



Prescription Medication List 2023





Pharmacy Program Overview

The pharmacy program of Chorus Community Health Plans (CCHP) offers a variety of high-quality, effective generic and brand-name prescription drugs. This guide provides information that applies to most members. For information specific to your plan, please read your Schedule of Benefits.

When you need a prescription medication, you and your provider can choose from six different levels, or “tiers.” Each tier has a different member responsibility. This gives you and your doctor the freedom to choose the medication that is right for you. At the same time, this will help you to better budget your health care dollars.

This guide provides an overview of your pharmacy benefit with CCHP. It explains the copayment structure, the process for getting certain drugs covered, your options for filling prescriptions, important phone numbers, and more.

Contact numbers

Current Chorus Community Health Plans members

- Customer Service: 1-844-201-4672
- Pharmacy Services (for practitioners and pharmacies): 1-844-201-4677
- Hearing-impaired members: TTY: 7-1-1

Prospective Chorus Community Health Plans members

- Sales Team: 1-844-708-3837
- Online information is available at **chorushealthplans.org/our-plans/prescription-coverage**.

For the latest information on the CCHP drug formulary and other pharmacy benefits, go to **chorushealthplans.org/our-plans/prescription-coverage**. You may also call Customer Service at the number listed above or on the back of your member ID card.

Read your contract carefully to determine which health care services are covered.

For prospective members

If you are thinking about joining Chorus Community Health Plans (CCHP) and would like information about applicable coinsurance or copayment amounts, go to the Summary of Benefits and Coverage (SBC) on the CCHP website at **chorushealthplans.org** or call the Sales Support team at 1-844-708-3837.

Understanding coverage and cost sharing

Our formulary is the list of Food and Drug Administration (FDA)-approved drugs that we cover. Our Pharmacy and Therapeutics (P&T) Committee researches and evaluates medications we may cover. Committee members include local doctors and pharmacists who meet regularly during the year to review and update the formulary. Committee members base their decisions on drugs' safety, effectiveness, and cost.

CCHP prescription drugs are organized into six formulary tiers:

Tier 1 is for generic medications, which have the lowest copayment. Generic drugs offer the same level of safety and quality as their brand-name equivalents. They have the same amount of active ingredients as brand-name medications. CCHP requires you to use a generic version of the drug if one is available. This means that if you receive a brand-name drug when a generic is available, you must pay the brand copayment in addition to the retail cost difference between the brand-name and generic forms of the drug.

Tier 2 is for preferred-brand and generic medications. CCHP classifies these drugs as "preferred" because of their value and effectiveness.

Tier 3 is for non-preferred medications (brand and generic).

Tier 4 is for specialty medications (brand and generic), for which you will have the highest level of cost sharing. Specialty medications usually treat complex and rare conditions. These drugs are created because of advancements in drug development. These drugs can be high-cost medications and biologicals regardless of how they are administered (injectable, oral, transdermal, or inhalant). Many specialty drugs require close management by a physician. Physicians need to monitor these drugs due to potential side effects and the need for frequent dosage adjustments.

Tier 5 is for zero cost share preventive drugs. In accordance with the Patient Protection and Affordable Care Act of 2010 (PPACA), many preventive medications are covered at no cost to you.

Tier 6 is for select generic medications. Select generic medications are offered at no additional cost share to you. Many of these medications can help to improve your overall health.

About generic drugs

Not all drugs have a generic equivalent. Generally, new drugs receive patent protection. Once the patent expires, other pharmaceutical companies can produce the same drug in a generic formulation. Companies that make generic drugs do not have to invest large amounts of money in research, since the company making the brand-name equivalent has already done this. Also, generic companies do not need to advertise their drugs. As a result, generic drug makers can pass these savings on to you.

Generic medications have the same active ingredients as brand-name drugs, but their inactive ingredients can vary. This is why the generic drug might look different from the brand-name drug. Inactive ingredients can be dyes used to color the drug or powders used to shape the tablets. Inactive ingredients do not affect how the generic drug works.

The FDA regulates generic drug manufacturers just as it regulates the makers of brand-name medications. The generic drug must pass strict FDA measurements to ensure that it delivers the same amount of the active ingredient in the same time frame as its brand-name counterpart. The manufacturer of the generic drug must prove that it produces its product under the same strict guidelines as the brand-name drug.

Formulary overview

The most commonly prescribed CCHP drugs are listed in the formulary section of this guide. Please note there are other drugs that CCHP covers in addition to the ones listed in this guide. Formulary changes are made frequently, for the latest information on the complete CCHP formulary and other pharmacy benefits, visit our website at chorushealthplans.org/our-plans/prescription-coverage.

You may also call our Customer Service at the number listed on your member ID card or on the first page of this guide. If you are a CCHP member, refer to your Schedule of Benefits for your applicable coinsurance or copayment amounts. If you did not receive a Schedule of Benefits, contact Customer Service at the number on your member ID card. Your member ID card should also list your applicable coinsurance or copayment amounts.

Understanding this booklet

Prior Authorization (PA) – You will see the symbol PA next to certain drugs in this booklet. PA stands for Prior Authorization. If a drug requires prior authorization, the CCHP Pharmacy Services Department must authorize the use of this drug before it will be covered.

Drugs that require prior authorization are often:

- Newer drugs for which CCHP wants to track usage.
- Drugs not used as a standard first-line option in treating a medical condition.
- Drugs with potential side effects that CCHP wants to monitor for patient safety.
- Drugs categorized as specialty medications.

Compounded medications that contain included ingredients require prior authorization.

Step Therapy (ST) – You will see the symbol ST next to certain drugs in this booklet. ST stands for Step Therapy. Step therapy is the practice of using specific medications first when beginning drug therapy for a medical condition. The preferred first course of treatment may be generic medications or drugs that are considered as the standard first-line treatment. Preferred first courses of treatment are also standard clinical practice and based on clinical practice guidelines.

Step therapy is built into the electronic system that checks your medication history. A drug with step therapy will be automatically approved if there is a record that you have already tried the preferred first course of treatment. If there is no record that you tried the preferred drug(s) in your medication history, your physician must submit relevant clinical information to the CCHP Pharmacy Services Department before it will be covered.

Quantity Limits (QL) – You will see the symbol QL next to certain drugs in this booklet. QL stands for Quantity Limits. Quantity limits are drug-specific and limit the amount of certain drugs that can be dispensed during a specified period of time. These limits are based on FDA guidelines, clinical literature, and the manufacturer's instructions. Quantity limits promote appropriate use of the drug, prevent waste, and help control costs. Your provider can request an exception to the quantity limit through the UPMC Health Plan Pharmacy Services Department.

Affordable Care Act (ACA) – You will see the symbol ACA next to certain drugs in this booklet. ACA stands for Affordable Care Act. In accordance with the Patient Protection and Affordable Care Act of 2010 (PPACA), many select preventive medications are covered at no cost to you.

Limited Availability (LA) – You will see the symbol LA next to certain drugs in this booklet. LA stands for Limited Availability. Limited availability drugs must be obtained through our designated specialty pharmacy provider.

Therapeutic Interchange – The dispensing pharmacist filling your prescription may contact your provider for a verbal order of a therapeutic substitute for the medication they originally prescribed. The verbal order acts as a new active prescription. Therapeutic substitution of a medication may be different from generic substitution. A therapeutic substitute cannot be dispensed without a new prescription from your provider. A new prescription is not required to dispense a generic equivalent drug.

Getting your prescriptions filled

Retail

The CCHP network of retail pharmacies includes hundreds of locations — independent pharmacies as well as multistore chains — throughout the region. You can take your prescription to any pharmacy in the network. You must use 75 percent of your medication before you can get a refill. For specific pharmacy names, locations, and telephone numbers, visit chorushealthplans.org/pharmacy or call our Customer Service Team at 1-844-201-4672.

Mail order

If you take maintenance medications for a chronic condition, you can get them through a mail-order pharmacy. Maintenance medications are generally taken on a regular, long-term basis. This may include drugs to treat high blood pressure, diabetes, asthma, high cholesterol, and more.

With convenient mail-order service:

- You receive a 90-day supply of most drugs, plus refills, as prescribed by your doctor.
- You usually pay a lower out-of-pocket cost for a 90-day supply at a mail-order pharmacy than you would pay at a retail pharmacy.
- You get these drugs delivered right to your door.

Most mail-order prescriptions are written for a 90-day supply. If your doctor writes for a 30-day supply with two refills, the mail order facility may combine the prescription to make a 90-day supply. If you do not want a 90-day supply, you should indicate this on the mail-order form. For a new medication, CCHP recommends that you try a 30-day supply of the drug from a retail pharmacy. That way your doctor has a chance to make sure that it is the right dose for you and that it does not cause any side effects. Once you are confident that the medication is appropriate, ask your doctor to write a prescription for a 90-day supply of each maintenance drug that you need (plus refills if appropriate). Then order the supply through the mail-order pharmacy.

To avoid running out of your mail-order prescription, reorder your medication while you still have an adequate supply remaining, allowing a few weeks for processing and delivery. To request refills, you may order online or over the telephone. You can request a mail-order form by calling Customer Service at 1-844-201-4672 or on our website at chorushealthplans.org.

Specialty pharmacy provider

Specialty medications that require special handling, provider coordination, or patient education that cannot be provided by a retail pharmacy must be obtained through one of our designated specialty pharmacy providers. When you are prescribed a specialty medication and use a specialty pharmacy provider, you get mail-order delivery and improved access to drugs, as many retail pharmacies do not carry these types of medications.

CCHP highly recommends the use of a specialty pharmacy provider. Most specialty medications are required to be filled by a specialty pharmacy provider; however, certain specialty medications can be obtained from a retail pharmacy. You may be assessed an increased cost share for your specialty medication if you continue to obtain it from a retail pharmacy after the first fill.

Specialty pharmacy providers also improve care by providing education for our members and expanded access to health care professionals trained in the proper use of these specialty medications. A specialty pharmacy provider offers cost-effective health care and medication management and compliance programs.

Filling your prescription when traveling

When you travel outside of the CCHP service area, thousands of pharmacies across the country will honor your CCHP member ID card. To locate a participating pharmacy, contact our Customer Service team at the phone number listed on the back of your member ID card or on page 1 of this booklet.

To fill a prescription at a participating out-of-area pharmacy, present your CCHP member ID card. Some pharmacies may ask you to pay the full price of the medication. If that happens and your claim is approved, you will be reimbursed the amount that you paid for the medication, less your member responsibility. Please reference your Schedule of Benefits for specific copayment and coinsurance information.

You can request a "Pharmacy Program Direct Reimbursement Claim Form" by calling the Customer Service team or visiting the member materials online at **chorushealthplans.org**.

If you will be away from home for an extended period of time, or if you will be traveling outside of the country, you may want to use our mail-order service so that you receive a 90-day supply before you leave home.

Filling prescription eye drops

Your pharmacy benefits include coverage of prescription eye drops and refills of prescription eye drops, as long as the following criteria are met:

- You have used 75 percent of your medication at the time a refill is requested. This would include the number of days it would take to reach 75 percent usage based on the dosage of the medication.
- The prescription allows for a refill of the prescription eye drops.
- The requested refill does not exceed the number of refills allowed by the prescription.

Medication supplies not covered

- No authorizations will be provided for medications that are reported by the member, provider, or pharmacy to be lost, misplaced, stolen, destroyed, or damaged.
- Medications received at no charge to the member (workers' compensation, medications purchased with a manufacturer's coupon, etc.) will not be covered.
- Prescriptions that were written more than a year ago will not be covered. Your doctor will need to write a new prescription.

Medications not covered

The following medications are benefit exclusions and will not be covered under the pharmacy benefit:

- Antimalarial agents when used for prevention
- Antiobesity medications, including, but not limited to, appetite suppressants and lipase inhibitors
- Compounded products containing excluded ingredients (examples are compounded hormone replacement therapies and compounded narcotic analgesics)
- Drugs labeled for investigational use
- Drugs used for cosmetic purposes or hair growth
- Drugs used to treat sexual dysfunction (examples are Cialis, Levitra, Stendra, Viagra, Caverject, Muse, Intrarosa, and Osphena)
- Fertility agents
- Legend vitamins (other than prenatal, fluoride, and certain therapeutic vitamins)

- Most over the counter medications**
- Needles/syringes (other than insulin) *
- Nutrition and dietary supplements*
- Ostomy supplies*
- Therapeutic devices/appliances*
- Urine strips (Because our doctors believe blood glucose strips are more accurate than urine test strips in measuring blood glucose, urine strips are not a covered benefit.)

This is not a complete list and there may be other medications that are not covered. For more information, please contact Customer Service at the phone number on the back of your member ID card or on page 1 of this guide.

Please note that, under certain circumstances, your medical benefits may cover the items marked with an asterisk (). For information on these items, you can contact our Customer Service team at the number listed on the back of your member ID card. If you have not yet received an ID card, call our Customer Service number listed on page 1 of this booklet.

Additional over the counter medications may be covered in accordance with the Patient Protection and Affordable Care Act. The Preventive Service Guide available at **chorushealthplans.org/preventive-guidelines.

Drug exceptions, time frames and enrollee responsibilities

If the medication you take is not on the list of covered drugs for your benefit plan (also called a “formulary”), you can ask us to cover it. This is called a “non-formulary exception.” A request for a non-formulary exception will only be approved if there is documented evidence that the formulary alternatives are not effective in treating your condition; the formulary alternatives would cause adverse side effects; or a contraindication exists such that you cannot safely try the formulary medication.

As a first step, you can contact Customer Service for a list of similar drugs that are covered by your plan or you can go to **chorushealthplans.org/formulary** for this information. When you have the list, show it to your doctor and see whether he or she is able to prescribe one of the drugs on this list.

If you need to request a non-formulary exception, contact Member Services or access the exception request form which can be found with the member materials online at **chorushealthplans.org**. When you make this request, we may contact your prescriber or physician for information to support your request.

After CCHP receives your request, we will make our decision within 72 hours. You can request a faster (expedited) decision if you or your doctor believe that waiting up to 72 hours for a decision could seriously harm your health. If your request to expedite is granted, we must give you a decision no later than 24 hours after we received your request.

If we deny your request for a non-formulary exception, you may first request an internal review of that decision by contacting Customer Service. If the denial of the non-formulary exception request is upheld through an internal review, you may then request an external review by an Independent Review Organization (IRO). Requests for an external review can also be made by contacting Customer Service at 1-844-201-4672.

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List of Abbreviations

- 1:** Preferred Generic Medications
- 2:** Preferred Brand Medications and Generic Medications (Brand and Generic)
- 3:** Non-Preferred Medications (Brand and Generic)
- 4:** Specialty Medications (Brand and Generic)
- 5:** \$0 ACA Preventive Medications
- 6:** \$0 Select Generic Medications

ACA: Affordable Care Act.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
BREXAFEMME ORAL TABLET	3	PA; QL
<i>clotrimazole mucous membrane troche</i>	1	
CRESEMBA ORAL CAPSULE	4	QL
<i>fluconazole oral suspension for reconstitution</i>	2	
<i>fluconazole oral tablet</i>	1	QL
<i>flucytosine oral capsule</i>	4	
<i>griseofulvin microsize oral suspension</i>	3	
<i>griseofulvin microsize oral tablet</i>	3	
<i>griseofulvin ultramicrosize oral tablet</i>	3	
<i>itraconazole oral capsule</i>	3	PA; QL
<i>itraconazole oral solution</i>	3	PA
<i>ketoconazole oral tablet</i>	1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	4	PA; QL
NOXAFIL ORAL SUSPENSION	4	PA; QL
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	3	
<i>posaconazole oral suspension</i>	4	PA; QL
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	4	PA; QL
<i>terbinafine hcl oral tablet</i>	1	QL
VIVJOA ORAL CAPSULE	3	PA; QL
<i>voriconazole oral suspension for reconstitution</i>	4	QL
<i>voriconazole oral tablet 200 mg</i>	4	QL
<i>voriconazole oral tablet 50 mg</i>	3	QL
ANTIVIRALS		
<i>abacavir oral solution</i>	1	QL
<i>abacavir oral tablet</i>	1	QL
<i>abacavir-lamivudine oral tablet</i>	1	QL
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	3	
<i>acyclovir oral tablet</i>	1	
<i>adefovir oral tablet</i>	4	QL

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
<i>amantadine hcl oral capsule</i>	1	
<i>amantadine hcl oral solution</i>	1	
<i>amantadine hcl oral tablet</i>	1	
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	4	QL
APTIVUS ORAL CAPSULE	4	QL
<i>atazanavir oral capsule</i>	1	QL
BARACLUDE ORAL SOLUTION	4	PA; QL
BIKTARVY ORAL TABLET	4	QL
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	4	QL
CIMDUO ORAL TABLET	2	QL
COMPLERA ORAL TABLET	4	QL
DELSTRIGO ORAL TABLET	4	QL
DESCOVY ORAL TABLET	4	QL
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	1	QL
DOVATO ORAL TABLET	4	QL
EDURANT ORAL TABLET	4	QL
<i>efavirenz oral capsule</i>	1	QL
<i>efavirenz oral tablet</i>	1	QL
<i>efavirenz-emtricitabin-tenofovir oral tablet</i>	1	QL
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i>	1	QL
<i>emtricitabine oral capsule</i>	1	QL
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	QL
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	5	ACA; QL
EMTRIVA ORAL SOLUTION	2	QL
<i>entecavir oral tablet</i>	3	QL
EPCLUSA ORAL PELLETS IN PACKET	4	PA; LA; QL
EPCLUSA ORAL TABLET 200-50 MG	4	PA; LA; QL
<i>etravirine oral tablet</i>	1	QL
EVOTAZ ORAL TABLET	4	QL
<i>famciclovir oral tablet</i>	3	QL
<i>fosamprenavir oral tablet</i>	1	QL

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
FUZEON SUBCUTANEOUS RECON SOLN	4	QL
GENVOYA ORAL TABLET	4	QL
HARVONI ORAL PELLETS IN PACKET	4	PA; LA; QL
HARVONI ORAL TABLET 45-200 MG	4	PA; LA; QL
INTELENCE ORAL TABLET 25 MG	4	QL
ISENTRESS HD ORAL TABLET	4	QL
ISENTRESS ORAL POWDER IN PACKET	4	QL
ISENTRESS ORAL TABLET	4	QL
ISENTRESS ORAL TABLET,CHEWABLE	4	QL
JULUCA ORAL TABLET	4	QL
LAGEVRIO (EUA) ORAL CAPSULE	2	QL
<i>lamivudine oral solution</i>	1	QL
<i>lamivudine oral tablet</i>	1	QL
<i>lamivudine-zidovudine oral tablet</i>	1	QL
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	4	PA; LA; QL
LEXIVA ORAL SUSPENSION	4	QL
LIVTENCITY ORAL TABLET	4	PA; QL
<i>lopinavir-ritonavir oral solution</i>	1	QL
<i>lopinavir-ritonavir oral tablet</i>	1	QL
<i>maraviroc oral tablet</i>	1	QL
MAVYRET ORAL PELLETS IN PACKET	4	PA; LA; QL
MAVYRET ORAL TABLET	4	PA; LA; QL
<i>nevirapine oral suspension</i>	1	QL
<i>nevirapine oral tablet</i>	1	QL
<i>nevirapine oral tablet extended release 24 hr</i>	1	QL
NORVIR ORAL POWDER IN PACKET	4	QL
ODEFSEY ORAL TABLET	4	QL
<i>oseltamivir oral capsule</i>	2	QL
<i>oseltamivir oral suspension for reconstitution</i>	2	QL
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK	2	QL
PIFELTRO ORAL TABLET	4	QL
PREVYMIS ORAL TABLET	4	PA; QL
PREZCOBIX ORAL TABLET	4	QL

Drug Name	Drug Tier	Requirements / Limits
PREZISTA ORAL SUSPENSION	4	QL
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	4	QL
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	3	QL
REYATAZ ORAL POWDER IN PACKET	4	QL
<i>rimantadine oral tablet</i>	3	
<i>ritonavir oral tablet</i>	1	QL
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	4	PA; QL
SELZENTRY ORAL SOLUTION	4	QL
SELZENTRY ORAL TABLET 25 MG, 75 MG	4	QL
SOFOSBUVIR-VELPATASVIR ORAL TABLET	4	PA; LA; QL
SOVALDI ORAL PELLETS IN PACKET	4	PA; LA; QL
SOVALDI ORAL TABLET	4	PA; LA; QL
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	1	QL
STRIBILD ORAL TABLET	4	QL
SUNLENCA ORAL TABLET	4	PA; QL
SUNLENCA SUBCUTANEOUS SOLUTION	4	PA; QL
SYMTUZA ORAL TABLET	4	QL
<i>tenofovir disoproxil fumarate oral tablet</i>	1	QL
TIVICAY ORAL TABLET	4	QL
TIVICAY PD ORAL TABLET FOR SUSPENSION	4	QL
TRIUMEQ ORAL TABLET	4	QL
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	4	QL
TRIZIVIR ORAL TABLET	4	QL
TYBOST ORAL TABLET	2	QL
<i>valacyclovir oral tablet</i>	2	QL
<i>valganciclovir oral recon soln</i>	4	QL
<i>valganciclovir oral tablet</i>	4	QL
VEMLIDY ORAL TABLET	4	PA; QL
VIEKIRA PAK ORAL TABLETS,DOSE PACK	4	PA; LA; QL
VIRACEPT ORAL TABLET	4	QL
VIREAD ORAL POWDER	4	QL

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL
VOSEVI ORAL TABLET	4	PA; LA; QL
ZEPATIER ORAL TABLET	4	PA; LA; QL
<i>zidovudine oral capsule</i>	1	QL
<i>zidovudine oral syrup</i>	1	QL
<i>zidovudine oral tablet</i>	1	QL
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	3	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	
<i>cefadroxil oral tablet</i>	3	
<i>cefdinir oral capsule</i>	1	
<i>cefdinir oral suspension for reconstitution</i>	2	
<i>cefixime oral capsule</i>	3	
<i>cefixime oral suspension for reconstitution</i>	3	
<i>cefpodoxime oral suspension for reconstitution</i>	3	
<i>cefpodoxime oral tablet</i>	3	
<i>cefprozil oral suspension for reconstitution</i>	2	
<i>cefprozil oral tablet</i>	2	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 750 mg</i>	3	
<i>cephalexin oral suspension for reconstitution</i>	2	
<i>cephalexin oral tablet</i>	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral packet</i>	2	
<i>azithromycin oral suspension for reconstitution</i>	2	
<i>azithromycin oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clarithromycin oral suspension for reconstitution</i>	3	
<i>clarithromycin oral tablet</i>	2	
<i>clarithromycin oral tablet extended release 24 hr</i>	3	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	4	ST; QL
DIFICID ORAL TABLET	4	ST; QL
<i>e.e.s. 400 oral tablet</i>	3	
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	3	
<i>erythromycin ethylsuccinate oral tablet</i>	3	
<i>erythromycin oral capsule,delayed release(dr/ec)</i>	3	
<i>erythromycin oral tablet</i>	3	
<i>erythromycin oral tablet,delayed release (dr/ec)</i>	3	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC)	3	QL
<i>albendazole oral tablet</i>	4	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	4	PA; LA
<i>atovaquone oral suspension</i>	4	
<i>atovaquone-proguanil oral tablet</i>	3	PA
BENZNIDAZOLE ORAL TABLET	3	QL
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	4	LA; QL
<i>chloroquine phosphate oral tablet</i>	3	PA
<i>clindamycin hcl oral capsule</i>	1	
<i>clindamycin pediatric oral recon soln</i>	3	
COARTEM ORAL TABLET	3	
CYCLOSERINE ORAL CAPSULE	3	
<i>dapsone oral tablet</i>	1	
EMVERM ORAL TABLET,CHEWABLE	4	

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
<i>ethambutol oral tablet</i>	2	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
<i>isoniazid oral solution</i>	1	
<i>isoniazid oral tablet</i>	1	
<i>ivermectin oral tablet</i>	3	PA
KRINTAFEL ORAL TABLET	3	
LAMPIT ORAL TABLET	3	QL
<i>linezolid oral suspension for reconstitution</i>	4	QL
<i>linezolid oral tablet</i>	3	QL
<i>mefloquine oral tablet</i>	3	PA
<i>metronidazole oral capsule</i>	3	
<i>metronidazole oral tablet</i>	1	
<i>neomycin oral tablet</i>	1	
<i>nitazoxanide oral tablet</i>	4	
<i>paromomycin oral capsule</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	3	
<i>pentamidine inhalation recon soln</i>	1	
<i>praziquantel oral tablet</i>	3	
PRETOMANID ORAL TABLET	3	PA; QL
PRIFTIN ORAL TABLET	3	
<i>primaquine oral tablet</i>	3	PA
<i>pyrazinamide oral tablet</i>	1	
<i>pyrimethamine oral tablet</i>	4	PA; QL
<i>quinine sulfate oral capsule</i>	3	PA
<i>rifabutin oral capsule</i>	1	
<i>rifampin oral capsule</i>	1	
SIRTURO ORAL TABLET	4	PA; LA
SIVEXTRO ORAL TABLET	4	QL
<i>tinidazole oral tablet</i>	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	LA; QL
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	4	LA; QL
<i>tobramycin inhalation solution for nebulization</i>	4	LA; QL

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
TRECATOR ORAL TABLET	3	
XIFAXAN ORAL TABLET 200 MG	3	QL
XIFAXAN ORAL TABLET 550 MG	4	PA; QL
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet,chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	3	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	3	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	3	
<i>amoxicillin-pot clavulanate oral tablet,chewable</i>	3	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>dicloxacillin oral capsule</i>	3	
<i>penicillin v potassium oral recon soln</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 100 mg</i>	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin oral suspension,microcapsule recon</i>	3	
FACTIVE ORAL TABLET	3	QL
<i>levofloxacin oral solution</i>	3	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral tablet</i>	3	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	3	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine oral tablet</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>sulfatrim oral suspension</i>	2	
TETRACYCLINES		
<i>avidoxy oral tablet</i>	1	
<i>demeclocycline oral tablet</i>	3	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral capsule</i>	2	
<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>morgidox oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule</i>	3	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet</i>	3	QL
<i>methenamine hippurate oral tablet</i>	1	
<i>methenamine mandelate oral tablet</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	3	
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	1	
<i>trimethoprim oral tablet</i>	2	
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN	3	
<i>vancomycin oral capsule</i>	3	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet</i>	3	
MESNEX ORAL TABLET	3	
XGEVA SUBCUTANEOUS SOLUTION	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet</i>	4	PA; LA; QL
ALECENSA ORAL CAPSULE	4	PA; LA; QL
ALUNBRIG ORAL TABLET	4	PA; QL
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; QL
<i>anastrozole oral tablet</i>	5	ACA
AYVAKIT ORAL TABLET	4	PA; LA; QL
<i>azathioprine oral tablet 50 mg</i>	1	
BALVERSA ORAL TABLET	4	PA; LA; QL
<i>bexarotene oral capsule</i>	4	PA
<i>bexarotene topical gel</i>	4	PA
<i>bicalutamide oral tablet</i>	1	
BOSULIF ORAL TABLET	4	PA; LA; QL
BRAFTOVI ORAL CAPSULE	4	PA; LA; QL
BRUKINSA ORAL CAPSULE	4	PA; LA; QL
CABOMETYX ORAL TABLET	4	PA; LA; QL
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	4	PA; LA; QL
<i>capecitabine oral tablet</i>	4	PA
CAPRELSA ORAL TABLET	4	PA; LA; QL
COMETRIQ ORAL CAPSULE	4	PA; LA; QL
COPIKTRA ORAL CAPSULE	4	PA; LA; QL
COTELLIC ORAL TABLET	4	PA; LA; QL
<i>cyclophosphamide oral capsule</i>	1	
<i>cyclosporine modified oral capsule</i>	1	
<i>cyclosporine modified oral solution</i>	1	
<i>cyclosporine oral capsule</i>	1	
DAURISMO ORAL TABLET	4	PA; LA; QL
EMCYT ORAL CAPSULE	4	PA
ENSPRYNG SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ERIVEDGE ORAL CAPSULE	4	PA; LA; QL
ERLEADA ORAL TABLET	4	PA; LA; QL
<i>erlotinib oral tablet</i>	4	PA; LA; QL
<i>etoposide oral capsule</i>	4	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>everolimus (antineoplastic) oral tablet</i>	4	PA; QL
<i>everolimus (antineoplastic) oral tablet for suspension</i>	4	PA; QL
<i>everolimus (immunosuppressive) oral tablet</i>	4	
<i>exemestane oral tablet</i>	5	ACA
EXKIVITY ORAL CAPSULE	4	PA; QL
FARYDAK ORAL CAPSULE	4	PA; QL
FOTIVDA ORAL CAPSULE	4	PA; QL
GAVRETO ORAL CAPSULE	4	PA; LA; QL
<i>gengraf oral capsule</i>	1	
<i>gengraf oral solution</i>	1	
GILOTRIF ORAL TABLET	4	PA; LA; QL
GLEOSTINE ORAL CAPSULE	4	PA
HYCAMTIN ORAL CAPSULE	4	PA
<i>hydroxyurea oral capsule</i>	1	
IBRANCE ORAL CAPSULE	4	PA; LA; QL
IBRANCE ORAL TABLET	4	PA; LA; QL
ICLUSIG ORAL TABLET	4	PA; QL
IDHIFA ORAL TABLET	4	PA; LA; QL
<i>imatinib oral tablet</i>	4	PA; QL
IMBRUVICA ORAL CAPSULE	4	PA; QL
IMBRUVICA ORAL SUSPENSION	4	PA; QL
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	4	PA; QL
INLYTA ORAL TABLET	4	PA; LA; QL
INQOVI ORAL TABLET	4	PA; LA; QL
INREBIC ORAL CAPSULE	4	PA; LA; QL
IRESSA ORAL TABLET	4	PA; LA; QL
JAKAFI ORAL TABLET	4	PA; LA; QL
JAYPIRCA ORAL TABLET	4	PA; LA; QL
KISQALI FEMARA CO-PACK ORAL TABLET	4	PA; QL
KISQALI ORAL TABLET	4	PA; QL
KOSELUGO ORAL CAPSULE	4	PA; QL
KRAZATI ORAL TABLET	4	PA; QL
<i>lapatinib oral tablet</i>	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>lenalidomide oral capsule</i>	4	PA; LA; QL
LENVIMA ORAL CAPSULE	4	PA; LA; QL
<i>letrozole oral tablet</i>	5	ACA; QL
LEUKERAN ORAL TABLET	4	
LONSURF ORAL TABLET	4	PA; LA; QL
LORBRENA ORAL TABLET	4	PA; LA; QL
LUMAKRAS ORAL TABLET	4	PA; LA; QL
LUPKYNIS ORAL CAPSULE	4	PA; QL
LYNPARZA ORAL TABLET	4	PA; LA; QL
LYSODREN ORAL TABLET	4	PA
LYTGOBI ORAL TABLET	4	PA; QL
MATULANE ORAL CAPSULE	4	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL TABLET	4	PA; LA; QL
MEKTOVI ORAL TABLET	4	PA; LA; QL
<i>melphalan oral tablet</i>	4	
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
<i>methotrexate sodium injection solution</i>	1	
<i>methotrexate sodium oral tablet</i>	1	
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; LA; QL
<i>mycophenolate mofetil oral capsule</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	4	
<i>mycophenolate mofetil oral tablet</i>	1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	1	
MYLERAN ORAL TABLET	4	
NERLYNX ORAL TABLET	4	PA; LA; QL
<i>nilutamide oral tablet</i>	4	PA
NINLARO ORAL CAPSULE	4	PA; LA; QL
NUBEQA ORAL TABLET	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>octreotide acetate injection solution</i>	1	LA
<i>octreotide acetate injection syringe</i>	1	LA
ODOMZO ORAL CAPSULE	4	PA; LA; QL
ONUREG ORAL TABLET	4	PA; LA; QL
ORGOVYX ORAL TABLET	4	PA; LA; QL
ORSERDU ORAL TABLET	4	PA; QL
PEMAZYRE ORAL TABLET	4	PA; LA; QL
PIQRAY ORAL TABLET	4	PA; LA; QL
POMALYST ORAL CAPSULE	4	PA; LA; QL
QINLOCK ORAL TABLET	4	PA; LA; QL
RETEVMO ORAL CAPSULE	4	PA; LA; QL
REVLIMID ORAL CAPSULE	4	PA; LA; QL
REZLIDHIA ORAL CAPSULE	4	PA; QL
REZUROCK ORAL TABLET	4	PA; QL
RIABNI INTRAVENOUS SOLUTION	4	PA; LA
RITUXAN INTRAVENOUS CONCENTRATE	4	PA; LA
ROZLYTREK ORAL CAPSULE	4	PA; LA; QL
RUBRACA ORAL TABLET	4	PA; LA; QL
RUXIENCE INTRAVENOUS SOLUTION	4	PA; LA
RYDAPT ORAL CAPSULE	4	PA; LA; QL
SCEMBLIX ORAL TABLET	4	PA; LA; QL
SIGNIFOR SUBCUTANEOUS SOLUTION	4	PA; QL
<i>sirolimus oral solution</i>	4	PA
<i>sirolimus oral tablet</i>	1	
<i>sorafenib oral tablet</i>	4	PA; LA; QL
SPRYCEL ORAL TABLET	4	PA; LA; QL
STIVARGA ORAL TABLET	4	PA; LA; QL
<i>sunitinib malate oral capsule</i>	4	PA; LA; QL
TABLOID ORAL TABLET	4	PA
TABRECTA ORAL TABLET	4	PA; LA; QL
<i>tacrolimus oral capsule</i>	1	
TAFINLAR ORAL CAPSULE	4	PA; LA; QL
TAGRISSE ORAL TABLET	4	PA; LA; QL
TALZENNA ORAL CAPSULE	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>tamoxifen oral tablet</i>	5	ACA
TASIGNA ORAL CAPSULE	4	PA; QL
TAZVERIK ORAL TABLET	4	PA; LA; QL
<i>temozolomide oral capsule</i>	4	PA
TEPMETKO ORAL TABLET	4	PA; QL
THALOMID ORAL CAPSULE	4	PA; LA; QL
TIBSOVO ORAL TABLET	4	PA; QL
<i>toremifene oral tablet</i>	4	QL
<i>tretinoin (antineoplastic) oral capsule</i>	4	
TRUXIMA INTRAVENOUS SOLUTION	4	PA; LA
TUKYSA ORAL TABLET	4	PA; LA; QL
TURALIO ORAL CAPSULE 125 MG	4	PA; LA; QL
UPLIZNA INTRAVENOUS SOLUTION	4	PA; LA
VENCLEXTA ORAL TABLET	4	PA; LA; QL
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	4	PA; QL
VERZENIO ORAL TABLET	4	PA; LA; QL
VIJOICE ORAL TABLET	4	PA; QL
VITRAKVI ORAL CAPSULE	4	PA; LA; QL
VITRAKVI ORAL SOLUTION	4	PA; LA; QL
VIZIMPRO ORAL TABLET	4	PA; LA; QL
VONJO ORAL CAPSULE	4	PA; QL
VOTRIENT ORAL TABLET	4	PA; LA; QL
WELIREG ORAL TABLET	4	PA; LA; QL
XALKORI ORAL CAPSULE	4	PA; LA; QL
XERMELO ORAL TABLET	4	PA; LA; QL
XOSPATA ORAL TABLET	4	PA; LA; QL
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA; QL
XTANDI ORAL CAPSULE	4	PA; LA; QL
XTANDI ORAL TABLET	4	PA; LA; QL
YONSA ORAL TABLET	4	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
ZEJULA ORAL CAPSULE	4	PA; LA; QL
ZELBORAF ORAL TABLET	4	PA; LA; QL
ZOLINZA ORAL CAPSULE	4	PA; LA; QL
ZYDELIG ORAL TABLET	4	PA; LA; QL
ZYKADIA ORAL TABLET	4	PA; QL
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET	4	PA; QL
BRIVIACT ORAL SOLUTION	4	PA; QL
BRIVIACT ORAL TABLET	4	PA; QL
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	3	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	3	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	3	
<i>carbamazepine oral tablet, chewable</i>	1	
CELONTIN ORAL CAPSULE 300 MG	3	QL
<i>clobazam oral suspension</i>	3	PA; QL
<i>clobazam oral tablet</i>	3	PA; QL
<i>clonazepam oral tablet</i>	1	QL
<i>clonazepam oral tablet, disintegrating</i>	3	QL
DIACOMIT ORAL CAPSULE	4	PA; QL
DIACOMIT ORAL POWDER IN PACKET	4	PA; QL
<i>diazepam rectal kit</i>	1	QL
DILANTIN ORAL CAPSULE 30 MG	2	
<i>divalproex oral capsule, delayed rel sprinkle</i>	3	
<i>divalproex oral tablet extended release 24 hr</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	
EPIDIOLEX ORAL SOLUTION	4	PA; LA
<i>epitol oral tablet</i>	1	
<i>ethosuximide oral capsule</i>	3	
<i>ethosuximide oral solution</i>	3	
<i>felbamate oral suspension</i>	3	
<i>felbamate oral tablet</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
FINTEPLA ORAL SOLUTION	4	PA; LA; QL
FYCOMPA ORAL SUSPENSION	4	PA; QL
FYCOMPA ORAL TABLET	4	PA; QL
<i>gabapentin oral capsule</i>	1	QL
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	3	QL
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	QL
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	3	PA; QL
<i>lacosamide oral solution</i>	3	QL
<i>lacosamide oral tablet</i>	3	QL
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	3	QL
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr</i>	1	QL
NAYZILAM NASAL SPRAY, NON-AEROSOL	3	QL
<i>oxcarbazepine oral suspension</i>	3	
<i>oxcarbazepine oral tablet</i>	1	
<i>phenobarbital oral elixir</i>	1	
<i>phenobarbital oral tablet</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended oral capsule</i>	1	
<i>pregabalin oral capsule</i>	2	PA; QL
<i>pregabalin oral solution</i>	3	PA; QL
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension</i>	4	PA; QL
<i>rufinamide oral tablet</i>	4	PA; QL
<i>subvenite oral tablet</i>	1	
<i>tiagabine oral tablet</i>	3	
<i>topiramate oral capsule, sprinkle</i>	3	
<i>topiramate oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL	3	QL
<i>vigabatrin oral powder in packet</i>	4	PA; LA; QL
<i>vigabatrin oral tablet</i>	4	PA; LA; QL
<i>vigadrone oral powder in packet</i>	4	PA; QL
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	PA; QL
XCOPRI ORAL TABLET	4	PA; QL
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK	4	PA; QL
<i>zonisamide oral capsule</i>	1	
ZTALMY ORAL SUSPENSION	4	PA; QL
ANTIPARKINSONISM AGENTS		
<i>apomorphine subcutaneous cartridge</i>	4	PA; QL
<i>benztropine oral tablet</i>	1	
<i>bromocriptine oral capsule</i>	3	
<i>bromocriptine oral tablet</i>	3	
<i>carbidopa oral tablet</i>	3	PA
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet extended release</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	3	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	4	PA; LA
<i>entacapone oral tablet</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; QL
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	PA; QL
NOURIANZ ORAL TABLET	4	PA; LA; QL
ONGENTYS ORAL CAPSULE	3	PA; QL
<i>pramipexole oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>rasagiline oral tablet</i>	3	
<i>ropinirole oral tablet</i>	1	
<i>ropinirole oral tablet extended release 24 hr</i>	3	ST
<i>selegiline hcl oral capsule</i>	1	
<i>selegiline hcl oral tablet</i>	1	
<i>trihexyphenidyl oral elixir</i>	1	
<i>trihexyphenidyl oral tablet</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE	3	PA; QL
<i>almotriptan malate oral tablet</i>	2	ST; QL
<i>dihydroergotamine injection solution</i>	4	PA
<i>dihydroergotamine nasal spray,non-aerosol</i>	4	PA; QL
<i>eletriptan oral tablet</i>	2	ST; QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	2	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
<i>ergotamine-caffeine oral tablet</i>	3	PA; QL
<i>frovatriptan oral tablet</i>	2	ST; QL
<i>naratriptan oral tablet</i>	2	QL
NURTEC ODT ORAL TABLET,DISINTEGRATING	2	PA; QL
REYVOW ORAL TABLET	3	PA; QL
<i>rizatriptan oral tablet</i>	1	QL
<i>rizatriptan oral tablet,disintegrating</i>	1	QL
<i>sumatriptan nasal spray,non-aerosol</i>	3	QL
<i>sumatriptan succinate oral tablet</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	2	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	2	QL
<i>sumatriptan succinate subcutaneous solution</i>	2	QL
TRUDHESA NASAL SPRAY,NON-AEROSOL	4	PA; QL

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
UBRELVY ORAL TABLET	3	PA; QL
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	3	ST; QL
<i>zolmitriptan oral tablet</i>	2	QL
<i>zolmitriptan oral tablet,disintegrating</i>	2	QL
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	3	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET	4	PA; LA; QL
<i>dalfampridine oral tablet extended release 12 hr</i>	4	PA; LA; QL
<i>dichlorphenamide oral tablet</i>	4	PA; QL
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	PA
<i>donepezil oral tablet,disintegrating</i>	1	PA
EVRYSDI ORAL RECON SOLN	4	PA; LA; QL
FIRDAPSE ORAL TABLET	4	PA; LA; QL
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	3	PA
<i>galantamine oral solution</i>	3	PA
<i>galantamine oral tablet</i>	3	PA
HORIZANT ORAL TABLET EXTENDED RELEASE	3	PA; QL
INGREZZA ORAL CAPSULE	4	PA; LA; QL
KEVEYIS ORAL TABLET	4	PA; QL
<i>memantine oral solution</i>	3	PA
<i>memantine oral tablet</i>	3	PA
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; QL
NUEDEXTA ORAL CAPSULE	4	PA; QL
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	4	PA; LA; QL
RELYVRIO ORAL POWDER IN PACKET	4	PA; LA; QL
<i>rivastigmine tartrate oral capsule</i>	3	PA
<i>rivastigmine transdermal patch 24 hour</i>	3	PA
TEGSEDI SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>tetrabenazine oral tablet</i>	4	PA; LA; QL
ZEPOSIA ORAL CAPSULE	4	PA; LA; QL
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK	4	PA; LA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>baclofen oral tablet 5 mg</i>	3	
<i>carisoprodol oral tablet 350 mg</i>	1	QL
<i>carisoprodol-aspirin-codeine oral tablet</i>	3	PA; QL
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>dantrolene oral capsule</i>	3	
<i>meprobamate oral tablet</i>	3	PA; QL
<i>metaxalone oral tablet 800 mg</i>	3	PA; QL
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate oral tablet extended release</i>	1	
<i>pyridostigmine bromide oral syrup</i>	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	3	
<i>tizanidine oral tablet</i>	1	
<i>vanadom oral tablet</i>	1	QL
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	3	PA; QL
<i>acetaminophen-codeine oral tablet</i>	3	PA; QL
<i>ascomp with codeine oral capsule</i>	3	PA; QL
BELBUCA BUCCAL FILM	3	PA; QL
<i>buprenorphine hcl sublingual tablet</i>	1	PA; QL
<i>buprenorphine transdermal patch weekly</i>	3	PA; QL
<i>butalbital compound w/codeine oral capsule</i>	3	PA; QL
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	3	PA; QL
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	3	
<i>butalbital-acetaminophen-caff oral capsule</i>	3	
<i>butalbital-acetaminophen-caff oral tablet</i>	1	
<i>butalbital-aspirin-caffeine oral capsule</i>	3	

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-aspirin-caffeine oral tablet</i>	3	
<i>codeine sulfate oral tablet</i>	3	PA; QL
<i>codeine-bitalbital-asa-caff oral capsule</i>	3	PA; QL
<i>endocet oral tablet</i>	3	PA; QL
<i>fentanyl citrate buccal lozenge on a handle</i>	4	PA; QL
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG	4	PA; QL
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	PA; QL
FENTORA BUCCAL TABLET, EFFERVESCENT	4	PA; QL
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	3	PA; QL
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	PA; QL
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	PA; QL
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	PA; QL
<i>hydromorphone oral tablet</i>	3	PA; QL
<i>hydromorphone oral tablet extended release 24 hr</i>	3	PA; QL
<i>levorphanol tartrate oral tablet 2 mg</i>	4	PA; QL
<i>meperidine oral tablet 50 mg</i>	3	PA; QL
<i>methadone oral tablet</i>	3	PA; QL
<i>morphine concentrate oral solution</i>	3	PA; QL
<i>morphine oral solution</i>	3	PA; QL
<i>morphine oral tablet</i>	3	PA; QL
<i>morphine oral tablet extended release</i>	2	PA; QL
<i>morphine rectal suppository</i>	3	PA; QL
<i>oxycodone oral capsule</i>	3	PA; QL
<i>oxycodone oral solution</i>	3	PA; QL
<i>oxycodone oral tablet</i>	3	PA; QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	PA; QL
<i>oxymorphone oral tablet</i>	3	PA; QL
<i>oxymorphone oral tablet extended release 12 hr</i>	3	PA; QL
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	4	PA; QL

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL	4	PA; QL
<i>tencon oral tablet</i>	3	
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH)	2	PA; QL
<i>zebutal oral capsule</i>	3	
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec)</i>	5	ACA
<i>aspirin oral tablet</i>	5	ACA
<i>aspirin oral tablet, chewable</i>	5	ACA
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	5	ACA
<i>aspir-trin oral tablet, delayed release (dr/ec)</i>	5	ACA
<i>bayer aspirin oral tablet, delayed release (dr/ec)</i>	5	ACA
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec)</i>	5	ACA
<i>buprenorphine-naloxone sublingual film</i>	1	QL
<i>buprenorphine-naloxone sublingual tablet</i>	1	QL
<i>butorphanol nasal spray, non-aerosol</i>	3	PA; QL
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	3	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	3	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	3	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg, 75 mg</i>	2	
<i>diclofenac sodium topical drops</i>	3	QL
<i>diclofenac sodium topical gel 1 %</i>	2	QL
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</i>	3	
<i>diflunisal oral tablet</i>	3	
<i>ecotrin low strength oral tablet, delayed release (dr/ec)</i>	5	ACA
<i>ecotrin oral tablet, delayed release (dr/ec)</i>	5	ACA
<i>etodolac oral capsule</i>	3	
<i>etodolac oral tablet</i>	3	

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
<i>etodolac oral tablet extended release 24 hr</i>	3	
<i>fenoprofen oral tablet</i>	3	PA
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketorolac oral tablet</i>	1	QL
KLOXXADO NASAL SPRAY, NON-AEROSOL	6	
LUCEMYRA ORAL TABLET	4	PA; QL
<i>meclofenamate oral capsule 50 mg</i>	3	PA
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral tablet</i>	3	
<i>naloxone injection solution</i>	6	
<i>naloxone injection syringe</i>	6	
<i>naloxone nasal spray, non-aerosol</i>	6	
<i>naltrexone oral tablet</i>	1	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	3	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	3	
<i>oxaprozin oral tablet</i>	3	
<i>piroxicam oral capsule</i>	3	
<i>salsalate oral tablet</i>	3	
<i>st joseph aspirin oral tablet, chewable</i>	5	ACA
<i>sulindac oral tablet</i>	2	
<i>tramadol oral tablet 50 mg</i>	3	PA; QL
<i>tramadol oral tablet extended release 24 hr (generic Ultram ER)</i>	2	PA; QL
<i>tramadol-acetaminophen oral tablet</i>	3	PA; QL
<i>tri-buffered aspirin oral tablet</i>	5	ACA
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	4	QL
ZUBSOLV SUBLINGUAL TABLET	2	QL

PSYCHOTHERAPEUTIC DRUGS

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	4	ST < 12 years of age; QL
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	4	ST < 12 years of age; QL
<i>alprazolam intensol oral concentrate</i>	2	QL
<i>alprazolam oral tablet</i>	1	QL
<i>alprazolam oral tablet extended release 24 hr</i>	1	QL
<i>alprazolam oral tablet,disintegrating</i>	3	QL
<i>amitriptyline oral tablet</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet</i>	1	
<i>amoxapine oral tablet</i>	3	
<i>amphetamine sulfate oral tablet</i>	3	QL
<i>aripiprazole oral solution</i>	3	PA; QL
<i>aripiprazole oral tablet</i>	1	PA < 12 years of age; QL
<i>aripiprazole oral tablet,disintegrating</i>	3	PA; QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	4	ST < 12 years of age; QL
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	4	ST < 12 years of age; QL
<i>armodafinil oral tablet</i>	3	PA; QL
<i>asenapine maleate sublingual tablet</i>	3	PA; QL
<i>atomoxetine oral capsule</i>	2	QL
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	4	PA; QL
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	
<i>buspirone oral tablet 10 mg, 15 mg, 5 mg</i>	1	
<i>buspirone oral tablet 30 mg, 7.5 mg</i>	3	
CAPLYTA ORAL CAPSULE	4	PA; QL
<i>chlordiazepoxide hcl oral capsule</i>	1	QL
<i>chlorpromazine injection solution</i>	1	PA < 12 years of age
<i>chlorpromazine oral tablet</i>	3	PA < 12 years of age
<i>citalopram oral solution</i>	3	
<i>citalopram oral tablet</i>	6	

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
<i>clomipramine oral capsule</i>	3	PA
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	QL
<i>clorazepate dipotassium oral tablet</i>	1	QL
<i>clozapine oral tablet</i>	1	PA < 12 years of age
<i>clozapine oral tablet,disintegrating</i>	3	PA < 12 years of age; ST > 12 years of age; QL
<i>desipramine oral tablet</i>	3	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	3	QL
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	3	QL
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	3	PA < 4 and $\geq$ 18 years of age; QL
<i>dexmethylphenidate oral tablet</i>	1	QL
<i>dextroamphetamine sulfate oral capsule, extended release</i>	3	PA < 4 and $\geq$ 18 years of age; QL
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	QL
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	PA < 4 and $\geq$ 18 years of age; QL
<i>dextroamphetamine-amphetamine oral tablet</i>	1	QL
<i>diazepam intensol oral concentrate</i>	2	QL
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL
<i>diazepam oral tablet</i>	1	QL
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL
<i>ergoloid oral tablet</i>	3	
<i>escitalopram oxalate oral solution</i>	3	
<i>escitalopram oxalate oral tablet</i>	1	
<i>estazolam oral tablet</i>	1	QL
<i>eszopiclone oral tablet</i>	2	QL
FANAPT ORAL TABLET	4	PA; QL
FANAPT ORAL TABLETS,DOSE PACK	4	PA; QL
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	PA; QL
<i>fluoxetine oral capsule</i>	1	
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	3	
<i>fluphenazine decanoate injection solution</i>	1	PA < 12 years of age
<i>fluphenazine hcl injection solution</i>	1	PA < 12 years of age
<i>fluphenazine hcl oral concentrate</i>	3	PA < 12 years of age
<i>fluphenazine hcl oral elixir</i>	3	PA < 12 years of age
<i>fluphenazine hcl oral tablet</i>	3	PA < 12 years of age
<i>fluvoxamine oral tablet</i>	1	
<i>guanfacine oral tablet extended release 24 hr</i>	2	QL
<i>haloperidol decanoate intramuscular solution</i>	1	PA < 12 years of age
<i>haloperidol lactate injection solution</i>	1	PA < 12 years of age
<i>haloperidol lactate intramuscular syringe</i>	1	PA < 12 years of age
<i>haloperidol lactate oral concentrate</i>	1	PA < 12 years of age
<i>haloperidol oral tablet</i>	1	PA < 12 years of age
HETLIOZ LQ ORAL SUSPENSION	4	PA; LA; QL
HETLIOZ ORAL CAPSULE	4	PA; LA; QL
<i>imipramine hcl oral tablet</i>	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE	4	ST < 12 years of age; QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE	4	ST < 12 years of age; QL
INVEGA TRINZA INTRAMUSCULAR SYRINGE	4	ST < 12 years of age; QL
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	
<i>lithium carbonate oral tablet extended release</i>	1	
<i>lorazepam intensol oral concentrate</i>	2	QL
<i>lorazepam oral concentrate</i>	2	QL
<i>lorazepam oral tablet</i>	1	QL
<i>loxapine succinate oral capsule</i>	1	PA < 12 years of age
<i>lurasidone oral tablet</i>	3	PA; QL
LYBALVI ORAL TABLET	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
MARPLAN ORAL TABLET	3	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	PA < 4 and ≥ 18 years of age; QL
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg</i>	1	PA < 4 and ≥ 18 years of age; QL
<i>methylphenidate hcl oral solution</i>	3	PA < 4 and ≥ 18 years of age; QL
<i>methylphenidate hcl oral tablet</i>	1	QL
<i>methylphenidate hcl oral tablet extended release</i>	1	PA < 4 and ≥ 18 years of age; QL
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	PA < 4 and ≥ 18 years of age; QL
<i>methylphenidate hcl oral tablet,chewable</i>	3	PA < 4 and ≥ 18 years of age; QL
<i>midazolam (pf) injection solution</i>	1	
<i>midazolam injection solution</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>mirtazapine oral tablet 7.5 mg</i>	3	
<i>mirtazapine oral tablet,disintegrating</i>	3	
<i>modafinil oral tablet</i>	3	PA; QL
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	2	PA < 4 and ≥ 18 years of age; QL
<i>nefazodone oral tablet</i>	3	
<i>nortriptyline oral capsule</i>	1	
<i>nortriptyline oral solution</i>	3	
NUPLAZID ORAL CAPSULE	4	PA; LA; QL
NUPLAZID ORAL TABLET	4	PA; LA; QL
<i>olanzapine intramuscular recon soln</i>	1	PA < 12 years of age
<i>olanzapine oral tablet</i>	1	PA < 12 years of age; QL
<i>olanzapine oral tablet,disintegrating</i>	3	PA < 12 years of age; ST > 12 years of age; QL
<i>olanzapine-fluoxetine oral capsule</i>	3	PA < 12 years of age; ST > 12 years of age; QL
<i>oxazepam oral capsule</i>	1	QL
<i>paliperidone oral tablet extended release 24hr</i>	3	PA; QL
<i>paroxetine hcl oral tablet</i>	1	
<i>perphenazine oral tablet</i>	1	PA < 12 years of age
<i>perphenazine-amitriptyline oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING	4	ST < 12 years of age; QL
<i>phenelzine oral tablet</i>	1	
<i>pimozide oral tablet</i>	1	PA < 12 years of age
<i>protriptyline oral tablet</i>	3	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	PA < 12 years of age; QL
<i>quetiapine oral tablet extended release 24 hr</i>	3	PA < 12 years of age; QL
<i>ramelteon oral tablet</i>	3	PA; QL
REXULTI ORAL TABLET	4	PA; QL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	4	ST < 12 years of age; QL
<i>risperidone oral solution</i>	1	PA < 12 years of age; ST > 12 years of age; QL
<i>risperidone oral tablet</i>	1	PA < 12 years of age; QL
<i>risperidone oral tablet,disintegrating</i>	3	PA < 12 years of age; ST > 12 years of age; QL
SECUADO TRANSDERMAL PATCH 24 HOUR	4	PA; QL
<i>sertraline oral concentrate</i>	3	
<i>sertraline oral tablet</i>	1	
SODIUM OXYBATE ORAL SOLUTION	4	PA; LA; QL
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA; QL
SUNOSI ORAL TABLET	3	PA; QL
<i>tasimelteon oral capsule</i>	4	PA; LA; QL
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL
<i>thioridazine oral tablet</i>	1	PA < 12 years of age
<i>thiothixene oral capsule</i>	1	PA < 12 years of age
<i>tranlycypromine oral tablet</i>	3	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>triazolam oral tablet</i>	1	QL
<i>trifluoperazine oral tablet</i>	1	PA < 12 years of age
<i>trimipramine oral capsule</i>	3	
TRINTELLIX ORAL TABLET	3	PA; QL
<i>venlafaxine oral capsule,extended release 24hr</i>	1	QL
<i>venlafaxine oral tablet</i>	1	

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	PA; QL
<i>vilazodone oral tablet</i>	3	PA; QL
VRAYLAR ORAL CAPSULE	4	PA; QL
VRAYLAR ORAL CAPSULE,DOSE PACK	4	PA; QL
VYVANSE ORAL CAPSULE	2	PA < 4 and ≥ 18 years of age; QL
VYVANSE ORAL TABLET,CHEWABLE	2	PA < 4 and ≥ 18 years of age; QL
WAKIX ORAL TABLET	4	PA; LA; QL
XYREM ORAL SOLUTION	4	PA; LA; QL
XYWAV ORAL SOLUTION	4	PA; LA; QL
<i>zaleplon oral capsule</i>	2	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	QL
<i>ziprasidone hcl oral capsule</i>	3	PA < 12 years of age; QL
<i>ziprasidone mesylate intramuscular recon soln</i>	3	PA < 12 years of age
<i>zolpidem oral tablet</i>	1	QL
<i>zolpidem oral tablet,ext release multiphase</i>	3	QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	ST < 12 years of age; QL

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet</i>	1	
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide oral capsule</i>	1	
<i>flecainide oral tablet</i>	1	
<i>mexiletine oral capsule</i>	1	
MULTAQ ORAL TABLET	2	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone oral capsule,extended release 12 hr</i>	3	
<i>propafenone oral tablet</i>	1	
<i>quinidine gluconate oral tablet extended release</i>	3	
<i>quinidine sulfate oral tablet</i>	1	
<i>sorine oral tablet</i>	1	
<i>sotalol af oral tablet</i>	1	
<i>sotalol oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule</i>	3	
<i>amiloride oral tablet</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	
<i>amlodipine oral tablet</i>	6	
<i>amlodipine-benazepril oral capsule</i>	2	
<i>atenolol oral tablet</i>	6	
<i>atenolol-chlorthalidone oral tablet</i>	1	
<i>benazepril oral tablet</i>	6	
<i>benazepril-hydrochlorothiazide oral tablet</i>	3	
<i>betaxolol oral tablet</i>	2	
<i>bisoprolol fumarate oral tablet</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	2	
<i>bumetanide oral tablet</i>	3	
<i>candesartan oral tablet</i>	3	
<i>captopril oral tablet</i>	3	
<i>captopril-hydrochlorothiazide oral tablet</i>	3	
<i>cartia xt oral capsule,extended release 24hr</i>	1	
<i>carvedilol oral tablet</i>	6	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet</i>	1	
<i>clonidine transdermal patch weekly</i>	3	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	3	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	3	
<i>dilt-xr oral capsule,ext.rel 24h degradable</i>	1	
<i>doxazosin oral tablet</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
<i>eplerenone oral tablet</i>	3	
<i>epoprostenol (glycine) intravenous recon soln</i>	4	PA; LA
<i>epoprostenol intravenous recon soln</i>	4	PA; LA
<i>eprosartan oral tablet</i>	3	
<i>ethacrynic acid oral tablet</i>	3	PA
<i>felodipine oral tablet extended release 24 hr</i>	1	
FLOLAN INTRAVENOUS RECON SOLN	4	PA; LA
<i>fosinopril oral tablet</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet</i>	3	
FUROSCIX SUBCUTANEOUS KIT	4	PA; QL
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	6	
<i>guanfacine oral tablet</i>	1	
<i>hydralazine oral tablet</i>	1	
<i>hydrochlorothiazide oral capsule</i>	6	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	6	
<i>indapamide oral tablet</i>	1	
<i>irbesartan oral tablet</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	
<i>isradipine oral capsule</i>	3	
KERENDIA ORAL TABLET	3	PA; QL
<i>labetalol oral tablet</i>	1	
<i>lisinopril oral tablet</i>	6	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	6	
<i>losartan oral tablet</i>	6	
<i>losartan-hydrochlorothiazide oral tablet</i>	6	
<i>matzim la oral tablet extended release 24 hr</i>	3	
<i>methyldopa oral tablet</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet</i>	3	
<i>metolazone oral tablet</i>	3	
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	6	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	3	
<i>metyrosine oral capsule</i>	4	PA; LA
<i>minoxidil oral tablet</i>	1	
<i>moexipril oral tablet</i>	3	
<i>nadolol oral tablet</i>	3	
<i>nebivolol oral tablet</i>	3	
<i>nicardipine oral capsule</i>	3	
<i>nifedipine oral capsule</i>	3	
<i>nifedipine oral tablet extended release</i>	1	
<i>nifedipine oral tablet extended release 24hr</i>	1	
<i>nimodipine oral capsule</i>	3	QL
<i>olmesartan oral tablet</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet</i>	3	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	PA; LA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	PA; LA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	PA; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE	4	PA; LA
<i>perindopril erbumine oral tablet</i>	3	
<i>phenoxybenzamine oral capsule</i>	4	PA
<i>pindolol oral tablet</i>	3	
<i>prazosin oral capsule</i>	2	
<i>propranolol oral capsule,extended release 24 hr</i>	2	QL
<i>propranolol oral solution</i>	1	
<i>propranolol oral tablet</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet</i>	1	
<i>quinapril oral tablet</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	
<i>ramipril oral capsule</i>	6	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	1	
<i>spironolactone oral tablet 25 mg</i>	6	

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Drug Name	Drug Tier	Requirements / Limits
<i>spironolacton-hydrochlorothiaz oral tablet</i>	1	
<i>taztia xt oral capsule,extended release 24 hr</i>	1	
<i>telmisartan oral tablet</i>	3	
<i>terazosin oral capsule</i>	1	
<i>tiadylt er oral capsule,extended release 24 hr</i>	1	
<i>timolol maleate oral tablet</i>	3	
<i>torse mide oral tablet</i>	1	
<i>trandolapril oral tablet</i>	1	
<i>treprostinil sodium injection solution</i>	4	PA; LA
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
UPTRAVI ORAL TABLET	4	PA; LA; QL
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; LA; QL
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	3	
<i>veletri intravenous recon soln</i>	4	PA; LA
<i>verapamil oral capsule, 24 hr er pellet ct</i>	3	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	3	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
CARDIAC GLYCOSIDES		
<i>digitek oral tablet 250 mcg (0.25 mg)</i>	1	
<i>digox oral tablet</i>	1	
<i>digoxin oral solution</i>	3	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
COAGULATION THERAPY		
<i>aminocaproic acid oral solution</i>	4	
<i>aminocaproic acid oral tablet</i>	4	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	1	
BRILINTA ORAL TABLET	2	QL
CABLIVI INJECTION KIT	4	PA; LA; QL
<i>cilostazol oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clopidogrel oral tablet</i>	1	
<i>dabigatran etexilate oral capsule</i>	1	QL
<i>dipyridamole oral tablet</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET	4	PA; LA; QL
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	QL
ELIQUIS ORAL TABLET	2	QL
<i>enoxaparin subcutaneous solution</i>	3	QL
<i>enoxaparin subcutaneous syringe</i>	3	QL
<i>fondaparinux subcutaneous syringe</i>	4	QL
FRAGMIN SUBCUTANEOUS SOLUTION	4	QL
FRAGMIN SUBCUTANEOUS SYRINGE	4	QL
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
<i>jantoven oral tablet</i>	1	
MULPLETA ORAL TABLET	4	PA; LA; QL
<i>pentoxifylline oral tablet extended release</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	3	
PRADAXA ORAL CAPSULE 110 MG	3	QL
<i>prasugrel oral tablet</i>	1	QL
PROMACTA ORAL POWDER IN PACKET	4	PA; LA; QL
PROMACTA ORAL TABLET	4	PA; LA; QL
TAVALISSE ORAL TABLET	4	PA; LA; QL
<i>warfarin oral tablet</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	QL
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	QL
XARELTO ORAL TABLET	2	QL
ZONTIVITY ORAL TABLET	3	PA; QL
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet</i>	3	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
<i>cholestyramine (with sugar) oral powder</i>	3	
<i>cholestyramine (with sugar) oral powder in packet</i>	3	
<i>cholestyramine light oral powder</i>	3	
<i>cholestyramine light oral powder in packet</i>	3	
<i>colesevelam oral powder in packet</i>	3	
<i>colesevelam oral tablet</i>	3	
<i>colestipol oral granules</i>	3	
<i>colestipol oral packet</i>	3	
<i>colestipol oral tablet</i>	3	
<i>ezetimibe oral tablet</i>	1	
EZETIMIBE-ROSUVASTATIN ORAL TABLET	2	ST
<i>ezetimibe-simvastatin oral tablet</i>	2	ST
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>	1	
<i>fenofibrate micronized oral capsule 200 mg, 43 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet</i>	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	2	
<i>gemfibrozil oral tablet</i>	1	
<i>icosapent ethyl oral capsule</i>	2	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	4	PA; LA; QL
<i>lovastatin oral tablet</i>	5	ACA
NEXLETOL ORAL TABLET	3	PA; QL
NEXLIZET ORAL TABLET	3	PA; QL
<i>omega-3 acid ethyl esters oral capsule</i>	1	
<i>pravastatin oral tablet</i>	5	ACA
<i>prevalite oral powder</i>	3	
<i>prevalite oral powder in packet</i>	3	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	2	ST; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	2	ST; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	2	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	5	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
ROSZET ORAL TABLET	2	ST
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	5	ACA
<i>simvastatin oral tablet 80 mg</i>	6	
VASCEPA ORAL CAPSULE	2	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS ORAL CAPSULE	4	PA; LA; QL
CORLANOR ORAL SOLUTION	3	PA; QL
CORLANOR ORAL TABLET	3	PA; QL
ENTRESTO ORAL TABLET	2	QL
FILSPARI ORAL TABLET	4	LA; QL
<i>ranolazine oral tablet extended release 12 hr</i>	3	
VERQUVO ORAL TABLET	3	PA; QL
VYNDAMAX ORAL CAPSULE	4	PA; LA; QL
VYNDAQEL ORAL CAPSULE	4	PA; LA; QL
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	3	
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	
<i>nitro-bid transdermal ointment</i>	1	
<i>nitroglycerin sublingual tablet</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual spray, non-aerosol</i>	3	
<i>nitro-time oral capsule, extended release</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule</i>	3	
<i>calcipotriene scalp solution</i>	3	QL
<i>calcipotriene topical cream</i>	3	QL
<i>calcipotriene topical ointment</i>	3	QL
<i>calcitriol topical ointment</i>	3	QL

Drug Name	Drug Tier	Requirements / Limits
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	4	PA; LA; QL
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
COSENTYX SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>drithocrema hp topical cream</i>	3	QL
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	3	
<i>selenium sulfide topical lotion</i>	1	QL
<i>selenium sulfide topical shampoo 2.25 %</i>	1	QL
SILIQ SUBCUTANEOUS SYRINGE	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
SOTYKTU ORAL TABLET	4	PA; LA; QL
STELARA INTRAVENOUS SOLUTION	4	PA; LA; QL
STELARA SUBCUTANEOUS SOLUTION	4	PA; LA; QL
STELARA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>sulfacetamide sodium topical cleanser</i>	1	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	4	PA; LA; QL
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL
TREMFYA SUBCUTANEOUS SYRINGE	4	PA; QL
VTAMA TOPICAL CREAM	4	PA; QL
ZORYVE TOPICAL CREAM	4	PA; QL
BURN THERAPY		
<i>silver sulfadiazine topical cream</i>	1	
<i>ssd topical cream</i>	1	
KERATOLYTICS		

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Drug Name	Drug Tier	Requirements / Limits
<i>salicylic acid topical cream</i>	3	
<i>salicylic acid topical cream,extended release</i>	3	
<i>salicylic acid topical film forming liquid w/appl</i>	3	
<i>salicylic acid topical lotion</i>	3	
<i>salicylic acid topical shampoo</i>	3	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL	3	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>ammonium lactate topical cream</i>	3	
CIBINQO ORAL TABLET	4	PA; LA; QL
DRYSOL DAB-O-MATIC TOPICAL SOLUTION	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE	4	PA; LA; QL
EUCRISA TOPICAL OINTMENT	3	PA; QL
<i>fluorouracil topical cream 5 %</i>	3	
<i>fluorouracil topical solution</i>	1	
HYFTOR TOPICAL GEL	4	PA; QL
<i>methoxsalen oral capsule,liqd-filled,rapid rel</i>	4	PA
OPZELURA TOPICAL CREAM	3	PA; QL
PANRETIN TOPICAL GEL	4	PA
<i>pimecrolimus topical cream</i>	3	PA; QL
<i>podofilox topical solution</i>	1	
REGRANEX TOPICAL GEL	4	PA; QL
<i>silver nitrate applicators topical stick</i>	3	
<i>silver nitrate topical solution</i>	3	
<i>tacrolimus topical ointment</i>	1	PA; QL
<i>urea topical cream 40 %</i>	3	
<i>urea topical cream 50 %</i>	1	
<i>ure-k topical cream</i>	1	
VALCHLOR TOPICAL GEL	4	PA; LA
THERAPY FOR ACNE		

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Drug Name	Drug Tier	Requirements / Limits
<i>accutane oral capsule</i>	3	
<i>adapalene topical cream</i>	3	PA > 35 years of age; QL
<i>adapalene topical gel 0.1 %</i>	3	PA > 35 years of age; QL
ALTRENO TOPICAL LOTION	3	PA > 35 years of age; QL
<i>amnesteem oral capsule</i>	3	
<i>avita topical cream</i>	2	PA > 35 years of age; QL
<i>azelaic acid topical gel</i>	3	PA; QL
AZELEX TOPICAL CREAM	3	PA; QL
<i>brimonidine topical gel with pump</i>	3	PA; QL
<i>claravis oral capsule</i>	3	
<i>clindacin etz topical swab</i>	2	QL
<i>clindacin p topical swab</i>	2	QL
<i>clindamycin phosphate topical gel</i>	3	QL
<i>clindamycin phosphate topical lotion</i>	3	QL
<i>clindamycin phosphate topical solution</i>	2	QL
<i>clindamycin phosphate topical swab</i>	2	QL
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	3	QL
<i>dapsone topical gel</i>	3	PA; QL
<i>ery pads topical swab</i>	3	QL
<i>erygel topical gel</i>	3	QL
<i>erythromycin with ethanol topical gel</i>	3	QL
<i>erythromycin with ethanol topical solution</i>	2	QL
FINACEA TOPICAL FOAM	3	PA; QL
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	
<i>metronidazole topical cream</i>	1	QL
<i>metronidazole topical gel 0.75 %</i>	1	QL
<i>neuac topical gel</i>	3	QL
RHOFADE TOPICAL CREAM	3	PA; QL
<i>rosadan topical cream</i>	1	QL
<i>rosadan topical gel</i>	1	QL
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	3	QL
<i>tazarotene topical cream</i>	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>tazarotene topical gel 0.05 %</i>	3	PA; QL
TAZORAC TOPICAL CREAM 0.05 %	3	PA; QL
<i>tretinoin topical cream</i>	2	PA > 35 years of age; QL
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	PA > 35 years of age; QL
<i>zenatane oral capsule</i>	3	
TOPICAL ANESTHETICS		
<i>lidocaine hcl topical cream 3 %</i>	3	QL
<i>lidocaine hcl-hydrocortison ac topical cream</i>	1	QL
<i>lidocaine topical adhesive patch,medicated 5 %</i>	3	ST; QL
<i>lidocaine topical ointment</i>	2	QL
<i>lidocaine viscous mucous membrane solution</i>	1	QL
<i>lidocaine-prilocaine topical cream</i>	1	QL
<i>lidocort topical cream</i>	1	QL
<i>lidopin topical cream 3 %</i>	3	QL
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT	3	
<i>gentamicin topical cream</i>	3	
<i>gentamicin topical ointment</i>	3	
<i>mupirocin topical ointment</i>	1	
<i>sulfacetamide sodium (acne) topical suspension</i>	3	
SULFAMYLON TOPICAL CREAM	3	
XEPI TOPICAL CREAM	3	QL
TOPICAL ANTIFUNGALS		
<i>ciclodan topical cream</i>	2	QL
<i>ciclodan topical solution</i>	2	
<i>ciclopirox topical cream</i>	2	QL
<i>ciclopirox topical solution</i>	2	
<i>clotrimazole-betamethasone topical cream</i>	2	QL
<i>clotrimazole-betamethasone topical lotion</i>	3	QL
<i>econazole topical cream</i>	3	QL
<i>ketoconazole topical cream</i>	3	QL
<i>ketoconazole topical shampoo</i>	2	QL
LULICONAZOLE TOPICAL CREAM	3	PA; QL
MENTAX TOPICAL CREAM	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>naftifine topical cream 1 %</i>	3	PA; QL
<i>nyamyc topical powder</i>	2	
<i>nystatin topical cream</i>	1	QL
<i>nystatin topical ointment</i>	2	QL
<i>nystatin topical powder</i>	2	
<i>nystatin-triamcinolone topical cream</i>	3	QL
<i>nystatin-triamcinolone topical ointment</i>	3	QL
<i>nystop topical powder</i>	2	
<i>oxiconazole topical cream</i>	3	PA; QL
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	3	QL
<i>penciclovir topical cream</i>	4	PA; QL
TOPICAL CORTICOSTEROIDS		
<i>alclometasone topical cream</i>	3	QL
<i>alclometasone topical ointment</i>	3	QL
<i>betamethasone dipropionate topical cream</i>	3	QL
<i>betamethasone dipropionate topical lotion</i>	1	QL
<i>betamethasone dipropionate topical ointment</i>	3	QL
<i>betamethasone valerate topical cream</i>	1	QL
<i>betamethasone valerate topical lotion</i>	3	QL
<i>betamethasone valerate topical ointment</i>	1	QL
<i>betamethasone, augmented topical cream</i>	1	QL
<i>betamethasone, augmented topical gel</i>	3	QL
<i>betamethasone, augmented topical lotion</i>	3	QL
<i>betamethasone, augmented topical ointment</i>	3	QL
<i>clobetasol scalp solution</i>	1	QL
<i>clobetasol topical cream</i>	1	QL
<i>clobetasol topical gel</i>	3	QL
<i>clobetasol topical ointment</i>	1	QL
<i>clobetasol-emollient topical cream</i>	3	QL
<i>desonide topical cream</i>	3	QL
<i>desonide topical ointment</i>	3	QL
<i>desoximetasone topical cream 0.25 %</i>	3	QL
<i>desoximetasone topical ointment 0.25 %</i>	3	QL

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone and shower cap scalp oil</i>	3	QL
<i>fluocinolone topical cream</i>	3	QL
<i>fluocinolone topical oil</i>	3	QL
<i>fluocinolone topical ointment</i>	1	QL
<i>fluocinolone topical solution</i>	3	QL
<i>fluocinonide topical cream 0.05 %</i>	3	QL
<i>fluocinonide topical gel</i>	3	QL
<i>fluocinonide topical ointment</i>	3	QL
<i>fluocinonide topical solution</i>	3	QL
<i>fluocinonide-e topical cream</i>	3	QL
<i>fluticasone propionate topical cream</i>	1	QL
<i>fluticasone propionate topical ointment</i>	1	QL
<i>halcinonide topical cream</i>	4	PA; QL
<i>halobetasol propionate topical cream</i>	3	QL
<i>halobetasol propionate topical ointment</i>	3	QL
<i>hydrocortisone butyrate topical cream</i>	3	QL
<i>hydrocortisone butyrate topical ointment</i>	3	QL
<i>hydrocortisone butyrate topical solution</i>	3	QL
<i>hydrocortisone topical cream 2.5 %</i>	1	QL
<i>hydrocortisone topical lotion 2.5 %</i>	1	QL
<i>hydrocortisone topical ointment 2.5 %</i>	1	QL
<i>hydrocortisone valerate topical cream</i>	3	QL
<i>hydrocortisone valerate topical ointment</i>	3	QL
<i>mometasone topical cream</i>	1	QL
<i>mometasone topical ointment</i>	1	QL
<i>mometasone topical solution</i>	1	QL
<i>prednicarbate topical cream</i>	3	QL
<i>prednicarbate topical ointment</i>	3	QL
<i>triamcinolone acetonide topical cream</i>	1	QL
<i>triamcinolone acetonide topical lotion</i>	1	QL
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	QL
<i>triderm topical cream</i>	1	QL

TOPICAL ENZYMES

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
SANTYL TOPICAL OINTMENT	3	PA; QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion</i>	3	
<i>lindane topical shampoo</i>	3	
<i>malathion topical lotion</i>	3	
<i>permethrin topical cream</i>	1	
<i>spinosad topical suspension</i>	3	
ULESFIA TOPICAL LOTION	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
IMCIVREE SUBCUTANEOUS SOLUTION	4	PA; QL
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	1	
<i>acetic acid irrigation solution</i>	1	
<i>anagrelide oral capsule</i>	1	
<i>aqua care sodium chloride irrigation solution</i>	1	
<i>aqua care sterile water irrigation solution</i>	1	
<i>carglumic acid oral tablet, dispersible</i>	4	PA
<i>cevimeline oral capsule</i>	1	
CHEMET ORAL CAPSULE	4	PA
<i>deferasirox oral granules in packet</i>	4	PA
<i>deferasirox oral tablet</i>	4	PA
<i>deferasirox oral tablet, dispersible</i>	4	PA
<i>deferiprone oral tablet</i>	4	PA; LA
<i>disulfiram oral tablet</i>	1	
<i>droxidopa oral capsule</i>	4	PA; LA; QL
EMPAVELI SUBCUTANEOUS SOLUTION	4	PA; QL
ENDARI ORAL POWDER IN PACKET	4	PA; LA; QL
EXSERVAN ORAL FILM	4	PA; QL
FERRIPROX ORAL SOLUTION	4	PA
INCRELEX SUBCUTANEOUS SOLUTION	4	PA; LA
<i>levocarnitine (with sugar) oral solution</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
METOPIRONE ORAL CAPSULE	4	PA; QL
<i>midodrine oral tablet</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	4	PA; LA
NITYR ORAL TABLET	4	PA; LA
ORFADIN ORAL CAPSULE 20 MG	4	PA; LA
ORFADIN ORAL SUSPENSION	4	PA; LA
OXBRYTA ORAL TABLET	4	PA; LA; QL
OXBRYTA ORAL TABLET FOR SUSPENSION	4	PA; LA; QL
PHEBURANE ORAL GRANULES	4	PA; LA; QL
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET	4	PA; LA; QL
PYRUKYND ORAL TABLETS,DOSE PACK	4	PA; LA; QL
RAVICTI ORAL LIQUID	4	PA; LA; QL
<i>riluzole oral tablet</i>	1	PA; QL
<i>risedronate oral tablet 30 mg</i>	3	ST; QL
<i>sodium chlor 0.9% bacteriostat injection solution</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride irrigation solution</i>	1	
<i>sodium phenylbutyrate oral powder</i>	4	PA; QL
<i>sodium phenylbutyrate oral tablet</i>	4	PA; QL
TAVNEOS ORAL CAPSULE	4	PA; QL
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC)	4	PA
TIGLUTIK ORAL SUSPENSION	4	PA; QL
<i>tiopronin oral tablet</i>	4	PA
<i>trientine oral capsule</i>	4	PA
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET	4	PA; QL
ZOKINVY ORAL CAPSULE	4	PA; QL
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	QL
SMOKING DETERRENTS		
<i>apo-varenicline 0.5 mg tablet</i>	5	ACA; QL
<i>apo-varenicline 1 mg tablet</i>	5	ACA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	5	ACA; QL
<i>nicorette buccal gum 4 mg</i>	5	ACA; QL
<i>nicotine (polacrilex) buccal gum</i>	5	ACA; QL
<i>nicotine (polacrilex) buccal lozenge</i>	5	ACA; QL
<i>nicotine (polacrilex) buccal mini lozenge</i>	5	ACA; QL
<i>nicotine transdermal patch 24 hour</i>	5	ACA; QL
<i>nicotine transdermal patch, td daily, sequential</i>	5	ACA; QL
NICOTROL INHALATION CARTRIDGE	5	ACA; QL
NICOTROL NS NASAL SPRAY, NON-AEROSOL	5	ACA; QL
<i>quit 2 buccal gum</i>	5	ACA; QL
<i>quit 2 buccal lozenge</i>	5	ACA; QL
<i>quit 4 buccal gum</i>	5	ACA; QL
<i>quit 4 buccal lozenge</i>	5	ACA; QL
<i>stop smoking aid buccal lozenge</i>	5	ACA; QL
<i>varenicline 0.5 mg tablet</i>	5	ACA; QL
<i>varenicline 1 mg tablet</i>	5	ACA; QL
<i>varenicline oral tablets, dose pack</i>	5	ACA; QL

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal aerosol, spray</i>	2	
<i>azelastine nasal spray, non-aerosol</i>	3	ST
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	
CLINPRO 5000 DENTAL PASTE	3	
<i>denta 5000 plus dental cream</i>	1	
<i>dentagel dental gel</i>	1	
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
<i>fluoride (sodium) dental solution</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	

Drug Name	Drug Tier	Requirements / Limits
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
<i>ipratropium bromide nasal spray,non-aerosol</i>	1	
JUSTRIGHT 5000 DENTAL PASTE	3	
<i>olopatadine nasal spray,non-aerosol</i>	3	ST
<i>oralone dental paste</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
<i>paroex oral rinse mucous membrane mouthwash</i>	1	
<i>periogard mucous membrane mouthwash</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE	3	
<i>sf 5000 plus dental cream</i>	1	
<i>sf dental gel</i>	1	
<i>sodium fluoride 5000 plus dental cream</i>	1	
<i>sodium fluoride-pot nitrate dental paste</i>	1	
<i>triamcinolone acetanide dental paste</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette</i>	1	
<i>flac otic oil otic (ear) drops</i>	2	
<i>fluocinolone acetanide oil otic (ear) drops</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops</i>	3	
<i>ofloxacin otic (ear) drops</i>	2	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION	3	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	3	

Drug Name	Drug Tier	Requirements / Limits
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION	3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	2	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL	4	PA; LA; QL
<i>cortisone oral tablet</i>	2	
CORTROPHIN GEL INJECTION GEL	4	PA; LA; QL
DEPO-MEDROL INJECTION SUSPENSION	3	
<i>dexamethasone intensol oral drops</i>	2	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone sodium phos (pf) injection solution</i>	1	
<i>dexamethasone sodium phosphate injection solution</i>	1	
<i>dexamethasone sodium phosphate injection syringe</i>	1	
EMFLAZA ORAL SUSPENSION	4	PA; LA
EMFLAZA ORAL TABLET	4	PA; LA
<i>fludrocortisone oral tablet</i>	1	
<i>hydrocortisone oral tablet</i>	1	
KENALOG INJECTION SUSPENSION 10 MG/ML	3	
KENALOG-80 INJECTION SUSPENSION	3	
<i>methylprednisolone acetate injection suspension</i>	1	
<i>methylprednisolone oral tablet</i>	1	
<i>methylprednisolone oral tablets,dose pack</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)</i>	1	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
<i>prednisone oral solution</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablets,dose pack</i>	1	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; QL
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution</i>	3	
<i>propylthiouracil oral tablet</i>	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ONETOUCH ULTRA TEST STRIP	2	QL
ONETOUCH VERIO TEST STRIPS STRIP	2	QL
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER SPACER	3	QL
AEROCHAMBER MINI SPACER	3	QL
AEROCHAMBER PLUS FLOW-VU SPACER	3	QL
AEROCHAMBER PLUS Z STAT SPACER	3	QL
AEROTRACH PLUS SPACER	3	QL
AEROVENT PLUS SPACER	3	QL
BREATHERITE MDI SPACER SPACER	3	QL
COMPACT SPACE CHAMBER SPACER	3	QL
EASIVENT HOLDING CHAMBER SPACER	3	QL
INSPIRACHAMBER SPACER	3	QL
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
LITEAIRE MDI CHAMBER SPACER	3	QL
MICROCHAMBER SPACER	3	QL
MICROSPACER SPACER	3	QL
OPTICHAMBER DIAMOND VHC SPACER	3	QL
PRIMEAIRE SPACER	3	QL
PROCHAMBER SPACER	3	QL
RITEFLO AEROCHAMBER SPACER	3	QL
SPACE CHAMBER SPACER	3	QL
VORTEX HOLDING CHAMBER SPACER	3	QL

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL	2	QL
<i>diazoxide oral suspension</i>	4	
GLUCAGEN HYPOKIT INJECTION RECON SOLN	3	QL
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN	2	QL
GLUCAGON 1 MG EMERGENCY KIT SUV	1	QL
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	2	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	2	QL
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE	2	QL
GVOKE SUBCUTANEOUS SOLUTION	2	QL
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD INTEGRA NEEDLE NEEDLE	2	
BD MICROTAINER LANCET 30 GAUGE	2	QL
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA FINE LANCETS	2	QL
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE	2	
DEXCOM G6 RECEIVER	2	PA; QL
DEXCOM G6 SENSOR DEVICE	2	PA; QL
DEXCOM G6 TRANSMITTER DEVICE	2	PA; QL
DEXCOM G7 RECEIVER	2	PA; QL
DEXCOM G7 SENSOR DEVICE	2	PA; QL
FREESTYLE LIBRE 14 DAY READER	2	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	PA; QL
FREESTYLE LIBRE 2 READER	2	PA; QL
FREESTYLE LIBRE 2 SENSOR KIT	2	PA; QL
FREESTYLE LIBRE 3 SENSOR DEVICE	2	PA; QL
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	QL
LANCETS 33 GAUGE	2	QL

Drug Name	Drug Tier	Requirements / Limits
LANCING DEVICE	2	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	3	PA; QL
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	PA; QL
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	PA; QL
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	PA; QL
ONETOUCH ULTRA2 METER	2	QL
ONETOUCH VERIO FLEX METER	2	QL
ONETOUCH VERIO REFLECT METER	2	QL
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	
V-GO 20 DEVICE	3	PA; QL
V-GO 30 DEVICE	3	PA; QL
V-GO 40 DEVICE	3	PA; QL
INSULIN THERAPY		
AFREZZA INHALATION CARTRIDGE WITH INHALER	3	PA
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	ST; QL
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION	3	ST; QL
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	6	QL
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	6	QL
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	6	QL
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	6	QL
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	6	QL
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	6	QL
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	6	QL

Drug Name	Drug Tier	Requirements / Limits
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	6	QL
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	6	QL
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	6	QL
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	6	QL
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	6	QL
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION	6	QL
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	6	QL
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	6	QL
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN	3	PA; QL
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION	3	PA; QL
INSULIN GLARGINE SUBCUTANEOUS INSULIN PEN	6	QL
INSULIN GLARGINE SUBCUTANEOUS SOLUTION	6	QL
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	6	QL
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	6	QL
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	6	QL
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	6	QL
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	6	QL
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	6	QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	6	QL
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	6	QL

Drug Name	Drug Tier	Requirements / Limits
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	6	QL
MISCELLANEOUS HORMONES		
<i>cabergoline oral tablet</i>	1	
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	3	
<i>calcitriol oral capsule</i>	1	
<i>calcitriol oral solution</i>	3	
CERDELGA ORAL CAPSULE	4	PA; LA; QL
<i>cinacalcet oral tablet</i>	3	
<i>clomid oral tablet</i>	3	PA
<i>clomiphene citrate oral tablet</i>	3	PA
<i>danazol oral capsule</i>	1	
<i>desmopressin injection solution</i>	3	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	3	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	3	
<i>desmopressin oral tablet</i>	1	
<i>doxercalciferol oral capsule</i>	3	
GALAFOLD ORAL CAPSULE	4	PA; LA; QL
ISTURISA ORAL TABLET	4	PA; LA; QL
<i>javygtor oral powder in packet</i>	4	PA; LA
<i>javygtor oral tablet,soluble</i>	4	PA; LA
JYNARQUE ORAL TABLET	4	PA; LA; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL
KORLYM ORAL TABLET	4	PA; QL
METHITEST ORAL TABLET	4	PA
<i>methyltestosterone oral capsule</i>	4	PA
<i>miglustat oral capsule</i>	4	PA; LA; QL
MYALEPT SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
NOC DURNA SUBLINGUAL TABLET, DISINTEGRATING	3	PA; QL
NOCTIVA NASAL SPRAY, NON-AEROSOL	3	PA; QL
ORILISSA ORAL TABLET	4	PA; QL
<i>oxandrolone oral tablet</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
PALYNZIQ SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>paricalcitol oral capsule</i>	3	
RECORLEV ORAL TABLET	4	PA; QL
<i>sapropterin oral powder in packet</i>	4	PA; LA
<i>sapropterin oral tablet, soluble</i>	4	PA; LA
SOMAVERT SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
STRENSIQ SUBCUTANEOUS SOLUTION	4	PA; LA
SYNAREL NASAL SPRAY, NON-AEROSOL	4	PA; QL
<i>testosterone cypionate intramuscular oil</i>	1	PA
<i>testosterone enanthate intramuscular oil</i>	1	PA
<i>testosterone transdermal gel</i>	2	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %)</i>	2	PA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	3	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	2	PA
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	3	PA
<i>testosterone transdermal solution in metered pump w/app</i>	3	PA
<i>tolvaptan oral tablet</i>	4	PA; LA; QL
VOXZOGO SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet</i>	1	QL
CYCLOSET ORAL TABLET	3	QL
FARXIGA ORAL TABLET	2	QL
<i>glimepiride oral tablet</i>	1	QL
<i>glipizide oral tablet</i>	1	QL
<i>glipizide oral tablet extended release 24hr</i>	1	QL
<i>glipizide-metformin oral tablet</i>	3	QL
<i>glyburide micronized oral tablet</i>	1	QL
<i>glyburide oral tablet</i>	1	QL
<i>glyburide-metformin oral tablet</i>	1	QL
GLYXAMBI ORAL TABLET	2	QL

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Drug Name	Drug Tier	Requirements / Limits
JARDIANCE ORAL TABLET	2	QL
JENTADUETO ORAL TABLET	2	QL
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	QL
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	6	QL
<i>metformin oral tablet extended release 24 hr (generic Glucophage XR)</i>	1	QL
<i>miglitol oral tablet</i>	3	QL
MOUNJARO SUBCUTANEOUS PEN INJECTOR	2	PA; QL
<i>nateglinide oral tablet</i>	3	QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL
<i>pioglitazone oral tablet</i>	1	QL
<i>repaglinide oral tablet</i>	1	QL
RYBELSUS ORAL TABLET	2	PA; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	2	ST; QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	2	ST; QL
SYNJARDY ORAL TABLET	2	QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	QL
TRADJENTA ORAL TABLET	2	QL
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	QL
TRULICITY SUBCUTANEOUS PEN INJECTOR	2	PA; QL
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	2	PA; QL
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	2	PA; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	QL
THYROID HORMONES		
ARMOUR THYROID ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
<i>euthyrox oral tablet</i>	1	
<i>levo-t oral tablet</i>	1	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	
<i>liothyronine oral tablet</i>	1	
<i>np thyroid oral tablet</i>	2	
<i>unithroid oral tablet</i>	1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz oral tablet,disintegrating</i>	1	
<i>chlordiazepoxide-clidinium oral capsule</i>	3	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	3	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	
<i>ed-spaz oral tablet,disintegrating</i>	1	
<i>glycopyrrolate oral solution</i>	3	PA > 16 years of age
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral drops</i>	3	
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	
<i>hyoscyamine sulfate oral tablet,disintegrating</i>	1	
<i>hyoscyamine sulfate sublingual tablet</i>	1	
<i>hyosyne oral drops</i>	3	
<i>hyosyne oral elixir</i>	1	
<i>loperamide oral capsule</i>	3	
<i>methscopolamine oral tablet</i>	3	
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC)	4	PA; QL
<i>oscimin oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>oscimin sl sublingual tablet</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	3	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	3	
<i>symax fastabs oral tablet,disintegrating</i>	1	
<i>symax-sl sublingual tablet</i>	1	
<i>symax-sr oral tablet extended release 12 hr</i>	1	
MISCELLANEOUS AGENTS		
AURYXIA ORAL TABLET	4	PA
<i>lanthanum oral tablet,chewable</i>	4	ST
LOKELMA ORAL POWDER IN PACKET	2	QL
<i>sevelamer carbonate oral tablet</i>	2	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension</i>	1	
<i>sps (with sorbitol) rectal enema</i>	1	
VELPHORO ORAL TABLET,CHEWABLE	4	ST
VELTASSA ORAL POWDER IN PACKET	2	QL
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT) ORAL CAPSULE	4	ST; QL
<i>alosetron oral tablet</i>	4	PA
<i>anucort-hc rectal suppository</i>	3	QL
<i>aprepitant oral capsule</i>	3	QL
<i>aprepitant oral capsule,dose pack</i>	3	QL
AVSOLA INTRAVENOUS RECON SOLN	4	PA; LA
<i>balsalazide oral capsule</i>	1	
<i>betaine oral powder</i>	4	PA; LA
<i>budesonide oral capsule,delayed,extend.release</i>	1	
<i>budesonide oral tablet,delayed and ext.release</i>	4	PA
<i>budesonide rectal foam</i>	3	PA
BYLVAY ORAL CAPSULE	4	PA; LA; QL
BYLVAY ORAL PELLETT	4	PA; LA; QL
CHENODAL ORAL TABLET	4	PA; LA; QL
CHOLBAM ORAL CAPSULE	4	PA; QL
CIMZIA SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
<i>citrate of magnesia oral solution</i>	5	ACA; QL
<i>citroma oral solution</i>	5	ACA; QL
<i>clearlax oral powder</i>	5	ACA; QL
CLENPIQ ORAL SOLUTION	3	
<i>compro rectal suppository</i>	3	
<i>constulose oral solution</i>	1	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
<i>cromolyn oral concentrate</i>	3	
DIPENTUM ORAL CAPSULE	4	PA
<i>dronabinol oral capsule</i>	3	PA
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	QL
ENTYVIO INTRAVENOUS RECON SOLN	4	PA; LA; QL
<i>enulose oral solution</i>	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT	4	PA; LA; QL
<i>gavilax oral powder</i>	5	ACA; QL
<i>gavilyte-c oral recon soln</i>	5	ACA
<i>gavilyte-g oral recon soln</i>	5	ACA
<i>generlac oral solution</i>	1	
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	5	ACA; QL
<i>gentlelax oral powder</i>	5	ACA; QL
<i>granisetron hcl oral tablet</i>	3	QL
<i>hemmorex-hc rectal suppository 25 mg</i>	3	QL
<i>hydrocortisone acetate rectal suppository 25 mg</i>	3	QL
<i>hydrocortisone rectal enema</i>	1	QL
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %</i>	3	
IBSRELA ORAL TABLET	4	PA; QL
INFLECTRA INTRAVENOUS RECON SOLN	4	PA; LA
INFLIXIMAB INTRAVENOUS RECON SOLN	4	PA
<i>lactulose oral solution</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	5	ACA; QL

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
<i>laxative peg 3350 oral powder</i>	5	ACA; QL
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	QL
LINZESS ORAL CAPSULE	2	QL
LIVMARLI ORAL SOLUTION	4	PA; QL
<i>lubiprostone oral capsule</i>	2	PA; QL
<i>magnesium citrate oral solution</i>	5	ACA; QL
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets)</i>	1	
<i>mesalamine oral capsule, extended release</i>	3	PA
<i>mesalamine oral capsule,extended release 24hr</i>	1	
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	1	
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	3	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia concentrated oral suspension</i>	5	ACA; QL
<i>milk of magnesia oral suspension</i>	5	ACA; QL
MOTEGRITY ORAL TABLET	3	PA; QL
MOVANTIK ORAL TABLET	2	QL
<i>natura-lax oral powder</i>	5	ACA; QL
OICALIVA ORAL TABLET	4	PA; LA; QL
<i>ondansetron hcl oral solution</i>	3	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL
<i>ondansetron oral tablet,disintegrating</i>	1	QL
<i>oral saline laxative oral liquid</i>	5	ACA; QL
OSMOPREP ORAL TABLET	3	
<i>peg 3350-electrolytes oral recon soln</i>	5	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	5	ACA
<i>peg-electrolyte soln oral recon soln</i>	5	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	PA
<i>phosphate laxative oral liquid</i>	5	ACA; QL
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL	3	

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
<i>polyethylene glycol 3350 oral powder</i>	5	ACA; QL
<i>powderlax oral powder</i>	5	ACA; QL
<i>prochlorperazine maleate oral tablet</i>	1	
<i>prochlorperazine rectal suppository</i>	3	
<i>procto-med hc topical cream with perineal applicator</i>	1	
<i>proctosol hc topical cream with perineal applicator</i>	1	
<i>proctozone-hc topical cream with perineal applicator</i>	1	
<i>purelax oral powder</i>	5	ACA; QL
RECTIV RECTAL OINTMENT	3	PA
RELISTOR ORAL TABLET	4	PA; QL
RELISTOR SUBCUTANEOUS SOLUTION	4	PA; QL
RELISTOR SUBCUTANEOUS SYRINGE	4	PA; QL
REMICADE INTRAVENOUS RECON SOLN	4	PA; LA
RENFLEXIS INTRAVENOUS RECON SOLN	4	PA; LA
SANCUSO TRANSDERMAL PATCH WEEKLY	4	ST; QL
<i>scopolamine base transdermal patch 3 day</i>	3	QL
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	4	PA; LA; QL
<i>smoothlax oral powder</i>	5	ACA; QL
<i>sodium,potassium,mag sulfates oral recon soln</i>	5	ACA
SUCRAID ORAL SOLUTION	4	PA
<i>sulfasalazine oral tablet</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN	2	
SUTAB ORAL TABLET	2	
SYMPROIC ORAL TABLET	3	PA; QL
<i>trimethobenzamide oral capsule</i>	3	
TRULANCE ORAL TABLET	2	QL
UCERIS RECTAL FOAM	3	PA
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet</i>	1	
VIBERZI ORAL TABLET	4	PA; QL

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
women's gentle laxative(bisac) oral tablet,delayed release (dr/ec)	5	ACA; QL
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	ST
ULCER THERAPY		
amoxicil-clarithromy-lansopraz oral combo pack	3	QL
cimetidine oral tablet	3	
esomeprazole magnesium oral capsule,delayed release(dr/ec)	3	QL
esomeprazole magnesium oral granules dr for susp in packet	3	ST; QL
famotidine oral suspension	3	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule,delayed release(dr/ec)	3	QL
misoprostol oral tablet	1	
nizatidine oral capsule	3	
omeprazole oral capsule,delayed release(dr/ec)	1	
pantoprazole oral tablet,delayed release (dr/ec)	1	
rabeprazole oral tablet,delayed release (dr/ec)	3	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
IMMUNOLOGY		
INTERLEUKINS		
imiquimod topical cream in packet 5 %	1	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
ANTIVIRALS		
ribavirin oral capsule	3	QL
ribavirin oral tablet 200 mg	3	QL
BIOTECHNOLOGY DRUGS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA

Drug Name	Drug Tier	Requirements / Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	4	PA
ARCALYST SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA
FULPHILA SUBCUTANEOUS SYRINGE	4	PA
FYLNETRA SUBCUTANEOUS SYRINGE	4	PA; LA
GRANIX SUBCUTANEOUS SOLUTION	4	PA
GRANIX SUBCUTANEOUS SYRINGE	4	PA
LEUKINE INJECTION RECON SOLN	4	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	4	PA
NEULASTA SUBCUTANEOUS SYRINGE	4	PA
NEUPOGEN INJECTION SOLUTION	4	PA
NEUPOGEN INJECTION SYRINGE	4	PA
NIVESTYM INJECTION SOLUTION	4	PA
NIVESTYM SUBCUTANEOUS SYRINGE	4	PA
NYVEPRIA SUBCUTANEOUS SYRINGE	4	PA
PROCRIT INJECTION SOLUTION	4	PA
RELEUKO INJECTION SOLUTION	4	PA; LA
RELEUKO SUBCUTANEOUS SYRINGE	4	PA; LA
RETACRIT INJECTION SOLUTION	4	PA
STIMUFEND SUBCUTANEOUS SYRINGE	4	PA
UDENYCA SUBCUTANEOUS SYRINGE	4	PA
ZARXIO INJECTION SYRINGE	4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE	4	PA
GROWTH HORMONES		
EGRIFTA SV SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
NORDITROPIN FLEXPEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; LA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
BESREMI SUBCUTANEOUS SYRINGE	4	PA; QL
PEGASYS SUBCUTANEOUS SOLUTION	4	LA; QL
PEGASYS SUBCUTANEOUS SYRINGE	4	LA; QL
MULTIPLE SCLEROSIS AGENTS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	ST; LA; QL
AVONEX INTRAMUSCULAR SYRINGE KIT	4	ST; LA; QL
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; LA; QL
BETASERON SUBCUTANEOUS KIT	4	PA; LA; QL
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i>	1	QL
<i>fingolimod oral capsule</i>	1	PA; LA; QL
<i>glatiramer subcutaneous syringe</i>	1	LA; QL
<i>glatopa subcutaneous syringe</i>	1	LA; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
MAVENCLAD (10 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (7 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (8 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAYZENT ORAL TABLET	4	PA; LA; QL
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK	4	PA; LA; QL
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK	4	PA; LA; QL
OCREVUS INTRAVENOUS SOLUTION	4	PA; LA
PLEGRIDY INTRAMUSCULAR SYRINGE	4	ST; LA; QL

Drug Name	Drug Tier	Requirements / Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	4	ST; LA; QL
PLEGRIDY SUBCUTANEOUS SYRINGE	4	ST; LA; QL
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK	4	PA; LA; QL
PONVORY ORAL TABLET	4	PA; LA; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	4	ST; LA; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR	4	ST; LA; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	4	ST; LA; QL
TASCENSO ODT ORAL TABLET,DISINTEGRATING	4	PA; LA; QL
<i>teriflunomide oral tablet</i>	1	PA; LA; QL
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; LA; QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	5	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	5	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	5	ACA
AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULAR SYRINGE	5	ACA
AFLURIA QUAD 2022-2023(6MO UP) INTRAMUSCULAR SUSPENSION	5	ACA
BEXSERO INTRAMUSCULAR SYRINGE	5	ACA
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	5	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	5	ACA
COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION	5	ACA
CUVITRU SUBCUTANEOUS SOLUTION	4	PA; LA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	5	ACA
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION	5	ACA

Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	5	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION	5	ACA
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE	5	ACA
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE	5	ACA
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SUSPENSION	5	ACA
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION	5	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	5	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	5	ACA
GRASTEK SUBLINGUAL TABLET	3	PA; QL
HAVRIX (PF) INTRAMUSCULAR SYRINGE	5	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	5	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	5	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	5	ACA
IPOL INJECTION SUSPENSION	5	ACA

Drug Name	Drug Tier	Requirements / Limits
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION	5	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE	5	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION	5	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	5	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	5	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	5	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	5	ACA
MODERNA COVID BIVAL(6M-5Y)-PF INTRAMUSCULAR SUSPENSION	5	ACA
MODERNA COVID BIVAL(6Y UP)(PF) INTRAMUSCULAR SUSPENSION	5	ACA
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION	5	ACA
ODACTRA SUBLINGUAL TABLET	3	PA; QL
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; QL
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE	4	PA; LA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE	4	PA; LA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE	4	PA; LA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE	4	PA; LA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE	4	PA; LA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE	4	PA; LA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE	4	PA; LA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE	4	PA; LA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE	4	PA; LA
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE	4	PA; LA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET	4	PA; LA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	5	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	5	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	5	ACA
PFIZER COVID BIVAL(12Y UP)(PF) INTRAMUSCULAR SUSPENSION	5	ACA
PFIZER COVID BIVAL(5-11YR)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	ACA
PFIZER COVID BIVAL(6MO-4Y)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	ACA
PNEUMOVAX-23 INJECTION SOLUTION	5	ACA
PNEUMOVAX-23 INJECTION SYRINGE	5	ACA
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION	5	ACA
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE	5	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE	5	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	5	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	5	ACA
RAGWITEK SUBLINGUAL TABLET	3	PA; QL
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	5	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	5	ACA

Drug Name	Drug Tier	Requirements / Limits
ROTARIX ORAL SUSPENSION	5	ACA
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	5	ACA
ROTATEQ VACCINE ORAL SOLUTION	5	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	ACA; QL
SPIKEVAX (PF) INTRAMUSCULAR SUSPENSION	5	ACA
TDVAX INTRAMUSCULAR SUSPENSION	5	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	5	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE	5	ACA
TRUMENBA INTRAMUSCULAR SYRINGE	5	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE	5	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION	5	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE	5	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	ACA
VAXELIS (PF) INTRAMUSCULAR SUSPENSION	5	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE	5	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE	5	ACA

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet</i>	2	
<i>febuxostat oral tablet</i>	3	PA; QL
KRYSTEXXA INTRAVENOUS SOLUTION	4	PA; LA; QL
<i>probenecid oral tablet</i>	2	
<i>probenecid-colchicine oral tablet</i>	2	

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	3	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
EVENITY SUBCUTANEOUS SYRINGE	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
FORTEO SUBCUTANEOUS PEN INJECTOR	4	PA; QL
<i>ibandronate intravenous syringe</i>	1	QL
<i>ibandronate oral tablet</i>	1	QL
PROLIA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>raloxifene oral tablet</i>	5	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	3	ST; QL
<i>risedronate oral tablet, delayed release (dr/ec)</i>	3	ST; QL
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR	4	PA; QL
TYMLOS SUBCUTANEOUS PEN INJECTOR	4	PA; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
ACTEMRA INTRAVENOUS SOLUTION	4	PA; LA; QL
ACTEMRA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
AMJEVITA(ONLY NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL
AMJEVITA(ONLY NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE	4	PA; QL
BENLYSTA INTRAVENOUS RECON SOLN	4	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
BENLYSTA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ENBREL MINI SUBCUTANEOUS CARTRIDGE	4	PA; QL
ENBREL SUBCUTANEOUS RECON SOLN	4	PA; QL
ENBREL SUBCUTANEOUS SOLUTION	4	PA; QL
ENBREL SUBCUTANEOUS SYRINGE	4	PA; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; QL
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; LA; QL
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; LA; QL
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
KEVZARA SUBCUTANEOUS PEN INJECTOR	4	PA; QL
KEVZARA SUBCUTANEOUS SYRINGE	4	PA; QL
KINERET SUBCUTANEOUS SYRINGE	4	PA; QL
<i>leflunomide oral tablet</i>	1	
OLUMIANT ORAL TABLET 1 MG, 2 MG	4	PA; LA; QL
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN	4	PA; LA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
ORENCIA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
OTEZLA ORAL TABLET	4	PA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; QL
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL
<i>penicillamine oral capsule</i>	4	PA
<i>penicillamine oral tablet</i>	4	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR	2	ST; QL
REDITREX (PF) SUBCUTANEOUS SYRINGE	2	ST; QL
RIDAURA ORAL CAPSULE	4	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; LA; QL
SAVELLA ORAL TABLET	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
SAVELLA ORAL TABLETS,DOSE PACK	3	PA; QL
SIMPONI ARIA INTRAVENOUS SOLUTION	4	PA; LA
SIMPONI SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
SIMPONI SUBCUTANEOUS SYRINGE	4	PA; LA; QL
XELJANZ ORAL SOLUTION	4	PA; QL
XELJANZ ORAL TABLET	4	PA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; QL

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM	5	ACA; QL
CONDOMS-PREM LUBRICATED DEVICE	5	ACA; QL
DUREX AVANTI BARE REAL FEEL	5	ACA; QL
FC2 FEMALE CONDOM	5	ACA; QL
FEMCAP VAGINAL DEVICE 22 MM	5	ACA; QL
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	5	ACA; QL
WIDE-SEAL DIAPHRAGM	5	ACA; QL

ESTROGENS & PROGESTINS

<i>amabelz oral tablet</i>	2	
<i>camila oral tablet</i>	5	ACA
<i>covaryx h.s. oral tablet</i>	3	
<i>covaryx oral tablet</i>	3	
CRINONE VAGINAL GEL 4 %	3	
<i>deblitane oral tablet</i>	5	ACA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	5	ACA; QL
DIVIGEL TRANSDERMAL GEL IN PACKET	3	QL
<i>dotti transdermal patch semiweekly</i>	1	QL
DUAVEE ORAL TABLET	3	
<i>eemt hs oral tablet</i>	3	
<i>eemt oral tablet</i>	3	
<i>errin oral tablet</i>	5	ACA

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
<i>estradiol oral tablet</i>	1	
<i>estradiol transdermal gel in packet</i>	3	QL
<i>estradiol transdermal patch semiweekly</i>	1	QL
<i>estradiol transdermal patch weekly</i>	1	QL
<i>estradiol vaginal cream</i>	1	
<i>estradiol vaginal tablet</i>	2	
<i>estradiol valerate intramuscular oil 10 mg/ml</i>	3	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet</i>	2	
ESTRING VAGINAL RING	2	QL
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	QL
<i>estrogens-methyltestosterone oral tablet</i>	3	
FEMRING VAGINAL RING	3	QL
<i>fyavolv oral tablet</i>	2	
<i>heather oral tablet</i>	5	ACA
<i>incassia oral tablet</i>	5	ACA
<i>jencycla oral tablet</i>	5	ACA
<i>jinteli oral tablet</i>	2	
<i>lyleq oral tablet</i>	5	ACA
<i>lyllana transdermal patch semiweekly</i>	1	QL
<i>lyza oral tablet</i>	5	ACA
<i>medroxyprogesterone intramuscular suspension</i>	5	ACA; QL
<i>medroxyprogesterone intramuscular syringe</i>	5	ACA; QL
<i>medroxyprogesterone oral tablet</i>	1	
MENEST ORAL TABLET	3	
<i>mimvey oral tablet</i>	2	
<i>nora-be oral tablet</i>	5	ACA
<i>norethindrone (contraceptive) oral tablet</i>	5	ACA
<i>norethindrone acetate oral tablet</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
PREMARIN ORAL TABLET	2	
PREMARIN VAGINAL CREAM	2	

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	
<i>progesterone intramuscular oil</i>	1	
<i>progesterone micronized oral capsule</i>	1	
<i>sharobel oral tablet</i>	5	ACA
<i>tulana oral tablet</i>	5	ACA
<i>yuvaferm vaginal tablet</i>	2	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING	5	ACA; QL
<i>clindamycin phosphate vaginal cream</i>	1	
<i>eluryng vaginal ring</i>	5	ACA; QL
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	5	ACA; QL
GYNAZOLE-1 VAGINAL CREAM	3	
<i>haloette vaginal ring</i>	5	ACA; QL
<i>isoxsuprine oral tablet</i>	1	
<i>metronidazole vaginal gel</i>	2	
MYFEMBREE ORAL TABLET	4	PA; QL
ORIAHNN ORAL CAPSULE, SEQUENTIAL	4	PA; QL
PHEXXI VAGINAL GEL	5	ACA; QL
<i>terconazole vaginal cream</i>	1	
<i>terconazole vaginal suppository</i>	3	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE	5	ACA; QL
<i>tranexamic acid oral tablet</i>	1	PA; QL
TWIRLA TRANSDERMAL PATCH WEEKLY	5	ACA; QL
<i>vandazole vaginal gel</i>	2	
VCF CONTRACEPTIVE FILM VAGINAL FILM	5	ACA; QL
VCF CONTRACEPTIVE GEL VAGINAL GEL	5	ACA; QL
<i>xulane transdermal patch weekly</i>	5	ACA; QL
<i>zafemy transdermal patch weekly</i>	5	ACA; QL
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet</i>	5	ACA
<i>after pill oral tablet</i>	5	ACA
<i>altavera (28) oral tablet</i>	5	ACA

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
<i>alyacen 1/35 (28) oral tablet</i>	5	ACA
<i>alyacen 7/7/7 (28) oral tablet</i>	5	ACA
<i>amethia oral tablets,dose pack,3 month</i>	5	ACA
<i>amethyst (28) oral tablet</i>	5	ACA
<i>apri oral tablet</i>	5	ACA
<i>aranelle (28) oral tablet</i>	5	ACA
<i>ashlyna oral tablets,dose pack,3 month</i>	5	ACA
<i>aubra eq oral tablet</i>	5	ACA
<i>aubra oral tablet</i>	5	ACA
<i>aurovela 1.5/30 (21) oral tablet</i>	5	ACA
<i>aurovela 1/20 (21) oral tablet</i>	5	ACA
<i>aurovela 24 fe oral tablet</i>	5	ACA
<i>aurovela fe 1.5/30 (28) oral tablet</i>	5	ACA
<i>aurovela fe 1-20 (28) oral tablet</i>	5	ACA
<i>aviane oral tablet</i>	5	ACA
<i>ayuna oral tablet</i>	5	ACA
<i>azurette (28) oral tablet</i>	5	ACA
BALCOLTRA ORAL TABLET	5	ACA
<i>balziva (28) oral tablet</i>	5	ACA
<i>blisovi 24 fe oral tablet</i>	5	ACA
<i>blisovi fe 1.5/30 (28) oral tablet</i>	5	ACA
<i>blisovi fe 1/20 (28) oral tablet</i>	5	ACA
<i>briellyn oral tablet</i>	5	ACA
<i>camrese lo oral tablets,dose pack,3 month</i>	5	ACA
<i>camrese oral tablets,dose pack,3 month</i>	5	ACA
<i>caziant (28) oral tablet</i>	5	ACA
<i>charlotte 24 fe oral tablet,chewable</i>	5	ACA
<i>chateal (28) oral tablet</i>	5	ACA
<i>chateal eq (28) oral tablet</i>	5	ACA
<i>cryselle (28) oral tablet</i>	5	ACA
<i>cyred eq oral tablet</i>	5	ACA
<i>cyred oral tablet</i>	5	ACA
<i>dasetta 1/35 (28) oral tablet</i>	5	ACA
<i>dasetta 7/7/7 (28) oral tablet</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>daysee oral tablets,dose pack,3 month</i>	5	ACA
<i>desog-e.estradiol/e.estradiol oral tablet</i>	5	ACA
<i>desogestrel-ethinyl estradiol oral tablet</i>	5	ACA
<i>dolishale oral tablet</i>	5	ACA
<i>drospirenone-e.estradiol-lm.f.a oral tablet</i>	5	ACA
<i>drospirenone-ethinyl estradiol oral tablet</i>	5	ACA
<i>econtra ez oral tablet</i>	5	ACA
<i>econtra one-step oral tablet</i>	5	ACA
<i>elinest oral tablet</i>	5	ACA
ELLA ORAL TABLET	5	ACA
<i>enpresse oral tablet</i>	5	ACA
<i>enskyce oral tablet</i>	5	ACA
<i>estarylla oral tablet</i>	5	ACA
<i>ethynodiol diac-eth estradiol oral tablet</i>	5	ACA
<i>falmina (28) oral tablet</i>	5	ACA
<i>finzala oral tablet,chewable</i>	5	ACA
<i>gemmily oral capsule</i>	5	ACA
<i>hailey 24 fe oral tablet</i>	5	ACA
<i>hailey fe 1.5/30 (28) oral tablet</i>	5	ACA
<i>hailey fe 1/20 (28) oral tablet</i>	5	ACA
<i>hailey oral tablet</i>	5	ACA
<i>her style oral tablet</i>	5	ACA
<i>iclevia oral tablets,dose pack,3 month</i>	5	ACA
<i>isibloom oral tablet</i>	5	ACA
<i>jaimiess oral tablets,dose pack,3 month</i>	5	ACA
<i>jasmiel (28) oral tablet</i>	5	ACA
<i>jolessa oral tablets,dose pack,3 month</i>	5	ACA
<i>juleber oral tablet</i>	5	ACA
<i>junel 1.5/30 (21) oral tablet</i>	5	ACA
<i>junel 1/20 (21) oral tablet</i>	5	ACA
<i>junel fe 1.5/30 (28) oral tablet</i>	5	ACA
<i>junel fe 1/20 (28) oral tablet</i>	5	ACA
<i>junel fe 24 oral tablet</i>	5	ACA
<i>kaitlib fe oral tablet,chewable</i>	5	ACA

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
<i>kalliga oral tablet</i>	5	ACA
<i>kariva (28) oral tablet</i>	5	ACA
<i>kelnor 1/35 (28) oral tablet</i>	5	ACA
<i>kelnor 1-50 (28) oral tablet</i>	5	ACA
<i>kurvelo (28) oral tablet</i>	5	ACA
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month</i>	5	ACA
<i>larin 1.5/30 (21) oral tablet</i>	5	ACA
<i>larin 1/20 (21) oral tablet</i>	5	ACA
<i>larin 24 fe oral tablet</i>	5	ACA
<i>larin fe 1.5/30 (28) oral tablet</i>	5	ACA
<i>larin fe 1/20 (28) oral tablet</i>	5	ACA
<i>layolis fe oral tablet,chewable</i>	5	ACA
<i>leena 28 oral tablet</i>	5	ACA
<i>lessina oral tablet</i>	5	ACA
<i>levonest (28) oral tablet</i>	5	ACA
<i>levonorgestrel oral tablet</i>	5	ACA
<i>levonorgestrel-ethinyl estrad oral tablet</i>	5	ACA
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	5	ACA
<i>levonorg-eth estrad triphasic oral tablet</i>	5	ACA
<i>levora-28 oral tablet</i>	5	ACA
LO LOESTRIN FE ORAL TABLET	5	ACA
<i>lojaimiess oral tablets,dose pack,3 month</i>	5	ACA
<i>loryna (28) oral tablet</i>	5	ACA
<i>low-ogestrel (28) oral tablet</i>	5	ACA
<i>lo-zumandimine (28) oral tablet</i>	5	ACA
<i>lutra (28) oral tablet</i>	5	ACA
<i>marlissa (28) oral tablet</i>	5	ACA
<i>merzee oral capsule</i>	5	ACA
<i>mibelas 24 fe oral tablet,chewable</i>	5	ACA
<i>microgestin 1.5/30 (21) oral tablet</i>	5	ACA
<i>microgestin 1/20 (21) oral tablet</i>	5	ACA
<i>microgestin 24 fe oral tablet</i>	5	ACA
<i>microgestin fe 1.5/30 (28) oral tablet</i>	5	ACA

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
<i>microgestin fe 1/20 (28) oral tablet</i>	5	ACA
<i>mili oral tablet</i>	5	ACA
<i>mono-lynyah oral tablet</i>	5	ACA
<i>my choice oral tablet</i>	5	ACA
<i>my way oral tablet</i>	5	ACA
NATAZIA ORAL TABLET	5	ACA
<i>necon 0.5/35 (28) oral tablet</i>	5	ACA
<i>new day oral tablet</i>	5	ACA
NEXTSTELLIS ORAL TABLET	5	ACA
<i>nikki (28) oral tablet</i>	5	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable</i>	5	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	5	ACA
<i>norethindrone-e.estradiol-iron oral capsule</i>	5	ACA
<i>norethindrone-e.estradiol-iron oral tablet</i>	5	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	5	ACA
<i>norgestimate-ethinyl estradiol oral tablet</i>	5	ACA
<i>nortrel 0.5/35 (28) oral tablet</i>	5	ACA
<i>nortrel 1/35 (21) oral tablet</i>	5	ACA
<i>nortrel 1/35 (28) oral tablet</i>	5	ACA
<i>nortrel 7/7/7 (28) oral tablet</i>	5	ACA
<i>nylia 1/35 (28) oral tablet</i>	5	ACA
<i>nylia 7/7/7 (28) oral tablet</i>	5	ACA
<i>nymyo oral tablet</i>	5	ACA
<i>ocella oral tablet</i>	5	ACA
<i>opcicon one-step oral tablet</i>	5	ACA
<i>option-2 oral tablet</i>	5	ACA
<i>philith oral tablet</i>	5	ACA
<i>pimtrea (28) oral tablet</i>	5	ACA
<i>pirmella oral tablet</i>	5	ACA
<i>portia 28 oral tablet</i>	5	ACA
<i>reclipsen (28) oral tablet</i>	5	ACA
<i>rivelsa oral tablets,dose pack,3 month</i>	5	ACA
<i>setlakin oral tablets,dose pack,3 month</i>	5	ACA

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
<i>simliya (28) oral tablet</i>	5	ACA
<i>simpesse oral tablets,dose pack,3 month</i>	5	ACA
SLYND ORAL TABLET	5	ACA
<i>sprintec (28) oral tablet</i>	5	ACA
<i>sronyx oral tablet</i>	5	ACA
<i>syeda oral tablet</i>	5	ACA
<i>tarina 24 fe oral tablet</i>	5	ACA
<i>tarina fe 1/20 (28) oral tablet</i>	5	ACA
<i>taysofy oral capsule</i>	5	ACA
<i>tilia fe oral tablet</i>	5	ACA
<i>tri-estarylla oral tablet</i>	5	ACA
<i>tri-legest fe oral tablet</i>	5	ACA
<i>tri-lynyah oral tablet</i>	5	ACA
<i>tri-lo-estarylla oral tablet</i>	5	ACA
<i>tri-lo-marzia oral tablet</i>	5	ACA
<i>tri-lo-mili oral tablet</i>	5	ACA
<i>tri-lo-sprintec oral tablet</i>	5	ACA
<i>tri-mili oral tablet</i>	5	ACA
<i>tri-nymyo oral tablet</i>	5	ACA
<i>tri-sprintec (28) oral tablet</i>	5	ACA
<i>trivora (28) oral tablet</i>	5	ACA
<i>tri-vylibra lo oral tablet</i>	5	ACA
<i>tri-vylibra oral tablet</i>	5	ACA
TYBLUME ORAL TABLET,CHEWABLE	5	ACA
<i>tydemy oral tablet</i>	5	ACA
<i>velivet triphasic regimen (28) oral tablet</i>	5	ACA
<i>vestura (28) oral tablet</i>	5	ACA
<i>vienva oral tablet</i>	5	ACA
<i>viorele (28) oral tablet</i>	5	ACA
<i>volnea (28) oral tablet</i>	5	ACA
<i>vyfemla (28) oral tablet</i>	5	ACA
<i>vylibra oral tablet</i>	5	ACA
<i>wera (28) oral tablet</i>	5	ACA
<i>wymzya fe oral tablet,chewable</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>zarah oral tablet</i>	5	ACA
<i>zovia 1-35 (28) oral tablet</i>	5	ACA
<i>zumandimine (28) oral tablet</i>	5	ACA
OXYTOCICS		
<i>methergine oral tablet</i>	4	
<i>methylergonovine oral tablet</i>	4	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS	3	
<i>bacitracin ophthalmic (eye) ointment</i>	3	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	PA
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	1	
<i>erythromycin ophthalmic (eye) ointment</i>	1	
<i>gatifloxacin ophthalmic (eye) drops</i>	3	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	3	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	3	
<i>neo-polycin ophthalmic (eye) ointment</i>	2	
<i>ofloxacin ophthalmic (eye) drops</i>	1	
<i>polycin ophthalmic (eye) ointment</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	
<i>tobramycin ophthalmic (eye) drops</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
ANTIVIRALS		

Drug Name	Drug Tier	Requirements / Limits
<i>trifluridine ophthalmic (eye) drops</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL	2	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	3	
BETIMOL OPHTHALMIC (EYE) DROPS	3	
<i>carteolol ophthalmic (eye) drops</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %</i>	3	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	3	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	3	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops</i>	1	
<i>atropine ophthalmic (eye) ointment</i>	1	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire ophthalmic (eye) drops</i>	1	
<i>tropicamide ophthalmic (eye) drops</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
VUITY OPHTHALMIC (EYE) DROPS	3	PA; QL
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRILOPHTHALMIC (EYE) DROPS	3	ST
ALOMIDOPHTHALMIC (EYE) DROPS	3	ST
<i>azelastine ophthalmic (eye) drops</i>	2	
<i>bepotastine besilate ophthalmic (eye) drops</i>	3	ST
CEQUA OPHTHALMIC (EYE) DROPPERETTE	3	QL
<i>cromolyn ophthalmic (eye) drops</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette</i>	1	QL
CYSTADROPS OPHTHALMIC (EYE) DROPS	4	PA; QL
CYSTARAN OPHTHALMIC (EYE) DROPS	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>epinastine ophthalmic (eye) drops</i>	3	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	2	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	3	
OXERVATE OPHTHALMIC (EYE) DROPS	4	PA; LA; QL
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE	4	PA; QL
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	2	QL
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE	3	QL
<i>bromfenac ophthalmic (eye) drops</i>	3	
<i>diclofenac sodium ophthalmic (eye) drops</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	3	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
PROLENSA OPHTHALMIC (EYE) DROPS	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	1	
<i>acetazolamide oral tablet</i>	1	
<i>methazolamide oral tablet</i>	3	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops</i>	2	
<i>brimonidine-timolol ophthalmic (eye) drops</i>	2	
<i>dorzolamide ophthalmic (eye) drops</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	3	
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	1	
<i>latanoprost ophthalmic (eye) drops</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS	2	ST
ROCKLATAN OPHTHALMIC (EYE) DROPS	2	ST

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
<i>tafluprost (pf) ophthalmic (eye) dropperette</i>	3	ST
<i>travoprost ophthalmic (eye) drops</i>	2	
VYZULTA OPHTHALMIC (EYE) DROPS	3	ST
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	3	
<i>neo-polycin hc ophthalmic (eye) ointment</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	3	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
STERIODS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	3	
<i>difluprednate ophthalmic (eye) drops</i>	3	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	3	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
<i>apraclonidine ophthalmic (eye) drops</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl ophthalmic (eye) drops</i>	1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR	3	QL
<i>carbinoxamine maleate oral liquid</i>	3	
<i>carbinoxamine maleate oral tablet 4 mg</i>	3	
<i>clemastine oral tablet 2.68 mg</i>	3	
<i>cyproheptadine oral syrup</i>	3	
<i>cyproheptadine oral tablet</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	3	
<i>diphenhydramine hcl injection syringe</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	3	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral capsule</i>	1	
<i>levocetirizine oral solution</i>	3	
<i>levocetirizine oral tablet</i>	3	
<i>promethazine oral syrup</i>	1	
<i>promethazine oral tablet</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	3	
<i>promethegan rectal suppository</i>	3	
SYMJEPI INJECTION SYRINGE	3	QL
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	2	PA < 18 years of age; QL
<i>g tussin ac oral liquid</i>	2	PA < 18 years of age; QL
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr</i>	3	PA < 18 years of age; QL
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	2	PA < 18 years of age; QL
<i>hydrocodone-homatropine oral tablet</i>	2	PA < 18 years of age; QL
<i>hydromet oral syrup</i>	2	PA < 18 years of age; QL
<i>maxi-tuss ac oral liquid</i>	2	PA < 18 years of age; QL
<i>m-clear wc oral liquid</i>	2	PA < 18 years of age; QL
<i>promethazine vc oral syrup</i>	2	
<i>promethazine vc-codeine oral syrup</i>	3	PA < 18 years of age; QL
<i>promethazine-codeine oral syrup</i>	3	PA < 18 years of age; QL
<i>promethazine-dm oral syrup</i>	1	
PULMONARY AGENTS		
<i>acetylcysteine solution</i>	1	
ADEMPAS ORAL TABLET	4	PA; LA; QL
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	1	QL
ADVAIR HFA INHALATION HFA AEROSOL INHALER	2	QL

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	3	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	3	
ALVESCO INHALATION HFA AEROSOL INHALER	3	ST; QL
<i>alyq oral tablet</i>	4	PA; QL
<i>ambrisentan oral tablet</i>	4	PA; LA; QL
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
<i>arformoterol inhalation solution for nebulization</i>	3	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER	3	QL
BERINERT INTRAVENOUS KIT	4	PA; LA
<i>bosentan oral tablet</i>	4	PA; LA; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; LA; QL
<i>budesonide inhalation suspension for nebulization</i>	3	
CINRYZE INTRAVENOUS RECON SOLN	4	PA; LA; QL
COMBIVENT RESPIMAT INHALATION MIST	2	QL
DULERA INHALATION HFA AEROSOL INHALER	2	QL
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	2	QL

Drug Name	Drug Tier	Requirements / Limits
FLOVENT HFA INHALATION HFA AEROSOL INHALER	2	QL
<i>flunisolide nasal spray,non-aerosol</i>	3	
<i>fluticasone propionate nasal spray,suspension</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED (generic AirDuo)	1	QL
<i>formoterol fumarate inhalation solution for nebulization</i>	3	
HAEGARDA SUBCUTANEOUS RECON SOLN	4	PA; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION	2	
<i>icatibant subcutaneous syringe</i>	4	PA; LA; QL
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
<i>ipratropium bromide inhalation solution</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	4	PA; LA; QL
KALYDECO ORAL TABLET	4	PA; LA; QL
<i>levalbuterol hcl inhalation solution for nebulization</i>	3	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER	3	QL
<i>mometasone nasal spray,non-aerosol</i>	3	ST
<i>montelukast oral granules in packet</i>	3	QL
<i>montelukast oral tablet</i>	1	QL
<i>montelukast oral tablet,chewable</i>	1	QL
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	2	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
OFEV ORAL CAPSULE	4	PA; LA; QL
OPSUMIT ORAL TABLET	4	PA; LA; QL
ORKAMBI ORAL GRANULES IN PACKET	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
ORKAMBI ORAL TABLET	4	PA; LA; QL
ORLADEYO ORAL CAPSULE	4	PA; LA; QL
<i>pirfenidone oral capsule</i>	4	PA; LA; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	4	PA; LA; QL
PIRFENIDONE ORAL TABLET 534 MG	4	PA; LA; QL
<i>pulmosal inhalation solution for nebulization</i>	1	
PULMOZYME INHALATION SOLUTION	4	PA; LA; QL
<i>roflumilast oral tablet</i>	3	PA; QL
RUCONEST INTRAVENOUS RECON SOLN	4	PA; LA
<i>sajazir subcutaneous syringe</i>	4	PA; LA; QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	2	QL
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	4	PA; QL
<i>sildenafil (pulm.hypertension) oral tablet</i>	1	PA; QL
<i>sodium chloride inhalation solution for nebulization</i>	1	
SPIRIVA RESPIMAT INHALATION MIST	2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	QL
STIOLTO RESPIMAT INHALATION MIST	2	QL
STRIVERDI RESPIMAT INHALATION MIST	3	QL
SYMBICORT INHALATION HFA AEROSOL INHALER	2	QL
SYMDEKO ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL
<i>tadalafil (pulm. hypertension) oral tablet</i>	4	PA; QL
TADLIQ ORAL SUSPENSION	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>terbutaline oral tablet</i>	3	
TEZSPIRE SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL
TYVASO DPI INHALATION CARTRIDGE WITH INHALER	4	PA; LA; QL
TYVASO INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA; QL
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA; QL
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA; QL
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER	2	QL
XHANCE NASAL AEROSOL BREATH ACTIVATED	3	PA; QL
<i>zafirlukast oral tablet</i>	3	QL
<i>zileuton oral tablet, er multiphase 12 hr</i>	4	PA; QL

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin oral tablet extended release 24 hr</i>	3	ST
<i>flavoxate oral tablet</i>	1	
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	2	QL
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	QL
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
<i>solifenacin oral tablet</i>	2	
<i>tolterodine oral capsule,extended release 24hr</i>	2	
<i>tolterodine oral tablet</i>	2	
<i>tropium oral capsule,extended release 24hr</i>	2	
<i>tropium oral tablet</i>	2	

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
<i>alfuzosin oral tablet extended release 24 hr</i>	1	
<i>dutasteride oral capsule</i>	3	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	3	
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin oral capsule</i>	3	ST
<i>tadalafil oral tablet 5 mg</i>	3	PA; QL
<i>tamsulosin oral capsule</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE	3	LA
<i>cytra-2 oral solution</i>	2	
<i>cytra-3 oral solution</i>	2	
<i>cytra-k oral solution</i>	2	
ELMIRON ORAL CAPSULE	3	
<i>hyophen oral tablet</i>	1	
<i>methen-sod phos-meth blue-hyos oral tablet</i>	1	
<i>potassium citrate oral tablet extended release</i>	1	
<i>potassium citrate-citric acid oral solution</i>	2	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE	4	PA; LA; QL
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	4	PA; LA; QL
<i>sodium citrate-citric acid oral solution</i>	2	
<i>tricitrates oral solution</i>	2	
<i>uretron d-s oral tablet</i>	2	
URIBEL ORAL CAPSULE	3	
<i>urogesic-blue oral tablet</i>	1	
<i>uro-mp oral capsule</i>	3	
<i>uro-sp oral capsule</i>	3	
<i>uryl oral tablet</i>	1	
<i>ustell oral capsule</i>	3	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule</i>	1	
<i>calcium acetate(phosphat bind) oral tablet</i>	1	
<i>effe-r-k oral tablet, effervescent 25 meq</i>	2	
GALZIN ORAL CAPSULE	3	PA
<i>klor-con 10 oral tablet extended release</i>	1	
<i>klor-con 8 oral tablet extended release</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals</i>	3	
<i>klor-con m20 oral tablet,er particles/crystals</i>	1	
<i>klor-con oral packet</i>	3	
<i>klor-con/ef oral tablet, effervescent</i>	2	
<i>k-phos-neutral oral tablet</i>	2	
<i>phospha 250 neutral oral tablet</i>	2	
<i>phosphorous oral tablet</i>	2	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	3	
<i>potassium chloride oral packet</i>	3	
<i>potassium chloride oral tablet extended release</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	3	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID	4	PA; LA
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid) oral tablet</i>	5	ACA
<i>b complex-vitamin c-folic acid oral tablet</i>	5	ACA
<i>balanced b-100 oral tablet</i>	5	ACA
<i>b-complex with vitamin c oral tablet 400-500 mcg- mg</i>	5	ACA
<i>classic prenatal oral tablet</i>	5	ACA
<i>complete natal dha oral combo pack</i>	1	
<i>cyanocobalamin (vitamin b-12) injection solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dialyvite 800 oral tablet</i>	5	ACA
<i>dodex injection solution</i>	1	
<i>elite-ob oral tablet</i>	2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	QL
<i>ferocon oral capsule</i>	1	
<i>ferrex 150 forte oral capsule</i>	1	
<i>fluoride (sodium) oral drops</i>	5	ACA
<i>fluoride (sodium) oral tablet,chewable</i>	5	ACA
<i>folbee oral tablet</i>	3	
<i>folbic oral tablet</i>	3	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	5	ACA
<i>folivane-f oral capsule</i>	3	
<i>folivane-ob oral capsule</i>	2	
<i>folplex 2.2 oral tablet</i>	1	
<i>foltabs 800 oral tablet</i>	5	ACA
<i>full spectrum b-vitamin c oral tablet</i>	5	ACA
<i>hematinic/folic acid oral tablet</i>	1	
<i>iferex 150 forte oral capsule</i>	1	
<i>kobee oral tablet</i>	5	ACA
<i>ludent fluoride oral tablet,chewable</i>	5	ACA
<i>m-natal plus oral tablet</i>	1	
<i>multigen plus oral tablet</i>	3	
<i>multi-vitamin with fluoride oral drops</i>	5	ACA
<i>multi-vitamin with fluoride oral tablet,chewable</i>	5	ACA
<i>multivitamins with fluoride oral tablet,chewable 0.25 mg</i>	5	ACA
<i>mvc-fluoride oral tablet,chewable</i>	5	ACA
<i>myferon 150 forte oral capsule</i>	1	
<i>mynatal oral capsule</i>	1	
<i>mynatal plus oral tablet</i>	1	
<i>mynatal-z oral tablet</i>	1	
<i>one daily prenatal oral combo pack</i>	5	ACA
<i>pnv-dha oral capsule</i>	2	

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
<i>pnv-omega oral capsule</i>	2	
<i>poly-iron 150 forte oral capsule</i>	1	
<i>pr natal 400 ec oral combo pack,tablet and cap,dr</i>	1	
<i>pr natal 400 oral combo pack</i>	1	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr</i>	1	
<i>pr natal 430 oral combo pack</i>	1	
<i>prenatabs fa oral tablet</i>	1	
<i>prenatabs rx oral tablet</i>	1	
PRENATAL 19 ORAL TABLET,CHEWABLE	1	
<i>prenatal complete oral tablet</i>	5	ACA
<i>prenatal multi-dha (algal oil) oral capsule</i>	5	ACA
<i>prenatal multivitamins oral tablet</i>	5	ACA
<i>prenatal one daily oral tablet</i>	5	ACA
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	5	ACA
<i>prenatal plus (calcium carb) oral tablet</i>	1	
<i>prenatal plus oral tablet</i>	1	
<i>prenatal vit no.179-iron-folic oral tablet</i>	5	ACA
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	5	ACA
<i>prenatal vitamin with minerals oral tablet</i>	5	ACA
<i>prenatal-u oral capsule</i>	2	
<i>rena-vite oral tablet</i>	5	ACA
<i>reno caps oral capsule</i>	1	
<i>se-natal 19 chewable oral tablet,chewable</i>	1	
<i>se-natal-19 oral tablet</i>	1	
<i>stress formula with iron oral tablet</i>	5	ACA
<i>stress formula with iron(sulf) oral tablet</i>	5	ACA
<i>super b maxi complex oral tablet</i>	5	ACA
<i>super quintis oral tablet</i>	5	ACA
<i>taron-c dha oral capsule</i>	2	
<i>tricon oral capsule</i>	1	
<i>trigels-f forte oral capsule</i>	3	
<i>trinatal rx 1 oral tablet</i>	1	
<i>trinate oral tablet</i>	1	
<i>tri-vitamin with fluoride oral drops</i>	5	ACA

1-Preferred Generic Medication 2-Preferred Brand Medications 3-Non-Preferred Medications 4-Specialty Medications 5- Zero Cost Share Preventative Medications 6-Select Generic Medications

Drug Name	Drug Tier	Requirements / Limits
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<i>vitamin b complex-folic acid oral tablet</i>	5	ACA
<i>vitamins a,c,d and fluoride oral drops</i>	5	ACA
<i>wescap-c dha oral capsule</i>	2	
<i>wescap-pn dha oral capsule</i>	2	
<i>wesnate dha oral capsule</i>	1	
<i>westab plus oral tablet</i>	1	
<i>zatean-pn dha oral capsule</i>	2	
<i>zatean-pn plus oral capsule</i>	2	

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