



PHP

2024 PHPNI Formulary Reference Guide

A list of medications that may lower your patients' costs



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DEVELOPMENT OF THE DRUG FORMULARY

The Drug Formulary is the cornerstone of drug therapy quality assurance and cost containment efforts. The Drug Formulary has been successfully used by hospitals and managed care organizations to provide comprehensive, cost-effective pharmacy services.

The Drug Formulary document was developed by the PHP of Northern Indiana (PHP) Pharmacy and Therapeutics Committee (P&T Committee). This committee, composed of physicians from various medical specialties, reviewed the medications in all therapeutic categories based on safety, effectiveness, and cost and selected the most cost-effective agent(s) in each class.

Formulary development and maintenance is a dynamic process. The P&T Committee will regularly review new and existing medications to ensure the Formulary remains responsive to the needs of our members and providers. The Formulary will be updated periodically.

As you use the Formulary, we invite your suggestions to improve the format or content. Thank you for your cooperation.

HOW TO USE THIS DOCUMENT

The Formulary is a listing of the most commonly prescribed medications sorted by therapy class marketed at the time of the Formulary printing. It is intended for use by health plan physicians and pharmacy providers. Unless exceptions are noted, all forms (tablet, capsule, liquid, topical) and strengths of a medication product are covered as indicated. At the end of the Formulary is an index listing medications alphabetically with the corresponding page number where other medications in that class can be found.

Medications listed in italic letters are generic medications. Medications listed in non-italic capital letters are brand name medications. Each medication also has a tier indication.

These categories are defined as follows:

Traditional Drugs

- **Tier 1:** Preferred Generics. Generic medications contain the same active ingredient(s) as their corresponding brand name medication and have been approved by the Food and Drug Administration (FDA) for therapeutic equivalency to their brand name product. These products are the least costly.
- **Tier 2:** Non-Preferred Generics. These generic medications are more costly than the preferred generics.
- **Tier 3:** Brand Formulary. Medications that have been reviewed by the Pharmacy & Therapeutics Committee and found to have therapeutic advantage or overall value over non-formulary medications, factoring safety, efficacy, and cost.
- **Tier 4:** Brand Non-Formulary. Medications that have been reviewed by the Pharmacy & Therapeutics Committee and found not to have a significant therapeutic advantage or overall value over alternative formulary products. Please note that the information provided is not intended to substitute the physician's independent medical judgment based on the member's specific needs.

Specialty Drugs

- **Tier S1:** Preferred Specialty drugs. These medications can be injectables or orals that are extremely expensive, must be filled at a specialty pharmacy, and may need special instructions and handling.
- **Tier S2:** Specialty drugs. These medications can be injectables or orals that are extremely expensive, must be filled at a specialty pharmacy, and may need special instructions and handling.

Medical Drugs

- **Tier 7:** Medical ONLY medications that may be covered under the Medical Benefit.

Some medications may be subject to prior authorizations (PA), step therapy (ST), double step therapy (DST), and quantity level limits (QL). Those medications are indicated by (PA), (ST), (DST), or (QL) in the document. See policy below on how to obtain overrides for these medications.

PRESCRIPTION MEDICATION POLICIES

Outpatient medications:

The Drug Formulary applies only to prescription medications dispensed to outpatients by participating pharmacies. The Formulary does not apply to inpatient medications or to medications obtained from and/or administered by a physician in the office.

Non-Prescription Medication (OTC) Policy:

Over-the-counter (OTC) products are not covered, but some are listed for informational purposes. When available, non-prescription medications may be less costly to the member than a prescription medication. If a prescription product is available in the identical strength, dosage form, and active ingredient(s) as an OTC product, the prescription product will not be covered. In these instances, physicians and pharmacists should refer members to the OTC equivalent product. If the member or physician chooses the equivalent prescription product, the member must pay the entire cost of the prescription.

Generic Medication Policy:

PHP encourages generic substitution whenever possible to help reduce the member's out-of-pocket expense, plus help contain the overall cost of the member's prescription medication benefit.

Medications that have generic equivalents are covered at a generic reimbursement level, and should be prescribed and dispensed in the generic form. Maximum Allowable Cost (MAC) limits of reimbursement have been established for these medications and are listed in the health plan MAC list. Providers are reminded of the following:

1. When generic substitution conflicts with state regulations or restrictions, the pharmacist must gain approval from the prescriber to use the generic equivalent.
2. If a physician indicates "Dispense As Written" (DAW) or if a member insists on the brand name product for a medication included on the MAC list, the member must pay the applicable copay plus the cost difference between the brand name product and the MAC amount (Additional Charge).

Unapproved Use of Formulary Medications:

The member's Certificate of Coverage states medications will be eligible for coverage only if they are FDA approved medications used for non-experimental indications. Non-experimental indications include the labeled indication(s) (FDA-approved) and other indications accepted as effective by the balance of currently available scientific evidence and informed professional opinion.

Experimental and investigational medications, and medications used for cosmetic purposes, are not eligible for coverage.

Prescriptions for Non-Formulary Medications:

Physicians are expected to comply with the Medication Formulary when prescribing medications for plan members. If a pharmacist receives a prescription for a non-Formulary medication, the pharmacist will attempt to contact the physician to request a change to a Formulary product. If the physician is unwilling to change, or is unavailable, the pharmacist will dispense the prescription as written. The member must pay the higher copay.

Copay Plan Determinations:

The member will pay only the indicated 1st, 2nd, 3rd, 4th, 5th, 6th or 7th tier copay for the prescription unless one of the following conditions applies:

1. If a physician indicates “Dispense As Written” (DAW) or if a member chooses the brand name product for a prescription of a medication included on the MAC list, the member must pay the applicable copay plus the cost difference between the brand name product and the MAC amount (Additional Charge).
2. If a prescription is written for a medication available as an OTC product in the identical dosage, form, strength, and active ingredient, the prescription product will not be covered. The pharmacist should refer the member to the OTC product. If the member or physician insists on the prescription equivalent product, the member will be responsible for the entire cost of the prescription.
3. If a physician prescribes a medication, which is not covered, and no satisfactory alternative product is available, the member must pay the entire prescription cost. Members should consult their benefit descriptions for a list of medications not covered.

Prior Authorization/Quantity Level Limits:**Prior Authorization:**

To promote the most appropriate utilization, selected high-risk or high-cost medications require a prior authorization by the health plan to be eligible for coverage. The P&T Committee have established prior authorization criteria with input from plan physicians and consideration of the current medical literature. Medications requiring a prior authorization for coverage are indicated by (PA) after medication name.

Quantity Level Limits:

Some medications may be subject to quantity level limits based on the manufacturer’s packaging size or adopted clinical guidelines. These medications are designated in the Drug Formulary by (QL) by the medication name. The purpose of these maximum quantity limits is to ensure the proper billing of products and/or encourage the use of therapeutically indicated medication regimens.

Prior authorization/ Quantity Level Limit override requests should be directed to:

Pharmacy Department
PHP of Northern Indiana
1700 Magnavox Way, Suite 201
Fort Wayne, IN 46804
Phone: (260) 432-6690 Ext. 339
E-mail: custsvc@phpni.com

If a physician provider requests that a new or existing medication be added to the Formulary, a letter indicating the significant advantages of the medication product over current formulary medications should be mailed to the above address.

UNDERSTANDING THE SYMBOLS USED THROUGHOUT THIS BOOK

Throughout this book, you will see certain symbols that draw your attention to information that we would like you to consider before prescribing.

Symbols

PA Prior authorization is required. 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 prescription. If you don't get approval, the drug may not be covered.

ST Step therapy is required. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before another drug for that condition is covered. 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, then we will consider covering Drug B.

DST Double step therapy is required. In some cases, the Plan requires you to first try at least 2 other drugs to treat your medical condition before your medication is covered. For example, if Drug A, Drug B and Drug C are used to treat your medical condition, we may not cover Drug C unless you have tried both Drug A and Drug B first. If Drugs A and B do not work for you, we will consider covering Drug C.

QL Quantity limit. For certain drugs, the Plan Limits the amount of the drug that will be covered per prescription.

ACA Affordable Care Act (ACA) products may be covered by the plan at 100% when you meet certain age and gender requirements; have a prescription from a health care provider (even for over-the-counter, or OTC, medicines); and fill your prescription at an in-network pharmacy.

PRE Preventive drugs that may be covered 100% when filled for preferred drugs at an in-network pharmacy. Quantity limits may apply.

CONSIDERING PREFERRED ALTERNATIVES

We realize that you may not always be able to prescribe preferred drugs for your patients. However, by referring to this book before prescribing, you can help ensure that your patients take full advantage of coverage provided by their prescription drug plan. Pharmacies cannot substitute a preferred brand-name drug without your approval. Therefore, a pharmacist may contact you to obtain authorization to dispense an alternative preferred product when a non-preferred drug is prescribed. Again, since your patients can often benefit by paying less for alternative preferred products, we ask that you consider prescribing these preferred alternatives whenever possible.

This Guidebook includes information accurate at the time it was collected from Express Scripts' systems and may not reflect actual benefit setup details at later times.

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ANTI - INFECTIVES			
ANTIFUNGAL AGENTS			
ANCOBON	4		flucytosine
BREXAFEMME	4	ST; QL	fluconazole
<i>clotrimazole mucous membrane</i>	2		
CRESEMBA ORAL	3	PA	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4		fluconazole
DIFLUCAN ORAL TABLET 100 MG, 200 MG	4		fluconazole
<i>fluconazole oral suspension for reconstitution</i>	2		
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	2		
<i>fluconazole oral tablet 150 mg</i>	1	QL	
<i>flucytosine</i>	2		
<i>griseofulvin microsize</i>	2		
<i>griseofulvin ultramicrosize</i>	2		
<i>itraconazole</i>	2	QL	
<i>ketoconazole oral</i>	2		
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON	3	PA	
NOXAFIL ORAL SUSPENSION	4	PA	posaconazole
<i>nystatin oral</i>	2		
ORAVIG	4		nystatin, clotrimazole
<i>posaconazole oral</i>	2	PA	
SPORANOX	4	QL	itraconazole
<i>terbinafine hcl oral</i>	2		
VFEND	4	PA	voriconazole
VIVJOA	4	PA; QL	fluconazole
<i>voriconazole oral</i>	2	PA	
ANTIVIRALS			
<i>abacavir</i>	S2		
<i>abacavir-lamivudine</i>	S2		
<i>acyclovir oral capsule</i>	1		
<i>acyclovir oral suspension 200 mg/5 ml</i>	2		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>acyclovir oral tablet 400 mg</i>	1		
<i>acyclovir oral tablet 800 mg</i>	2		
<i>adefovir</i>	2		
<i>amantadine hcl</i>	2		
APTIVUS	S2		
<i>atazanavir</i>	S2		
BARACLUDE ORAL SOLUTION	3		
BIKTARVY	S2		
CIMDUO	S2		
<i>darunavir</i>	S2		
DESCOVY	S2	PA	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	S2		
DOVATO	S2		
EDURANT	S2		
<i>efavirenz</i>	S2		
<i>efavirenz-emtricitabin-tenofov</i>	S1		
<i>efavirenz-lamivu-tenofov disop</i>	S2		
<i>emtricitabine</i>	S2		
<i>emtricitabine-tenofov (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	2		
<i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i>	2	ACA	
EMTRIVA ORAL CAPSULE	S2		emtricitabine
EMTRIVA ORAL SOLUTION	S2		
<i>entecavir</i>	2		
EPCLUSA	S2	PA; QL	
EPIVIR	S2		lamivudine
<i>etravirine</i>	S2		
EVOTAZ	S2		atazanavir sulfate, lopinavir- ritonavir, ritonavir, NORVIR
<i>famciclovir</i>	2	QL	
FLUMADINE ORAL TABLET	4		rimantadine hcl
<i>fosamprenavir</i>	S2		
FUZEON SUBCUTANEOUS RECON SOLN	S2	QL	

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
GENVOYA	S2		
HARVONI	S2	PA; QL	
INTELENCE ORAL TABLET 100 MG, 200 MG	S2		etravirine
INTELENCE ORAL TABLET 25 MG	S2		
ISENTRESS	S2		
ISENTRESS HD	S2		
JULUCA	S2		
KALETRA	S2		lopinavir-ritonavir
LAGEVRIO (EUA)	3	QL; ACA	
<i>lamivudine oral solution</i>	S2		
<i>lamivudine oral tablet 100 mg</i>	2		
<i>lamivudine oral tablet 150 mg, 300 mg</i>	S2		
<i>lamivudine-zidovudine</i>	S2		
LIVTENCITY	4	PA; QL	
<i>lopinavir-ritonavir</i>	S2		
<i>maraviroc</i>	S2		
<i>nevirapine</i>	S2		
NORVIR ORAL POWDER IN PACKET	S2		
NORVIR ORAL TABLET	S2		ritonavir
ODEFSEY	S2		
<i>oseltamivir</i>	2	QL	
PAXLOVID	3	QL	
PREVYMIS ORAL	3	QL	
PREZISTA ORAL SUSPENSION	S2		
PREZISTA ORAL TABLET 150 MG, 75 MG	S2		
PREZISTA ORAL TABLET 600 MG, 800 MG	S2		darunavir
RELENZA DISKHALER	4	QL	oseltamivir phosphate
RETROVIR ORAL CAPSULE	S2		zidovudine
RETROVIR ORAL SYRUP	S2		zidovudine
REYATAZ ORAL CAPSULE 200 MG, 300 MG	S2		atazanavir sulfate
REYATAZ ORAL POWDER IN PACKET	S2		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>ribavirin inhalation</i>	2	PA	
<i>rimantadine</i>	2		
<i>ritonavir</i>	S2		
SELZENTRY ORAL SOLUTION	S2		
SELZENTRY ORAL TABLET 150 MG, 300 MG	S2		maraviroc
<i>stavudine oral capsule 40 mg</i>	S2		
SUNLENCA ORAL	S2	PA	
SYMFI	S2		
SYMFI LO	S2		
SYMTUZA	S2		
SYNAGIS	S2	PA	
TAMIFLU	4	QL	oseltamivir phosphate
TEMBEXA	4	PA	
<i>tenofovir disoproxil fumarate</i>	S2		
TIVICAY ORAL TABLET 50 MG	S2		
TIVICAY PD	S2		
TRIUMEQ	S2		
TRIUMEQ PD	S2		
TYBOST	S2		ritonavir, NORVIR
<i>valacyclovir</i>	2	QL	
VALCYTE	4		valganciclovir hcl
<i>valganciclovir</i>	2		
VEMLIDY	S2	PA	
VIRACEPT ORAL TABLET	S2		
VIRAZOLE	4	PA	ribavirin
VIREAD ORAL POWDER	S2		
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	S2		
VIREAD ORAL TABLET 300 MG	S2		tenofovir disoproxil fumarate
VOSEVI	S2	PA; QL	
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	QL	oseltamivir phosphate
ZEPATIER	S2	PA; QL	
ZIAGEN ORAL SOLUTION	S2		abacavir
<i>zidovudine</i>	S2		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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>	2		
<i>cefadroxil oral capsule</i>	2		
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2		
<i>cefadroxil oral tablet</i>	2		
<i>cefdinir</i>	2		
<i>cefixime</i>	2		
<i>cefpodoxime</i>	2		
<i>cefprozil</i>	2		
<i>cefuroxime axetil oral tablet</i>	2		
<i>cephalexin oral capsule 250 mg, 750 mg</i>	2		
<i>cephalexin oral capsule 500 mg</i>	1		
<i>cephalexin oral suspension for reconstitution</i>	2		
<i>cephalexin oral tablet 250 mg</i>	2		
<i>cephalexin oral tablet 500 mg</i>	1		
ERYTHROMYCINS & OTHER MACROLIDES			
<i>azithromycin oral packet</i>	2		
<i>azithromycin oral suspension for reconstitution</i>	2		
<i>azithromycin oral tablet 250 mg</i>	1		
<i>azithromycin oral tablet 500 mg, 600 mg</i>	2		
<i>clarithromycin</i>	2		
DIFICID	4	QL	vancomycin hcl
<i>e.e.s. 400 oral tablet</i>	2		
E.E.S. GRANULES	4		erythromycin ethylsuccinate
ERYPED 200	4		erythromycin ethylsuccinate
ERYPED 400	4		erythromycin ethylsuccinate
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	4		
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2		
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2		
<i>erythromycin ethylsuccinate oral tablet</i>	2		
<i>erythromycin oral</i>	2		
ZITHROMAX ORAL PACKET	4		azithromycin
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	4		azithromycin
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4		azithromycin
ZITHROMAX TRI-PAK	4		azithromycin
ZITHROMAX Z-PAK	4		azithromycin
MISCELLANEOUS ANTIINFECTIVES			
AEMCOLO	4	QL	azithromycin, ciprofloxacin hcl, levofloxacin, ofloxacin, XIFAXAN
<i>albendazole</i>	2	QL	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	QL	
ARIKAYCE	S2	PA	
<i>atovaquone</i>	2		
BENZNIDAZOLE	3	QL	
BETHKIS	S2	PA; QL	tobramycin sulfate
BILTRICIDE	4		praziquantel
CAYSTON	S2	PA; QL	
CLEOCIN HCL	4		clindamycin hcl
CLEOCIN PEDIATRIC	4		clindamycin palmitate hcl
<i>clindamycin hcl</i>	2		
<i>clindamycin pediatric</i>	2		
CYCLOSERINE	4	PA	
<i>dapsone oral</i>	2		
EMVERM	3	QL	
<i>ethambutol</i>	2		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FLAGYL ORAL CAPSULE	4		metronidazole
HUMATIN	S2		
<i>hydroxychloroquine</i>	2		
IMPAVIDO	3	PA; QL	
<i>isoniazid oral</i>	2		
<i>ivermectin oral</i>	2	PA; QL	
KITABIS PAK	S2	PA; QL	
<i>linezolid</i>	2		
MEPRON	4		atovaquone
<i>metronidazole oral</i>	2		
MYAMBUTOL ORAL TABLET 400 MG	4		ethambutol hcl
MYCOBUTIN	4		rifabutin
NEBUPENT	4	QL	pentamidine isethionate
<i>neomycin</i>	2		
<i>nitazoxanide</i>	2	QL	
<i>paromomycin</i>	2		
PASER	4		
<i>pentamidine inhalation</i>	2	QL	
<i>praziquantel</i>	2		
PRETOMANID	4	PA	
PRIFTIN	3		
<i>pyrazinamide</i>	2		
<i>rifabutin</i>	2		
<i>rifampin oral</i>	2		
SIRTURO	3	PA	
SOLOSEC	3	QL	
STROMEKTOL	4	PA; QL	ivermectin
<i>tinidazole</i>	2	QL	
TOBI PODHALER	S2	PA; QL	
<i>tobramycin in 0.225 % nacl</i>	S2	PA; QL	
<i>tobramycin inhalation</i>	S2	PA; QL	
TOBRAMYCIN WITH NEBULIZER	S2	PA; QL	tobramycin sulfate, TOBI PODHALER
TRECTOR	4		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
XENLETA ORAL	4		azithromycin, clarithromycin, doxycycline hyclate, moxifloxacin hcl, levofloxacin, amoxicillin-clavulanate potass, cefdinir
XIFAXAN	3	PA; QL	
ZYVOX ORAL	4		linezolid
PENICILLINS			
<i>amoxicillin oral capsule 250 mg</i>	2		
<i>amoxicillin oral capsule 500 mg</i>	1		
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml</i>	2		
<i>amoxicillin oral suspension for reconstitution 250 mg/5 ml, 400 mg/5 ml</i>	1		
<i>amoxicillin oral tablet</i>	1		
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2		
<i>amoxicillin-pot clavulanate</i>	2		
<i>ampicillin oral capsule 500 mg</i>	2		
AUGMENTIN ES-600	4		amoxicillin-clavulanate potass
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3		
AUGMENTIN XR	4		amoxicillin-clavulanate pot er
<i>dicloxacillin</i>	2		
MOXATAG	4		amoxicillin
<i>penicillin v potassium</i>	2		
QUINOLONES			
BAXDELA ORAL	3	QL	
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	4		ciprofloxacin
CIPRO ORAL TABLET 250 MG, 500 MG	4		ciprofloxacin hcl
<i>ciprofloxacin</i>	2		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 750 mg</i>	2		
<i>ciprofloxacin hcl oral tablet 500 mg</i>	1		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FACTIVE	4		ciprofloxacin hcl, levofloxacin, moxifloxacin hcl, ofloxacin
<i>levofloxacin oral solution</i>	2		
<i>levofloxacin oral tablet 250 mg, 750 mg</i>	2		
<i>levofloxacin oral tablet 500 mg</i>	1		
<i>moxifloxacin oral</i>	2		
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2		
SULFA'S & RELATED AGENTS			
BACTRIM	4		sulfamethoxazole- trimethoprim
BACTRIM DS	4		sulfamethoxazole- trimethoprim
<i>sulfadiazine</i>	2		
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2		
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	1		
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	2		
<i>sulfatrim</i>	2		
TETRACYCLINES			
AVIDOXY DK	4	ST	doxycycline monohydrate
<i>demeclocycline</i>	2		
<i>doxycycline hyclate oral capsule</i>	2		
<i>doxycycline hyclate oral tablet 100 mg</i>	S2		
<i>doxycycline hyclate oral tablet 75 mg</i>	S2	ST	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2		
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	S2		
<i>minocycline oral capsule</i>	2		
<i>minocycline oral tablet</i>	2		
NUZYRA ORAL	4	QL	doxycycline hyclate, tetracycline hcl
SEYSARA	4	ST	doxycycline hyclate, minocycline hcl, tetracycline hcl

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>tetracycline oral capsule</i>	2		
<i>tetracycline oral tablet</i>	2	ST	
VIBRAMYCIN ORAL CAPSULE 100 MG	4	ST	doxycycline hyclate
URINARY TRACT AGENTS			
<i>fosfomycin tromethamine</i>	2		
FURADANTIN	4		nitrofurantoin
MACROBID	4		nitrofurantoin mono-macro
MACRODANTIN	4		nitrofurantoin
<i>methenamine hippurate</i>	2		
<i>methenamine mandelate</i>	2		
<i>nitrofurantoin macrocrystal</i>	2		
<i>nitrofurantoin monohyd/m-cryst</i>	2		
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	2		
PRIMSOL	4		trimethoprim
<i>trimethoprim</i>	2		
VANCOMYCIN			
VANCOGIN	4	QL	vancomycin hcl
<i>vancomycin oral</i>	2	QL	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS			
ADJUNCTIVE AGENTS			
<i>leucovorin calcium oral</i>	2		
MESNEX ORAL	3		
VISTOGARD	S2	PA; QL	
XGEVA	S2	PA; QL	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS			
<i>abiraterone</i>	2	PA; QL	
ALECENSA	3	PA; QL	
ALKERAN	3		melphalan hcl
ALUNBRIG	3	PA; QL	
<i>anastrozole</i>	2	ACA	

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
AROMASIN	3		exemestane
ASTAGRAF XL	4	PA	tacrolimus
AYVAKIT	3	PA; QL	
AZASAN	4		azathioprine
<i>azathioprine</i>	2		
BALVERSA	3	PA	
<i>bexarotene</i>	2	PA	
<i>bicalutamide</i>	2		
BOSULIF	3	PA; QL	
BRUKINSA	3	PA	
CABOMETYX	3	PA; QL	
CALQUENCE (ACALABRUTINIB MAL)	3	PA; QL	
<i>capecitabine</i>	2	PA; QL	
CAPRELSA	3	PA; QL	
CASODEX	3		bicalutamide
CELLCEPT	4	PA	mycophenolate mofetil
COMETRIQ	3	PA; QL	
COPIKTRA	3	PA; QL	BRUKINSA, CALQUENCE, IMBRUVICA, VENCLEXTA
COTELLIC	3	PA; QL	
<i>cyclophosphamide oral capsule</i>	2		
CYCLOPHOSPHAMIDE ORAL TABLET	3		cyclophosphamide
<i>cyclosporine modified</i>	2		
<i>cyclosporine oral capsule</i>	2		
DAURISMO	3	PA; QL	azacitidine, cytarabine, decitabine, VENCLEXTA
DROXIA	3		
EMCYT	3		
ENSPRYNG	S2	PA	
ERIVEDGE	3	PA; QL	
ERLEADA	3	PA; QL	
<i>erlotinib</i>	2	PA; QL	
<i>etoposide oral</i>	2		
EULEXIN	3		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>everolimus (antineoplastic)</i>	2	PA; QL	
<i>everolimus (immunosuppressive)</i>	2		
<i>exemestane</i>	2	ACA	
EXKIVITY	3	PA; QL	
FARESTON	3		toremifene citrate
FEMARA	3	PA	letrozole
GAVRETO	3	PA; QL	
<i>gefitinib</i>	2	PA; QL	
<i>gengraf</i>	2		
GILOTRIF	3	PA; QL	
GLEOSTINE	3		
GLIADEL WAFER	4		
HYCAMTIN ORAL	3	PA	
HYDREA	3		hydroxyurea
<i>hydroxyurea</i>	2		
ICLUSIG	3	PA; QL	
IDHIFA	3	PA; QL	
<i>imatinib</i>	2	PA; QL	
IMBRUVICA ORAL CAPSULE	3	PA; QL	
IMBRUVICA ORAL SUSPENSION	3	PA; QL	
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	3	PA; QL	
IMURAN	4		azathioprine
INLYTA	3	PA; QL	
IRESSA	3	PA; QL	gefitinib
IWILFIN	3	PA	
JAKAFI	3	PA; QL	
JELMYTO	4	PA	
KISQALI	3	PA; QL	
KISQALI FEMARA CO-PACK	3	PA; QL	
KOSELUGO	3	PA	
<i>lapatinib</i>	2	PA; QL	
<i>lenalidomide</i>	2	PA; QL	
LENVIMA	3	PA; QL	
<i>letrozole</i>	2		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LEUKERAN	3		
LONSURF	3	PA	
LORBRENA	3	PA; QL	
LUMAKRAS	3	PA	
LUPKYNIS	S2	PA; QL	
LYNPARZA	3	PA; QL	
LYSODREN	3		
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	3	PA	
MATULANE	3		
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2		
<i>megestrol oral tablet</i>	2		
MEKINIST	3	PA; QL	
<i>mercaptopurine</i>	2		
<i>methotrexate sodium</i>	2		
<i>methotrexate sodium (pf)</i>	2		
MYCAPSSA	S2	PA; QL	SOMATULINE DEPOT
<i>mycophenolate mofetil</i>	2		
<i>mycophenolate sodium</i>	2	PA	
MYFORTIC	4	PA	mycophenolic acid
MYLERAN	3		
NEORAL	4		cyclosporine
NERLYNX	3	PA	
NEXAVAR	3	PA; QL	sorafenib
NILANDRON	3	PA	nilutamide
<i>nilutamide</i>	2	PA	
NINLARO	3	PA; QL	
NUBEQA	3	PA; QL	
<i>octreotide acetate</i>	S2	PA	
ODOMZO	3	PA; QL	
OGSIVEO	3	PA	
OJEMDA	3	PA	
ORGOVYX	3	PA; QL	ELIGARD, FIRMAGON, LUPRON DEPOT

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ORSERDU	3	PA; QL	
<i>pazopanib</i>	2	PA; QL	
PEMAZYRE	3	PA; QL	
PIQRAY	3	PA	
POMALYST	3	PA	
PROGRAF ORAL CAPSULE	4		TACROLIMUS
PROGRAF ORAL GRANULES IN PACKET	3		
PURIXAN	3		
RAPAMUNE	4		sirolimus
RETEVMO	3	PA; QL	GAVRETO
REVLIMID	3	PA; QL	
REZUROCK	4	PA; QL	
ROZLYTREK	3	PA; QL	
RYDAPT	3	PA; QL	
SANDIMMUNE ORAL CAPSULE	4		cyclosporine
SANDIMMUNE ORAL SOLUTION	3		
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	S2	PA	octreotide acetate
SCSEMBLIX	3	PA; QL	
SIGNIFOR	S2	PA	
<i>sirolimus</i>	2		
SOLTAMOX	3		tamoxifen citrate
SOMATULINE DEPOT	S2	PA; QL	
<i>sorafenib</i>	2	PA; QL	
SPRYCEL	3	PA; QL	
STIVARGA	3	PA; QL	
<i>sunitinib malate</i>	2	PA; QL	
SUTENT	3	PA; QL	sunitinib malate
TABLOID	3		
TABRECTA	3	PA	
<i>tacrolimus oral</i>	2		
TAFINLAR	3	PA; QL	
TAGRISSO	3	PA; QL	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	3	PA	
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	3	PA; QL	
<i>tamoxifen</i>	2	ACA	
TARCEVA	3	PA; QL	erlotinib hcl
TARGRETIN TOPICAL	4	PA	bexarotene
TASIGNA	3	PA; QL	
TAZVERIK	3	PA	
<i>temozolomide</i>	2	PA	
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	PA; QL	
TIBSOVO	3	PA	
<i>toremifene</i>	2		
<i>tretinoin (antineoplastic)</i>	2		
TREXALL	3		methotrexate
TRIPTODUR	3	PA	
TUKYSA	3	PA; QL	
TURALIO ORAL CAPSULE 125 MG	3	PA; QL	
TYKERB	3	PA; QL	lapatinib
VENCLEXTA	3	PA; QL	
VENCLEXTA STARTING PACK	3	PA; QL	
VERZENIO	3	PA; QL	
VIJOICE ORAL TABLET	3	PA; QL	
VITRAKVI	3	PA; QL	
VIZIMPRO	3	PA; QL	
VONJO	3	PA; QL	
VOTRIENT	3	PA; QL	pazopanib hcl
WELIREG	3	PA	
XALKORI ORAL CAPSULE	3	PA; QL	
XALKORI ORAL PELLETT	3	PA	
XELODA	3	PA; QL	capecitabine
XERMELO	3	PA; QL	
XOSPATA	3	PA; QL	
XTANDI	3	PA; QL	
ZELBORAF	3	PA; QL	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ZOLINZA	3	PA; QL	
ZORTRESS	4		everolimus
ZYDELIG	3	PA; QL	
ZYKADIA	3	PA; QL	

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTIOM	4	PA	carbamazepine, lacosamide, oxcarbazepine, pregabalin, topiramate, FYCOMPA
BRIVIACT ORAL	4	ST	levetiracetam
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2		
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2		
<i>carbamazepine oral tablet</i>	2		
<i>carbamazepine oral tablet extended release 12 hr</i>	2		
<i>carbamazepine oral tablet, chewable</i>	2		
CARBATROL	4		carbamazepine er
CELONTIN ORAL CAPSULE 300 MG	4		methsuximide
<i>clobazam</i>	2	PA	
<i>clonazepam</i>	2		
DEPAKOTE	4	ST	divalproex sodium
DEPAKOTE ER	4	ST	divalproex sodium er
DEPAKOTE SPRINKLES	4	ST	divalproex sodium
DIACOMIT	S2	PA	
<i>diazepam rectal</i>	2		
DILANTIN	3		
DILANTIN EXTENDED	4		phenytoin sodium
DILANTIN INFATABS	4		phenytoin
DILANTIN-125	4		phenytoin
<i>divalproex</i>	2		
ELEPSIA XR	4	ST	levetiracetam
EPIDIOLEX	S2	PA	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>epitol</i>	2		
EQUETRO	4		carbamazepine, carbamazepine er
<i>ethosuximide</i>	2		
<i>felbamate</i>	2		
FELBATOL ORAL TABLET	4		felbamate
FYCOMPA	3		
<i>gabapentin oral capsule</i>	2		
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	2		
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2		
<i>gabapentin oral tablet extended release 24 hr</i>	2	PA	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	4	PA	gabapentin er
<i>lacosamide oral</i>	2		
LAMICTAL XR STARTER (BLUE)	4	ST	lamotrigine
LAMICTAL XR STARTER (GREEN)	4	ST	lamotrigine
LAMICTAL XR STARTER (ORANGE)	4	ST	lamotrigine
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>	1		
<i>lamotrigine oral tablet 25 mg</i>	2		
<i>lamotrigine oral tablet disintegrating, dose pk</i>	2		
<i>lamotrigine oral tablet extended release 24hr</i>	2		
<i>lamotrigine oral tablet, chewable dispersible</i>	2		
<i>lamotrigine oral tablet, disintegrating</i>	2		
<i>lamotrigine oral tablets, dose pack</i>	2		
<i>levetiracetam oral</i>	2		
<i>methsuximide</i>	2		
MYSOLINE	4		primidone
NAYZILAM	3	PA; QL	
<i>oxcarbazepine</i>	2		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
OXTELLAR XR	4	ST	oxcarbazepine
<i>phenobarbital</i>	2		
PHENYTEK	4		phenytoin sodium
<i>phenytoin oral suspension 125 mg/5 ml</i>	2		
<i>phenytoin oral tablet, chewable</i>	2		
<i>phenytoin sodium extended</i>	2		
<i>pregabalin oral capsule</i>	2		
<i>pregabalin oral solution</i>	2		
<i>primidone oral tablet 250 mg, 50 mg</i>	2		
QUDEXY XR	4	ST	topiramate er
<i>roweepra oral tablet 500 mg</i>	2		
<i>rufinamide</i>	2	PA	
SPRITAM	4	ST	levetiracetam, levetiracetam
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg</i>	1		
<i>subvenite oral tablet 25 mg</i>	2		
<i>subvenite starter (blue) kit</i>	2		
<i>subvenite starter (green) kit</i>	2		
<i>subvenite starter (orange) kit</i>	2		
SYMPAZAN	4	PA	clobazam
TEGRETOL ORAL SUSPENSION	4		carbamazepine
TEGRETOL ORAL TABLET	4		carbamazepine
TEGRETOL XR	4		carbamazepine er
<i>tiagabine</i>	2		
<i>topiramate oral capsule, sprinkle 15 mg</i>	2		
<i>topiramate oral capsule, sprinkle 25 mg</i>	1		
<i>topiramate oral capsule, extended release 24hr 100 mg, 25 mg, 50 mg</i>	1	PA	
<i>topiramate oral capsule, extended release 24hr 200 mg</i>	2	PA	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg</i>	1	ST	
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i>	2	ST	
<i>topiramate oral tablet 100 mg, 25 mg, 50 mg</i>	1		
<i>topiramate oral tablet 200 mg</i>	2		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TROKENDI XR	4	PA	topiramate, topiramate er
<i>valproic acid</i>	2		
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	2		
VALTOCO	4	PA; QL	NAYZILAM
<i>vigabatrin</i>	S2	PA; QL	
<i>vigadrone</i>	S2	PA; QL	
<i>vigpoder</i>	S2	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	gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; QL	gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide
XCOPRI ORAL TABLET 25 MG	4	PA	gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide
XCOPRI TITRATION PACK	4	PA; QL	gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide
ZARONTIN	4		ethosuximide
<i>zonisamide</i>	2		
ZTALMY	3	PA	
ANTIPARKINSONISM AGENTS			
<i>apomorphine</i>	S2	PA; QL	
AZILECT	4	ST	rasagiline mesylate
<i>benztropine oral</i>	2		
<i>bromocriptine</i>	2		
<i>carbidopa</i>	2	PA	
<i>carbidopa-levodopa</i>	2		
<i>carbidopa-levodopa-entacapone</i>	2		
DUOPA	S2	PA	carbidopa/levodopa, carbidopa-levodopa er, carbidopa/levodopa

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>entacapone</i>	2		
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	S2	PA; QL	
LODOSYN	4	PA	carbidopa
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	4		pramipexole er
NEUPRO	4		pramipexole di-hcl, pramipexole er, ropinirole hcl
NOURIANZ	S2	PA; QL	cabergoline, entacapone, pramipexole di-hcl, rasagiline mesylate, ropinirole hcl, KYNMOBI
PARLODEL ORAL CAPSULE	4		bromocriptine mesylate
<i>pramipexole</i>	2		
<i>rasagiline</i>	2		
<i>ropinirole</i>	2		
RYTARY	4	PA	carbidopa/levodopa, carbidopa-levodopa er
<i>selegiline hcl</i>	2		
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	4		carbidopa/levodopa
TASMAR ORAL TABLET 100 MG	4	PA	tolcapone
<i>tolcapone</i>	2	PA	
<i>trihexyphenidyl</i>	2		
MIGRAINE & CLUSTER HEADACHE THERAPY			
AIMOVIG AUTOINJECTOR	3	PA; QL	
AJOVY AUTOINJECTOR	3	PA; QL	
AJOVY SYRINGE	3	PA; QL	
<i>almotriptan malate</i>	2	QL	
<i>dihydroergotamine injection</i>	2		
<i>dihydroergotamine nasal</i>	2	PA; QL	
<i>eletriptan</i>	2	QL	
EMGALITY PEN	3	PA; QL	
EMGALITY SYRINGE	3	PA; QL	
ERGOMAR	4		ergotamine-caffeine

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>ergotamine-caffeine</i>	2		
FROVA	4	PA; QL	frovatriptan succinate
<i>frovatriptan</i>	2	QL	
<i>migergot</i>	2		
MIGRANAL	4	PA; QL	dihydroergotamine mesylate
<i>naratriptan</i>	2	QL	
NURTEC ODT	3	PA; QL	
QULIPTA	3	PA; QL	
REYVOW	4	PA; QL	NURTEC ODT, UBRELVY
<i>rizatriptan</i>	2	QL	
<i>sumatriptan</i>	2	QL	
<i>sumatriptan succinate oral</i>	2	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	
TOSYMRA	4	PA; QL	sumatriptan, zolmitriptan, ZOMIG
TRUDHESA	4	PA; QL	dihydroergotamine mesylate
UBRELVY	3	PA; QL	
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	2	PA; QL	
<i>zolmitriptan oral</i>	2	QL	
ZOMIG NASAL SPRAY, NON- AEROSOL 5 MG	4	PA; QL	zolmitriptan
MISCELLANEOUS NEUROLOGICAL THERAPY			
ADLARITY	4	PA	donepezil hcl
ARICEPT	4	ST	donepezil hcl
AUSTEDO	S2	PA; QL	
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	S2	PA; QL	
AUSTEDO XR TITRATION KT(WK1- 4)	S2	PA; QL	

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>dalfampridine</i>	S1	PA; QL	
<i>dichlorphenamide</i>	S2	PA	
<i>donepezil oral tablet 10 mg, 5 mg</i>	2		
<i>donepezil oral tablet 23 mg</i>	2	ST	
<i>donepezil oral tablet,disintegrating</i>	2		
EVRYSDI	S2	PA; QL	SPINRAZA
EXELON PATCH	4	ST	rivastigmine
FIRDAPSE	S2	PA	
<i>galantamine</i>	2		
INGREZZA	S2	PA; QL	AUSTEDO, AUSTEDO XR
INGREZZA INITIATION PK(TARDIV)	S2	PA; QL	AUSTEDO, AUSTEDO XR
<i>memantine oral capsule,sprinkle,er 24hr</i>	2		
<i>memantine oral solution</i>	2		
<i>memantine oral tablet</i>	2		
MEMANTINE ORAL TABLETS,DOSE PACK	4		memantine hcl
NAMENDA TITRATION PAK	4		memantine hcl
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	4		memantine hcl er
NAMZARIC	3	ST	
NUDEXTA	3	PA	
NULIBRY	S2	PA	
<i>ormalvi</i>	S2	PA	
RADICAVA ORS STARTER KIT SUSP	3	PA	
<i>rivastigmine</i>	2		
<i>rivastigmine tartrate</i>	2		
TEGSEDI	S2	PA; QL	
<i>tetrabenazine</i>	S2	PA; QL	
ZEPOSIA	S2	PA; QL; DST	
ZEPOSIA STARTER KIT (28-DAY)	S2	PA; QL; DST	
ZEPOSIA STARTER PACK (7-DAY)	S2	PA; QL; DST	

**MUSCLE RELAXANTS &
ANTISPASMODIC THERAPY**

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>baclofen oral suspension</i>	2		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2		
<i>carisoprodol</i>	2		metaxalone, tizanidine hcl
<i>carisoprodol-aspirin</i>	2		metaxalone, tizanidine hcl
<i>carisoprodol-aspirin-codeine</i>	2		metaxalone, tizanidine hcl
<i>chlorzoxazone</i>	2		
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	2	PA	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1		
<i>cyclobenzaprine oral tablet 7.5 mg</i>	2		
DANTRIUM ORAL CAPSULE 25 MG	4		dantrolene sodium
<i>dantrolene oral</i>	2		
FEXMID	4	PA	cyclobenzaprine hcl
LORZONE	4	PA	chlorzoxazone
<i>meprobamate</i>	2		alprazolam, buspirone hcl, chlordiazepoxide hcl, diazepam, lorazepam
<i>metaxalone</i>	2		
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2		
NORGESIC	4		
NORGESIC FORTE	4		orphenadrine-aspirin-caffeine
<i>orphenadrine citrate oral</i>	2		
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	2		
<i>orphengesic forte</i>	2		
<i>pyridostigmine bromide oral syrup</i>	2		
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	4		pyridostigmine bromide
<i>pyridostigmine bromide oral tablet 60 mg</i>	2		
<i>pyridostigmine bromide oral tablet extended release</i>	2		
SOMA	4		metaxalone, tizanidine hcl
<i>tizanidine</i>	2		
<i>vanadom</i>	2		metaxalone, tizanidine hcl
ZANAFLEX	4		tizanidine hcl

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NARCOTIC ANALGESICS			
<i>acetaminophen-caff-dihydrocod</i>	2		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2		
<i>acetaminophen-codeine oral tablet</i>	2		
<i>ascomp with codeine</i>	2		
BELBUCA	3	PA; QL	
<i>buprenorphine</i>	2	PA	
<i>buprenorphine hcl sublingual</i>	2		
<i>butalbital-acetaminop-caf-cod</i>	2		
<i>butalbital-acetaminophen</i>	2		
<i>butalbital-acetaminophen-caff</i>	2		
<i>butalbital-aspirin-caffeine</i>	2		
<i>codeine sulfate</i>	2		
<i>codeine-butalbital-asa-caff</i>	2		
DILAUDID	4		hydromorphone hcl
<i>diskets</i>	2	PA	
DSUVIA	4		
<i>endocet</i>	2		
ESGIC	4	PA	butalbital/apap/caffeine
<i>fentanyl</i>	2	PA; QL	
<i>fentanyl citrate buccal lozenge on a handle</i>	2	PA; QL	
FIORICET	4	PA	butalbital/apap/caffeine
FIORICET WITH CODEINE	4		butalbital/caff/apap/codeine
<i>hydrocodone bitartrate</i>	2	PA; QL	
<i>hydrocodone-acetaminophen oral solution</i>	2		
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2		
<i>hydrocodone-ibuprofen</i>	2		
<i>hydromorphone oral liquid</i>	2		
<i>hydromorphone oral tablet</i>	2		
<i>hydromorphone oral tablet extended release 24 hr</i>	2	PA; QL	

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>hydromorphone rectal</i>	2		
HYSINGLA ER	3	PA; QL	
<i>levorphanol tartrate</i>	2		
<i>meperidine oral solution</i>	2		hydromorphone hcl, morphine sulfate, oxycodone hcl
<i>meperidine oral tablet 50 mg</i>	2		codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl
<i>methadone oral concentrate</i>	2	PA	
<i>methadone oral solution</i>	2	PA	
<i>methadone oral tablet</i>	2	PA	
<i>methadone oral tablet, soluble</i>	2	PA	
<i>methadose oral concentrate</i>	2	PA	
<i>methadose oral tablet, soluble</i>	2	PA	
<i>morphine concentrate oral solution</i>	2		
<i>morphine oral capsule, er multiphase 24 hr</i>	2	PA; QL	
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	2	PA; QL	
<i>morphine oral solution</i>	2		
<i>morphine oral tablet</i>	2		
<i>morphine oral tablet extended release</i>	2	PA; QL	
<i>morphine rectal</i>	2		
MS CONTIN	4	PA; QL	morphine sulfate er
<i>oxycodone oral capsule</i>	2		
<i>oxycodone oral concentrate</i>	2		
<i>oxycodone oral solution</i>	2		
<i>oxycodone oral tablet</i>	2		
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	2		
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2		
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	3	PA; QL	
<i>oxymorphone oral tablet</i>	2		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA; QL	
ROXICODONE ORAL TABLET 15 MG, 30 MG	4		oxycodone hcl
<i>tencon</i>	2		
TREZIX	4		apap-caffeine-dihydrocodeine
NON-NARCOTIC ANALGESICS			
<i>adult aspirin regimen</i>	2	ACA	
ANAPROX DS	4	DST	naproxen sodium
ARTHROTEC 50	4	DST	diclofenac sodium-misoprostol
ARTHROTEC 75	4	DST	diclofenac sodium-misoprostol
<i>aspirin childrens</i>	2	ACA	
<i>aspirin oral tablet, chewable</i>	2	ACA	
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	2	ACA	
<i>bayer low dose aspirin</i>	2	ACA	
<i>buprenorphine-naloxone</i>	2		
<i>butorphanol injection</i>	2		
<i>butorphanol nasal</i>	2	QL	
CAMBIA	4	QL; DST	diclofenac potassium
<i>celecoxib</i>	2		
DAYPRO	4	DST	oxaprozin
<i>diclofenac potassium oral capsule</i>	2		
<i>diclofenac potassium oral powder in packet</i>	2	QL; DST	
<i>diclofenac potassium oral tablet 50 mg</i>	2		
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2		
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg</i>	2		
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1		
<i>diclofenac sodium topical drops</i>	2	QL	
<i>diclofenac sodium topical solution in metered-dose pump</i>	2	QL; DST	

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>diclofenac-misoprostol</i>	2		
<i>diflunisal</i>	2		
DISALCID	4		salsalate
EC-NAPROSYN	4	DST	naproxen
<i>ecotrin low strength</i>	2	ACA	
<i>etodolac</i>	2		
FELDENE	4	DST	piroxicam
<i>fenoprofen oral capsule 400 mg</i>	2	DST	
<i>fenoprofen oral tablet</i>	2	DST	
FLECTOR	3	QL; DST	
<i>flurbiprofen oral tablet 100 mg</i>	2		
<i>ibu oral tablet 400 mg</i>	2		
<i>ibu oral tablet 600 mg, 800 mg</i>	1		
<i>ibuprofen oral suspension</i>	2		
<i>ibuprofen oral tablet 400 mg</i>	2		
<i>ibuprofen oral tablet 600 mg, 800 mg</i>	1		
<i>indomethacin oral capsule</i>	2		
<i>indomethacin oral capsule, extended release</i>	2		
<i>indomethacin oral suspension</i>	2	DST	
<i>ketoprofen oral capsule 25 mg</i>	2	DST	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2		
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	2	DST	
<i>ketorolac oral</i>	2	QL	
<i>kiprofen</i>	2	DST	
KLOXXADO	3	QL	
LICART	3	QL; DST	
LODINE ORAL TABLET	4	DST	
LOTREXONE	4		
<i>meclofenamate</i>	2		
<i>mefenamic acid</i>	2		
<i>meloxicam oral tablet</i>	1	QL	
<i>nabumetone</i>	2		
NALFON ORAL TABLET	4	DST	fenoprofen calcium
<i>naloxone injection solution</i>	2		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>naloxone injection syringe</i>	2		
<i>naloxone nasal</i>	2	QL; PRE	
NALTREX	4		
<i>naltrexone</i>	2		
NAPRELAN CR	4	DST	naproxen sodium er
NAPROSYN ORAL SUSPENSION	4	DST	naproxen
NAPROSYN ORAL TABLET 500 MG	4	DST	naproxen
<i>naproxen oral suspension</i>	2	DST	
<i>naproxen oral tablet 250 mg, 375 mg</i>	2		
<i>naproxen oral tablet 500 mg</i>	1		
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2		
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1		
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2		
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	2	DST	
NARCAN	4	QL	naloxone hcl
OPVEE	4		naloxone hcl, KLOXXADO
<i>oxaprozin oral tablet</i>	2		
<i>pentazocine-naloxone</i>	2		codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl
<i>piroxicam</i>	2		
<i>salsalate</i>	2		
SPRIX	S2	QL; DST	etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone, naproxen
<i>st joseph aspirin</i>	2	ACA	
<i>st. joseph aspirin</i>	2	ACA	
<i>sulindac</i>	2		
<i>tolmetin oral capsule</i>	2	DST	
<i>tramadol oral tablet 50 mg</i>	2	QL	
<i>tramadol oral tablet extended release 24 hr</i>	2	PA; QL	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA; QL	
<i>tramadol-acetaminophen</i>	2	QL	
ZUBSOLV	3		
PSYCHOTHERAPEUTIC DRUGS			
ABILIFY MYCITE MAINTENANCE KIT	4	QL	aripiprazole
ABILIFY MYCITE STARTER KIT	4	QL	aripiprazole
ADASUVE	4		
ADZENYS XR-ODT	4	PA	dextroamphetamine-amphet er, lisdexamfetamine dimesylate
<i>alprazolam</i>	2		
<i>alprazolam intensol</i>	2		
<i>amitriptyline oral tablet 10 mg, 25 mg</i>	1		
<i>amitriptyline oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2		
<i>amitriptyline-chlordiazepoxide</i>	2		
<i>amoxapine</i>	2		
<i>amphetamine sulfate</i>	2		
ANAFRANIL	4		clomipramine hcl
<i>aripiprazole oral solution</i>	2		
<i>aripiprazole oral tablet</i>	2	QL	
<i>aripiprazole oral tablet, disintegrating</i>	2	QL	
<i>armodafinil</i>	2	PA; QL	
<i>asenapine maleate</i>	2	QL	
ATIVAN ORAL	4		lorazepam
<i>atomoxetine</i>	2	PA	
AZSTARYS	4	ST	dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la
BELSOMRA	4	ST; QL	zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon
<i>bupropion hcl oral tablet</i>	2		
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	QL	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	QL	
<i>bupirone oral tablet 10 mg, 15 mg</i>	1		
<i>bupirone oral tablet 30 mg, 5 mg, 7.5 mg</i>	2		
CAPLYTA	4	PA; QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
<i>chlordiazepoxide hcl</i>	2		
<i>chlorpromazine oral</i>	2		
<i>citalopram oral solution</i>	2		
<i>citalopram oral tablet</i>	1	QL	
<i>clomipramine</i>	2		
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	PA	
<i>clorazepate dipotassium</i>	2		
<i>clozapine</i>	2		
CLOZARIL ORAL TABLET 100 MG, 25 MG	4		clozapine
COTEMPLA XR-ODT	4	ST	dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la
DAYTRANA	4	ST	methylphenidate
DAYVIGO	4	PA; QL	zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon
<i>desipramine</i>	2		
DESOXYN	4		methamphetamine hcl
DESVENLAFAXINE	4	ST; QL	desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er, FETZIMA
<i>desvenlafaxine succinate</i>	2	ST; QL	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	4	ST	dextroamphetamine sulfate er
<i>dexmethylphenidate</i>	2		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>dextroamphetamine sulfate</i>	2		
<i>dextroamphetamine-amphetamine</i>	2		
<i>diazepam intensol</i>	2		
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2		
<i>diazepam oral tablet</i>	2		
<i>doxepin oral capsule</i>	2		
<i>doxepin oral concentrate</i>	2		
<i>doxepin oral tablet</i>	2	ST; QL	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL	
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	ST; QL	
EDLUAR	4	ST; QL	eszopiclone, zaleplon, zolpidem tartrate
EMSAM	4		phenelzine sulfate, tranylcypromine sulfate
<i>ergoloid</i>	2		
<i>escitalopram oxalate oral solution</i>	2	ST	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg</i>	1	QL	
<i>escitalopram oxalate oral tablet 5 mg</i>	2	QL	
<i>estazolam</i>	2		
<i>eszopiclone</i>	2	QL	
FANAPT	4	QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST; QL	
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	ST; QL	
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL	
<i>fluoxetine oral capsule 20 mg</i>	1		
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	2	ST; QL	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>fluoxetine oral solution</i>	2		
<i>fluoxetine oral tablet 10 mg</i>	2	ST; QL	
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	ST	
<i>fluphenazine hcl oral</i>	2		
<i>flurazepam oral capsule 15 mg</i>	2	PA	
<i>flurazepam oral capsule 30 mg</i>	2		
<i>fluvoxamine oral capsule,extended release 24hr</i>	2	ST; QL	
<i>fluvoxamine oral tablet</i>	2	QL	
GEODON ORAL	4	QL	ziprasidone hcl
<i>guanfacine oral tablet extended release 24 hr</i>	2	PA	
HALCION ORAL TABLET 0.25 MG	4		triazolam
<i>haloperidol</i>	2		
<i>haloperidol lactate oral</i>	2		
HETLIOZ	S2	PA; QL	
HETLIOZ LQ	S2	PA; QL	
IGALMI	4		
<i>imipramine hcl</i>	2		
<i>imipramine pamoate</i>	2		
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	4	QL	paliperidone er
JORNAY PM	4	ST	dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate la
<i>lisdexamfetamine oral capsule</i>	2		
<i>lisdexamfetamine oral tablet,chewable</i>	2	ST	
<i>lithium carbonate</i>	2		
<i>lithium citrate</i>	2		
LITHOBID	4		lithium carbonate
<i>lorazepam intensol</i>	2		
<i>lorazepam oral concentrate</i>	2		
<i>lorazepam oral tablet</i>	2		
<i>loxapine succinate</i>	2		
<i>lurasidone</i>	2	QL	

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LYBALVI	4	QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
MARPLAN	4		phenelzine sulfate, tranylcypromine sulfate
METADATE CD	4	ST	
<i>methamphetamine</i>	2		
METHYLIN ORAL SOLUTION	4		methylphenidate hcl
<i>methylphenidate</i>	2	ST	
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	2	ST	
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2		
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	2		
<i>methylphenidate hcl oral solution</i>	2		
<i>methylphenidate hcl oral tablet</i>	2		
<i>methylphenidate hcl oral tablet extended release</i>	2		
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	2		
<i>methylphenidate hcl oral tablet,chewable</i>	2		
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	4		
<i>midazolam oral syrup 2 mg/ml</i>	2		
<i>mirtazapine</i>	2		
MKO (MIDAZOLAM-KETAMINE-ONDAN)	4		
<i>modafinil</i>	2	PA; QL	
<i>molindone</i>	2		
MYDAYIS	4	ST	dextroamphetamine-amphet er
NARDIL	4		phenelzine sulfate
<i>nefazodone</i>	2		bupropion hcl, mirtazapine, trazodone hcl

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg</i>	1		
<i>nortriptyline oral capsule 75 mg</i>	2		
<i>nortriptyline oral solution</i>	2		
NUPLAZID	S2	PA; QL	clozapine, quetiapine fumarate
<i>olanzapine oral</i>	2	QL	
<i>olanzapine-fluoxetine</i>	2		
<i>oxazepam</i>	2		lorazepam
<i>paliperidone</i>	2	QL	
PAMELOR	4		nortriptyline hcl
PARNATE	4		tranylcypromine sulfate
<i>paroxetine hcl oral suspension</i>	2	ST	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL	
<i>paroxetine hcl oral tablet 30 mg</i>	2	QL	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	ST; QL	
<i>paroxetine mesylate(menop.sym)</i>	2	ST; QL	
PAXIL CR	4	ST; QL	paroxetine er
PAXIL ORAL SUSPENSION	4	ST	paroxetine hcl
PAXIL ORAL TABLET	4	ST; QL	paroxetine hcl
<i>perphenazine</i>	2		
<i>perphenazine-amitriptyline</i>	2		
<i>phenelzine</i>	2		
<i>pimozide</i>	2		
<i>procentra</i>	2		
<i>protriptyline</i>	2		
QELBREE	4	ST	atomoxetine hcl, clonidine hcl er, guanfacine hcl er
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	QL	
<i>quetiapine oral tablet extended release 24 hr</i>	2	QL	
QUVIVIQ	4	ST; QL	doxepin hcl, eszopiclone, ramelteon, zaleplon, zolpidem tartrate, zolpidem tartrate er
<i>ramelteon</i>	2	QL	

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
REMERON ORAL TABLET 15 MG, 30 MG	4		mirtazapine
REMERON SOLTAB	4		mirtazapine
RESTORIL	4		lorazepam
REXULTI ORAL TABLET	4	QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
RISPERDAL ORAL SOLUTION	4		risperidone
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	QL	risperidone
<i>risperidone oral solution</i>	2		
<i>risperidone oral tablet</i>	2	QL	
<i>risperidone oral tablet, disintegrating</i>	2	QL	
SECUADO	4	PA; QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
<i>sertraline oral concentrate</i>	2		
<i>sertraline oral tablet</i>	1	QL	
SILENOR	4	ST; QL	doxepin hcl
SUNOSI	S2	PA; QL	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	4		olanzapine-fluoxetine hcl
<i>tasimelteon</i>	S2	PA; QL	
<i>temazepam</i>	2		lorazepam
<i>thioridazine</i>	2		
<i>thiothixene</i>	2		
<i>tranylcypromine</i>	2		
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1		
<i>trazodone oral tablet 300 mg</i>	2		
<i>triazolam</i>	2		
<i>trifluoperazine</i>	2		
<i>trimipramine</i>	2		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TRINTELLIX	4	ST; QL	citalopram hbr, escitalopram oxalate, fluoxetine hcl, fluvoxamine maleate, paroxetine hcl, sertraline hcl, vilazodone hcl
<i>venlafaxine oral capsule, extended release 24hr</i>	2	QL	
<i>venlafaxine oral tablet</i>	2	QL	
<i>venlafaxine oral tablet extended release 24hr</i>	2	ST; QL	
VERSACLOZ	4		clozapine odt, clozapine
<i>vilazodone</i>	2	ST; QL	
VRAYLAR ORAL CAPSULE	4	QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
VYVANSE ORAL CAPSULE	4	ST	lisdexamfetamine dimesylate
VYVANSE ORAL TABLET, CHEWABLE	3	ST	
WAKIX	S2	PA; QL	armodafinil, modafinil, LUMRYZ, SODIUM OXYBATE, SUNOSI
<i>zaleplon</i>	2	QL	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	2		
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4		dextroamphetamine sulfate
<i>ziprasidone hcl</i>	2	QL	
<i>zolpidem oral tablet</i>	2	QL	
<i>zolpidem oral tablet, ext release multiphase</i>	2	QL	
<i>zolpidem sublingual</i>	2	QL	
ZURZUVAE	S2	PA; QL	
ZYPREXA ORAL	4	QL	olanzapine
ZYPREXA ZYDIS	4	QL	olanzapine odt

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>amiodarone oral</i>	2		
BETAPACE	4	ST	sotalol
BETAPACE AF	4	ST	sotalol af
<i>disopyramide phosphate oral capsule</i>	2		amiodarone hcl, quinidine sulfate, sotalol
<i>dofetilide</i>	2		
<i>flecainide</i>	2		
<i>mexiletine</i>	2		
MULTAQ	4		amiodarone hcl, dofetilide, flecainide acetate, propafenone hcl, quinidine sulfate, sotalol
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2		
<i>propafenone</i>	2		
<i>quinidine gluconate oral</i>	2		
<i>quinidine sulfate oral tablet</i>	2		
<i>sotalol af</i>	2		
<i>sotalol oral</i>	2		
SOTYLIZE	3		
ANTIHYPERTENSIVE THERAPY			
ACCUPRIL	4		quinapril
ACCURETIC	4		quinapril-hydrochlorothiazide
<i>acebutolol</i>	2		
ALDACTONE	4		spironolactone
<i>aliskiren</i>	2		
ALTACE	4		ramipril
<i>amiloride</i>	2		
<i>amiloride-hydrochlorothiazide</i>	2		
<i>amlodipine oral tablet 10 mg, 5 mg</i>	1		
<i>amlodipine oral tablet 2.5 mg</i>	2		
<i>amlodipine-benazepril</i>	2		
<i>amlodipine-olmesartan</i>	2		
<i>amlodipine-valsartan</i>	2		
<i>amlodipine-valsartan-hcthiazyd</i>	2		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>atenolol</i>	1		
<i>atenolol-chlorthalidone</i>	2		
<i>benazepril</i>	2		
<i>benazepril-hydrochlorothiazide</i>	2		
<i>betaxolol oral</i>	2		
<i>bisoprolol fumarate</i>	2		
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 5-6.25 mg</i>	1		
<i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg</i>	2		
<i>bumetanide oral</i>	2		
<i>candesartan</i>	2		
<i>candesartan-hydrochlorothiazid</i>	2		
<i>captopril</i>	2		
<i>captopril-hydrochlorothiazide</i>	2		
CARDIZEM CD	4		cartia xt, diltiazem 24hr er (cd)
CARDIZEM LA	4		matzim la
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	4		diltiazem hcl
CARDURA	4	ST; QL	doxazosin mesylate
CARDURA XL	4	ST; QL	alfuzosin hcl er, doxazosin mesylate, silodosin, tamsulosin hcl, terazosin hcl
<i>cartia xt</i>	2		
<i>carvedilol</i>	1		
<i>carvedilol phosphate</i>	2		
CATAPRES-TTS-1	4	QL	clonidine hcl
CATAPRES-TTS-2	4	QL	clonidine hcl
CATAPRES-TTS-3	4	QL	clonidine hcl
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2		
<i>clonidine</i>	2	QL	
<i>clonidine hcl oral tablet</i>	1		
CONSENSI	4		amlodipine besylate, celecoxib
COREG CR	4	ST	carvedilol er
CORGARD ORAL TABLET 20 MG, 40 MG	4	ST	nadolol

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DEMSEER	4	PA	metirosine
DIBENZYLINE	4	PA	phenoxybenzamine hcl
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2		
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2		
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2		
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2		
<i>diltiazem hcl oral tablet</i>	2		
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2		
<i>dilt-xr</i>	2		
DIURIL	4		
<i>doxazosin</i>	2	QL	
DYRENIUM	4		triamterene
EDECRIN	4	ST	ethacrynic acid
<i>enalapril maleate oral solution</i>	2	PA	
<i>enalapril maleate oral tablet</i>	2		
<i>enalapril-hydrochlorothiazide</i>	2		
<i>eplerenone</i>	2		
<i>eprosartan</i>	2		
<i>ethacrynic acid</i>	2		
<i>felodipine</i>	2		
<i>fosinopril</i>	2		
<i>fosinopril-hydrochlorothiazide</i>	2		
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2		
<i>furosemide oral tablet 20 mg, 40 mg</i>	1		
<i>furosemide oral tablet 80 mg</i>	2		
<i>guanfacine oral tablet</i>	2		
<i>hydralazine oral</i>	2		
<i>hydrochlorothiazide oral capsule</i>	1		
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg</i>	1		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>hydrochlorothiazide oral tablet 50 mg</i>	2		
<i>indapamide</i>	2		
INSPRA	4		eplerenone
<i>irbesartan</i>	2		
<i>irbesartan-hydrochlorothiazide</i>	2		
<i>isosorbide-hydralazine</i>	2		
<i>isradipine</i>	2		
KERENDIA	3	PA; QL	
<i>labetalol oral</i>	2		
LASIX	4	ST	furosemide
<i>lisinopril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1		
<i>lisinopril oral tablet 2.5 mg, 30 mg</i>	2		
<i>lisinopril-hydrochlorothiazide</i>	1		
LOPRESSOR ORAL	4	ST	metoprolol tartrate
<i>losartan</i>	1		
<i>losartan-hydrochlorothiazide</i>	2		
LOTENSIN HCT	4		benazepril hcl-hctz
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4		benazepril hcl
<i>matzim la</i>	2		
<i>methyldopa</i>	2		
<i>methyldopa-hydrochlorothiazide</i>	2		
<i>metolazone</i>	2		
<i>metoprolol succinate</i>	2		
<i>metoprolol ta-hydrochlorothiaz</i>	2		
<i>metoprolol tartrate oral</i>	1		
<i>metyrosine</i>	2	PA	
<i>minoxidil oral</i>	2		
<i>moexipril</i>	2		
<i>nadolol</i>	2		
<i>nebivolol</i>	2		
<i>nicardipine oral</i>	2		
<i>nifedipine oral capsule</i>	2		nicardipine hcl, isradipine
<i>nifedipine oral tablet extended release</i>	2		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>nifedipine oral tablet extended release 24hr</i>	2		
<i>nimodipine</i>	2		
<i>nisoldipine</i>	2		
NYMALIZE	4		nimodipine
<i>olmesartan</i>	2		
<i>olmesartan-amlodipin-hcthiazyd</i>	2		
<i>olmesartan-hydrochlorothiazide</i>	2		
ORENITRAM	S2	PA; QL	UPTRAVI
ORENITRAM MONTH 1 TITRATION KT	S2	PA; QL	UPTRAVI
ORENITRAM MONTH 2 TITRATION KT	S2	PA; QL	UPTRAVI
ORENITRAM MONTH 3 TITRATION KT	S2	PA; QL	UPTRAVI
<i>perindopril erbumine</i>	2		
<i>phenoxybenzamine</i>	2	PA	
<i>pindolol</i>	2		
<i>prazosin</i>	2		
PRESTALIA	4	ST	amlodipine besylate- benazepril
PROCARDIA XL	4	ST	nifedipine er
<i>propranolol oral</i>	2		
<i>propranolol-hydrochlorothiazid</i>	2		
<i>quinapril</i>	2		
<i>quinapril-hydrochlorothiazide</i>	2		
<i>ramipril</i>	2		
<i>spironolactone oral suspension</i>	2		
<i>spironolactone oral tablet 100 mg, 50 mg</i>	2		
<i>spironolactone oral tablet 25 mg</i>	1		
<i>spironolacton-hydrochlorothiaz</i>	2		
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	4	ST	nisoldipine
<i>telmisartan</i>	2		
<i>telmisartan-amlodipine</i>	2		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>telmisartan-hydrochlorothiazid</i>	2		
TENORETIC 100	4	ST	atenolol w/chlorthalidone
TENORETIC 50	4	ST	atenolol w/chlorthalidone
TENORMIN	4	ST	atenolol
<i>terazosin</i>	2	QL	
<i>tiadylt er</i>	2		
TIAZAC	4		diltiazem er, taztia xt
<i>timolol maleate oral</i>	2		
<i>torse mide oral</i>	2		
<i>trandolapril</i>	2		
<i>trandolapril-verapamil</i>	2		
<i>triamterene</i>	2		
<i>triamterene-hydrochlorothiazid</i>	1		
UPTRAVI ORAL	S2	PA; QL	
<i>valsartan oral tablet 160 mg, 320 mg, 80 mg</i>	1		
<i>valsartan oral tablet 40 mg</i>	2		
<i>valsartan-hydrochlorothiazide</i>	2		
VASERETIC	4		enalapril maleate/hctz
VASOTEC	4		enalapril maleate
<i>verapamil oral</i>	2		
VERELAN PM	4	ST	verapamil er pm
ZESTORETIC	4		lisinopril-hctz
ZESTRIL	4		lisinopril
CARDIAC GLYCOSIDES			
<i>digoxin oral</i>	2		
LANOXIN ORAL	4		digoxin
COAGULATION THERAPY			
ADVATE	S2	PA	
ADYNOVATE	S2	PA	
AFSTYLA	S2	PA	
ALPHANATE	S2	PA	
ALPHANINE SD	S2	PA	
ALPROLIX	S2	PA	
ALTUVIIIIO	S2	PA	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
AMICAR	4		aminocaproic acid
<i>aminocaproic acid oral</i>	2		
ARIXTRA	S2	PA	fondaparinux sodium
<i>aspirin-dipyridamole</i>	2		
BENEFIX	S2	PA	
BRILINTA	3		
CABLIVI INJECTION KIT	S2	PA	
CEPROTIN (BLUE BAR)	S2	PA	
CEPROTIN (GREEN BAR)	S2	PA	
<i>cilostazol</i>	2		
<i>clopidogrel</i>	2		
COAGADEX	S2	PA	
<i>dabigatran etexilate</i>	2		
<i>dipyridamole oral</i>	2		
DOPTELET (15 TAB PACK)	S2	PA; QL	
EFFIENT	4		prasugrel hcl
ELIQUIS	3		
ELIQUIS DVT-PE TREAT 30D START	3		
ELOCTATE	S2	PA	
<i>enoxaparin</i>	S2		
ESPEROCT	S2	PA	
FEIBA NF	S2	PA	
<i>fondaparinux</i>	S2	PA	
FRAGMIN SUBCUTANEOUS SOLUTION	S2	PA	
FRAGMIN SUBCUTANEOUS SYRINGE	S2	PA	
HEMLIBRA	S2	PA	
HEMOFIL M HIGH	S2	PA	
HEMOFIL M LOW	S2	PA	
HEMOFIL M MID	S2	PA	
HEMOFIL M SUPER HIGH	S2	PA	
<i>hep flush-10 (pf)</i>	2		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	4		
<i>heparin (porcine) in 5 % dex</i>	2		
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	2		
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS SYRINGE	4		
<i>heparin (porcine) injection cartridge</i>	2		
<i>heparin (porcine) injection solution</i>	2		
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2		
<i>heparin lock flush (porcine)</i>	2		
<i>heparin lockflush(porcine)(pf)</i>	2		
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	4		
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2		
<i>heparin, porcine (pf) injection solution</i>	2		
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2		
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	4		
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	2		
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	2		
HEPARIN, PORCINE (PF) SUBCUTANEOUS	4		
HUMATE-P	S2	PA	
IDELVION	S2	PA	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg</i>	2		
<i>jantoven oral tablet 5 mg</i>	1		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
JIVI	S2	PA	
KOATE	S2	PA	ALPHANATE, HEMOFIL- M, HUMATE-P, WILATE
KOGENATE FS	S2	PA	
KOVALTRY	S2	PA	
NOVOEIGHT	S2	PA	
OBIZUR	S2		
<i>pentoxifylline</i>	2		
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	3		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	2		
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	3		
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	2	QL	
<i>prasugrel</i>	2		
PROFILNINE	S2	PA	
PROMACTA	S2	PA	
SEVENFACT	S2	PA	
TAVALISSE	S2	PA; QL	
<i>vitamin k</i>	2		
<i>vitamin k1 injection</i>	2		
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg</i>	2		
<i>warfarin oral tablet 5 mg</i>	1		
WILATE	S2	PA	
XARELTO	3		
XARELTO DVT-PE TREAT 30D START	3		
XYNTHA	S2	PA	
XYNTHA SOLOFUSE	S2	PA	
ZONTIVITY	4	PA	clopidogrel, aspirin
LIPID/CHOLESTEROL LOWERING AGENTS			
<i>amlodipine-atorvastatin</i>	2	QL	
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	QL; ACA	

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>atorvastatin oral tablet 40 mg</i>	1	QL	
<i>atorvastatin oral tablet 80 mg</i>	2	QL	
CADUET	4	ST; QL	amlodipine-atorvastatin
<i>cholestyramine (with sugar)</i>	2		
<i>cholestyramine light</i>	2		
<i>colesevelam</i>	2		
COLESTID ORAL GRANULES	4	ST	colestipol hcl
COLESTID ORAL TABLET	4	ST	colestipol hcl
<i>colestipol</i>	2		
<i>ezetimibe</i>	2		
<i>ezetimibe-simvastatin</i>	2	QL	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2		
<i>fenofibrate nanocrystallized</i>	2		
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2		
<i>fenofibric acid</i>	2		
<i>fenofibric acid (choline)</i>	2		
FIBRICOR	4	ST	fenofibric acid
FLOLIPID	4	ST; QL	atorvastatin calcium, fluvastatin er, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin
<i>fluvastatin</i>	2	QL	
<i>gemfibrozil</i>	2		
<i>icosapent ethyl</i>	2	PA	
JUXTAPID	S2	PA	
LESCOL XL	4	ST; QL	fluvastatin er
LIVALO	4	ST; QL	pitavastatin calcium
LOPID	4		gemfibrozil
<i>lovastatin</i>	2	QL; ACA	
NEXLETOL	3	PA	
NEXLIZET	3	PA	
<i>niacin oral tablet 500 mg</i>	2		
<i>niacin oral tablet extended release 24 hr</i>	2		
<i>omega-3 acid ethyl esters</i>	2	PA	

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>pitavastatin calcium</i>	2	QL	
<i>pravastatin</i>	2	QL	
<i>prevalite</i>	2		
QUESTRAN	4	ST	cholestyramine
QUESTRAN LIGHT	4	ST	cholestyramine light
REPATHA PUSHTRONEX	S2	QL	
REPATHA SURECLICK	S2	QL	
REPATHA SYRINGE	S2	QL	
<i>rosuvastatin</i>	2	QL	
ROSZET	4	ST; QL	ezetimibe, atorvastatin calcium, rosuvastatin calcium
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL; ACA	
<i>simvastatin oral tablet 5 mg</i>	2	QL; ACA	
<i>simvastatin oral tablet 80 mg</i>	1	QL	
TRILIPIX	4	ST	fenofibric acid
VASCEPA	3	PA	
ZYPITAMAG	4	ST; QL	atorvastatin calcium, fluvastatin er, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin
MISCELLANEOUS CARDIOVASCULAR AGENTS			
CAMZYOS	3	PA; QL	
ENTRESTO	3	QL	
<i>ranolazine</i>	2		
VERQUVO	3	QL	
VYNDAMAX	S2	PA	
VYNDAQEL	S2	PA	
NITRATES			
GONITRO	4		nitroglycerin, nitroglycerin
ISORDIL	4		isosorbide dinitrate
ISORDIL TITRADOSE ORAL TABLET 5 MG	4		isosorbide dinitrate
<i>isosorbide dinitrate oral tablet</i>	2		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>isosorbide mononitrate</i>	2		
<i>nitro-bid</i>	2		
NITRO-DUR	4		nitroglycerin
<i>nitroglycerin sublingual</i>	2		
<i>nitroglycerin transdermal patch 24 hour</i>	2		
<i>nitroglycerin translingual</i>	2		
NITROLINGUAL	4		nitroglycerin
NITROMIST	4		nitroglycerin
NITROSTAT	4		nitroglycerin
<i>nitro-time</i>	2		

DERMATOLOGICALS/TOPI- CAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2		
ANALPRAM-HC TOPICAL	4	ST	hc pramoxine, pramoxine hcl w/hydrocortisone
<i>calcipotriene scalp</i>	2	QL	
<i>calcipotriene topical cream</i>	2	QL	
<i>calcipotriene topical ointment</i>	2	QL	
<i>calcipotriene-betamethasone topical ointment</i>	2	ST; QL	
<i>calcipotriene-betamethasone topical suspension</i>	2	PA; QL	
<i>calcitriol topical</i>	2		
ENSTILAR	3	PA; QL	
EPIFOAM	4	ST	hc pramoxine
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	2	ST	
OVACE	4		sodium sulfacetamide
OVACE PLUS	4		sodium sulfacetamide
OVACE PLUS SHAMPOO	4		sodium sulfacetamide
OVACE PLUS WASH	4		sodium sulfacetamide
PLEXION NS	4		sodium sulfacetamide
PRAMOSONE	4	ST	hc pramoxine

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>selenium sulfide topical lotion</i>	2		
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	2		
SKYRIZI SUBCUTANEOUS PEN INJECTOR	S2	PA; QL	
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	S2	PA; QL	
SOTYKTU	S2	PA; QL	
SPEVIGO SUBCUTANEOUS	S2	PA	
STELARA SUBCUTANEOUS	S2	PA; QL	
<i>sulfacetamide sodium topical</i>	2		
TACLONEX TOPICAL SUSPENSION	4	PA; QL	calcipotriene-betamethasone
TALTZ AUTOINJECTOR	S2	PA; QL	
TALTZ AUTOINJECTOR (2 PACK)	S2	PA; QL	
TALTZ AUTOINJECTOR (3 PACK)	S2	PA; QL	
TALTZ SYRINGE	S2	PA; QL	
TERSI FOAM	4		selenium sulfide
TREMFYA	S2	PA; QL	
VECTICAL	4		calcitriol
VTAMA	4	PA; QL	betamethasone valerate, calcipotriene, clobetasol e, desoximetasone, fluocinonide, mometasone furoate, ENSTILAR
WYNZORA	4	PA; QL	betamethasone dipropionate, clobetasol propionate, diflorasone diacetate, calcipotriene, calcipotriene- betamethasone, ENSTILAR
ZORYVE TOPICAL CREAM	4	PA; QL	betamethasone valerate, calcipotriene, clobetasol e, desoximetasone, fluocinonide, mometasone furoate, ENSTILAR
ZORYVE TOPICAL FOAM	4	ST; QL	betamethasone valerate, calcipotriene, clobetasol e, desoximetasone, fluocinonide, mometasone furoate, ENSTILAR

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BURN THERAPY			
SILVADENE	4		silver sulfadiazine
<i>silver sulfadiazine</i>	2		
<i>ssd</i>	2		
MISCELLANEOUS DERMATOLOGICALS			
ADBRY	S2	PA; QL	
AMELUZ	4		
CANTHARIDIN IN ACETONE	4		
CIBINQO	S2	PA; QL	
CORTANE-B	4		hc pramoxine
<i>diclofenac sodium topical gel 3 %</i>	2	PA; QL	
<i>doxepin topical</i>	2	ST; QL	
DUPIXENT PEN	S2	PA; QL	
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	S2	PA; QL	
EFUDEX TOPICAL CREAM	4		fluorouracil
EUCRISA	3	ST; QL	
FLUOROPLEX	4		diclofenac sodium, fluorouracil, fluorouracil, imiquimod
<i>fluorouracil topical cream 5 %</i>	2		
<i>fluorouracil topical solution</i>	2		
HYFTOR	S2	PA	
IODOFLEX	4		
IODOSORB	4		
LEVULAN	4		
<i>methoxsalen</i>	2		
<i>methyl salicylate</i>	2		
<i>methyl salicylate topical liquid</i>	2		
OPZELURA	S2	PA; QL	pimecrolimus, tacrolimus, betamethasone dipropionate, fluocinonide, halcinonide, triamcinolone acetonide
PANRETIN	4	PA	
<i>pimecrolimus</i>	2	ST; QL	

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>podofilox topical gel</i>	2	ST; QL	
<i>podofilox topical solution</i>	2		
<i>prudoxin</i>	2	ST; QL	
REGRANEX	3	QL	
<i>tacrolimus topical</i>	2	ST; QL	
TOLAK	4		diclofenac sodium, fluorouracil, fluorouracil, imiquimod
VALCHLOR	3	PA	
<i>wintergreen oil</i>	2		
ZONALON	4	ST; QL	prudoxin
THERAPY FOR ACNE			
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4		acutane, amnesteem, claravis, isotretinoin, myorisan, zenatane
<i>acutane</i>	2		
ACZONE	4	ST	dapsone
<i>adapalene topical cream</i>	2		
<i>adapalene topical gel 0.3 %</i>	2		
<i>adapalene topical gel with pump</i>	2		
ADAPALENE TOPICAL LOTION	4	ST	adapalene, adapalene
<i>adapalene topical solution</i>	2		
<i>adapalene topical swab</i>	2	ST	
<i>adapalene-benzoyl peroxide</i>	2		
AKLIEF	4	PA	adapalene, tazarotene, tretinoin, tretinoin microsphere
ALTRENO	4		tretinoin
<i>amnesteem</i>	2		
AMZEEQ	4	PA	clindacin etz, clindamycin phosphate, ery, erythromycin, clindamycin phos-tretinoin, clindamycin-benzoyl peroxide, erythromycin- benzoyl peroxide
ARAZLO	4	PA	adapalene, tazarotene, tretinoin, tretinoin microsphere

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>avar</i>	2		
AVAR LS	4	ST	sulfacetamide sodium-sulfur
AVAR-E GREEN	4	ST	sulfacetamide sodium-sulfur
AVAR-E LS	4	ST	sulfacetamide sodium-sulfur
<i>azelaic acid</i>	2		
AZELEX	4	ST	adapalene, clindamycin phosphate, ivermectin, metronidazole, tazarotene, tretinoin, FINACEA
BENZAMYCIN	4	ST	erythromycin-benzoyl peroxide
BENZepro (MICROSPHERES)	4	ST	
<i>benzepro topical towelette</i>	2		
<i>benzoyl peroxide topical cleanser 7 %</i>	2		
<i>benzoyl peroxide topical foam</i>	2		
<i>bp 10-1</i>	2	ST	
<i>brimonidine topical</i>	2	PA	
<i>claravis</i>	2		
CLEOCIN T TOPICAL LOTION	4	ST; QL	clindamycin phosphate
<i>clindacin</i>	2	QL	
CLINDACIN ETZ TOPICAL KIT	4	ST	clindamycin phosphate, clindacin etz
<i>clindacin etz topical swab</i>	2		
<i>clindacin p</i>	2		
CLINDACIN PAC	4	ST	clindamycin phosphate, clindacin etz
<i>clindamycin phosphate topical foam</i>	2	QL	
<i>clindamycin phosphate topical gel</i>	2	QL	
<i>clindamycin phosphate topical gel, once daily</i>	2	ST; QL	
<i>clindamycin phosphate topical lotion</i>	2	QL	
<i>clindamycin phosphate topical solution</i>	2	QL	
<i>clindamycin phosphate topical swab</i>	2		
<i>clindamycin-benzoyl peroxide</i>	2		
<i>clindamycin-tretinoin</i>	2		
<i>dapsone topical</i>	2		
DIFFERIN TOPICAL CREAM	4	ST	adapalene

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DIFFERIN TOPICAL GEL WITH PUMP	4	ST	adapalene
DIFFERIN TOPICAL LOTION	4	ST	adapalene, adapalene
EPIDUO FORTE	4	ST	adapalene-benzoyl peroxide
EPSOLAY	4	PA	azelaic acid, ivermectin, metronidazole, rosula, FINACEA
<i>ery pads</i>	2		
<i>erygel</i>	2		
<i>erythromycin with ethanol topical gel</i>	2		
<i>erythromycin with ethanol topical solution</i>	2		
<i>erythromycin-benzoyl peroxide</i>	2		
EVOCLIN	4	ST; QL	clindamycin phosphate
FINACEA TOPICAL FOAM	3	ST	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2		
<i>ivermectin topical cream</i>	2	QL	
METROCREAM	4	ST	metronidazole
METROGEL TOPICAL GEL 1 %	4	ST	metronidazole
<i>metronidazole topical</i>	2		
MIRVASO	3	PA	
<i>neuac</i>	2		
NEUAC KIT	4	ST	
ONEXTON TOPICAL GEL WITH PUMP	4	ST	clindamycin-benzoyl peroxide
PACNEX	4	ST	benzoyl peroxide
PLEXION	4	ST	sodium sulfacetamide/sulfur
PLEXION CLEANSING CLOTHS	4	ST	sodium sulfacetamide/sulfur
PR BENZOYL PEROXIDE	4	ST	
RETIN-A	4		tretinoin
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	4		tretinoin microsphere
RHOFADE	4	PA	brimonidine tartrate
<i>rosadan topical cream</i>	2		
<i>rosadan topical gel</i>	2		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ROSADAN TOPICAL KIT, CLEANSER AND GEL	4	ST	metronidazole
ROSADAN TOPICAL KIT,CLEANSER AND CREAM	4	ST	metronidazole
ROSULA	4	ST	
<i>rosula cleansing cloths</i>	2		
SOOLANTRA	4	ST; QL	ivermectin
<i>sss 10-5</i>	2		
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	2		
<i>sulfacetamide sodium-sulfur topical cream</i>	2		
<i>sulfacetamide sodium-sulfur topical lotion</i>	2		
<i>sulfacetamide sodium-sulfur topical pads, medicated</i>	2		
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	2		
<i>sulfacleanse 8-4</i>	2	ST	
SUMADAN TOPICAL CLEANSER	4	ST	sulfacetamide sodium-sulfur
SUMADAN TOPICAL KIT	4	ST	sodium sulfacetamide/sulfur
SUMADAN XLT	4	ST	
SUMAXIN	4	ST	sodium sulfacetamide/sulfur
SUMAXIN CP	4	ST	sodium sulfacetamide/sulfur
SUMAXIN TS	4	ST	sodium sulfacetamide/sulfur
<i>tazarotene topical cream</i>	2	PA	
<i>tazarotene topical gel</i>	2	PA	
<i>tretinoin</i>	2		
<i>tretinoin microspheres</i>	2		
TWYNEO	4	PA	adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin phos-tretinoin, tretinoin
VANOXIDE-HC	4	ST	
<i>zenatane</i>	2		
ZIANA	4	ST	clindamycin phos-tretinoin
TOPICAL ANESTHETICS			

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
COCAINE	4		
<i>dermacinrx lidocan</i>	2	PA	
GOPRELTO	4		
<i>lidocaine hcl laryngotracheal</i>	2		
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2		
<i>lidocaine hcl-hydrocortison ac topical</i>	2		
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	PA	
<i>lidocaine topical ointment</i>	2	QL	
<i>lidocaine viscous</i>	2		
<i>lidocan iii</i>	2	PA	
<i>lidocan iv</i>	2	PA	
<i>lidocan v</i>	2	PA	
<i>lidocort</i>	2		
NYNUTEY	4	PA	
XARACOLL	4		
ZTLIDO	3	PA	
TOPICAL ANTIBACTERIALS			
ALTABAX	4	ST; QL	mupirocin, mupirocin
CENTANY	4	ST; QL	mupirocin, mupirocin
CENTANY AT	4	ST; QL	mupirocin, mupirocin
<i>gentamicin topical</i>	2	QL	
KLARON	4	ST	sulfacetamide sodium
<i>lugols topical</i>	2		
<i>mafenide acetate</i>	2		
<i>mupirocin</i>	2	QL	
<i>mupirocin calcium</i>	2	ST; QL	
NEO-SYNALAR	4		
NEO-SYNALAR KIT	4		
<i>strong iodine topical</i>	2		
<i>sulfacetamide sodium (acne)</i>	2		
SULFAMYLON TOPICAL CREAM	3		
XEPI	4	ST; QL	mupirocin, mupirocin
TOPICAL ANTIFUNGALS			

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CICLODAN KIT TOPICAL COMBO PACK	4		
CICLODAN KIT TOPICAL SOLUTION	4	ST	ciclopirox
<i>ciclodan topical cream</i>	2	QL	
<i>ciclodan topical solution</i>	2		
<i>ciclopirox topical cream</i>	2	QL	
<i>ciclopirox topical gel</i>	2	QL	
<i>ciclopirox topical shampoo</i>	2	QL	
<i>ciclopirox topical solution</i>	2		
<i>ciclopirox topical suspension</i>	2	QL	
<i>ciclopirox-ure-camph-menth-euc</i>	2		
<i>clotrimazole-betamethasone</i>	2	QL	
<i>econazole</i>	2	QL	
EXELDERM	4	QL	ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate
EXTINA	4	ST; QL	ketoconazole
JUBLIA	4	PA	ciclopirox, tavaborole
<i>ketoconazole topical cream</i>	2	QL	
<i>ketoconazole topical foam</i>	2	ST; QL	
<i>ketoconazole topical shampoo</i>	2	QL	
<i>ketodan</i>	2	ST; QL	
<i>ketodan kit</i>	2	ST	
<i>klayesta</i>	2	QL	
LOPROX (AS OLAMINE)	4	QL	ciclopirox
LOPROX KIT	4	QL	ciclopirox
<i>naftifine topical cream</i>	2	QL	
<i>naftifine topical gel 2 %</i>	2	QL	
NAFTIN TOPICAL GEL	4	QL	naftifine hcl
<i>nyamyc</i>	2	QL	
<i>nystatin topical</i>	2	QL	
<i>nystatin-triamcinolone</i>	2	QL	
<i>nystop</i>	2	QL	
<i>oxiconazole</i>	2	QL	
<i>tavaborole</i>	2	PA	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TOPICAL ANTIVIRALS			
<i>acyclovir topical</i>	2	PA; QL	
DENAVIR	4		penciclovir
<i>penciclovir</i>	2		
ZOVIRAX TOPICAL CREAM	4	PA; QL	acyclovir
TOPICAL CORTICOSTEROIDS			
ALA-SCALP	4	ST	hydrocortisone
<i>alclometasone</i>	2		
<i>amcinonide topical cream</i>	2	ST	
<i>amcinonide topical ointment</i>	2	ST	
<i>apexicon e</i>	2	ST	
<i>beser</i>	2	ST	
<i>betamethasone dipropionate</i>	2		
<i>betamethasone valerate topical cream</i>	2		
<i>betamethasone valerate topical foam</i>	2	ST	
<i>betamethasone valerate topical lotion</i>	2		
<i>betamethasone valerate topical ointment</i>	2		
<i>betamethasone, augmented</i>	2		
BRYHALI	4	ST	betamethasone dipropionate, clobetasol propionate, desoximetasone, diflorasone diacetate, fluocinonide, halobetasol propionate
CAPEX	4	ST	fluocinolone acetonide
<i>clobetasol scalp</i>	2	QL	
<i>clobetasol topical cream</i>	2	QL	
<i>clobetasol topical foam</i>	2	ST; QL	
<i>clobetasol topical gel</i>	2	QL	
<i>clobetasol topical lotion</i>	2	ST; QL	
<i>clobetasol topical ointment</i>	2	QL	
<i>clobetasol topical shampoo</i>	2	ST; QL	
<i>clobetasol topical spray,non-aerosol</i>	2	ST; QL	
<i>clobetasol-emollient topical cream</i>	2	QL	
<i>clobetasol-emollient topical foam</i>	2	ST; QL	
CLOBEX TOPICAL SHAMPOO	4	ST; QL	clobetasol propionate

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CLOBEX TOPICAL SPRAY, NON-AEROSOL	4	ST; QL	clobetasol propionate
<i>clocortolone pivalate</i>	2		
<i>clodan</i>	2	ST; QL	
CLODAN KIT	4	ST; QL	betamethasone dipropionate, clobetasol propionate, desoximetasone, diflorasone diacetate, fluocinonide, halobetasol propionate
CORDRAN TAPE LARGE ROLL	4	ST	flurandrenolide
CORDRAN TOPICAL CREAM	4	ST; QL	flurandrenolide
CORDRAN TOPICAL LOTION	4	ST; QL	flurandrenolide
CORDRAN TOPICAL OINTMENT	4	ST; QL	flurandrenolide
DERMA-SMOOTHIE/FS BODY OIL	4	ST	fluocinolone acetonide
DERMA-SMOOTHIE/FS SCALP OIL	4	ST	fluocinolone acetonide
<i>desonide topical cream</i>	2		
<i>desonide topical gel</i>	2	ST	
<i>desonide topical lotion</i>	2	ST	
<i>desonide topical ointment</i>	2		
<i>desoximetasone</i>	2	ST	
<i>diflorasone</i>	2	ST; QL	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	4	ST	betamethasone dipropionate
DUOBRII	4	ST; QL	tazarotene, betamethasone dipropionate, clobetasol propionate, diflorasone diacetate, halobetasol propionate
<i>fluocinolone</i>	2		
<i>fluocinolone and shower cap</i>	2		
<i>fluocinonide topical cream 0.05 %</i>	2	QL	
<i>fluocinonide topical cream 0.1 %</i>	2	ST; QL	
<i>fluocinonide topical gel</i>	2	QL	
<i>fluocinonide topical ointment</i>	2	QL	
<i>fluocinonide topical solution</i>	2	QL	
<i>fluocinonide-e</i>	2	QL	
<i>flurandrenolide</i>	2	ST; QL	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>fluticasone propionate topical cream</i>	2		
<i>fluticasone propionate topical lotion</i>	2	ST	
<i>fluticasone propionate topical ointment</i>	2		
<i>halcinonide</i>	2	ST	
<i>halobetasol propionate topical cream</i>	2		
<i>halobetasol propionate topical foam</i>	2	ST	
<i>halobetasol propionate topical ointment</i>	2		
HALOG	4	ST	betamethasone dipropionate, betamethasone dipropionate, betamethasone valerate, fluocinonide, triamcinolone acetonide
<i>hydrocortisone butyrate topical cream</i>	2	QL	
<i>hydrocortisone butyrate topical lotion</i>	2	ST; QL	
<i>hydrocortisone butyrate topical ointment</i>	2	ST; QL	
<i>hydrocortisone butyrate topical solution</i>	2	ST; QL	
<i>hydrocortisone topical cream 2.5 %</i>	2		
<i>hydrocortisone topical lotion 2.5 %</i>	2		
<i>hydrocortisone topical ointment 2.5 %</i>	2		
<i>hydrocortisone valerate</i>	2		
KENALOG TOPICAL	4	ST; QL	triamcinolone acetonide
<i>mometasone topical</i>	2		
NUCORT	4	ST	
OLUX	4	ST; QL	clobetasol propionate
PANDEL	4	ST	betamethasone valerate, desoximetasone, fluocinolone acetonide, flurandrenolide, hydrocortisone valerate, mometasone furoate, triamcinolone acetonide
<i>prednicarbate</i>	2		
<i>scalacort</i>	2		
SCALACORT DK	4	ST	
SYNALAR	4	ST	fluocinolone acetonide
SYNALAR CREAM KIT	4	ST	fluocinolone acetonide
SYNALAR OINTMENT KIT	4	ST	fluocinolone acetonide
SYNALAR TS	4	ST	fluocinolone acetonide

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TEXACORT	4	ST	hydrocortisone butyrate
TOPICORT TOPICAL CREAM	4	ST	desoximetasone
TOPICORT TOPICAL GEL	4	ST	desoximetasone
TOPICORT TOPICAL OINTMENT	4	ST	desoximetasone
<i>tovet emollient</i>	2	ST; QL	
<i>triamcinolone acetonide topical aerosol</i>	2	ST; QL	
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	2		
<i>triamcinolone acetonide topical cream 0.1 %</i>	1		
<i>triamcinolone acetonide topical lotion</i>	2		
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2		
<i>triamcinolone acetonide topical ointment 0.05 %</i>	2	ST	
<i>triderm topical cream 0.1 %</i>	1		
<i>triderm topical cream 0.5 %</i>	2	ST	
TOPICAL ENZYMES			
NEXOBRID	4	PA	
SANTYL	3	QL	
TOPICAL SCABICIDES / PEDICULICIDES			
<i>crotan</i>	2		
ELIMITE	4		permethrin
EURAX	4		crotan
<i>malathion</i>	2		
OVIDE	4		malathion
<i>permethrin</i>	2		
<i>spinosad</i>	2		
ULESFIA	4		ivermectin, permethrin, malathion, spinosad
DIAGNOSTICS & MISCELLANEOUS AGENTS			
IRRIGATING SOLUTIONS			
<i>lactated ringers irrigation</i>	2		
<i>neomycin-polymyxin b gu</i>	2		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PHYSIOLYTE	4		
PHYSIOSOL IRRIGATION	4		
<i>ringer's irrigation</i>	2		
SORBITOL IRRIGATION SOLUTION 3 %	4		
SORBITOL-MANNITOL	4		
<i>tis-u-sol pentalyte</i>	2		
MISCELLANEOUS AGENTS			
<i>acamprosate</i>	2		
<i>acetic acid irrigation</i>	2		
AGRYLIN	4		anagrelide hydrochloride
<i>anagrelide</i>	2		
BUPHENYL	S2	PA	sodium phenylbutyrate
<i>caffeine citrate oral</i>	2		
CARBAGLU	S2	PA	
<i>carglumic acid</i>	S2	PA	
CARNITOR (SUGAR-FREE)	4		levocarnitine
CARNITOR ORAL	4		levocarnitine
<i>cevimeline</i>	2		
CHEMET	3	PA	
<i>deferasirox</i>	S2	PA	
<i>deferiprone</i>	S2	PA	
<i>disulfiram</i>	2		
<i>droxidopa</i>	S2	PA	desmopressin acetate, desmopressin acetate, fludrocortisone acetate, indomethacin, midodrine hcl, pyridostigmine bromide
EMPAVELI	S2	PA	
EVOXAC	4		cevimeline hcl
EXSERVAN	S2	PA	riluzole
FABHALTA	S2	PA	
FERRIPROX (2 TIMES A DAY)	S2	PA	
FERRIPROX ORAL SOLUTION	S2	PA	
FERRIPROX ORAL TABLET 1,000 MG	S2	PA	deferiprone (3 times a day)

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FERRIPROX ORAL TABLET 500 MG	S2	PA	deferiprone
GLASSIA	S2	PA	
INCRELEX	S2	PA	
JOENJA	S2	PA; QL	
<i>levocarnitine (with sugar)</i>	2		
<i>levocarnitine oral solution 100 mg/ml</i>	2		
<i>levocarnitine oral tablet</i>	2		
LITHOSTAT	4		
METOPIRONE	4		
<i>midodrine</i>	2		
<i>nitisinone</i>	S2	PA	
NITYR	S2	PA	
OLPRUVA	S2	PA	sodium phenylbutyrate, PHEBURANE
ORFADIN ORAL CAPSULE	S2	PA	nitisinone
ORFADIN ORAL SUSPENSION	S2	PA	nitisinone, NITYR
PHEBURANE	S2	PA	
<i>pilocarpine hcl oral tablet 5 mg</i>	2		
PYRUKYND	S2	PA; QL	
RADIOGARDASE	4		
REZDIFFRA	S2	PA; QL	
RILUTEK	4	PA	riluzole
<i>riluzole</i>	2	PA	
<i>risedronate oral tablet 30 mg</i>	2	QL	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	4		pilocarpine hcl
<i>sodium chloride 0.9 %</i>	2		
<i>sodium chloride injection</i>	2		
<i>sodium chloride irrigation</i>	2		
<i>sodium phenylbutyrate</i>	S2	PA	
SOHONOS	S2	PA; QL	
SYPRINE	4	PA	trientine hcl
TEGLUTIK	S2	PA	riluzole
THIOLA EC	S2	PA	tiopronin
TIGLUTIK	S2	PA	riluzole
<i>tiopronin</i>	S2	PA	

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>trientine oral capsule 250 mg</i>	2	PA	
<i>water for irrigation, sterile</i>	2		
XURIDEN	S2	PA	
ZOKINVY	S2	PA; QL	
ZYNRELEF	4		
SMOKING DETERRENTS			
<i>bupropion hcl (smoking deter)</i>	2	ACA	
CHANTIX CONTINUING MONTH BOX	4		varenicline tartrate
CHANTIX ORAL TABLET 1 MG	4		varenicline tartrate
CHANTIX STARTING MONTH BOX	4		varenicline tartrate
NICODERM CQ	3		
NICORETTE BUCCAL GUM 2 MG	3		
<i>nicorette buccal gum 4 mg</i>	2	ACA	
NICORETTE BUCCAL LOZENGE	3		
NICORETTE BUCCAL MINI LOZENGE	3		
<i>nicotine</i>	2	ACA	
<i>nicotine (polacrilex)</i>	2	ACA	
NICOTROL NS	4	ACA	nicotine, nicotine gum
<i>quit 2</i>	2	ACA	
<i>quit 4</i>	2	ACA	
<i>stop smoking aid</i>	2	ACA	
<i>varenicline</i>	2	ACA	
EAR, NOSE & THROAT MEDICATIONS			
MISCELLANEOUS AGENTS			
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	2	QL	
<i>chlorhexidine gluconate mucous membrane</i>	1		
GELCLAIR	4		
GELX	4		
<i>ipratropium bromide nasal</i>	2	QL	
<i>kourzeq</i>	2		
MUGARD	S2	PA	

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>olopatadine nasal</i>	2	QL	
<i>oralone</i>	2		
ORAMAGICRX	4		
<i>paroex oral rinse</i>	1		
PATANASE	4	QL	olopatadine hcl
PERIDEX	4		chlorhexidine gluconate
<i>periogard</i>	1		
<i>pilocarpine hcl oral tablet 7.5 mg</i>	2		
PROTHELIAL	S2		
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	4		pilocarpine hcl
<i>triamcinolone acetonide dental</i>	2		
MISCELLANEOUS OTIC PREPARATIONS			
<i>acetic acid otic (ear)</i>	2		
<i>ciprofloxacin hcl otic (ear)</i>	2		
DERMOTIC OIL	4		fluocinolone acetonide oil
<i>flac otic oil</i>	2		
<i>fluocinolone acetonide oil</i>	2		
<i>hydrocortisone-acetic acid</i>	2		
<i>ofloxacin otic (ear)</i>	2		
OTIC STEROID / ANTIBIOTIC			
<i>ciprofloxacin-dexamethasone</i>	2		
CORTISPORIN-TC	4		neomycin/polymyxin/hc
<i>neomycin-polymyxin-hc otic (ear)</i>	2		
OTOVEL	4		ciprofloxacin-dexamethasone
ENDOCRINE/DIABETES			
ADRENAL HORMONES			
ACTHAR	S2	PA	
CORTEF	4		hydrocortisone
<i>cortisone</i>	2		
<i>deflazacort oral tablet</i>	S2	PA	
<i>dexabliss</i>	2	PA	
<i>dexamethasone intensol</i>	2		
<i>dexamethasone oral elixir</i>	2		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>dexamethasone oral solution</i>	2		
<i>dexamethasone oral tablet</i>	2		
<i>dexamethasone oral tablets,dose pack</i>	2	PA	
<i>fludrocortisone</i>	2		
<i>hydrocortisone oral</i>	2		
MEDROL (PAK)	4		methylprednisolone
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	4		methylprednisolone
<i>methylprednisolone</i>	2		
<i>millipred dp</i>	2		
<i>millipred oral tablet</i>	2		
ORAPRED ODT	4		prednisolone sodium phosphate
<i>prednisolone oral solution</i>	1		
<i>prednisolone oral tablet</i>	2		
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2		
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)</i>	1		
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	2		
<i>prednisone intensol</i>	2		
<i>prednisone oral solution</i>	2		
<i>prednisone oral tablet 1 mg, 2.5 mg, 50 mg</i>	2		
<i>prednisone oral tablet 10 mg, 20 mg, 5 mg</i>	1		
<i>prednisone oral tablets,dose pack</i>	1		
RAYOS	4	PA	prednisone
TAPERDEX	4	PA	dexamethasone
TARPEYO	S2	PA; QL	methylprednisolone, prednisone
TRIESENCE (PF)	4		
XIPERE (PF)	S2		
ZCORT	4	PA	dexamethasone

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ANTITHYROID AGENTS			
<i>methimazole oral tablet 10 mg, 5 mg</i>	2		
<i>potassium iodide oral solution</i>	2		
<i>propylthiouracil</i>	2		
SSKI	4		potassium iodide
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES			
FREESTYLE INSULINX STRIP	3		
FREESTYLE INSULINX TEST STRIPS	3		
FREESTYLE LITE STRIPS	3		
FREESTYLE PRECISION NEO STRIPS	3		
FREESTYLE TEST	3		
ONETOUCH ULTRA TEST	3		
ONETOUCH VERIO TEST STRIPS	3		
PRECISION XTRA TEST	3		
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT			
ACE AEROSOL CLOUD ENHANCER	3		
AEROCHAMBER MINI	3		
AEROCHAMBER PLUS FLOW-VU	3		
AEROCHAMBER PLUS Z STAT	3		
AEROTRACH PLUS	3		
AEROVENT PLUS	3		
BREATHERITE MDI SPACER	3		
COMPACT SPACE CHAMBER	3		
EASIVENT HOLDING CHAMBER	3		
FLEXICHAMBER	3		
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	4		
LITEAIRE MDI CHAMBER	3		
MICROCHAMBER	3		
MICROSPACER	3		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
OPTICHAMBER DIAMOND VHC	3		
POCKET CHAMBER	3		
PRIMEAIRE	3		
PROCHAMBER	3		
RITEFLO AEROCHAMBER	3		
SPACE CHAMBER	3		
VORTEX HOLDING CHAMBER	3		
GLUCOSE ELEVATING AGENTS			
BAQSIMI	3	QL	
<i>diazoxide</i>	2		
<i>glucagon emergency kit (human)</i>	2	QL; PRE	
GVOKE	3	QL	
GVOKE HYPOPEN 2-PACK	3	QL	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	QL	
PROGLYCEM	4		diazoxide
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU			
ACCU-CHEK GUIDE L1-L2 CTRL SOL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
ACCU-CHEK SMARTVIEW CONTRL SOL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
ACCUTREND GLUCOSE CONTROL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ADVOCATE REDI-CODE PLUS CTRL L	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
AGAMATRIX CONTROL HIGH	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
ASSURE 4 CONTROL SOLUTION	4		FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO
ASSURE DOSE NORMAL CONTROL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
ASSURE PRISM CONTROL 1-2 SOLN	4		FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO
AT HOME A1C	4		
AUTOJECT 2 INJECTION DEVICE	3		
AUTOPEN 1 TO 21 UNITS	3		
BD INTEGRA NEEDLE	3		
BD MICROTAINER LANCET 30 GAUGE	3		
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	3		
BD ULTRA-FINE NANO PEN NEEDLE	3		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BLOOD GLUCOSE CONTROL, NORMAL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
BREEZE 2 CONTROL SOLUTION,HIGH	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
CARESENS CONTROL A AND B	4		FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO
CARETOUCH CONTROL SOLN L2- L3	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
CEQR SIMPLICITY	3		
CLEVER CHOICE LEVEL 2 CONTROL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
CONTOUR CONTROL SOLUTION, NML	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
CONTOUR NEXT LEV 2 CONTROL SOL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DIATRUE CONTROL SOLN NORMAL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
EASY PLUS II HIGH CONTROL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
EASY STEP HIGH CONTROL SOLN	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
EASY TALK HIGH CONTROL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
EASY TALK PLUS II LOW CONTROL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
EASY TOUCH BLU CTRL SOLN- L1,L3	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
EASY TRAK II CTRL SOLN- NORMAL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
EASY TRAK LOW CONTROL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EASYMAX 15 LEVEL 2	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
EASYMAX NORMAL CONTROL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
ELEMENT COMPACT NORMAL CONTROL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
ELEMENT NORMAL CONTROL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
EMBRACE EVO LEVEL 1	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
EMBRACE GLUCOSE CONTROL LOW	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
EMBRACE TALK CONTROL-LOW (L1)	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
EVOLUTION NORMAL CONTROL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
FORA 6 CONNECT MULTIFUNCTN MTR	4		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FORA GTEL MULTI-FUNCTN MONITOR	4		
FORA KETONE CONTROL SOLN-L1	4		
FORA NORMAL CONTROL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
FORA TN'G ADV MOBILE MULTI MTR	4		
FORA TN'G ADVANCE MULTI-FN MTR	4		
FORA TN'G ADVANCE PRO MONITOR	4		
FORACARE GDH LOW CONTROL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
FREESTYLE CONTROL	3		
GE100 CONTROL SOLUTION NORMAL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
GENTEEL VACUUM LANCING DEVICE	4		
GLUCOCARD 01 NORMAL CONTROL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
GLUCOCOM CONTROL NORMAL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
GLUCOSE CONTROL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
GOJJI GLUCOSE CNTRL SOL-NORMAL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
GOJJI KETONE CONTROL SOLN-L1	4		
GOJJI MULTI-FUNCTIONAL METER KIT	4		
HEALTHPRO HIGH-LOW CONTROL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
INFINITY CONTROL SOLUTION NORM	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
LANCETS 33 GAUGE	3		
LANCING DEVICE	3		
MEDISENSE	3		
MEDISENSE GLUCOSE KETONE	3		
MYGLUCOHEALTH CONTROL SOLUTION	4		FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO
NOVA MAX PLUS GLUC-KETON METER	4		
NOVAMAX PLUS GLU-KET	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
NOVOPEN ECHO	4		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ON CALL EXPRESS CONTROL	4		FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO
ON CALL PLUS CONTROL	4		FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO
ON CALL VIVID CONTROL	4		FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO
ONETOUCH ULTRA CONTROL	3		
ONETOUCH VERIO MID CONTROL	3		
PIP GLUCOSE CONTROL SOLN L1-L2	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
PRECISION XTRA KETONE-GLUCOSE	3		
PRODIGY CONTROL SOLUTION, LOW	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
PRODIGY CONTROL SOLUTION,HIGH	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
REFUAH PLUS GLUCOSE CONTROL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
RIGHTEST CONTROL SOLUTION HIGH	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
SMARTEST CONTROL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
SOLUS V2 CONTROL SOLUTION,HIGH	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
TELCARE CONTROL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
TRUE METRIX LEVEL 1	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
UNISTRIP LOW CONTROL	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
V-GO 20	3	PA	
V-GO 30	3	PA	
V-GO 40	3	PA	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VIVAGUARD INO CTRL SOLN-L1,2,3	4		FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION, MEDISENSE, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO, ONE TOUCH VERIO
WAVESENSE CONTROL SOLUTION	4		FREESTYLE CONTROL SOLUTION, MEDISENSE, ONE TOUCH ULTRA CONTROL SOLN, ONE TOUCH VERIO
INSULIN THERAPY			
BASAGLAR KWIKPEN U-100 INSULIN	4		SEMGLEE (YFGN) PEN, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100
BASAGLAR TEMPO PEN(U-100)INSLN	4		SEMGLEE (YFGN) PEN, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100
HUMALOG JUNIOR KWIKPEN U-100	3	PRE	
HUMALOG KWIKPEN INSULIN	3	PRE	
HUMALOG MIX 50-50 INSULN U-100	3	PRE	
HUMALOG MIX 50-50 KWIKPEN	3	PRE	
HUMALOG MIX 75-25 KWIKPEN	3	PRE	
HUMALOG MIX 75-25(U-100)INSULN	3	PRE	
HUMALOG TEMPO PEN(U-100)INSULN	3	PRE	
HUMALOG U-100 INSULIN	3	PRE	
HUMULIN 70/30 U-100 INSULIN	3	PRE	
HUMULIN 70/30 U-100 KWIKPEN	3	PRE	
HUMULIN N NPH INSULIN KWIKPEN	3	PRE	
HUMULIN N NPH U-100 INSULIN	3	PRE	

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
HUMULIN R REGULAR U-100 INSULN	3	PRE	
HUMULIN R U-500 (CONC) INSULIN	3	PRE	
HUMULIN R U-500 (CONC) KWIKPEN	3	PRE	
INSULIN LISPRO	3	PRE	
INSULIN LISPRO PROTAMIN- LISPRO	3	PRE	
LYUMJEV KWIKPEN U-100 INSULIN	3	PRE	
LYUMJEV KWIKPEN U-200 INSULIN	3	PRE	
LYUMJEV TEMPO PEN(U- 100)INSULN	3	PRE	
LYUMJEV U-100 INSULIN	3	PRE	
SEMGLEE(INSULIN GLARGINE- YFGN)	3	PRE	
SEMGLEE(INSULIN GLARG- YFGN)PEN	3	PRE	
SOLIQUA 100/33	3	QL; PRE	
TOUJEO MAX U-300 SOLOSTAR	3	PRE	
TOUJEO SOLOSTAR U-300 INSULIN	3	PRE	
TRESIBA FLEXTOUCH U-100	3	PRE	
TRESIBA FLEXTOUCH U-200	3	PRE	
TRESIBA U-100 INSULIN	3	PRE	
MISCELLANEOUS HORMONES			
<i>cabergoline</i>	2	QL	
<i>calcitonin (salmon)</i>	2		
<i>calcitriol intravenous solution 1 mcg/ml</i>	2		
<i>calcitriol oral</i>	2		
CERDELGA	S2	PA; QL	
<i>cinacalcet</i>	2	PA	
DDAVP ORAL	4		desmopressin acetate
DEPO-TESTOSTERONE	4		testosterone cypionate
<i>desmopressin injection</i>	S2		
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	3		
<i>desmopressin oral</i>	2		
<i>doxercalciferol oral</i>	2	ST	
GALAFOLD	S2	PA; QL	
<i>javygtor oral powder in packet 100 mg</i>	2	PA	
<i>javygtor oral powder in packet 500 mg</i>	S2	PA	
<i>javygtor oral tablet, soluble</i>	2	PA	
JYNARQUE	S2	PA; QL	
MIACALCIN INJECTION	4		calcitonin-salmon
<i>mifepristone oral tablet 300 mg</i>	S2	PA	
<i>miglustat</i>	S2	PA; QL	
MYALEPT	S2	PA	
NOCDURNA (MEN)	4	PA; QL	
NOCDURNA (WOMEN)	4	PA; QL	
ORLISSA	3	PA; QL	
PALYNZIQ	S2	PA; QL	
<i>paricalcitol intravenous</i>	2		
<i>paricalcitol oral</i>	2	ST	
RAYALDEE	4	ST	calcitriol, doxercalciferol, paricalcitol
ROCALTROL ORAL SOLUTION	4	ST	calcitriol
<i>sapropterin</i>	S2	PA	
SOMAVERT	S2	PA	
STRENSIQ	S2	PA	
SYNAREL	3	PA	
<i>testosterone cypionate</i>	2		
<i>testosterone enanthate</i>	2		
<i>tolvaptan</i>	S2	PA; QL	
VOXZOGO	S2	PA	
XYOSTED	3	PA; QL	
ZEMPLAR INTRAVENOUS	4		paricalcitol
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	ST	paricalcitol

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NON-INSULIN HYPOGLYCEMIC AGENTS			
<i>acarbose</i>	2		
ACTOPLUS MET ORAL TABLET 15-850 MG	4	ST; QL	pioglitazone-metformin
ACTOS	4	ST; QL	pioglitazone hcl
BYDUREON BCISE	3	PA; QL	
BYETTA	3	PA; QL	
CYCLOSET	4		metformin hcl, glimepiride, glipizide, glyburide
DUETACT	4	ST; QL	pioglitazone-glimepiride
FARXIGA	3	ST; QL	
<i>glimepiride oral tablet 1 mg</i>	2		
<i>glimepiride oral tablet 2 mg, 4 mg</i>	1		
<i>glipizide oral tablet 10 mg, 5 mg</i>	1		
<i>glipizide oral tablet extended release 24hr</i>	2		
<i>glipizide-metformin</i>	2		
GLUCOTROL XL	4		glipizide er
<i>glyburide micronized</i>	2		
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	2		
<i>glyburide oral tablet 5 mg</i>	1		
<i>glyburide-metformin</i>	2		
GLYXAMBI	3	ST; QL	
JANUMET	3	ST; QL	
JANUMET XR	3	ST; QL	
JANUVIA	3	ST; QL	
JARDIANCE	3	ST; QL	
<i>metformin oral solution</i>	2	ST	
<i>metformin oral tablet 1,000 mg, 500 mg</i>	1		
<i>metformin oral tablet 850 mg</i>	2		
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL	
<i>metformin oral tablet extended release 24 hr 750 mg</i>	2	QL	
<i>miglitol</i>	2		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MOUNJARO	3	PA; QL	
<i>nateglinide</i>	2		
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	4	ST; QL	pioglitazone hcl, saxagliptin hcl, JANUVIA
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL	
<i>pioglitazone</i>	2	QL	
<i>pioglitazone-glimepiride</i>	2	QL	
<i>pioglitazone-metformin</i>	2	QL	
PRECOSE	4		acarbose
<i>repaglinide</i>	2		
RIOMET	4	ST	metformin hcl
RIOMET ER	4	ST	metformin hcl, metformin hcl er
RYBELSUS	3	PA; QL	
<i>saxagliptin</i>	2	ST; QL	
<i>saxagliptin-metformin</i>	2	ST; QL	
SEGLUROMET	3	ST; QL	
STEGLATRO	3	ST; QL	
SYMLINPEN 120	3	PA; QL	
SYMLINPEN 60	3	PA; QL	
SYNJARDY	3	ST; QL	
SYNJARDY XR	3	ST; QL	
TRIJARDY XR	3	ST	
TRULICITY	3	PA; QL	
XIGDUO XR	3	ST; QL	
THYROID HORMONES			
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	2		
ARMOUR THYROID	3		
ERMEZA	4	ST	euthyrox, levothyroxine sodium, levoxyl, unithroid
<i>euthyrox</i>	2		
<i>levo-t</i>	2		
<i>levothyroxine oral tablet</i>	2		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<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>	2		
<i>liothyronine oral</i>	2		
<i>niva thyroid</i>	2		
<i>np thyroid</i>	2		
<i>thyroid (pork)</i>	2		
<i>unithroid</i>	2		

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz</i>	2		
<i>chlordiazepoxide-clidinium</i>	2		
<i>dicyclomine oral capsule</i>	2		
<i>dicyclomine oral solution</i>	2		
<i>dicyclomine oral tablet</i>	2		
<i>diphenoxylate-atropine</i>	2		
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	4		belladonna-phenobarbital
DONNATAL ORAL TABLET	4		belladonna-phenobarbital
<i>ed-spaz</i>	2		
GLYCATE	4		glycopyrrolate
<i>glycopyrrolate oral</i>	2		
<i>hyoscyamine sulfate oral</i>	2		
<i>hyoscyamine sulfate sublingual</i>	2		
<i>hyosyne</i>	2		
LEVBID	4		hyoscyamine sulfate
LEVSIN ORAL	4		hyoscyamine sulfate
LEVSIN/SL	4		hyoscyamine sulfate
LOMOTIL	4		diphenoxylate w/atropine
<i>methscopolamine</i>	2		glycopyrrolate
MOTOFEN	4		diphenoxylate w/atropine
NULEV	4		hyoscyamine sulfate
<i>opium tincture</i>	2		
<i>oscimin</i>	2		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>oscimin sl</i>	2		
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	2		
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	2		
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	2		
<i>phenohydro oral tablet</i>	2		
ROBINUL FORTE	4		glycopyrrolate
ROBINUL ORAL	4		glycopyrrolate
SYMAX DUOTAB	4		hyoscyamine sulfate
<i>symax fastabs</i>	2		
<i>symax-sl</i>	2		
<i>symax-sr</i>	2		
MISCELLANEOUS AGENTS			
AURYXIA	4		lanthanum carbonate, sevelamer carbonate, sevelamer hcl, VELPHORO
<i>lanthanum</i>	2	QL	
LOKELMA	3	QL	
RENVELA	4	QL	sevelamer carbonate
<i>sevelamer carbonate</i>	2	QL	
<i>sevelamer hcl</i>	2	QL	
<i>sodium polystyrene sulfonate oral powder</i>	2		
<i>sps (with sorbitol)</i>	2		
VELPHORO	3	QL	
VELTASSA	3	PA; QL	
MISCELLANEOUS GASTROINTESTINAL AGENTS			
<i>alosecron</i>	2		
<i>alvimopan</i>	2		
ANA-LEX KIT	4		
ANALPRAM-HC RECTAL CREAM 1-1 %	4		hc pramoxine, pramoxine hcl w/hydrocortisone
ANALPRAM-HC RECTAL CREAM 2.5-1 %	4	ST	hc pramoxine, pramoxine hcl w/hydrocortisone

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ANALPRAM-HC SINGLES	4	ST	hc pramoxine, pramoxine hcl w/hydrocortisone
<i>anucort-hc</i>	2		
<i>aprepitant</i>	2	QL	
APRISO	4		mesalamine er
AZULFIDINE	4		sulfasalazine
AZULFIDINE EN-TABS	4		sulfasalazine
<i>balsalazide</i>	2		
<i>betaine</i>	S2	PA	
<i>budesonide oral</i>	2		
<i>budesonide rectal</i>	2		
BYLVAY	S2	PA; QL	cholestyramine, rifampin, ursodiol
CHENODAL	S2	PA	
CHOLBAM ORAL CAPSULE 250 MG	S2	PA	
CHOLBAM ORAL CAPSULE 50 MG	S2	PA; QL	
<i>citrate of magnesia</i>	2	ACA	
<i>citroma</i>	2	ACA	
<i>clearlax oral powder</i>	2	ACA	
COLAZAL	4		balsalazide disodium
COMPAZINE	4		prochlorperazine maleate
<i>compro</i>	2		
<i>constulose</i>	2		
CORTENEMA	4		hydrocortisone
CREON	3		
<i>cromolyn oral</i>	2		
DICLEGIS	4	QL	doxylamine succ-pyridoxine hcl
<i>doxylamine-pyridoxine (vit b6)</i>	2	QL	
<i>dronabinol</i>	2	PA	
<i>dulcolax (magnesium hydroxide) oral suspension</i>	2	ACA	
<i>enulose</i>	2		
GASTROCROM	4		cromolyn sodium
GATTEX 30-VIAL	S2	PA	
<i>gavilax oral powder</i>	2	ACA	

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>gavilyte-c</i>	2	ACA	
<i>gavilyte-g</i>	2	ACA	
<i>gentle laxative (bisacodyl) oral</i>	2	ACA	
<i>gentlelax</i>	2	ACA	
GOLYTELY	4		gavilyte-g, peg 3350- electrolyte
<i>granisetron hcl oral</i>	2	QL	
<i>hemmorex-hc</i>	2		
<i>hydrocortisone acetate rectal</i>	2		
<i>hydrocortisone rectal</i>	2		
<i>hydrocortisone topical cream with perineal applicator</i>	2		
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	2		
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	2	ST	
KRISTALOSE	4		lactulose
<i>lactulose oral packet</i>	2		
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	2		
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	2	ACA	
<i>laxative peg 3350</i>	2	ACA	
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	2		
LIDOCAINE HCL- HYDROCORTISON AC RECTAL GEL	4		
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	2		
<i>lidocaine-hydrocortisone-aloe</i>	2		
LINZESS	3	QL	
LIVMARLI	S2	PA	cholestyramine, rifampin, ursodiol
<i>lubiprostone</i>	2	QL	
<i>magnesium citrate oral solution</i>	2	ACA	
MARINOL	4	PA	dronabinol
<i>mesalamine</i>	2		
<i>mesalamine with cleansing wipe</i>	2		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>metoclopramide hcl oral solution</i>	2		
<i>metoclopramide hcl oral tablet</i>	2		
<i>milk of magnesia</i>	2	ACA	
<i>milk of magnesia concentrated</i>	2	ACA	
MOVANTIK	3	QL	
<i>natura-lax</i>	2	ACA	
<i>nitroglycerin rectal</i>	2		
OICALIVA	S2	PA; QL	
OMVOH PEN	S2	PA; QL	
<i>ondansetron</i>	2	QL	
<i>ondansetron hcl oral solution</i>	2	QL	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	QL	
<i>onelax magnesium citrate</i>	2	ACA	
<i>oral saline laxative</i>	2	ACA	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000- 97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	3		
<i>peg 3350-electrolytes</i>	2	ACA	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	2	ACA	
<i>peg-electrolyte soln</i>	2	ACA	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3		
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4		mesalamine er
<i>phosphate laxative</i>	2	ACA	
<i>polyethylene glycol 3350 oral powder</i>	2	ACA	
<i>powderlax oral powder</i>	2	ACA	
<i>prochlorperazine</i>	2		
<i>prochlorperazine maleate</i>	2		
PROCORT	4		hc pramoxine, pramoxine hcl w/hydrocortisone
PROCTOCORT RECTAL	4	ST	hydrocortisone acetate

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>procto-med hc</i>	2		
<i>proctosol hc topical</i>	2		
<i>proctozone-hc</i>	2		
<i>purelax oral powder</i>	2	ACA	
RECTIV	3		
REGLAN ORAL	4		metoclopramide hcl
RELISTOR ORAL	3	ST	
RELISTOR SUBCUTANEOUS SOLUTION	3	ST	
RELISTOR SUBCUTANEOUS SYRINGE	3	ST	
ROWASA RECTAL ENEMA KIT	4		mesalamine
SANCUSO	4	QL	granisetron hcl, ondansetron hcl
<i>scopolamine base</i>	2		
SFROWASA	4		mesalamine
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	S2	PA; QL	
<i>smoothlax oral powder</i>	2	ACA	
<i>sodium,potassium,mag sulfates</i>	2	ACA	
SUCRAID	S2	PA	
<i>sulfasalazine</i>	2		
SYMPROIC	3		
SYNDROS	4	PA	dronabinol
<i>trimethobenzamide oral</i>	2		
TRULANCE	3		
UCERIS ORAL	4		budesonide er
UCERIS RECTAL	3		
URSO 250	4		ursodiol
URSO FORTE	4		ursodiol
<i>ursodiol</i>	2		
VARUBI	3	QL	
VIBERZI	3		
VIOKACE	3		
VOWST	S2	PA	
<i>women's gentle laxative(bisac)</i>	2	ACA	

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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, 60,000-189,600- 252,600 UNIT	3		
ULCER THERAPY			
<i>amoxicil-clarithromy-lansopraz</i>	2	QL	
<i>bismuth subcit k-metronidz-tcn</i>	2	PA	
<i>cimetidine hcl oral</i>	2		
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2		
CYTOTEC	4		misoprostol
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>	2	ST; QL	
<i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>	2	ST	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>	2		
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	2	ST; QL	
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	2	ST	
<i>famotidine oral suspension for reconstitution</i>	2		
<i>famotidine oral tablet 40 mg</i>	2		
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2		
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	2	ST; QL	
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	2	ST	
<i>misoprostol</i>	2		
NEXIUM 24HR	3		
<i>nizatidine oral capsule</i>	2		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
OMECLAMOX-PAK	4	QL	bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA
<i>omeprazole magnesium oral capsule, delayed release(dr/ec)</i>	2		
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	2	QL	
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1		
<i>omeprazole oral tablet, delayed release (dr/ec)</i>	2		
<i>omeprazole oral tablet, disintegrat, delay rel</i>	2		
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	2	PA	
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	2	PA; QL	
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	2	PA	
<i>pantoprazole oral granules dr for susp in packet</i>	1	ST	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	QL	
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1		
PEPCID ORAL TABLET 40 MG	4		famotidine
PREVACID 24HR	3	ST	
PRILOSEC OTC	3	ST	
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	2		
<i>sucralfate</i>	2		
ZEGERID OTC	3	PA	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

<i>ribavirin oral capsule</i>	S2	PA	
<i>ribavirin oral tablet 200 mg</i>	S2	PA	

BIOTECHNOLOGY DRUGS

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ARCALYST	S2	PA; QL	ILARIS
FULPHILA	S2	PA; QL	
LEUKINE INJECTION RECON SOLN	S2	PA	
MOZOBIL	S2	PA	plerixafor
NIVESTYM	S2	PA	
<i>plerixafor</i>	S2	PA	
PROCRIT	S2	PA	
PROLEUKIN	3	PA	
RETACRIT	S2	PA	
XOLREMDI	S2	PA	
ZIEXTENZO	S2	PA; QL	
GROWTH HORMONES			
EGRIFTA SV	S2	PA	
GENOTROPIN	S2	PA	
GENOTROPIN MINIQUICK	S2	PA	
NGENLA	S2	PA	
OMNITROPE	S2	PA	
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	S2	PA	
INTERFERONS			
ACTIMMUNE	3	PA	
ALFERON N	3		
PEGASYS	S2	PA; QL	
MULTIPLE SCLEROSIS AGENTS			
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	S2	PA; QL	
AVONEX INTRAMUSCULAR SYRINGE KIT	S2	PA; QL	
BAFIERTAM	S2	PA; QL	
BETASERON SUBCUTANEOUS KIT	S2	PA; QL	
<i>dimethyl fumarate</i>	S1	PA; QL	
<i>fingolimod</i>	S1	PA; QL	
<i>glatiramer</i>	S1	PA; QL	
<i>glatopa</i>	S1	PA; QL	
KESIMPTA PEN	S2	PA; QL	

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MAVENCLAD (10 TABLET PACK)	S2	PA; QL	
MAVENCLAD (4 TABLET PACK)	S2	PA; QL	
MAVENCLAD (5 TABLET PACK)	S2	PA; QL	
MAVENCLAD (6 TABLET PACK)	S2	PA; QL	
MAVENCLAD (7 TABLET PACK)	S2	PA; QL	
MAVENCLAD (8 TABLET PACK)	S2	PA; QL	
MAVENCLAD (9 TABLET PACK)	S2	PA; QL	
MAYZENT	S2	PA; QL	
MAYZENT STARTER(FOR 1MG MAINT)	S2	PA; QL	
MAYZENT STARTER(FOR 2MG MAINT)	S2	PA; QL	
PLEGRIDY	S2	PA; QL	
PONVORY	S2	PA; QL	
PONVORY 14-DAY STARTER PACK	S2	PA; QL	
REBIF (WITH ALBUMIN)	S2	PA; QL	
REBIF REBIDOSE	S2	PA; QL	
REBIF TITRATION PACK	S2	PA; QL	
<i>teriflunomide</i>	S1	PA; QL	
VUMERITY	S2	PA; QL	
VACCINES & MISCELLANEOUS IMMUNOLOGICALS			
ABRYSVO (PF)	3		
ACTHIB (PF)	3	ACA	
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	ACA	
AFLURIA QD 2023-24(3YR UP)(PF)	3	ACA	
AFLURIA QUAD 2023-2024(6MO UP)	3	ACA	
AREXVY (PF)	3		
BEXSERO	3	ACA	
BOOSTRIX TDAP	3	ACA	
COMIRNATY 2023-24 (12Y UP)(PF)	3	ACA	
DAPTACEL (DTAP PEDIATRIC) (PF)	3	ACA	
DENG VAXIA (PF)	3	PA; ACA	
ENGERIX-B (PF)	3	ACA	

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ENGERIX-B PEDIATRIC (PF)	3	ACA	
FLUAD QUAD 2023-24(65Y UP)(PF)	3	ACA	
FLUARIX QUAD 2023-2024 (PF)	3	ACA	
FLUBLOK QUAD 2023-2024 (PF)	3	ACA	
FLUCELVAX QUAD 2023-2024	3	ACA	
FLUCELVAX QUAD 2023-2024 (PF)	3	ACA	
FLULAVAL QUAD 2023-2024 (PF)	3	ACA	
FLUMIST QUAD 2023-2024	3	ACA	
FLUZONE HIGHDOSE QUAD 23-24 PF	3	ACA	
FLUZONE QUAD 2023-2024	3	ACA	
FLUZONE QUAD 2023-2024 (PF)	3	ACA	
GARDASIL 9 (PF)	3	ACA	
HAVRIX (PF)	3	ACA	
HEPLISAV-B (PF)	3	ACA	
HIBERIX (PF)	3	ACA	
INFANRIX (DTAP) (PF)	3	ACA	
IPOL	3	ACA	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	ACA	
MENQUADFI (PF)	3	ACA	
MENVEO A-C-Y-W-135-DIP (PF)	3	ACA	
M-M-R II (PF)	3	ACA	
MODERNA COVID 23-24(6M-11Y)PF	3	ACA	
NOVAVAX COVID 2023- 24(PF)(EUA)	3	ACA	
PEDIARIX (PF)	3	ACA	
PEDVAX HIB (PF)	3	ACA	
PENBRAYA (PF)	3		
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	ACA	
PFIZER COVID 2023-24(5Y-11Y)PF	3	ACA	
PFIZER COVID 2023-24(6MO-4Y)PF	3	ACA	
PNEUMOVAX-23	3	ACA	
PREHEVBRIO (PF)	3	ACA	

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PREVNAR 20 (PF)	3	ACA	
PRIORIX (PF)	3	ACA	
PROQUAD (PF)	3	ACA	
QUADRACEL (PF)	3	ACA	
RECOMBIVAX HB (PF)	3	ACA	
ROTARIX ORAL SUSPENSION	3	ACA	
ROTATEQ VACCINE	3	ACA	
SHINGRIX (PF)	3	ACA	
SPIKEVAX 2023-2024(12Y UP)(PF)	3	ACA	
TDVAX	3	ACA	
TENIVAC (PF)	3	ACA	
TRUMENBA	3	ACA	
TWINRIX (PF)	3	ACA	
VAQTA (PF)	3	ACA	
VARIVAX (PF)	3	ACA	
VAXELIS (PF)	3	ACA	
VAXNEUVANCE (PF)	3	ACA	

IMMUNOLOGY

INTERLEUKINS

imiquimod topical cream in metered-dose pump

2

PA

imiquimod topical cream in packet

2

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

allopurinol oral tablet 100 mg, 300 mg

1

colchicine oral capsule

2

ST

colchicine oral tablet

2

febuxostat

2

PA

GLOPERBA

4

colchicine, MITIGARE

MITIGARE

3

ST

probenecid

2

probenecid-colchicine

2

ZYLOPRIM ORAL TABLET 100 MG

4

allopurinol

OSTEOPOROSIS THERAPY

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ACTONEL ORAL TABLET 150 MG, 35 MG	4	PA; QL	risedronate sodium
<i>alendronate oral solution</i>	2	QL	
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	2	QL	
<i>alendronate oral tablet 70 mg</i>	1	QL	
ATEL VIA	4	PA; QL	risedronate sodium dr
BINOSTO	4	PA; QL	alendronate sodium
EVISTA	4		raloxifene hcl
FORTEO	S2	PA; QL	
FOSAMAX ORAL TABLET 70 MG	4	PA; QL	alendronate sodium
FOSAMAX PLUS D	4	PA; QL	alendronate sodium
<i>ibandronate oral</i>	2	QL	
<i>raloxifene</i>	2	ACA	
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	2	QL	
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	QL	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	S2	PA; QL	
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	S2	PA; QL	teriparatide, FORTEO, TYMLOS
TYMLOS	S2	PA; QL	
OTHER RHEUMATOLOGICALS			
ACTEMRA ACTPEN	S2	PA; QL	
ACTEMRA SUBCUTANEOUS	S2	PA; QL	
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR	S2	PA; QL	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE	S2	PA; QL	ADALIMUMAB-ADAZ(CF), ADALIMUMAB- ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), HUMIRA, HYRIMOZ(CF), SIMLANDI(CF) AUTOINJECTOR
ADALIMUMAB-ADBM	S2	PA; QL	
ADALIMUMAB-ADBM(CF) PEN CROHNS	S2	PA; QL	
ADALIMUMAB-ADBM(CF) PEN PS- UV	S2	PA; QL	
ADALIMUMAB-RYVK	S2	PA; QL	
ARAVA	4	QL	leflunomide
BENLYSTA SUBCUTANEOUS	S2	PA; QL	
CYLTEZO(CF)	S2	PA; QL	
CYLTEZO(CF) PEN	S2	PA; QL	
CYLTEZO(CF) PEN CROHN'S-UC-HS	S2	PA; QL	
CYLTEZO(CF) PEN PSORIASIS-UV	S2	PA; QL	
DEPEN TITRATABS	4	PA	penicillamine
ENBREL MINI	S2	PA; QL	
ENBREL SUBCUTANEOUS SOLUTION	S2	PA; QL	
ENBREL SUBCUTANEOUS SYRINGE	S2	PA; QL	
ENBREL SURECLICK	S2	PA; QL	
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	S2	PA; QL	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	S2	PA; QL	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)	S2	PA; QL	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR
HUMIRA(CF) PEDI CROHNS STARTER (ONLY NDCS STARTING WITH 00074)	S2	PA; QL	
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	S2	PA; QL	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	S2	PA; QL	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074)	S2	PA; QL	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)	S2	PA; QL	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR
HYRIMOZ PEN CROHN'S-UC STARTER	S2	PA; QL	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR
HYRIMOZ PEN PSORIASIS STARTER	S2	PA; QL	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR
HYRIMOZ(CF)	S2	PA; QL	ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADB(M)(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), HUMIRA, HYRIMOZ(CF), SIMLANDI(CF) AUTOINJECTOR

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
HYRIMOZ(CF) PEDI CROHN STARTER	S2	PA; QL	ADALIMUMAB-ADAZ(CF), ADALIMUMAB- ADBM(CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), HUMIRA, HYRIMOZ(CF), SIMLANDI(CF) AUTOINJECTOR
HYRIMOZ(CF) PEN	S2	PA; QL	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR
<i>leflunomide</i>	2	QL	
OTEZLA	S2	PA; QL	
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	S2	PA; QL	
<i>penicillamine</i>	2	PA	
RASUVO (PF)	3	ST	
RIDAURA	3		
RINVOQ	S2	PA; QL	
SAVELLA	3	ST; QL	
SIMLANDI(CF) AUTOINJECTOR	S2	PA; QL	
SIMPONI ARIA	S2	PA; DST	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, INFLECTRA, SIMPONI
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	S2	PA; QL; DST	
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	S2	PA; QL; DST	
XELJANZ	S2	PA; QL	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
XELJANZ XR	S2	PA; QL	
OBSTETRICS & GYNECOLOGY			
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES			
CAYA CONTOURED	3	ACA	
DUREX AVANTI BARE REAL FEEL	4	ACA	
DUREX EXTRA SENSITIVE CONDOM	4	ACA	
FC2 FEMALE CONDOM	3	ACA	
FEMCAP VAGINAL DEVICE 22 MM	3	ACA	
TRUSTEX-RIA NON-LUB CONDOMS	3	ACA	
WIDE-SEAL DIAPHRAGM	4	ACA	
ESTROGENS & PROGESTINS			
ACTIVELLA	4		estradiol-norethindrone acetat
<i>amabelz</i>	2		
ANGELIQ	4		amabelz, estradiol- norethindrone acetat, fyavolv, jinteli, mimvey, norethindrone-ethin estradiol
<i>camila</i>	2	ACA	
CLIMARA	4	QL	estradiol
COMBIPATCH	3		
<i>covaryx</i>	2		
<i>covaryx h.s.</i>	2		
<i>deblitane</i>	2	ACA	
DELESTROGEN	4		estradiol valerate
DEPO-ESTRADIOL	3		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	QL; ACA	medroxyprogesterone acetate
DEPO-PROVERA INTRAMUSCULAR SYRINGE	4	QL; ACA	medroxyprogesterone acetate
DEPO-SUBQ PROVERA 104	4	QL; ACA	medroxyprogesterone acetate
<i>dotti</i>	2	QL	
DUAVEE	3		
<i>eemt</i>	2		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>eemt hs</i>	2		
<i>emzahh</i>	2	ACA	
<i>errin</i>	2	ACA	
ESTRACE ORAL	4		estradiol
ESTRADIOL IMPLANT PELLETT 6 MG	4		
<i>estradiol oral</i>	1		
<i>estradiol transdermal</i>	2	QL	
<i>estradiol vaginal</i>	2		
<i>estradiol valerate</i>	2		
<i>estradiol-norethindrone acet</i>	2		
<i>estrogens-methyltestosterone</i>	2		
<i>fyavolv</i>	2		
<i>heather</i>	2	ACA	
<i>incassia</i>	2	ACA	
<i>jencycla</i>	2	ACA	
<i>jinteli</i>	2		
<i>lyleq</i>	2	ACA	
<i>lyllana</i>	2	QL	
<i>lyza</i>	2	ACA	
<i>medroxyprogesterone intramuscular</i>	2	QL; ACA	
<i>medroxyprogesterone oral tablet 10 mg</i>	1		
<i>medroxyprogesterone oral tablet 2.5 mg, 5 mg</i>	2		
MENOSTAR	4	QL	estradiol
<i>mimvey</i>	2		
<i>nora-be</i>	2	ACA	
<i>norethindrone (contraceptive)</i>	2	ACA	
<i>norethindrone acetate</i>	2		
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2		
OPILL	3	ACA	
PREMARIN VAGINAL	3		
<i>progesterone</i>	S2		
<i>progesterone micronized</i>	2		
PROMETRIUM	4		progesterone

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PROVERA	4		medroxyprogesterone acetate
<i>sharobel</i>	2	ACA	
<i>tulana</i>	2	ACA	
<i>yuvafem</i>	2		
MISCELLANEOUS OB/GYN			
CERVIDIL	4		
CLEOCIN VAGINAL CREAM	4		clindamycin phosphate
CLEOCIN VAGINAL SUPPOSITORY	4		clindamycin phosphate, metronidazole, XACIATO
<i>clindamycin phosphate vaginal</i>	2		
CLINDESSE	4		clindamycin phosphate, metronidazole, XACIATO
<i>eluryng</i>	2	ACA	
<i>enilloring</i>	2	ACA	
<i>etonogestrel-ethinyl estradiol</i>	2	ACA	
<i>fem ph</i>	2		
GYNAZOLE-1	4		terconazole
<i>haloette</i>	2	ACA	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2		
<i>miconazole-3 vaginal suppository</i>	2		
MYFEMBREE	3	PA	
<i>norelgestromin-ethin.estradiol</i>	2	ACA	
NUVESSA	4		metronidazole, clindamycin phosphate, XACIATO
ORIAHNN	3	PA	
PREPIDIL	4		
RELAGARD	4		<i>fem ph</i>
<i>terconazole</i>	2		
<i>tranexamic acid oral</i>	2		
TRIMO-SAN JELLY	3		
<i>vandazole</i>	2		
VCF CONTRACEPTIVE FILM	3	ACA	
VCF CONTRACEPTIVE GEL	3	ACA	
VEOZAH	4		estradiol, estradiol, paroxetine mesylate

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
XACIATO	3	PA	
<i>xulane</i>	2	ACA	
<i>zafemy</i>	2	ACA	
ORAL CONTRACEPTIVES & RELATED AGENTS			
<i>afirmelle</i>	2	ACA	
<i>after pill</i>	2	QL; ACA	
AFTERA	4	QL; ACA	
<i>altavera (28)</i>	2	ACA	
<i>alyacen 1/35 (28)</i>	2	ACA	
<i>alyacen 7/7/7 (28)</i>	2	ACA	
<i>amethia</i>	2	ACA	
<i>amethyst (28)</i>	2	ACA	
<i>apri</i>	2	ACA	
<i>aranelle (28)</i>	2	ACA	
<i>ashlyna</i>	2	ACA	
<i>aubra</i>	2	ACA	
<i>aubra eq</i>	2	ACA	
<i>aurovela 1.5/30 (21)</i>	2	ACA	
<i>aurovela 1/20 (21)</i>	2	ACA	
<i>aurovela 24 fe</i>	2	ACA	
<i>aurovela fe 1.5/30 (28)</i>	2	ACA	
<i>aurovela fe 1-20 (28)</i>	2	ACA	
<i>aviane</i>	2	ACA	
<i>ayuna</i>	2	ACA	
<i>azurette (28)</i>	2	ACA	
<i>balziva (28)</i>	2	ACA	
BEYAZ	4	ST; ACA	drospirenone-eth estra- levomef
<i>blisovi 24 fe</i>	2	ACA	
<i>blisovi fe 1.5/30 (28)</i>	2	ACA	
<i>blisovi fe 1/20 (28)</i>	2	ACA	
<i>briellyn</i>	2	ACA	
<i>camrese</i>	2	ACA	
<i>camrese lo</i>	2	ACA	
<i>caziant (28)</i>	2	ACA	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>charlotte 24 fe</i>	2	ACA	
<i>chateal (28)</i>	2	ACA	
<i>chateal eq (28)</i>	2	ACA	
<i>cryselle (28)</i>	2	ACA	
<i>curae</i>	2	QL; ACA	
<i>cyred</i>	2	ACA	
<i>cyred eq</i>	2	ACA	
<i>dasetta 1/35 (28)</i>	2	ACA	
<i>dasetta 7/7/7 (28)</i>	2	ACA	
<i>daysee</i>	2	ACA	
<i>desog-e.estradiol/e.estradiol</i>	2	ACA	
<i>dolishale</i>	2	ACA	
<i>drospirenone-e.estradiol-lm,fa</i>	2	ACA	
<i>drospirenone-ethinyl estradiol</i>	2	ACA	
<i>econtra ez</i>	2	QL; ACA	
<i>econtra one-step</i>	2	QL; ACA	
<i>elinest</i>	2	ACA	
ELLA	3	QL; ACA	
<i>enpresse</i>	2	ACA	
<i>enskyce</i>	2	ACA	
<i>estarylla</i>	2	ACA	
<i>ethynodiol diac-eth estradiol</i>	2	ACA	
<i>falmina (28)</i>	2	ACA	
<i>finzala</i>	2	ACA	
<i>gemmily</i>	2	ACA	
<i>hailey</i>	2	ACA	
<i>hailey 24 fe</i>	2	ACA	
<i>hailey fe 1.5/30 (28)</i>	2	ACA	
<i>hailey fe 1/20 (28)</i>	2	ACA	
<i>her style</i>	2	QL; ACA	
<i>iclevia</i>	2	ACA	
<i>isibloom</i>	2	ACA	
<i>jaimiess</i>	2	ACA	
<i>jasmiel (28)</i>	2	ACA	
<i>jolessa</i>	2	ACA	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>joyeaux</i>	2	ACA	
<i>juleber</i>	2	ACA	
<i>junel 1.5/30 (21)</i>	2	ACA	
<i>junel 1/20 (21)</i>	2	ACA	
<i>junel fe 1.5/30 (28)</i>	2	ACA	
<i>junel fe 1/20 (28)</i>	2	ACA	
<i>junel fe 24</i>	2	ACA	
<i>kaitlib fe</i>	2	ACA	
<i>kalliga</i>	2	ACA	
<i>kariva (28)</i>	2	ACA	
<i>kelnor 1/35 (28)</i>	2	ACA	
<i>kelnor 1-50 (28)</i>	2	ACA	
<i>kurvelo (28)</i>	2	ACA	
<i>l norgest/e.estradiol-e.estrad</i>	2	ACA	
<i>larin 1.5/30 (21)</i>	2	ACA	
<i>larin 1/20 (21)</i>	2	ACA	
<i>larin 24 fe</i>	2	ACA	
<i>larin fe 1.5/30 (28)</i>	2	ACA	
<i>larin fe 1/20 (28)</i>	2	ACA	
<i>layolis fe</i>	2	ACA	
<i>leena 28</i>	2	ACA	
<i>lessina</i>	2	ACA	
<i>levonest (28)</i>	2	ACA	
<i>levonorgest-eth.estradiol-iron</i>	2	ACA	
<i>levonorgestrel</i>	2	QL; ACA	
<i>levonorgestrel-ethinyl estrad</i>	2	ACA	
<i>levonorg-eth estrad triphasic</i>	2	ACA	
<i>levora-28</i>	2	ACA	
<i>lojaimiess</i>	2	ACA	
<i>loryna (28)</i>	2	ACA	
<i>low-ogestrel (28)</i>	2	ACA	
<i>lo-zumandimine (28)</i>	2	ACA	
<i>lutra (28)</i>	2	ACA	
<i>marlissa (28)</i>	2	ACA	
<i>merzee</i>	2	ACA	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>mibelas 24 fe</i>	2	ACA	
<i>microgestin 1.5/30 (21)</i>	2	ACA	
<i>microgestin 1/20 (21)</i>	2	ACA	
<i>microgestin 24 fe</i>	2	ACA	
<i>microgestin fe 1.5/30 (28)</i>	2	ACA	
<i>microgestin fe 1/20 (28)</i>	2	ACA	
<i>mili</i>	2	ACA	
<i>mono-linyah</i>	2	ACA	
<i>my choice</i>	2	QL; ACA	
<i>my way</i>	2	QL; ACA	
<i>necon 0.5/35 (28)</i>	2	ACA	
<i>new day</i>	2	QL; ACA	
<i>nikki (28)</i>	2	ACA	
<i>noreth-ethinyl estradiol-iron</i>	2	ACA	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	ACA	
<i>norethindrone-e.estradiol-iron</i>	2	ACA	
<i>norgestimate-ethinyl estradiol</i>	2	ACA	
<i>nortrel 0.5/35 (28)</i>	2	ACA	
<i>nortrel 1/35 (21)</i>	2	ACA	
<i>nortrel 1/35 (28)</i>	2	ACA	
<i>nortrel 7/7/7 (28)</i>	2	ACA	
<i>nylia 1/35 (28)</i>	2	ACA	
<i>nylia 7/7/7 (28)</i>	2	ACA	
<i>nymyo</i>	2	ACA	
<i>ocella</i>	2	ACA	
<i>opcicon one-step</i>	2	QL; ACA	
<i>option-2</i>	2	QL; ACA	
<i>philith</i>	2	ACA	
<i>pimtrea (28)</i>	2	ACA	
PLAN B ONE-STEP	3	QL; ACA	
<i>portia 28</i>	2	ACA	
<i>reclipsen (28)</i>	2	ACA	
<i>rivelsa</i>	2	ACA	
<i>setlakin</i>	2	ACA	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>simliya (28)</i>	2	ACA	
<i>simpesse</i>	2	ACA	
<i>sprintec (28)</i>	2	ACA	
<i>sronyx</i>	2	ACA	
<i>syeda</i>	2	ACA	
TAKE ACTION	4	QL; ACA	
<i>tarina 24 fe</i>	2	ACA	
<i>tarina fe 1/20 (28)</i>	2	ACA	
<i>tilia fe</i>	2	ACA	
<i>tri-estarylla</i>	2	ACA	
<i>tri-legest fe</i>	2	ACA	
<i>tri-linyah</i>	2	ACA	
<i>tri-lo-estarylla</i>	2	ACA	
<i>tri-lo-marzia</i>	2	ACA	
<i>tri-lo-mili</i>	2	ACA	
<i>tri-lo-sprintec</i>	2	ACA	
<i>tri-mili</i>	2	ACA	
<i>tri-nymyo</i>	2	ACA	
<i>tri-sprintec (28)</i>	2	ACA	
<i>trivora (28)</i>	2	ACA	
<i>tri-vylibra</i>	2	ACA	
<i>tri-vylibra lo</i>	2	ACA	
<i>turqoz (28)</i>	2	ACA	
<i>tydemy</i>	2	ACA	
<i>velivet triphasic regimen (28)</i>	2	ACA	
<i>vestura (28)</i>	2	ACA	
<i>vienva</i>	2	ACA	
<i>viorele (28)</i>	2	ACA	
<i>volnea (28)</i>	2	ACA	
<i>vyfemla (28)</i>	2	ACA	
<i>vylibra</i>	2	ACA	
<i>wera (28)</i>	2	ACA	
<i>wymzya fe</i>	2	ACA	
YAZ (28)	4	ST; ACA	drospirenone-ethinyl estradiol, jasmiel, loryna, lo-zumandimine, nikki, vestura

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>zarah</i>	2	ACA	
<i>zovia 1-35 (28)</i>	2	ACA	
<i>zumandimine (28)</i>	2	ACA	
OXYTOCICS			
<i>methylergonovine oral</i>	2	PA; QL	
OPHTHALMOLOGY			
ANTIBIOTICS			
AZASITE	3		
<i>bacitracin ophthalmic (eye)</i>	2		
<i>bacitracin-polymyxin b</i>	2		
BETADINE OPHTHALMIC PREP	4		
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2		
<i>erythromycin ophthalmic (eye)</i>	2		
<i>gatifloxacin</i>	2		
<i>gentamicin ophthalmic (eye) drops</i>	2		
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2		
MOXIFLOXACIN (PF)-BSS	4		
<i>moxifloxacin ophthalmic (eye)</i>	2		
MOXIFLOXACIN-SOD CHLOR,ISO(PF)	4		
NATACYN	3		
<i>neomycin-bacitracin-polymyxin</i>	2		
<i>neomycin-polymyxin-gramicidin</i>	2		
<i>neo-polycin</i>	2		
OCUFLOX	4		ofloxacin
<i>ofloxacin ophthalmic (eye)</i>	2		
<i>polycin</i>	2		
<i>polymyxin b sulf-trimethoprim</i>	2		
<i>tobramycin ophthalmic (eye)</i>	2		
TOBRAMYCIN-VANCOMYCIN	4	PA	
TOBEX OPHTHALMIC (EYE) OINTMENT	4		tobramycin sulfate
VIGAMOX	4		moxifloxacin hcl
ANTIVIRALS			

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>trifluridine</i>	2		
ZIRGAN	4		trifluridine
BETA-BLOCKERS			
<i>betaxolol ophthalmic (eye)</i>	2		
BETOPTIC S	4		betaxolol hcl, carteolol hcl, levobunolol hcl, timolol maleate
<i>carteolol</i>	2		
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2		
<i>timolol maleate (pf)</i>	2		
<i>timolol maleate ophthalmic (eye)</i>	2		
CHOLINESTERASE INHIBITOR MIOTICS			
PHOSPHOLINE IODIDE	S2		
CYCLOPLEGIC MYDRIATICS			
ATROPINE OPHTHALMIC (EYE) DROPS 0.01 %, 0.025 %, 0.05 %	4		
<i>atropine ophthalmic (eye) drops 1 %</i>	2		
<i>atropine ophthalmic (eye) ointment</i>	2		
CYCLOGYL	4		cyclopentolate hcl
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	2		
<i>cyclopen-tropic-phenyleph-watr</i>	2		
CYCLOPENT-TROPIC-PHEN-KETR- WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-2.5 %- 0.5 %	4		
<i>homatropaire</i>	2		
MYDRIACYL	4		tropicamide
PHENYLEPH-TROPICAMIDE IN WATER	4		
<i>tropicamide</i>	2		
DIRECT ACTING MIOTICS			
MIOCHOL-E	4		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MISCELLANEOUS OPHTHALMOLOGICS			
AKTEN (PF)	4		
ALCAINE	4		proparacaine hcl
<i>altacaine</i>	2		
ALTAFLUOR BENOX	4		
<i>azelastine ophthalmic (eye)</i>	2		
<i>bepotastine besilate</i>	2		
CEQUA	4	PA; QL	cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA
<i>cromolyn ophthalmic (eye)</i>	2		
CYCLOSPORINE IN KLARITY	4		
<i>cyclosporine ophthalmic (eye)</i>	2	PA; QL	
CYSTARAN	S2	PA	
DEXAMET-MOXIFL-KETORO- NACL(PF)	4		
<i>epinastine</i>	2		
FLUORESCEIN-BENOXINATE	4		
<i>fluorescein-proparacaine</i>	2		
IHEEZO (PF)	4	PA	
LACRISERT	4	PA; QL	cyclosporine, RESTASIS MULTIDOSE
LUXTURNA	S2	PA	
MYDRIATIC4(TROP-PROP-PE- KTRLC)	4		
OMIDRIA	4		
OXERVATE	S2	PA	
PHOTREXA CROSS-LINKING KIT	4		
PHOTREXA VISCOUS	4		
PREDNISOLN SP-MOXIFLOX- BROMFEN	4		
PREDNISOLONE ACETATE- BROMFENAC	4		
PREDNISOLONE ACETATE- NEPAFENAC	4		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PREDNISOLONE-MOXIFLO-NEPAFENAC	4		
PREDNISOLONE-MOXIFLOX-BROMFEN	4		
<i>proparacaine</i>	2		
RESTASIS	4	PA; QL	cyclosporine
RESTASIS MULTIDOSE	3	PA; QL	
<i>tetracaine hcl</i>	2		
TETRACAINE HCL (PF) OPTHALMIC (EYE)	4		
TYRVAYA	4	PA	cyclosporine, RESTASIS MULTIDOSE, XIIDRA
VEVYE	4	PA; QL	cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA
XDEMVY	S2	PA; QL	
XIIDRA	3	PA; QL	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS			
ACULAR	4	ST	ketorolac tromethamine
ACULAR LS	4	ST	ketorolac tromethamine
<i>bromfenac</i>	2		
<i>diclofenac sodium ophthalmic (eye)</i>	2		
<i>flurbiprofen sodium</i>	2		
ILEVRO	4		bromfenac sodium, diclofenac sodium, ketorolac tromethamine
<i>ketorolac ophthalmic (eye)</i>	2		
PROLENSA	4		bromfenac sodium
ORAL DRUGS FOR GLAUCOMA			
<i>acetazolamide</i>	2		
<i>methazolamide</i>	2		
OTHER GLAUCOMA DRUGS			
<i>bimatoprost ophthalmic (eye)</i>	2	ST	
BRIMONIDINE-DORZOLAMIDE (PF)	4		
<i>brimonidine-timolol</i>	2		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>brinzolamide</i>	2		
COMBIGAN	4	ST	brimonidine tartrate-timolol
<i>dorzolamide</i>	2		
DORZOLAMIDE (PF)	4		
<i>dorzolamide-timolol</i>	2		
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2		
<i>latanoprost</i>	1	ST	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	4	PA	bimatoprost, latanoprost, tafluprost, travoprost
<i>miostat</i>	2		
SIMBRINZA	4		brimonidine tartrate, brinzolamide, dorzolamide- timolol
<i>tafluprost (pf)</i>	2	ST	
<i>travoprost</i>	2	ST	
VYZULTA	4	ST	bimatoprost, latanoprost, tafluprost, travoprost
STEROID-ANTIBIOTIC COMBINATIONS			
DEXAMETH-MOXIFLOX(PF)- NACL,ISO	4		
MAXITROL	4		neo/polymyxin/dexamethason e
<i>neomycin-bacitracin-poly-hc</i>	2		
<i>neomycin-polymyxin b-dexameth</i>	2		
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2		
<i>neo-polycin hc</i>	2		
PREDNISOLONE SOD PH- MOXIFLOX	4		
PREDNISOLONE-MOXIFLOXACIN HCL	4		
TOBRADEX OPHTHALMIC (EYE) OINTMENT	4		tobramycin-dexamethasone
<i>tobramycin-dexamethasone</i>	2		
STERIODS			
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DEXTENZA	4		
DEXYCU (PF)	4		
<i>difluprednate</i>	2		
EYSUVIS	4	PA; QL	loteprednol etabonate, artificial tears
<i>fluorometholone</i>	2		
FML LIQUIFILM	4	ST	fluorometholone
ILUVIEN	S2		OZURDEX
INVELTYS	4	ST	dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	4	ST	loteprednol etabonate
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	4		loteprednol etabonate
LOTEMAX OPHTHALMIC (EYE) OINTMENT	4	ST	dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate
LOTEMAX SM	4	ST	dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	2		
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	2	ST	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	2		
OZURDEX	S2		
PRED FORTE	4		prednisolone acetate
<i>prednisolone acetate</i>	2		
PREDNISOLONE ACETATE (PF)	4		
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RETISERT	S2		
STEROID-SULFONAMIDE COMBINATIONS			
<i>sulfacetamide-prednisolone</i>	2		
SULFONAMIDES			
<i>sulfacetamide sodium ophthalmic (eye)</i>	2		
SYMPATHOMIMETICS			
ALPHAGAN P	4	ST	brimonidine tartrate
<i>apraclonidine</i>	2		
<i>brimonidine ophthalmic (eye)</i>	2		
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	4	ST	brimonidine tartrate
VASOCONSTRICTOR DECONGESTANTS			
CYCLOMYDRIL	4		
<i>phenylephrine hcl ophthalmic (eye)</i>	2		
RESPIRATORY, ALLERGY, COUGH & COLD			
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS			
<i>carbinoxamine maleate oral liquid</i>	2		
<i>carbinoxamine maleate oral tablet 4 mg</i>	2		
<i>carbinoxamine maleate oral tablet 6 mg</i>	2	ST	
CLARINEX ORAL TABLET	4	QL	desloratadine
<i>clemastine</i>	2		
<i>cyproheptadine</i>	2		
<i>desloratadine</i>	2	QL	
<i>dexchlorpheniramine maleate oral solution</i>	2		
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	QL; PRE	
EPIPEN	3	QL	
EPIPEN JR	3	QL	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2		
<i>hydroxyzine hcl oral tablet</i>	2		
<i>hydroxyzine pamoate</i>	2		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
KARBINAL ER	4	ST	carbinoxamine
<i>promethazine oral syrup</i>	2		
<i>promethazine oral tablet 12.5 mg, 50 mg</i>	2		
<i>promethazine oral tablet 25 mg</i>	1		
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	2		
<i>promethegan</i>	2		
RYCLORA	4		dexchlorpheniramine maleate
RYVENT	4	ST	carbinoxamine
SYMJEPI	3	QL	
VISTARIL ORAL CAPSULE 25 MG	4		hydroxyzine pamoate
COUGH & COLD THERAPY			
<i>benzonatate</i>	2		
BROMFED DM	4		bromipheniramin- pseudoephed-dm
<i>brompheniramine-pseudoeph-dm</i>	2		
CLARINEX-D 12 HOUR	4	QL	desloratadine, fexofenadine- pse er
<i>codeine-guaifenesin</i>	2		
CODITUSSIN AC	4		g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac
CODITUSSIN DAC	4		guaifenesin dac, LORTUSS EX, virtussin dac
<i>g tussin ac</i>	2		
HISTEX-AC	4		promethazine vc w/codeine
HYCODAN (WITH HOMATROPINE)	4		hydrocodone/homatropine
<i>hydrocodone-chlorpheniramine</i>	2		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	2		
<i>hydrocodone-homatropine oral tablet</i>	2		
<i>hydromet</i>	2		
MAR-COF CG	4		g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac
<i>maxi-tuss ac</i>	2		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MAXI-TUSS CD	4		
NINJACOF-XG	4		g tussin ac, guaifenesin ac, guaifenesin with codeine, guiatussin ac, m-clear wc, virtussin ac
POLY-TUSSIN AC	4		
<i>promethazine vc</i>	2		
<i>promethazine-codeine</i>	2		
<i>promethazine-dm</i>	2		
RESPA-AR	4		
TUXARIN ER	4		
PULMONARY AGENTS			
ACCOLATE	4		zafirlukast
<i>acetylcysteine</i>	2		
ADEMPAS	S2	PA; QL	
ADRENALIN NASAL	4		
ADVAIR HFA	3	PA; QL	
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION	4	PA; QL	breyna, budesonide-formoterol fumarate, fluticasone-salmeterol, wixela inhub, ADVAIR HFA, BREO ELLIPTA, DULERA
AIRSUPRA	3	PA	
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	2	QL; PRE	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	2	PRE	
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	2		
<i>albuterol sulfate oral</i>	2		
<i>alyq</i>	S2	PA; QL	
<i>ambrisentan</i>	S2	PA; QL	
ANORO ELLIPTA	3	QL	
<i>arformoterol</i>	2	QL	
ARNIVITY ELLIPTA	3	QL	
ASMANEX HFA	3	QL	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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)	3	QL	
ATROVENT HFA	4	QL	budesonide-formoterol fumarate, fluticasone- salmeterol, tiotropium bromide, ANORO ELLIPTA, SPIRIVA RESPIMAT, STIOLTO RESPIMAT, STRIVERDI RESPIMAT
<i>azelastine-fluticasone</i>	2	ST; QL	
<i>bosentan</i>	S2	PA; QL	
BREO ELLIPTA	3	PA; QL	
<i>breynd</i>	2	PA; QL	
BREZTRI AEROSPHERE	3	QL	
BRONCHITOL	S2	PA	nebusal, pulmosal, sodium chloride
BROVANA	4	QL	arformoterol tartrate
<i>budesonide inhalation</i>	2	QL	
<i>budesonide-formoterol</i>	2	PA; QL	
CINRYZE	S2	PA; QL	
COMBIVENT RESPIMAT	3	QL	
<i>cromolyn inhalation</i>	2		
DULERA	3	PA; QL	
DYMISTA	4	PA; QL	azelastine-fluticasone
ELIXOPHYLLIN	4		theophylline anhydrous
<i>epinephrine hcl</i>	2		
FASENRA PEN	S2	PA; QL	
<i>flunisolide</i>	2	ST; QL	
<i>fluticasone propionate nasal</i>	2	QL	
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	PA; QL	
<i>formoterol fumarate</i>	2	QL	
HAEGARDA	S2	PA; QL	CINRYZE, TAKHZYRO

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
HYPER-SAL	4		sodium chloride
<i>icatibant</i>	S2	PA; QL	
<i>ipratropium bromide inhalation</i>	2		
<i>ipratropium-albuterol</i>	2	QL	
KALYDECO	S2	PA; QL	
<i>levalbuterol hcl</i>	2		
<i>mometasone nasal</i>	2	ST; QL	
<i>montelukast oral granules in packet</i>	2		
<i>montelukast oral tablet</i>	1		
<i>montelukast oral tablet, chewable</i>	2		
<i>nebusal inhalation solution for nebulization 3 %</i>	2		
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	4		
NUCALA SUBCUTANEOUS AUTO-INJECTOR	S2	PA; QL	
NUCALA SUBCUTANEOUS SYRINGE	S2	PA; QL	
OFEV	S2	PA; QL	
OPSUMIT	S2	PA; QL	
ORKAMBI	S2	PA; QL	
ORLADEYO	S2	PA; QL	TAKHZYRO
<i>pirfenidone oral capsule</i>	S2	PA; QL	
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	S2	PA; QL	
<i>pulmosal</i>	2		
PULMOZYME	S2	PA	
QVAR REDIHALER	3	QL	
REVATIO ORAL	S2	PA; QL	sildenafil citrate
<i>roflumilast oral tablet 250 mcg</i>	2	PA; QL	
<i>roflumilast oral tablet 500 mcg</i>	2	PA	
RUCONEST	S2	PA; QL	
RYALTRIS	4	PA; QL	azelastine hcl, azelastine-fluticasone, flunisolide, fluticasone propionate, mometasone furoate, olopatadine hcl
<i>sajazir</i>	S2	PA; QL	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>sildenafil (pulm.hypertension) oral</i>	S2	PA; QL	
<i>sodium chloride inhalation</i>	2		
SPIRIVA RESPIMAT	3	QL	
SPIRIVA WITH HANDIHALER	3	QL	
STIOLTO RESPIMAT	3	QL	
STRIVERDI RESPIMAT	3	QL	
SYMBICORT	4	PA; QL	breyna, budesonide-formoterol fumarate
SYMDEKO	S2	PA; QL	
<i>tadalafil (pulm. hypertension)</i>	S2	PA; QL	
TAKHZYRO	S2	PA; QL	
<i>terbutaline oral</i>	2		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR	S2	PA; QL	
THEO-24	4		theophylline anhydrous
<i>theophylline oral elixir</i>	2		
<i>theophylline oral solution</i>	2		
<i>theophylline oral tablet extended release 12 hr</i>	2		
<i>theophylline oral tablet extended release 24 hr</i>	2		
<i>tiotropium bromide</i>	2		
TRACLEER ORAL TABLET	S2	PA; QL	bosentan
TRACLEER ORAL TABLET FOR SUSPENSION	S2	PA; QL	
TRELEGY ELLIPTA	3	QL	
TRIKAFTA	S2	PA; QL	
TYVASO	S2	PA	
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	S2	PA	
TYVASO REFILL KIT	S2	PA	
TYVASO STARTER KIT	S2	PA	
VENTAVIS	S2	PA	TYVASO
WINREVAIR	S2	PA	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>wixela inhub</i>	2	PA; QL	
XHANCE	3	PA; QL	
XOLAIR	S2	PA; QL	
YUPELRI	3	QL	
<i>zafirlukast</i>	2		
<i>zileuton</i>	2	PA	
ZYFLO	4	PA	zileuton, montelukast sodium, zafirlukast

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	2		
<i>fesoterodine</i>	2		
<i>flavoxate</i>	2		
GELNIQUE TRANSDERMAL GEL IN PACKET	3	QL	
GEMTESA	4		darifenacin er, fesoterodine fumarate er, oxybutynin chloride er, tolterodine tartrate er, trospium chloride, MYRBETRIQ
<i>mirabegron</i>	2		
MYRBETRIQ	3		
<i>oxybutynin chloride oral syrup</i>	2		
<i>oxybutynin chloride oral tablet 5 mg</i>	2		
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2		
OXYTROL	4	ST; QL	fesoterodine fumarate er, oxybutynin chloride er, solifenacin succinate, tolterodine tartrate er, trospium chloride, MYRBETRIQ
<i>solifenacin</i>	2		
<i>tolterodine</i>	2		
<i>trospium</i>	2		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY			
<i>alfuzosin</i>	2		
<i>dutasteride</i>	2	ST	
<i>dutasteride-tamsulosin</i>	2	ST	
<i>finasteride oral tablet 5 mg</i>	1		
FLOMAX	4	ST	tamsulosin hcl
JALYN	4	ST	dutasteride-tamsulosin
PROSCAR	4	ST	finasteride
<i>silodosin</i>	2		
<i>tamsulosin</i>	2		
CHOLINERGIC STIMULANTS			
<i>bethanechol chloride</i>	2		
MISCELLANEOUS UROLOGICALS			
CYSTAGON	S2		
ELMIRON	3		
K-PHOS NO 2	4		phospha 250 neutral, K-PHOS ORIGINAL
K-PHOS ORIGINAL	3		
<i>methen-sod phos-meth blue-hyos</i>	2		
ORACIT	4		oral citrate
<i>potassium citrate oral tablet extended release</i>	2		
RENACIDIN	3		
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	2		
URELLE	4		phosphasal, uretron d-s
<i>uretron d-s</i>	2		
URIBEL	4		uro-mp, uro-sp
URIBEL TABS	4		
<i>urimar-t oral tablet</i>	2		
<i>uro-458</i>	2		
UROCIT-K 10	4		potassium citrate er
UROCIT-K 15	4		potassium citrate er

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
UROCIT-K 5	4		potassium citrate er
<i>urogesic-blue</i>	2		
<i>uro-mp</i>	2		
UROQID-ACID NO.2	4		methenamine mandelate
<i>uro-sp</i>	2		
<i>uryl</i>	2		
URINARY ANESTHETICS			
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	2		
VITAMINS, HEMATINICS & ELECTROLYTES			
ELECTROLYTES			
<i>calcium acetate(phosphat bind)</i>	2	QL	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	4		effer-k, klor-con-ef
<i>effer-k oral tablet, effervescent 25 meq</i>	2		
GALZIN	4		
<i>klor-con</i>	2		
<i>klor-con 10</i>	2		
<i>klor-con 8</i>	2		
<i>klor-con m10</i>	2		
<i>klor-con m15</i>	2		
<i>klor-con m20</i>	2		
<i>klor-con/ef</i>	2		
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	4		
<i>lugols oral</i>	2		
<i>potassium chloride oral</i>	2		
<i>strong iodine oral</i>	2		
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES			
DOJOLVI	S2	PA	
VITAMINS & HEMATINICS			
ACCRUFER	4		ferrous fumarate, ferrous gluconate

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>b complex 1 (with folic acid)</i>	2	ACA	
<i>b complex-vitamin c-folic acid oral tablet</i>	2	ACA	
<i>balanced b-100 oral tablet</i>	2	ACA	
<i>bal-care dha</i>	2		
BAL-CARE DHA ESSENTIAL	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	2	ACA	
<i>cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit)</i>	2		
<i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i>	2		
<i>classic prenatal</i>	2	ACA	
<i>c-nate dha</i>	2		
<i>complete natal dha</i>	2		
CONCEPT DHA	4		taron-c dha, virt-c dha
CONCEPT OB	4		folivane-ob
<i>cyanocobalamin (vitamin b-12) injection</i>	2		
<i>cyanocobalamin (vitamin b-12) nasal</i>	2	ST; QL	
<i>dialyvite 800 oral tablet</i>	2	ACA	
<i>dodex</i>	2		
DUET DHA WITH OMEGA-3	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
<i>elite-ob</i>	2		
ENBRACE HR	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	2		
<i>ferocon</i>	2	ACA	
FLORIVA (FLUORIDE-VITAMIN D3)	4		
<i>fluoride (sodium) oral drops</i>	2	ACA	
<i>fluoride (sodium) oral tablet, chewable</i>	2	ACA	
<i>folic acid oral tablet 1 mg</i>	1		
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	2	ACA	

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>folitab</i>	2	ACA	
<i>folivane-ob</i>	2		
<i>foltabs 800</i>	2	ACA	
<i>full spectrum b-vitamin c</i>	2	ACA	
<i>hydroxocobalamin</i>	2		
<i>kobee</i>	2	ACA	
KOSHER PRENATAL PLUS IRON	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
<i>ludent fluoride</i>	2	ACA	
MARNATAL-F	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
MECOBALAMIN (VITAMIN B12) INJECTION	4		
<i>m-natal plus</i>	2		
<i>multi-vitamin with fluoride</i>	2	ACA	
<i>mvc-fluoride</i>	2	ACA	
<i>mynatal</i>	2		
<i>mynatal plus</i>	2		
<i>mynatal-z</i>	2		
NASCOBAL	3	ST; QL	
NATACHEW (FE BIS-GLYCINATE)	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
NEEVODHA (WITH ALGAL OIL)	4		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha
NEONATAL COMPLETE	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
NEONATAL FE	4		
NEONATAL PLUS VITAMIN	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
NEONATAL-DHA	4		complete natal dha, pnv-dha, prena1 pearl, prenaissance plus, westgel dha

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NESTABS	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
NESTABS ABC	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
NESTABS DHA	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
NESTABS ONE	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
<i>newgen</i>	2		
OB COMPLETE	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
OB COMPLETE ONE	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
OB COMPLETE PETITE	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
OB COMPLETE PREMIER	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
OB COMPLETE WITH DHA	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
<i>one daily prenatal</i>	2	ACA	
<i>pnv-dha</i>	2		
<i>pnv-omega</i>	2		
<i>pnv-select</i>	2		
<i>pr natal 400</i>	2		
<i>pr natal 400 ec</i>	2		
<i>pr natal 430</i>	2		
<i>pr natal 430 ec</i>	2		
<i>prenal chew</i>	2		
<i>prenal pearl</i>	2		
<i>prenal true</i>	2		

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PRENATA	4		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
<i>prenatabs fa</i>	2		
<i>prenatabs rx</i>	2		
<i>prenatal complete</i>	2	ACA	
<i>prenatal multi-dha (algal oil)</i>	2	ACA	
<i>prenatal multivitamins</i>	2	ACA	
<i>prenatal one daily</i>	2	ACA	
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	2	ACA	
<i>prenatal plus</i>	2		
<i>prenatal plus (calcium carb)</i>	2		
PRENATAL PLUS DHA	4		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
PRENATAL PLUS VITAMIN- MINERAL	4		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
<i>prenatal vit no.179-iron-folic</i>	2	ACA	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	2	ACA	
<i>prenatal vitamin with minerals</i>	2	ACA	
<i>prenatal-u</i>	2		
PRENATE AM	4		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
PRENATE CHEWABLE	4		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
PRENATE DHA (FERR ASP GLYCIN)	4		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
PRENATE ELITE (IRON ASP GLYC)	4		m-natal plus, prenatabs rx, prenatal plus, se-natal 19, westab plus
PRENATE ENHANCE	4		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PRENATE ESSENTIAL(IRON-ASP-GL)	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
PRENATE MINI (FERR ASP GLYCIN)	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
PRENATE PIXIE	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
PRENATE RESTORE	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
PRENATE STAR	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
PRIMACARE	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
PROVIDA OB	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
<i>rena-vite</i>	2	ACA	
R-NATAL OB	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
SELECT-OB	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
SELECT-OB (FOLIC ACID)	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
SELECT-OB + DHA	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
<i>se-natal 19 chewable</i>	2		
<i>se-natal-19</i>	2		
<i>stress formula with iron</i>	2	ACA	
<i>stress formula with iron(sulf)</i>	2	ACA	
<i>super b maxi complex</i>	2	ACA	

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>super b-50 complex oral capsule 400 mcg-20 mg- 50 mg</i>	2	ACA	
<i>super quints</i>	2	ACA	
<i>taron-c dha</i>	2		
THRIVITE RX	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
TRICARE	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
<i>tricon</i>	2	ACA	
TRIFERIC	4		
<i>trinatal rx 1</i>	2		
<i>trinate</i>	2		
TRISTART DHA	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
<i>tri-vitamin with fluoride</i>	2	ACA	
VITAFOL FE PLUS	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
VITAFOL GUMMIES	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
VITAFOL ULTRA	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
VITAFOL-OB	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
VITAFOL-OB+DHA	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
VITAFOL-ONE	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
VITAMEDMD ONE RX	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha

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

Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VITAMEDMD REDICHEW RX	4		m-natal plus, prenatal rx, prenatal plus, se-natal 19, westab plus
<i>vitamin b complex-folic acid oral tablet</i>	2	ACA	
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	2		
<i>vitamin d3 oral tablet, chewable 25 mcg (1,000 unit)</i>	2		
<i>vitamins a,c,d and fluoride</i>	2	ACA	
VITATRUE	4		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
<i>wescap-c dha</i>	2		
<i>wescap-pn dha</i>	2		
<i>wesnatal dha complete</i>	2		
<i>wesnate dha</i>	2		
<i>westab plus</i>	2		
<i>westgel dha</i>	2		
<i>zatean-pn dha</i>	2		
<i>zatean-pn plus</i>	2		
<i>zingiber</i>	2		

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<i>tinidazole</i>	8	<i>tretinoin microspheres</i>	55	TRULICITY.....	81
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<i>tiotropium bromide</i>	118	TREZIX.....	27	TRUSTEX-RIA NON-LUB	
<i>tis-u-sol pentalyte</i>	62	<i>triamcinolone acetonide</i> ...	61, 65	CONDOMS.....	99
TIVICAY.....	5	<i>triamterene</i>	43	TUKYSA.....	16
TIVICAY PD.....	5	<i>triamterene-hydrochlorothiazid</i>		<i>tulana</i>	101
<i>tizanidine</i>	24	43	TURALIO.....	16
TOBI PODHALER.....	8	<i>triazolam</i>	36	<i>turqoz (28)</i>	106
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<i>tobramycin-dexamethasone</i> ..	111	<i>tri-estarylla</i>	106	TYKERB.....	16
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<i>tolvaptan</i>	79	<i>tri-lynyah</i>	106	UBRELVY.....	22
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SOLOSTAR.....	78	<i>trimethoprim</i>	11	<i>uretron d-s</i>	120
TOUJEO SOLOSTAR U-300		<i>tri-mili</i>	106	URIBEL.....	120
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<i>tranexamic acid</i>	101	<i>tri-sprintec (28)</i>	106	<i>uro-mp</i>	121
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