



2026 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.

PHP of Northern Indiana (PHP) uses Express Scripts National Preferred Drug Formulary developed by Express Scripts Pharmacy and Therapeutics Committee (P&T Committee). The P&T Committee 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	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ANTI - INFECTIVES			
ANTIFUNGAL AGENTS			
ANCOBON	4		flucytosine
<i>clotrimazole mucous membrane</i>	2		
CRESEMBA ORAL	3	PA	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4		fluconazole
<i>fluconazole oral suspension for reconstitution</i>	2		
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	2		
<i>fluconazole oral tablet 150 mg</i>	1	QL	
<i>flucytosine</i>	2		
<i>griseofulvin microsize</i>	2		
<i>griseofulvin ultramicrosize</i>	2		
<i>itraconazole</i>	2	QL	
<i>ketoconazole oral</i>	2		
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON	3	PA	
<i>nystatin oral suspension</i>	2		
<i>nystatin oral tablet</i>	2		
ORAVIG	4		nystatin, clotrimazole
<i>posaconazole oral</i>	2	PA	
SPORANOX ORAL CAPSULE	4	QL	itraconazole
<i>terbinafine hcl oral</i>	2		
VFEND ORAL SUSPENSION FOR RECONSTITUTION	4	PA	voriconazole
VIVJOA	S2	PA; QL	fluconazole
<i>voriconazole oral</i>	2	PA	
ANTIVIRALS			
<i>abacavir</i>	S2		
<i>abacavir-lamivudine</i>	S2		
<i>acyclovir oral capsule</i>	1		
<i>acyclovir oral suspension 200 mg/5 ml</i>	2		
<i>acyclovir oral tablet 400 mg</i>	1		
<i>acyclovir oral tablet 800 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	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>adefovir</i>	2		
<i>amantadine hcl</i>	2		
APTIVUS	S2		
<i>atazanavir</i>	S2		
BARACLUDE ORAL SOLUTION	3		
BIKTARVY	S2		
CIMDUO	S2		
<i>darunavir</i>	S2		
DELSTRIGO	S2		
DESCOVY ORAL TABLET 120-15 MG	S2	PA	
DESCOVY ORAL TABLET 200-25 MG	S2	PA; ACA	
DOVATO	S2		
EDURANT	S2		rilpivirine
EDURANT PED	S2		
<i>efavirenz oral tablet</i>	S2		
<i>efavirenz-emtricitabin-tenofof</i>	S1		
<i>efavirenz-lamivu-tenofof 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	
<i>emtricitabine-tenofovir (tdf) oral tablet</i>	S2		
EMTRIVA ORAL CAPSULE	S2		emtricitabine
EMTRIVA ORAL SOLUTION	S2		
ENFLONIA	3	ACA	
<i>entecavir</i>	2		
EPCLUSA	S2	PA; QL	
EPIVIR	S2		lamivudine
<i>etravirine</i>	S2		
EVOTAZ	S2		atazanavir sulfate, lopinavir- ritonavir, ritonavir, NORVIR
<i>famciclovir</i>	2	QL	
FLUMADINE ORAL TABLET	4		rimantadine hcl

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

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
REYATAZ ORAL CAPSULE 200 MG, 300 MG	S2		atazanavir sulfate
REYATAZ ORAL POWDER IN PACKET	S2		
<i>ribavirin inhalation</i>	2	PA	
<i>ribavirin oral capsule</i>	S2	ST	
<i>ribavirin oral tablet 200 mg</i>	S2	ST	
<i>rilpivirine hcl</i>	S2		
<i>rimantadine</i>	2		
<i>ritonavir</i>	S2		
SELZENTRY ORAL SOLUTION	S2		
SELZENTRY ORAL TABLET 150 MG, 300 MG	S2		maraviroc
SUNLENCA ORAL	S2	PA	
SYMFI	S2		
SYMTUZA	S2		
TAMIFLU ORAL CAPSULE 75 MG	4	QL	oseltamivir phosphate
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	4	QL	oseltamivir phosphate
TEMBEXA	4	PA	
<i>tenofovir disoproxil fumarate</i>	S2		
TIVICAY ORAL TABLET 50 MG	S2		
TIVICAY PD	S2		
TRIUMEQ	S2		
TRIUMEQ PD	S2		
<i>valacyclovir</i>	2	QL	
VALCYTE ORAL RECON SOLN	4		valganciclovir hcl
<i>valganciclovir</i>	2		
VEMLIDY	S2	PA	
VIRACEPT ORAL TABLET	S2		
VIREAD ORAL POWDER	S2		
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	S2		
VIREAD ORAL TABLET 300 MG	S2		tenofovir disoproxil fumarate
VOSEVI	S2	PA; QL	
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	QL	oseltamivir phosphate

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
YEZTUGO ORAL	S2	ACA	
ZEPATIER	S2	PA; QL	
ZIAGEN ORAL SOLUTION	S2		abacavir
<i>zidovudine</i>	S2		
CEPHALOSPORINS			
<i>cefaclor oral capsule</i>	2		
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2		
<i>cefaclor oral tablet extended release 12 hr</i>	2		
<i>cefadroxil oral capsule</i>	2		
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2		
<i>cefadroxil oral tablet</i>	2		
<i>cefdinir</i>	2		
<i>cefixime</i>	2		
<i>cefpodoxime</i>	2		
<i>cefprozil</i>	2		
<i>cefuroxime axetil oral tablet</i>	2		
<i>cephalexin oral capsule 250 mg, 750 mg</i>	2		
<i>cephalexin oral capsule 500 mg</i>	1		
<i>cephalexin oral suspension for reconstitution</i>	2		
<i>cephalexin oral tablet 250 mg</i>	2		
<i>cephalexin oral tablet 500 mg</i>	1		
ERYTHROMYCINS & OTHER MACROLIDES			
<i>azithromycin oral packet</i>	2		
<i>azithromycin oral suspension for reconstitution</i>	2		
<i>azithromycin oral tablet 250 mg</i>	1		
<i>azithromycin oral tablet 500 mg, 600 mg</i>	2		
<i>clarithromycin</i>	2		
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	4	QL	vancomycin hcl
DIFICID ORAL TABLET	4	QL	fidaxomicin

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>e.e.s. 400 oral tablet</i>	2		
E.E.S. GRANULES	4		erythromycin ethylsuccinate
ERYPED 200	4		erythromycin ethylsuccinate
ERYPED 400	4		erythromycin ethylsuccinate
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2		
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	4		
<i>erythrocine (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		
<i>fidaxomicin</i>	2	QL	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	4		azithromycin
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4		azithromycin
ZITHROMAX TRI-PAK	4		azithromycin
ZITHROMAX Z-PAK	4		azithromycin
MISCELLANEOUS ANTIINFECTIVES			
<i>albendazole</i>	2	QL	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	QL	
ARIKAYCE	S2	PA	
<i>atovaquone</i>	2		
BENZNIDAZOLE	3	QL	
BETHKIS	S2	PA; QL	tobramycin sulfate
CAYSTON	S2	PA; QL	
CLEOCIN HCL	4		clindamycin hcl
CLEOCIN PEDIATRIC	4		
<i>clindamycin hcl</i>	2		
<i>clindamycin pediatric</i>	2		
<i>cycloserine</i>	2	PA	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>dapsone oral</i>	2		
EMVERM	3	QL	
<i>ethambutol</i>	2		
HUMATIN	S2		
<i>hydroxychloroquine</i>	2		
IMPAVIDO	3	PA; QL	
<i>isoniazid oral</i>	2		
<i>ivermectin oral</i>	2	PA; QL	
KITABIS PAK	S2	PA; QL	
<i>linezolid</i>	2		
MEPRON	4		atovaquone
<i>metronidazole oral capsule</i>	2		
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2		
NEBUPENT	4	QL	pentamidine isethionate
<i>neomycin</i>	2		
<i>nitazoxanide</i>	2	QL	
<i>pentamidine inhalation</i>	2	QL	
<i>praziquantel</i>	2		
PRETOMANID	4	PA	
PRIFTIN	3		
<i>pyrazinamide</i>	2		
<i>rifabutin</i>	2		
<i>rifampin oral</i>	2		
SIRTURO	3	PA	
SOLOSEC	3	QL	
STROMEKTOL	4	PA; QL	ivermectin
<i>tinidazole</i>	2	QL	
TOBI PODHALER	S2	PA; QL	
<i>tobramycin in 0.225 % nacl</i>	S2	PA; QL	
<i>tobramycin inhalation</i>	S2	PA; QL	
TOBRAMYCIN WITH NEBULIZER	S2	PA; QL	tobramycin sulfate, TOBI PODHALER

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

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

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>levofloxacin oral solution</i>	2		
<i>levofloxacin oral tablet 250 mg, 750 mg</i>	2		
<i>levofloxacin oral tablet 500 mg</i>	1		
<i>moxifloxacin oral</i>	2		
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2		
SULFA'S & RELATED AGENTS			
BACTRIM	4		sulfamethoxazole- trimethoprim
BACTRIM DS	4		sulfamethoxazole- trimethoprim
<i>sulfadiazine</i>	2		
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2		
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	1		
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	2		
<i>sulfatrim</i>	2		
TETRACYCLINES			
AVIDOXY DK	4	ST	doxycycline monohydrate
<i>demeclocycline</i>	2		
<i>doxycycline hyclate oral capsule</i>	2		
<i>doxycycline hyclate oral tablet 100 mg</i>	S2		
<i>doxycycline hyclate oral tablet 75 mg</i>	S2	ST	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2		
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	S2		
<i>minocycline oral capsule</i>	2		
<i>minocycline oral tablet</i>	2	ST	
NUZYRA ORAL	4	QL	doxycycline hyclate, tetracycline hcl
SEYSARA	4	ST	doxycycline hyclate, minocycline hcl, tetracycline hcl
<i>tetracycline oral capsule</i>	2		
<i>tetracycline oral tablet</i>	2	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	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
URINARY TRACT AGENTS			
FURADANTIN	4		nitrofurantoin
MACROBID	4		nitrofurantoin mono-macro
<i>methenamine hippurate</i>	2		
<i>methenamine mandelate</i>	2		
<i>nitrofurantoin macrocrystal</i>	2		
<i>nitrofurantoin monohyd/m-cryst</i>	2		
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	2		
PRIMSOL	4		trimethoprim
<i>trimethoprim</i>	2		
VANCOMYCIN			
VANCOCIN	4	QL	vancomycin hcl
<i>vancomycin oral</i>	2	QL	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS			
ADJUNCTIVE AGENTS			
<i>leucovorin calcium oral</i>	2		
MESNEX ORAL	4		mesna
VISTOGARD	S2	PA; QL	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS			
<i>abiraterone</i>	2	PA; QL	
<i>abirtega</i>	2	PA; QL	
ALECENSA	3	PA; QL	
ALKERAN	3		melphalan hcl
ALUNBRIG	3	PA; QL	
<i>anastrozole</i>	2		
AROMASIN	3		exemestane
ASTAGRAF XL	4	PA	tacrolimus
AUGTYRO	3	PA	
AVMAPKI-FAKZYNJA	3	PA	
AYVAKIT	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	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
AZASAN	4		azathioprine
<i>azathioprine</i>	2		
BALVERSA	3	PA	
<i>bexarotene</i>	2	PA	
<i>bicalutamide</i>	2		
BOSULIF	3	PA; QL	
BRAFTOVI	3	PA; QL	
BRUKINSA ORAL TABLET	3	PA	
CABOMETYX	3	PA; QL	
CALQUENCE (ACALABRUTINIB MAL)	3	PA; QL	
<i>capecitabine</i>	2	PA; QL	
CAPRELSA	3	PA; QL	
CASODEX	3		bicalutamide
CELLCEPT	4	PA	mycophenolate mofetil
COMETRIQ	3	PA; QL	
COPIKTRA	3	PA; QL	BRUKINSA, CALQUENCE, IMBRUVICA, VENCLEXTA
COTELLIC	3	PA; QL	
<i>cyclophosphamide oral capsule</i>	2		
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3		cyclophosphamide
<i>cyclosporine modified</i>	2		
<i>cyclosporine oral capsule</i>	2		
DANZITEN	3	PA	
<i>dasatinib</i>	2	PA; QL	
DAURISMO	3	PA; QL	azacitidine, cytarabine, decitabine, VENCLEXTA
DROXIA	3		
ENSACOVE	3	PA	
ENSPRYNG	S2	PA	
ERIVEDGE	3	PA; QL	
ERLEADA	3	PA; QL	
<i>erlotinib</i>	2	PA; QL	
<i>etoposide oral</i>	2		
EULEXIN	3		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>everolimus (antineoplastic)</i>	2	PA; QL	
<i>everolimus (immunosuppressive)</i>	2		
<i>exemestane</i>	2		
FARESTON	3		toremifene citrate
FEMARA	3	PA	letrozole
FRUZAQLA	3	PA	
GAVRETO	3	PA; QL	
<i>gefitinib</i>	2	PA; QL	
<i>gengraf oral capsule</i>	2		
GILOTRIF	3	PA; QL	
GLEOSTINE	3		lomustine
GLIADEL WAFER	4		
GOMEKLI	3	PA	
HYCAMTIN ORAL	3	PA	
HYDREA	3		hydroxyurea
<i>hydroxyurea</i>	2		
IBRANCE ORAL CAPSULE 100 MG, 125 MG	3	PA; QL	
IBRANCE ORAL TABLET	3	PA; QL	
IBTROZI	3	PA	
ICLUSIG	3	PA; QL	
IDHIFA	3	PA; QL	
<i>imatinib</i>	2	PA; QL	
IMBRUVICA	3	PA; QL	
IMKELDI	3	PA	
IMURAN	4		azathioprine
INLURIYO	3	PA	
INLYTA	3	PA; QL	
IRESSA	3	PA; QL	gefitinib
IWILFIN	S2	PA	
JAKAFI	3	PA; QL	
JELMYTO	4	PA	
KISQALI	3	PA; QL	
KOMZIFTI	3	PA	
KOSELUGO	3	PA	GOMEKLI

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	S2	PA; QL	
<i>lapatinib</i>	2	PA; QL	
LAZCLUZE	3	PA	
<i>lenalidomide</i>	2	PA; QL	
LENVIMA	3	PA; QL	
<i>letrozole</i>	2		
LEUKERAN	3		
LIFYORLI	3	PA	
<i>lomustine</i>	2		
LONSURF	3	PA	
LORBRENA	3	PA; QL	
LUMAKRAS	3	PA	
LUPKYNIS	S2	PA; QL	
LYNPARZA	3	PA; QL	
LYSODREN	3		
LYTGOBI	3	PA	
MATULANE	3		
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2		
<i>megestrol oral tablet</i>	2		
MEKINIST	3	PA; QL	
MEKTOVI	3	PA; QL	
<i>mercaptopurine oral suspension</i>	2	ST	
<i>mercaptopurine oral tablet</i>	2		
<i>methotrexate sodium</i>	2		
<i>methotrexate sodium (pf)</i>	2		
MODEYSO	3	PA	
MYCAPSSA	S2	PA; QL	SOMATULINE DEPOT
<i>mycophenolate mofetil</i>	2		
<i>mycophenolate sodium</i>	2	PA	
MYFORTIC	4	PA	mycophenolic acid
MYHIBBIN	3		
MYLERAN	3		
NEMLUVIO	S2	PA; QL	
NEORAL	4		cyclosporine

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NERLYNX	3	PA	
NEXAVAR	3	PA; QL	sorafenib
<i>nilotinib hcl</i>	2	PA; QL	
<i>nilutamide</i>	2	PA	
NINLARO	3	PA; QL	
NUBEQA	3	PA; QL	
<i>octreotide acetate</i>	S2	PA	
ODOMZO	3	PA; QL	
OGSIVEO ORAL TABLET 100 MG, 150 MG	3	PA	
OJEMDA	3	PA	
ORGOVYX	3	PA; QL	ELIGARD, FIRMAGON, LUPRON DEPOT, LUTRATE DEPOT
ORSERDU	S2	PA; QL	
<i>pazopanib oral tablet 200 mg</i>	2	PA; QL	
PEMAZYRE	3	PA; QL	
PIQRAY	3	PA	
<i>pomalidomide</i>	2	PA	
POMALYST	3	PA	pomalidomide
PROGRAF ORAL CAPSULE	4		TACROLIMUS
PROGRAF ORAL GRANULES IN PACKET	3		
PURIXAN	3	ST	
RETEVMO ORAL TABLET	3	PA; QL	
REVUFORJ	3	PA	
REZUROCK	4	PA; QL	
ROMVIMZA	3	PA; QL	
ROZLYTREK	3	PA; QL	
RYDAPT	3	PA; QL	
SANDIMMUNE ORAL CAPSULE	4		cyclosporine
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	S2	PA	octreotide acetate
SCSEMBLIX	3	PA; QL	
SIGNIFOR	S2	PA	
<i>sirolimus</i>	2		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SOLTAMOX	3		tamoxifen citrate
SOMATULINE DEPOT	S2	PA; QL	
<i>sorafenib</i>	2	PA; QL	
STIVARGA	3	PA; QL	
<i>sunitinib malate</i>	2	PA; QL	
SUPPRELIN LA	3	PA	
SUTENT	3	PA; QL	sunitinib malate
TABLOID	3		
TABRECTA	3	PA	
<i>tacrolimus oral capsule</i>	2		
TAFINLAR	3	PA; QL	
TAGRISSO	3	PA; QL	
TALZENNA	3	PA; QL	
<i>tamoxifen</i>	2		
TARGRETIN TOPICAL	4	PA	bexarotene
<i>temozolomide</i>	2	PA	
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	PA; QL	
TIBSOVO	3	PA	
<i>toremifene</i>	2		
<i>torpenz</i>	2	PA; QL	
<i>tretinoin (antineoplastic)</i>	2		
TRIPTODUR	3	PA	
TRUQAP	3	PA	
TUKYSA	3	PA; QL	
TURALIO	3	PA; QL	
VENCLEXTA	3	PA; QL	
VENCLEXTA STARTING PACK	3	PA; QL	
VERZENIO	3	PA; QL	
VIJOICE	3	PA; QL	
VITRAKVI	3	PA; QL	
VIZIMPRO	3	PA; QL	
VONJO	3	PA; QL	
VORANIGO	3	PA	
VOTRIENT	3	PA; QL	pazopanib hcl

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
VOYXACT	3	PA; QL	
WELIREG	3	PA	
XALKORI	3	PA; QL	
XERMELO	3	PA; QL	
XOSPATA	3	PA; QL	
XTANDI	3	PA; QL	
YONSA	3	PA; QL	
ZELBORAF	3	PA; QL	
ZOLINZA	3	PA; QL	
ZORTRESS	4		everolimus
ZYDELIG	3	PA; QL	
ZYKADIA	3	PA; QL	

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONSULSANTS

APTOM	4	PA	eslicarbazepine acetate
<i>brivaracetam oral</i>	2		
BRIVACT ORAL	4	ST	brivaracetam
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2		
<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 100 mg</i>	2		
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	4		carbamazepine
CARBATROL	4		carbamazepine er
CELONTIN ORAL CAPSULE 300 MG	4		methsuximide
<i>clobazam oral suspension</i>	2	PA	
<i>clobazam oral tablet</i>	2	PA	
<i>clonazepam</i>	2		
DEPAKOTE	4	ST	divalproex sodium

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DEPAKOTE ER	4	ST	divalproex sodium er
DEPAKOTE SPRINKLES	4	ST	divalproex sodium
DIACOMIT	S2	PA	
<i>diazepam rectal</i>	2		
DILANTIN	3		
DILANTIN EXTENDED	4		phenytoin sodium
DILANTIN INFATABS	4		phenytoin
DILANTIN-125	4		phenytoin
<i>divalproex oral tablet extended release 24 hr</i>	2		
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2		
ELEPSIA XR	4	ST	levetiracetam
EPIDIOLEX	S2	PA	
EQUETRO	4		carbamazepine, carbamazepine er
<i>eslicarbazepine</i>	2	PA	
<i>ethosuximide</i>	2		
<i>felbamate</i>	2		
FELBATOL ORAL TABLET	4		felbamate
FYCOMPA	3		
<i>gabapentin oral capsule</i>	2		
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	2		
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2		
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i>	2	ST	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	4	ST	gabapentin er
<i>lacosamide oral</i>	2		
LAMICTAL XR STARTER (BLUE)	4	ST	lamotrigine
LAMICTAL XR STARTER (GREEN)	4	ST	lamotrigine
LAMICTAL XR STARTER (ORANGE)	4	ST	lamotrigine
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>	1		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<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>levetiracetam oral solution</i>	2		
<i>levetiracetam oral tablet</i>	2		
<i>levetiracetam oral tablet extended release 24 hr</i>	2		
<i>methsuximide</i>	2		
MYSOLINE	4		primidone
NAYZILAM	3	PA; QL	
<i>oxcarbazepine</i>	2		
<i>perampanel</i>	2		
<i>phenobarbital</i>	2		
PHENYTEK	4		phenytoin sodium
<i>phenytoin oral suspension 125 mg/5 ml</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		
<i>relgaabi oral capsule 300 mg, 400 mg</i>	2		
<i>roweepra</i>	2		
<i>rufinamide</i>	2	PA	
SPRITAM	4	ST	levetiracetam, levetiracetam
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg</i>	1		
<i>subvenite oral tablet 25 mg</i>	2		
<i>subvenite starter (blue) kit</i>	2		
<i>subvenite starter (green) kit</i>	2		
<i>subvenite starter (orange) kit</i>	2		
SYMPAZAN	4	PA	clobazam
TEGRETOL ORAL SUSPENSION	4		carbamazepine

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TEGRETOL ORAL TABLET	4		carbamazepine
TEGRETOL XR	4		carbamazepine er
<i>tiagabine</i>	2		
<i>topiramate oral capsule, sprinkle 15 mg</i>	2		
<i>topiramate oral capsule, sprinkle 25 mg, 50 mg</i>	1		
<i>topiramate oral capsule, extended release 24hr 100 mg, 25 mg, 50 mg</i>	1	ST	
<i>topiramate oral capsule, extended release 24hr 200 mg</i>	2	ST	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg</i>	1	ST	
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i>	2	ST	
<i>topiramate oral solution</i>	2		
<i>topiramate oral tablet 100 mg, 25 mg, 50 mg</i>	1		
<i>topiramate oral tablet 200 mg</i>	2		
TROKENDI XR	4	ST	topiramate, topiramate er
<i>valproic acid</i>	2		
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	2		
VALTOCO	3	PA; QL	
<i>vigabatrin</i>	S2	PA; QL	
<i>vigadrone</i>	S2	PA; QL	
XCOPRI	4	PA; QL	gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide
XCOPRI MAINTENANCE PACK	4	PA; QL	gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide
XCOPRI TITRATION PACK	4	PA; QL	gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide
ZARONTIN	4		ethosuximide

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>zonisamide</i>	2		
ZTALMY	3	PA	
ANTIPARKINSONISM AGENTS			
<i>apomorphine</i>	S2	PA; QL	
AZILECT	4	ST	rasagiline mesylate
<i>benztropine oral</i>	2		
<i>bromocriptine</i>	2		
<i>carbidopa</i>	2	PA	
<i>carbidopa-levodopa oral tablet</i>	2		
<i>carbidopa-levodopa oral tablet extended release</i>	2		
<i>carbidopa-levodopa oral tablet, disintegrating 25-100 mg, 25-250 mg</i>	2		
<i>carbidopa-levodopa-entacapone</i>	2		
CREXONT	4	ST	carbidopa-levodopa er
DUOPA	S2	PA	carbidopa-levodopa, carbidopa-levodopa, carbidopa-levodopa er
<i>entacapone</i>	2		
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	S2	PA; QL	
LODOSYN	4	PA	carbidopa
NEUPRO	4		pramipexole di-hcl, pramipexole er, ropinirole hcl
ONGENTYS	4	PA; QL	entacapone
<i>pramipexole</i>	2		
<i>rasagiline</i>	2		
<i>ropinirole</i>	2		
RYTARY	4	PA; ST	carbidopa-levodopa er
<i>selegiline hcl</i>	2		
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	4		carbidopa-levodopa
TASMAR ORAL TABLET 100 MG	4	PA	tolcapone
<i>tolcapone</i>	2	PA	
<i>trihexyphenidyl</i>	2		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MIGRAINE & CLUSTER HEADACHE THERAPY			
AIMOVIG AUTOINJECTOR	3	PA; QL	
AJOVY AUTOINJECTOR	3	PA; QL	
AJOVY SYRINGE	3	PA; QL	
<i>almotriptan malate</i>	2	ST; QL	
<i>dihydroergotamine injection</i>	2		
<i>dihydroergotamine nasal</i>	2	ST; QL	
<i>eletriptan</i>	2	QL	
EMGALITY PEN	3	PA; QL	
EMGALITY SYRINGE	3	PA; QL	
ERGOMAR	4		ergotamine-caffeine
<i>ergotamine-caffeine</i>	2		
FROVA	4	ST; QL	frovatriptan succinate
<i>frovatriptan</i>	2	ST; QL	
<i>migergot</i>	2		
MIGRANAL	4	ST; QL	dihydroergotamine mesylate
<i>naratriptan</i>	2	QL	
NURTEC ODT	3	PA; QL	
QULIPTA	3	PA; QL	
REYVOW	4	PA; QL	eletriptan hbr, naratriptan hcl, rizatriptan, sumatriptan succinate, NURTEC ODT, UBRELVY
<i>rizatriptan</i>	2	QL	
<i>sumatriptan</i>	2	QL	
<i>sumatriptan succinate oral</i>	2	QL	
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	2	QL	
<i>sumatriptan succinate subcutaneous solution</i>	2	QL	
TOSYMRA	4	ST; QL	sumatriptan, zolmitriptan, ZOMIG
UBRELVY	3	PA; QL	
ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG	4	ST; QL	sumatriptan, zolmitriptan, ZOMIG

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	2	ST; QL	
<i>zolmitriptan oral</i>	2	QL	
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	3	ST; QL	
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	4	ST; QL	zolmitriptan
MISCELLANEOUS NEUROLOGICAL THERAPY			
ARICEPT	4	ST	donepezil hcl
<i>dalfampridine</i>	S1	PA; QL	
<i>dichlorphenamide</i>	S2	PA	
<i>donepezil oral tablet 10 mg, 5 mg</i>	2		
<i>donepezil oral tablet 23 mg</i>	2	ST	
<i>donepezil oral tablet,disintegrating</i>	2		
EVRYSDI	S2	PA; QL	SPINRAZA
EXELON PATCH	4	ST	rivastigmine
FIRDAPSE	S2	PA	
<i>galantamine</i>	2		
INGREZZA	S2	PA; QL	
INGREZZA INITIATION PK(TARDIV)	S2	PA; QL	
INGREZZA SPRINKLE	S2	PA; QL	
<i>memantine oral capsule,sprinkle,er 24hr</i>	2		
<i>memantine oral solution</i>	2		
<i>memantine oral tablet</i>	2		
MEMANTINE ORAL TABLETS,DOSE PACK	4		memantine hcl
<i>memantine-donepezil</i>	2	ST	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	4		memantine hcl er
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	3	ST	
NUEDEXTA	3	PA	
NULIBRY	S2	PA	
<i>ormalvi</i>	S2	PA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RADICAVA ORS STARTER KIT SUSP	3	PA	
<i>rivastigmine</i>	2		
<i>rivastigmine tartrate</i>	2		
SKYCLARYS	S2	PA	
<i>tetrabenazine</i>	S2	PA; QL	
ZEPOSIA	S2	PA; QL	
ZEPOSIA STARTER KIT (28-DAY)	S2	PA; QL	
ZEPOSIA STARTER PACK (7-DAY)	S2	PA; QL	
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY			
<i>baclofen oral solution</i>	2	PA	
<i>baclofen oral suspension</i>	2	PA	
<i>baclofen oral tablet</i>	2		
<i>carisoprodol</i>	2		metaxalone, tizanidine hcl
<i>carisoprodol-aspirin-codeine</i>	2		metaxalone, tizanidine hcl
<i>chlorzoxazone</i>	2		
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	2	PA	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1		
DANTRIUM ORAL CAPSULE 25 MG	4		dantrolene sodium
<i>dantrolene oral</i>	2		
FEXMID	4	PA	cyclobenzaprine hcl
<i>meprobamate</i>	2		alprazolam, buspirone hcl, chlordiazepoxide hcl, diazepam, lorazepam
<i>metaxalone oral tablet 400 mg, 800 mg</i>	2		
<i>methocarbamol oral tablet 1,000 mg</i>	2	PA	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2		
<i>orphenadrine citrate oral</i>	2		
<i>pyridostigmine bromide oral syrup</i>	2		
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	4		pyridostigmine bromide
<i>pyridostigmine bromide oral tablet 60 mg</i>	2		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG	4		
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	2		
SOMA	4		metaxalone, tizanidine hcl
<i>tanlor</i>	2	PA	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	2		
<i>tizanidine oral tablet</i>	2		
<i>vanadom</i>	2		metaxalone, tizanidine hcl
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	4		tizanidine hcl
ZANAFLEX ORAL TABLET	4		tizanidine hcl
NARCOTIC ANALGESICS			
<i>acetaminophen-cafff-dihydrocod</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		
<i>ascomp with codeine</i>	2		
BELBUCA	3	ST; QL	
<i>buprenorphine</i>	2	ST	
<i>buprenorphine hcl sublingual</i>	2		
<i>butalbital-acetaminop-caf-cod</i>	2		
<i>butalbital-acetaminophen</i>	2		
<i>butalbital-acetaminophen-cafff</i>	2		
<i>butalbital-aspirin-caffeine</i>	2		
<i>codeine sulfate</i>	2		
<i>codeine-bitalbital-asa-cafff</i>	2		
DILAUDID	4		hydromorphone hcl
<i>diskets</i>	2	PA; ST	
DSUVIA	4		
<i>endocet</i>	2		
<i>fentanyl</i>	2	ST; QL	
FIORICET	4	PA	butalbital-acetaminophen- caffe
<i>hydrocodone bitartrate</i>	2	ST; QL	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>hydrocodone-acetaminophen</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	ST; QL	
<i>hydromorphone rectal</i>	2		
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	4	ST; QL	hydrocodone bitartrate er
<i>meperidine oral solution</i>	2		hydromorphone hcl, morphine sulfate, oxycodone hcl
<i>meperidine oral tablet 50 mg</i>	2		codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl
<i>methadone oral concentrate</i>	2	PA; ST	
<i>methadone oral solution</i>	2	PA; ST	
<i>methadone oral tablet</i>	2	PA; ST	
<i>methadone oral tablet, soluble</i>	2	PA; ST	
<i>methadose oral concentrate</i>	2	PA; ST	
<i>methadose oral tablet, soluble</i>	2	PA; ST	
<i>morphine concentrate oral solution</i>	2		
<i>morphine oral capsule, er multiphase 24 hr</i>	2	ST; QL	
<i>morphine oral solution</i>	2		
<i>morphine oral tablet</i>	2		
<i>morphine oral tablet extended release</i>	2	ST; QL	
<i>morphine rectal</i>	2		
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	4	ST; QL	morphine sulfate er
<i>oxycodone oral capsule</i>	2		
<i>oxycodone oral concentrate</i>	2		
<i>oxycodone oral solution</i>	2		
<i>oxycodone oral tablet</i>	2		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>oxycodone-acetaminophen oral tablet</i> 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2		
<i>oxymorphone oral tablet</i>	2		
<i>oxymorphone oral tablet extended release 12 hr</i>	2	ST; QL	
ROXICODONE ORAL TABLET 15 MG, 30 MG	4		oxycodone hcl
<i>tencon</i>	2		
TREZIX	4		apap-cafeine-dihydrocodeine
NON-NARCOTIC ANALGESICS			
<i>adult aspirin regimen</i>	2	ACA	
ANAPROX DS	4	ST; DST	naproxen sodium
ARTHROTEC 50	4	ST; DST	diclofenac sodium-misoprostol
ARTHROTEC 75	4	ST; DST	diclofenac sodium-misoprostol
<i>aspirin childrens</i>	2	ACA	
<i>aspirin oral tablet, chewable</i>	2	ACA	
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	2	ACA	
<i>bayer low dose aspirin</i>	2	ACA	
<i>buprenorphine-naloxone</i>	2		
<i>butorphanol injection</i>	2		
<i>butorphanol nasal</i>	2	QL	
CAMBIA	4	ST; QL; DST	diclofenac potassium
<i>celecoxib</i>	2		
<i>diclofenac potassium oral capsule</i>	2	ST; DST	
<i>diclofenac potassium oral powder in packet</i>	2	ST; QL; DST	
<i>diclofenac potassium oral tablet 50 mg</i>	2		
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2		
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg</i>	2		
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1		
<i>diclofenac sodium topical drops</i>	2	QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>diclofenac sodium topical gel 1 %</i>	2	QL	
<i>diclofenac sodium topical solution in metered-dose pump</i>	2	ST; QL; DST	
<i>diclofenac-misoprostol</i>	2		
<i>diflunisal</i>	2		
EC-NAPROSYN	4	ST; DST	naproxen
<i>ecotrin low strength</i>	2	ACA	
<i>etodolac</i>	2		
<i>fenoprofen oral capsule 400 mg</i>	2	ST; DST	
<i>fenoprofen oral tablet</i>	2	ST; DST	
FLECTOR	3	ST; QL; DST	
<i>flurbiprofen oral tablet 100 mg</i>	2		
<i>ibu oral tablet 400 mg</i>	2		
<i>ibu oral tablet 600 mg, 800 mg</i>	1		
<i>ibuprofen oral suspension</i>	2		
<i>ibuprofen oral tablet 300 mg, 400 mg</i>	2		
<i>ibuprofen oral tablet 600 mg, 800 mg</i>	1		
<i>indomethacin oral capsule</i>	2		
<i>indomethacin oral capsule, extended release</i>	2		
<i>indomethacin oral suspension</i>	2	ST; DST	
JOURNAVX	4	QL	acetaminophen, diclofenac sodium, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen
<i>ketoprofen oral capsule 25 mg</i>	2	ST; DST	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2		
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	ST; DST	
<i>ketorolac oral</i>	2	QL	
KLOXXADO	3	QL	
LICART	3	ST; QL; DST	
LODINE ORAL TABLET	4	ST; DST	
<i>lofexidine</i>	2	PA; QL	
LOTREXONE	4		
<i>lurbiro</i>	2		
<i>meclofenamate</i>	2		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>mefenamic acid</i>	2		
<i>meloxicam oral tablet</i>	1	QL	
<i>nabumetone</i>	2		
NALFON ORAL TABLET	4	ST; DST	fenoprofen calcium
<i>naloxone injection solution</i>	2		
<i>naloxone injection syringe</i>	2		
<i>naloxone nasal</i>	2	QL; PRE	
NALTREX	4		
<i>naltrexone</i>	2		
NAPRELAN CR	4	ST; DST	naproxen sodium er
NAPROSYN ORAL SUSPENSION	4	ST; DST	naproxen
NAPROSYN ORAL TABLET 500 MG	4	ST; DST	naproxen
<i>naproxen oral suspension</i>	2	ST; 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	ST; DST	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2		
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	2	ST; DST	
NARCAN	4	QL	naloxone hcl
OPVEE	4		naloxone hcl, KLOXXADO, REXTOVY
ORUDIS	4	ST; DST	ketoprofen
<i>oxaprozin oral tablet</i>	2		
<i>pentazocine-naloxone</i>	2		codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl
<i>piroxicam</i>	2		
REXTOVY	3	QL; PRE	
<i>salsalate</i>	2		
<i>st joseph aspirin</i>	2	ACA	
<i>st. joseph aspirin</i>	2	ACA	
<i>sulindac</i>	2		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>tapentadol oral tablet</i>	2	QL	
TOLECTIN 600	4	ST; DST	
<i>tolectin ds</i>	2	ST; DST	
<i>tolmetin oral capsule</i>	2	ST; DST	
<i>tolmetin oral tablet 600 mg</i>	2	ST; DST	
<i>tramadol oral tablet 100 mg, 50 mg</i>	2	QL	
<i>tramadol oral tablet extended release 24 hr</i>	2	PA; ST; QL	
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA; ST; QL	
<i>tramadol-acetaminophen</i>	2	QL	
ZUBSOLV	3		
PSYCHOTHERAPEUTIC DRUGS			
ADASUVE	4		
ADDYI	4	PA	
ADZENYS XR-ODT	4	ST	dextroamphetamine-amphet er, lisdexamphetamine dimesylate
<i>alprazolam</i>	2		
<i>alprazolam intensol</i>	2		
<i>amitriptyline oral tablet 10 mg, 25 mg</i>	1		
<i>amitriptyline oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2		
<i>amitriptyline-chlordiazepoxide</i>	2		
<i>amoxapine</i>	2		
<i>amphetamine</i>	2	ST	
<i>amphetamine sulfate</i>	2		
ANAFRANIL	4		clomipramine hcl
<i>aripiprazole oral solution</i>	2		
<i>aripiprazole oral tablet</i>	2	QL	
<i>aripiprazole oral tablet, disintegrating</i>	2	QL	
<i>armodafinil</i>	2	PA; QL	
<i>asenapine maleate</i>	2	QL	
ATIVAN ORAL	4		lorazepam
<i>atomoxetine</i>	2	PA	
AZSTARYS	3	ST	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BELSOMRA	4	ST; QL	zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon
<i>bupropion hcl oral tablet</i>	2		
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	QL	
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	QL	
<i>buspirone oral tablet 10 mg, 15 mg</i>	1		
<i>buspirone oral tablet 30 mg, 5 mg, 7.5 mg</i>	2		
CAPLYTA	4	PA; QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
<i>chlordiazepoxide hcl</i>	2		
<i>chlorpromazine oral</i>	2		
<i>citalopram oral capsule</i>	2	ST; QL	
<i>citalopram oral solution</i>	2		
<i>citalopram oral tablet</i>	1	QL	
<i>clomipramine</i>	2		
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	PA	
<i>clorazepate dipotassium</i>	2		
<i>clozapine</i>	2		
CLOZARIL ORAL TABLET 100 MG, 25 MG	4		clozapine
COTEMPLA XR-ODT	4	ST	dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate er (1a), AZSTARYS
DAYTRANA	4	ST	methylphenidate
DAYVIGO	4	ST; QL	zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon
<i>desipramine</i>	2		
DESOXYN	4		methamphetamine hcl

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DESVENLAFAXINE	4	ST; QL	desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er, FETZIMA
<i>desvenlafaxine succinate</i>	2	ST; QL	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	4	ST	dextroamphetamine sulfate er
<i>dexmethylphenidate</i>	2		
<i>dextroamphetamine sulfate</i>	2		
<i>dextroamphetamine-amphetamine</i>	2		
<i>diazepam intensol</i>	2		
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2		
<i>diazepam oral tablet</i>	2		
<i>doxepin oral capsule</i>	2		
<i>doxepin oral concentrate</i>	2		
<i>doxepin oral tablet</i>	2	ST; QL	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL	
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	ST; QL	
EDLUAR	4	ST; QL	eszopiclone, zaleplon, zolpidem tartrate
EMSAM	4		phenelzine sulfate, tranylcypromine sulfate
<i>ergoloid</i>	2		
<i>escitalopram oxalate oral solution</i>	2	ST	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg</i>	1	QL	
<i>escitalopram oxalate oral tablet 5 mg</i>	2	QL	
<i>estazolam</i>	2	QL	
<i>eszopiclone</i>	2	QL	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST; QL	
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	ST; QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL	
<i>fluoxetine oral capsule 20 mg</i>	1		
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	2	ST; QL	
<i>fluoxetine oral solution</i>	2		
<i>fluoxetine oral tablet 10 mg</i>	2	ST; QL	
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	ST	
<i>fluphenazine hcl oral</i>	2		
<i>flurazepam oral capsule 15 mg</i>	2	PA; QL	
<i>flurazepam oral capsule 30 mg</i>	2	QL	
<i>fluvoxamine oral capsule, extended release 24hr</i>	2	ST; QL	
<i>fluvoxamine oral tablet</i>	2	QL	
GEODON ORAL	4	QL	ziprasidone hcl
<i>guanfacine oral tablet extended release 24 hr</i>	2	PA	
HALCION ORAL TABLET 0.25 MG	4	QL	triazolam
<i>haloperidol</i>	2		
<i>haloperidol lactate oral</i>	2		
HETLIOZ	S2	PA; QL	
HETLIOZ LQ	S2	PA; QL	
IGALMI	4		
<i>imipramine hcl</i>	2		
<i>imipramine pamoate</i>	2		
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	4	QL	paliperidone er
JORNAY PM	4	ST	dexmethylphenidate hcl er, methylphenidate hcl cd, methylphenidate er, methylphenidate er (la), AZSTARYS
<i>lisdexamfetamine oral capsule</i>	2		
<i>lisdexamfetamine oral tablet, chewable</i>	2	ST	
<i>lithium carbonate</i>	2		
<i>lithium citrate</i>	2		
LITHOBID	4		lithium carbonate
<i>lorazepam intensol</i>	2		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>lorazepam oral</i>	2		
<i>lurasidone</i>	2	QL	
LYBALVI	4	QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
MARPLAN	4		phenelzine sulfate, tranlycypromine sulfate
METADATE CD	4	ST	
<i>methamphetamine</i>	2		
METHYLIN ORAL SOLUTION	4		methylphenidate hcl
<i>methylphenidate</i>	2	ST	
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	2	ST	
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2		
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	2		
<i>methylphenidate hcl oral solution</i>	2		
<i>methylphenidate hcl oral tablet</i>	2		
<i>methylphenidate hcl oral tablet extended release</i>	2		
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>	2		
<i>methylphenidate hcl oral tablet,chewable</i>	2		
<i>midazolam oral</i>	2		
<i>mirtazapine</i>	2		
MKO (MIDAZOLAM-KETAMINE-ONDAN)	4		
<i>molindone</i>	2		
NARDIL	4		phenelzine sulfate
<i>nefazodone</i>	2		bupropion hcl, mirtazapine, trazodone hcl
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg</i>	1		
<i>nortriptyline oral capsule 75 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	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>nortriptyline oral solution</i>	2		
NUPLAZID	S2	PA; QL	clozapine, quetiapine fumarate
<i>olanzapine oral</i>	2	QL	
<i>olanzapine-fluoxetine</i>	2		
<i>oxazepam</i>	2		lorazepam
<i>paliperidone</i>	2	QL	
PARNATE	4		tranylcypromine sulfate
<i>paroxetine hcl oral suspension</i>	2	ST	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL	
<i>paroxetine hcl oral tablet 30 mg</i>	2	QL	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	ST; QL	
PAXIL CR	4	ST; QL	paroxetine er
PAXIL ORAL TABLET	4	ST; QL	paroxetine hcl
<i>perphenazine</i>	2		
<i>perphenazine-amitriptyline</i>	2		
<i>phenelzine</i>	2		
<i>pimozide</i>	2		
<i>procentra</i>	2		
QELBREE	4	PA; ST	atomoxetine hcl, clonidine hcl er, guanfacine hcl er
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	QL	
<i>quetiapine oral tablet extended release 24 hr</i>	2	QL	
QUVIVIQ	4	ST; QL	doxepin hcl, eszopiclone, ramelteon, zaleplon, zolpidem tartrate, zolpidem tartrate er
<i>ramelteon</i>	2	QL	
REMERON ORAL TABLET 15 MG, 30 MG	4		mirtazapine
REMERON SOLTAB	4		mirtazapine
RESTORIL	4	QL	lorazepam

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
REXULTI ORAL TABLET	4	QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
RISPERDAL ORAL SOLUTION	4		risperidone
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	QL	risperidone
<i>risperidone oral solution</i>	2		
<i>risperidone oral tablet</i>	2	QL	
<i>risperidone oral tablet, disintegrating</i>	2	QL	
SECUADO	4	PA; QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
<i>sertraline oral capsule</i>	2	ST; QL	
<i>sertraline oral concentrate</i>	2		
<i>sertraline oral tablet</i>	1	QL	
SILENOR	4	ST; QL	doxepin hcl
SUNOSI	S2	PA; QL	
<i>tasimelteon</i>	S2	PA; QL	
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	QL	lorazepam
<i>thioridazine</i>	2		
<i>thiothixene</i>	2		
<i>tranlycypromine</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	QL	
<i>trifluoperazine</i>	2		
<i>trimipramine</i>	2		
TRINTELLIX	4	ST; QL	citalopram hbr, escitalopram oxalate, fluoxetine hcl, fluvoxamine maleate, paroxetine hcl, sertraline hcl, vilazodone hcl
<i>venlafaxine oral capsule, extended release 24hr</i>	2	QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>venlafaxine oral tablet</i>	2	QL	
<i>venlafaxine oral tablet extended release 24hr</i>	2	ST; QL	
VERSACLOZ	4		clozapine odt, clozapine
<i>vilazodone</i>	2	ST; QL	
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG	4		aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	QL	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
WAKIX	S2	PA; QL	armodafinil, modafinil, sodium oxybate, LUMRYZ, SUNOSI
<i>zaleplon</i>	2	QL	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	2		
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4		dextroamphetamine sulfate
<i>ziprasidone hcl</i>	2	QL	
<i>zolpidem oral tablet</i>	2	QL	
<i>zolpidem oral tablet,ext release multiphase</i>	2	QL	
<i>zolpidem sublingual</i>	2	QL	
ZURZUVAE	S2	PA; QL	
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG	4	QL	olanzapine
ZYPREXA ZYDIS	4	QL	olanzapine odt

AUTONOMIC & CNS DRUGS, NEUROLOGY

MULTIPLE SCLEROSIS AGENTS

AVONEX INTRAMUSCULAR PEN INJECTOR KIT	S2	PA; QL	
AVONEX INTRAMUSCULAR SYRINGE KIT	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	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BAFIERTAM	S2	PA; QL	
BETASERON SUBCUTANEOUS KIT	S2	PA; QL	
<i>cladribine(multiple sclerosis)</i>	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	
MAYZENT	S2	PA; QL	
MAYZENT STARTER(FOR 1MG MAINT)	S2	PA; QL	
MAYZENT STARTER(FOR 2MG MAINT)	S2	PA; QL	
PLEGRIDY	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	

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral</i>	2		
BETAPACE AF	4	ST	sotalol af
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	4	ST	sotalol
<i>disopyramide phosphate oral capsule</i>	2		amiodarone hcl, quinidine sulfate, sotalol
<i>flecainide</i>	2		
<i>mexiletine</i>	2		
MULTAQ	3		
<i>pacerone oral tablet 100 mg, 200 mg</i>	2		
<i>propafenone</i>	2		
<i>quinidine gluconate oral</i>	2		
<i>quinidine sulfate oral tablet</i>	2		
<i>sotalol af</i>	2		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>sotalol oral</i>	2		
SOTYLIZE	3		
ANTIHYPERTENSIVE THERAPY			
<i>acebutolol</i>	2		
ALDACTONE	4		spironolactone
<i>aliskiren</i>	2		
ALTACE ORAL CAPSULE 1.25 MG, 5 MG	4		ramipril
<i>amiloride</i>	2		
<i>amiloride-hydrochlorothiazide</i>	2		
<i>amlodipine oral tablet 10 mg, 5 mg</i>	1		
<i>amlodipine oral tablet 2.5 mg</i>	2		
<i>amlodipine-benazepril</i>	2		
<i>amlodipine-olmesartan</i>	2		
<i>amlodipine-valsartan</i>	2		
<i>amlodipine-valsartan-hctiazid</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		
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2		
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 5-6.25 mg</i>	1		
<i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg</i>	2		
<i>bumetanide oral</i>	2		
<i>candesartan</i>	2		
<i>candesartan-hydrochlorothiazid</i>	2		
<i>captopril</i>	2		
CARDAMYST	4	PA	
CARDIZEM CD	4		cartia xt, diltiazem 24hr er (cd)
CARDIZEM LA	4		matzim la

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	4		diltiazem hcl
CARDURA	4	ST; QL	doxazosin mesylate
CARDURA XL	4	ST; QL	alfuzosin hcl er, doxazosin mesylate, silodosin, tamsulosin hcl, terazosin hcl
<i>cartia xt</i>	2		
<i>carvedilol</i>	1		
<i>carvedilol phosphate</i>	2		
CATAPRES-TTS-1	4	QL	clonidine hcl
CATAPRES-TTS-2	4	QL	clonidine hcl
CATAPRES-TTS-3	4	QL	clonidine hcl
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2		
<i>clonidine</i>	2	QL	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1		
CONSENSI	4		amlodipine besylate, celecoxib
COREG CR	4	ST	carvedilol er
<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		
<i>doxazosin</i>	2	QL	
EDECRIN	4	ST	ethacrynic acid
<i>enalapril maleate oral solution</i>	2	PA	
<i>enalapril maleate oral tablet</i>	2		
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	2		
<i>eplerenone</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	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>ethacrynic acid</i>	2		
<i>felodipine</i>	2		
<i>fosinopril</i>	2		
<i>fosinopril-hydrochlorothiazide</i>	2		
<i>furosemide oral solution</i>	2		
<i>furosemide oral tablet 20 mg, 40 mg</i>	1		
<i>furosemide oral tablet 80 mg</i>	2		
<i>guanfacine oral tablet 1 mg</i>	2		
HEMANGEOL	S2	PA	
<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		
INSPIRA ORAL TABLET 25 MG	4		eplerenone
<i>irbesartan</i>	2		
<i>irbesartan-hydrochlorothiazide</i>	2		
<i>isosorbide-hydralazine</i>	2		
<i>isradipine</i>	2		
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL	
KERENDIA ORAL TABLET 40 MG	3	PA	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2		
LASIX	4	ST	furosemide
<i>lisinopril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1		
<i>lisinopril oral tablet 2.5 mg, 30 mg</i>	2		
<i>lisinopril-hydrochlorothiazide</i>	1		
LOPRESSOR ORAL TABLET 100 MG, 50 MG	4	ST	metoprolol tartrate
<i>losartan</i>	1		
<i>losartan-hydrochlorothiazide</i>	2		
LOTENSIN HCT	4		benazepril-hydrochlorothiazide

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4		benazepril hcl
<i>matzim la</i>	2		
<i>metolazone</i>	2		
<i>metoprolol succinate</i>	2		
<i>metoprolol ta-hydrochlorothiaz</i>	2		
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1		
<i>metyrosine</i>	2	PA	
<i>minoxidil oral</i>	2		
<i>moexipril</i>	2		
<i>nadolol</i>	2		
<i>nebivolol</i>	2		
<i>nifedipine oral capsule</i>	2		nicardipine hcl, isradipine
<i>nifedipine oral tablet extended release</i>	2		
<i>nifedipine oral tablet extended release 24hr</i>	2		
<i>nimodipine</i>	2		
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i>	2		
NYMALIZE	4		nimodipine
<i>olmesartan</i>	2		
<i>olmesartan-amlodipin-hcthiazid</i>	2		
<i>olmesartan-hydrochlorothiazide</i>	2		
ORENITRAM	S2	PA; QL	UPTRAVI
ORENITRAM MONTH 1 TITRATION KT	S2	PA; QL	UPTRAVI
ORENITRAM MONTH 2 TITRATION KT	S2	PA; QL	UPTRAVI
ORENITRAM MONTH 3 TITRATION KT	S2	PA; QL	UPTRAVI
<i>perindopril erbumine</i>	2		
<i>phenoxybenzamine</i>	2	PA	
<i>pindolol</i>	2		
<i>prazosin</i>	2		
PRESTALIA	4	ST	amlodipine besylate- benazepril

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG	4	ST	nifedipine er
<i>propranolol oral</i>	2		
<i>quinapril</i>	2		
<i>quinapril-hydrochlorothiazide</i>	2		
<i>ramipril</i>	2		
<i>spironolactone oral suspension</i>	2		
<i>spironolactone oral tablet 100 mg, 50 mg</i>	2		
<i>spironolactone oral tablet 25 mg</i>	1		
<i>spironolacton-hydrochlorothiaz</i>	2		
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	4	ST	nisoldipine
<i>telmisartan</i>	2		
<i>telmisartan-hydrochlorothiazid</i>	2		
TENORMIN	4	ST	atenolol
<i>terazosin</i>	2	QL	
<i>tiadylt er</i>	2		
TIAZAC	4		diltiazem er, taztia xt
<i>timolol maleate oral</i>	2		
<i>torsemide oral</i>	2		
<i>trandolapril</i>	2		
<i>trandolapril-verapamil</i>	2		
<i>triamterene-hydrochlorothiazid</i>	1		
UPTRAVI ORAL	S2	PA; QL	
<i>valsartan oral solution</i>	2		
<i>valsartan oral tablet 160 mg, 320 mg, 80 mg</i>	1		
<i>valsartan oral tablet 40 mg</i>	2		
<i>valsartan-hydrochlorothiazide</i>	2		
VASERETIC	4		enalapril-hydrochlorothiazide
VASOTEC	4		enalapril maleate
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	ST	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	2		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>verapamil oral tablet</i>	2		
<i>verapamil oral tablet extended release</i>	2		
ZESTORETIC	4		lisinopril-hydrochlorothiazide
ZESTRIL	4		lisinopril
CARDIAC GLYCOSIDES			
<i>digoxin oral</i>	2		
LANOXIN ORAL	4		digoxin
COAGULATION THERAPY			
ADVATE	S2	PA	
ADYNOVATE	S2	PA	
AFSTYLA	S2	PA	
ALHEMO PEN	3	PA	
ALPHANATE	S2	PA	
ALPHANINE SD	S2	PA	
ALPROLIX	S2	PA	
ALTUVIIIQ	S2	PA	
AMICAR	4		aminocaproic acid
<i>aminocaproic acid oral</i>	2		
ARIXTRA	S2	PA	fondaparinux sodium
<i>aspirin-dipyridamole</i>	2		
BENEFIX	S2	PA	
CABLIVI INJECTION KIT	S2	PA	
CEPROTIN (BLUE BAR)	S2	PA	
CEPROTIN (GREEN BAR)	S2	PA	
<i>cilostazol</i>	2		
<i>clopidogrel</i>	2		
COAGADEX	S2	PA	
<i>dabigatran etexilate</i>	2		
<i>dipyridamole oral</i>	2		
DOPTELET (15 TAB PACK)	S2	PA; QL	
DOPTELET SPRINKLE	S2	PA; QL	
EFFIENT	4		prasugrel hcl
ELIQUIS	3		
ELIQUIS DVT-PE TREAT 30D START	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	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ELIQUIS SPRINKLE	3		
ELOCTATE	S2	PA	
<i>eltrombopag olamine</i>	S2	PA	
<i>enoxaparin</i>	S2		
ESPEROCT	S2	PA	
FEIBA NF	S2	PA	
<i>fondaparinux</i>	S2	PA	
FRAGMIN SUBCUTANEOUS SOLUTION	S2	PA	
FRAGMIN SUBCUTANEOUS SYRINGE	S2	PA	
HEMLIBRA	S2	PA	
HEMOFIL M HIGH	S2	PA	
HEMOFIL M LOW	S2	PA	
HEMOFIL M MID	S2	PA	
HEMOFIL M SUPER HIGH	S2	PA	
<i>hep flush-10 (pf)</i>	2		
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml)</i>	2		
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	4		
<i>heparin (porcine) in 5 % dex</i>	2		
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	2		
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS SYRINGE	4		
<i>heparin (porcine) injection cartridge</i>	2		
<i>heparin (porcine) injection solution</i>	2		
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2		
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml</i>	2		
<i>heparin lockflush(porcine)(pf)</i>	2		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	4		
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2		
<i>heparin, porcine (pf) injection</i>	2		
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	2		
HUMATE-P	S2	PA	
HYMPAVZI PEN	3	PA	
IDELVION	S2	PA	
JIVI	S2	PA	
KOATE	S2	PA	ALPHANATE, HEMOFIL- M, HUMATE-P, WILATE
KOVALTRY	S2	PA	
NOVOEIGHT	S2	PA	
OBIZUR	S2		
<i>pentoxifylline</i>	2		
<i>phytonadione (vitamin k1) injection</i>	2		
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	2	QL	
<i>prasugrel hcl</i>	2		
PROFILNINE	S2	PA	
<i>rivaroxaban</i>	2		
SEVENFACT	S2	PA	
TAVALISSE	S2	PA; QL	
<i>ticagrelor</i>	2		
<i>vitamin k</i>	2		
<i>vitamin k1 injection</i>	2		
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg</i>	2		
<i>warfarin oral tablet 5 mg</i>	1		
WILATE	S2	PA	
XARELTO	3		
XARELTO DVT-PE TREAT 30D START	3		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
XYNTHA	S2	PA	
XYNTHA SOLOFUSE	S2	PA	
ZONTIVITY	4	PA	clopidogrel, aspirin
LIPID/CHOLESTEROL LOWERING AGENTS			
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</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	amlodipine-atorvastatin
<i>cholestyramine (with sugar)</i>	2		
<i>cholestyramine light</i>	2		
<i>colesevelam</i>	2		
COLESTID ORAL GRANULES	4	ST	colestipol hcl
COLESTID ORAL TABLET	4	ST	colestipol hcl
<i>colestipol</i>	2		
<i>ezetimibe</i>	2		
<i>ezetimibe-simvastatin</i>	2	QL	
<i>fenofibrate micronized oral capsule 130 mg</i>	2	ST	
<i>fenofibrate micronized oral capsule 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 ORAL TABLET 105 MG	4	ST	fenofibric acid
FLOLIPID	4	ST; QL	atorvastatin calcium, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin
<i>gemfibrozil</i>	2		
<i>icosapent ethyl</i>	2	PA	
JUXTAPID	S2	PA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LOPID	4		gemfibrozil
<i>lovastatin</i>	2	QL; ACA	
NEXLETOL	3	PA	
NEXLIZET	3	PA	
<i>niacin oral tablet 500 mg</i>	2		
<i>niacin oral tablet extended release 24 hr</i>	2		
<i>omega-3 acid ethyl esters</i>	2	PA	
<i>pitavastatin calcium</i>	2	QL	
<i>pravastatin</i>	2	QL	
<i>prevalite</i>	2		
QUESTRAN	4	ST	cholestyramine
QUESTRAN LIGHT	4	ST	cholestyramine light
REPATHA PUSHTRONEX	S2	PA; QL	
REPATHA SURECLICK	S2	PA; QL	
REPATHA SYRINGE	S2	PA; QL	
<i>rosuvastatin</i>	2	QL	
ROSZET	4	ST; QL	ezetimibe, atorvastatin calcium, rosuvastatin calcium
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL; ACA	
<i>simvastatin oral tablet 5 mg</i>	2	QL; ACA	
<i>simvastatin oral tablet 80 mg</i>	1	QL	
TRYNGOLZA	4	PA	
VASCEPA	3	PA	
ZYPITAMAG	4	ST; QL	atorvastatin calcium, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin
MISCELLANEOUS CARDIOVASCULAR AGENTS			
ATTRUBY	3	PA	
CAMZYOS	3	PA; QL	
ENTRESTO SPRINKLE	3	QL	
FILSPARI	S2	PA; QL	
<i>ivabradine</i>	2	PA	
MYQORZO	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	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>ranolazine</i>	2		
<i>sacubitril-valsartan</i>	2	QL	
VANRAFIA	3	PA	
VECAMYL	4	PA	clonidine hcl, RESERPINE
VERQUVO	3	QL	
VYNDAMAX	S2	PA	
VYNDAQEL	S2	PA	
NITRATES			
GONITRO	4		nitroglycerin, nitroglycerin
ISORDIL	4		isosorbide dinitrate
ISORDIL TITRADOSE ORAL TABLET 5 MG	4		isosorbide dinitrate
<i>isosorbide dinitrate oral tablet</i>	2		
<i>isosorbide mononitrate</i>	2		
<i>nitro-bid</i>	2		
NITRO-DUR	4		nitroglycerin
<i>nitroglycerin sublingual</i>	2		
<i>nitroglycerin transdermal</i>	2		
<i>nitroglycerin translingual</i>	2		
NITROLINGUAL	4		nitroglycerin
NITROMIST	4		nitroglycerin
NITROSTAT	4		nitroglycerin
<i>nitro-time</i>	2		
DERMATOLOGICALS/TOPI CAL THERAPY			
ANTIPSORIATIC / ANTISEBORRHEIC			
<i>acitretin</i>	2		
ANALPRAM-HC TOPICAL	4	ST	hc pramoxine, pramoxine hcl w/hydrocortisone
<i>calcipotriene scalp</i>	2	QL	
<i>calcipotriene topical cream</i>	2	QL	
<i>calcipotriene topical ointment</i>	2	QL	
<i>calcipotriene-betamethasone</i>	2	ST; QL	
<i>calcitriol topical</i>	2		
ENSTILAR	3	ST; QL	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
EPIFOAM	4	ST	hc pramoxine
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	2	ST	
ICOTYDE	3	PA	
IMULDOSA SUBCUTANEOUS	S2	PA; QL	
PLEXION NS	4		sodium sulfacetamide
PRAMOSONE TOPICAL CREAM 1-1 %	4	ST	hc pramoxine
PRAMOSONE TOPICAL LOTION	4	ST	hc pramoxine
PRAMOSONE TOPICAL OINTMENT	4	ST	hc pramoxine
SELARSDI SUBCUTANEOUS	S2	PA; QL	
<i>selenium sulfide topical lotion</i>	2		
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	2		
SKYRIZI SUBCUTANEOUS PEN INJECTOR	S2	PA; QL	
SKYRIZI SUBCUTANEOUS SYRINGE	S2	PA; QL	
SOTYKTU	S2	PA; QL	
SPEVIGO SUBCUTANEOUS	S2	PA	
<i>sulfacetamide sodium topical</i>	2		
TALTZ AUTOINJECTOR	S2	PA; QL	
TALTZ AUTOINJECTOR (2 PACK)	S2	PA; QL	
TALTZ AUTOINJECTOR (3 PACK)	S2	PA; QL	
TALTZ SYRINGE	S2	PA; QL	
TREMFYA ONE-PRESS	S2	PA; QL	
TREMFYA PEN	S2	PA; QL	
TREMFYA PEN INDUCTION PK(2PEN)	S2	PA; QL	
TREMFYA SUBCUTANEOUS SYRINGE	S2	PA; QL	
USTEKINUMAB-TTWE SUBCUTANEOUS	S2	PA; QL	
VECTICAL	4		calcitriol
VTAMA	3	PA; ST; QL	

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
WYNZORA	4	ST; QL	amcinonide, betamethasone dipropionate, betamethasone dp augmented, clobetasol propionate, calcipotriene, calcipotriene-betamethasone
YESINTEK SUBCUTANEOUS	S2	PA; QL	
ZORYVE TOPICAL CREAM 0.05 %	3	ST	
ZORYVE TOPICAL CREAM 0.15 %	3	ST; QL	
ZORYVE TOPICAL CREAM 0.3 %	4	PA; ST; QL	betamethasone valerate, calcipotriene, clobetasol e, desoximetasone, fluocinonide, ENSTILAR, VTAMA
ZORYVE TOPICAL FOAM	4	ST; QL	betamethasone valerate, ciclopirox, clobetasol e, desonide, fluocinonide, ketoconazole, mometasone furoate
BURN THERAPY			
SILVADENE	4		silver sulfadiazine
<i>silver sulfadiazine</i>	2		
<i>ssd</i>	2		
MISCELLANEOUS DERMATOLOGICALS			
ADBRY	S2	PA; QL	
AMELUZ	4		
ANZUPGO	3	PA; QL	
CIBINQO	S2	PA; QL	
CORTANE-B	4		hc pramoxine
<i>diclofenac sodium topical gel 3 %</i>	2	PA; QL	
DUPIXENT PEN	S2	PA; QL	
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	S2	PA; QL	
EBGLYSS PEN	S2	PA; QL	
EBGLYSS SYRINGE	S2	PA	
EFUDEX TOPICAL CREAM	4		fluorouracil
EUCRISA	3	ST; QL	
<i>fluorouracil topical cream 5 %</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	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>fluorouracil topical solution</i>	2		
HYFTOR	S2	PA	
<i>imiquimod topical cream in metered-dose pump</i>	2	PA	
<i>imiquimod topical cream in packet</i>	2		
IODOFLEX	4		
IODOSORB	4		
LEVULAN	4		
<i>methoxsalen</i>	2		
<i>methyl salicylate</i>	2		
<i>methyl salicylate topical liquid</i>	2		
NORMLGEL AG	4		
OPZELURA	S2	PA; QL	pimecrolimus, tacrolimus, betamethasone dipropionate, fluocinonide, triamcinolone acetonide, VTAMA, ZORYVE
PANRETIN	4	PA	
<i>pimecrolimus</i>	2	ST; QL	
<i>podofilox topical gel</i>	2	ST; QL	
<i>podofilox topical solution</i>	2		
<i>tacrolimus topical</i>	2	ST; QL	
VALCHLOR	3	PA	
<i>wintergreen oil</i>	2		
ZEVASKYN	4		
ZONALON	4	ST; QL	alclometasone dipropionate, desonide, fluocinolone acetonide, hydrocortisone, hydrocortisone valerate
THERAPY FOR ACNE			
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	PA	accutane, amnesteem, claravis, isotretinoin, zenatane
<i>accutane</i>	2		
ACZONE TOPICAL GEL WITH PUMP	4	ST	dapsone
<i>adapalene topical cream</i>	2		
<i>adapalene topical gel 0.3 %</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	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>adapalene topical gel with pump</i>	2		
ADAPALENE TOPICAL LOTION	4	ST	adapalene, adapalene
<i>adapalene topical solution</i>	2		
<i>adapalene topical swab</i>	2	ST	
<i>adapalene-benzoyl peroxide</i>	2		
AKLIEF	4	PA; ST	adapalene, tazarotene, tretinoin, tretinoin microsphere
ALTRENO	4		tretinoin, tretinoin microsphere
<i>amnesteam</i>	2		
AMZEEQ	4	ST	adapalene, azelaic acid, benzoyl peroxide, clindamycin phosphate, erythromycin, tazarotene, tretinoin
ARAZLO	4	PA	tazarotene, tretinoin, tretinoin microsphere
<i>avar</i>	2	ST	
AVAR LS	4	ST	sulfacetamide sodium-sulfur
AVAR-E	4	ST	sulfacetamide sodium-sulfur
<i>azelaic acid</i>	2		
AZELEX	4	ST	adapalene, clindamycin phosphate, ivermectin, metronidazole, tazarotene, tretinoin, FINACEA
BENZAMYCIN	4	ST	erythromycin-benzoyl peroxide
BENZEPRO (MICROSPHERES)	4	ST	
<i>benzepto topical towelette</i>	2		
<i>benzoyl peroxide topical cleanser 7 %</i>	2		
<i>benzoyl peroxide topical foam</i>	2		
<i>bp 10-1</i>	2	ST	
<i>brimonidine topical</i>	2	PA	
<i>claravis</i>	2		
CLEOCIN T TOPICAL LOTION	4	ST; QL	clindamycin phosphate
<i>clindacin</i>	2	ST; QL	
CLINDACIN ETZ TOPICAL KIT	4	ST	clindamycin phosphate, clindacin etz

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>clindacin etz topical swab</i>	2		
<i>clindacin p</i>	2		
CLINDACIN PAC	4	ST	clindamycin phosphate, clindacin etz
<i>clindamycin phosphate topical foam</i>	2	ST; QL	
<i>clindamycin phosphate topical gel</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-tretinoin</i>	2		
<i>dapsone topical gel 5 %</i>	2		
<i>dapsone topical gel with pump</i>	2		
DIFFERIN TOPICAL CREAM	4	ST	adapalene
DIFFERIN TOPICAL GEL WITH PUMP	4	ST	adapalene
DIFFERIN TOPICAL LOTION	4	ST	adapalene, tretinoin, tretinoin microsphere
EPIDUO FORTE	4	ST	adapalene-benzoyl peroxide
<i>ery pads</i>	2		
<i>erythromycin with ethanol topical gel</i>	2		
<i>erythromycin with ethanol topical solution</i>	2		
<i>erythromycin-benzoyl peroxide</i>	2		
FINACEA TOPICAL FOAM	3	ST	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2		
<i>ivermectin topical cream</i>	2	QL	
METROCREAM	4	ST	metronidazole
METROGEL TOPICAL GEL 1 %	4	ST	metronidazole
<i>metronidazole topical</i>	2		
MIRVASO	3	PA	
<i>neuac</i>	2		
NEUAC KIT	4	ST	
ONEXTON TOPICAL GEL WITH PUMP	4	ST	clindamycin-benzoyl peroxide
PACNEX	4	ST	benzoyl peroxide

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PLEXION	4	ST	sodium sulfacetamide-sulfur
PLEXION CLEANSING CLOTHS	4	ST	sodium sulfacetamide-sulfur
PR BENZOYL PEROXIDE	4	ST	
RETIN-A	4		tretinoin
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	4		tretinoin microsphere
RHOFADE	4	PA	brimonidine tartrate
<i>rosadan topical cream</i>	2		
<i>rosadan topical gel</i>	2		
ROSADAN TOPICAL KIT, CLEANSER AND GEL	4	ST	metronidazole
ROSADAN TOPICAL KIT,CLEANSER AND CREAM	4	ST	metronidazole
SOOLANTRA	4	ST; QL	ivermectin
<i>sss 10-5 topical cream</i>	2		
<i>sss 10-5 topical foam</i>	2	ST	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4.5 %, 9.8-4.8 %</i>	2	ST	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4 %</i>	2		
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 9.8-4.8 %</i>	2	ST	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	2		
<i>sulfacetamide sodium-sulfur topical lotion</i>	2	ST	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	2		
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	2	ST	
<i>sulfacetamide-sulfur 9-4% wash</i>	2	ST	
<i>sulfacleanse 8-4</i>	2	ST	
SUMADAN TOPICAL CLEANSER	4	ST	sulfacetamide sodium-sulfur
SUMADAN TOPICAL KIT	4	ST	sodium sulfacetamide-sulfur
SUMADAN XLT	4	ST	
SUMAXIN	4	ST	sodium sulfacetamide-sulfur
SUMAXIN CP	4	ST	sodium sulfacetamide-sulfur

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SUMAXIN TS	4	ST	sodium sulfacetamide-sulfur
<i>tazarotene topical cream</i>	2	PA	
<i>tazarotene topical gel</i>	2	PA	
TAZORAC	4	PA	tazarotene
<i>tretinoin</i>	2		
<i>tretinoin microspheres</i>	2		
VANOXIDE-HC	4	ST	
<i>zenatane</i>	2		
ZIANA	4	ST	clindamycin phos-tretinoin
TOPICAL ANESTHETICS			
COCAINE	4		
<i>dermacinrx lidocan</i>	2	PA	
GOPRELTO	4		
<i>lidocaine hcl mucous membrane solution</i>	2		
<i>lidocaine hcl-hydrocortison ac topical</i>	2		
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	PA	
<i>lidocaine topical ointment</i>	2	QL	
<i>lidocan iii</i>	2	PA	
<i>lidocan iv</i>	2	PA	
<i>lidocan v</i>	2	PA	
<i>lidocort</i>	2		
NUMBRINO	4		
XARACOLL	4		
ZTLIDO	3	PA	
TOPICAL ANTIBACTERIALS			
CENTANY	4	ST; QL	mupirocin, mupirocin
CENTANY AT	4	ST; QL	mupirocin, mupirocin
<i>gentamicin topical</i>	2	QL	
KLARON	4	ST	sulfacetamide sodium
<i>lugols topical</i>	2		
<i>mupirocin</i>	2	QL	
<i>mupirocin calcium</i>	2	ST; QL	
NEO-SYNALAR	4		
NEO-SYNALAR KIT	4		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>strong iodine topical</i>	2		
<i>sulfacetamide sodium (acne)</i>	2		
SULFAMYLON TOPICAL CREAM	3		
TOPICAL ANTIFUNGALS			
CICLODAN KIT TOPICAL COMBO PACK	4		
CICLODAN KIT TOPICAL SOLUTION	4	ST	ciclopirox
<i>ciclodan topical cream</i>	2	QL	
<i>ciclodan topical solution</i>	2		
<i>ciclopirox topical cream</i>	2	QL	
<i>ciclopirox topical gel</i>	2	QL	
<i>ciclopirox topical shampoo</i>	2	QL	
<i>ciclopirox topical solution</i>	2		
<i>ciclopirox topical suspension</i>	2	QL	
<i>clotrimazole-betamethasone</i>	2	QL	
<i>econazole nitrate topical cream</i>	2	QL	
EXELDERM	4	QL	ciclopirox, clotrimazole, econazole nitrate, ketoconazole
JUBLIA	4	ST	ciclopirox, tavaborole
<i>ketoconazole topical cream</i>	2	QL	
<i>ketoconazole topical foam</i>	2	ST; QL	
<i>ketoconazole topical shampoo</i>	2	QL	
<i>ketodan</i>	2	ST; QL	
<i>ketodan kit</i>	2	ST	
<i>klayesta</i>	2	QL	
LOPROX (AS OLAMINE)	4	QL	ciclopirox
LOPROX KIT	4	QL	ciclopirox
<i>nystatin topical</i>	2	QL	
<i>nystatin-triamcinolone</i>	2	QL	
<i>nystop</i>	2	QL	
<i>tavaborole</i>	2	ST	
TOPICAL ANTIVIRALS			
<i>acyclovir topical</i>	2	PA; QL	
ZOVIRAX TOPICAL CREAM	4	PA; QL	acyclovir

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TOPICAL CORTICOSTEROIDS			
ALA-SCALP	4	ST	hydrocortisone
<i>alclometasone</i>	2		
<i>amcinonide topical cream</i>	2	ST	
<i>amcinonide topical ointment</i>	2	ST	
<i>beser</i>	2	ST	
<i>betamethasone dipropionate</i>	2		
<i>betamethasone valerate topical cream</i>	2		
<i>betamethasone valerate topical foam</i>	2	ST	
<i>betamethasone valerate topical lotion</i>	2		
<i>betamethasone valerate topical ointment</i>	2		
<i>betamethasone, augmented</i>	2		
BRYHALI	4	ST	betamethasone dipropionate, clobetasol propionate, clobetasol e, desoximetasone, fluocinonide, halobetasol propionate
CAPEX	4	ST	fluocinolone acetonide
<i>clobetasol scalp</i>	2	QL	
<i>clobetasol topical cream 0.05 %</i>	2	QL	
<i>clobetasol topical foam</i>	2	ST; QL	
<i>clobetasol topical gel</i>	2	QL	
<i>clobetasol topical lotion</i>	2	ST; QL	
<i>clobetasol topical shampoo</i>	2	ST; QL	
<i>clobetasol topical spray,non-aerosol</i>	2	ST; QL	
<i>clobetasol-emollient topical cream</i>	2	QL	
<i>clobetasol-emollient topical foam</i>	2	ST; QL	
CLOBEX TOPICAL SHAMPOO	4	ST; QL	clobetasol propionate
CLOBEX TOPICAL SPRAY, NON- AEROSOL	4	ST; QL	clobetasol propionate
<i>clodan</i>	2	ST; QL	
CLODAN KIT	4	ST; QL	betamethasone dipropionate, clobetasol propionate, clobetasol e, desoximetasone, fluocinonide, halobetasol propionate

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CORDRAN TAPE LARGE ROLL	4	ST	betamethasone valerate, fluocinolone acetonide, hydrocortisone butyrate, hydrocortisone valerate, mometasone furoate, prednicarbate, triamcinolone acetonide
DERMA-SMOOTH/FS BODY OIL	4	ST	fluocinolone acetonide
DERMA-SMOOTH/FS SCALP OIL	4	ST	fluocinolone acetonide
<i>desonide topical cream</i>	2		
<i>desonide topical gel</i>	2	ST	
<i>desonide topical lotion</i>	2	ST	
<i>desonide topical ointment</i>	2		
<i>desoximetasone</i>	2	ST	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	4	ST	betamethasone dipropionate
DUOBRII	4	ST; QL	tazarotene, betamethasone dipropionate, clobetasol propionate, halobetasol propionate
<i>fluocinolone</i>	2		
<i>fluocinolone and shower cap</i>	2		
<i>fluocinonide topical cream 0.05 %</i>	2	QL	
<i>fluocinonide topical cream 0.1 %</i>	2	ST; QL	
<i>fluocinonide topical gel</i>	2	QL	
<i>fluocinonide topical ointment</i>	2	QL	
<i>fluocinonide topical solution</i>	2	QL	
<i>fluocinonide-e</i>	2	QL	
<i>fluticasone propionate topical cream</i>	2		
<i>fluticasone propionate topical lotion</i>	2	ST	
<i>fluticasone propionate topical ointment</i>	2		
<i>halobetasol propionate topical cream</i>	2		
<i>halobetasol propionate topical foam</i>	2	ST	
<i>halobetasol propionate topical ointment</i>	2		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
HALOG TOPICAL CREAM	4	ST	amcinonide, betamethasone dipropionate, betamethasone valerate, desoximetasone, fluocinonide, fluocinonide-e, triamcinolone acetonide
HALOG TOPICAL SOLUTION	4	ST	betamethasone dipropionate, betamethasone dipropionate, betamethasone valerate, fluocinonide, triamcinolone acetonide
<i>hydrocortisone butyrate topical cream</i>	2	QL	
<i>hydrocortisone butyrate topical lotion</i>	2	ST; QL	
<i>hydrocortisone butyrate topical ointment</i>	2	ST; QL	
<i>hydrocortisone butyrate topical solution</i>	2	ST; QL	
<i>hydrocortisone topical cream 2.5 %</i>	2		
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	2		
<i>hydrocortisone topical ointment 2.5 %</i>	2		
<i>hydrocortisone topical solution</i>	2		
<i>hydrocortisone valerate</i>	2		
KENALOG TOPICAL	4	ST; QL	triamcinolone acetonide
<i>lexette</i>	2	ST	
<i>mometasone topical</i>	2		
NUCORT	4	ST	
PANDEL	4	ST	betamethasone valerate, fluocinolone acetonide, hydrocortisone butyrate, hydrocortisone valerate, mometasone furoate, prednicarbate, triamcinolone acetonide
<i>prednicarbate topical cream</i>	2		
<i>scalacort</i>	2		
SCALACORT DK	4	ST	
SYNALAR	4	ST	fluocinolone acetonide
SYNALAR CREAM KIT	4	ST	fluocinolone acetonide
SYNALAR OINTMENT KIT	4	ST	fluocinolone acetonide
SYNALAR TS	4	ST	fluocinolone acetonide
TEXACORT	4	ST	hydrocortisone

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TOPICORT TOPICAL CREAM	4	ST	desoximetasone
TOPICORT TOPICAL GEL	4	ST	desoximetasone
TOPICORT TOPICAL OINTMENT	4	ST	desoximetasone
<i>tovet emollient</i>	2	ST; QL	
<i>triamcinolone acetonide topical aerosol</i>	2	ST; QL	
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	2		
<i>triamcinolone acetonide topical cream 0.1 %</i>	1		
<i>triamcinolone acetonide topical lotion</i>	2		
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2		
<i>triamcinolone acetonide topical ointment 0.05 %</i>	2	ST	
<i>triderm topical cream 0.5 %</i>	2	ST	
TOPICAL ENZYMES			
NEXOBRID	4	PA	
SANTYL	3	QL	
TOPICAL SCABICIDES / PEDICULICIDES			
EURAX	4		permethrin
<i>malathion</i>	2		
OVIDE	4		malathion
<i>permethrin</i>	2		
<i>spinosad</i>	2		
ULESFIA	4		ivermectin, permethrin, malathion, spinosad
DIAGNOSTICS & MISCELLANEOUS AGENTS			
ANOREXIANTS			
IMCIVREE	4	PA; QL	
IRRIGATING SOLUTIONS			
<i>lactated ringers irrigation</i>	2		
<i>neomycin-polymyxin b gu</i>	2		
PHYSIOLYTE	4		
PHYSIOSOL IRRIGATION	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	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>ringer's irrigation</i>	2		
SORBITOL IRRIGATION	4		
SORBITOL-MANNITOL	4		
MISCELLANEOUS AGENTS			
<i>acamprosate</i>	2		
<i>acetic acid irrigation</i>	2		
AGRYLIN	4		anagrelide hydrochloride
<i>anagrelide</i>	2		
BUPHENYL	S2	PA	sodium phenylbutyrate
<i>caffeine citrate oral</i>	2		
CARBAGLU	S2	PA	
<i>carglumic acid</i>	S2	PA	
CARNITOR (SUGAR-FREE)	4		levocarnitine
CARNITOR ORAL	4		levocarnitine
<i>cevimeline</i>	2		
CHEMET	3	PA	
<i>deferasirox</i>	S2	PA	
<i>deferiprone</i>	S2	PA	
<i>disulfiram</i>	2		
<i>droxidopa</i>	S2	PA	atomoxetine hcl, dihydroergotamine mesylate, fludrocortisone acetate, indomethacin, midodrine hcl, pyridostigmine bromide
EMPAVELI	S2	PA	
EVOXAC	4		cevimeline hcl
FABHALTA	S2	PA	
FERRIPROX (2 TIMES A DAY)	S2	PA	
FERRIPROX ORAL SOLUTION	S2	PA	
FERRIPROX ORAL TABLET 1,000 MG	S2	PA	deferiprone (3 times a day)
GLASSIA	S2	PA	
<i>glycerol phenylbutyrate</i>	S2	PA	
INCRELEX	S2	PA	
JOENJA	S2	PA; QL	
<i>levocarnitine (with sugar)</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	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>levocarnitine oral solution 100 mg/ml</i>	2		
<i>levocarnitine oral tablet</i>	2		
LITHOSTAT	4		
METOPIRONE	4		
<i>midodrine</i>	2		
<i>nitisinone</i>	S2	PA	
NITYR	S2	PA	
OLPRUVA	S2	PA	glycerol phenylbutyrate, sodium phenylbutyrate, PHEBURANE
ORFADIN ORAL CAPSULE	S2	PA	nitisinone
ORFADIN ORAL SUSPENSION	S2	PA	nitisinone, NITYR
PHEBURANE	S2	PA	
PYRUKYND	S2	PA; QL	
RADIOGARDASE	4		
REZDIFFRA	S2	PA; QL	
RHAPSIDO	3	PA	
<i>riluzole</i>	2	PA	
<i>risedronate oral tablet 30 mg</i>	2	QL	
<i>sodium chloride 0.9 %</i>	2		
<i>sodium chloride injection</i>	2		
<i>sodium chloride irrigation</i>	2		
<i>sodium phenylbutyrate</i>	S2	PA	
SOHONOS	S2	PA; QL	
SYPRINE	4	PA	trientine hcl
TAVNEOS	S2	PA; QL	azathioprine, methotrexate, mycophenolate mofetil, RUXIENCE
TEGLUTIK	S2	PA	riluzole
TIGLUTIK	S2	PA	riluzole
<i>tiopronin</i>	S2	PA	
<i>trientine oral capsule 250 mg</i>	2	PA	
<i>venxxiva</i>	S2	PA	
VOYDEYA	S2	PA	
VYKAT XR	4	PA	
<i>water for irrigation, sterile</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	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
XURIDEN	S2	PA	
ZOKINVY	S2	PA; QL	
ZYNRELEF	4		
SMOKING DETERRENTS			
<i>bupropion hcl (smoking deter)</i>	2	ACA	
CHANTIX	4		varenicline tartrate
CHANTIX STARTING MONTH BOX	4		varenicline tartrate
NICODERM CQ	3		
NICORETTE BUCCAL GUM 2 MG	3		
<i>nicorette buccal gum 4 mg</i>	2	ACA	
NICORETTE BUCCAL LOZENGE	3		
NICORETTE BUCCAL MINI LOZENGE	3		
<i>nicotine</i>	2	ACA	
<i>nicotine (polacrilex)</i>	2	ACA	
NICOTROL NS	4	ACA	nicotine, nicotine gum
<i>stop smoking aid</i>	2	ACA	
<i>varenicline tartrate</i>	2	ACA	
EAR, NOSE & THROAT MEDICATIONS			
MISCELLANEOUS AGENTS			
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	2	QL	
<i>chlorhexidine gluconate mucous membrane</i>	1		
GELCLAIR	4		
<i>ipratropium bromide nasal</i>	2	QL	
<i>kourzeq</i>	2		
MUGARD	S2	PA	
<i>olopatadine nasal</i>	2	QL	
ORAMAGICRX	4		
<i>paroex oral rinse</i>	1		
PERIDEX	4		chlorhexidine gluconate
<i>periogard</i>	1		
<i>pilocarpine hcl oral</i>	2		
PROTHELIAL	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	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SALAGEN (PILOCARPINE)	4		pilocarpine hcl
<i>triamcinolone acetonide dental</i>	2		
MISCELLANEOUS OTIC PREPARATIONS			
<i>acetic acid otic (ear)</i>	2		
<i>ciprofloxacin hcl otic (ear)</i>	2		
DERMOTIC OIL	4		fluocinolone acetonide oil
<i>flac otic oil</i>	2		
<i>fluocinolone acetonide oil</i>	2		
<i>hydrocortisone-acetic acid</i>	2		
<i>ofloxacin otic (ear)</i>	2		
OTIC STEROID / ANTIBIOTIC			
<i>ciprofloxacin-dexamethasone</i>	2		
<i>ciprofloxacin-hydrocortisone</i>	2		
CORTISPORIN-TC	4		neomycin/polymyxin/hc
<i>neomycin-polymyxin-hc otic (ear)</i>	2		
OTOVEL	4		ciprofloxacin-dexamethasone, ciprofloxacin-hydrocortisone
ENDOCRINE/DIABETES			
ADRENAL HORMONES			
ACTHAR	S2	PA	
ACTHAR SELFJECT	S2	PA	
CORTEF	4		hydrocortisone
<i>cortisone</i>	2		
<i>deflazacort</i>	S2	PA	
<i>dexabliss</i>	2	PA	
<i>dexamethasone intensol</i>	2		
<i>dexamethasone oral elixir</i>	2		
<i>dexamethasone oral solution</i>	2		
<i>dexamethasone oral tablet</i>	2		
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs)</i>	2	PA	
<i>fludrocortisone</i>	2		
<i>hydrocortisone oral</i>	2		
<i>jaythari</i>	S2	PA	

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

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>propylthiouracil</i>	2		
SSKI	4		potassium iodide
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES			
ACCU-CHEK AVIVA CONTROL SOLN	4		
ACCU-CHEK GUIDE L1-L2 CTRL SOL	4		
ACCU-CHEK SMARTVIEW CTRL SOL	4		
ACCUTREND GLUCOSE CONTROL	4		
ADVOCATE REDI-CODE PLUS CTRL L	4		
AGAMATRIX CONTROL SOLN- HIGH	4		
AGAMATRIX CONTROL SOLN- NORMAL	4		
ASSURE 4 CONTROL SOLUTION	4		
ASSURE CONTROL SOLUTION L2- L3	4		
ASSURE DOSE NORMAL CONTROL	4		
ASSURE PRISM CONTROL 1-2 SOLN	4		
AT HOME A1C	4		
BLOOD GLUCOSE CONTROL, NORMAL	4		
BREEZE 2 CONTROL SOLUTION,HIGH	4		
CARESENS CONTROL A AND B	4		
CARESENS S CONTROL A AND B	4		
CARETOUCH CONTROL SOLN L2- L3	4		
CLEVER CHOICE LEVEL 2 CONTROL	4		
CONTOUR CONTROL SOLUTION, NML	4		
CONTOUR NEXT LEV 2 CONTROL SOL	4		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DEXCOM G6 RECEIVER	3	PA; QL	
DEXCOM G6 SENSOR	3	PA; QL	
DEXCOM G6 TRANSMITTER	3	PA; QL	
DEXCOM G7 RECEIVER	3	PA; QL	
DEXCOM G7 SENSOR	3	PA; QL	
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		
EMBRACE WAVE CONTROL-HIGH (L2)	4		
EVOLUTION NORMAL CONTROL	4		
FONDCIRCLE CONTROL SOLUTION	4		
FORA GTEL MULTI-FUNCTN MONITOR	4		
FORA KETONE CONTROL SOLN-L1	4		
FORA NORMAL CONTROL	4		
FORA TN'G ADV MOBILE MULTI MTR	4		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
FORA TN'G ADVANCE MULTI-FN MTR	4		
FORA TN'G ADVANCE PRO MONITOR	4		
FORACARE GDH LOW CONTROL	4		
FREESTYLE CONTROL	3		
FREESTYLE INSULINX STRIP	3		
FREESTYLE INSULINX TEST STRIPS	3		
FREESTYLE LIBRE 14 DAY READER	3	PA	
FREESTYLE LIBRE 14 DAY SENSOR	3	PA; QL	
FREESTYLE LIBRE 2 READER	3	PA; QL	
FREESTYLE LIBRE 2 SENSOR	3	PA; QL	
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA; QL	
FREESTYLE LIBRE 3 READER	3	PA; QL	
FREESTYLE LIBRE 3 SENSOR	3	PA; QL	
FREESTYLE LITE STRIPS	3		
FREESTYLE PRECISION NEO STRIPS	3	ST	
FREESTYLE TEST	3		
GE100 CONTROL SOLUTION NORMAL	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		
HEALTHPRO HIGH-LOW CONTROL	4		
IHEALTH CONTROL SOLN LEVEL 2	4		
INFINITY CONTROL SOLUTION NORM	4		
MYGLUCOHEALTH CONTROL SOLUTION	4		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NOVA MAX PLUS GLUC-KETON METER	4		
NOVAMAX PLUS GLU-KET	4		
ON CALL EXPRESS CONTROL	4		
ONETOUCH ULTRA CONTROL	4		
ONETOUCH VERIO MID CONTROL	4		
PIP GLUCOSE CONTROL SOLN L1- L2	4		
PRECISION XTRA KETONE- GLUCOSE	3		
PRECISION XTRA TEST	3		
PRODIGY CONTROL SOLUTION, LOW	4		
PRODIGY CONTROL SOLUTION,HIGH	4		
REFUAH PLUS GLUCOSE CONTROL	4		
RIGHTTEST CONTROL SOLUTION HIGH	4		
SMARTTEST CONTROL	4		
SOLUS V2 CONTROL SOLUTION,HIGH	4		
TELCARE CONTROL	4		
TRUE METRIX LEVEL 1	3		
UNISTRIp LOW CONTROL	4		
VIVAGUARD INO CTRL SOLN- L1,2,3	4		
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT			
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	4		
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE X 1/2"	3		
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	3	QL	
GLUCOSE ELEVATING AGENTS			
BAQSIMI	3	QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>diazoxide</i>	2		
<i>glucagon emergency kit (human)</i>	2	QL; PRE	
GVOKE	3	QL	
GVOKE HYPOPEN 2-PACK	3	QL	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	QL	
PROGLYCEM	4		diazoxide
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU			
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		
CEQR SIMPLICITY	3		
GENTEEL VACUUM LANCING DEVICE	4		
INPEN (NOVOLOG OR FIASP) BLUE	4		
LANCETS 33 GAUGE	3		
LANCING DEVICE	3		
NOVOPEN ECHO	4		
OMNIPOD 5 (G6/LIBRE 2 PLUS)	3	QL	
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	3	PA; QL	
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	PA; QL	
OMNIPOD DASH INTRO KIT (GEN 4)	3	PA; QL	
OMNIPOD DASH PODS (GEN 4)	3	PA; QL	
TWIST REFILL KT(CSST-NDL-SYR)	3	PA	
TWIST RFL(INFUS-CSST-NDL-SYR)	3	PA	
TWIST STARTER KIT	3	PA	
V-GO 20	3	PA	
V-GO 30	3	PA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
V-GO 40	3	PA	
INSULIN THERAPY			
HUMALOG JUNIOR KWIKPEN U-100	3	PRE	
HUMALOG KWIKPEN INSULIN	3	PRE	
HUMALOG MIX 50-50 KWIKPEN	3	PRE	
HUMALOG MIX 75-25 KWIKPEN	3	PRE	
HUMALOG MIX 75-25(U-100)INSULN	3	PRE	
HUMALOG TEMPO PEN(U-100)INSULN	3	PRE	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	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) KWIKPEN	3	PRE	
INSULIN GLARGINE-YFGN	3	PRE	INSULIN GLARGINE-YFGN, LANTUS SOLOSTAR, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100
INSULIN LISPRO	3	PRE	
INSULIN LISPRO PROTAMIN-LISPRO	3	PRE	
LANTUS SOLOSTAR U-100 INSULIN	3	PRE	
LANTUS U-100 INSULIN	3	PRE	
LYUMJEV KWIKPEN U-100 INSULIN	3	PRE	
LYUMJEV KWIKPEN U-200 INSULIN	3	PRE	
LYUMJEV TEMPO PEN(U-100)INSULN	3	PRE	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LYUMJEV U-100 INSULIN	3	PRE	
MERILOG	3		
MERILOG SOLOSTAR	3		
SEMGLEE(INSULIN GLARGINE-YFGN)	3	PRE	
SEMGLEE(INSULIN GLARG-YFGN)PEN	3	PRE	
SOLIQUA 100/33	3	QL; PRE	
TOUJEO MAX U-300 SOLOSTAR	3	PRE	
TOUJEO SOLOSTAR U-300 INSULIN	3	PRE	
TRESIBA FLEXTOUCH U-100	3	PRE	
TRESIBA FLEXTOUCH U-200	3	PRE	
TRESIBA U-100 INSULIN	3	PRE	
MISCELLANEOUS HORMONES			
<i>cabergoline</i>	2	QL	
<i>calcitonin (salmon)</i>	2		
<i>calcitriol intravenous solution 1 mcg/ml</i>	2		
<i>calcitriol oral</i>	2		
CERDELGA	S2	PA; QL	
<i>cinacalcet</i>	2	PA	
CRENESSITY	4	PA	
DDAVP ORAL	4		desmopressin acetate
DEPO-TESTOSTERONE	4		testosterone cypionate
<i>desmopressin injection</i>	S2		
<i>desmopressin nasal spray with pump</i>	2		
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	3		
<i>desmopressin oral</i>	2		
<i>doxercalciferol oral</i>	2	ST	
GALAFOLD	S2	PA; QL	FABRAZYME
<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	tolvaptan
MIACALCIN INJECTION	4		calcitonin-salmon

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>mifepristone oral tablet 300 mg</i>	S2	PA	
<i>miglustat</i>	S2	PA; QL	
MYALEPT	S2	PA	
ORILISSA	3	ST; QL	
PALYNZIQ	S2	PA; QL	
<i>paricalcitol intravenous</i>	2		
<i>paricalcitol oral</i>	2	ST	
RAYALDEE	4	ST	calcitriol, doxercalciferol, paricalcitol
<i>sapropterin</i>	S2	PA	
SOMAVERT	S2	PA	
STRENSIQ	S2	PA	
SYNAREL	3	PA	
<i>testosterone cypionate</i>	2		
<i>testosterone enanthate</i>	2		
<i>tolvaptan</i>	S2	PA; QL	
<i>tolvaptan (polycys kidney dis)</i>	S2	PA; QL	
VOXZOGO	S2	PA	
XYOSTED	3	PA; QL	
YORVIPATH	S2	PA	
<i>zelvysia</i>	2	PA	
ZEMPLAR INTRAVENOUS	4		paricalcitol
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	ST	paricalcitol
NON-INSULIN HYPOGLYCEMIC AGENTS			
<i>acarbose</i>	2		
ACTOPLUS MET	4	ST; QL	pioglitazone-metformin
ACTOS	4	ST; QL	pioglitazone hcl
CYCLOSET	4		metformin hcl, glimepiride, glipizide, glyburide
<i>dapagliflozin</i>	2	ST; QL	
<i>dapagliflozin-metformin</i>	2	ST; QL	
<i>dapagliflozin-saxagliptin</i>	2		
DUETACT	4	ST; QL	pioglitazone-glimepiride
<i>glimepiride oral tablet 1 mg</i>	2		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>glimepiride oral tablet 2 mg, 4 mg</i>	1		
<i>glipizide oral tablet 10 mg, 5 mg</i>	1		
<i>glipizide oral tablet extended release 24hr</i>	2		
<i>glipizide-metformin</i>	2		
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	2		
<i>glyburide oral tablet 5 mg</i>	1		
<i>glyburide-metformin</i>	2		
GLYXAMBI	3	ST; QL	
JANUMET	3	ST; QL	
JANUMET XR	3	ST; QL	
JANUVIA	3	ST; QL	
JARDIANCE	3	ST; QL	
<i>liraglutide 2-pak 18 mg/3 ml outer, suv</i>	2	PA; ST	
<i>liraglutide 2-pak 18 mg/3 ml suv, outer</i>	2	PA; ST	
<i>liraglutide 3-pak 18 mg/3 ml outer, suv</i>	2	PA; ST	
<i>liraglutide 3-pak 18 mg/3 ml suv, outer</i>	2	PA; ST	
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	2	PA; ST; QL	
<i>metformin oral solution</i>	2	ST	
<i>metformin oral tablet 1,000 mg, 500 mg</i>	1		
<i>metformin oral tablet 625 mg, 850 mg</i>	2		
<i>metformin oral tablet 750 mg</i>	2	ST	
<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; ST; QL	
<i>nateglinide</i>	2		
OZEMPIC	3	PA; ST; QL	
<i>pioglitazone</i>	2	QL	
<i>pioglitazone-glimepiride</i>	2	QL	
<i>pioglitazone-metformin</i>	2	QL	
<i>repaglinide</i>	2		
RIOMET	4	ST	metformin hcl

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
RYBELSUS	3	PA; ST; QL	
<i>saxagliptin</i>	2	ST; QL	
<i>saxagliptin-metformin</i>	2	ST; QL	
SYNJARDY	3	ST; QL	
SYNJARDY XR	3	ST; QL	
TRIJARDY XR	3	ST	
TRULICITY	3	PA; ST; QL	
THYROID HORMONES			
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	2	PA	
ARMOUR THYROID	3		
<i>evexithroid</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>liomny</i>	2		
<i>liothyronine oral</i>	2		
<i>niva thyroid</i>	2		
<i>np thyroid</i>	2		
<i>renthyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	2		
RENTHYROID ORAL TABLET 45 MG, 75 MG	4		
<i>thyroid (pork)</i>	2		
<i>unithroid</i>	2		
GASTROENTEROLOGY			
ANTIDIARRHEALS & ANTISPASMODICS			
<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 20 mg</i>	2		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>diphenoxylate-atropine</i>	2		
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	4		phenohydro
DONNATAL ORAL TABLET	4		phenohydro
<i>ed-spaz</i>	2		
GLYCATE	4		glycopyrrolate
<i>glycopyrrolate oral solution</i>	2		
<i>glycopyrrolate oral tablet</i>	2		
<i>hyoscyamine sulfate oral</i>	2		
<i>hyoscyamine sulfate sublingual</i>	2		
<i>hyosyne</i>	2		
LEVBID	4		hyoscyamine sulfate
LEVSIN	4		hyoscyamine sulfate
LEVSIN/SL	4		hyoscyamine sulfate
LOMOTIL	4		diphenoxylate-atropine
<i>methscopolamine</i>	2		glycopyrrolate
MOTOFEN	4		diphenoxylate-atropine
NULEV	4		hyoscyamine sulfate
<i>oscimin</i>	2		
<i>oscimin sl</i>	2		
<i>phenobarb-hyoscy-atropine-scop</i>	2		
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	2		
<i>phenohydro oral tablet</i>	2		
ROBINUL FORTE	4		glycopyrrolate
ROBINUL ORAL	4		glycopyrrolate
SYMAX DUOTAB	4		hyoscyamine sulfate
<i>symax fastabs</i>	2		
<i>symax-sl</i>	2		
<i>symax-sr</i>	2		
MISCELLANEOUS GASTROINTESTINAL AGENTS			
<i>alosetron</i>	2		
<i>alvimopan</i>	2		
ANALPRAM-HC RECTAL CREAM 1-1 %	4		hc pramoxine, pramoxine hcl w/hydrocortisone

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ANALPRAM-HC RECTAL CREAM 2.5-1 %	4	ST	hc pramoxine, pramoxine hcl w/hydrocortisone
ANALPRAM-HC SINGLES	4	ST	hc pramoxine, pramoxine hcl w/hydrocortisone
<i>anucort-hc</i>	2		
<i>aprepitant</i>	2	QL	
APRISO	4		mesalamine er
AZULFIDINE	4		sulfasalazine
AZULFIDINE EN-TABS	4		sulfasalazine
<i>balsalazide</i>	2		
<i>betaine</i>	S2	PA	
<i>bisacodyl oral</i>	2	ACA	
<i>budesonide oral</i>	2		
<i>budesonide rectal</i>	2		
BYLVAY	S2	PA; QL	cholestyramine, fenofibrate, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol
CHOLBAM ORAL CAPSULE 250 MG	S2	PA	
CHOLBAM ORAL CAPSULE 50 MG	S2	PA; QL	
<i>citroma</i>	2	ACA	
<i>clearlax oral powder</i>	2	ACA	
COLAZAL	4		balsalazide disodium
COMPAZINE	4		prochlorperazine maleate
<i>compro</i>	2		
<i>constulose</i>	2		
CORTENEMA	4		hydrocortisone
CREON	3		
<i>cromolyn oral</i>	2		
CTEXLI	S2	PA	
DICLEGIS	4	QL	doxylamine succ-pyridoxine hcl
<i>doxylamine-pyridoxine (vit b6)</i>	2	QL	
<i>dronabinol</i>	2	PA	
<i>dulcolax (magnesium hydroxide) oral suspension</i>	2	ACA	
<i>enulose</i>	2		

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
GASTROCROM	4		cromolyn sodium
GATTEX 30-VIAL	S2	PA	
<i>gavilax oral powder</i>	2	ACA	
<i>gavilyte-c</i>	2	ACA	
<i>gavilyte-g</i>	2	ACA	
<i>gavilyte-n</i>	2	ACA	
<i>generlac</i>	2		
<i>gentle laxative (bisacodyl) oral</i>	2	ACA	
<i>gentle laxative (mag hydrox)</i>	2	ACA	
<i>gentlelax</i>	2	ACA	
GOLYTELY	4		gavilyte-g, peg 3350-electrolyte
<i>granisetron hcl oral</i>	2	QL	
<i>hemmorex-hc</i>	2		
<i>hydrocortisone acetate rectal</i>	2		
<i>hydrocortisone acetate topical cream with perineal applicator</i>	2		
<i>hydrocortisone rectal</i>	2		
<i>hydrocortisone topical cream with perineal applicator</i>	2		
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	2		
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	2	ST	
IQIRVO	S2	PA	
KRISTALOSE	4		lactulose
<i>lactulose</i>	2		
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	2	ACA	
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	2		
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	4		lidocaine-hydrocortisone
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)</i>	2		
<i>lidocaine-hydrocortisone-aloe</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	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LINZESS	3	QL	
LIVMARLI	S2	PA	cholestyramine, fenofibrate, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol
<i>lubiprostone</i>	2	QL	
<i>magnesium citrate oral solution</i>	2	ACA	
MARINOL	4	PA	dronabinol
<i>meclizine oral tablet 50 mg</i>	2		
<i>mesalamine</i>	2		
<i>mesalamine with cleansing wipe</i>	2		
<i>metoclopramide hcl oral solution</i>	2		
<i>metoclopramide hcl oral tablet</i>	2		
<i>milk of magnesia</i>	2	ACA	
<i>milk of magnesia concentrated</i>	2	ACA	
MOVANTIK	3	QL	
<i>nitroglycerin rectal</i>	2		
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML)	S2	PA; QL	
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML)	S2	PA; QL	
<i>ondansetron hcl oral solution</i>	2	QL	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	QL	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	2	QL	
<i>onelax magnesium citrate</i>	2	ACA	
<i>oral saline laxative</i>	2	ACA	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200-24,600 UNIT	3		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>peg 3350-electrolytes</i>	2	ACA	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	2	ACA	
<i>peg-electrolyte soln</i>	2	ACA	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3		
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4		mesalamine er
<i>phosphate laxative</i>	2	ACA	
<i>polyethylene glycol 3350 oral powder</i>	2	ACA	
<i>powderlax oral powder</i>	2	ACA	
<i>prochlorperazine</i>	2		
<i>prochlorperazine maleate</i>	2		
PROCORT	4		hc pramoxine, pramoxine hcl w/hydrocortisone
PROCTOCORT RECTAL	4	ST	hydrocortisone acetate
<i>procto-med hc</i>	2		
<i>proctosol hc topical</i>	2		
<i>proctozone-hc</i>	2		
<i>prucalopride</i>	2	QL	
<i>purelax oral powder</i>	2	ACA	
REBYOTA	S2	PA	
RECTIV	3		
REGLAN ORAL	4		metoclopramide hcl
RELISTOR SUBCUTANEOUS SOLUTION	3	ST	
RELISTOR SUBCUTANEOUS SYRINGE	3	ST	
ROWASA RECTAL ENEMA KIT	4		mesalamine
SANCUSO	4	QL	granisetron hcl, ondansetron hcl
<i>scopolamine base</i>	2		
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	S2	PA; QL	
<i>smoothlax oral powder</i>	2	ACA	
<i>sodium,potassium,mag sulfates</i>	2	ACA	
SUCRAID	S2	PA	
<i>sulfasalazine</i>	2		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SYMPROIC	3		
SYNDROS	4	PA	dronabinol
<i>trimethobenzamide oral</i>	2		
TRULANCE	3		
UCERIS ORAL	4		budesonide er
UCERIS RECTAL	4		budesonide
URSO FORTE	4		ursodiol
<i>ursodiol</i>	2		
VARUBI	3	QL	
VELSIPITY	S2	PA; QL	
VIBERZI	3		
VIKACE	3		
VOWST	S2	PA	
<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, 60,000-189,600- 252,600 UNIT	3		
ULCER THERAPY			
<i>amoxicil-clarithromy-lansopraz</i>	2	QL	
<i>bismuth subcit k-metronidz-tn</i>	2	PA	
<i>cimetidine hcl oral</i>	2		
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2		
CYTOTEC	4		misoprostol
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i>	2		
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	ST; QL	
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	2	ST	
<i>famotidine oral suspension for reconstitution</i>	2		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>famotidine oral tablet 40 mg</i>	2		
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	2		
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	2	ST; QL	
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	2	ST	
<i>misoprostol</i>	2		
NEXIUM 24HR	3		
<i>nizatidine oral capsule</i>	2		
OMECLAMOX-PAK	4	QL	bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA
<i>omeprazole magnesium oral capsule, delayed release(dr/ec)</i>	2		
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	2	QL	
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1		
<i>omeprazole oral tablet, delayed release (dr/ec)</i>	2		
<i>omeprazole oral tablet, disintegrat, delay rel</i>	2		
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	2	PA	
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	2	PA; QL	
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	2	PA	
<i>pantoprazole oral granules dr for susp in packet</i>	1	ST	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	QL	
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1		
PEPCID ORAL TABLET 40 MG	4		famotidine
PREVACID 24HR	3	ST	
PRILOSEC OTC	3	ST	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	2		
<i>ranitidine hcl oral tablet 300 mg</i>	1		
<i>sucralfate</i>	2		
ZEGERID OTC	3	PA	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY			
BIOTECHNOLOGY DRUGS			
ARCALYST	S2	PA; QL	ILARIS
FULPHILA	S2	PA; QL	
LEUKINE INJECTION RECON SOLN	S2	PA	
MOZOBIL	S2	PA	plerixafor
NIVESTYM	S2	PA	
<i>plerixafor</i>	S2	PA	
PROCRIT	S2	PA	
PROLEUKIN	S2	PA	
RETACRIT	S2	PA	
XOLREMDI	S2	PA	
ZIEXTENZO	S2	PA; QL	
GROWTH HORMONES			
EGRIFTA SV	S2	PA	
EGRIFTA WR	S2	PA	
GENOTROPIN	S2	PA	
GENOTROPIN MINIQUICK	S2	PA	
NGENLA	S2	PA	
OMNITROPE	S2	PA	
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	S2	PA	
INTERFERONS			
ACTIMMUNE	S2	PA	
ALFERON N	3		
PEGASYS	S2	PA; QL	
VACCINES & MISCELLANEOUS IMMUNOLOGICALS			
ABRYSVO (PF)	3	ACA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ACTHIB (PF)	3	ACA	
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	ACA	
AFLURIA 2025-2026 (3YR UP)(PF)	3	ACA	
AFLURIA 2025-2026 (6MO UP)	3	ACA	
AREXVY (PF)	3	ACA	
AUDENZ (NATIONAL STOCKPILE)	3		
BEXSERO	3	ACA	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	3	ACA	
CAPVAXIVE	3	ACA	
COMIRNATY 2025-2026(5-11Y)(PF)	3	ACA	
COMIRNATY 2025-26 (12Y UP)(PF)	3	ACA	
DAPTACEL (DTAP PEDIATRIC) (PF)	3	ACA	
DENGVAIXA (PF)	3	PA; ACA	
ENGERIX-B (PF)	3	ACA	
ENGERIX-B PEDIATRIC (PF)	3	ACA	
FLUAD 2025-2026 (65 YR UP)(PF)	3	ACA	
FLUARIX 2025-2026 (PF)	3	ACA	
FLUBLOK 2025-2026 (PF)	3	ACA	
FLUCELVAX 2025-2026	3	ACA	
FLUCELVAX 2025-2026 (PF)	3	ACA	
FLULAVAL 2025-2026 (PF)	3	ACA	
FLUMIST 2025-2026	3	ACA	
FLUMIST HOME 2025-2026	3	ACA	
FLUZONE 2025-2026	3	ACA	
FLUZONE 2025-2026 (PF)	3	ACA	
FLUZONE HIGH-DOSE 2025-26 (PF)	3	ACA	
GARDASIL 9 (PF)	3	ACA	
HAVRIX (PF)	3	ACA	
HEPLISAV-B (PF)	3	ACA	
HIBERIX (PF)	3	ACA	
INFANRIX (DTAP) (PF)	3	ACA	
IPOL	3	ACA	
KINRIX (PF)	3	ACA	
MENQUADFI (PF)	3	ACA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
MENVEO A-C-Y-W-135-DIP (PF)	3	ACA	
M-M-R II (PF)	3	ACA	
MNEXSPIKE 2025-2026 (PF)	3	ACA	
MRESVIA (PF)	3	ACA	
NUVAXOVID 2025-2026 (PF)	3	ACA	
PEDIARIX (PF)	3	ACA	
PEDVAX HIB (PF)	3	ACA	
PENBRAYA (PF)	3	ACA	
PENMENVY MEN A-B-C-W-Y (PF)	3	ACA	
PENTACEL (PF)	3	ACA	
PNEUMOVAX-23 INJECTION SYRINGE	3	ACA	
PREVNAR 20 (PF)	3	ACA	
PRIORIX (PF)	3	ACA	
PROQUAD (PF)	3	ACA	
QUADRACEL (PF)	3	ACA	
RECOMBIVAX HB (PF)	3	ACA	
ROTARIX ORAL SUSPENSION	3	ACA	
ROTATEQ VACCINE	3	ACA	
SHINGRIX (PF)	3	ACA	
SPIKEVAX 2025-2026(12Y UP)(PF)	3	ACA	
SPIKEVAX 2025-26 (6M-11Y) (PF)	3	ACA	
TENIVAC (PF)	3	ACA	
TRUMENBA	3	ACA	
TWINRIX (PF)	3	ACA	
VAQTA (PF)	3	ACA	
VARIVAX (PF)	3	ACA	
VAXELIS (PF) INTRAMUSCULAR SYRINGE	3	ACA	
VAXNEUVANCE (PF)	3	ACA	
MUSCULOSKELETAL & RHEUMATOLOGY			
GOUT THERAPY			
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1		
<i>allopurinol oral tablet 200 mg</i>	2	PA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>colchicine oral capsule</i>	2	ST	
<i>colchicine oral tablet</i>	2		
<i>febuxostat</i>	2	ST	
GLOPERBA	4		colchicine, MITIGARE
MITIGARE	3	ST	
<i>probenecid</i>	2		
<i>probenecid-colchicine</i>	2		
ZYLOPRIM ORAL TABLET 100 MG	4		allopurinol
OSTEOPOROSIS THERAPY			
ACTONEL ORAL TABLET 150 MG, 35 MG	4	PA; ST; QL	risedronate sodium
<i>alendronate oral solution</i>	2	QL	
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	2	QL	
<i>alendronate oral tablet 70 mg</i>	1	QL	
ATELVIA	4	PA; ST; QL	risedronate sodium dr
BINOSTO	4	PA; ST; QL	alendronate sodium
BONSITY	S2	PA; QL	teriparatide
EVISTA	4		raloxifene hcl
FOSAMAX ORAL TABLET 70 MG	4	ST; QL	alendronate sodium
FOSAMAX PLUS D	4	ST; QL	alendronate sodium
<i>ibandronate oral</i>	2	QL	
<i>raloxifene</i>	2		
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	2	QL	
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	QL	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	S2	PA; QL	
TYMLOS	S2	PA; QL	
OTHER RHEUMATOLOGICALS			
ADALIMUMAB-ADAZ	S2	PA; QL	
ADALIMUMAB-ADBM	S2	PA; QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	S2	PA; QL	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADB(M)(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, SIMLANDI(CF) AUTOINJECTOR
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT	S2	PA; QL	
ARAVA	4	QL	leflunomide
AURANOFIN	3		
BENLYSTA SUBCUTANEOUS	S2	PA; QL	
DEPEN TITRATABS	4	PA	penicillamine
ENBREL MINI	S2	PA; QL	
ENBREL SUBCUTANEOUS SOLUTION	S2	PA; QL	
ENBREL SUBCUTANEOUS SYRINGE	S2	PA; QL	
ENBREL SURECLICK	S2	PA; QL	
<i>leflunomide</i>	2	QL	
LEQSELVI	4	PA	betamethasone dipropionate, clobetasol propionate, cyclosporine, fluocinonide, methotrexate, prednisone
<i>milnacipran</i>	2	QL	
OTEZLA	S2	PA; QL	
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	S2	PA; QL	
OTEZLA XR	S2	PA	
OTEZLA XR INITIATION	S2	PA	
<i>penicillamine</i>	2	PA	
RIDAURA	3		
RINVOQ	S2	PA; QL	
RINVOQ LQ	S2	PA; QL	
SAVELLA	4	ST; QL	milnacipran hcl
SIMLANDI(CF) AUTOINJECTOR	S2	PA; QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	S2	PA; QL	
SIMPONI ARIA	S2	PA	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB- ADBM(CF)PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, AVSOLA, INFLIXIMAB, SIMLANDI(CF) AUTOINJECTOR, SIMPONI
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	S2	PA; QL	
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	S2	PA; QL	
TYENNE AUTOINJECTOR	S2	PA; QL	
TYENNE SUBCUTANEOUS	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	
DUREX TROPICAL CONDOM	4	ACA	
FC2 FEMALE CONDOM	3	ACA	
FEMCAP VAGINAL DEVICE 22 MM	3	ACA	
TRUSTEX-RIA NON-LUB CONDOMS	3	ACA	
ESTROGENS & PROGESTINS			
<i>abigale</i>	2		
<i>abigale lo</i>	2		
ACTIVELLA	4		estradiol-norethindrone acetat
ANGELIQ	4		abigale, estradiol- norethindrone acetat, fyavolv, jinteli, mimvey, norethindron- ethinyl estradiol

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>camila</i>	2	ACA	
CLIMARA	4	QL	estradiol
COMBIPATCH	3		
<i>conjugated estrogens</i>	2		
<i>covaryx</i>	2		
<i>covaryx h.s.</i>	2		
<i>deblitane</i>	2	ACA	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	4		estradiol valerate
DEPO-ESTRADIOL	3		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	QL; ACA	medroxyprogesterone acetate
DEPO-PROVERA INTRAMUSCULAR SYRINGE	4	QL; ACA	medroxyprogesterone acetate
DEPO-SUBQ PROVERA 104	4	QL; ACA	medroxyprogesterone acetate
<i>dotti</i>	2	QL	
DUAVEE	3		
<i>eemt</i>	2		
<i>eemt hs</i>	2		
<i>emzahh</i>	2	ACA	
<i>errin</i>	2	ACA	
ESTRADIOL IMPLANT PELLET 6 MG	4		
<i>estradiol oral</i>	1		
<i>estradiol transdermal gel in metered- dose pump</i>	2	ST; QL	
<i>estradiol transdermal gel in packet</i>	2	ST; QL	
<i>estradiol transdermal patch semiweekly</i>	2	QL	
<i>estradiol transdermal patch weekly</i>	2	QL	
<i>estradiol vaginal</i>	2		
<i>estradiol valerate</i>	2		
<i>estradiol-norethindrone acet</i>	2		
ESTRATEST H.S.	4		
<i>estrogens-methyltestosterone</i>	2		
EVAMIST	4	ST; QL	estradiol, estradiol, estradiol
<i>fyavolv</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	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>gallifrey</i>	2		
<i>heather</i>	2	ACA	
<i>incassia</i>	2	ACA	
<i>jencycla</i>	2	ACA	
<i>jinteli</i>	2		
<i>lyleq</i>	2	ACA	
<i>lyllana</i>	2	QL	
<i>lyza</i>	2	ACA	
<i>medroxyprogesterone intramuscular</i>	2	QL; ACA	
<i>medroxyprogesterone oral tablet 10 mg</i>	1		
<i>medroxyprogesterone oral tablet 2.5 mg, 5 mg</i>	2		
<i>meleya</i>	2	ACA	
MENOSTAR	4	QL	estradiol
<i>mimvey</i>	2		
<i>nora-be</i>	2	ACA	
<i>norethindrone (contraceptive)</i>	2	ACA	
<i>norethindrone acetate</i>	2		
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2		
OPILL	3	ACA	
<i>orquidea</i>	2	ACA	
PREMARIN VAGINAL	3		
<i>progesterone</i>	S2		
<i>progesterone micronized oral</i>	2		
PROMETRIUM	4		progesterone
PROVERA	4		medroxyprogesterone acetate
<i>sharobel</i>	2	ACA	
<i>tulana</i>	2	ACA	
<i>yuvafem</i>	2		
MISCELLANEOUS OB/GYN			
CERVIDIL	4		
CLEOCIN VAGINAL CREAM	4		clindamycin phosphate
CLEOCIN VAGINAL SUPPOSITORY	4		clindamycin phosphate, metronidazole, XACIATO
<i>clindamycin phosphate vaginal</i>	2		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CLINDESSE	4		clindamycin phosphate, metronidazole, XACIATO
<i>eluryng</i>	2	ACA	
<i>enilloring</i>	2	ACA	
<i>etonogestrel-ethinyl estradiol</i>	2	ACA	
<i>fem ph</i>	2		
GYNAZOLE-1	4		terconazole
<i>haloette</i>	2	ACA	
LYNKUET	4		conjugated estrogens, estradiol, estradiol, estradiol, paroxetine hcl
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2		
<i>miconazole-3 vaginal suppository</i>	2		
MYFEMBREE	3	PA	
<i>norelgestromin-ethin.estradiol</i>	2	ACA	
NUVESSA	4		metronidazole, clindamycin phosphate, XACIATO
ORIAHNN	3	PA	
PREPIDIL	4		
RELAGARD	4		<i>fem ph</i>
<i>terconazole</i>	2		
<i>tranexamic acid oral</i>	2		
<i>vandazole</i>	2		
VCF CONTRACEPTIVE FILM	3	ACA	
VCF CONTRACEPTIVE GEL	3	ACA	
VEOZAH	4	PA	conjugated estrogens, estradiol, estradiol, estradiol, paroxetine hcl
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	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>altavera (28)</i>	2	ACA	
<i>alyacen 1/35 (28)</i>	2	ACA	
<i>alyacen 7/7/7 (28)</i>	2	ACA	
<i>amethia</i>	2	ACA	
<i>amethyst (28)</i>	2	ACA	
<i>apri</i>	2	ACA	
<i>aranelle (28)</i>	2	ACA	
<i>ashlyna</i>	2	ACA	
<i>aubra</i>	2	ACA	
<i>aubra eq</i>	2	ACA	
<i>aurovela 1.5/30 (21)</i>	2	ACA	
<i>aurovela 1/20 (21)</i>	2	ACA	
<i>aurovela 24 fe</i>	2	ACA	
<i>aurovela fe 1.5/30 (28)</i>	2	ACA	
<i>aurovela fe 1-20 (28)</i>	2	ACA	
<i>aviane</i>	2	ACA	
<i>ayuna</i>	2	ACA	
<i>azurette (28)</i>	2	ACA	
<i>balziva (28)</i>	2	ACA	
BEYAZ	4	ST; ACA	drospirenone-eth estra- levomef
<i>blisovi 24 fe</i>	2	ACA	
<i>blisovi fe 1.5/30 (28)</i>	2	ACA	
<i>blisovi fe 1/20 (28)</i>	2	ACA	
<i>briellyn</i>	2	ACA	
<i>camrese</i>	2	ACA	
<i>camrese lo</i>	2	ACA	
<i>caziant (28)</i>	2	ACA	
<i>charlotte 24 fe</i>	2	ACA	
<i>chateal eq (28)</i>	2	ACA	
<i>cryselle (28)</i>	2	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	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>daysee</i>	2	ACA	
<i>desog-e.estradiol/e.estradiol</i>	2	ACA	
<i>dolishale</i>	2	ACA	
<i>drospirenone-e.estradiol-lm.fa</i>	2	ACA	
<i>drospirenone-ethinyl estradiol</i>	2	ACA	
<i>econtra ez</i>	2	QL; ACA	
<i>econtra one-step</i>	2	QL; ACA	
<i>elinest</i>	2	ACA	
ELLA	3	QL; ACA	
<i>enpresse</i>	2	ACA	
<i>enskyce</i>	2	ACA	
<i>estarylla</i>	2	ACA	
<i>falmina (28)</i>	2	ACA	
<i>feirza</i>	2	ACA	
<i>finzala</i>	2	ACA	
<i>galbriela</i>	2	ACA	
<i>gemmily</i>	2	ACA	
<i>hailey</i>	2	ACA	
<i>hailey 24 fe</i>	2	ACA	
<i>hailey fe 1.5/30 (28)</i>	2	ACA	
<i>hailey fe 1/20 (28)</i>	2	ACA	
<i>iclevia</i>	2	ACA	
<i>introvale</i>	2	ACA	
<i>isibloom</i>	2	ACA	
<i>jaimiess</i>	2	ACA	
<i>jasmiel (28)</i>	2	ACA	
<i>jolessa</i>	2	ACA	
<i>joyeaux</i>	2	ACA	
<i>juleber</i>	2	ACA	
<i>junel 1.5/30 (21)</i>	2	ACA	
<i>junel 1/20 (21)</i>	2	ACA	
<i>junel fe 1.5/30 (28)</i>	2	ACA	
<i>junel fe 1/20 (28)</i>	2	ACA	
<i>junel fe 24</i>	2	ACA	
<i>kaitlib fe</i>	2	ACA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>kalliga</i>	2	ACA	
<i>kariva</i> (28)	2	ACA	
<i>kelnor</i> 1/35 (28)	2	ACA	
<i>kurvelo</i> (28)	2	ACA	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	ACA	
<i>larin</i> 1.5/30 (21)	2	ACA	
<i>larin</i> 1/20 (21)	2	ACA	
<i>larin</i> 24 fe	2	ACA	
<i>larin fe</i> 1.5/30 (28)	2	ACA	
<i>larin fe</i> 1/20 (28)	2	ACA	
<i>lessina</i>	2	ACA	
<i>levonest</i> (28)	2	ACA	
<i>levonorgest-eth.estradiol-iron</i>	2	ACA	
<i>levonorgestrel</i>	2	QL; ACA	
<i>levonorgestrel-ethinyl estrad</i>	2	ACA	
<i>levonorg-eth estrad triphasic</i>	2	ACA	
<i>lojaimiess</i>	2	ACA	
<i>loryna</i> (28)	2	ACA	
<i>low-ogestrel</i> (28)	2	ACA	
<i>lo-zumandimine</i> (28)	2	ACA	
<i>luizza</i>	2	ACA	
<i>luter</i> (28)	2	ACA	
<i>marlissa</i> (28)	2	ACA	
<i>mibelas</i> 24 fe	2	ACA	
<i>microgestin</i> 1.5/30 (21)	2	ACA	
<i>microgestin</i> 1/20 (21)	2	ACA	
<i>microgestin fe</i> 1.5/30 (28)	2	ACA	
<i>microgestin fe</i> 1/20 (28)	2	ACA	
<i>mili</i>	2	ACA	
<i>minzoya</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</i> 0.5/35 (28)	2	ACA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>new day</i>	2	QL; ACA	
<i>nikki (28)</i>	2	ACA	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	ACA	
<i>norethindrone-e.estradiol-iron oral capsule</i>	2	ACA	
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	2	ACA	
<i>norgestimate-ethinyl estradiol</i>	2	ACA	
<i>nortrel 0.5/35 (28)</i>	2	ACA	
<i>nortrel 1/35 (21)</i>	2	ACA	
<i>nortrel 1/35 (28)</i>	2	ACA	
<i>nortrel 7/7/7 (28)</i>	2	ACA	
<i>nylia 1/35 (28)</i>	2	ACA	
<i>nylia 7/7/7 (28)</i>	2	ACA	
<i>ocella</i>	2	ACA	
<i>opcicon one-step</i>	2	QL; ACA	
<i>option-2</i>	2	QL; ACA	
<i>philith</i>	2	ACA	
<i>pimtrea (28)</i>	2	ACA	
PLAN B ONE-STEP	3	QL; ACA	
<i>portia 28</i>	2	ACA	
<i>reclipsen (28)</i>	2	ACA	
<i>rivelsa</i>	2	ACA	
<i>rosyrah</i>	2	ACA	
<i>setlakin</i>	2	ACA	
<i>shewise</i>	2	QL; ACA	
<i>simliya (28)</i>	2	ACA	
<i>simpesse</i>	2	ACA	
<i>sprintec (28)</i>	2	ACA	
<i>syeda</i>	2	ACA	
TAKE ACTION	4	QL; ACA	
<i>tarina 24 fe</i>	2	ACA	
<i>tarina fe 1/20 (28)</i>	2	ACA	
<i>tilia fe</i>	2	ACA	
<i>tri-estarylla</i>	2	ACA	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>tri-legest fe</i>	2	ACA	
<i>tri-linyah</i>	2	ACA	
<i>tri-lo-estarylla</i>	2	ACA	
<i>tri-lo-marzia</i>	2	ACA	
<i>tri-lo-mili</i>	2	ACA	
<i>tri-lo-sprintec</i>	2	ACA	
<i>tri-mili</i>	2	ACA	
<i>tri-sprintec (28)</i>	2	ACA	
<i>tri-vylibra</i>	2	ACA	
<i>tri-vylibra lo</i>	2	ACA	
<i>turqoz (28)</i>	2	ACA	
<i>tydemy</i>	2	ACA	
<i>valtya</i>	2	ACA	
<i>velivet triphasic regimen (28)</i>	2	ACA	
<i>vestura (28)</i>	2	ACA	
<i>vienva</i>	2	ACA	
<i>viorele (28)</i>	2	ACA	
<i>volnea (28)</i>	2	ACA	
<i>vyfemla (28)</i>	2	ACA	
<i>vylibra</i>	2	ACA	
<i>wera (28)</i>	2	ACA	
<i>wymzya fe</i>	2	ACA	
<i>xarah fe</i>	2	ACA	
<i>xelria fe</i>	2	ACA	
YAZ (28)	4	ST; ACA	drospirenone-ethinyl estradiol, jasmiel, loryna, lo- zumandimine, nikki, vestura
<i>zarah</i>	2	ACA	
<i>zovia 1-35 (28)</i>	2	ACA	
<i>zumandimine (28)</i>	2	ACA	
OXYTOCICS			
<i>methylergonovine oral</i>	2	PA; QL	
OPHTHALMOLOGY			
ANTIBIOTICS			
AZASITE	3		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<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>gentamicin ophthalmic (eye) drops</i>	2		
<i>levofloxacin ophthalmic (eye)</i>	2		
MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION	4		
<i>moxifloxacin ophthalmic (eye)</i>	2		
MOXIFLOXACIN-SOD CHLOR,ISO(PF)	4		
NATACYN	3		
<i>neomycin-bacitracin-polymyxin</i>	2		
<i>neomycin-polymyxin-gramicidin</i>	2		
<i>neo-polycin</i>	2		
OCUFLOX	4		ofloxacin
<i>ofloxacin ophthalmic (eye)</i>	2		
<i>polycin</i>	2		
<i>polymyxin b sulf-trimethoprim</i>	2		
<i>povidone-iodine ophthalmic (eye)</i>	2		
<i>tobramycin ophthalmic (eye)</i>	2		
TOBRAMYCIN-VANCOMYCIN	4	PA	
TOBREX OPHTHALMIC (EYE) OINTMENT	4		tobramycin sulfate
VANCOMYCIN IN WATER	4		
VIGAMOX	4		moxifloxacin hcl
ANTIVIRALS			
<i>trifluridine</i>	2		
ZIRGAN	4		trifluridine
BETA-BLOCKERS			
<i>betaxolol ophthalmic (eye)</i>	2		
BETOPTIC S	4		betaxolol hcl, carteolol hcl, levobunolol hcl, timolol maleate
<i>carteolol</i>	2		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2		
<i>timolol</i>	2	ST	
<i>timolol maleate (pf)</i>	2	ST	
<i>timolol maleate ophthalmic (eye) drops</i>	2		
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	ST	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	ST	
CHOLINESTERASE INHIBITOR MIOTICS			
PHOSPHOLINE IODIDE	S2		
CYCLOPLEGIC MYDRIATICS			
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 1 %</i>	2		
ATROPINE OPHTHALMIC (EYE) DROPS 0.05 %	4		
CYCLOGYL	4		cyclopentolate hcl
<i>cyclopentolate</i>	2		
<i>cyclopen-tropic-phenyleph-watr</i>	2		
CYCLOPENT-TROPIC-PHEN-KETR- WAT	4		
CYCLOP-TROP-PROPA-PHEN-KET- WAT	4		
<i>homatropaire</i>	2		
MYDCOMBI	4		
MYDRIACYL	4		tropicamide
<i>phenyleph-tropicamide in water</i>	2		
<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		proparacaine hcl

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>altacaine</i>	2		
ALTAFLUOR BENOX	4		
<i>azelastine ophthalmic (eye)</i>	2		
<i>bepotastine besilate</i>	2	ST	
CEQUA	4	PA; QL	cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA
<i>cromolyn ophthalmic (eye)</i>	2		
<i>cyclosporine ophthalmic (eye)</i>	2	PA; QL	
CYSTARAN	S2	PA	
DEXAMET-MOXIFL-KETORO- NACL(PF)	4		
ENCELTO	4	PA	
<i>epinastine</i>	2		
EPIOXA	4		
FLUORESCEIN-BENOXINATE	4		
<i>fluorescein-proparacaine</i>	2		
IHEEZO (PF)	4	PA	
KLARITY (CHONDROITIN) (PF)	4		
LUXTURNA	S2	PA	
MIEBO (PF)	3	PA; QL	
MOXIFLOXACIN-BROMFENAC	4		
MYDRIATIC4(TROP-PROP-PE- KTRLC)	4		
OMIDRIA	4		
OXERVATE	S2	PA	
PAVBLU	3	PA	
<i>prednisoln sp-moxiflox-bromfen</i>	2		
PREDNISOLONE ACETATE- BROMFENAC	4		
PREDNISOLONE ACETATE- NEPAFENAC	4		
<i>prednisolone sod ph-bromfenac</i>	2		
PREDNISOLONE-MOXIFLO- NEPAFENAC	4		
PREDNISOLONE-MOXIFLOX- BROMFEN	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	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PREDNISOLON-MOXIFLOX- KETOROLAC	4		
<i>proparacaine</i>	2		
RESTASIS	4	PA; QL	cyclosporine
RESTASIS MULTIDOSE	3	PA; QL	
<i>tetracaine hcl</i>	2		
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	4		
TRYPTYR	4	PA	cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA
TYRVAYA	4	PA	cyclosporine, RESTASIS MULTIDOSE, XIIDRA
VEVYE	4	PA; QL	cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA
XDEMVY	S2	PA; QL	
XIIDRA	3	PA; QL	
NON-STEROIDAL ANTI- INFLAMMATORY AGENTS			
ACULAR	4	ST	ketorolac tromethamine
ACULAR LS	4	ST	ketorolac tromethamine
<i>bromfenac</i>	2		
<i>diclofenac sodium ophthalmic (eye)</i>	2		
<i>flurbiprofen sodium</i>	2		
ILEVRO	4		bromfenac sodium, diclofenac sodium, ketorolac tromethamine
<i>ketorolac ophthalmic (eye)</i>	2		
ORAL DRUGS FOR GLAUCOMA			
<i>acetazolamide</i>	2		
<i>methazolamide</i>	2		
OTHER GLAUCOMA DRUGS			
BIMATOPROST (PF)	4		
<i>bimatoprost ophthalmic (eye)</i>	2	ST	
BRIMONIDINE-DORZOLAMIDE	4		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
BRIMONIDINE-DORZOLAMIDE (PF)	4		
BRIMONIDINE-DORZOL- BIMATOPROST	4		
<i>brimonidine-timolol</i>	2		
<i>brinzolamide</i>	2		
COMBIGAN	4	ST	brimonidine tartrate-timolol
<i>dorzolamide</i>	2		
DORZOLAMIDE (PF)	4		
<i>dorzolamide-timolol</i>	2		
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2		
<i>latanoprost</i>	1	ST	
<i>miostat</i>	2		
RHOPRESSA	4	ST	betaxolol hcl, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol hcl, timolol maleate
ROCKLATAN	4	ST	betaxolol hcl, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol hcl, timolol maleate
SIMBRINZA	4		brimonidine tartrate, brinzolamide, dorzolamide- timolol
TIMOL-BRIMON-DORZOL- BIMATO(PF)	4		
TIMOLOL-BIMATOPROST	4		
TIMOLOL-BRIMON-DORZOL- BIMATOP	4		
TIMOLOL-BRIMONIDI- DORZOLAM(PF)	4		
TIMOLOL-BRIMONIDINE- DORZOLAMID	4		
TIMOLOL-DORZOLAM- BIMATOPRO(PF)	4		
TIMOLOL-DORZOLAMIDE- BIMATOPROS	4		
STEROID-ANTIBIOTIC COMBINATIONS			

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
DEXAMETH-MOXIFLOX(PF)- NACL,ISO	4		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	4		neomycin-polymyxin- dexameth
<i>neomycin-bacitracin-poly-hc</i>	2		
<i>neomycin-polymyxin b-dexameth</i>	2		
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2		
<i>neo-polycin hc</i>	2		
PREDNISOLONE SOD PH- MOXIFLOX	4		
PREDNISOLONE-MOXIFLOXACIN HCL	4		
TOBRADEX OPHTHALMIC (EYE) OINTMENT	4		tobramycin-dexamethasone
<i>tobramycin-dexamethasone</i>	2		
<i>tobramycin-lotepred</i>	2		
STERIODS			
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2		
DEXTENZA	4		
<i>difluprednate</i>	2		
EYSUVIS	3	PA; QL	
<i>fluorometholone</i>	2		
FML LIQUIFILM	4	ST	fluorometholone
ILUVIEN	S2		OZURDEX
INVELTYS	4	ST	dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	4	ST	loteprednol etabonate
LOTEMAX OPHTHALMIC (EYE) OINTMENT	4	ST	dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
LOTEMAX SM	4	ST	dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate
<i>loteprednol etabonate</i>	2	ST	
OZURDEX	S2		
PRED FORTE	4		prednisolone acetate
<i>prednisolone acetate</i>	2		
PREDNISOLONE ACETATE (PF)	4		
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2		
RETISERT	S2		
YUTIQ	S2		OZURDEX
STEROID-SULFONAMIDE COMBINATIONS			
<i>sulfacetamide-prednisolone</i>	2		
SULFONAMIDES			
<i>sulfacetamide sodium ophthalmic (eye)</i>	2		
SYMPATHOMIMETICS			
ALPHAGAN P	4	ST	brimonidine tartrate
<i>apraclonidine</i>	2		
<i>brimonidine ophthalmic (eye)</i>	2		
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	4	ST	brimonidine tartrate
VASOCONSTRICTOR DECONGESTANTS			
CYCLOMYDRIL	4		
<i>phenylephrine hcl ophthalmic (eye)</i>	2		
RESPIRATORY, ALLERGY, COUGH & COLD			
ANTIHIISTAMINE & ANTIALLERGENIC AGENTS			
<i>carbinoxamine maleate oral liquid</i>	2		
<i>carbinoxamine maleate oral tablet 4 mg</i>	2		
<i>carbinoxamine maleate oral tablet 6 mg</i>	2	ST	
<i>carbzah</i>	2	ST	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CLARINEX ORAL TABLET	4	QL	desloratadine
<i>corphena</i>	2		
<i>cyproheptadine</i>	2		
<i>desloratadine oral tablet</i>	2	QL	
<i>desloratadine oral tablet, disintegrating</i>	2	QL	
<i>dexchlorpheniramine maleate oral solution</i>	2		
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	QL; PRE	
EPINEPHRINE INJECTION SYRINGE 0.3 MG/0.3 ML	4	QL	
EPIPEN	4	QL	epinephrine
EPIPEN JR	4	QL	epinephrine
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2		
<i>hydroxyzine hcl oral tablet</i>	2		
<i>hydroxyzine pamoate</i>	2		
NEFFY	3	PA; QL	
<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</i>	2		
<i>promethegan</i>	2		
RYCLORA	4		dexchlorpheniramine maleate
RYVENT	4	ST	carbinoxamine, desloratadine, hydroxyzine hcl, levocetirizine dihydrochloride
COUGH & COLD THERAPY			
<i>benzonatate oral capsule 100 mg, 200 mg</i>	2		
BROMFED DM	4		bromipheniramine-pseudoephed-dm
<i>brompheniramine-pseudoeph-dm</i>	2		
CLARINEX-D 12 HOUR	4	QL	desloratadine, fexofenadine-pse er
<i>codeine-guaifenesin</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	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CODITUSSIN AC	4		g tussin ac, guaifenesin ac, guaifenesin with codeine, GUIATUSSIN AC, m-clear wc, virtussin ac
CODITUSSIN DAC	4		guaifenesin dac
DURATUSS AC	4		
<i>g tussin ac</i>	2		
HISTEX-AC	4		promethazine vc w/codeine
HYCODAN (WITH HOMATROPINE) ORAL SOLUTION	4		
HYCODAN (WITH HOMATROPINE) ORAL TABLET	4		hydrocodone-homatropine mbr
<i>hydrocodone-chlorpheniramine</i>	2		
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	2		
<i>hydrocodone-homatropine oral tablet</i>	2		
MAR-COF CG	4		g tussin ac, guaifenesin ac, guaifenesin with codeine, GUIATUSSIN AC, m-clear wc, virtussin ac
<i>maxi-tuss ac</i>	2		
MAXI-TUSS CD	4		
NINJACOF-XG	4		g tussin ac, guaifenesin ac, guaifenesin with codeine, GUIATUSSIN AC, m-clear wc, virtussin ac
POLY-TUSSIN AC	4		
<i>promethazine-codeine</i>	2		
<i>promethazine-dm</i>	2		
<i>promethazine-phenylephrine</i>	2		
RESPA-AR	4		
TUXARIN ER	4		
PULMONARY AGENTS			
ACCOLATE	4		zafirlukast
<i>acetylcysteine</i>	2		
ADEMPAS	S2	PA; QL	
ADVAIR HFA	3	PA; ST; QL	
AIRSUPRA	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	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<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 syrup</i>	2		
<i>albuterol sulfate oral tablet</i>	2		
ALYFTREK	3	PA; QL	
<i>alyq</i>	S2	PA; QL	
<i>ambrisentan</i>	S2	PA; QL	
ANDEMBRY AUTOINJECTOR	3	PA	
ANORO ELLIPTA	3	QL	
<i>arformoterol</i>	2	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	ipratropium bromide
<i>beclomethasone dipropionate</i>	2		
<i>bosentan</i>	S2	PA; QL	
BREO ELLIPTA	3	PA; ST; QL	
<i>breyana</i>	2	PA; ST; QL	
BREZTRI AEROSPHERE	3	QL	
BRINSUPRI	3	PA	
BRONCHITOL	S2	PA	nebusal, pulmosal, sodium chloride
BROVANA	4	QL	arformoterol tartrate
<i>budesonide inhalation</i>	2	QL	
<i>budesonide-formoterol</i>	2	PA; ST; QL	
CINRYZE	S2	PA; QL	
COMBIVENT RESPIMAT	3	QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>cromolyn inhalation</i>	2		
DULERA	3	PA; ST; QL	
FASENRA PEN	S2	PA; QL	
<i>flunisolide</i>	2	ST; QL	
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	2	QL	
<i>fluticasone propionate nasal</i>	2	QL	
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	PA; ST; QL	
<i>formoterol fumarate</i>	2	QL	
HAEGARDA	S2	PA; QL	
HYPER-SAL	4		sodium chloride
<i>icatibant</i>	S2	PA; QL	
INCRUSE ELLIPTA	3	QL	
<i>ipratropium bromide inhalation hfa aerosol inhaler</i>	2	QL	
<i>ipratropium bromide inhalation solution</i>	2		
<i>ipratropium-albuterol</i>	2	QL	
JASCAYD	3	PA	
KALYDECO	S2	PA; QL	
<i>levalbuterol hcl</i>	2		
<i>mometasone nasal</i>	2	ST; QL	
<i>montelukast oral granules in packet</i>	2		
<i>montelukast oral tablet</i>	1		
<i>montelukast oral tablet, chewable</i>	2		
<i>nebusal inhalation solution for nebulization 3 %</i>	2		
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	4		
<i>nintedanib</i>	S2	PA; QL	
NUCALA SUBCUTANEOUS AUTO- INJECTOR	S2	PA; QL	
NUCALA SUBCUTANEOUS SYRINGE	S2	PA; QL	
OFEV	S2	PA; QL	nintedanib esylate
OPSUMIT	S2	PA; QL	
OPSYNVI	S2	PA; QL	

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
ORKAMBI	S2	PA; QL	
ORLADEYO	S2	PA; QL	HAEGARDA, TAKHZYRO
<i>pirfenidone oral capsule</i>	S2	PA; QL	
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	S2	PA; QL	
<i>pulmosal</i>	2		
PULMOZYME	S2	PA	
QVAR REDIHALER	3	QL	
REVATIO ORAL TABLET	S2	PA; QL	sildenafil citrate
<i>roflumilast oral tablet 250 mcg</i>	2	PA; QL	
<i>roflumilast oral tablet 500 mcg</i>	2	PA	
RUCONEST	S2	PA; QL	
RYALTRIS	4	ST; QL	azelastine hcl, flunisolide, fluticasone propionate, mometasone furoate, olopatadine hcl, XHANCE
<i>sajazir</i>	S2	PA; QL	
<i>sildenafil (pulm.hypertension) oral</i>	S2	PA; QL	
<i>sodium chloride inhalation</i>	2		
SPIRIVA RESPIMAT	3	QL	
SPIRIVA WITH HANDIHALER	4	QL	tiotropium bromide
STIOLTO RESPIMAT	3	QL	
STRIVERDI RESPIMAT	3	QL	
SYMDEKO	S2	PA; QL	
<i>tadalafil (pulm. hypertension)</i>	S2	PA; QL	
TAKHZYRO SUBCUTANEOUS SYRINGE	S2	PA; QL	
<i>terbutaline oral</i>	2		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR	S2	PA; QL	
THEO-24	4		theophylline anhydrous
<i>theophylline oral elixir</i>	2		
<i>theophylline oral solution</i>	2		
<i>theophylline oral tablet extended release 12 hr</i>	2		
<i>theophylline oral tablet extended release 24 hr</i>	2		
<i>tiotropium bromide</i>	2		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
TRACLEER	S2	PA; QL	bosentan
TRELEGY ELLIPTA	3	QL	
TRIKAFTA	S2	PA; QL	
TYVASO	S2	PA	
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 32-64 MCG, 48 MCG, 48-64 MCG, 64 MCG, 80 MCG	S2	PA	
TYVASO REFILL KIT	S2	PA	
TYVASO STARTER KIT	S2	PA	
WINREVAIR	S2	PA	
<i>wixela inhub</i>	2	PA; ST; QL	
XHANCE	3	ST; QL	
XOLAIR	S2	PA; QL	
YUPELRI	3	QL	
YUTREPIA	3	PA	
<i>zafirlukast</i>	2		
PULMONARY DEVICES			
ACE AEROSOL CLOUD ENHANCER	3		
AEROCHAMBER MECHANICAL VENT	3		
AEROCHAMBER MINI	3		
AEROCHAMBER PLUS FLOW-VU	3		
AEROCHAMBER PLUS Z STAT	3		
AEROCHAMBER2GO	3		
AEROTRACH PLUS	3		
AEROVENT PLUS	3		
BREATHERITE MDI SPACER	3		
COMPACT SPACE CHAMBER	3		
EASIVENT HOLDING CHAMBER	3		
FLEXICHAMBER	3		
LITEAIRE MDI CHAMBER	3		
MICROCHAMBER	3		
MICROSPACER	3		
OPTICHAMBER DIAMOND VHC	3		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
POCKET CHAMBER	3		
PRIMEAIRE	3		
PROCHAMBER	3		
RITEFLO AEROCHAMBER	3		
SPACE CHAMBER	3		
VORTEX HOLDING CHAMBER	3		

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

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

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin</i>	2		
<i>dutasteride</i>	2	ST	
<i>dutasteride-tamsulosin</i>	2	ST	
<i>finasteride oral tablet 5 mg</i>	1		
JALYN	4	ST	dutasteride-tamsulosin
PROSCAR	4	ST	finasteride

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>silodosin</i>	2		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL	
<i>tamsulosin</i>	2		
CHOLINERGIC STIMULANTS			
<i>bethanechol chloride</i>	2		
MISCELLANEOUS UROLOGICALS			
<i>avanafil</i>	2	PA; QL	
CAVERJECT	3	PA; QL	
CAVERJECT IMPULSE	3	PA; QL	
CYSTAGON	S2		
EDEX	4	PA; QL	CAVERJECT, CAVERJECT
ELMIRON	3		
IFE-BIMIX 30/1	4		
K-PHOS NO 2	4		phospha 250 neutral, K-PHOS ORIGINAL
K-PHOS ORIGINAL	3		
<i>mb caps</i>	2		
<i>methen-sod phos-meth blue-hyos</i>	2		
ORACIT	4		oral citrate
<i>potassium citrate oral tablet extended release</i>	2		
RENACIDIN	3		
<i>sildenafil</i>	2	PA; QL	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	2		
STENDRA	4	PA; QL	avanafil
TRI-MIX (PAPAVRN-PHNTLMN- PGE1)	4		
URELLE	4		mb caps, uro-mp
<i>uretron d-s</i>	2		
URIBEL TABS	4		
<i>urimar-t oral tablet</i>	2		
UROCIT-K 10	4		potassium citrate er
UROCIT-K 15	4		potassium citrate er
<i>urogesic-blue</i>	2		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>uro-mp</i>	2		
UROQID-ACID NO.2	4		methenamine mandelate
<i>uro-sp</i>	2		
<i>uryl</i>	2		
<i>vardenafil</i>	2	PA; QL	
URINARY ANESTHETICS			
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	2		
VITAMINS, HEMATINICS & ELECTROLYTES			
ELECTROLYTES			
AURYXIA	4		
<i>calcium acetate(phosphat bind)</i>	2	QL	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	4		effer-k, klor-con-ef
<i>effer-k oral tablet, effervescent 25 meq</i>	2		
<i>ferric citrate</i>	2		
GALZIN	4		
<i>kionex oral suspension</i>	2		
<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>lanthanum</i>	2	QL	
LOKELMA	3	QL	
<i>lugols oral</i>	2		
<i>potassium chloride oral capsule, extended release</i>	2		
<i>potassium chloride oral liquid</i>	2		
<i>potassium chloride oral packet 20 meq</i>	2		
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	4		
<i>potassium chloride oral tablet,er particles/crystals</i>	2		
RENVELA	4	QL	
<i>sevelamer carbonate</i>	2	QL	
<i>sevelamer hcl</i>	2	QL	
<i>sodium polystyrene sulfonate</i>	2		
<i>sps (with sorbitol)</i>	2		
<i>strong iodine oral</i>	2		
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	3	PA; QL	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES			
AQNEURSA	S2	PA	
DOJOLVI	S2	PA	
VITAMINS & HEMATINICS			
ACCRUFER	4		ferrous fumarate, ferrous gluconate
<i>b complex 1 (with folic acid)</i>	2	ACA	
<i>b complex-vitamin c-folic acid oral tablet</i>	2	ACA	
<i>bal-care dha</i>	2		
BAL-CARE DHA ESSENTIAL	4		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	2	ACA	
<i>cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit)</i>	2		
<i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i>	2		
<i>classic prenatal</i>	2	ACA	
<i>complete natal dha</i>	2		
CONCEPT DHA	4		taron-c dha

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

Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
CONCEPT OB	4		folivane-ob
<i>cyanocobalamin (vitamin b-12) injection</i>	2		
<i>cyanocobalamin (vitamin b-12) nasal</i>	2	ST; QL	
<i>dialyvite 800 oral tablet</i>	2	ACA	
<i>elite-ob</i>	2		
ENBRACE HR	4		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	2		
FLORIVA (FLUORIDE-VITAMIN D3)	4		
<i>flotrex</i>	2	ACA	
<i>fluoride (sodium) oral drops</i>	2	ACA	
<i>fluoride (sodium) oral tablet, chewable</i>	2	ACA	
<i>folic acid oral tablet 1 mg</i>	1		
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	2	ACA	
<i>folitab</i>	2	ACA	
<i>folivane-ob</i>	2		
<i>foltabs 800</i>	2	ACA	
<i>full spectrum b-vitamin c</i>	2	ACA	
<i>hydroxocobalamin</i>	2		
<i>kobee</i>	2	ACA	
KOSHER PRENATAL PLUS IRON	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
<i>ludent fluoride</i>	2	ACA	
MARNATAL-F	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
MECOBALAMIN (VITAMIN B12) INJECTION	4		
<i>m-natal plus</i>	2		
<i>multi-vitamin with fluoride</i>	2	ACA	
<i>mvc-fluoride</i>	2	ACA	
<i>mynatal</i>	2		
<i>mynatal plus</i>	2		
<i>mynatal-z</i>	2		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
NASCOBAL	3	ST; QL	
NEEVODHA (WITH ALGAL OIL)	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
<i>neo-vital rx</i>	2		
NESTABS	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
NESTABS ABC	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
NESTABS DHA	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
NESTABS ONE	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
<i>newgen</i>	2		
OB COMPLETE	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
OB COMPLETE ONE	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
OB COMPLETE PETITE	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
OB COMPLETE PREMIER	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
OB COMPLETE WITH DHA	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
<i>one natal rx</i>	2		
<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		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<i>pr natal 430 ec</i>	2		
PRENATA	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
<i>prenatabs fa</i>	2		
<i>prenatabs rx</i>	2		
<i>prenatal complete</i>	2	ACA	
<i>prenatal multi-dha (algal oil)</i>	2	ACA	
<i>prenatal multivitamins</i>	2	ACA	
<i>prenatal one daily</i>	2	ACA	
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	2	ACA	
<i>prenatal plus</i>	2		
<i>prenatal plus (calcium carb)</i>	2		
PRENATAL PLUS DHA	4		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
PRENATAL PLUS VITAMIN- MINERAL	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
<i>prenatal vit no.179-iron-folic</i>	2	ACA	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	2	ACA	
<i>prenatal vitamin with minerals</i>	2	ACA	
<i>prenatal-u</i>	2		
PRENATE AM	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
PRENATE CHEWABLE	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
PRENATE DHA (FERR ASP GLYCIN)	4		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
PRENATE ELITE (IRON ASP GLYC)	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
PRENATE ENHANCE	4		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
PRENATE ESSENTIAL(IRON-ASP-GL)	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
PRENATE MINI (FERR ASP GLYCIN)	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
PRENATE PIXIE	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
PRENATE RESTORE	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
PRENATE STAR	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
PROVIDA OB	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
<i>purevita folic acid oral tablet</i>	2	ACA	
<i>rena-vite</i>	2	ACA	
R-NATAL OB	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
SELECT-OB	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
SELECT-OB (FOLIC ACID)	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
SELECT-OB + DHA	4		complete natal dha, pnv-dha, prenatal pearl, prenaissance plus, westgel dha
<i>se-natal 19</i>	2		
<i>se-natal 19 chewable</i>	2		
<i>soluvita a,c,d with fluoride</i>	2	ACA	
<i>stress formula with iron(sulf)</i>	2	ACA	
<i>super b-50 complex</i>	2	ACA	
<i>super quintis</i>	2	ACA	
<i>taron-c dha</i>	2		

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Drug Name	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
THRIVITE RX	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
TRICARE	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
<i>tricon</i>	2	ACA	
<i>trinatal rx 1</i>	2		
<i>trinate</i>	2		
TRISTART DHA	4		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
<i>tri-vitamin with fluoride</i>	2	ACA	
VITAFOL FE PLUS	4		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
VITAFOL GUMMIES	4		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
VITAFOL ULTRA	4		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
VITAFOL-OB	4		m-natal plus, prenatalabs rx, prenatal plus, se-natal 19, westab plus
VITAFOL-OB+DHA	4		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
VITAFOL-ONE	4		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
VITAMEDMD ONE RX	4		complete natal dha, pnv-dha, prenal pearl, prenaissance plus, westgel dha
<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>wescap-pn dha</i>	2		
<i>wesnate dha</i>	2		
<i>westab plus</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	Drug Tier	Requirements / Limits	SUGGESTED PREFERRED ALTERNATIVES
<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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CHAMBER.....	111	XHANCE	110	ZEVASKYN.....	52
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VOTRIENT.....	16	XIIDRA	101	ZIANA.....	56
VOWST.....	82	XIPERE (PF).....	66	<i>zidovudine</i>	6
VOXZOGO	74	XOFLUZA	5	ZIEXTENZO.....	84
VOYDEYA	63	XOLAIR.....	110	<i>zingiber</i>	120
VOYXACT	17	XOLREMDI.....	84	<i>ziprasidone hcl</i>	37
VRAYLAR.....	37	XOSPATA.....	17	ZIRGAN	98
VTAMA	50	XTANDI.....	17	ZITHROMAX	7
VUMERITY.....	38	<i>xulane</i>	92	ZITHROMAX TRI-PAK	7
<i>vyfemla (28)</i>	97	XURIDEN.....	64	ZITHROMAX Z-PAK	7
VYKAT XR	63	XYNTHA	47	ZOKINVY	64
<i>vylibra</i>	97	XYNTHA SOLOFUSE.....	47	ZOLINZA.....	17
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<i>warfarin</i>	46	YEZTUGO	6	ZONALON.....	52
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<i>wescap-pn dha</i>	119	YUTIQ.....	104	ZORYVE.....	51
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<i>wintergreen oil</i>	52	<i>zaleplon</i>	37	<i>zumandimine (28)</i>	97
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