# 2027 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 |
| *clotrimazole mucous membrane* | 2 | | |
| CRESEMBA ORAL | 3 | PA | |
| DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML | 4 | | fluconazole |
| *fluconazole oral suspension for reconstitution* | 2 | | |
| *fluconazole oral tablet 100 mg, 200 mg, 50 mg* | 2 | | |
| *fluconazole oral tablet 150 mg* | 1 | QL | |
| *flucytosine* | 2 | | |
| *griseofulvin microsize* | 2 | | |
| *griseofulvin ultramicrosize* | 2 | | |
| *itraconazole* | 2 | QL | |
| *ketoconazole oral* | 2 | | |
| NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON | 3 | PA | |
| *nystatin oral suspension* | 2 | | |
| *nystatin oral tablet* | 2 | | |
| ORAVIG | 4 | | nystatin, clotrimazole |
| *posaconazole oral* | 2 | PA | |
| SPORANOX ORAL CAPSULE | 4 | QL | itraconazole |
| *terbinafine hcl oral* | 2 | | |
| VFEND ORAL SUSPENSION FOR RECONSTITUTION | 4 | PA | voriconazole |
| VIVJOA | S2 | PA; QL | fluconazole |
| *voriconazole oral* | 2 | PA | |
| **ANTIVIRALS** | | | |
| *abacavir* | S2 | | |
| *abacavir-lamivudine* | S2 | | |
| *acyclovir oral capsule* | 1 | | |
| *acyclovir oral suspension 200 mg/5 ml* | 2 | | |
| *acyclovir oral tablet 400 mg* | 1 | | |
| *acyclovir oral tablet 800 mg* | 2 | | |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| *adefovir* | 2 | | |
| *amantadine hcl* | 2 | | |
| APTIVUS | S2 | | |
| *atazanavir* | S2 | | |
| BARACLUDE ORAL SOLUTION | 3 | | |
| BIKTARVY | S2 | | |
| CIMDUO | S2 | | |
| *darunavir* | 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 | | |
| *efavirenz oral tablet* | S2 | | |
| *efavirenz-emtricitabin-tenofov* | S1 | | |
| *efavirenz-lamivu-tenofov disop* | S2 | | |
| *emtricitabine* | S2 | | |
| *emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg* | 2 | | |
| *emtricitabine-tenofovir (tdf) oral tablet 200-300 mg* | 2 | ACA | |
| *emtricita-rilpivirine-tenof df* | S2 | | |
| EMTRIVA ORAL CAPSULE | S2 | | emtricitabine |
| EMTRIVA ORAL SOLUTION | S2 | | |
| ENFLONSIA | 3 | ACA | |
| *entecavir* | 2 | | |
| EPCLUSA | S2 | PA; QL | |
| EPIVIR | S2 | | lamivudine |
| *etravirine* | S2 | | |
| EVOTAZ | S2 | | atazanavir sulfate, lopinavir-ritonavir, ritonavir, NORVIR |
| *famciclovir* | 2 | QL | |
| FLUMADINE ORAL TABLET | 4 | | rimantadine hcl |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| *fosamprenavir* | S2 | | |
| GENVOYA | S2 | | |
| HARVONI | S2 | PA; QL | |
| IDVYNSO | 3 | | |
| 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 | |
| *lamivudine oral solution* | S2 | | |
| *lamivudine oral tablet 100 mg* | 2 | | |
| *lamivudine oral tablet 150 mg, 300 mg* | S2 | | |
| *lamivudine-zidovudine* | S2 | | |
| LIVTENCITY | 4 | PA; QL | |
| *lopinavir-ritonavir oral tablet* | S2 | | |
| *maraviroc* | S2 | | |
| *nevirapine* | S2 | | |
| NORVIR ORAL POWDER IN PACKET | S2 | | |
| NORVIR ORAL TABLET | S2 | | ritonavir |
| ODEFSEY | S2 | | |
| *oseltamivir* | 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 | | |
| *ribavirin inhalation* | 2 | PA | |
| *ribavirin oral capsule* | S2 | ST | |
| *ribavirin oral tablet 200 mg* | S2 | ST | |
| *rilpivirine hcl* | S2 | | |
| *rimantadine* | 2 | | |
| *ritonavir* | 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 | |
| *tenofovir disoproxil fumarate* | S2 | | |
| TIVICAY ORAL TABLET 50 MG | S2 | | |
| TIVICAY PD | S2 | | |
| TRIUMEQ | S2 | | |
| TRIUMEQ PD | S2 | | |
| *valacyclovir* | 2 | QL | |
| VALCYTE ORAL RECON SOLN | 4 | | valganciclovir hcl |
| *valganciclovir* | 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 | |
| XOCOVA | 3 | QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| XOFLUZA ORAL TABLET 40 MG, 80 MG | 4 | QL | oseltamivir phosphate |
| YEZTUGO ORAL | S2 | ACA | |
| ZIAGEN ORAL SOLUTION | S2 | | abacavir |
| *zidovudine* | S2 | | |
| **CEPHALOSPORINS** | | | |
| *cefaclor oral capsule* | 2 | | |
| *cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml* | 2 | | |
| *cefaclor oral tablet extended release 12 hr* | 2 | | |
| *cefadroxil oral capsule* | 2 | | |
| *cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml* | 2 | | |
| *cefadroxil oral tablet* | 2 | | |
| *cefdinir* | 2 | | |
| *cefixime* | 2 | | |
| *cefpodoxime* | 2 | | |
| *cefprozil* | 2 | | |
| *cefuroxime axetil oral tablet* | 2 | | |
| *cephalexin oral capsule 250 mg, 750 mg* | 2 | | |
| *cephalexin oral capsule 500 mg* | 1 | | |
| *cephalexin oral suspension for reconstitution* | 2 | | |
| *cephalexin oral tablet 250 mg* | 2 | | |
| *cephalexin oral tablet 500 mg* | 1 | | |
| **ERYTHROMYCINS & OTHER MACROLIDES** | | | |
| *azithromycin oral suspension for reconstitution* | 2 | | |
| *azithromycin oral tablet 250 mg* | 1 | | |
| *azithromycin oral tablet 500 mg, 600 mg* | 2 | | |
| *clarithromycin* | 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 |
|---|---|---|---|
| *e.e.s. 400 oral tablet* | 2 | | |
| E.E.S. GRANULES | 4 | | erythromycin ethylsuccinate |
| ERYPED 200 | 4 | | erythromycin ethylsuccinate |
| ERYPED 400 | 4 | | erythromycin ethylsuccinate |
| *ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg* | 2 | | |
| ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG | 4 | | |
| *erythrocin (as stearate) oral tablet 250 mg* | 2 | | |
| *erythromycin ethylsuccinate oral suspension for reconstitution* | 2 | | |
| *erythromycin ethylsuccinate oral tablet* | 2 | | |
| *erythromycin oral* | 2 | | |
| *fidaxomicin* | 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** | | | |
| *albendazole* | 2 | QL | |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION | 3 | QL | |
| ARIKAYCE | S2 | PA | |
| *atovaquone* | 2 | | |
| BENZNIDAZOLE | 3 | QL | |
| BETHKIS | S2 | PA; QL | tobramycin sulfate |
| CAYSTON | S2 | PA; QL | |
| CLEOCIN HCL | 4 | | clindamycin hcl |
| CLEOCIN PEDIATRIC | 4 | | |
| *clindamycin hcl* | 2 | | |
| *clindamycin pediatric* | 2 | | |
| *cycloserine* | 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 |
|---|---|---|---|
| *dapsone oral* | 2 | | |
| EMVERM | 3 | QL | |
| *ethambutol* | 2 | | |
| HUMATIN | S2 | | |
| *hydroxychloroquine* | 2 | | |
| IMPAVIDO | 3 | PA; QL | |
| *isoniazid oral* | 2 | | |
| *ivermectin oral* | 2 | PA; QL | |
| KITABIS PAK | S2 | PA; QL | |
| *linezolid* | 2 | | |
| MEPRON | 4 | | atovaquone |
| *metronidazole oral capsule* | 2 | | |
| *metronidazole oral tablet 250 mg, 500 mg* | 2 | | |
| NEBUPENT | 4 | QL | pentamidine isethionate |
| *neomycin* | 2 | | |
| *nitazoxanide* | 2 | QL | |
| *pentamidine inhalation* | 2 | QL | |
| *praziquantel* | 2 | | |
| PRETOMANID | 4 | PA | |
| PRIFTIN | 3 | | |
| *pyrazinamide* | 2 | | |
| *rifabutin* | 2 | | |
| *rifampin oral* | 2 | | |
| *rifapentine* | 2 | | |
| SIRTURO | 3 | PA | |
| SOLOSEC | 3 | QL | |
| STROMECTOL | 4 | PA; QL | ivermectin |
| *tinidazole* | 2 | QL | |
| TOBI PODHALER | S2 | PA; QL | |
| *tobramycin in 0.225 % nacl* | S2 | PA; QL | |
| *tobramycin inhalation* | S2 | PA; QL | |
| TOBRAMYCIN WITH NEBULIZER | S2 | PA; QL | tobramycin sulfate, TOBI PODHALER |

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| 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** | | | |
| *amoxicillin oral capsule 250 mg* | 2 | | |
| *amoxicillin oral capsule 500 mg* | 1 | | |
| *amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml* | 2 | | |
| *amoxicillin oral suspension for reconstitution 250 mg/5 ml, 400 mg/5 ml* | 1 | | |
| *amoxicillin oral tablet* | 1 | | |
| *amoxicillin oral tablet,chewable 125 mg, 250 mg* | 2 | | |
| *amoxicillin-pot clavulanate* | 2 | | |
| *ampicillin oral capsule 500 mg* | 2 | | |
| AUGMENTIN ES-600 | 4 | | amoxicillin-clavulanate potass |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML | 3 | | |
| *dicloxacillin* | 2 | | |
| MOXATAG | 4 | | amoxicillin |
| *penicillin v potassium* | 2 | | |
| **QUINOLONES** | | | |
| BAXDELA ORAL | 3 | QL | |
| CIPRO ORAL SUSPENSION,MICROCAPSULE RECON | 4 | | ciprofloxacin |
| CIPRO ORAL TABLET 250 MG, 500 MG | 4 | | ciprofloxacin hcl |
| *ciprofloxacin* | 2 | | |
| *ciprofloxacin hcl oral tablet 250 mg, 750 mg* | 2 | | |
| *ciprofloxacin hcl oral tablet 500 mg* | 1 | | |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| *levofloxacin oral solution* | 2 | | |
| *levofloxacin oral tablet 250 mg, 750 mg* | 2 | | |
| *levofloxacin oral tablet 500 mg* | 1 | | |
| *moxifloxacin oral* | 2 | | |
| *ofloxacin oral tablet 400 mg* | 2 | | |
| **SULFA'S & RELATED AGENTS** | | | |
| BACTRIM | 4 | | sulfamethoxazole-trimethoprim |
| BACTRIM DS | 4 | | sulfamethoxazole-trimethoprim |
| *sulfadiazine* | 2 | | |
| *sulfamethoxazole-trimethoprim oral suspension* | 2 | | |
| *sulfamethoxazole-trimethoprim oral tablet 400-80 mg* | 1 | | |
| *sulfamethoxazole-trimethoprim oral tablet 800-160 mg* | 2 | | |
| *sulfatrim* | 2 | | |
| **TETRACYCLINES** | | | |
| AVIDOXY DK | 4 | ST | doxycycline monohydrate |
| *demeclocycline* | 2 | | |
| *doxycycline hyclate oral capsule 100 mg, 50 mg* | 2 | | |
| *doxycycline hyclate oral tablet 100 mg* | S2 | | |
| *doxycycline hyclate oral tablet 75 mg* | S2 | ST | |
| *doxycycline monohydrate oral capsule 100 mg, 50 mg* | 2 | | |
| *doxycycline monohydrate oral tablet 100 mg, 50 mg* | S2 | | |
| *minocycline oral capsule* | 2 | | |
| *minocycline oral tablet* | 2 | ST | |
| NUZYRA ORAL | 4 | QL | doxycycline hyclate, tetracycline hcl |
| SEYSARA | 4 | ST | doxycycline hyclate, minocycline hcl, tetracycline hcl |
| *tetracycline oral capsule* | 2 | | |
| *tetracycline oral tablet* | 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 |
| *methenamine hippurate* | 2 | | |
| *methenamine mandelate oral tablet* | 2 | | |
| *nitrofurantoin macrocrystal* | 2 | | |
| *nitrofurantoin monohyd/m-cryst* | 2 | | |
| *nitrofurantoin oral suspension 25 mg/5 ml* | 2 | | |
| PRIMSOL | 4 | | trimethoprim |
| *trimethoprim* | 2 | | |
| **VANCOMYCIN** | | | |
| VANCOCIN | 4 | QL | vancomycin hcl |
| *vancomycin oral* | 2 | QL | |
| **ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS** | | | |
| **ADJUNCTIVE AGENTS** | | | |
| *leucovorin calcium oral* | 2 | | |
| MESNEX ORAL | 4 | | mesna |
| VISTOGARD | S2 | PA; QL | |
| **ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS** | | | |
| *abiraterone* | 2 | PA; QL | |
| *abirtega* | 2 | PA; QL | |
| ALECENSA | 3 | PA; QL | |
| ALKERAN | 3 | | melphalan hcl |
| ALUNBRIG | 3 | PA; QL | |
| *anastrozole* | 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 |
| *azathioprine* | 2 | | |
| BALVERSA | 3 | PA | |
| *bexarotene* | 2 | PA | |
| *bicalutamide* | 2 | | |
| BOSULIF ORAL CAPSULE | 3 | PA; QL | |
| BOSULIF ORAL TABLET | 3 | PA; QL | bosutinib |
| *bosutinib* | 2 | PA; QL | |
| BRAFTOVI | 3 | PA; QL | |
| CABOMETYX | 3 | PA; QL | |
| CALQUENCE (ACALABRUTINIB MAL) | 3 | PA; QL | |
| *capecitabine* | 2 | PA; QL | |
| CAPRELSA | 3 | PA; QL | |
| CASODEX | 3 | | bicalutamide |
| CELLCEPT | 4 | PA | mycophenolate mofetil |
| COMETRIQ | 3 | PA; QL | |
| COPIKTRA | 3 | PA; QL | CALQUENCE, IMBRUVICA, VENCLEXTA |
| COTELLIC | 3 | PA; QL | |
| *cyclophosphamide oral capsule* | 2 | | |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG | 3 | | cyclophosphamide |
| *cyclosporine modified* | 2 | | |
| *cyclosporine oral capsule* | 2 | | |
| DANZITEN | 3 | PA; QL | |
| *dasatinib* | 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 | |
| *erlotinib* | 2 | PA; QL | |
| *etoposide oral* | 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 |
|---|---|---|---|
| EULEXIN | 3 | | |
| *everolimus (antineoplastic)* | 2 | PA; QL | |
| *everolimus (immunosuppressive)* | 2 | | |
| *exemestane* | 2 | | |
| FARESTON | 3 | | toremifene citrate |
| FEMARA | 3 | PA | letrozole |
| FRUZAQLA | 3 | PA | |
| GAVRETO | 3 | PA; QL | |
| *gefitinib* | 2 | PA; QL | |
| *gengraf oral capsule* | 2 | | |
| GILOTRIF | 3 | PA; QL | |
| GLEOSTINE | 3 | | lomustine |
| GLIADEL WAFER | 4 | | |
| GOMEKLI | 3 | PA | |
| HYCAMTIN ORAL | 3 | PA | |
| HYDREA | 3 | | hydroxyurea |
| *hydroxyurea* | 2 | | |
| IBRANCE ORAL CAPSULE 125 MG | 3 | PA; QL | |
| IBRANCE ORAL TABLET | 3 | PA; QL | |
| IBTROZI | 3 | PA | |
| ICLUSIG | 3 | PA; QL | |
| IDHIFA | 3 | PA; QL | |
| *imatinib* | 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 | |
| JAKAFI XR | 3 | PA | |
| JELMYTO | 4 | PA | |
| KISQALI | 3 | PA; QL | |
| KOMZIFTI | 3 | 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 |
|---|---|---|---|
| KOSELUGO | 3 | PA | GOMEKLI |
| *lanreotide subcutaneous syringe 120 mg/0.5 ml* | S2 | PA; QL | |
| *lapatinib* | 2 | PA; QL | |
| LAZCLUZE | 3 | PA | |
| *lenalidomide* | 2 | PA; QL | |
| LENVIMA | 3 | PA; QL | |
| *letrozole* | 2 | | |
| LEUKERAN | 3 | | |
| *lomustine* | 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 | | |
| *megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)* | 2 | | |
| *megestrol oral tablet* | 2 | | |
| MEKINIST | 3 | PA; QL | |
| MEKTOVI | 3 | PA; QL | |
| *mercaptopurine oral suspension* | 2 | ST | |
| *mercaptopurine oral tablet* | 2 | | |
| *methotrexate sodium* | 2 | | |
| *methotrexate sodium (pf)* | 2 | | |
| MODEYSO | 3 | PA | |
| MYCAPSSA | S2 | PA; QL | SOMATULINE DEPOT |
| *mycophenolate mofetil* | 2 | | |
| *mycophenolate sodium* | 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 |
| *nilotinib hcl* | 2 | PA; QL | |
| *nilutamide* | 2 | PA | |
| NINLARO | 3 | PA; QL | |
| NUBEQA | 3 | PA; QL | |
| *octreotide acetate* | 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 | |
| *pazopanib oral tablet 200 mg* | 2 | PA; QL | |
| PAZOPANIB ORAL TABLET 400 MG | 3 | QL | |
| PEMAZYRE | 3 | PA; QL | |
| PIQRAY | 3 | PA | |
| *pomalidomide* | 2 | PA | |
| POMALYST | 3 | PA | pomalidomide |
| PROGRAF ORAL CAPSULE | 4 | | tacrolimus |
| PROGRAF ORAL GRANULES IN PACKET | 3 | | |
| PURIXAN | 3 | ST | |
| RASONQUE | 3 | PA | |
| 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 |
| SAPHNELO PEN | 3 | 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 |
|---|---|---|---|
| SAPHNELO SUBCUTANEOUS | 3 | PA | |
| SCEMBLIX | 3 | PA; QL | |
| SIGNIFOR | S2 | PA | |
| *sirolimus* | 2 | | |
| SOLTAMOX | 3 | | tamoxifen citrate |
| SOMATULINE DEPOT | S2 | PA; QL | |
| *sorafenib* | 2 | PA; QL | |
| STIVARGA | 3 | PA; QL | |
| *sunitinib malate* | 2 | PA; QL | |
| SUPPRELIN LA | 3 | PA | |
| SUTENT | 3 | PA; QL | sunitinib malate |
| TABLOID | 3 | | |
| TABRECTA | 3 | PA | |
| *tacrolimus oral capsule* | 2 | | |
| TAFINLAR | 3 | PA; QL | |
| TAGRISSO | 3 | PA; QL | |
| TALZENNA | 3 | PA; QL | |
| *tamoxifen* | 2 | | |
| TARGRETIN TOPICAL | 4 | PA | bexarotene |
| *temozolomide* | 2 | PA | |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | 3 | PA; QL | |
| TIBSOVO | 3 | PA | |
| *toremifene* | 2 | | |
| *torpenz* | 2 | PA; QL | |
| *tretinoin (antineoplastic)* | 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 | |

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 |
|---|---|---|---|
| VONJO | 3 | PA; QL | |
| VORANIGO | 3 | PA | |
| VOTRIENT | 3 | PA; QL | pazopanib hcl |
| 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 | |
| *yulithira* | 2 | 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** | | | |
| **ANTICONVULSANTS** | | | |
| APTIOM | 4 | PA | eslicarbazepine acetate |
| *brivaracetam oral* | 2 | | |
| BRIVIACT ORAL | 4 | ST | brivaracetam |
| *carbamazepine oral capsule, er multiphase 12 hr* | 2 | | |
| *carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml* | 2 | | |
| *carbamazepine oral tablet* | 2 | | |
| *carbamazepine oral tablet extended release 12 hr* | 2 | | |
| *carbamazepine oral tablet,chewable 100 mg* | 2 | | |
| CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG | 4 | | carbamazepine |
| CARBATROL | 4 | | carbamazepine er |
| CELONTIN ORAL CAPSULE 300 MG | 4 | | methsuximide |

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 |
|---|---|---|---|
| *clobazam oral suspension* | 2 | PA | |
| *clobazam oral tablet* | 2 | PA | |
| *clonazepam oral tablet 0.5 mg, 1 mg, 2 mg* | 2 | | |
| *clonazepam oral tablet,disintegrating* | 2 | | |
| DEPAKOTE | 4 | ST | divalproex sodium |
| DEPAKOTE ER | 4 | ST | divalproex sodium er |
| DEPAKOTE SPRINKLES | 4 | ST | divalproex sodium |
| DIACOMIT | S2 | PA | |
| *diazepam rectal* | 2 | | |
| DILANTIN | 3 | | |
| DILANTIN EXTENDED | 4 | | phenytoin sodium |
| DILANTIN INFATABS | 4 | | phenytoin |
| DILANTIN-125 | 4 | | phenytoin |
| *divalproex* | 2 | | |
| ELEPSIA XR | 4 | ST | levetiracetam |
| EPIDIOLEX | S2 | PA | |
| EQUETRO | 4 | | carbamazepine, carbamazepine er |
| *eslicarbazepine* | 2 | PA | |
| *ethosuximide* | 2 | | |
| *felbamate* | 2 | | |
| FELBATOL ORAL TABLET | 4 | | felbamate |
| FYCOMPA | 3 | | |
| *gabapentin oral capsule* | 2 | | |
| *gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)* | 2 | | |
| *gabapentin oral tablet 600 mg, 800 mg* | 2 | | |
| *gabapentin oral tablet extended release 24 hr 300 mg, 600 mg* | 2 | ST | |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG | 4 | ST | gabapentin er |
| *lacosamide oral* | 2 | | |
| LAMICTAL XR STARTER (BLUE) | 4 | ST | lamotrigine |
| LAMICTAL XR STARTER (GREEN) | 4 | ST | lamotrigine |

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 |
|---|---|---|---|
| LAMICTAL XR STARTER (ORANGE) | 4 | ST | lamotrigine |
| *lamotrigine oral tablet 100 mg, 150 mg, 200 mg* | 1 | | |
| *lamotrigine oral tablet 25 mg* | 2 | | |
| *lamotrigine oral tablet disintegrating, dose pk* | 2 | | |
| *lamotrigine oral tablet extended release 24hr* | 2 | | |
| *lamotrigine oral tablet, chewable dispersible* | 2 | | |
| *lamotrigine oral tablet,disintegrating* | 2 | | |
| *levetiracetam oral solution* | 2 | | |
| *levetiracetam oral tablet* | 2 | | |
| *levetiracetam oral tablet extended release 24 hr* | 2 | | |
| *methsuximide* | 2 | | |
| MYSOLINE | 4 | | primidone |
| NAYZILAM | 3 | PA; QL | |
| *oxcarbazepine* | 2 | | |
| *perampanel* | 2 | | |
| *phenobarbital* | 2 | | |
| PHENYTEK | 4 | | phenytoin sodium |
| *phenytoin oral suspension 125 mg/5 ml* | 2 | | |
| *phenytoin oral tablet,chewable* | 2 | | |
| *phenytoin sodium extended* | 2 | | |
| *pregabalin oral capsule* | 2 | | |
| *pregabalin oral solution* | 2 | | |
| *primidone oral tablet 250 mg, 50 mg* | 2 | | |
| *relgaabi oral capsule 300 mg, 400 mg* | 2 | | |
| *roweepra* | 2 | | |
| *rufinamide* | 2 | PA | |
| SPRITAM | 4 | ST | levetiracetam, levetiracetam |
| *subvenite oral tablet 100 mg, 150 mg, 200 mg* | 1 | | |
| *subvenite oral tablet 25 mg* | 2 | | |
| *subvenite starter (blue) kit* | 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 |
|---|---|---|---|
| *subvenite starter (green) kit* | 2 | | |
| *subvenite starter (orange) kit* | 2 | | |
| SYMPAZAN | 4 | PA | clobazam |
| TEGRETOL ORAL SUSPENSION | 4 | | carbamazepine |
| TEGRETOL ORAL TABLET | 4 | | carbamazepine |
| TEGRETOL XR | 4 | | carbamazepine er |
| *tiagabine* | 2 | | |
| *topiramate oral capsule, sprinkle 15 mg* | 2 | | |
| *topiramate oral capsule, sprinkle 25 mg, 50 mg* | 1 | | |
| *topiramate oral capsule,extended release 24hr 100 mg, 25 mg, 50 mg* | 1 | ST | |
| *topiramate oral capsule,extended release 24hr 200 mg* | 2 | ST | |
| *topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg* | 1 | ST | |
| *topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg* | 2 | ST | |
| *topiramate oral solution* | 2 | | |
| *topiramate oral tablet 100 mg, 25 mg, 50 mg* | 1 | | |
| *topiramate oral tablet 200 mg* | 2 | | |
| TROKENDI XR | 4 | ST | topiramate, topiramate er |
| *valproic acid* | 2 | | |
| *valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)* | 2 | | |
| VALTOCO | 3 | PA; QL | |
| *vigabatrin* | S2 | PA; QL | |
| *vigadrone* | 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 |

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 |
|---|---|---|---|
| XCOPRI TITRATION PACK | 4 | PA; QL | gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, topiramate, zonisamide |
| ZARONTIN | 4 | | ethosuximide |
| *zonisamide* | 2 | | |
| ZTALMY | 3 | PA | |
| **ANTIPARKINSONISM AGENTS** | | | |
| *apomorphine* | S2 | PA; QL | |
| AZILECT | 4 | ST | rasagiline mesylate |
| *benztropine oral* | 2 | | |
| *bromocriptine* | 2 | | |
| *carbidopa* | 2 | PA | |
| *carbidopa-levodopa oral tablet* | 2 | | |
| *carbidopa-levodopa oral tablet extended release* | 2 | | |
| *carbidopa-levodopa oral tablet,disintegrating* | 2 | | |
| *carbidopa-levodopa-entacapone* | 2 | | |
| CREXONT | 4 | ST | carbidopa-levodopa er |
| DUOPA | S2 | PA | carbidopa-levodopa, carbidopa-levodopa, carbidopa-levodopa er |
| *entacapone* | 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 |
| *pramipexole* | 2 | | |
| *rasagiline* | 2 | | |
| *ropinirole* | 2 | | |
| RYTARY | 4 | PA; ST | carbidopa-levodopa er |
| *selegiline hcl* | 2 | | |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG | 4 | | carbidopa-levodopa |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| TASMAR ORAL TABLET 100 MG | 4 | PA | tolcapone |
| *trihexyphenidyl* | 2 | | |
| **MIGRAINE & CLUSTER HEADACHE THERAPY** | | | |
| AIMOVIG AUTOINJECTOR | 3 | PA; QL | |
| AJOVY AUTOINJECTOR | 3 | PA; QL | |
| AJOVY SYRINGE | 3 | PA; QL | |
| *almotriptan malate* | 2 | ST; QL | |
| *dihydroergotamine injection* | 2 | | |
| *dihydroergotamine nasal* | 2 | ST; QL | |
| *eletriptan* | 2 | QL | |
| EMGALITY PEN | 3 | PA; QL | |
| EMGALITY SYRINGE | 3 | PA; QL | |
| ERGOMAR | 4 | | ergotamine-caffeine |
| *ergotamine-caffeine* | 2 | | |
| *frovatriptan* | 2 | ST; QL | |
| *migergot* | 2 | | |
| MIGRANAL | 4 | ST; QL | dihydroergotamine mesylate |
| *naratriptan* | 2 | QL | |
| NURTEC ODT | 3 | PA; QL | |
| QULIPTA | 3 | PA; QL | |
| *rizatriptan* | 2 | QL | |
| *sumatriptan* | 2 | QL | |
| *sumatriptan succinate oral* | 2 | QL | |
| *sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml* | 2 | QL | |
| *sumatriptan succinate subcutaneous solution* | 2 | QL | |
| TOSYMRA | 4 | ST; QL | sumatriptan |
| UBRELVY | 3 | PA; QL | |
| *zolmitriptan oral* | 2 | QL | |
| **MISCELLANEOUS NEUROLOGICAL THERAPY** | | | |
| ARICEPT | 4 | ST | donepezil hcl |
| *dalfampridine* | S1 | PA; QL | |
| *dextromethorphan-quinidine* | 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 |
|---|---|---|---|
| *dichlorphenamide* | S2 | PA | |
| *donepezil oral tablet 10 mg, 5 mg* | 2 | | |
| *donepezil oral tablet 23 mg* | 2 | ST | |
| *donepezil oral tablet,disintegrating* | 2 | | |
| EVRYSDI | S2 | PA; QL | SPINRAZA |
| EXELON PATCH | 4 | ST | rivastigmine |
| FIRDAPSE | S2 | PA | |
| *galantamine* | 2 | | |
| INGREZZA | S2 | PA; QL | |
| INGREZZA INITIATION PK(TARDIV) | S2 | PA; QL | |
| INGREZZA SPRINKLE | S2 | PA; QL | |
| *memantine oral capsule,sprinkle,er 24hr* | 2 | | |
| *memantine oral solution* | 2 | | |
| *memantine oral tablet* | 2 | | |
| MEMANTINE ORAL TABLETS,DOSE PACK | 4 | | memantine hcl |
| *memantine-donepezil* | 2 | ST | |
| NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR | 3 | ST | |
| NUEDEXTA | 3 | PA | dextromethorphan hbr-quinidine |
| NULIBRY | S2 | PA | |
| *ormalvi* | S2 | PA | |
| RADICAVA ORS STARTER KIT SUSP | 3 | PA | |
| *rivastigmine* | 2 | | |
| *rivastigmine tartrate* | 2 | | |
| SKYCLARYS | S2 | PA | |
| *tetrabenazine* | 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** | | | |
| *baclofen oral solution* | 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 |
|---|---|---|---|
| *baclofen oral suspension* | 2 | PA | |
| *baclofen oral tablet* | 2 | | |
| *carisoprodol* | 2 | | metaxalone, tizanidine hcl |
| *chlorzoxazone* | 2 | | |
| *cyclobenzaprine oral capsule,extended release 24hr* | 2 | PA | |
| *cyclobenzaprine oral tablet 10 mg, 5 mg* | 1 | | |
| *cyclobenzaprine oral tablet 7.5 mg* | 2 | | |
| DANTRIUM ORAL CAPSULE 25 MG | 4 | | dantrolene sodium |
| *dantrolene oral* | 2 | | |
| FEXMID | 4 | PA | cyclobenzaprine hcl |
| *meprobamate* | 2 | | alprazolam, buspirone hcl, chlordiazepoxide hcl, diazepam, lorazepam |
| *metaxalone oral tablet 400 mg, 800 mg* | 2 | | |
| *methocarbamol oral tablet 1,000 mg* | 2 | PA | |
| *methocarbamol oral tablet 500 mg, 750 mg* | 2 | | |
| *orphenadrine citrate oral* | 2 | | |
| *pyridostigmine bromide oral syrup* | 2 | | |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG | 4 | | pyridostigmine bromide |
| *pyridostigmine bromide oral tablet 60 mg* | 2 | | |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG | 4 | | |
| *pyridostigmine bromide oral tablet extended release 180 mg* | 2 | | |
| SOMA | 4 | | metaxalone, tizanidine hcl |
| *tanlor* | 2 | PA | |
| *tizanidine oral capsule 2 mg, 4 mg, 6 mg* | 2 | | |
| *tizanidine oral tablet* | 2 | | |
| *vanadom* | 2 | | metaxalone, tizanidine hcl |
| ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG | 4 | ST | tizanidine hcl |
| ZANAFLEX ORAL TABLET | 4 | | tizanidine hcl |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| **NARCOTIC ANALGESICS** | | | |
| *acetaminophen-caff-dihydrocod* | 2 | | |
| *acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml* | 2 | | |
| *acetaminophen-codeine oral tablet* | 2 | | |
| *ascomp with codeine* | 2 | | |
| BELBUCA | 3 | ST; QL | |
| *buprenorphine* | 2 | ST | |
| *buprenorphine hcl sublingual* | 2 | | |
| *butalbital-acetaminop-caf-cod* | 2 | | |
| *butalbital-acetaminophen* | 2 | | |
| *butalbital-acetaminophen-caff* | 2 | | |
| *butalbital-aspirin-caffeine* | 2 | | |
| *codeine sulfate* | 2 | | |
| *codeine-butalbital-asa-caff* | 2 | | |
| DILAUDID | 4 | | hydromorphone hcl |
| *diskets* | 2 | PA; ST | |
| *endocet* | 2 | | |
| *fentanyl* | 2 | ST; QL | |
| FIORICET | 4 | PA | butalbital-acetaminophen-caffe |
| *hydrocodone bitartrate* | 2 | ST; QL | |
| *hydrocodone-acetaminophen* | 2 | | |
| *hydrocodone-ibuprofen* | 2 | | |
| *hydromorphone oral liquid* | 2 | | |
| *hydromorphone oral tablet* | 2 | | |
| *hydromorphone oral tablet extended release 24 hr* | 2 | ST; QL | |
| *hydromorphone rectal* | 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 |
| *meperidine oral solution* | 2 | | hydromorphone hcl, morphine sulfate, oxycodone hcl |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| *meperidine oral tablet 50 mg* | 2 | | codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl |
| *methadone oral concentrate* | 2 | PA; ST | |
| *methadone oral solution* | 2 | PA; ST | |
| *methadone oral tablet* | 2 | PA; ST | |
| *methadone oral tablet,soluble* | 2 | PA; ST | |
| *methadose oral concentrate* | 2 | PA; ST | |
| *methadose oral tablet,soluble* | 2 | PA; ST | |
| *morphine concentrate oral solution* | 2 | | |
| *morphine oral capsule, er multiphase 24 hr* | 2 | ST; QL | |
| *morphine oral solution* | 2 | | |
| *morphine oral tablet* | 2 | | |
| *morphine oral tablet extended release* | 2 | ST; QL | |
| *morphine rectal* | 2 | | |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG | 4 | ST; QL | morphine sulfate er |
| *oxycodone oral capsule* | 2 | | |
| *oxycodone oral concentrate* | 2 | | |
| *oxycodone oral solution* | 2 | | |
| *oxycodone oral tablet* | 2 | | |
| *oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 2 | | |
| *oxymorphone oral tablet* | 2 | | |
| *oxymorphone oral tablet extended release 12 hr* | 2 | ST; QL | |
| ROXICODONE ORAL TABLET 15 MG, 30 MG | 4 | | oxycodone hcl |
| *tencon* | 2 | | |
| TREZIX | 4 | | apap-caffeine-dihydrocodeine |
| **NON-NARCOTIC ANALGESICS** | | | |
| *adult aspirin regimen* | 2 | ACA | |
| ANAPROX DS | 4 | ST; DST | naproxen sodium |

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 |
|---|---|---|---|
| ARTHROTEC 50 | 4 | ST; DST | diclofenac sodium-misoprostol |
| ARTHROTEC 75 | 4 | ST; DST | diclofenac sodium-misoprostol |
| *aspirin childrens* | 2 | ACA | |
| *aspirin oral tablet,chewable* | 2 | ACA | |
| *aspirin oral tablet,delayed release (dr/ec) 81 mg* | 2 | ACA | |
| *bayer low dose aspirin* | 2 | ACA | |
| *buprenorphine-naloxone* | 2 | | |
| *butorphanol injection* | 2 | | |
| *butorphanol nasal* | 2 | QL | |
| CAMBIA | 4 | ST; QL; DST | diclofenac potassium |
| *celecoxib* | 2 | | |
| *diclofenac potassium oral capsule* | 2 | ST; DST | |
| *diclofenac potassium oral powder in packet* | 2 | ST; QL; DST | |
| *diclofenac potassium oral tablet 50 mg* | 2 | | |
| *diclofenac sodium oral tablet extended release 24 hr* | 2 | | |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg* | 2 | | |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg* | 1 | | |
| *diclofenac sodium topical drops* | 2 | QL | |
| *diclofenac sodium topical gel 1 %* | 2 | QL | |
| *diclofenac sodium topical solution in metered-dose pump* | 2 | ST; QL; DST | |
| *diclofenac-misoprostol* | 2 | | |
| *diflunisal* | 2 | | |
| EC-NAPROSYN | 4 | ST; DST | naproxen |
| *ecotrin low strength* | 2 | ACA | |
| *etodolac* | 2 | | |
| *fenoprofen* | 2 | ST; DST | |
| FLECTOR | 3 | ST; QL; DST | |
| *flurbiprofen oral tablet 100 mg* | 2 | | |
| *ibu oral tablet 400 mg* | 2 | | |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| *ibu oral tablet 600 mg, 800 mg* | 1 | | |
| *ibuprofen oral suspension* | 2 | | |
| *ibuprofen oral tablet 300 mg, 400 mg* | 2 | | |
| *ibuprofen oral tablet 600 mg, 800 mg* | 1 | | |
| *indomethacin oral capsule* | 2 | | |
| *indomethacin oral capsule, extended release* | 2 | | |
| *indomethacin oral suspension* | 2 | ST; DST | |
| JOURNAVX | 4 | QL | acetaminophen, diclofenac sodium, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen |
| *ketoprofen oral capsule 25 mg* | 2 | ST; DST | |
| *ketoprofen oral capsule 50 mg, 75 mg* | 2 | | |
| *ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg* | 2 | ST; DST | |
| *ketorolac oral* | 2 | QL | |
| KLOXXADO | 3 | QL | |
| LICART | 3 | ST; QL; DST | |
| LODINE ORAL TABLET | 4 | ST; DST | |
| *lofexidine* | 2 | PA; QL | |
| LOTREXONE | 4 | | |
| *lurbiro* | 2 | | |
| *meclofenamate* | 2 | | |
| *mefenamic acid* | 2 | | |
| *meloxicam oral tablet* | 1 | QL | |
| *nabumetone* | 2 | | |
| NALFON ORAL TABLET | 4 | ST; DST | fenoprofen calcium |
| *naloxone injection solution* | 2 | | |
| *naloxone injection syringe* | 2 | | |
| *naloxone nasal* | 2 | QL; PRE | |
| NALTREX | 4 | | |
| *naltrexone* | 2 | | |
| NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG | 4 | ST; DST | naproxen sodium er |
| NAPROSYN ORAL TABLET 500 MG | 4 | ST; DST | naproxen |

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 |
|---|---|---|---|
| *naproxen oral suspension* | 2 | ST; DST | |
| *naproxen oral tablet 250 mg, 375 mg* | 2 | | |
| *naproxen oral tablet 500 mg* | 1 | | |
| *naproxen oral tablet,delayed release (dr/ec) 375 mg* | 2 | | |
| *naproxen oral tablet,delayed release (dr/ec) 500 mg* | 1 | ST; DST | |
| *naproxen sodium oral tablet 275 mg, 550 mg* | 2 | | |
| *naproxen sodium oral tablet, er multiphase 24 hr* | 2 | ST; DST | |
| NARCAN | 3 | QL; PRE | naloxone hcl |
| OPVEE | 4 | | naloxone hcl, KLOXXADO, REXTOVY |
| ORUDIS | 4 | ST; DST | ketoprofen |
| *oxaprozin oral tablet* | 2 | | |
| *pentazocine-naloxone* | 2 | | codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl |
| *piroxicam* | 2 | | |
| REXTOVY | 3 | QL; PRE | |
| *salsalate* | 2 | | |
| *st joseph aspirin* | 2 | ACA | |
| *st. joseph aspirin* | 2 | ACA | |
| *sulindac* | 2 | | |
| *tapentadol oral tablet* | 2 | QL | |
| TOLECTIN 600 | 4 | ST; DST | |
| *tolectin ds* | 2 | ST; DST | |
| *tolmetin oral capsule* | 2 | ST; DST | |
| *tolmetin oral tablet 200 mg* | 2 | | |
| *tolmetin oral tablet 600 mg* | 2 | ST; DST | |
| *tramadol oral tablet 100 mg, 50 mg* | 2 | QL | |
| *tramadol oral tablet extended release 24 hr* | 2 | PA; ST; QL | |
| *tramadol oral tablet, er multiphase 24 hr* | 2 | PA; ST; QL | |
| *tramadol-acetaminophen* | 2 | QL | |
| ZUBSOLV | 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 |
|---|---|---|---|
| **PSYCHOTHERAPEUTIC DRUGS** | | | |
| ADASUVE | 4 | | |
| ADZENYS XR-ODT | 4 | ST | dextroamphetamine-amphetamine, lisdexamfetamine dimesylate |
| *alprazolam* | 2 | | |
| *alprazolam intensol* | 2 | | |
| *amitriptyline oral tablet 10 mg, 25 mg* | 1 | | |
| *amitriptyline oral tablet 100 mg, 150 mg, 50 mg, 75 mg* | 2 | | |
| *amitriptyline-chlordiazepoxide* | 2 | | |
| *amoxapine* | 2 | | |
| *amphetamine* | 2 | ST | |
| *amphetamine sulfate* | 2 | | |
| ANAFRANIL | 4 | | clomipramine hcl |
| *aripiprazole oral solution* | 2 | | |
| *aripiprazole oral tablet* | 2 | QL | |
| *aripiprazole oral tablet,disintegrating* | 2 | QL | |
| *armodafinil* | 2 | PA; QL | |
| *asenapine maleate* | 2 | QL | |
| ATIVAN ORAL | 4 | | lorazepam |
| *atomoxetine oral capsule* | 2 | PA | |
| AZSTARYS | 3 | ST | |
| BELSOMRA | 4 | ST; QL | zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon |
| *bupropion hcl oral tablet* | 2 | | |
| *bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg* | 2 | QL | |
| *bupropion hcl oral tablet sustained-release 12 hr* | 2 | QL | |
| *buspirone oral tablet 10 mg, 15 mg* | 1 | | |
| *buspirone oral tablet 30 mg, 5 mg, 7.5 mg* | 2 | | |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| CAPLYTA | 4 | PA; QL | aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl |
| *chlordiazepoxide hcl* | 2 | | |
| *chlorpromazine oral* | 2 | | |
| *citalopram oral capsule* | 2 | ST; QL | |
| *citalopram oral solution* | 2 | | |
| *citalopram oral tablet* | 1 | QL | |
| *clomipramine* | 2 | | |
| *clonidine hcl oral tablet extended release 12 hr* | 2 | PA | |
| *clorazepate dipotassium* | 2 | | |
| *clozapine* | 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 (la), AZSTARYS |
| DAYVIGO | 4 | ST; QL | zolpidem tartrate, doxepin hcl, eszopiclone, zaleplon, ramelteon |
| *desipramine* | 2 | | |
| DESOXYN | 4 | | methamphetamine hcl |
| DESVENLAFAXINE | 4 | ST; QL | desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er, FETZIMA |
| *desvenlafaxine succinate* | 2 | ST; QL | |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG | 4 | ST | dextroamphetamine sulfate er |
| *dexmethylphenidate* | 2 | | |
| *dextroamphetamine sulfate* | 2 | | |
| *dextroamphetamine-amphetamine* | 2 | | |
| *diazepam intensol* | 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 |
|---|---|---|---|
| *diazepam oral solution 5 mg/5 ml (1 mg/ml)* | 2 | | |
| *diazepam oral tablet* | 2 | | |
| *doxepin oral capsule* | 2 | | |
| *doxepin oral concentrate* | 2 | | |
| *doxepin oral tablet* | 2 | ST; QL | |
| *duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg* | 2 | QL | |
| *duloxetine oral capsule,delayed release(dr/ec) 40 mg* | 2 | ST; QL | |
| EDLUAR | 4 | ST; QL | eszopiclone, zaleplon, zolpidem tartrate |
| EMSAM | 4 | | phenelzine sulfate, tranylcypromine sulfate |
| *ergoloid* | 2 | | |
| *escitalopram oxalate oral solution* | 2 | ST | |
| *escitalopram oxalate oral tablet 10 mg, 20 mg* | 1 | QL | |
| *escitalopram oxalate oral tablet 5 mg* | 2 | QL | |
| *estazolam* | 2 | QL | |
| *eszopiclone* | 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 | |
| *fluoxetine oral capsule 10 mg, 40 mg* | 1 | QL | |
| *fluoxetine oral capsule 20 mg* | 1 | | |
| *fluoxetine oral capsule,delayed release(dr/ec)* | 2 | ST; QL | |
| *fluoxetine oral solution* | 2 | | |
| *fluoxetine oral tablet 10 mg* | 2 | ST; QL | |
| *fluoxetine oral tablet 20 mg, 60 mg* | 2 | ST | |
| *fluphenazine hcl oral* | 2 | | |
| *flurazepam oral capsule 15 mg* | 2 | PA; QL | |
| *flurazepam oral capsule 30 mg* | 2 | QL | |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| *fluvoxamine oral capsule,extended release 24hr* | 2 | ST; QL | |
| *fluvoxamine oral tablet* | 2 | QL | |
| GEODON ORAL | 4 | QL | ziprasidone hcl |
| *guanfacine oral tablet extended release 24 hr* | 2 | PA | |
| *haloperidol* | 2 | | |
| *haloperidol lactate oral* | 2 | | |
| HETLIOZ | S2 | PA; QL | |
| HETLIOZ LQ | S2 | PA; QL | |
| IGALMI | 4 | | |
| *imipramine hcl* | 2 | | |
| *imipramine pamoate* | 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 |
| *lisdexamfetamine oral capsule* | 2 | | |
| *lisdexamfetamine oral tablet,chewable* | 2 | ST | |
| *lithium carbonate* | 2 | | |
| *lithium citrate oral solution* | 2 | | |
| LITHOBID | 4 | | lithium carbonate |
| *lorazepam intensol* | 2 | | |
| *lorazepam oral* | 2 | | |
| *loxapine succinate* | 2 | | |
| *lurasidone* | 2 | QL | |
| LYBALVI | 4 | QL | aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl |
| MARPLAN | 4 | | phenelzine sulfate, tranylcypromine sulfate |
| METADATE CD | 4 | ST | methylphenidate hcl cd |
| *methamphetamine* | 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 |
|---|---|---|---|
| METHYLIN ORAL SOLUTION | 4 | | methylphenidate hcl |
| *methylphenidate hcl oral cap,er sprinkle,biphasic 40-60* | 2 | ST | |
| *methylphenidate hcl oral capsule, er biphasic 30-70* | 2 | | |
| *methylphenidate hcl oral capsule,er biphasic 50-50* | 2 | | |
| *methylphenidate hcl oral solution* | 2 | | |
| *methylphenidate hcl oral tablet* | 2 | | |
| *methylphenidate hcl oral tablet extended release* | 2 | | |
| *methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg* | 2 | | |
| *methylphenidate hcl oral tablet,chewable* | 2 | | |
| *methylphenidate transdermal* | 2 | ST | |
| *midazolam oral* | 2 | | |
| *mirtazapine* | 2 | | |
| MKO (MIDAZOLAM-KETAMINE-ONDAN) | 4 | | |
| *modafinil* | 2 | PA; QL | |
| *molindone* | 2 | | |
| NARDIL | 4 | | phenelzine sulfate |
| *nefazodone* | 2 | | bupropion hcl, mirtazapine, trazodone hcl |
| *nortriptyline oral capsule 10 mg, 25 mg, 50 mg* | 1 | | |
| *nortriptyline oral capsule 75 mg* | 2 | | |
| *nortriptyline oral solution* | 2 | | |
| NUPLAZID | S2 | PA; QL | clozapine, quetiapine fumarate |
| *olanzapine oral* | 2 | QL | |
| *olanzapine-fluoxetine* | 2 | | |
| *oxazepam* | 2 | | lorazepam |
| *paliperidone* | 2 | QL | |
| PARNATE | 4 | | tranylcypromine sulfate |
| *paroxetine hcl oral suspension* | 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 |
|---|---|---|---|
| *paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg* | 1 | QL | |
| *paroxetine hcl oral tablet 30 mg* | 2 | QL | |
| *paroxetine hcl oral tablet extended release 24 hr* | 2 | ST; QL | |
| PAXIL CR | 4 | ST; QL | paroxetine er |
| PAXIL ORAL TABLET | 4 | ST; QL | paroxetine hcl |
| *perphenazine* | 2 | | |
| *perphenazine-amitriptyline* | 2 | | |
| *phenelzine* | 2 | | |
| *pimozide* | 2 | | |
| *procentra* | 2 | | |
| QELBREE | 4 | PA; ST | atomoxetine hcl, clonidine hcl er, guanfacine hcl er |
| *quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg* | 2 | QL | |
| *quetiapine oral tablet extended release 24 hr* | 2 | QL | |
| QUVIVIQ | 4 | ST; QL | doxepin hcl, eszopiclone, ramelteon, zaleplon, zolpidem tartrate, zolpidem tartrate er |
| *ramelteon* | 2 | QL | |
| REMERON ORAL TABLET 15 MG, 30 MG | 4 | | mirtazapine |
| REMERON SOLTAB | 4 | | mirtazapine |
| RESTORIL | 4 | QL | lorazepam |
| REXULTI ORAL TABLET | 4 | QL | aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl |
| RISPERDAL ORAL SOLUTION | 4 | | risperidone |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 4 | QL | risperidone |
| *risperidone oral solution* | 2 | | |
| *risperidone oral tablet* | 2 | QL | |
| *risperidone oral tablet,disintegrating* | 2 | QL | |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| SECUADO | 4 | PA; QL | aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl |
| *sertraline oral capsule* | 2 | ST; QL | |
| *sertraline oral concentrate* | 2 | | |
| *sertraline oral tablet* | 1 | QL | |
| SILENOR | 4 | ST; QL | doxepin hcl |
| SUNOSI | S2 | PA; QL | |
| *tasimelteon* | S2 | PA; QL | |
| *temazepam* | 2 | QL | lorazepam |
| *thioridazine* | 2 | | |
| *thiothixene* | 2 | | |
| *tranylcypromine* | 2 | | |
| *trazodone oral tablet 100 mg, 150 mg, 50 mg* | 1 | | |
| *trazodone oral tablet 300 mg* | 2 | | |
| *triazolam* | 2 | QL | |
| *trifluoperazine* | 2 | | |
| *trimipramine* | 2 | | |
| TRINTELLIX | 4 | ST; QL | citalopram hbr, escitalopram oxalate, fluoxetine hcl, fluvoxamine maleate, paroxetine hcl, sertraline hcl, vilazodone hcl |
| *venlafaxine oral capsule,extended release 24hr* | 2 | QL | |
| *venlafaxine oral tablet* | 2 | QL | |
| *venlafaxine oral tablet extended release 24hr 225 mg* | 2 | ST; QL | |
| VERSACLOZ | 4 | | clozapine odt, clozapine |
| *vilazodone* | 2 | ST; QL | |
| VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG | 4 | | aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| 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 |
| *zaleplon* | 2 | QL | |
| *zenzedi oral tablet 10 mg, 5 mg* | 2 | | |
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG | 4 | | dextroamphetamine sulfate |
| *ziprasidone hcl* | 2 | QL | |
| *zolpidem oral tablet* | 2 | QL | |
| *zolpidem oral tablet,ext release multiphase* | 2 | QL | |
| *zolpidem sublingual* | 2 | QL | |
| ZURZUVAE | S2 | PA; QL | |
| ZYPREXA ORAL | 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 | |
| BAFIERTAM | S2 | PA; QL | |
| BETASERON SUBCUTANEOUS KIT | S2 | PA; QL | |
| *cladribine(multiple sclerosis)* | S2 | PA; QL | |
| *dimethyl fumarate* | S1 | PA; QL | |
| *fingolimod* | S1 | PA; QL | |
| *glatiramer* | S1 | PA; QL | |
| *glatopa* | S1 | PA; QL | |
| KESIMPTA PEN | S2 | PA; QL | |
| MAYZENT | 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 |
|---|---|---|---|
| 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 | |
| *teriflunomide* | S1 | PA; QL | |
| VUMERITY | S2 | PA; QL | |
| **CARDIOVASCULAR, HYPERTENSION & LIPIDS** | | | |
| **ANTIARRHYTHMIC AGENTS** | | | |
| *amiodarone oral* | 2 | | |
| BETAPACE AF | 4 | ST | sotalol af |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG | 4 | ST | sotalol |
| *disopyramide phosphate oral capsule* | 2 | | amiodarone hcl, quinidine sulfate, sotalol |
| *dofetilide* | 2 | | |
| *flecainide* | 2 | | |
| *mexiletine* | 2 | | |
| MULTAQ | 3 | | |
| *pacerone oral tablet 200 mg* | 2 | | |
| *propafenone* | 2 | | |
| *quinidine gluconate oral* | 2 | | |
| *quinidine sulfate oral tablet* | 2 | | |
| *sotalol af* | 2 | | |
| *sotalol oral* | 2 | | |
| SOTYLIZE | 3 | | |
| **ANTIHYPERTENSIVE THERAPY** | | | |
| *acebutolol* | 2 | | |
| ALDACTONE | 4 | | spironolactone |
| *aliskiren* | 2 | | |
| *amiloride* | 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 |
|---|---|---|---|
| *amiloride-hydrochlorothiazide* | 2 | | |
| *amlodipine oral tablet 10 mg, 5 mg* | 1 | | |
| *amlodipine oral tablet 2.5 mg* | 2 | | |
| *amlodipine-benazepril* | 2 | | |
| *amlodipine-olmesartan* | 2 | | |
| *amlodipine-valsartan* | 2 | | |
| *amlodipine-valsartan-hcthiazid* | 2 | | |
| *atenolol* | 1 | | |
| *atenolol-chlorthalidone* | 2 | | |
| *azilsartan medoxomil* | 2 | ST | |
| *benazepril* | 2 | | |
| *benazepril-hydrochlorothiazide* | 2 | | |
| *betaxolol oral* | 2 | | |
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | 2 | | |
| *bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 5-6.25 mg* | 1 | | |
| *bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg* | 2 | | |
| *bumetanide oral* | 2 | | |
| *candesartan* | 2 | | |
| *candesartan-hydrochlorothiazid* | 2 | | |
| *captopril* | 2 | | |
| *captopril-hydrochlorothiazide* | 2 | | |
| CARDAMYST | 4 | PA | |
| CARDIZEM CD | 4 | | cartia xt, diltiazem 24hr er (cd) |
| 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 |
| *cartia xt* | 2 | | |
| *carvedilol* | 1 | | |
| *carvedilol phosphate* | 2 | | |
| CATAPRES-TTS-1 | 4 | QL | clonidine hcl |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| CATAPRES-TTS-2 | 4 | QL | clonidine hcl |
| CATAPRES-TTS-3 | 4 | QL | clonidine hcl |
| *chlorthalidone oral tablet 25 mg, 50 mg* | 2 | | |
| *clonidine* | 2 | QL | |
| *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg* | 1 | | |
| CONSENSI | 4 | | amlodipine besylate, celecoxib |
| COREG CR | 4 | ST | carvedilol er |
| *diltiazem hcl oral capsule,ext.rel 24h degradable* | 2 | | |
| *diltiazem hcl oral capsule,extended release 12 hr* | 2 | | |
| *diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | 2 | | |
| *diltiazem hcl oral capsule,extended release 24hr* | 2 | | |
| *diltiazem hcl oral tablet* | 2 | | |
| *dilt-xr* | 2 | | |
| *doxazosin* | 2 | QL | |
| EDECRIN | 4 | ST | ethacrynic acid |
| *enalapril maleate oral solution* | 2 | PA | |
| *enalapril maleate oral tablet* | 2 | | |
| *enalapril-hydrochlorothiazide* | 2 | | |
| *eplerenone* | 2 | | |
| *ethacrynic acid* | 2 | | |
| *felodipine* | 2 | | |
| *fosinopril* | 2 | | |
| *fosinopril-hydrochlorothiazide* | 2 | | |
| *furosemide oral solution* | 2 | | |
| *furosemide oral tablet 20 mg, 40 mg* | 1 | | |
| *furosemide oral tablet 80 mg* | 2 | | |
| *guanfacine oral tablet* | 2 | | |
| *hydralazine oral* | 2 | | |
| *hydrochlorothiazide oral capsule* | 1 | | |
| *hydrochlorothiazide oral tablet 12.5 mg, 25 mg* | 1 | | |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| *hydrochlorothiazide oral tablet 50 mg* | 2 | | |
| *indapamide* | 2 | | |
| *irbesartan* | 2 | | |
| *irbesartan-hydrochlorothiazide* | 2 | | |
| *isosorbide-hydralazine* | 2 | | |
| *isradipine* | 2 | | |
| KERENDIA ORAL TABLET 10 MG, 20 MG | 3 | PA; QL | |
| KERENDIA ORAL TABLET 40 MG | 3 | PA | |
| *labetalol oral* | 2 | | |
| LASIX | 4 | ST | furosemide |
| *lisinopril oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | | |
| *lisinopril oral tablet 2.5 mg, 30 mg* | 2 | | |
| *lisinopril-hydrochlorothiazide* | 1 | | |
| LOPRESSOR ORAL TABLET 100 MG, 50 MG | 4 | ST | metoprolol tartrate |
| *losartan* | 1 | | |
| *losartan-hydrochlorothiazide* | 2 | | |
| LOTENSIN HCT | 4 | | benazepril-hydrochlorothiazide |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG | 4 | | benazepril hcl |
| *methyldopa* | 2 | | |
| *metolazone* | 2 | | |
| *metoprolol succinate* | 2 | | |
| *metoprolol ta-hydrochlorothiaz* | 2 | | |
| *metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | 1 | | |
| *metyrosine* | 2 | PA | |
| *minoxidil oral* | 2 | | |
| *moexipril* | 2 | | |
| *nadolol* | 2 | | |
| *nebivolol* | 2 | | |
| *nicardipine oral* | 2 | | |
| *nifedipine oral capsule* | 2 | | nicardipine hcl, isradipine |
| *nifedipine oral tablet extended release* | 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 |
|---|---|---|---|
| *nifedipine oral tablet extended release 24hr* | 2 | | |
| *nimodipine* | 2 | | |
| NYMALIZE | 4 | | nimodipine |
| *olmesartan* | 2 | | |
| *olmesartan-amlodipin-hcthiazid* | 2 | | |
| *olmesartan-hydrochlorothiazide* | 2 | | |
| ORENITRAM | S2 | PA; QL | |
| 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 |
| *perindopril erbumine* | 2 | | |
| *phenoxybenzamine* | 2 | PA | |
| *pindolol* | 2 | | |
| *prazosin* | 2 | | |
| PRESTALIA | 4 | ST | amlodipine besylate-benazepril |
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG | 4 | ST | nifedipine er |
| *propranolol oral* | 2 | | |
| *quinapril* | 2 | | |
| *quinapril-hydrochlorothiazide* | 2 | | |
| *ramipril* | 2 | | |
| *spironolactone oral suspension* | 2 | | |
| *spironolactone oral tablet 100 mg, 50 mg* | 2 | | |
| *spironolactone oral tablet 25 mg* | 1 | | |
| *spironolacton-hydrochlorothiaz* | 2 | | |
| *telmisartan* | 2 | | |
| *telmisartan-hydrochlorothiazid* | 2 | | |
| TENORMIN | 4 | ST | atenolol |
| *terazosin* | 2 | QL | |
| *tiadylt er* | 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 |
|---|---|---|---|
| TIAZAC | 4 | | diltiazem er, tiadylt er |
| *timolol maleate oral* | 2 | | |
| *torsemide oral* | 2 | | |
| *trandolapril* | 2 | | |
| *trandolapril-verapamil* | 2 | | |
| *triamterene-hydrochlorothiazid* | 1 | | |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | S2 | PA; QL | |
| UPTRAVI ORAL TABLET 100 MCG, 150 MCG | S2 | PA | |
| UPTRAVI ORAL TABLETS,DOSE PACK | S2 | PA; QL | |
| *valsartan oral solution* | 2 | | |
| *valsartan oral tablet 160 mg, 320 mg, 80 mg* | 1 | | |
| *valsartan oral tablet 40 mg* | 2 | | |
| *valsartan-hydrochlorothiazide* | 2 | | |
| VASERETIC | 4 | | enalapril-hydrochlorothiazide |
| VASOTEC | 4 | | enalapril maleate |
| *verapamil oral capsule,ext rel. pellets 24 hr* | 2 | | |
| *verapamil oral tablet* | 2 | | |
| *verapamil oral tablet extended release* | 2 | | |
| ZESTORETIC | 4 | | lisinopril-hydrochlorothiazide |
| **CARDIAC GLYCOSIDES** | | | |
| *digoxin oral* | 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 | |

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 |
|---|---|---|---|
| ALTUVIIIO | S2 | PA | |
| AMICAR | 4 | | aminocaproic acid |
| *aminocaproic acid oral* | 2 | | |
| ARIXTRA | S2 | PA | fondaparinux sodium |
| *aspirin-dipyridamole* | 2 | | |
| BENEFIX | S2 | PA | |
| CABLIVI INJECTION KIT | S2 | PA | |
| CEPROTIN (BLUE BAR) | S2 | PA | |
| CEPROTIN (GREEN BAR) | S2 | PA | |
| *cilostazol* | 2 | | |
| *clopidogrel* | 2 | | |
| COAGADEX | S2 | PA | |
| *dabigatran etexilate* | 2 | | |
| *dipyridamole oral* | 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 | | |
| ELIQUIS SPRINKLE | 3 | | |
| ELOCTATE | S2 | PA | |
| *eltrombopag olamine* | S2 | PA | |
| *enoxaparin* | S2 | | |
| ESPEROCT | S2 | PA | |
| FEIBA NF | S2 | PA | |
| *fondaparinux* | 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 | |

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 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml)* | 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 | | |
| *heparin (porcine) in 5 % dex* | 2 | | |
| *heparin (porcine) in nacl (pf) intravenous parenteral solution* | 2 | | |
| HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS SYRINGE | 4 | | |
| *heparin (porcine) injection solution* | 2 | | |
| *heparin (porcine) injection syringe 5,000 unit/ml* | 2 | | |
| *heparin lockflush(porcine)(pf)* | 2 | | |
| HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML | 4 | | |
| *heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml* | 2 | | |
| *heparin, porcine (pf) injection* | 2 | | |
| *heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml* | 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 | | |
| *pentoxifylline* | 2 | | |
| *phytonadione (vitamin k1) injection* | 2 | | |
| *phytonadione (vitamin k1) oral tablet 5 mg* | 2 | QL | |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| *prasugrel hcl* | 2 | | |
| PROFILNINE | S2 | PA | |
| *rivaroxaban* | 2 | | |
| SEVENFACT | S2 | PA | |
| TAVALISSE | S2 | PA; QL | |
| *ticagrelor* | 2 | | |
| *vitamin k* | 2 | | |
| *vitamin k1 injection* | 2 | | |
| *warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg* | 2 | | |
| *warfarin oral tablet 5 mg* | 1 | | |
| WILATE | S2 | PA | |
| XARELTO | 3 | | |
| XARELTO DVT-PE TREAT 30D START | 3 | | |
| XYNTHA | S2 | PA | |
| XYNTHA SOLOFUSE | S2 | PA | |
| ZONTIVITY | 4 | PA | clopidogrel, aspirin |
| **LIPID/CHOLESTEROL LOWERING AGENTS** | | | |
| *amlodipine-atorvastatin* | 2 | QL | |
| *atorvastatin oral tablet 10 mg, 20 mg* | 1 | QL; ACA | |
| *atorvastatin oral tablet 40 mg* | 1 | QL | |
| *atorvastatin oral tablet 80 mg* | 2 | QL | |
| CADUET | 4 | ST; QL | amlodipine-atorvastatin |
| *cholestyramine (with sugar)* | 2 | | |
| *cholestyramine light* | 2 | | |
| *colesevelam* | 2 | | |
| COLESTID ORAL GRANULES | 4 | ST | colestipol hcl |
| COLESTID ORAL TABLET | 4 | ST | colestipol hcl |
| *colestipol* | 2 | | |
| *ezetimibe* | 2 | | |
| *ezetimibe-simvastatin* | 2 | QL | |
| *fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg* | 2 | | |
| *fenofibrate nanocrystallized* | 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 |
|---|---|---|---|
| *fenofibrate oral tablet 160 mg, 54 mg* | 2 | | |
| *fenofibric acid* | 2 | | |
| *fenofibric acid (choline)* | 2 | | |
| FIBRICOR ORAL TABLET 105 MG | 4 | ST | fenofibric acid |
| FLOLIPID | 4 | ST; QL | atorvastatin calcium, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin |
| *gemfibrozil* | 2 | | |
| *icosapent ethyl* | 2 | PA | |
| JUXTAPID | S2 | PA | |
| LOPID | 4 | | gemfibrozil |
| *lovastatin* | 2 | QL; ACA | |
| NEXLETOL | 3 | PA | |
| NEXLIZET | 3 | PA | |
| *niacin oral tablet 500 mg* | 2 | | |
| *niacin oral tablet extended release 24 hr* | 2 | | |
| *omega-3 acid ethyl esters* | 2 | PA | |
| *pitavastatin calcium* | 2 | QL | |
| *pravastatin* | 2 | QL | |
| *prevalite oral powder in packet* | 2 | | |
| QUESTRAN | 4 | ST | cholestyramine |
| QUESTRAN LIGHT | 4 | ST | cholestyramine light |
| REPATHA SURECLICK | S2 | PA; QL | |
| REPATHA SYRINGE | S2 | PA; QL | |
| *rosuvastatin* | 2 | QL | |
| ROSZET | 4 | ST; QL | ezetimibe, atorvastatin calcium, rosuvastatin calcium |
| *simvastatin oral tablet 10 mg, 20 mg, 40 mg* | 1 | QL; ACA | |
| *simvastatin oral tablet 5 mg* | 2 | QL; ACA | |
| *simvastatin oral tablet 80 mg* | 1 | QL | |
| TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 50 MG/0.8 ML | 3 | PA | |
| TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML | 4 | PA | |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| VASCEPA | 3 | PA | |
| **MISCELLANEOUS CARDIOVASCULAR AGENTS** | | | |
| BAXFENDY | 4 | PA | amlodipine besylate, carvedilol, clonidine hcl, hydralazine hcl, hydrochlorothiazide, terazosin hcl, verapamil hcl |
| CAMZYOS | 3 | PA; QL | |
| ENTRESTO SPRINKLE | 3 | QL | |
| FILSPARI | S2 | PA; QL | |
| *ivabradine* | 2 | PA | |
| *ranolazine* | 2 | | |
| *sacubitril-valsartan* | 2 | QL | |
| VANRAFIA | 3 | PA | |
| VECAMYL | 4 | PA | atenolol, amlodipine besylate, bumetanide, captopril, enalapril maleate, furosemide, losartan potassium |
| VERQUVO | 3 | QL | |
| VYNDAMAX | S2 | PA | |
| **NITRATES** | | | |
| GONITRO | 4 | | nitroglycerin, nitroglycerin |
| ISORDIL | 4 | | isosorbide dinitrate |
| ISORDIL TITRADOSE ORAL TABLET 5 MG | 4 | | isosorbide dinitrate |
| *isosorbide dinitrate oral tablet* | 2 | | |
| *isosorbide mononitrate* | 2 | | |
| *nitro-bid* | 2 | | |
| NITRO-DUR | 4 | | nitroglycerin |
| *nitroglycerin sublingual* | 2 | | |
| *nitroglycerin transdermal* | 2 | | |
| *nitroglycerin translingual* | 2 | | |
| NITROLINGUAL | 4 | | nitroglycerin |
| NITROMIST | 4 | | nitroglycerin |
| NITROSTAT | 4 | | nitroglycerin |
| *nitro-time* | 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 |
|---|---|---|---|
| **DERMATOLOGICALS/TOPICAL THERAPY** | | | |
| **ANTIPSORIATIC / ANTISEBORRHEIC** | | | |
| *acitretin* | 2 | | |
| ANALPRAM-HC TOPICAL | 4 | ST | hc pramoxine, pramoxine hcl w/hydrocortisone |
| *attero* | 2 | ST; QL | |
| *calcipotriene scalp* | 2 | QL | |
| *calcipotriene topical cream* | 2 | QL | |
| *calcipotriene topical ointment* | 2 | QL | |
| *calcipotriene-betamethasone* | 2 | ST; QL | |
| *calcitriol topical* | 2 | | |
| ENSTILAR | 3 | ST; QL | |
| EPIFOAM | 4 | ST | hc pramoxine |
| *hydrocortisone-pramoxine topical cream 2.5-1 %* | 2 | ST | |
| ICOTYDE | 3 | PA; QL | |
| IMULDOSA SUBCUTANEOUS | S2 | PA; QL | |
| *pellix* | 2 | 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 |
| *selenium sulfide topical lotion* | 2 | | |
| *selenium sulfide topical shampoo 2.25 %, 2.3 %* | 2 | | |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR | S2 | PA; QL | |
| SKYRIZI SUBCUTANEOUS SYRINGE | S2 | PA; QL | |
| SOTYKTU | S2 | PA; QL | |
| SPEVIGO SUBCUTANEOUS | S2 | PA | |
| *sulfacetamide sodium topical* | 2 | | |
| TALTZ AUTOINJECTOR | 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 |
|---|---|---|---|
| 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 | |
| VTAMA | 3 | PA; ST; QL | |
| WYNZORA | 4 | ST; QL | |
| 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 | |
| ZORYVE TOPICAL FOAM | 4 | ST; QL | betamethasone valerate, ciclopirox, desonide, fluocinonide, ketoconazole, VTAMA, ZORYVE |
| **BURN THERAPY** | | | |
| SILVADENE | 4 | | silver sulfadiazine |
| *silver sulfadiazine* | 2 | | |
| *ssd* | 2 | | |
| **MISCELLANEOUS DERMATOLOGICALS** | | | |
| ADBRY | S2 | PA; QL | |
| AMELUZ | 4 | | |
| ANZUPGO | 3 | PA; QL | |
| CIBINQO | S2 | PA; QL | |
| CORTANE-B | 4 | | hc pramoxine |
| *diclofenac sodium topical gel 3 %* | 2 | PA; QL | |
| DUPIXENT PEN | S2 | PA; QL | |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML | 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 |
|---|---|---|---|
| EBGLYSS PEN | S2 | PA; QL | |
| EBGLYSS SYRINGE | S2 | PA; QL | |
| EFUDEX TOPICAL CREAM | 4 | | fluorouracil |
| EUCRISA | 3 | ST; QL | |
| FILSUVEZ | S2 | PA | |
| *fluorouracil topical cream 5 %* | 2 | | |
| *fluorouracil topical solution* | 2 | | |
| HYFTOR | S2 | PA | |
| *imiquimod topical cream in metered-dose pump* | 2 | PA | |
| *imiquimod topical cream in packet* | 2 | | |
| IODOFLEX | 4 | | |
| IODOSORB | 4 | | |
| LEVULAN | 4 | | |
| *methoxsalen* | 2 | | |
| *methyl salicylate* | 2 | | |
| *methyl salicylate topical liquid* | 2 | | |
| NORMLGEL AG | 4 | | |
| OPZELURA | S2 | PA; QL | pimecrolimus, tacrolimus, betamethasone dipropionate, fluocinonide, triamcinolone acetonide, VTAMA, ZORYVE |
| PANRETIN | 4 | PA | |
| *pimecrolimus* | 2 | ST; QL | |
| *podofilox topical gel* | 2 | ST; QL | |
| *podofilox topical solution* | 2 | | |
| *tacrolimus topical* | 2 | ST; QL | |
| VALCHLOR | 3 | PA | |
| *wintergreen oil* | 2 | | |
| ZEVASKYN | 4 | | |
| ZONALON | 4 | ST; QL | alclometasone dipropionate, desonide, fluocinolone acetonide, hydrocortisone, hydrocortisone valerate |
| **THERAPY FOR ACNE** | | | |

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 |
|---|---|---|---|
| ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | 4 | PA | accutane, amnesteem, claravis, isotretinoin, zenatane |
| *accutane* | 2 | | |
| ACZONE TOPICAL GEL WITH PUMP | 4 | ST | dapsone |
| *adapalene topical cream* | 2 | | |
| *adapalene topical gel 0.3 %* | 2 | | |
| *adapalene topical gel with pump 0.3 %* | 2 | | |
| ADAPALENE TOPICAL LOTION | 4 | ST | adapalene, adapalene |
| *adapalene topical solution* | 2 | | |
| *adapalene topical swab* | 2 | ST; QL | |
| *adapalene-benzoyl peroxide* | 2 | | |
| AKLIEF | 4 | PA; ST | adapalene, tazarotene, tretinoin, tretinoin microsphere |
| ALTRENO | 4 | | tretinoin, tretinoin microsphere |
| *amnesteem* | 2 | | |
| AMZEEQ | 4 | ST | adapalene, azelaic acid, benzoyl peroxide, clindamycin phosphate, erythromycin, tazarotene, tretinoin |
| ARAZLO | 4 | PA | tazarotene, tretinoin, tretinoin microsphere |
| *avar* | 2 | ST | |
| AVAR LS | 4 | ST | sulfacetamide sodium-sulfur |
| AVAR-E | 4 | ST | sulfacetamide sodium-sulfur |
| *azelaic acid* | 2 | | |
| AZELEX | 4 | ST | adapalene, clindamycin phosphate, ivermectin, metronidazole, tazarotene, tretinoin, FINACEA |
| BENZAMYCIN | 4 | ST | erythromycin-benzoyl peroxide |
| BENZEPRO (MICROSPHERES) | 4 | ST | |
| *benzepro topical towelette* | 2 | | |
| *benzoyl peroxide topical cleanser 7 %* | 2 | | |
| *benzoyl peroxide topical foam* | 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 |
|---|---|---|---|
| *bp 10-1* | 2 | ST | |
| *brimonidine topical* | 2 | PA | |
| *claravis* | 2 | | |
| CLEOCIN T TOPICAL LOTION | 4 | ST; QL | clindamycin phosphate |
| *clindacin* | 2 | ST; QL | |
| CLINDACIN ETZ TOPICAL KIT | 4 | ST | clindamycin phosphate, clindacin etz |
| *clindacin etz topical swab* | 2 | | |
| *clindacin p* | 2 | | |
| CLINDACIN PAC | 4 | ST | clindamycin phosphate, clindacin etz |
| *clindamycin phosphate topical foam* | 2 | ST; QL | |
| *clindamycin phosphate topical gel* | 2 | QL | |
| *clindamycin phosphate topical lotion* | 2 | QL | |
| *clindamycin phosphate topical solution* | 2 | QL | |
| *clindamycin phosphate topical swab* | 2 | | |
| *clindamycin-benzoyl peroxide* | 2 | | |
| *clindamycin-tretinoin* | 2 | | |
| *dapsone topical gel 5 %* | 2 | | |
| *dapsone topical gel with pump* | 2 | | |
| *ery pads* | 2 | | |
| *erythromycin with ethanol topical gel* | 2 | | |
| *erythromycin with ethanol topical solution* | 2 | | |
| *erythromycin-benzoyl peroxide* | 2 | | |
| FINACEA TOPICAL FOAM | 3 | ST | |
| *isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 2 | | |
| *ivermectin topical cream* | 2 | QL | |
| *metronidazole topical* | 2 | | |
| *neuac* | 2 | | |
| NEUAC KIT | 4 | ST | |
| ONEXTON TOPICAL GEL WITH PUMP | 4 | ST | clindamycin-benzoyl peroxide |
| *oxymetazoline topical* | 2 | PA | |
| PACNEX | 4 | ST | benzoyl peroxide |

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 |
|---|---|---|---|
| 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 |
| *rosadan topical cream* | 2 | | |
| *rosadan topical gel* | 2 | | |
| ROSADAN TOPICAL KIT, CLEANSER AND GEL | 4 | ST | metronidazole |
| ROSADAN TOPICAL KIT,CLEANSER AND CREAM | 4 | ST | metronidazole |
| SOOLANTRA | 4 | ST; QL | ivermectin |
| *sss 10-5 topical cream* | 2 | | |
| *sss 10-5 topical foam* | 2 | ST | |
| *sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4.5 %, 9.8-4.8 %* | 2 | ST | |
| *sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4 %* | 2 | | |
| *sulfacetamide sodium-sulfur topical cream 10-2 %, 9.8-4.8 %* | 2 | ST | |
| *sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)* | 2 | | |
| *sulfacetamide sodium-sulfur topical lotion* | 2 | ST | |
| *sulfacetamide sodium-sulfur topical pads, medicated 10-4 %* | 2 | | |
| *sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %* | 2 | ST | |
| *sulfacetamide-sulfur 9-4% wash* | 2 | ST | |
| *sulfacleanse 8-4* | 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 |

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 |
|---|---|---|---|
| SUMAXIN TS | 4 | ST | sodium sulfacetamide-sulfur |
| *tazarotene topical cream* | 2 | PA | |
| *tazarotene topical gel* | 2 | PA | |
| TAZORAC | 4 | PA | tazarotene |
| *tretinoin* | 2 | | |
| *tretinoin microspheres topical gel* | 2 | | |
| *tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %* | 2 | | |
| *trilitas* | 2 | PA | |
| VANOXIDE-HC | 4 | ST | |
| *zenatane* | 2 | | |
| ZIANA | 4 | ST | clindamycin phos-tretinoin |
| **TOPICAL ANESTHETICS** | | | |
| COCAINE | 4 | | |
| *dermacinrx lidocan* | 2 | PA | |
| *lidocaine hcl laryngotracheal* | 2 | | |
| *lidocaine hcl mucous membrane solution* | 2 | | |
| *lidocaine hcl-hydrocortison ac topical* | 2 | | |
| *lidocaine topical adhesive patch,medicated 5 %* | 2 | PA | |
| *lidocaine topical ointment* | 2 | QL | |
| *lidocan iii* | 2 | PA | |
| *lidocan iv* | 2 | PA | |
| *lidocan v* | 2 | PA | |
| *lidocort* | 2 | | |
| NUMBRINO | 4 | | |
| XARACOLL | 4 | | |
| **TOPICAL ANTIBACTERIALS** | | | |
| CENTANY | 4 | ST; QL | mupirocin, mupirocin |
| CENTANY AT | 4 | ST; QL | mupirocin, mupirocin |
| *gentamicin topical* | 2 | QL | |
| KLARON | 4 | ST | sulfacetamide sodium |
| *lugols topical* | 2 | | |
| *mupirocin* | 2 | QL | |
| *mupirocin calcium* | 2 | ST; QL | |
| NEO-SYNALAR | 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 |
|---|---|---|---|
| NEO-SYNALAR KIT | 4 | | |
| *strong iodine topical* | 2 | | |
| *sulfacetamide sodium (acne)* | 2 | | |
| SULFAMYLON TOPICAL CREAM | 3 | | |
| **TOPICAL ANTIFUNGALS** | | | |
| CICLODAN KIT TOPICAL COMBO PACK | 4 | | |
| CICLODAN KIT TOPICAL SOLUTION | 4 | ST | ciclopirox |
| *ciclodan topical cream* | 2 | QL | |
| *ciclodan topical solution* | 2 | | |
| *ciclopirox topical cream* | 2 | QL | |
| *ciclopirox topical gel* | 2 | QL | |
| *ciclopirox topical shampoo* | 2 | QL | |
| *ciclopirox topical solution* | 2 | | |
| *ciclopirox topical suspension* | 2 | QL | |
| *clotrimazole-betamethasone* | 2 | QL | |
| *econazole nitrate topical cream* | 2 | QL | |
| EXELDERM | 4 | QL | ciclopirox, clotrimazole, econazole nitrate, ketoconazole |
| JUBLIA | 4 | ST | ciclopirox, tavaborole |
| *ketoconazole topical cream* | 2 | QL | |
| *ketoconazole topical foam* | 2 | ST; QL | |
| *ketoconazole topical shampoo* | 2 | QL | |
| *ketodan* | 2 | ST; QL | |
| *ketodan kit* | 2 | ST | |
| *klayesta* | 2 | QL | |
| LOPROX (AS OLAMINE) | 4 | QL | ciclopirox |
| LOPROX KIT | 4 | QL | ciclopirox |
| *nystatin topical* | 2 | QL | |
| *nystatin-triamcinolone* | 2 | QL | |
| *nystop* | 2 | QL | |
| *tavaborole* | 2 | ST | |
| **TOPICAL ANTIVIRALS** | | | |
| *acyclovir topical* | 2 | PA; QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| ZOVIRAX TOPICAL CREAM | 4 | PA; QL | acyclovir |
| **TOPICAL CORTICOSTEROIDS** | | | |
| ALA-SCALP | 4 | ST | hydrocortisone |
| *alclometasone* | 2 | | |
| *amcinonide topical cream* | 2 | ST | |
| *amcinonide topical ointment* | 2 | ST | |
| *beser* | 2 | ST | |
| *betamethasone dipropionate* | 2 | | |
| *betamethasone valerate topical cream* | 2 | | |
| *betamethasone valerate topical foam* | 2 | ST | |
| *betamethasone valerate topical lotion* | 2 | | |
| *betamethasone valerate topical ointment* | 2 | | |
| *betamethasone, augmented* | 2 | | |
| BRYHALI | 4 | ST | betamethasone dipropionate, clobetasol propionate, clobetasol e, desoximetasone, fluocinonide, halobetasol propionate |
| *clobetasol scalp* | 2 | QL | |
| *clobetasol topical cream 0.05 %* | 2 | QL | |
| *clobetasol topical foam* | 2 | ST; QL | |
| *clobetasol topical gel* | 2 | QL | |
| *clobetasol topical lotion* | 2 | ST; QL | |
| *clobetasol topical ointment* | 2 | QL | |
| *clobetasol topical shampoo* | 2 | ST; QL | |
| *clobetasol topical spray,non-aerosol* | 2 | ST; QL | |
| *clobetasol-emollient topical cream* | 2 | QL | |
| *clobetasol-emollient topical foam* | 2 | ST; QL | |
| *clodan* | 2 | ST; QL | |
| CLODAN KIT | 4 | ST; QL | betamethasone dipropionate, clobetasol propionate, clobetasol e, desoximetasone, fluocinonide, halobetasol propionate |

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 |
|---|---|---|---|
| CORDRAN TAPE LARGE ROLL | 4 | ST | betamethasone valerate, fluocinolone acetonide, hydrocortisone butyrate, hydrocortisone valerate, mometasone furoate, prednicarbate, triamcinolone acetonide |
| DERMA-SMOOTHE/FS BODY OIL | 4 | ST | fluocinolone acetonide |
| DERMA-SMOOTHE/FS SCALP OIL | 4 | ST | fluocinolone acetonide |
| *desonide topical cream* | 2 | | |
| *desonide topical gel* | 2 | ST | |
| *desonide topical lotion* | 2 | ST | |
| *desonide topical ointment* | 2 | | |
| *desoximetasone* | 2 | ST | |
| DIPROLENE (AUGMENTED) TOPICAL OINTMENT | 4 | ST | betamethasone dipropionate |
| DUOBRII | 4 | ST; QL | tazarotene, betamethasone dipropionate, clobetasol propionate, halobetasol propionate |
| *evesse* | 2 | ST; QL | |
| *fluocinolone* | 2 | | |
| *fluocinolone and shower cap* | 2 | | |
| *fluocinonide topical cream 0.05 %* | 2 | QL | |
| *fluocinonide topical cream 0.1 %* | 2 | ST; QL | |
| *fluocinonide topical gel* | 2 | QL | |
| *fluocinonide topical ointment* | 2 | QL | |
| *fluocinonide topical solution* | 2 | QL | |
| *fluocinonide-e* | 2 | QL | |
| *fluticasone propionate topical cream* | 2 | | |
| *fluticasone propionate topical lotion* | 2 | ST | |
| *fluticasone propionate topical ointment* | 2 | | |
| *halobetasol propionate topical cream* | 2 | | |
| *halobetasol propionate topical foam* | 2 | ST | |
| *halobetasol propionate topical ointment* | 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 |
|---|---|---|---|
| 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 |
| *hydrocortisone butyrate topical cream* | 2 | QL | |
| *hydrocortisone butyrate topical lotion* | 2 | ST; QL | |
| *hydrocortisone butyrate topical ointment* | 2 | ST; QL | |
| *hydrocortisone butyrate topical solution* | 2 | ST; QL | |
| *hydrocortisone topical cream 2.5 %* | 2 | | |
| *hydrocortisone topical lotion 2 %, 2.5 %* | 2 | | |
| *hydrocortisone topical ointment 2.5 %* | 2 | | |
| *hydrocortisone topical solution* | 2 | | |
| *hydrocortisone valerate* | 2 | | |
| KENALOG TOPICAL | 4 | ST; QL | triamcinolone acetonide |
| *lexette* | 2 | ST | |
| *mometasone topical* | 2 | | |
| NUCORT | 4 | ST | |
| *prednicarbate topical cream* | 2 | | |
| *scalacort* | 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 |
| TOPICORT TOPICAL CREAM | 4 | ST | desoximetasone |
| TOPICORT TOPICAL GEL | 4 | ST | desoximetasone |
| TOPICORT TOPICAL OINTMENT | 4 | ST | desoximetasone |
| *tovet emollient* | 2 | ST; QL | |
| *triamcinolone acetonide topical aerosol* | 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 |
|---|---|---|---|
| *triamcinolone acetonide topical cream 0.025 %, 0.5 %* | 2 | | |
| *triamcinolone acetonide topical cream 0.1 %* | 1 | | |
| *triamcinolone acetonide topical lotion* | 2 | | |
| *triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %* | 2 | | |
| *triamcinolone acetonide topical ointment 0.05 %* | 2 | ST | |
| *triderm topical cream 0.5 %* | 2 | ST | |
| **TOPICAL ENZYMES** | | | |
| NEXOBRID | 4 | PA | |
| SANTYL | 3 | QL | |
| **TOPICAL SCABICIDES / PEDICULICIDES** | | | |
| EURAX | 4 | | permethrin |
| *malathion* | 2 | | |
| OVIDE | 4 | | malathion |
| *permethrin* | 2 | | |
| *spinosad* | 2 | | |
| ULESFIA | 4 | | ivermectin, permethrin, malathion, spinosad |
| **DIAGNOSTICS & MISCELLANEOUS AGENTS** | | | |
| **ANOREXIANTS** | | | |
| IMCIVREE | 4 | PA; QL | |
| **IRRIGATING SOLUTIONS** | | | |
| *lactated ringers irrigation* | 2 | | |
| *neomycin-polymyxin b gu* | 2 | | |
| PHYSIOLYTE | 4 | | |
| PHYSIOSOL IRRIGATION | 4 | | |
| *ringer's irrigation* | 2 | | |
| SORBITOL IRRIGATION | 4 | | |
| SORBITOL-MANNITOL | 4 | | |
| **MISCELLANEOUS AGENTS** | | | |
| *acamprosate* | 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 |
|---|---|---|---|
| *acetic acid irrigation* | 2 | | |
| AGRYLIN | 4 | | anagrelide hydrochloride |
| *anagrelide* | 2 | | |
| BUPHENYL | S2 | PA | sodium phenylbutyrate |
| *caffeine citrate oral* | 2 | | |
| CARBAGLU | S2 | PA | |
| *carglumic acid* | S2 | PA | |
| CARNITOR (SUGAR-FREE) | 4 | | levocarnitine |
| CARNITOR ORAL | 4 | | levocarnitine |
| *cevimeline* | 2 | | |
| CHEMET | 3 | PA | |
| *deferasirox* | S2 | PA | |
| *deferiprone* | S2 | PA | |
| *disulfiram* | 2 | | |
| *droxidopa* | 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 | |
| *glycerol phenylbutyrate* | S2 | PA | |
| INCRELEX | S2 | PA | |
| JOENJA ORAL TABLET 40 MG, 50 MG | S2 | PA | |
| JOENJA ORAL TABLET 70 MG | S2 | PA; QL | |
| *levocarnitine (with sugar)* | 2 | | |
| *levocarnitine oral solution 100 mg/ml* | 2 | | |
| *levocarnitine oral tablet* | 2 | | |
| LITHOSTAT | 4 | | |
| METOPIRONE | 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 |
|---|---|---|---|
| *midodrine* | 2 | | |
| MIMRYLO | 4 | PA | |
| *nitisinone* | 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 | S2 | PA | |
| *riluzole* | 2 | PA | |
| *risedronate oral tablet 30 mg* | 2 | QL | |
| *sodium chloride 0.9 %* | 2 | | |
| *sodium chloride injection* | 2 | | |
| *sodium chloride irrigation* | 2 | | |
| *sodium phenylbutyrate* | 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 |
| *tiopronin* | S2 | PA | |
| *trientine oral capsule 250 mg* | 2 | PA | |
| *venxxiva* | S2 | PA | |
| VOYDEYA | S2 | PA | |
| VYKAT XR | 4 | PA | |
| *water for irrigation, sterile* | 2 | | |
| XURIDEN | S2 | PA | |
| ZOKINVY | S2 | PA; QL | |
| ZYNRELEF | 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 |
|---|---|---|---|
| **SMOKING DETERRENTS** | | | |
| *bupropion hcl (smoking deter)* | 2 | ACA | |
| CHANTIX | 4 | | varenicline tartrate |
| CHANTIX STARTING MONTH BOX | 4 | | varenicline tartrate |
| NICODERM CQ | 3 | | |
| NICORETTE BUCCAL GUM 2 MG | 3 | | |
| *nicorette buccal gum 4 mg* | 2 | ACA | |
| NICORETTE BUCCAL LOZENGE | 3 | | |
| NICORETTE BUCCAL MINI LOZENGE | 3 | | |
| *nicotine* | 2 | ACA | |
| *nicotine (polacrilex)* | 2 | ACA | |
| NICOTROL NS | 4 | ACA | nicotine, nicotine gum |
| *quit 2* | 2 | ACA | |
| *quit 4* | 2 | ACA | |
| *stop smoking aid* | 2 | ACA | |
| *varenicline tartrate* | 2 | ACA | |
| **EAR, NOSE & THROAT MEDICATIONS** | | | |
| **MISCELLANEOUS AGENTS** | | | |
| *azelastine nasal spray,non-aerosol 137 mcg (0.1 %)* | 2 | QL | |
| *chlorhexidine gluconate mucous membrane* | 1 | | |
| GELCLAIR | 4 | | |
| *ipratropium bromide nasal* | 2 | QL | |
| *kourzeq* | 2 | | |
| MUGARD | S2 | PA | |
| *olopatadine nasal* | 2 | QL | |
| ORAMAGICRX | 4 | | |
| *paroex oral rinse* | 1 | | |
| PERIDEX | 4 | | chlorhexidine gluconate |
| *periogard* | 1 | | |
| *pilocarpine hcl oral* | 2 | | |
| PROTHELIAL | S2 | | |
| SALAGEN (PILOCARPINE) | 4 | | pilocarpine hcl |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| *triamcinolone acetonide dental* | 2 | | |
| **MISCELLANEOUS OTIC PREPARATIONS** | | | |
| *acetic acid otic (ear)* | 2 | | |
| *ciprofloxacin hcl otic (ear)* | 2 | | |
| DERMOTIC OIL | 4 | | fluocinolone acetonide oil |
| *flac otic oil* | 2 | | |
| *fluocinolone acetonide oil* | 2 | | |
| *hydrocortisone-acetic acid* | 2 | | |
| *ofloxacin otic (ear)* | 2 | | |
| **OTIC STEROID / ANTIBIOTIC** | | | |
| *ciprofloxacin-dexamethasone* | 2 | | |
| *ciprofloxacin-hydrocortisone* | 2 | | |
| CORTISPORIN-TC | 4 | | neomycin/polymyxin/hc |
| *neomycin-polymyxin-hc otic (ear)* | 2 | | |
| OTOVEL | 4 | | ciprofloxacin-dexamethasone, ciprofloxacin-hydrocortisone |
| **ENDOCRINE/DIABETES** | | | |
| **ADRENAL HORMONES** | | | |
| ACTHAR | S2 | PA | |
| ACTHAR SELFJECT | S2 | PA | |
| CORTEF | 4 | | hydrocortisone |
| *cortisone* | 2 | | |
| *deflazacort* | S2 | PA | |
| *dexabliss* | 2 | PA | |
| *dexamethasone intensol* | 2 | | |
| *dexamethasone oral elixir* | 2 | | |
| *dexamethasone oral solution* | 2 | | |
| *dexamethasone oral tablet* | 2 | | |
| *dexamethasone oral tablets,dose pack 1.5 mg (21 tabs)* | 2 | PA | |
| *fludrocortisone* | 2 | | |
| *hydrocortisone oral* | 2 | | |
| *jaythari* | S2 | PA | |
| *kymbee* | S2 | PA | |

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

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

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| *potassium iodide oral solution* | 2 | | |
| *propylthiouracil* | 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 CONTRL 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 | | |

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 |
|---|---|---|---|
| CONTOUR NEXT LEV 2 CONTROL SOL | 4 | | |
| CONTOUR PLUS LEVEL 2 CTRL SOLN | 4 | | |
| 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 | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| FORA NORMAL CONTROL | 4 | | |
| FORA TN'G ADV MOBILE MULTI MTR | 4 | | |
| FORA TN'G ADVANCE MULTI-FN MTR | 4 | | |
| FORA TN'G ADVANCE PRO MONITOR | 4 | | |
| FORACARE GDH LOW CONTROL | 4 | | |
| FREESTYLE CONTROL | 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 | | |
| GLUCOSE KETONE CONTROL SOLN | 3 | | |
| GOJJI GLUCOSE CNTRL SOL-NORMAL | 4 | | |
| GOJJI KETONE CONTROL SOLN-L1 | 4 | | |
| GOJJI MULTI-FUNCTIONAL METER KIT | 4 | | |
| HEALTHPRO HIGH-LOW CONTROL | 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 |
|---|---|---|---|
| IHEALTH CONTROL SOLN LEVEL 2 | 4 | | |
| INFINITY CONTROL SOLUTION NORM | 4 | | |
| MYGLUCOHEALTH CONTROL SOLUTION | 4 | | |
| 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 | | |
| RIGHTEST CONTROL SOLUTION HIGH | 4 | | |
| SMARTEST CONTROL | 4 | | |
| SOLUS V2 CONTROL SOLUTION,HIGH | 4 | | |
| TELCARE CONTROL | 4 | | |
| TRUE METRIX LEVEL 1 | 3 | | |
| TRUE METRIX PRO TEST STRIP | 3 | | |
| TRUENESS GLUCOSE TEST STRIP | 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 | | |

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 |
|---|---|---|---|
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE X 1/2" | 3 | | |
| **GLUCOSE ELEVATING AGENTS** | | | |
| BAQSIMI | 3 | QL | |
| *diazoxide* | 2 | | |
| *glucagon emergency kit (human)* | 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 MICROTAINER LANCET 30 GAUGE | 3 | | |
| BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" | 3 | | |
| CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT) | 3 | QL | |
| GENTEEL VACUUM LANCING DEVICE | 4 | | |
| INPEN (NOVOLOG OR FIASP) BLUE | 4 | | |
| LANCETS 33 GAUGE | 3 | | |
| LANCING DEVICE | 3 | | |
| NOVOPEN ECHO | 4 | | |
| 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 | |
| TWIIST REFILL KT(CSST-NDL-SYR) | 3 | PA; QL | |
| TWIIST RFL(INFUS-CSST-NDL-SYR) | 3 | PA; QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| TWIIST STARTER KIT | 3 | PA; QL | |
| V-GO 20 | 3 | PA; QL | |
| V-GO 30 | 3 | PA; QL | |
| V-GO 40 | 3 | PA; QL | |
| **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 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 |
| INSULIN LISPRO | 3 | PRE | |
| INSULIN LISPRO PROTAMIN-LISPRO | 3 | PRE | |
| LANTUS SOLOSTAR U-100 INSULIN | 3 | PRE | |
| LANTUS 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 | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| 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** | | | |
| ANDRELA | 4 | | |
| ANDRENYX | 4 | | |
| *cabergoline* | 2 | QL | |
| *calcitonin (salmon)* | 2 | | |
| *calcitriol intravenous solution 1 mcg/ml* | 2 | | |
| *calcitriol oral* | 2 | | |
| CERDELGA | S2 | PA; QL | |
| *cinacalcet* | 2 | PA | |
| CRENESSITY | 4 | PA | |
| DDAVP ORAL | 4 | | desmopressin acetate |
| DEPO-TESTOSTERONE | 4 | | testosterone cypionate |
| *desmopressin injection* | S2 | | |
| *desmopressin nasal spray with pump* | 2 | | |
| DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML) | 3 | | |
| *desmopressin oral* | 2 | | |
| *doxercalciferol oral* | 2 | ST | |
| GALAFOLD | S2 | PA; QL | FABRAZYME |
| *javygtor oral powder in packet 100 mg* | 2 | PA | |
| *javygtor oral powder in packet 500 mg* | S2 | PA | |
| *javygtor oral tablet,soluble* | 2 | PA | |
| JYNARQUE | S2 | PA; QL | tolvaptan |
| MIACALCIN INJECTION | 4 | | calcitonin-salmon |
| *mifepristone oral tablet 300 mg* | S2 | PA | |
| *miglustat* | S2 | PA; QL | |
| MYALEPT | S2 | PA | |
| ORILISSA | 3 | ST; QL | |
| PALYNZIQ | S2 | PA; QL | |
| *paricalcitol intravenous* | 2 | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| *paricalcitol oral* | 2 | ST | |
| RAYALDEE | 4 | ST | calcitriol, doxercalciferol, paricalcitol |
| *sapropterin* | S2 | PA | |
| SOMAVERT | S2 | PA | |
| STRENSIQ | S2 | PA | |
| SYNAREL | 3 | PA | |
| *testosterone cypionate* | 2 | | |
| *testosterone enanthate* | 2 | | |
| *tolvaptan* | S2 | PA; QL | |
| *tolvaptan (polycys kidney dis)* | S2 | PA; QL | |
| VOXZOGO | S2 | PA | |
| XYOSTED | 3 | PA; QL | |
| YORVIPATH | S2 | PA | |
| *zelvysia* | 2 | PA | |
| ZEMPLAR INTRAVENOUS | 4 | | paricalcitol |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG | 4 | ST | paricalcitol |
| **NON-INSULIN HYPOGLYCEMIC AGENTS** | | | |
| *acarbose* | 2 | | |
| ACTOPLUS MET | 4 | ST; QL | pioglitazone-metformin |
| ACTOS | 4 | ST; QL | pioglitazone hcl |
| CYCLOSET | 4 | | dapagliflozin, metformin hcl, glipizide, saxagliptin hcl, sitagliptin phosphate |
| *dapagliflozin* | 2 | ST; QL | |
| *dapagliflozin-metformin* | 2 | ST; QL | |
| *dapagliflozin-saxagliptin* | 2 | | |
| DUETACT | 4 | ST; QL | pioglitazone-glimepiride |
| *glimepiride oral tablet 1 mg* | 2 | | |
| *glimepiride oral tablet 2 mg, 4 mg* | 1 | | |
| *glipizide oral tablet 10 mg, 5 mg* | 1 | | |
| *glipizide oral tablet extended release 24hr* | 2 | | |
| *glipizide-metformin* | 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 |
|---|---|---|---|
| *glyburide oral tablet 1.25 mg, 2.5 mg* | 2 | | |
| *glyburide oral tablet 5 mg* | 1 | | |
| *glyburide-metformin* | 2 | | |
| GLYXAMBI | 3 | ST; QL | |
| JANUMET | 3 | ST; QL | sitagliptin phos-metformin |
| JANUMET XR | 3 | ST; QL | sitagliptin phos-metformin er |
| JANUVIA | 3 | ST; QL | sitagliptin phosphate |
| JARDIANCE | 3 | ST; QL | |
| *liraglutide 2-pak 18 mg/3 ml outer, suv* | 2 | PA | |
| *liraglutide 3-pak 18 mg/3 ml outer, suv* | 2 | PA | |
| *liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)* | 2 | PA; ST; QL | |
| *metformin oral solution* | 2 | ST | |
| *metformin oral tablet 1,000 mg, 500 mg* | 1 | | |
| *metformin oral tablet 850 mg* | 2 | | |
| *metformin oral tablet extended release 24 hr 500 mg* | 1 | QL | |
| *metformin oral tablet extended release 24 hr 750 mg* | 2 | QL | |
| *miglitol* | 2 | | |
| MOUNJARO | 3 | PA; ST; QL | |
| *nateglinide* | 2 | | |
| OZEMPIC | 3 | PA; ST; QL | |
| *pioglitazone* | 2 | QL | |
| *pioglitazone-glimepiride* | 2 | QL | |
| *pioglitazone-metformin* | 2 | QL | |
| *repaglinide* | 2 | | |
| RIOMET | 4 | ST | metformin hcl |
| RYBELSUS | 3 | PA; ST; QL | |
| *saxagliptin* | 2 | ST; QL | |
| *saxagliptin-metformin* | 2 | ST; QL | |
| *sitagliptin phos-metformin* | 2 | ST; QL | |
| *sitagliptin phosphate* | 2 | ST; QL | |
| SYNJARDY | 3 | ST; QL | |
| SYNJARDY XR | 3 | ST; QL | |
| TRIJARDY XR | 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 |
|---|---|---|---|
| TRULICITY | 3 | PA; ST; QL | |
| **THYROID HORMONES** | | | |
| *adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg* | 2 | PA | |
| *amerithroid* | 2 | | |
| ARMOUR THYROID | 3 | | |
| *evexithroid* | 2 | | |
| *levo-t* | 2 | | |
| *levothyroxine oral tablet* | 2 | | |
| *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* | 2 | | |
| *liomny* | 2 | | |
| *liothyronine oral* | 2 | | |
| *niva thyroid* | 2 | | |
| *np thyroid* | 2 | | |
| *renthyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg* | 2 | | |
| RENTHYROID ORAL TABLET 45 MG, 75 MG | 4 | | |
| *thyroid (pork)* | 2 | | |
| *unithroid* | 2 | | |
| **GASTROENTEROLOGY** | | | |
| **ANTIDIARRHEALS & ANTISPASMODICS** | | | |
| *belladonna alkaloids-opium* | 2 | | |
| *chlordiazepoxide-clidinium* | 2 | | |
| *dicyclomine oral capsule* | 2 | | |
| *dicyclomine oral solution* | 2 | | |
| *dicyclomine oral tablet 20 mg* | 2 | | |
| *diphenoxylate-atropine* | 2 | | |
| DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML | 4 | | phenohytro |
| DONNATAL ORAL TABLET | 4 | | phenohytro |
| *ed-spaz* | 2 | | |
| GLYCATE | 4 | | glycopyrrolate |

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 |
|---|---|---|---|
| *glycopyrrolate oral solution* | 2 | | |
| *glycopyrrolate oral tablet* | 2 | | |
| *hyoscyamine sulfate oral* | 2 | | |
| *hyoscyamine sulfate sublingual* | 2 | | |
| *hyosyne* | 2 | | |
| LEVBID | 4 | | hyoscyamine sulfate |
| LEVSIN | 4 | | hyoscyamine sulfate |
| LEVSIN/SL | 4 | | hyoscyamine sulfate |
| LOMOTIL | 4 | | diphenoxylate-atropine |
| *methscopolamine* | 2 | | glycopyrrolate |
| MOTOFEN | 4 | | diphenoxylate-atropine |
| NULEV | 4 | | hyoscyamine sulfate |
| *oscimin* | 2 | | |
| *oscimin sl* | 2 | | |
| *phenobarb-hyoscy-atropine-scop* | 2 | | |
| *phenohytro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml* | 2 | | |
| *phenohytro oral tablet* | 2 | | |
| ROBINUL FORTE | 4 | | glycopyrrolate |
| ROBINUL ORAL | 4 | | glycopyrrolate |
| SYMAX DUOTAB | 4 | | hyoscyamine sulfate |
| *symax fastabs* | 2 | | |
| *symax-sl* | 2 | | |
| *symax-sr* | 2 | | |
| **MISCELLANEOUS GASTROINTESTINAL AGENTS** | | | |
| *alosetron* | 2 | | |
| *alvimopan* | 2 | | |
| ANALPRAM-HC RECTAL CREAM 1-1 % | 4 | | hc pramoxine, pramoxine hcl w/hydrocortisone |
| ANALPRAM-HC RECTAL CREAM 2.5-1 % | 4 | ST | hc pramoxine, pramoxine hcl w/hydrocortisone |
| ANALPRAM-HC SINGLES | 4 | ST | hc pramoxine, pramoxine hcl w/hydrocortisone |
| *anucort-hc* | 2 | | |
| *aprepitant* | 2 | QL | |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| APRISO | 4 | | mesalamine er |
| AZULFIDINE | 4 | | sulfasalazine |
| AZULFIDINE EN-TABS | 4 | | sulfasalazine |
| *balsalazide* | 2 | | |
| *betaine* | S2 | PA | |
| *bisacodyl oral* | 2 | PRE; ACA | |
| *budesonide oral* | 2 | | |
| *budesonide rectal* | 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 | |
| *citroma* | 2 | PRE; ACA | |
| *clearlax oral powder* | 2 | PRE; ACA | |
| COLAZAL | 4 | | balsalazide disodium |
| COMPAZINE | 4 | | prochlorperazine maleate |
| *compro* | 2 | | |
| *constulose* | 2 | | |
| CORTENEMA | 4 | | hydrocortisone |
| CREON | 3 | | |
| *cromolyn oral* | 2 | | |
| CTEXLI | S2 | PA | |
| DICLEGIS | 4 | QL | doxylamine succ-pyridoxine hcl |
| *doxylamine-pyridoxine (vit b6)* | 2 | QL | |
| *dronabinol oral capsule* | 2 | PA | |
| *dulcolax (magnesium hydroxide) oral suspension* | 2 | PRE; ACA | |
| *enulose* | 2 | | |
| GASTROCROM | 4 | | cromolyn sodium |
| GATTEX 30-VIAL | S2 | PA | |
| *gavilax oral powder* | 2 | PRE; ACA | |
| *gavilyte-c* | 2 | PRE; ACA | |
| *gavilyte-g* | 2 | PRE; ACA | |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| *gavilyte-n* | 2 | PRE; ACA | |
| *generlac* | 2 | | |
| *gentle laxative (bisacodyl) oral* | 2 | PRE; ACA | |
| *gentle laxative (mag hydrox)* | 2 | PRE; ACA | |
| *gentlelax* | 2 | PRE; ACA | |
| GOLYTELY | 4 | | gavilyte-g, peg 3350-electrolyte |
| *granisetron hcl oral* | 2 | QL | |
| *hemmorex-hc* | 2 | | |
| *hydrocortisone acetate rectal* | 2 | | |
| *hydrocortisone acetate topical cream with perineal applicator* | 2 | | |
| *hydrocortisone rectal* | 2 | | |
| *hydrocortisone topical cream with perineal applicator* | 2 | | |
| *hydrocortisone-pramoxine rectal cream 1-1 %* | 2 | | |
| *hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)* | 2 | ST | |
| IQIRVO | S2 | PA | |
| KRISTALOSE | 4 | | lactulose |
| *lactulose* | 2 | | |
| *laxative (bisacodyl) oral tablet,delayed release (dr/ec)* | 2 | PRE; ACA | |
| *laxative peg 3350* | 2 | PRE; ACA | |
| *lidocaine hcl-hydrocortison ac rectal cream* | 2 | | |
| *lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)* | 2 | | |
| *lidocaine-hydrocortisone-aloe* | 2 | | |
| LINZESS | 3 | QL | |
| LIVMARLI | S2 | PA | cholestyramine, fenofibrate, naltrexone hydrochloride, rifampin, sertraline hcl, ursodiol |
| *lubiprostone* | 2 | QL | |
| *magnesium citrate oral solution* | 2 | PRE; ACA | |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| MARINOL | 4 | PA | dronabinol |
| *meclizine oral tablet 50 mg* | 2 | | |
| *mesalamine* | 2 | | |
| *mesalamine with cleansing wipe* | 2 | | |
| *metoclopramide hcl oral solution* | 2 | | |
| *metoclopramide hcl oral tablet* | 2 | | |
| *milk of magnesia* | 2 | PRE; ACA | |
| *milk of magnesia concentrated* | 2 | PRE; ACA | |
| MOVANTIK | 3 | QL | |
| *nitroglycerin rectal* | 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 | |
| *ondansetron hcl oral solution* | 2 | QL | |
| *ondansetron hcl oral tablet 4 mg, 8 mg* | 2 | QL | |
| *ondansetron oral tablet,disintegrating 4 mg, 8 mg* | 2 | QL | |
| *onelax magnesium citrate* | 2 | PRE; ACA | |
| *oral saline laxative* | 2 | PRE; 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 | | |
| *peg 3350-electrolytes* | 2 | PRE; ACA | |
| *peg3350-sod sul-nacl-kcl-asb-c* | 2 | PRE; ACA | |
| *peg-electrolyte soln* | 2 | PRE; ACA | |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG | 3 | | mesalamine er |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG | 4 | | mesalamine er |

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 |
|---|---|---|---|
| *phosphate laxative* | 2 | PRE; ACA | |
| *polyethylene glycol 3350 oral powder* | 2 | PRE; ACA | |
| *powderlax oral powder* | 2 | PRE; ACA | |
| *prochlorperazine* | 2 | | |
| *prochlorperazine maleate* | 2 | | |
| PROCORT | 4 | | hc pramoxine, pramoxine hcl w/hydrocortisone |
| PROCTOCORT RECTAL | 4 | ST | hydrocortisone acetate |
| *procto-med hc* | 2 | | |
| *proctosol hc topical* | 2 | | |
| *proctozone-hc* | 2 | | |
| *prucalopride* | 2 | QL | |
| *purelax oral powder* | 2 | PRE; 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 |
| *scopolamine base* | 2 | | |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR | S2 | PA; QL | |
| *smoothlax oral powder* | 2 | PRE; ACA | |
| *sodium,potassium,mag sulfates* | 2 | PRE; ACA | |
| SUCRAID | S2 | PA | |
| *sulfasalazine* | 2 | | |
| SYMPROIC | 3 | | |
| SYNDROS | 4 | PA | dronabinol |
| *trimethobenzamide oral* | 2 | | |
| TRULANCE | 3 | | |
| UCERIS ORAL | 4 | | budesonide er |
| UCERIS RECTAL | 4 | | budesonide |

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 |
|---|---|---|---|
| URSO FORTE | 4 | | ursodiol |
| *ursodiol* | 2 | | |
| VARUBI | 3 | QL | |
| VELSIPITY | S2 | PA; QL | |
| VIBERZI | 3 | | |
| VIOKACE | 3 | | |
| VOWST | S2 | PA | |
| *women's gentle laxative(bisac)* | 2 | PRE; 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** | | | |
| *amoxicil-clarithromy-lansopraz* | 2 | QL | |
| *bismuth subcit k-metronidz-tcn* | 2 | PA | |
| *cimetidine hcl oral* | 2 | | |
| *cimetidine oral tablet 300 mg, 400 mg, 800 mg* | 2 | | |
| CYTOTEC | 4 | | misoprostol |
| *esomeprazole magnesium oral capsule,delayed release(dr/ec)* | 2 | | |
| *esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg* | 2 | ST; QL | |
| *esomeprazole magnesium oral granules dr for susp in packet 40 mg* | 2 | ST | |
| *famotidine oral suspension for reconstitution* | 2 | | |
| *famotidine oral tablet 40 mg* | 2 | | |
| *lansoprazole oral capsule,delayed release(dr/ec) 30 mg* | 2 | | |
| *lansoprazole oral tablet,disintegrat, delay rel 15 mg* | 2 | ST; QL | |
| *lansoprazole oral tablet,disintegrat, delay rel 30 mg* | 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 |
|---|---|---|---|
| *misoprostol* | 2 | | |
| NEXIUM 24HR | 3 | | |
| *nizatidine oral capsule* | 2 | | |
| OMECLAMOX-PAK | 4 | QL | bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA |
| *omeprazole magnesium oral capsule,delayed release(dr/ec)* | 2 | | |
| *omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg* | 2 | QL | |
| *omeprazole oral capsule,delayed release(dr/ec) 40 mg* | 1 | | |
| *omeprazole oral tablet,delayed release (dr/ec)* | 2 | | |
| *omeprazole oral tablet,disintegrat, delay rel* | 2 | | |
| *omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram* | 2 | PA | |
| *omeprazole-sodium bicarbonate oral packet 20-1,680 mg* | 2 | PA; QL | |
| *omeprazole-sodium bicarbonate oral packet 40-1,680 mg* | 2 | PA | |
| *pantoprazole oral granules dr for susp in packet* | 1 | ST | |
| *pantoprazole oral tablet,delayed release (dr/ec) 20 mg* | 2 | QL | |
| *pantoprazole oral tablet,delayed release (dr/ec) 40 mg* | 1 | | |
| PEPCID ORAL TABLET 40 MG | 4 | | famotidine |
| PREVACID 24HR | 3 | ST | |
| PRILOSEC OTC | 3 | ST | |
| *rabeprazole oral tablet,delayed release (dr/ec)* | 2 | | |
| *sucralfate oral tablet* | 2 | | |
| ZEGERID OTC | 3 | PA | |

## IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| ARCALYST | S2 | PA; QL | ILARIS |
| FULPHILA | S2 | PA; QL | |
| LEUKINE INJECTION RECON SOLN | S2 | PA | |
| MOZOBIL | S2 | PA | plerixafor |
| NIVESTYM | S2 | PA | |
| *plerixafor* | 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 | |
| ACTHIB (PF) | 3 | ACA | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) | 3 | ACA | |
| AREXVY (PF) | 3 | ACA | |
| BEXSERO | 3 | ACA | |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE | 3 | ACA | |
| CAPVAXIVE (PF) | 3 | ACA | |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| COMIRNATY 2026-2027(5-11Y)(PF) | 3 | ACA | |
| COMIRNATY 2026-27 (12Y UP)(PF) | 3 | ACA | |
| DAPTACEL (DTAP PEDIATRIC) (PF) | 3 | ACA | |
| DENGVAXIA (PF) | 3 | PA; ACA | |
| ENGERIX-B (PF) | 3 | ACA | |
| ENGERIX-B PEDIATRIC (PF) | 3 | ACA | |
| FLUAD 2026-2027 (65 YR UP)(PF) | 3 | ACA | |
| FLUARIX 2026-2027 (PF) | 3 | ACA | |
| FLUBLOK 2026-2027 (PF) | 3 | ACA | |
| FLUCELVAX 2026-2027 (PF) | 3 | ACA | |
| FLULAVAL 2026-2027 (PF) | 3 | ACA | |
| FLUMIST 2026-2027 | 3 | ACA | |
| FLUMIST HOME 2026-2027 | 3 | ACA | |
| FLUZONE 2026-2027 | 3 | ACA | |
| FLUZONE 2026-2027 (PF) | 3 | ACA | |
| FLUZONE HIGH-DOSE 2026-27 (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 | |
| MENVEO A-C-Y-W-135-DIP (PF) | 3 | ACA | |
| MFLUSIVA 2026-2027 (PF) | 3 | ACA | |
| M-M-R II (PF) | 3 | ACA | |
| MNEXSPIKE 2026-2027 (PF) | 3 | ACA | |
| MRESVIA (PF) | 3 | ACA | |
| NUVAXOVID 2026-2027 (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 | |

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 |
|---|---|---|---|
| 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 | 3 | ACA | |
| ROTATEQ VACCINE | 3 | ACA | |
| SHINGRIX (PF) INTRAMUSCULAR SYRINGE | 3 | ACA | |
| SPIKEVAX 2026-2027(12Y UP)(PF) | 3 | ACA | |
| SPIKEVAX 2026-27 (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** | | | |
| *allopurinol oral tablet 100 mg, 300 mg* | 1 | | |
| *allopurinol oral tablet 200 mg* | 2 | PA | |
| *colchicine oral capsule* | 2 | ST | |
| *colchicine oral tablet* | 2 | | |
| *febuxostat* | 2 | ST | |
| MITIGARE | 3 | ST | |
| *probenecid* | 2 | | |
| *probenecid-colchicine* | 2 | | |
| ZYLOPRIM ORAL TABLET 100 MG | 4 | | allopurinol |
| **OSTEOPOROSIS THERAPY** | | | |
| ACTONEL ORAL TABLET 150 MG, 35 MG | 4 | PA; ST; QL | risedronate sodium |

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 |
|---|---|---|---|
| *alendronate oral solution* | 2 | QL | |
| *alendronate oral tablet 10 mg, 35 mg* | 2 | QL | |
| *alendronate oral tablet 70 mg* | 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 |
| *ibandronate oral* | 2 | QL | |
| *raloxifene* | 2 | | |
| *risedronate oral tablet 150 mg, 35 mg, 5 mg* | 2 | QL | |
| *risedronate oral tablet,delayed release (dr/ec)* | 2 | QL | |
| *teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)* | S2 | PA; QL | |
| TYMLOS | S2 | PA; QL | |
| **OTHER RHEUMATOLOGICALS** | | | |
| ADALIMUMAB-ADAZ | S2 | PA; QL | |
| ADALIMUMAB-ADBM | S2 | PA; QL | |
| ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML | S2 | PA; QL | ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADBM(CF)PEN, 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 | |

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 |
|---|---|---|---|
| ENBREL SURECLICK | S2 | PA; QL | |
| *leflunomide* | 2 | QL | |
| LEQSELVI | 4 | PA | betamethasone dipropionate, clobetasol propionate, cyclosporine, fluocinonide, methotrexate, prednisone |
| LISRAYA | 4 | | |
| *milnacipran* | 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; QL | |
| OTEZLA XR INITIATION | S2 | PA; QL | |
| *penicillamine* | 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 | |
| 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, 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 | |
| *tofacitinib* | S2 | PA; QL | |
| TYENNE AUTOINJECTOR | S2 | PA; QL | |
| TYENNE SUBCUTANEOUS | S2 | PA; QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| **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** | | | |
| *abigale* | 2 | | |
| *abigale lo* | 2 | | |
| ACTIVELLA | 4 | | estradiol-norethindrone acetat |
| ANGELIQ | 4 | | abigale, estradiol-norethindrone acetat, fyavolv, jinteli, mimvey, norethindron-ethinyl estradiol |
| *camila* | 2 | ACA | |
| CLIMARA | 4 | QL | estradiol |
| COMBIPATCH | 3 | | |
| *conjugated estrogens* | 2 | | |
| *covaryx* | 2 | | |
| *covaryx h.s.* | 2 | | |
| *deblitane* | 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 |
| *dotti* | 2 | QL | |
| DUAVEE | 3 | | |
| *eemt* | 2 | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| *eemt hs* | 2 | | |
| *emzahh* | 2 | ACA | |
| *errin* | 2 | ACA | |
| ESTRADIOL IMPLANT PELLET 6 MG | 4 | | |
| *estradiol oral* | 1 | | |
| *estradiol transdermal gel in metered-dose pump* | 2 | ST; QL | |
| *estradiol transdermal gel in packet* | 2 | ST; QL | |
| *estradiol transdermal patch semiweekly* | 2 | QL | |
| *estradiol transdermal patch weekly* | 2 | QL | |
| *estradiol vaginal* | 2 | | |
| *estradiol valerate* | 2 | | |
| *estradiol-norethindrone acet* | 2 | | |
| *estrogens-methyltestosterone* | 2 | | |
| EVAMIST | 4 | ST; QL | estradiol, estradiol, estradiol |
| *fyavolv* | 2 | | |
| *gallifrey* | 2 | | |
| *heather* | 2 | ACA | |
| *incassia* | 2 | ACA | |
| *jencycla* | 2 | ACA | |
| *jinteli* | 2 | | |
| *lyleq* | 2 | ACA | |
| *lyllana* | 2 | QL | |
| *lyza* | 2 | ACA | |
| *medroxyprogesterone intramuscular* | 2 | QL; ACA | |
| *medroxyprogesterone oral tablet 10 mg* | 1 | | |
| *medroxyprogesterone oral tablet 2.5 mg, 5 mg* | 2 | | |
| *meleya* | 2 | ACA | |
| MENOSTAR | 4 | QL | estradiol |
| *mimvey* | 2 | | |
| *nora-be* | 2 | ACA | |
| *norethindrone (contraceptive)* | 2 | ACA | |
| *norethindrone acetate* | 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 |
|---|---|---|---|
| *norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | 2 | | |
| OPILL | 3 | ACA | |
| *orquidea* | 2 | ACA | |
| PREMARIN VAGINAL | 3 | | |
| *progesterone* | S2 | | |
| *progesterone micronized oral* | 2 | | |
| PROMETRIUM | 4 | | progesterone |
| PROVERA | 4 | | medroxyprogesterone acetate |
| *sharobel* | 2 | ACA | |
| *tulana* | 2 | ACA | |
| *yuvafem* | 2 | | |
| **MISCELLANEOUS OB/GYN** | | | |
| CERVIDIL | 4 | | |
| CLEOCIN VAGINAL CREAM | 4 | | clindamycin phosphate |
| CLEOCIN VAGINAL SUPPOSITORY | 4 | | clindamycin phosphate, metronidazole, XACIATO |
| *clindamycin phosphate vaginal* | 2 | | |
| CLINDESSE | 4 | | clindamycin phosphate, metronidazole, XACIATO |
| *eluryng* | 2 | ACA | |
| *enilloring* | 2 | ACA | |
| *etonogestrel-ethinyl estradiol* | 2 | ACA | |
| *fem ph* | 2 | | |
| GYNAZOLE-1 | 4 | | terconazole |
| LYNKUET | 4 | | conjugated estrogens, estradiol, estradiol, estradiol, paroxetine hcl |
| *metronidazole vaginal gel 0.75 % (37.5mg/5 gram)* | 2 | | |
| *miconazole-3 vaginal suppository* | 2 | | |
| MYFEMBREE | 3 | PA | |
| *norelgestromin-ethin.estradiol* | 2 | ACA | |
| NUVESSA | 4 | | metronidazole, clindamycin phosphate, XACIATO |
| ORIAHNN | 3 | PA | |
| PREPIDIL | 4 | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| RELAGARD | 4 | | fem ph |
| *terconazole* | 2 | | |
| *tranexamic acid oral* | 2 | | |
| *vandazole* | 2 | | |
| VCF CONTRACEPTIVE FILM | 3 | ACA | |
| VCF CONTRACEPTIVE GEL | 3 | ACA | |
| VEOZAH | 4 | PA | conjugated estrogens, estradiol, estradiol, estradiol, paroxetine hcl |
| XACIATO | 3 | PA | |
| *xulane* | 2 | ACA | |
| *zafemy* | 2 | ACA | |
| **ORAL CONTRACEPTIVES & RELATED AGENTS** | | | |
| *afirmelle* | 2 | ACA | |
| *after pill* | 2 | QL; ACA | |
| AFTERA | 4 | QL; ACA | |
| *altavera (28)* | 2 | ACA | |
| *alyacen 1/35 (28)* | 2 | ACA | |
| *alyacen 7/7/7 (28)* | 2 | ACA | |
| *amethia* | 2 | ACA | |
| *amethyst (28)* | 2 | ACA | |
| *apri* | 2 | ACA | |
| *aranelle (28)* | 2 | ACA | |
| *ashlyna* | 2 | ACA | |
| *aubra* | 2 | ACA | |
| *aubra eq* | 2 | ACA | |
| *aurovela 1.5/30 (21)* | 2 | ACA | |
| *aurovela 1/20 (21)* | 2 | ACA | |
| *aurovela 24 fe* | 2 | ACA | |
| *aurovela fe 1.5/30 (28)* | 2 | ACA | |
| *aurovela fe 1-20 (28)* | 2 | ACA | |
| *aviane* | 2 | ACA | |
| *ayuna* | 2 | ACA | |
| *azurette (28)* | 2 | ACA | |
| *balziva (28)* | 2 | ACA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| BEYAZ | 4 | ST; ACA | drospirenone-eth estra-levomef |
| *blisovi 24 fe* | 2 | ACA | |
| *blisovi fe 1.5/30 (28)* | 2 | ACA | |
| *blisovi fe 1/20 (28)* | 2 | ACA | |
| *briellyn* | 2 | ACA | |
| *camrese* | 2 | ACA | |
| *camrese lo* | 2 | ACA | |
| *caziant (28)* | 2 | ACA | |
| *charlotte 24 fe* | 2 | ACA | |
| *chateal eq (28)* | 2 | ACA | |
| *cryselle (28)* | 2 | ACA | |
| *cyred* | 2 | ACA | |
| *cyred eq* | 2 | ACA | |
| *dasetta 1/35 (28)* | 2 | ACA | |
| *dasetta 7/7/7 (28)* | 2 | ACA | |
| *daysee* | 2 | ACA | |
| *desog-e.estradiol/e.estradiol* | 2 | ACA | |
| *dolishale* | 2 | ACA | |
| *drospirenone-e.estradiol-lm.fa* | 2 | ACA | |
| *drospirenone-ethinyl estradiol* | 2 | ACA | |
| *econtra ez* | 2 | QL; ACA | |
| *econtra one-step* | 2 | QL; ACA | |
| *elinest* | 2 | ACA | |
| ELLA | 3 | QL; ACA | |
| *enpresse* | 2 | ACA | |
| *enskyce* | 2 | ACA | |
| *estarylla* | 2 | ACA | |
| *falmina (28)* | 2 | ACA | |
| *feirza* | 2 | ACA | |
| *finzala* | 2 | ACA | |
| *galbriela* | 2 | ACA | |
| *gemmily* | 2 | ACA | |
| *hailey* | 2 | ACA | |
| *hailey 24 fe* | 2 | ACA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| *hailey fe 1.5/30 (28)* | 2 | ACA | |
| *hailey fe 1/20 (28)* | 2 | ACA | |
| *iclevia* | 2 | ACA | |
| *introvale* | 2 | ACA | |
| *isibloom* | 2 | ACA | |
| *jaimiess* | 2 | ACA | |
| *jasmiel (28)* | 2 | ACA | |
| *jolessa* | 2 | ACA | |
| *joyeaux* | 2 | ACA | |
| *juleber* | 2 | ACA | |
| *junel 1.5/30 (21)* | 2 | ACA | |
| *junel 1/20 (21)* | 2 | ACA | |
| *junel fe 1.5/30 (28)* | 2 | ACA | |
| *junel fe 1/20 (28)* | 2 | ACA | |
| *junel fe 24* | 2 | ACA | |
| *kaitlib fe* | 2 | ACA | |
| *kalliga* | 2 | ACA | |
| *kariva (28)* | 2 | ACA | |
| *kelnor 1/35 (28)* | 2 | ACA | |
| *kurvelo (28)* | 2 | ACA | |
| *larin 1.5/30 (21)* | 2 | ACA | |
| *larin 1/20 (21)* | 2 | ACA | |
| *larin 24 fe* | 2 | ACA | |
| *larin fe 1.5/30 (28)* | 2 | ACA | |
| *larin fe 1/20 (28)* | 2 | ACA | |
| *lessina* | 2 | ACA | |
| *levonest (28)* | 2 | ACA | |
| *levonorgest-eth.estradiol-iron* | 2 | ACA | |
| *levonorgestrel* | 2 | QL; ACA | |
| *levonorgestrel-ethinyl estrad* | 2 | ACA | |
| *levonorg-eth estrad triphasic* | 2 | ACA | |
| *lojaimiess* | 2 | ACA | |
| *loryna (28)* | 2 | ACA | |
| *low-ogestrel (28)* | 2 | ACA | |
| *lo-zumandimine (28)* | 2 | ACA | |

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

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| *reclipsen (28)* | 2 | ACA | |
| *rivelsa* | 2 | ACA | |
| *rosyrah* | 2 | ACA | |
| *setlakin* | 2 | ACA | |
| *shewise* | 2 | QL; ACA | |
| *simliya (28)* | 2 | ACA | |
| *simpesse* | 2 | ACA | |
| *sprintec (28)* | 2 | ACA | |
| *syeda* | 2 | ACA | |
| TAKE ACTION | 4 | QL; ACA | |
| *tarina 24 fe* | 2 | ACA | |
| *tarina fe 1/20 (28)* | 2 | ACA | |
| *tilia fe* | 2 | ACA | |
| *tri-estarylla* | 2 | ACA | |
| *tri-legest fe* | 2 | ACA | |
| *tri-linyah* | 2 | ACA | |
| *tri-lo-estarylla* | 2 | ACA | |
| *tri-lo-marzia* | 2 | ACA | |
| *tri-lo-mili* | 2 | ACA | |
| *tri-lo-sprintec* | 2 | ACA | |
| *tri-mili* | 2 | ACA | |
| *tri-sprintec (28)* | 2 | ACA | |
| *tri-vylibra* | 2 | ACA | |
| *tri-vylibra lo* | 2 | ACA | |
| *turqoz (28)* | 2 | ACA | |
| *tydemy* | 2 | ACA | |
| *valtya* | 2 | ACA | |
| *velivet triphasic regimen (28)* | 2 | ACA | |
| *vestura (28)* | 2 | ACA | |
| *vienva* | 2 | ACA | |
| *viorele (28)* | 2 | ACA | |
| *volnea (28)* | 2 | ACA | |
| *vyfemla (28)* | 2 | ACA | |
| *vylibra* | 2 | ACA | |
| *wera (28)* | 2 | ACA | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| *wymzya fe* | 2 | ACA | |
| *xarah fe* | 2 | ACA | |
| *xelria fe* | 2 | ACA | |
| YAZ (28) | 4 | ST; ACA | drospirenone-ethinyl estradiol, jasmiel, loryna, lo-zumandimine, nikki, vestura |
| *your choice* | 2 | QL; ACA | |
| *zarah* | 2 | ACA | |
| *zovia 1-35 (28)* | 2 | ACA | |
| *zumandimine (28)* | 2 | ACA | |
| **OXYTOCICS** | | | |
| *methylergonovine oral* | 2 | PA; QL | |
| **OPHTHALMOLOGY** | | | |
| **ANTIBIOTICS** | | | |
| AZASITE | 3 | | |
| *bacitracin ophthalmic (eye)* | 2 | | |
| *bacitracin-polymyxin b* | 2 | | |
| BETADINE OPHTHALMIC PREP | 4 | | |
| *ciprofloxacin hcl ophthalmic (eye)* | 2 | | |
| *erythromycin ophthalmic (eye)* | 2 | | |
| *gatifloxacin* | 2 | | |
| *gentamicin ophthalmic (eye) drops* | 2 | | |
| *levofloxacin ophthalmic (eye)* | 2 | | |
| MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION | 4 | | |
| *moxifloxacin ophthalmic (eye)* | 2 | | |
| MOXIFLOXACIN-SOD CHLOR,ISO(PF) | 4 | | |
| NATACYN | 3 | | |
| *neomycin-bacitracin-polymyxin* | 2 | | |
| *neomycin-polymyxin-gramicidin* | 2 | | |
| OCUFLOX | 4 | | ofloxacin |
| *ofloxacin ophthalmic (eye)* | 2 | | |
| *polymyxin b sulf-trimethoprim* | 2 | | |
| *povidone-iodine ophthalmic (eye)* | 2 | | |
| *tobramycin ophthalmic (eye)* | 2 | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| TOBRAMYCIN-VANCOMYCIN | 4 | PA | |
| TOBREX OPHTHALMIC (EYE) OINTMENT | 4 | | tobramycin sulfate |
| VANCOMYCIN IN WATER | 4 | | |
| VIGAMOX | 4 | | moxifloxacin hcl |
| **ANTIVIRALS** | | | |
| *trifluridine* | 2 | | |
| ZIRGAN | 4 | | trifluridine |
| **BETA-BLOCKERS** | | | |
| *betaxolol ophthalmic (eye)* | 2 | | |
| *carteolol* | 2 | | |
| *levobunolol ophthalmic (eye) drops 0.5 %* | 2 | | |
| *timolol* | 2 | ST | |
| *timolol maleate (pf)* | 2 | ST | |
| *timolol maleate ophthalmic (eye) drops* | 2 | | |
| *timolol maleate ophthalmic (eye) drops, once daily* | 2 | ST | |
| *timolol maleate ophthalmic (eye) gel forming solution* | 2 | ST | |
| **CHOLINESTERASE INHIBITOR MIOTICS** | | | |
| PHOSPHOLINE IODIDE | S2 | | |
| **CYCLOPLEGIC MYDRIATICS** | | | |
| *atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 1 %* | 2 | | |
| ATROPINE OPHTHALMIC (EYE) DROPS 0.05 % | 4 | | |
| CYCLOGYL | 4 | | cyclopentolate hcl |
| *cyclopentolate* | 2 | | |
| *cyclopen-tropic-phenyleph-watr* | 2 | | |
| CYCLOPENT-TROPIC-PHEN-KETR-WAT | 4 | | |
| CYCLOP-TROP-PROPA-PHEN-KET-WAT | 4 | | |
| *homatropaire* | 2 | | |
| MYDCOMBI | 4 | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| MYDRIACYL | 4 | | tropicamide |
| *phenyleph-tropicamide in water* | 2 | | |
| *tropicamide* | 2 | | |
| **DIRECT ACTING MIOTICS** | | | |
| MIOCHOL-E | 4 | | |
| *pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %* | 2 | | |
| **MISCELLANEOUS OPHTHALMOLOGICS** | | | |
| AKTEN (PF) | 4 | | |
| ALCAINE | 4 | | proparacaine hcl |
| *altacaine* | 2 | | |
| ALTAFLUOR BENOX | 4 | | |
| *azelastine ophthalmic (eye)* | 2 | | |
| *bepotastine besilate* | 2 | ST | |
| CEQUA | 4 | PA; QL | cyclosporine, MIEBO, RESTASIS MULTIDOSE, XIIDRA |
| *cromolyn ophthalmic (eye)* | 2 | | |
| *cyclosporine ophthalmic (eye)* | 2 | PA; QL | |
| CYSTARAN | S2 | PA | |
| DEXAMET-MOXIFL-KETORO-NACL(PF) | 4 | | |
| ENCELTO | 4 | PA | |
| *epinastine* | 2 | | |
| EPIOXA | 4 | | |
| FLUORESCEIN-BENOXINATE | 4 | | |
| *fluorescein-proparacaine* | 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 | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| OXERVATE | S2 | PA | |
| PAVBLU | 3 | PA | |
| *prednisoln sp-moxiflox-bromfen* | 2 | | |
| PREDNISOLONE ACETATE-BROMFENAC | 4 | | |
| PREDNISOLONE ACETATE-NEPAFENAC | 4 | | |
| *prednisolone sod ph-bromfenac* | 2 | | |
| PREDNISOLONE-MOXIFLO-NEPAFENAC | 4 | | |
| PREDNISOLONE-MOXIFLOX-BROMFEN | 4 | | |
| PREDNISOLON-MOXIFLOX-KETOROLAC | 4 | | |
| *proparacaine* | 2 | | |
| RESTASIS | 4 | PA; QL | cyclosporine |
| RESTASIS MULTIDOSE | 3 | PA; QL | |
| *tetracaine hcl* | 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 | |
| YESAFILI | 3 | PA | |
| **NON-STEROIDAL ANTI-INFLAMMATORY AGENTS** | | | |
| ACULAR | 4 | ST | ketorolac tromethamine |
| ACULAR LS | 4 | ST | ketorolac tromethamine |
| *bromfenac* | 2 | | |
| *diclofenac sodium ophthalmic (eye)* | 2 | | |
| *flurbiprofen sodium* | 2 | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| *ketorolac ophthalmic (eye) drops 0.4 %* | 2 | | |
| **ORAL DRUGS FOR GLAUCOMA** | | | |
| *acetazolamide* | 2 | | |
| *methazolamide* | 2 | | |
| **OTHER GLAUCOMA DRUGS** | | | |
| BIMATOPROST (PF) | 4 | | |
| *bimatoprost ophthalmic (eye) drops 0.01 %* | 2 | ST | |
| *bimatoprost ophthalmic (eye) drops 0.03 %* | 2 | PA | |
| BRIMONIDINE-DORZOLAMIDE | 4 | | |
| BRIMONIDINE-DORZOLAMIDE (PF) | 4 | | |
| BRIMONIDINE-DORZOL-BIMATOPROST | 4 | | |
| *brimonidine-timolol* | 2 | | |
| *brinzolamide* | 2 | | |
| COMBIGAN | 4 | ST | brimonidine tartrate-timolol |
| *dorzolamide* | 2 | | |
| DORZOLAMIDE (PF) | 4 | | |
| *dorzolamide-timolol* | 2 | | |
| *dorzolamide-timolol (pf) ophthalmic (eye) dropperette* | 2 | | |
| *latanoprost* | 1 | ST | |
| *miostat* | 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 | | |

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 |
|---|---|---|---|
| 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** | | | |
| DEXAMETH-MOXIFLOX(PF)-NACL,ISO | 4 | | |
| MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION | 4 | | neomycin-polymyxin-dexameth |
| *neomycin-bacitracin-poly-hc* | 2 | | |
| *neomycin-polymyxin b-dexameth* | 2 | | |
| *neomycin-polymyxin-hc ophthalmic (eye)* | 2 | | |
| PREDNISOLONE SOD PH-MOXIFLOX | 4 | | |
| PREDNISOLONE-MOXIFLOXACIN HCL | 4 | | |
| TOBRADEX | 4 | | tobramycin-dexamethasone |
| *tobramycin-dexamethasone* | 2 | | |
| *tobramycin-lotepred* | 2 | | |
| **STEROIDS** | | | |
| *dexamethasone sodium phosphate ophthalmic (eye)* | 2 | | |
| DEXTENZA | 4 | | |
| *difluprednate* | 2 | | |
| EYSUVIS | 3 | PA; QL | |
| *fluorometholone* | 2 | | |
| FML LIQUIFILM | 4 | ST | fluorometholone |
| ILUVIEN | S2 | | OZURDEX |

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 |
|---|---|---|---|
| INVELTYS | 4 | ST | dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate |
| LOTEMAX OPHTHALMIC (EYE) DROPS,GEL | 4 | ST | loteprednol etabonate |
| *loteprednol etabonate* | 2 | ST | |
| OZURDEX | S2 | | |
| PRED FORTE | 4 | | prednisolone acetate |
| *prednisolone acetate* | 2 | | |
| PREDNISOLONE ACETATE (PF) | 4 | | |
| *prednisolone sodium phosphate ophthalmic (eye)* | 2 | | |
| RETISERT | S2 | | |
| **STEROID-SULFONAMIDE COMBINATIONS** | | | |
| *sulfacetamide-prednisolone* | 2 | | |
| **SULFONAMIDES** | | | |
| *sulfacetamide sodium ophthalmic (eye) drops* | 2 | | |
| **SYMPATHOMIMETICS** | | | |
| ALPHAGAN P | 4 | ST | brimonidine tartrate |
| *apraclonidine* | 2 | | |
| *brimonidine ophthalmic (eye)* | 2 | | |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE | 4 | ST | brimonidine tartrate |
| **VASOCONSTRICTOR DECONGESTANTS** | | | |
| CYCLOMYDRIL | 4 | | |
| *phenylephrine hcl ophthalmic (eye)* | 2 | | |
| **RESPIRATORY, ALLERGY, COUGH & COLD** | | | |
| **ANTIHISTAMINE & ANTIALLERGENIC AGENTS** | | | |
| *carbinoxamine maleate oral liquid* | 2 | | |
| *carbinoxamine maleate oral tablet 4 mg* | 2 | | |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| *carbinoxamine maleate oral tablet 6 mg* | 2 | ST | |
| *carbzah* | 2 | ST | |
| CLARINEX ORAL TABLET | 4 | QL | desloratadine |
| *corphena* | 2 | | |
| *cyproheptadine oral syrup* | 2 | | |
| *cyproheptadine oral tablet* | 2 | | |
| *desloratadine oral tablet* | 2 | QL | |
| *desloratadine oral tablet,disintegrating* | 2 | QL | |
| *dexchlorpheniramine maleate oral solution* | 2 | | |
| *epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml* | 2 | QL; PRE | |
| EPINEPHRINE INJECTION SYRINGE 0.3 MG/0.3 ML | 4 | QL | |
| EPIPEN | 4 | QL | epinephrine |
| EPIPEN JR | 4 | QL | epinephrine |
| *hydroxyzine hcl oral solution 10 mg/5 ml* | 2 | | |
| *hydroxyzine hcl oral tablet* | 2 | | |
| *hydroxyzine pamoate* | 2 | | |
| NEFFY | 3 | PA; QL | |
| *promethazine oral syrup* | 2 | | |
| *promethazine oral tablet 12.5 mg, 50 mg* | 2 | | |
| *promethazine oral tablet 25 mg* | 1 | | |
| *promethazine rectal* | 2 | | |
| *promethegan* | 2 | | |
| RYCLORA | 4 | | dexchlorpheniramine maleate |
| RYVENT | 4 | ST | carbinoxamine, desloratadine, hydroxyzine hcl, levocetirizine dihydrochloride |
| **COUGH & COLD THERAPY** | | | |
| *benzonatate* | 2 | | |
| BROMFED DM | 4 | | bromipheniramin-pseudoephed-dm |
| *brompheniramine-pseudoeph-dm* | 2 | | |
| CLARINEX-D 12 HOUR | 4 | QL | desloratadine, fexofenadine-pse er |
| *codeine-guaifenesin* | 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 with codeine, VIRTUSSIN AC |
| CODITUSSIN DAC | 4 | | guaifenesin dac |
| DURATUSS AC | 4 | | |
| *g tussin ac* | 2 | | |
| HISTEX-AC | 4 | | |
| HYCODAN (WITH HOMATROPINE) ORAL SOLUTION | 4 | | |
| HYCODAN (WITH HOMATROPINE) ORAL TABLET | 4 | | hydrocodone-homatropine mbr |
| *hydrocodone-chlorpheniramine* | 2 | | |
| *hydrocodone-homatropine oral solution 5-1.5 mg/5 ml* | 2 | | |
| *hydrocodone-homatropine oral tablet* | 2 | | |
| MAR-COF CG | 4 | | g tussin ac, guaifenesin with codeine, VIRTUSSIN AC |
| *maxi-tuss ac* | 2 | | |
| MAXI-TUSS CD | 4 | | |
| NINJACOF-XG | 4 | | g tussin ac, guaifenesin with codeine, VIRTUSSIN AC |
| *promethazine-codeine* | 2 | | |
| *promethazine-dm* | 2 | | |
| *promethazine-phenylephrine* | 2 | | |
| RESPA-AR | 4 | | |
| TUXARIN ER | 4 | | |
| **PULMONARY AGENTS** | | | |
| *acetylcysteine* | 2 | | |
| ADEMPAS | S2 | PA; QL | |
| ADVAIR HFA | 3 | PA; ST; QL | |
| AIRSUPRA | 3 | ST | |
| *albuterol sulfate inhalation hfa aerosol inhaler* | 2 | QL; PRE | |
| *albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)* | 2 | PRE | |
| *albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml* | 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 |
|---|---|---|---|
| *albuterol sulfate oral syrup* | 2 | | |
| *albuterol sulfate oral tablet* | 2 | | |
| ALYFTREK | 3 | PA; QL | |
| *alyq* | S2 | PA; QL | |
| *ambrisentan* | S2 | PA; QL | |
| ANDEMBRY AUTOINJECTOR | 3 | PA | |
| ANORO ELLIPTA | 3 | QL | |
| *arformoterol* | 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 |
| *beclomethasone dipropionate* | 2 | | |
| *bosentan* | S2 | PA; QL | |
| BREO ELLIPTA | 3 | PA; ST; QL | |
| *breyna* | 2 | PA; ST; QL | |
| BREZTRI AEROSPHERE | 3 | QL | |
| BRINSUPRI | 3 | PA | |
| BRONCHITOL | S2 | PA | nebusal, pulmosal, sodium chloride |
| BROVANA | 4 | QL | arformoterol tartrate |
| *budesonide inhalation* | 2 | QL | |
| *budesonide-formoterol* | 2 | PA; ST; QL | |
| CINRYZE | S2 | PA; QL | |
| COMBIVENT RESPIMAT | 3 | QL | |
| *cromolyn inhalation* | 2 | | |
| DULERA | 3 | PA; ST; QL | |
| FASENRA PEN | S2 | PA; QL | |
| *flunisolide* | 2 | ST; QL | |
| *fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation* | 2 | QL | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| *fluticasone propionate nasal* | 2 | QL | |
| *fluticasone propion-salmeterol inhalation blister with device* | 2 | PA; ST; QL | |
| *formoterol fumarate* | 2 | QL | |
| HAEGARDA | S2 | PA; QL | |
| HYPER-SAL | 4 | | sodium chloride |
| *icatibant* | S2 | PA; QL | |
| INCRUSE ELLIPTA | 3 | QL | |
| *ipratropium bromide inhalation hfa aerosol inhaler* | 2 | QL | |
| *ipratropium bromide inhalation solution* | 2 | | |
| *ipratropium-albuterol* | 2 | QL | |
| JASCAYD | 3 | PA | |
| KALYDECO | S2 | PA; QL | |
| *levalbuterol hcl* | 2 | | |
| *macitentan* | S2 | PA; QL | |
| *mometasone nasal* | 2 | ST; QL | |
| *montelukast oral granules in packet* | 2 | | |
| *montelukast oral tablet* | 1 | | |
| *montelukast oral tablet,chewable* | 2 | | |
| *nebusal inhalation solution for nebulization 3 %* | 2 | | |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % | 4 | | |
| *nintedanib* | 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 | |
| ORKAMBI | S2 | PA; QL | |
| ORLADEYO | S2 | PA; QL | HAEGARDA, TAKHZYRO |
| *pirfenidone oral capsule* | S2 | PA; QL | |
| *pirfenidone oral tablet 267 mg, 801 mg* | S2 | PA; QL | |
| *pulmosal* | 2 | | |

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

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| 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, 48-80 MCG, 64 MCG, 80 MCG | S2 | PA | |
| TYVASO REFILL KIT | S2 | PA | |
| TYVASO STARTER KIT | S2 | PA | |
| *wixela inhub* | 2 | PA; ST; QL | |
| XHANCE | 3 | ST; QL | |
| XOLAIR | S2 | PA; QL | |
| YUPELRI | 3 | QL | |
| YUTREPIA | 3 | PA | |
| *zafirlukast* | 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 | | |
| POCKET CHAMBER | 3 | | |
| PRIMEAIRE | 3 | | |
| PROCHAMBER | 3 | | |
| RITEFLO AEROCHAMBER | 3 | | |
| SPACE CHAMBER | 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 |
|---|---|---|---|
| VORTEX HOLDING CHAMBER | 3 | | |
| **UROLOGICALS** | | | |
| **ANTICHOLINERGICS & ANTISPASMODICS** | | | |
| *darifenacin* | 2 | | |
| *fesoterodine* | 2 | | |
| *flavoxate* | 2 | | |
| GEMTESA | 4 | | mirabegron er, MYRBETRIQ |
| *mirabegron* | 2 | | |
| MYRBETRIQ | 3 | | |
| *oxybutynin chloride* | 2 | | |
| OXYTROL | 4 | ST; QL | fesoterodine fumarate er, oxybutynin chloride er, solifenacin succinate, tolterodine tartrate er, trospium chloride, MYRBETRIQ |
| *solifenacin* | 2 | | |
| *tolterodine* | 2 | | |
| *trospium* | 2 | | |
| **BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY** | | | |
| *alfuzosin* | 2 | | |
| *dutasteride* | 2 | ST | |
| *dutasteride-tamsulosin* | 2 | ST | |
| *finasteride oral tablet 5 mg* | 1 | | |
| JALYN | 4 | ST | dutasteride-tamsulosin |
| PROSCAR | 4 | ST | finasteride |
| *silodosin* | 2 | | |
| *tadalafil* | 2 | PA; QL | |
| *tamsulosin* | 2 | | |
| **CHOLINERGIC STIMULANTS** | | | |
| *bethanechol chloride* | 2 | | |
| **MISCELLANEOUS UROLOGICALS** | | | |

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 |
|---|---|---|---|
| *avanafil* | 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 | | |
| *mb caps* | 2 | | |
| *methen-sod phos-meth blue-hyos* | 2 | | |
| ORACIT | 4 | | sodium citrate-citric acid |
| *potassium citrate oral tablet extended release* | 2 | | |
| RENACIDIN | 3 | | |
| *sildenafil* | 2 | PA; QL | |
| STENDRA | 4 | PA; QL | avanafil |
| TRI-MIX (PAPAVRN-PHNTLMN-PGE1) | 4 | | |
| URELLE | 4 | | uretron d-s |
| *uretron d-s* | 2 | | |
| URIBEL TABS | 4 | | |
| *urimar-t oral tablet* | 2 | | |
| UROCIT-K 10 | 4 | | potassium citrate er |
| UROCIT-K 15 | 4 | | potassium citrate er |
| *urogesic-blue* | 2 | | |
| *uro-mp* | 2 | | |
| UROQID-ACID NO.2 | 4 | | methenamine mandelate |
| *uro-sp* | 2 | | |
| *uryl* | 2 | | |
| *vardenafil* | 2 | PA; QL | |
| **URINARY ANESTHETICS** | | | |
| *phenazopyridine oral tablet 100 mg, 200 mg* | 2 | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| **VITAMINS, HEMATINICS & ELECTROLYTES** | | | |
| **ELECTROLYTES** | | | |
| AURYXIA | 4 | | |
| *calcium acetate(phosphat bind)* | 2 | QL | |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ | 4 | | effer-k |
| *effer-k oral tablet, effervescent 25 meq* | 2 | | |
| *ferric citrate* | 2 | | |
| GALZIN | 4 | | |
| *kionex oral suspension* | 2 | | |
| *klor-con* | 2 | | |
| *klor-con 10* | 2 | | |
| *klor-con 8* | 2 | | |
| *klor-con m10* | 2 | | |
| *klor-con m15* | 2 | | |
| *klor-con m20* | 2 | | |
| *lanthanum* | 2 | QL | |
| LOKELMA | 3 | QL | |
| *lugols oral* | 2 | | |
| *potassium chloride oral capsule, extended release* | 2 | | |
| *potassium chloride oral liquid* | 2 | | |
| *potassium chloride oral packet 20 meq* | 2 | | |
| *potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq* | 2 | | |
| POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ | 4 | | |
| *potassium chloride oral tablet,er particles/crystals* | 2 | | |
| RENVELA | 4 | QL | |
| *sevelamer carbonate* | 2 | QL | |
| *sevelamer hcl* | 2 | QL | |
| *sodium polystyrene sulfonate* | 2 | | |
| *sps (with sorbitol)* | 2 | | |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| *strong iodine oral* | 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 |
| *b complex 1 (with folic acid)* | 2 | ACA | |
| *b complex-vitamin c-folic acid oral tablet* | 2 | ACA | |
| *bal-care dha* | 2 | | |
| BAL-CARE DHA ESSENTIAL | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |
| *b-complex with vitamin c oral tablet 400-500 mcg-mg* | 2 | ACA | |
| *cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit)* | 2 | | |
| *cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)* | 2 | | |
| *classic prenatal* | 2 | ACA | |
| *complete natal dha* | 2 | | |
| CONCEPT DHA | 4 | | taron-c dha |
| CONCEPT OB | 4 | | folivane-ob |
| *cyanocobalamin (vitamin b-12) injection* | 2 | | |
| *cyanocobalamin (vitamin b-12) nasal* | 2 | ST; QL | |
| *dialyvite 800 oral tablet* | 2 | ACA | |
| *elite-ob* | 2 | | |
| ENBRACE HR | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |

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| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| *ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)* | 2 | | |
| FLORIVA (FLUORIDE-VITAMIN D3) | 4 | | |
| *flotrex* | 2 | ACA | |
| *fluoride (sodium) oral drops* | 2 | ACA | |
| *fluoride (sodium) oral tablet,chewable* | 2 | ACA | |
| *folic acid oral tablet 1 mg* | 1 | | |
| *folic acid oral tablet 400 mcg, 800 mcg* | 2 | ACA | |
| *folitab* | 2 | ACA | |
| *folivane-ob* | 2 | | |
| *foltabs 800* | 2 | ACA | |
| *full spectrum b-vitamin c* | 2 | ACA | |
| *hydroxocobalamin* | 2 | | |
| *kobee* | 2 | ACA | |
| KOSHER PRENATAL PLUS IRON | 4 | | m-natal plus, pnv-select, prenatabs rx, prenatal vitamin plus low iron, trinatal rx 1, wesnate dha, westab plus |
| *ludent fluoride* | 2 | ACA | |
| MARNATAL-F | 4 | | m-natal plus, pnv-select, prenatabs rx, prenatal vitamin plus low iron, trinatal rx 1, wesnate dha, westab plus |
| MECOBALAMIN (VITAMIN B12) INJECTION | 4 | | |
| *m-natal plus* | 2 | | |
| *multi-vitamin with fluoride* | 2 | ACA | |
| *mvc-fluoride* | 2 | ACA | |
| *mynatal* | 2 | | |
| *mynatal plus* | 2 | | |
| *mynatal-z* | 2 | | |
| NASCOBAL | 3 | ST; QL | |
| NEEVODHA (WITH ALGAL OIL) | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |
| *neo-vital rx* | 2 | | |
| *nephro vitamins* | 2 | ACA | |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| NESTABS | 4 | | m-natal plus, pnv-select, prenatabs rx, prenatal vitamin plus low iron, trinatal rx 1, wesnate dha, westab plus |
| NESTABS ABC | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |
| NESTABS DHA | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |
| NESTABS ONE | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |
| *newgen* | 2 | | |
| OB COMPLETE | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |
| OB COMPLETE ONE | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |
| OB COMPLETE PETITE | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |
| OB COMPLETE PREMIER | 4 | | m-natal plus, pnv-select, prenatabs rx, prenatal vitamin plus low iron, trinatal rx 1, wesnate dha, westab plus |
| OB COMPLETE WITH DHA | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |
| *one natal rx* | 2 | | |
| *pnv-dha* | 2 | | |
| *pnv-omega* | 2 | | |
| *pnv-select* | 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 |
|---|---|---|---|
| *pr natal 400* | 2 | | |
| *pr natal 400 ec* | 2 | | |
| *pr natal 430* | 2 | | |
| *pr natal 430 ec* | 2 | | |
| PRENATA | 4 | | m-natal plus, pnv-select, prenatabs rx, prenatal vitamin plus low iron, trinatal rx 1, wesnate dha, westab plus |
| *prenatabs fa* | 2 | | |
| *prenatabs rx* | 2 | | |
| *prenatal complete* | 2 | ACA | |
| *prenatal multi-dha (algal oil)* | 2 | ACA | |
| *prenatal multivitamins* | 2 | ACA | |
| *prenatal one daily* | 2 | ACA | |
| *prenatal oral tablet 28 mg iron- 800 mcg* | 2 | ACA | |
| *prenatal plus* | 2 | | |
| *prenatal plus (calcium carb)* | 2 | | |
| PRENATAL PLUS DHA | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |
| *prenatal vit no.179-iron-folic* | 2 | ACA | |
| *prenatal vitamin oral tablet 27 mg iron-0.8 mg* | 2 | ACA | |
| *prenatal vitamin with minerals* | 2 | ACA | |
| *prenatal-u* | 2 | | |
| PRENATE AM | 4 | | m-natal plus, pnv-select, prenatabs rx, prenatal vitamin plus low iron, trinatal rx 1, wesnate dha, westab plus |
| PRENATE CHEWABLE | 4 | | m-natal plus, pnv-select, prenatabs rx, prenatal vitamin plus low iron, trinatal rx 1, wesnate dha, westab plus |
| PRENATE DHA (FERR ASP GLYCIN) | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| PRENATE ELITE (IRON ASP GLYC) | 4 | | m-natal plus, pnv-select, prenatabs rx, prenatal vitamin plus low iron, trinatal rx 1, wesnate dha, westab plus |
| PRENATE ENHANCE | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |
| PRENATE ESSENTIAL(IRON-ASP-GL) | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |
| PRENATE MINI (FERR ASP GLYCIN) | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |
| PRENATE PIXIE | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |
| PRENATE RESTORE | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |
| PRENATE STAR | 4 | | m-natal plus, pnv-select, prenatabs rx, prenatal vitamin plus low iron, trinatal rx 1, wesnate dha, westab plus |
| PROVIDA OB | 4 | | m-natal plus, pnv-select, prenatabs rx, prenatal vitamin plus low iron, trinatal rx 1, wesnate dha, westab plus |
| *purevita folic acid oral tablet* | 2 | ACA | |
| *renal vitamin* | 2 | ACA | |
| *renal-vite* | 2 | ACA | |
| *rena-vite* | 2 | ACA | |
| R-NATAL OB | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| SELECT-OB | 4 | | m-natal plus, pnv-select, prenatabs rx, prenatal vitamin plus low iron, trinatal rx 1, wesnate dha, westab plus |
| SELECT-OB (FOLIC ACID) | 4 | | m-natal plus, pnv-select, prenatabs rx, prenatal vitamin plus low iron, trinatal rx 1, wesnate dha, westab plus |
| SELECT-OB + DHA | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |
| *soluvita a,c,d with fluoride* | 2 | ACA | |
| *stress formula with iron(sulf)* | 2 | ACA | |
| *super b-50 complex* | 2 | ACA | |
| *super quints* | 2 | ACA | |
| *taron-c dha* | 2 | | |
| THRIVITE RX | 4 | | m-natal plus, pnv-select, prenatabs rx, prenatal vitamin plus low iron, trinatal rx 1, wesnate dha, westab plus |
| TRICARE | 4 | | m-natal plus, pnv-select, prenatabs rx, prenatal vitamin plus low iron, trinatal rx 1, wesnate dha, westab plus |
| *tricon* | 2 | ACA | |
| *trinatal rx 1* | 2 | | |
| *trinate* | 2 | | |
| TRISTART DHA | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |
| *tri-vitamin with fluoride* | 2 | ACA | |
| VITAFOL FE PLUS | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |
| VITAFOL GUMMIES | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |

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

| Drug Name | Drug Tier | Requirements / Limits | SUGGESTED PREFERRED ALTERNATIVES |
|---|---|---|---|
| VITAFOL ULTRA | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |
| VITAFOL-OB | 4 | | m-natal plus, pnv-select, prenatabs rx, prenatal vitamin plus low iron, trinatal rx 1, wesnate dha, westab plus |
| VITAFOL-OB+DHA | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |
| VITAFOL-ONE | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |
| VITAMEDMD ONE RX | 4 | | complete natal dha, pnv-dha, pnv-dha + docusate, prenaissance plus, taron-c dha, wescap-pn dha, westgel dha |
| *vitamin d3 oral tablet 10 mcg (400 unit)* | 2 | | |
| *vitamin d3 oral tablet,chewable 25 mcg (1,000 unit)* | 2 | | |
| *wescap-pn dha* | 2 | | |
| *wesnate dha* | 2 | | |
| *westab plus* | 2 | | |
| *westgel dha* | 2 | | |
| *zatean-pn dha* | 2 | | |
| *zatean-pn plus* | 2 | | |
| *zingiber* | 2 | | |

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

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