



2023 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		
BREXAFEMME	4	PA; QL	
<i>clotrimazole mucous membrane</i>	2		
CRESEMBIA ORAL	3		
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	4		
DIFLUCAN ORAL TABLET 100 MG, 200 MG	4		
DIFLUCAN ORAL TABLET 150 MG	4	QL	
<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		
NOXAFL INTRAVENOUS	3	PA	
NOXAFL ORAL SUSP,DELAYED RELEASE FOR RECON	3	PA	
NOXAFL ORAL SUSPENSION	4	PA	
<i>nystatin oral</i>	2		
ORAVIG	4		
<i>posaconazole</i>	2	PA	
SPORANOX	4	QL	
<i>terbinafine hcl oral</i>	2		
VFEND	4		
VIVJOA	4	PA; QL	
<i>voriconazole oral</i>	2		
ANTIVIRALS			
abacavir	S2		
abacavir-lamivudine	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>acyclovir oral capsule</i>	1		
<i>acyclovir oral suspension 200 mg/5 ml</i>	2		
<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		
COMBIVIR	S2		
<i>darunavir ethanolate</i>	2		
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-tenofovir</i>	S2		
<i>efavirenz-lamivu-tenofovir disop</i>	S2		
<i>emtricitabine</i>	S2		
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	2		
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	2	ACA	
EMTRIVA	S2		
<i>entecavir</i>	2		
EPCLUSIA	S2	PA; QL	
EPIVIR	S2		
EPZICOM	S2		
<i>etravirine</i>	S2		
EVOTAZ	S2		
<i>famciclovir</i>	2	QL	
FLUMADINE ORAL TABLET	4		
<i>fosamprenavir</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
FUZEON SUBCUTANEOUS RECON SOLN	S2	QL	
GENVOYA	S2		
HARVONI	S2	PA; QL	
HEPSERA	4		
INTELENCE	S2		
ISENTRESS	S2		
ISENTRESS HD	S2		
JULUCA	S2		
KALETRA	S2		
LAGEVRIO (EUA)	3	QL	
<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>	2		
LEXIVA	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		
ODEFSEY	S2		
<i>oseltamivir</i>	2	QL	
PAXLOVID	3	QL	
PREVYMIS ORAL	3	QL	
PREZISTA ORAL SUSPENSION	S2		
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	S2		
RELENZA DISKHALER	4	QL	
RETROVIR ORAL CAPSULE	S2		
RETROVIR ORAL SYRUP	S2		
REYATAZ ORAL CAPSULE 200 MG, 300 MG	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
REYATAZ ORAL POWDER IN PACKET	S2		
<i>ribavirin inhalation</i>	2		
<i>rimantadine</i>	2		
<i>ritonavir</i>	S2		
SELZENTRY	S2		
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	S2		
SUNLENCA	S2	PA	
SYMFİ	S2		
SYMFİ LO	S2		
SYMTUZA	S2		
SYNAGIS	S2	PA	
TAMIFLU	4	QL	
TEMBEXA	4	PA	
<i>tenofovir disoproxil fumarate</i>	S2		
TIVICAY	S2		
TIVICAY PD	S2		
TRIUMEQ	S2		
TRIUMEQ PD	S2		
TRIZIVIR	S2		
TYBOST	S2		
<i>valacyclovir</i>	2	QL	
VALCYTE	4		
<i>valganciclovir</i>	2		
VEMLIDY	S2	PA	
VIEKIRA PAK	S2	PA; QL	
VIRACEPT ORAL TABLET	S2		
VIRAZOLE	4		
VIREAD	S2		
VOSEVI	S2	PA; QL	
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	QL	
ZEPATIER	S2	PA; QL	
ZIAGEN	S2		
<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		
SUPRAX ORAL CAPSULE	4		
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	4		
SUPRAX ORAL TABLET,CHEWABLE	4		
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	
<i>e.e.s. 400 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
E.E.S. GRANULES	4		
ERYPED 200	4		
ERYPED 400	4		
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	2		
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		
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	4		
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4		
ZITHROMAX TRI-PAK	4		
ZITHROMAX Z-PAK	4		
MISCELLANEOUS ANTIINFECTIVES			
AEMCOLO	4	QL	
<i>albendazole</i>	2	QL	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	QL	
ARIKAYCE	S2		
<i>atovaquone</i>	2		
BENZNIDAZOLE	3	QL	
BETHKIS	S2	QL	
BILTRICIDE	4		
CAYSTON	S2	QL	
CLEOCIN HCL	4		
CLEOCIN PEDIATRIC	4		
<i>clindamycin hcl</i>	2		
<i>clindamycin pediatric</i>	2		
CYCLOSERINE	4	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>dapsone oral</i>	2		
EMVERM	3	QL	
<i>ethambutol</i>	2		
FLAGYL ORAL CAPSULE	4		
HUMATIN	S2		
<i>hydroxychloroquine</i>	2		
IMPAVIDO	3	QL	
<i>isoniazid oral</i>	2		
<i>ivermectin oral</i>	2	QL	
KITABIS PAK	S2	QL	
<i>linezolid</i>	2		
MEPRON	4		
<i>metronidazole oral</i>	2		
MYAMBUTOL ORAL TABLET 400 MG	4		
MYCOBUTIN	4		
NEBUPENT	4	QL	
<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		
SIVEXTRO ORAL	4		
SOLOSEC	3	QL	
STROMECTOL	4	QL	
<i>tinidazole</i>	2	QL	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	S2	QL	
<i>tobramycin in 0.225 % nacl</i>	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
<i>tobramycin inhalation</i>	S2	QL	
TOBRAMYCIN WITH NEBULIZER	S2	QL	
TRECATOR	4		
XENLETA ORAL	4		
XIFAXAN	3	QL	
ZYVOX ORAL	4		
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		
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3		
AUGMENTIN XR	4		
<i>dicloxacillin</i>	2		
MOXATAG	4		
<i>penicillin v potassium</i>	2		
QUINOLONES			
BAXDELA ORAL	3	QL	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	4		
CIPRO ORAL TABLET 250 MG, 500 MG	4		
<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		
<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		
BACTRIM DS	4		
<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	
<i>demeclacycline</i>	2		
<i>doxycycline hyclate oral capsule</i>	2		
<i>minocycline oral capsule</i>	2		
<i>minocycline oral tablet</i>	2		
NUZYRA ORAL	4	ST; QL	
SEYSARA	4	ST	
<i>tetracycline</i>	2		
VIBRAMYCIN ORAL CAPSULE 100 MG	4	ST	
URINARY TRACT AGENTS			
<i>fosfomycin tromethamine</i>	2		
FURADANTIN	4		
HIPREX	4		
MACROBID	4		
MACRODANTIN	4		
<i>methenamine hippurate</i>	2		
<i>methenamine mandelate</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
MONUROL	4		
<i>nitrofurantoin</i>	2		
<i>nitrofurantoin macrocrystal</i>	2		
<i>nitrofurantoin monohyd/m-cryst</i>	2		
PRIMSOL	4		
<i>trimethoprim</i>	2		
VANCOMYCIN			
VANCOCIN	4	QL	
<i>vancomycin oral capsule</i>	2	QL	
<i>vancomycin oral recon soln 50 mg/ml</i>	2	QL	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS			
ADJUNCTIVE AGENTS			
<i>leucovorin calcium oral</i>	2		
MESNEX ORAL	3		
VISTOGARD	S2		
XGEVA	S2		
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS			
<i>abiraterone</i>	2		
ALECENSA	3		
ALKERAN	3		
ALUNBRIG	3		
<i>anastrozole</i>	2	ACA	
AROMASIN	3		
ASTAGRAF XL	4		
AYVAKIT	3	PA	
AZASAN	4		
<i>azathioprine</i>	2		
BALVERSA	3	PA	
<i>bexarotene oral</i>	2		
<i>bexarotene topical</i>	2	PA	
<i>bicalutamide</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
BOSULIF	3	PA	
BRAFTOVI ORAL CAPSULE 75 MG	3		
BRUKINSA	3	PA	
CABOMETYX	3		
CALQUENCE (ACALABRUTINIB MAL)	3	PA	
<i>capecitabine</i>	2	PA	
CAPRELSA	3		
CASODEX	3		
CELLCEPT	4	PA	
COMETRIQ	3		
COPIKTRA	3		
COTELLIC	3		
<i>cyclophosphamide oral capsule</i>	2		
CYCLOPHOSPHAMIDE ORAL TABLET	3		
<i>cyclosporine modified</i>	2		
<i>cyclosporine oral capsule</i>	2		
DAURISMO	3		
DROXIA	3		
EMCYT	3		
ENSPRYNG	S2	PA	
ERIVEDGE	3		
ERLEADA	3	PA	
<i>erlotinib</i>	2		
<i>etoposide oral</i>	2		
EULEXIN	3		
<i>everolimus (antineoplastic)</i>	2		
<i>everolimus (immunosuppressive)</i>	2		
<i>exemestane</i>	2	ACA	
EXKIVITY	3		
FARESTON	3		
FEMARA	3	PA	
GAVRETO	3		
<i>gefitinib</i>	2	PA	
<i>gengraf</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
GILOTRIF	3		
GLEOSTINE	3		
GLIADEL WAFER	4		
HYCAMTIN ORAL	3		
HYDREA	3		
<i>hydroxyurea</i>	2		
IBRANCE	3	PA	
ICLUSIG	3	PA	
IDHIFA	3		
<i>imatinib</i>	2	PA	
IMBRUVIDA ORAL CAPSULE	3	PA	
IMBRUVIDA ORAL SUSPENSION	3	PA	
IMBRUVIDA ORAL TABLET 140 MG, 280 MG, 420 MG	3	PA	
IMURAN	4		
INLYTA	3		
IRESSA	3	PA	
JAKAFI	3		
JELMYTO	4		
KISQALI	3	PA	
KISQALI FEMARA CO-PACK	3	PA	
KOSELUGO	3	PA	
<i>lapatinib</i>	2	PA	
<i>lenalidomide</i>	2	PA	
LENVIMA	3		
<i>letrozole</i>	2		
LEUKERAN	3		
LONSURF	3		
LORBRENA	3		
LUMAKRAS	3	PA	
LUPKYNIS	S2	QL	
LYNPARZA	3		
LYSODREN	3		
LYTGOBI	3	PA	
MATULANE	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
<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 ORAL TABLET	3		
MEKTOVI	3		
<i>melphalan</i>	2		
<i>mercaptopurine</i>	2		
<i>methotrexate sodium</i>	2		
<i>methotrexate sodium (pf)</i>	2		
MYCAPSSA	S2	PA; QL	
<i>mycophenolate mofetil</i>	2		
<i>mycophenolate sodium</i>	2	PA	
MYFORTIC	4	PA	
MYLERAN	3		
NEORAL	4		
NERLYNX	3		
NEXAVAR	3		
NILANDRON	3		
<i>nilutamide</i>	2		
NINLARO	3		
NUBEQA	3	PA	
<i>octreotide acetate</i>	S2	PA	
ODOMZO	3		
ORGOVYX	3		
ORSERDU	3	PA	
PEMAZYRE	3	PA	
PIQRAY	3	PA	
POMALYST	3	PA	
PROGRAF ORAL CAPSULE	4		
PROGRAF ORAL GRANULES IN PACKET	3		
PURIXAN	3		
RAPAMUNE	4		
RETEVMO	3	PA	
REVLIMID	3	PA	
REZUROCK	4	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
ROZLYTREK	3	PA	
RUBRACA	3	PA	
RYDAPT	3		
SANDIMMUNE ORAL CAPSULE	4		
SANDIMMUNE ORAL SOLUTION	3		
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	S2	PA	
SCEMBLIX	3	PA	
SIGNIFOR	S2	PA	
<i>sirolimus</i>	2		
SOLTAMOX	3		
SOMATULINE DEPOT	S2	PA; QL	
<i>sorafenib</i>	2		
SPRYCEL	3	PA	
STIVARGA	3		
<i>sunitinib malate</i>	2	PA	
SUPPRELIN LA	4		
SUTENT	3	PA	
SYNRIBO	3		
TABLOID	3		
TABRECTA	3	PA	
<i>tacrolimus oral</i>	2		
TAFINLAR ORAL CAPSULE	3		
TAGRISSO	3		
TALZENNA	3	PA	
<i>tamoxifen</i>	2	ACA	
TARCEVA	3		
TARGETIN TOPICAL	4	PA	
TASIGNA	3	PA	
TAZVERIK	3	PA	
<i>temozolomide</i>	2	PA	
THALOMID	3	PA	
TIBSOVO	3		
<i>toremifene</i>	2		
<i>tretinoïn (antineoplastic)</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
TREXALL	3		
TUKYSA	3	PA	
TURALIO ORAL CAPSULE 125 MG	3	PA	
TYKERB	3	PA	
VENCLEXTA	3		
VENCLEXTA STARTING PACK	3		
VERZENIO	3	PA	
VIJOICE	3	PA; QL	
VITRAKVI	3		
VIZIMPRO	3		
VONJO	3	PA	
VOTRIENT	3		
WELIREG	3	PA	
XALKORI	3		
XELODA	3	PA	
XERMELO	3		
XOSPATA	3		
XTANDI	3		
YONSA	3		
ZEJULA	3		
ZELBORAF	3		
ZOLINZA	3		
ZORTRESS	4		
ZYDELIG	3		
ZYKADIA	3		
ZYNLONTA	3	PA	
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH			
ANTICONVULSANTS			
APTIOM	4	PA	
BRIVIACT ORAL	4		
<i>carbamazepine oral capsule, er multiphase 12 hr</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>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 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		
CELONTIN ORAL CAPSULE 300 MG	3		
<i>clobazam</i>	2		
<i>clonazepam</i>	2		
DEPAKOTE	4		
DEPAKOTE ER	4		
DEPAKOTE SPRINKLES	4		
DIACOMIT	S2	PA	
DIASTAT	4		
DIASTAT ACUDIAL	4		
<i>diazepam rectal</i>	2		
DILANTIN	3		
DILANTIN EXTENDED	4		
DILANTIN INFATABS	4		
DILANTIN-125	4		
<i>divalproex</i>	2		
ELEPSIA XR	4		
EPIDIOLEX	S2	PA	
<i>epitol</i>	2		
EQUETRO	4		
<i>ethosuximide</i>	2		
<i>felbamate</i>	2		
FELBATOL	4		
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		
GABITRIL	4		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	4	PA	
<i>lacosamide oral</i>	2		
LAMICTAL XR STARTER (BLUE)	4		
LAMICTAL XR STARTER (GREEN)	4		
LAMICTAL XR STARTER (ORANGE)	4		
<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		
NAYZILAM	3	PA	
<i>oxcarbazepine</i>	2		
OXTELLAR XR	4		
<i>phenobarbital</i>	2		
PHENYTEK	4		
<i>phenytoin oral suspension</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		
<i>roweepra oral tablet 500 mg</i>	2		
<i>rufinamide</i>	2		
SPRITAM	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
subvenite oral tablet 100 mg, 150 mg, 200 mg	1		
subvenite oral tablet 25 mg	2		
subvenite starter (blue) kit	2		
subvenite starter (green) kit	2		
subvenite starter (orange) kit	2		
SYMPAZAN	4	PA	
TEGRETOL ORAL SUSPENSION	4		
TEGRETOL ORAL TABLET	4		
TEGRETOL XR	4		
tiagabine	2		
topiramate oral capsule, sprinkle 15 mg	2		
topiramate oral capsule, sprinkle 25 mg	1		
topiramate oral capsule, extended release 24hr 100 mg, 25 mg, 50 mg	1	PA	
topiramate oral capsule, extended release 24hr 200 mg	2	PA	
topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg	1		
topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg	2		
topiramate oral tablet 100 mg, 25 mg, 50 mg	1		
topiramate oral tablet 200 mg	2		
TROKENDI XR	4	PA	
valproic acid	2		
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	2		
VALTOCO	4	PA	
vigabatrin	S2		
vigadronе	S2		
XCOPRI	4	PA	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	PA	
XCOPRI TITRATION PACK	4	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
ZARONTIN	4		
<i>zonisamide</i>	2		
ZTALMY	3	PA	
ANTIPARKINSONISM AGENTS			
<i>apomorphine</i>	S2		
AZILECT	4		
<i>benztropine oral</i>	2		
<i>bromocriptine</i>	2		
<i>carbidopa</i>	2		
<i>carbidopa-levodopa</i>	2		
<i>carbidopa-levodopa-entacapone</i>	2		
COMTAN	4		
DUOPA	S2		
<i>entacapone</i>	2		
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	S2	PA	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	S2	PA	
LODOSYN	4		
MIRAPEX ER	4		
NEUPRO	4		
NOURIANZ	S2	PA	
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 322 MG/DAY(129 MG X1-193MG X1)	S2		
PARLODEL	4		
<i>pramipexole</i>	2		
<i>rasagiline</i>	2		
<i>ropinirole</i>	2		
RYTARY	4		
<i>selegiline hcl</i>	2		
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	4		
STALEVO 100	4		
STALEVO 125	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
STALEVO 150	4		
STALEVO 200	4		
STALEVO 50	4		
STALEVO 75	4		
TASMAR ORAL TABLET 100 MG	4		
<i>tolcapone</i>	2		
<i>trihexyphenidyl</i>	2		
MIGRAINE & CLUSTER HEADACHE THERAPY			
AIMOVIG AUTOINJECTOR	S2	PA; QL	
AJOVY AUTOINJECTOR	S2	PA; QL	
AJOVY SYRINGE	S2	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	S2	PA; QL	
EMGALITY SYRINGE	S2	PA; QL	
ERGOMAR	4		
<i>ergotamine-caffeine</i>	2		
FROVA	4	PA; QL	
<i>frovatriptan</i>	2	QL	
<i>migergot</i>	2		
MIGRALAN	4	PA; QL	
<i>naratriptan</i>	2	QL	
NURTEC ODT	S2	PA; QL	
QULIPTA	S2	PA; QL	
REYVOW	4	PA; QL	
<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	

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>sumatriptan succinate subcutaneous solution</i>	2	QL	
TOSYMRA	4	PA; QL	
TRUDHESA	4	PA; QL	
UBRELVY	S2	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 2.5 MG	3	PA; QL	
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	4	PA; QL	
MISCELLANEOUS NEUROLOGICAL THERAPY			
ADLARITY	4	PA	
ARICEPT	4		
AUSTEDO	S2		
AUSTEDO XR	S2	PA	
<i>dalfampridine</i>	S1	PA; QL	
<i>dichlorphenamide</i>	S2	PA	
<i>donepezil</i>	2		
EVRYSDI	S2	PA; QL	
EXELON PATCH	4		
FIRDAPSE	S2	PA	
<i>galantamine</i>	2		
INGREZZA	S2		
INGREZZA INITIATION PACK	S2		
KEVEYIS	S2	PA	
<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		
NAMENDA ORAL TABLET	4		
NAMENDA TITRATION PAK	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
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	4		
NAMZARIC	3		
NUEDEXTA	3	PA	
NULIBRY	S2	PA	
RADICAVA ORS STARTER KIT SUSP	3	PA	
<i>rivastigmine</i>	2		
<i>rivastigmine tartrate</i>	2		
TEGSEDI	S2	QL	
<i>tetrabenazine</i>	S2		
ZEPOSIA	S2	PA; QL	
ZEPOSIA STARTER KIT (37-DAY)	S2	PA; QL	
ZEPOSIA STARTER PACK (7-DAY)	S2	PA; QL	
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY			
<i>baclofen oral tablet</i>	2		
<i>carisoprodol</i>	2		
<i>carisoprodol-aspirin</i>	2		
<i>carisoprodol-aspirin-codeine</i>	2		
<i>chlorzoxazone</i>	2		
<i>cyclobenzaprine oral capsule,extended release 24hr</i>	2		
<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		
<i>dantrolene oral</i>	2		
FEXMID	4		
LORZONE	4		
<i>meprobamate</i>	2		
<i>metaxalone</i>	2		
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2		
NORGESIC	4		
NORGESIC FORTE	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
<i>orphenadrine citrate oral</i>	2		
<i>orphenadrine-asa-caffeine</i>	2		
<i>orphengesic forte</i>	2		
<i>pyridostigmine bromide oral syrup</i>	2		
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	4		
<i>pyridostigmine bromide oral tablet 60 mg</i>	2		
<i>pyridostigmine bromide oral tablet extended release</i>	2		
SOMA	4		
tizanidine	2		
vanadom	2		
ZANAFLEX	4		
NARCOTIC ANALGESICS			
<i>acetaminophen-caff-dihydrocod oral capsule</i>	2		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	2		
<i>acetaminophen-codeine oral tablet</i>	2		
ACTIQ	4	QL	
ALLZITAL	4		
<i>ascomp with codeine</i>	2		
BELBUCA	3	PA; QL	
<i>buprenorphine</i>	2		
<i>buprenorphine hcl sublingual</i>	2		
<i>butalbital compound w/codeine</i>	2		
<i>butalbital-acetaminop-caf-cod</i>	2		
<i>butalbital-acetaminophen oral capsule</i>	2		
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</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		

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>diskets</i>	2		
DSUVIA	4		
<i>endocet</i>	2		
ESGIC	4		
fentanyl	2	QL	
<i>fentanyl citrate buccal lozenge on a handle</i>	2	QL	
FIORICET	4		
FIORICET WITH CODEINE	4		
<i>hydrocodone bitartrate</i>	2	QL	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	2		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4		
<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	QL	
<i>hydromorphone rectal</i>	2		
HYSINGLA ER	3	QL	
<i>levorphanol tartrate</i>	2		
<i>meperidine oral solution</i>	2		
<i>meperidine oral tablet 50 mg</i>	2		
<i>methadone oral concentrate</i>	2		
<i>methadone oral solution</i>	2		
<i>methadone oral tablet</i>	2		
<i>methadone oral tablet,soluble</i>	2		
<i>methadose oral concentrate</i>	2		
<i>methadose oral tablet,soluble</i>	2		
<i>morphine concentrate oral solution</i>	2		
<i>morphine oral capsule, er multiphase 24 hr</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
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	2	QL	
<i>morphine oral solution</i>	2		
<i>morphine oral tablet</i>	2		
<i>morphine oral tablet extended release</i>	2	QL	
<i>morphine rectal</i>	2		
MS CONTIN	4	QL	
OXAYDO	4	PA	
<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	QL	
<i>oxymorphone oral tablet</i>	2		
<i>oxymorphone oral tablet extended release 12 hr</i>	2	QL	
ROXICODONE ORAL TABLET 15 MG, 30 MG	4		
tencon	2		
TREZIX	4		
zebutal	2		
NON-NARCOTIC ANALGESICS			
<i>adult aspirin regimen</i>	2	ACA	
ANAPROX DS	4	DST	
ARTHROTEC 50	4	DST	
ARTHROTEC 75	4	DST	
<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	

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
bayer low dose aspirin	2	ACA	
buprenorphine-naloxone	2		
butorphanol injection	2		
butorphanol nasal	2	QL	
CAMBIA	4	QL; DST	
celecoxib	2		
DAYPRO	4	DST	
diclofenac potassium oral capsule	2		
diclofenac potassium oral powder in packet	2	PA; QL	
diclofenac potassium oral tablet 50 mg	2		
diclofenac sodium oral tablet extended release 24 hr	2		
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg	2		
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg	1		
diclofenac sodium topical drops	2	QL	
diclofenac sodium topical gel 1 %	2	QL; DST	
diclofenac sodium topical solution in metered-dose pump	2	PA; QL; DST	
diclofenac-misoprostol	2		
diflunisal	2		
DISALCID	4		
EC-NAPROSYN	4	DST	
ecotrin low strength	2	ACA	
etodolac	2		
FELDENE	4	DST	
fenoprofen oral capsule 400 mg	2	DST	
fenoprofen oral tablet	2	DST	
FLECTOR	3	QL; DST	
flurbiprofen oral tablet 100 mg	2		
ibu oral tablet 400 mg	2		
ibu oral tablet 600 mg, 800 mg	1		
ibuprofen oral suspension	2		
ibuprofen oral tablet 400 mg	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>ibuprofen oral tablet 600 mg, 800 mg</i>	1		
<i>indomethacin oral</i>	2		
<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	
KLOXXADO	3	QL	
LICART	3	QL; DST	
LODINE ORAL TABLET	4	DST	
<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	
<i>naloxone injection solution</i>	2		
<i>naloxone injection syringe</i>	2		
<i>naloxone nasal</i>	2	QL; PRE	
<i>naltrexone</i>	2		
NAPRELAN CR	4	DST	
NAPROSYN ORAL SUSPENSION	4	DST	
NAPROSYN ORAL TABLET 500 MG	4	DST	
<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 375 mg, 500 mg</i>	2	DST	
<i>naproxen sodium oral tablet, er multiphase 24 hr 750 mg</i>	2	PA; DST	
NARCAN	3	QL	
<i>oxaprozin</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>pentazocine-naloxone</i>	2		
<i>piroxicam</i>	2		
<i>salsalate</i>	2		
<i>SPRIX</i>	S2	QL; DST	
<i>st joseph aspirin</i>	2	ACA	
<i>st. joseph aspirin</i>	2	ACA	
<i>sulindac</i>	2		
<i>tolmetin oral tablet 600 mg</i>	2	DST	
<i>tramadol oral tablet 50 mg</i>	2	QL	
<i>tramadol oral tablet extended release 24 hr</i>	2	QL	
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	QL	
<i>tramadol-acetaminophen</i>	2	QL	
ZUBSOLV	3		
PSYCHOTHERAPEUTIC DRUGS			
<i>ABILITY MYCITE MAINTENANCE KIT</i>	4		
<i>ABILITY MYCITE STARTER KIT</i>	4		
<i>ADZENYS XR-ODT</i>	4	PA	
<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		
<i>ANAFRANIL</i>	4	ST	
<i>aripiprazole</i>	2		
<i>armodafinil</i>	2	QL	
<i>asenapine maleate</i>	2		
<i>ATIVAN ORAL</i>	4		
<i>atomoxetine</i>	2		
<i>AZSTARYS</i>	4		
<i>BELSOMRA</i>	4	QL	
<i>bupropion hcl 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
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	2		
bupropion hcl oral tablet sustained-release 12 hr	2		
buspirone oral tablet 10 mg, 15 mg	1		
buspirone oral tablet 30 mg, 5 mg, 7.5 mg	2		
CAPLYTA	4	PA	
chlordiazepoxide hcl	2		
chlorpromazine oral	2		
citalopram oral solution	2		
citalopram oral tablet	1		
clomipramine	2		
clonidine hcl oral tablet extended release 12 hr	2	PA	
clorazepate dipotassium	2		
clozapine	2		
CLOZARIL	4		
COTEMPLA XR-ODT	4	ST	
DAYTRANA	3	ST	
DAYVIGO	4	PA	
desipramine	2		
DESOXYN	4		
DESVENLAFAKINE	4	ST	
desvenlafaxine succinate	2		
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	4	ST	
dexamphetamine sulfate	2		
dextroamphetamine-amphetamine	2		
diazepam intensol	2		
diazepam oral solution 5 mg/5 ml (1 mg/ml)	2		
diazepam oral tablet	2		
doxepin oral capsule	2		
doxepin oral concentrate	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>doxepin oral tablet</i>	2	QL	
<i>duloxetine</i>	2		
DYANAVEL XR	3	PA	
EDLUAR	4	QL	
EMSAM	4	ST	
<i>ergoloid</i>	2		
<i>escitalopram oxalate oral solution</i>	2		
<i>escitalopram oxalate oral tablet 10 mg, 20 mg</i>	1		
<i>escitalopram oxalate oral tablet 5 mg</i>	2		
<i>estazolam</i>	2		
<i>eszopiclone</i>	2	QL	
EVEKEO ODT	4		
FANAPT	4		
FETZIMA	3	ST	
<i>fluoxetine oral capsule</i>	1		
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	2		
<i>fluoxetine oral solution</i>	2		
<i>fluoxetine oral tablet</i>	2		
<i>fluphenazine hcl oral</i>	2		
<i>fluvoxamine</i>	2		
GEDON ORAL	4		
<i>guanfacine oral tablet extended release 24 hr</i>	2		
HALCION ORAL TABLET 0.25 MG	4		
<i>haloperidol</i>	2		
<i>haloperidol lactate oral</i>	2		
HETLIOZ	S2	QL	
HETLIOZ LQ	S2	QL	
IGALMI	4		
<i>imipramine hcl</i>	2		
<i>imipramine pamoate</i>	2		
INVEGA	4		
JORNAY PM	4	ST	
KAPVAY	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
KETAMINE SUBLINGUAL	4		
LATUDA	4		
<i>lithium carbonate</i>	2		
LITHOBID	4		
<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		
MARPLAN	4	ST	
<i>methamphetamine</i>	2		
METHYLIN ORAL SOLUTION	4		
<i>methylphenidate</i>	2	ST	
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	2		
<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	QL	
<i>molindone</i>	2		
MYDAYIS	3	ST	

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
NARDIL	4	ST	
<i>nefazodone</i>	2		
NORPRAMIN ORAL TABLET 10 MG, 25 MG	4	ST	
<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		
<i>olanzapine oral</i>	2		
<i>olanzapine-fluoxetine</i>	2		
<i>oxazepam</i>	2		
<i>paliperidone</i>	2		
PAMELOR	4	ST	
PARNATE	4	ST	
<i>paroxetine hcl oral suspension</i>	2		
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1		
<i>paroxetine hcl oral tablet 30 mg</i>	2		
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2		
<i>paroxetine mesylate(menop.sym)</i>	2		
PAXIL	4	ST	
PAXIL CR	4	ST	
<i>perphenazine</i>	2		
<i>perphenazine-amitriptyline</i>	2		
<i>phenelzine</i>	2		
<i>pimozide</i>	2		
<i>procenta</i>	2		
<i>protriptyline</i>	2		
QUELBREE	4	PA	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2		
<i>quetiapine oral tablet extended release 24 hr</i>	2		
QUILLICHEW ER	3	ST	
QUILLIVANT XR	3	ST	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
QUVIVIQ	4	PA	
<i>ramelteon</i>	2	QL	
REMERON ORAL TABLET 15 MG, 30 MG	4	ST	
REMERON SOLTAB	4	ST	
RESTORIL	4		
REXULTI	4		
RISPERDAL ORAL SOLUTION	4		
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4		
<i>risperidone oral solution</i>	2		
<i>risperidone oral tablet</i>	2		
<i>risperidone oral tablet,disintegrating</i>	2		
SECUADO	4	PA	
<i>sertraline oral concentrate</i>	2		
<i>sertraline oral tablet</i>	1		
SILENOR	4	QL	
SUNOSI	S2	PA; QL	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	4	ST	
<i>tasimelteon</i>	S2	PA; QL	
<i>temazepam</i>	2		
<i>thioridazine</i>	2		
<i>thiothixene</i>	2		
TRANXENE T-TAB	4		
<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		
TRINTELLIX	4	ST	
<i>venlafaxine</i>	2		
VERSACLOZ	4		
<i>vilazodone</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
VRAYLAR	4		
VYVANSE	3	ST	
WAKIX	S2	PA; QL	
<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		
<i>ziprasidone hcl</i>	2		
<i>zolpidem oral tablet</i>	2	QL	
<i>zolpidem oral tablet,ext release multiphase</i>	2	QL	
<i>zolpidem sublingual</i>	2	QL	
ZOLPIMIST	4	QL	
ZYPREXA ORAL	4		
ZYPREXA ZYDIS	4		

CARDIOVASCULAR, HYPERTENSION & LIPIDS ANTIARRHYTHMIC AGENTS

<i>amiodarone oral</i>	2		
BETAPACE	4		
BETAPACE AF	4		
<i>disopyramide phosphate oral capsule</i>	2		
<i>dofetilide</i>	2		
<i>flecainide</i>	2		
<i>mexiletine</i>	2		
MULTAQ	4		
<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		
RYTHMOL SR	4		
<i>sorine</i>	2		
<i>sotalol af</i>	2		
<i>sotalol oral</i>	2		
SOTYLIZE	3		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ANTIHYPERTENSIVE THERAPY			
ACCUPRIL	4		
ACCURETIC	4		
<i>acebutolol</i>	2		
ALDACTAZIDE ORAL TABLET 25-25 MG	4		
ALDACTONE	4		
<i>aliskiren</i>	2		
ALTACE	4		
<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-hcthiazid</i>	2		
<i>atenolol</i>	1		
<i>atenolol-chlorthalidone</i>	2		
<i>benazepril</i>	2		
<i>benazepril-hydrochlorothiazide</i>	2		
<i>betaxolol oral</i>	2		
BIDIL	4		
<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		
CALAN SR	4		
<i>candesartan</i>	2		
<i>candesartan-hydrochlorothiazid</i>	2		
<i>captopril</i>	2		
<i>captopril-hydrochlorothiazide</i>	2		
CARDIZEM CD	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
CARDIZEM LA	4		
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	4		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; QL	
CARDURA ORAL TABLET 8 MG	4	QL	
CARDURA XL	4	QL	
<i>cartia xt</i>	2		
<i>carvedilol</i>	1		
<i>carvedilol phosphate</i>	2		
CATAPRES-TTS-1	4	QL	
CATAPRES-TTS-2	4	QL	
CATAPRES-TTS-3	4	QL	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2		
<i>clonidine</i>	2	QL	
<i>clonidine hcl oral tablet</i>	1		
CONSENSI	4		
COREG CR	4		
CORGARD ORAL TABLET 20 MG, 40 MG	4		
DEMSER	4		
DIBENZYLINE	4		
<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	

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
DYRENIUM	4		
EDECIN	4		
<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		
<i>hydrochlorothiazide oral tablet 50 mg</i>	2		
<i>indapamide</i>	2		
INSPRA	4		
<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		
<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		
<i>losartan</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>losartan-hydrochlorothiazide</i>	2		
LOTENSIN HCT	4		
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4		
<i>matzim la</i>	2		
MAXZIDE	4		
MAXZIDE-25MG	4		
<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		
MINIPRESS	4		
<i>minoxidil oral</i>	2		
<i>moexipril</i>	2		
<i>nadolol</i>	2		
<i>nebivolol</i>	2		
<i>nicardipine oral</i>	2		
<i>nifedipine</i>	2		
<i>nimodipine</i>	2		
<i>nisoldipine</i>	2		
NYMALIZE	4		
<i>olmesartan</i>	2		
<i>olmesartanamlodipin-hcthiazid</i>	2		
<i>olmesartan-hydrochlorothiazide</i>	2		
ORENITRAM	S2	PA; QL	
ORENITRAM MONTH 1 TITRATION KT	S2	PA; QL	
ORENITRAM MONTH 2 TITRATION KT	S2	PA; QL	
ORENITRAM MONTH 3 TITRATION KT	S2	PA; QL	
<i>perindopril erbumine</i>	2		
<i>phenoxybenzamine</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
pindolol	2		
prazosin	2		
PRESTALIA	4		
PROCARDIA XL	4		
propranolol oral	2		
propranolol-hydrochlorothiazid	2		
quinapril	2		
quinapril-hydrochlorothiazide	2		
ramipril	2		
spironolactone oral tablet 100 mg, 50 mg	2		
spironolactone oral tablet 25 mg	1		
spironolacton-hydrochlorothiaz	2		
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	4		
taztia xt	2		
TEKTURNA HCT	3		
telmisartan	2		
telmisartan-amlodipine	2		
telmisartan-hydrochlorothiazid	2		
TENORETIC 100	4		
TENORETIC 50	4		
TENORMIN	4		
terazosin	2	QL	
tiadylt er	2		
TIAZAC	4		
timolol maleate oral	2		
torsemide oral	2		
trandolapril	2		
trandolapril-verapamil	2		
triamterene	2		
triamterene-hydrochlorothiazid	1		
UPTRAVI ORAL	S2	PA; QL	
valsartan oral tablet 160 mg, 320 mg, 80 mg	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>valsartan oral tablet 40 mg</i>	2		
<i>valsartan-hydrochlorothiazide</i>	2		
VASERETIC	4		
VASOTEC	4		
<i>verapamil oral</i>	2		
VERELAN PM	4		
ZESTORETIC	4		
ZESTRIL	4		
ZIAC	4		
CARDIAC GLYCOSIDES			
<i>digox</i>	2		
<i>digoxin oral</i>	2		
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	4		
COAGULATION THERAPY			
ADVATE	S2		
ADYNOVATE	S2		
AFSTYLA	S2		
ALPHANATE	S2		
ALPHANINE SD	S2		
ALPROLIX	S2		
ALTUVIPIO	S2		
AMICAR	4		
<i>aminocaproic acid oral</i>	2		
ARIIXTRA	S2	PA	
<i>aspirin-dipyridamole</i>	2		
BENEFIX	S2		
BRILINTA	3		
CABLIVI INJECTION KIT	S2	PA	
CEPROTIN (BLUE BAR)	S2		
CEPROTIN (GREEN BAR)	S2		
<i>cilostazol</i>	2		
<i>clopidogrel</i>	2		
COAGADEX	S2		
<i>dabigatran etexilate</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
dipyridamole oral	2		
DOPTELET (15 TAB PACK)	S2	QL	
EFFIENT	4		
ELIQUIS	3		
ELIQUIS DVT-PE TREAT 30D START	3		
ELOCTATE	S2		
enoxaparin	S2		
ESPEROCT	S2		
FEIBA NF	S2		
fondaparinux	S2	PA	
FRAGMIN SUBCUTANEOUS SOLUTION	S2	PA	
FRAGMIN SUBCUTANEOUS SYRINGE	S2	PA	
HEMLIBRA	S2	PA	
HEMOFIL M HIGH	S2		
HEMOFIL M LOW	S2		
HEMOFIL M MID	S2		
HEMOFIL M SUPER HIGH	S2		
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 30,000 UNIT/1,000 ML	4		
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	2		
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml	2		
heparin (porcine) injection solution 1,000 unit/ml	2		
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml	2		
heparin, porcine (pf) injection solution 1,000 unit/ml	2		
HEPARIN, PORCINE (PF) SUBCUTANEOUS	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
HUMATE-P	S2		
IDEVION	S2		
IXINITY	S2		
<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		
JIVI	S2		
KOATE	S2		
KOGENATE FS	S2		
KOVALTRY	S2		
MEPHYTON	4	QL	
NOVOEIGHT	S2		
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		
PROMACTA	S2	PA	
REBINYN	S2		
RIXUBIS	S2		
SEVENFACT	S2		
TAVALISSE	S2	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		
XARELTO	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
XARELTO DVT-PE TREAT 30D START	3		
ZONTIVITY	4		
LIPID/CHOLESTEROL LOWERING AGENTS			
<i>amlodipine-atorvastatin</i>	2	QL	
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	QL; ACA	
<i>atorvastatin oral tablet 40 mg</i>	1	QL	
<i>atorvastatin oral tablet 80 mg</i>	2	QL	
CADUET	4	ST; QL	
<i>cholestyramine (with sugar)</i>	2		
<i>cholestyramine light</i>	2		
<i>colesevelam</i>	2		
COLESTID	4		
COLESTID FLAVORED ORAL PACKET	4		
<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		
FLOLIPID	4	ST; QL	
<i>fluvastatin</i>	2	QL	
<i>gemfibrozil</i>	2		
<i>icosapent ethyl</i>	2		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	S2	PA	
LESCOL XL	4	ST; QL	
LIVALO	3	ST; QL	
LOPID	4		
<i>lovastatin</i>	2	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
NEXLETOL	3		
NEXLIZET	3		
<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		
<i>pravastatin</i>	2	QL	
<i>prevalite</i>	2		
QUESTRAN	4		
QUESTRAN LIGHT	4		
REPATHA PUSHTRONEX	S2	PA; QL	
REPATHA SURECLICK	S2	PA; QL	
REPATHA SYRINGE	S2	PA; QL	
<i>rosuvastatin</i>	2	QL	
ROSZET	4	ST; QL	
<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		
VASCEPA	3		
ZYPITAMAG	4	ST; QL	
MISCELLANEOUS CARDIOVASCULAR AGENTS			
CAMZYOS	3	PA	
ENTRESTO	3		
<i>ranolazine</i>	2		
VECAMYL	4		
VERQUVO	3		
VYNDAMAX	S2	PA	
VYNDAQEL	S2	PA	
NITRATES			
GONITRO	4		
ISORDIL	4		
ISORDIL TITRADOSE ORAL TABLET 5 MG	4		
<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		
<i>nitroglycerin sublingual</i>	2		
<i>nitroglycerin transdermal patch 24 hour</i>	2		
<i>nitroglycerin translingual</i>	2		
NITROLINGUAL	4		
NITROMIST	4		
NITROSTAT	4		
<i>nitro-time</i>	2		
DERMATOLOGICALS/TOPICAL THERAPY			
ANTIPSORIATIC / ANTISEBORRHEIC			
<i>acitretin</i>	2		
ANALPRAM-HC TOPICAL	4		
<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	QL	
<i>calcipotriene-betamethasone topical suspension</i>	2	PA; QL	
<i>calcitriol topical</i>	2		
ENSTILAR	3	PA; QL	
EPIFOAM	4		
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	2		
OVACE	4		
OVACE PLUS SHAMPOO	4		
OVACE PLUS TOPICAL CLEANSER	4		
OVACE PLUS TOPICAL CREAM	4		
OVACE PLUS TOPICAL LOTION	4		
OVACE PLUS WASH	4		
PLEXION NS	4		
PRAMOSONE	4		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
selenium sulfide topical lotion	2		
selenium sulfide topical shampoo 2.25 %, 2.3 %	2		
SELRX	4		
SKYRIZI SUBCUTANEOUS PEN INJECTOR	S2	PA; QL	
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	S2	PA; QL	
STELARA SUBCUTANEOUS	S2	PA; QL	
<i>sulfacetamide sodium topical</i>	2		
TACLONEX TOPICAL OINTMENT	4	QL	
TACLONEX TOPICAL SUSPENSION	4	PA; QL	
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		
TREMFYA	S2	PA; QL	
VECTICAL	4		
VTAMA	4	PA; QL	
WYNZORA	4	PA; QL	
ZORYVE	4	PA; QL	
BURN THERAPY			
SILVADENE	4		
<i>silver sulfadiazine</i>	2		
ssd	2		
KERATOLYTICS			
INOVA 4-1	4	ST	
INOVA 8-2	4	ST	
MISCELLANEOUS DERMATOLOGICALS			
ADBRY	S2	PA; QL	
AMELUZ	4		
CANTHARIDIN IN ACETONE	4		
CIBINQO	S2	PA; QL	
CORTANE-B	4		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>diclofenac sodium topical gel 3 %</i>	2	QL	
<i>doxepin topical</i>	2	QL	
DUPIXENT PEN	S2	PA; QL	
DUPIXENT SYRINGE	S2	PA; QL	
EFUDEX TOPICAL CREAM	4		
EUCRISA	4	QL	
FLUOROPLEX	4		
<i>fluorouracil topical cream 5 %</i>	2		
<i>fluorouracil topical solution</i>	2		
HYFTOR	S2	PA	
<i>iodine-sodium iodide topical tincture 2 %</i>	2		
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	
PANRETIN	4		
<i>pimecrolimus</i>	2	QL	
<i>podofilox</i>	2		
<i>prodoxin</i>	2	QL	
REGRANEX	3	QL	
<i>tacrolimus topical</i>	2	QL	
VALCHLOR	3		
<i>wintergreen oil</i>	2		
ZONALON	4	QL	
THERAPY FOR ACNE			
<i>accutane</i>	2		
ACZONE	4	ST	
<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	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>adapalene topical solution</i>	2		
<i>adapalene topical swab</i>	2	ST	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	2		
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i>	2	ST	
AKLIEF	4	PA	
ALTRENO	4		
<i>amnesteem</i>	2		
AMZEEQ	4	PA	
ARAZLO	4		
<i>avar</i>	2		
AVAR LS	4	ST	
AVAR-E GREEN	4	ST	
AVAR-E LS	4	ST	
<i>avita topical cream</i>	2		
AVITA TOPICAL GEL	4		
<i>azelaic acid</i>	2		
AZELEX	4	ST	
BENZAMYCIN	4	ST	
BENZEPRO (MICROSPHERES)	4	ST	
<i>benzepro topical towelette</i>	2		
<i>benzoyl peroxide topical cleanser 7 %</i>	4		
<i>benzoyl peroxide topical foam</i>	2		
<i>bp 10-1</i>	2	ST	
<i>brimonidine topical</i>	2		
<i>claravis</i>	2		
CLEOCIN T TOPICAL LOTION	4	ST; QL	
<i>clindacin</i>	2	QL	
CLINDACIN ETZ TOPICAL KIT	4	ST	
<i>clindacin etz topical swab</i>	2		
<i>clindacin p</i>	2		
CLINDACIN PAC	4	ST	
<i>clindamycin phosphate topical foam</i>	2	QL	
<i>clindamycin phosphate topical gel</i>	2	QL	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>clindamycin phosphate topical gel, once daily</i>	2	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-tretinooin</i>	2		
<i>dapsone topical gel</i>	2		
<i>dapsone topical gel with pump</i>	2	ST	
DIFFERIN TOPICAL CREAM	4	ST	
DIFFERIN TOPICAL GEL WITH PUMP	4	ST	
DIFFERIN TOPICAL LOTION	4	ST	
EPIDUO FORTE	4		
EPSOLAY	4	PA	
<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	
FINACEA TOPICAL FOAM	3	ST	
FINACEA TOPICAL GEL	4	ST	
INOVA	4	ST	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2		
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	2	PA	
<i>ivermectin topical cream</i>	2	ST; QL	
METROCREAM	4	ST	
METROGEL TOPICAL GEL 1 %	4	ST	
<i>metronidazole topical</i>	2		
MIRVASO TOPICAL GEL WITH PUMP	3		
<i>neuac</i>	2		
NEUAC KIT	4	ST	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ONEXTON TOPICAL GEL WITH PUMP	3	ST	
PACNEX	4	ST	
PLEXION	4	ST	
PLEXION CLEANSING CLOTHS	4	ST	
PR BENZOYL PEROXIDE	4	ST	
RETIN-A	4		
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	4		
RHOFADE	4		
<i>rosadan topical cream</i>	2		
<i>rosadan topical gel</i>	2		
ROSADAN TOPICAL KIT, CLEANSER AND GEL	4	ST	
ROSADAN TOPICAL KIT,CLEANSER AND CREAM	4	ST	
ROSULA	4	ST	
<i>rosula cleansing cloths</i>	2		
SOOLANTRA	4	ST; QL	
<i>sss 10-5</i>	2		
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	2		
SULFACETAMIDE SODIUM-SULFUR TOPICAL CLEANSER 8-4 %	4	PA	
<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	4	ST	
SUMADAN XLT	4	ST	
SUMAXIN	4	ST	
SUMAXIN CP	4	ST	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SUMAXIN TS	4	ST	
<i>tazarotene topical cream</i>	2		
<i>tazarotene topical gel</i>	2		
<i>tretinoin</i>	2		
<i>tretinoin microspheres</i>	2		
TWYNEO	4	PA	
VANOXIDE-HC	4	ST	
<i>zenatane</i>	2		
ZIANA	4	ST	
TOPICAL ANESTHETICS			
COCAINE	4		
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		
<i>lidocaine topical ointment</i>	2	QL	
<i>lidocaine viscous</i>	2		
<i>lidocort</i>	2		
<i>lta pre-attached</i>	2		
NUMBRINO	4		
NYNUTEY	4	PA	
XARACOLL	4		
ZTLIDO	3		
TOPICAL ANTIBACTERIALS			
ALTABAX	4	QL	
CENTANY	4	QL	
CENTANY AT	4	QL	
<i>gentamicin topical</i>	2	QL	
KLARON	4	ST	
<i>lugols topical</i>	2		
<i>mafénide acetate</i>	2		
<i>mupirocin</i>	2	QL	
<i>mupirocin calcium</i>	2	QL	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NEO-SYNALAR	4		
NEO-SYNALAR KIT	4		
<i>strong iodine topical</i>	2		
<i>sulfacetamide sodium (acne)</i>	2		
SULFAMYLYON TOPICAL CREAM	3		
XEPI	4	QL	
TOPICAL ANTIFUNGALS			
CICLODAN KIT	4		
<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	
EXTINA	4	QL	
JUBLIA	4	PA	
<i>ketoconazole topical</i>	2	QL	
<i>ketodan</i>	2	QL	
<i>ketodan kit</i>	2		
LOPROX (AS OLAMINE)	4	QL	
LOPROX KIT	4	QL	
LOPROX TOPICAL SHAMPOO	4	QL	
LUZU	4	QL	
<i>naftifine topical cream</i>	2	QL	
<i>naftifine topical gel 2 %</i>	2	QL	
NAFTIN TOPICAL GEL	4	QL	
<i>nyamyc</i>	2	QL	
<i>nystatin topical</i>	2	QL	
<i>nystatin-triamcinolone</i>	2	QL	
<i>nystop</i>	2	QL	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>oxiconazole</i>	2	QL	
<i>tavaborole</i>	2	PA	
TOPICAL ANTIVIRALS			
<i>acyclovir topical</i>	2	QL	
DENAVIR	4		
<i>penciclovir</i>	2		
ZOVIRAX TOPICAL CREAM	4	QL	
TOPICAL CORTICOSTEROIDS			
ALA-SCALP	4		
<i>alclometasone</i>	2		
<i>apexicon e</i>	2	PA	
<i>beser</i>	2		
<i>betamethasone dipropionate</i>	2		
<i>betamethasone valerate</i>	2		
<i>betamethasone, augmented</i>	2		
BRYHALI	4		
CAPEX	4		
<i>clobetasol</i>	2	QL	
<i>clobetasol-emollient</i>	2	QL	
CLOBEX TOPICAL SHAMPOO	4	QL	
CLOBEX TOPICAL SPRAY, NON-AEROSOL	4	QL	
<i>clocortolone pivalate</i>	2		
<i>clodan</i>	2	QL	
CLODAN KIT	4	QL	
CLODERM	4		
CORDRAN TAPE LARGE ROLL	4		
CORDRAN TOPICAL CREAM	4	QL	
CORDRAN TOPICAL LOTION	4	QL	
CORDRAN TOPICAL OINTMENT	4	QL	
DERMA-SMOOTH/F/S BODY OIL	4		
DERMA-SMOOTH/F/S SCALP OIL	4		
<i>desonide</i>	2		
<i>desoximetasone</i>	2		
<i>desrx</i>	2		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>diflorasone</i>	2	QL	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	4		
DUOBRII	4	QL	
<i>fluocinolone</i>	2		
<i>fluocinolone and shower cap</i>	2		
<i>fluocinonide</i>	2	QL	
<i>fluocinonide-e</i>	2	QL	
<i>flurandrenolide</i>	2	QL	
<i>fluticasone propionate topical</i>	2		
<i>halcinonide</i>	2		
<i>halobetasol propionate topical cream</i>	2		
<i>halobetasol propionate topical ointment</i>	2		
HALOG	4		
<i>hydrocortisone butyrate</i>	2	QL	
<i>hydrocortisone butyr-emollient</i>	2	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	QL	
LUXIQ	4		
<i>mometasone topical</i>	2		
<i>nolix</i>	2	QL	
NUCORT	4		
OLUX	4	QL	
OLUX-E	4	QL	
PANDEL	4		
<i>prednicarbate</i>	2		
<i>scalacort</i>	2		
SCALACORT DK	4		
SYNALAR	4		
SYNALAR CREAM KIT	4		
SYNALAR OINTMENT KIT	4		
SYNALAR TS	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
TEMOVATE TOPICAL OINTMENT	4	QL	
TEXACORT	4		
TOPICORT TOPICAL CREAM	4		
TOPICORT TOPICAL GEL	4		
TOPICORT TOPICAL OINTMENT	4		
<i>tovet emollient</i>	2	QL	
<i>triamcinolone acetonide topical aerosol</i>	2	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</i>	2		
<i>triderm topical cream 0.1 %</i>	1		
<i>triderm topical cream 0.5 %</i>	2		
<i>tritocin</i>	2		
TOPICAL ENZYMES			
NEXOBRID	4	PA	
SANTYL	3	QL	
TOPICAL SCABICIDES / PEDICULICIDES			
<i>crotan</i>	2		
ELIMITE	4		
EURAX	4		
<i>lindane topical shampoo</i>	2		
<i>malathion</i>	2		
OVIDE	4		
<i>permethrin</i>	2		
<i>spinosad</i>	2		
ULESFIA	4		
DIAGNOSTICS & MISCELLANEOUS AGENTS			
IRRIGATING SOLUTIONS			
<i>lactated ringers irrigation</i>	2		
<i>neomycin-polymyxin b gu</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
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		
<i>anagrelide</i>	2		
<i>aqua care sodium chloride</i>	2		
<i>aqua care sterile water</i>	2		
BUPHENYL	S2	PA	
<i>caffeine citrate oral</i>	2		
CARBAGLU	S2		
<i>carglumic acid</i>	S2		
CARNITOR (SUGAR-FREE)	4		
CARNITOR ORAL	4		
<i>cevimeline</i>	2		
CHEMET	3		
<i>deferasirox</i>	S2		
<i>deferiprone</i>	S2		
<i>disulfiram</i>	2		
<i>droxidopa</i>	S2		
EMPAVELI	S2	PA	
EVOXAC	4		
EXSERVAN	S2		
FERRIPROX	S2		
FERRIPROX (2 TIMES A DAY)	S2		
GLASSIA	S2		
INCRELEX	S2	PA	
<i>levocarnitine (with sugar)</i>	2		
<i>levocarnitine oral solution 100 mg/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>levocarnitine oral tablet</i>	2		
LITHOSTAT	4		
METOPIRONE	4		
<i>midodrine</i>	2		
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	S2		
<i>nitisinone oral capsule 20 mg</i>	S2	PA	
NITYR	S2		
ORFADIN	S2		
PHEBURANE	S2	PA	
<i>pilocarpine hcl oral tablet 5 mg</i>	2		
PYRUKYND	S2	PA; QL	
RADIOGARDASE	4		
RILUTEK	4		
<i>riluzole</i>	2		
<i>risedronate oral tablet 30 mg</i>	2	QL	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	4		
<i>sodium chloride 0.9 %</i>	2		
<i>sodium chloride 0.9 % (flush) injection syringe</i>	2		
<i>sodium chloride injection</i>	2		
<i>sodium chloride irrigation</i>	2		
<i>sodium phenylbutyrate</i>	S2		
SYPRINE	4		
THIOLA EC	S2		
TIGLUTIK	S2		
<i>tiopronin</i>	S2		
<i>trientine</i>	2		
<i>water for irrigation, sterile</i>	2		
XURIDEN	S2		
ZOKINVY	S2	QL	
ZYNRELEF	4		
SMOKING DETERRENTS			
<i>bupropion hcl (smoking deter)</i>	2	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
CHANTIX CONTINUING MONTH BOX	4		
CHANTIX ORAL TABLET 1 MG	4		
CHANTIX STARTING MONTH BOX	4		
NICODERM CQ	3		
NICORETTE BUCCAL GUM 2 MG	3		
<i>nicorette buccal gum 4 mg</i>	2	QL; ACA	
NICORETTE BUCCAL LOZENGE	3		
NICORETTE BUCCAL MINI LOZENGE	3		
<i>nicotine</i>	2	QL; ACA	
<i>nicotine (polacrilex)</i>	2	QL; ACA	
NICOTROL	4		
NICOTROL NS	4		
<i>quit 2</i>	2	QL; ACA	
<i>quit 4</i>	2	QL; ACA	
<i>stop smoking aid</i>	2	QL; ACA	
<i>varenicline</i>	2	QL; ACA	

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal aerosol,spray</i>	2	QL	
<i>chlorhexidine gluconate mucous membrane</i>	1		
GELCLAIR	4		
GELX	4		
<i>ipratropium bromide nasal</i>	2	QL	
MUGARD	S2	PA	
<i>olopatadine nasal</i>	2	QL	
<i>oralone</i>	2		
ORAMAGICRX	4		
<i>paroex oral rinse</i>	1		
PATANASE	4	QL	
PERIDEX	4		
<i>periogard</i>	1		
<i>pilocarpine hcl oral tablet 7.5 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
PROTHELIAL	S2		
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	4		
SILATRIX	S2		
<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		
<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			
CIPRODEX	4		
<i>ciprofloxacin-dexamethasone</i>	2		
CORTISPORIN-TC	4		
<i>neomycin-polymyxin-hc otic (ear)</i>	2		
OTOVEL	4		
ENDOCRINE/DIABETES			
ADRENAL HORMONES			
ACTHAR	S2	PA	
CORTEF	4		
<i>cortisone</i>	2		
<i>dexabliss</i>	2		
<i>dexamethasone</i>	2		
<i>dexamethasone intensol</i>	2		
<i>fludrocortisone</i>	2		
<i>hydrocortisone oral</i>	2		
MEDROL (PAK)	4		
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	4		
<i>methylprednisolone</i>	2		
<i>millipred dp</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>millipred oral tablet</i>	2		
ORAPRED ODT	4		
<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	
TAPERDEX	4		
TARPEYO	S2	PA; QL	
TRIESENCE (PF)	4		
XIPERE (PF)	S2		
ZCORT	4		
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		
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES			
FREESTYLE INSULINX STRIP	3		
FREESTYLE INSULINX TEST STRIPS	3		
FREESTYLE LITE STRIPS	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
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		
GLUCAGEN DIAGNOSTIC KIT	3		
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	4		
INSPIRACHAMBER	3		
LITEAIRE MDI CHAMBER	3		
MICROCHAMBER	3		
MICROSPACER	3		
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	
diazoxide	2		
glucagon emergency kit (human)	2	QL; 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
GVOKE	3	QL	
GVOKE HYPOPEN 2-PACK	3	QL	
GVOKE PFS 2-PACK SYRINGE	3	QL	
PROGLYCEM	4		
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQUIPMENT			
ACCU-CHEK GUIDE L1-L2 CTRL SOL	4		
ACCU-CHEK SMARTVIEW CONTRL SOL	4		
ACCUTREND GLUCOSE CONTROL	4		
ADVOCATE LOW CONTROL	4		
ADVOCATE REDI-CODE PLUS CTRL L	4		
AGAMATRIX CONTROL HIGH	4		
ASSURE 4 CONTROL SOLUTION	4		
ASSURE DOSE NORMAL CONTROL	4		
ASSURE PRISM CONTROL 1-2 SOLN	4		
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 LANCETS	3		
BD ULTRA-FINE NANO PEN NEEDLE	3		
BLOOD GLUCOSE CONTROL, NORMAL	4		
BREEZE 2 CONTROL SOLUTION,HIGH	4		
CARETOUCH CONTROL SOLN L2-L3	4		
CEQUR SIMPLICITY	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
CLEVER CHOICE LEVEL 2 CONTROL	4		
CONTOUR CONTROL SOLUTION, NML	4		
CONTOUR NEXT LEV 2 CONTROL SOL	4		
COOL CONTROL A SOLUTION	4		
DEXCOM G6 RECEIVER	3	PA	
DEXCOM G6 SENSOR	3	PA; QL	
DEXCOM G6 TRANSMITTER	3	PA; QL	
DEXCOM G7 RECEIVER	3	PA	
DEXCOM G7 SENSOR	3	PA	
DIATRUE CONTROL SOLN NORMAL	4		
EASY PLUS II HIGH CONTROL	4		
EASY STEP HIGH CONTROL SOLN	4		
EASY TALK HIGH CONTROL	4		
EASY TALK PLUS II LOW CONTROL	4		
EASY TOUCH BLU CTRL SOLN-L1,L3	4		
EASY TRAK II CTRL SOLN-NORMAL	4		
EASY TRAK LOW CONTROL	4		
EASymax 15 LEVEL 2	4		
EASymax NORMAL CONTROL	4		
ELEMENT COMPACT NORMAL CONTROL	4		
ELEMENT NORMAL CONTROL	4		
EMBRACE EVO LEVEL 1	4		
EMBRACE GLUCOSE CONTROL LOW	4		
EMBRACE TALK CONTROL-LOW (L1)	4		
EVOLUTION NORMAL CONTROL	4		
FORA GTel MULTI-FUNCTN MONITOR	4		
FORA KETONE CONTROL SOLN-L1	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
FORA NORMAL CONTROL	4		
FORA TN'G ADVANCE PRO MONITOR	4		
FORA TN'GO ADVANCE MONITOR	4		
FORACARE GDH LOW CONTROL	4		
FORTISCARE NORMAL	4		
FREESTYLE CONTROL	3		
FREESTYLE LIBRE 14 DAY READER	3	PA	
FREESTYLE LIBRE 14 DAY SENSOR	3	PA; QL	
FREESTYLE LIBRE 2 READER	3	PA	
FREESTYLE LIBRE 2 SENSOR	3	PA; QL	
FREESTYLE LIBRE 3 SENSOR	3	PA; QL	
GE100 CONTROL SOLUTION NORMAL	4		
GENTEEL VACUUM LANCING DEVICE	4		
GLUCOCARD 01 NORMAL CONTROL	4		
GLUCOCOM CONTROL NORMAL	4		
GLUCOSE CONTROL	4		
GOJJI GLUCOSE CNTRL SOL-NORMAL	4		
GOJJI KETONE CONTROL SOLN-L1	4		
GOJJI MULTI-FUNCTIONAL METER KIT	4		
GUARDIAN CONNECT TRANSMITTER	4	PA; QL	
GUARDIAN LINK 3 TRANSMITTER	4	PA	
GUARDIAN SENSOR 3	4	PA; QL	
HEALTHPRO HIGH-LOW CONTROL	4		
INFINITY CONTROL SOLUTION NORM	4		
INFINITY VOICE CTRL SOLN-LVL 2	4		
LANCETS 33 GAUGE	3		
LANCING DEVICE	3		
MEDISENSE	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
MEDISENSE GLUCOSE KETONE	3		
MYGLUCOHEALTH CONTROL SOLUTION	4		
NOVA MAX GLUCOSE CONTROL	4		
NOVA MAX PLUS GLUC-KETON METER	4		
NOVAMAX PLUS GLU-KET	4		
NOVOPEN ECHO	4		
ON CALL EXPRESS CONTROL	4		
ON CALL PLUS CONTROL	4		
ON CALL VIVID CONTROL	4		
ONETOUCH ULTRA CONTROL	3		
ONETOUCH VERIO MID CONTROL	3		
PIP GLUCOSE CONTROL SOLN L1-L2	4		
PRECISION XTRA KETONE-GLUCOSE	3		
PRODIGY CONTROL SOLUTION, LOW	4		
PRODIGY CONTROL SOLUTION,HIGH	4		
REFUAH PLUS GLUCOSE CONTROL	4		
RIGHTEST CONTROL SOLUTION HIGH	4		
SAFE-CLIP NEEDLE STORAGE DEV	3		
SMARTEST CONTROL	4		
SOLUS V2 CONTROL SOLUTION,HIGH	4		
TELCARE CONTROL	4		
TRUE METRIX LEVEL 1	4		
TRUECONTROL LEVEL 0	4		
UNISTRIP LOW CONTROL	4		
VIVAGUARD INO CTRL SOLN-L1,2,3	4		
WAVESENSE CONTROL SOLUTION	4		
INSULIN 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
BASAGLAR KWIKPEN U-100 INSULIN	4		
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 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	
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 SUBCUTANEOUS SOLUTION	3	ST	
LEVEMIR FLEXPEN	3	PRE	
LEVEMIR U-100 INSULIN	3	PRE	
LYUMJEV KWIKPEN U-100 INSULIN	3	PRE	
LYUMJEV KWIKPEN U-200 INSULIN	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	
TOUJEO MAX U-300 SOLOSTAR	3	PRE	
TOUJEO SOLOSTAR U-300 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
TRESIBA FLEXTOUCH U-100	3	PRE	
TRESIBA FLEXTOUCH U-200	3	PRE	
TRESIBA U-100 INSULIN	3	PRE	
XULTOPHY 100/3.6	3	QL	
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	QL	
<i>cinacalcet</i>	2	PA	
DDAVP ORAL	4		
DEPO-TESTOSTERONE	4		
<i>desmopressin injection</i>	S2		
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2		
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	3		
<i>desmopressin oral</i>	2		
<i>doxercalciferol oral</i>	2		
GALAFOLD	S2	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	
KUVAN	S2	PA	
MIACALCIN INJECTION	4		
<i>miglustat</i>	S2	QL	
MYALEPT	S2		
NEXVIAZYME	S2	PA	
NOCDURNA (MEN)	4	QL	
NOCDURNA (WOMEN)	4	QL	
ORILISSA	3	QL	
PALYNZIQ	S2	QL	
<i>paricalcitol intravenous</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>paricalcitol oral</i>	2		
RAYALDEE	4		
ROCALTROL	4		
<i>sapropterin</i>	S2	PA	
SOMAVERT	S2	PA	
STRENSIQ	S2		
SYNAREL	3		
<i>testosterone cypionate</i>	2		
<i>testosterone enanthate</i>	2		
tolvaptan	S2	PA; QL	
VOXZOGO	S2	PA	
XYOSTED	4	PA; QL	
ZEMPLAR INTRAVENOUS	4		
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4		
NON-INSULIN HYPOGLYCEMIC AGENTS			
acarbose	2		
ACTOPLUS MET ORAL TABLET 15- 850 MG	4	QL	
ACTOS	4	QL	
AMARYL	4		
BYDUREON BCISE	3	PA; QL	
BYETTA	3	PA; QL	
CYCLOSET	4		
DUETACT	4	QL	
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</i>	1		
<i>glipizide oral tablet extended release 24hr</i>	2		
<i>glipizide-metformin</i>	2		
GLUCOTROL XL	4		
<i>glyburide micronized</i>	2		
<i>glyburide oral tablet 1.25 mg, 2.5 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
<i>glyburide oral tablet 5 mg</i>	1		
<i>glyburide-metformin</i>	2		
GLYNASE	4		
GLYXAMBI	3	ST; QL	
JANUMET	3	QL	
JANUMET XR	3	QL	
JANUVIA	3	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		
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	QL	
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		
<i>repaglinide</i>	2		
RIOMET	4	ST	
RIOMET ER	4	ST	
RYBELSUS	3	PA; QL	
SEGLUROMET	3	ST; QL	
STEGLATRO	3	ST; QL	
STEGLUJAN	3	ST; QL	
SYMLINPEN 120	3	QL	
SYMLINPEN 60	3	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
SYNJARDY	3	ST; QL	
SYNJARDY XR	3	ST; QL	
TRIJARDY XR	3	ST	
TRULICITY	3	PA; QL	
XIGDUO XR	3	ST; QL	
THYROID HORMONES			
ARMOUR THYROID	3		
ERMEZA	4	PA	
<i>euthyrox</i>	2		
<i>levo-t</i>	2		
<i>levothyroxine oral tablet</i>	2		
<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>np thyroid</i>	2		
<i>unithroid</i>	2		
GASTROENTEROLOGY			
ANTIDIARRHEALS & ANTISPASMODICS			
<i>anaspaz</i>	2		
<i>belladonna alkaloids-opium</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		
<i>DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML</i>	4		
<i>DONNATAL ORAL TABLET</i>	4		
<i>ed-spaz</i>	2		
<i>GLYCATE</i>	4		
<i>glycopyrrolate oral</i>	2		
<i>hyoscyamine sulfate oral</i>	2		
<i>hyoscyamine sulfate sublingual</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
hyosyne	2		
LEVBID	4		
LEVSIN ORAL	4		
LEVSIN/SL	4		
LOMOTIL	4		
<i>methscopolamine</i>	2		
MOTOFEN	4		
NULEV	4		
<i>opium tincture</i>	2		
<i>oscimin</i>	2		
<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		
ROBINUL ORAL	4		
SYMAX DUOTAB	4		
<i>symax fastabs</i>	2		
<i>symax-sl</i>	2		
<i>symax-sr</i>	2		
MISCELLANEOUS AGENTS			
AURYXIA	4		
<i>lanthanum</i>	2	QL	
LOKELMA	3	QL	
RENELA	4	QL	
<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	

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
MISCELLANEOUS GASTROINTESTINAL AGENTS			
<i>alosetron</i>	2		
<i>alvimopan</i>	2		
ANA-LEX KIT	4		
ANALPRAM-HC RECTAL	4		
ANALPRAM-HC SINGLES	4		
<i>anucort-hc</i>	2		
<i>aprepitant</i>	2	QL	
APRISO	4		
AZULFIDINE	4		
AZULFIDINE EN-TABS	4		
<i>balsalazide</i>	2		
<i>betaine</i>	S2		
<i>budesonide oral capsule, delayed, extend.release</i>	2		
<i>budesonide oral tablet, delayed and ext.release</i>	2	ST	
<i>budesonide rectal</i>	2		
BYLVAY	S2	QL	
CHENODAL	S2		
CHOLBAM ORAL CAPSULE 250 MG	S2		
CHOLBAM ORAL CAPSULE 50 MG	S2	QL	
<i>citrate of magnesia</i>	2	ACA	
<i>citroma</i>	2	ACA	
<i>clearlax oral powder</i>	2	ACA	
COLAZAL	4		
COMPАЗИНЕ	4		
<i>compro</i>	2		
<i>constulose</i>	2		
CORTENEMA	4		
CREON	3		
<i>cromolyn oral</i>	2		
DICLEGIS	4	QL	
<i>doxylamine-pyridoxine (vit b6)</i>	2	ST; QL	
<i>dronabinol</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
dulcolax (magnesium hydroxide) oral suspension	2	ACA	
ENTEREG	4		
enulose	2		
GASTROCROM	4		
GATTEX 30-VIAL	S2	PA	
gavilax oral powder	2	ACA	
gavilyte-c	2	ACA	
gavilyte-g	2	ACA	
generlac	2		
gentle laxative (bisacodyl) oral	2	ACA	
gentlelax	2	ACA	
GOLYTELY	4		
gransetron hcl oral	2	QL	
hemmorex-hc	2		
hydrocortisone acetate rectal	2		
hydrocortisone rectal	2		
hydrocortisone topical cream with perineal applicator 2.5 %	2		
hydrocortisone-pramoxine rectal cream	2		
KRISTALOSE	4		
lactulose	2		
laxative (bisacodyl) oral tablet,delayed release (dr/ec)	2	ACA	
laxative peg 3350	2	ACA	
lidocaine hcl-hydrocortison ac rectal cream	2		
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	4		
lidocaine hcl-hydrocortison ac rectal kit	2		
lidocaine-hydrocortisone-aloe	2		
LINZESS	3	QL	
LIVMARLI	S2		
lubiprostone	2	QL	
magnesium citrate oral solution	2	ACA	
MARINOL	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
mesalamine oral capsule (with del rel tablets)	2		
mesalamine oral capsule, extended release	2	ST	
mesalamine oral capsule,extended release 24hr	2	ST	
mesalamine oral tablet,delayed release (dr/ec)	2		
mesalamine rectal	2		
mesalamine with cleansing wipe	2		
metoclopramide hcl oral solution	2		
metoclopramide hcl oral tablet	2		
milk of magnesia	2	ACA	
milk of magnesia concentrated	2	ACA	
MOVANTIK	3	QL	
natura-lax	2	ACA	
OCALIVA	S2	PA; QL	
ondansetron	2	QL	
ondansetron hcl oral solution	2	QL	
ondansetron hcl oral tablet 4 mg, 8 mg	2	QL	
oral saline laxative	2	ACA	
ORTIKOS	4		
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		
peg 3350-electrolytes	2	ACA	
peg3350-sod sul-nacl-kcl-asb-c	2	ACA	
peg-electrolyte soln	2	ACA	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3		
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4		
phosphate laxative	2	ACA	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<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		
PROCTOCORT RECTAL	4		
<i>proto-med hc</i>	2		
<i>proctosol hc topical</i>	2		
<i>protozone-hc</i>	2		
<i>purelax oral powder</i>	2	ACA	
RECTIV	3		
REGLAN ORAL	4		
RELISTOR ORAL	3		
RELISTOR SUBCUTANEOUS SOLUTION	3		
RELISTOR SUBCUTANEOUS SYRINGE	3		
ROWASA RECTAL ENEMA KIT	4		
SANCUSO	4	QL	
<i>scopolamine base</i>	2		
SFROWASA	4		
SKYRIZI INTRAVENOUS	S2	PA	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	S2	PA; QL	
<i>smoothlax oral powder</i>	2	ACA	
<i>sodium,potassium,mag sulfates</i>	2	ACA	
SUCRAID	S2		
<i>sulfasalazine</i>	2		
SYMPROIC	3		
SYNDROS	4		
<i>trimethobenzamide oral</i>	2		
TRULANCE	3		
UCERIS ORAL	4		
UCERIS RECTAL	3		
URSO 250	4		
URSO FORTE	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
<i>ursodiol</i>	2		
VARUBI	3	QL	
VIBERZI	3		
VIOKACE	3		
<i>women's gentle laxative(bisac)</i>	2	ACA	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000- 10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3		
ZUPLENZ	4	QL	
ULCER THERAPY			
<i>amoxicil-clarithromy-lansopraz</i>	2	QL	
<i>bismuth subcit k-metronidz-tcn</i>	2	PA	
CARAFATE	4		
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2		
CYTOTEC	4		
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>	2	QL	
<i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>	2		
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	QL	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2		
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	2	QL	
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	2		
<i>famotidine oral suspension</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	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>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	2		
<i>misoprostol</i>	2		
<i>NEXIUM 24HR</i>	3		
<i>nizatidine oral capsule</i>	2		
<i>OMECLAMOX-PAK</i>	4	QL	
<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		
<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		
<i>PEPCID ORAL TABLET 40 MG</i>	4		
<i>PREVACID 24HR</i>	3		
<i>PRILOSEC OTC</i>	3		
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	2		
<i>sucralfate</i>	2		
<i>VOQUEZNA DUAL PAK</i>	4	PA	
<i>VOQUEZNA TRIPLE PAK</i>	4	PA	
<i>ZEGERID OTC</i>	3	PA	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY			
ANTIVIRALS			
<i>ribavirin oral capsule</i>	S2		
<i>ribavirin oral tablet 200 mg</i>	S2		
BIOTECHNOLOGY DRUGS			
ARCALYST	S2	QL	
FULPHILA	S2	PA; QL	
LEUKINE INJECTION RECON SOLN	S2	PA	
MACRILEN	S2	QL	
MOZOBIL	S2	PA	
NIVESTYM	S2	PA	
PROCRIT	S2	PA	
PROLEUKIN	3		
RETACRIT	S2	PA	
ZARXIO	S2	PA	
ZIEXTENZO	S2	PA; QL	
GROWTH HORMONES			
EGRIFTA SV	S2	PA	
GENOTROPIN	S2	PA	
GENOTROPIN MINIQUICK	S2	PA	
NORDITROPIN FLEXPRO	S2	PA	
OMNITROPE	S2	PA	
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	S2	PA	
INTERFERONS			
ACTIMMUNE	3		
ALFERON N	3		
PEGASYS	S2	PA; QL	
MULTIPLE SCLEROSIS AGENTS			
AUBAGIO	S2	PA; QL	
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	S2	PA; QL	
AVONEX INTRAMUSCULAR SYRINGE KIT	S2	PA; QL	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BAFIERTAM	S2	PA; QL	
BETASERON SUBCUTANEOUS KIT	S2	PA; QL	
COPAXONE SUBCUTANEOUS SYRINGE	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	
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			
ACTHIB (PF)	3	ACA	
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	ACA	
AFLURIA QD 2022-23(3YR UP)(PF)	3	ACA	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
AFLURIA QUAD 2022-2023(6MO UP)	3	ACA	
BEXSERO	3	ACA	
BOOSTRIX TDAP	3	ACA	
COMIRNATY TRIS VACCINE(PF)	3	ACA	
CUVITRU	S2	PA	
DAPTACEL (DTAP PEDIATRIC) (PF)	3	ACA	
DENGVAXIA (PF)	3	PA; ACA	
ENGERIX-B (PF)	3	ACA	
ENGERIX-B PEDIATRIC (PF)	3	ACA	
FLUAD QUAD 2022-23(65Y UP)(PF)	3	ACA	
FLUARIX QUAD 2022-2023 (PF)	3	ACA	
FLUBLOK QUAD 2022-2023 (PF)	3	ACA	
FLUCELVAX QUAD 2022-2023	3	ACA	
FLUCELVAX QUAD 2022-2023 (PF)	3	ACA	
FLULAVAL QUAD 2022-2023 (PF)	3	ACA	
FLUMIST QUAD 2022-2023	3	ACA	
FLUZONE HIGHDOSE QUAD 22-23 PF	3	ACA	
FLUZONE QUAD 2022-2023	3	ACA	
FLUZONE QUAD 2022-2023 (PF)	3	ACA	
GARDASIL 9 (PF)	3	ACA	
GRASTEK	3	PA	
HAVRIX (PF)	3	ACA	
HEPLISAV-B (PF)	4	ACA	
HIBERIX (PF)	3	ACA	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	ACA	
IPOL	3	ACA	
KINRIX (PF) INTRAMUSCULAR SYRINGE	4	ACA	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	ACA	
MENQUADFI (PF)	4	ACA	
MENVEO A-C-Y-W-135-DIP (PF)	3	ACA	
M-M-R II (PF)	3	ACA	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MODERNA COVID BIVAL(6M UP)(PF)	3	ACA	
MODERNA COVID BIVAL(6M-5Y)-PF	3	ACA	
NOVAVAX COVID-19 VACC,ADJ(EUA)	3	ACA	
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	S2	PA	
PEDIARIX (PF)	3	ACA	
PEDVAX HIB (PF)	3	ACA	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	ACA	
PFIZER COVID BIVAL(12Y UP)(PF)	3	ACA	
PFIZER COVID BIVAL(5-11YR)(PF)	3	ACA	
PFIZER COVID BIVAL(6MO-4Y)(PF)	3	ACA	
PNEUMOVAX-23	3	ACA	
PREHEVBRIOS (PF)	3	ACA	
PREVNAR 13 (PF)	3	ACA	
PREVNAR 20 (PF)	3	ACA	
PRIORIX (PF)	3	ACA	
PROQUAD (PF)	3	ACA	
QUADRACEL (PF)	3	ACA	
RAGWITEK	3	PA	
RECOMBIVAX HB (PF)	3	ACA	
ROTARIX	3	ACA	
ROTATEQ VACCINE	3	ACA	
SHINGRIX (PF)	3	ACA	
TDVAX	3	ACA	
TENIVAC (PF)	4	ACA	
TRUMENBA	3	ACA	
TWINRIX (PF)	3	ACA	
VAQTA (PF)	4	ACA	
VARIVAX (PF)	3	ACA	
VAXELIS (PF)	4	ACA	
VAXNEUVANCE (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
IMMUNOLOGY			
INTERLEUKINS			
<i>imiquimod topical cream in metered-dose pump</i>	2	PA	
<i>imiquimod topical cream in packet</i>	2		
MUSCULOSKELETAL & RHEUMATOLOGY			
GOUT THERAPY			
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1		
<i>colchicine oral tablet</i>	2		
<i>febuxostat</i>	2		
<i>MITIGARE</i>	3		
<i>probencid</i>	2		
<i>probencid-colchicine</i>	2		
<i>ZYLOPRIM ORAL TABLET 100 MG</i>	4		
OSTEOPOROSIS THERAPY			
<i>ACTONEL ORAL TABLET 150 MG, 35 MG</i>	4	PA; QL	
<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	
<i>ATELVIA</i>	4	PA; QL	
<i>BINOSTO</i>	4	PA; QL	
<i>BONIVA ORAL</i>	4	PA; QL	
<i>EVISTA</i>	4		
<i>FORTEO</i>	S2	PA; QL	
<i>FOSAMAX ORAL TABLET 70 MG</i>	4	PA; QL	
<i>FOSAMAX PLUS D</i>	4	PA; QL	
<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</i>	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
TYMLOS	S2	PA; QL	
OTHER RHEUMATOLOGICALS			
ACTEMRA ACTPEN	S2	PA; QL	
ACTEMRA SUBCUTANEOUS	S2	PA; QL	
AMJEVITA(CF) AUTOINJECTOR	S2	PA; QL	
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML	S2	PA	
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.8 ML	S2	PA; QL	
ARAVA	4	QL	
BENLYSTA SUBCUTANEOUS	S2	PA; QL	
DEPEN TITRATABS	4		
ENBREL MINI	S2	PA; QL	
ENBREL SUBCUTANEOUS SOLUTION	S2	PA; QL	
ENBREL SUBCUTANEOUS SYRINGE	S2	PA; QL	
ENBREL SURECLICK	S2	PA; QL	
HUMIRA PEN	S2	PA; QL	
HUMIRA PEN CROHNS-UC-HS START	S2	PA; QL	
HUMIRA PEN PSOR-UVEITS-ADOL HS	S2	PA; QL	
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	S2	PA; QL	
HUMIRA(CF)	S2	PA; QL	
HUMIRA(CF) PEDI CROHNS STARTER	S2	PA; QL	
HUMIRA(CF) PEN CROHNS-UC-HS	S2	PA; QL	
HUMIRA(CF) PEN PEDIATRIC UC	S2	PA; QL	
HUMIRA(CF) PEN PSOR-UV-ADOL HS	S2	PA; QL	
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	S2	PA; QL	
<i>leflunomide</i>	2	QL	
OTEZLA	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
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	S2	PA; QL	
<i>penicillamine</i>	2		
RASUVO (PF)	3		
RIDAURA	3		
RINVOQ	S2	PA; QL	
SAVELLA	3		
SIMPONI ARIA	S2	PA	
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	S2	PA; QL	
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	S2	PA; QL	
XELJANZ	S2	PA; QL	
XELJANZ XR	S2	PA; QL	
OBSTETRICS & GYNECOLOGY			
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES			
CAYA CONTOURED	3	ACA	
DUREX AVANTI BARE REAL FEEL	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 ORAL TABLET 1-0.5 MG	4		
<i>amabelz</i>	2		
ANGELIQ	4		
AYGESTIN	4		
<i>camila</i>	2	ACA	
CLIMARA	4	QL	
COMBIPATCH	3		
<i>covaryx</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
covaryx h.s.	2		
deblitane	2	ACA	
DELESTROGEN	4		
DEPO-ESTRADIOL	3		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	QL; ACA	
DEPO-PROVERA INTRAMUSCULAR SYRINGE	4	QL; ACA	
DEPO-SUBQ PROVERA 104	4	QL; ACA	
dotti	2	QL	
DUAVEE	3		
eemt	2		
eemt hs	2		
errin	2	ACA	
ESTRACE ORAL	4		
ESTRADIOL IMPLANT PELLET 6 MG	4		
estradiol oral	1		
estradiol transdermal	2	QL	
estradiol vaginal	2		
estradiol valerate	2		
estradiol-norethindrone acet	2		
estrogens-methyltestosterone	2		
fyavolv	2		
heather	2	ACA	
incassia	2	ACA	
jencycla	2	ACA	
jinteli	2		
lyleq	2	ACA	
lyllana	2	QL	
lyza	2	ACA	
medroxyprogesterone intramuscular	2	QL; ACA	
medroxyprogesterone oral tablet 10 mg	1		
medroxyprogesterone oral tablet 2.5 mg, 5 mg	2		
MENOSTAR	4	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
mimvey	2		
nora-be	2	ACA	
norethindrone (contraceptive)	2	ACA	
norethindrone acetate	2		
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2		
PREFEST	4		
PREMARIN VAGINAL	3		
progesterone	S2		
progesterone micronized	2		
PROMETRIUM	4		
PROVERA	4		
sharobel	2	ACA	
tulana	2	ACA	
yuvafem	2		
MISCELLANEOUS OB/GYN			
CERVIDIL	4		
CLEOCIN VAGINAL	4		
clindamycin phosphate vaginal	2		
CLINDESSE	4		
eluryng	2	ACA	
etonogestrel-ethinyl estradiol	2	ACA	
fem ph	2		
GYNAZOLE-1	4		
haloette	2	ACA	
isoxsuprine	2		
metronidazole vaginal	2		
miconazole-3 vaginal suppository	2		
MIFEPREX	S2	PA	
mifepristone	S2	PA	
MYFEMBREE	3	PA	
NUVESSA	4		
ORIAHNN	3		
PREPIDIL	4		
RELAGARD	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
<i>terconazole</i>	2		
TODAY CONTRACEPTIVE SPONGE	3	ACA	
<i>tranexamic acid oral</i>	2		
TRIMO-SAN JELLY	3		
<i>vandazole</i>	2		
VCF CONTRACEPTIVE FILM	3	ACA	
VCF CONTRACEPTIVE GEL	3	ACA	
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	ACA	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<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	
<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>desogestrel-ethinyl 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	
<i>ELLA</i>	3	QL; ACA	
<i>empresse</i>	2	ACA	
<i>enskyce</i>	2	ACA	
<i>estarrylla</i>	2	ACA	
<i>ethynodiol diac-eth estradiol</i>	2	ACA	
<i>falmina (28)</i>	2	ACA	
<i>finzala</i>	2	ACA	
<i>gummily</i>	2	ACA	
<i>hailey</i>	2	ACA	
<i>hailey 24 fe</i>	2	ACA	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
hailey fe 1.5/30 (28)	2	ACA	
hailey fe 1/20 (28)	2	ACA	
her style	2	QL; ACA	
iclevia	2	ACA	
isibloom	2	ACA	
jaimiess	2	ACA	
jasmiel (28)	2	ACA	
jolessa	2	ACA	
juleber	2	ACA	
junel 1.5/30 (21)	2	ACA	
junel 1/20 (21)	2	ACA	
junel fe 1.5/30 (28)	2	ACA	
junel fe 1/20 (28)	2	ACA	
junel fe 24	2	ACA	
kaitlib fe	2	ACA	
kalliga	2	ACA	
kariva (28)	2	ACA	
kelnor 1/35 (28)	2	ACA	
kelnor 1-50 (28)	2	ACA	
kurvelo (28)	2	ACA	
l norgest/e.estradiol-e.estrad	2	ACA	
larin 1.5/30 (21)	2	ACA	
larin 1/20 (21)	2	ACA	
larin 24 fe	2	ACA	
larin fe 1.5/30 (28)	2	ACA	
larin fe 1/20 (28)	2	ACA	
layolis fe	2	ACA	
leena 28	2	ACA	
lessina	2	ACA	
levonest (28)	2	ACA	
levonorgestrel	2	QL; ACA	
levonorgestrel-ethinyl estrad	2	ACA	
levonorg-eth estrad triphasic	2	ACA	
levora-28	2	ACA	
lojaimiess	2	ACA	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>loryna</i> (28)	2	ACA	
<i>low-ogestrel</i> (28)	2	ACA	
<i>lo-zumandimine</i> (28)	2	ACA	
<i>lutera</i> (28)	2	ACA	
<i>marlissa</i> (28)	2	ACA	
<i>merzee</i>	2	ACA	
<i>mibelas 24 fe</i>	2	ACA	
<i>microgestin 1.5/30</i> (21)	2	ACA	
<i>microgestin 1/20</i> (21)	2	ACA	
<i>microgestin 24 fe</i>	2	ACA	
<i>microgestin fe 1.5/30</i> (28)	2	ACA	
<i>microgestin fe 1/20</i> (28)	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</i> (28)	2	ACA	
<i>new day</i>	2	QL; ACA	
<i>nikki</i> (28)	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</i> (28)	2	ACA	
<i>nortrel 1/35</i> (21)	2	ACA	
<i>nortrel 1/35</i> (28)	2	ACA	
<i>nortrel 7/7/7</i> (28)	2	ACA	
<i>nylia 1/35</i> (28)	2	ACA	
<i>nylia 7/7/7</i> (28)	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	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
pimtrea (28)	2	ACA	
pirmella	2	ACA	
PLAN B ONE-STEP	3	QL; ACA	
portia 28	2	ACA	
reclipsen (28)	2	ACA	
rivelsa	2	ACA	
setlakin	2	ACA	
simliya (28)	2	ACA	
simpesse	2	ACA	
sprintec (28)	2	ACA	
sronyx	2	ACA	
syeda	2	ACA	
TAKE ACTION	4	QL; ACA	
tarina 24 fe	2	ACA	
tarina fe 1/20 (28)	2	ACA	
taysofy	2	ACA	
tilia fe	2	ACA	
tri-estarrylla	2	ACA	
tri-legest fe	2	ACA	
tri-linyah	2	ACA	
tri-lo-estarrylla	2	ACA	
tri-lo-marzia	2	ACA	
tri-lo-mili	2	ACA	
tri-lo-sprintec	2	ACA	
tri-mili	2	ACA	
tri-nymyo	2	ACA	
tri-sprintec (28)	2	ACA	
trivora (28)	2	ACA	
tri-vylibra	2	ACA	
tri-vylibra lo	2	ACA	
tydemy	2	ACA	
velivet triphasic regimen (28)	2	ACA	
vestura (28)	2	ACA	
vienna	2	ACA	
viorele (28)	2	ACA	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>volnea</i> (28)	2	ACA	
<i>vyfemla</i> (28)	2	ACA	
<i>vylibra</i>	2	ACA	
<i>wera</i> (28)	2	ACA	
<i>wymzya fe</i>	2	ACA	
YAZ (28)	4	ACA	
<i>zarah</i>	2	ACA	
<i>zovia 1-35</i> (28)	2	ACA	
<i>zumandimine</i> (28)	2	ACA	
OXYTOCICS			
<i>methergine</i>	2	QL	
<i>methylergonovine oral</i>	2	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		
<i>ofloxacin ophthalmic (eye)</i>	2		
<i>polycin</i>	2		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>polymyxin b sulf-trimethoprim</i>	2		
POLYTRIM	4		
<i>tobramycin ophthalmic (eye)</i>	2		
TOBREX OPHTHALMIC (EYE) OINTMENT	4		
VIGAMOX	4		
ZYMAXID	4		
ANTIVIRALS			
<i>trifluridine</i>	2		
ZIRGAN	4		
BETA-BLOCKERS			
<i>betaxolol ophthalmic (eye)</i>	2		
BETOPTIC S	4		
<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		
TIMOPTIC	4	ST	
TIMOPTIC-XE	4	ST	
CHOLINESTERASE INHIBITOR MIOTICS			
PHOSPHOLINE IODIDE	S2		
CYCLOPLEGIC MYDRIATICS			
<i>atropine ophthalmic (eye) drops</i>	2		
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	4		
<i>atropine ophthalmic (eye) ointment</i>	2		
CYCLOGYL	4		
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	2		
<i>cyclopen-tropic-phenyleph-watr</i>	2		
<i>homatropaire</i>	2		
ISOPTO ATROPINE	4		
MYDRIACYL	4		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
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		
MISCELLANEOUS OPHTHALMOLOGICS			
AKTEN (PF)	4		
ALCAINE	4		
<i>altacaine</i>	2		
ALTAFLUOR BENOX	4		
<i>azelastine ophthalmic (eye)</i>	2		
<i>bepotastine besilate</i>	2		
CEQUA	4		
<i>cromolyn ophthalmic (eye)</i>	2		
CYCLOSPORINE IN KLARITY	4		
<i>cyclosporine ophthalmic (eye)</i>	2	ST; QL	
CYSTARAN	S2		
DEXAMET-MOXIFL-KETORO-NACL(PF)	4		
<i>epinastine</i>	2		
FLUORESCEIN-BENOXINATE	4		
<i>fluorescein-proparacaine</i>	2		
IHEEZO (PF)	4	PA	
KLARITY-A (AZITHRO-CHONDR)(PF)	4		
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.5-0.25 %	4		
LACRISERT	4	QL	
LUXTURNA	S2		
MYDRIATIC4(TROP-PROP-PE-KTRLC)	4		
OMIDRIA	4		
OXERVATE	S2		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PHOTREXA CROSS-LINKING KIT	4		
PHOTREXA VISCOSUS	4		
PREDNISOL ACE-GATIFLOX-BROMFEN	4		
PREDNISOLN SP-GATIFLOX-BROMFEN	4		
PREDNISOLN SP-MOXIFLOX-BROMFEN	4		
PREDNISOLONE ACETATE-BROMFENAC	4		
PREDNISOLONE ACETATE-NEPAFENAC	4		
PREDNISOLONE-MOXIFLO-NEPAFENAC	4		
PREDNISOLONE-MOXIFLOX-BROMFEN	4		
<i>proparacaine</i>	2		
RESTASIS	4	QL	
RESTASIS MULTIDOSE	3	QL	
<i>tetracaine hcl</i>	2		
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	4		
TYRVAYA	4		
XIIDRA	3	QL	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS			
ACULAR	4		
ACULAR LS	4		
<i>bromfenac</i>	2		
<i>diclofenac sodium ophthalmic (eye)</i>	2		
<i>flurbiprofen sodium</i>	2		
ILEVRO	4		
<i>ketorolac ophthalmic (eye)</i>	2		
PROLENSA	4		
ORAL DRUGS FOR GLAUCOMA			
<i>acetazolamide</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>methazolamide</i>	2		
OTHER GLAUCOMA DRUGS			
<i>bimatoprost ophthalmic (eye)</i>	2		
BRIMONIDINE-DORZOLAMIDE (PF)	4		
<i>brimonidine-timolol</i>	2		
<i>brinzolamide</i>	2		
COMBIGAN	4	ST	
<i>dorzolamide</i>	2		
DORZOLAMIDE (PF)	4		
<i>dorzolamide-timolol</i>	2		
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2		
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	4		
<i>latanoprost</i>	1		
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	4	PA	
<i>miostat</i>	2		
SIMBRINZA	4		
<i>tafluprost (pf)</i>	2		
TIMOLOL-BRIMONIDI- DORZOLAM(PF)	4		
<i>travoprost</i>	2		
VYZULTA	4		
STEROID-ANTIBIOTIC COMBINATIONS			
DEXAMETH-MOXIFLOX(PF)- NACL,ISO	4		
MAXITROL	4		
<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		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TOBRADEX	4		
<i>tobramycin-dexamethasone</i>	2		
TRIAMCINOLON-MOXIFLOX-WATR(PF)	4		
STEROIDS			
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2		
DEXTENZA	4		
DEXYCU (PF)	4		
<i>difluprednate</i>	2		
EYSUVIS	4	QL	
<i>fluorometholone</i>	2		
FML LIQUIFILM	4		
ILUVIEN	S2		
INVELTYS	4		
LOTEMAX	4		
LOTEMAX SM	4		
<i>loteprednol etabonate</i>	2		
OZURDEX	S2		
PRED FORTE	4		
<i>prednisolone acetate</i>	2		
PREDNISOLONE ACETATE (PF)	4		
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2		
RETISERT	S2		
YUTIQ	S2		
STEROID-SULFONAMIDE COMBINATIONS			
<i>sulfacetamide-prednisolone</i>	2		
SULFONAMIDES			
<i>sulfacetamide sodium ophthalmic (eye)</i>	2		
SYMPATHOMIMETICS			
ALPHAGAN P	4	ST	
<i>apraclonidine</i>	2		
<i>brimonidine ophthalmic (eye)</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
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	4	ST	
VASOCONSTRICTOR DECONGESTANTS			
CYCLOMYDRIL	4		
<i>phenylephrine hcl ophthalmic (eye)</i>	2		
RESPIRATORY, ALLERGY, COUGH & COLD			
ANTIHISTAMINE & ANTIALLERGENIC AGENTS			
<i>carbinoxamine maleate</i>	2		
CLARINEX ORAL TABLET	4	QL	
<i>clemastine oral syrup</i>	2		
<i>clemastine oral tablet 2.68 mg</i>	2		
<i>cyproheptadine</i>	2		
<i>desloratadine</i>	2	QL	
<i>dexchlorpheniramine maleate oral solution</i>	2		
EPINEPHRINE INJECTION AUTO-Injector 0.15 MG/0.15 ML	2	PA; QL	
<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		
KARBINAL ER	4		
<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		
RYVENT	4		

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SYMJEPI	3	QL	
VISTARIL	4		
COUGH & COLD THERAPY			
<i>benzonatate</i>	2		
BROMFED DM	4		
<i>brompheniramine-pseudoeph-dm</i>	2		
CAPCOF	4		
CLARINEX-D 12 HOUR	4	QL	
<i>codeine-guaifenesin</i>	2		
CODITUSSIN AC	4		
CODITUSSIN DAC	4		
<i>g tussin ac</i>	2		
HISTEX-AC	4		
HYCODAN (WITH HOMATROPINE)	4		
<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		
<i>maxi-tuss ac</i>	2		
MAXI-TUSS CD	4		
<i>m-clear wc</i>	2		
M-END PE	4		
NINJACOF-XG	4		
POLY-TUSSIN AC	4		
<i>promethazine vc</i>	2		
<i>promethazine vc-codeine</i>	2		
<i>promethazine-codeine</i>	2		
<i>promethazine-dm</i>	2		
RESPA-AR	4		
TUXARIN ER	4		
TUZISTRA XR	4	PA	
PULMONARY AGENTS			
ACCOLATE	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
acetylcysteine	2		
ADEMPAS	S2	QL	
ADRENALIN NASAL	4		
ADVAIR DISKUS	4	QL	
ADVAIR HFA	3	QL	
AIRDUO DIGIHALER	4	QL	
<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	QL	
<i>ambrisentan</i>	S2	QL	
ANORO ELLIPTA	3	QL	
<i>arformoterol</i>	2	QL	
ARNUITY ELLIPTA	3	QL	
ASMANEX HFA	3	QL	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	QL	
ATROVENT HFA	4	QL	
<i>azelastine-fluticasone</i>	2	QL	
BEVESPI AEROSPHERE	3	QL	
<i>bosentan</i>	S2	QL	
BREO ELLIPTA	3	QL	
BREZTRI AEROSPHERE	3	QL	
BRONCHITOL	S2	PA	
BROVANA	4	QL	
<i>budesonide inhalation</i>	2	QL	
COMBIVENT RESPIMAT	3	QL	

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Drug Name	Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>cromolyn inhalation</i>	2		
DULERA	3	QL	
DYMISTA	4	PA; QL	
ELIXOPHYLLIN	4		
<i>epinephrine hcl</i>	2		
FASENRA PEN	S2	PA; QL	
<i>flunisolide</i>	2	QL	
<i>fluticasone propionate nasal</i>	2	QL	
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	ST; QL	
<i>formoterol fumarate</i>	2	QL	
HAEGARDA	S2	QL	
HYPER-SAL	4		
<i>icatibant</i>	S2	QL	
<i>ipratropium bromide inhalation</i>	2		
<i>ipratropium-albuterol</i>	2	QL	
KALYDECO ORAL GRANULES IN PACKET 13.4 MG	S2	PA	
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	S2	PA; QL	
KALYDECO ORAL TABLET	S2	PA; QL	
<i>levalbuterol hcl</i>	2		
LONHALA MAGNAIR REFILL	4	QL	
LONHALA MAGNAIR STARTER	4	QL	
<i>mometasone nasal</i>	2	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	

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
OPSUMIT	S2	QL	
ORKAMBI	S2	PA; QL	
ORLADEYO	S2	QL	
<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	
<i>roflumilast oral tablet 250 mcg</i>	2	QL	
<i>roflumilast oral tablet 500 mcg</i>	2		
RUCONEST	S2	QL	
RYALTRIS	4	PA; QL	
<i>sajazir</i>	S2	QL	
SEREVENT DISKUS	3	QL	
<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	
SYMBICORT	3	QL	
SYMDEKO	S2	PA; QL	
TAKHZYRO SUBCUTANEOUS SOLUTION	S2	QL	
TAKHZYRO SUBCUTANEOUS SYRINGE	S2	PA; QL	
<i>terbutaline oral</i>	2		
TEZSPIRE	S2	PA	
THEO-24	4		
<i>theophylline oral elixir</i>	2		
<i>theophylline oral solution</i>	2		
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2		
<i>theophylline oral tablet extended release 24 hr</i>	2		
TRACLEER	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
TRELEGY ELLIPTA	3	QL	
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	S2	PA	
TRIKAFTA ORAL TABLETS, SEQUENTIAL	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		
<i>wixela inh</i> ub	2	ST; QL	
XHANCE	4	PA; QL	
XOLAIR	S2	PA; QL	
YUPELRI	3	QL	
<i>zafirlukast</i>	2		
<i>zileuton</i>	2		
ZYFLO	4		
UROLOGICALS			
ANTICHOLINERGICS & ANTISPASMODICS			
<i>darifenacin</i>	2		
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	4		
<i>fesoterodine</i>	2		
<i>flavoxate</i>	2		
GELNIQUE TRANSDERMAL GEL IN PACKET	3	QL	
GEMTESA	4		
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		

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
OXYTROL	4	QL	
<i>solifenacin</i>	2		
<i>tolterodine</i>	2		
TOVIAZ	4		
<i>trospium</i>	2		
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY			
<i>alfuzosin</i>	2		
<i>dutasteride</i>	2		
<i>dutasteride-tamsulosin</i>	2		
<i>finasteride oral tablet 5 mg</i>	1		
FLOMAX	4		
JALYN	4		
PROSCAR	4		
<i>silodosin</i>	2		
<i>tamsulosin</i>	2		
CHOLINERGIC STIMULANTS			
<i>bethanechol chloride</i>	2		
MISCELLANEOUS UROLOGICALS			
CYSTAGON	S2		
ELMIRON	3		
<i>hyophen</i>	2		
K-PHOS NO 2	4		
K-PHOS ORIGINAL	3		
<i>methen-sod phos-meth blue-hyos</i>	2		
ORACIT	4		
<i>phosphasal</i>	2		
<i>potassium citrate oral tablet extended release</i>	2		
RENACIDIN	3		
URELLE	4		
<i>uretron d-s</i>	2		
URIBEL	4		
<i>urimar-t</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>uro-458</i>	2		
UROCIT-K 10	4		
UROCIT-K 15	4		
UROCIT-K 5	4		
<i>urogesic-blue</i>	2		
<i>uro-mp</i>	2		
UROQID-ACID NO.2	4		
<i>uro-sp</i>	2		
<i>uryl</i>	2		
<i>ustell</i>	2		
<i>utira-c</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		
<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 10 MEQ, 20 MEQ	4		
<i>lugols oral</i>	2		
PHOSLYRA	3	QL	
POTABA	4		
<i>potassium chloride oral</i>	2		
<i>strong iodine oral</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
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES			
DOJOLVI	S2	PA	
VITAMINS & HEMATINICS			
ACCRUFER	4		
<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		
<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		
CITRANATAL B-CALM (FE GLUC)	4		
CITRANATAL MEDLEY	4		
<i>classic prenatal</i>	2	ACA	
<i>c-nate dha</i>	2		
<i>complete natal dha</i>	2		
CONCEPT DHA	4		
CONCEPT OB	4		
<i>cyanocobalamin (vitamin b-12) injection</i>	2		
<i>dialyvite 800 oral tablet</i>	2	ACA	
<i>dodex</i>	2		
DRISDOL	4		
DUET DHA BALANCED	4		
DUET DHA WITH OMEGA-3	4		
<i>elite-ob</i>	2		
ENBRACE HR	4		
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	2		
FLORIVA (FLUORIDE-VITAMIN D3)	4		
<i>fluoride (sodium) oral drops</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>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	
<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		
<i>ludent fluoride</i>	2	ACA	
MARNATAL-F	4		
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	QL	
NATACHEW (FE BIS-GLYCINATE)	4		
NEEVODHA (WITH ALGAL OIL)	4		
NEONATAL COMPLETE	4		
NEONATAL FE	4		
NEONATAL PLUS VITAMIN	4		
NEONATAL-DHA	4		
NESTABS	4		
NESTABS ABC	4		
NESTABS DHA	4		
NESTABS ONE	4		
<i>newgen</i>	2		
OB COMPLETE	4		
OB COMPLETE ONE	4		
OB COMPLETE PETITE	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
OB COMPLETE PREMIER	4		
OB COMPLETE WITH DHA	4		
<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		
PRENATA	4		
<i>prenatabs fa</i>	2		
<i>prenatabs rx</i>	2		
<i>prenatal 19 oral tablet</i>	4		
<i>prenatal complete</i>	2	ACA	
<i>prenatal multi-dha (algal oil)</i>	2	ACA	
PRENATAL MULTI-DHA(WITH VIT K)	2		
<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 ORAL COMBO PACK	4		
PRENATAL PLUS VITAMIN-MINERAL	4		
<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		

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 CHEWABLE	4		
PRENATE DHA (FERR ASP GLYCIN)	4		
PRENATE ELITE (IRON ASP GLYC)	4		
PRENATE ENHANCE	4		
PRENATE ESSENTIAL(IRON-ASP-GL)	4		
PRENATE MINI (FERR ASP GLYCIN)	4		
PRENATE PIXIE	4		
PRENATE RESTORE	4		
PRENATE STAR	4		
PRIMACARE	4		
PROVIDA OB	4		
PUREFE OB PLUS	4		
<i>rena-vite</i>	2	ACA	
R-NATAL OB	4		
SELECT-OB	4		
SELECT-OB (FOLIC ACID)	4		
SELECT-OB + DHA	4		
<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	
<i>super quints</i>	2	ACA	
<i>taron-c dha</i>	2		
THRIVITE RX	4		
TRICARE	4		
TRIFERIC	4		
<i>trinatal rx 1</i>	2		
<i>trinate</i>	2		
TRISTART DHA	4		
<i>tri-vitamin with fluoride</i>	2	ACA	
<i>virt-nate dha</i>	2		
<i>virt-pn dha</i>	2		
VITAFOL FE PLUS	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
VITAFOL GUMMIES	4		
VITAFOL NANO	4		
VITAFOL ULTRA	4		
VITAFOL-OB	4		
VITAFOL-OB+DHA	4		
VITAFOL-ONE	4		
VITAMED MD ONE RX	4		
VITAMEDMD REDICHEW RX	4		
<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	
VITAPEARL	4		
VITATRUE	4		
<i>wescap-c dha</i>	2		
<i>wescap-pn dha</i>	2		
<i>wesnate dha</i>	2		
<i>weststab 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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ZYNLONTA	16
ZYNRELEF	58
ZYPITAMAG	45
ZYPREXA	35
ZYPREXA ZYDIS	35
ZYVOX	9