
exemestane	2-Generics	QL (60 PER 30 OVER TIME)
letrozole	1-Preferred Generics	QL (30 PER 30 OVER TIME)
Enzyme Inhibitors		
COPIKTRA	5-Specialty	PA - FOR NEW STARTS ONLY, QL (56 PER 28 OVER TIME)
FARYDAK (10 MG CAP, 20 MG CAP)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (6 PER 21 OVER TIME)
IBRANCE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (21 PER 28 OVER TIME)
IDHIFA	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
KISQALI (600 MG DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY
KISQALI 200 DOSE	5-Specialty	PA - FOR NEW STARTS ONLY
KISQALI 400 DOSE	5-Specialty	PA - FOR NEW STARTS ONLY
KISQALI FEMARA 200 DOSE	5-Specialty	PA - FOR NEW STARTS ONLY
KISQALI FEMARA 400 DOSE	5-Specialty	PA - FOR NEW STARTS ONLY
KISQALI FEMARA 600 DOSE	5-Specialty	PA - FOR NEW STARTS ONLY
PIQRAY (250 MG DAILY DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
PIQRAY 200MG DAILY DOSE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
PIQRAY 300MG DAILY DOSE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
QINLOCK	5-Specialty	PA - FOR NEW STARTS ONLY, QL (90 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RETEVMO 40 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
RETEVMO 80 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 OVER TIME)
TIBSOVO	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
TUKYSA	5-Specialty	PA - FOR NEW STARTS ONLY
VERZENIO	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
VITRAKVI 100 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
VITRAKVI 20 MG/ML SOLUTION	5-Specialty	PA - FOR NEW STARTS ONLY, QL (300 PER 30 OVER TIME)
VITRAKVI 25 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, QL (180 PER 30 OVER TIME)
XOSPATA	5-Specialty	PA - FOR NEW STARTS ONLY, QL (90 PER 30 OVER TIME)
ZYDELIG	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
Molecular Target Inhibitors		
AFINITOR	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
ALECENSA	5-Specialty	PA - FOR NEW STARTS ONLY
ALUNBRIG (90 MG TAB, 180 MG TAB)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
ALUNBRIG 30 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
ALUNBRIG 90 & 180 MG TAB THPK	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 180 OVER TIME)
AYVAKIT	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
BALVERSA 3 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (90 PER 30 OVER TIME)
BALVERSA 4 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
BALVERSA 5 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
BOSULIF (400 MG TAB, 500 MG TAB)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BOSULIF 100 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 OVER TIME)
BRAFTOVI 75 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, QL (180 PER 30 OVER TIME)
CABOMETYX	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
CALQUENCE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
CAPRELSA 100 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
CAPRELSA 300 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
COMETRIQ (100 MG DAILY DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (56 PER 28 OVER TIME)
COMETRIQ (140 MG DAILY DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (112 PER 28 OVER TIME)
COMETRIQ (60 MG DAILY DOSE)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (84 PER 28 OVER TIME)
COTELLIC	5-Specialty	PA - FOR NEW STARTS ONLY, QL (90 PER 30 OVER TIME)
DAURISMO 100 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (28 PER 28 OVER TIME)
DAURISMO 25 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (84 PER 28 OVER TIME)
ERIVEDGE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
erlotinib hcl (100 mg tab, 150 mg tab)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
erlotinib hcl 25 mg tab	5-Specialty	PA - FOR NEW STARTS ONLY, QL (90 PER 30 OVER TIME)
everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
GILOTRIF	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
ICLUSIG	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
imatinib mesylate	3-Preferred Brands	PA - FOR NEW STARTS ONLY
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 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMBRUVICA 140 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 OVER TIME)
INLYTA 1 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (180 PER 30 OVER TIME)
INLYTA 5 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
INREBIC	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 OVER TIME)
IRESSA	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
JAKAFI	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
LENVIMA 10 MG DAILY DOSE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
LENVIMA 12 MG DAILY DOSE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (90 PER 30 OVER TIME)
LENVIMA 14 MG DAILY DOSE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
LENVIMA 18 MG DAILY DOSE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (90 PER 30 OVER TIME)
LENVIMA 20 MG DAILY DOSE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
LENVIMA 24 MG DAILY DOSE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (90 PER 30 OVER TIME)
LENVIMA 4 MG DAILY DOSE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
LENVIMA 8 MG DAILY DOSE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
LORBRENA 100 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
LORBRENA 25 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (90 PER 30 OVER TIME)
MEKINIST 0.5 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (90 PER 30 OVER TIME)
MEKINIST 2 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
MEKTOVI	5-Specialty	PA - FOR NEW STARTS ONLY, QL (180 PER 30 OVER TIME)
NERLYNX	5-Specialty	PA - FOR NEW STARTS ONLY, QL (180 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEXAVAR	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 OVER TIME)
ODOMZO	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
PEMAZYRE	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
ROZLYTREK	5-Specialty	PA - FOR NEW STARTS ONLY
RYDAPT	5-Specialty	PA - FOR NEW STARTS ONLY
SPRYCEL (50 MG TAB, 70 MG TAB, 100 MG TAB, 140 MG TAB)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
SPRYCEL 20 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (90 PER 30 OVER TIME)
SPRYCEL 80 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
STIVARGA	5-Specialty	PA - FOR NEW STARTS ONLY, QL (84 PER 28 OVER TIME)
SUTENT	5-Specialty	PA - FOR NEW STARTS ONLY, QL (28 PER 28 OVER TIME)
TABRECTA	5-Specialty	PA - FOR NEW STARTS ONLY
TAFINLAR 50 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, QL (180 PER 30 OVER TIME)
TAFINLAR 75 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 OVER TIME)
TAGRISSO	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
TASIGNA (150 MG CAP, 200 MG CAP)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 OVER TIME)
TASIGNA 50 MG CAP	5-Specialty	PA - FOR NEW STARTS ONLY, QL (420 PER 30 OVER TIME)
TURALIO	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 OVER TIME)
TYKERB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (150 PER 30 OVER TIME)
VIZIMPRO	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
VOTRIENT	5-Specialty	PA - FOR NEW STARTS ONLY, QL (120 PER 30 OVER TIME)
XALKORI	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZELBORAF	5-Specialty	PA - FOR NEW STARTS ONLY, QL (240 PER 30 OVER TIME)
ZYKADIA 150 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (90 PER 30 OVER TIME)
Retinoids		
avita	3-Preferred Brands	PA - FOR NEW STARTS ONLY
bexarotene	5-Specialty	PA - FOR NEW STARTS ONLY, QL (300 PER 30 OVER TIME)
TARGRETIN 1 % GEL	5-Specialty	PA - FOR NEW STARTS ONLY
tretinoin (0.01 % gel, 0.025 % gel, 0.025 % cream, 0.05 % cream)	4-Non-Preferred Drugs	PA - FOR NEW STARTS ONLY
tretinoin 10 mg cap	5-Specialty	
Treatment Adjuncts		
leucovorin calcium 15 mg tab	2-Generics	
MESNEX 400 MG TAB	4-Non-Preferred Drugs	
Antiparasitics		
Anthelmintics		
albendazole	4-Non-Preferred Drugs	
EMVERM	4-Non-Preferred Drugs	
ivermectin 3 mg tab	2-Generics	
Antiprotozoals		
ALINIA 100 MG/5ML RECON SUSP	4-Non-Preferred Drugs	QL (150 PER 30 OVER TIME)
ALINIA 500 MG TAB	4-Non-Preferred Drugs	QL (40 PER 30 OVER TIME)
atovaquone	5-Specialty	
atovaquone-proguanil hcl	2-Generics	
chloroquine phosphate (, 500 mg tab)	2-Generics	
COARTEM	4-Non-Preferred Drugs	QL (24 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DARAPRIM	5-Specialty	PA
hydroxychloroquine sulfate	2-Generics	
KRINTAFEL	3-Preferred Brands	
MEFLOQUINE HCL	2-Generics	
NEBUPENT	3-Preferred Brands	PA - Part B vs D Determination
PENTAM	4-Non-Preferred Drugs	
primaquine phosphate	3-Preferred Brands	
pyrimethamine	5-Specialty	PA
quinine sulfate	3-Preferred Brands	PA, QL (42 PER 7 OVER TIME)

Antiparkinson Agents

Anticholinergics

benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)	2-Generics	
trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)	2-Generics	

Antiparkinson Agents, Other

amantadine hcl (50 mg/5ml syrup, 100 mg cap, 100 mg tab)	3-Preferred Brands	
CARBIDOPA-LEVODOPA-ENTACAPONE	4-Non-Preferred Drugs	
entacapone	4-Non-Preferred Drugs	QL (300 PER 30 OVER TIME)
tolcapone	5-Specialty	

Dopamine Agonists

APOKYN	5-Specialty	PA, QL (60 PER 28 OVER TIME)
bromocriptine mesylate	2-Generics	
NEUPRO	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
pramipexole dihydrochloride	2-Generics	
ropinirole hcl	2-Generics	

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

Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors

carbidopa	2-Generics	
carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)	1-Preferred Generics	
carbidopa-levodopa (25-100 mg tab disp, 25-250 mg tab disp)	2-Generics	
carbidopa-levodopa 10-100 mg tab disp	2-Generics	ST
carbidopa-levodopa er	2-Generics	
RYTARY (23.75-95 MG CAP ER, 36.25-145 MG CAP ER, 48.75-195 MG CAP ER)	4-Non-Preferred Drugs	ST
RYTARY 61.25-245 MG CAP ER	4-Non-Preferred Drugs	

Monoamine Oxidase B (MAO-B) Inhibitors

rasagiline mesylate	4-Non-Preferred Drugs	
SELEGILINE HCL (, 5 MG TAB)	2-Generics	

Antipsychotics

1st Generation/Typical

chlorpromazine hcl (50 mg tab, 100 mg tab)	4-Non-Preferred Drugs	
fluphenazine decanoate	4-Non-Preferred Drugs	
fluphenazine hcl (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab)	2-Generics	
FLUPHENAZINE HCL (2.5 MG/ML SOLUTION, 2.5 MG/5ML ELIXIR)	4-Non-Preferred Drugs	
FLUPHENAZINE HCL 5 MG/ML CONC	3-Preferred Brands	
haloperidol	2-Generics	
haloperidol decanoate	4-Non-Preferred Drugs	
haloperidol lactate 2 mg/ml conc	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
haloperidol lactate 5 mg/ml solution	2-Generics	
loxapine succinate	2-Generics	
MOLINDONE HCL 10 MG TAB	4-Non-Preferred Drugs	QL (240 PER 30 OVER TIME)
MOLINDONE HCL 25 MG TAB	4-Non-Preferred Drugs	QL (270 PER 30 OVER TIME)
MOLINDONE HCL 5 MG TAB	4-Non-Preferred Drugs	QL (360 PER 30 OVER TIME)
perphenazine	3-Preferred Brands	
PIMOZIDE	3-Preferred Brands	
thioridazine hcl	2-Generics	
thiothixene	4-Non-Preferred Drugs	
trifluoperazine hcl	2-Generics	
2nd Generation/Atypical		
ABILIFY MAINTENA 300 MG SRER	5-Specialty	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)
aripiprazole (10 mg tab disp, 15 mg tab disp)	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	2-Generics	QL (30 PER 30 OVER TIME)
aripiprazole 1 mg/ml solution	4-Non-Preferred Drugs	QL (900 PER 30 OVER TIME)
CAPLYTA	5-Specialty	PA - FOR NEW STARTS ONLY
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB)	4-Non-Preferred Drugs	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
FANAPT (6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
FANAPT TITRATION PACK	4-Non-Preferred Drugs	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
INVEGA SUSTENNA (78 MG/0.5ML SUSP PRSYR, 117 MG/0.75ML SUSP PRSYR, 156 MG/ML SUSP PRSYR)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5-Specialty	PA - FOR NEW STARTS ONLY, QL (2 PER 28 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4-Non-Preferred Drugs	QL (1 PER 28 OVER TIME)
INVEGA TRINZA (410 MG/1.315ML SUSP PRSYR, 546 MG/1.75ML SUSP PRSYR)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (2 PER 28 OVER TIME)
INVEGA TRINZA 273 MG/0.875ML SUSP PRSYR	5-Specialty	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)
INVEGA TRINZA 819 MG/2.625ML SUSP PRSYR	5-Specialty	PA - FOR NEW STARTS ONLY, QL (3 PER 28 OVER TIME)
LATUDA (20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
LATUDA 80 MG TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
NUPLAZID (10 MG TAB, 34 MG CAP)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
olanzapine (15 mg tab, 20 mg tab)	2-Generics	QL (30 PER 30 OVER TIME)
olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	2-Generics	QL (60 PER 30 OVER TIME)
olanzapine (5 mg tab disp, 10 mg tab disp, 15 mg tab disp)	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
olanzapine 10 mg recon soln	4-Non-Preferred Drugs	
olanzapine 20 mg tab disp	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
paliperidone er (er 1.5 mg tab er 24h, er 3 mg tab er 24h)	4-Non-Preferred Drugs	QL (120 PER 30 OVER TIME)
paliperidone er 6 mg tab er 24h	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
paliperidone er 9 mg tab er 24h	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
quetiapine fumarate	2-Generics	
quetiapine fumarate er 300 mg tab er 24h	3-Preferred Brands	QL (60 PER 30 OVER TIME)
REXULTI	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
RISPERDAL CONSTA (12.5 MG, 25 MG)	4-Non-Preferred Drugs	QL (2 PER 28 OVER TIME)
RISPERDAL CONSTA 37.5 MG SRER	5-Specialty	QL (2 PER 28 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RISPERDAL CONSTA 50 MG SRER	5-Specialty	PA - FOR NEW STARTS ONLY, QL (2 PER 28 OVER TIME)
risperidone (0.25 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
risperidone (0.25 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)	1-Preferred Generics	QL (60 PER 30 OVER TIME)
risperidone 0.5 mg tab	1-Preferred Generics	QL (120 PER 30 OVER TIME)
risperidone 0.5 mg tab disp	4-Non-Preferred Drugs	QL (120 PER 30 OVER TIME)
risperidone 1 mg/ml solution	3-Preferred Brands	QL (240 PER 30 OVER TIME)
risperidone m-tab (1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
risperidone m-tab 0.5 mg tab disp	4-Non-Preferred Drugs	QL (120 PER 30 OVER TIME)
SAPHRIS (5 MG SL TAB, 10 MG SL TAB)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
SAPHRIS 2.5 MG SL TAB	5-Specialty	PA - FOR NEW STARTS ONLY, QL (180 PER 30 OVER TIME)
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	5-Specialty	PA - FOR NEW STARTS ONLY, QL (30 PER 30 OVER TIME)
VRAYLAR 1.5 & 3 MG CAP THPK	4-Non-Preferred Drugs	
ziprasidone hcl	2-Generics	QL (60 PER 30 OVER TIME)
ziprasidone mesylate	4-Non-Preferred Drugs	
ZYPREXA RELPREVV 210 MG RECON SUSP	4-Non-Preferred Drugs	QL (2 PER 28 OVER TIME)

Treatment-Resistant

clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)	4-Non-Preferred Drugs	
clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	3-Preferred Brands	
VERSACLOZ	4-Non-Preferred Drugs	QL (540 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antispasticity Agents		
baclofen (10 mg tab, 20 mg tab)	1-Preferred Generics	
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	2-Generics	
tizanidine hcl (2 mg tab, 4 mg tab)	1-Preferred Generics	
Antivirals		
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5-Specialty	QL (30 PER 30 OVER TIME)
GENVOYA	5-Specialty	QL (30 PER 30 OVER TIME)
ISENTRESS 100 MG CHEW TAB	5-Specialty	QL (180 PER 30 OVER TIME)
ISENTRESS 100 MG PACKET	3-Preferred Brands	QL (300 PER 30 OVER TIME)
ISENTRESS 25 MG CHEW TAB	3-Preferred Brands	QL (720 PER 30 OVER TIME)
ISENTRESS 400 MG TAB	5-Specialty	QL (120 PER 30 OVER TIME)
ISENTRESS HD	5-Specialty	QL (60 PER 30 OVER TIME)
STRIBILD	5-Specialty	QL (30 PER 30 OVER TIME)
SYMTUZA	5-Specialty	QL (30 PER 30 OVER TIME)
TIVICAY (25 MG TAB, 50 MG TAB)	5-Specialty	QL (60 PER 30 OVER TIME)
TIVICAY 10 MG TAB	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
TIVICAY PD	4-Non-Preferred Drugs	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5-Specialty	QL (30 PER 30 OVER TIME)
EDURANT	5-Specialty	QL (30 PER 30 OVER TIME)
efavirenz 200 mg cap	4-Non-Preferred Drugs	QL (120 PER 30 OVER TIME)
efavirenz 50 mg cap	4-Non-Preferred Drugs	QL (360 PER 30 OVER TIME)
efavirenz 600 mg tab	5-Specialty	QL (30 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INTELENCE 100 MG TAB	5-Specialty	QL (120 PER 30 OVER TIME)
INTELENCE 200 MG TAB	5-Specialty	QL (60 PER 30 OVER TIME)
INTELENCE 25 MG TAB	4-Non-Preferred Drugs	QL (120 PER 30 OVER TIME)
nevirapine 200 mg tab	2-Generics	QL (60 PER 30 OVER TIME)
nevirapine 50 mg/5ml suspension	4-Non-Preferred Drugs	QL (1200 PER 30 OVER TIME)
nevirapine er 100 mg tab er 24h	4-Non-Preferred Drugs	QL (120 PER 30 OVER TIME)
nevirapine er 400 mg tab er 24h	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
PIFELTRO	5-Specialty	QL (30 PER 30 OVER TIME)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate 20 mg/ml solution	4-Non-Preferred Drugs	QL (960 PER 30 OVER TIME)
abacavir sulfate 300 mg tab	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
abacavir sulfate-lamivudine	2-Generics	QL (30 PER 30 OVER TIME)
abacavir-lamivudine-zidovudine	5-Specialty	QL (60 PER 30 OVER TIME)
ATRIPLA	5-Specialty	QL (30 PER 30 OVER TIME)
CIMDUO	5-Specialty	QL (30 PER 30 OVER TIME)
DELSTRIGO	5-Specialty	QL (30 PER 30 OVER TIME)
DESCOVY	5-Specialty	QL (30 PER 30 OVER TIME)
didanosine (250 mg cap dr, 400 mg cap dr)	2-Generics	QL (30 PER 30 OVER TIME)
DOVATO	5-Specialty	
EMTRIVA 10 MG/ML SOLUTION	4-Non-Preferred Drugs	QL (850 PER 30 OVER TIME)
EMTRIVA 200 MG CAP	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
JULUCA	5-Specialty	QL (30 PER 30 OVER TIME)
lamivudine-zidovudine	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
ODEFSEY	5-Specialty	QL (30 PER 30 OVER TIME)
stavudine (15 mg cap, 20 mg cap)	3-Preferred Brands	QL (120 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
stavudine (30 mg cap, 40 mg cap)	3-Preferred Brands	QL (60 PER 30 OVER TIME)
SYMFI	5-Specialty	QL (30 PER 30 OVER TIME)
SYMFI LO	5-Specialty	QL (30 PER 30 OVER TIME)
TRUVADA	5-Specialty	QL (30 PER 30 OVER TIME)
VIREAD 200 MG TAB	5-Specialty	QL (30 PER 30 DAYS)
zidovudine 100 mg cap	3-Preferred Brands	QL (180 PER 30 OVER TIME)
zidovudine 300 mg tab	2-Generics	QL (60 PER 30 OVER TIME)
zidovudine 50 mg/5ml syrup	3-Preferred Brands	QL (1680 PER 28 OVER TIME)
Anti-HIV Agents, Other		
FUZEON	5-Specialty	QL (60 PER 30 OVER TIME)
RUKOBIA	4-Non-Preferred Drugs	
SELZENTRY 150 MG TAB	5-Specialty	QL (240 PER 30 OVER TIME)
SELZENTRY 20 MG/ML SOLUTION	5-Specialty	QL (1840 PER 30 OVER TIME)
SELZENTRY 25 MG TAB	3-Preferred Brands	QL (120 PER 30 OVER TIME)
SELZENTRY 300 MG TAB	5-Specialty	QL (120 PER 30 OVER TIME)
SELZENTRY 75 MG TAB	3-Preferred Brands	QL (60 PER 30 OVER TIME)
TRIUMEQ	5-Specialty	QL (30 PER 30 OVER TIME)
TYBOST	3-Preferred Brands	QL (30 PER 30 OVER TIME)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS 100 MG/ML SOLUTION	5-Specialty	QL (285 PER 28 OVER TIME)
APTIVUS 250 MG CAP	5-Specialty	QL (120 PER 30 OVER TIME)
atazanavir sulfate (150 mg cap, 200 mg cap)	3-Preferred Brands	QL (60 PER 30 OVER TIME)
atazanavir sulfate 300 mg cap	3-Preferred Brands	QL (30 PER 30 OVER TIME)
CRIXIVAN 200 MG CAP	4-Non-Preferred Drugs	QL (360 PER 30 OVER TIME)
CRIXIVAN 400 MG CAP	4-Non-Preferred Drugs	QL (180 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EVOTAZ	5-Specialty	QL (30 PER 30 OVER TIME)
fosamprenavir calcium	3-Preferred Brands	QL (120 PER 30 OVER TIME)
INVIRASE 500 MG TAB	5-Specialty	QL (120 PER 30 OVER TIME)
KALETRA 100-25 MG TAB	4-Non-Preferred Drugs	QL (300 PER 30 OVER TIME)
KALETRA 200-50 MG TAB	5-Specialty	QL (150 PER 30 OVER TIME)
LEXIVA 50 MG/ML SUSPENSION	4-Non-Preferred Drugs	QL (1800 PER 30 OVER TIME)
lopinavir-ritonavir	4-Non-Preferred Drugs	QL (480 PER 30 OVER TIME)
NORVIR 100 MG PACKET	4-Non-Preferred Drugs	QL (360 PER 30 OVER TIME)
NORVIR 80 MG/ML SOLUTION	4-Non-Preferred Drugs	QL (480 PER 30 OVER TIME)
PREZCOBIX	5-Specialty	QL (30 PER 30 OVER TIME)
PREZISTA 100 MG/ML SUSPENSION	5-Specialty	QL (360 PER 30 OVER TIME)
PREZISTA 150 MG TAB	5-Specialty	QL (240 PER 30 OVER TIME)
PREZISTA 600 MG TAB	5-Specialty	QL (60 PER 30 OVER TIME)
PREZISTA 75 MG TAB	4-Non-Preferred Drugs	QL (480 PER 30 OVER TIME)
PREZISTA 800 MG TAB	5-Specialty	QL (30 PER 30 OVER TIME)
REYATAZ 50 MG PACKET	5-Specialty	QL (240 PER 30 OVER TIME)
ritonavir	3-Preferred Brands	QL (360 PER 30 OVER TIME)
VIRACEPT 250 MG TAB	5-Specialty	QL (300 PER 30 OVER TIME)
VIRACEPT 625 MG TAB	5-Specialty	QL (120 PER 30 OVER TIME)
Anti-cytomegalovirus (CMV) Agents		
valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)	5-Specialty	
ZIRGAN	4-Non-Preferred Drugs	QL (5 PER 30 OVER TIME)
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	5-Specialty	
BARACLUDE 0.05 MG/ML SOLUTION	5-Specialty	QL (630 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
entecavir	2-Generics	QL (30 PER 30 OVER TIME)
EPIVIR HBV 5 MG/ML SOLUTION	4-Non-Preferred Drugs	
INTRON A (10000000 UNIT/ML SOLUTION, 10000000 UNIT RECON SOLN)	5-Specialty	PA - Part B vs D Determination
lamivudine (100 mg tab, 300 mg tab)	3-Preferred Brands	QL (30 PER 30 OVER TIME)
lamivudine 10 mg/ml solution	3-Preferred Brands	QL (960 PER 30 OVER TIME)
lamivudine 150 mg tab	3-Preferred Brands	QL (60 PER 30 OVER TIME)
tenofovir disoproxil fumarate	2-Generics	QL (30 PER 30 OVER TIME)
VEMLIDY	5-Specialty	
VIREAD (150 MG TAB, 250 MG TAB)	5-Specialty	QL (30 PER 30 OVER TIME)
VIREAD 40 MG/GM POWDER	5-Specialty	QL (240 PER 30 OVER TIME)
Anti-hepatitis C (HCV) Agents		
LEDIPASVIR-SOFOSBUVIR	5-Specialty	PA, QL (30 PER 30 OVER TIME)
MAVYRET	5-Specialty	PA, QL (28 PER 28 OVER TIME)
SOFOSBUVIR-VELPATASVIR	5-Specialty	PA, QL (30 PER 30 OVER TIME)
VOSEVI	5-Specialty	PA, QL (30 PER 30 OVER TIME)
Anti-influenza Agents		
oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)	2-Generics	
RELENZA DISKHALER	4-Non-Preferred Drugs	QL (60 PER 180 OVER TIME)
RIMANTADINE HCL	3-Preferred Brands	
XOFLUZA	4-Non-Preferred Drugs	QL (4 PER 180 OVER TIME)
Antiherpetic Agents		
acyclovir (200 mg cap, 400 mg tab, 800 mg tab)	2-Generics	
acyclovir (5 % ointment, 200 mg/5ml suspension)	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
acyclovir sodium 50 mg/ml solution	4-Non-Preferred Drugs	PA - Part B vs D Determination
famciclovir	2-Generics	QL (90 PER 30 OVER TIME)
trifluridine	3-Preferred Brands	
valacyclovir hcl	2-Generics	QL (120 PER 30 OVER TIME)
Immunostimulants		
INTRON A 6000000 UNIT/ML SOLUTION	5-Specialty	PA - Part B vs D Determination
Anxiolytics		
Anxiolytics, Other		
buspirone hcl	2-Generics	
hydroxyzine hcl (10 mg tab, 50 mg tab)	3-Preferred Brands	
hydroxyzine hcl 10 mg/5ml syrup	4-Non-Preferred Drugs	
HYDROXYZINE PAMOATE (25 MG CAP, 50 MG CAP, 100 MG CAP)	3-Preferred Brands	
meprobamate	4-Non-Preferred Drugs	
oxazepam	4-Non-Preferred Drugs	
Benzodiazepines		
alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab)	2-Generics	QL (120 PER 30 OVER TIME)
alprazolam er (er 1 mg tab er 24h, er 2 mg tab er 24h, er 3 mg tab er 24h)	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
alprazolam er 0.5 mg tab er 24h	4-Non-Preferred Drugs	
alprazolam xr (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
alprazolam xr 0.5 mg tab er 24h	4-Non-Preferred Drugs	
chlordiazepoxide hcl	2-Generics	
clonazepam (0.25 mg tab disp, 0.5 mg tab disp, 2 mg tab disp)	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clonazepam 2 mg tab	2-Generics	
clorazepate dipotassium (3.75 mg tab, 15 mg tab)	3-Preferred Brands	
diazepam (5 mg tab, 10 mg tab)	2-Generics	QL (120 PER 30 DAYS)
diazepam 2 mg tab	2-Generics	QL (90 PER 30 DAYS)
lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab)	2-Generics	
lorazepam 2 mg/ml conc	2-Generics	QL (150 PER 30 DAYS)
lorazepam intensol	2-Generics	QL (150 PER 30 DAYS)

Bipolar Agents

Mood Stabilizers

carbamazepine er (er 100 mg cap er 12h, er 200 mg cap er 12h, er 300 mg cap er 12h)	3-Preferred Brands	
LITHIUM	2-Generics	
lithium carbonate (, 150 mg cap, 600 mg cap)	2-Generics	
lithium carbonate er	2-Generics	

Blood Glucose Regulators

Antidiabetic Agents

acarbose	2-Generics	
ALOGLIPTIN BENZOATE (6.25 MG TAB, 25 MG TAB)	2-Generics	ST, QL (30 PER 30 OVER TIME)
ALOGLIPTIN BENZOATE 12.5 MG TAB	2-Generics	ST
ALOGLIPTIN-METFORMIN HCL	2-Generics	ST, QL (60 PER 30 OVER TIME)
ALOGLIPTIN-PIOGLITAZONE	2-Generics	ST, QL (30 PER 30 OVER TIME)
CYCLOSET	4-Non-Preferred Drugs	QL (180 PER 30 OVER TIME)
glimepiride	1-Preferred Generics	
glipizide	1-Preferred Generics	
glipizide er	1-Preferred Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
glipizide xl	1-Preferred Generics	
GLYXAMBI 10-5 MG TAB	3-Preferred Brands	PA
GLYXAMBI 25-5 MG TAB	3-Preferred Brands	PA, ST
INVOKAMET	4-Non-Preferred Drugs	ST, QL (60 PER 30 OVER TIME)
INVOKAMET XR (50-1000 MG TAB ER 24H, 150-1000 MG TAB ER 24H, 150-500 MG TAB ER 24H)	4-Non-Preferred Drugs	ST, QL (60 PER 30 OVER TIME)
INVOKAMET XR 50-500 MG TAB ER 24H	4-Non-Preferred Drugs	ST, QL (120 PER 30 OVER TIME)
INVOKANA	4-Non-Preferred Drugs	ST, QL (30 PER 30 OVER TIME)
JANUVIA (25 MG TAB, 100 MG TAB)	3-Preferred Brands	ST, QL (30 PER 30 OVER TIME)
JANUVIA 50 MG TAB	3-Preferred Brands	QL (30 PER 30 OVER TIME)
JARDIANCE 10 MG TAB	3-Preferred Brands	ST, QL (30 PER 30 OVER TIME)
JARDIANCE 25 MG TAB	3-Preferred Brands	QL (30 PER 30 OVER TIME)
KORLYM	5-Specialty	PA, ST, QL (120 PER 30 OVER TIME)
metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)	1-Preferred Generics	
metformin hcl 500 mg/5ml solution	3-Preferred Brands	
metformin hcl er	1-Preferred Generics	
nateglinide	2-Generics	
OZEMPIC (0.25 OR 0.5 MG/DOSE)	3-Preferred Brands	PA, QL (3 PER 28 OVER TIME)
OZEMPIC (1 MG/DOSE)	3-Preferred Brands	PA, QL (3 PER 28 OVER TIME)
pioglitazone hcl (30 mg tab, 45 mg tab)	1-Preferred Generics	QL (30 PER 30 OVER TIME)
pioglitazone hcl 15 mg tab	1-Preferred Generics	ST, QL (30 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
repaglinide	3-Preferred Brands	
SYMLINPEN 120	4-Non-Preferred Drugs	QL (11 PER 30 OVER TIME)
SYMLINPEN 60	4-Non-Preferred Drugs	QL (11 PER 30 OVER TIME)
SYNJARDY	3-Preferred Brands	ST, QL (60 PER 30 OVER TIME)
SYNJARDY XR (10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	3-Preferred Brands	ST
SYNJARDY XR 5-1000 MG TAB ER 24H	3-Preferred Brands	
TRADJENTA	3-Preferred Brands	QL (30 PER 30 OVER TIME)
TRULICITY (0.75 MG/0.5ML SOLN PEN, 1.5 MG/0.5ML SOLN PEN)	3-Preferred Brands	PA, QL (2 PER 28 OVER TIME)
VICTOZA	3-Preferred Brands	PA, ST, QL (9 PER 30 OVER TIME)
glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab)	1-Preferred Generics	
glipizide-metformin hcl 5-500 mg tab	1-Preferred Generics	ST
JANUMET	3-Preferred Brands	ST, QL (60 PER 30 OVER TIME)
JANUMET XR 100-1000 MG TAB ER 24H	3-Preferred Brands	ST, QL (30 PER 30 OVER TIME)
JANUMET XR 50-1000 MG TAB ER 24H	3-Preferred Brands	ST, QL (60 PER 30 OVER TIME)
JANUMET XR 50-500 MG TAB ER 24H	3-Preferred Brands	QL (60 PER 30 OVER TIME)
Glycemic Agents		
diazoxide	4-Non-Preferred Drugs	
GLUCAGEN HYPOKIT	3-Preferred Brands	QL (4 PER 30 OVER TIME)
GLUCAGON EMERGENCY	3-Preferred Brands	QL (4 PER 30 OVER TIME)
PROGLYCEM	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Insulins		
FIASP	4-Non-Preferred Drugs	
FIASP FLEXTOUCH	4-Non-Preferred Drugs	
INSULIN LISPRO JUNIOR KWIKPEN	3-Preferred Brands	
INSULIN LISPRO PROT & LISPRO	3-Preferred Brands	
LANTUS	3-Preferred Brands	
LANTUS SOLOSTAR	3-Preferred Brands	
LEVEMIR	4-Non-Preferred Drugs	
LEVEMIR FLEXTOUCH	4-Non-Preferred Drugs	
NOVOLOG	3-Preferred Brands	
NOVOLOG FLEXPEN	3-Preferred Brands	
NOVOLOG MIX 70/30	3-Preferred Brands	
NOVOLOG MIX 70/30 FLEXPEN	3-Preferred Brands	
NOVOLOG PENFILL	3-Preferred Brands	
SOLIQUA	4-Non-Preferred Drugs	QL (18 PER 30 OVER TIME)
TOUJEO MAX SOLOSTAR	3-Preferred Brands	
TOUJEO SOLOSTAR	3-Preferred Brands	
TRESIBA	4-Non-Preferred Drugs	
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	4-Non-Preferred Drugs	QL (27 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Blood Products and Modifiers		
Anticoagulants		
ELIQUIS 2.5 MG TAB	3-Preferred Brands	PA, QL (60 PER 30 OVER TIME)
ELIQUIS 5 MG TAB	3-Preferred Brands	PA, QL (74 PER 30 OVER TIME)
ELIQUIS DVT/PE STARTER PACK	3-Preferred Brands	PA, QL (74 PER 30 OVER TIME)
enoxaparin sodium (100 mg/ml solution, 150 mg/ml solution)	2-Generics	QL (56 PER 28 OVER TIME)
enoxaparin sodium (30 mg/0.3ml solution, 60 mg/0.6ml solution)	2-Generics	QL (34 PER 28 OVER TIME)
enoxaparin sodium (80 mg/0.8ml solution, 120 mg/0.8ml solution)	2-Generics	QL (45 PER 28 OVER TIME)
enoxaparin sodium 40 mg/0.4ml solution	2-Generics	QL (23 PER 28 OVER TIME)
fondaparinux sodium 10 mg/0.8ml solution	4-Non-Preferred Drugs	QL (24 PER 30 OVER TIME)
fondaparinux sodium 2.5 mg/0.5ml solution	4-Non-Preferred Drugs	QL (15 PER 30 OVER TIME)
fondaparinux sodium 5 mg/0.4ml solution	4-Non-Preferred Drugs	QL (12 PER 30 OVER TIME)
fondaparinux sodium 7.5 mg/0.6ml solution	4-Non-Preferred Drugs	QL (18 PER 30 OVER TIME)
heparin sodium (porcine) ((porcine) 1000 unit/ml solution, (porcine) 5000 unit/ml solution, (porcine) 10000 unit/ml solution, (porcine) 20000 unit/ml solution)	3-Preferred Brands	PA - Part B vs D Determination
jantoven	4-Non-Preferred Drugs	
warfarin sodium	1-Preferred Generics	
XARELTO (10 MG TAB, 20 MG TAB)	3-Preferred Brands	PA, QL (30 PER 30 OVER TIME)
XARELTO 15 MG TAB	3-Preferred Brands	PA, QL (42 PER 21 OVER TIME)
XARELTO 2.5 MG TAB	3-Preferred Brands	PA, QL (60 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XARELTO STARTER PACK	3-Preferred Brands	PA, QL (51 PER 30 OVER TIME)

Blood Products and Modifiers, Other

anagrelide hcl	3-Preferred Brands	
ARANESP (ALBUMIN FREE) (FREE) 10 MCG/0.4ML SOLN PRSYR, FREE) 25 MCG/0.42ML SOLN PRSYR, FREE) 40 MCG/0.4ML SOLN PRSYR)	4-Non-Preferred Drugs	PA
ARANESP (ALBUMIN FREE) (FREE) 60 MCG/0.3ML SOLN PRSYR, FREE) 100 MCG/0.5ML SOLN PRSYR, FREE) 150 MCG/0.3ML SOLN PRSYR, FREE) 200 MCG/0.4ML SOLN PRSYR, FREE) 300 MCG/0.6ML SOLN PRSYR, FREE) 500 MCG/ML SOLN PRSYR)	5-Specialty	PA
FULPHILA	5-Specialty	PA, QL (2 PER 28 OVER TIME)
GRANIX (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	5-Specialty	
NEULASTA	5-Specialty	PA, QL (2 PER 28 OVER TIME)
NEULASTA ONPRO	5-Specialty	PA, QL (2 PER 28 OVER TIME)
NIVESTYM 300 MCG/0.5ML SOLN PRSYR	5-Specialty	PA, QL (15 PER 30 OVER TIME)
NIVESTYM 480 MCG/0.8ML SOLN PRSYR	5-Specialty	PA, QL (24 PER 30 OVER TIME)
PROMACTA (12.5 MG TAB, 25 MG PACKET, 25 MG TAB)	5-Specialty	PA, QL (30 PER 30 OVER TIME)
PROMACTA (50 MG TAB, 75 MG TAB)	5-Specialty	PA, QL (60 PER 30 OVER TIME)
PROMACTA 12.5 MG PACKET	5-Specialty	PA, QL (180 PER 30 OVER TIME)
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION)	4-Non-Preferred Drugs	PA, QL (12 PER 28 OVER TIME)
RETACRIT 40000 UNIT/ML SOLUTION	5-Specialty	PA, QL (12 PER 28 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Hemostasis Agents		
tranexamic acid 650 mg tab	3-Preferred Brands	QL (30 PER 5 OVER TIME)
Platelet Modifying Agents		
aspirin-dipyridamole er	3-Preferred Brands	
BRILINTA	3-Preferred Brands	PA, QL (60 PER 30 OVER TIME)
cilostazol	2-Generics	
clopidogrel bisulfate 75 mg tab	1-Preferred Generics	QL (37 PER 30 OVER TIME)
dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)	2-Generics	
prasugrel hcl	2-Generics	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	4-Non-Preferred Drugs	QL (4 PER 28 OVER TIME)
clonidine hcl	2-Generics	
guanfacine hcl	2-Generics	
methyldopa	2-Generics	
midodrine hcl	3-Preferred Brands	
NORTHERA 100 MG CAP	5-Specialty	PA, QL (540 PER 30 OVER TIME)
NORTHERA 200 MG CAP	5-Specialty	PA, QL (270 PER 30 OVER TIME)
NORTHERA 300 MG CAP	5-Specialty	PA, QL (180 PER 30 OVER TIME)
Alpha-adrenergic Blocking Agents		
doxazosin mesylate	2-Generics	
prazosin hcl	2-Generics	
terazosin hcl	1-Preferred Generics	
Angiotensin II Receptor Antagonists		
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab)	3-Preferred Brands	QL (60 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
candesartan cilexetil 32 mg tab	3-Preferred Brands	QL (30 PER 30 OVER TIME)
enalapril-hydrochlorothiazide	1-Preferred Generics	
irbesartan (75 mg tab, 150 mg tab)	1-Preferred Generics	QL (60 PER 30 OVER TIME)
irbesartan 300 mg tab	1-Preferred Generics	QL (30 PER 30 OVER TIME)
losartan potassium	1-Preferred Generics	QL (60 PER 30 OVER TIME)
olmesartan medoxomil	2-Generics	QL (30 PER 30 OVER TIME)
telmisartan (20 mg tab, 40 mg tab)	2-Generics	QL (30 PER 30 OVER TIME)
telmisartan 80 mg tab	2-Generics	QL (60 PER 30 OVER TIME)
valsartan	1-Preferred Generics	QL (60 PER 30 OVER TIME)
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl	1-Preferred Generics	
captopril	4-Non-Preferred Drugs	
enalapril maleate	1-Preferred Generics	
fosinopril sodium	1-Preferred Generics	
lisinopril	1-Preferred Generics	
moexipril hcl	2-Generics	
perindopril erbumine	2-Generics	
quinapril hcl	1-Preferred Generics	
ramipril	1-Preferred Generics	
trandolapril	1-Preferred Generics	
Antiarrhythmics		
amiodarone hcl (100 mg tab, 400 mg tab)	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
amiodarone hcl 200 mg tab	1-Preferred Generics	
disopyramide phosphate	3-Preferred Brands	
dofetilide	2-Generics	
flecainide acetate	2-Generics	
mexiletine hcl	3-Preferred Brands	
MULTAQ	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
pacerone	4-Non-Preferred Drugs	
propafenone hcl	2-Generics	
QUINIDINE SULFATE 200 MG TAB	2-Generics	
QUINIDINE SULFATE 300 MG TAB	2-Generics	ST
sorine	2-Generics	
sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)	2-Generics	
sotalol hcl (af) ((af) 80 mg tab, (af) 120 mg tab)	2-Generics	
Beta-adrenergic Blocking Agents		
acebutolol hcl	2-Generics	
atenolol	1-Preferred Generics	
betaxolol hcl (10 mg tab, 20 mg tab)	2-Generics	
bisoprolol fumarate	1-Preferred Generics	
BYSTOLIC (2.5 MG TAB, 5 MG TAB)	4-Non-Preferred Drugs	ST, QL (30 PER 30 OVER TIME)
BYSTOLIC 10 MG TAB	4-Non-Preferred Drugs	ST, QL (120 PER 30 OVER TIME)
BYSTOLIC 20 MG TAB	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
carvedilol (6.25 mg tab, 12.5 mg tab, 25 mg tab)	1-Preferred Generics	
carvedilol 3.125 mg tab	1-Preferred Generics	ST

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	2-Generics	
metoprolol succinate er	1-Preferred Generics	
metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)	1-Preferred Generics	
nadolol	3-Preferred Brands	
pindolol	4-Non-Preferred Drugs	
propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg/5ml solution, 40 mg tab, 60 mg tab, 80 mg tab)	2-Generics	
propranolol hcl er	2-Generics	
Calcium Channel Blocking Agents, Dihydropyridines		
afeditab cr 30 mg tab er 24h	2-Generics	QL (60 PER 30 OVER TIME)
amlodipine besylate	1-Preferred Generics	
felodipine er	2-Generics	QL (30 PER 30 OVER TIME)
isradipine	4-Non-Preferred Drugs	
nicardipine hcl (20 mg cap, 30 mg cap)	2-Generics	
nifedipine er	2-Generics	QL (60 PER 30 OVER TIME)
nifedipine er osmotic release	2-Generics	QL (60 PER 30 OVER TIME)
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)	2-Generics	QL (60 PER 30 OVER TIME)
cartia xt 300 mg cap er 24h	2-Generics	QL (30 PER 30 OVER TIME)
dilt-xr	2-Generics	QL (60 PER 30 OVER TIME)
diltiazem cd (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)	2-Generics	QL (60 PER 30 OVER TIME)
diltiazem cd 300 mg cap er 24h	2-Generics	
diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
diltiazem hcl er (er 120 mg cap er 24h, er 180 mg cap er 24h, er 240 mg cap er 24h)	2-Generics	QL (60 PER 30 OVER TIME)
diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h)	2-Generics	
diltiazem hcl er beads (er beads 120 mg cap er 24h, er beads 180 mg cap er 24h, er beads 240 mg cap er 24h)	2-Generics	QL (60 PER 30 OVER TIME)
diltiazem hcl er beads (er beads 300 mg cap er 24h, er beads 420 mg cap er 24h)	2-Generics	
diltiazem hcl er beads 360 mg cap er 24h	2-Generics	QL (30 PER 30 OVER TIME)
diltiazem hcl er coated beads (er beads 120 mg cap er 24h, er beads 180 mg cap er 24h, er beads 240 mg cap er 24h)	2-Generics	QL (60 PER 30 OVER TIME)
diltiazem hcl er coated beads 300 mg cap er 24h	2-Generics	
diltiazem hcl er coated beads 360 mg cap er 24h	2-Generics	QL (30 PER 30 OVER TIME)
matzim la	2-Generics	
taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)	2-Generics	QL (60 PER 30 OVER TIME)
taztia xt (300 mg cap er 24h, 360 mg cap er 24h)	2-Generics	QL (30 PER 30 OVER TIME)
verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)	1-Preferred Generics	
verapamil hcl er (er 100 mg cap er 24h, er 300 mg cap er 24h)	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
verapamil hcl er (er 120 mg cap er 24h, er 180 mg cap er 24h, er 200 mg cap er 24h, er 240 mg cap er 24h)	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
verapamil hcl er (er 120 mg tab er, er 180 mg tab er, er 240 mg tab er)	2-Generics	
VERAPAMIL HCL ER 360 MG CAP ER 24H	3-Preferred Brands	QL (60 PER 30 OVER TIME)
amiloride-hydrochlorothiazide	1-Preferred Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
amlodipine besy-benazepril hcl (2.5-10 mg cap, 10-20 mg cap)	2-Generics	QL (60 PER 30 OVER TIME)
amlodipine besy-benazepril hcl (5-20 mg cap, 5-10 mg cap, 5-40 mg cap)	2-Generics	
amlodipine besy-benazepril hcl 10-40 mg cap	2-Generics	QL (30 PER 30 OVER TIME)
amlodipine besylate-valsartan (5-160 mg tab, 10-320 mg tab, 10-160 mg tab)	2-Generics	QL (30 PER 30 OVER TIME)
amlodipine besylate-valsartan 5-320 mg tab	2-Generics	QL (60 PER 30 OVER TIME)
amlodipine-atorvastatin (2.5-10 mg tab, 5-80 mg tab)	4-Non-Preferred Drugs	
amlodipine-atorvastatin (2.5-40 mg tab, 2.5-20 mg tab, 5-20 mg tab, 5-40 mg tab, 5-10 mg tab, 10-40 mg tab, 10-80 mg tab, 10-20 mg tab, 10-10 mg tab)	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
amlodipine-olmesartan	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
amlodipine-valsartan-hctz	4-Non-Preferred Drugs	
atenolol-chlorthalidone	1-Preferred Generics	
benazepril-hydrochlorothiazide	2-Generics	
bisoprolol-hydrochlorothiazide	2-Generics	
candesartan cilexetil-hctz	3-Preferred Brands	QL (30 PER 30 OVER TIME)
CAPTOPRIL-HYDROCHLOROTHIAZIDE	4-Non-Preferred Drugs	
DEMSER	5-Specialty	PA
fosinopril sodium-hctz	2-Generics	
irbesartan-hydrochlorothiazide	1-Preferred Generics	QL (30 PER 30 OVER TIME)
lisinopril-hydrochlorothiazide	1-Preferred Generics	
losartan potassium-hctz	1-Preferred Generics	QL (60 PER 30 OVER TIME)
metoprolol-hydrochlorothiazide (, 100-50 mg tab)	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
olmesartan medoxomil-hctz	2-Generics	QL (30 PER 30 OVER TIME)
olmesartan-amlodipine-hctz	2-Generics	QL (30 PER 30 OVER TIME)
PROPRANOLOL-HCTZ	2-Generics	
quinapril-hydrochlorothiazide	2-Generics	
spironolactone-hctz	2-Generics	
telmisartan-hctz (40-12.5 mg tab, 80-25 mg tab)	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
telmisartan-hctz 80-12.5 mg tab	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)	1-Preferred Generics	
valsartan-hydrochlorothiazide	1-Preferred Generics	QL (30 PER 30 OVER TIME)
Cardiovascular Agents, Other		
acetazolamide	3-Preferred Brands	
acetazolamide er	4-Non-Preferred Drugs	
aliskiren fumarate	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
CORLANOR (5 MG TAB, 7.5 MG TAB)	4-Non-Preferred Drugs	PA, QL (60 PER 30 OVER TIME)
digitek 125 mcg tab	2-Generics	QL (30 PER 30 OVER TIME)
digitek 250 mcg tab	2-Generics	
digox 125 mcg tab	2-Generics	QL (30 PER 30 OVER TIME)
digox 250 mcg tab	2-Generics	
DIGOXIN 0.05 MG/ML SOLUTION	3-Preferred Brands	
digoxin 125 mcg tab	2-Generics	QL (30 PER 30 OVER TIME)
digoxin 250 mcg tab	2-Generics	
ENTRESTO	3-Preferred Brands	PA, QL (60 PER 30 OVER TIME)
LANOXIN 62.5 MCG TAB	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
pentoxifylline er	2-Generics	
ranolazine er	2-Generics	QL (120 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Diuretics, Loop		
bumetanide (0.25 mg/ml solution, 0.5 mg tab, 1 mg tab, 2 mg tab)	2-Generics	
ethacrynic acid	4-Non-Preferred Drugs	
furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)	1-Preferred Generics	
torsemide	2-Generics	
Diuretics, Potassium-sparing		
amiloride hcl	1-Preferred Generics	
DYRENIUM	4-Non-Preferred Drugs	
eplerenone	4-Non-Preferred Drugs	
spironolactone	1-Preferred Generics	
Diuretics, Thiazide		
chlorthalidone	1-Preferred Generics	
hydrochlorothiazide	1-Preferred Generics	
indapamide	1-Preferred Generics	
metolazone	2-Generics	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate (134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)	2-Generics	QL (30 PER 30 OVER TIME)
fenofibrate (54 mg tab, 67 mg cap)	2-Generics	QL (60 PER 30 OVER TIME)
fenofibrate 48 mg tab	2-Generics	ST, QL (60 PER 30 OVER TIME)
fenofibrate micronized (134 mg cap, 200 mg cap)	2-Generics	QL (30 PER 30 OVER TIME)
fenofibrate micronized 67 mg cap	2-Generics	QL (60 PER 30 OVER TIME)
fenofibric acid 135 mg cap dr	4-Non-Preferred Drugs	ST
fenofibric acid 45 mg cap dr	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
gemfibrozil	2-Generics	QL (60 PER 30 OVER TIME)
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)	1-Preferred Generics	QL (60 PER 30 OVER TIME)
atorvastatin calcium 80 mg tab	1-Preferred Generics	QL (30 PER 30 OVER TIME)
fluvastatin sodium	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
lovastatin	1-Preferred Generics	QL (60 PER 30 OVER TIME)
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)	1-Preferred Generics	QL (60 PER 30 OVER TIME)
pravastatin sodium 80 mg tab	1-Preferred Generics	QL (30 PER 30 OVER TIME)
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)	1-Preferred Generics	QL (60 PER 30 OVER TIME)
rosuvastatin calcium 40 mg tab	1-Preferred Generics	QL (30 PER 30 OVER TIME)
simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	1-Preferred Generics	QL (60 PER 30 OVER TIME)
simvastatin 80 mg tab	1-Preferred Generics	QL (30 PER 30 OVER TIME)
Dyslipidemics, Other		
cholestyramine (4 gm/dose powder, 4 gm packet)	3-Preferred Brands	
cholestyramine light (4 gm packet, 4 gm/dose powder)	3-Preferred Brands	
colesevelam hcl	4-Non-Preferred Drugs	
colestipol hcl (1 gm tab, 5 gm packet, 5 gm granules)	2-Generics	
ezetimibe	1-Preferred Generics	
NEXLETOL	4-Non-Preferred Drugs	PA, QL (30 PER 30 OVER TIME)
niacin er (antihyperlipidemic)	3-Preferred Brands	
omega-3-acid ethyl esters	3-Preferred Brands	QL (120 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PRALUENT (75 MG/ML SOLN A-INJ, 150 MG/ML SOLN A-INJ)	4-Non-Preferred Drugs	PA
prevalite (4 gm packet, 4 gm/dose powder)	2-Generics	
REPATHA	4-Non-Preferred Drugs	PA, QL (3 PER 28 OVER TIME)
REPATHA PUSHTRONEX SYSTEM	4-Non-Preferred Drugs	PA, QL (4 PER 28 OVER TIME)
REPATHA SURECLICK	4-Non-Preferred Drugs	PA, QL (3 PER 28 OVER TIME)
triklo	3-Preferred Brands	QL (120 PER 30 OVER TIME)
VASCEPA 0.5 GM CAP	4-Non-Preferred Drugs	QL (240 PER 30 OVER TIME)
VASCEPA 1 GM CAP	4-Non-Preferred Drugs	QL (120 PER 30 OVER TIME)
Vasodilators, Direct-acting Arterial		
hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	2-Generics	
minoxidil	2-Generics	
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	3-Preferred Brands	
isosorbide mononitrate	2-Generics	
isosorbide mononitrate er	2-Generics	
minitran	2-Generics	
NITRO-BID	3-Preferred Brands	
nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.6 mg/hr patch 24hr)	2-Generics	QL (30 PER 30 OVER TIME)
nitroglycerin (0.3 mg sl tab, 0.4 mg sl tab, 0.6 mg sl tab)	2-Generics	
nitroglycerin 0.4 mg/hr patch 24hr	2-Generics	QL (60 PER 30 OVER TIME)
nitroglycerin 0.4 mg/spray solution	4-Non-Preferred Drugs	
NITROSTAT	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RECTIV	4-Non-Preferred Drugs	

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

amphetamine-dextroamphet er (er 20 mg cap er 24h, er 25 mg cap er 24h, er 30 mg cap er 24h)	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
amphetamine-dextroamphet er (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h)	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab)	3-Preferred Brands	QL (90 PER 30 OVER TIME)
amphetamine-dextroamphetamine 30 mg tab	3-Preferred Brands	QL (60 PER 30 OVER TIME)
dextroamphetamine sulfate 10 mg tab	3-Preferred Brands	QL (180 PER 30 OVER TIME)
dextroamphetamine sulfate 5 mg tab	3-Preferred Brands	QL (150 PER 30 OVER TIME)
dextroamphetamine sulfate er 10 mg cap er 24h	4-Non-Preferred Drugs	QL (180 PER 30 OVER TIME)
dextroamphetamine sulfate er 15 mg cap er 24h	4-Non-Preferred Drugs	QL (120 PER 30 OVER TIME)
dextroamphetamine sulfate er 5 mg cap er 24h	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
VYVANSE (10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP)	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
VYVANSE (10 MG CHEW TAB, 20 MG CHEW TAB, 30 MG CHEW TAB, 40 MG CHEW TAB, 50 MG CHEW TAB, 60 MG CHEW TAB)	4-Non-Preferred Drugs	

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

atomoxetine hcl	4-Non-Preferred Drugs	
clonidine hcl er	4-Non-Preferred Drugs	QL (120 PER 30 OVER TIME)
dexmethylphenidate hcl	3-Preferred Brands	QL (60 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dexmethylphenidate hcl er	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
guanfacine hcl er	3-Preferred Brands	QL (30 PER 30 OVER TIME)
methylphenidate hcl (5 mg tab, 10 mg tab)	3-Preferred Brands	QL (90 PER 30 OVER TIME)
methylphenidate hcl (5 mg/5ml solution, 10 mg/5ml solution)	4-Non-Preferred Drugs	
methylphenidate hcl 20 mg tab	3-Preferred Brands	
methylphenidate hcl er (cd)	4-Non-Preferred Drugs	
methylphenidate hcl er (er 18 mg tab er, er 18 mg tab er 24h, er 27 mg tab er, er 27 mg tab er 24h, er 36 mg tab er, er 36 mg tab er 24h, er 54 mg tab er 24h, er 54 mg tab er, er 72 mg tab er)	4-Non-Preferred Drugs	
methylphenidate hcl er (la) (er (la) 20 mg cap er 24h, er (la) 30 mg cap er 24h, er (la) 40 mg cap er 24h, er (la) 60 mg cap er 24h)	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
methylphenidate hcl er (la) 10 mg cap er 24h	4-Non-Preferred Drugs	
methylphenidate hcl er 10 mg tab er	4-Non-Preferred Drugs	QL (180 PER 30 OVER TIME)
methylphenidate hcl er 20 mg tab er	4-Non-Preferred Drugs	QL (90 PER 30 OVER TIME)
Central Nervous System, Other		
AUSTEDO	5-Specialty	PA
NUEDEXTA	3-Preferred Brands	PA, QL (60 PER 30 OVER TIME)
riluzole	4-Non-Preferred Drugs	
tetrabenazine 12.5 mg tab	5-Specialty	PA, QL (240 PER 30 OVER TIME)
tetrabenazine 25 mg tab	5-Specialty	PA, QL (120 PER 30 OVER TIME)
Fibromyalgia Agents		
pregabalin (225 mg cap, 300 mg cap)	3-Preferred Brands	QL (60 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap)	3-Preferred Brands	QL (90 PER 30 OVER TIME)
pregabalin 20 mg/ml solution	3-Preferred Brands	QL (900 PER 30 OVER TIME)
SAVELLA (12.5 MG TAB, 50 MG TAB, 100 MG TAB)	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
SAVELLA 25 MG TAB	4-Non-Preferred Drugs	QL (90 PER 30 OVER TIME)
SAVELLA TITRATION PACK	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
Multiple Sclerosis Agents		
AUBAGIO	5-Specialty	PA, QL (30 PER 30 OVER TIME)
AVONEX PEN	5-Specialty	PA, QL (1 PER 28 OVER TIME)
AVONEX PREFILLED	5-Specialty	PA, QL (1 PER 28 OVER TIME)
BETASERON	5-Specialty	PA, QL (15 PER 30 OVER TIME)
dalfampridine er	4-Non-Preferred Drugs	PA, QL (60 PER 30 OVER TIME)
GILENYA 0.5 MG CAP	5-Specialty	PA, QL (30 PER 30 OVER TIME)
glatiramer acetate 20 mg/ml soln prsyr	3-Preferred Brands	PA, QL (30 PER 30 OVER TIME)
glatiramer acetate 40 mg/ml soln prsyr	3-Preferred Brands	PA, QL (12 PER 28 OVER TIME)
glatopa 20 mg/ml soln prsyr	3-Preferred Brands	PA, QL (30 PER 30 OVER TIME)
glatopa 40 mg/ml soln prsyr	3-Preferred Brands	PA, QL (12 PER 28 OVER TIME)
PLEGRIDY	5-Specialty	PA, QL (1 PER 28 OVER TIME)
PLEGRIDY STARTER PACK	5-Specialty	PA, QL (2 PER 365 OVER TIME)
REBIF	5-Specialty	PA, QL (6 PER 28 OVER TIME)
REBIF REBIDOSE	5-Specialty	PA, QL (6 PER 28 OVER TIME)
REBIF REBIDOSE TITRATION PACK	5-Specialty	PA, QL (5 PER 28 OVER TIME)
REBIF TITRATION PACK	5-Specialty	PA, QL (5 PER 28 OVER TIME)
TECFIDERA	5-Specialty	PA, QL (60 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Dental and Oral Agents		
chlorhexidine gluconate	1-Preferred Generics	
pilocarpine hcl (5 mg tab, 7.5 mg tab)	4-Non-Preferred Drugs	
triamcinolone acetonide 0.1 % paste	2-Generics	
Dermatological Agents		
Acne and Rosacea Agents		
acitretin (10 mg cap, 25 mg cap)	4-Non-Preferred Drugs	
acitretin 17.5 mg cap	5-Specialty	
adapalene (0.1 % cream, 0.1 % gel, 0.3 % gel)	3-Preferred Brands	PA
amnesteem	4-Non-Preferred Drugs	
azelaic acid	4-Non-Preferred Drugs	
benzoyl peroxide-erythromycin	4-Non-Preferred Drugs	
claravis	4-Non-Preferred Drugs	
clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)	4-Non-Preferred Drugs	
isotretinoin	4-Non-Preferred Drugs	
MIRVASO	4-Non-Preferred Drugs	
myorisan	4-Non-Preferred Drugs	
tazarotene	4-Non-Preferred Drugs	PA
TAZORAC (0.05 % CREAM, 0.05 % GEL, 0.1 % GEL)	4-Non-Preferred Drugs	PA
tretinoin 0.05 % gel	3-Preferred Brands	
tretinoin 0.1 % cream	4-Non-Preferred Drugs	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
zenatane	4-Non-Preferred Drugs	
Dermatitis and Pruitus Agents		
ala-cort 1 % cream	1-Preferred Generics	
ammonium lactate	2-Generics	
betamethasone dipropionate (0.05 % lotion, 0.05 % cream, 0.05 % ointment)	2-Generics	
betamethasone dipropionate aug (0.05 % cream, 0.05 % lotion, 0.05 % ointment, 0.05 % gel)	2-Generics	
betamethasone valerate (0.1 % ointment, 0.1 % lotion, 0.1 % cream)	2-Generics	
BRYHALI	4-Non-Preferred Drugs	
clobetasol prop emollient base	2-Generics	
clobetasol propionate (0.05 % cream, 0.05 % lotion, 0.05 % foam, 0.05 % solution, 0.05 % ointment, 0.05 % liquid, 0.05 % shampoo, 0.05 % gel)	2-Generics	
clobetasol propionate e	2-Generics	
clobetasol propionate emulsion	2-Generics	
CORDRAN 4 MCG/SQCM TAPE	4-Non-Preferred Drugs	
fluocinolone acetonide (0.01 % cream, 0.025 % cream, 0.025 % ointment)	3-Preferred Brands	
fluocinolone acetonide body	4-Non-Preferred Drugs	
fluocinolone acetonide scalp	4-Non-Preferred Drugs	
hydrocortisone butyrate 0.1 % lotion	4-Non-Preferred Drugs	
mometasone furoate (0.1 % ointment, 0.1 % solution, 0.1 % cream)	2-Generics	
pimecrolimus	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREDNICARBATE 0.1 % CREAM	4-Non-Preferred Drugs	
procto-med hc	2-Generics	
proctosol hc	2-Generics	
selenium sulfide 2.5 % lotion	2-Generics	
tacrolimus (0.03 % ointment, 0.1 % ointment)	4-Non-Preferred Drugs	
Dermatological Agents, Other		
calcipotriene (0.005 % cream, 0.005 % ointment)	2-Generics	QL (120 PER 30 OVER TIME)
calcipotriene 0.005 % solution	2-Generics	QL (60 PER 30 OVER TIME)
CALCITRIOL 3 MCG/GM OINTMENT	4-Non-Preferred Drugs	
clotrimazole-betamethasone 1-0.05 % cream	2-Generics	
clotrimazole-betamethasone 1-0.05 % lotion	4-Non-Preferred Drugs	
CORTISPORIN	4-Non-Preferred Drugs	
COSENTYX	5-Specialty	PA, QL (2 PER 28 OVER TIME)
COSENTYX (300 MG DOSE)	5-Specialty	PA, QL (2 PER 28 OVER TIME)
COSENTYX SENSOREADY (300 MG)	5-Specialty	PA, QL (2 PER 28 OVER TIME)
COSENTYX SENSOREADY PEN	5-Specialty	PA, QL (2 PER 28 OVER TIME)
diclofenac sodium 1 % gel	2-Generics	
DUPIXENT (200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR)	5-Specialty	PA
FLUOROURACIL (2 % SOLUTION, 5 % SOLUTION)	3-Preferred Brands	
fluorouracil 5 % cream	4-Non-Preferred Drugs	
ILUMYA	5-Specialty	PA
imiquimod	4-Non-Preferred Drugs	QL (20 PER 28 OVER TIME)
methoxsalen rapid	5-Specialty	
nystatin-triamcinolone	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OTEZLA	5-Specialty	PA
PICATO 0.015 % GEL	4-Non-Preferred Drugs	QL (3 PER 30 OVER TIME)
PICATO 0.05 % GEL	4-Non-Preferred Drugs	QL (2 PER 30 OVER TIME)
podofilox	2-Generics	
REGRANEX	5-Specialty	PA
SANTYL	4-Non-Preferred Drugs	
SILVADENE	4-Non-Preferred Drugs	
silver sulfadiazine	2-Generics	
ssd	2-Generics	
STELARA (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	5-Specialty	PA
TALTZ	5-Specialty	PA

Pediculicides/Scabicides

lindane	4-Non-Preferred Drugs	
malathion	4-Non-Preferred Drugs	
permethrin	2-Generics	

Topical Anti-infectives

dapsone 5 % gel	4-Non-Preferred Drugs	
LULICONAZOLE	4-Non-Preferred Drugs	
mafenide acetate	3-Preferred Brands	

Electrolytes/Minerals/Metals/ Vitamins

Electrolyte/Mineral Replacement

CARBAGLU	5-Specialty	PA
dextrose (5 % solution, 10 % solution)	2-Generics	
glucose	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
K-TAB	4-Non-Preferred Drugs	
klor-con 10	3-Preferred Brands	
klor-con 8 meq tab er	3-Preferred Brands	
klor-con m10	2-Generics	
KLOR-CON M15	2-Generics	
klor-con m20	2-Generics	
magnesium sulfate 50 % solution	4-Non-Preferred Drugs	
POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 MEQ/100ML SOLUTION, 20 MEQ/100ML SOLUTION, 20 MEQ PACKET, 20 MEQ/15ML (10%) SOLUTION, 40 MEQ/15ML (20%) SOLUTION, 40 MEQ/100ML SOLUTION)	4-Non-Preferred Drugs	
potassium chloride crys er	2-Generics	
POTASSIUM CHLORIDE ER (ER, ER 8 MEQ TAB ER, ER 20 MEQ TAB ER)	2-Generics	
POTASSIUM CHLORIDE IN NACL (20-0.9 MEQ/L-% SOLUTION, 20-0.45 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION)	4-Non-Preferred Drugs	
sodium chloride (0.45 % solution, 0.9 % solution, 3 % solution, 5 % solution)	4-Non-Preferred Drugs	
sodium chloride (pf)	4-Non-Preferred Drugs	
SUPREP BOWEL PREP KIT	3-Preferred Brands	

Electrolyte/Mineral/Metal Modifiers

deferasirox (125 mg tab sol, 250 mg tab sol, 500 mg tab sol)	5-Specialty	PA
deferasirox granules (granules 90 mg packet, granules 180 mg packet, granules 360 mg packet)	5-Specialty	PA
DEPEN TITRATABS	5-Specialty	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FERRIPROX (100 MG/ML SOLUTION, 500 MG TAB)	5-Specialty	PA
JADENU	5-Specialty	PA
JADENU SPRINKLE	5-Specialty	PA
kionex 15 gm/60ml suspension	2-Generics	
klor-con 20 meq packet	4-Non-Preferred Drugs	
penicillamine 250 mg cap	5-Specialty	
SAMSCA	5-Specialty	PA
sodium polystyrene sulfonate (15 gm/60ml suspension, 30 gm/120ml suspension, 50 gm/200ml suspension)	2-Generics	
trientine hcl	5-Specialty	
AMINOSYN II 15 % SOLUTION	4-Non-Preferred Drugs	PA - Part B vs D Determination
AMINOSYN-PF 7 % SOLUTION	4-Non-Preferred Drugs	PA - Part B vs D Determination
CLINIMIX E/DEXTROSE (2.75/5)	4-Non-Preferred Drugs	PA - Part B vs D Determination
CLINIMIX E/DEXTROSE (4.25/10)	4-Non-Preferred Drugs	PA - Part B vs D Determination
CLINIMIX E/DEXTROSE (4.25/5)	4-Non-Preferred Drugs	PA - Part B vs D Determination
CLINIMIX E/DEXTROSE (5/15)	4-Non-Preferred Drugs	PA - Part B vs D Determination
CLINIMIX E/DEXTROSE (5/20)	4-Non-Preferred Drugs	PA - Part B vs D Determination
CLINIMIX/DEXTROSE (4.25/10)	4-Non-Preferred Drugs	PA - Part B vs D Determination
CLINIMIX/DEXTROSE (4.25/5)	4-Non-Preferred Drugs	PA - Part B vs D Determination
CLINIMIX/DEXTROSE (5/15)	4-Non-Preferred Drugs	PA - Part B vs D Determination
CLINIMIX/DEXTROSE (5/20)	4-Non-Preferred Drugs	PA - Part B vs D Determination
clinisol sf	4-Non-Preferred Drugs	PA - Part B vs D Determination

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dextrose-nacl (2.5-0.45 % solution, 5-0.45 % solution, 5-0.9 % solution, 5-0.2 % solution, 10-0.2 % solution, 10-0.45 % solution)	2-Generics	
HEPATAMINE	4-Non-Preferred Drugs	PA - Part B vs D Determination
INTRALIPID	4-Non-Preferred Drugs	PA - Part B vs D Determination
kcl in dextrose-nacl (0.15-5-0.45 % solution, 10-5-0.45 meq/l-%-% solution, 20-5-0.2 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 30-5-0.45 meq/l-%-% solution, 40-5-0.45 meq/l-%-% solution, 40-5-0.9 meq/l-%-% solution)	4-Non-Preferred Drugs	
KCL-LACTATED RINGERS-D5W	4-Non-Preferred Drugs	
levocarnitine (1 gm/10ml solution, 330 mg tab)	3-Preferred Brands	
levocarnitine sf	3-Preferred Brands	
NUTRILIPID	4-Non-Preferred Drugs	PA - Part B vs D Determination
potassium chloride in dextrose 20-5 meq/l-% solution	4-Non-Preferred Drugs	
PREMASOL 10 % SOLUTION	4-Non-Preferred Drugs	PA - Part B vs D Determination
PROCALAMINE	4-Non-Preferred Drugs	PA - Part B vs D Determination
PROSOL	4-Non-Preferred Drugs	PA - Part B vs D Determination
TRAVASOL	4-Non-Preferred Drugs	PA - Part B vs D Determination
TROPHAMINE 10 % SOLUTION	4-Non-Preferred Drugs	PA - Part B vs D Determination

Phosphate Binders

calcium acetate	2-Generics	
calcium acetate (phos binder)	2-Generics	
lanthanum carbonate	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sevelamer carbonate (0.8 gm packet, 2.4 gm packet)	3-Preferred Brands	
sevelamer carbonate 800 mg tab	2-Generics	
SEVELAMER HCL (400 MG TAB, 800 MG TAB)	3-Preferred Brands	
Potassium Binders		
LOKELMA	4-Non-Preferred Drugs	
sodium polystyrene sulfonate powder	2-Generics	
sps	2-Generics	
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose	2-Generics	
enulose	2-Generics	
GAVILYTE-C	2-Generics	
gavilyte-g	2-Generics	
gavilyte-n with flavor pack	2-Generics	
generlac	2-Generics	
GOLYTELY (227.1 GM RECON SOLN, 236 GM RECON SOLN)	4-Non-Preferred Drugs	
LACTULOSE (10 GM/15ML SOLUTION, 10 GM PACKET, 20 GM/30ML SOLUTION)	2-Generics	
NULYTELY LEMON-LIME	4-Non-Preferred Drugs	
NULYTELY WITH FLAVOR PACKS	4-Non-Preferred Drugs	
peg 3350-kcl-na bicarb-nacl	2-Generics	
peg-3350/electrolytes	2-Generics	
trilyte	2-Generics	
TRULANCE	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Anti-Diarrheal Agents		
alosetron hcl	5-Specialty	QL (60 PER 30 OVER TIME)
AMITIZA	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
LINZESS	3-Preferred Brands	QL (30 PER 30 OVER TIME)
VIBERZI	5-Specialty	QL (60 PER 30 OVER TIME)
Antispasmodics, Gastrointestinal		
dicyclomine hcl (10 mg/5ml solution, 10 mg cap, 20 mg tab)	2-Generics	
glycopyrrolate (1 mg tab, 2 mg tab)	2-Generics	
methscopolamine bromide	4-Non-Preferred Drugs	
PROPANTHELINE BROMIDE	2-Generics	
Gastrointestinal Agents, Other		
diphenoxylate-atropine 2.5-0.025 mg tab	3-Preferred Brands	ST
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	3-Preferred Brands	
GATTEX	5-Specialty	PA
loperamide hcl 2 mg cap	2-Generics	ST
metoclopramide hcl (5 mg/5ml solution, 5 mg tab, 10 mg tab, 10 mg/10ml solution)	2-Generics	
MOVANTIK 12.5 MG TAB	3-Preferred Brands	PA, QL (30 PER 30 OVER TIME)
MOVANTIK 25 MG TAB	3-Preferred Brands	PA, ST, QL (30 PER 30 OVER TIME)
proctozone-hc	2-Generics	
RELISTOR 12 MG/0.6ML SOLUTION	5-Specialty	ST, QL (18 PER 30 OVER TIME)
RELISTOR 150 MG TAB	5-Specialty	QL (90 PER 30 OVER TIME)
RELISTOR 8 MG/0.4ML SOLUTION	5-Specialty	QL (12 PER 30 OVER TIME)
ursodiol (250 mg tab, 500 mg tab)	3-Preferred Brands	
ursodiol 300 mg cap	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Histamine2 (H2) Receptor Antagonists		
famotidine (20 mg tab, 40 mg tab)	1-Preferred Generics	
famotidine 40 mg/5ml recon susp	4-Non-Preferred Drugs	
nizatidine (15 mg/ml solution, 150 mg cap, 300 mg cap)	2-Generics	
Protectants		
CARAFATE 1 GM/10ML SUSPENSION	4-Non-Preferred Drugs	
misoprostol	2-Generics	
sucralfate 1 gm tab	2-Generics	
Proton Pump Inhibitors		
esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)	2-Generics	QL (60 PER 30 OVER TIME)
lansoprazole 15 mg cap dr	2-Generics	QL (60 PER 30 OVER TIME)
lansoprazole 15 mg tab dr disp	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
lansoprazole 30 mg cap dr	2-Generics	QL (30 PER 30 OVER TIME)
lansoprazole 30 mg tab dr disp	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
omeprazole	1-Preferred Generics	QL (60 PER 30 OVER TIME)
pantoprazole sodium (20 mg tab dr, 40 mg tab dr)	1-Preferred Generics	QL (60 PER 30 OVER TIME)
rabeprazole sodium 20 mg tab dr	2-Generics	QL (60 PER 30 OVER TIME)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
CREON	3-Preferred Brands	
GLASSIA	5-Specialty	PA
KUVAN	5-Specialty	PA
miglustat	5-Specialty	QL (90 PER 30 OVER TIME)
PANCREAZE	4-Non-Preferred Drugs	
PERTZYE (4000 CP DR PART, 8000 CP DR PART, 16000 CP DR PART)	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROLASTIN-C	5-Specialty	
RAVICTI	5-Specialty	PA
sodium phenylbutyrate 500 mg tab	5-Specialty	
VIOKACE	4-Non-Preferred Drugs	
ZENPEP	3-Preferred Brands	

Genitourinary Agents

Antispasmodics, Urinary

darifenacin hydrobromide er 15 mg tab er 24h	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
darifenacin hydrobromide er 7.5 mg tab er 24h	4-Non-Preferred Drugs	ST, QL (30 PER 30 OVER TIME)
flavoxate hcl	3-Preferred Brands	
MYRBETRIQ	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
oxybutynin chloride (5 mg tab, 5 mg/5ml syrup)	2-Generics	
oxybutynin chloride er (er 10 mg tab er 24h, er 15 mg tab er 24h)	2-Generics	QL (60 PER 30 OVER TIME)
oxybutynin chloride er 5 mg tab er 24h	2-Generics	QL (30 PER 30 OVER TIME)
solifenacin succinate	3-Preferred Brands	QL (30 PER 30 OVER TIME)
tolterodine tartrate	2-Generics	QL (60 PER 30 OVER TIME)
tolterodine tartrate er	2-Generics	QL (30 PER 30 OVER TIME)
TOVIAZ 4 MG TAB ER 24H	4-Non-Preferred Drugs	ST, QL (30 PER 30 OVER TIME)
TOVIAZ 8 MG TAB ER 24H	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
trospium chloride	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
trospium chloride er	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	2-Generics	QL (30 PER 30 OVER TIME)
dutasteride	2-Generics	QL (30 PER 30 OVER TIME)
dutasteride-tamsulosin hcl	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
finasteride 5 mg tab	1-Preferred Generics	QL (30 PER 30 OVER TIME)
silodosin	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
tamsulosin hcl	1-Preferred Generics	QL (60 PER 30 OVER TIME)
Genitourinary Agents, Other		
bethanechol chloride	2-Generics	
ELMIRON	4-Non-Preferred Drugs	
GLOPERBA	4-Non-Preferred Drugs	
potassium citrate er	3-Preferred Brands	
sodium phenylbutyrate 3 gm/tsp powder	5-Specialty	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
alclometasone dipropionate	3-Preferred Brands	
CORTISONE ACETATE	3-Preferred Brands	
desonide (0.05 % cream, 0.05 % ointment, 0.05 % lotion)	3-Preferred Brands	
desoximetasone (0.05 % ointment, 0.05 % cream, 0.05 % gel, 0.25 % cream, 0.25 % ointment)	4-Non-Preferred Drugs	
DEXAMETHASONE (0.5 MG TAB, 0.5 MG/5ML ELIXIR, 0.75 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB)	2-Generics	
fludrocortisone acetate	2-Generics	
fluocinolone acetonide (0.01 % solution, 0.01 % oil)	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fluocinonide (0.05 % ointment, 0.05 % gel, 0.05 % solution)	3-Preferred Brands	
fluocinonide 0.1 % cream	4-Non-Preferred Drugs	
fluocinonide emulsified base	3-Preferred Brands	
fluticasone propionate (0.005 % ointment, 0.05 % cream)	2-Generics	
halobetasol propionate (0.05 % foam, 0.05 % ointment)	2-Generics	
halobetasol propionate 0.05 % cream	4-Non-Preferred Drugs	
hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % ointment)	1-Preferred Generics	
hydrocortisone 2.5 % lotion	2-Generics	
hydrocortisone butyr lipo base	4-Non-Preferred Drugs	
hydrocortisone butyrate (0.1 % ointment, 0.1 % cream, 0.1 % solution)	4-Non-Preferred Drugs	
hydrocortisone in absorbase	1-Preferred Generics	
hydrocortisone valerate	4-Non-Preferred Drugs	
methylprednisolone	2-Generics	
PREDNICARBATE 0.1 % OINTMENT	4-Non-Preferred Drugs	
prednisolone (, 15 mg/5ml solution)	2-Generics	
PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION	2-Generics	
prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution	3-Preferred Brands	
prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)	1-Preferred Generics	
PREDNISONE (5 MG (48) TAB THPK, 5 MG (21) TAB THPK, 5 MG/5ML SOLUTION, 10 MG (21) TAB THPK, 10 MG (48) TAB THPK)	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
procto-pak	2-Generics	
triamcinolone acetonide (0.025 % ointment, 0.025 % cream, 0.025 % lotion, 0.1 % ointment, 0.1 % cream, 0.5 % cream, 0.5 % ointment)	2-Generics	
triamcinolone acetonide 0.1 % lotion	3-Preferred Brands	
triderm 0.1 % cream	2-Generics	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)

Anabolic Steroids

ANADROL-50	5-Specialty	
oxandrolone 10 mg tab	3-Preferred Brands	QL (60 PER 30 OVER TIME)
oxandrolone 2.5 mg tab	3-Preferred Brands	QL (180 PER 30 OVER TIME)

Androgens

danazol	4-Non-Preferred Drugs	
DEPO-TESTOSTERONE 200 MG/ML SOLUTION	4-Non-Preferred Drugs	PA
testosterone (1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel)	3-Preferred Brands	PA, QL (150 PER 30 OVER TIME)
TESTOSTERONE (12.5 MG/ACT (1%) GEL, 25 MG/2.5GM (1%) GEL, 50 MG/5GM (1%) GEL)	3-Preferred Brands	PA, QL (300 PER 30 OVER TIME)
testosterone 20.25 mg/1.25gm (1.62%) gel	3-Preferred Brands	PA, QL (38 PER 30 OVER TIME)
testosterone cypionate 100 mg/ml solution	4-Non-Preferred Drugs	
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	4-Non-Preferred Drugs	PA
TESTOSTERONE ENANTHATE	4-Non-Preferred Drugs	PA, QL (5 PER 30 OVER TIME)

Estrogens

ALORA	4-Non-Preferred Drugs	QL (8 PER 28 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DEPO-ESTRADIOL	4-Non-Preferred Drugs	
dotti	2-Generics	
estradiol (0.025 mg/24hr patch tw, 0.1 mg/gm cream, 0.5 mg tab, 1 mg tab, 2 mg tab, 10 mcg tab)	2-Generics	
estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)	2-Generics	QL (4 PER 28 OVER TIME)
estradiol (0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)	2-Generics	QL (8 PER 28 OVER TIME)
ESTRING	4-Non-Preferred Drugs	QL (1 PER 90 OVER TIME)
IMVEXXY MAINTENANCE PACK 4 MCG INSERT	4-Non-Preferred Drugs	QL (18 PER 28 OVER TIME)
IMVEXXY STARTER PACK	4-Non-Preferred Drugs	QL (18 PER 28 OVER TIME)
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB)	4-Non-Preferred Drugs	
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	
yuvafem	2-Generics	
altavera	4-Non-Preferred Drugs	
alyacen 1/35	4-Non-Preferred Drugs	
amabelz	4-Non-Preferred Drugs	
amethia	4-Non-Preferred Drugs	QL (91 PER 90 OVER TIME)
apri	4-Non-Preferred Drugs	
aranelle	4-Non-Preferred Drugs	
ashlyna	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
aviane	4-Non-Preferred Drugs	
balziva	4-Non-Preferred Drugs	
BIJUVA	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
blisovi 24 fe	4-Non-Preferred Drugs	
blisovi fe 1.5/30	4-Non-Preferred Drugs	
briellyn	4-Non-Preferred Drugs	
budesonide er	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
camrese lo	4-Non-Preferred Drugs	
caziant	4-Non-Preferred Drugs	
cryselle-28	4-Non-Preferred Drugs	
cyclafem 1/35	4-Non-Preferred Drugs	
cyclafem 7/7/7	4-Non-Preferred Drugs	
deblitane	4-Non-Preferred Drugs	
desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab	4-Non-Preferred Drugs	
drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab	4-Non-Preferred Drugs	
drospirenone-ethinyl estradiol	4-Non-Preferred Drugs	
emoquette	4-Non-Preferred Drugs	
enpresse-28	4-Non-Preferred Drugs	
enskyce	4-Non-Preferred Drugs	
estarylla	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
estradiol-norethindrone acet	4-Non-Preferred Drugs	
ethynodiol diac-eth estradiol	4-Non-Preferred Drugs	
falmina	4-Non-Preferred Drugs	
fayosim	4-Non-Preferred Drugs	
femynor	4-Non-Preferred Drugs	
fyavolv	3-Preferred Brands	
gianvi	4-Non-Preferred Drugs	
hailey 24 fe	4-Non-Preferred Drugs	
heather	4-Non-Preferred Drugs	
IMVEXXY MAINTENANCE PACK 10 MCG INSERT	4-Non-Preferred Drugs	QL (18 PER 28 OVER TIME)
incassia	4-Non-Preferred Drugs	
introvale	4-Non-Preferred Drugs	QL (91 PER 30 OVER TIME)
isibloom	4-Non-Preferred Drugs	
jasmiel	4-Non-Preferred Drugs	
jinteli	3-Preferred Brands	
juleber	4-Non-Preferred Drugs	
junel 1.5/30	4-Non-Preferred Drugs	
junel 1/20	4-Non-Preferred Drugs	
junel fe 1.5/30	4-Non-Preferred Drugs	
junel fe 1/20	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
junel fe 24	4-Non-Preferred Drugs	
kaitlib fe	4-Non-Preferred Drugs	
kariva	4-Non-Preferred Drugs	
kelnor 1/35	4-Non-Preferred Drugs	
kelnor 1/50	4-Non-Preferred Drugs	
kurvelo	4-Non-Preferred Drugs	
larin 1.5/30	4-Non-Preferred Drugs	
larin 1/20	4-Non-Preferred Drugs	
larin fe 1.5/30	4-Non-Preferred Drugs	
larin fe 1/20	4-Non-Preferred Drugs	
larissia	4-Non-Preferred Drugs	
layolis fe	4-Non-Preferred Drugs	
leena	4-Non-Preferred Drugs	
lessina	4-Non-Preferred Drugs	
levonest	4-Non-Preferred Drugs	
levonorg-eth estrad triphasic	4-Non-Preferred Drugs	
levonorgest-eth est & eth est	4-Non-Preferred Drugs	
levonorgest-eth estrad 91-day (0.15-0.03 &0.01 mg tab, 0.15-0.03 mg tab)	4-Non-Preferred Drugs	
levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab	4-Non-Preferred Drugs	QL (91 PER 90 OVER TIME)
levonorgestrel-ethinyl estrad	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
levora 0.15/30 (28)	4-Non-Preferred Drugs	
lopreeza 1-0.5 mg tab	4-Non-Preferred Drugs	
loryna	4-Non-Preferred Drugs	
low-ogestrel	4-Non-Preferred Drugs	
lutera	4-Non-Preferred Drugs	
marlissa	4-Non-Preferred Drugs	
melodetta 24 fe	4-Non-Preferred Drugs	
mibelas 24 fe	4-Non-Preferred Drugs	
microgestin 1.5/30	4-Non-Preferred Drugs	
microgestin 1/20	4-Non-Preferred Drugs	
microgestin fe 1.5/30	4-Non-Preferred Drugs	
microgestin fe 1/20	4-Non-Preferred Drugs	
mili	4-Non-Preferred Drugs	
mimvey	4-Non-Preferred Drugs	
necon 0.5/35 (28)	4-Non-Preferred Drugs	
nikki	4-Non-Preferred Drugs	
nora-be	4-Non-Preferred Drugs	
norethin ace-eth estrad-fe 1-20 mg-mcg(24) chew tab	4-Non-Preferred Drugs	
norethin-eth estradiol-fe	4-Non-Preferred Drugs	
norethindrone acet-ethinyl est (1-20 mg-mcg tab, 1-20 mg-mcg(24) chew tab)	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
norethindrone-eth estradiol	3-Preferred Brands	
norgestim-eth estrad triphasic	4-Non-Preferred Drugs	
norgestimate-eth estradiol	4-Non-Preferred Drugs	
nortrel 0.5/35 (28)	4-Non-Preferred Drugs	
nortrel 1/35 (21)	4-Non-Preferred Drugs	
nortrel 1/35 (28)	4-Non-Preferred Drugs	
nortrel 7/7/7	4-Non-Preferred Drugs	
ocella	4-Non-Preferred Drugs	
orsythia	4-Non-Preferred Drugs	
pimtrea	4-Non-Preferred Drugs	
pirmella 1/35	4-Non-Preferred Drugs	
portia-28	4-Non-Preferred Drugs	
PREMPHASE	3-Preferred Brands	
PREMPRO	3-Preferred Brands	
previfem	4-Non-Preferred Drugs	
reclipsen	4-Non-Preferred Drugs	
rivelsa	4-Non-Preferred Drugs	
setlakin	4-Non-Preferred Drugs	QL (91 PER 90 OVER TIME)
sharobel	4-Non-Preferred Drugs	
sprintec 28	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sronyx	4-Non-Preferred Drugs	
syeda	4-Non-Preferred Drugs	
tarina 24 fe	4-Non-Preferred Drugs	
tri-estarylla	4-Non-Preferred Drugs	
tri-legest fe	4-Non-Preferred Drugs	
tri-lo-estarylla	4-Non-Preferred Drugs	
tri-lo-sprintec	4-Non-Preferred Drugs	
tri-mili	4-Non-Preferred Drugs	
tri-previfem	4-Non-Preferred Drugs	
tri-sprintec	4-Non-Preferred Drugs	
tri-vylibra	4-Non-Preferred Drugs	
tri-vylibra lo	4-Non-Preferred Drugs	
trivora (28)	4-Non-Preferred Drugs	
tydemy	4-Non-Preferred Drugs	
velivet	4-Non-Preferred Drugs	
vestura	4-Non-Preferred Drugs	
vienva	4-Non-Preferred Drugs	
vyfemla	4-Non-Preferred Drugs	
vylibra	4-Non-Preferred Drugs	
wymzya fe	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XULANE	4-Non-Preferred Drugs	QL (3 PER 28 OVER TIME)
zarah	4-Non-Preferred Drugs	
zovia 1/35e (28)	4-Non-Preferred Drugs	
Progestins		
camila	4-Non-Preferred Drugs	
DEPO-PROVERA 400 MG/ML SUSPENSION	4-Non-Preferred Drugs	
DEPO-SUBQ PROVERA 104	4-Non-Preferred Drugs	QL (1 PER 90 OVER TIME)
errin	4-Non-Preferred Drugs	
lyza	4-Non-Preferred Drugs	
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	2-Generics	
medroxyprogesterone acetate 150 mg/ml suspension	4-Non-Preferred Drugs	
megestrol acetate (20 mg tab, 40 mg tab)	2-Generics	
megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 625 mg/5ml suspension)	3-Preferred Brands	
norethindrone	4-Non-Preferred Drugs	
norethindrone acetate	2-Generics	
progesterone micronized (100 mg cap, 200 mg cap)	2-Generics	
Selective Estrogen Receptor Modifying Agents		
DUAVEE	4-Non-Preferred Drugs	
raloxifene hcl	3-Preferred Brands	QL (30 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary)		
desmopressin ace spray refrig	3-Preferred Brands	
desmopressin acetate (0.1 mg tab, 0.2 mg tab)	2-Generics	
desmopressin acetate spray	3-Preferred Brands	
INCRELEX	5-Specialty	PA
NORDITROPIN FLEXPRO	5-Specialty	PA
STIMATE	5-Specialty	
Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid)		
levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)	1-Preferred Generics	
levoxyl	4-Non-Preferred Drugs	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	2-Generics	
SYNTHROID	3-Preferred Brands	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	5-Specialty	
Hormonal Agents, Suppressant (Pituitary)		
cabergoline	3-Preferred Brands	QL (16 PER 28 OVER TIME)
FIRMAGON	4-Non-Preferred Drugs	PA
FIRMAGON (240 MG DOSE)	5-Specialty	PA
leuprolide acetate	4-Non-Preferred Drugs	
LUPRON DEPOT (1-MONTH)	5-Specialty	PA - Part B vs D Determination, QL (1 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUPRON DEPOT (3-MONTH)	5-Specialty	PA - Part B vs D Determination, QL (1 PER 90 OVER TIME)
LUPRON DEPOT (4-MONTH)	5-Specialty	PA - Part B vs D Determination, QL (1 PER 112 OVER TIME)
LUPRON DEPOT (6-MONTH)	5-Specialty	PA - Part B vs D Determination, QL (1 PER 168 OVER TIME)
OCTREOTIDE ACETATE (, 200 MCG/ML SOLUTION, 1000 MCG/ML SOLUTION)	4-Non-Preferred Drugs	PA
SIGNIFOR	5-Specialty	PA, QL (60 PER 30 OVER TIME)
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	5-Specialty	PA
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION	5-Specialty	PA - Part B vs D Determination
SOMAVERT (15 MG RECON SOLN, 20 MG RECON SOLN)	5-Specialty	PA, QL (60 PER 30 OVER TIME)
SOMAVERT (25 MG RECON SOLN, 30 MG RECON SOLN)	5-Specialty	PA, QL (30 PER 30 OVER TIME)

Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

methimazole	2-Generics	
propylthiouracil	2-Generics	

Immunological Agents

Immunoglobulins

GAMMAGARD 2.5 GM/25ML SOLUTION	5-Specialty	PA - Part B vs D Determination
GAMMAGARD S/D LESS IGA	5-Specialty	PA - Part B vs D Determination
GAMMAKED 1 GM/10ML SOLUTION	5-Specialty	PA - Part B vs D Determination
GAMMAPLEX (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION)	5-Specialty	PA - Part B vs D Determination
GAMUNEX-C 1 GM/10ML SOLUTION	5-Specialty	PA - Part B vs D Determination

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PRIVIGEN 20 GM/200ML SOLUTION	5-Specialty	PA - Part B vs D Determination
FIRAZYR	5-Specialty	PA, QL (18 PER 30 OVER TIME)
leflunomide	2-Generics	QL (30 PER 30 OVER TIME)
RUCONEST	5-Specialty	PA
Immunological Agents, Other		
ACTIMMUNE	5-Specialty	PA
SIMPONI 100 MG/ML SOLN PRSYR	5-Specialty	PA
XOLAIR 150 MG/ML SOLN PRSYR	5-Specialty	PA
Immunostimulants		
INTRON A (18000000 RECON SOLN, 50000000 RECON SOLN)	5-Specialty	PA - Part B vs D Determination
PEGASYS PROCLICK 180 MCG/0.5ML SOLUTION	5-Specialty	QL (2 PER 28 OVER TIME)
Immunosuppressants		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	5-Specialty	PA, QL (4 PER 28 OVER TIME)
ACTEMRA ACTPEN	5-Specialty	PA
AFINITOR DISPERZ	5-Specialty	PA - FOR NEW STARTS ONLY
azathioprine	1-Preferred Generics	PA - Part B vs D Determination
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	5-Specialty	PA, QL (4 PER 28 OVER TIME)
CIMZIA	5-Specialty	PA
CIMZIA PREFILLED	5-Specialty	PA
CIMZIA STARTER KIT	5-Specialty	PA
cyclosporine (25 mg cap, 100 mg cap)	4-Non-Preferred Drugs	PA - Part B vs D Determination
cyclosporine modified (25 mg cap, 50 mg cap, 100 mg/ml solution, 100 mg cap)	4-Non-Preferred Drugs	PA - Part B vs D Determination
ENBREL (25 MG RECON SOLN, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	5-Specialty	PA, QL (8 PER 28 OVER TIME)
ENBREL 25 MG/0.5ML SOLN PRSYR	5-Specialty	PA, QL (5 PER 28 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENBREL SURECLICK	5-Specialty	PA, QL (8 PER 28 OVER TIME)
everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab)	4-Non-Preferred Drugs	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)	4-Non-Preferred Drugs	PA - Part B vs D Determination
HUMIRA (10 MG/0.1ML PREF SY KT, 10 MG/0.2ML PREF SY KT, 20 MG/0.2ML PREF SY KT)	5-Specialty	PA, QL (2 PER 28 OVER TIME)
HUMIRA (20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT, 40 MG/0.4ML PREF SY KT)	5-Specialty	PA, QL (6 PER 28 OVER TIME)
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	5-Specialty	PA, QL (2 PER 28 OVER TIME)
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT	5-Specialty	PA, QL (3 PER 28 OVER TIME)
HUMIRA PEN	5-Specialty	PA, QL (6 PER 28 OVER TIME)
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	5-Specialty	PA, QL (6 PER 28 OVER TIME)
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	5-Specialty	PA, QL (3 PER 28 OVER TIME)
HUMIRA PEN-PS/UV/ADOL HS START 40 MG/0.8ML PEN KIT	5-Specialty	PA, QL (6 PER 28 OVER TIME)
HUMIRA PEN-PS/UV/ADOL HS START 80 MG/0.8ML & 40MG/0.4ML PEN KIT	5-Specialty	PA, QL (3 PER 28 OVER TIME)
KINERET	5-Specialty	PA
methotrexate	1-Preferred Generics	PA - Part B vs D Determination
methotrexate sodium (pf) 50 mg/2ml solution	4-Non-Preferred Drugs	PA - Part B vs D Determination
methotrexate sodium 2.5 mg tab	1-Preferred Generics	PA - Part B vs D Determination
methotrexate sodium 50 mg/2ml solution	4-Non-Preferred Drugs	
mycophenolate mofetil (250 mg cap, 500 mg tab)	2-Generics	PA - Part B vs D Determination
mycophenolate mofetil 200 mg/ml recon susp	4-Non-Preferred Drugs	PA - Part B vs D Determination
mycophenolate sodium	4-Non-Preferred Drugs	PA - Part B vs D Determination

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SIMPONI (50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR, 100 MG/ML SOLN A-INJ)	5-Specialty	PA, QL (1 PER 30 OVER TIME)
sirolimus (0.5 mg tab, 1 mg/ml solution, 1 mg tab, 2 mg tab)	4-Non-Preferred Drugs	PA - Part B vs D Determination
tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)	3-Preferred Brands	PA - Part B vs D Determination
XATMEP	4-Non-Preferred Drugs	PA - Part B vs D Determination
XELJANZ	5-Specialty	PA, QL (60 PER 30 OVER TIME)
XELJANZ XR 11 MG TAB ER 24H	5-Specialty	PA, QL (30 PER 30 OVER TIME)
Vaccines		
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 - Part B vs D Determination
GARDASIL 9	3-Preferred Brands	QL (2 PER 365 OVER TIME)
HAVRIX	3-Preferred Brands	
HIBERIX	3-Preferred Brands	
IMOVAX RABIES	3-Preferred Brands	PA
INFANRIX	3-Preferred Brands	
IPOL	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IXIARO	3-Preferred Brands	
KINRIX	3-Preferred Brands	
M-M-R II	3-Preferred Brands	
MENACTRA	3-Preferred Brands	
MENVEO	3-Preferred Brands	
PEDIARIX	3-Preferred Brands	
PEDVAX HIB	3-Preferred Brands	
PROQUAD	3-Preferred Brands	
QUADRACEL	3-Preferred Brands	
RABAVERT	3-Preferred Brands	PA
RECOMBIVAX HB	3-Preferred Brands	PA - Part B vs D Determination
ROTARIX	3-Preferred Brands	
ROTATEQ	3-Preferred Brands	
SHINGRIX	3-Preferred Brands	QL (2 PER 365 OVER TIME)
TDVAX	3-Preferred Brands	
TENIVAC	3-Preferred Brands	
TRUMENBA	3-Preferred Brands	
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	3-Preferred Brands	
TYPHIM VI	3-Preferred Brands	
VAQTA	3-Preferred Brands	

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

Inflammatory Bowel Disease Agents

Aminosalicylates

balsalazide disodium	2-Generics	
DIPENTUM	5-Specialty	
mesalamine (1.2 gm tab dr, 4 gm enema, 800 mg tab dr)	3-Preferred Brands	
mesalamine 1000 mg suppos	4-Non-Preferred Drugs	
mesalamine 400 mg cap dr	3-Preferred Brands	QL (180 PER 30 OVER TIME)
mesalamine-cleanser	3-Preferred Brands	
PENTASA 250 MG CAP ER	4-Non-Preferred Drugs	QL (150 PER 30 OVER TIME)
PENTASA 500 MG CAP ER	4-Non-Preferred Drugs	QL (300 PER 30 OVER TIME)

Glucocorticoids

budesonide 3 mg cp dr part	4-Non-Preferred Drugs	
hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)	2-Generics	
hydrocortisone 100 mg/60ml enema	3-Preferred Brands	

Metabolic Bone Disease Agents

alendronate sodium (35 mg tab, 70 mg tab)	1-Preferred Generics	QL (4 PER 28 OVER TIME)
alendronate sodium 10 mg tab	1-Preferred Generics	QL (30 PER 30 OVER TIME)
ALENDRONATE SODIUM 70 MG/75ML SOLUTION	4-Non-Preferred Drugs	QL (300 PER 28 OVER TIME)
calcitonin (salmon)	3-Preferred Brands	QL (4 PER 28 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)	2-Generics	
cinacalcet hcl (30 mg tab, 90 mg tab)	4-Non-Preferred Drugs	PA - Part B vs D Determination, QL (120 PER 30 OVER TIME)
cinacalcet hcl 60 mg tab	4-Non-Preferred Drugs	PA - Part B vs D Determination, QL (90 PER 30 OVER TIME)
doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)	4-Non-Preferred Drugs	
FORTEO	4-Non-Preferred Drugs	PA, QL (3 PER 28 OVER TIME)
ibandronate sodium 150 mg tab	2-Generics	QL (1 PER 28 OVER TIME)
NATPARA	5-Specialty	PA, QL (2 PER 28 OVER TIME)
PROLIA	4-Non-Preferred Drugs	PA, QL (2 PER 365 OVER TIME)
risedronate sodium (35 mg tab dr, 35 mg tab)	4-Non-Preferred Drugs	QL (4 PER 28 OVER TIME)
risedronate sodium (5 mg tab, 30 mg tab)	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
risedronate sodium 150 mg tab	4-Non-Preferred Drugs	QL (1 PER 30 OVER TIME)
TERIPARATIDE (RECOMBINANT)	4-Non-Preferred Drugs	PA, QL (2.48 PER 28 OVER TIME)
TYMLOS	3-Preferred Brands	PA, QL (2 PER 30 OVER TIME)
XGEVA	5-Specialty	PA, QL (2 PER 28 OVER TIME)

Ophthalmic Agents

Ophthalmic Agents, Other

ak-poly-bac	2-Generics	
ATROPINE SULFATE 1 % SOLUTION	2-Generics	
bacitra-neomycin-polymyxin-hc	2-Generics	
bacitracin-polymyxin b	2-Generics	
BLEPHAMIDE	4-Non-Preferred Drugs	
BLEPHAMIDE S.O.P.	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COMBIGAN	3-Preferred Brands	
dorzolamide hcl-timolol mal pf	2-Generics	
LACRISERT	4-Non-Preferred Drugs	QL (120 PER 30 OVER TIME)
neomycin-bacitracin zn-polymyx	2-Generics	
neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)	2-Generics	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2-Generics	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	2-Generics	
NEOSPORIN	2-Generics	
RESTASIS	4-Non-Preferred Drugs	PA, QL (60 PER 30 OVER TIME)
RESTASIS MULTIDOSE	4-Non-Preferred Drugs	PA, QL (60 PER 30 OVER TIME)
ROCKLATAN	4-Non-Preferred Drugs	
SULFACETAMIDE SODIUM 10 % OINTMENT	3-Preferred Brands	
sulfacetamide-prednisolone	2-Generics	
TOBRADEX ST	4-Non-Preferred Drugs	
tobramycin-dexamethasone	2-Generics	
TOBREX 0.3 % OINTMENT	3-Preferred Brands	
ZYLET	4-Non-Preferred Drugs	
Ophthalmic Anti-Infectives		
BLEPH-10	2-Generics	
levofloxacin 0.5 % solution	3-Preferred Brands	
moxifloxacin hcl (2x day)	2-Generics	
moxifloxacin hcl 0.5 % solution	2-Generics	
polymyxin b-trimethoprim	1-Preferred Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sulfacetamide sodium 10 % solution	2-Generics	
Ophthalmic Anti-allergy Agents		
azelastine hcl 0.05 % solution	2-Generics	ST
cromolyn sodium 4 % solution	2-Generics	
epinastine hcl	2-Generics	
LASTACAFT	4-Non-Preferred Drugs	
olopatadine hcl (0.1 % solution, 0.2 % solution)	2-Generics	
Ophthalmic Anti-inflammatories		
ALREX	4-Non-Preferred Drugs	
bromfenac sodium (once-daily)	4-Non-Preferred Drugs	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2-Generics	
diclofenac sodium 0.1 % solution	2-Generics	
DUREZOL	3-Preferred Brands	
FLAREX	3-Preferred Brands	
fluorometholone	2-Generics	
FLURBIPROFEN SODIUM	2-Generics	
FML	4-Non-Preferred Drugs	
FML FORTE	4-Non-Preferred Drugs	
ILEVRO	4-Non-Preferred Drugs	PA
INVELTYS	4-Non-Preferred Drugs	
ketorolac tromethamine (0.4 % solution, 0.5 % solution)	2-Generics	
LOTEMAX (0.5 % GEL, 0.5 % OINTMENT)	4-Non-Preferred Drugs	
LOTEMAX SM	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
loteprednol etabonate	4-Non-Preferred Drugs	
MAXIDEX	4-Non-Preferred Drugs	
NEVANAC	4-Non-Preferred Drugs	
PRED MILD	3-Preferred Brands	
PREDNISOLONE ACETATE	2-Generics	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2-Generics	

Ophthalmic Beta-Adrenergic Blocking Agents

betaxolol hcl 0.5 % solution	3-Preferred Brands	
BETOPTIC-S	4-Non-Preferred Drugs	
CARTEOLOL HCL	2-Generics	
LEVOBUNOLOL HCL	2-Generics	
TIMOLOL MALEATE (0.25 % GEL F SOLN, 0.5 % GEL F SOLN)	2-Generics	
timolol maleate (0.25 % solution, 0.5 % solution, 0.5 % (daily) solution)	1-Preferred Generics	

Ophthalmic Intraocular Pressure Lowering Agents, Other

apraclonidine hcl	3-Preferred Brands	
AZOPT	4-Non-Preferred Drugs	
brimonidine tartrate 0.15 % solution	4-Non-Preferred Drugs	
brimonidine tartrate 0.2 % solution	2-Generics	ST
methazolamide	4-Non-Preferred Drugs	
PHOSPHOLINE IODIDE	4-Non-Preferred Drugs	
pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)	2-Generics	
SIMBRINZA	3-Preferred Brands	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Ophthalmic Prostaglandin and Prostamide Analogs		
ALPHAGAN P 0.1 % SOLUTION	4-Non-Preferred Drugs	ST
bimatoprost	2-Generics	
latanoprost	1-Preferred Generics	ST, QL (5 PER 25 OVER TIME)
LUMIGAN	4-Non-Preferred Drugs	QL (3 PER 25 OVER TIME)
RHOPRESSA	4-Non-Preferred Drugs	
travoprost (bak free)	2-Generics	ST, QL (3 PER 25 OVER TIME)
VYZULTA	4-Non-Preferred Drugs	QL (3 PER 25 OVER TIME)
XELPROS	4-Non-Preferred Drugs	QL (3 PER 25 OVER TIME)
ZIOPTAN	4-Non-Preferred Drugs	
Otic Agents		
CIPRO HC	4-Non-Preferred Drugs	
ciprofloxacin-dexamethasone	2-Generics	
hydrocortisone-acetic acid	4-Non-Preferred Drugs	
neomycin-polymyxin-hc	2-Generics	
Respiratory Tract/ Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3-Preferred Brands	QL (30 PER 30 OVER TIME)
budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)	4-Non-Preferred Drugs	PA - Part B vs D Determination
BUDESONIDE-FORMOTEROL FUMARATE	2-Generics	QL (11 PER 30 OVER TIME)
FLOVENT DISKUS (50 MCG/BLIST AER POW BA, 100 MCG/BLIST AER POW BA)	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FLOVENT DISKUS 250 MCG/BLIST AER POW BA	4-Non-Preferred Drugs	QL (240 PER 30 OVER TIME)
FLOVENT HFA	3-Preferred Brands	QL (24 PER 30 OVER TIME)
FLUNISOLIDE	2-Generics	QL (50 PER 30 OVER TIME)
fluticasone propionate 50 mcg/act suspension	1-Preferred Generics	ST, QL (16 PER 30 OVER TIME)
mometasone furoate 50 mcg/act suspension	2-Generics	ST, QL (34 PER 30 OVER TIME)
QNASL	4-Non-Preferred Drugs	
QNASL CHILDRENS	4-Non-Preferred Drugs	
QVAR REDIHALER	3-Preferred Brands	
Antihistamines		
azelastine hcl (0.1 % solution, 137 mcg/spray solution)	2-Generics	QL (30 PER 25 OVER TIME)
azelastine hcl 0.15 % solution	3-Preferred Brands	QL (30 PER 25 OVER TIME)
cetirizine hcl	2-Generics	QL (300 PER 30 OVER TIME)
CLEMASTINE FUMARATE	3-Preferred Brands	
cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)	3-Preferred Brands	
desloratadine 5 mg tab	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
levocetirizine dihydrochloride 5 mg tab	2-Generics	QL (30 PER 30 OVER TIME)
olopatadine hcl 0.6 % solution	3-Preferred Brands	QL (31 PER 30 OVER TIME)
Antileukotrienes		
montelukast sodium (4 mg chew tab, 5 mg chew tab, 10 mg tab)	3-Preferred Brands	QL (30 PER 30 OVER TIME)
zafirlukast	2-Generics	QL (60 PER 30 OVER TIME)
zileuton er	5-Specialty	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Bronchodilators, Anticholinergic		
ATROVENT HFA	4-Non-Preferred Drugs	QL (26 PER 30 OVER TIME)
INCRUSE ELLIPTA	3-Preferred Brands	
ipratropium bromide 0.02 % solution	2-Generics	PA - Part B vs D Determination
ipratropium bromide 0.03 % solution	2-Generics	QL (30 PER 30 OVER TIME)
ipratropium bromide 0.06 % solution	2-Generics	QL (45 PER 30 OVER TIME)
SPIRIVA HANDIHALER	3-Preferred Brands	QL (30 PER 30 OVER TIME)
SPIRIVA RESPIMAT	3-Preferred Brands	QL (4 PER 28 OVER TIME)
Bronchodilators, Sympathomimetic		
albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln)	1-Preferred Generics	PA - Part B vs D Determination
albuterol sulfate (2 mg tab, 4 mg tab)	4-Non-Preferred Drugs	
albuterol sulfate 2 mg/5ml syrup	2-Generics	
ALBUTEROL SULFATE ER	4-Non-Preferred Drugs	
albuterol sulfate hfa	4-Non-Preferred Drugs	QL (36 PER 30 OVER TIME)
ARCAPTA NEOHALER	4-Non-Preferred Drugs	ST
BREO ELLIPTA	3-Preferred Brands	QL (60 PER 30 OVER TIME)
epinephrine (0.15 mg/0.3ml soln a-inj, 0.15 mg/0.15ml soln a-inj, 0.3 mg/0.3ml soln a-inj)	3-Preferred Brands	QL (4 PER 30 OVER TIME)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	3-Preferred Brands	
levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln)	3-Preferred Brands	PA - Part B vs D Determination

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LEVALBUTEROL TARTRATE	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
METAPROTERENOL SULFATE 10 MG/5ML SYRUP	4-Non-Preferred Drugs	
SEREVENT DISKUS	3-Preferred Brands	QL (60 PER 30 OVER TIME)
STRIVERDI RESPIMAT	3-Preferred Brands	ST
terbutaline sulfate (2.5 mg tab, 5 mg tab)	4-Non-Preferred Drugs	
wixela inhub	2-Generics	
Cystic Fibrosis Agents		
CAYSTON	5-Specialty	PA, QL (84 PER 28 OVER TIME)
KALYDECO (50 MG PACKET, 75 MG PACKET)	5-Specialty	PA, QL (56 PER 28 OVER TIME)
KALYDECO 150 MG TAB	5-Specialty	PA, QL (60 PER 30 OVER TIME)
KALYDECO 25 MG PACKET	5-Specialty	PA
ORKAMBI (100-125 MG PACKET, 150-188 MG PACKET)	5-Specialty	PA, QL (56 PER 28 OVER TIME)
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	5-Specialty	PA, QL (112 PER 28 OVER TIME)
SYMDEKO 100-150 & 150 MG TAB THPK	5-Specialty	PA, QL (60 PER 30 OVER TIME)
Mast Cell Stabilizers		
cromolyn sodium 100 mg/5ml conc	4-Non-Preferred Drugs	
cromolyn sodium 20 mg/2ml nebu soln	3-Preferred Brands	PA - Part B vs D Determination
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	4-Non-Preferred Drugs	PA, QL (30 PER 30 OVER TIME)
theophylline	3-Preferred Brands	
theophylline er (er 300 mg tab er 12h, er 400 mg tab er 24h, er 600 mg tab er 24h)	2-Generics	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Pulmonary Antihypertensives		
ADEMPAS	5-Specialty	PA, QL (90 PER 30 OVER TIME)
alyq	3-Preferred Brands	PA, QL (60 PER 30 OVER TIME)
ambrisentan	5-Specialty	PA, QL (30 PER 30 OVER TIME)
bosentan	5-Specialty	PA, QL (60 PER 30 OVER TIME)
OPSUMIT	5-Specialty	PA, QL (30 PER 30 OVER TIME)
ORENITRAM (0.25 MG TAB ER, 1 MG TAB ER, 2.5 MG TAB ER, 5 MG TAB ER)	5-Specialty	PA
ORENITRAM 0.125 MG TAB ER	4-Non-Preferred Drugs	PA
sildenafil citrate 10 mg/ml recon susp	5-Specialty	PA, QL (180 PER 30 OVER TIME)
sildenafil citrate 20 mg tab	4-Non-Preferred Drugs	PA, QL (90 PER 30 OVER TIME)
TRACLEER 32 MG TAB SOL	5-Specialty	
UPTRAVI (200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB)	5-Specialty	PA
UPTRAVI (800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	5-Specialty	PA, QL (60 PER 30 OVER TIME)
VENTAVIS	5-Specialty	PA, QL (270 PER 30 OVER TIME)
Respiratory Tract Agents, Other		
acetylcysteine (10 % solution, 20 % solution)	2-Generics	PA - Part B vs D Determination
ADVAIR HFA 115-21 MCG/ACT AEROSOL	4-Non-Preferred Drugs	ST, QL (12 PER 30 DAYS)
ADVAIR HFA 230-21 MCG/ACT AEROSOL	4-Non-Preferred Drugs	QL (12 PER 30 DAYS)
ADVAIR HFA 45-21 MCG/ACT AEROSOL	4-Non-Preferred Drugs	QL (12 PER 30 OVER TIME)
ANORO ELLIPTA	3-Preferred Brands	QL (60 PER 30 OVER TIME)
ARALAST NP	5-Specialty	PA
COMBIVENT RESPIMAT	3-Preferred Brands	QL (4 PER 20 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fluticasone-salmeterol (100-50 mcg/dose aer pow ba, 250-50 mcg/dose aer pow ba)	2-Generics	
fluticasone-salmeterol 500-50 mcg/dose aer pow ba	2-Generics	ST
ipratropium-albuterol	1-Preferred Generics	PA - Part B vs D Determination
STIOLTO RESPIMAT	3-Preferred Brands	ST, QL (4 PER 28 OVER TIME)
ZEMAIRA	5-Specialty	
DYMISTA	4-Non-Preferred Drugs	
ESBRIET (267 MG TAB, 801 MG TAB)	5-Specialty	PA
ESBRIET 267 MG CAP	5-Specialty	PA, QL (270 PER 30 OVER TIME)
NUCALA (100 MG/ML SOLN PRSYR, 100 MG/ML SOLN A-INJ)	5-Specialty	PA
OFEV	5-Specialty	PA, QL (60 PER 30 OVER TIME)
PULMOZYME	5-Specialty	PA, QL (150 PER 30 OVER TIME)
TRELEGY ELLIPTA 100-62.5-25 MCG/INH AER POW BA	3-Preferred Brands	PA, QL (60 PER 30 OVER TIME)
XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN)	5-Specialty	PA

Skeletal Muscle Relaxants

carisoprodol	4-Non-Preferred Drugs	PA
chlorzoxazone 500 mg tab	3-Preferred Brands	
cyclobenzaprine hcl (5 mg tab, 10 mg tab)	2-Generics	
methocarbamol (500 mg tab, 750 mg tab)	4-Non-Preferred Drugs	
orphenadrine citrate er	4-Non-Preferred Drugs	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	4-Non-Preferred Drugs	PA, QL (30 PER 30 OVER TIME)
eszopiclone	2-Generics	QL (30 PER 30 OVER TIME)
HETLIOZ	5-Specialty	PA, QL (30 PER 30 OVER TIME)
ROZEREM	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
temazepam 15 mg cap	2-Generics	QL (60 PER 30 OVER TIME)
temazepam 30 mg cap	2-Generics	QL (30 PER 30 OVER TIME)
zaleplon	3-Preferred Brands	QL (30 PER 30 OVER TIME)
zolpidem tartrate 10 mg tab	2-Generics	QL (30 PER 30 OVER TIME)
zolpidem tartrate 5 mg tab	2-Generics	QL (60 PER 30 OVER TIME)
zolpidem tartrate er 12.5 mg tab er	4-Non-Preferred Drugs	QL (30 PER 30 OVER TIME)
zolpidem tartrate er 6.25 mg tab er	4-Non-Preferred Drugs	QL (60 PER 30 OVER TIME)
Wakefulness Promoting Agents		
armodafinil (150 mg tab, 200 mg tab, 250 mg tab)	4-Non-Preferred Drugs	PA, QL (30 PER 30 OVER TIME)
armodafinil 50 mg tab	4-Non-Preferred Drugs	PA, QL (60 PER 30 OVER TIME)
modafinil 100 mg tab	3-Preferred Brands	PA, QL (90 PER 30 OVER TIME)
modafinil 200 mg tab	3-Preferred Brands	PA, QL (60 PER 30 OVER TIME)
XYREM	5-Specialty	PA, QL (540 PER 30 OVER TIME)

Alphabetical Listing

A

abacavir sulfate 43
abacavir sulfate-lamivudine 43
abacavir-lamivudine-zidovudine 43
ABILIFY MAINTENA 20,39
abiraterone acetate 28
acamprosate calcium 7
acarbose 48
acebutolol hcl 56
acetaminophen-codeine 2
acetaminophen-codeine #2 2
acetaminophen-codeine #3 2
acetaminophen-codeine #4 2
acetazolamide 60
acetazolamide er 60
acetic acid 9
acetylcysteine 104
acitretin 67
ACTEMRA 91
ACTEMRA ACTPEN 91
ACTHIB 93
ACTIMMUNE 91
acyclovir 46
acyclovir sodium 47
ADACEL 93
adapalene 67
adefovir dipivoxil 45
ADEMPAS 104
ADVAIR HFA 104
afeditab cr 57
AFINITOR 32
AFINITOR DISPERZ 91
agoneaze 6
AIMOVIG 26
ak-poly-bac 96
ala-cort 68
albendazole 36
albuterol sulfate 102
ALBUTEROL SULFATE ER 102
albuterol sulfate hfa 102
alclometasone dipropionate 78
ALECENSA 32
alendronate sodium 95
ALENDRONATE SODIUM 95
alfuzosin hcl er 78
ALINIA 36
aliskiren fumarate 60
allopurinol 26
ALOGLIPTIN BENZOATE 48
ALOGLIPTIN-METFORMIN HCL 48
ALOGLIPTIN-PIOGLITAZONE 48
ALORA 80
alosetron hcl 75
ALPHAGAN P 100
alprazolam 47
alprazolam er 47
alprazolam xr 47
ALREX 98
altavera 81
ALUNBRIG 32
alyacen 1/35 81
alyq 104
amabelz 81
amantadine hcl 37
ambrisentan 104
amethia 81
amikacin sulfate 8
amiloride hcl 61
amiloride-hydrochlorothiazide 58
AMINOSYN II 72
AMINOSYN-PF 72
amiodarone hcl 55,56
AMITIZA 75
amitriptyline hcl 23
amlodipine besy-benazepril hcl 59
amlodipine besylate 57
amlodipine besylate-valsartan 59
amlodipine-atorvastatin 59
amlodipine-olmesartan 59
amlodipine-valsartan-hctz 59
ammonium lactate 68

amnesteem 67
AMOXAPINE 23
AMOXICILLIN 11
AMOXICILLIN-POT CLAVULANATE 12
amphetamine-dextroamphet er 64
amphetamine-dextroamphetamine 64
AMPHOTERICIN B 24
AMPICILLIN 12
AMPICILLIN SODIUM 12
AMPICILLIN-SULBACTAM SODIUM 12
ANADROL-50 80
anagrelide hcl 53
anastrozole 31
ANORO ELLIPTA 104
APOKYN 37
apraclonidine hcl 99
apri 81
APTIOM 18
APTIVUS 44
ARALAST NP 104
aranelle 81
ARANESP (ALBUMIN FREE) 53
ARCAPTA NEOHALER 102
aripiprazole 39
armodafinil 106
ARNUITY ELLIPTA 100
ascomp-codeine 2
ashlyna 81
aspirin-dipyridamole er 54
atazanavir sulfate 44
atenolol 56
atenolol-chlorthalidone 59
atomoxetine hcl 64
atorvastatin calcium 62
atovaquone 36
atovaquone-proguanil hcl 36
ATRIPLA 43
ATROPINE SULFATE 96
ATROVENT HFA 102
AUBAGIO 66
AUSTEDO 65
aviane 82
avita 36
AVONEX PEN 66
AVONEX PREFILLED 66
AYVAKIT 32
AZASITE 13
azathioprine 91
azelaic acid 67
azelastine hcl 98,101
azithromycin 13
AZOPT 99
aztreonam 13

B

bacitra-neomycin-polymyxin-hc 96
BACITRACIN 9
bacitracin-polymyxin b 96
baclofen 42
balsalazide disodium 95
BALVERSA 32
balziva 82
BANZEL 18
BARACLUDE 45
BCG VACCINE 93
BELSOMRA 106
benazepril hcl 55
benazepril-hydrochlorothiazide 59
BENLYSTA 91
benzoyl peroxide-erythromycin 67
benztropine mesylate 37
betamethasone dipropionate 68
betamethasone dipropionate aug 68
betamethasone valerate 68
BETASERON 66
betaxolol hcl 56,99
bethanechol chloride 78
BETHKIS 8
BETOPTIC-S 99
bexarotene 36
BEXSERO 93
bicalutamide 28

BICILLIN L-A 12
BIJUVA 82
BIKTARVY 42
bimatoprost 100
bisoprolol fumarate 56
bisoprolol-hydrochlorothiazide 59
BLEPH-10 97
BLEPHAMIDE 96
BLEPHAMIDE S.O.P. 96
blisovi 24 fe 82
blisovi fe 1.5/30 82
BOOSTRIX 93
bosentan 104
BOSULIF 32,33
BRAFTOVI 33
BREO ELLIPTA 102
briellyn 82
BRILINTA 54
brimonidine tartrate 99
BRIVIACT 15
bromfenac sodium (once-daily) 98
bromocriptine mesylate 37
BRUKINSA 30
BRYHALI 68
budesonide 95,100
budesonide er 82
BUDESONIDE-FORMOTEROL FUMARATE 100
bumetanide 61
BUPRENORPHINE 4
buprenorphine hcl 4
buprenorphine hcl-naloxone hcl 7
bupropion hcl 20
bupropion hcl er (smoking det) 7
bupropion hcl er (sr) 20
bupropion hcl er (xl) 20
buspirone hcl 47
butalbital-acetaminophen 2
butalbital-apap 2
butalbital-apap-caff-cod 2
butalbital-apap-caffeine 2
butalbital-asa-caff-codeine 2
butalbital-asa-caffeine 2
butalbital-aspirin-caffeine 2
butorphanol tartrate 5
BYSTOLIC 56

C

cabergoline 89
CABOMETYX 33
calcipotriene 69
calcitonin (salmon) 95
CALCITRIOL 69
calcitriol 96
calcium acetate 73
calcium acetate (phos binder) 73
CALQUENCE 33
camila 88
camrese lo 82
candesartan cilexetil 54,55
candesartan cilexetil-hctz 59
CAPLYTA 39
CAPRELSA 33
captopril 55
CAPTOPRIL-HYDROCHLOROTHIAZIDE 59
CARAFATE 76
CARBAGLU 70
carbamazepine 18
carbamazepine er 18,48
carbidopa 38
carbidopa-levodopa 38
carbidopa-levodopa er 38
CARBIDOPA-LEVODOPA-ENTACAPONE 37
carisoprodol 105
CARTEOLOL HCL 99
cartia xt 57
carvedilol 56
caspofungin acetate 24
CAYSTON 103
caziant 82
cefaclor 10
cefadroxil 10

cefazolin sodium 10
cefdinir 10
cefepime hcl 10
cefixime 11
cefotetan disodium 11
cefoxitin sodium 11
cefpodoxime proxetil 11
cefprozil 11
ceftazidime 11
ceftriaxone sodium 11
cefuroxime axetil 11
cefuroxime sodium 11
celecoxib 3
CELONTIN 16
cephalexin 11
cetirizine hcl 101
CHANTIX 7
CHANTIX CONTINUING MONTH PAK 7
CHANTIX STARTING MONTH PAK 8
chlordiazepoxide hcl 47
chlorhexidine gluconate 67
chloroquine phosphate 36
chlorpromazine hcl 23,38
chlorthalidone 61
chlorzoxazone 105
cholestyramine 62
cholestyramine light 62
ciclopirox 24
ciclopirox olamine 25
cilostazol 54
CILOXAN 14
CIMDUO 43
CIMZIA 91
CIMZIA PREFILLED 91
CIMZIA STARTER KIT 91
cinacalcet hcl 96
CIPRO HC 100
ciprofloxacin hcl 14
ciprofloxacin in d5w 14
ciprofloxacin-dexamethasone 100
citalopram hydrobromide 21
claravis 67
clarithromycin 13
clarithromycin er 13
CLEMASTINE FUMARATE 101
clindamycin hcl 9
clindamycin palmitate hcl 9
clindamycin phos-benzoyl perox 67
clindamycin phosphate 9
clindamycin phosphate in d5w 9
CLINIMIX E/DEXTROSE (2.75/5) 72
CLINIMIX E/DEXTROSE (4.25/10) 72
CLINIMIX E/DEXTROSE (4.25/5) 72
CLINIMIX E/DEXTROSE (5/15) 72
CLINIMIX E/DEXTROSE (5/20) 72
CLINIMIX/DEXTROSE (4.25/10) 72
CLINIMIX/DEXTROSE (4.25/5) 72
CLINIMIX/DEXTROSE (5/15) 72
CLINIMIX/DEXTROSE (5/20) 72
clinisol sf 72
clobazam 16,17
clobetasol prop emollient base 68
clobetasol propionate 68
clobetasol propionate e 68
clobetasol propionate emulsion 68
clomipramine hcl 23
clonazepam 17,47,48
clonidine 54
clonidine hcl 54
clonidine hcl er 64
clopidogrel bisulfate 54
clorazepate dipotassium 17,48
clotrimazole 25
clotrimazole-betamethasone 69
clozapine 41
COARTEM 36
CODEINE SULFATE 5
colchicine 26
colchicine-probenecid 26
colesevelam hcl 62
colestipol hcl 62
colistimethate sodium (cba) 9

COMBIGAN 97
COMBIVENT RESPIMAT 104
COMETRIQ (100 MG DAILY DOSE) 33
COMETRIQ (140 MG DAILY DOSE) 33
COMETRIQ (60 MG DAILY DOSE) 33
COMPLERA 42
compro 23
constulose 74
COPIKTRA 31
CORDRAN 68
CORLANOR 60
CORTISONE ACETATE 78
CORTISPORIN 69
COSENTYX 69
COSENTYX (300 MG DOSE) 69
COSENTYX SENSOREADY (300 MG) 69
COSENTYX SENSOREADY PEN 69
COTELLIC 33
CREON 76
CRIXIVAN 44
cromolyn sodium 98,103
cryselle-28 82
cyclafem 1/35 82
cyclafem 7/7/7 82
cyclobenzaprine hcl 105
CYCLOPHOSPHAMIDE 28
CYCLOSET 48
cyclosporine 91
cyclosporine modified 91
cyproheptadine hcl 101

D

dalfampridine er 66
DALIRESP 103
danazol 80
dantrolene sodium 42
dapsone 27,70
DAPTACEL 93
DAPTOMYCIN 9
DARAPRIM 37
darifenacin hydrobromide er 77
DAURISMO 33
deblitane 82
deferasirox 71
deferasirox granules 71
DELSTRIGO 43
DEMSER 59
DEPEN TITRATABS 71
DEPO-ESTRADIOL 81
DEPO-PROVERA 88
DEPO-SUBQ PROVERA 104 88
DEPO-TESTOSTERONE 80
DESCOVY 43
desipramine hcl 23
desloratadine 101
desmopressin ace spray refrig 89
desmopressin acetate 89
desmopressin acetate spray 89
desogestrel-ethinyl estradiol 82
desonide 78
desoximetasone 78
desvenlafaxine succinate er 21
DEXAMETHASONE 78
DEXAMETHASONE SODIUM PHOSPHATE 98
dexmethylphenidate hcl 64
dexmethylphenidate hcl er 65
dextroamphetamine sulfate 64
dextroamphetamine sulfate er 64
dextrose 70
dextrose-nacl 73
DIASTAT ACUDIAL 17
DIASTAT PEDIATRIC 17
DIAZEPAM 17
diazepam 17,48
diazepam intensol 17
diazoxide 50
DICLOFENAC EPOLAMINE 3
diclofenac potassium 3
diclofenac sodium 3,69,98
diclofenac sodium er 3
diclofenac-misoprostol 3

dicloxacillin sodium 12
dicyclomine hcl 75
didanosine 43
DIFICID 13
diflunisal 3
digitek 60
digox 60
DIGOXIN 60
digoxin 60
dihydroergotamine mesylate 26
DILANTIN 18
DILANTIN INFATABS 18
dilt-xr 57
diltiazem cd 57
diltiazem hcl 57
diltiazem hcl er 58
diltiazem hcl er beads 58
diltiazem hcl er coated beads 58
DIPENTUM 95
diphenoxylate-atropine 75
DIPHENOXYLATE-ATROPINE 75
DIPHTHERIA-TETANUS TOXOIDS DT 93
dipyridamole 54
disopyramide phosphate 56
disulfiram 7
divalproex sodium 26
divalproex sodium er 26
dofetilide 56
donepezil hcl 19
dorzolamide hcl-timolol mal pf 97
dotti 81
DOVATO 43
doxazosin mesylate 54
doxepin hcl 23
doxercalciferol 96
doxy 100 14
doxycycline hyclate 14
doxycycline monohydrate 14
dronabinol 24
drospiren-eth estrad-levomefol 82
drospirenone-ethinyl estradiol 82
DROXIA 29
DUAVEE 88
duloxetine hcl 21,22
DUPIXENT 69
DUREZOL 98
dutasteride 78
dutasteride-tamsulosin hcl 78
DYMISTA 105
DYRENIUM 61

E

E.E.S. 400 13
ec-naproxen 3
econazole nitrate 25
EDURANT 42
efavirenz 42
eletriptan hydrobromide 27
ELIQUIS 52
ELIQUIS DVT/PE STARTER PACK 52
ELMIRON 78
EMCYT 29
emoquette 82
EMSAM 21
EMTRIVA 43
EMVERM 36
enalapril maleate 55
enalapril-hydrochlorothiazide 55
ENBREL 91
ENBREL SURECLICK 92
endocet 2
ENGERIX-B 93
enoxaparin sodium 52
enpresse-28 82
enskyce 82
entacapone 37
entecavir 46
ENTRESTO 60
enulose 74
EPIDIOLEX 17
epinastine hcl 98
epinephrine 102

epitol 18
EPIVIR HBV 46
eplerenone 61
EQUETRO 19
ERAXIS 25
ERIVEDGE 33
ERLEADA 29
erlotinib hcl 33
errin 88
ertapenem sodium 13
ERY 13
ery-tab 13
ERYTHROCIN LACTOBIONATE 13
erythromycin 13
erythromycin base 13
erythromycin ethylsuccinate 13
ESBRIET 105
escitalopram oxalate 22
esomeprazole magnesium 76
estarylla 82
estradiol 81
estradiol-norethindrone acet 83
ESTRING 81
eszopiclone 106
ethacrynic acid 61
ethambutol hcl 28
ethynodiol diac-eth estradiol 83
etodolac 3
etodolac er 3
everolimus 33,92
EVOTAZ 45
exemestane 31
ezetimibe 62

F

falmina 83
famciclovir 47
famotidine 76
FANAPT 39
FANAPT TITRATION PACK 39
FARYDAK 31
fayosim 83
febuxostat 26
felbamate 15
felodipine er 57
femynor 83
fenofibrate 61
fenofibrate micronized 61
fenofibric acid 61
fentanyl 4
fentanyl citrate 5
FERRIPROX 72
FETZIMA 22
FETZIMA TITRATION 22
FIASP 51
FIASP FLEXTOUCH 51
finasteride 78
FINTEPLA 15
FIRAZYR 91
FIRMAGON 89
FIRMAGON (240 MG DOSE) 89
FIRVANQ 9
FLAREX 98
flavoxate hcl 77
flecainide acetate 56
FLOVENT DISKUS 100,101
FLOVENT HFA 101
fluconazole 25
fluconazole in dextrose 25
fluconazole in sodium chloride 25
flucytosine 25
fludrocortisone acetate 78
FLUNISOLIDE 101
fluocinolone acetonide 68,78
fluocinolone acetonide body 68
fluocinolone acetonide scalp 68
fluocinonide 79
fluocinonide emulsified base 79
fluorometholone 98
FLUOROURACIL 69
fluorouracil 69
fluoxetine hcl 22

fluphenazine decanoate 38
fluphenazine hcl 38
FLUPHENAZINE HCL 38
flurbiprofen 3
FLURBIPROFEN SODIUM 98
flutamide 29
fluticasone propionate 79,101
FLUTICASONE-SALMETEROL 102
fluticasone-salmeterol 105
fluvastatin sodium 62
fluvoxamine maleate 22
FML 98
FML FORTE 98
fondaparinux sodium 52
FORTEO 96
fosamprenavir calcium 45
fosinopril sodium 55
fosinopril sodium-hctz 59
frovatriptan succinate 27
FULPHILA 53
furosemide 61
FUZEON 44
fyavolv 83
FYCOMPA 15

G

gabapentin 17
galantamine hydrobromide 19
GALANTAMINE HYDROBROMIDE 19
galantamine hydrobromide er 19
GAMMAGARD 90
GAMMAGARD S/D LESS IGA 90
GAMMAKED 90
GAMMAPLEX 90
GAMUNEX-C 90
GARDASIL 9 93
GATTEX 75
GAVILYTE-C 74
gavilyte-g 74
gavilyte-n with flavor pack 74
gemfibrozil 62
generlac 74
gengraf 92
GENTAK 8
gentamicin in saline 8
gentamicin sulfate 8
GENVOYA 42
gianvi 83
GILENYA 66
GILOTRIF 33
GLASSIA 76
glatiramer acetate 66
glatopa 66
glimepiride 48
glipizide 48
glipizide er 48
glipizide xl 49
glipizide-metformin hcl 50
GLOPERBA 78
GLUCAGEN HYPOKIT 50
GLUCAGON EMERGENCY 50
glucose 70
glycopyrrolate 75
GLYXAMBI 49
GOLYTELY 74
granisetron hcl 24
GRANIX 53
griseofulvin microsize 25
griseofulvin ultramicrosize 25
guanfacine hcl 54
guanfacine hcl er 65
GUANIDINE HCL 27

H

hailey 24 fe 83
halobetasol propionate 79
haloperidol 38
haloperidol decanoate 38
haloperidol lactate 38,39
HAVRIX 93
heather 83
heparin sodium (porcine) 52

HEPATAMINE 73
HETLIOZ 106
HIBERIX 93
HUMIRA 92
HUMIRA PEDIATRIC CROHNS START 92
HUMIRA PEN 92
HUMIRA PEN-CD/UC/HS STARTER 92
HUMIRA PEN-PS/UV/ADOL HS START 92
hydralazine hcl 63
hydrochlorothiazide 61
hydrocodone-acetaminophen 2
hydrocodone-ibuprofen 2
hydrocortisone 79,95
hydrocortisone butyr lipo base 79
hydrocortisone butyrate 68,79
hydrocortisone in absorbase 79
hydrocortisone valerate 79
hydrocortisone-acetic acid 100
hydromorphone hcl 5
hydromorphone hcl er 4
hydromorphone hcl pf 4
hydroxychloroquine sulfate 37
hydroxyurea 29
hydroxyzine hcl 24,47
HYDROXYZINE PAMOATE 47

I

ibandronate sodium 96
IBRANCE 31
ibu 3
ibuprofen 3
ICLUSIG 33
IDHIFA 31
ILEVRO 98
ILUMYA 69
imatinib mesylate 33
IMBRUVICA 33,34
imipenem-cilastatin 13
imipramine hcl 23
imipramine pamoate 23
imiquimod 69
IMOVAX RABIES 93
IMVEXXY MAINTENANCE PACK 81,83
IMVEXXY STARTER PACK 81
incassia 83
INCRELEX 89
INCRUSE ELLIPTA 102
indapamide 61
indomethacin 3
indomethacin er 4
INFANRIX 93
INLYTA 34
INQOVI 30
INREBIC 34
INSULIN LISPRO JUNIOR KWIKPEN 51
INSULIN LISPRO PROT & LISPRO 51
INTELENCE 43
INTRALIPID 73
INTRON A 46,47,91
introvale 83
INVEGA SUSTENNA 39,40
INVEGA TRINZA 40
INVELTYS 98
INVIRASE 45
INVOKAMET 49
INVOKAMET XR 49
INVOKANA 49
IPOL 93
ipratropium bromide 102
ipratropium-albuterol 105
irbesartan 55
irbesartan-hydrochlorothiazide 59
IRESSA 34
ISENTRESS 42
ISENTRESS HD 42
isibloom 83
ISONIAZID 28
isosorbide dinitrate 63
isosorbide mononitrate 63
isosorbide mononitrate er 63
isotretinoin 67
isradipine 57

itraconazole 25
ivermectin 36
IXIARO 94

J

JADENU 72
JADENU SPRINKLE 72
JAKAFI 34
jantoven 52
JANUMET 50
JANUMET XR 50
JANUVIA 49
JARDIANCE 49
jasmiel 83
jinteli 83
juleber 83
JULUCA 43
junel 1.5/30 83
junel 1/20 83
junel fe 1.5/30 83
junel fe 1/20 83
junel fe 24 84

K

K-TAB 71
kaitlib fe 84
KALETRA 45
KALYDECO 103
kariva 84
kcl in dextrose-nacl 73
KCL-LACTATED RINGERS-D5W 73
kelnor 1/35 84
kelnor 1/50 84
ketoconazole 25
KETOPROFEN 4
ketorolac tromethamine 4,98
KINERET 92
KINRIX 94
kionex 72
KISQALI (600 MG DOSE) 31
KISQALI 200 DOSE 31
KISQALI 400 DOSE 31
KISQALI FEMARA 200 DOSE 31
KISQALI FEMARA 400 DOSE 31
KISQALI FEMARA 600 DOSE 31
klor-con 71,72
klor-con 10 71
klor-con m10 71
KLOR-CON M15 71
klor-con m20 71
KORLYM 49
KRINTAFEL 37
kurvelo 84
KUVAN 76

L

labetalol hcl 57
LACRISERT 97
LACTULOSE 74
lamivudine 46
lamivudine-zidovudine 43
lamotrigine 15
lamotrigine er 15
lamotrigine starter kit-blue 15
lamotrigine starter kit-green 15
lamotrigine starter kit-orange 15
LANOXIN 60
lansoprazole 76
lanthanum carbonate 73
LANTUS 51
LANTUS SOLOSTAR 51
larin 1.5/30 84
larin 1/20 84
larin fe 1.5/30 84
larin fe 1/20 84
larissia 84
LASTACAFT 98
latanoprost 100
LATUDA 40
layolis fe 84
LEDIPASVIR-SOFOSBUVIR 46
leena 84

leflunomide 91
LENVIMA 10 MG DAILY DOSE 34
LENVIMA 12 MG DAILY DOSE 34
LENVIMA 14 MG DAILY DOSE 34
LENVIMA 18 MG DAILY DOSE 34
LENVIMA 20 MG DAILY DOSE 34
LENVIMA 24 MG DAILY DOSE 34
LENVIMA 4 MG DAILY DOSE 34
LENVIMA 8 MG DAILY DOSE 34
lessina 84
letrozole 31
leucovorin calcium 30,36
LEUKERAN 28
leuprolide acetate 89
levalbuterol hcl 102
LEVALBUTEROL TARTRATE 103
LEVEMIR 51
LEVEMIR FLEXTOUCH 51
levetiracetam 15
levetiracetam er 16
LEVOBUNOLOL HCL 99
levocarnitine 73
levocarnitine sf 73
levocetirizine dihydrochloride 101
levofloxacin 14,97
levofloxacin in d5w 14
levonest 84
levonorg-eth estrad triphasic 84
levonorgest-eth est & eth est 84
levonorgest-eth estrad 91-day 84
levonorgestrel-ethinyl estrad 84
levora 0.15/30 (28) 85
levothyroxine sodium 89
levoxyl 89
LEXIVA 45
lidocaine 6
lidocaine hcl 6
lidocaine hcl urethral/mucosal 6
lidocaine pak 6
lidocaine viscous hcl 6
lidocaine-prilocaine 6
LIDOTREX 6
lindane 70
linezolid 9
LINZESS 75
liothyronine sodium 89
liprozonepak 6
lisinopril 55
lisinopril-hydrochlorothiazide 59
LITHIUM 48
lithium carbonate 48
lithium carbonate er 48
livixil pak 6
LOKELMA 74
LONSURF 29,30
loperamide hcl 75
lopinavir-ritonavir 45
lopreeza 85
lorazepam 48
lorazepam intensol 48
LORBRENA 34
lorcet 3
lorcet hd 3
loryna 85
losartan potassium 55
losartan potassium-hctz 59
LOTEMAX 98
LOTEMAX SM 98
loteprednol etabonate 99
lovastatin 62
low-ogestrel 85
loxapine succinate 39
lp lite pak 6
LUCEMYRA 7
LULICONAZOLE 70
LUMIGAN 100
LUPRON DEPOT (1-MONTH) 89
LUPRON DEPOT (3-MONTH) 90
LUPRON DEPOT (4-MONTH) 90
LUPRON DEPOT (6-MONTH) 90
lutera 85
LYNPARZA 30

LYSODREN 89
lyza 88

M

M-M-R II 94
mafenide acetate 70
magnesium sulfate 71
malathion 70
MAPROTILINE HCL 20
marlissa 85
MARPLAN 21
MATULANE 28
matzim la 58
MAVYRET 46
MAXIDEX 99
meclizine hcl 24
medolor pak 6
medroxyprogesterone acetate 88
MEFLOQUINE HCL 37
megestrol acetate 88
MEKINIST 34
MEKTOVI 34
melodetta 24 fe 85
meloxicam 4
memantine hcl 20
memantine hcl er 20
MENACTRA 94
MENEST 81
MENVEO 94
meprobamate 47
mercaptopurine 30
meropenem 13
mesalamine 95
mesalamine-cleanser 95
MESNEX 36
METAPROTERENOL SULFATE 103
metformin hcl 49
metformin hcl er 49
methadone hcl 4,5
methazolamide 99
methenamine hippurate 9
methimazole 90
methocarbamol 105
methotrexate 92
methotrexate sodium 92
methotrexate sodium (pf) 92
methoxsalen rapid 69
methscopolamine bromide 75
methyldopa 54
methylphenidate hcl 65
methylphenidate hcl er 65
methylphenidate hcl er (cd) 65
methylphenidate hcl er (la) 65
methylprednisolone 79
metoclopramide hcl 75
metolazone 61
metoprolol succinate er 57
metoprolol tartrate 57
metoprolol-hydrochlorothiazide 59
metronidazole 9
metronidazole in nacl 9
mexiletine hcl 56
mibelas 24 fe 85
MICONAZOLE 3 25
microgestin 1.5/30 85
microgestin 1/20 85
microgestin fe 1.5/30 85
microgestin fe 1/20 85
midodrine hcl 54
miglustat 76
mili 85
mimvey 85
minitran 63
minocycline hcl 15
minoxidil 63
mirtazapine 20,21
MIRVASO 67
misoprostol 76
modafinil 106
moexipril hcl 55
MOLINDONE HCL 39
mometasone furoate 68,101

mondoxyne nl 15
montelukast sodium 101
MONUROL 9
morphine sulfate 5
morphine sulfate (concentrate) 6
morphine sulfate er 5
MOVANTIK 75
MOXIFLOXACIN HCL 14
moxifloxacin hcl 97
moxifloxacin hcl (2x day) 97
MOXIFLOXACIN HCL IN NACL 14
MULTAQ 56
mupirocin 9
MYCAMINE 25
mycophenolate mofetil 92
mycophenolate sodium 92
myorisan 67
MYRBETRIQ 77

N

nabumetone 4
nadolol 57
nafcillin sodium 12
NALOXONE HCL 7
naltrexone hcl 7
NAMZARIC 19
naproxen 4
naproxen dr 4
naproxen sodium 4
naratriptan hcl 27
NARCAN 7
NATACYN 25
nateglinide 49
NATPARA 96
NAYZILAM 17
NEBUPENT 37
necon 0.5/35 (28) 85
nefazodone hcl 21
neomycin sulfate 8
neomycin-bacitracin zn-polymyx 97
neomycin-polymyxin-dexameth 97
NEOMYCIN-POLYMYXIN-GRAMICIDIN 97
NEOMYCIN-POLYMYXIN-HC 97
neomycin-polymyxin-hc 100
NEOSPORIN 97
NERLYNX 34
NEULASTA 53
NEULASTA ONPRO 53
NEUPRO 37
NEVANAC 99
nevirapine 43
nevirapine er 43
NEXAVAR 35
NEXLETOL 62
niacin er (antihyperlipidemic) 62
nicardipine hcl 57
NICOTROL 8
NICOTROL NS 8
nifedipine er 57
nifedipine er osmotic release 57
nikki 85
nilutamide 29
NINLARO 30
NITRO-BID 63
nitrofurantoin 9
nitrofurantoin macrocrystal 10
nitrofurantoin monohyd macro 10
nitroglycerin 63
NITROSTAT 63
NIVESTYM 53
nizatidine 76
nora-be 85
NORDITROPIN FLEXPRO 89
norethin ace-eth estrad-fe 85
norethin-eth estradiol-fe 85
norethindrone 88
norethindrone acet-ethinyl est 85
norethindrone acetate 88
norethindrone-eth estradiol 86
norgestim-eth estrad triphasic 86
norgestimate-eth estradiol 86
NORTHERA 54

nortrel 0.5/35 (28) 86
nortrel 1/35 (21) 86
nortrel 1/35 (28) 86
nortrel 7/7/7 86
nortriptyline hcl 23
NORTRIPTYLINE HCL 23
NORVIR 45
NOVOLOG 51
NOVOLOG FLEXPEN 51
NOVOLOG MIX 70/30 51
NOVOLOG MIX 70/30 FLEXPEN 51
NOVOLOG PENFILL 51
NOXAFIL 25
NUBEQA 29
NUCALA 105
NUEDEXTA 65
NULYTELY LEMON-LIME 74
NULYTELY WITH FLAVOR PACKS 74
NUPLAZID 40
NUTRILIPID 73
nyamyc 25
nystatin 25
nystatin-triamcinolone 69
nystop 26

O

ocella 86
OCTREOTIDE ACETATE 90
ODEFSEY 43
ODOMZO 35
OFEV 105
OFLOXACIN 14
olanzapine 40
olmesartan medoxomil 55
olmesartan medoxomil-hctz 60
olmesartan-amlodipine-hctz 60
olopatadine hcl 98,101
omega 3-acid ethyl esters 62
omeprazole 76
ondansetron 24
ondansetron hcl 24
OPSUMIT 104
ORENITRAM 104
ORKAMBI 103
orphenadrine citrate er 105
orsythia 86
oseltamivir phosphate 46
OTEZLA 70
oxacillin sodium 12
OXACILLIN SODIUM IN DEXTROSE 12
oxandrolone 80
oxaprozin 4
oxazepam 47
oxcarbazepine 19
oxybutynin chloride 77
oxybutynin chloride er 77
oxycodone hcl 6
OXYCODONE HCL ER 5
oxycodone-acetaminophen 3
OXYCODONE-ASPIRIN 3
OXYCONTIN 5
oxymorphone hcl 6
OXYMORPHONE HCL ER 5
OZEMPIC (0.25 OR 0.5 MG/DOSE) 49
OZEMPIC (1 MG/DOSE) 49

P

pacerone 56
paliperidone er 40
PANCREAZE 76
pantoprazole sodium 76
PAROMOMYCIN SULFATE 8
paroxetine hcl 22
PASER 28
PEDIARIX 94
PEDVAX HIB 94
peg 3350-kcl-na bicarb-nacl 74
peg-3350/electrolytes 74
PEGANONE 19
PEGASYS PROCLICK 91
PEMAZYRE 35
penicillamine 72

PENICILLIN G POT IN DEXTROSE 12
penicillin g potassium 12
PENICILLIN G PROCAINE 12
PENICILLIN G SODIUM 12
penicillin v potassium 12
PENTAM 37
PENTASA 95
pentoxifylline er 60
perindopril erbumine 55
permethrin 70
perphenazine 39
PERPHENAZINE-AMITRIPTYLINE 21
PERTZYE 76
phenelzine sulfate 21
phenobarbital 17
phenytoin 19
phenytoin infatabs 19
phenytoin sodium extended 19
PHOSPHOLINE IODIDE 99
PICATO 70
PIFELTRO 43
pilocarpine hcl 67,99
pimecrolimus 68
PIMOZIDE 39
pimtrea 86
pindolol 57
pioglitazone hcl 49
piperacillin sod-tazobactam so 12
PIQRAY (250 MG DAILY DOSE) 31
PIQRAY 200MG DAILY DOSE 31
PIQRAY 300MG DAILY DOSE 31
pirmella 1/35 86
piroxicam 4
PLEGRIDY 66
PLEGRIDY STARTER PACK 66
podofilox 70
polymyxin b-trimethoprim 97
POMALYST 29
portia-28 86
POTASSIUM CHLORIDE 71
potassium chloride crys er 71
POTASSIUM CHLORIDE ER 71
potassium chloride in dextrose 73
POTASSIUM CHLORIDE IN NACL 71
potassium citrate er 78
PRALUENT 63
pramipexole dihydrochloride 37
prasugrel hcl 54
pravastatin sodium 62
prazosin hcl 54
PRED MILD 99
PREDNICARBATE 69,79
prednisolone 79
PREDNISOLONE ACETATE 99
PREDNISOLONE SODIUM PHOSPHATE 79,99
prednisolone sodium phosphate 79
prednisone 79
PREDNISONE 79
pregabalin 65,66
PREMARIN 81
PREMASOL 73
PREMPHASE 86
PREMPRO 86
prevalite 63
previfem 86
PREZCOBIX 45
PREZISTA 45
PRIFTIN 28
prilovix 6
prilovix lite 6
prilovix lite plus 7
prilovix plus 7
prilovix ultralite 7
prilovix ultralite plus 7
primaquine phosphate 37
primidone 17
PRIVIGEN 91
probenecid 26
PROCALAMINE 73
prochlorperazine 24
prochlorperazine maleate 24

procto-med hc 69
procto-pak 80
proctosol hc 69
proctozone-hc 75
progesterone micronized 88
PROGLYCEM 50
PROLASTIN-C 77
PROLIA 96
PROMACTA 53
promethazine hcl 24
promethegan 24
propafenone hcl 56
PROPANTHELINE BROMIDE 75
propranolol hcl 57
propranolol hcl er 57
PROPRANOLOL-HCTZ 60
propylthiouracil 90
PROQUAD 94
PROSOL 73
protriptyline hcl 23
PULMOZYME 105
pyrazinamide 28
pyridostigmine bromide 27
pyridostigmine bromide er 27
pyrimethamine 37

Q

QINLOCK 31
QNASL 101
QNASL CHILDRENS 101
QUADRACEL 94
quetiapine fumarate 40
quetiapine fumarate er 21,40
quinapril hcl 55
quinapril-hydrochlorothiazide 60
QUINIDINE SULFATE 56
quinine sulfate 37
QVAR REDIHALER 101

R

RABAVERT 94
rabeprazole sodium 76
raloxifene hcl 88
ramipril 55
ranolazine er 60
rasagiline mesylate 38
RAVICTI 77
REBIF 66
REBIF REBIDOSE 66
REBIF REBIDOSE TITRATION PACK 66
REBIF TITRATION PACK 66
reclipsen 86
RECOMBIVAX HB 94
RECTIV 64
REGRANEX 70
RELENZA DISKHALER 46
RELISTOR 75
repaglinide 50
REPATHA 63
REPATHA PUSHTRONEX SYSTEM 63
REPATHA SURECLICK 63
RESTASIS 97
RESTASIS MULTIDOSE 97
RETACRIT 53
RETEVMO 32
REVLIMID 29,30
REXULTI 40
REYATAZ 45
RHOPRESSA 100
rifabutin 28
rifampin 28
riluzole 65
RIMANTADINE HCL 46
risedronate sodium 96
RISPERDAL CONSTA 40,41
risperidone 41
risperidone m-tab 41
ritonavir 45
rivastigmine 20
rivastigmine tartrate 20
rivelsa 86
rizatriptan benzoate 27

ROCKLATAN 97
ropinirole hcl 37
ropinirole hcl er 38
rosuvastatin calcium 62
ROTARIX 94
ROTATEQ 94
ROZEREM 106
ROZLYTREK 35
RUBRACA 30
RUCONEST 91
RUKOBIA 44
RYDAPT 35
RYTARY 38

S

SABRIL 17
SAMSCA 72
SANTYL 70
SAPHRIS 41
SAVELLA 66
SAVELLA TITRATION PACK 66
scopolamine 24
SELEGILINE HCL 38
selenium sulfide 69
SELZENTRY 44
SEREVENT DISKUS 103
sertraline hcl 22
setlakin 86
sevelamer carbonate 74
SEVELAMER HCL 74
sharobel 86
SHINGRIX 94
SIGNIFOR 90
sildenafil citrate 104
silodosin 78
SILVADENE 70
silver sulfadiazine 70
SIMBRINZA 99
SIMPONI 91,93
simvastatin 62
sirolimus 93
SIRTURO 28
SIVEXTRO 10
sodium chloride 71
sodium chloride (pf) 71
sodium phenylbutyrate 77,78
sodium polystyrene sulfonate 72,74
SOFOSBUVIR-VELPATASVIR 46
solifenacin succinate 77
SOLIQUA 51
SOLTAMOX 29
SOMATULINE DEPOT 90
SOMAVERT 90
sorine 56
sotalol hcl 56
sotalol hcl (af) 56
SPIRIVA HANDIHALER 102
SPIRIVA RESPIMAT 102
spironolactone 61
spironolactone-hctz 60
sprintec 28 86
SPRITAM 16
SPRYCEL 35
sps 74
sronyx 87
ssd 70
stavudine 43,44
STELARA 70
STIMATE 89
STIOLTO RESPIMAT 105
STIVARGA 35
STREPTOMYCIN SULFATE 8
STRIBILD 42
STRIVERDI RESPIMAT 103
sucralfate 76
SULFACETAMIDE SODIUM 97
sulfacetamide sodium 98
sulfacetamide sodium (acne) 14
sulfacetamide-prednisolone 97
SULFADIAZINE 14
sulfamethoxazole-trimethoprim 14
SULFAMYLON 10

sulfasalazine 14
sulindac 4
sumatriptan 27
sumatriptan succinate 27
SUMATRIPTAN SUCCINATE 27
sumatriptan succinate refill 27
SUPREP BOWEL PREP KIT 71
SUTENT 35
syeda 87
SYMDEKO 103
SYMFI 44
SYMFI LO 44
SYMLINPEN 120 50
SYMLINPEN 60 50
SYMPAZAN 17,18
SYMTUZA 42
SYNJARDY 50
SYNJARDY XR 50
SYNTHROID 89

T

TABLOID 30
TABRECTA 35
tacrolimus 69,93
TAFINLAR 35
TAGRISSO 35
TALTZ 70
TALZENNA 30
tamoxifen citrate 29
tamsulosin hcl 78
TARGRETIN 36
tarina 24 fe 87
TASIGNA 35
tazarotene 67
TAZICEF 11
TAZORAC 67
taztia xt 58
TAZVERIK 30
TDVAX 94
TECFIDERA 66
TEFLARO 11
telmisartan 55
telmisartan-hctz 60
temazepam 106
TENCON 3
TENIVAC 94
tenofovir disoproxil fumarate 46
terazosin hcl 54
terbinafine hcl 26
terbutaline sulfate 103
terconazole 26
TERIPARATIDE (RECOMBINANT) 96
testosterone 80
TESTOSTERONE 80
testosterone cypionate 80
TESTOSTERONE CYPIONATE 80
TESTOSTERONE ENANTHATE 80
tetrabenazine 65
tetracycline hcl 15
THALOMID 29
theophylline 103
theophylline er 103
thioridazine hcl 39
thiothixene 39
tiagabine hcl 18
TIBSOVO 32
TIGECYCLINE 10
timolol maleate 27,99
TIMOLOL MALEATE 99
tinidazole 10
TIVICAY 42
TIVICAY PD 42
tizanidine hcl 42
TOBI PODHALER 8
TOBRADEX 8
TOBRADEX ST 97
tobramycin 8
TOBRAMYCIN SULFATE 8
tobramycin-dexamethasone 97
TOBREX 97
tolcapone 37
tolterodine tartrate 77

tolterodine tartrate er 77
topiramate 16
toremifene citrate 29
torsemide 61
TOUJEO MAX SOLOSTAR 51
TOUJEO SOLOSTAR 51
TOVIAZ 77
TRACLEER 104
TRADJENTA 50
tramadol hcl 6
tramadol hcl er 5
tramadol-acetaminophen 3
trandolapril 55
tranexamic acid 54
TRANSDERM SCOP (1.5 MG) 24
TRANSDERM-SCOP (1.5 MG) 24
tranylcypromine sulfate 21
TRAVASOL 73
travoprost (bak free) 100
trazodone hcl 21
TRECATOR 28
TRELEGY ELLIPTA 105
TRESIBA 51
TRESIBA FLEXTOUCH 51
tretinoin 36,67
tri-estarylla 87
tri-legest fe 87
tri-lo-estarylla 87
tri-lo-sprintec 87
tri-mili 87
tri-previfem 87
tri-sprintec 87
tri-vylibra 87
tri-vylibra lo 87
triamcinolone acetonide 67,80
triamterene-hctz 60
triderm 80
trientine hcl 72
trifluoperazine hcl 39
trifluridine 47
trihexyphenidyl hcl 37
triklo 63
trilyte 74
trimethoprim 10
trimipramine maleate 23
TRINTELLIX 22
TRIUMEQ 44
trivora (28) 87
TROPHAMINE 73
trospium chloride 77
trospium chloride er 77
TRULANCE 74
TRULICITY 50
TRUMENBA 94
TRUVADA 44
TUKYSA 32
TURALIO 35
TWINRIX 94
TYBOST 44
tydemy 87
TYKERB 35
TYMLOS 96
TYPHIM VI 94

U

UPTRAVI 104
ursodiol 75

V

VABOMERE 13
valacyclovir hcl 47
VALCHLOR 28
valganciclovir hcl 45
valproate sodium 16
valproic acid 16
valsartan 55
valsartan-hydrochlorothiazide 60
VALTOCO 10 MG DOSE 18
VALTOCO 15 MG DOSE 18
VALTOCO 20 MG DOSE 18
VALTOCO 5 MG DOSE 18
VANCOMYCIN HCL 10

vancomycin hcl 10
vandazole 10
VAQTA 94
VARIVAX 95
VASCEPA 63
velivet 87
VEMLIDY 46
VENCLEXTA 30
VENCLEXTA STARTING PACK 30
venlafaxine hcl 22
venlafaxine hcl er 23
VENTAVIS 104
verapamil hcl 58
verapamil hcl er 58
VERAPAMIL HCL ER 58
VERSACLOZ 41
VERZENIO 32
vestura 87
VIBERZI 75
VICTOZA 50
vienva 87
vigabatrin 18
vigadrone 18
VIIBRYD 23
VIIBRYD STARTER PACK 23
VIMPAT 19
VIOKACE 77
VIRACEPT 45
VIREAD 44,46
VITRAKVI 32
VIZIMPRO 35
voriconazole 26
VOSEVI 46
VOTRIENT 35
VRAYLAR 41
vyfemla 87
vylibra 87
VYVANSE 64
VYZULTA 100

W

warfarin sodium 52
wixela inhub 103
wymzya fe 87

X

XALKORI 35
XARELTO 52
XARELTO STARTER PACK 53
XATMEP 93
XCOPRI 16
XCOPRI (250 MG DAILY DOSE) 16
XCOPRI (350 MG DAILY DOSE) 16
XELJANZ 93
XELJANZ XR 93
XELPROS 100
XGEVA 96
XIFAXAN 10
XOFLUZA 46
XOLAIR 91,105
XOSPATA 32
XPOVIO (40 MG ONCE WEEKLY) 30
XPOVIO (40 MG TWICE WEEKLY) 31
XPOVIO (60 MG ONCE WEEKLY) 31
XPOVIO (60 MG TWICE WEEKLY) 31
XPOVIO (80 MG ONCE WEEKLY) 31
XPOVIO (80 MG TWICE WEEKLY) 31
XTANDI 29
XULANE 88
XYREM 106

Y

YF-VAX 95
YONSA 29
yuvafem 81

Z

zafirlukast 101
zaleplon 106
zarah 88

zebutal 3
ZEJULA 30
ZELBORAF 36
ZEMAIRA 105
zenatane 68
ZENPEP 77
zidovudine 44
zileuton er 101
ZIOPTAN 100
ziprasidone hcl 41
ziprasidone mesylate 41
ZIRGAN 45
ZOLINZA 26
zolmitriptan 27
zolpidem tartrate 106
zolpidem tartrate er 106
zonisamide 16
ZOSYN 12
zovia 1/35e (28) 88
ZYDELIG 32
ZYKADIA 36
ZYLET 97
ZYPREXA RELPREVV 41

This formulary was updated on 08/31/2020. For more recent information or other questions visit group-health.com/cooperative advantage, or call Cooperative Advantage at (888) 203-7770. TTY users should call (800) 947-3529.

Representatives are available:

- October 1 – March 31
    - 8 AM to 8 PM, 7 days a week.
- April 1 – September 30
    - 8 AM to 8 PM, Monday through Friday

Cooperative Advantage (HMO I-SNP) is a Medicare Advantage Health Maintenance Organization (HMO) Plan with a Medicare contract. Enrollment in the plan depends on contract renewal.